

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Monday 14 December 2020.

PRESENT: Councillors , D Davison (Co-Chair), M Lanigan (Co-Chair), M Adams, K Boulton, D Gardner, S Kay, M Milan, M Ovens, P Rice, E Scollay, C Smith, D Tomlinson, L Westbury, M Anderson, A Barnes, L Bosomworth, B Cooper, M Davis, K Warnock and A Downey

OFFICERS: S Blood, C Breheney, J McNally

APOLOGIES FOR ABSENCE: Councillors M Smiles, S Butcher, D Fowler, D Gallagher, B Kilmurray, J Lowe, S Page, T Parkinson, J Sampson, A Tahmassebi and J Walker

20/7 **WELCOME AND INTRODUCTIONS**

Councillor Lanigan welcomed everyone to the meeting of the Live Well South Tees Board.

20/8 **DECLARATIONS OF INTEREST**

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

20/9 **MINUTES- LIVE WELL SOUTH TEES BOARD - 3 SEPTEMBER 2020**

The minutes of the Live Well South Tees Board meeting held on 3 September 2020 were submitted and approved as a correct record.

20/10 **ADDRESSING INEQUALITIES - PRESENTATION AND DISCUSSION**

The Board received a presentation from the Director of Public Health South Tees on Addressing Inequalities.

The presentation provided the definition of Health Inequalities:

- Health Inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.
- Health Inequalities result in poor health being experienced from a younger age, at a higher intensity for a greater proportion of life and ultimately in premature death.
- The factors influencing health inequality and the dimensions of inequality are complex

The Board heard of the overlapping dimensions of health inequalities:

Socioeconomic groups and Deprivation

- Unemployed, low income, deprived areas

Protected characteristics in the Equality Duty

- Age, sex, religion, sexual orientation, disability, pregnancy and maternity

Inclusion health and vulnerable groups

- Homeless people, Gypsy, Roma and Travellers, sex workers, vulnerable migrants and people who leave prison

Geography

- Urban and rural

The North East Context

The North East is a great place to live and work with many positive assets conducive to good health and wellbeing. However there are stark differences for those living in the most deprived areas compared to the more affluent areas.

Inequalities within boroughs e.g within Middleborough smoking in pregnancy varies at ward level between 1 and 35% following significant recent improvements in pathways and support the gap persists. Patterns of inequality can be locked in at an early age and follow in individual throughout their life impacting on longer term life expectancy. Under 15s admissions for injury varies between 119-247/100,000 compared with 110/100000 for England - context 30% of children living in poverty.

It was advised that key contributors to the gap in length and quality of life included deaths caused by heart disease, stroke, and cancers which made up half of the gap in life expectancy between the most and least deprived quantiles in England.

The Director of Public Health stated that the COVID-19 infection and illness does not affect all population groups equally:

- Mortality - People aged 80 or older with COVID-19 were seventy times more likely to die than those under 40. Being male, living in a deprived area and being a member of Black, Asian and Minority Ethnic (BAME) groups are factors independently associated with a higher risk of dying from COVID-19. As were conditions such as diabetes and obesity which are also unevenly spread.
- Transmission - people in lower paid work are more likely to be unable to work from home (care work, hospitality, cleaning and transport) and/or to be socially distanced in their work, those from lower incomes groups are more likely to live in overcrowded housing and may have limited access to outdoor space
Indirect harm - the burden of lockdown measures falls hardest on those with poor living conditions, educational impacts unevenly spread with many facing barriers in accessing education remotely due to issues such as access to technology and home environments conducive to learning and financial impact of furlough, job loss and insecurity.

People with inequalities also faced:

- Increased vulnerability - poorer general health
- Increased susceptibility - impact of stress on immune systems
- Increased exposure - job roles and contacts
- Increased transmission - housing and shared spaces

The impacts of Covid-19 were explained to the Board by the Director of Public Health:

Direct effects

- Infection of Covid-19 causing direct health issues including morbidity, death and longer term health, social and economic impacts for those affected.

Indirect effects on Health and Social Care

- Re-centering of Health and Social Care services to react to Covid means that non Covid services have not been available or people haven't perceived them to be available leading to morbidity and mortality from non Covid health and social issues

Indirect effects from impact of Covid response on Health and Society

- Social distancing, shielding of vulnerable individuals and other measures can impact on health such as mental wellbeing and society such as children's education.

Direct and indirect of Covid on economy

- Covid will effect the economy through both the disease itself and the indirect results of the response. This likely to increase poverty and hardship.

The Board heard that Covid-19: Health and the Economy are not separate choices but interlinked. The burden of poor healthy life expectancy and poor population health is greatest on the health and social care system, placing increased demands on the system and resulting in a system over-focussed on the treatment of ill health at the expense of prevention. The patterns of health and care service utilisation and health seeking behaviours across Tees Valley demonstrate a reliance on urgent and emergency care pathways demonstrated by higher levels of A&E attendances, higher utilisation of the NHS 111, emergency and elective admissions. The impact this has on diagnosis, treatment, recovery and mortality of cancers, respiratory, cardiovascular diseases and other mental health conditions is very well documented in the joint strategic needs assessments, DPH annual reports, PHE finger tips and other sources of population health intelligence. The relationship between poor health, over reliance on hospitals and impact on resources available for prevention has been described as the vicious 'cycle of missed opportunity'.

The following recommendations were made to the Board:

- Adopt a Social Value Charter across Anchor Organisations
- Apply Inequalities Impact Assessment to key policies across partners
- Develop whole systems monitoring and strengthen accountability for inequalities across the system
- Add to Existing Workstreams:
- Commit to aligning priorities and activity across partners working together on early years (service level) - BSiL Workstream
- Expansion and system wide adoption of approaches which take financial crisis as a call for help replacing sanctions with coordinated multi-agency support (civic-service) - MH Workstream

The Board was informed of the Social Value Charter for Anchor Organisations:

- Employ Local - Training and employment can create a resilient and innovative local economy. Link to Foundation for Jobs & 50 Futures
- Buy Local - Develop dense local supply chains of businesses likely to support local employment and retain wealth locally
- Think Local - Play an active part in local communities - partnerships with VCS; volunteering opportunities, sharing skills
- A great place to live - Commit to protecting the environment, minimising waste and energy consumption and using other resources efficiently
- Good employers - Value the welfare of staff and those within supply chains

AGREED that the recommendations, as presented, were approved.

20/11

COVID UPDATE

The Board received an update from the Director of Public Health for South Tees on Covid. The Board heard that the rates of Covid infection across Redcar and Cleveland had flattened and had dropped dramatically from around 500 cases per 100,000 to around 140 cases per 100,000 however the rate of decrease has flattened. In Middlesbrough cases are starting to increase which is driven largely by 25-34 year olds which is a concern that it escalates through to older age groups and can have an impact on the hospitals. The Board was advised that activity within the hospitals had reduced and was flattening. It had reduced from 20-25 new cases per day to around 10 people who had been admitted to hospital with Covid or diagnosed in the hospital. It is significantly lower than what it was but is still providing pressure on the NHS. It was advised that there is 10-11 people in the Intensive Care Unit at James Cook Hospital.

The Board heard that the rates had fallen very rapidly but unfortunately they had not fallen far enough from the perspective of the Director of Public Health for the easing of restrictions over the Christmas period when more families will be mixing and staying overnight which could

amplify the spread of the virus and there is concern that we could see a rate of increase to that of before the national lockdown which was around 500 cases per 100,000. It was advised that January is a busy period for the NHS and the impact of the easing of restrictions over the 5 day Christmas period will be critical.

It was advised that work is being undertaken on Communications and amplifying the messages of the national communication around Covid to ensure that people enjoy Christmas as safely as possible. There is a pilot community led testing taking place in Grangetown running until 18 December to see what the demand for testing is. The pilot will test asymptomatic residents using the lateral airflow tests and will determine what communities think of this testing.

Both Middlesbrough and Redcar and Cleveland all looking at opening up a larger testing regime around mid-January which will give both local authorities time to plan and allow for learning from other areas that have carried out mass testing as the financial modelling relies on numbers tested for the income that would be received to support the costs.

The Board also heard that both local authorities had signed up to the local tracing partnership which will look at contacting residents that the national scheme has been unable to contact this went live on 9 December 2020 and both local authorities a part of a pilot to get those cases sooner than 32 hours and get access to them immediately which will have an impact as residents will be informed of support that is available to them. There is a drive between Christmas and New Year to have as many contract tracers in place as possible in case of a rise in numbers.

Members raised grave concerns over the relaxing of rules over the Christmas period and also if both areas are reduced from Tier 3 to Tier 2. A member queried the rates of cases in schools and was advised that the rates of cases in Redcar and Cleveland schools had decreased slightly but they were rising in Middlesbrough schools which reflects the rates of community transmission. There has not been an amplification of numbers through schools as generally when a case is identified the bubbles isolate.

The Board also heard about the work being undertaken at James Cook Hospital regarding the vaccination programme. The hospital had vaccinated around 400 members of staff, patients and care home staff each day since the arrival of the vaccine. It was advised that approximately 400 care home staff had been vaccinated between Tuesday and Friday. A member queried about the Oxford vaccine it was advised that there had been no further information on when this vaccine would be available. Alan Downey acknowledged the phenomenal effort being made at James Cook Hospital. It was advised that the hospital are waiting on a daily basis for the vaccine to arrive. Concerns were raised by members about the time it was taking for the vaccine to arrive and the short supply of the vaccine. Alan Downey stated that they were awaiting the next batch of the vaccine at James Cook Hospital. Following the meeting it was confirmed that the latest batch of the vaccine had arrived and there had been no interruption in the vaccination programme at James Cook. A member queried how many employees of James Cook Hospital had been infected with the virus it was advised that the level of infection amongst staff was approximately 3 times the average of the population at large. It is closely monitored and a significant number of staff are absent through isolating due to coming into contact with the virus or they have the virus themselves. It was advised that this is currently manageable. It was advised that there has been a drop in the number of patients being admitted with the virus and this had flattened however there is a nervousness in what will happen following the Christmas period. The Board heard that the morale of staff had been boosted due to the arrival of the vaccine.

Systematic approach to consider policies and their impact against Marmot Recommendations:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create Fair employment, good work for all and a healthy standard of living for all
- Create and develop healthy and sustainable places and communities

Whole System Monitoring: Inequalities Focus

- Identifying inequalities for the patient groups - access, stage of presentation,

processes and outcomes

- Identifying patient groups with unequal access and experiencing the greatest inequalities in access to diagnosis and treatment, and /or inequalities in outcomes
- Carefully design and monitor implementation of digitally enabled care pathways to ensure they do not exclude people due to barriers in access, connectivity, confidence or skills.
- Inequalities further upstream on the pathway
- Identify inequalities in preventative, early detection and diagnosis, primary care management, community management and other parts of the pathway
- Why do some patients present early/late and what can be done to support this?
- Social factors associated with access to services that could widen inequalities
- Are there going to be social barriers to accessing services e.g. finance, transport, health literacy, cause barriers to accessing treatment?
- How can we understand the wider pathway and interface with other services and agencies

20/12

HEALTH AND WELLBEING EXECUTIVE CHAIR'S REPORT (ASSURANCE REPORT)

The Health and Wellbeing Executive Chair's Report was presented by Kathryn Warnock, South Tees Integration Programme Manager and the following points were highlighted:

- The Better Care Fund will continue into 21/22 up to March 2022 at a Health and Wellbeing Board level. A policy framework is expected in the New Year. An update will be provided to the Live Well South Tees Board on the policy framework and the programme for the future.
- Pharmaceutical Needs Assessment normally the Live Well South Tees Board would be updated on a new Pharmaceutical Needs Assessment but due to Covid the requirement to publish a renewed Pharmaceutical Needs Assessment has been delayed to April 2022. Updates will be provided to the Board where necessary.
- Healthwatch South Tees provided a summary of their engagements that has taken place throughout the Covid Pandemic which is detailed in the report for information.
- Progress against priorities - at the last meeting of the Live Well South Tees Board a presentation was provided on Predictions for Post Lockdown Increase In Demand for Mental Health Services Across System Partners it was advised that Dominic Gardener and colleagues had worked on a action plan and that the strategic oversight for this approach is aligned to the Mental Health Prevention and Crisis Concordat group reporting regularly to the Live Well South Tees Board.
- Funding opportunities, Green Space Social Prescribing bid outcome to be announced shortly and the bid to the Kings Fund Healthy Communities Programme was unsuccessful, however there is a commitment across the Health and Wellbeing Executive and Stakeholders to continue the work and look for alternative funding sources.