

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 18 March 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
Dr John Dean	-	Chair, Healthwatch Sunderland
Dr Yitka Graham	-	University of Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Gerry Taylor	-	Executive Director of Public Health and Integrated Commissioning

In Attendance:

Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Dr Neil O'Brien	-	SCCG Accountable Officer
Philip Foster	-	All Together Better
Wendy Mitchell	-	Public Health Lead, Sunderland City Council
Ben Seale	-	Public Health Lead, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW45. Welcome

Councillor Chequer welcomed everyone to the meeting and to the City Hall.

HW46. Apologies

Apologies for absence were received from Ken Bremner, Fiona Brown, David Chandler, Lisa Quinn, Chief Superintendent Pitt and Dr Martin Weatherhead.

HW47. Declarations of Interest

There were no declarations of interest.

HW48. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 10 December 2021 were agreed as a correct record.

HW49. The North East and North Cumbria Integrated Care System and Integrated Place-Based Arrangements

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

- Provide an updated on the development of new place-based arrangements;
- Seek the Health and Wellbeing Board's views on the Operating Model for NHS North East and North Cumbria Integrated Care System (ICS) as part of the engagement and consultation process.

The Board had previously received reports on the development of the Integrated Care System (ICS) for the North East and Cumbria. The ICS would be a statutory body made up of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The Health and Care Bill would now enact these changes from 1 July 2022 rather than 1 April 2022 but the ICS would exist in shadow form from April.

Dr Neil O'Brien was in attendance to deliver a presentation on the work and reported that the ICS Programme Board had agreed the process for the development of the operating model setting out proposed governance arrangements and also including widescale engagement with staff, key partners and stakeholders. The draft design principles for the operating model were:

- Maximise opportunity for standardisation in the interests of efficiency
- Subsidiarity based on Principle 1 above
- Arrangements must be affordable and within running costs
- Ensure simplicity and clarity on accountabilities to the ICB.

The ICS Chief Executive had requested that the final draft of the Operating Model was considered at the Programme Board on 25 March and a draft response to the consultation was provided for Health and Wellbeing Board members.

Dr O'Brien reported that Samantha Allen had been appointed Chief Executive Designate of the North East and North Cumbria ICS and all executive director positions apart from two roles had now been filled; Dave Gallagher was the executive director covering place-based arrangements for Sunderland's part of the ICS.

It was intended that from April 2023 the place-based arrangements would be mature and in full force and the operating model consultation would look at how 'place' would fit into the larger governance structure. The Integration White Paper which had been published in February 2022 had 'place' at front and centre of developments with a clear focus on benefits and pooling of budgets.

Sunderland's Integrated Care Executive, supported by the Transition Steering Group, continued to develop the place-based arrangements and had: -

- Agreed to work towards shadow arrangements for May before 1 July 2022 implementation;
- Agreed a work programme to develop the collaborative working arrangements which would feed into the governance arrangements; and
- Agreed a memorandum of understanding which was being signed by statutory bodies.

Work was taking place across five workstreams: Commissioning development and business intelligence; Finance; Leadership, Provider Partnerships; and Governance. The next steps were: -

- Implementation of shadow governance arrangements in preparation for 1 July full implementation.
- Further work on collaborative working arrangements.
- Further consideration of the implications of the White Paper, joined up care for people, places and populations.

Gerry Taylor advised that officers had done some work on a draft response to the operating model consultation which included the confirmation of place-based primacy and also some narrative around functions and the determination of these. It supported comments about commissioning at scale but also the need to make sure there was a role for place in this. Gerry advised that she would be co-ordinating the feedback from the Board.

The Chair asked Dr O'Brien to explain his current role and he stated that he had been appointed as the Executive Medical Director of the North East and North Cumbria ICS. The structure had originally been for three executive directors of place based partnerships, however this had now been reduced to two. Dave Gallagher would take on his role from 1 April 2022 and there was likely to be a team of officers within each area. David Chandler had the chief officer role in Sunderland and there was a clear desire to ensure that the staffing resources were there.

The Chair noted that there was some nervousness around the proposals, there was a desire to retain a focus on place but it did seem to be moving away from that with such a large geography being covered by the place-based partnership. She asked about the decision-making and consultation on the change.

Dr O'Brien advised that the decision had been made by the Chair and Chief Executive designate of the ICS and the situation would be reviewed after a year and potentially changed if things were not working out as intended. The key function had

been to connect places and he believed that the executive director could be done over a large geography as it promoted further management of the resources of place.

Dr Graham highlighted that the University as a research institute served the CCG currently and there were unique place-based circumstances in Sunderland. She asked where research and partnership working would fit in to the new arrangements.

Dr O'Brien said that research and promotion would be one of the statutory functions of the Integrated Care Boards and would probably be under the portfolio of the Executive Medical Director. A lot of existing work would continue and there was a statutory requirement to promote research in the new legislation.

Councillor McDonough referred to the financial delegations and expressed concerns over the scrutiny of this. Dr O'Brien highlighted that elected officials could be part of the Integrated Care Partnership arrangements and this would include scrutiny chairs. The White Paper had also brought forward changes so that elected members could be part of Place Boards. Dr O'Brien said that it was important to note that in Sunderland the Better Care Fund arrangement meant that there was already delegation over all of that budget and in the future, places would be able to hold the ICB to account to ensure all of this was being spent on the residents of Sunderland. It was the responsibility of the ICS to delegate the budget downwards but it was recommended that was done based on the current formula.

There was still a statutory requirement to consult with the public on any significant service change and local authority scrutiny committees could call the ICB to account.

Having thanked Neil for his presentation, the Board RESOLVED that: -

- (i) the report be received;
- (ii) the progress to date be supported;
- (iii) the Board's response to the ICS Operating Model consultation be agreed; and
- (iv) an updated position be received at the next Board meeting.

HW50. 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 and providing a summary of the key points discussed at their recent meetings.

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 was focussed on the impact and legacy of the Covid pandemic and had particular concerns about oral health and access to dental care. The Board planned to do more work on food poverty and the Holiday Activities and Food Programme. It was acknowledged that there was a lot to do and this had only been increased as a result of the pandemic.

Gerry Taylor reported that the Living Well Delivery Board had a good discussion on social prescribing and had agreed a number of actions to develop this model. The Board had also looked at employment and community wealth building and would have a focus on healthy workplaces. A strategic group had been put in place for Health Inequalities and was developing the Health in All Policies approach and looking at sustainable development.

Graham King highlighted that the Ageing Well Delivery Board had been involved in some practical work such as the establishment of a Falls Coordinator post and the extension of the Handy Person service. The Board was also developing frailty indicators and were using health data to build a rich picture for this and were working on an Ageing Well communications campaign.

The Chair commented that it was clear that there was still a lot of work to do but she was pleased to hear about the Health Inequalities Advisory Group and noted that the Centre for Ageing report on the state of ageing would feed into some of the plans for the Boards.

Councillor Miller referred to the promotion of healthy eating and asked if there were any surveys or information available on what was available and the prevalence of takeaway options. Gerry advised that was currently being developed by the Public Health and Environmental Health teams and they were starting to scope who could provide the necessary information.

Councillor Farthing noted that, in relation to social prescribing, it was expected that voluntary sector organisations would provide services without central funding and organisations would be under considerable pressure moving forward due to increased costs.

Gerry Taylor advised that a process of identifying funding had begun and looking at what budget was needed and where it should be spent. Dr Graham noted that social prescribing took place over a big space and what was needed was understood but it was the scaling up of projects which was required. Some fantastic work had been done through Crowdfund Sunderland for schemes.

Councillor Miller asked if it was thought that rising fuel costs would impact on older people's movements and levels of frailty. Graham King said that affordable warmth had been an issue and did impact on excess seasonal deaths. This was an issue which needed to have a partnership approach.

The Board therefore RESOLVED that: -

- (i) the meeting summaries from the recent meetings of the delivery boards be noted; and

- (ii) it be assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference.

HW51. Children and Young People Health Related Behaviour Survey

The Executive Director of Public Health and Integrated Commissioning submitted a report sharing an overview of the findings of the Health Related Behaviour Survey conducted in the summer term of 2021.

Wendy Mitchell was in attendance to deliver a presentation on the survey and reported that this had taken place during the 2020/2021 academic year and had 5,726 young people taking part across 28 primary schools and 18 secondary schools.

Wendy highlighted the difference in findings from 2019 to 2021 in primary schools. Some results such as an increase in hand washing and the reduction in access to structured leisure activities was expected and it was good to note the increase in the number of children walking at least once per week. However there had been an increase in tooth extractions among the young people surveyed and an increase in the number who had reported being picked on due to their looks.

Secondary schools were reporting similar trends, however points to note included an increase in young people chatting online to people they didn't know, an increase in the number of pupils saying that they had not had any breakfast before school and a decrease in those who exercised at least three times a week.

The survey included some Covid-related questions and 48% of young people reported keeping themselves busy in the pandemic with hobbies and learning new skills. The majority of pupils had a device that they could use for home study but 6% said that they did not have anywhere quiet to do their schoolwork while at home.

The following key priorities had been identified arising from the survey: -

1. Develop a communication toolkit which will support the delivery of social norms messages.
2. Review Condom Card provision to ensure equitable spread in areas of highest need.
3. Share the intelligence as it was crucial to refine the offer to young people, particularly those who were not accessing services currently.
4. Consider National Child Measurement Programme output data for 2021.
5. Ensure the school health profiles were updated and the full health offer was available.
6. Update relevant JSNA's to inform strategic approaches.

Dr Lucas referred to the review of Condom Card provision and asked if this would be tied in to Long-Acting Reversible Contraception (LARC) and whether the work would involve what a normal and healthy relationship looks like. She added that the Primary Care Network had been having a conversation about how the provision of adequate protection would mean that emergency protection was not needed.

Wendy advised that this had been discussed with regional colleagues and the higher proportion of LARC was being used by women under the age of 25 and accessing specialist services. The options available were being reviewed and ways to reduce inequality sought. There was already a substantial offer on healthy relationships and a team in Together for Children took referrals and Brook also provided services. There was an offer for the implementation of statutory relationships and sex education and there was also a conversation taking place regarding how to address the recent Ofsted report on violence towards women and girls.

Councillor Farthing commented that one of the difficulties regarding the promotion of LARC might be an increase in chlamydia and asked if there was any information on this. Wendy advised that the current data was being queried with regional colleagues as it did not seem to be completely accurate. The chlamydia screening programme was part of the Public Health offer and was an opportunistic programme directed towards young women.

John Dean noted that Reception classes were showing an improvement in the healthy weight category and the results were better than seen in other groups. Wendy said that a whole system approach had been adopted for this but it was a complex issue and results did wane as children and young people got older. It was highlighted that a recruitment process was currently underway for a Food Partnership Co-ordinator.

RESOLVED that: -

- (i) that the key priorities highlighted be agreed and endorsed to be further developed as programmes of work; and
- (ii) the Starting Well Delivery Board lead the response to the findings of the survey and delivery of the agreed programmes of work, including providing further updates on progress.

HW52. Pharmaceutical Needs Assessment

The Executive Director of Public Health and Integrated Commissioning submitted a report to: -

- remind the Health and Wellbeing Board of the statutory duty to undertake Pharmaceutical Needs Assessment (PNA) and the requirement to produce an updated and approved PNA for Sunderland for publication by 1 October 2022;
- provide an update of the work that had been undertaken by the PNA Steering Group to produce an updated PNA for Sunderland in line with this statutory duty;
- provide information about the required statutory consultation which was planned to begin in late March and finish in late May 2022;
- and seek approval for the emerging conclusions and draft recommendations set out in the consultation draft PNA and seek permission to proceed to the statutory consultation phase.

The production of the PNA had been delayed by 18 months due to the pandemic but the process had now been underway since December. The aim was to ensure that the PNA covered health needs adequately and the draft would be issued for a 60 day consultation which was currently planned for between 25 March and 24 May 2022.

The PNA had found that there were 60 community pharmacies in Sunderland, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation. There were also three distance selling pharmacies and three appliance contractors. Residents of Sunderland had good access to pharmacies and had a greater number per 100,000 population than the England average.

There were four 100 hours pharmacies out of the total of 66 in Sunderland and these provided extended and out of hours cover across the city and were open on Saturdays and Sundays. In total, 38 pharmacies opened on Saturdays and nine were open on Sundays.

Since the 2018 PNA, two 40-hour pharmacies and one 100 hour pharmacy had closed in the Sunderland area and one distance selling pharmacy had opened. There had also been a number of changes to the wider Sunderland Health System which had included development of the pharmacist role in the healthcare system.

The report set out a number of emerging conclusions including that the residents of Sunderland have good access to pharmacies and there was adequate provision of services. It was noted that there was no access to community pharmacy services during extended GP hours in the Coalfields area and this needed to be monitored. It was also highlighted that community pharmacies had made a significant contribution to the Healthy City Plan and also to the Covid pandemic response.

The emerging recommendations were: -

- Commissioners to take into account cross border issues and to consult with relevant stakeholders when they were reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
- Commissioners should consider the opportunities afforded by community pharmacy enhanced services that focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy.
- With regard to locally commissioned services, the public health team would work with the CCG/ICS to ensure that services continued to be commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.
- Patterns of provision would need to be kept under review in the event of loss of community pharmacies from the Sunderland health economy and in response to further changes in the Sunderland health system.

Councillor Farthing noted that one of the pharmacies local to her was not on the map provided and Ben Seale undertook to rectify that and ensure that there were no other omissions.

Jill Colbert referred to the early discussion on integrated arrangements and asked if consideration had been given to the role of pharmacies in integrated provision. Gerry Taylor commented that this was something which had been worked on at different times but it was always useful to go back to this.

John Dean queried how people would become aware of 100 hour pharmacy services and Ben Seale advised that these were usually flagged up on the NHS website but it might be an idea to look at some interactive mapping on the Council website. John suggested that this could also feature on the Healthwatch website.

Dr Graham commented that she always felt that pharmacies were an underutilised workforce; the public perceived the service as being transactional but there was a breadth of opportunities there. Ben noted that when the health needs of the city were mapped, it was looked at how pharmacies could feed in.

Dr Lucas added that each individual GP practice developed a knowledge base of which pharmacy could do what, when they could deliver and at what times. She felt it would be useful to have this written down somewhere.

Philip Foster commented that during the Winter Surge period, All Together Better had funded a 'Think Pharmacy First' scheme which had received good feedback. The evaluation of the scheme was still to be done but would be brought back as part of the full evaluation for the winter scheme.

The Chair referred to the situation in the Coalfields with there being no access to pharmacies during extended GP hours and whether there were any plans to change that. Ben highlighted that there was a reasonable coverage of outlets in the Coalfields and it was necessary to understand why these wider opening hours were not available. Pharmacies were dropping away from supplementary hours and there was some work to do in this area to identify why this was the case.

Having considered the report, the Board: -

RESOLVED that: -

- (i) its statutory role in relation to the pharmaceutical needs assessment and the work that has been undertaken so far to produce an updated PNA for Sunderland be noted;
- (ii) it has considered and provided broad agreement for the emerging conclusions and draft recommendations arising from the PNA process;
- (iii) it be approved that the Steering Group proceed to the statutory consultation;
and

- (iv) the final version of the PNA for Sunderland be received at the Board meeting in June 2022 for consideration of final approval.

HW53. 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 provided an update on the current position with regard to infections. Sunderland was currently recording 200 cases a day and this was increasing across all age groups with the highest rise being in working age people. The numbers of patients in hospital with Covid remained steady.

The take up of vaccines had slowed recently and the largest number of unvaccinated people were in the under 50 age group. There had been a number of significant announcements made in February which included the removal of the legal requirement to self-isolate after a positive test and routine contact tracing.

Councillor Miller commented that now that self-isolation support payments had ended and testing was no longer routine, this could lead to higher rates of infection. Gerry agreed that the city might not have such a good picture moving forward; although national support was ending, some information would be promoted on the Council website directing people to the local support available.

Councillor Farthing noted that there was some anxiety amongst older people about when they would receive their fourth booster and Gerry said that she was aware that NHS colleagues were working on a schedule for delivery and she would highlight this with CCG colleagues. There was a working group offering support to vulnerable residents.

The Chair referred to access to testing for care home visitors and queried if there was anything which could be done to ensure that visiting was not stopped again as she felt it was important to keep an eye on this. Gerry said that the team were trying to find out what would be available and what could be done locally.

RESOLVED that the update and the presentation be noted.

HW54. Health Protection Board – Terms of Reference

The Executive Director of Public Health and Integrated Commissioning submitted a report to establish the Terms of Reference for a Sunderland Health Protection Board which would increase the scope of the focus of the Board to include general health protection functions in addition to Covid-19.

The Health Protection Board had been established in March 2020 to support the Council's response to the pandemic and the main purpose of the Board was to facilitate the Director of Public Health's statutory oversight and assurance role for

health protection and to provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.

The proposed Terms of Reference were attached as an appendix to the report.

The Board RESOLVED that the proposed Terms of Reference for the Sunderland Health Protection Board be agreed and accepted.

HW55. Sunderland 2021/2022 Section 75 Agreement

The Executive Director of Neighbourhoods submitted a report seeking retrospective agreement of the Section 75 for the Better Care Fund for 2021/2022.

NHS England required that all funding agreed as part of the Better Care Fund (BCF) plan must be transferred into one or more pooled funds established under Section 75 (S75) of the Care Act. The Better Care Fund for 2021/2022 was approved by the Health and Wellbeing Board in December 2021 and received national approval in January 2022.

The S75 underpins the BCF Plan and the national requirement was to have this signed off by 31 January 2022; the CCG Governing Body approved the S75 on 25 January 2022. The S75 Agreement had been developed in partnership between the CCG and Council and reflected the alignment to All Together Better arrangements and had been updated to reflect the latest information governance legislation.

Having considered the report, it was: -

RESOLVED that the Section 75 Agreement for 2021/2022 between Sunderland CCG and Sunderland City Council be approved.

HW56. 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.

HW57. Provisional Dates and Time of Future Meetings

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

Friday 8 July 2022 at 12.00pm
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