Middlesbrough moving forward

Legal and Governance

HEALTH SCRUTINY PANEL

Date: **Tuesday 5th April, 2022**
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 - 8 March 2022 — 3 - 6

4. Health and Care Bill - Its Impact on Health Scrutiny

5. Regional Health Update

6. 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.

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

8. Chair's OSB Update

Chair's OSB Update

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Monday 28 March 2022

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 8 March 2022.

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

ALSO IN ATTENDANCE: K Hawkins (TVCCG), K McLeod (TVCCG)

OFFICERS: C Breheny, S Bonner, R Scott

APOLOGIES FOR ABSENCE: Councillors A Bell and C McIntyre

21/111 **DECLARATIONS OF INTEREST**

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

21/112 **MINUTES - HEALTH SCRUTINY PANEL - 8 FEBRUARY 2022**

The minutes of the Health Scrutiny Panel meeting held on 8 February 2022 were submitted and approved as a correct record.

21/113 **HEALTH INEQUALITIES - HEALTH SERVICE PERSPECTIVE**

The Chair welcomed representatives of the Tees Valley Clinical Commissioning Group (TVCCG) to the meeting and invited them to present information regarding health inequalities from a health service perspective. Members were advised that the presentation was intended to complement the briefing note issued with the meeting papers.

Members were informed that for any approach to health inequalities to be successful collaboration was essential.

Health inequalities across the Tees Valley tended to be worse than the English average especially around higher obesity levels, poorer GCSE results and higher rates of smoking.

In order to address such inequalities the NHS had a mandate to tackle five focus areas; restore NHS services inclusively; mitigate against digital exclusion; ensure datasets were complete and timely; preventative programmes that engaged most at risk groups and strengthening leadership. All work in this regard had to be of a collaborative nature meaning working closely with system partners.

In terms of service restoration there was a need to improve business intelligence and data capture. Doing this would, hopefully, lead to improved service delivery. There was also a requirement to restore services at a place level, especially services that were stopped due to the Covid-19 pandemic such as diagnostic spirometry.

Another action to reduce health inequalities was to mitigate digital exclusion, especially through the lens of health inequalities. This included supporting systems to implement digital pathways where these supported access.

In terms of improved datasets; there were plans to improve the coding and recording of all activity across Primary Care and the development of performance dashboards.

The fourth action, to accelerate preventative programmes that actively engaged at-risk groups, included analysis of the effectiveness of the Covid-19 vaccination programme and increasing the number of social prescribers, care co-ordinators as well as health and well-being coaches.

There was also a requirement for Primary Care Networks to tackle neighbourhood inequalities. Actions to achieve this included working collaboratively with PCNs and Local Authorities.

Members were advised that a great deal of detail sat behind the top level actions presented. The TVCCG advised the Panel they were grateful to the Council's Public Health Team for their contribution to this work.

A Member commented that health inequalities were unfair as well as avoidable and queried what financial resources were available to assist with this. It was clarified that there was a limited amount of resources which needed to be directed carefully. Members were advised that specific financial information would be available from the Finance Director of the TVCCG.

A Member commented that the information about health inequalities presented to the Panel did not seem to have improved from previous years and that collaborative working had not always been effective. The Member queried how confident the TVCCG was in achieving its aims. It was confirmed that success depended on a collaborative approach but every effort would be made to achieve the actions identified to Members.

A Member commented that financial investment was not the only solution to the problem of health inequalities. A significant element of improving the situation was cultural shift, notably individuals wanting to change their lifestyles. It was confirmed that this formed part of the solution but structural change remained pivotal to any possible solutions.

A Member raised the issue of a recent publication from the Office of National Statistics entitled "Avoidable mortality in Great Britain" which identified that Middlesbrough had the highest female preventable mortality rate. The Member queried what factors contributed to this and what actions could be taken to address this. It was clarified that the details of the report needed to be considered before updates could be brought back to future meetings.

The Director of Commissioning, Strategy and Delivery (Primary & Community Care) commented that it was important for the Health Scrutiny Panel to have an overview of health inequalities. It was also commented that relevant organisations had an element of their funding allocated for tackling health inequalities and that collaborative working should not be underestimated. The TVCCG advised they would be happy to come back to a future meeting of the Panel to deliver a joint presentation on this issue.

The Chair queried if the relatively new initiative of social prescribing was working. Work had been conducted between PCNs with some Care Coordinator roles being created. PCNs had been asked to collate relevant performance data on social prescribing and this was currently being analysed.

A Member queried if there was a specific timeline for the actions identified to be achieved. It was clarified that many of the actions were either continuations or had been carried over from previous years, and as such had a long term aim.

The Chair thanked the TVCCG for their presentation.

ORDERED that:

1. Further financial information to be brought back to a future meeting of Health Scrutiny;
2. That regular updates about mortality rates identified in the ONS report "Avoidable mortality in Great Britain" be brought back to future Health Scrutiny Panel meetings;
3. That the information presented be noted.

21/114 **HEALTH INEQUALITIES - PUBLIC HEALTH PERSPECTIVE**

The Chair welcomed the Advanced Public Health Practitioner to the meeting and invited her to present information relating to health inequalities. Members were informed that much of the presentation covered similar themes as those presented by the TVCCG.

It was reiterated that collaborative working was key to success in combatting health inequalities. Members were advised that to effectively combat health inequalities the subject needed to be reframed. To this end health inequalities should be viewed through the Population Intervention

Triangle which composed of Civic, Service and Community Based Interventions. As part of those interventions it was noted the most effective actions in reducing inequalities included structural changes to the environment; income support; reduced price barriers and intensive support for disadvantaged population groups.

Conversely, the least effective measures included those whereby people had to opt-in; information based campaigns and interventions that had significant cost or travel barriers.

The actions to combat health inequalities were based on the Marmot recommendations of 2010, the central focus being that disadvantage started before birth.

Members heard that health inequalities were preventable differences in health status across the population and that several overlapping factors contributed to them. Health inequalities were also driven by a complex interaction between factors including life expectancy; the prevalence of mental health and experience of health care. These were, in turn, affected by wider determinants such as education and income levels.

The scale of health inequalities in Middlesbrough, and the determinants of them, were on a higher scale that the English average. These included lower life expectancy and variation in life expectancy within Middlesbrough itself. This situation had been exacerbated by the Covid-19 pandemic.

Public Health was piloting the Health Inequality Impact Assessment which aimed to embed health inequalities in the planning process. This tool would help different organisations in their strategic planning and understand the local health profile of the population. This Impact Assessment was being piloted in five identified areas and was supported with a strong place-based partnership with Middlesbrough's Primary Care Networks.

An example of a strong community based interventions was the Changing Future Programmes through which South Tees was successful in securing £3.11 million.

This was a high profile national programme that aimed to tackle multiple vulnerabilities including two or more issues such as substance abuse and mental health.

In terms of service based interventions; there were numerous preventative services in place that aimed to address some of the more significant health inequalities in Middlesbrough, such as those related to smoking and alcohol misuse. It was important to build equitability into service design by locating services in hard to engage areas and providing services free at the point of access.

Members were advised that provided there was sufficient political and societal will health inequalities could be reduced.

A Member commented that given the breadth and importance of the information provided it would be prudent for the information to be broken down and detailed for Members in the future.

A Member commented they were unsure if the political will existed to tackle health inequalities in the manner identified and queried if the financial resources available to tackle health inequalities was sufficient. The Member also queried how emerging issues, such as the ONS publication "Avoidable mortality in Great Britain" were addressed. It was clarified that collaborative working may help improve financial resourcing and that the ONS publication was very recent and further consideration of its contents was required before action could be taken.

A Member commented that other Council services could indirectly help combat health inequalities, such as licensing saturation areas that prevented too many alcohol outlets being created in a specified area. The Member commented that the solution to health inequalities was not only a matter of increased financial investment, instead a cultural shift was also required. Public Health commented that various initiatives were in place that tried to understand people's behaviours.

The Chair thanked the Advanced Public Health Practitioner for their attendance.

ORDERED that:

1. The slides presented be circulated to Members.
2. That the information presented be noted.

21/115 **COVID-19 UPDATE**

The Advanced Public Health Practitioner advised the Panel that Middlesbrough now stood at 133 out of 149 in the league tables and was averaging 30 cases per day. Infections stood at approximately 200 per day this was stabilising. Hospital admissions stood at 100 which was also stabilising. Covid-19 cases in critical numbers were low. However, vaccination rates in the town continued to be low compared the English average.

A Member queried if the vaccination process was continuing to carry out it outreach programme. It was clarified this was the case.

A Member queried which areas had the lowest vaccination take up rates and it was confirmed this would be circulated to Members.

A Member queried if any information was available regarding government plans to potentially provide a fourth dose of the vaccine to over 75s. It was confirmed that a spring vaccination offer would be made available for those over 75, those in care homes, older adults and children with immune suppressed conditions. It was also confirmed that the information would be sent to Members.

A Member queried if Council Services were still required to take two lateral flow tests given there was now a charge. It was confirmed this information would be circulated to Members.

ORDERED that:

1. Vaccination rates be information to be circulated to Members;
2. Information about spring vaccination offers be circulated to Members;
3. Information about Council Services lateral flow tests be circulated to Members;
4. The information presented be noted.

21/116 **CHAIR'S OSB UPDATE**

The Chair advised the Panel that at its last meeting on 22nd February 2022 OSB considered and discussed the following topics:

- The Executive Forward Work Programme;
- An update regarding the attendance of Executive Members at OSB;
- The Chief Executive's Update;
- Updates from Scrutiny Chairs;
- The position of the Revenue and Capital Budget at quarter three 2021/22;
- The corporate performance update at quarter three 2021/22.

21/117 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.