

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Monday 1 November 2021.

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

**OFFICERS:** L Antill, C Breheny, R Horniman and A Stewart

**APOLOGIES FOR ABSENCE:** Councillors D Davison

21/102 **DECLARATIONS OF INTEREST**

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

21/103 **MINUTES - HEALTH SCRUTINY PANEL - 5 OCTOBER 2021**

Following discussions about Prospect Surgery at the Panel's meeting of the 5<sup>th</sup> October, and comments made about repeat prescriptions of opioids for pain relief, a Member queried if an update could be provided on this matter.

**ORDERED** that:

1. The panel receive an update relating to the prescribing of opioids
2. The minutes of the Health Scrutiny Panel meeting held on 5 October 2021 be approved as a correct record.

21/104 **HEALTH INEQUALITIES - TEES VALLEY REGENERATION INITIATIVES**

The Panel was advised the Chair of the Tees Valley Local Enterprise Partnership was unable to attend and would instead attend the Panel's December meeting.

21/105 **HEALTH INEQUALITIES - COUNCIL REGENERATION INITIATIVES**

The Director of Regeneration and the Programme Management Team Leader for Public Health provided the Panel with information about how local regeneration initiatives could help reduce health inequalities.

The Panel was made aware that health inequalities and regeneration were cross cutting and there was a clear link between the two.

One of the clearest links was the relationship between employment and health outcomes, notably those in work tended to be healthier. Importantly, the work of Public Health in this regard could also contribute people's mental as well as physical health.

A number of regeneration initiatives could actively contribute to reducing health inequalities by emphasising place making. The need to improve environments for residents and maintain links between place and well-being had been growing for a number of years and was likely to continue. It was also explained it was easier to plan for healthier places rather than retro-fitting them, with Middlehaven provided as an example.

It was possible to be more innovative when planning for healthier spaces and that regeneration initiatives could be a catalyst for improved health provision and vice versa. For example, the need to plan for new medical facilities, such as doctors surgeries, could affect the overall scheme for a particular area.

Going forward there was a need to examine how the plans for the town centre could employ effective health and regeneration initiatives. As previously described, the link between work and wellbeing was well established. Therefore, any plans for the town centre had to include job creation for local people. However, this also had to be balanced with creating appealing open spaces that people could visit.

Plans to improve well-being in the town also included sustainable and joined up transport provision that allowed people to easily access employment opportunities and open spaces. This also has the benefit of reducing loneliness and isolation.

The Council did help improve well-being by controlling opportunities for negative health impacts using mechanisms such as licensing processes. However, there were limits to how effective these could be.

A Member commented that while improvements to open spaces were being made it was important not to lose momentum where such work had already begun, with Linear Park being used as an example.

The Council secured funding from the Town's Fund as well as the Future High Street Funding amounting to approximately £37 million. Further funding was possible from the Levelling Up Programme and the Shared Prosperity Fund. As part of this funding the Council was working with a delivery partner (Arup) that had carried out research resulting in the Total Town's Framework. Arup's research found a healthy community is key when developing and planning spaces, as well as the necessity to empower the local population. Going forward it was important that planning for a healthy community was a key objective in every investment.

However, those objectives did not need to be limited to economics, as the Council's Events Team also contributed to this objective by holding cultural events that promoted social inclusion.

Investment and planning for healthier communities was happening at ward level but its extent was dependent on available funding. Where projects had been prioritised they included planting and growing vegetables or any sort of physical activity. Where possible other stakeholders, such as Sport England, were engaged to assist with funding for projects, as well as actively engaging with local people on the outcomes they wanted.

Other initiatives included improved cycling and walking networks as well as a Welcome Back Fund, drawn from Covid-19 recovery funding. This funding helped to create an App to inform businesses when the town centre was busy to assist service provision but also improve the public's well-being to assuage concerns over Covid-19 transmission.

The Council had assisted businesses extend their operations to accommodate Covid-19 restrictions including increased outdoor seating and any licensing issues that may arise from it. As part of this, the Public Health team was working with the Planning department to ensure public health issues were embedded within the Planning process. This included limiting the number of fast food takeaways in any given area. While progress had been made, more work was required.

An example of best practice in collaborative working included Bicester where a partnership had been formed between the NHS, developers and the council to increase physical activity among residents. This project included the creation of greater connectivity, green corridors, and community assets to build a walkable and cyclable community. This was an example Middlesbrough may want to explore going forward. A similar example was Leeds where the council's work with developers helped created a mixed-use neighbourhood with low energy homes and conversion of an industrial environment into a family-friendly one.

While Middlesbrough could explore similar arrangements, the Design Council also produced five barriers to the creation of healthy places to live and work. They were; insufficient funding; requirements or expectations of developers; other priorities driving the project; requirements and expectations of politicians and insufficient time. From Middlesbrough's perspective time limited funding could be the most significant barrier, as the funding received needed to be spent within a couple of years.

Middlesbrough experienced significant health problems and as such a key priority was to increase physical activity as well as improving air quality and improving access to employment opportunities.

There was also a need to empower the community to participate in the creation and support of new designs and developments. A play area in Redcar was cited as an example, whereby

children and parents had taken ownership of the play area to the extent that repairs had been carried out before the Council had chance to respond.

The Chair thanked the officers for their presentation.

The Chair also commented that while work had been undertaken to embed public health principles in to the planning process, there remained inconsistencies in terminology that could affect planning considerations. These inconsistencies focussed on “Fast Food” and “Restaurant” with the latter being used to sell fast food.

A Member queried if the Council had already worked with developers on brown field sites, similar to *The Place* development in Leeds. The Director of Regeneration clarified that Middlesbrough had not done enough work in this area, however this was due to the commercial marginality of most developments in the town. As such, the green agenda would likely be introduced in future phases of developments, such as Middlehaven, rather than its initial phase.

A Member commented that while implementing initiatives to reduce health inequalities was worthwhile individuals had to take some ownership for their own well-being and to adopt a healthier lifestyle.

A Member commented that while priorities had been outlined there was not a vision for the town, and that all developments seemed to benefit the town centre and not localities. The Member was also concerned the Council did not have an up to date Local Plan and queried how success would be measured and what timescales were applicable.

The Director of Regeneration clarified that in Middlesbrough many developments were driven by funding rather than an overarching vision for the town. Incorporating well-being elements into developments was difficult, whether that be building or retrofitting. Incorporating the green agenda was also quite expensive and required external funding.

The possibility of incorporating well-being elements into developments was easier if there was a suitable market for it. This was the case for office accommodation, as companies were concerned about employee welfare, whereas there was not the same market in terms of housing. There was, however, potential to capture some of that market in Middlehaven.

There was a great deal of work to be done with regards to a vision for the town, but there was an expectation that government would increasingly place sustainability and well-being at the forefront of future planning requirements. There were initiatives to encourage healthier living at a community level but work in this area was in its formative stages. However, with Public Health and Regeneration teams working together there would be greater clarity on how to achieve healthier living in the town.

It was clarified there was work underway to change the perception of the “town centre” to the “centre of town” which would contain several important facilities. It was also clarified that the type of facilities would be determined by housing demand.

A Member queried if a detailed breakdown of how funding was spent could be provided to Members. The Member also commented that there was a need to educate the public to raise awareness of the benefits of healthy living. It was also commented that education was only one aspect of the process and that reducing poverty levels was critical.

A Member queried what work was being undertaken to improve the town’s existing housing stock, much of which was in poor condition. It was clarified that improving existing housing stock would not be cost effective. It was important to understand that most funding received required developments to the town centre.

A Member queried if any other authorities had stipulated that any new developments had to include minimum standards with regards to the green agenda. However, this would depend on the agreement of the local plan.

It was clarified that outputs associated with successful funding were focussed on the short term physical alterations and that specific health benefits were not a requirement to secure the funding.

**ORDERED** that:

1. Performance targets associated with housing developments in the town to be shared with the Panel.
2. The information presented be noted.

21/106

**COVID-19 UPDATE**

The Public Health Intelligence Specialist provided the Panel with an update on the ongoing Covid-19 situation for the week beginning 29<sup>th</sup> October 2021. The Panel heard Covid-19 infection rates continued to fall in Middlesbrough albeit slowly. In terms of case numbers the average was 90 in the week of 24<sup>th</sup> October, however this did represent a gradual increase since the start of October. In terms of rates per 100,000 this stood at 439 which was a continuing decrease from its peak on 24<sup>th</sup> October.

Demographically, there was a slight increase in Covid-19 rates within the 40-59 age group (16%) while there were decreases across all other age ranges.

The Panel was advised that not all school cases were being sent to the Public Health team, with the data gap likely being due to half term. From the available data Covid-19 rates in schools stood at 428 cases, with Middlesbrough ranked 56<sup>th</sup> in the league tables. This was not a significant change on the previous week.

On a Ward basis the highest number of cases was Park, however when cases per population were considered Stainton and Thornton had the highest number of cases. However, it was important to note cases were spread evenly across all age ranges and were not high in their own right. South Tees Trust had 76 in-patients which was an increase from 66 the previous week. The NHS continued to be stressed.

With regard to vaccination rates Middlesbrough; the town stood at 105<sup>th</sup> in the league tables for people receiving both a first and second doses. There remained just over 4,000 people within the over 50 age range that had not received the vaccine.

Information about vaccine take up in schools was yet available. However, children were now able to book appointments through the National Booking System meaning children did not have to wait for schools to administer vaccines, subject to appropriate consent.

The Chair expressed concerns about some discrepancies between data sets and it was acknowledged that this was a reality of how the data was compiled and presented by different organisations.

A Member commented that Covid-19 vaccination rates were reflective of existing health inequalities in the town and that there was a need for education on this subject.

A Member commented that lessons needed to be learned from vaccine initiatives such as the Miranda Bus, as many people in the town centre found it difficult to get to the Riverside Stadium and other vaccination centres.

A discussion took place about the availability of the vaccination booster and how in some cases this was available in local pharmacies.

Members expressed concern that the winter period could result in an increase of Covid-19 cases and that people should be remain cautious.

**NOTED**

21/107

**CHAIR'S OSB UPDATE**

The Chair updated the Panel with an update from the last meeting of OSB held on 20<sup>th</sup> October. The Chair informed the Panel that the Executive Member for Regeneration was in attendance and provided the Board with an update on his aims and aspirations, as well as progress relating to his portfolio. These included the improvement of eyesore sites and getting more people into

the town centre. Several regeneration initiatives were taking place across the town including converting Captain Cook Square into an entertainment complex and the continued development of Middlehaven.

The Chief Executive was also in attendance and provided the Board with an update on the Council's ongoing response to Covid-19. The Board was also advised that LMT was examining several strategic priorities including poverty and social isolation as well as staff reoccupation and the move to Fountain Court. The Board were also made aware that the Chief Executive's staff briefings had been well received.

The Board approved the final report of the Culture and Communities Scrutiny Panel which examined cultural event delivery which would be considered by Executive.

The Council's latest budgetary and performance information was also presented to the Board.

Finally, the availability of scrutiny chairs training was highlighted to the Board and its importance was stressed with all scrutiny chairs strongly encouraged to attend.

**NOTED**

21/108

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

None.