

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 11 December 2020

Meeting held remotely via MS Teams

MINUTES

Present: -

Councillor Geoff Walker (in the Chair)	-	Sunderland City Council
Councillor Kelly Chequer	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Ken Bremner	-	South Tyneside and Sunderland NHS Foundation Trust
David Chandler	-	Deputy Chief Officer, Sunderland CCG
Jill Colbert	-	Chief Executive, Together for Children
Dr Ian Pattison	-	Chair, Sunderland CCG
Gerry Taylor	-	Executive Director of Public Health & Integrated Commissioning, Sunderland City Council

In Attendance:

Martin Weatherhead	-	GP Chair, All Together Better
Professor Tony Alabaster	-	University of Sunderland
Lucy Caplan	-	Workplace Health Alliance
Scott Watson	-	Lead for Mental Health, Sunderland CCG
Deborah Cornell	-	Head of Corporate Affairs, Sunderland CCG
Graham King	-	Assistant Director, Adult Services
Kath Bailey	-	Public Health Specialist, Sunderland City Council
Yusuf Meah	-	Public Health Practitioner, Sunderland City Council
Jane Hibberd	-	Senior Manager, Policy, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW28. Welcome from the Chair

Councillor Walker welcomed everyone to the third remote meeting of the Health and Wellbeing Board. He particularly welcomed Gerry Taylor, the newly appointed Executive Director of Public Health and Integrated Commissioning to her first meeting of the Health and Wellbeing Board and asked all Board Members to introduce themselves.

HW29. Apologies

Apologies for absence were received from Fiona Brown, Lisa Quinn, Ralph Saelzer and Michael Young.

HW30. Declarations of Interest

Dr Weatherhead declared an interest in relation to Item 6 – Healthy Economy Update: Workplace Health – as he was a non-Board medical director of a private organisation providing health and wellbeing services to industry.

HW31. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 18 September 2020 were agreed as a correct record.

HW32. 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 there had been a significant reduction in cases through the second national lockdown, however the cases in Sunderland had stabilised since Tier 3 restrictions had begun but not really reduced. This was a better picture than previously seen but numbers were still relatively high.

The key weekly data regarding Sunderland would be published on the Council website from the following week and deaths would continue to be reported on a daily basis. Opportunities for symptomatic testing had increased significantly in the last few weeks and there were opportunities for key workers and staff to access at home testing. There was regular testing for care home staff and residents and care homes had been offered access to lateral flow devices.

Contact tracing was largely being managed and led nationally but consideration was being given to how this could be taken forward locally. There were currently two approaches for locally enhanced contact tracing which were being looked at.

The Pfizer vaccine had now been approved for use and the Oxford/AstraZeneca vaccine was currently under consideration. This was an ever-changing position and there were logistical issues related to the Pfizer vaccine which meant that it could only be delivered from hospital settings and mass vaccination sites. A suitable site had been identified in Sunderland and vaccinations could commence next week.

The health inequalities existing in the city had been demonstrated starkly by Covid and some of these issues would be picked up at future development sessions. In terms of communication and engagement with residents, detailed insights work was

being undertaken to help understand the thoughts and perceptions around Covid restrictions in the city. A new campaign 'BeatCovidNE' was being launched this week which would focus on thanking people for what they had been doing and reinforcing positive behaviour.

David Chandler provided an update on the vaccine rollout stating that this would be based in primary care with a GP led element. There were approximately 284,000 people in Sunderland, 115,000 were over 50 and eligible for the vaccine. 14,000 people were over 80 and 2,000 were in care homes.

The Pfizer vaccine was frozen and then defrosted prior to use; between 14 and 21 December it would be administered at six sites in Sunderland with 975 vaccines being made available at each site. GP practices would invite approximately 6,000 over 80-year olds for their vaccine and fully trained staff would administer the dose. Patients would be given an initial injection and this would be followed up with a second jab 21 days later. David highlighted that plans did change by the hour but this was the current position.

Building on the information provided, Dr Pattison said that as a GP in the city, he wished to reiterate that the vaccine was considered safe by all GPs in Sunderland. However, it was necessary to remain vigilant, keep to the rules and it would take time for the benefits to be seen. This was a massive piece of work but primary care providers were very satisfied that there was the capacity to vaccinate all eligible people.

Councillor Farthing commented that in relation to the lateral flow tests, there had been some media coverage about care homes being unable to deliver these. She noted that there had been cases of contact tracers contacting individuals who were already in hospital and local tracing might avoid this and have a more sensitive approach.

Gerry Taylor said that she had heard similar reports and that local contact tracing would give a lot of benefits, although it would be difficult to know the whole background of an individual, local contacts and knowledge could help to build on what was happening in the NHS system.

Ken Bremner highlighted that the NHS Foundation Trust had received no indication of when hospital staff would be vaccinated and this was extremely disappointing and detrimental to the morale of staff. Dr Pattison stated that he had been in touch with Sean Fenwick at the Foundation Trust and said that if the primary care networks could access the vaccine then they would offer this to the NHS staff.

The Chair asked if this was something which could be raised regionally, however it was noted that Ken had raised this through the NHS hierarchy. Councillor Farthing said that she was sure that all of the Health and Wellbeing Board would want to support NHS staff receiving the vaccine and the lack of clarity on this was an indictment of the Government's lack of planning.

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

HW33. Healthy Economy Update: Workplace Health

The Healthy Economy Working Group submitted a report providing an update on the work of the group and raising awareness of the Workplace Health Alliance Charter and the Mental Health at Work commitment.

Ken Bremner was the Healthy Economy Lead and introduced a presentation on the report. The Healthy Economy Working Group was developing a programme of activity which would tackle: -

- Workplace health – employers' role in improving employees' health
- Healthy labour force – the health of those in work and seeking work
- Employment in the health and social care sector – understanding and tackling recruitment issues and wider workforce opportunities

The focus of the presentation was workplace health and there was a lot of evidence to show that promoting and managing the health and wellbeing of staff provided benefits for both employers and employees. For each pound invested in appropriate workplace health initiatives, £2 to £34 could be returned to the employer. Workplace health was about promoting and managing the health and wellbeing of staff with clear leadership buy in. Workplace health interventions were undertaken by the employer to address identified health issues faced by staff and to address health and safety risks.

The Sunderland workplace offer was under two headings; the Better Health at Work Award and the Sunderland Workplace Health Alliance. The Better Health at Work Awards recognised efforts of local employers in addressing health issues in the workplace and was endorsed by Public Health England as an exemplar of good practice. The award had five levels, each with appropriate criteria to support the compilation of an award portfolio. There were 38 businesses in Sunderland currently on the Better Health at Work Award and the interventions carried out by these businesses reached a total of 22,924 employees. Sunderland City Council was one of three local authorities regionally to have reached the highest level of the award and given Ambassador status and in the city itself Sunderland College and Pentland Brands had also achieved this status.

Lucy Caplan, Vice-Chair of the Sunderland Workplace Health Alliance was in attendance and she advised that the Alliance was a network of local businesses working collaboratively to improve health and wellbeing within Sunderland workplaces. The purpose of the group was to engage with a wider range of workplaces that those participating with the Better Health at Work Award and who wanted to improve workplace health without having to undertake the process of building the evidence required for the award.

The Alliance provided a wealth of resources and asked members to demonstrate their commitment by signing up to the Sunderland Workplace Alliance Health Charter which set out how organisations would improve the health and wellbeing of employees by:

- Identifying a named health advocate in the organisation, and once a year, establish for internal use, the key health issues affecting staff and the organisation
- Create an action plan setting our priorities for workplace health policies and interventions
- Commit to creating a healthy workplace environment
- Provide health information and support to staff
- Actively contribute to meetings

As part of this signing up to the Alliance and Charter the organisation would receive one to one support to identify the key health and wellbeing challenges faced by the organisation and staff; bespoke support, tools and techniques to help address challenges successfully; and capacity building training and workshops to better equip the business and its staff to meet health and wellbeing challenges arising in the future.

There were currently 90 businesses who were part of the Alliance and the Board was asked to support the Sunderland Workplace Health Alliance Charter by committing to it on an individual organisational level and to discuss ways wider city leaders and anchor organisations could be encouraged to support it.

Prior to Covid, mental health had been identified as the key health challenge within workplaces and this challenge had only become more significant post-Covid. The Mental Health at Work Commitment had been launched to encourage employers of all sizes to join the movement and improve standards of mental health care among the workforce at a national scale. The six standards of the Commitment were: -

1. Prioritise mental health in the workplace by developing and delivering a systematic programme of activity
2. Proactively ensure work design and organisational culture drive positive mental health outcomes
3. Promote an open culture around mental health
4. Increase organisational confidence and capability
5. Provide mental health tools and support
6. Increase transparency and accountability through internal and external reporting

Lucy highlighted that with the support of Yusuf Meah and the team at Sunderland, the Alliance had gone from strength to strength and was able to communicate with a wide range of businesses and help companies to engage in a meaningful way.

Councillor Farthing praised the work of the Alliance, which was now moving at pace, and made reference to the promotion of the Healthy Schools Award which was focused on pupils and wondered whether it would be quite straightforward to ask schools to sign up to the Better Health at Work Award. Yusuf noted that this was an area for development which would be built into the action plan.

Having thanked Ken, Lucy and Yusuf for their report and presentation, the Board RESOLVED that: -

- (i) the role of anchor organisation in improving health and wellbeing and reducing health inequalities by using the Social Value Act (2013) to embed workplace health in all commissioning and procurement resulting in wider social, economic and environmental benefits be acknowledged;
- (ii) a focus on engaging local SMEs in the workplace health agenda be supported;
- (iii) support for the Sunderland Workplace Health Alliance Charter on a Board and individual organisation level be endorsed;
- (iv) support to the Mental Health at Work Commitment be endorsed and individual organisations sign up to the commitment; and
- (v) partner organisations be encouraged to participate in the Better Health at Work Award, ideally starting this process in 2021.

HW34. Healthy City Plan

The Executive Director of Public Health and Integrated Commissioning and Deputy Chief Officer/Chief Finance Officer of Sunderland CCG submitted a report intended to: -

- update the Board on the proposed changes to the Healthy City Plan before the plan was finalised;
- share the draft performance framework for the Healthy City Plan with the Board; and
- seek endorsement to delegate approval of the Healthy City Plan to the Chair of the Board, in consultation with the Executive Director of Public Health and Integrated Commissioning and the Deputy Chief Officer/Chief Finance Officer of Sunderland CCG.

David Chandler advised that the draft Healthy City Plan had been developed in partnership with an aim to seek Board approval in June 2020, however due to this pandemic work had been delayed and the draft Plan had been presented to the Board in September with a view to having this approved in December.

There had been changes in the lead officers for the Plan since the initial drafting and also the city context continued to be affected by the pandemic so it was felt to be important to pause and to reflect on the plan to ensure it reflected current context. For example, the Board's eight priorities remained relevant but some of the key messages would be strengthened to reflect the impacts of the pandemic on Covid-19 related inequalities.

The current draft of the Healthy City Plan would be refreshed to: -

- Draw explicit links to other key strategies such as the Covid-19 Health Inequalities Strategy and a range of strategies within the Vibrant and Dynamic themes of the City Plan.

- Emphasise the impact of Covid-19 on the social and economic factors that contribute to poor health, recognising for some people Covid-19 would have exacerbated existing inequalities.
- Be more explicit on how the city would work differently (for example, taking an asset-based approach, building on the strengths within communities, championing a 'health in all policies' approach and strengthening the role that employers and anchor institutions can play in the city).
- Append the Healthy City Plan performance framework as an annex to the plan.
- Clarify the arrangements for implementation of the plan, namely the structure and responsibility for delivering the plan and how the board will have oversight, impact and outcomes.

The associated governance arrangements for the Healthy City Plan would be presented to the Board in March 2021 and a public facing summary of the Plan would be developed once the plan was finalised.

Councillor Farthing welcomed the emphasis which was to be placed on social and economic factors and felt that the link between employment, prosperity and health should be stressed.

The Board therefore RESOLVED that: -

- (i) the update report be noted;
- (ii) final approval of the Healthy City Plan be delegated to the Chair of the Health and Wellbeing Board in consultation with the Executive Director of Public Health and Integrated Commissioning and the Deputy Chief Officer/Chief Finance Officer of SCCG; and
- (iii) the approved plan for information be received at the March 2021 Board meeting, along with the associated governance arrangements.

HW35. Update on the Emerging Mental Health Strategy

Scott Watson, Director of Contracting, Planning and Informatics at Sunderland CCG, delivered a presentation providing an update on the progress being made on the development of the CCG's mental health strategy.

The Clinical Commissioning Group did not currently have a Mental Health Strategy and mental health and wellbeing was a priority for both CCG and Health and Wellbeing Board and it was felt that it was now an appropriate time to move forward with developing the strategy. There was also the availability of transformation funding which would allow the CCG to get into some service transformation and redesign over the next two to three years.

It was anticipated that the impact of Covid-19 would see an increase in demand for mental health services of up to 30% and services would be needed to meet this demand and provide good outcomes for patients. Sunderland had one of the highest

rates of hospital admissions for mental health concerns in the country and the highest level of prescribing of anti-depressants.

The aim of the work was to understand what was important for stakeholders and how providers and services could deliver better outcomes to improve mental health and support a seamless transition through ages and services.

The first phase of the development of the strategy was to engage on the proposed scope and this had taken the form of engagement with a range of stakeholders to seek views on the key issues to be addressed and what was important for mental health services. This work had been concluded in November 2021 with a presentation to the CCG Governing Body who had signed off on the scope of the work.

The second stage was now in progress which involved reviewing and the intelligence which had been gathered and commencing formal engagement. This stage would end on 22 January 2021 and phase three would test these findings and use them to develop the strategy prior to it being presented and published in April 2021. It was noted however that, given the current pressures on the system, the publication date may slip to May 2021.

Key messages which had come out of the engagement process included: -

- Integrated/joined-up/partnership working
- Clear and transparent service provision
- Shifting the balance to focus on self-care and prevention with a lifelong focus on mental health
- Mindful of the consequences of Covid-19
- Transition between children and adults' services
- No gaps in service provision
- Maintain accessibility and patient choice
- Need for a skilled, trained workforce
- Improvements needed to children's services

The scope of the strategy would include adult mental health services, the transition from Children and Young People's services to adult services and integration with Primary Care Networks and General Practice. It would not include Children's Mental Health Services and Learning Disabilities and Autism as these had their own transformation plans. It would also exclude in-patient units and bed-based services as these were commissioned regionally.

For phase two, the CCG were in the process of conducting in depth interviews with individuals including providers and clinicians and would also be carrying out paper and online surveys for the public, patients, staff and large employers. Asset based focus groups would be consulted and participants from the surveys would be recruited to run focus groups with the general public, staff and employers.

All current mental health providers had been encouraged to share links to, and paper copies of, the survey with service users, carers and staff. Large employers had also been asked to complete a survey on behalf of their organisation and there was a

social media campaign encouraging the public to engage and this had reached 40,000 individuals across the city.

A lot of work was being done to ensure that the consultation was as inclusive and as accessible as possible. Healthwatch were playing a key part in facilitating this and surveys were being distributed through VCSOs, food banks and refugee centres. The Chair welcomed the scoping and review exercise for the strategy and agreed that the end date of the work would have to be movable in the current circumstances.

Gerry Taylor was pleased to see the level of engagement which had been undertaken and queried if a needs assessment had already been undertaken. More widely, Gerry referred to the Prevention Concordat for Better Mental Health for All which had recently been updated and suggested that this might be something which the Health and Wellbeing Board could endorse. An action plan would be required relating to the programme framework and the partnership alignment and multi-agency approach would fit in with what was being described as part of the work to improve mental health in the city.

Councillor Farthing commented that the prescribing of anti-depressants was quite shocking and that people often did not link the medication to mental health. She asked what was being done to reduce the usage of anti-depressants and noted that it would be interesting to see how Sunderland compared to its statistical neighbours in this regard.

Dr Pattison stated that patients experienced depressive states for various reasons and he was concerned that Covid would worsen this. In relation to anti-depressant usage, efforts had been made to reduce this but demand outstripped efforts. There were wider determinants which were not all within the health practitioner's remit and he felt that the strategy was well-timed.

Dr Weatherhead agreed with Dr Pattison and highlighted that another factor was the ability to access other therapies and it could be assumed that the high levels of prescribing were an over-medicalisation of the issue. General practitioners were attempting to reduce the reliance on medication and the Mental Health Strategy would be crucial to this.

The Chair asked if the Board were happy to support the Prevention Concordat and it was therefore RESOLVED that: -

- (i) the update on the emerging mental health strategy be noted; and
- (ii) the Board agree to sign up to the Prevention Concordat for Better Mental Health for All.

HW36. Update on the Path to Excellence

Dr Shaz Wahid, Executive Medical Director of South Tyneside and Sunderland Foundation Trust and Chair of the Clinical Service Review Group submitted a report updating the Board on the status of the Path to Excellence Programme, the learning from Covid-19 and the impact on the Programme.

The Path to Excellence was one of the three pillars of transformation for the local health economy focusing on in hospital transformation, alongside system wide work on Out of Hospital care and on Prevention. The programme aimed to create outstanding future services and the first phase had considered stroke care, maternity and gynaecology services and acute paediatrics.

Changes to Stroke pathways were made in December 2016, centralising all acute in-patient stroke care at Sunderland Royal Hospital in a dedicated stroke unit. This change had resulted in significant improvements and acute stroke services were now rated at level A, the highest level available. Previously services in South Tyneside had been rated at level E and Sunderland level D.

The implementation of changes to Obstetric and Gynaecology services had taken place in August 2019 with the opening of a new midwife-led birthing centre at South Tyneside and the centralisation of consultant-led birth and in-patient gynaecology at Sunderland.

The midwife-led birthing centre had seen 220 births in its first year which compared well with other similar units and this number was expected to grow. The transfer rate from the centre to hospital was low; all appropriate measures were put in place and the average transfer time was 15 minutes with no adverse effects for mothers or babies.

The new model of emergency paediatric care had also come into operation in August 2019; the Special Care Baby Unit had closed at South Tyneside and staff transferred to the neonatal unit at Sunderland and the Paediatric Emergency Department had been closed between the hours of 10pm to 8am.

There had been a robust communication plan around the overnight closure of children's emergency services and there had been very few incidents of patients presenting when the service was closed. There had been no quality issues reported and the second phase of the model would now move forward with the intention to implement a nurse-led urgent care centre for children at South Tyneside District Hospital in August 2021.

The Path to Excellence programme had been paused in April 2020 in response to the Covid-19 pandemic and plans to reset the programme had commenced in October 2020. The second phase would consider how people were looked after in an emergency or who had an urgent healthcare need in Medical and Surgical specialities. Timelines for phase two would be clearer in the new year and stakeholder and public consultation would be re-designed to adhere to the Covid safety requirements.

Having thanked Dr Wahid for his presentation, the Board RESOLVED that the update on the Path to Excellence Phase 1 and Phase 2 be noted.

HW37. Health Protection Assurance 2020

The Executive Director of Public Health and Integrated Commissioning submitted a report providing a summary of health protection arrangements and relevant activity across the city of Sunderland during 2020.

Kath Bailey was in attendance to talk to the report and advised that although 2020 had not been a typical year, there had been more focus on health protection than ever. Some routine health protection programmes had been paused or subject to delays due to the pandemic and capacity had been diverted away from other work towards responding to the pandemic.

Responsibilities for health protection were distributed across the health system, however the local authority's public health team was now managing a large number of the programmes.

In recent months it had been announced that Public Health England would be abolished and replaced by a National Institute for Health Protection which would bring together health protection functions with a single agency responsible for protecting people from external threats to the country's health. All Public Health England staff were expected to transition to new arrangements by 1 October 2021.

The major issues in Health Protection were vaccination and immunisation schemes, cancer screening programmes, non-cancer screening, surveillance and control.

It was likely to be some time before the full impact of Covid-19 on health protection activities was understood but where there had been interruptions to services, these had been from an initially strong position and plans had been put in place to return to business as quickly as possible. The Executive Director of Public Health and Integrated Commissioning was satisfied that the Health Protection Assurance arrangements in Sunderland were adequate to deal with various aspects of health protection. She would keep the arrangements under review and would seek to make improvements as and when was necessary.

RESOLVED that: -

- (i) the information provided be noted;
- (ii) it be noted that the Executive Director of Public Health and Integrated Commissioning was satisfied that the Health Protection Assurance arrangements in Sunderland were adequate to deal with various aspects of health protection; and
- (iii) it be agreed that a local Health Protection Board with a broad health protection remit be maintained once the end of the pandemic was reached.

HW38. Sunderland Safeguarding Adults Board (SSAB) Annual Report 2019-2020

The Chair of the Safeguarding Adults Board submitted the Annual Report of the Sunderland Safeguarding Adults Board. (SSAB)

The Care Act requires the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board and the annual report highlighted the work carried out during 2019/2020.

The work of SSAB 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)

These priorities informed the Board's local actions to safeguard adults in Sunderland and were underpinned by the Care Act's six principles of adult safeguarding.

RESOLVED that the content of the Safeguarding Adults Board Annual Report 2019/2020 be noted.

HW39. Sunderland Safeguarding Children Partnership (SSCP) Annual Report 2019-2020

The Independent Chair of Sunderland Safeguarding Children Partnership (SSCP) submitted the Annual Report of the SSCP.

The production of an annual report was a statutory requirement under Section 14a of the Children Act 2004 and covered a period of time when the Local Safeguarding Children Board (SSCB) ended and the Sunderland Safeguarding Children Partnership began on 5 August 2019.

The report set out the achievements of the SSCB/SSCP throughout the year including the development of multi-agency safeguarding arrangements for the SSCP and an interim structure for the operational arrangements for the SSCP; the implementation of Operation Endeavour; and influencing regional safeguarding developments.

The SSCP had identified the following areas as service priorities for the coming year: -

- Complex Adolescents
- Neglect
- Mental Health

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

HW40. Children's Integrated Commissioning Update

The Head of Integration for Children's Commissioning submitted a report updating the Board on the work of the Sunderland Children's Integrated Commissioning Team.

Due to time constraints, the Chief Executive of Together for Children suggested that the report be taken as read and a more detailed update be presented to a future meeting.

RESOLVED that: -

- (i) the contents of the report be noted; and
- (ii) the Board receive six monthly update reports.

HW41. Forward Plan

The Senior Policy Manager submitted a report presenting the forward plan of business for 2020/2021.

The Chair commented that the work on the forward plan and the reports which had been received at the meeting demonstrated that everyone was operating at a very high level under difficult circumstances and deserved due recognition for their efforts.

RESOLVED that the Forward Plan be received for information.

HW42. Dates and Time of Next Meetings

The Board noted that the next meeting would take place on Friday 19 March 2021 at 12noon.

(Signed) G WALKER
In the Chair

