



COASTAL INQUIRY

Roundtable: Health in Coastal Communities
Wednesday 29 th June 2022 - 16:00 – 17:00

Coastal Communities

Chair: Sally-Ann Hart MP
Expert speaker: Prof. Chris Whitty, Chief Medical
Officer

HEADLINES & ACTIONS

- ◊ Agreed that a Coastal Strategy was needed to address inequalities in health and must include actions to address education and housing disparities.
- » A request for a Back Bench Policy Debate on Coastal Communities has been submitted by the Chair presenting an opportunity to raise the Coastal Strategy. Details will be shared with MPs in due course.
- ◊ Agreed that there is a need for more granular data to highlight specific coastal nuances
- » Chair to follow up with the Minister regarding the Data Bill possibilities in relation to the Health Bill amendment and how the Data can be accessed.
- ◊ Agreed that case studies of best practice examples of Green / Blue preventative Medicine programs to be collated and shared with Local Authorities / Partners
- » Secretariat will lead this activity and share the results.

BACKGROUND

In July 2021, Prof. Chris Whitty, the Chief Medical Officer published his second annual report highlighting the health disparities in coastal communities compared to their inland neighbours, exploring the drivers of poorer health outcomes and the key challenges these regions face. He highlighted how coastal areas have more in common with each other than inland areas and that's why coastal areas require a different approach to solutions and actions.

Prof. Whitty presented the findings of his study and highlighted his key recommendations to the group before the Chair opened the discussion to MPs and invited guests to discuss how the recommendations can be taken forward by Government and partners to level up our coastal communities' health and wellbeing.

Key themes from the report:

1. Health and wellbeing in coastal communities
2. Deprivation and health.
3. Mental health.
4. Migration and demography.
5. Health services and medical workforce.
6. Economy and employment.
7. Education.
8. Housing.
9. Benefits of coastal living for health.
10. Coast-specific issues.
11. Limitations of data and definitions.
12. A strong case for national action.

REPORT RECOMMENDATIONS

The report has three key recommendations:

1. Given the health and wellbeing challenges of coastal communities have more in common with one another than inland neighbours, there should be a national strategy to improve the health and wellbeing of coastal communities. This must be cross-government as many of the key drivers and levers such as housing, environment, education, employment, economic drivers, and transport are wider than health.
2. The current mismatch between health and social care worker deployment and disease prevalence in coastal areas needs to be addressed. This requires action by HEE and NHSE/I.
3. The paucity of granular data and actionable research into the health needs of coastal communities is striking. Improving this will assist the formulation of policies to improve the health of coastal communities. Local authorities, ONS and NHSE/I need to make access to more granular data available. Research funders, including NIHR and UKRI, need to provide incentives for research aimed specifically at improving coastal community health.

Full Report:

[Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities](#)

Summary and Recommendations

[Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations](#)

IN ATTENDANCE

Sally – Ann Hart MP – Chair
Prof. Chris Whitty - Chief Medical Officer
Selaine Saxby MP
Timothy Loughton MP
Robin Miller MP
Matthew Warman MP
Peter Bottomley MP
Darrell Gale – Director Public Health East Sussex County Council
Prof. Derek Ward – Greater Lincolnshire, Director Public Health-
Geoff Barnes, Deputy Director of Public Health at North East Lincolnshire Council
Cllr Wendy Bowkett – Lincolnshire County Council Adult Care / Public Health
Bruce Bell – Head of Public Health Improvement – Torbay Council
Professor Sheela Agarwal – Plymouth University
Samantha Richardson – NCTA
Dr Matt White - European Ctr Environment Human Health
Prof David Paterson - SMMR programme
Dr David Jarratt – University Lancashire
Simon Reed – Coast Communications
Emily Whamond – Private Secretary to Prof. Chris Whitty

Jack Masterman – Parliamentary Assistant to Sally- Ann Hart MP
Eleanor Goldberg - Assistant to Anne Marie Morris MP
Sophie Clarke - Senior Parliamentary Assistant to Robin Millar MP
SJ Gammon
Max Campbell

SECRETARIAT

Nicola Radford -Coastal Communities Alliance / Lincolnshire County Council – Nicola. radford@lincolnshire.gov.uk
Beccy MacDonald-Lofts – LGA Coastal SIG - LGACoastalSIG@southtyneside.gov.uk
Amy Pryor – Coastal Partnership Network - a.pryor@ucl.ac.uk
Alice Watts – Coastal Partnership Network - alice.watts.16@ucl.ac.uk

APOLOGIES

Rt Hon Dr Liam Fox MP – North Somerset
Caroline Lucas MP – Brighton
Anne Marie Morris MP – Newton Abbott
Peter Aldous MP – Waveney
Lady Victoria Borwick - victoria@borwick.com - TEP Chair

PROF. CHRIS WHITTY HEALTH IN COASTAL COMMUNITIES - PRESENTATION – KEY POINTS

- ◇ Certain health conditions more prominent in coastal towns- heart disease / obesity
- ◇ Out-migration from coastal areas of young people aged 20-23yrs and in migration older population 65+ (2021 Census)
- ◇ Deprivation and unemployment - higher rates (seasonal or part-time employment, not suited to early careers)
- ◇ On average slightly lower level of educational attainment
- ◇ Evidence of an excess of health-risking behaviours (in both coastal and rural areas) alcohol / self-harm
- ◇ Housing - HMOs (common in areas that used to focus on seaside tourism)
- ◇ Caravan parks (particularly common along the east coast) - not well-insulated, not paying council tax so not included in statistics
- ◇ Deficit of medical workforce in coastal communities - but need is often greater (greater need coupled with less provision of service) 15% deficit of doctors 7% deficit nurses – the need is greater on the coast but there is less provision
- ◇ Transport link problem - major hospitals tend to be further inland (not in all cases though)
- ◇ Flooding can impact on mental health – the worry of floods / impact if flooding takes place.
- ◇ The more granular the data, the more the issues of coastal towns stand out - areas are often amalgamated with towns inland which can mask the scale of issues.

RECOMMENDATIONS

- » Should be thinking about a wider coastal strategy address these common themes – including health, education, and housing.
- » Need to solve mismatch between coastal worker provision and need – this is not just salary incentives, other issues need addressing to attract professionals / grow your own – transport, schools, and housing.
- » Need to ensure data is more granular and actionable - so the headwinds faced are clearer, as well as the benefits of living in a coastal community.

ROUNDTABLE DISCUSSION POINTS

- Individuals tend to work close to where they train - increasing training in coastal locations
- It is not just about financial incentives to work in the medical profession on the coast
- Tendency to import nursing into these areas - there has been effort to increase accessibility for local people into nursing training in the area.
- Retirement of GPs - it is becoming difficult to maintain resilience in primary care services.
- Recently established a medical school at the university of Lincoln - takes over an hour to get from Lincoln to the coast. 85% of the population in the most deprived wards.
- Services are already stretched and looking to the future will struggle with retirements - need to change service delivery models.
- Need a community rather than GP based model - community physicians to deliver services alongside multi- agency groups.
- There is a need for wider elderly specialists to ensure the elderly are not kept in hospitals and are cared for in the community.
- Long-term thinking and planning - to increase attainment of young people from coastal areas.
- Want future doctors and GPs to come from coastal areas - if talent continues to be imported this will not target aspirational barriers.

ROUNDTABLE DISCUSSION POINTS (continued)

- Pharmacies as part of the solution? About multidisciplinary team of which GPs, nurses and pharmacists are all a part.
- Accessing blue spaces has a benefit - individuals in coastal communities have slightly better health than expected given all the factors to be considered, due to the benefits the coast provides. There is an opportunity here. Preventative medicine / care is needed in parallel.
- If there was a feeling that MPs and coastal community representatives felt that a coastal strategy was a good way to proceed, then it would gain more traction. A wider strategy not just around health - You cannot address health issues without tackling education and housing
- Need to be wider than health strategy and address commonalities, but also consider the nuances of the different areas.
- If it is agreed a coastal strategy is needed who leads, should it solely be about health or wider to include education and housing? The Chair has requested a Back Bench debate for discussion.
- Clarifying understanding of the recommendations: Recommendation 2 - Tudor Heart principle of inverse care; Recommendation 1 - deprivation levels Recommendation 3 - granularity of data - the need to not aggregate across LSOAs
- Well North report - A shared responsibility: tackling health inequalities in greater Manchester (explores the characteristics of solutions that are having an impact) a similar model could be used.
- So many coastal areas are like one another in the challenges they face - a lot more similar to each other than to close inland neighbours. These commonalities need to be recognised.
- Agrees with the need for a wider strategy - behavioural change often not linked to health - would be good to see this connection being made, all part of the same continuum.
- Need to include ecology / blue green health – with green gyms / plastic pollution / sewage etc.
- It is about health and housing in the Skegness area. Many elderly people are living in substandard caravans 12-months a year.
- 200 caravan sites and 25,000 static caravans in Lincolnshire alone. Lack of insulation / heating / access to services / transport
- Housing affects both physical and mental health.
- Housing prices in some areas are also an issue for attracting workers/maintaining populations - not just second homes/airbnbs.
- Socio-economic performance of seaside towns is linked to a whole range of socio-economic characteristics of the place and of the people who live there - supports more granular data (health, employment, education, cost of living etc).
- Many good initiatives/examples around the coast: green gym, blue gym - monitor and evaluate impact of inventions so they can be tailored and rolled out in other areas. Need to share best practice.
- A data observatory to make available to everyone as a resource - local authorities can use this across departments. Still a need for a coastal definition.
- ONS have agreed to more granular national data.
- Question to the group: How do we take the recognition of the need for a coastal strategy forward? What is the best way to address this politically? The Chair has applied for a back-bench business debate - date TBC.
- It is about getting senior political buy-in - a matter of straight-forward political will - from a campaigning point of view, ask for specific things and keep an eye on the quick wins so it lands in the best possible way. Ensure we pick the right scope (too broad and may lose buy-in and focus).
- Agree, but we cannot separate housing, health, and education - how much further it goes into transport etc is an interesting question.
- Suggestion that there will be increased migration to the coast in the coming years (increased access to coast during Covid, climate change impacts etc) - understanding this is important for planning health requirements. We need to consider future changes.
- Data bill. Health bill being brought through - had an amendment on compatibility of data but have left this for the data bill. Clarity on access to granular data could be asked.