

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 13 October 2020.

PRESENT: Councillors J McTigue (Chair), D P Coupe (Vice Chair), R Arundale (As Substitute), B Cooper, A Hellaoui, T Mawston and M Storey and P Storey

ALSO IN ATTENDANCE: D Gardner - Director of Operations (Teesside) - TEWV NHS Foundation Trust
B Sinha - Clinical Director Adult Mental Health (Teesside) - TEWV NHS Foundation Trust

OFFICERS: M Adams, J Bowden, C Breheny, R Burns, J Dixon and S Bonner

APOLOGIES FOR ABSENCE Councillor B A Hubbard, Councillor D Rooney.

DECLARATIONS OF INTERESTS

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

1 COVID-19 UPDATE

The Director of Public Health (South Tees) was in attendance to provide the panel with an update in respect of COVID-19 and the local Public Health and NHS response. The Director advised that at the last Health Scrutiny Panel meeting, as held on 22 September 2020, the 7 day rolling average figure for the COVID-19 infection rate in Middlesbrough was 42.6 per 100,000 (19 September 2020). Today that rate had climbed to 268.8 per 100,000 (11 October 2020).

In terms of analysis by age the figures showed that the prevalence of COVID-19 was highest amongst the age range 23-34 (data extracted on 12 October), which was older than the main student body and was probably why the infection rate was proliferating. The panel was provided with a graphical representation showing COVID cases over the previous 14 day by LSOA area. The graph highlighted that there were positive COVID cases spread through all areas of the town and there had been a total of 625 positive cases in the previous 14 days.

It was acknowledged that the Government had placed Middlesbrough and Hartlepool in Tier 2 'high' restrictions from 3 October 2020 and it was explained to the Panel that this meant that:-

- People must not socialise with anybody outside of their household or support bubble in any indoor setting, whether at home or in a public place.
- People must not socialise in a group of more than 6 outside, including in a garden or other spaces like beaches or parks (other than where specific exemptions apply in law).
- Businesses and venues can continue to operate, in a COVID-Secure manner, other than those which remain closed in law.
- Certain businesses selling food or drink on their premises are required to close between 10pm and 5am. Businesses and venues selling food for consumption off the premises, can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-thru.
- Schools, universities and places of worship remain open
- Weddings and funerals can go ahead with restrictions on the number of attendees
- Exercise classes and organised sport can continue to take place outdoors. These will only be permitted indoors if it is possible for people to avoid mixing with people they do not live with (or share a support bubble with)
- People can continue to travel to venues or amenities which are open, for work or to access education, but should look to reduce the number of journeys they make where possible

In response to the restrictions the Local Authority had put forward a number of asks from Government. This included an:-

- An exit strategy from the current restrictions
- Testing & Extended Tracing
- Communications
- Support for Care Homes
- Education & Enforcement
- Support for Vulnerable People (Help Boro Support)
- Support for businesses
- Increased uptake of Flu Vaccine
- Support for Homelessness and Asylum Seekers
- Local Council Tax Subsidy (LCTS) grants
- Early access to the approved Towns Fund and Future High Streets Fund

In response to the information provided the Panel was afforded the opportunity to ask questions and the following issues were raised by Members.

A Member of the panel queried whether it would be possible to have the data broken down by ward on a regular in order to demonstrate to residents that this was an issue that affected all areas of the town. The Director explained that the graphical representation showing COVID cases over the previous 14 day by LSOA area, as shown in the presentation, was generated on a weekly basis and could be shared with Members.

In respect of the Local Authority's ask for there to be greater local responsibility over the track and trace system it was questioned as how the Director anticipated that would work in practice. The Director advised that if local Directors of Public Health were given more responsibility over track and trace it would enable them to pick up asymptomatic cases. Then by testing people who were yet to present with symptoms but had contracted the virus and were spreading it unknowingly in the community the number of cases could be reduced significantly. For example, at present there were people carrying out caring roles in the community, who were not displaying any COVID symptoms, however, they could potentially have the virus and be passing it onto very vulnerable members of the community. Similarly if this type of testing could be introduced in schools it would assist in reducing the negative impact caused on pupils by having to repeatedly send home class / year group bubbles.

The point was also made that when receiving a call from a local number it was more likely to be answered. Staff were also better placed to provide advice on the support available to people locally to help them self-isolate. It was emphasised that some form of financial resource would need to be provided by Government in order for a local track and trace model to be developed. Other partners in the community could also be used to assist in undertaking local contact tracing. It was emphasised that our model would need to evolve over the next couple of weeks and this was an issue that would be discussed at the forthcoming Health Protection Board meeting. Some aspects had already agreed, for example, the use of COVID champions to ensure important messages were being delivered to all members of our local community.

The view was expressed that there was a real need to shift the cultural norm to ensure that wearing a mask, for example, became the accepted norm.

A Member of the panel raised a query in respect of the temporary testing station that was to be situated in Hemlington. It was queried whether the necessary precautions had been put in place to ensure people going for a COVID test did not visit the local shops on the way. The Director of Public Health advised that there would be communications put out in respect of the temporary station and it would be reinforced that people visiting for a test must not visit any other place on the way to/from the test centre.

AGREED that regular communications be provided to Members in respect of the localised COVID-19 data available and a further update from the Director of Public Health be given at the panel's next meeting.

The Chair welcomed representatives from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust and Public Health (South Tees) to the meeting. The Director of Operations at TEWV advised that the presentation had been compiled collectively and sought to present a system perspective on the way in which services were currently delivered. In preparation for the meeting the Panel had requested that information be provided on the following areas:-

- The level of resource currently invested by TEWV in reducing opioid dependency / supporting people in Middlesbrough with dual diagnosis.
- TEWV's experience of working with those addicted to prescribed opioids,
- Relevant TEWV initiatives in place to address it.
- TEWV's view on the impact opioid dependency is having on children and young people in Middlesbrough.
- TEWV's view on what interventions are needed to better support people in their recovery from opioid dependency over the next 5 years.

The panel was advised that in terms of the services offered by TEWV in Middlesbrough, TEWV was a provider of Mental Health and Learning Disability Services and was not commissioned to provide Substance Misuse Services or services related to primary Opiate dependence. In the course of providing Mental Health and Learning Disability Services help was offered to persons with dual diagnosis. The definition of dual diagnosis was a co-existing mental health and alcohol and/or drug misuse problems.

In respect of the level of resources invested in dual diagnosis it was advised that regular mandatory training was provided to staff, a dedicated dual diagnosis lead had been appointed within the Trust, dual diagnosis link clinicians and dual diagnosis link champions also worked across a number of teams. In addition these practitioners worked in partnership with the locally commissioned substance misuse services. There was also a Mental Health and Substance Misuse network in place in Teesside and inpatient services/wards often needed to provide detox for patients.

The Clinical Director at TEWV advised that in terms of TEWV's experience of working with those addicted to opioids it was felt that difficulties were increasing (anecdotal reports) and getting the right help at the right time (in terms of helping an individual addicted to opioids) could be challenging. There was also an association with adverse outcomes including fatalities and the individual often faced a number of difficulties in addition to mental health and substance misuse including issues relating to finance, housing and physical medical conditions.

In terms of the initiatives undertaken by TEWV that were relevant to this field it was explained that a series of Rapid Process Improvement Workshops (RPIW) involving partner organisations in four localities had been held. This had involved Change, Grow, Live in Middlesbrough and TEWV had also initiated the Mental Health / Substance Misuse Network with other stakeholders. The crisis assessment suite at Roseberry Park also received support from the Substance Misuse services and joined up care was provided. Training of inpatient staff in the use and distribution of Naloxone kits would also hopefully lead to a reduction in deaths linked to opiates.

With regard to TEWV's views on the impact of opioid dependency on children and young people in the Clinical Director advised that colleagues in the field reported that the number of young people physically dependent on opioids in Middlesbrough was small but growing. There were young people that were at risk of developing dependency and for those young people born substance dependent it impacted on their development. Young people were also impacted by parents and significant adults own opioid dependence.

In response to the panel's query as to what interventions would be needed to better support people in their recovery from opioid dependency over the next 5 years TEWV put forward the following suggestions:-

- Mental Health, Substance Misuse, Primary care (PCNs), Mental Health services especially Psychological interventions to work jointly
- Quick and reliable access to specialist Substance Misuse help especially in Crisis,

- Crisis Assessment Suite and Inpatient wards
- Single point of access in Mental Health to include Substance Misuse workers for joint triage/joint initial assessment; also Social workers, other colleagues
- Substance Misuse workers to attend joint meetings like formulation, pre-discharge meetings
- Substance Misuse Services to contribute to TEWV's co-produced Crisis management plans/WRAP plans
- Mental Health services to deliver joint clinics in Substance Misuse premises
- Role of peer support workers across organisations
- Prescribers in commissioned Substance Misuse services to work with TEWV prescribers (at times meds may be given by prescribers in different organisations like GP, Substance Misuse, Mental Health, Acute hospitals etc. with limited sharing of information)
- Pathways for young people at risk of dependency and a way for those already dependent to access timely treatment
- Prescribing substitute treatment for those under 18 years needs further exploring
- Cross fertilisation in terms of training for Substance Misuse and Mental Health services (to each other)

The Chair invited the Council's Advanced Public Health Practitioner to provide a view from a South Tees public health perspective. The following views were expressed:-

- TEWV's initiatives have improved the offer for Substance Misuse clients – Crisis Assessment Suite, Rapid Process Improvement Workshops for Dual Diagnosis, smoke free, etc.
- Dual Diagnosis is extremely common amongst TEWV and Substance Misuse service users (in the broader sense of the term)
- Those with a Mental Health diagnosis are at the very top of the 'needs triangle'
- The majority of people sat below this but were still in need of support
- Collaboration was taking place with TEWV colleagues in terms of Substance Misuse /integrated model, pathways, crisis avoidance, etc.
- Predominantly adult focused in terms of opioids but preventative/Early Intervention was important.
- Work with Young People/transition clients was essential.

Reference was made to the four levels of interventions, as highlighted in the pictorial triangle. Level 4 was the base of the triangle and represented basic services and security, level 3 was the next tier and was defined as community and family support, tier 2 was focused on non-specialised support and the top tier related to specialised services. It was advised that the vast majority of people sat below the top tier but there was a need to stop people from becoming revolving door clients and ensuring crisis avoidance.

The panel was advised that one of the other main issues was that currently the majority of the resources invested were concentrated on the very acute services, which people were accessing at the point of crisis. There really needed to be a shift of that resource but one of the difficulties in achieving that was that you still needed to be able to support those at crisis point whilst trying to stop the future flow. Only through investment in the more preventative measures could there be any sort of solution in the long term. There was also certainly a willingness from the different service providers to work more closely together and capatilise on how, through closer integration, the system could perform better with the resources currently available to it.

The Chair thanked the representatives in attendance for their presentation and contribution to the panel's work.

AGREED that the information presented be considered in the context of the panel's current review.

3

OVERVIEW & SCRUTINY BOARD UPDATE

The Chair provided a verbal update in relation to the business conducted at the Overview and

Scrutiny Board meeting held on 1 October 2020, namely:-

- An update from the Mayor in relation Covid and the Council's finances
- Executive forward work programme
- Middlesbrough Council Covid-19 update - Chief Executive / Director of Public Health
- Executive Member of Finance & Governance update
- Scrutiny Chairs' updates

AGREED that the information provided be noted.