

SUNDERLAND HEALTH AND WELLBEING BOARD

Monday 11 July 2022

Meeting held in the Council Chamber, City Hall

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
Jill Colbert	-	Chief Executive, Together for Children
Patrick Melia	-	Chief Executive, Sunderland City Council
Lisa Quinn	-	CNTW NHS Foundation Trust
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council

In Attendance:

Councillor John Price	-	Sunderland City Council
Dave Gallagher	-	Executive Director of Place Based Delivery, NENC ICS
Scott Watson	-	Director of Place, NENC ICS
Philip Foster	-	All Together Better
Maria	-	University of Sunderland
Lisa Jones	-	Assistant Director of Integrated Commissioning, Sunderland City Council
Sheila Rundle	-	Senior Public Health Intelligence Analyst, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Liz Highmore	-	Observer
Nic Marko	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW1. Welcome

Councillor Chequer welcomed everyone to the meeting and informed that Board that Chief Superintendent Sarah Pitt had recently retired and would be replaced on the Board by Acting Chief Superintendent Barrie Joice. The Chair placed on record the thanks of the Board to Sarah for her contribution during her time as a member.

The Board were advised that the Sunderland CCG had ceased to exist at the beginning of the month and therefore would no longer be part of the Health and Wellbeing Board. The Chair conveyed thanks to Dr Ian Pattison, who had been involved with the Board since its inception and had been Vice-Chair, for his immensely valuable and greatly appreciated contribution to the work of the Board.

HW2. Apologies

Apologies for absence were received from Ken Bremner, David Chandler, Dr John Dean, Dr Yitka Graham, Graham King, Dr Tracey Lucas, Acting Chief Superintendent Barry Joisce 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 18 March 2022 were agreed as a correct record.

The Board were advised that Mental Health Concordat application had been drafted and would be submitted by the end of September 2022.

HW5. Pharmaceutical Needs Assessment

The Executive Director of Health, Housing and Communities submitted a report providing the Health and Wellbeing Board with information about changes that had been made to the consultation draft Pharmaceutical Needs Assessment (PNA) since the meeting on 18 March 2022 and seeking approval of the final (post consultation) Sunderland PNA, in line with its statutory responsibility to agree and publish an updated PNA for Sunderland by 1 October 2022.

One of the statutory functions of Health and Wellbeing Board was to prepare a PNA at least every three years. The consultation draft PNA had been considered by the Board on 18 March and the statutory consultation had been undertaken between 21 March and 22 May 2022. The consultation draft had been well received and resulted in generally positive feedback, the key themes of this were set out in Appendix 1 of the report.

Changes had been made to the document in relation to: -

- Correction of any errors identified;
- Updates to information about commissioned services;
- Changes to organisations and the Sunderland health system described in the PNA;

- Issues identified through discussion at the Health and Wellbeing Board, Health and Wellbeing Scrutiny Committee, LPC and Healthwatch Board; and
- Feedback through the consultation process.

Councillor McDonough expressed his thanks that the concerns relating to access in the Coalfields had been taken on board and commended the PNA as a thorough piece of work. He felt that the PNA demonstrated that residents of Sunderland were relatively lucky with their pharmacy coverage.

Having considered the report, the Board: -

RESOLVED that: -

- (i) the Pharmaceutical Needs Assessment (PNA) for Sunderland (July 2022 to July 2025) be agreed;
- (ii) authority be delegated to the Executive Director of Health, Housing and Communities to agree any further minor changes to the PNA in advance of formal publication by 1 October 2022;
- (iii) appropriate updates be received through the Executive Director of Health, Housing and Communities; and
- (iv) authority be delegated to the Executive Director of Health, Housing and Communities to identify any changes to the need for pharmaceutical services that arise during the lifetime of the PNA and determine whether a supplementary statement needs to be issued or whether it would be proportionate to produce a new PNA.

HW6. Sunderland All Together Better Patient, Carer and Public Survey Findings and Response

Philip Foster, Managing Director of All Together Better delivered a presentation updating the Board on the survey undertaken by Healthwatch Sunderland on behalf of All Together Better in June/July 2021 to gather people's general experience of using their local out of hospital care services.

The survey questions covered areas such as community health and care services, experiences with medication, the Recovery at Home service and hospital discharge and support from the Integrated Discharge Team. Mental health was not included in the survey because there had already been large scale engagement carried out for the Mental Health Strategy.

Overall there were high rates of satisfaction with GPs and pharmacies and also with the Recovery at Home service with mixed views of some community services. The key highlights of the survey were identified as: -

- Experience with GP practices was predominantly positive; of those who responded to the survey, 72% rated their face to face GP appointment as very good or good and 67% rated virtual appointments as very good or good.
- There were high levels of satisfaction from patients who had an appointment with a nurse practitioner or practice nurse with 78% of respondents rating their appointment as good or very good.
- 80% of respondents rated their experience of using local pharmacies as good or very good.
- People reported high levels of satisfaction for the Recovery at Home service. Many reported that the service was responsive, staff were caring and professional and were believed to have helped prevent attendance at the Emergency Department or hospital admissions.
- Just over a third of people did not feel involved in decisions made regarding their discharge from hospital.
- The most common complaint related to people's difficulty in getting a GP appointment and many people reported that they were unable to get through on the phone and when they did, there were very limited face to face appointments available.

The full findings report had been provided for the Health and Wellbeing Board and Philip said that this had been a valued exercise, he was grateful to Healthwatch for undertaking the survey and stated that the feedback would go into transformation programmes run by All Together Better.

The Chair thanked All Together Better and Healthwatch for their work in administering the survey and was pleased to see the positive feedback for the Recovery at Home service. Issues relating to hospital discharge had been brought to attention of partners previously and it was hoped to have an update on work to address this in the near future. The Chair went on to say that access to GPs came up very frequently as an issue and the Health and Wellbeing Board needed to ensure that this was a priority across the city.

Councillor Miller commented that it was the people who did not respond to these surveys who tended to come to their local councillors with issues and she was aware that some patients were concerned about the delivery costs for pharmaceuticals and that the elderly were not always confident in doing medication reviews online. She added that, much as there were problems accessing GP appointments, matters were much more serious with access to NHS dentists.

Philip said that he understood that medication reviews could be done in a variety of ways and would certainly look into this.

Councillor McDonough referred to the satisfaction levels for other services and noted that one quarter of respondents had rated mental health services as very poor and there was similar dissatisfaction with the community physiotherapy service. He asked how the Board could be kept updated on how these things would be progressed. He also asked how the message was communicated to patients that it was not always a GP appointment which was required and that there were other ways of accessing services.

Philip indicated that all comments on services had been accepted and would link into the Healthy City workstream of the City Plan. With regard to mental health services, Philip confirmed that face to face appointments were available and there had been good work on community transformation as part of the CCG's Mental Health Strategy. He suggested that this could be brought to a future meeting of the Health and Wellbeing Board.

Councillor Farthing felt that more options should be available and GP practices should be supported in offering prescriptions and appointment booking online. Scott Watson advised that Sunderland CCG had applied for a grant for digital first primary care and hopefully this would reduce the length of time taken to get an appointment and direct patients more quickly. He noted that there was a level of digital exclusion and work would continue to make sure that people were not excluded.

Dave Gallagher commented that he had heard similar issues being raised at all health and wellbeing boards he had visited. From next year, community pharmacies, optometry and dentistry would be commissioned by the Integrated Care Board and there would be a focus on getting this right for Sunderland.

Having thanked Philip for the presentation, it was: -

RESOLVED that the report be received and noted.

HW7. Annual Report of the Director of Public Health

The Executive Director of Health, Housing and Communities provided an overview of the Annual Director of Public Health Report (ADPHR) 2021/2022 which described the health and needs of the local population, focusing on issues pertinent to communities.

Gerry Taylor explained that the Annual Report covered a different topic each year and it was no surprise that this year's report focused on the impact of the pandemic on the wider determinants of health and health inequalities in the city. It was clear that there were inequalities prior to Covid and the report looked at how the pandemic had further demonstrated and exacerbated inequalities. The report highlighted the key challenges but also the excellent work happening across the city to mitigate the impacts of the pandemic and some recommendations to direct work and move forward.

Sunderland was one of the 20% most deprived neighbourhoods in England and had eight so called 'left-behind' neighbourhoods where people were 46% more likely to die from Covid-19 compared to the average. There were 20% more deaths than expected in Sunderland between March 2020 and March 2021 and this was the highest percentage increase in the North East.

Communities had shown a great amount of resilience during the pandemic but there had been lasting impacts on areas such as mental health, educational attainment and employment, which, coupled with the cost of living crisis was pushing more people into poverty.

Work was ongoing with partners as part of the Health and Wellbeing Delivery Boards and the Council continued to focus on delivering the Healthy City Plan, using local data and intelligence to inform the work. In order to mitigate the impact of the pandemic, the following key recommendations were agreed: -

- Recommendation 1
Deliver the Healthy City Plan with a focus on reducing inequalities, particularly where they have widened due to the Covid-19 pandemic.
- Recommendation 2
Embed a Health in All Policies approach across the council and partners, supported by an Integrated Impact Assessment approach that incorporates health, equality, socio-economic and sustainability considerations.
- Recommendation 3
Build on the community response to the pandemic in order to engage the population and ensure diverse and under-represented groups' voices and experiences are heard, that the overlapping dimensions of health inequalities are understood and needs acted upon, strengthening engagement routes built upon during the pandemic.
- Recommendation 4
Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.
- Recommendation 5
Work with local employers who can provide employment and apprenticeship opportunities, especially to vulnerable people and people from disadvantaged backgrounds.
- Recommendation 6
Continue to embed programmes which support the development of speech, language and communication skills in children so they are able to flourish and achieve their full potential.
- Recommendation 7
Ensure key findings from the Health-Related behaviour Survey are used to influence and shape local programme delivery to meet the needs identified by children and young people.
- Recommendation 8
Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.
- Recommendation 9
Ensure that employee health and wellbeing needs are being responded to following the intense effort of responding to the Covid-19 pandemic.

There were also a number of specific recommendations in relation to individual themes and Gerry expanded on these within her presentation. The Chair commented that the recommendations should be seen as a collective response to the report and invited Board Members to consider them.

Councillor Miller referred to hard to reach groups, particularly in relation to approaches to homelessness, and suggested that homeless people should be asked to sit on groups to put their views across. Gerry advised that the service would be looking at all issues faced when developing the approach to housing and homelessness. The Housing First approach was already in place and the strategy

would incorporate the views and comments of residents who had experienced homelessness.

Councillor Farthing commented that in 2022 it was shocking that people were still going without food and food poverty was impacting on all strata of the city. It was concerning that the prospective leaders of the Conservative party were talking about cutting taxes which would have an adverse effect on welfare benefits. Gerry was hopeful that the recommendations would provide a good grounding on what could be done as a partnership.

Councillor McDonough noted that there were some stark figures in relation to child poverty and alcohol consumption. The report showed where the city was doing well but prevention measures seemed light for issues such as alcohol harms. Gerry highlighted that there were strategies and work in place to address alcohol issues but there was more to be done.

The Chair asked that all of the report recommendations be picked up by the Delivery Boards and it was agreed that this should be added to the overall recommendations.

It was therefore RESOLVED that: -

- (i) the Health and Wellbeing Board support the recommendations contained within the Annual Director of Public Health Report 2021/2022; and
- (ii) the Delivery Boards would pick up the report recommendations.

HW8. The North East and North Cumbria Integrated Care System and Integrated Place-Based Arrangements

The Executive Director of Health, Housing and Adult Services and Chief Officer/Chief Finance Officer of Sunderland CCG submitted a joint report introducing a presentation to: -

- Provide an update on the North East and North Cumbria Integrated Care System (ICS) arrangements;
- Provide an update on the development of new place-based arrangements for Sunderland; and
- Seek the Health and Wellbeing Board's support for the direction of travel around place based arrangements in the city.

Scott Watson, the newly appointed Director of Place was in attendance to deliver the presentation.

Integrated Care Boards had been in place since 1 July 2022 and there were 42 of these across England in place of 135 CCGs. The Integrated Care System was a collective term for where all health organisations came together across the North East and Cumbria and this was developing ambitions, strategy and plans. The Integrated Care Board (ICB) was responsible for commissioning services and the

Integrated Care Partnership was a joint committee of the ICB and the 13 local authorities responsible for developing an Integrated Care Strategy.

An emphasis on what was done and what was prioritised at 'place' was to feed into the Integrated Care Strategy and any strategy was required to set out how it would meet assessed needs in the area from joint strategic needs assessments and also how needs could be met through delegated joint functions through Section 75 of the NHS Act 2006.

The North East and North Cumbria Provider Collaborative would provide the vast majority of all secondary NHS care services and the body covered in excess of 90% of all of the acute and community care across the region.

The ICB operating model focused on how objectives were delivered within the ICS, how decisions would be made, how resources were deployed and how the ICB could be assured that objectives were being met. The strategic aims of the ICB were: -

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The ICB was now formally constituted and all policies had been agreed. The Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP) would be one of four bodies sitting under the over-arching systemwide ICP. The smaller area ICPs would meet frequently and include membership from ICB Place teams, local authorities, foundation trusts and primary care networks. The operating model for the area ICPs would be determined at the first systemwide ICP meeting in September.

There were a number of agreed principles in place for place-based integration in Sunderland and detail on the key functions to be discharged at place level. A Memorandum of Understanding had been agreed and signed by statutory place-based partners and the Joint Consultative Forum was due to approve a high-level governance and accountability model for place-based arrangements on 13 July 2022.

Liz Highmore asked what the new organisation would be doing to engage with the population and also the communication with the Path to Excellence. She also asked if a new equality and diversity group would be set up and if there would be a level of lay representation on the new body.

Scott advised that communications and engagement would be built on what was working currently and new methods would also be looked into. A communications strategy would be developed alongside the launch of the ICB. Dave Gallagher added that all public organisations would have an equality and diversity strategy and the ICB would build on what the CCG had.

Scott commented that he understood that ICB meetings would be in public and also live streamed; Dave stated that these would move around the area in the same way as CCG Board meetings had and as place-based partnerships developed, these would also be public meetings. The ICB would have four lay members and decisions

were still to be made on local representatives, however both Integrated Care Partnerships and Place Based Partnerships would draw on stakeholders and partners.

Councillor Farthing queried if there was anything in the plans about learning from service users and best practice to improve quality. Scott assured the Board that would certainly be done and that the Patient and Carer Survey presented earlier in the meeting would be a good starting point.

Councillor McDonough referred to a joint NHS and NENC workshop which had been held on 24 June which he understood that a number of elected Members had not been made aware of and asked if this would be rescheduled. He also highlighted previous concerns about a lack of elected Members at the top level of the ICB.

Dave Gallagher noted that there would be four local authority members of the ICB and at the current time there were three designate members; a director of Public Health, a director of adult services and a director of children's services. The Association of North East Councils had been asked to nominate a council leader to fill the remaining position. From a legislative point of view this was a change as CCG had statutorily not been able to include local authorities.

Dave went on to say that the recent workshop had been intended to get together place-based providers and had been about getting the right balance, a key piece of work being the link to the ICB through the Integrated Care Partnerships.

Dave said that there may have been some communication issues around the purpose of the workshop and Councillor McDonough asked if there was therefore anything planned for elected Members. Dave emphasised that the new structure was a management change and services would continue as they currently were. There would be some public engagement and communication on what the ICB would do and how it would interface with other organisations.

Having thanked Scott for his presentation, the Board RESOLVED that the update be noted and the direction of travel of the emerging place-based arrangements be supported.

HW9. Healthy City Plan: Performance Overview

The Executive Director of Health, Housing and Communities submitted a report presenting an update on the Healthy City Plan performance framework and setting out a range of key indicators which had been selected to provide a summary of health and the wider determinants of health for people of all ages in Sunderland.

Sheila Rundle advised that the Delivery Boards had already received the report and highlighted some of the key points: -

- Uptake and maintenance of breastfeeding had increased, although was significantly lower than the national average
- Latest data showed that teenage conceptions had increased

- Data showed a reduction in alcohol-related hospital admissions from the previous year but this remained higher than the wider North East and England
- Prevalence of smoking in adults had decreased in both the general population and routine and manual occupations
- Emergency hospital admissions due to falls in people aged over 65 had increased again and remained comparatively high
- The estimated proportion of people with dementia had dropped rapidly during 2020/2021 and was likely to be due to limitations in access to services during the early stages of the Covid-19 pandemic.

Councillor Farthing highlighted that although the uptake of breastfeeding had increased, rates were still below the national average and if the ICB needed to tackle anything it was this. Councillor Miller expressed concern that the percentage of school pupils requiring emotional and mental health support was increasing, she noted however that hospital admissions had reduced and queried if this was due to more young people accessing referrals.

Scott Watson indicated that he could come back on specific points and there were initiatives taking place to make access to services better.

RESOLVED that: -

- (i) the contents of the report be noted; and
- (ii) the Board continues to receive six-monthly performance updates on the Healthy City Plan performance dashboard.

HW10. Health and Wellbeing Board Delivery Boards Assurance Update

The Chief Executive of Together for Children, Executive Director of Public Health and Integrated Commissioning and Executive Director of Neighbourhoods submitted a joint 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, a summary of the key points discussed at their recent meetings and an update on the Healthy City plan grant available to the Delivery Boards.

The Delivery Boards met 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.

Jill Colbert highlighted that the Starting Well Delivery Board had discussed the new family hubs initiative and would continue to receive regular reports. The Board had also been reflecting on the interplay with acute and community services and also the level of demand for child and young person mental health services.

Gerry Taylor reported that the Living Well Delivery Board had received a detailed presentation on the new national strategy for drugs and the local context. Proposals

had been agreed by the Department of Health and Social Care and local delivery was under discussion with the possibility of having a Northumbria Police wide group.

Sunderland CCG had recently provided £1million to enhance the Healthy City Plan grant fund which now stood at £1.75m. There was no requirement to allocate and spend monies in year but Delivery Boards would be encouraged to identify proposals to support the delivery of Healthy City Plan priorities.

Gerry also drew the Board's attention to the Khan Review on Smoking and Tobacco and the independent recommendations which would be presented to Government. Health and Wellbeing Boards and partners would be able to comment on proposals to raise the age for sale of tobacco and on other proposals to get behind the ambition to end tobacco smoking and become smoke free.

The Chair commented that she could see the benefit in having a Northumbria Police wide group for the Drugs and Alcohol Partnership but many of the discussions today had been about place based working so she would watch with interest how this developed.

The Board therefore RESOLVED that: -

- (i) the meeting summaries from the recent meetings of the delivery boards be noted;
- (ii) it be assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference;
- (iii) the additional £1m to support the delivery of the Healthy City Plan priorities be noted; and
- (iv) the critical recommendations in The Khan Review: Making Smoking Obsolete be supported.

HW11. 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 advised that the Local Outbreak Control Board had now been disbanded and national guidance had been rescinded.

There was an increase in prevalence of Covid-19 in Sunderland, according to ONS data, with 1 in 25 people in the city having the infection. Hospital admissions were lower than the levels seen earlier in the year but were starting to increase.

The largest number of unvaccinated people were in the younger age groups of 40 and below. 83.7% of those 75 years and over had received a spring booster.

It was proposed that this would be the last in depth presentation to the Board; the situation would be monitored and a brief “for information” report with key data brought to future meetings. If there were significant changes then a more in-depth paper would be brought to the Board.

RESOLVED that: -

- (i) the update and the presentation be noted; and
- (ii) it be agreed that brief data updates be received on Covid-19 in future, with more in depth reports coming to the Board if there were significant changes to the Covid-19 situation.

HW12. Health and Wellbeing Board Forward Plan

The Senior Manager – Policy 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.

HW13. Dates and Time of Future Meetings

The Board noted the following proposed schedule of meetings for 2022/2023: -

Friday 30 September 2022 at 12.00pm

Friday 9 December 2022 at 12.00pm

Friday 17 March 2023 at 12.00pm

(Signed) K CHEQUER
Chair