

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 18 September 2020

Meeting held remotely via MS Teams

MINUTES

Present: -

Councillor Geoff Walker (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Fiona Brown	-	Executive Director of Neighbourhoods, Sunderland City Council
David Chandler	-	Deputy Chief Officer, Sunderland CCG
Jill Colbert	-	Chief Executive, Together for Children
Dr John Dean	-	Chair, Healthwatch Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Lisa Quinn	-	Executive Director of Commissioning & Quality Assurance, CNTW NHS Foundation Trust
Dr Ian Pattison	-	Chair, Sunderland CCG
Ralph Saelzer	-	Chair, Sunderland Workplace Health Alliance
Professor Michael Young	-	University of Sunderland

In Attendance:

Martin Weatherhead	-	GP Chair, All Together Better
Kath Bailey	-	Public Health Specialist, Sunderland City Council
Julie Parker-Walton	-	Registered Public Health Specialist, Sunderland City Council
Jane Hibberd	-	Senior Manager, Policy, Sunderland City Council
Nicola Appleby	-	Senior Policy Officer, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW13. Welcome from the Chair

Councillor Walker welcomed everyone to the second remote meeting of the Health and Wellbeing Board.

At this juncture Councillor Walker had to leave the meeting due to technical issues and Dr Pattison took the chair. Dr Pattison welcomed any members of the public

watching the live stream of the meeting and thanked all of the staff across the city who were continuing to work on the Covid response.

HW14. Apologies

Apologies for absence were received from Councillor Chequer, Ken Bremner and Gillian Gibson.

HW15. Declarations of Interest

There were no declarations of interest.

HW16. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 25 June 2020 were agreed as a correct record.

HW17. Proposal to Expand Membership

The Chair of the Board had submitted a report seeking approval to expand the membership of the Health and Wellbeing Board.

In the last year the Health and Wellbeing Board had invited the University of Sunderland to nominate a representative to the Board and the Chair of the Sunderland Healthy Workplace Alliance had also been invited to attend. The Board had been due to review its membership at its in meeting in March 2020 to coincide with a presentation on the draft Healthy City Plan, however this meeting had been cancelled due to the pandemic.

At the current time health and social care was at the forefront of social policy and it was recommended that the Chair of the All Together Better Alliance was invited to become a member of the Health and Wellbeing Board in order to provide advice, guidance and challenge in relation to the Health and Wellbeing Board's role in driving improvements in the health and social care sector.

Having considered the report, it was: -

RESOLVED that: -

- (i) formally agreed that the Chair of the All Together Better Alliance to be invited to become a member of the Board; and
- (ii) it be agreed that the Council be notified of the appointments at its meeting in May 2021.

HW18. Covid-19 in Sunderland – Update

The Director of Public Health submitted a report providing an update on the Covid-19 situation in Sunderland. Kath Bailey was in attendance to talk to the report and advised that there had been 530 new cases in Sunderland since 31 August and 190 between 10 and 16 September; this represented 68.5 new cases per 100,000 residents per week.

Since the report had been written, a local lockdown had been announced for the North East region and had taken effect from midnight on 18 September. Matters were moving at pace and regulations had only just been issued; the situation would be reviewed every seven days.

Prior to the announcement of the local lockdown, governance structures had been stood up in response to the rapid increase in cases and the Health Protection Board, Outbreak Control Board and Strategic Co-ordinating Group were meeting, in line with the Covid-19 Control Plan.

Councillor Walker, having been able to re-join the meeting and retake the chair, commented that the Frequently Asked Questions document from the Council's Communications team had been very useful for Elected Members to be able to direct people to.

David Chandler highlighted that 13,000 people had been asked to shield and questions were being asked about whether these people needed to do anything extra under the new restrictions. It was hoped to have additional support and guidance provided for residents in those categories.

Dr Dean commented that people were concerned that they were able to meet in a pub but not in a house and suggested that it might be useful for the link to the Frequently Asked Questions to be put on the Healthwatch website.

Councillor Farthing expressed her disappointment that the Government had not taken on the suggestion that informal childcare should be able to continue during the period of further restrictions. The Council Chief Executive would be taking this up with the Government again and impress the need for this to the Minister. Kath advised that groups were actively meeting on this topic and would keep pushing back on the childcare issue.

The Board RESOLVED that the update on the Covid-19 pandemic be received and noted.

HW19. Sunderland Covid-19 Health Inequalities Strategy

The Director of Public Health submitted a report seeking the endorsement of the Board for the Covid-19 Health Inequalities Strategy, a commitment to supporting the development of the action plan with agreed key performance indicators and agreement to monitor the key performance indicators. Julie Parker-Walton was in attendance to talk to the report.

The Council had responsibility for improving the health of the population in Sunderland and reducing health inequalities. It was clear that people facing the highest levels of deprivation were experiencing a higher risk of exposure to Covid-19 and existing poor health put them at risk of more severe outcomes if they contracted the virus. The strategy set out Sunderland's response to Covid-19 and the impact it has had on health inequalities and built on previous strategies where health inequalities had been identified.

The Covid-19 Health Inequalities Strategy aimed to: -

- raise awareness of the importance of health inequalities in both the response to, and recovery from, Covid-19;
- follow the key principles set out in the Healthy City Plan and use data, intelligence and evidence to systematically understand the natural and unintended consequences that may have widened health inequalities;
- support local organisations and communities to consider how their work may impact health inequalities as described in the Sunderland Prevention and Health Inequalities Framework; and
- consider the evidence to ensure that any recommendations will prevent or mitigate health inequalities widening as part of the Covid-19 pandemic.

The strategy also had three strategic objectives which were to: -

1. Continue to improve health outcomes for the most disadvantaged communities who were at greater risk of Covid-19 by adopting a life course approach which identified the key opportunities for minimising risk factors and enhancing protective factors through evidence based interventions at key life stages, from preconception to early years and adolescence, working age and into older age.
2. Take every opportunity to mitigate the impact that Covid-19 has had on communities by building on a Health in All Policies (HiAP) approach, systematically and explicitly considering the health implications of the decisions made with the aim of improving the health of the population.
3. Ensure that as the city moved into recovery the opportunity was taken to address health inequalities as part of plans by using available tools to ensure that health inequalities were considered for every policy and service.

Councillor Walker highlighted that it was important to move on to the action plan and balanced scorecard approach to the strategy. Councillor Farthing advised that she had recently attended a webinar on Health in All Policies and agreed that this was the key to moving forward although it was also important to have an understanding of what had been done in the past. She noted that a lot of time had been spent on developing Health Impact Assessments when Public Health had come back to the local authority but was unsure if these had been practically applied.

Julie Parker-Walton stated that there had been inroads made in relation to Health Impact Assessments in some areas, for example the Hot Food Takeaway policy and the impacts on planning. Kath Bailey added that a guide for developers in relation to

Health Impact Assessments had been published and there were some supportive documents included with that.

Councillor Walker commented that the HiAP webinar should be available shortly through the LGA and requested that the link be circulated to Board Members when it was available.

Having considered the report, it was: -

RESOLVED that: -

- (i) the Sunderland Covid-19 Health Inequalities Strategy be endorsed;
- (ii) the Board commit to supporting the development of the action plan with agreed key performance indicators; and
- (iii) the action plan and key performance indicators be monitored through an update report every six months.

HW20. Mid-Year Review of the Joint Strategic Needs Assessment and Health and Wellbeing Board Priorities

The Director of Public Health submitted a report presenting a mid-year review of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Board priorities including what had been achieved and any changes as a result of Covid-19.

The production of a JSNA was a statutory requirement and was an equal and joint duty of the local authority and CCG. The JSNA was a continuous process of strategic assessment to support the development of local evidence-based priorities for commissioning to improve the public's health and reduce inequalities.

The report set out the previously articulated high-level health challenges for Sunderland and highlighted that prior to Covid-19 there had been significant progress made across most JSNA and Board priorities. These included signing up to the Healthy Weight Declaration, securing trailblazer funding for a mental health support team in schools, the implementation of a Workplace Health Alliance Charter and the development of a pathway for all young people attending A&E for alcohol related conditions being referred to the Youth Drug and Alcohol Project (YDAP).

There were also some highlights in relation to key metrics such as an improvement in sustained breast-feeding rates and reductions in smoking rates to 16% in all adults and 26% in routine and manual workers. Dr Pattison asked if vaping was included in the statistics and Kath advised that the figures were from the national survey on smoking but they were taken into account in local data.

Data from the Covid Symptom Study had found that half of the population felt they had gained weight, 35% reported that they were drinking less and 21% more.

The newly identified priorities for the city were Health Inequalities and Ageing Well. The Board had already considered the Covid-19 Health Inequalities Strategy and Ageing Well was a separate agenda item.

The Board RESOLVED that: -

- (i) the findings of the mid-year review of the JSNA and Board priorities be noted; and
- (ii) these findings be taken into account when considering service review and the commissioning plans of all partners.

HW21. Age Friendly City and Ageing Well

The Executive Director of Neighbourhoods submitted a report to: -

- seek the Board's support to agree Ageing Well as an additional Board priority;
- provide examples to the Board on the ways that age friendly considerations have been implemented across a range of activity in Sunderland in relation to the World Health Organisation (WHO) Age Friendly Cities and Communities programme; and
- inform the Board of emerging developments in relating to Ageing Well.

Jane Hibberd presented the report and in doing so highlighted that Sunderland had joined the Network of Age Friendly Cities and Communities in 2015 and had developed a Sunderland 'All Age Friendly' plan during the same year.

The draft Healthy City Plan referred to 'Starting Well, Living Well, Ageing Well and two of the Board's existing priorities were life course focused, these being Best Start in Life and Young People 11 -19 years. Ageing Well was embedded in the Board's approach but was not overly explicit and could have greater visibility. It was therefore recommended that the Board adopt Ageing Well as a priority and establish a working group to progress the work, which would then report back to the Board on the focus and progress of the priority. The lead Board Member for the priority would be the Health and Social Care Portfolio Holder.

Working with Sunderland Older People's Council and local partners, an age-friendly Sunderland Model had been developed that incorporates the eight WHO domains which contribute to an age-friendly city. The model had three priorities for an age-friendly Sunderland and these priorities were embedded into the city's Neighbourhood Investment Plans.

The JSNA in relation to Ageing Well underpinned these priorities and identified a number of recommendations for commissioning and further needs assessment work which could be reviewed by the working group.

Councillor Farthing commented that since the Age Friendly City protocol had been adopted, people were far more aware of the dementia friendly city status for example and it was necessary to recognise that progress had been made and it would not be

beneficial to divert resources from other areas. Councillor Walker assured Councillor Farthing that it was not intended that resources would be diverted from existing programmes.

Upon consideration of the report, it was: -

RESOLVED that: -

- (i) Ageing Well be agreed as a Board priority;
- (ii) a working group be convened which would then report back to the Board on its focus and priorities;
- (iii) the Portfolio Holder for Health and Social Care be the lead Board Member for this priority; and
- (iv) the local developed age friendly model for Sunderland be adopted.

HW22. NHS Planning Update

The Deputy Chief Officer and Chief Finance Officer, Sunderland Clinical Commissioning Group submitted a report providing an update on the NHS planning process, setting out the national and local approach to phase 3 planning within the NHS.

David Chandler advised that NHS England had sent a letter and guidance on the NHS response to the third phase of Covid-19 prior to the escalation of cases in Sunderland. Every Integrated Care System (ICS) in the country had been asked to submit a recovery plan and to work with CCGs and providers to correlate activity and workforce plans.

The national expectations were summarised as: -

- restoring the maximum elective activity possible between now and winter including maintaining improvements in reducing the number of face to face appointments;
- using nationally contracted independent sector capacity to the greatest extent;
- restoring the number of people waiting for cancer diagnosis or treatment to at least pre-Covid levels;
- maximising diagnostic capacity;
- restoring service delivery in primary and community services, prioritising those with the greatest need;
- addressing health inequalities (eight urgent actions to address health inequalities in NHS provisions and outcomes);
- continuing to increase investment in mental health services in line with the mental health investment standard (MHIS); and
- from October 2020, moving to a revised financial framework.

From a Sunderland perspective, David highlighted that the national expectation was for activity to recover to 100% by October, however in Sunderland this was likely to be 90% with 100% being achieved in November.

There was more guidance and advice than ever being offered in General Practice and prior to the pandemic only 7% of appointments were not face to face, this had now increased significantly. The current waiting list for treatment was approximately 22,000 people and was expected to remain the same.

The Board were advised that cancer was, and would remain, a top clinical priority, however there were challenges in relation to breast cancer which had existed prior to Covid. In relation to the referral to treatment target, performance before, during and after the national lockdown was between 75 and 80%. Some longer waits existed in the local foundation trust for patients opting for robotic surgery which had limited capacity but better outcomes.

With reference to diagnostics, radiology remained a pressure and the service was struggling with capacity, however an additional mobile unit and consultant had been secured. More resources were planned for mental health provision.

Dr Lucas referred to the advice and guidance offered by GPs and wanted to assure the Board that things had not stopped and in fact were more responsive. Councillor Walker confirmed that his experience with his local surgery and a telephone appointment had been excellent.

Councillor Farthing commented that last year, efforts had been made to get additional funding for CAMHS which were ultimately unsuccessful and queried if these schemes were still running. She noted that information about waiting lists did not seem to be communicated to patients and it would help to reduce their anxiety if they had clarity about the plans for their surgery.

David Chandler reported that a number of pots of money had been offered last year by the NHS to enable transformation and Sunderland had eventually been successful with one of these. This year it was very difficult to identify where this money would be within the system, however guidance suggested that this would start to flow more freely and with more certainty. He noted that all patients on the waiting list would have had a clinical triage but he would take that point back to the Trust.

Accordingly, the Board RESOLVED that: -

- (i) the proposed approach to phase 3 planning, including priorities set for the NHS for the remainder of the year, be noted;
- (ii) the requirement to submit a draft system level plan with a final plan expected to be submitted nationally in September 2020 be noted; and
- (iii) the impact of Covid-19 on the delivery of the national expectations at place level in Sunderland be noted.

HW23. Draft Healthy City Plan

The Director of Public Health and the Deputy Chief Officer/Chief Finance Officer of Sunderland CCG submitted a joint report sharing the latest draft of the Healthy City Plan and the arrangements for finalising the Plan.

The Healthy City Plan was the revised statutory Health and Wellbeing Strategy of the Health and Wellbeing Board and was aimed at professionals and practitioners across agencies in the city. The Healthy City Plan was intelligence-led, informed by: -

- the city's Joint Strategic Needs Assessment
- the outcome of engagement with residents through Public Health locality engagement events, Patient Forums, Healthwatch and Let's Talk
- the 2019 Health Summit in the city
- Director of Public Health Annual Report

Three Health and Wellbeing Board development sessions had taken place to support the development of the plan and the draft Plan was attached as an appendix to the report. Whilst acknowledging the impact that social determinants could have on an individual's health and wellbeing, its areas for improvement focused on behavioural risk factors and improving the emotional wellbeing of Sunderland residents, paying particular attention to vulnerable groups.

The Board had already considered the proposal to add Ageing Well as an eighth Board priority and it was suggested that further work be done on the plan to develop this section.

Board Members were invited to provide comments on the draft Healthy City Plan by the end of September. The Plan would then be shared with key partners who had been involved in its development. The revised, final Plan would be presented to the Board for approval in December 2020.

RESOLVED that: -

- (i) the contents of the report be noted;
- (ii) 'Ageing Well' additions be made to the draft plan;
- (iii) consultation with key partners take place October to mid-November 2020 following Board Member feedback by the end of September; and
- (iv) the proposed final Healthy City Plan be presented to the Board in December 2020 for approval.

HW24. Healthy Economy Action Plans

The Chairman and Chief Executive of South Tyneside and Sunderland NHS Foundation Trust submitted a report proving an update about the progress made by

the Healthy Economy Working Group and presenting the Healthy Economy Action Plan.

The Group had developed a programme of activity around three workstreams; workplace health, healthy labour force and employment in the health and social care sector. Action plans had been developed for all three workstreams and combined into one single Healthy Economy action plan.

Ralph Saelzer commented that he was pleased to see the Workplace Health Alliance being noted as an important body in the action plan and Councillor Farthing commended officers on the work that had already been done and the results achieved.

RESOLVED that: -

- (i) the update on the Healthy Economy priority be received;
- (ii) the Healthy Economy action plan be noted;
- (iii) the role that all Board member organisations could play in supporting the implementation of the action plan be recognised; and
- (iv) a progress report be received annually from the Healthy Economy Working Group, including key objectives for the year ahead.

HW25. Healthwatch Sunderland Annual Report 2019/2020

The Chair of Healthwatch Sunderland presented the Annual Report which set out an overview of activity conducted by Healthwatch Sunderland throughout 2019/2020.

During the period, Sunderland Healthwatch had 27 volunteers, received £150,000 funding and engaged with almost 2,000 people who shared their health and social care stories. The organisation had also signposted just over 1,200 people to the services they required. Volunteers had visited 177 venues in total to gather feedback, by means of community events, meetings and stalls and published 33 reports about the improvements people would like to see in relation to their health and social care.

Healthwatch Sunderland had provided extensive feedback reports on the Path to Excellence during 2019/2020 and had strengthened their involvement in the North East and Cumbria Integrated Care System Initiative. Care Home Life reports continued to be produced and were valued by those who were considering using a care home in their area and the care providers who monitored care homes.

Healthwatch had published a report in relation to equipment services in Sunderland which had contributed to service improvement and had also represented patients in the eConsult roll out across the city and was encouraging patients to use this where possible.

All Together Better had commissioned Healthwatch to undertake consultation and engagement with service users so their voice was evident in service changes and had provided advice and guidance in relation to the out of hours GP appointments service. Support had also been provided to over 300 individuals in the community to share their views with the NHS on what the ten-year plan should look like locally and this was then shared with Sunderland CCG.

Dr Pattison commented that the annual report was a good read and that the Healthwatch website was also very good.

RESOLVED that the contents of the Healthwatch Sunderland Annual Report be noted.

HW26. Forward Plan

The Senior Policy Manager submitted a report presenting the forward plan of business for 2020.

Councillor Farthing noted that there were two development sessions planned and asked how these would work remotely. Jane Hibberd stated that this was something which still needed to be worked through but there was confidence that virtual sessions could be made to work effectively.

RESOLVED that the Forward Plan be received for information.

HW27. Dates and Time of Next Meetings

The Board noted the following schedule of meetings for 2020/2021: -

Friday 11 December 2020

Friday 19 March 2021

All meetings were scheduled to start at 12noon. It was noted that the dates, times and method of holding meetings may change during the Covid-19 pandemic.

(Signed) G WALKER
In the Chair

