

HEALTH SCRUTINY PANEL

Date: Tuesday 22nd June, 2021 Time: 4.00 pm Venue: Council Chamber

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - Health Scrutiny Panel - 16 February 2021 3 - 8
4. Minutes- Health Scrutiny Panel - 23 March 2021 9 - 12
5. Proposed Schedule of Meetings Dates for the 2021/2022 Municipal Year 13 - 14
6. Covid-19 Update

Mark Adams, Director of Public Health (South Tees) will be in attendance to provide an update on COVID-19 and the local Public Health / NHS response.
7. Overview of Service Areas

Mark Adams, Director of Public Health (South Tees) will be in attendance to provide the Panel with an overview of the key areas of work undertaken by Public Health South Tees.
8. Review Topic Outline - Health for Wealth 15 - 26
9. Setting the Scrutiny Panel's Work Programme for 2021/2022 27 - 32

10. Any other urgent items which in the opinion of the Chair, may be considered

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Monday 14 June 2021

MEMBERSHIP

Councillors D Coupe (Chair), D Davison (Vice-Chair), R Arundale, A Bell, A Hellaoui, T Mawston, D Rooney, C McIntyre and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Scott Bonner, 01642 729708, scott_bonner@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 16 February 2021.

PRESENT: Councillors J McTigue (Chair), D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, T Mawston, D Rooney and M Storey

PRESENT BY INVITATION: Councillors J Thompson and D Davison

ALSO IN ATTENDANCE: Andrew Rowlands (TVCCG) and Jayne Herring (TVCCG)

OFFICERS: C Breheny, J Dixon, S Lightwing and M Adams

APOLOGIES FOR ABSENCE: Councillors P Storey

20/53 **APOLOGIES FOR ABSENCE**

20/54 **DECLARATIONS OF INTEREST**

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

20/55 **MINUTES - HEALTH SCRUTINY PANEL - 8 DECEMBER 2020**

The minutes of the Health Scrutiny Panel meeting held on 8 December 2021 were submitted and approved as a correct record.

20/56 **COVID-19 UPDATE**

The Head of Planning and Assurance and the Commissioning and Delivery Manager for Planned Care at Tees Valley NHS Clinical Commissioning Group (TVCCG) were in attendance to provide an update to the panel on the Vaccination Programme and Covid Oximetry at Home Service.

The panel was advised that TVCCG was experiencing issues in receiving locality data in respect of vaccination rates and the information released from the data warehouse nationally was currently very high level. Data was being reported at an NHS region and Integrated Care System (ICS) level and was yet to be produced at a STCCG or locality (Middlesbrough) level.

Currently the Joint Committee on Vaccination and Immunisation (JCVI) priority list, included nine priority groups (as of 7 January 2021), as detailed in the presentation and vaccinations were being administered in line with these requirements. A number of vaccination offers were in place including a local vaccination service, hospital vaccinations service, pharmacy vaccination service and mass vaccination programme.

The local vaccination service included 13 Primary Care Network (PCN) vaccination sites across the Tees Valley covering 14 PCN's. There were two sites in Middlesbrough including:-

- Holgate/Greater Middlesbrough Primary Care Network – North Ormesby Branch – Linthorpe Surgery
- Central Middlesbrough Primary Care Network – Thorntree Surgery

The hospital vaccination service focused on providing vaccinations for Health service staff and Care workers including care home staff. This service was in place at South Tees hospitals NHS Foundation Trust, North Tees and Hartlepool Foundation Trust and County Durham and Darlington NHS Foundation Trust.

The local pharmacy vaccination service was operating from 2 sites; Acklam in Middlesbrough and Fairfield in Stockton. The large scale vaccination service (mass) vaccination programme

was also in place.

It was advised that the number of vaccinations administered in North East and Yorkshire, up to 14 February 2021, was now over 2.1m. On 13 February 2021 77,229 vaccinations had been administered in the region. In terms of cumulative comparisons, as of 7 February 2021 18.9 per cent of the North East and North Cumbria (NENC) ICS population had received its first vaccine. In addition 93.8 per cent of the population aged 80+ in the NENC ICS had received their first dose. The NENC ICS was above the national average in both '% population received first dose' and '% of 80+ received first dose'. The national average for these figures were 17.4 per cent and 90.2 per cent respectively.

It was explained that the vaccination programme had been a massive undertaking both regionally and nationally. Locally STCCG was in a really positive position. The national requirement for individuals in the top 4 priority groups to have received their first dose of the vaccine by 1 February 2021 had been achieved.

The Chair congratulated TVCCG, as well as the regional and national NHS teams, on the delivery of the vaccination programme to date. Positive comments were also expressed by Members in respect of the testing facilities that had been established locally.

It was queried as to whether a decision had been taken as to the location that may be considered for the delivery of the mass vaccination programme. The panel was advised that the Riverside Stadium was one of the sites currently being considered and once confirmation had been received an update would be provided. Reference was made as to whether Middlesbrough Bus Station could be considered as a possible location and it was advised that there were national constraints on the type of site that could be used and any approved site needed to be available from 8am – 8pm seven days per week.

A member of the panel queried as to the date by which TVCCG anticipated all 9 priority groups would have been offered their first dose of the vaccine. It was explained that nationally the target date for all over 50's had been set for 30 April 2021. This would be a massive challenge, as inevitably these would need to be administered at the same time as many people older people would be receiving their second dose of the vaccine. However, fantastic progress was being made and currently those in priority groups 5 and 6 were being offered their first dose of the vaccine.

In terms of the Covid Oximetry at Home Service 876 people in the Tees Valley had been referred to the service and 693 had been admitted. The service was proving effective in monitoring an individual's progress following either discharge from hospital or referral from a GP. It was estimated that as of 9 February 2021 64 hospital beds had been saved as a result of the provision of this service.

The Director of Public Health (South Tees) was in attendance to provide an update on COVID-19 and the local Public Health response.

The panel was advised that in terms of the current number of COVID-19 cases in Middlesbrough, the latest data showed that 49 new cases had been added to the system today. 426 new cases had been detected in the last 7 days and the current rate per 100,000 population in Middlesbrough was 302.2. In respect of hospital admissions at South Tees Hospitals NHS Foundation Trust (STH NHS FT) 129 in patients had positive COVID-19 lab results. This figure included 7 new admissions / diagnoses in the last 24 hours, 28 patients in critical care, 30 patients ventilated and 30 patients on oxygen.

With regard to community (asymptomatic) testing a number of targeted community testing sites had been established. These included the following sites:-

- Middlesbrough Sport Village (5 test booths) – live from 10 February
- North Ormesby Hub (3 test booths) –live from 15 February
- Newport Hub (5 test booths) – live from 16 February

In addition "essential worker" tests were being provided at two sites including MAIN and Phoenix House (Independent Living Service) and both went live on 27 January 2021. The Public Health Team was also developing an approach to testing non-Council "essential workers" (i.e. those that cannot work from home and have high levels of contact with members

of the public and are therefore at increased risk. Finally, proactive work was also underway with local taxi companies to ensure taxi drivers were able to access the community testing sites. In total 576 tests had been carried out at the community testing sites since 27 January 2021, with only 1 positive result. The current low level of detection was promising, as the Public Health Team was not uncovering hidden infections. However, it was anticipated that higher numbers would be recorded with more positive test results reported.

Work with other high risk business settings had also taken place and 10 businesses in Middlesbrough had attended the Lateral Flow Testing training.

Finally, in relation to the South African variant a single case had been identified locally but the individual had had very limited movement.

AGREED that the information provided be noted and the fantastic efforts of the local NHS and Public Health Teams recognised.

20/57

DRAFT FINAL REPORT - OPIOID DEPENDENCY: WHAT HAPPENS NEXT?

The Chair invited the Democratic Services Officer to highlight the salient points contained in the Draft Final Report prior a discussion on the proposed recommendations. The Democratic Service Officer made reference to a number of key points and following discussion Members concluded that based on the evidence presented the Health Scrutiny Panel wished to put forward the following recommendations:-

- a) That the public health approach to drug dependence be continued and the benefits of introducing safe spaces in Middlesbrough for people to consume substances (drug consumption rooms) be further explored. Drug consumptions rooms have been successfully used elsewhere in the world (including in Europe and in Canada) for approximately 16 years and no one has ever died of a drug overdose in any of these facilities. Middlesbrough could in the future be a pilot for the adoption of such an approach in the UK.
- b) That a new capital funding bid for a 16-18 bedded detox and drug rehabilitation facility at Letitia House be submitted. Public health benefits and financial savings could be achieved when compared to the current costs of funding individual 7-10 day detox programmes out of area.
- c) That funding for the Heroin Assisted Treatment (HAT) programme be prioritised by partners in South Tees and the current level of investment continued for the foreseeable future.
- d) That the local authority write to the relevant Minister highlighting the success of the Heroin Assisted Treatment Programme (HAT) in Middlesbrough and how it is a demonstrably effective way of treating drug addiction.
- e) That the high quality drug treatment facilities available in Middlesbrough are recognised and that the town further develops as a Recovery Orientated System of Care (ROSC).
- f) That in an effort to reduce the stigma associated with drug dependency a proactive approach is undertaken to promote the town's vibrant recovery community. Middlesbrough is a town where recovery from drug dependency is possible, recognised and celebrated. The town has outstanding substance misuse treatment services and innovative harm reduction initiatives in place. Work needs to be undertaken to ensure Middlesbrough is recognised locally and nationally as a Recovery Town/City.
- g) That in respect of the areas for improvement put forward by Tees, Esk and Wear Valley NHS Foundation Trust it is ensured that a number of measures are implemented including:-
- i) That quick and reliable access to specialist Substance Misuse support is made available to the Community Crisis Team, Crisis Assessment Suite and Inpatient wards
- ii) That Substance Misuse workers, Social Workers and other colleagues are included in the single point of access in Mental Health for joint triage/joint initial assessment
- iii) That Substance Misuse workers attend joint meetings, as arranged by TEWV, including formulation and pre-discharge

- iv) That Substance Misuse Services contribute to TEWV's co-produced Crisis management plans / Wellness Recovery Action Plans (WRAP)
- v) That a programme of joint clinics (Mental Health/Substance Misuse) to meet the needs of dual diagnosis patients be established
- vi) That the role of peer support workers across all organisations be increased
- vii) That prescribers in Substance Misuse services work with TEWV prescribers to ensure enhanced sharing of information
- viii) That cross fertilisation in terms of training for Substance Misuse and Mental Health workers be established
- h) That pathways for young people at risk of drug dependency be developed and a way for those already dependent to access timely treatment provided.
- i) That prescribing substitute treatment for those under 18 years be further explored and the preferred option piloted.
- j) That support for children experiencing parental opiate dependence be commissioned and the, number of children being reached and supported reported.
- k) That the best practice approaches adopted elsewhere in the UK in respect of opioid deprescribing for persistent non-cancer pain (for example, those put forward by Nottinghamshire Area Prescribing Committee) be taken up by Tees Valley CCG and promoted amongst Primary Care Networks (PCNs) in Middlesbrough.
- l) That in 2021/22 GP lists in Middlesbrough be screened using the I-WOTCH inclusion and exclusion criteria to establish the number of patients who could benefit from education on opioids and managing chronic pain. Following identification an appropriate initiative be developed to target those patients. In order to ensure that prior to the outcome of the pharmacist led opioid and gabapentinoid reduction proposal early steps are taken to provide people with alternatives approaches to pain management.
- m) That if the opioid and gabapentinoid reduction programme currently being piloted proves successful TVCCG invests sufficient resources to ensure the programme is scaled-up and the number of patients prescribed strong opiates for chronic non-malignant (non-cancer) pain in Middlesbrough is reduced.

AGREED that the Panel's Final Report on the topic of Opioid Dependency: What happens next? be approved and the recommendations incorporated prior to the report being submitted to the Overview & Scrutiny Board for approval.

20/58

REGIONAL HEALTH SCRUTINY UPDATE

A verbal update was provided in relation to the business conducted at the Tees Valley Joint Health Scrutiny Committee held on 29 January 2021, as follows:-

- Covid Update – Presentation from Mark Adams (Director of Public Health for South Tees)
- North East Ambulance Service Performance Update – Presentation from Mark Cotton (Assistant Director – Communications) and Victoria Court (Deputy Chief Operating Officer)
- Tees Suicide Prevention Plan – Jo Cook (Tees Suicide Prevention Officer)
- Tees, Esk and Wear Valleys NHS Foundation Trust: Our Big Conversation – Draft Strategic Framework – Discussion with Dominic Gardner (Director of Operations)

AGREED that the update provided be noted.

20/59

OVERVIEW & SCRUTINY BOARD - AN UPDATE

A verbal update was provided in relation to the business conducted at the Overview and Scrutiny Board meeting held on 11 February 2021, as follows:-

- Executive Forward Work Programme.
- Middlesbrough Council's Response to Covid-19 Response – Chief Executive & Director of Public Health.
- Executive Member update – Executive Member for Regeneration (Councillor Waters).
- Final Report – Culture and Communities Scrutiny Panel – Social Cohesion and Integration.
- Scrutiny Panel Chairs' Updates.

AGREED that the information provided be noted.

This page is intentionally left blank

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 23 March 2021.

PRESENT: Councillors , D Coupe (Vice-Chair, in the Chair), B Cooper, A Hellaoui, J McTigue, D Rooney, M Storey and P Storey

OFFICERS: M Adams, S Blood, C Breheny and J Dixon

APOLOGIES FOR ABSENCE: Councillors B Hubbard and T Mawston

20/60 **DECLARATIONS OF INTEREST**

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

20/61 **MINUTES - HEALTH SCRUTINY PANEL - 19 JANUARY 2021**

The minutes of the Health Scrutiny Panel meeting held on 19 January 2021 were submitted and approved as a correct record.

20/62 **THE SCRUTINY PERSPECTIVE ON THE GOVERNMENT'S HEALTH AND CARE WHITE PAPER**

The Democratic Services Officer made reference to a document entitled 'the scrutiny perspective on the Government's health and care White Paper', as produced by the Deputy Chief Executive of the Centre for Governance and Scrutiny (CfGS) on 19 February 2021.

The document summarised a number of key points in respect of the governments recently published Health and Care White Paper, and those most pertinent to the future role of Health Scrutiny in the new accountability arrangements. It was highlighted that in the White Paper a proposal had been forward to place Integrated Care Systems (ICSs) on a statutory footing, as well as to make a range of structural, and other changes, at place and neighbourhood level. In the future significant power and responsibility would rest at the system level – the level at which statutory integrated care systems (ICSs) would operate.

The most significant proposal in respect of changes to local scrutiny arrangements was the removal of the power of referral the Secretary of State – a vital longstop which was central to local accountability of health services.

The Democratic Services Officer advised that if the Secretary of State did consider that the proposals for enhanced intervention should be taken forward, the CfGS had made the point that these should be complemented by evidence-gathering and scrutiny arrangements at a local level – and that it should not be a case of either/or. The CfGS did not consider that national and local systems of accountability were in tension. In fact there were a number of areas where local accountability, through health scrutiny, could sit in support of national accountability with the Secretary of State.

It was noted that the North East Regional Scrutiny Network, was scheduled to meet on 26 March 2021 and a representative from the CfGS would be in attendance at that meeting to discuss the White Paper and the future of health scrutiny. Members expressed the view that it was imperative representatives from the Panel were in attendance to provide details on the importance that the role of the referral route had played locally in safeguarding service provision.

AGREED that representatives from the panel attend the forthcoming Regional Scrutiny Network meeting to ensure Middlesbrough's comments on the proposals in the White Paper were included in any representation put forward by the CfPS nationally.

20/63 **HEALTH FOR WEALTH - EXECUTIVE SUMMARY**

The Democratic Services Officer advised that following on from the February meeting of the

panel, at which the Council's Public Health and Business Programme Manager had provided a setting the scene presentation on the topic of Inclusive growth – alignment of town regeneration and health goals – 'Health for Wealth' a draft scrutiny issues that had been raised by Members during discussed.

The document was presented to the panel and contained draft proposals in respect of the purpose of scrutiny panel investigation, desired outcomes, suggested terms of reference, information and sources, possible witnesses and key research and consultation documents in relation to the topic. Numerous suggestions were put forward for incorporation into the proposal including:-

- In terms of gathering evidence of best practice Ayresshire, Preston and Plymouth were regarded as exemplars in this field.
- Chris Thomas / Anna Round at the Institute for Public Research had recently produced a research paper on Economic Prosperity and how it linked to Public Health and may be prepared to act as expert witnesses in respect of this topic.
- Dr Peter Haywood (PCN Clinical Lead) at Holgate Primary Care Network (PCN) was referenced as a further key point of contact for this review.
- The importance of involving the Director of Education and Partnership, the Director of Regeneration and the Community Learning and Employability Manager in the review was emphasised.

AGREED that the further suggestions put forward by the panel be incorporated within the investigation outline document and the following terms of reference for the topic of Inclusive Growth – alignment of town regeneration and health goals 'Health for Wealth' be approved:-

- a) To develop a thorough understanding of local issues and the challenges and levers to inclusive economic growth
- b) To examine how the local authority can work in partnership with the Tees Valley Combined Authority (TVCA) and the Local Enterprise Partnership (LEP) to design a local economy that is good for people's health including rebuilding an economy that takes stock of the lessons learnt from COVID-19
- c) To examine how the local authority can capitalise on key assets including anchor institutions to shape economic conditions
- d) To ensure services are delivered that meet people's economic and health needs together.

20/64

REGIONAL HEALTH SCRUTINY UPDATE

A verbal update was provided in relation to the business conducted at the Tees Valley Joint Health Scrutiny Committee held on 19 March 2021, as follows:-

- Tees, Esk and Wear Valleys NHS Foundation Trust: Our Big Conversation – Draft Strategic Framework – Discussion with Brent Kilmurray (Chief Executive)
- Tees, Esk and Wear Valleys NHS Foundation Trust: Community Mental Health Service Framework & Developments in Mental Health Urgent Care Services - Maxine Crutwell (Programme Lead)
- Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Accounts Update – Presentation from Dr Chris Lanigan (Head of Planning & Business Development)
- Work Programme and Future Meetings

AGREED that the update provided be noted.

20/65

CHAIR'S OSB UPDATE

A verbal update was provided in relation to the business conducted at the Overview and Scrutiny Board meeting held on 11 March 2021, as follows:-

- Executive Forward Work Programme.
- Middlesbrough Council's Response to Covid-19 Response – Chief Executive & Director of Public Health.
- Executive Member update – The Mayor
- Final Report – Economic Development & Infrastructure Scrutiny Panel – Pest Control

- Final Report – Health Scrutiny Panel – Opioid Dependency: What happens next?
- OSB Call-in outcome – Nunthorpe Grange Farm Disposal
- Scrutiny Panel Chairs' Updates.

AGREED that the information provided be noted.

This page is intentionally left blank

MIDDLESBROUGH COUNCIL

AGENDA ITEM 5

HEALTH SCRUTINY PANEL**22 JUNE 2021**

<p>PROPOSED SCHEDULE OF MEETING DATES FOR THE 2021/2022 MUNICIPAL YEAR</p>

PURPOSE OF THE REPORT

To agree the proposed schedule of meeting dates, for the Health Scrutiny Panel, for the 2021/2022 Municipal Year.

Date	Time	Venue
Tuesday, 13 July 2021	4.00pm	To Be Confirmed
Tuesday, 7 September 2021	4.00pm	To Be Confirmed
Tuesday, 5 October 2021	4.00pm	To Be Confirmed
Tuesday, 2 November 2021	4.00pm	To Be Confirmed
Tuesday, 7 December 2021	4.00pm	To Be Confirmed
Tuesday, 11 January 2022	4.00pm	To Be Confirmed
Tuesday, 8 February 2022	4.00pm	To Be Confirmed
Tuesday, 8 March 2022	4.00pm	To Be Confirmed
Tuesday, 5 April 2022	4.00pm	To Be Confirmed

COUNCILLOR COUPE**CHAIR OF THE HEALTH SCRUTINY PANEL****Contact Officer:**

Scott Bonner

Democratic Services

Telephone: 01642 729708

email: scott_bonner@middlesbrough.gov.uk

This page is intentionally left blank

SCRUTINY PANEL – INVESTIGATION OUTLINE

Review Topic: Inclusive growth – alignment of town regeneration and health goals – ‘Health for Wealth’

The ‘Health Equity in England: The Marmot Review 10 Years On’, highlighted a worrying retrograde trend for life expectancy and signalled the widening of local health inequalities in Middlesbrough. The intrinsic link between deprivation and health cannot continue to be ignored, and despite a clear emphasis on austerity within the report, there is a growing realisation that local plans to improve health and regeneration need to be more tightly aligned, in order to see positive and sustainable change to health outcomes, prosperity and social stability.

Investigation By (Scrutiny Panel): Health Scrutiny Panel

Type e.g. Full/Task & Finish:
Full

Which of the Mayor’s priorities does the topic meet?

COVID-19 recovery - We will ensure the recovery of local communities, businesses and the Council’s operations from COVID-19, taking opportunities to build back better. (E)

Vulnerability - We will work to address the causes of vulnerability and inequalities in Middlesbrough and safeguard and support those made vulnerable. (E)

Purpose of Investigation:

The purpose of the investigation will be to consider how well local economic plans, policies and decision-making processes, support inclusive growth and population health improvement.

Desired Outcomes:

To ensure the Council’s ability to shape the conditions for inclusive economies are fully harnessed.

Terms of Reference:

- To develop a thorough understanding of local issues and the challenges and levers to inclusive economic growth
- To examine how the local authority can work in partnership with the Tees Valley Combined Authority (TVCA) and the Local Enterprise Partnership (LEP) to design a local economy that is good for people’s health including rebuilding an economy that takes stock of the lessons learnt from COVID-19
- To examine how the local authority can capitalise on key assets including anchor institutions to shape economic conditions
- To ensure services are delivered that meet people’s economic and health needs together.

Key Issues/Lines of Enquiry:	Risks (if review was not undertaken):
Role of anchor institutions / pipeline to employment / inclusive recovery / education / deprivation and marginalisation	There is the potential that inequalities could be polarised as investment is concentrated on certain sectors. Over the last fifteen years inequalities have widened and initiatives over that period have failed to benefit those in the most deprived areas of the town.
INFORMATION AND SOURCES	Allocation of Tasks – Who is doing each task:
<ul style="list-style-type: none"> • Andy Preston – Elected Mayor Middlesbrough • Tees Valley Local Enterprise Partnership (LEP) – Paul Booth OBE – Chair • Julie Prior – Legal and Commercial Manager (Tees Valley Combined Authority) • Sarah Walker – Strategic Investment Planning Manager (Tees Valley Combined Authority) • Richard Horniman - Director of Regeneration • Marion Walker – Head of Stronger Communities (Lead Inclusive Growth agenda) • Holgate Primary Care Network (PCN Clinical Lead) – Dr Peter Haywood • Local Medical Committee (LMC) – Janice Foster (Chair) • Northern Health Science Alliance (NHS) – Heather Brown (Newcastle University) - Author of Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity • Rob Brown – Director of Education and Partnerships • Claire Kemp – Community Learning and Employability Manager • Teesside University – Academic Partner • Institute for Public Research – Chris Thomas / Anna Round (Economic Prosperity and how it links to Public Health) • CLES"- Centre for Economic Strategies - local wealth building 	<p>Evidence gathering 1 – NHS - Newcastle University /IPPR</p> <p>Northern Health Science Alliance (NHS) – Heather Brown (Newcastle University) - Author of Health for Wealth Building a Healthier Northern Powerhouse for UK Productivity</p> <p>Institute for Public Policy Research – Chris Thomas / Anna Round – Author(s) of Levelling up Health for Prosperity</p> <p>Evidence gathering 2 – LEP, South Tees Health, Regeneration, Inward Investment</p> <p>Tees Valley Local Enterprise Partnership (LEP) – Paul Booth OBE – Chair Mark Adams – Director of Public Health (South Tees) Richard Horniman - Director of Regeneration Private Sector – Director of Regeneration</p> <p>Evidence gathering 3 – TVCA</p> <p>Julie Prior – Legal and Commercial Manager (Tees Valley Combined Authority) Sarah Walker – Strategic Investment Planning Manager (Tees Valley Combined Authority)</p> <p>Evidence gathering 4 – PCN, LMC, NHS</p>
Witnesses:	
<ul style="list-style-type: none"> • See above 	<p>Holgate Primary Care Network (PCN Clinical Lead) – Dr Peter Haywood</p> <p>Local Medical Committee (LMC) – Janice Foster (Chair)</p>
Research/Consultation (e.g. legislation or info from other organisations):	Evidence gathering 5 – Education, Community Learning
<ul style="list-style-type: none"> • LGA, 2019, Nobody left behind: maximising the health benefits on an inclusive economy • Health for Wealth Building a Healthier Northern Powerhouse for UK Productivity • The NHS's role in tackling poverty Awareness, action and advocacy – The Kings' Fund, • Levelling up Health for Prosperity – Institute for Public Policy Research, November 2020 • UK Community Renewal Fund: prospectus • Shared Prosperity Fund – Policy Paper MHCLG 	<p>Rob Brown – Director of Education and Partnerships Claire Kemp – Community Learning and Employability Manager Marion Walker - Head of Stronger Communities – Lead Inclusive Growth Rebecca Scott – Public Health - Best Start in Life</p> <p>Evidence gathering 6 – Best practice</p>

	Preston, Plymouth, Ayrshire
Site Visits:	

Officer Support from other departments: Lead Officers – Lisa Jones	Budget Requirements (e.g. hire of minibus for site visit etc.):
--	--

Target Body for Recommendations: Executive
--

This page is intentionally left blank



Health for Wealth

Building a Healthier Northern Powerhouse for UK Productivity

Foreword

The vision for the Northern Powerhouse was built in the knowledge that if we harnessed the potential of the great cities of the North we would be increasing the economic strength of the United Kingdom. The North's cities and towns led the Industrial Revolution and their decline has seen a marked shift downwards into lower wages compared to the South, with lower productivity.



**Henri Murison,
Director of the Northern
Powerhouse Partnership**

Linking up Liverpool, Manchester, Sheffield, Leeds, Hull and Newcastle with high-speed, integrated transport systems and cutting-edge digital connectivity would allow those cities to collaborate and contribute more than the sum of their parts, creating a single market. Only with this joined-up approach could the sluggish productivity of the Northern Powerhouse be stimulated and allow our businesses to thrive.

Transport is a vital component of the Northern Powerhouse, with Northern Powerhouse Rail (NPR) promising the world-class transport network our commuters, families and businesses deserve. Reducing journey times, enhancing capacity and increasing frequency are all compelling reasons to build the network, but potentially more important is the opportunity for economic growth NPR would create. Reversing decades of stagnation takes time, but opening up new labour markets and opportunities for our young people would have a transformational effect.

In addition, our businesses need access to the skilled workforce they need to embrace the digital revolution, embedding emerging technology such as robotics, AI, 3D printing and VR into everything they do.

Our education system requires major interventions, as set out in our Educating the North report, particularly tackling entrenched disadvantage leading to our children falling behind their peers in other parts of the country.

Until now health has not had the profile it should have in the Northern Powerhouse, despite its undoubted importance.

Life expectancy is on average two years lower in the North than the South, and there is a productivity gap between the Northern Powerhouse and the rest of England of £4 per-person-per-hour. In this report, led by the Northern Health Science Alliance (NHSA), the link between the two is set out

across the North for the first time.

People in the North are more likely to leave work due to sickness than those in the South, and when they leave they are less likely than those in the South to go back into work. This report, put together by leading academics from six Northern universities, shows that ill health in the North accounts for over 30% of the productivity gap with the rest of England. What's more, the report's findings show that the NHS allocated budgets explain over 18% of this productivity gap.

Importantly, improving health in the North could reduce the existing gap in GVA of £4 per-person-per-hour between the Northern Powerhouse and the rest of England by up to £1.20. Improving health in the North increases the whole country's productivity.

To tackle the poor health and increase productivity in the Northern Powerhouse we need proportional interventions to the scale of the opportunity from those who can drive it forward: industry, central and local government.

The Mayor, Andy Burnham, a former Labour Health Secretary, will now be able to fully integrate health and social care utilising health devolution. Newcastle University was funded to create the National Centre for Ageing which can have an impact across the North, and in Leeds the presence of NHS Digital and a major cluster of health data businesses is of global significance.

From Liverpool to the new Mayor of the North of Tyne to be elected in May, health should be the next major transfer of power which government offers pro-actively, and without it, unlocking productivity and our economic potential will be held back.

The economic arguments for the Northern Powerhouse are ignored at the United Kingdom's risk. We need to strengthen our country's economic performance in every way we can, particularly when we leave the European Union.

The businesses of the Northern Powerhouse require a healthy, productive workforce. Addressing ill health would support a workforce which is fit and able, and – allied with improved connectivity, education and skills – could create the right conditions for a thriving Northern Powerhouse.

Government, as it looks to allocate additional NHS spending, here has the evidence needed for how that investment can also be financed sustainably through increased productivity in the Northern Powerhouse. Spending more on health here, through more efficient devolved arrangements will close the gap in fiscal terms of what the North contributes to the UK economy, generating increased revenues for the Treasury to make the NHS in the long term more financially sustainable nationally for decades to come.

Executive Summary

60 Second Summary

There is a well-known productivity gap between the Northern Powerhouse and the rest of England of £4 per-person-per-hour. There is also a substantial health gap between the Northern Powerhouse and the rest of England, with average life expectancy 2 years lower in the North. Given that both health and productivity are lower in the Northern Powerhouse, the NHTA commissioned this report from six of its eight university members (Newcastle, Manchester, Lancaster, Liverpool, Sheffield and York) to

understand the impact of poor health on productivity and to explore the opportunities for improving UK productivity by unlocking inclusive, green, regional growth through health improvement. Our report shows the importance of health and the NHS for productivity in the Northern Powerhouse. So, as it develops its post-Brexit industrial strategy, central government should pay particular attention to the importance of improving health in the Northern Powerhouse as a route to increased wealth.

Key findings

- Productivity is lower in the North
- **A key reason is that health is also worse in the North**
- Long-term health conditions lead to economic inactivity
- **Spells of ill health increase the risk of job loss and lead to lower wages when people return to work**
- Improving health in the North would lead to substantial economic gains
- **Improving health would reduce the £4 gap in productivity per-person per-hour between the Northern Powerhouse and the rest of England by 30% or £1.20 per-person per-hour, generating an additional £13.2 billion in UK GVA**

Productivity is lower in the North



A key reason is that health is also worse in the North



Long-term health conditions lead to economic inactivity



Spells of ill health increase the risk of job loss and lead to lower wages when people return to work



Improving health in the North would lead to substantial economic gains



30% of the £4 per person per hour gap in productivity (or £1.20 per hour) between the Northern Powerhouse and the rest of England is due to ill-health. Reducing this health gap would generate an additional



£13.2bn

in UK GVA

Summary of Detailed Findings

- Health is important for productivity: improving health could reduce the £4 gap in productivity between the Northern Powerhouse and the rest of England by 30% or £1.20 per-person per-hour, generating an additional £13.2 billion in UK GVA
- **Reducing the number of working age people with limiting long-term health conditions by 10% would decrease rates of economic inactivity by 3 percentage points in the Northern Powerhouse**
- Increasing the NHS budget by 10% in the Northern Powerhouse will decrease economic inactivity rates by 3 percentage points
- **If they experience a spell of ill health, working people in the Northern Powerhouse are 39% more likely to lose their job compared to their counterparts in the rest of England. If they subsequently get back into work, then their wages are 66% lower than a similar individual in the rest of England.**
- Decreasing rates of ill health by 1.2% and decreasing mortality rates by 0.7% would reduce the gap in gross value added (GVA) per-head between the Northern Powerhouse and the rest of England by 10%.
- **Increasing the proportion of people in good health in the Northern Powerhouse by 3.5% would reduce the employment gap between the Northern Powerhouse and the rest of England by 10%**
- So, given the relationship between health, health care and productivity in the Northern Powerhouse, then in order to improve UK productivity, we need to improve health in the North.

Increasing the NHS budget by

10%

in the Northern Powerhouse will decrease economic inactivity rates by 3 percentage points



If they experience a spell of ill health, working people in the Northern Powerhouse are

39%

more likely to lose their job compared to their counterparts in the rest of England. If they subsequently get back into work, then their wages are 66% lower than a similar individual in the rest of England.

Challenges

Although these findings demonstrate the scale of the health and economic challenges facing the Northern Powerhouse, they also provide a blueprint to overcome the problem: in order to improve UK productivity, we need to improve health in the North. However, there are challenges which need to be addressed:

- Expenditure on public health and prevention services has always lagged behind spend on the treatment of existing conditions. In 2017/18 in England, £3.4 billion was spent by local authorities on public health. This was dwarfed by Department of Health and Social Care spend of over £124 billion, the vast majority of which went on hospital-based treatment services. Public health budgets are estimated to experience real-term cuts averaging 3.9 per cent each year between 2016/17 and 2020/21.
- **Austerity presents a real challenge for Northern agencies to implement approaches to improving health. Local authorities have faced disproportionately larger cuts and reductions in social welfare since 2010 have also had more of an impact in the Northern Powerhouse.**
- Exiting the European Union is a challenge for the NHS in terms of the supply of highly skilled workers. Uncertainties over post-Brexit NHS and local authority public health budget settlements are also a challenge for planning prevention and health and social care services particularly in the Northern Powerhouse.
- **Health research funding in the UK is heavily concentrated in the so-called 'golden triangle': London, the South East and the East of England receive over 60% of funding. This is exacerbated by the fact that the Northern Powerhouse's strengths are in applied health research, for which there is high need in the region but much less funding available nationally and regionally.**
- Uncertainty around the effectiveness of public health interventions means that more applied research is needed to develop,

pilot and evaluate and scale-up interventions to improve health – particularly in areas of high need such as the Northern Powerhouse.

- **Green and Inclusive Growth is required given the well-documented threats posed by climate change. It cannot be the case of 'business as usual' for an industrial strategy to increase productivity in the North, innovation is required to ensure carbon-free growth. Growth in the North also needs to be socially inclusive - reaching all places in the region and people from all social backgrounds.**

Health research funding in the UK is heavily concentrated in the so-called 'golden triangle': London, the South East and the East of England receive over

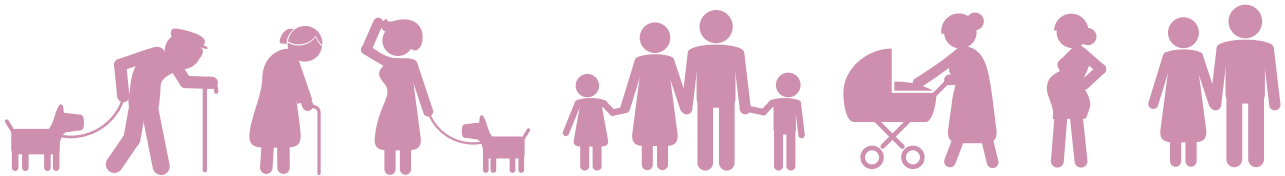
60%

of funding. This is exacerbated by the fact that the Northern Powerhouse's strengths are in applied health research, for which there is high need in the region but much less funding available nationally and regionally.

Recommendations to Central Government

As it develops its post-Brexit industrial strategy, central government should pay particular attention to the importance of health for productivity in the Northern Powerhouse. Specifically, we make four key proposals to central government:

- 1) To improve health in the North by increasing investment in place-based public health in Northern Powerhouse local authorities.
- 2) To improve labour market participation and job retention amongst people with a health condition in the Northern Powerhouse.
- 3) To increase NHS funding in the Northern Powerhouse – to be spent on prevention services and health science research.
- 4) To reduce economic inequality between the North and the rest of England by implementing an inclusive, green industrial strategy.



Recommendations to Northern Powerhouse Local and Regional Stakeholders

We make four key proposals to Northern Powerhouse local and regional stakeholders:

- 1) Health and Wellbeing boards and the emerging NHS integrated care systems should commission more health promotion, condition management and prevention services.
- 2) Local enterprise partnerships, local authorities and devolved Northern regions should develop locally tailored 'health-first' programmes in partnership with the local NHS and third sector providers.
- 3) Local enterprise partnerships, local authorities and devolved Northern regions should scale-up their place-based public health programmes across the life course: 'starting well', 'living well' and 'ageing well'.
- 4) Local businesses should support job retention and health promotion interventions across the Northern Powerhouse workforce and Northern city regions and Northern NHS integrated care systems should lead by example.

Figure 1.4: An English Journey – life expectancy for men along the East Coast, Great Western and West Coast Mainlines

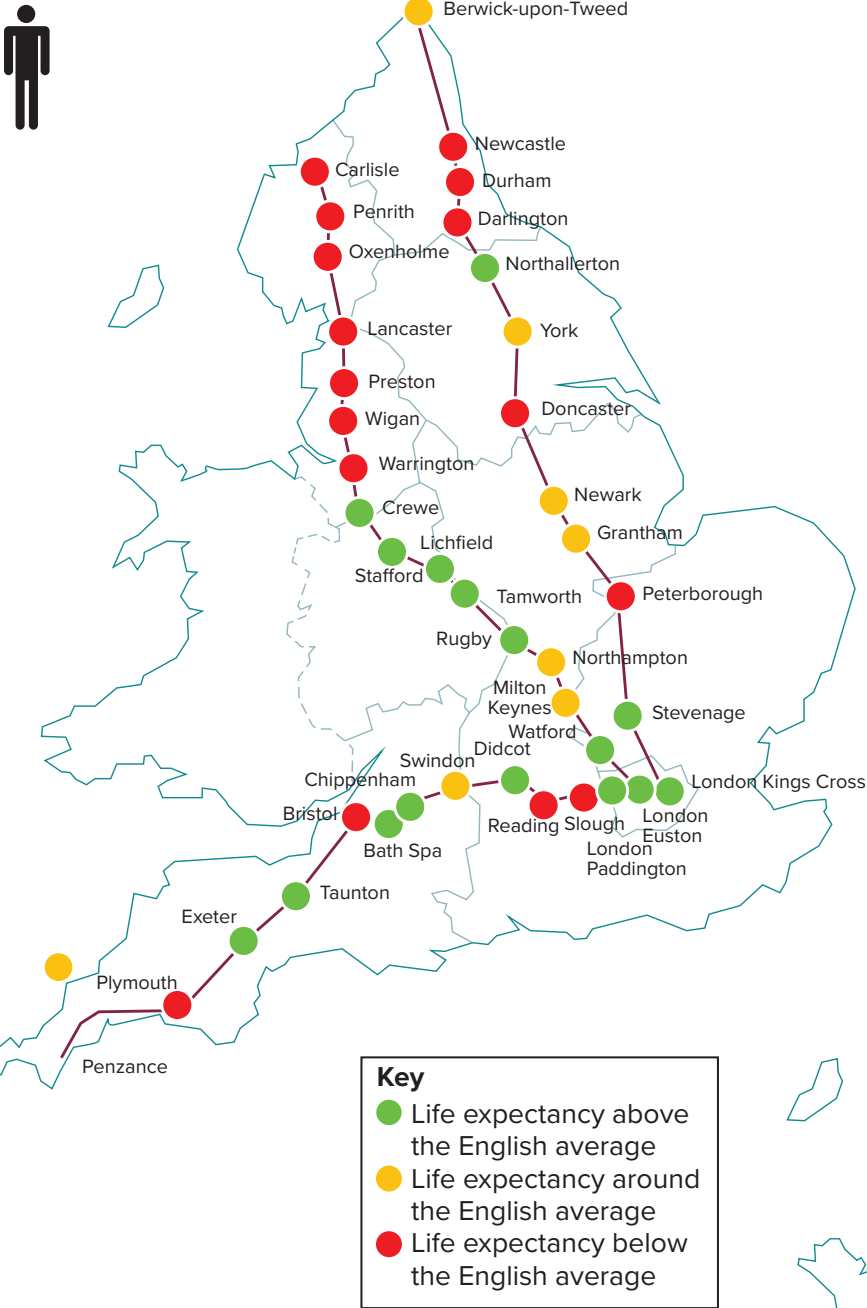
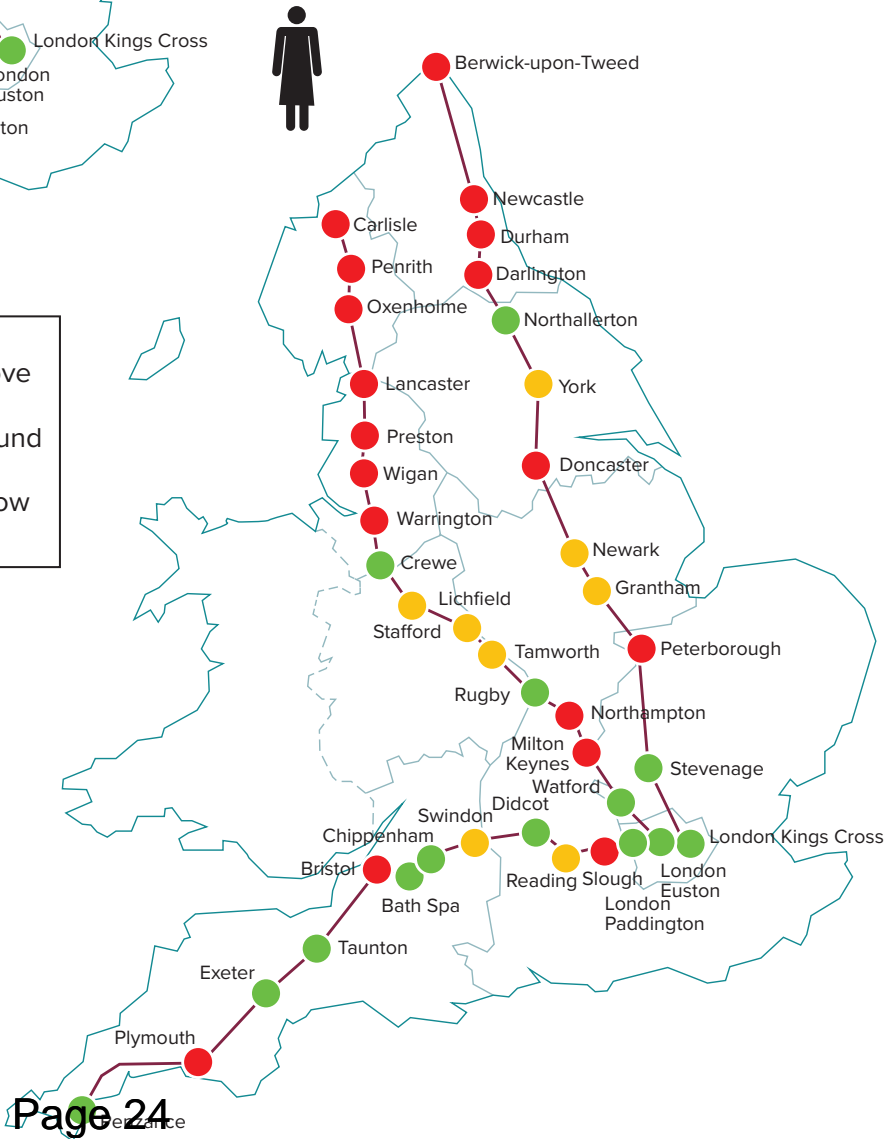


Figure 1.5: An English Journey – life expectancy for women along the East Coast, Great Western and West Coast Mainlines



This page is intentionally left blank

MIDDLESBROUGH COUNCIL

HEALTH SCRUTINY PANEL

Setting the Scrutiny Panel's Work Programme 2021/2022

22 JUNE 2021

PURPOSE OF THE REPORT

1. To invite the Health Scrutiny Panel to consider its work programme for the 2021/22 Municipal Year.

BACKGROUND

2. At the start of each Municipal Year, Scrutiny Panels discuss the topics that they would like to review during the coming year.
3. Work programmes are useful as they provide some structure to a Scrutiny Panel's activity and allow for the effective planning and preparation of work.
4. As part of the process for establishing the work programme, support officers gather information/views and suggestions from a number of sources. Below is a list of topics which are anticipated to be of particular interest to the Scrutiny Panel. Members are advised that the list of possible topics is not exhaustive and that additional topics can be added and considered at the Scrutiny Panel meeting.

Topical Issues and Suggestions

Topic/Suggestion	Details
Health inequalities – accessibility to health care	<p>In October 2020 South Tees Healthwatch launched a GPs, Ongoing Treatments and Wellbeing survey following the intelligence received from its previous lockdown report which suggested the following issues required more exploration:</p> <ul style="list-style-type: none"> • GP access; • The impact of ongoing treatments and cancelled or postponed operations; • Mental health and access to support services. <p>South Tees Healthwatch wanted to gain a deeper insight into how people's access to and engagement with services had changed</p>

	<p>since the initial reaction to the pandemic, and what lessons could be learned and shared. Responses were received from 395 individuals and a series of focus groups with the deaf community were held, which were attended by six members and relevant local professionals. A summary of the key findings are highlighted below and it has been suggested that the issues raised could be further explored by the Health Scrutiny Panel.</p> <ul style="list-style-type: none"> • The attitude of staff, reception staff in particular, had a negative impact on the experience of patients, especially when trying to access an appointment; • The telephone booking system is problematic and can deter people from accessing care due to not having the capacity to wait in the queue for an appointment; • Telephone appointments aren't always appropriate for patient's accessibility needs and health concerns; • A large majority of our respondents hadn't been offered an evening or weekend appointment – increasing this could reduce waiting times and enable more people to access care; • Patients are turning to pharmacies if they have waited too long for a GP appointment causing increased pressures on this service; • Communication is vital to keep patients updated with any changes to the surgery in ways that are accessible and suitable for all to understand; • People feel safe when accessing a face-to-face appointment if guidelines are clearly followed and practiced by everyone when attending the surgery, including staff. <p>(Suggestion from Healthwatch South Tees)</p>
SEND families support	<p>On 1 April 2021 a new 'Neurodevelopmental pathway' for children and young people (aged 5-18 years old) came into effect across South Tees and replaced the Children's Autism pathway. The new pathway covers autism and attention deficit hyperactivity disorder (ADHD).</p> <p>Healthwatch South Tees was asked to engage with parents and carers to find out their views, so family experiences could directly influence the new pathway. A number of issues were highlighted including concerns about proposals to remove the 'self-referral' option, and ambiguity regarding 'diagnosis, on the new pathway.</p> <p>In addition to the above information about limiting the new pathway to autism and ADHD has also caused significant response after the consultation period. There is apprehension about not having a clear</p>

	<p>identified route for children with other neurodevelopmental conditions including Foetal Alcohol Spectrum Disorder. Parent carers are concerned there is a lack of skill within the system to recognise other neurodevelopmental conditions and feel the proposal to identify these conditions at referral stage is therefore fundamentally flawed. There is a fear that children who don't fit the autism/ADHD assessment criteria will not be properly assessed with far reaching negative consequences.</p> <p>In light of the above the suggestion has been forward that these issues could be picked up by the Health Scrutiny Panel.</p> <p>(Suggestion from Healthwatch South Tees)</p>
PFI scheme at James Cook Hospital	<p>One of the key issues which spans the totality of the Trust's activity and service to the local community is the PFI scheme on the James Cook Hospital. The current cost of the historic scheme to the trust and its patients is approximately £1 million per week. The trust has calculated that the PFI scheme is adding approximately £17.5 million each year to the Trust's expenditure when compared to a hospital provided by public capital/borrowing. The reason for suggesting this as a potential item for scrutiny is the all-encompassing impact the PFI scheme has on the trust's ability to fund services and capital investments.</p> <p>(Suggestion from South Tees Hospitals NHS Foundation Trust).</p>
Women's health and infant feeding	<p>Women's health, it can take women up to 8 years to be given a diagnosis for pain related conditions, whereas men can be diagnosed within a year of symptoms.</p> <p>The impact on infant feeding due to the lack of breastfeeding support in Middlesbrough and the lack of tongue tie referrals and how this also impacts on infant feeding.</p> <p>(Suggestion from a Councillor).</p>
Dental health	<p>How Covid-19 has impacted on dental health in Middlesbrough, as many people, including children, were unable to access dental care during the pandemic.</p> <p>(Suggestion from a Councillor).</p>

Updates

Vulnerable and Fragile Health Services	To receive an update in relation to the recommendations made by the Scrutiny Panel's previous review of Vulnerable and Fragile Health Services.
Breast Radiology Diagnostic	To receive an update in relation to the outstanding NHS consultation in respect of Breast Radiology Diagnostic Services in South Tees.

Services	
-----------------	--

5. It should be noted that the topics outlined above are suggestions and the content of the Scrutiny Panel's work programme is a decision for the Panel. When considering its work programme, the Panel is advised to select topics that are of interest to it, as well as topics that the Panel feels by considering, it could add value to the Local Authority's work.
6. In addition to undertaking the agreed work programme, Scrutiny Panels have also previously responded on an ad-hoc basis to emerging issues - such as considering relevant new legislation, guidance or Government consultation documents. This approach occasionally results in further topics being identified for investigation or review throughout the year.
7. On occasion ad-hoc scrutiny panels may also be established throughout the year to undertake additional investigations, for example to examine areas of work which overlap more than one Scrutiny Panel.
8. The Scrutiny Panel is also advised that, under the terms of the Local Government Act 2000, local authorities have a responsibility of community leadership and a power to secure the effective promotion of community well-being. Therefore, in addition to the Scrutiny Panel's generally recognised powers (of holding the Executive to account, reviewing service provision, developing policy, considering budget plans and performance and financial monitoring), Panels also have the power to consider **any** matters which are not the responsibility of the Council but which affect the local authority **or** the inhabitants of its area. For example, nationally, local authorities have undertaken scrutiny work on issues such as post office closures, rural bus services, policing matters and flood defence schemes.

Scrutiny work plan prioritisation aid

9. Members may wish to use the aid attached at **Appendix 1** to prioritise issues where scrutiny can make an impact, add value or contribute to policy development.

PURPOSE OF THE MEETING

10. The Scrutiny Panel is asked to consider and agree its work programme for the 2020/21 Municipal Year. The Director of Public Health (South Tees) will be in attendance to assist the Panel by highlighting priority areas/issues and challenges.
11. When considering its work programme, the Scrutiny Panel is asked to ensure that topics agreed for inclusion:-
 - Affect a group of people living within the Middlesbrough area.
 - Relate to a service, event or issue in which the Council has a significant stake or over which the Council has an influence.
 - Are not issues which the Overview and Scrutiny Board or the Scrutiny Panels have considered during the last 12 months.
 - Do not relate to an individual service complaint; and

- Do not relate to matters dealt with by another Council Committee, unless the issue deals with procedure.
12. It is suggested that the Scrutiny Panel has a mixture of working styles in its programme. This can include detailed and in-depth reviews, shorter topics, or one-off investigations.
 13. Once the Scrutiny Panel has identified the areas of priority, support staff will draw those topics into a programme for approval by the Overview and Scrutiny Board.

RECOMMENDATION

14. That the Scrutiny Panel identifies the areas of focus/topics it would like to include in its work programme for 2021/22, for consideration/approval by the Overview and Scrutiny Board.

BACKGROUND PAPERS

15. Throughout the report, reference is made to documents published by the Department of Health, Public Health England (PHE), the NHS and Middlesbrough Council.

Contact Officer

Scott Bonner
Democratic Services Officer
Democratic Services
Finance, Governance and Support
Tel: 01642 729708 Email: scott_bonner@middlesbrough.gov.uk

