Middlesbrough moving forward

Legal and Governance

HEALTH SCRUTINY PANEL

Date: **Tuesday 7th September, 2021**
Time: **4.00 pm**
Venue: **Virtual**

Please note this is a virtual meeting.

The meeting will be livestreamed via the Council's YouTube channel at Middlesbrough Council - YouTube

AGENDA

1. Apologies for Absence

2. Declarations of Interest

   To receive any declarations of interest.

3. Minutes - Health Scrutiny Panel - 13 July 2021 — 3 - 8

4. Covid-19 Update

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

5. Health Inequalities - Health for Wealth — 9 - 38

   Dr Heather Brown of Newcastle University will be in attendance to provide an overview of Health Inequalities following the nhsa's publication of Health for Wealth – Building a Healthier Northern Powerhouse for UK Productivity.

6. Health Inequalities - Levelling up for Prosperity

Chris Thomas and Anna Round from the Institute of Public Policy Research will be in attendance to provide an overview of their publication “Levelling up Health for Prosperity”.

7. Chair's OSB Update

8. 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
Friday 27 August 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 13 July 2021.

PRESENT: Councillors D Coupe (Chair), R Arundale, A Bell, A Hellaoui, T Mawston, D Rooney and P Storey

ALSO IN ATTENDANCE: I Bennett (Deputy Director of Quality & Safety) (South Tees Hospitals NHS Foundation Trust), H Lloyd (Chief Nurse) (South Tees Hospital NHS Foundation Trust) and M Lal (Associate Medical Director) (South Tees Hospitals NHS Foundation Trust)

OFFICERS: M Adams, S Bonner and C Breheny

APOLOGIES FOR ABSENCE: Councillors D Davison and C McIntyre

21/82 **DECLARATIONS OF INTEREST**

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

21/83 **MINUTES- HEALTH SCRUTINY PANEL - 22 JUNE 2021**

The minutes of the Health Scrutiny Panel meeting held on 22 June 2021 were submitted and approved as a correct record.

21/84 **SOUTH TEES HOSPITALS - QUALITY ACCOUNTS 2020-2021 - TO FOLLOW**

The Deputy Director of Quality and Care, Chief Nurse and Director of Clinical Medicine at South Tees Hospital Foundation Trust presented the Quality Accounts 2020-21 document to the Panel. During the presentation the following points were made.

- Care had been provided to more than 3,000 people within the trust's remit covering a variety of needs.
- It was important to stress the Trust had continued to deliver effective services despite increasing and significant pressures.
- By means of context; the Trust had been one of the first to carry out Covid SWAB testing around the clock at the height of the Covid Pandemic and had administered 134,000 COVID SWAB tests.
- The Trust had also delivered more than 1 million aprons, 4 million facemasks and 7 million pairs of gloves.
- James Cook Hospital had also delivered more than 71,000 vaccines before the vaccination programme was moved to Primary Care.
- The Trust continued to ensure necessary levels of PPE was in place for staff and patients as part of the ongoing Covid recovery agenda.
- The Trust had struck a balance with regards to visiting hours during the Pandemic.
- The Trust had continued to deliver business as usual, and new, procedures despite the Covid Pandemic with examples including the use of a MitraClip in cardiology procedures. Such procedures allowed patients to be discharged faster than they would ordinarily.
- Staff across departments had worked collaboratively to provide complex treatments as safely as possible, including staff in nuclear medicine and oncology to provide radiotherapy treatments.
- Since October 2019 the Trust had empowered clinicians to become more involved in the care being delivered through the Clinical Policy Group.
- The Clinical Policy Group had created 10 clinically led collaboratives that included Nurses, Health Care Professionals and Administrative Support who all came together to improve services. The heart of the Clinical Policy Group was effective leadership that provided a range of support.

- The Trust was also actively pursuing HUMAN FACTOR training and awareness, which was used in several safety critical industries. This model offered patient safety and clinical excellence.
- The Trust was confident by April 2022 90% of relevant staff will have undergone the HUMAN FACTOR training.
- Patient safety was at the heart of all activities carried out in the Trust with an emphasis on Floor to Board governance.
- The Trust was keen to embed and strengthen organisational learning, with learning from mistakes, particularly near misses, adopted across the organisation. It was hoped that adopting this approach would reduce the possibility of future mistakes.
- Via the South Tees Research Innovation + Education centre (STRIVE) a leadership academy had been developed with the intention that training should be available to all staff no matter where they work in the organisation.
- In order to improve incident reporting the Trust was looking to improve the Datix system.
- The Trust worked to embed a culture of patient safety embedded across the organisation. South Tees Trust was the most improved in the country for its approach to Freedom To Speak Up.
- There was also a desire for the Trust to include patients at every level of engagement.
- There were three areas as part of the Drive for Excellence in Care model; Professional Excellence; Collective Leadership and Investing in our People.
- The Trust was always looking at mental health impacts as well physical health impacts.
- In terms of the Trust's priorities for the forthcoming year; there were three general areas the priorities fell under; Safety; Clinical Excellence and Patient Safety. With regard to safety; the Trust had previously been regarded as a poor reporter of serious incidents but it wanted to improve this by 10 per cent each year.
- The Trust wanted to develop a quality and safety strategy.
- The Trust also wanted to engage with the Getting It Right First Time (GIRFT) Programme to prevent unwanted variation. There was also a need to continue to the Trust's End of Life strategy using the principles of GIRFT.
- There was a desire to adhere to the quality standards as prescribed by NICE, with a focus on continual improvement.
- From a patient experience there was need to alleviate category three and four pressure damage as well as improving communications, especially in terms of letters.
- After a recent CQC inspection of the Trust's Radiotherapy department, the inspection found it to be one of the best services in the country. Inspections of the Trust's virtual ward and maternity services were also seen to be excellent.

The Chair expressed his congratulations and thanks to the Trust for their hard work and dedication during a difficult year and commended their ability to continue delivering key services throughout.

A Member queried if the Trust had experienced any resistance from staff Members in terms of receiving the vaccination. It was clarified that all staff had wanted to receive the vaccination and that no resistance had been encountered to this. Indeed 96% of staff had received the vaccination with remaining staff either having underlying health issues or allergies which prevented them from receiving the vaccination.

The Chair expressed his relief at this statistic given the high rates of Covid infection in the town.

A Member queried if there was a correlation between PALS enquiries complaints. It was clarified that where possible all concerns and issues were addressed informally with the intention of avoiding formal complaints being raised. While some Trusts had changed, or even suspended their complaints process, South Tees had changed their processes to ensure concerns were addressed, albeit via different means such as Teams. As a consequence, the Trust found they were in a preferable position to other Trusts in terms of PALS and complaints.

The Chair expressed his relief and gratitude that the Trust had not experienced any surgical 'Never Events' in the past year. The Trust confirmed they were proud of this achievement but that it was a continual journey of improvement.

A Member congratulated the Trust on their achievements but queried why many of the nationally assessed performance measures were missing their targets. The Trust acknowledged that many of the National Performance Indicators were significantly missing their targets and that there were several factors affecting this including an inability to bring patients into the Trust safely due to Covid as well as an increase in the numbers of people approaching A&E due to telephone only appointments at GP surgeries. The Trust confirmed communications were being issued to reassure patients that it was safe to attend appointments if they were available.

The same Member queried if the issues identified were reflected nationally and it was confirmed it was. The message from NHS England and the Royal Colleges was the challenges being faced by South Tees were a shared problem and that the challenge to improve was not underestimated.

A Member queried if any strategies were in place, or being planned, to combat an increasing amount of people going to A&E with children for non-emergencies. It was clarified strategic conversations were taking place to address this.

Members expressed their thanks for the work carried out by the South Tees Maternity Partnership.

The Chair thanked the Trust for providing a comprehensive report and expressed the Panel's confidence that progress was being made in key areas of performance. The Chair also requested a summary document be provided of the Quality Accounts document.

**** SUSPENSION OF COUNCIL PROCEDURE RULE NO. 5 - ORDER OF BUSINESS**

ORDERED: that in accordance with Council Procedure Rule No. 5, the Committee agreed to vary the order of business to consider agenda item 7, Any other urgent items which the in the opinion of the Chair, may be considered, as the next item of business.

21/85 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

The Director for Public Health (South Tees) provided the Panel with an update on Covid and made the following points:

- Middlesbrough was consistently high in terms of infection rates, both locally and nationally.
- There had been a significant increase in positive tests.
- While the 19-29 age range seemed to show the most prevalent Covid rates there were indications the over 60's were also seeing an increase in infection rates.
- There were 54 in-patients being treated for Covid at James Cook Hospital who were not exclusively younger or unvaccinated.
- There was a consensus the vaccine helped should an individual become infected.
- In terms of schools; there were 88 closed school bubbles across 28 schools.
- There was also concern that high infection rates would impact on front line service provision.
- Middlesbrough had a vaccination rate of 72% for a single dose, with 56% of over-18s having had both doses.
- There was a continuing concern that a small but significant number of over 50s had not had either dose of the vaccine.
- Primary Care Networks had tried to remove, or at least reduce, barriers to booking processes for the vaccine. Examples included offering drop-in sessions.
- There were also various communication initiatives being deployed in order to encourage vaccination take up, including dedicated social media pages and the *Make Every Contact Count* initiative. This included important information for front-line staff who could use it to encourage vaccination take-up.
- The Panel also heard that SAGE expected high numbers of infections until the end of August 2021. The main impacts from such high levels of infections included hospital admissions, work absences and PCR testing potentially not being as effective in detecting new variants.

- SAGE also advised a more gradual relaxation of Covid restrictions rather than rapid relaxations. It was noted that this seemed at odds with government policy.

The Chair commented the number of infections for 16-29 year olds was high and that Middlesbrough had always followed other areas' infection rates by approximately two weeks. It was clarified it was uncertain if this would be the case this time. It was also confirmed that it was difficult to create accurate modelling to predict future infection rates.

The Panel were also made aware that Long Covid could be prevalent in approximately 5,000 people in Middlesbrough which would be compounded should infection rates rise. However, it was also clarified that accurately quantifying this was difficult.

A Member queried how many people in the town had not been vaccinated and it was confirmed this stood at 4,618. While this was decreasing it was doing so slowly. It was clarified that some of that group had underlying health conditions or were anxious about the vaccine whereas others were opposed to the vaccine on principle.

The Panel heard information was provided to front line staff to encourage vaccination take up, but was not an enforcement tool. Ultimately, the Council's position on this issue was limited as to what it could achieve. Its position was one of influence and education rather than punitive action.

It was also commented that, generally, there was less take-up for the vaccine in younger age groups, but that Long Covid was still a significant risk for those age groups.

It was queried if Long Covid affected women to a greater degree than men. While there was no definitive data on this, there was still much to learn about the effects of Long Covid. It was also confirmed efforts with key stakeholders had been made to reach all cohorts of people.

In response to a query about vaccination among the homeless, it was clarified that clinics had been established to make the vaccine available for hard to reach groups, including asylum seekers. It was established that getting the vaccine was easy unless there were other significant life pressures.

It was also clarified the Council was working with the school holiday fund with the intention of mitigating the impact of school attendance.

The Chair thanked the Director of Public Health for his presentation.

AGREED that:

1. The Director of Public Health provide Members with the information supplied to front line staff used to encourage vaccination take up and;
2. The information provided be noted.

21/86 **HEALTH INEQUALITIES REVIEW - HEALTH FOR WEALTH**

This item was deferred to the Panel's meeting on 7 September 2021.

21/87 **CHAIR'S OSB UPDATE**

The Chair provided an update to the Panel about the previous meeting of OSB on 29 June 2021. During his update the Chair advised the Chief Executive had provided an update on the Council's continuing response and recovery from the Covid-19 pandemic.

The Board also heard that vaccination rates in Middlesbrough were some of the lowest in the North East, which was largely attributed to levels of deprivation.

The Chief Executive also informed the Board the Council had conducted a review of its own governance arrangements in light of the Best Value Report carried out at Liverpool City Council. The Board heard how Liverpool City Council had not adhered to certain key governance principles including a failure to declare hospitality and a failure of senior officers to formally

challenge/ escalate concerning behaviour. The Chief Executive reassured the Board that such failings were not present in Middlesbrough.

The Board also heard that CIPFA had conducted its annual review into the Council's financial resilience against its 12 statistical neighbours. It found Middlesbrough was always vulnerable to financial shocks due to its size and demographics so having robust financial mitigations was critical. The review also found a high proportion of the Council's budget was spent on social care (nearly 40%) and that its Council Tax was very low (the lowest in the North East).

The Board also received an update on the refreshed strategic plan, and how the Council had performed financially during 2019-2020.

The Director of Regeneration was also in attendance and provided an update on Town Centre development, informing the Board that there was a strategy to move the "Town Centre" to the "Centre of Town" that emphasized more living, educational, working and Leisure facilities.

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

NOTED

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Inequalities in health and wealth

13th July 2021

Heather Brown
Heather.brown@ncl.ac.uk

From Newcastle.
For policy makers.

Inequalities in health and wages

1)Health and social mobility locally, regionally, and nationally.

2) Geographical inequalities in health and employment

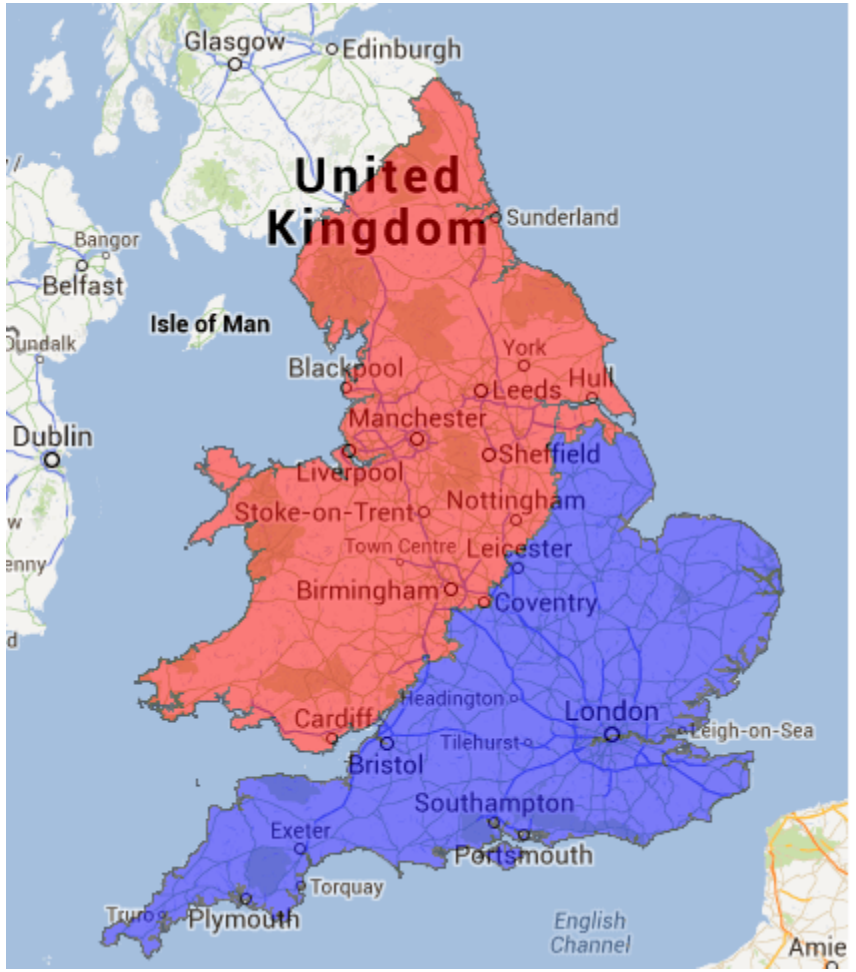
3)Policy responses to inequalities

4)Our research

5)Key findings

6)Recommendations

7)Challenges



*Map created by reddit user atrainmadbrit :*https://brilliantmaps.com/england -north-south/

Deprivation in the North East

Just under half of all LSOAs in Middlesbrough are in the 10% most deprived in the country.

Between 2015-2019 deprivation has been increasing in the North East.

Fig. 3 - LSOAs in North East Local Authorities in the most deprived 10%, 2019

Local Authority Area	IMD 2019 (LSOAs amongst 10% most deprived)		Change from IMD 2015	
	Number	Proportion of all LSOAs in Local Authority Area	Change in Number of LSOAs	Percentage Point Change (proportion of all LSOA's)
Middlesbrough	42	48.8%	0	0
Hartlepool	21	36.2%	2	3.4
Newcastle upon Tyne	45	25.7%	6	3.4
South Tyneside	25	24.5%	3	2.9
Redcar and Cleveland	21	23.9%	2	2.3
Sunderland	42	22.7%	6	3.2
Stockton-on-Tees	25	20.8%	3	2.5
Darlington	12	18.5%	2	3.1
Gateshead	21	16.7%	6	4.8
Durham County	39	12.0%	3	0.9
Northumberland	23	11.7%	9	4.6
North Tyneside	12	9.2%	3	2.3

Table from: https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Northumberland-Knowledge/NK%20place/Indices%20of%20deprivation/Indices-of-Deprivations-2019-Summary-Report.pdf

Poverty in the North

- Poverty rates over 5 percentage points higher
- Child poverty rates 29% in the North East, compared to 21% in the South East.
- Fuel poverty rates are also higher
- 21% in the North East compared to 11% in the South East

Projected impact of Brexit

Table 13: Summary of economic resilience indicators

REGION	Labour Productivity, GVA per hours worked		Gross Value Added per head		Business density			Business growth		Economic inactivity rate				Fiscal balances		Average Rank
	Compared to UK average, 2016	Rank	2016, £	Rank	Businesses per 10k adults	Region/ UK Ratio	Rank	Annual growth, 2010-16, %	Rank	Total pop 16-64, %	Rank	Total pop over 16, %	Rank	Average 1997-2016, £	Rank	
London	133.3	1	45,046	1	1,464	1.41	1	5.9	1	21	4.5	30	1	-1,767	1	1
South East	106.1	2	28,506	2	1,243	1.2	2	3.5	3	18	2	35	2	-1,185	2	2.2
South West	90.7	6	23,548	5	1,144	1.1	3	3.7	2	18	2	36	3.5	1,068	4	3.9
East of England	94.7	4	24,488	4	1,130	1.09	4	2.9	6	18	2	36	3.5	-173	3	4.1
East Midlands	85.7	9	21,502	8	972	0.93	5	3.4	4	22	7	38	8	1,331	5	6.5
North West	92.6	5	22,899	6	896	0.86	6	3	5	22	7	38	8	2,571	9	6.5
Scotland	99.4	3	24,876	3	728	0.7	11	2.2	11	21	4.5	37	5.5	1,531	6	6.6
West Midlands	87.3	8	22,144	7	892	0.86	8	2.4	10	22	7	37	5.5	2,078	8	7.8
Yorkshire and Humber	84.8	10	21,285	9	895	0.86	7	2.8	8	23	9.5	38	8	2,061	7	8.2
North East	88.9	7	19,542	11	679	0.65	12	2.9	7	25	11	41	12	3,357	10	9.8
Wales	83.1	12	19,200	12	872	0.84	9	2.5	9	23	9.5	40	10.5	3,805	11	10.6
Northern Ireland	83.2	11	20,435	10	845	0.81	10	0.6	12	28	12	40	10.5	4,417	12	10.9
UK	100		26,584		1,040			3.5								

Why is the North falling behind?

De-industrialisation changing the geograph

economic growth and employment

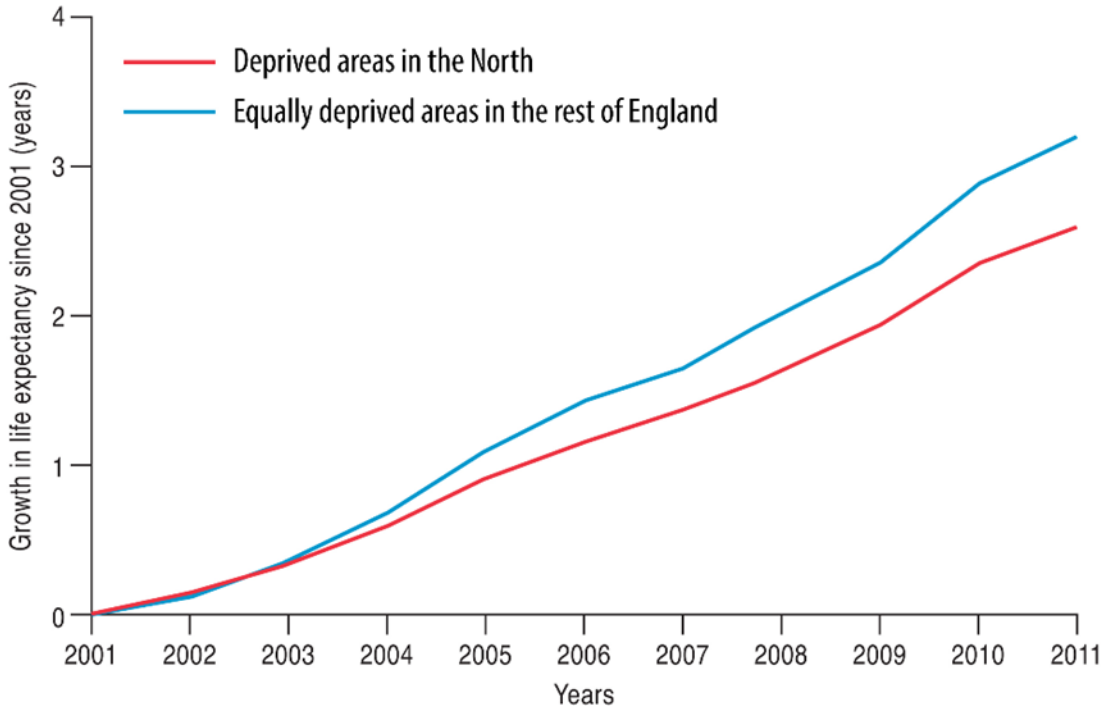
Disinvestment in peripheral former industri

areas

Austerity

Health Inequalities in the North

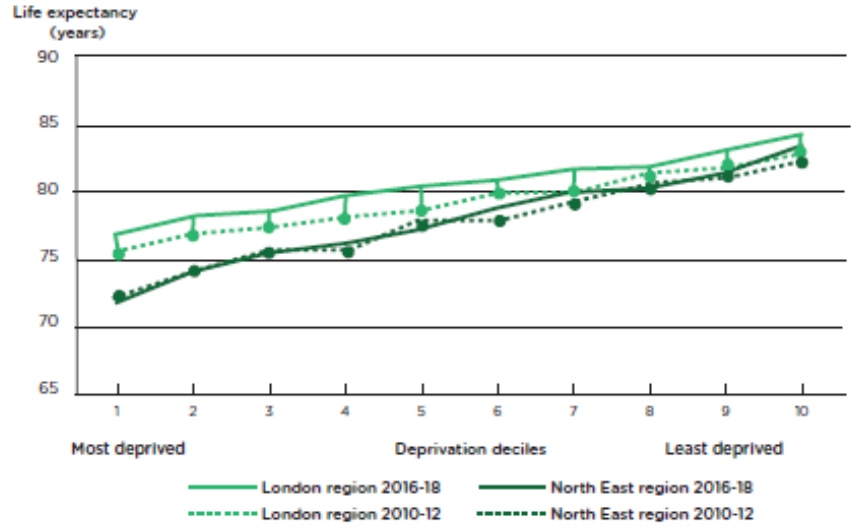
- Regional health divide has been widening in recent years.
- Between 1965 and 1995, there was no health gap between younger Northerners aged 20-34 years and their counterparts in the rest of England.
- Mortality is now 20% higher amongst young people living in the North.



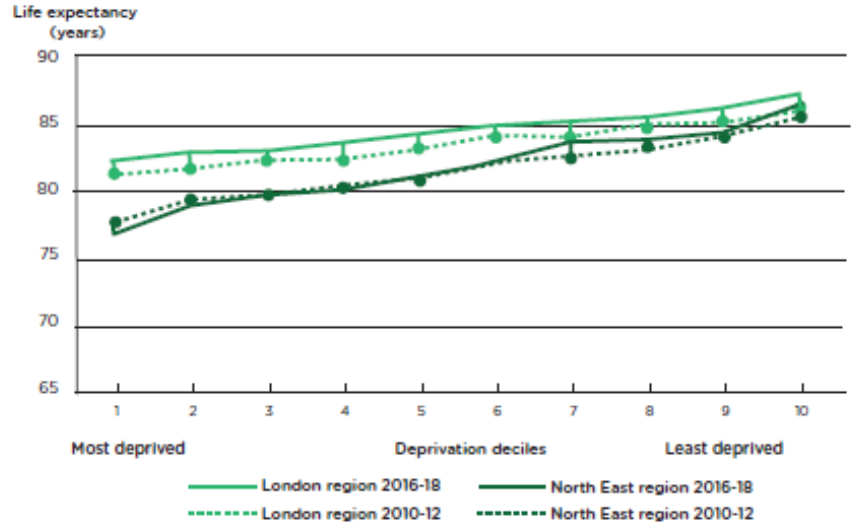
Health Inequalities

Figure 2.7. Life expectancy at birth by sex and deprivation deciles in London and the North East regions, 2010-12 and 2016-18

a) Males

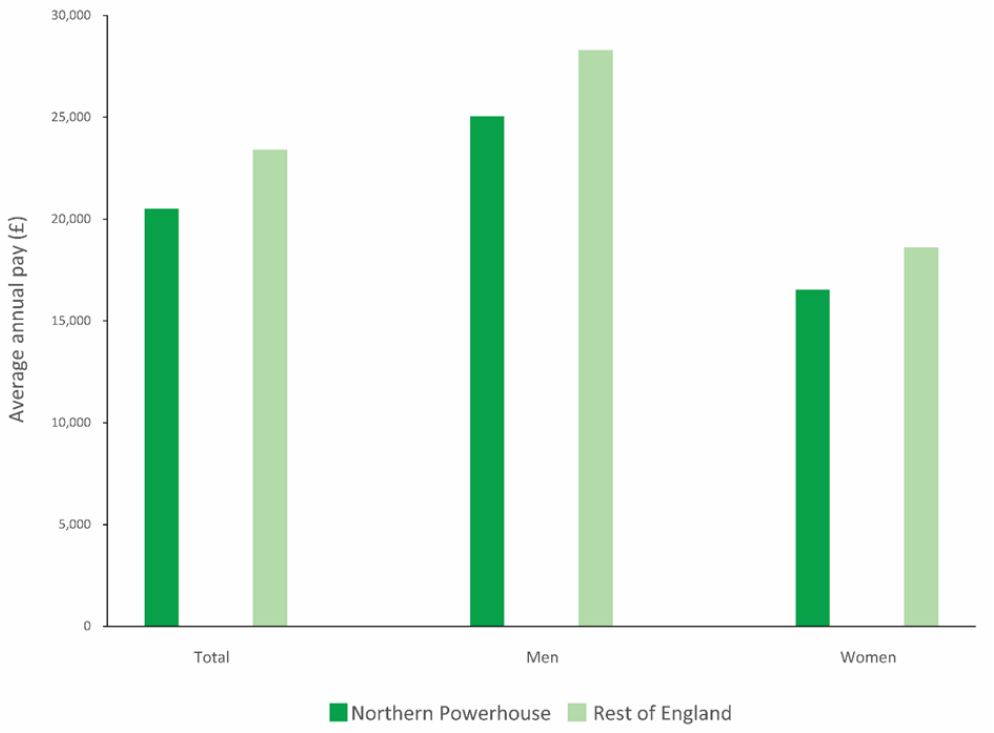


b) Females



Source: Based on PHE, 2020 (18)

Earnings and Economic Activity



Earnings are more than 10% lower than the rest of England

Economic activity rates are also lower

Higher unemployment, economic inactivity and worklessness

Covid and the North East

- Tipping point for many families at the edge
- Rising levels of child poverty
- Rising levels of food poverty
- High Covid rates

Health Inequality Policy

Three policy periods:

1) 1991-1998 (Increasing Neo-liberalism)
2) English Health Inequalities Strategy (1999-2010)
3) Austerity (2010-2017)

Our research

(1) Explore how different policy approaches to health inequalities impacts on geographical differences in mobility in health and wages for young people

(2) Estimate impact of poor health on productivity gap between the North and Rest of England

(3) Who is likely to become food insecure because of the pandemic?

Data

- BHPS was an annual household survey of approximately 5500 households and 10,300 individuals which ran from 1991-2008.
- 6700 of 8000 participants joined the Understanding Society Survey and participated from wave 2 (2010-2011) onwards
- Understanding Society Survey collects information on approximately 40,000 households.
- 7 waves of data are used in the analysis (2009-2016)

Data continued

- Understanding society Covid survey.
- Running from April 2020 to Summer 2021
- Approximately 17,000 individuals

Outcomes:

- Physical Health➔ SAH: 0) Very poor/Poor; 1)Fair; 2) Good/Very Good 3) Excellent
- Limiting Long Term Health Condition
- Mental Health➔ GHQ-12 (reverse Likert scale is used 0-worst mental health, 36 Best mental health)
- Wages➔ Log of Hourly wage
- Employment Gap

Food insecurity

1) Any person in household unable to eat healthy and nutritious food

2) Hungry but did not eat

Methods

- Compare influence of parents on young adult health and wages over the three policy periods between the North and Rest of England using regressions that control for time and family effects.
- Compare the influence of parents on health and wages between North and Rest of England by socioeconomic status:
  - ❑ Parents in professional and managerial occupations vs parents in manual occupations
  - ❑ Parents with a degree or higher vs parents with basic or no formal qualifications
  - ❑ Two parent vs single parent households

Methods: Statistical Analysis

Step 1:

- Employ decomposition methods 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

Step 2:

- Estimate the association between mental and physical health and a limiting long term condition and employment.

Step 3:

- The coefficient from step 2 was divided by the total contribution of health to the productivity gap from Step 1 and multiplied by 10%.

Methods: Food insecurity

- We use logistic regression to determine the factors that influence the three measures of food insecurity.

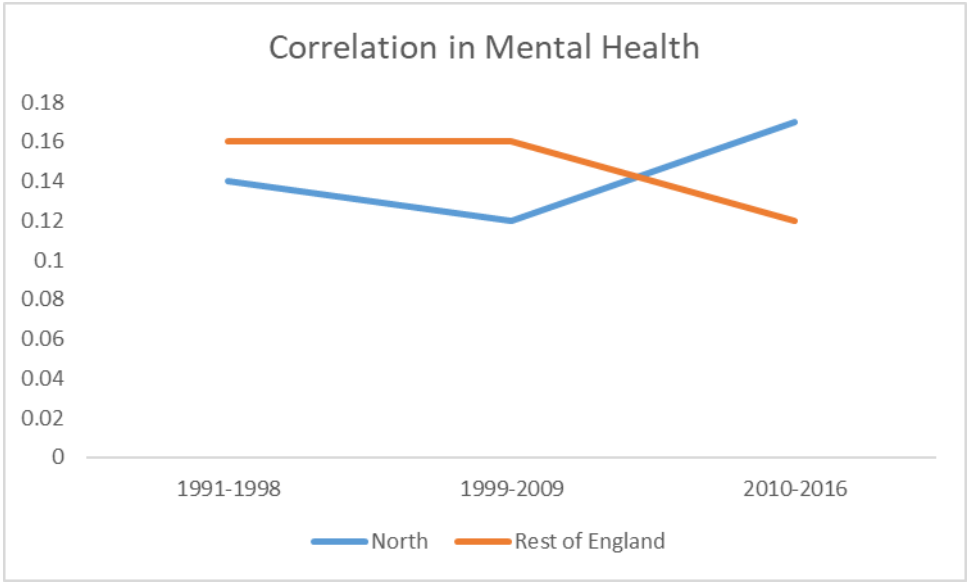
- Next, we use a decomposition approach to determine how much financial vulnerability and social support explain the likelihood of reporting the three measures of food insecurity.

Key Findings:

- 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
- The English Health Inequality Period led to a larger decrease in the influence of parents and health and wages in the North (1%) compared to the Rest of England (0.03%)
- Austerity has been worse in the North than the Rest of England. Mobility is increasing at a slower rate in the North than the rest of England .

Key Findings

- The influence of parents on mental health is increasing in the North of England compared to the rest of England where it is decreasing.



Key Findings

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**

Key findings: Food insecurity

- People who had basic or no educational qualifications; who were unemployed in April 2020; were disabled; or had lower household incomes were significantly more likely to report all three measures of food insecurity.

- Financial vulnerability explains approximately half of the likelihood of being food insecure for those families with children of lower socioeconomic status, as measured by educational attainment.

- Eligibility for free school meals, being furloughed and receiving help from grandparents explains approximately 30% of the likelihood of being food insecure for those with lower socioeconomic status, as measured by educational attainment. Free school meals being the most important of these three measures.

Recommendations for local and regional stakeholders

1) Local authorities, local enterprise partnerships, local authorities, and Health and Wellbeing boards systems should scale up their family centred place based public health programmes to invest more in interventions that reduce social and environmental inequalities.

2) Local enterprise partnerships, schools, third sector organisations, local authorities, and devolved Northern regions should develop locally 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.

3) Coordinated responses between local health services to identify at risk families and individuals at a time of disrupted health service delivery

Recommendations to Central Government

1) To improve health and social mobility in the North there should be increased investment in place-based public health in Northern local authorities. Increasing health and social mobility in the North requires the Central government to increase the public health budgets in Northern local authorities to facilitate the development and delivery of effective place-based public health.

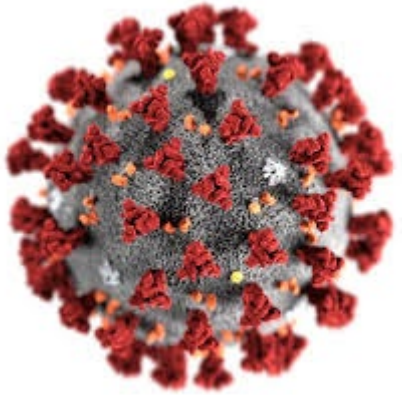
2) There should be increased investment in Northern schools especially secondary schools to reduce inequalities in educational attainment and the impact that it has on family mobility in the North.

3) To reduce inequalities, there should be increased spending on economic growth and development in 'left-behind' communities. This growth strategy should be environmentally sustainable and socially inclusive.

Recommendations to Central Government

- Increase generosity of benefits (continue additional £20 of universal credit payment
- Additional funding for local authorities who are tasked with supporting people who fall in the cracks of central government safety nets.
- Remove excessive financial and practical barriers (e.g. partner's income/savings) to obtaining universal credit, and reduce delays in delivery of funds
- Targeted job creation in economically vulnerable areas (e.g. Lighthouse scheme)
- Increasing eligibility and amount for food voucher schemes-(e.g. healthy start)

Challenges



Get ready for Brexit

- Exiting the European Union is a challenge in terms of future economic growth, NHS staff levels, and uncertainties around post-Brexit NHS and local authority public health budget settlements.
- Budget cuts at the local authority level impacting on the provision of services to children and young people
- The lagging behind of public health and prevention expenditure compared with treatment of existing conditions.
- Innovative and inclusive growth to ensure that economic growth in the North is environmentally sustainable and is targeted at all individuals/communities in the region.
- Covid

Cash-strapped North East councils slashed youth service spending by up to 96% in under a decade

Conclusions

- Deprivation is rising in the North East of England
- Health Inequalities are increasing between the North and Rest of England
- Health and Social Mobility for families in the North of England increased during the Health Inequality Strategy Period but has been decreasing since Austerity was introduced in 2010.
- Improving health in the North can reduce the employment gap
- Investment is needed in education, public health, employment opportunities, and the NHS.
- Challenging Climate

Questions and discussion

Newcastle University

The things we do here make a difference out there.

ncl.ac.uk