

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 20 September 2019

MINUTES

Present:

Gillian Gibson (in the Chair)	-	Director of Public Health
Councillor Kelly Chequer	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Fiona Brown	-	Executive Director, Neighbourhoods
Dr John Dean	-	Healthwatch Sunderland
Dave Gallagher	-	Chief Officer, Sunderland CCG
Lisa Quinn	-	NTW NHS Foundation Trust
Professor Michael Young	-	University of Sunderland

In Attendance:

Ailsa Rutter	-	Director of Fresh
Karen Davison	-	Together for Children
Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Peter Sutton	-	South Tyneside and Sunderland Health Care Group
Penny Davison	-	Sunderland CCG
Helen Steadman	-	Sunderland CCG
Julie Parker-Walton	-	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
Yusuf Meah	-	Public Health Practitioner, Sunderland City Council
Chris Binding	-	Local Democracy Reporting Service
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Gillian Kelly	-	Governance Services, Sunderland City Council

Gillian Gibson welcomed all those present to the meeting and particularly welcomed Professor Michael Young to his first meeting of the Health and Wellbeing Board.

Professor Young emphasised how important health programmes of study were for the university and that these made up 50% of all applications. The medical school had opened during this week and a donation had been received from Helen

McCardle Care to the nursing school which would enable a focus on nursing and care moving forward.

HW14. Apologies

Apologies for absence were received from Councillor Walker, Ken Bremner, Jill Colbert and Dr Ian Pattison.

HW15. Declarations of Interest

There were no declarations of interest.

HW16. Tobacco Priority Update

The Sunderland Smoke Free Partnership submitted a report providing an update on the Tobacco priority work being undertaken within the city.

Ailsa Rutter, Director of Fresh (Smoke Free North East) was in attendance to deliver a presentation. Ailsa gave an overview of the background to tobacco control, principles and intervention. North East smoking prevalence had reduced from 29% in 2005 to 16% in 2018 and the vision from North East health and wellbeing boards was to reduce this to 5% across the region by 2025. In Sunderland in 2008, adult smoking prevalence was 32.4% and it had reduced to 20.2% in 2018.

Smoking remained the leading cause of premature death in the city and for every death it was estimated that another 20 people were suffering from serious illnesses attributable to smoking. If the current rate of decline in smoking prevalence continued, it was possible that the 'Smokefree Generation' target would be reached. However, smoking-related inequalities were widening and it was unlikely that the Government's aim to reduce smoking in pregnancy to 6% by 2022 would be achieved.

The All Party Parliamentary Group on Smoking and Health had developed a report on 'Delivering the vision of a 'Smokefree Generation' which focused on what central Government could do to deliver the vision as an integral element in an effective national prevention strategy. There were a number of recommendations within the report including a mandatory levy on the tobacco industry to support costs of tobacco control measures and increase the age of sale of tobacco to 21.

Areas which had regional tobacco programmes had some of the biggest levels of decline in smoking rates and despite challenging local circumstances, local authorities had fought hard to maintain support for smokers. Now was a good opportunity to review local strategies in light of the NHS Long Term Plan, Integrated Care Systems and the Prevention Green Paper.

Ailsa stated that if 50% of smokers made an annual quit attempt then prevalence could be reduced to 5% by 2029. To achieve local prevalence reduction targets the

key actions would be: to increase the number of quit attempts; to increase the success of smokers' quit attempts and prevent relapse; and reduce uptake.

Yusuf Meah and Julie Parker-Walton went on to talk about the local challenges in relation to smoking and tobacco and asked Board members to identify any gaps or make suggestions.

Particular areas of challenge were in relation to routine and manual workers, young people and adults and smoking in pregnancy. There was a need to get more people into services as they were three times more likely to quit smoking if they were accessing support. An evidence based approach was used to approach work in the city and the CLear self-assessment tool had helped to identify key gaps. A first draft of a Sunderland Smoke Free Action Plan had been completed and the Board were asked to consider what was the ambition for smokers in Sunderland and how partners could support this.

Through the JSNA there was intelligence available on the position within the city and the assets available. The Annual Lifestyle Survey in 2017 also provided some of the information needed to address the challenge and there was data available on quit rates at ward level.

Examples of case studies across the country were provided, showing what each partner could do to contribute. Questions to be asked were: -

- What is being done to increase the number of quits?
- How can you make the most of professional relationships? and
- How integrated is the tobacco control strategy?

The Health and Wellbeing Board was asked to consider how it might influence the work being carried out in the city.

Councillor Farthing commented that in the past there had been an issue with children copying parents and that she understood that 'candy sticks' were still on sale. It was also highlighted that the largest displays at Newcastle Airport were for duty free tobacco. Councillor Farthing referred to illicit tobacco being on sale in areas with high smoking prevalence and whether there might be some joint sweeps carried out by Trading Standards and HMRC.

Ailsa stated that illicit tobacco sales were driven by the industry and there was new team in Trading Standards which would look at supply and demand; 10% of the overall North East market was illicit sales. The UK approach was one of the world's best and tax gaps were monitored on a yearly basis.

Councillor Farthing shared that the Youth Council had spoken about the availability of drugs in schools and tobacco reduction needed to be modelled against the alternatives which were available. The Youth Council and Change Council group of young people in care might be useful groups to talk to moving forward. Julie Parker-Walton advised that Young Inspectors were working with Trading Standards and the Alcohol Free Childhood campaign.

Professor Young asked about the scope of the work and if this included tobacco gateway activities such as vaping or cannabis use. Ailsa Rutter said that there was currently no evidence of vaping acting as a gateway and Fresh supported the position of Public Health England on this. Youth vaping rates were 1-2% and the majority of vapers were smokers who were trying to quit.

Julie Parker-Walton highlighted that the specialist stop smoking service would help people to quit vaping too and her view was one of the biggest things which could be done was to prevent adults from smoking around children.

Regarding manual workers, Councillor Farthing asked if Council workers had been targeted. Fiona Brown and Gillian Gibson said that this had been picked up and that the Workplace Health Alliance did look at this area.

The Board were asked to agree to the Tobacco Control Plan being finalised and brought back to the Board for approval and it was suggested that something should be arranged for all partners to sign up to the plan together. Gillian Gibson added that a Health and Wellbeing Board response to the Prevention Green Paper would be developed and circulated to Board Members. Individual organisations were also encouraged to respond to the consultation.

RESOLVED that the Sunderland Smoke Free Partnership be asked to finalise a tobacco control action plan, with associated outcome and process KPIs, and this be brought to the December Board meeting for approval.

HW17. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 21 June 2019 and the Action Log were agreed as a correct record.

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

HW18. Joint Strategic Needs Assessment (JSNA) 2019/2020

The Director of Public Health submitted a report providing the strategic level summary of the health needs across Sunderland and also delivered a presentation on working together to improve health.

Gillian Gibson advised that, when looking at the health of Sunderland, the reason that averages in the city were worse than the England average was due to health inequalities. The presentation looked at what made Sunderland different and what was preventable; one in five deaths were considered preventable and alcohol and tobacco cost services £200m a year.

Through the 2019/2020 assessment, the following high level challenges were identified: -

- Inequalities, both in relation to socio-economic position and protected characteristics
- Poverty and Worklessness
- Children and Young People
- Behavioural risk factors
- Prevention of chronic diseases
- Ageing population and chronic disease
- Mental wellbeing

These issues were being taken forward by working groups, with All Together Better (ATB) Sunderland and the A&E Delivery Board working on the ageing population and chronic disease and the Mental Health Board on mental wellbeing.

Councillor Farthing commented that the Health and Wellbeing Board had reminded ATB that children and well as older people needed to be considered and there was a need to be careful not to push back on this. Dave Gallagher noted that ATB were having discussions with Jill Colbert at the present time.

Fiona Brown highlighted that there was information available down to ward level and that the Step Up Sunderland app would help to look at physical inactivity. Councillor Farthing acknowledged the disparities within wards and said that local knowledge would help to drill down into issues.

Councillor Chequer referred to the partnership with Everyone Active and that access to leisure facilities was through them and was being underutilised. She also queried how Step Up Sunderland could be moved to the next stage.

Fiona Brown said that there was a need to understand what made people go into certain centres and not others, for example Hetton and Houghton were very well used. Julie added that in relation the identification of effective interventions, these needed to be analysed through different wards.

Having considered the report, it was: -

RESOLVED that: -

- (i) the findings of the strategic level summary of health needs be noted;
- (ii) these findings be taken into account when the commissioning plans of all partners were considered;
- (iii) these findings be taken into account when developing plans for the workstreams identified as Board priorities; and
- (iv) the findings be taken into account in the refresh of the Health and Wellbeing Strategy.

HW19. Future of the Children's Strategic Partnership

The Chief Officer of Sunderland Clinical Commissioning Group and the Chief Executive of Together for Children submitted a joint report asking the Board to consider the future of the Children's Strategic Partnership and how this aligned to the new priorities of the Health and Wellbeing Board.

The Children's Strategic Partnership had been established in response to the Ofsted inspection of 2015 which recommended that the local authority "work(ed) with the partners to ensure that there was a single, clear, up to date multi-agency strategic plan to shape services for children and young people in Sunderland and against which progress (could) be measured". This group then went on to develop the Children and Young People's Plan which identified six priorities and had an action plan to deliver on these priorities.

Dave Gallagher advised that some partnership mapping work had been carried out in relation to the 2018/2019 action plan and it was found that the majority of actions had been completed and where they had not, they were being taken forward by other groups. The one exception to this was the Voice of Children and Young People which it was proposed to be managed in other ways with the Health and Wellbeing Board being recommended to include a section on engagement with communities being provided as part of the update reports from each priority group. Efforts should also be made to ensure that children and young people were included in appropriate conferences and events.

Dave Gallagher stated that consideration had been given to whether this was the right time to disband the Children's Strategic Partnership and it was acknowledged that the partnership had made many positive changes for children and young people and had strengthened partnership working. However, it was recognised that officers needed to use their time effectively and not duplicate effort. Discussions had taken place with other local authorities which were graded good or outstanding for Children's Services and they had more streamlined arrangements with partners.

Councillor Farthing said that she was content that there were other bodies which would look at the issues in the action plan but noted that the Children's Strategic Partnership had pulled things together and moved progress on. She did have concerns that some partners were slow in picking up early help matters. Karen Davison agreed that prevention and early help had received a good push through the partnership and was unsure where that would come from now.

The Board RESOLVED that: -

- (i) it be agreed that the Children's Strategic Partnership be disbanded and any outstanding work picked up by the services and/or partnerships identified in Appendix 1 of the report;
- (ii) information be requested about engagement work carried out by each of its priority groups; and

- (iii) it be ensured that children and young people were invited to key city debating events, including the State of the City Debate on 29 October 2019 and the People's Powerhouse event on 19 November 2019.

HW20. Developing the Healthy City Plan in the context of the Integrated Care Partnerships and Systems and the Better Care Fund Agreement 2019/2020

The Chief Officer of Sunderland CCG and the Executive Director of Neighbourhoods at Sunderland City Council submitted a joint report providing an update on the progress so far in relation to the development of an Integrated Care System (ICS) and Integrated Care Partnerships (ICPs) in North Cumbria and the North East. The report also considered where the focus of the Sunderland Health and Wellbeing Board should be in relation to this and provided an update on the proposed arrangements for the Better Care Fund for 2019/2020 and how this aligned to All Together Better in Sunderland.

Dave Gallagher delivered a PowerPoint presentation and in doing so advised that ICS status had now been formally recognised by NHS England and Improvement (NHSE/I) and a Memorandum of Understanding would be issued setting out the responsibilities of the system. The ICS would provide a mechanism to build consensus on those issues which needed to be tackled at scale.

The development of the ICS and four ICPs within it would provide the background for the delivery of the NHS Long Term Plan and this would be set out within the ICS Five Year Strategic Plan. The focus was on improving health and the six key themes would be: -

- Population health and prevention
- Optimising health services
- Mental health
- Learning disabilities and autism
- Digital care
- Workforce

There would also be four individual ICP summary plans. Sunderland sat in the County Durham, South Tyneside and Sunderland ICP and the priorities for the ICP were: -

- Shorter planned waits for care, e.g. orthopaedics, cardiology
- Cancer treatment standards, e.g. Urology
- Urgent and emergency care, e.g. A&E waiting times
- Develop robust and sustainable services, e.g. dermatology, breast cancer services
- Priorities for operational efficiencies, e.g. same day emergency care.

Graham King went on to talk about the Better Care Fund (BCF) in the context of the emerging ICS and ICPs and the All Together Better Alliance (ATB). The Better Care

Fund was a programme across the NHS and local government which sought to joint up health and care services and the programme ambition was to see strong, sustainable local health and care systems.

The mandatory components of the Better Care Fund were a minimum NHS contribution of £23.706m, £3.574m Disabled Facilities Grant, £16.567m grant allocation for adult social care and £1.568m Winter Pressures grant funding. The total minimum Sunderland pot was £45.415m; there was an opportunity to add income and expenditure beyond that minimum with an overall pool potential of £226.712m.

The Better Care Fund was now aligned with All Together Better to streamline governance arrangements and have one programme of reform in the city. The proposal was for the BCF schemes to mirror programmes within ATB. There were four national metrics for the BCF, namely: -

- Delayed Transfer of Care
- Non-elective Hospital Admission
- Admissions to Residential Homes
- Effectiveness of Reablement Services

The draft template for the BCF was to be submitted by 24 September and this would be moderated and assured by 30 October. Approval letters would be issued on 18 November and S75 agreements should be signed and in place by 15 December 2019.

The Board were then provided with an update on the progress of ATB. The operational plan was now in place and the CCG Governing Body had set out its expectations of ATB. All partner organisations were committed to align system resource and capacity to support ATB priorities.

Key business cases for improvements in services had been improved, these included Dermatology, treatment rooms and wound care hubs and high intensity users. A range of other transformation projects were underway with business cases in development including social prescribing, pharmacy, podiatry and frailty.

ATB offered a fantastic opportunity to collaborate together to improve the overall health and wellbeing of the people of Sunderland and it was keen to develop a shared vision for an Integrated Neighbourhood Operating Model which would complement Primary Care Networks, Local Neighbourhood Plans, support Clinical Directors in their role and align health and social care services around neighbourhoods.

The Board therefore RESOLVED that: -

- (i) the progress within the ICP and ICS and their areas of focus in delivering the NHS Long Term Plan be noted;
- (ii) the development of a single cohesive plan for all health and social care in Sunderland as the Health City Plan be supported;

- (iii) the progress by All Together Better be noted;
- (iv) the alignment of the Better Care Fund and All Together Better be agreed;
- (v) the submission of the initial planning template for the Better Care Fund be agreed; and
- (vi) the development of a Section 75 agreement by December 2019 to underpin the BCF and meet national planning requirements be agreed.

HW21. The Path to Excellence

The Board received a presentation from Peter Sutton, Executive Director of Strategy and Business Development, South Tyneside and Sunderland Health Care Group, providing an update on the Path to Excellence.

In Phase 1 of the programme, changes to Acute Stroke Services were centralised permanently from February 2018 and this had resulted in significant improvements in care for patients in Sunderland and South Tyneside. The new maternity model had been implemented on 5 August 2019 and centralised high risk care in Sunderland with a midwifery led birthing centre at South Tyneside. There had been no significant issues with the new model and there had been excellent feedback from patients and staff.

The new paediatrics model was also implemented on 5 August which saw the paediatric emergency department at South Tyneside closing each evening at 10.00pm and reopening at 8.00am the next day. There had been no significant issues with this new model but it would continue to be monitored.

The last six months had been spent sharing the revised Phase 2 case for change including draft working ideas for potential changes to services. This was part of a period of enhanced pre-consultation engagement but was not a period of formal public consultation.

The hospital services involved in Phase 2 were: -

- emergency care and acute medicine
- emergency surgery and planned operations
- planned care and outpatients
- clinical support services

Public and patient engagement would continue throughout the autumn and winter to help shape the final scenarios which would be subject to future public consultation. A more detailed update on the scenario development process would be given to the Health and Wellbeing Board in December 2019.

Fiona Brown commented that improved performance was borne out by data but queried whether there were any softer measures such as patient view. Peter stated

that there was some fantastic information on timings in getting people back home so there was soft information supporting the outcomes. Peter also said that there were some positive measures in relation to maternity services which could be put out.

Councillor Farthing asked if there was any measure of people taking medication after they had a major health incident such as stroke or heart attack. Peter said that this was looked at as part of patient activation and patients were asked how likely they were to take advice and their medication.

RESOLVED that the progress of the Path to Excellence be noted.

HW22. Public Health Campaigns

The Director of Public Health submitted a report setting out information about confirmed public health campaigns which would take place during 2019/2020.

The Public Health England social marketing calendar for 2019/2020 was presented for the information of Board Members and the planned campaigns from Fresh and Balance were also set out within the report.

RESOLVED that the report be received for information.

HW23. Health and Wellbeing Forward Plan

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

The forward plan was not fixed for the year and could be changed at any time with items being added or removed as circumstances changed and to suit the Board's needs. 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.

HW24. Dates and Time of Next Meetings

The Board noted the following schedule of meetings for 2019/2020: -

Friday 13 December 2019

Friday 20 March 2020

All meetings to start at 12noon.

(Signed) G GIBSON
In the Chair