

HEALTH & WELLBEING BOARD CHAIRS NETWORK

Friday 23 October 2015

County Hall, Durham

NOTES

PRESENT:

Darlington Borough Council
Durham County Council
Gateshead Council
North Tyneside Council
Stockton on Tees Borough Council
Sunderland City Council

Councillor Andy Scott
Councillor Lucy Hovvels
Councillor Lynne Caffrey
Councillor Lesley Spillard
Councillor Jim Beall
Councillor Mel Speding

IN ATTENDANCE:

Durham University
Gateshead Council
Public Health England

Alyson Learmonth (*for item 5*)
John Costello
Professor Paul Johnstone (*for item 4*)
Catherine Parker (*for item 6*)
Amanda Healey
Melanie Laws
Andy Robinson
Jonathan Rew

South Tyneside Council
ANEC

APOLOGIES:

Hartlepool Borough Council
Middlesbrough Borough Council
Newcastle City Council
Northumberland County Council
Redcar & Cleveland Borough Council
South Tyneside Council
Sunderland City Council

Councillor Christopher Akers-Belcher
Mayor David Budd
Councillor Nick Forbes
Councillor Scott Dickinson
Councillor Sue Jeffrey
Councillor Iain Malcolm
Councillor Paul Watson

1. APPOINTMENT OF CHAIR/VICE CHAIR

It was AGREED that Councillor Jim Beall (Stockton) be appointed Chair of the Network and Councillor Lynne Caffrey (Gateshead) be appointed Vice-Chair.

2. NOTES

The notes of the meeting held on 3 July 2015 were AGREED as a correct record.

3. MATTERS ARISING

The Chief Executive referred to the recent consultation on the public health funding formula for 2016/17 and confirmed that ANEC, in consultation with public health colleagues, would be submitting a response. A draft would be circulated to member authorities. Members expressed concern at the possible outcome of formula changes, coming on top of the in-year cut of £200m in the public health budget; there needed to be a strong challenge, focusing in particular on the impact on health inequalities, and making links with the emphasis on prevention in the NHS *Five Year Forward View*.

4. DUE NORTH – PUBLIC HEALTH ENGLAND RESPONSE

Professor Paul Johnstone outlined the background to the 'Due North' inquiry. While commissioned by PHE, this was an independent inquiry into the growing inequalities in health between the North and the rest of England, which aimed to look at the evidence on the social determinants of health and to generate debate with Government, the NHS and

local government about identifying national and local action to close the gap. The report had identified four areas for action by central government and by Northern agencies: tackling poverty and economic inequalities, promoting healthy development in early childhood, sharing power and influence over resources that are used to improve the determinants of health, and strengthening the role of the health sector in promoting health equity.

Professor Johnstone commented that since its publication the report had been used as background for discussions across Government and had influenced discussions on devolution. PHE would continue to use the report as a platform for ongoing debate about how best to secure and sustain the economic and social health and wellbeing of people and places in the North. Specific actions included piloting the Well North initiative, which aimed to find community-based solutions to intractable health issues, and working with departments across Government to ensure that the health impacts of their policies were taken into account.

In discussion, members made the following points:

- The possible removal of the ring-fence for public health funding was a cause for concern. Professor Johnstone commented that there were different views on this but it seemed unlikely that the ring fence would survive the Spending Review. It would be important to collaborate with the NHS on prevention;
- There needed to be a stronger message to Government about tackling health inequalities;
- As regards devolution, members noted the proposed Health and Social Care Commission which would be looking at the scope for integration in the NECA area. The case should be made to the Commission for more investment – the evidence was available to back it up;
- ANEC was continuing to press Government departments across the board on the need to monitor the impacts of their decisions;
- There were many examples of policy areas across the North East where health impacts needed to be considered, for example provision for transport in local plans.

Professor Johnstone was thanked for his presentation. It was AGREED that the Network should continue to consider these issues.

5. WORK AND EVENTS PROGRAMME

(a) Update report

An update report was submitted, which also contained a summary of issues discussed by individual Health and Wellbeing Boards during 2014/15. Members commented on a number of issues:

- As an example of opportunities for mutual learning, two Chairs had arranged to attend a meeting of each other's HWB. ANEC officers would be happy to facilitate similar exchanges;
- It would be helpful to have a follow-up to the previous discussion with the North East Ambulance Service (which had been held jointly with Leaders and Elected Mayors);
- HWBs tended to operate differently in terms of structure, membership, relationship with scrutiny and so on, and it would be helpful to research these different structures, also looking at Government expectations of HWBs;
- Safeguarding was a highly important issue across the region – in this context, the Chief Executive referred to the proposal to set up a multi-agency Tackling

- Exploitation Board, and for common licensing standards across the region to protect taxi drivers and vulnerable passengers;
- Other issues that might jointly be considered included experiences of Healthwatch, and outcomes of peer reviews.

It was AGREED that

- a) NEAS be asked to attend a future meeting; and
- b) Officers be asked to carry out some desk research into different structures etc of HWBs in the North East and report back.

The question of arrangements for meetings was discussed in the light of recent changes in membership. It was AGREED that following the next scheduled meeting on 18 March 2015, a revised programme of meetings be drawn up, in consultation with members, which was not based on dates for meetings of the Leaders & Elected Mayors Group but on 'best fit' for the majority of Network members.

(b) Health and Wellbeing Strategies in the North East

Alyson Learmonth outlined her research into the first generation of Health and Wellbeing Strategies in the North East, focusing on how they addressed inequalities in health and the wider determinants of wellbeing. There was a good deal of consensus on what were seen as priority subject areas (e.g. children to have the best start in life, inequalities in life expectancy) and as wider determinants (e.g. employment, housing, social factors). Going forward, it was suggested that there was potential for local authorities to work together to strengthen their Health and Wellbeing Strategies at the next refresh, through identifying areas of commonality. This could be taken forward through a System Leadership event for HWB Chairs, members and officers, and partners such as CCGs (a provisional date of 2 February 2016 had been identified).

Members endorsed this approach and suggested that one of the outcomes could be the production of a statement of aims that could be taken back to each HWB. It was AGREED to take the proposals forward as set out above.

6. NORTH EAST OBESITY AND PHYSICAL ACTIVITY UPDATE

Catherine Parker introduced a report on work taking place to tackle obesity and increase physical activity at a national and local level. She commented that obesity was a significant public health challenge and a risk to the health and wellbeing of the population, with rates of excess weight (in adults and children) and physical inactivity being higher in the North East than the England average. There was also a social gradient to the problem with wider inequalities between socioeconomic groups in both adult and child obesity. The complexity of the problem demanded multiple approaches, and the report highlighted examples of good practice in the North East including work with planning and licensing to limit the growth of hot food outlets; creating healthy and active communities; communications and social marketing; behavioural and lifestyle services; and working through schools.

Physical activity had been identified as a priority area for a joint approach, and in response to this a project "Everybody Active North East" had been proposed for 2016: each local authority would showcase a physical activity each month, with the aim of promoting the range of activity options available and targeting those who were currently inactive to engage in some form of physical activity.

At the request of the Chair, Catherine gave an update on PHE activity in relation to sugar, in particular PHE's evidence review published on 22 October. The review had concluded that measures were needed to reduce the nation's excessive sugar consumption, such as reducing the number of price promotions in retail and restaurants, the marketing of high

sugar products to children and the sugar content and portion size of food and drink products. Consideration of a price increase, through a tax or a levy, was also suggested.

Members endorsed the above comments and noted that the cost of healthy food, as compared with less healthy alternatives, was also something that should be taken up.

It was AGREED that:

- a) The report be noted and the proposed programme of work, specifically the implementation of "Everybody Active North East", be endorsed;
- b) Public Health England be asked to provide a short briefing note on reducing excess sugar consumption.

7. RESEARCH PROJECTS

An update was submitted on the progress of the two previously agreed research projects which were being commissioned by the Institute of Local Governance on behalf of local authorities, on the roll-out of Universal Credit and mental health issues of children and young people. A summary of findings from the research project "Local Health Inequalities in an Age of Austerity" being carried out by Durham University in Stockton-on-Tees was also provided.

It was AGREED to note the report and receive further updates in due course.

8. PUBLIC HEALTH IN THE NORTH EAST – TWO YEARS ON – CASE STUDIES

As agreed at the previous meeting, a revised version of the case study document was submitted containing further examples of how public health was being embedded across the whole of an authority's functions.

It was AGREED that the document be noted and endorsed.

9. HEALTH UPDATE

An update report was submitted for members' information.

10. MENTAL HEALTH – A PUBLIC MENTAL HEALTH APPROACH

As previously requested, a report was submitted on public mental health in the North East and the ways in which the issue was being tackled. The report highlighted the three inter-related domains of a public health approach to mental health, namely promoting the mental health, wellbeing and resilience of the whole population, with a focus on those at greatest risk; the prevention of mental illness and suicide; and improving the lives of those experiencing mental illness. The report drew attention to significant good practice being undertaken across the North East, as well as further opportunities for joint working.

It was AGREED that the information be noted.

11. ANY OTHER BUSINESS

A request was made for information about the activities of the UK Healthy Cities Network.

12. DATE OF NEXT MEETING

AGREED as 2-4pm on Friday 18 March 2016 at County Hall, Durham.

HWBChairs_Notes.O23le