

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 25 June 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 Fiona Miller	-	Sunderland City Council
Ken Bremner	-	South Tyneside and Sunderland Foundation Trust
Fiona Brown	-	Executive Directors of Neighbourhoods, Sunderland City Council
David Chandler	-	Chief Officer, Sunderland CCG
Dr Yitka Graham	-	University of Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Dr Ian Pattison	-	Chair, Sunderland CCG
Chief Superintendent Sarah Pitt	-	Safer Sunderland Partnership
Gerry Taylor	-	Executive Director of Public Health & Integrated Commissioning, Sunderland City Council

In Attendance:

Dr Shaz Wahid	-	Medical Director, South Tyneside and Sunderland Foundation Trust
Scott Watson	-	Lead for Mental Health, Sunderland CCG
Lisa Forster	-	Sunderland CCG
Paul Weddle	-	Vice-Chair, Healthwatch Sunderland
Jane Hibberd	-	Senior Manager - Policy, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW1. Welcome

Councillor Chequer welcomed everyone to the meeting and invited Board Members to introduce themselves. She particularly welcomed the new Members; Councillor Fiona Miller; Councillor Dominic McDonough, Patrick Melia, Dr Yitka Graham and Chief Superintendent Sarah Pitt.

HW2. Apologies

Apologies for absence were received from Councillor McDonough, Jill Colbert, John Dean, Patrick Melia, Ralph Saelzer and Dr Martin Weatherhead.

HW3. Declarations of Interest

There were no declarations of interest.

HW4. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 19 March 2021 were agreed as a correct record.

HW5. Update on Phase 2 Path to Excellence Programme – Working Ideas

The Medical Director, South Tyneside and Sunderland Foundation Trust submitted a report providing an update on the ongoing pre-consultation process which the Path to Excellence programme was following in order to involve NHS staff, patients and stakeholders in developing options/proposals for change which would be subject to a wider public consultation later in the year.

Phase 1 of the Path to Excellence had been implemented in August 2019 and had considered stroke care, maternity and gynaecology services and acute paediatrics. Phase 2 was concerned with how the Trust looked after people in an emergency or who had an urgent health care need in Medical and Surgical specialities and how planned care was provided.

Clinical teams had considered a wide range of options and developed working ideas for each service. For Trauma and Orthopaedics, there were two working ideas: in the first all emergency in-patient surgery would be provided at Sunderland Royal Hospital (SRH), planned orthopaedic surgery would take place at South Tyneside District Hospital (STDH), complex orthopaedic surgery would be provided at SRH, most planned day case surgery would occur at STDH and urgent day case surgery would be provided at SRH; the second working idea was similar but both urgent and planned day case surgery would be provided locally.

General Surgery included surgery to the upper and lower gastrointestinal tract and bariatric surgery and there were three working ideas for this area mainly related to how in-patient planned surgery was provided. The first idea would see all in-patient emergency surgery provided at SRH, all planned in-patient surgery at STDH and planned day case surgery at both sites. The second working idea would have both emergency and planned surgery provided at SRH and day case surgery at both sites. The third idea was for planned in-patient surgery to be split between the two sites depending on the specific type of surgery and planned day cases being dealt with on both sites.

Dr Wahid advised that the working ideas were still being refined and were not yet developed to a stage for public consultation but a pre-consultation business case would be developed, informed by the working ideas and stakeholder feedback and including external assessments by the Clinical Senate, a Travel and Transport Impact Analysis and an Integrated Impact Analysis.

Councillor Farthing commented that it was an interesting paper and that the travel factor was very significant for patients and relatives; people in hospital would often recover more quickly if they had more visitors, however a large number of these might be older people who were likely to struggle more with accessing transport to hospitals.

Dr Wahid noted that the Trust was working with external partners in relation to accessibility and looking at good practice from other areas in similar circumstances. The equality part of the assessment would drive the viable options for the changes.

Dr Pattison highlighted that it was an impossible task to meet public expectation when reviewing services but he understood the necessity of the work as a clinician. With the majority of surgery now being day cases, he noted that this would see a large number of Sunderland patients travelling to South Tyneside. Dr Wahid said that ultimately patients would get access to surgery more quickly and the split between emergency and elective would mean that there could be a focus on one area for a more consistent period.

Dr Lucas asked what would the critical impact be, as she did not feel that this came over strongly at this point. Performance at STDH was higher at the present time and this was a crucial element to consider going forward.

Dr Wahid stated that some working ideas would allow performance to be improved and enable patients to access specialist surgeons straight away. It was a complex situation and the overall impact and performance measures would form part of the business case for the consultation.

The Chair queried how health inequalities would be considered and the timeframe for the next stage of the process. Dr Wahid explained that the timeframe was being reviewed as part of the process and this would become clearer in the next few months. Inequalities would be one of the key things in the 'business as usual' approach to the work.

Having thanked Dr Wahid for his report, it was: -

RESOLVED that the update on Phase 2 of the Path to Excellence Programme be noted.

HW6. Health and Wellbeing Board Membership and Terms of Reference

The Executive Director of Public Health and Integrated Commissioning submitted a report setting out the updated membership and terms of reference which had been agreed by Annual Council on 19 May 2021.

The membership of the Board had been amended to include the Chief Executive, Sunderland City Council, the Chair of the Health and Care Executive, the Chair of a place based provider alliance and a representative of the Safer Sunderland Partnership. The additional membership would assist in strengthening the leadership capacity of the Board to secure effective joint working between the NHS, Local Authority and wider delivery partners to improve health outcomes.

Changes had been made to the Terms of Reference to reflect the current role of the Board in overseeing the delivery of the Healthy City Plan.

Dr Pattison expressed surprise at the Chair of All Together Better being only an interim member of the Board as ATB was a key part of the health system in Sunderland. Gerry Taylor explained that the membership was intentionally flexible so that it could be added to as provider arrangements further developed.

RESOLVED that the changes to the membership and Terms of Reference of the Health and Wellbeing Board be noted.

HW7. Healthy City Plan Grant

The Chief Officer of Sunderland Clinical Commissioning Group and the Executive Director of Public Health and Integrated Commissioning submitted a joint report seeking approval for the proposed approach to agreeing the distribution of resources allocated from NHS health funding to support delivery of the Healthy City Plan.

£750,000 funding had been allocated as a grant from the CCG to support the delivery of the Health City Plan and to respond to the negative impacts of the Covid-19 pandemic on the health and wellbeing of Sunderland residents. £50,000 had been earmarked for behavioural insight work, health equity audits and other initiatives to inform the key priorities and workstreams within the Healthy City Plan. The residual £700,000 was to support investment into capacity and capability to deliver projects contributing to the achievement of the Plan.

It was proposed that the Chair of the Health and Wellbeing Board, the Executive Director of Public Health and Integrated Commissioning and the CCG Chief Officer be delegated to consensually agree the allocation of the grant to schemes.

There would be specific criteria to be applied when considering approvals and the three delivery boards would be invited to put forward proposals. It was envisaged that the resource would be allocated over a two to three year period and regular reports on the deployment of the resource would be provided to the Health and Wellbeing Board for information.

RESOLVED that: -

- (i) the update on the Healthy City Grant be noted; and
- (ii) the proposed approach with regard to the distribution of resources in support of delivering the aims of the Healthy City Plan be agreed.

HW8. 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 to take on its statutory responsibilities from April 2022 and an overview on the development of integrated place based arrangements.

David Chandler advised the design framework for the Integrated Care System had now been published and was summarised in a presentation which would be circulated to Board Members after the meeting. The framework set out the four key elements of the new system: -

- The ICS Health and Care Partnership
This would have the responsibility for developing the 'integrated care strategy' for their whole population and members would include local authorities responsible for social care services in the ICS area as well as the local NHS.
- The ICH NHS Body and its board membership
This body would be responsible for developing a plan to meet the health needs of the population and allocating resources to deliver the plan. The ICS NHS bodies would take on all the functions of CCGs and would have a unitary board with shared corporate accountability for the delivery of the functions and duties of the ICS.
- Place-based health and care partnerships
These partnerships were for local determination and partners within each ICS would decide how best to bring together parties to address the needs of the place.
- Provider collaboratives working at scale
Each collaborative would agree specific objectives with one or more ICS to contribute to the delivery of that system's strategic priorities. Trusts and Foundation Trusts would be expected to join provider collaborative arrangements from April 2022.

NHS England would allocate funding to the ICS Body and the ICS NHS Board would be responsible for the utilisation of the resources. Budgets allocated to 'place' could include primary services and Section 75 pool arrangements and the guidance was indicating that if something could be done at place level the it should be.

Councillor Farthing asked about the scrutiny of the arrangements, noting that this would be a very large body and elected Members would like to be able to guarantee to local people that they were getting a fair share. David Chandler said that he understood that scrutiny powers would not be changed or affected by the new structure and there would be some engagement sessions with the ICP area footprints.

Gerry Taylor highlighted that within all of the changes, partners had been working on the integrated approach for health and social care across Sunderland and section 4

of the report outlined the current position. The two elements of provision and commissioning were expected to take into account the whole gamut of what was expected. The strategic approach in the future would be based on the JSNA and providers were looking at how they would work together to deliver the outcomes the city wanted to achieve.

Gerry noted that chief executives had been meeting to talk about governance arrangements over the last few months and it was expected that reports on the Integrated Care System would come back regularly for the Board to have oversight of the system and new ways of working.

The Chair asked how place based arrangements would interact with the integrated model and if there was further detail on the funding element.

David Chandler said the ICS had not yet engaged with place but the overriding philosophy was that if it could be done at place, then it should be. The funding allocations were currently based on a national formula and it was thought that funding to the ICS would also be based on a formula model; the ICS would then determine what was allocated. It was not yet known what the impact would be but there was a desire to protect place base budgets and some areas would require more short term support.

The Chair noted that it was reassuring that this was on the agenda and David stated that everyone in Sunderland would be fighting to get the required resources. Dr Pattison commented that the issue was one of transparency and accountability and it was important to see the ICS allocation being mapped back to place.

RESOLVED that: -

- (i) the report be received and noted;
- (ii) the proposed arrangements be supported; and
- (iii) an updated position be received at the next Board meeting.

HW9. Adult Mental Health Strategy

The Director of Contracting, Planning and Informatics, Sunderland CCG submitted a report seeking endorsement from the Board for the Adult Mental Health Strategy for Sunderland. It was noted that the Governing Body of NHS Sunderland CCG had ratified the strategy on 22 June 2021.

Scott Watson and Lisa Forster were in attendance to talk to the report and deliver a presentation. There had been four phases in the development of the strategy and the first and second phases had involved engagement with stakeholders, public, service users, staff and employers.

A draft engagement report was published at phase three for comments and feedback and findings were tested through focus groups. The fourth and final phase was the

drafting of the strategy during March to June 2021 and the draft strategy was shared for feedback and comment in June. The vision of the strategy was: 'Everyone's Mental Health Matters: Empowering people by supporting individuals, families and communities to improve and maintain mental and physical health, so they can lead fulfilling and healthy lives.'

There were three strategic priorities: -

- An ounce of prevention is better than a pound of care;
- Right Response, Right Time, Right Place; and
- Working with you on what matters to you.

In terms of measuring the success of the strategy, officers would continue to work to develop and finalise an evaluation framework to underpin the strategy in order to assess progress and achievement of the vision and work would continue with key partners to co-produce a delivery plan which underpins the commitments of the strategy.

Councillor Miller asked about health inequalities and that there seemed to be an issue in accessing counselling for deaf patients. Lisa Forster agreed that this had come across in the consultation and would be picked up in the delivery plan.

Fiona Brown said that she would like to see more around social prescribing, community assets and the voluntary and community sector. Scott noted that message had been coming through as part of the engagement process and would be part of the delivery plan.

Dr Graham noted that it was important to have a sense of communities as well as individuals and to have that built into the strategy in the context of wellbeing. Issues of stigma and shame had to be borne in mind and positive messages promoted.

Lisa said that again, this was recognised in the consultation and would be built in. Scott added that there had been a view that things were improving in relation to stigma but there had been significant challenges in BAME communities and the strategy would be tailored due to these variations.

Gerry Taylor was pleased to see the increased emphasis on prevention, however noted that it was quite difficult to achieve and queried how attention could be turned to prevention. Lisa commented that Mental Health Concordat would shortly be in place and messages would also be conveyed through the Healthy Workplace Alliance.

Dr Lucas commended the strategy, felt that the integration was very welcome and liked the idea of a 'no wrong door' approach. Those who had been involved in the development of the strategy deserved extra recognition for the efforts which had been made during the pandemic and the outputs reflected what happened on the ground on a day to day basis.

Chief Superintendent Pitt said that the strategy was welcome from a policing point of view and that pathways and signposts were very important. She asked if engagement would continue or be reviewed if the strategy worked.

Scott said that now the strategy was in place, the key question was 'so what?'. There would be follow up with communities to show that the strategy was delivering.

The Chair noted that it was an extremely welcome report and looked forward to the next stage of its implementation. The strategy would be monitored through the Living Well Delivery Board.

RESOLVED that: -

- (i) the contents of the report be noted; and
- (ii) the Adult Mental Health Strategy for Sunderland be ratified for publication.

HW10. 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.

Gerry Taylor delivered a presentation to the Board and in doing so highlighted that most new cases in the city were in older children and young adults. The current case rate was 185 per 100,000 population and it was expected that this would be up to 200 by the weekend, much of this increase in infections was due to the Delta variant. The presentation provided an update on the vaccine programme in the city and action being taken to ensure equity across Sunderland. Venues for pop-up clinics were being sought in Hendon and Millfield wards as they had some of the lowest levels of uptake.

The most up to date information on hospitalisations was that there were four Covid patients in Sunderland Royal Hospital and none in South Tyneside.

Ken Bremner asked if it was now compulsory for staff and residents in care homes to be vaccinated and Gerry advised that it would be compulsory for staff. Fiona Brown added that the vaccination status of any other workers who might come into homes would be considered but there had not been a lot of care home staff who had refused the vaccine.

Dr Lucas noted that, in the general population, people seemed to think that taking a Lateral Flow Test was enough if they had symptoms and they could then be falsely reassured. She asked if there were any communications planned on this.

Gerry agreed that there was a different message to get over about different types of testing and she often referred to that in her videos and the information on the Council website. People also forgot to register tests and these messages would be repeated as part of the ongoing communications strategy. Councillor Farthing endorsed the

need for communication on this as people assumed that everything was okay because of a negative Lateral Flow Test but this was not always the case.

Dr Lucas also commented on the impacts being seen on education and asked if more information was needed before a decision was made on how much of a school class had to isolate. Gerry said that discussions took place with the school and advice was given on who needed to self-isolate and who did not; there were some elements of what would happen in September which were still awaited.

Fiona Brown noted that there was a reassuringly small number of cases currently in hospital, but many workplaces were now feeling the pressure due to the numbers of staff self-isolating.

RESOLVED that the update and the presentation be noted.

HW11. Shared Vision of Equality, Diversity and Inclusion

The Chief Superintendent, Area Commander Southern, Northumbria Police submitted a report informing the Health and Wellbeing Board of the equality, diversity and inclusion work being led by Northumbria Police, share information on an overarching shared vision agreed by the City Board and encouraging the Board to support the vision.

Equality, diversity and inclusion within police forces was driven by a national toolkit and integrated into Northumbria Police's strategic priorities. Northumbria Police had engaged with six local authorities, Tyne and Wear and Northumberland Fire and Rescue, the North East Ambulance Service, the Police and Crime Commissioner and other partners to determine commitment to a joint way of working and a shared vision.

The Sunderland City Board had agreed to an overarching shared vision and individual bodies were being asked to consider how this could be included in their terms of reference. There was massive potential in the work of the Health and Wellbeing Board to drive improvements in disparity and inequality and it could ultimately help to drive work to tackle the social determinants of health.

The vision was: -

"As strategic partners in the North East we understand the diversity and difference found within our vibrant region. We recognise that as a partnership we have a key role in terms of enhancing and promoting the huge benefits diversity, equality and inclusion play in ensuring the region remains an inclusive place to live, work and visit.

Through closer working arrangements, improved community engagement and effective use of current, relevant information, we will strive to identify and safeguard those most at risk of harm and understand and eliminate any disparity in the joint services we deliver. This shared knowledge will assist in providing equal opportunities for everyone and a service that meets the needs of all communities irrespective of their backgrounds.

We will provide an inclusive and diverse workforce that reflects the community we service, ensuring that our staff are appropriately trained, equipped and empowered to meet the needs of our communities.

Areas of responsibility and key deliverables will be identified within the partnership and we will develop pledges which we will share with our communities and on which they will hold us to account.

The Partnership will continue to work together, robustly reviewing working practices and making sure diversity, equality and inclusion are central to our response.

We are fully committed to making sure our region is a safe and inclusive place for everyone.”

The Chair thanked Chief Superintendent Pitt for bringing the vision to the Board and accordingly it was RESOLVED that: -

- (i) the shared vision be acknowledged and its application throughout the Boards and member organisations' work be supported;
- (ii) the inclusion of the statement in Health and Wellbeing Delivery Board Terms of Reference be supported;
- (iii) it be ensured that equality, diversity and inclusion were central to partnership and organisational responses; and
- (iv) links to Northumbria Police be strengthened to ensure that opportunities to respond to local needs and delivering on partnership objectives were being maximised.

HW12. Health and Wellbeing Board Delivery Boards

The Executive Director of Public Health and Integrated Commissioning submitted a report seeking approval for the terms of reference of the delivery boards and providing a summary of the key points discussed at the inaugural meetings of the three delivery boards.

Gerry Taylor advised that it was intended to come back with regular updates on the work of the three boards but following the initial meetings, the boards had suggested some changes to their terms of reference.

Fiona Brown referred to the vice-chair arrangements for the boards and that it was proposed that this should be spread across all organisations and not restricted to the local authority or health partners.

The Board therefore RESOLVED that: -

- (i) the finalised terms of reference for the delivery boards be formally agreed;

- (ii) the meeting summaries from the inaugural meetings of the delivery boards be noted; and
- (iii) it be agreed to receive regular updates from the delivery boards.

HW13. Healthwatch Sunderland Annual Report 2020/2021

The Chair of Healthwatch Sunderland submitted a report providing the Board with an overview of activity conducted by Healthwatch Sunderland throughout 2020/2021. Paul Weddle, Vice-Chair of Healthwatch Sunderland was in attendance to talk to the report.

Highlights of the activity undertaken by Healthwatch Sunderland throughout the year included: -

- Provided feedback to service providers over 700 people's experiences of using health and social care services during the pandemic.
- Worked with local NHS Breast Screening service providers to utilise patient feedback, so that information provided by the services in the future, would be more accessible to all patients across England.
- Involvement in the North East and Cumbria Integrated Care System NHS initiative had been strengthened and the development of a network of chairs across the region had been initiated.
- Feedback reports had been published in relation to peoples' experiences of the COVID-19 vaccination programme across the city and these had been well received by the CCG.
- Healthwatch Sunderland had represented patients in the development of a new app developed by the Local Authority, to support people's ability to remain independent in their own home.
- There had been increased Healthwatch Sunderland presence on social media and developed virtual forums on national health campaigns, where members of the public could come along to gain information and ask providers questions directly.
- Relationships had been built with organisations who represented those people from diverse backgrounds.

For the forthcoming year, Healthwatch would be supporting All Together Better, reviewing domiciliary care and looking at supporting and developing young people.

The Chair thanked Paul for presenting the report and particularly commended the work which had been done in relation to breast screening.

RESOLVED that the contents of the Healthwatch Sunderland Annual Report 2020/2021 be noted.

HW14. Sunderland 2020/2021 Better Care Fund Technical Submission

The Executive Director of Neighbourhoods submitted a report for information providing an update in relation to the 2020/2021 annual Better Care Fund (BCF) submission for Sunderland.

The submission was signed off by the Chief Officer of Sunderland CCG and was made to NHS England and Improvement in line with national expectations for the deadline of 24 May 2021.

RESOLVED that the 2020/2021 Sunderland BCF return be received for information.

HW15. Health and Wellbeing Board Development Session: Introduction to Behavioural Insights

The Executive Director of Public Health and Integrated Commissioning submitted a report providing an overview of the 'Introduction to Behavioural Insights' Health and Wellbeing Board Development Session held on 23 March 2021.

The report set out the topics covered and findings of the workshop activities and the next steps for the piece of work.

RESOLVED that: -

- (i) the content of the report be noted; and
- (ii) the final report of the Sunderland Behavioural Insights Programme be received for consideration of the findings via the Starting Well Delivery Board.

HW16. 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.

HW17. Dates and Time of Next Meetings

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

Friday 1 October 2021

Friday 10 December 2021

Friday 18 March 2022

All meetings were to start at 12.00pm and would take place in the Civic Centre, Sunderland.

(Signed) K CHEQUER
In the Chair

