

## SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 13 December 2019

### MINUTES

**Present: -**

Councillor Geoff Walker (in the Chair)	- Sunderland City Council
Councillor Kelly Chequer	- Sunderland City Council
Councillor Louise Farthing	- Sunderland City Council
Dr John Dean	- Healthwatch Sunderland
Dave Gallagher	- Chief Officer, Sunderland CCG
Gillian Gibson	- Director of Public Health
Lisa Quinn	- NTW NHS Foundation Trust
Dr Ian Pattison	- Chair, Sunderland CCG

**In Attendance:**

Karen Davison	- Together for Children
Graham King	- Assistant Director of Adult Services, Sunderland City Council
Colin Shevills	- Director, Balance – the North East Alcohol Office
Sue Brent	- University of Sunderland
Laura Cassidy	- Public Health Practitioner, Sunderland City Council
Wendy Mitchell	- Public Health Lead, Sunderland City Council
Julie Parker-Walton	- Registered Public Health Specialist, Sunderland City Council
Lorraine Hughes	- Public Health Specialist, Sunderland City Council
Jane Hibberd	- Senior Manager, Policy, Sunderland City Council
Jessica May	- Senior Manager, Partnerships, Sunderland City Council
Nicola Appleby	- Senior Policy Officer, Sunderland City Council
Liz Highmore	- Observer
Chris Binding	- Local Democracy Reporting Service
Gillian Kelly	- Governance Services, Sunderland City Council

**HW25. Apologies**

Apologies for absence were received from Councillor Leadbitter, Ken Bremner, Professor Young, Fiona Brown and Jill Colbert.

## **HW26.       Declarations of Interest**

There were no declarations of interest.

## **HW27.       Minutes and Matters Arising**

The minutes of the meeting of the Health and Wellbeing Board held on 20 September 2019 and the Action Log were agreed as a correct record subject to an amendment to the second paragraph on page one to show that it was Helen *McArdle* Care which had donated to the nursing school and that this would enable a focus on 'nursing care and research'.

Councillor Farthing referred back to the comments which she had made regarding holding partners to account on early help matters and Karen Davison agreed that there still did not seem to be a natural home for this area of work. This was an action for the Chief Executive of Together for Children, and Dave Gallagher stated that he would pick this up with her at a planned one to one meeting. He said that the prevention element would not be lost and suggested that a task and finish group may be established to look at the recommendations.

Graham King advised that the Better Care Fund submission had been approved by NHS England and MHCLG and the Section 75 Agreement had also been completed and just required a signature from the CCG and local authority.

Dave Gallagher reported that in relation to the Integrated Care System, the Memorandum of Understanding between NHS Partners in the North East and Cumbria was now in place and work would take place with wider partners during the first quarter of the new year. Graham King commented that there had been a useful lead member meeting on this.

It was noted that the completed items had been removed from the Action Log.

## **HW28.       Tobacco Priority Update**

The Sunderland Smoke Free Partnership submitted a report setting out the eight key strands of work which would form the basis of action planning for 2019-2024 along with key performance indicators which would be used to measure progress on this priority, and a high-level action plan for the year ahead.

The strands of work were: -

1. Development Infrastructure, Skills and Capacity
2. Reducing Exposure to Second-hand Smoke
3. Helping smokers to stop
4. Media, Communications and Education
5. Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children
6. Tobacco Regulation

7. Reducing Tobacco Promotion
8. Research, monitoring and evaluation

The Sunderland Smokefree Action Plan would focus on specified groups with high smoking prevalence and would identify areas across the system to maximise opportunities to support local people to stop smoking. A high-level version of the action plan was attached to the report.

The Chair noted that there had been discussions about developing a balanced scorecard approach to the working group programmes and this would be discussed in the April development session.

Councillor Farthing commented that, as a Health Champion, she encouraged people to quit smoking but had been talking to one individual who believed that e-cigarettes were very bad due to media stories which had been circulating and she felt that public bodies were not really counteracting these erroneous messages.

The Chair noted that there had been several press statements from Public Health England on e-cigarettes and safety and Julie Parker-Walton stated that Fresh had produced some media coverage when certain stories had come out of the USA. Julie suggested that she could circulate the press release to the Board Members.

Councillor Farthing said it would be useful to have something which could be shared on social media and Gillian Gibson suggested that Public Health work with the Communications Team on this. She added that regulation of e-cigarettes was different in the United States and the majority of people experiencing health issues had been using e-cigarettes to smoke illegal drugs.

Lisa Quinn referred to the action plan and queried if there were any timescales for partners to implement smoke free policies and for baseline education on tobacco to be delivered in schools. Julie advised that work would have to be done with partners to get those timescales in place and then the extra detail could be developed.

Graham King commented that as Neighbourhood Plans developed, there could be a discussion around complementing the action plan and making a link to certain wards. Dr Pattison added that this was the sort of thing which the Clinical Directors of the Primary Care Networks would like to look at and there may be some early opportunities to link these together.

The Board therefore RESOLVED that: -

- (i) the focus of the Sunderland Smokefree Partnership's work being on the eight key strands of work, set out in section 4.2 of the report, be supported;
- (ii) the Sunderland Smokefree Partnership action plan be approved; and
- (iii) an update be received annually from the Sunderland Smokefree Partnership, including progress on the indicators set out in section 3 of the report and key actions for the year ahead.

## **HW29.            Membership of the Health and Wellbeing Board**

The Chair of the Health and Wellbeing Board submitted a report asking Members to consider expanding the membership of the Health and Wellbeing Board.

During the municipal year, Professor Michael Young had been invited to join the Health and Wellbeing Board and it had now been suggested that the Chair of the Sunderland Healthy Workplace Alliance also be invited to become a member of the Board. The current Chair of the Alliance is Ralph Saelzer, Managing Director of Liebherr Works (Sunderland) Ltd.

Councillor Farthing highlighted that 'anchor organisations' had been referred to in previous reports and suggested that there should be representation from those agencies and also place based organisations.

Jane Hibberd advised that the membership of the Board was scheduled for review at the next meeting to coincide with the development of the Healthy City Plan. This would allow the Board to consider whether they would like other partners to become Board Members.

RESOLVED that: -

- (i) it be formally agreed that the University of Sunderland be a member of the Board;
- (ii) the Chair of the Sunderland Healthy Workplace Alliance to become a member of the Board; and
- (iii) the Board notify the Council of its appointments for the Annual Meeting in May 2020.

## **HW30.            Alcohol Harms Priority Update**

The Sunderland Alcohol Partnership submitted a report providing a progress update: -

- addressing alcohol harms, one of the Board's seven priorities;
- research on the positive impact of minimum unit price (MUP) on reducing alcohol related deaths, alcohol related crimes and reducing health inequalities; and
- the draft alcohol action plan.

Colin Shevills, Director, Balance was in attendance to talk to the report and reported that in Sunderland, 89 adults died each year due to alcohol consumption and 4,653 hospital admissions were caused by alcohol. The cost of alcohol to the NHS in Sunderland was £20.6m a year.

Minimum Unit Pricing (MUP) was a specifically targeted measure; almost all of the cheapest alcohol was consumed by people drinking at harmful levels (90%) and a 50p MUP locally would prevent 270 deaths over the next 20 years. Half of all deaths

prevented would be in the north of England and consumption in Sunderland would reduce by 9.1%.

MUP had been introduced in Scotland in May 2018 and this had happened smoothly with no evidence of commercial level cross border trading and consumption was down by 3%. Research into purchasing patterns showed that the heaviest drinkers were reducing their consumption the most and there had been reductions in alcoholic liver disease.

MUP was being introduced in Wales on 2 March 2020 and Ireland had introduced a bill for minimum pricing. The Australian Government were looking at a discussion paper on the subject. Organisational bodies were being asked to call upon the Government to introduce MUP at an England level.

Laura Cassidy, Public Health Practitioner delivered a presentation on the Health Related Behaviour Survey. This was a self-reported lifestyle survey carried out with a sample of children and young people in primary and secondary schools across Sunderland and 3,698 young people had been involved in the survey in the 2018/2019 academic year.

In terms of primary school pupils, 2% of Year 6 students said that they had an alcohol drink in the week before the survey. This was a downward trend from 20% in 2006. 90% said that they never drank alcohol, 8% said that their parents always knew if they did and 1% said their parents usually knew.

Turning to the secondary school students, 12% of Year 8 pupils and 26% of Year 10 pupils said that they had drunk alcohol in the last seven days. 9% of both boys and girls in Year 10 said that they had taken an illegal drug and alcohol on the same occasion.

46% of pupils in 2019 said that they did not drink alcohol at all compared with 57% in 2017. 19% in 2019 said that they had an alcoholic drink in the last seven days compared with 13% in 2017. This was considerably lower than the 31% who said this in 2010.

Drinking prevalence in secondary schools was highest in the Coalfields locality and the numbers of pupils drinking 14 units a week or more was also highest in the Coalfields. When asked where they got the alcohol from, the majority of respondents said their parents or carers gave it to them.

A workshop had taken place in the summer, led by Balance, as part of a wider project around a vision for an Alcohol Free Childhood. Eight young people took part in the work and discussed what they thought the key challenges might be and how these could be tackled. A short film had been made on the project and this was shown to the Board Members.

Julie Parker-Walton highlighted that the Alcohol Partnership had held a CLearR workshop in May 2019 and that this had identified good practice across the city. The draft alcohol action plan had been developed following this and had been discussed at the partnership meeting in October and circulated to key partners for consultation.

The plan would be finalised in the new year and then brought to the Health and Wellbeing Board for approval.

Councillor Chequer commented that she would be happy to lobby the new Government on MUP and enquired whether there had been an impact on commissioned addiction services. There were a number of people in poverty also living with addiction and if they were unable to access services they would continue drinking. She was concerned that people were not pushed further into poverty as a result. Councillor Chequer noted that admissions in Scotland had gone down which she assumed was admissions to acute services but she queried if the numbers of people accessing detox services had been looked at.

Gillian Gibson said it was helpful to see that the greatest reduction in drinking had been seen in the most deprived drinkers and MUP in Scotland had also impacted on the number of children and young people who were drinking. She added that alcohol treatment had been strengthened in substance misuse services

John Dean referred to the number of accident and emergency admissions due to binge drinking which were seen at weekends and whether there had been any impact on this in Scotland.

Colin advised that he had heard nothing from Scotland about increased demand for addiction services but he was due to meet with the Chief Executive of Alcohol Focus Scotland soon and would ask that question. A comprehensive evaluation package was in place in Scotland and the operation of MUP was to be reviewed after five years.

It was known that there were a significant number of children and young people living with adults who had alcohol use disorders and also that individuals drinking over 50 units a week would also be binge drinking, however those statistics had not been separated out.

Councillor Farthing commented that the health related behaviour survey indicated that some adults were allowing children to drink and the Sunderland Safeguarding Children Board had intended to look at some communications on this issue. Strategies needed to be aligned on this and it was suggested that schools in the Coalfields area could be targeted. Councillor Farthing reiterated the need to lobby Government on MUP and the city could not pretend that it did not have a problem with alcohol.

Colin stated that Sunderland and the North East in general had been very active in lobbying but getting the North West and Yorkshire on board would help the position.

Dr Pattison said that as a clinician dealing with alcohol issues every day, he fully supported MUP. He felt that the situation was getting worse, he saw liver disease on a daily basis and wider health conditions such as diabetes, cancer, stroke and blood pressure issues. His only concern was how long it may take to introduce minimum unit pricing.

Councillor Chequer asked if the 50p minimum unit price would rise with inflation in order to maintain the impact. Colin said that a lot of the delay was in getting MUP approved from a political perspective and the view in Scotland had been to agree the principle and then look at the price. A decision would have to be made by Government to tie the MUP to the CPI or RPI. Colin also noted that Balance were communicating with parents through the 'What's the Harm?' campaign in the region. They were also in the process of developing alcohol free schools and alcohol free licensing.

The Health and Wellbeing Board had been asked to support the introduction of the minimum unit price and it was noted that this could be done cohesively as a region but also as individual boards. Dave Gallagher undertook to draft a letter on behalf of the Sunderland Health and Wellbeing Board urging the introduction of MUP in England.

Having thanked Colin and Laura for their presentations, the Board RESOLVED that: -

- (i) the update report on the priority addressing alcohol harms be received;
- (ii) the introduction of minimum unit price in England be supported and a letter sent to Westminster urging that the minimum unit price is introduced without delay; and
- (iii) the Sunderland Alcohol Partnership be asked to finalise the alcohol action plan, with the associated outcome and process KPIs, and to bring the final action plan to the March meeting of the Board for approval.

### **HW31. Best Start in Life Priority Update**

The Best Start in Life Working Group submitted a report providing a progress update on the Board priority including the draft action plan, Best Start in Life area profiles and funding and research opportunities.

Lorraine Hughes, Public Health Specialist was in attendance to deliver a presentation on the Best Start in Life Profiles. A Joint Strategic Needs Assessment (JSNA) had been produced and shared with partners for consultation and final agreement and a draft action plan had been developed, detailing high level actions against ten key priorities: -

- Partners work collaboratively to ensure every child gets the best start in life.
- Make use of data and intelligence to understand local needs
- Promote healthy pregnancy messages
- Improve outcomes for perinatal mental health
- Reduce the prevalence of alcohol consumption in pregnancy
- Reduce the prevalence of smoking in pregnancy
- Promote a culture of breastfeeding
- Promote health eating for infants and young children

- Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities
- Ensure every child is supported in their development to be school ready

Public Health had developed Best Start in Life area profiles which had provided data to support an understanding of health outcomes for pregnancy and early childhood at a ward and/or locality level.

The first meeting of the Best Start in Life working group had taken place in September 2019 and a bi-monthly schedule of meetings established with a workshop planned for May. The Board were advised that the local authority had been successful in a bid to participate in the Local Government Association Behavioural Insights Programme to support work on breastfeeding.

Councillor Farthing commented that low rates of breastfeeding in the city had often been highlighted and queried whether there was a link between this and obesity. She suggested that this could also be plotted against the age of the mother at conception. It was also noted that Sunderland had fewer people with higher levels of academic achievement and Councillor Farthing asked whether there might be a correlation between this and age at conception and breastfeeding.

The Chair complimented the working group on the pace which they had set for the work and that this also demonstrated how the work of the task groups overlapped.

Lorraine Hughes said that whilst services were not working separately, it was important to have them working *jointly* together, for example, alcohol and teenage pregnancy.

John Dean noted that it was good to see information getting down to ward level and was pleased to see oral health being one of the indicators. Lorraine highlighted that the community dental service operated across a number of areas and that there were seven mandated health visitor checks in Sunderland – two more than nationally – and one of these was specifically about oral health. Advice on sugar consumption was also included as part of this visit.

Gillian Gibson added that the Health and Wellbeing Scrutiny Committee had been carrying out a review of oral health and would be reporting to the Cabinet in the near future. Councillor Farthing was also pleased to see oral health being targeted and queried if the numbers of children being registered to dentists could be checked.

The Board RESOLVED that: -

- (i) the update report on the priority Best Start in Life be received; and
- (ii) the Best Start in Life working group be asked to finalise the action plan and to bring this to the March meeting of the Board for approval.



### **HW32. Director of Public Health's Annual Report**

The Director of Public Health submitted a report presenting the findings of her Annual Report to members of the Health and Wellbeing Board.

The full report had not yet been published but would be circulated the following week and the Director of Public Health provided an overview of the key themes within the report which included: -

- inequalities in health outcomes between Sunderland and the rest of the country and within the city itself
- mental wellbeing
- good quality employment and healthy workplaces
- making good food affordable, accessible and appealing.

Matters such as inequalities, prevention and engagement would be picked up in the Healthy City Plan. The 2019 report would be published on the Council website and circulated to key partners.

RESOLVED that the findings of the Director of Public Health's Annual Report be noted.

### **HW33. Sunderland Winter Plan 2019/2020**

The Chief Officer, Sunderland CCG delivered a presentation on the Winter Plan for Sunderland 2019/2020.

It was noted that winter funding would be used to ensure safe and quality patient care was provided at times of high demand and to contribute to the system achieving the ED four hour standard and to test ideas of reform. During September the Surge group proposed winter schemes for consideration and were provided with briefs of expected collaborative projects with a suggested envelope based on costs with initial proposals.

The CCG was providing £2.14m to winter schemes for 2019/20 and there was £300,000 additional capacity during the winter period with £365,791 from All Together Better (ATB) to date. The schemes were overseen via the Surge group and ATB with progress being reported to the A&E Delivery Board.

The summary of the schemes being funded were provided as part of the presentation and the winter schemes had been deployed by the end of November. The Surge plan would be regularly reviewed and schemes adjusted with a view to fully evaluate all schemes to support planning for next year.

System partners recognised that the winter would be difficult but by working together were confident that organisations would get through this period by focusing on safe, quality services.

Having thanked Dave for his presentation, it was: -

RESOLVED that the information be noted.

**HW34. Sunderland Safeguarding Children's Board (SSCB) Annual Report 2018/2019**

Local Safeguarding Board Independent Chairs were required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in their local area. The Health and Wellbeing Board received the Sunderland Safeguarding Children's Board (SSCB) Annual Report 2018/2019 as a statutory requirement under Section 14A of the Children Act 2004.

The annual report noted the achievements of the SSCB which included: -

- The implementation of a Neglect Toolkit in conjunction with the Children's Strategic Partnership to ensure that children impacted on by neglect receive assistance to minimise the impact as early as possible.
- More robust systems around Child Sexual Exploitation leading to assurance that the low numbers of young people identified as being at risk are because young people are safe, rather than simply a change of reporting.
- Early help is now well embedded with support from partners increasing and the value of partnership working being valued more and more.

The SSCB had identified a number of areas as service priorities for the coming year which included Vulnerable Adolescents, Neglect and Poverty and Compromised Parenting. These areas presented the greatest risk to the safety of children and young people if process, practice and partnership working were not strengthened.

The annual report would be the last in its current form as local safeguarding boards had ceased to exist from 29 September 2019 and the Sunderland Safeguarding Partnership had replaced the SSCB in August. The safeguarding partners were required to publish a report at least once in every twelve month period.

The Board RESOLVED that the content of the report be noted and it be accepted as assurance of the current effectiveness of the local safeguarding children arrangements.

**HW35. Sunderland Safeguarding Adults Board (SSAB) Annual Report 2018/2019**

The Care Act requires the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.

The work of the SSAB was focused on four strategic priorities, identified in the Strategic Delivery Plan 2019-2024: -

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

The report highlighted significant progress against the Board's strategic priorities and provide detail of the future direction of travel for the Board. It was noted that there really was a multi-agency approach to adult safeguarding in Sunderland and a strong commitment to partnership working to achieve the Board's priorities.

RESOLVED that the Safeguarding Adults Board Annual Report 2018/2019 be received and noted.

### **HW36. Healthy Economy Priority Update**

The Board received an update on the progress being made against the Healthy Economy Priority.

The working group was focused on three work strands: -

- 1) Workplace Health: employers' role in improving employee's health
- 2) Healthy labour-force: the health of those in work and seeking work
- 3) Employment in the health and social care sector: understanding and tackling recruitment issues and wider workforce opportunities.

The report set out the activity taking place in each of the work strands for the information of the Health and Wellbeing Board and provided the draft action plan which had been developed by the Working Group.

RESOLVED that: -

- (i) the progress update on the three strands of the Health Economy priority be received; and
- (ii) the Healthy Economy Working Group be asked to bring finalised action plans and performance measures to a future meeting of the Board.

### **HW37. Shaping Sunderland's Future Together – Statement of Intent: Integrated Strategic Commissioning for 0-25 year olds in Sunderland**

The Chief Officer, Sunderland CCG and the Chief Executive of Together for Children submitted a report presenting for information the 'Shaping Sunderland's Future Together – Statement of intent: integrated strategic commissioning for 0-25 year olds in Sunderland'.

The children's integrated commissioning function was established in July 2019, initially for twelve months to test out ways of working across Sunderland CCG and

Together for Children. Shaping Sunderland's Future Together sets out a high level plan as to how the two organisations will deliver an integrated commissioning function for 0-25 year olds in Sunderland. The document sets out key terms, principles, aspirations and the current priorities of the Children's Integrated Commissioning Group: mental health; Special Educational Needs and Disabilities (SEND); and individual placements.

The statement of intent reflects the current point in time and it is anticipated that there will be future iterations of the document with a full review in summer 2020.

RESOLVED that: -

- (i) the Shaping Sunderland's Future Together – Statement of intent: integrated strategic commissioning for 0-25 year olds in Sunderland; and
- (ii) a future report to be presented to the Board on the impact of the pilot.

**HW38. 2019/2020 Process to Refresh the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020**

The Chief Officer, Sunderland CCG submitted a report setting out the proposed approach to refreshing the Children and Young People's Transformational Plan 2015-2020.

For this year's refresh of the plan, NHS England have announced that they will download a copy of each local plan on 31 March 2020 and they will carry out a review against their Key Lines of Enquiry (KLOE).

Since the plan was now in the final year of its delivery it was proposed that for the refresh, the Executive Summary which had been produced for 2019 refresh be updated and that no changes be made to the main body of the existing plan. The proposed process and the plan would require sign off from the Integrated Commissioning Group, the CCG Executive Committee and the Health and Wellbeing Board.

The proposed process and timescales were set out within the report and it was envisaged that this would be the final refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020. NHS England had indicated that they would require a new five year plan in 2020.

Councillor Farthing commented that the plan referred to NHS England's concern over waiting times for mental health treatment and that it was important that the local situation was not overridden. Dave Gallagher advised that certain elements had to be within the plan but the local position was reflected too. Partners were aware of the challenges in relation to access to services and waiting times and waiting lists were increasing despite the efforts of all agencies involved. It was noted that an overarching strategic plan on Mental Health and Wellbeing was needed for Sunderland and it was hoped to have this drafted by the end of March 2020.

RESOLVED that the proposed approach to the annual refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020 as set out in the paper be noted.

**HW39. Health and Wellbeing Forward Plan**

The Senior Policy Manager submitted a report informing the Board of the Forward Plan of business for 2019/2020.

Members of the Board were encouraged to put forward items for future meetings either at Board meetings or by contacting the Council's policy team.

RESOLVED that the Forward Plan be noted.

**HW40. Dates and Time of Next Meetings**

The Board noted that the next meeting would take place on Friday 20 March 2020 at 9.30am.

The next Board development session would take place on Monday 3 February 2020 at 12.00pm – 4.00pm.

(Signed) G WALKER  
In the Chair

