HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 22 June 2021.

PRESENT: Councillors D Coupe (Chair), D Davison (Vice-Chair), A Bell, T Mawston, D Rooney, P Storey and T Higgins

OFFICERS: M Adams, S Bonner and C Breheny

APOLOGIES FOR ABSENCE: Councillors R Arundale, A Hellaoui and C McIntyre

20/73 **DECLARATIONS OF INTEREST**

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

20/74 **MINUTES - HEALTH SCRUTINY PANEL - 16 FEBRUARY 2021**

The minutes of the Health Scrutiny Panel meeting held on 16 February 2021 were submitted and approved as a correct record.

20/75 **MINUTES- HEALTH SCRUTINY PANEL - 23 MARCH 2021**

The minutes of the Health Scrutiny Panel meeting held on 23 March 2021 were submitted and approved as a correct record.

20/76 **PROPOSED SCHEDULE OF MEETINGS DATES FOR THE 2021/2022 MUNICIPAL YEAR**

The Chair presented the Panel with prospective meeting dates for the forthcoming municipal year and sought any comments.

ORDERED: That the proposed meeting dates for the forthcoming municipal year be agreed.

20/77 **COVID-19 UPDATE**

The Chair welcomed the Joint Director for Public Health to the meeting and invited him to provide an update on the current Covid situation. During his presentation the Director made the following points:

- Infection rates in northern parts of the South Tees were growing in a similar way to areas such as Newcastle.
- The Teesside areas were experiencing lower rates than others in the North East, however rates were picking up in the North East generally.
- The upward trajectory of infections showed slow growth in Middlesbrough, but it was unlikely this rate would remain slow and plateau.
- Infections for those in the 0-19 age group had risen but plateaued whereas those in the 20-39 year age group had continued to rise.
- There was a clear impact of the vaccination programme given infection rates for those within the 60+ age group was much smaller.
- While there was less concern regarding hospital activity for younger people there were concerns regarding “Long Covid” in this age category as this was not fully understood.
- Previous trends had also shown that peaks starting in younger age groups worked their way through to older age groups, although the vaccination programme had slowed this.
- Positivity rates were picking up, but were still quite low.
- Infection rates were spread across the town with no specific area affected. However there was no need for surge testing at that point.
- With regard to hospital statistics; there were currently 12 in-patients in South Tees which was a slight increase.
- While these numbers were not causing immediate concern the numbers were being monitored.

- James Cook Hospital was standing up activity that was lost during the Pandemic, so any increase to patient numbers due to Covid would impact on this further.
- Northumberland had the highest vaccination rate nationally with 85.7%. This was reflected in other rural more affluent areas of the country. Middlesbrough and Newcastle were positioned at the bottom of the list for vaccinations as these areas were generally younger and had more problems with deprivation.
- Middlesbrough had a single dose vaccination rate of 67.5%.

A Member queried if the information being presented was current and what was being done to redress Middlesbrough's low vaccination rate. It was confirmed the information was up to the 21st June 2021 and that various initiatives were being undertaken with Primary Care Networks to increase vaccine take-up, and to raise awareness of the vaccine. Examples included the Covid MELISSA Bus and moving to drop-in rather than booking models for distributing vaccines.

It was noted that vaccine take-up numbers may not increase significantly initially as this was a longer-term strategy. Members were invited to suggest ideas to increase vaccine take-up.

A Member queried what messages could be transmitted across Social Media to increase awareness and dispel inaccurate information. It was clarified there were numerous initiatives being employed to communicate and promote the vaccination programme. This included the every concept counts approach whereby the message of vaccine take-up was transmitted to care givers who would be able to convince those in need of the vaccine better than distant officials.

A Member expressed concern that social distancing measures on local bus services, particularly with regard to school children, were not being adhered to as strictly as they previously were. It was confirmed that the Public Protection Service would be asked to look into this issue.

A Member queried how many vaccination pods were being used at the Riverside Stadium and if walk-in appointments would be possible. It was confirmed the number of pods had reduced from two to one but clarification was needed on the capacity of that pod. It was also clarified that vaccination provision was provided through Newcastle Hospitals. Therefore having the Riverside as a drop-in center was not something the Council could influence but it could be pursued. It was also confirmed drop-in facilities were available for over 40s using the AstraZeneca vaccine, as there were spares available. However, this was not available for younger people as there were no spare Pfizer vaccines outside of the booking system.

The Chair stressed that social distancing measures were still in place and that people of all ages should continue to adhere to them to prevent further infection rates.

A Member queried that, due to the correlation between deprivation and lack of vaccine take-up, could other initiatives be used to target those communities more effectively. It was confirmed that a range of initiatives, such as the MELISSA bus were being explored to address this.

A Member queried if Community Hubs were being used as vaccination centers. It was clarified that vaccination centers were administered by the NHS had were required to offer an 8am to 8pm service seven days a week. It was clarified that Stockton Council were exploring using empty retail space for this purpose and its progress would be monitored.

A Member queried if improvement were planned for the NHS vaccination booking website as it was sometimes directing people to distant vaccination centers which were barriers to access. It was confirmed that greater understanding of how the website operated was required, as returning shortly after an initial search usually provided closer centers.

The Director continued with his presentation and made the following points:

- Vaccination rates in over 50s stood at 91%.
- However there were 4,758 over 50s that were not vaccinated with 2,800 over 50s with a single dose. It was for the former that caused most concern as they were more susceptible to the Delta Variant of the virus.
- To encourage vaccination take-up GPs supplied names to Public Health who found approximately 33% of those names seemed to have a BAME background. It was clarified that a number of factors may have contributed to this statistic, such as language barriers, but further work was required to understand this fully.

ORDERED:

1. That the Public Protection Service work with local bus operators to ensure social distancing measures remain robust and
2. That the drop-in vaccination model at the Riverside be pursued.
3. That the information presented be noted.

20/78 **OVERVIEW OF SERVICE AREAS**

The Joint Director of Public Health provided an overview of his service and made the following points:

- The position of Director for Public Health was statutorily mandated since the passing of the Health and Social Care Act 2012.

- The statutory duties if the Public Health Service were often wrapped up in other legislation which meant there was often no clear distinction between Public Health services the services supported by Public Health.

As the National Childhood Weight Management Programme was a mandated service a Member queried the accuracy of that programme as they felt it could be stigmatic for children to be labelled as obese. It was clarified that while the system for measuring children's weight via the BMI index was not perfect it was something that could not be changed locally as it was a national programme. The Chair stated that it was an issue that could be brought back to the Committee as part of its work programme.

The Director continued with his presentation and made the following points:

- The service was also required to be part of the Health and Wellbeing Board and to create Joint Strategic Needs Assessment which fed into the Joint Strategic Health and Wellbeing Strategy which ran until 2023, as well as creating the Pharmaceutical needs assessment.

A Member queried how the Joint Strategic Needs Assessment was being made available. It was confirmed that the JSNA was more accessible via web formats given the nature of its content. It was also clarified the JSNA needed to be updated going forward.

- One of the principles that Public Health operated to was the offer of service across all areas but to target those services at some groups, so called "proportionate universalism". Public Health's job was to understand and appreciate different needs and how those needs were expressed.
- Some of the key issues that Public Health were addressing were inequalities in life expectancy and health outcomes; reducing mortality and morbidity from preventable causes; and ensuring local population health is protected from infectious and communicable disease.
- One of the approaches used by Public Health was the population intervention triangle, which it was hoped would allow a more focused approach to Service, Civic and Community interventions and services. Ultimately, this model tried to move away from simply providing a service.
- Public Health's values were based on a model of five Programmes, five Business Imperatives and three Levels of intervention across the life course.

A Member queried what successes the Heroin Assisted Treatment had seen. It was clarified that the evidence suggested the programme had been successful with the small number of participants involved. It was also clarified that the Police and Crime Commissioner was supportive of treatment being provided through the ADDER programme although his primary objective was to address the issue of drugs as a crime rather than as a public health issue. It was also confirmed that there was no immediate threat to the funding available to the programme.

- The key issues and priorities facing Public Health centered around Relationships; Capacity and Capability as well as Uncertainty. The Covid Pandemic had demonstrated how the Council could work as a single unit for the betterment of the

people of Middlesbrough. It was important to try and replicate a similar sense of unity for other issues such as childhood obesity or substance misuse.
- The profile of the Public Health Team had grown during the Pandemic and it was intended that the Health and Wellbeing Board was more mission driven.
- There were difficulties with regards to recruitment and retention in Public Health roles due to a drift to NHS positions.
- There was a move to build the Live Well Centre concept into Town Centre Plans, especially in light of a shrinking retail offer in the town.
- Public Health needed to build on their public perception to deliver on important issues.

The Chair and Panel expressed their thanks to the Public Health team for their efforts during the Pandemic.

ORDERED: That the information presented be noted.

20/79 **REVIEW TOPIC OUTLINE - HEALTH FOR WEALTH**

The Chair and Democratic Services Officer advised the Panel that this review had been planned during the previous municipal year, but given the Panel's different composition for the municipal year 2021-2022 it was prudent to outline the rationale and methodology for the review and invited comments from Members.

A Member suggested that, as part of the review, previous statistics relating to life expectancy rates across Middlesbrough be revisited to understand if any change had taken place. It was also suggested that representatives from the Health and Wellbeing Board be asked to attend to provide evidence.

A Member suggested that regular updates be provided to the Panel regarding progress in respite care at Aygarth and Bankfield.

A Member also suggested inviting the Clinical Directors of the Primary Care Networks to introduce themselves to the Panel.

ORDERED:

1. That the Health Inequalities review as presented to the Panel be undertaken;
2. That previous life expectancy statistics across Middlesbrough be fed into the Health Inequalities review;
3. That representatives of the Health and Wellbeing Board be invited to provide evidence in pursuance of the Health Inequalities review;
4. That regular updates be brought to the Panel regarding respite care at Aygarth and Bankfield and;
5. That the Clinical Directors of the Primary Care Networks in Middlesbrough be invited to the Panel by means of general introduction and service overview and

20/80 **SETTING THE SCRUTINY PANEL'S WORK PROGRAMME FOR 2021/2022**

The Chair outlined the proposed work programme for the Municipal Year 2021-2022.

From the proposed work topics the Panel were keen to explore:

- Health Inequalities – accessibility to Health Care
- PFI Schemes at James Cook Hospital
- Women's Health and Infant Feeding and
- Dental Health

A Member queried if it was possible to understand which NHS PFI contracts had been paid back.

In addition to the topics cited in the report the Panel were keen to receive information relating to the impact the Covid Pandemic has had on Mental Health.

In addition to the updates cited in the work programme report, and following a recommendation from the Adult Social Care’s Scrutiny Panel report into the LGBT+ community, the Panel were also keen to receive information from various Health providers relating to how those identifying as LGBT+ accessed health care.

ORDERED: That the topics identified from the work programme report and Member discussion be examined in the Municipal Year 2021-2022.

20/81 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED**

None.