

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 1 October 2021

Meeting held in the Council Chamber, Sunderland Civic Centre

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Dominic McDonough	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Fiona Brown	-	Executive Directors of Neighbourhoods, Sunderland City Council
David Chandler	-	Chief Officer, Sunderland CCG
Dr John Dean	-	Chair, Healthwatch Sunderland
Dr Yitka Graham	-	University of Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Patrick Melia	-	Chief Executive, Sunderland City Council
Chief Superintendent Sarah Pitt	-	Safer Sunderland Partnership

In Attendance:

Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Kath Bailey	-	Public Health Specialist, Sunderland City Council
Julie Parker-Walton	-	Public Health Specialist, Sunderland City Council
Jane Wheeler	-	Service Manager Early Help, Together for Children
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Chris Binding	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW18. Welcome

Councillor Chequer welcomed everyone to the meeting and highlighted that many Board Members had come to the meeting directly from the launch of the Ageing Well Ambassadors programme.

The Chair announced that Ralph Saelzer had stepped down as chair of the Sunderland Workplace Health Alliance. Ralph had chaired the Alliance since its inception in November 2014 and Councillor Chequer asked the Board to join her in expressing thanks to Ralph for his contribution and wishing him well for the future. In the interim period, Lucy Caplan would attend the Health and Wellbeing Board to represent the Workplace Health Alliance.

HW19. Apologies

Apologies for absence were received from Gerry Taylor, Jill Colbert, Ken Bremner, Dr Ian Pattison, Lucy Caplan and Philip Foster.

HW20. Declarations of Interest

Councillor McDonough declared an interest in item 5 as an employee of If U Care Share Foundation.

HW21. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 25 June 2021 were agreed as a correct record.

HW22. Sunderland Joint Needs Assessment (JSNA) 2021/2022

The Executive Director of Public Health and Integrated Commissioning submitted a report presenting the draft Sunderland Joint Strategic Needs Assessment (JSNA) and Kath Bailey was in attendance to deliver a presentation.

The development of a JSNA was a statutory requirement and local authorities and CCGs had equal and joint duties to produce JSNAs and Joint Health and Wellbeing Strategies through the Health and Wellbeing Board. The draft JSNA had been presented at the Starting Well, Living Well and Ageing Well Delivery Boards for feedback and to identify officers who could help to develop the next iteration of the JSNA.

The Covid pandemic had magnified some of the challenges faced by the city and it was highlighted that residents lived shorter lives and had a greater time in poor health than the national average. The JSNA included consideration of the social determinants of health and data showed that, when compared to the average figures, more people lived in deprived areas, average income was lower, fuel poverty was

greater, levels of employment were lower, more people were in receipt of out of work benefits and there were lower levels of educational qualifications.

Kath stated that those least able to cope had been the most affected by the Covid pandemic and this had exacerbated existing health inequalities. Previous improvements in life expectancy had seen a dramatic fall in 2020, food poverty had increased significantly and it was anticipated that there would be an increased demand for mental health services over the next five years.

The JSNA Assessment had found the following: -

- Inequalities in the city had a significant impact on health
- Poverty levels within the city continue to have an impact
- Children and young people in the city faced significant challenges and inequalities across the social gradient of health
- Smoking, diet, alcohol and physical activity led to poor health outcomes for the city
- More people in the city are living with and prematurely dying from serious diseases than elsewhere in the country
- The ageing population in the city had a significant effect on local services
- People in the city have poor mental wellbeing and this also impacted on physical health
- The full impacts of the Covid-19 pandemic on the social determinants of health were not yet realised and understood.

The Chair commented that some of the information in the report was stark and hard-hitting. Councillor McDonough noted that the assessment was very in depth and he highlighted the survey of secondary school pupils who were worrying about their mental health and queried the differences between males and females and whether this could skew the position.

Kath explained that the survey was relying on self-reported measures and traditionally the North East population wanted to 'tough it out'. It was also noted that people were not always happy to talk about their feelings, however it was planned to carry out the school survey again so there would be more figures available for comparison.

Councillor McDonough went on to ask how people might be encouraged to talk more and if they did not, would this make it more difficult for resources to get where they were needed. Kath said that there was more of a focus on this than ever before and there was more resource in the system with detailed work taking place on a Mental Health Strategy for the city. Schools were inevitably talking about this more than ever and it was important to make sure that mental health was adequately prioritised.

The Chair highlighted that colleagues on the Living Well Delivery Board were taking such things forward and she was confident that Public Health and commissioning partners would not hold back on any service delivery. David Chandler endorsed that there were more resources in schools, including the Kooth app, and as part of the Mental Health Investment Standard, investment had to be made every year and in the last year the greater proportion had been skewed towards children and young people. Spending on mental health was benchmarked and Sunderland compared

well to other local authorities in the North East; this showed the importance of place-based services in the Integrated Care System (ICS).

Fiona Brown suggested that people could also be looked at as a resource and what they could bring to the city. Kath said that the Ageing Well Delivery Board had been talking about life experience and how this could be brought in. This was something which should be part of the JSNA and the more soft intelligence which was available, the better.

Fiona also asked if anything was being done to record the impacts of Covid and Kath advised that there was a multitude of research taking place nationally and this would have to be unpicked for the regional position. Some of this was delayed data but there would be a lot to learn regarding the impact of Covid on life chances.

With regard to the cycle of poverty identified in the assessment, Councillor Miller asked if Sunderland had looked at the approach of other authorities and Kath confirmed that examples of good practice were examined and information from other areas was always useful.

John Dean asked how issues would be prioritised and commented that messages through schools around alcohol and smoking could be effective for young people. Kath said that there was no easy answer and there continued to be discussions about targeting resources. Public Health had reached out to schools and there was a programme of work and Jane Wheeler highlighted that there was a preventative offer in Sunderland schools which also include younger children.

Councillor Farthing referred to poverty leading to many issues including stress which in turn may lead to taking health risks to deal with this. She felt that beginning with children was the best approach, particularly in relation to mental health, and she queried if the disparity between male and female reporting of mental health issues was reflected in the waiting lists of CNTW. As chair of the Best Start in Life working group, Councillor Farthing noted that they were targeting smoking in pregnancy and smoking in families with young children to prevent children taking up smoking.

David Chandler highlighted that there had been some projects carried out in relation to this a few years ago and £750,000 had been allocated to the Health City Plan to pump prime projects and channel resources into areas of concern. The waiting time for children and young people's mental health treatment was very much on the CCG agenda.

Dr Graham commented that to hear some of the things in the JSNA verbalised made it hit harder. She felt it was helpful to include social isolation as a separate point and the impact of this and its effect on more unhealthy behaviours should be considered. Kath agreed that this was an important issue to get to grips with.

Jane Hibberd added that social isolation was one of the key performance measures for the Board and the Ageing Well Delivery Board were taking that forward, recognising that it was something that went through the life course for many people.

Dr Lucas referred to the Public Health data showing that 73.5% of adults in Sunderland were classed as overweight or obese; there were a large number of hospital admissions and concerns related to this but it was unclear what happened between a person becoming obese and then requiring treatment and what was being done at school level. Julie Parker-Walton indicated that there had been a programme for children which provided Tier 2 intervention with a referral from a GP practice. Work with Everyone Active on a social prescribing model was just getting off the ground and work would be taking place with the CCG to link the tiers. Jane Wheeler added that there were workstreams in schools about growing their own food and holiday activities on nutrition for children receiving free school meals.

The overarching JSNA would be finalised following feedback from the Board. An infographic summary and film to support the JSNA was under development and these documents would be published on the Council website and circulated to key partners.

The Chair re-emphasised the importance of the JSNA for all partners in the city and it was RESOLVED that: -

- (i) the findings of the draft Sunderland JSNA be noted;
- (ii) it be agreed that the Executive Director of Public Health and Integrated Commissioning be delegated to finalise the JSNA;
- (iii) consideration to be given to whether there were any specific additional topics which needed to be included in this iteration of the JSNA or any topics for development over the next year;
- (iv) these findings be taken into account when considering the commissioning plans of all partners;
- (v) these findings be taken into account when developing plans for the Delivery Boards and workstreams identified as priorities by the Board; and
- (vi) the continual refresh of the JSNA to ensure emerging needs and challenges are widely understood across the city be supported.

HW23. Developing Our Approach to Improving Health and Reducing Health Inequalities

The Executive Director of Public Health and Integrated Commissioning submitted a report providing an overview of the Health Inequalities priority within the Healthy City Plan, describing a systemwide approach to improving health and reducing health inequalities and seeking commitment from partner organisations to help further develop the city's approach to reducing health inequalities.

The Healthy City Plan set out the context for Sunderland's health ambitions but it was acknowledged that work must scale up and accelerate change and improvement for the decade ahead. The Marmot report from December 2020

highlighted how the pandemic had not only increased existing inequalities but had caused new ones to emerge.

The Covid-19 Health Inequalities Strategy set out Sunderland's response to Covid-19 and the impact on health inequalities and this also formed one of the nine workstreams of the Healthy City Plan Implementation Plan. A systemwide approach to this was required and the Council had identified four priority areas for action: -

- Better understanding of the population
- Asset based community development – 'residents as participants'
- Economic Activity – skills, aspirations and wealth building
- Health in All Policies approach

The Living Well Delivery Board was supporting working together on these priority areas and a sector wide and consistent approach to tackling health inequalities in the city would be developed, recognising the need to work at both an Integrated Care System (ICS) and at a place level to make a difference.

Councillor Farthing referred to social prescribing and that without pump priming the voluntary sector this would not work successfully. She also highlighted the large piece of work which had been undertaken to develop Health Impact Assessments a number of years ago and that this had taken a long time to become embedded. She felt that this was the way forward and was pleased that work was ongoing with the LGA on this.

Julie Parker-Walton advised that there had been some meetings about developing social prescribing for Sunderland and with All Together Better and other partners, working with the voluntary and community sector to build on the work done during the pandemic. The Council was chairing the social prescribing meeting but it was recognised that this partnership needed to be broadened out to ensure that it was able to meet the 'asks' of the voluntary and community sector.

David Chandler commented that the NHS and other areas were dependent on the voluntary sector and social prescribing was at the forefront of minds and how it could be ensured that the right things were in place to be signposted to. Julie highlighted that she was running a workshop on this with the GP Alliance shortly.

Jane Hibberd noted that Health Impact Assessments (HIAs) had perhaps not always been at the forefront of Council decision-making and this had been identified as a key area for improvement in the Healthy City Plan. An approach to integrated impact assessments in the Council was being discussed. The development session on 'making health everyone's business' was to be rolled out to the next level of the Council and there would be training to support the development of the approach.

Councillor Miller commented that residents in the city felt the inequalities and viewed themselves as hard done to. She was aware that voluntary and community groups were stretched and queried how their work would be funded going forward. Julie said that she would raise that point.

Dr Graham highlighted the ambiguity and complexity of social prescribing and noted that the University was the academic partner of the Academy for Social Prescribing, which was trying to build up a reservoir of evidence for the approach. There were some partnerships with the CCG and Veterans in Crisis but the point about sustainability was well made and the infrastructure had to be correct.

John Dean asked if social prescribing would be based on giving people advice in the GP surgery as he understood there had been a pilot in this vein. Julie Parker-Walton commented that there was a model for GP practices but there was a question of how good practice in Sunderland could be brought together and made understandable, systematic and clear.

Dr Graham provided an example of a structure medication review in a Community Pharmacy where it was found that the individual was struggling with debt and the pharmacist was able to refer them to the Citizen's Advice Bureau. It was this type of evidence of successful interventions which needed to be built up to show the potential of the approach.

Councillor McDonough commented that he found the document a bit woolly but noted the reference to working with businesses and employers and asked what more could be done for in work health.

Julie Parker-Walton said that there was the Better Health at Work Award and the Sunderland Workplace Health Alliance to champion healthy workplaces. There was a lot going on through Public Health and also other areas of the Council and the links that had been generated with businesses through the pandemic were being carried on.

Councillor Farthing commented that there was still a Healthy Economy Working Group and the Business Investment Team had helped bring more employers into that group. Julie added that the Workplace Health Alliance had gone from strength to strength in recent years and had been focused on engaging more small and medium enterprises. The Alliance did produce an annual report which could be shared with the Board.

Following consideration of the report, it was RESOLVED: -

- (i) the contents of the report be noted;
- (ii) it be agreed to support the development of a systemwide approach to reducing health inequalities; and
- (iii) to commit to individual partner organisations' involvement in developing the city's approach further.

HW24. The North East and North Cumbria Integrated Care System and Integrated Place Based Arrangements

The Executive Director of Public Health and Integrated Commissioning and the Chief Officer of Sunderland CCG submitted a joint report providing the Board with an overview of the preparations by the North East North Cumbria Integrated Care System (NENC ICS) to take on its statutory responsibilities from April 2022 and an overview on the development of integrated place-based arrangements.

David Chandler advised that the NENC ICS would be a very large, new statutory body from April 2022 and the first steps would be to work out how it would operate in reality. A number of key documents had been published during August and September to support ICSs and a Sunderland Integrated Care Executive had been established to lead and support the transition to the new place-based arrangements. A Transition Steering Group had also been established to support the Executive and to lead, monitor and report progress across the following key workstreams: -

- Governance
- Finance
- Provider collaborative/partnerships
- Commissioning development and Business Intelligence
- Leadership (clinical and professional) and people

Councillor Miller felt that there were still questions about finance, especially as CCGs were able to direct where patients were to go and she also had concerns about prescriptions and medication accessibility.

David advised that the CCG worked on the principle of patient choice and this would not be eroded but the financial arrangements would become clearer over time. The ICS would be looking at reducing waiting lists over the next year or two; he emphasised that there should not be any difference felt by patients as the North East and Cumbria had always worked together to avoid a 'postcode lottery' scenario.

Councillor Farthing asked what the backlog would mean for preventative work and David offered reassurance that prevention would be a key platform of the ICS and there would be no moving of resources from that to clear backlogs as separate funding would be received to address the backlog. The NHS was back open for business and probably the busiest it had ever been. It was also highlighted that the NHS would be looking at support for people who were on existing waiting lists.

The Chair asked if David could expand on timings and how partnership board arrangements would be agreed. David confirmed that everyone was working towards December as the arrangements had to be in place by 1 April 2022. The proposals would have to go to the CCG Governing Body, the Council's Cabinet and the Health and Wellbeing Board for endorsement.

RESOLVED that: -

- (i) the report be received and noted;

- (ii) the progress made to date be supported; and
- (iii) an updated position be received at the next Board meeting.

HW25. Covid-19 in Sunderland – Update

The Executive Director of Public Health and Integrated Commissioning submitted a report providing an update on the Covid-19 situation in Sunderland.

Kath Bailey delivered a presentation to the Board and in doing so highlighted the developments in the situation since the last report. Sunderland was currently averaging 135 new cases a day, however underneath this there were very different patterns in adults and children; adults were holding steady or declining but infections in school age children were high and rising. However there were relatively low hospital admissions with a few patients in the ICU.

There was not a great deal for Public Health to enforce following the relaxation of rules but there was still a legal requirement to isolate after a positive PCR test.

Kath referred to the Autumn and Winter Plan and noted that services were anticipating a challenging winter period with the impact of other seasonal respiratory diseases adding to the Covid-19 situation.

The progress of the Vaccination Programme and equity of coverage was highlighted in the presentation and Kath advised that the Public Health Team continued to review and attempt different strategies to ensure that the maximum number of residents were vaccinated. The Local Outbreak Management Plan had been refreshed and updated during September and local testing arrangements continued to be developed and updated.

As cases rose rapidly over the summer, some contact tracing had been handed back to the national team but as of 23 August it had been requested that all case follow up for Sunderland be taken on by the local team. There had been changes to arrangements for educational settings with the emphasis being on keeping as many young people as possible in school.

The Chair referred to the Government approach to winter pressures and asked what the local plan would be. David Chandler stated that the NHS was currently planning for this but in reality, services were already experiencing winter levels. The ATB Winter Plan would be considered by the CCG Governing Body the following week and this would identify the additional resource and capacity needed. There were Silver and Gold Commands in place to manage the system and all sectors were expecting a hard winter.

Dr Lucas commented that the surge process was highly effective and was a proper partnership approach including all providers of health and social care in Sunderland. In and out of hospital services were also working very closely together. Dr Lucas highlighted that GPs were about to start delivering flu vaccinations and it was very important for patients to attend for these jabs.

RESOLVED that the update and the presentation be noted.

HW26. Health and Wellbeing Board Delivery Boards Assurance Update

The Executive Director of Public Health and Integrated Commissioning submitted a report providing the Health and Wellbeing Board with assurance that the work of the Delivery Boards was progressing in line with their agreed terms of reference and providing a summary of the key points discussed at their recent meetings.

The Delivery Boards would meet on a quarterly basis to have oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. An update report would be presented to each meeting of the Health and Wellbeing Board setting out what had been discussed and key issues to take forward.

The Board therefore RESOLVED that: -

- (i) the meeting summaries from the recent meetings of the delivery boards be noted;
- (ii) it is assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference;
- (iii) specific agenda items from the Delivery Boards be received for discussion; and
- (iv) it be agreed to receive quarterly assurance updates from the Delivery Boards on an ongoing basis.

HW27. Sunderland Safeguarding Adults Board (SSAB) 2020/2021

The Independent Chair of Sunderland Safeguarding Adults Board had submitted the annual report of the Board as required by the Care Act. The work of Sunderland Safeguarding Adults Board had focused on four strategic priorities: -

- Prevention
- Making Safeguarding Personal (MSP)/User Engagement
- Partnership (including regional collaboration)
- Key local areas of risk (self-neglect, mental capacity and exploitation)

The Board was very much a partnership and the annual report included some case studies which highlighted positive aspects. It was noted that there had been a dip in referrals at the beginning of the pandemic but these had now been at 'normal' levels for some time. An emerging area was an increase in self-neglect and this was a priority for the Board moving forward. The priorities had been reviewed and agreed for 2021 as follows: -

- Prevention
- Local Areas of Risk (Self-Neglect; Mental Capacity; Homelessness; Complex Adults Risk Management (CARM) – at Risk/Vulnerable/Complex Cases

(including Substance Misuse); Domestic Abuse; Suicide Prevention (particularly in the light of the effects of Covid-19))

- Transitions; Exploitation; Learning from Safeguarding Adult Reviews (SARs) and Local Safeguarding Children Practice Reviews (LSCPRs)

The Board RESOLVED that the content of the Safeguarding Adults Board Annual Report 2020/2021 be noted.

HW28. Health and Wellbeing Board Forward Plan

The Senior Policy Manager submitted a report presenting the forward plan of business for 2021/2022.

Members of the Board were encouraged to put forward items for future meeting agendas either at Board meetings or by contacting the Council's Senior Policy Manager.

RESOLVED that the Forward Plan be received for information.

HW29. Dates and Time of Next Meetings

The Board noted the schedule of meetings for 2021/2022: -

Friday 10 December 2021

Friday 18 March 2022

All meetings were to start at 12.00pm, venues to be confirmed.

(Signed) K CHEQUER
Chair

