

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Tuesday 19 January 2021.

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

**ALSO IN ATTENDANCE:** C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG) and J Walker (Medical Director) (TVCCG)

**OFFICERS:** M Adams, C Breheny, J Bowden and L Jones

**APOLOGIES FOR ABSENCE:** Councillors P Storey

20/2 **DECLARATIONS OF INTEREST**

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

20/3 **MINUTES - HEALTH SCRUTINY PANEL - 10 NOVEMBER 2020**

The minutes of the Health Scrutiny Panel meeting held on 10 November 2020 were submitted and approved as a correct record.

20/4 **COVID-19 UPDATE**

The Chair advised that as usual an update on COVID-19 was listed as the first main item on today's agenda and a number of guests were attendance for this item. Guests included the Director of Public Health (South Tees), the Director of Commissioning, Strategy and Delivery (TVCCG) and the Medical Director (TVCCG).

The Director of Public Health advised that Middlesbrough's rolling 7 day rate (9 – 15 January 2021) was 453 per 100,000 population, which was a 21.5 per cent reduction on the previous rolling 7 day rate (2 – 8 January 2021) of 604 per 100,000. The most worrying slide was the NHS data, which detailed the number of COVID patients currently in hospital in South Tees. The number had doubled in the previous two weeks and there were currently 220 inpatients with COVID at the moment. The panel was advised that at present the Director of Public Health did not have any up to date figures on the vaccination, although he understood that over half of the over 80's in Middlesbrough had been vaccinated.

A number of queries were raised and the following points were made:-

- There were concerns that the COVID rates were again increasing and what potential impact this may have on hospital numbers. South Tees NHS Foundation Trust were rapidly approaching 50 per cent occupancy of COVID patients.
- It was not felt that the return of children to school was a contributory factor in the increase in the number of cases.
- By 24 January 2021 all Care Home staff and residents should have received their COVID vaccine. Over 2,500 staff had received their vaccinations to date.
- Local pharmacies were not currently delivering the vaccine but excellent progress was being made in respect of vaccinating the priority groups.
- All priority groups were being contacted by their GPs and confirmation would be sought that braille correspondence was being used where necessary.
- Positive comments were reported in respect of the way in which GP's had carried out the flu vaccine this year and it was acknowledged that the take up rate had been fantastic.

**COVID Oximetry @ Home**

The Medical Director at TVCCG advised that agreement had been reached between health

and social care partners to contribute additional funding to the programme. In terms of the virtual ward the provision was focused on two cohorts namely those over 65 that had been in hospital or diagnosed with COVID and those under 65 that had a COVID diagnosis and were clinically vulnerable. At the moment the virtual ward could manage up to 120 patients at any one time. There were 108 patients on the ward. Alongside the Oximetry @ Home service there was also an oximetry ward at James Cook University Hospital and 68 patients were currently being managed through that service, together both of these services were helping to keep people at home.

A number of queries were raised and the following points were made:-

- In terms of any progress on national spray versions of the vaccines further information would be sought. Currently from a local NHS perspective TVCCG was delivering the vaccine in its current format.
- It was anticipated that South Tees NHS Foundation Trust would reach surge capacity later that week and if pressures became too intense there may be a need to stand down certain services. A national agreement had been reached that independent hospitals could be used for priority surgeries and TVCCG was working closely with Ramsey and the Nuffield. However, it was important to note that often the same staff groups were being used and although independent hospitals provided additional physical capacity including theatre capacity it did not necessarily come with additional workforce.
- South Tees NHS Foundation Trust was managing the COVID surge, the winter surge and key pressures around critical care capacity by repurposing staff. However, the elected programme had been significantly scaled back. The majority of routine outpatient appointments and diagnostic appointments had been delivered virtually.
- Clarification was needed as to whether lunch was still being provided to staff at the Trust. Members expressed the view that this was least staff should be provided with to help ensure they were well cared for and supported.
- South Tees NHS Foundation Trust had not spent a significant amount of time harvesting blood plasma and therefore concerns raised recently regarding the efficacy of plasma therapy were not considered to be of real concern. However, a formal response from the relevant clinicians would be sought.
- Numerous innovations had been undertaken to ensure staff at the acute Trust were well supported including the provision of mental health support by TEWV. It was noted that the acute Trust was beginning to see some impact and sickness levels had increased to 6 to 7 per cent.
- It was acknowledged that COVID will be with us for a number of years and there was a need for routine treatments to continue to be provided. The vaccination of those in the priority categories would significantly reduce mortality, however by August / September more consideration would need to be given to what action would be needed to maintain the benefits of the vaccine i.e. how regularly would booster jabs be needed?
- From Easter / late spring the harm caused by COVID would diminish, although many of the other measures including the wearing of face masks, social distancing and use of hand sanitiser would continue.

**AGREED** that the information presented be noted.

20/5

## **HEALTH & WEALTH - AN INTRODUCTION**

The Chair reminded Members then when agreeing the 2020/21 Health Scrutiny Panel's work programme, the main topic selected was inclusive growth – alignment of town centre regeneration and health goals. A number of representatives had therefore been invited to attend today's meeting to provide a setting the scene presentation in respect of this topic. The expert guests included the Director of Public Health (South Tees) and the Public Health Business and Programme Manager.

The Panel heard that since 2015, Middlesbrough had been identified as the most deprived area nationally (based on proportion of lower super-output areas within the 10% most deprived). The recent Marmot Review highlighted that previous increases in life expectancy in the area had worrying declined or stagnated in the last decade.

Indeed the previous year-on-year improvements in life expectancy observed in Middlesbrough between 2001-2003 and 2011- 2013 had mainly been driven by gains in the affluent wards across the town, with the deprived wards showing very small changes in life expectancy in the last 15 years.

It was explained that in the run-up to COVID-19, a national paradox between growth in employment and GDP, in the face of entrenched poverty, low quality jobs and poor income and living conditions, had cast a light on the unequal distribution of economic progress. Good health was not however just a product of a thriving economy, it was a necessary contributor to it. A recent LGA report highlighted the cost of poor health on the economy, presenting some of the annual costs experienced nationally as a result, this included:

- Over £100 billion a year in productivity lost due to poor health;
- £42 billion a year in workforce costs attached to mental health issues;
- c£4.8 billion a year costs of socio-economic inequality on the NHS; and
- £15 billion worth of sick days

COVID-19 would undoubtedly amplify the economic costs outlined above, with early findings from the crisis additionally pointing to the unequal distribution of the direct and indirect impacts of the virus across socioeconomic lines. Higher number of death from COVID-19 in people living in socioeconomically deprived areas had been observed from as early as May 2020, with some studies suggesting that people residing in poor areas were more than twice as likely to be killed by the virus as those in the richest areas.

In addition to the above, the control measures enforced to stem the virus have had broader implications on income and job security. The IFS has suggested that (excluding key workers) the majority of the people in the bottom tenth of earning distributions, correlate to sectors that have been shut down as a result of COVID. When those who are unlikely to work from home are included within this, it is estimated that job security of c80 per cent of low income earners, have been indirectly affected by the pandemic. As key determinants of health, these impacts were likely to have a significant influence on a person's ability to live a healthy life and would invariably translate to increased risk of premature mortality and morbidity that extended beyond the immediate risk of the virus.

The Public Health Business and Programme Manager advised that Councils and Combined Authorities have a significant role to play in developing inclusive economies. By embracing place-based approaches - that acknowledge the collective role of policy, services and communities in maximising the potential for shared prosperity and growth – shared economic development and public health approaches, can play a critical role in securing a fair and thriving borough.

Six high-level areas of prioritisation in promoting inclusive economies had emerged from the evolving evidence base, these have been outlined below and sit alongside a wider call for improved engagement between economic development functions and public health

- Building a thorough understanding of local issues, to affectively diagnose the challenges and levers to inclusive economic growth and to better understand the impact of growth policies across population groups (e.g. BAME communities);
- Having a long term vision and strong leadership, underpinned by a desire to design local economies that are good for people's health- including rebuilding economies in a way that takes stock of the lessons learnt from COVID-19;
- Building strong citizen engagement to inform priorities and strategies, in a way that builds community momentum and meets local aspirations;
- Capitalising on local assets and using local powers more actively – including

harnessing local government powers to shape economic conditions and capitalising on key assets such as, industrial sector, cultural heritage, natural environment and anchor institutions;

- Cultivating engagement between public health and economic development;
- Providing services that meet people's economic and health needs together.

It was advised that the imperatives outlined above for improved alignment between health and wealth provided a critical starting point for prioritising action at the local government level. It was recommended that the Health Scrutiny Panel consider the high-level actions outlined and incorporate these in their draft terms of reference for the review to ensure that the Council's ability to shape conditions for inclusive economies are fully harnessed and to identify ways in which improved alignment can be achieved between strategies to address health and economic development.

**AGREED** that the information presented be considered and incorporated as part of the Panel's review on this topic.

20/6

#### **DRAFT FINAL REPORT - OPIOID DEPENDENCY: WHAT HAPPENS NEXT?**

The Chair requested that this item be deferred and added to the next meeting of the Health Scrutiny Panel agenda given that some pertinent information in respect of this topic was due to be released later this week. An additional meeting would also be arranged in order for this information to be presented to the panel prior to Members considering the Final Report.

**AGREED** that the item be deferred and an additional Health Scrutiny Panel meeting arranged for 16 February 2021.

20/7

#### **OVERVIEW & SCRUTINY BOARD - AN UPDATE**

The Chair advised that on the 18 December 2020 the Overview and Scrutiny Board had considered two call-ins. The first had been in relation to the decision taken by the Executive on 24 November in respect of Nunthorpe Grange Farm: Disposal – Church Lane. After hearing evidence from all parties an issue was raised that required legal advice. The Board agreed for the meeting to be reconvened at a later date once the Monitoring Officer and Section 151 Officer had had the opportunity to provide that advice. The reconvened OSB meeting was scheduled to be held on 29 January 2021.

The second call in related to residual waste collections. Unfortunately owing to a technical issue the meeting could not be held. However, as the decision was subsequently reversed by the Executive there was no need for the meeting to be rescheduled.

On the 14 January 2021 the Overview and Scrutiny Board considered updates on the following:-

- The Executive Forward Work Programme;
- Middlesbrough Council's Response to COVID-19;
- An update from the Executive Member for Adult Social Care and Health;
- The Strategic Plan and Quarter Two Outturn Report;
- The Teeswide Safeguarding Adults Board Annual Report;
- All Scrutiny Chairs.

**AGREED** that the update be noted.