

# **Tees Valley Joint Health Scrutiny Committee**

## **MINUTES AND DECISION RECORD**

7 November 2024

The meeting commenced at 10am in the Civic Centre, Hartlepool.

### **Present:**

#### **Responsible Authority Members:**

Darlington Borough Council - Cllr Holroyd

Hartlepool Borough Council - Cllr Boddy, Cllr Roy

Middlesbrough Council - Cllr Cooper

Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane, Cllr Kay

Stockton Borough Council - Cllr Hall, Cllr Besford

### **Also Present:**

Rowena Dean, Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust (NTHFT)

Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)

Alistair Monk – Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit

Angela Dixon – Head of Medicines (Tees Valley), (NENC ICB)

Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council

Jo Cook – Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, Tees Esk and Wear Valleys NHS Trust (TEWV).

Sarah Paxton - Head of communications, TEWV

Catherine Parker – Public Health Lead, TEWV

### **Officers:**

Claire Jones (MC)

Gemma Jones, (HBC)

Caroline Leng (R&CBC)

Chris Lunn (MC)

Joan Stevens (HBC)

Gary Woods (SBC)

### **13. Apologies for Absence**

Cllr Layton, Cllr Moorish, Cllr Moore, Cllr Scott and Hannah Miller.

### **14. Declarations of Interest**

Cllr Boddy declared an interest as a Governor of TEWV during the discussions relating to item 19.

**15. Minutes of the meeting held on 19<sup>th</sup> September 2024**

Confirmed.

**16. North East and North Cumbria Integrated Care Board:  
Winter Plan Update - Director of Delivery [Tees Valley], NENC ICB and  
Chief Operating Officer, NTHFT**

The Committee received its annual winter planning update. Provided by the (NENC ICB) Director of Delivery [Tees Valley], key aspects included:

- System approach to winter planning
- Assurance process
- System Priorities
- Local Priorities
- Public Messaging

As with previous years, the NENC ICB has developed its Integrated Care System (ICS) level winter plan. Supported by local plans, this outlined the steps taken to deliver on respective actions, retain resilience and manage anticipated winter pressures. The presentation contained a summary of the NHS England letter and focused on key priority areas of providing safe care over winter, supporting people to stay well and maintaining patient safety and experience. It also outlined the asks of NHS England, the Integrated Care Board (ICB) and the Foundation Trusts.

It was explained that there was a need to ensure that a robust winter plan is in place. The plan should include surge plans, and co-ordinate actions across all system partners. It should also ensure long patient delays and patient safety issues are reported. The plan builds upon the work of the local A&E delivery board at a local level and winter plans are tested throughout the winter period. These documents are live and can change if any gaps in service are identified. The North East and North Cumbria Urgent and Emergency Care Network priorities were also outlined as well as the key actions.

Further information was also provided in relation to the commissioning of specialist sites in each locality to manage acute respiratory illnesses throughout the winter period. This will free up capacity in urgent treatment centres to deal with those that need that level of support. There is also a digital pool of staff to cover winter periods.

In terms of local priorities, the Tees Valley Local A&E delivery board assured areas were outlined including the co-located urgent treatment centres now in place at 3 Foundation Trusts. Members were informed of the capacity of the Same Day Emergency Care wards, Health at Home and Virtual wards.

Information was also provided to Members with regards to the publicity campaigns being launched over the winter period to inform the public of where to get help and support with their health. These included 'Here to Help', a region wide umbrella campaign providing the platform for joined-up campaigns. Other campaigns included Winter Vaccines, 'Head to your local pharmacy', advice on keeping well/self-care and accessing Primary Care services. It was advised that local trusts would amplify wider system messages.

In the questions that followed Members ascertained the following information –

- The recent change in government had not impacted the winter plan.
- It was not known if the recent changes to the winter fuel allowance would have a detrimental impact on the NHS.
- In terms of vaccine hesitancy, work is carried out with partner agencies to understand the reasons behind this. Work would continue in certain areas to promote and educate around vaccines.
- Pharmacists are health professionals, qualified and skilled to take some demand from GP services. They are well placed to see and treat common conditions.
- The remodeling of the Urgent Treatment Centre at James Cook University Hospital continues. Once complete adults and children will be streamed for treatment.
- The process for ordering prescriptions was outlined.
- A Member expressed disappointment that there was a lack of focus on prevention work around fuel poverty and the impact this may have on a person's health. It was explained that partnership work is ongoing to support those who need it.
- The importance of referring people to Citizens Advice Bureau for support with fuel poverty was highlighted.
- Members emphasised the importance of patients being discharged from hospital to homes that were warm and safe to return to.
- Infection prevention and control is managed on a daily basis.
- Due to a broken MRI scanner at North Tees Hospital, a mobile unit was put in place. The scanner has now been repaired. The opening of the new Community Diagnostics Centre would give more capacity to manage issues like this going forward.
- Building work will continue on the new robotic and maternity theatres with a view of them being ready in February/March 2025.
- Contingency plans were in place to manage the temporary closure of wards or loss of beds.
- Medical engineers look at the life span of equipment and prioritise the items that need replacing on a regular basis.

Members thanked Representatives for their attendance and presentation.

**Decision**

- (i) The content of the presentation was noted.

**17. Opioid Prescribing and Dependency Across the Tees Valley**

*- Medicines Optimisation Pharmacist – NHS North Of England  
Commissioning Support Unit and Head of Medicines (Tees Valley),  
Medicines Optimisation Team (NENC ICB)*

Members were presented with information relating to opioid prescribing in the Tees Valley. It was explained that information relating to opioid dependency would be an item scheduled for a later date.

The Medicines Optimisation Pharmacist outlined data relating to opioid prescribing volume, opioid dosages and prescribing trends across the Tees Valley. In 2021/22, due to a focus on education sessions in GP practices and teams working with specialist services, the trend had started to decrease however, this had now plateaued.

Representatives outlined how they are supporting prescribers to reduce opioid prescribing. This included developing close links with Foundation Trust pain specialists and an opioid reduction clinic based within James Cook University Hospital. Replicating this at North Tees had also been considered. Other aspects included the use of specialist pharmacists and targeted support visits to higher prescribing practices.

Publicity Campaigns were also in circulation such as 'Painkillers don't exist' which combines awareness raising with educational resources to support people with alternative pain management. Referrals to Social Prescribers were also discussed, as was looking at different ways of managing pain such as being more active, exercise and art therapy.

Members expressed concern about the data relating to prescribing rates across the Tees Valley. A Member commented that patients attending their GP Practice may see different GP's each time, who may not know the patient. Whilst consideration must be given to the reduction of opioid use, Members were mindful of those that need this for short term use such as those waiting for surgery and that the balance must be right. The Representative explained that key to this was appropriate prescribing. There was a place for opioid prescribing but this should not be the crux of a patient's care, alternative methods need to be explored with other health professionals such as Physiotherapists. It was highlighted that the role of Social Prescribing should not be overlooked as well as community Pharmacists.

A member queried comparison rates across the country and asked why prescribing rates were high in the Tees Valley. It was suggested that the demographic of the area could play a part in this, examples of which were given. There were also health inequalities in the area compared to other

parts of the country. There was also a role for some collaboration work with substance misuse services.

When discussing the impact of potential fuel poverty in relation to health, the importance of getting the right help and support was outlined as well as accessing support from services such as Social Prescribers.

Members thanked Representatives for their attendance and presentation.

### **Decision**

- (i) The content of the presentation was noted.
- (ii) That opioid dependency be a future item brought to this Committee.

**18. Tees Suicide Prevention Strategic Plan - Preventing Suicide (Tees) - Public Health Practitioner, Middlesbrough Council and Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, TEWV**

The purpose of the item was to provide Members with an overview of the Tees Suicide Prevention Strategic Plan. Prior to the start of the presentation, it was explained by the Public Health Practitioner that Darlington did not form part of this strategy as they were aligned to Durham. The strategy related to the 4 local authorities of Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton.

The presentation provided data relating to deaths by suicide by years, broken down by LA. Representatives explained that real time surveillance data was used to help prevent future suicides and that this data informs support, suicide prevention activity and national real time data. This includes joint working with the Police and Public Health to look at ways of reducing deaths by suicide. It was highlighted that data from 2018 to 2023 had not changed dramatically but there had been a change in the demographic. Members noted an increase in female suicide, although suicide amongst males remains high. There was also an increase in people aged under 30 and over 65 dying by suicide compared to previous data.

The Tees Suicide Prevention Strategic Plan sets out key areas for action with the aim of achieving the vision of reducing the rates of suicide. The strategy has been developed with and endorsed by key local partners, organisations, services, and communities who contribute to suicide prevention and supporting vulnerable groups. The 8 key areas for action were discussed, as detailed in the presentation.

In the discussion that followed Members expressed concern about the impact of social media and young people. Representatives explained that the Samaritans work with young people regarding this issue, including involving colleges and schools in educating young people and ensuring those affected can be signposted to sources of support.

Media awareness campaigns were also discussed including those with a male focus. The importance of partnership working was also highlighted

and that agencies such as the Department for Work and Pensions, GP practices and Social Prescribers were aware of risk factors and vulnerable groups.

Members enquired about how much data is gathered about a person's circumstances in each case of suicide. It was explained this information is gathered and sent to the Integrated Care Board who undertake a full health audit. Issues such as Domestic Abuse are also investigated. Representatives outlined how they work alongside colleagues from TEWV in terms of gathering information when a loss of life is the result of suicide.

Accessing mental health support through 111 was also discussed. Whilst this is in the early stages it was explained that patients can ring 111 and be directed to sources of support and help.

The Chair commented that this was a very complex issue, Representatives echoed this and advised that early intervention and prevention work was key. Members welcomed the new strategy and the holistic approach taken.

Representatives were thanked for their presentations.

#### **Decision**

- (i) The content of the presentation was noted.

### **19. Health Inequalities in the Tees Valley - Consultant in Public Health - Tees Esk and Wear Valleys NHS Foundation Trust**

The purpose of the report was to provide Members with information relating to health inequalities across the Tees Valley. The presentation, delivered by the Consultant in Public Health (TEWV), outlined that some of the most deprived neighbourhoods in England were in the Tees Valley. Context was provided in terms of the impact of health inequalities such as -

- poorest social, physical and mental health outcomes
- poverty and financial exclusion
- drug and alcohol related harm

Some people also face multiple challenges and are not able to afford transport to access health services.

The approach TEWV has taken to address the health inequalities was outlined in the presentation as well as how this would be implemented. A number of initiatives were also being piloted including health inequality workshops and widening the availability of naloxone (a medicine that rapidly reverses opioid use). The Trust is also using lived experience to drive the work on inequality via visual learning aids, examples of which were detailed in the presentation. Areas of learning and development were also highlighted as well as challenges and levers.

Following the presentation, a query was raised in relation to what support is offered to those that do not attend appointments. It was explained that the policy on non-attenders had been refreshed. Those that do not attend

warrant individual responses to understand why that person did not attend their appointment, including social and economic barriers. This also forms part of the work of the Community Mental Health Transformation programme, to focus on care and support in the community. Work continues with Directors of Public Health around a 1-year plan to be taken to Health and Well Being Boards.

A Member queried if some appointments could be made more available in the community if patients were unable to travel to hospital. Members were advised that investigations into why people could not attend appointments is ongoing. As well as understanding the demographics of the patients and the accessibility of the appointments.

A question was asked in terms of staffing levels at TEWV as there seemed to be a number of mental health professional vacancies. The Head of Communications for TEWV commented that the Trust always works to safe staffing but that permanent roles had been advertised as the Trust moves away from using agency staff. The Chair commented that a number of roles have been recruited to with a view of this continuing to rise.

The discussion concluded with a Member commenting on the importance of having the data to be able to evidence that the new models were working. It was also emphasised that quality of service was paramount and the importance of continued scrutiny to ensure better provision of service was reiterated.

The Consultant in Public Health was thanked for their presentation.

### **Decision**

- (i) The content of the presentation was noted.

## **20. Work Programme for 2024/2025**

The work programme for 2024/25 was discussed following updates from the previous meeting.

A Member suggested that the health impact of incinerators be added to the work programme as a future item. The Chair advised that the work programme for the remainder of this municipal year was particularly large, but this could be added to the list of future items to be considered.

- (i) The amended work programme for 2024/25 was agreed.
- (ii) The impact of incinerators on health be added as an item to be considered for the work programme for 2025/26.
- (iii) Opioid dependency be added to the work programme as a future item for 2025/26.

## **21. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 13.15pm.

CHAIR