HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 7 September 2021.

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

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

OFFICERS: M Adams and S Bonner

APOLOGIES FOR ABSENCE: Councillor A Bell

21/88 **DECLARATIONS OF INTEREST**

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

21/89 **MINUTES - HEALTH SCRUTINY PANEL - 13 JULY 2021**

The minutes of the Health Scrutiny Panel held on 13 July 2021 were submitted and approved as a correct record.

21/90 **COVID-19 UPDATE**

The Director of Public Health (South Tees) provided an update on the ongoing Covid-19 situation and made the following points:

- At the time of the meeting lots of areas were showing high rates of community transmission with Middlesbrough placed 19th nationally.
- It was anticipated there would be a spike in infection rates once schools returned from the summer holidays.
- The rate of infection had seemingly flattened since the beginning of August, although there was little to indicate the rates of infection would slow.
- Demographically, younger age groups saw higher rates of community transmission, although it was anticipated that when schools returned to school infection rates would start to affect older age groups as well.
- In terms of impact on hospitals numbers had stabilised around 70 in-patients with critical care showing slightly lower numbers than previous. Ultimately, Covid-19 rates were higher than preferred but were not adversely affecting hospital functions.
- Mortality rates were low, but a small number of Covid related deaths were still being reported.
- In terms of vaccination uptake, 66% of people had received their second does, which was lower than the national average. It was recognised there remained a desire to increase vaccine take-up rates.
- There remained approximately 4,000 people in the over-50 age group that had not received the vaccine.
- Evidence continued to show that vaccination rates were higher in more affluent areas.
- There was a desire to communicate the benefits of vaccine take-up with local residents but it was recognised that this was difficult given the national relaxation of Covid measures. Middlesbrough had always adopted a citizen led approach with work continuing in local communities though the Covid Champion network.
- Work was also continuing with other organisations such as Middlesbrough Football Club to promote communications.
- The ability of the Council to encourage more people to adhere to social distancing was limited in this regard.

The Chair queried how statistics relating to Covid were derived as there were some discrepancies between rates in different areas. It was clarified that there was no single set of

statistics used across all organisations and that the same statistics could be used for different purposes.

Further clarification was provided about the relationship between vaccination take up and areas with higher rates of deprivation. Essentially, the less affluent a resident is tends to relate to more insecure jobs and working patterns, as well as reduced access to a car. This in turn can affect someone's availability to receive the vaccine, especially if the vaccination centre was far from their home.

It was queried if the Covid Vaccine would impact on the children's flu vaccine rollout. It was clarified that the same staff working with the Covid Vaccine would also be working with the Children's Flu Vaccine, which may place pressures on staff. However, the Public Health team would work to ensure that all vaccines are delivered.

ORDERED:
1. That the presentation slides be circulated to the Panel.
2. That the information presented be noted.

21/91 **HEALTH INEQUALITIES - HEALTH FOR WEALTH**

Dr Heather Brown provided the panel with information relating to her publication *Inequalities in Health and Wealth*. During the presentation Dr Brown included some of the following points:

- It was important to understand how inequalities in health and in economic position impacted on generational inequalities.
- The study found that deprivation in the North East had been increasing in many places, especially as the North East had some of the most deprived communities in the country when examined at the Lower Super Output Area (LSOA) level. Indeed, just under half of all LSOAs in Middlesbrough were in the 10% most deprived in the country.
- The impact of Covid was also an important factor in this area, with child poverty having risen to 31% from 29% in the North East due to Covid.
- Brexit had also affected the North East more than other regions economically (other than Northern Ireland).
- Some the reasons for the North East performing comparatively poorly included de-industrialization changing the geography of economic growth and employment as well as disinvestment in peripheral former industrial areas and the Austerity agenda.
- In terms of Health Inequalities; the regional health divide has been widening in recent years. Mortality was now 20% higher amongst young people living in the North.
- Earnings and economic activity were also 10% lower in the North East than the rest of England with high levels unemployment, economic inactivity and worklessness.
- While its full impact was still being examined, the Covid-19 pandemic had had a detrimental impact on both child and fuel poverty.
- This subject had been examined during three national government policy initiatives: 1991-1998 (Increasing Neo-liberalism); English Health Inequalities Strategy (1999-2010); and Austerity (2010-2017).
- The research data utilized 5,000 household surveys encompassing 10,300 individuals. The survey also ran during the Covid-19 pandemic to understand its impact. The areas the research was interested in physical health and limiting long term health impacts. It also wanted to understand poor health on the productivity gap.
- The research also looked at food insecurity which was defined as any person in a household unable to healthy and nutritious food or was hungry but did not eat.
- Methodologically, statistical analysis employed decomposition to breakdown how much of the difference in the employment gap between the Northern Powerhouse and the rest of England can be explained by physical and mental health and a limiting long term health condition. It would also estimate the association between mental and physical health and a limiting long term condition and employment.
- The key findings of the research showed there were regional differences on the role of health inequality policy on the influence of the family on young adult children's health and wages. It also found Austerity had been worse in the North than the Rest of England. Mobility was increasing at a slower rate in the North than the rest of England.
- Economically it was estimated that should the gap in health inequalities be closed this

could equate to an additional £13 billion to country's GVA.

- The research also found that people with basic or no educational qualifications who were unemployed in April 2020; and had a disability were more likely to report all three measures of food insecurity.
- Financial vulnerability explained half the likelihood of being food insecure.
- Eligibility for free school meals, being furloughed and receiving help from grandparents explains approximately 30% of the likelihood of being food insecure.
- The recommendations made by the research included those Local Authorities, Local Enterprise Partnerships and Health and Wellbeing Boards. It recommended that these should scale up family centred place based public health programmes to invest more in interventions that reduce social and environmental inequalities.
- Local enterprise partnerships, schools and third sector organisations, should develop locally 'tailored' programmes for young people providing both health and employment support.
- Local health services should identify at risk families and individuals at a time of disrupted health service delivery.
- Recommendations for Central Government included improved health and social mobility in the North including increased investment in place based public health. There should also be increased generosity of benefits that would keep people out of health inequalities.
- There should be increased investment in Northern Schools to reduce inequalities in educational attainment.
- There should also be increased spending on economic growth and development in "left behind" communities.
- There should also be targeted job creation in economically vulnerable areas.
- There were several challenges to resolving the issue, namely Brexit and the potential constraints around economic growth, NHS staffing levels and uncertainties around local government budget settlements.
- There were also concerns about lagging behind public health and prevention expenditure compared to treatment of existing conditions.
- The Covid-19 Pandemic also presented considerable challenges.
- Overall the research found that deprivation was rising in the North of England and that health inequalities were increasing between the North and the rest of England.
- The research also found that Health and Social Mobility for families in the North of England increased during the Health Inequality Strategy Period but had been decreasing since Austerity was introduced in 2010.
- Improving health in the North can reduce the employment gap and that investment was needed in education, public health, employment opportunities, and the NHS.

Clarification was provided about how economic productivity was measured; which included examining Gross Value Added (GVA) or the employment. In basic terms the Norther Powerhouse definition of the north of England was used as well as ONS information about economic activity per local authority area.

It was queried if free school meals had been affected since the introduction of Universal Credit in the sense that many children no longer qualified for it.

A Member queried if being a member of the Northern Powerhouse brought the promised benefits. It was clarified that this was difficult to quantify as there was significant heterogeneity in the north of England and that the Northern Powerhouse was more of a lobbying organization.

It was clarified for the panel that the research carried out was funded by the Northern Powerhouse and its methods and results were apolitical in nature.

It was commented that when external funding arrived in the North East it appeared it was directed at areas other than Middlesbrough, such as Newcastle. It was clarified that when funding was sought it should be on the basis of need.

ORDERED:

1. That the question of how free school meals had been impacted by Universal Credit be raised with the service area.
2. That the information provided be noted.

21/92 **HEALTH INEQUALITIES - LEVELLING UP FOR PROSPERITY**

Chris Thomas from the Institute of Public Policy Research (IPPR) provided the panel with an overview of their publication *Levelling-up health for Prosperity* and made the following points:

- The IPPR were an independent registered charity and Britain's leading progressive think tank.
- Generally the research wanted to explore how health played a role in economics.
- The IPPR were interested in three area of government commitment: Levelling-up and desire to distribute resources evenly; Health Improvement and the desire to increase life expectancy by five years by 2035 and build back better in reaction to the Covid-19 pandemic.
- Broadly speaking the UK had life expectancy that was comparable with other high-income nations.
- However, this masked severe inequalities within the UK with the North East performing worst from all English regions in terms of under 75 mortality rate per 100,000 (394.74).
- There was intersect between mortality rates and people classed as obese. It was also found that regions with higher mortality rates were more exposed to factors that negatively affected health including lower rates of income and employment.
- People with long-term conditions were less likely to be in work in the North of England, for example the percentage of people of working age with a health condition lasting more than 12 months was 44% compared to 52% in London.
- There was also associations between mortality and productivity at the Local Authority level.
- If health inequalities were closed it was estimated that gain to Gross Value Added (GVA) of approximately £20 billion.
- The research found there were several important recommendations that central government could employ including using a composite measure of prosperity rather than GDP.
- There was also a need to make any new measures action driven as well as increasing weighting for deprivation in the NHS funding formula from 10 to 15%.
- Coupled with the above, there should be a need for community health building as well as the restoration of the public health grant.
- There were also recommendations for local government from the research including creating healthier spaces through planning and regeneration initiatives.
- There was heavy reliance on the creation of strong and effective relationships rather than rules to help improve health at the local level.
- Where possible work should be carried out with employers to encourage them to break down barriers to work for people with long term conditions.
- Ultimately, local leaders did not need to wait for national government to make health a core component of decision making.

The Chair queried what the determinant of low mortality rates were and was clarified that while life expectancy had risen health life expectancy had not increased at the same rate. Ultimately, by simply building health related services this led to increased inequalities. Instead, structures that seemed to work better were those where formal structures helped to coordinate services, and where services went beyond health services. An example of the *Improving cancer journey* pilot in Glasgow. Under that scheme those individuals with a cancer diagnosis were provided with a named advocate that helped coordinate available services. This service was available within the community rather than centralized medial services. The main themes that could be taken from that pilot were that taking a holistic view of the needs of someone with long term health issues was crucial with services being placed in the community.

There was also evidence to suggest that this approach may also be beneficial in reducing stigma that is felt by those with certain illnesses, such as lung cancer.

A Member sought clarity on the financial aspects of the research, notably the productivity gap.

It was clarified that in 2017 a Northern Sciences Alliance report found there was a productivity gap, due to health inequalities, between the North of England and the rest of the UK which nationally was worth approximately £13 billion. This gap had since risen to just over £20 billion, however this did not cover the full health inequalities cost.

The Chair sought views on improving services such as well-man clinics into the community to try and encourage more people into and improve access to health care. It was clarified that such initiatives showed a great deal of promise and should be considered going forward.

AGREED: That the information presented be noted.

21/93 **CHAIR'S OSB UPDATE**

The Chair provided the panel with an update of the previous OSB meeting held on 28th July 2021. The Chair advised that the Chief Executive provided updates on the Council's continuing response and recovery from the Covid-19 pandemic, Executive decisions, Staff Communications initiatives and; Children's Proxy Indicators and Middlesbrough Children Matters priorities.

In terms of Covid; at the time of the meeting cases stood at 854.7 per 100,000 although it was noted that cases had been declining. Vaccination rates still showed Middlesbrough to be low on the respective league tables, however this information did not take age or demographics into account making direct comparisons difficult. It was also noted that a significant proportion of over 50's had only had a single dose of the vaccine.

In terms of Middlesbrough Children matters, whilst the recent Ofted monitoring inspection offered reassurance of improvements in children's services there was a need to look at our commitment for all young people. As such the Chief Executive and Director of Children's Services advised that 10 priorities were now in place ranging from Place (where young people felt safe and proud of where they lived) to Best Start in Life (where families are supported to give young people the best start in life.

The Director of Children's Services also advised OSB on financial progress of Children's Services and informed Members progress was being made to reduce service costs including reducing reliance on External residential placements and increasing use of Internal Fostering Placements. OSB was advised, up to that point, Children's Services was realizing a slight underspend against its budget.

Finally, the Board also received updates from the Panel Chairs on the activities taking place within their respective remits.

AGREED: That the information presented be noted.

21/94 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.