

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Tuesday 5 April 2022.

**PRESENT:** Councillors D Davison (Vice-Chair), A Bell, A Hellaoui, T Mawston and P Storey

**ALSO IN ATTENDANCE:** C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG)

**OFFICERS:** M Adams, S Bonner and C Breheny

**APOLOGIES FOR ABSENCE:** Councillors R Arundale, D Rooney and C McIntyre

21/118 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/119 **MINUTES- HEALTH SCRUTINY PANEL - 8 MARCH 2022**

The minutes of the Health Scrutiny Panel meeting held on 8 March 2022 were submitted and approved as a correct record.

21/120 **HEALTH AND CARE BILL - ITS IMPACT ON HEALTH SCRUTINY**

The Chair invited the Democratic Services Officer to provide their update to members regarding the Health and Care Bill and its implications for Health Scrutiny.

The Panel was advised that a recent meeting of the National Scrutiny Officer Network a discussion about the Health and Care Bill took place. It was understood there would be reconfiguration for scrutiny. For example, currently any significant alterations to health service provision required consultation with Health Scrutiny. Should Health Scrutiny be unhappy with this change it had the power to make a referral to the Secretary of State. This power was not used regularly and only rarely in Middlesbrough.

However, the changes proposed in the Bill meant this power would no longer exist in its current format. Instead, it was proposed the Secretary of State will call the decision in rather than Health Scrutiny. As such the department for health and social care advised guidance would be issued to clarify this position.

A draft scrutiny principle document had also been produced that aimed to reinforce the importance of health scrutiny, and their envisaged role, during the transition to Integrated Care Systems.

The Health and Care Bill would be phased in, but would not commence at the same time as the Integrated Care Systems, which were intended to be active in April 2022 but have been delayed until July 2022. The power to refer issues to the Secretary of State would likely take place approximately a year after Integrated Care Systems were implemented.

One of the main objectives within the Scrutiny Principles guidance document was leaders from the health and social care sector should work cooperatively and with openness and transparency. By doing this it was intended the importance of health scrutiny's role in improve patient outcomes would be reinforced. It was intended that the Scrutiny Principles guidance document would be published in the summer.

Some of the main principles that were outlined in the document was that scrutiny should be outcome focused with a strategic approach considering how scrutiny should be best applied. The document also detailed how an inclusive approach should be adopted which would enable Integrated Care Systems to add richness to their understanding of local need.

Several comments were made to the department of health and social care regarding the scrutiny principles document. These included practical examples of what good practice should look like

and that the language used in the Principles document should be fully understood by all stakeholders. Some participants at the meeting felt there needed to be greater clarification on the role of health and well-being boards within the new system.

The Panel were shown a diagram of how the Integrated Care System would operate that had been produced by the King's Fund.

A member raised a concern that many people who did not work in, or understand the mechanics of the health system, would be confused by the proposals detailed in the presentation. It was commented that this could lead to reduced transparency and a potential lack of accountability.

The Director of Commissioning Strategy and Delivery for the Tees Valley Clinical Commissioning Group advised members that while the changes described were significant, they were not occurring in the delivery arm of the health service, where most people interacted with the NHS. Instead, the changes described concerned the governance arrangements of the NHS. It was also commented that the Tees Valley CCG had always had a strong and productive relationship with Health Scrutiny and this would continue in the future.

The Democratic Services Officer commented that the NHS had always been a complex organization and scrutiny's involvement in holding it to account had never been easily explainable.

A member commented that while they recognized the complexity of situation it was nevertheless important that health scrutiny panels had a clear understanding of their powers in light of the Health and Care Bill.

The Chair thanked the Democratic Services Officer for their update.

#### **NOTED**

21/121

#### **REGIONAL HEALTH UPDATE**

The Democratic Services Officer advised Members that at a recent Tees Valley Health Scrutiny Committee a number of issues affecting the Tees Valley were discussed. One of the main issues was the CQC inspection of the Tees, Esk and Wear Valley (TEWV) Mental Health Trust. During the Tees Valley Health Scrutiny Committee Members were provided with information from both TEWV and the CQC about the recent inspection and the work being undertaken to improve the situation.

While Members of the Tees Valley Health Scrutiny Committee remained concerned about the results of the inspection, they agreed to participate in a visit to Roseberry Park Hospital to tour its facilities and get a first-hand account of the improvements being made. Members were also made aware that Stockton Council had written to the Secretary of State calling for a public inquiry into this matter.

The North East Ambulance Service (NEAS) were also in attendance who provided a comprehensive update on their performance outputs. The Tees Valley Health Scrutiny Committee were reassured that, despite the challenges NEAS faced, they were one of the top performing services in the country.

The Tees Valley Health Scrutiny Committee also received information in relation to Opioid dependency and heard how there had been strong improvements on reducing high level dependency.

The Chair of the Tees Valley Health Scrutiny Committee advised the Panel the Tees Valley meeting was very informative and many interesting and important questions were asked.

#### **NOTED**

21/122

#### **COVID-19 UPDATE**

The Director of Public Health (South Tees) provided the Panel with an update on the ongoing response to Covid-19 and the shift to living with Covid-19.

The Panel was advised that infection rates stood at 579 per 100,000. Members were also advised testing availability was decreasing and this would likely result in a significant drop in reported infections. However, it was noted that national infection rates remained high.

It was also noted the numbers of inpatients in the Trust's hospitals remained low with analysis showing those that were ill with Covid-19 were less ill than in previous waves.

Members were advised of the Government's living with Covid-19 initiative. This included the removal of testing for students and the removal of the legal requirement to isolate. However, it was noted that guidance advised individuals with Covid-19 should continue to isolate.

Living with Covid-19 had also seen the end of Covid-19 support payments and the removal for Covid-19 to be a specific requirement on sick certifications. While there were more symptoms associated with Covid-19 there was now a move to manage these within the umbrella of other respiratory problems.

While it was much reduced, the testing regime was now focused on test to care i.e. patients in hospital; test to treat i.e. testing high risk groups in the community and test protect i.e. testing those living in high risk environments such as care homes.

In terms of local understanding there was less intelligence about infection trends due to the reduction in testing regimes. However, there was still some local intelligence with regards to vaccination rates.

While some centres were closing, such as the Riverside, Public Health teams were exploring what pop-up vaccination sites could deliver to communities. However, it was also noted that Covid-19 outbreaks could not be as easily predicted and would have to be dealt with as and when they occurred. It was also noted that, despite best efforts, local messaging of exercising caution was less effective compared to national messaging.

A Member queried if there were any statistics on Long Covid and what its impact on communities was. It was clarified that statistics could be presented but that Long Covid was somewhat indistinct and therefore difficult to quantify.

A Member commented the impact of living with Covid could have a detrimental impact on deprived communities and that extra funding should be made available to alleviate any potential difficulties.

A Member queried that, due to a reduced testing, would any advice or assistance be available to those environments that suffered a Covid-19 outbreak. It was clarified assistance would be provided through the regional health protection team who, along with the UK Health Security Agency, would still be providing supporting to high risk communities such as care homes.

Members were advised that local messaging would continue to advise people to be cautious and encourage them to get vaccinated.

The Director of Commissioning Strategy and Delivery for the Tees Valley Clinical Commissioning Group (TVCCG) advised the Panel that despite the Pandemic acute services at James Cook University Hospital continued to deliver and maintain a full elective outpatient programme which had helped to reduce long waiting times.

The Panel were also advised that there was significant community infection rates which was also affecting NHS staff.

The Panel expressed their thanks to both NHS and Public Health Staff.

## **NOTED**

21/123

**ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

## **\*\* SUSPENSION OF COUNCIL PROCEDURE RULE NO. 5 - ORDER OF BUSINESS**

ORDERED: that in accordance with Council Procedure Rule No. 5, the Committee agreed to vary the order of business to consider agenda item 6, Any Other Business, as the next item of business.

The Democratic Services Officer and Director of Public Health provided an update on the recent Tees Valley Health Summit.

The Panel was advised the summit was an opportunity for key stakeholders in Health to discuss matters of significance, particularly in relation to Health Inequalities.

Attendees at the summit were reminded of the Marmot review - 10 years on which showed that life expectancy in the North East was dropping and that health inequalities were unfair and were created by inequity in living standards.

The summit was also informed that in the summer of 2022 Integrated Care Systems and Integrated Care Boards were coming online that would hopefully see a more common approach to reducing health inequalities.

The summit also heard that one of the most significant challenges facing the Tees Valley was reducing the number of children living in absolute poverty. If this was not addressed children currently living in absolute poverty would grow up with health conditions that would further exacerbate the health inequalities problem. However, attendees were also advised that despite the challenges there were also examples of how children were given a good start in life in the Tees Valley.

The Chair thanked the Democratic Services Officer and Director of Public Health for their update.

**NOTED**

21/124

**CHAIR'S OSB UPDATE**

The Chair provided the Panel with an update of what was considered at the last meeting of the Overview and Scrutiny Board which included:

- an update from the Executive Member for Environment, Finance and Governance on his portfolio;
- an update from the Director of Regeneration and Culture on Town Centre development;
- the Chief Executive's update; and
- an update from Scrutiny Chairs.

**NOTED**