

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 17 March 2023

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 Fiona Miller	-	Sunderland City Council
Professor Yitka Graham	-	University of Sunderland
Graham King	-	Director of Adult Services
Dr Tracey Lucas	-	ICB Representative
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council
Dr Martin Weatherhead	-	All Together Better
Paul Weddle	-	Vice-Chair, Healthwatch Sunderland

In Attendance:

Philip Foster	-	All Together Better
Karen Davison	-	Together for Children
Graham Scanlon	-	Assistant Director, Housing and Communities, Sunderland City Council
Scott Watson	-	NENC ICB Place Director for Sunderland
Wendy Thompson	-	NENC ICB
Julie Parker-Walton	-	Public Health Consultant, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Liz Highmore	-	Observer
Gillian Kelly	-	Governance Services, Sunderland City Council

HW42. Welcome

Councillor Chequer welcomed everyone to the meeting and thanked them for their attendance.

HW43. Apologies

Apologies for absence were received from Councillor McDonough, Ken Bremner, Lucy Caplan and Jill Colbert.

HW44. Declarations of Interest

There were no declarations of interest.

HW45. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 9 December 2022 were agreed as a correct record.

Jane Hibberd advised that with regard to the Board membership, the representatives from the ICB going forward would be Scott Watson, Dr Tracey Lucas and Dr Robin Hudson. Dr Lucas had agreed to remain as Vice-Chair of the Board.

HW46. Sunderland Alcohol Strategy: “Calling time: It’s time to rethink drink”

The Executive Director of Health, Housing and Communities submitted a report requesting endorsement of the Sunderland Alcohol Strategy: Calling Time: It’s Time to Rethink Drink.

Julie Parker-Walton was in attendance to talk to the report and in doing so explained that the strategy had previously been to the Health and Wellbeing Board and other partnerships for consultation and this was the final version of the document to be endorsed by the Board. The strategy was a high-level document and a more detailed action plan would sit below this.

The Chair commended the strategy as an excellent piece of work and thanked everyone for their input during the very positive engagement and consultation exercises. She was pleased to see the report coming to the Board with updated detail.

Councillor Farthing referred to one of the priorities being to ‘promote an alcohol-free pregnancy and commented that there did not seem to be a measure indicated for that. It was very important to get these preventative messages out to the mothers of Sunderland. There was also more awareness of foetal alcohol syndrome and it had been suggested that the numbers of children affected by this in Sunderland were much higher than previously thought.

Gerry Taylor noted that this was an area of great concern in Sunderland and was linked to the emphasis put on the Alcohol Strategy. The detail was still to be worked up and it was acknowledged that good data on this was lacking.

Dr Weatherhead commented that he had been part of the drug related deaths panel which had been gathering data for a number of years and asked how alcohol fitted in with this. He also queried what would be done to ensure that the strategy was launched and embedded; he noted that patients in his practice reported that it was difficult to get into inpatient detox programmes.

Julie highlighted that a member of her team was co-ordinating the data on alcohol related deaths provided by the hospital and it was key to get that information right. With regard to inpatient detox, there was a lot going on around the region to fund services and whereas there was an issue with provision around the country, in comparison to last year, there was much more being provided in the local area. There was a lack of beds nationally but local provision was being championed across the North East.

The Chair noted that statistical updates were provided at the Alcohol Partnership and it also received information on drug related deaths but these items needed to be kept on the agenda.

Dr Lucas referred to the priorities of the strategy including prevention and treating those in crisis but asked about the people who were in the middle, cruising along but drinking at harmful levels and only surfacing when in extremis. She asked if Public Health would have a campaign targeting those who fell in between the two priorities.

Julie said that it had been recognised that more work was needed on this and Gerry stated that the difficult element was getting it across in a helpful way. It could be difficult to equate what was a safe amount to drink to actual drinks and consideration needed to be given to how Public Health might communicate and engage with that cohort of people.

Prof. Graham like the use of 'Rethink' and noted that there was an observable impact of Covid and potential impact of the Cost-of-Living crisis on negative health behaviours. Gerry advised that all strategies were being viewed through a cost-of-living lens and a Financial Wellbeing Strategy was currently being developed which would link to all health strategies.

Councillor Farthing commented that a healthy weight could be difficult to maintain when someone consumed alcohol and people did not always appreciate the calories which were in alcohol; this was why the prevention and education agenda was so important, along with minimum pricing legislation. The Chair agreed that all partners needed to keep campaigning.

Having considered the report, it was: -

RESOLVED that: -

- (i) the Sunderland Alcohol Strategy: Calling Time: It's Time to Rethink Drink be endorsed;
- (ii) it be agreed to engage in the delivery of the strategy through the Sunderland Drug and Alcohol Harm Reduction Group; and

- (iii) progress updates on the delivery of the strategy be received via the Living Well Delivery Board.

HW47. Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028

The Executive Director of Health, Housing and Communities submitted a report providing information around the adoption of the Homelessness Reduction and Sleeping Rough Strategy 2023 – 2028.

Graham Scanlon, Assistant Director of Housing, was in attendance to talk to the report and in doing so explained that the Council had adopted its first Homelessness Strategy in 2019, however the Covid pandemic had prevented the aims and priorities of the strategy from being fully applied and implemented.

A lot of detail from the 2019 strategy was still relevant and alongside the learning from the pandemic, the process of reviewing the new Homelessness and Sleeping Rough Strategy had been a positive collaboration from partners and stakeholders. The document set out the strategic direction to: prevent homelessness; provide assistance and advice to those threatened with homelessness; and to enable move on to independent living to reduce instances of repeat homelessness.

A health needs assessment had been conducted to support the drafting of the Housing Strategy for Sunderland 2023-2030 and the Homelessness and Rough Sleeping Strategy 2023-2028. Understanding the health and support needs of the communities affected by homelessness was vital to a strategy that aimed to help people in the city.

Graham Scanlon emphasised the importance of making sure that the momentum was built up for the strategy on the ground and that Members were aware of issues across the city. There were a range of pathways into the strategy and it was intended to consult at the end of the year about future pathway delivery and outcomes from the strategy would be reported to the Council's Cabinet.

Councillor Miller commented that Shelter had issued a communication a few days ago which was in relation to a new tool to understand issues being experienced by an individual long before they reached crisis point. There was also a longitudinal study in Scotland providing a lot of data and Councillor Miller also highlighted the need to have representatives with homelessness experience on the relevant working groups.

Graham Scanlon stated that the Council had engaged with Shelter and was aware of the tool which would be built into the strategy. He would ask the team to look at the Scottish study and agreed that it was important to understand lived experience in relation to the strategy.

Graham King commended the work and made particular reference to the Homelessness Officer in hospital. People were aware of lack of access to mental health support being an issue, it was not just this but the support in accessing mental

health services. Graham Scanlon added that there was a separate pathway on mental health support which was it was hoped would develop recommendations.

Dr Lucas queried whether the route for GPs to refer patients for homelessness support would be through social prescribing and noted that there were mental health prescribers in all primary care networks.

Graham Scanlon stated that there was GP representation on working groups and his team had expanded to provide more flexibility in dealing with acute homelessness matters, hopefully before they reached crisis stage. Moving forward it was envisaged that there would be mini hubs with professionals at hand to offer some basic advice, education and support.

The Chair was pleased to see the inclusion of safe access for victims of violence and abuse as one of the priorities and also welcomed the health needs assessment as part of the strategy. She went on to say that ill health could contribute to and cause homelessness and there was an acknowledgement in the strategy around access to services. It was also important to capture the learning from dual diagnosis needs.

The Chair appreciated the real ambition to involve those with lived experience and also to reference the cost-of-living crisis. Trauma informed practice was being included and it was now key to embed this and put it into practice.

Dr Weatherhead agreed that it was an excellent strategy and noted that GPs often saw patients at the point where everything else had failed; successful approaches and strategies needed to be more publicised.

Graham Scanlan said that the team were doing a great job and but starting to see a range of different things happening such as private landlords selling properties and Section 21 notices being issued. Mortgage repossessions were now coming forward and there was a need to understand the different ways that homelessness manifested in the community.

Upon consideration of the document it was: -

RESOLVED that: -

- (i) the contents of the report be noted;
- (ii) the delivery of the Homelessness Reduction and Sleeping Rough Strategy be supported; and
- (iii) updates on the delivery of the strategy be received via the Living Well Delivery Board.

HW48. Improving Access in General Practice

The North East and North Cumbria Integrated Care Board Place Director for Sunderland submitted a report to update the Health and Wellbeing Board on the

work that was being carried out by the ICB primary care team to improve access to general practice in Sunderland.

Wendy Thompson was in attendance to present the report and the Board were advised that this was an ongoing piece of work and that access to GP services had been highlighted as a key national NHS objective. The ICB was working closely with Healthwatch and GP practices to understand how services were being delivered and it had been noted that the number of appointments delivered by practices had almost doubled when compared to pre-pandemic levels.

In August and September 2022, the ICB and Healthwatch launched a survey to gather people's experiences of accessing their GP practice and there were 1261 responses which led to the development of a number of actions. These included the production of a patient communication plan for Sunderland, training for staff with regard to sign posting and new roles and services in primary care, digital support, triage pilots and a capacity and demand Service Level Agreement.

The next phase of the project would be to evaluate the various pilots underway and identify areas which had worked. A patient communication exercise would also be carried out in the coming months to highlight the different roles available in general practice and the most appropriate use of services.

Gerry Taylor was interested in the greater number of appointments which were available and asked if that was a change in administrative approach or differences in the presentation of patients. Wendy advised that it was a mixture, prior to the pandemic it may have been related to how appointments were recorded; there was now greater access to telephone appointments and multiple bookings for one person were counted separately.

Dr Lucas commented that what Wendy said was correct and that despite the reduction in workforce, GPs and advanced practitioners had doubled their appointment capacity. It was important in relation to the new access strategy that there was not too much focus on counting and recording. She advised that her practice was running an access pilot with the aim of reducing the 8.00am rush for appointments and promoting the e-consultation process. This was levelling things out in terms of demand and had seen a huge cultural change in the last four weeks.

Gerry queried if there were differences in terms of presentation and patient need and Dr Weatherhead stated that people were older and sicker and were presenting with more issues and twice as often as they may have done in the past. He noted that some of the statistics about increases in appointments was uncovering hidden work. Dr Weatherhead also highlighted that 70% of applicants to study medicine were from overseas and the UK was training doctors who did not want to work in the country and if they did, they were not opting to become GPs.

Councillor Farthing queried whether staff in practices could be given more leeway in being able to refer patients to a pharmacist for example. Dr Lucas explained that some medications had to be kept on acute prescriptions because of the need for monitoring.

The Chair highlighted that the Board had asked for this report because the patient perspective was challenging and there were questions on the future access strategy. Dr Lucas commented that between 98 and 99% of patients contacting their GP would be seen within two weeks and Wendy noted that Sunderland was in a better position than other areas, however it was not known what the Primary Care Recovery Plan would look like as yet.

Having thanked Wendy for the report, it was: -

RESOLVED that: -

- (i) the content of the report be noted; and
- (ii) further progress updates be received in future.

HW49. North East and North Cumbria Integrated Care Board: Sunderland Place Plan

The ICB Director for Place (Sunderland) submitted a report updating the Board on the proposed Place Plan for Sunderland and associated governance arrangements.

Scott Watson was in attendance to talk to the report and advised that the Sunderland Place Plan was a standalone document which would form part of the larger Joint Forward Plan (JFP). The JFP was a statutory document setting out how Integrated Care Boards would arrange and/or provide NHS services to meet their population's physical and mental health needs.

Scott highlighted that golden threads from the Healthy City Plan ran through to the Sunderland Place Plan and a lot of time had been spent working with partners in the system in developing it. Appendix 1 of the report set out the work done so far and Appendix 2 provided the latest iteration of the plan and an opportunity for comment.

There were four key priority areas with a range of objectives and goals and these read across from the Integrated Care Strategy: -

- strengthening primary and community care
- supporting people to live well
- ensuring the best start in life for children and young people
- transforming mental health, Learning Disability and autism services

The Place Plan had to be submitted to the ICB on 17 March and all 14 plans in the North East and North Cumbria would then be moderated for quality and triangulated with thematic plans before the publication of the Joint Forward Plan on 30 June 2023. The next steps would include a development session on 8 June to review the final version of the Plan.

Gerry made an observation linking back to the previous item and that there were a couple of priority areas relating to issues Dr Weatherhead had raised and that

maybe GP colleagues could have a look at those parts of the Plan. Scott advised that the GP programme of All Together Better should pick this up.

Julie Parker-Walton referred to the conversation about the Alcohol Strategy and that there were maybe some key things to look at in the primary care element and also the wider determinants such as fuel poverty and housing. Scott accepted this was a good point, well made and noted that it would be useful to draw everything together with all plans and strategies contributing to the Healthy City Plan.

Councillor Farthing commented that from a children's perspective, the key issue was ensuring inclusivity for SEND and a regional plan would cover some of the families and children on the outskirts of areas. There was a need to make sure schools were more inclusive and there were not enough places at special schools for those requiring placements.

Scott advised that there would be a moderation exercise to make sure that there was an overlap in plans and the outskirts were not missed.

Graham King made reference to the priorities and whilst he felt that too many were not workable, he was struck that there was not a priority for ageing well, although he could see it across other priorities. He was pleased to see the references to carers in the city. Scott agreed that the inference was that ageing was covered in other areas but he would have that conversation with Graham over the next few weeks.

Karen Davison noted that the key deliverables in relation to Children and Young People included demand and capacity in children's mental health services but there was nothing specific about waiting lists and how these would be addressed.

Scott advised that there should be a reference to the Children's Commissioner's report and there would be a focus on reducing waiting times. He noted that the ICB absolutely did not recognise the waiting times published in the report or that Sunderland was the worst in the country, however it was acknowledged that there waiting times were nowhere near where they would want them to be.

The Chair added that she had met with Scott about this matter and it would come forward to the Starting Well Delivery Board.

Scott highlighted that there was a lot of process to go through prior to the Joint Forward Plan submission on 30 June but there was a lot of opportunity to feed back on the Place Plan and inclusions and edits from other colleagues would be flagged to the Board for comments.

The Chair suggested that Board Members take away the draft Place Plan and review the content in advance of the development session on 8 June. Feedback was to be submitted to Lisa Jones, Assistant Director of Integrated Commissioning at Sunderland City Council.

Accordingly, the Board RESOLVED that: -

- (i) the proposed Sunderland Place Plan be approved;

- (ii) the timescales for publication and future oversight arrangements set out in sections 3.3 and 4.2 be noted; and
- (iii) the final ICS Joint 5 Year Forward Plan, incorporating the Sunderland Place Plan (final) be received ahead of publication on 30 June.

HW50. Health Inequalities Funding Allocation across the North East and North Cumbria ICS

The Executive Director of Health, Housing and Communities submitted a report providing a brief overview of the programmes approved by the ICB Executive, a summary of related work programmes already underway and highlighting how this would benefit the residents of Sunderland.

Julie Parker-Walton directed Members to the breakdown of funding allocations for the period 2022/2023 to 2024/2025 and the local context for the Reducing Inequalities Delivery Group. Julie highlighted the programmes which were currently being supported and underway in Sunderland which included the Waiting Well Programme, supporting people with multiple and complex health and healthcare needs, the Deep End GP practices network, Healthy Communities and Social Prescribing and Poverty Proofing Clinical Pathways.

The Chair was pleased to see the wide range of programmes being delivered and noted that she had recently received a good presentation on weight management services. Dr Lucas commented that there seemed to be a raft of things springing up in relation to private obesity management and she was pleased to see this was being embedded and available to all.

The Board RESOLVED that: -

- (i) the agreed proposals in relation to the allocation of the Health Inequalities funding across the North East and North Cumbria ICB be noted;
- (ii) the progress of related work programmes already underway and potential integration be noted;
- (iii) the funding allocations for Sunderland be noted; and
- (iv) progress updates be received via the Living Well Delivery Board and wider assurance reporting.

HW51. Health and Wellbeing Delivery Boards Assurance Update

The Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services 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, acknowledgement that Board

development sessions were taking place 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.

The Starting Well Delivery Board had discussed the new family hubs and noted that Sunderland had received trailblazer status. Karen Davison advised that the final letter in relation to the Joint Targeted Area Inspection had been published by Ofsted the previous day and they were extremely pleased with the outcome of partnership working.

The Ageing Well Delivery Board had received the annual report from the Ageing Well Ambassadors of which there were now well over 100. Graham King suggested that an abridged version of the report may be brought to a future Health and Wellbeing Board meeting.

The Living Well Delivery Board had also been asked to support a bid from Sunderland to develop research capacity focusing on inequalities. The Council and the University were working together to pull together a proposal which was looking to include social prescribing, Smart City and what digital services could bring. Gerry Taylor suggested that it might be useful to have some support in principle from the Health and Wellbeing Board in the form of a letter from the Chair.

Dr Weatherhead stated that, as co-clinical lead of the Deep End Network, they would definitely be investing in social prescribing. All of their work was being evaluated and there might be some co-terminosity with this project. Prof. Graham added that there was a funded PhD student working with the Alliance on health inequalities and this would provide evidence to support decision-making.

Board Members were reminded that there was a £1.75m grant available to support the delivery of the Healthy City Plan and the delivery boards had begun to identify the following projects which had been approved subject to conditions: -

- PlayZones - £200,000
- Thompson Park Interactive Play - £55,527
- Elemore Park - £240,000
- Physical Activity Opportunities - £130,000
- Tackling Inequalities – Access to Services and Recruitment (STSFT) - £94,000
- Cycling and Walking for Health - £39,000
- Carers Support Offer - £10,000
- Sunderland Falls Prevention Programme - £200,000 (maximum)
- Ageing Well Sunderland Reporters - £9,900

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 projects allocated the Healthy City Plan grant be noted; and
- (iv) a letter of support be provided from the Health and Wellbeing Board for the bid for research funding for health inequalities.

HW52. Covid-19 and Flu in Sunderland – Update

The Executive Director of Health, Housing and Communities submitted a report providing an update on the Covid-19 and flu situation in Sunderland.

Gerry reported that the ICB had provided some funding to support improvement in healthcare inequalities in vaccination programmes and in Sunderland this would be used to undertake behavioural insights with health and social care workers for the purposes of increasing vaccine uptake in the next winter vaccination programme.

The Board were informed that the ONS data for Covid prevalence would be stopped, there may be some new surveillance mechanisms in the future however data was reducing all of the time. It was proposed to cease providing a Covid update altogether and information on immunisations would be fed in from the Health Protection Board.

RESOLVED that the update noted.

HW53. Health and Wellbeing Board Forward Plan

The Senior Manager – Policy submitted a report presenting the forward plan of business for the year ahead.

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.

HW54. Provisional Dates and Times of Future Meetings

The dates and times for future meetings, subject to approval at Annual Council, were as follows: -

Thursday 22 June 2023 at 12.00pm

Thursday 28 September 2023 at 12.00pm

Thursday 7 December 2023 at 12.00pm

Thursday 14 March 2024 at 12.00pm

All meetings would take place in the Council Chamber, City Hall, Sunderland.

(Signed) K CHEQUER
Chair