

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Tuesday, 3rd October, 2023 at 5.30pm in
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA

Membership

Cllrs Bond, Burnicle, Graham-King, Haque, Heron, Hunter, Jones (Vice-Chairman), Speding, Usher (Chairman), Walton and M. Walker

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	Part A – Cabinet Referrals and Responses	
	No Items	
	Part B – Scrutiny Business	
4.	Sunderland Safeguarding Adults Board Annual Report	6
	Report of the Sunderland Safeguarding Adults Board (copy attached)	

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Information contained in this agenda can be made available in other languages and formats on request

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	Part C – Health Substantial Variations to Service	-
	No Items	
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	No Items	

E. WAUGH,
Assistant Director of Law and Governance,
City Hall,
SUNDERLAND.

25th September, 2023

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 5 SEPTEMBER, 2023 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Bond, Burnicle, Haque, Heron, Hunter, Jones, Speding, Walton and M. Walker

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Sean Fenwick – Deputy Chief Executive and Director of Operations, South Tyneside and Sunderland NHS Foundation Trust

Andrea Hetherington - Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust

Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

Gerry Taylor – Executive Director Health, Housing and Communities, Sunderland City Council

Apologies for Absence

Apologies for absence were given on behalf of Councillors Graham-King and Potts

Minutes of the last meeting of the Committee held on 4 July, 2023

Councillor Bond referred to page 2, paragraph 2 where it stated that UDA rates averaged at around £30 per day and commented that this should read '£30 per UDA'; and it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 4 July, 2023 (copies circulated) be confirmed and signed as a correct record, subject to the amendment as set out above.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Operational Recovery Update – NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust submitted a report (copy circulated) which attached a presentation that provided an update on the operational recovery of the trust.

(for copy report – see original minutes)

Mr. Sean Fenwick, Deputy Chief Executive and Director of Operation, South Tyneside and Sunderland NHS Foundation Trust, took Members through a presentation which set out data and information on a wide range of issues in relation to operation recovery, which included:-

- Referral to Treatment Time;
- Local Capacity and Demand;
- Diagnostics and Faster Diagnosis Standard;
- Cancer Performance; and
- Mental Health.

(for copy presentation – see original minutes)

The Chairman thanked Mr. Fenwick for their informative presentation and invited questions and comments from Members.

Councillor Heron advised that over the last few weeks she had heard of more people suffering from long Covid and asked if there was an increase of patients being admitted to hospital with it. Mr. Fenwick advised that they continued to monitor levels internally, which allowed changes to be made should they see a spike in inpatient numbers, but advised that they had not had to revert to any of the procedures they had in place during the pandemic; although he was aware that a couple of trusts within the North East had had to during the last few weeks. In relation to long CoVid cases he commented that they would see a reduction in new cases but advised that they ran a long CoVid service for patients to access until they had recovered.

Councillor Speding referred to the Trauma and Orthopaedics service and asked if there was a situation whereby consultants in private hospitals were now not renewing their contracts with the NHS and was advised that the independent sector; where the NHS had asked private organisations to undertake work; was fairly fixed, as they were not able to take all of the patients that the NHS could. In terms of private practice, which was relatively small in the North East, they were not in a situation where any NHS specialists had left to go to work in the independent sector and therefore it was not a material issue for them.

In response to a query from Councillor Speding regarding the invasive procedure for prostate cancer and the possible life changing side effects from it, Mr. Fenwick advised that they had not carried out a transrectal biopsy for approximately two years now which helped to avoid a number of the issues, complications and risk of infection related to that procedure.

With regards to treatment for prostate cancer being available at a local level, he went on to advise that they were looking to provide a one-stop shop everywhere they provided urology services but there would be some restrictions due to the technology and more advanced MRI scanning machines that were available at particular sites. He explained that MRI's for prostate cancer were a standard investigation nowadays, to the point that they were now looking to give patients an MRI before they saw the urologist so that they could then make a more informed decision. They accepted that they probably undertook 10% of MRI scans that were not necessary but this ensured the 90% got earlier detection and treatment.

In a follow up question, Councillor Speding asked if the PSA test was less accurate and was informed by Mr. Fenwick that if a PSA result came back very high then there was a good chance of it being due to prostate cancer. The problem lay in that lots of other things could cause PSA results to rise and therefore it was an imperfect screening test as it introduced too much uncertainty.

In relation to the reasons for non-attendees at appointments, when there were so many ways in which patients were reminded of their appointment and given the opportunities available to them to cancel or rebook with ease, Mr. Fenwick advised that prior to the reminder service going live the rate of patients not attending appointments was around 8%; since the service this was typically at 4-5%. He advised that prior to the reminder service a number of patients had informed them that when trying to advise they were unable to attend they had not been able to contact anyone so they had to look to provide a range of ways for patients to contact them in a way that was most suitable for them.

Ms. Taylor advised that there was also a piece of work being undertaken in line with the Council's Healthy City Plan around patients not attending appointments to see if there were any other issues the Trust could explore which could reduce these numbers further. The findings of this could be shared in due course, although it was in very early stages at the moment.

Councillor Bond referred to the CQC report which had set out clinical governance as one of the areas which required improvement and asked how they balanced reducing the waiting list whilst trying to improve clinical governance at the same time? Mr. Fenwick agreed that there was no point in giving up quality for quantity and alongside the recovery process they were undertaking a full review of the clinical governance process to ensure it was simple, all staff could understand it and that it was effective. He informed the Committee that they had not reduced the time of clinical governance activities to give up to clinical recovery activities so the timetables looked the same as they had pre-pandemic and none of that time had been sacrificed.

In relation to block contracts and how much progress was being made to move to incentivised contracts; Mr. Fenwick advised that the national position was not available yet but it had been made very clear that all of the funding for this year had been paid out and therefore he could not see it being introduced in this financial year. Any further funding would probably only be given to support winter pressures rather than elective recovery.

Councillor Burnicle advised that a resident had informed them that they had been told that there would be a five year waiting list for their child to receive an ADHD diagnosis and if through the right to choose scheme they chose to go to an alternative site such as Teesside would any ongoing treatment have to be taken there or could they refer back to Sunderland. Mr. Fenwick advised that firstly they were not necessarily the provider of diagnostic services for ADHD but a five year waiting list did sound unacceptable. Should a family choose to access services in another location then there was nothing that would stop them being repatriated to a local service if they wished.

Mr. Fenwick advised that the Government were in the process of introducing DMAS (Digital Mutual Aid System) and PIDMAS (Patient Initiated Digital Mutual Aid

System) which allowed patients who had been waiting over forty weeks to add themselves to an app where other providers who may have capacity to offer that service could take patients on from that list. He commented that in terms of the incident Councillor Burnicle had referred to the family should be offered a range of providers but the diagnosis itself was very important as it opened up access to further services. If diagnosis was given by a private practitioner then the family could return to NHS treatment following that; but they should ensure that they carried out their own research on that provider.

Councillor Jones thanked Mr. Fenwick for his presentation and commented that it had been very detailed and comprehensive, open and transparent, and that it acknowledged the areas for improvement whilst sharing the initiatives that were available and showing that the patient was at the heart of the recovery process and that they were not just fixed and focussed on targets.

Councillor Usher asked how much an MRI scanner machine could cost and was advised that a standard CT cost approximately £1million, an MRI scanner around £1.2million and a recently acquired SPECT-CT scanner had been about £2.3million.

There being no further questions, the Chairman thanked Mr. Fenwick for their attendance, and it was:-

2. RESOLVED that the information provided within the presentation be received and noted.

Work Programme 2023/2024

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report (copy circulated) which attached the proposed work programme for the year for consideration and agreement.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising that the report included a number of potential topics to consider along with the Scrutiny Work Programme for 2023/24.

Mr. Cummings advised the most popular topic for the Task and Finish Working Group had been Integrated Services and invited interest from Members if they wished to be included. Councillors Usher, Jones, Heron, Speding, Burnicle, Hunter and Walton had shown an initial interest in being involved with the working group and Mr. Cummings advised he would look to prepare a scoping paper and hold a meeting for Members to be able to confirm their involvement.

Members having considered the report, it was:-

3. RESOLVED that the contents of the work programme and the update on the task and finish working group for 2023/24 be received and noted.

Notice of Key Decisions

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 9 August, 2023.

(for copy report – see original minutes)

Mr Cummings, Scrutiny Officer, having advised that if any further Members wished to receive further information on any of the items contained in the notice they should contact him directly, it was:-

4. RESOLVED that the Notice of Key Decisions be received and noted.

The Chairman then closed the meeting having thanked everyone for their attendance and participation.

(Signed) J. USHER,
Chair.

SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT**Report of Sunderland Safeguarding Adults Board****1. Purpose of the Report**

- 1.1. It is a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.
- 1.2. The annual report, attached for members' information, highlights the current work of Sunderland Safeguarding Adults Board (SSAB) during the year 2022-23.

2. Background

- 2.1. The workings of the Board and its current sub-committees, and importantly what they have achieved, are shown within the body of the report and also the links the Board has with other strategic partnerships within the City.
- 2.2. The work of SSAB in 2022-23 focused on the strategic priorities as identified in its Strategic Delivery Plan 2019-24, which, following a refresh in 2021, were revisited again in 2022 to ensure they were still the priorities SSAB needed to focus on:
 - Prevention
 - Local Areas of Risk:
 - Self-Neglect
 - Mental Capacity
 - Homelessness
 - At Risk/Vulnerable/Complex Cases (including Substance Misuse) who don't meet statutory thresholds (via the Complex Adults Risk Management (CARM) process)
 - Domestic Abuse (supporting the work of the lead body, Sunderland Domestic Abuse Board)
 - Suicide Prevention (supporting the work of the lead bodies, Sunderland City Council's Public Health Team and the Suicide Prevention Action Group)

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

- 2.3.** The report highlights significant progress against its strategic priorities through the work of the SSAB & its Sub Committees, and through the training offer the SSAB commissions. It also features the Key Achievements; Good Practice, Partnership Working and Making Safeguarding Personal activity undertaken by the SSAB's statutory partners, and a 'Year in Figures' Performance Summary giving the headline activity figures for 2022-23 in relation to the Safeguarding Adults operational process. It also highlights how partners continued to use innovative ways of working that were previously developed during the COVID-19 pandemic to enhance safeguarding adults activity.
- 2.4.** The report has particularly emphasised the individual/service user experiences and used good practice case studies to illustrate the positive outcomes that have been obtained for a number of people who were either supported through the safeguarding adults enquiry process, or who benefited from 'lower-level keeping safe' preventative activity, advice and support to safeguard them and aid them to live safe and independent lives of their choosing.
- 2.5** The report also sets out the future direction of travel for the Board with regard to closely monitoring the impact of the Cost of Living Crisis, progressing the Safeguarding Adults Review process regarding a complex case with themes of learning disability, physical health problems and cross-boundary working, and publishing the learning from this case, and continuing to build on the excellent partnership working that has characterised the last year.

In addition, a range of work focusing on the key SSAB priorities of Prevention, Self-Neglect, Mental Capacity and Homelessness, the Complex Adults Risk Management (CARM) process, domestic abuse, and suicide prevention will continue to be taken forward.

3. Recommendation

- 3.1.** The Scrutiny Committee is asked to note and comment on the content of the Safeguarding Adults Board Annual Report 2022-23.



Sunderland Safeguarding Adults Board: Annual Report 2022 - 2023

Foreword: Vanessa Bainbridge, SSAB Independent Chair

I am pleased to present Sunderland Safeguarding Adults Board Annual Report (2022/23). I hope you find the report informative and useful to the work of your organisation and future planning. The report includes, in numbers and narrative, the work of the Board and its members of the last year. It was important to members to include the voice of people, through case studies and quotes, so we always have *Making Safeguarding Personal* at the heart of what we do.

This is my third annual report as the Independent Chair, and this has allowed me to reflect on the challenges and hard work of all organisations and individuals in continuously improving practice and policy. In addition, we have taken learning from audits, surveys, feedback from staff and those

impacted from all types of safeguarding issues, and especially from Safeguarding Adults Reviews (SARs).

Therefore, I would like to thank all organisations who have contributed to the report and all those organisations, as part of the wider SSAB network who have ensured that staff are appropriately trained, demonstrated in the increase in numbers and range of training. In addition, a thank you to those who actively participated in Safeguarding Week, making it one of our most successful events to date.

I wish to give special thanks to the SSAB Programme Managers who have ensured the Board's business is relevant, coordinated and robustly monitored.

The new governance adopted by the Board has proven effective - and the focus via our SAR Sub-Committee has enabled learning and changes in practice, which is detailed in the report. We have also continued to improve how we collect and analyse data, this has led to more grip on issues and allowed organisations to understand where resources and effort is required.

Whilst the Board and I are proud of the many advancements and achievements throughout the last year, we are still acutely aware of the increase in referrals and complexity of cases, which places a capacity pressure on all - as a Board we have ensured that this is at the heart of discussions, and will continue to do so.

We are also preparing for the CQC Adult Social Care Assurance Framework, which will commence in October 2023. As a Board we will want to showcase our journey but also be clear on our challenges and priorities, therefore our priorities for this year will be:

- Closely monitoring the impact of the Cost of Living Crisis on the most at risk and vulnerable residents of Sunderland
- Continue to make positive, meaningful progress on the objectives and actions identified against the SSAB priorities of:
 - Prevention
 - Self-Neglect
 - Mental Capacity
 - Homelessness
 - At risk/vulnerable/complex cases (via the Complex Adults Risk Management (CARM) process)
 - Domestic Abuse
 - Suicide Prevention
- Continued learning from Safeguarding Adults Reviews
- Continued partnership working

I recommend this Annual Report to Sunderland Safeguarding Adults Board.

Sunderland Safeguarding Adults Board



Sunderland Safeguarding Adults Board (SSAB) is a statutory body which brings together partner organisations in Sunderland to safeguard and promote the welfare of adults at risk of abuse and neglect. SSAB leads and holds partners to account for safeguarding adults in the city. SSAB has a strong focus on partnership working and has representation from the following organisations across the City:

- Sunderland City Council
- Northumbria Police
- North East and North Cumbria Integrated Care Board (Sunderland)
- South Tyneside & Sunderland NHS Foundation Trust
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Healthwatch Sunderland

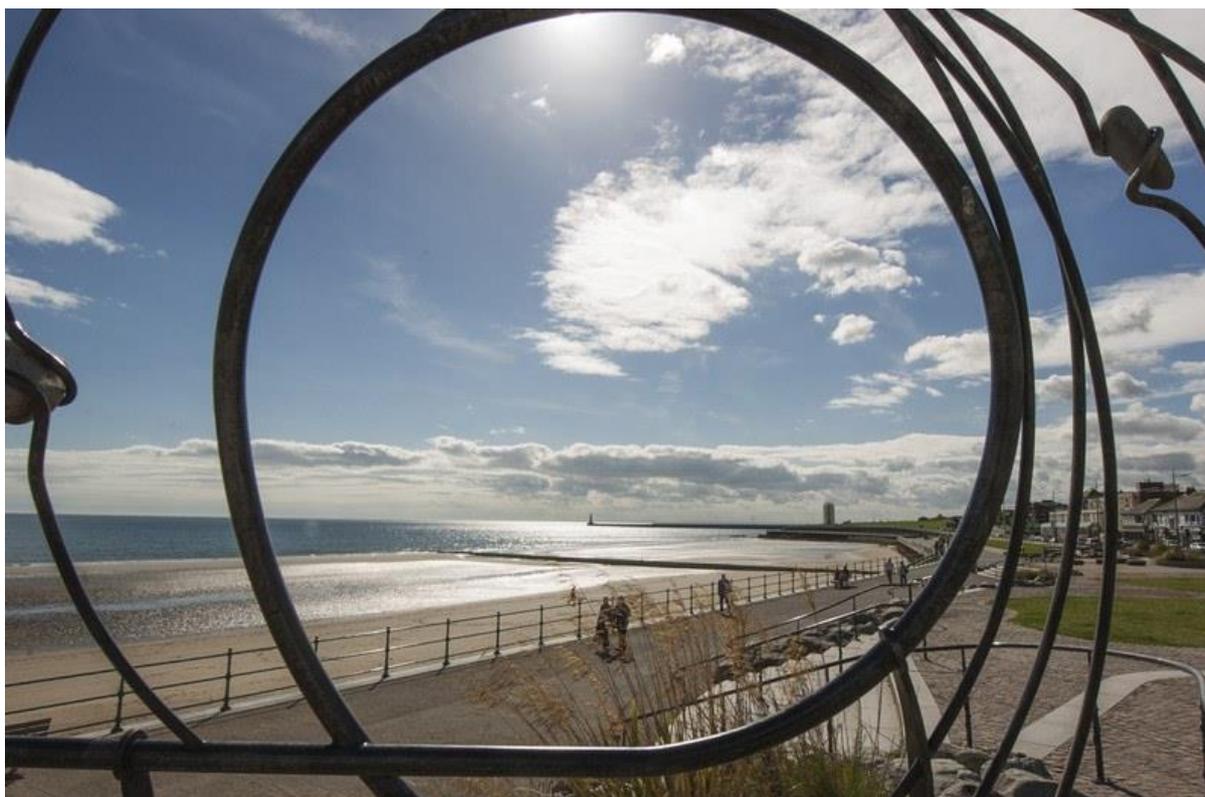
SSAB works closely with other statutory partnerships in Sunderland, including:

- Sunderland Health and Wellbeing Board (HWBB) - responsible for producing the Joint Strategic Needs Assessment (JSNA) and HWBB Strategy. A 'Framework of Cooperation' is in place between SSAB, HWBB and Sunderland Safeguarding Children Partnership, setting out the role and remit of each Board/Partnership and their inter-relationship with each other.
- Safer Sunderland Partnership (SSP) - SSP and SSAB work in collaboration on cross-cutting themes, including domestic abuse, violence against women and girls, sexual and criminal

exploitation, migration/asylum and modern day slavery. SSAB receives updates regarding Domestic Homicide Review activity.

- Sunderland Safeguarding Children Partnership (SSCP) - SSAB and SSCP have worked jointly on a range of common workstreams, and also hold, and contribute towards, learning events and workshops, highlighting both safeguarding children and adults issues, such as domestic abuse, suicide & self-harm, and exploitation.

Our Vision



In order to improve the effectiveness of SSAB in accordance with its statutory responsibilities, the Board has the following vision:

People in Sunderland are able to live safely, free from neglect and abuse

SSAB's vision for safeguarding adults in Sunderland can only be delivered effectively through the support and engagement of a wide range of partner agencies and organisations across the City. SSAB continues to work toward achieving its vision through the committed local partnership working between a range of organisations that comprise the membership of SSAB, the SSAB's Partnership Group and Sub-Committees, working together with common objectives and commitments.

Strategic Delivery Plan



SSAB's [Strategic Delivery Plan](#) details key focus areas for the period of 2019-2024, and identifies how SSAB will ensure its statutory responsibilities are met in accordance with the [Care Act 2014](#) and embedded in practice across the partnership. The Plan is underpinned by SSAB's [Multi-Agency Memorandum of Understanding](#), which describes the Board's remit and governance arrangements.

SSAB established strategic priorities for 2019 - 2024; these were refreshed in 2021:

- **Prevention**
- **Local areas of risk (identified through local performance data, outcomes from Safeguarding Adults Reviews and emerging issues as a result of Covid-19):**
 - **Self-neglect**
 - **Mental capacity**
 - **Homelessness**
 - **At risk/vulnerable/complex cases (including substance misuse), who don't meet statutory thresholds: development of Complex Adults Risk Management (CARM)**
 - **Domestic Abuse (supporting the work of the lead body, Sunderland Domestic Abuse Board)**
 - **Suicide prevention - particularly in light of the effects of Covid-19 (supporting the work of the lead bodies, Sunderland City Council's Public Health Team and the Suicide Prevention Action Group)**

These priorities inform the Board's local actions to safeguard adults in Sunderland, and are underpinned by the [Care Act Statutory Guidance's](#) six key principles of adult safeguarding.

The strategic priorities have been progressed through the work of SSAB's Partnership Group and Learning and Improvement in Practice, Safeguarding Adults Reviews, and Quality Assurance sub-committees.

Progress and Achievements



Prevention

- SSAB held a successful local campaign in November, in line with National Safeguarding Adults Week 2022, expanding it to include a joint offer with Sunderland Safeguarding Children Partnership and the Safer Sunderland Partnership (Community Safety) as a *Safeguarding Learning Week*. It featured a range of face-to-face and online events (webinars, briefings, training and a conference) covering a range of safeguarding topics, including: self-neglect, mental capacity, PREVENT (anti-radicalisation), domestic abuse, and exploitation. Sessions were very well received, and feedback was gathered to inform the planning of a similar event taking place in 2023. The week's activities were promoted widely using social media using **#SafeguardingSunderlandTogether**. The safeguarding message was further strengthened and supported by a range of networking events hosted across the partnership.
- Key safeguarding adults information continues to be shared with partners through the ongoing development of the SSAB website, the SSAB Twitter account, quarterly newsletter, and our email distribution.
- A scoping exercise of available safeguarding apps (including: NHS Safeguarding app, Ask for ANI, Mental Capacity app, Unseen) was undertaken and the resources shared with partners.

- Building on the work of 2020-21, there has been continued development of a range of safeguarding adults resources available to public and professionals in various formats, including animations, leaflets, posters and guidance.
- Review and refresh of SSAB's Prevention Strategy completed.
- Partner agencies have engaged with an assurance exercise to record their engagement with relevant community events to raise awareness of safeguarding adults and provision of information to the general public.
- Partner agencies have engaged with assurance exercises to record how they are sharing key information/documentation, such as: learning from the 'Alan' Safeguarding Adults Review (SAR), SSAB's Professional Curiosity Guidance.
- Other examples from across the partnership include:
 - Continued learning from local, regional and national Safeguarding Adults Reviews
 - Continuous improvement and update of safeguarding adults policies and procedures.

Local Areas of Risk

Self-Neglect

Self-neglect has continued to be a strong theme in SSAB communications with partner agencies. The SSAB's Self-Neglect suite of resources have been regularly shared/highlighted to partner agencies, and it has been fed back that partner agencies have used these in staff training sessions and briefings. In addition, SSAB has been involved in regional work through a sub-group of the ADASS Regional Safeguarding Adults Network to develop a suite of regional self-neglect resources. This has included the launch in May 2022 of a series of 7-minute briefings on a range of self-neglect topics (aimed at professionals) and in November 2022, a short animation on this subject was launched as part of Safeguarding Adults Week (aimed at the public/general awareness-raising).

The Complex Adults Risk Management (CARM) process that was developed in 2022 has been applied in cases where self-neglect is an issue, and where the adult is capacitated and doesn't meet the Care Act safeguarding adults thresholds for interventions and support.

Mental Capacity

- All recommendations from the 'Alan' SAR relating to mental capacity were achieved by June 2022.
- Training requirement was reviewed, and *How to Assess Mental Capacity* training course commissioned and delivered to multi-agency staff.
- An assurance exercise was undertaken with partner agencies regarding the disseminations and use of SSAB's Professional Curiosity Guidance - the results will support further work driven by the sub-committees to embed the Safeguarding Adults Review Quality Markers.
- A Liberty Protection Safeguards (LPS) strategic group was established, which includes all relevant partners and reviewed the planning and developments that were required for the new legislation.

Homelessness

- SSAB Terms of Reference now includes reference to homelessness.

- SSAB sub-committees now have a Council Housing Team representative.
- Homelessness updates and data continued to be routinely shared with SSAB.
- SSAB members joined the Strategic Housing Group and are contributing to its work, demonstrating SSAB's support of this key priority.
- The Council's Housing Team organised a Homeless and Rough Sleeping consultation event held in autumn 2022, which stakeholders from SSAB contributed to.
- SSAB received updates on the work to support refugees from Ukraine and other countries in 2022-23, providing assurance that support is adequate to meet those people's needs.

At Risk/Complex Cases - Complex Adults Risk Management (CARM)

Following the launch of CARM in February 2022, briefings were shared with SSAB partner agencies in 2022 to ensure they were aware of the process and how to refer. The CARM documentation is easily accessible to professionals, via the [SSAB website](#). CARM data was collected from the outset and has been routinely fed into the Quality Assurance sub-committee on a quarterly basis. A review of the CARM process, to audit its effectiveness and identify and necessary improvements, is planned for 2023.

Domestic Abuse

- SSAB members continued to be represented throughout 2022-23 on the Sunderland Domestic Abuse Board and Domestic Abuse and Violence Against Women and Girls (VAWG) Operational Group, and contributed to this work.
- SSAB members participated in an event on 5th December 2022, organised by the Council's Public Health Team, *Making the Invisible Visible: A Call to Action to Tackle Perpetrators of Domestic Abuse*, demonstrating SSAB's support of this key priority.
- The Domestic Abuse Health Advocate Project, funded by NENC ICB, continued to develop in 2022-23 across Sunderland, with its progress monitored on a monthly basis and supported by Wearside Women in Need. There have been positive outcomes for individuals, and 36 GP practices became fully committed to routine enquiry about domestic abuse and having Domestic Abuse Champions in place.

Suicide Prevention

- Partners continued to represent SSAB on the Suicide Prevention Action Group on 2022-23 and contribute to this work, demonstrating SSAB's support of this key priority.
- A progress update regarding the Suicide Prevention Strategy was shared with SSAB in 2022.
- In December 2022, Sunderland City Council recommissioned 'A LIFE Worth Living' suicide prevention training which equips workers and volunteers with the confidence, skills, and knowledge to offer support and information to those at risk of suicide. Delivery of ALWL© began in February 2023 and to date, 94 people have been trained in the LIFE model for suicide prevention. A priority moving forward will be to commission a wider mental health training offer within Sunderland including Mental Health Awareness, Mental Health Awareness for Managers and Emotional Health and Resilience.

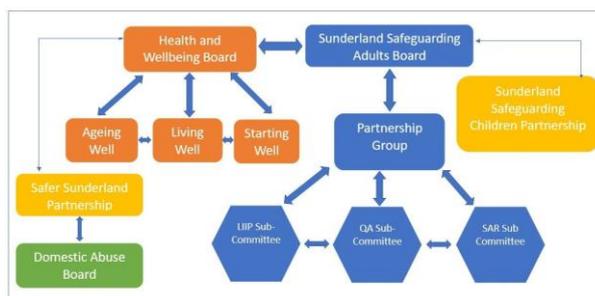
- The Suicide Prevention Action Group (SPAG) has continued to operate, widening its membership to ensure there is appropriate partnership representation. The decision to recruit a full time equivalent Public Health Practitioner post dedicated to Mental Health has provided capacity within the system to drive the suicide prevention agenda forward; a key priority will be to refresh the Suicide Prevention Action Plan and work is already underway to do so.

The Work of SSAB and its Sub-Committees



Governance

- Despite the easing of Covid-19 restrictions in 2022-23, it was agreed to keep the SSAB meetings operating on a virtual platform, which has maximised resources and attendance and has worked very well, with sub-committees continuing to meet on a quarterly basis, and SSAB twice-yearly, as planned.
- The SSAB Newsletter continues to be published and distributed to a wide range of stakeholders on a quarterly basis. A wide range of key safeguarding messages, service developments and articles from SSAB partners were communicated throughout the year.
- SSAB has continued the interface with other statutory processes where required, such as Domestic Homicide Reviews.
- Following the previous year's review of SSAB's sub-committees and their workstreams, the Safeguarding Adults Review (SAR) sub-committee was established with its first meeting taking place in June 2022. This has allowed the Learning and Improvement in Practice (LIIP) sub-committee to focus on wider learning from local, regional and national SARs, and allowed more focus on other areas such as training requirements.



Quality Assurance

- Refreshed terms of reference
- Further developed performance data and themes/trends received from SSAB's partner agencies
- Conducted several assurance exercise, including:
 - Usage of SSAB's [Professional Curiosity Guidance](#);
 - Service user surveys by partner agencies;
 - Contacts mapping;
 - Events attendance;
 - Safeguarding messages to public;
 - Communication with staff about safeguarding adults
- Conducted several audit exercises, including:
 - Safeguarding concerns where the risk was not reduced/removed;
 - Increase in concerns raised for people aged 18-64 years;
 - SSAB partner agencies' self-audit to identify good practice and give assurance to the Board;
 - Training audit linked to 'Alan' SAR recommendations/actions;
 - Age 18-64 years with multiple safeguarding concerns;
 - Physical abuse cases
- Monitored the SSAB training offer and facilitated continuous improvement
- Jointly planned Safeguarding Adults Week (November 2022) activity with Sunderland Safeguarding Children Partnership and Safer Sunderland Partnership to deliver a Safeguarding Learning Week
- Refreshed content of SSAB's [safeguarding adults posters](#) and the [safeguarding adults and children information leaflet](#)
- Involved in development of regional [self-neglect suite of resources](#): 7-minute briefings and animated video
- Development of multi-agency audit tool

- Identified themed assurance/audit activity as a follow-up from the 'Alan' SAR
- Undertook a survey (via Healthwatch) of people who had been through the safeguarding adults process (or their representative, where they lacked capacity)
- Made the CQC Inspection Framework of Adult Social Care a standing agenda item, to monitor what this will mean for Sunderland and keep partner agencies updated
- Made the Cost of Living Crisis a standing item, to monitor effects on adults at risk and the mitigating work being done in Sunderland

Safeguarding Adults Reviews

- Sub-committee established June 2022
- Established terms of reference and multi-agency membership
- Reviewed and refreshed SSAB SAR Referral form
- Refreshed SAR governance documents, including SAR Protocol and Learning and Improvement in Practice Framework
- Scoped three cases against Care Act criteria, one of which will progress to a SAR for publication in 2023
- Monitored completion of action plan resulting from case that did not meet the criteria for a SAR

Learning and Improvement in Practice

- Progressed actions arising from 'Alan' SAR
- Refreshed terms of reference and membership
- Supported establishment of stand-alone Safeguarding Adults Review sub-committee
- Receives regular reports from Complex Adults risk Management (CARM) process and supported the embedding of the process into practice
- Conducted several assurance exercises including: professional curiosity, embedding of learning from the 'Alan' SAR, application of SAR Quality Markers
- Considered learning from local, regional and national SARs and implications in Sunderland
- Supported [Alcohol Change UK project](#) regarding cognitive impairment in dependent drinkers
- Receives regular assurance from partners regarding provision and application of safeguarding adults training

Training

SSAB provides multi-agency safeguarding adults training in trainer-led and e-learning formats. As a Board we continue to embrace alternative ways of working and new technology to support the delivery of adult safeguarding, and following delegate feedback will be offering a hybrid training programme with both classroom-based and virtual trainer-led training in 2023.

Training content is regularly reviewed and refreshed to ensure that it reflects current themes and trends of adult safeguarding in Sunderland. Over the course of 2022 -23, 698 delegates received trainer-led training provided by SSAB - an increase of 150 from the previous year.

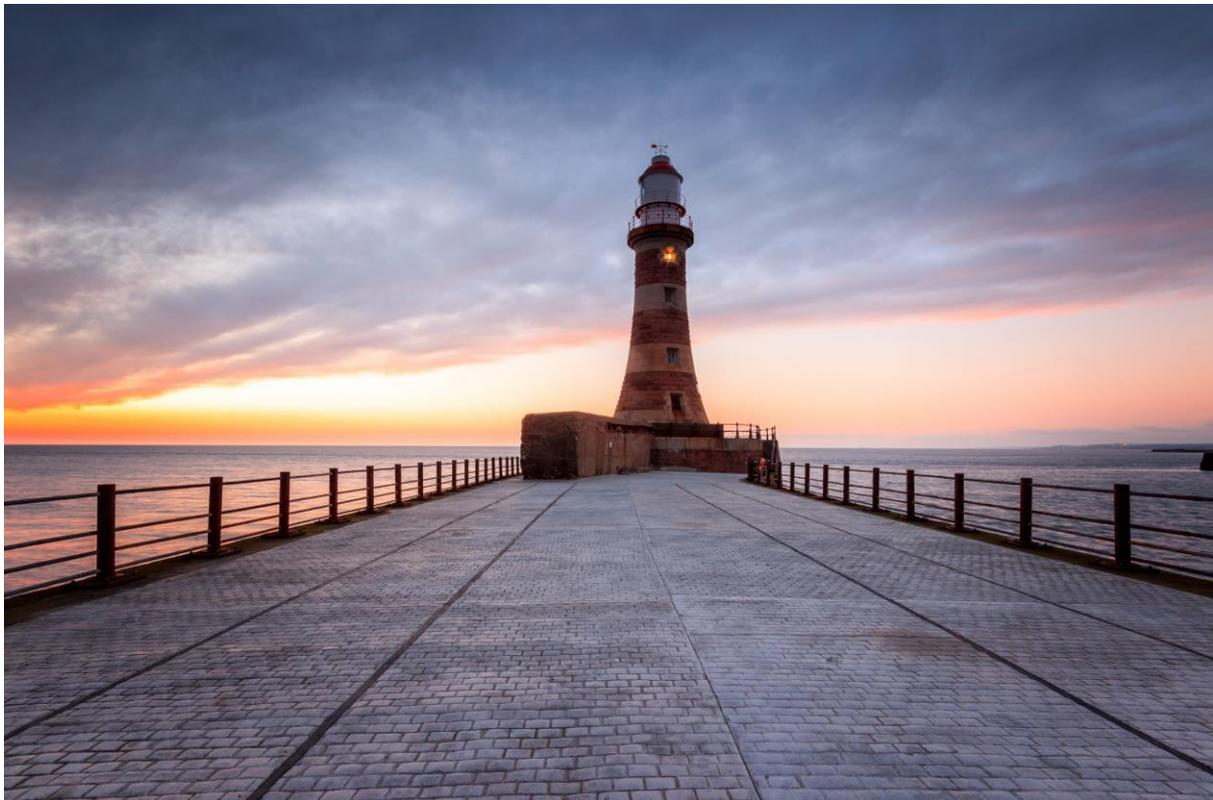
In partnership with Sunderland Safeguarding Children Partnership and South Tyneside Safeguarding Children and Adults Partnership, SSAB continues to provide a range of safeguarding e-learning courses to organisations working with adults and children in Sunderland, including the following which are aligned with SSAB's strategic priorities:

- Self-Neglect and Hoarding
- Understanding the Importance of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Suicidal Thoughts
- Awareness of Domestic Violence and Abuse



1 - Click to enlarge

Statutory Partners' Contribution to Safeguarding



Key Achievements

SSAB partners continue to support the safeguarding adults' agenda, meeting key statutory responsibilities and contributing to the work of the sub-committees and Board. Partners have proactively engaged in local and national campaigns, and continue to share good practice and learning. Partners also undertake regular governance and assurance activities.

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- The safeguarding team have continued to work in collaboration with multi-agency partners throughout the recovery phase and longer term impact of the COVID-19 pandemic to ensure safeguarding measures are in place and learning is shared to support and protect adults at risk and their families. The main emphasis has been on Making Safeguarding Personal, self-neglect, fire safety awareness, trauma informed practice, mental capacity and professional curiosity. These themes have been shared via 7-minute briefings, quarterly Safeguarding Champions forums and bi-monthly safeguarding newsletters.
- Safeguarding supervision sessions have been reviewed to ensure that delivery remains impactful and meaningful. A new model for safeguarding visibility has been implemented to increase face to face presence in areas to further support staff in their safeguarding practice and offer safeguarding supervision.
- An MCA/LPS lead, alongside an MCA Corporate Lead have been appointed to further embed MCA into practice alongside having the skills and expertise to robustly implement LPS once finalised. Improvements have been made to the MCA recording pathway on Meditech to support staff to re-consider MCA assessment and whether a DoLS is required or needs withdrawn. Community EMIS systems have been amended to incorporate MCA assessment within community records.
- Training - All levels of safeguarding training have been reviewed to ensure they are aligned to both adult and children intercollegiate document. Level 3 face to face "Think family" training has been amended to reflect learning from recent scoping's, SAR's, DHR's , CSPR's and learning reviews. Slido (a digital polling platform) is now being used to ensure that face to face sessions are more interactive and those delivering training can obtain training evaluations in real time.
- MCA training has been reviewed and STSFT now utilise the National E-Learning package resulting in MCA training now being a stand-alone package.
- The Domestic Abuse Health Advocates (DAHA) continue to work alongside the safeguarding team to support staff in the identification and response to any disclosure of DA. The DAHA's are specialists working with victims of DA, targeting ward areas, ED (Emergency Department) and community in supporting staff to recognise and respond to DA. The increased visibility of the DAHA's across the Trust has resulted in increased DA referral activity. Recent DAHA feedback from both patients and staff include:

"Thank you, I do not know what I would have done if you had not been here to support me".

"Thank you so much you have been amazing in supporting me"

"The DAHA on duty came down to ED and was so kind and helpful and just offered to help with anything we needed. This was so kind, thoughtful and really welcomed"

North East and North Cumbria Integrated Care Board (NENC ICB) - Sunderland

- Domestic Abuse Health Advocate Programme continues across Sunderland and now 36 practices are fully committed to routine enquiry about domestic abuse and have Domestic Abuse Champions in place. This programme is supported by WWIN and work is ongoing to enrol every GP practice into the programme.
- Funding has been agreed to support a three year project to support homeless people and those in temporary or short-term accommodation with a Health Navigator who can assist with addressing health inequalities so they can find suitable long-term accommodation. NENC ICB Sunderland safeguarding team will assist housing with identifying appropriate health needs to support their evaluation of the project. Clear outcomes have been developed and an audit process will be in place to monitor these outcomes.
- The Safeguarding newsletter has been launched monthly to ensure all practitioners and GP practices have access to relevant safeguarding information in a timely manner.
- A new statutory process to review the early deaths of care leavers presented by the Designated Nurse for Children in Care has been accepted by the Learning and Improvement in Practice sub-committee and the SSAB Partnership Group as good practice to develop. Further work is ongoing with SSAB to embed the new process with the SSAB statutory processes in conjunction with deaths from knife crime for under 25's.

Northumbria Police

Protecting vulnerable people continues to be a key force strategic priority. The force Vulnerability Strategy 2021-25 is established, identifying four key pillars of:

- Working together - strengthening internal and external collaboration to ensure vulnerability is everyone's business. Improving information sharing protocols and training to promote the multi-agency sharing of information to enhance our holistic assessment of vulnerability.
- Early intervention and prevention - to ensure early identification and intervention is a priority to prevent unnecessary criminalisation, reduce victimisation and adopt a problem-solving approach. This includes a comprehensive data collection plan, which includes multi-agency data that supports the identification of our most vulnerable.
- Our people - provide staff with the tools to recognise and respond to vulnerability, understanding that individuals and communities can be vulnerable. Training of all staff to adopt a Trauma Informed Approach being able to recognise vulnerability, looking beyond the obvious and being professionally curious, focussing on the individual circumstances to provide a bespoke response.
- Leadership - Through effective leadership and governance we will embed vulnerability across the organisation aligning the vulnerability strategy to the NPCC and College of Policing National Vulnerability Action Plan. Working collaboratively with partners to raise awareness of the vulnerability principles.

Vulnerability training continues to be rolled out across the force including inputs to new recruits following the uplift in policing numbers.

Sunderland City Council

- In 2021 - 22 the Safeguarding Adults Team received 4,782 Safeguarding Adult Concerns. During the same period, 1st April 2022 - 31st March 2023, the Team processed 5,732 Safeguarding Adult Concerns - an increase of 950.
- In April 2022, Sunderland City Council introduced the Safeguarding Adult Portal and changed the way we receive Safeguarding Adult Concerns into the team. This on the whole has been a great success. The team has delivered training to over 550 individuals from partner agencies. The training and the accompanying guide have both been well received, with one GP commenting that if he could do it, then anyone could! As the Portal is on a secure government platform, the referrals are securely received, therefore protecting the individual's personal data.
- In December 2022, the Safeguarding Adults Team circulated a revised threshold tool and guidance. The purpose is to assist our partner agencies in their decision making as to whether or not a Safeguarding Adult Concern is required. The revised threshold guidance tool seeks to support practitioners to report and respond to concerns at the appropriate level and to have a consistency of approach across services. Since its introduction, feedback has been positive, and partners have reported that the examples in particular are a helpful aid.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

- NENC ICB (Sunderland) agreed recurring funding for the Adult MASH (Multi-Agency Safeguarding Hub) post in Sunderland. The focus of the role was agreed as a health navigation role, to support the wider health economy, with CNTW as the lead provider. The substantive post now sits with our Access CBU (Clinical Business Unit) to help facilitate easier access to mental health services and to better support our multi-agency partners, including:
 - The navigation of client care around a complex mental health system
 - Timely review of care and treatment and support
 - The Domestic Abuse agenda
 - The beginning of supporting the CARM process, with offering key clinical advice on clinical cases
- A second Acting Named Nurse was introduced into the CNTW Safeguarding and Public Protection team, to increase the Trust's senior safeguarding resource and allow greater scope for partnership working.
- Safeguarding Adults Level 3 training was introduced in April 2022. Over the course of the year, from a starting position of 19% compliance, by year end this increased to 84%.

Good Practice

Examples of good practice across the partnership include attendance at multi-agency safeguarding training and dissemination of learning throughout organisations using a range of media, including bulletins, conferences and 7-minute briefings. Assurance of safeguarding compliance is provided through rigorous audit programmes, internal agency reporting mechanisms and regular reporting to commissioners and regulating bodies, such as the [Care Quality Commission](#).

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- The safeguarding team have worked alongside STSFT staff to further develop body map documentation to record marks, bruises and pressure damage on admission and discharge from hospital. The body maps are now incorporated into STSFT documentation, alongside a Standard Operating Protocol to support practitioners accessing the document.
- The rigorous programme of safeguarding audits have continued throughout 2022-23 to monitor safeguarding practice across STSFT. These have included MCA/DoLS policy adherence, MCA policy compliance for patients with a learning disability, safeguarding policy compliance (inclusive of routine & selective enquiry), procedural self-neglect guidance and threshold tool compliance and chaperone policy compliance. A safeguarding team service review was conducted via Survey Monkey in December 2022 - the findings were extremely positive.
- A new model for safeguarding visibility has been implemented to increase face to face presence on wards and departments to further support staff and offer safeguarding supervision. This includes daily attendance at Emergency Department (ED) huddles (Monday-Friday).
- The safeguarding team continue to complete a daily audit of ED attendances to ascertain if there are any missed opportunities. Any learning to arise from missed opportunities are Incident reported. The Named Nurse attends ED Clinical Governance meetings to discuss any reported missed opportunities. The annual audit of ED attendance activity forms part of the safeguarding annual audit cycle.
- The safeguarding team have undertaken joint working with ED staff to expand the asking of the safeguarding mandatory questions from initial triage and make them mandatory within Same Day Emergency Care (SDEC) documentation and within the speciality transfer letter.
- Safeguarding training compliance has continued to exceed the 90% organisational target and this has been maintained throughout 2022-23. The Trust continues to exceed NHS England's 85% compliance target for WRAP Prevent training and Basic Prevent Awareness training (BPAT)
- A bi-monthly newsletter is shared with all STSFT employees via both the team brief and through the safeguarding champions forum. This newsletter highlights learning from SARs/DHRs & CSPRs and incorporates any regional / local updates inclusive of 7-Minute Briefings. The newsletter is held on the Trust intranet site.

North East and North Cumbria Integrated Care Board (NENC ICB) - Sunderland

- A remote quarterly level three safeguarding training session is held every quarter for all member of primary care to attend. The programme is determined by the feedback from attendees and external speakers are utilised to provide useful and positively evaluated sessions.
- Time In Time out (TITO) annual safeguarding training session provided level three and level two face to face training to all members of primary care in February 2023. The sessions were varied and for the level two session included domestic abuse and multi-agency risk assessment conference (MARAC) the feedback included *"it was set at a level that made you fully aware of what safeguarding is and how we can play an important role"* and *"it was interesting and relevant to my role"*. The level three training included domestic abuse, self

harm and modern slavery and the feedback included *"excellent presentation about self harm"* and *"improved knowledge about changes in legalisation for modern slavery"*.

- Following the Safeguarding Adults Review (SAR) concerning "Alan" an audit of the Special Allocation Service was undertaken. The service has now been improved and is overseen by a dedicated team of allied health professionals and a service manager. This has enabled all new patients to be contacted by telephone to complete an initial health and social assessment. If required a face to face appointment will be offered. Upon exit an assessment will be completed by a GP who will make a recommendation as to whether the patient can be discharged from the service. If they are to be discharged, they will be contacted to offer support in registering with a new GP and social referrals that may need to be made to ensure continuity of care.
- Sharing Child Concern Notifications (CCN) for Domestic Abuse is an initiative that was developed within the children's safeguarding arena to facilitate GP's to be notified of incidents of domestic abuse for children under the age of five years of age. The information shared with the GP also includes the parent/carer victim which enables the GP practice to attach the incident report to their electronic medical record, apply a domestic abuse SNOMED code and if appropriate and safe to do offer advice and support. This initiative has recently been audited and all GP practices who participated were able to identify a positive example of practice following receipt of the CCN, this included offering advice and support, providing an earlier appointment, and discussing the family at the safeguarding practice meeting.
- The Domestic Abuse Health Advocate Programme has grown exponentially over the last year. Only 4 GP practice remain to undertake the training. The task and finish group meet monthly to review the progress and have recently reviewed the domestic abuse template used in primary care to simplify it. Over the last year the template has been used 3600 times to record that a routine enquiry about domestic abuse has been made. The Named GP for Safeguarding Adults and the Deputy Designated Nurse have also attended the quarterly Domestic Abuse Champions meetings to provide advice and support to the Domestic Abuse Champions in primary care.
- Reviewing the death of care leavers under the age of 25 years is a process that was presented by the Designated Nurse for Children in Care and has been accepted by the SSAB and LIIP.
- The health homeless outreach post is now under way with clear objectives to improve health outcomes.
- Safeguarding advice and supervision is a well utilised service available to all members of primary care to support their role in safeguarding adults against abuse and harm.
- TEAM Net, the information sharing platform for primary care has a safeguarding page which has been reviewed and includes a separate page for safeguarding adults which is updated on a regular basis to include all the current safeguarding information.

Northumbria Police

Between October and December 2022, Northumbria Police ran a pilot with their Street Triage Team to undertake prevention interviews for all Missing Adults. This was in recognition that adults go missing for a variety of reasons, which could be linked to mental health decline and it was felt a

further in-depth assessment of their needs on return would support them and prevent future missing episodes.

During the pilot the team assessed 72 missing episodes and followed up to determine whether a face-to-face mental health screening was required. The pilot delivered useful evidence of themes relating to adult missing episodes and demonstrated that missing adults are linked to a range of wider safeguarding harms, such as substance misuse, domestic abuse and financial abuse.

In January 2023, Northumbria Police introduced a new process into the Control Room to ensure that all Missing Adults reports were being risk assessed by the reporting agency and the police were only responding to those where there was a critical concern and were most in need. This process supported partners to work together to share information and assess risk, and ensured from a police response perspective, that resources were able to be directed to those most at risk of harm.

Sunderland City Council

- In January 2023, we widened the remit of the MASH Officer based within the Safeguarding Adults Team. If, following the daily MASH triage, it has been identified that an adult could benefit from a social care welfare check, it is now the responsibility of the MASH Officer to carry out some of these initial checks and refer on to Adult Social Care or Safeguarding Adults Team as required.

Case Study

Safeguarding concerns were raised around AA's severe self-neglect and home conditions. He had been inviting males to his property and having sex in exchange for drugs. His mother reported that she had been in his property and there was clear evidence that AA was not looking after his home. She also found different items of drug paraphernalia around the property.

AA was not taking care of himself, and upon admission to hospital there were significant indicators of self-neglect. AA disclosed that he was not eating or taking his medications, although he understood the danger of this. AA was advised that he possibly had nerve damage due to alcohol use and this was affecting his mobility. He remained independent, however he stated that he often had pain rendering him reluctant to move.

Multi-agency safeguarding meetings were held to identify support required to improve AA's situation and reduce the risk of further harm. AA was discharged from hospital detox with support in place from CNTW, Gentoo and Changing Lives. He was also willing to accept Acamprosate relapse medication.

AA is working towards improving his home environment - decorating and purchasing items for his flat. He has since volunteered with Pride Radio and as this is going well it could lead to a permanent position.

AA feels his needs are being met and is keen to maintain his current abstinence. His parents thanked everyone and advised they are very happy with the way things are going - they hope it will stay this way.

Case Study

Safeguarding concerns were raised regarding BB's home conditions. The Safeguarding Officer worked closely with the Mental Health Team to address the concerns. This resulted in BB being supported to move to a Homegroup dispersed property. The new property was freshly decorated and fully furnished so BB could leave all of her soiled or damaged goods behind.

BB's previous property had unfinished repairs and was overrun with rats, including in her mattress. BB has a new granddaughter on the way who could not visit her in her previous home, however her new property is entirely suitable for her daughter to bring her granddaughter to visit.

BB reported that she couldn't thank everyone enough, advising they had "made her year", and added that she felt they had "saved her life".

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

- CNTW have developed a Domestic Abuse and MARAC training package that is available to all staff, plans are in place to make this accessible via Microsoft Teams on a bi-monthly basis. It is designed to complement the Safeguarding Level 3 training. The package utilises learning from local DHR (Domestic Homicide Review) and NHS independent investigations.

Working with Partners

Partners continue to contribute to multi-agency working, in particular by representation at a wide range of multi-agency safeguarding fora, which includes CARM, [MAPPA](#) (now [MOSOVO](#)), [MATAC](#), [MARAC](#), [CONTEST](#) Board and [Channel](#) Panel.

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- STSFT Safeguarding Team continue to be active members of local partnerships ensuring representation and contribution across all meetings & groups.
- The Safeguarding Team are active participants within the Complex Adult Risk Management (CARM) meetings within the Sunderland locality and Safeguarding in Partnership (SIPT) meetings in South Tyneside.
- The Safeguarding Team has worked closely with the Local Authority to understand the impact and prepare for the forthcoming implementation of LPS (Liberty Protection Safeguards).

"This past year has been incredibly challenging but as a part of Sunderland Safeguarding Adults Board we have demonstrated collaborative leadership. Working through the challenges post-pandemic and the new cost of living crisis, has proven once and for all that working together drives improvement for all. We need to ensure that SSAB partnership working continues to be a foundation for next steps."

Melanie Johnson - Executive Director of Nursing, Midwifery and Allied Health Professionals, STSFT

North East and North Cumbria Integrated Care Board (NENC ICB) - Sunderland

Sunderland actively support partnership working across a number of key areas including:

- Representing Sunderland and NENC ICB at the regional CONTEST Board
- Supporting the development of the combined Channel Panel for Prevent.
- Supporting the SSAB Learning and Improvement in Practice (LIIP) sub-committee with the Designated Professional as Chair of the group.
- Working with partners to support the LPS strategic group.
- The Designated Nurse and Deputy Designate, in conjunction with the Safeguarding Adults Team, facilitates joint fortnightly triage for CARM referrals and co-chairs bi-monthly panel meetings for the CARM framework process.
- Sunderland ICB Safeguarding support the Domestic Abuse Executive Steering Group and Domestic Abuse Operational Group to ensure there is a multi-agency view of domestic abuse strategic developments and commissioning processes.
- The Named GP Adult Safeguarding, Designated Professionals Adult Safeguarding and the Deputy Designated Nurse all support the Safeguarding Adults Review (SAR), Domestic Homicide Review (DHR), Learning Lessons Review (LLR) processes via the appropriate panel processes, scoping reports, Individual Management Review (IMR) reports and the action and implementation of agreed recommendations from the respective panels. Sunderland ICB Safeguarding also offer administrative support for the collation of reports to SSAB and the CARM process.
- The Designated and Deputy Designated Nurse Safeguarding Adults attend the Care Homes and Community Support Partnership, to support them with addressing the safeguarding agenda across Sunderland to safeguard residents and clients from abuse and harm.

Northumbria Police

The SAIL Project, an acronym for Sunderland Altogether Improving Lives, is a new partnership which will bring together the expertise of partner agencies under one roof, with the aim of making a real and lasting difference to people's lives.

Officers from Northumbria Police will work collaboratively with Sunderland City Council, Sunderland Business Improvement District (BID) and support services from a centrally located base in the city centre. They will be supported by a four strong team of dedicated staff, funded by the Northumbria Violence Reduction Unit (VRU), who play a vital role in working with young people involved in offending in the city centre, offering them the chance to divert away from criminality in the future.

SAIL will also work closely with the business community in the city centre and Sunderland BID to make the city centre a more pleasant and safer place to be.

Set up in response to feedback from city centre stakeholders, business owners and visitors about anti-social behaviour in the city centre, the SAIL partnership will use collaboration and effective partnership working to fight crime and keep people safe.

It builds on the success of the award-winning SARA project in Southwick and HALO project in Hetton, which were set up to work with local communities and help build a sense of ownership and pride in

the area, at the same time as tackling a range of issues, including anti-social and criminal behaviour, environmental crime, unemployment and poor mental health. It further develops the long-standing partnership working between Northumbria Police, Sunderland City Council and Sunderland BID, which has resulted in highly effective multi-agency operations to tackle pockets of crime and anti-social behaviour during the summer months and in the run up to Christmas.

"As a police force, we want to do much more than just serve our communities - we are proud to truly be a part of them. To achieve that you need partnerships - with the community, local authorities, and other support services.

Working together under one roof with our partners as part of SAIL will only make us stronger in our efforts to ensure Sunderland remains a safe and vibrant city for residents, businesses and visitors alike.

Not only will this collaboration support us to tackle anti-social behaviour keep people safe - it will provide a boost to the area and an opportunity to divert young people away from criminality where appropriate.

The North East has always had a strong sense of community, and this fantastic initiative will prove we are better when we work together."

Chief Superintendent Barry Joisce, Area Commander for Southern, Northumbria Police

Sunderland City Council

- The Safeguarding Adults Team continues to take part in statutory meetings with partners, such as MAPPA, MARAC and others. In addition, the Safeguarding Adults Team ensures the smooth running of the Complex Adults Risk Management (CARM) process, and captures all activity and outcomes. Since its launch in 2022, the panel have considered 45 cases. A presentation on CARM was jointly delivered with NENC ICB during Safeguarding Adults Week, which was well received.
- Following a number of fire deaths across the North East region where smoking, mobility and paraffin-based emollients were a contributory factor, we have worked in collaboration with Tyne and Wear Fire and Rescue Service (TWFRS) to address risk of harm from house fires. In partnership with TWFRS we delivered training for 300 staff across Adult Social Care and Sunderland Care and Support. In recognition of a particular example of excellent partnership working, one of the Safeguarding Adults Team's cases was selected to be highlighted at the TWFRS *Preventing Fire Fatalities Through Prevention Pathways* conference in April 2023.

"One of Sunderland's outstanding strengths is our commitment to partnership working to achieve better outcomes for our citizens. Sunderland City Council, working alongside our SSAB partners, strives to support and empower people to live fulfilling, safe lives free from abuse and neglect. Over the last year, the achievements shown in this Annual Report demonstrate our ongoing dedication to this aim".

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

- In response to a complex case, CNTW worked with other local health providers and the Local Authority to develop understanding around how to balance management of risk to self - alongside reducing restrictive intervention, and to review communication strategies when responding to future concerns.
 - The SAPP (Safeguarding Adults and Public Protection) Lead worked closely with partners as part of the Channel process to provide access to further consultation with children and young people's services to identify if any additional intervention, such as family therapy, could be considered.
-

Case Study

CC was referred to the Safeguarding Adults Team due to long-standing self-neglect and extreme hoarding, which were impacting on his physical and mental wellbeing. Initially, he was reluctant to speak to professionals and also stated that he did not see an issue with regard to his living conditions as he had always lived like this.

Smoke alarms and heat sensors were fitted in the property, which CC removed. Due to COPD (chronic obstructive pulmonary disease) CC required home oxygen, however due to his living conditions this could not be put in place. In addition, pest control visited his home due to reports from neighbours concerning rodents.

Regular multi-agency safeguarding meetings were held, and home visits carried out by Age UK, Oxygen Nurse, Adult Social Care, Environmental Services, TWFRS, and GP resulting in the following:

- *CC's living conditions have significantly improved due to ongoing support from services and allowing him to do this in his own time and in his own way*
 - *He has had new windows and doors fitted, had the garden cleared, carpets cleaned and has begun to declutter*
 - *TWFRS has confirmed that smoke alarms and sensors are now in place*
- *CC was assisted to have his income reviewed and this increased following a benefits check*
- *Social Worker completed a home visit and confirmed that CC has made some fantastic improvements with the property*

- *Following a GP home visit, CC has been referred to the Mental Health Team for further assessment*
-
-

CC advised it is going to take a while to get used to this way of living, but he intends to stick to it.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) has been embedded across the partnership. Partners incorporate the principles of MSP into their policies and procedures, staff ways of working, staff communications and single-agency training opportunities.

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- STSFT safeguarding team actively participated in Elder Abuse Day (15th June 2022), attending wards and departments to raise awareness of elder abuse.
- The safeguarding team actively engaged within Safeguarding Adult's Week / Learning Week 21st -27th November 2022, demonstrating positive multi-agency working with good engagement from STSFT staff. Representatives from local DA services and the STSFT DAHA engaged with members of the public and staff at the Domestic Abuse stall with positive engagement from the public, especially when participating in the "What's your red flag" activity.



2 - STSFT's Domestic Abuse stall



3 - What's your red flag?

North East and North Cumbria Integrated Care Board (NENC ICB) - Sunderland

- All safeguarding training, supervision and advice reflects the importance of Making Safeguarding Personal.
- The Health Navigator post focus upon the needs of the individual and helping them to address the health inequalities they identify and unequivocally is about Making Safeguarding Personal.
- The audit Sharing CCN with GP's identified very clearly GP practices were Making Safeguarding Personal when responding to the CCN, searching for how they could respond appropriately and safely to each individual.
- When routine enquiry about domestic abuse is made the outcome will be predominantly determined by the patient's wishes, unless the threshold is met to share information without consent.

Northumbria Police

Northumbria Police actively promote Making Safeguarding Personal, and this is reflected in our Policy and Procedures, along with the Victims' Code of Practice, whereby the views of our victims are recognised and considered when decisions are made regarding safeguarding and any investigation. The recent force-wide "Vulnerability Matters" campaign will increase and improve identification and recognition of all forms of vulnerability ensuring victims views are captured. A Think Family Approach is also embedded to ensure the effects on family members are considered to inform bespoke safeguarding interventions.

Case Studies

The Transformational Resolutions and Education Adult Diversion (TREAD) Team works with victims and offenders to provide alternatives to prosecution, so that those in the most need can get help in changing their lives. The Innovation Team has reduced reoffending by 12% since its creation by

helping to steer vulnerable offenders away from court. The small but dedicated team of officers from the force's Criminal Justice and Custody Department work closely with partners to identify offenders with complex or additional needs and vulnerabilities, such as those struggling with addiction or poor mental health.

They then look to find those vulnerable offenders who can benefit from counselling, tutoring and alternative non-criminal resolutions, using the links built up with our partners in community settings. Their efforts have recently received praise from both victims and offenders.

One woman who had been arrested on suspicion of being drunk while in charge of a child was found to have a history of complex mental health issues and alcoholism relapsed after the support she was receiving was withdrawn. Rather than going down the criminal justice road, the woman, who was filled with remorse, was offered alternative support to overcome her addiction and was directed to agencies who could support her moving forward. She is now able to have supervised access to her children, with the goal of having them returned to her care after fully engaging and making the relevant progress.

In another case, a man who fraudulently claimed compassionate leave from his employer because he was too afraid to disclose his poor mental health was given a conditional caution on the condition that he cooperate with an employment, training and education pathway and received mental health treatment. He was also helped to find new full-time work through partnership working.

Multi-agency intervention was required in respect of a vulnerable male who reported taking an overdose and had been drinking when found on the wrong side of railings on a bridge. The male presented as homeless and stated that he could no longer go on. Street Triage were involved, and the male talked to safety. Once his mental health issues had been addressed, support was put in place. Through Gentoo and safeguarding partners he was rehoused and a package of additional help and support from service providers was put in place.

Sunderland City Council

In the autumn of 2022, the Safeguarding Adults Team provided a sample of names of customers who had been through the safeguarding process to Healthwatch to complete a Service User Survey. The purpose of the survey is to determine our customers' views regarding best practice and area for improvement. The feedback will be reflected in the team's work going forward.

Case Study

DD was referred to the Safeguarding Adults Team following concerns around lack of food available in the property, resulting in carers being unable to follow specific Speech and Language Therapy (SALT) recommendations. There were also concerns around potential neglect from her son, who is her main carer.

A number of multi-agency safeguarding meetings were held to address the risks and concerns. An advocate was allocated and worked alongside DD and her Social Worker to determine her wishes

and feelings. Respite care was explored as an option, however this was something that DD wanted to avoid, and her wishes were very clear - to remain at home.

As DD's son was keen to continue in his caring role, education work was completed with him, and a plan out in place with SALT and Dietician input to create a list of foods to purchase - taking into account DD's likes and dislikes.

There is ongoing input from SALT and a Dietician, and the care agency will continue to monitor DD.

With DD's wishes to remain at home being at the centre of the the case, the multi-disciplinary team worked hard to ensure that her needs could be safely met in her chosen environment.

Case Study

EE is a relatively young man who was seriously alcohol-dependent, his drinking to excess meant the loss of the use of his legs and requiring support from carers who he often turned away.

After much intervention from Adult Social Care and with the encouragement of family, he agreed to a house move and an Alcohol Reduction Plan.

At the end of the safeguarding process, the Safeguarding Officer spoke to a family member who stated "they [Adult Social Care] have done an amazing job, I'm pleased they never gave up on my brother... He is now in the best place for help and care." The Assessment and Review Officer involved also received a message following the move to say the EE "was the best he has been for a very long time."

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

This year we have reviewed how well clinical services follow the principles of Making Safeguarding Personal and have identified that 41% of concerns noted the issues had been discussed with the adult at risk. In response, guidance is being developed to support staff on when to use the MSP report to ensure service user's wishes are known and shared.

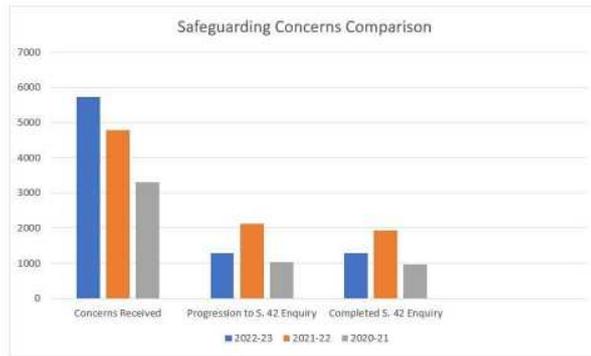
2022 - 23 In Figures



5732 Concerns were received; this is a 20% increase compared to 4782 concerns received in 2021-22.

Of these concerns, (1299) 22.7% were progressed to Section 42 Enquiries, (267) 4.7% progressed to 'Other Safeguarding Enquiry', (444) 7.7% Safeguarding Concern (where progressing to a safeguarding episode, i.e. those where action had already been taken by the referrer/others), and (2590) 45.2% did not progress to a safeguarding episode.

There were 1300 completed Section 42 Enquiries in 2022-23, a decrease on 1937 completed in 2020-21.



4 - Click to enlarge



Desired Outcomes

Of those customers with a completed Section 42 Enquiry or Other Enquiry, 74% of these individuals, or their representatives, were asked what their desired outcomes were. Of those asked what their desired outcomes were, 84.3% expressed a desired outcome, 96% of which were either fully or partially achieved.



Primary Support Reason

Individuals with physical support needs represented 35.3% of all concerns received, followed by mental health needs (18.2%), and learning disabilities (13.9%)



Mental Capacity

In 31.9% of completed cases, the customer was identified to lack mental capacity. 100% of these individuals were supported.



Main Location of Abuse

Individuals' own homes: 49%

Residential/nursing home: 32.7%

Health setting 11.6% (acute hospital 5.3% and mental health inpatient setting 6.3%)

Alleged perpetrator's home: 1.2%



Main Categories of Abuse

Neglect: 29.7%

Physical abuse: 29.2%

Self-neglect: 23.1%

Psychological: 14.5%

Financial: 12.2%



Age/Gender

Females account for 56% of all concerns raised, with 44.3% of these being aged 75+
Males account for 44% of all concerns raised, with 58.4% of these being aged 18 - 64

Learning Lessons



Five cases were submitted for consideration against the Safeguarding Adults Review (SAR) criteria in 2022-23. Four of these have been scoped within that time period, with the fifth being part of an ongoing police investigation, with a view to it being scoped later in 2023.

Of the four scoped cases, one has progressed to a SAR, which will be published later in 2023; the headlines from this will be included in the 2023-24 SSAB Annual Report.

The other 3 cases did not meet the SAR criteria, however in each case there has been learning opportunities for one or more agencies, and their identified actions have been monitored through the Safeguarding Adults Review sub-committee.

Examples:

- One case resulted in improvements being made to the quality of referral information that is sent to Advocacy agencies to support with Deprivation of Liberty Safeguards considerations when individuals are in the acute hospital, and improvements to the home visit by a social worker process following hospital discharge
- One case had themes of smoking, emollient cream use and decreased mobility, increasing the risk of fire within the home, and sadly resulted in two fire deaths. The learning from this has been to build on the fire safety work that was completed as a result of the 'Alan' SAR recommendations, with Tyne and Wear Fire and Rescue Service (TWFRS) offering training courses and briefings on fire risks to a range of staff, including all adult social care frontline staff, and the development of a [7 minute briefing](#) which is being used regionally. Related work includes SSAB members being involved in the work of the Fire Safety Task and Finish Group led by TWFRS.

What Does 2023 - 24 Hold?



- Closely monitoring the impact of the Cost of Living Crisis on the most at risk and vulnerable residents of Sunderland, and the measures being taken by all SSAB partners to mitigate against the effects of that.
- Continue to make positive, meaningful progress on the objectives and actions identified against the SSAB priorities of:

- Prevention
 - Self-Neglect
 - Mental Capacity
 - Homelessness
 - At risk/vulnerable/complex cases (via the Complex Adults Risk Management (CARM) process)
 - Domestic Abuse
 - Suicide Prevention
- Progressing the Safeguarding Adults Review process regarding a complex case with themes of learning disability, physical health problems, and cross-boundary working, and publishing the learning from this case.
 - Continuing to build on the excellent partnership working which has characterised the last year, to enable individuals who are at greater risk due to a range of vulnerabilities and issues to live their lives safely, free from neglect and abuse.

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2022/23**Report of Executive Director of Health, Housing and Communities****1. Purpose of the Report**

- 1.1 To provide an overview of the Annual Director of Public Health Report (ADPHR) 2022/23 which describes the health and needs of the local population, focusing on issues pertinent to our communities.
- 1.2 To provide recommendations from the ADPHR for continuing to improve the health and wellbeing of our population and reducing health inequalities.

2. Background

- 2.1 This year's ADPHR (appendix one) explores the concept of commercial determinants of health, its impact on health outcomes, and recommendations to address them.
- 2.2 Everyone is affected by commercial determinants in different ways. The report raises awareness of commercial determinants and highlights what we can do at a local level to mitigate the negative and promote the positive impacts that some industries can have on the health and wellbeing of our local communities. It includes some case studies of work that is happening both locally as well as nationally, with a number of recommendations set out to help direct our work.

3. Annual Director of Public Health Report 2022/23 – Commercial Determinants of Health: Whose Choice is it?

- 3.1 Commercial determinants of health refer to the business practices and policies that influence health outcomes. The commercial sector plays a significant role in shaping health outcomes, both positively and negatively. On the one hand, commercial activities can contribute to economic growth, job creation, and improved standards of living, which can have positive impacts on health outcomes. On the other hand, commercial activities can also have negative impacts on health, such as through the promotion of unhealthy products and practices such as sugary drinks or processed foods, or through environmental degradation.
- 3.2 Everyone in society is affected by commercial determinants in different ways, but some groups and individuals have felt and continue to feel the biggest impacts. To address this, we need to play our part in rebalancing the impact and focus on both the social and commercial determinants of health.
- 3.3 The commercial determinants of health have a significant impact on health outcomes. Commercial sector products and practices from four main areas;

alcohol, tobacco, diet and air pollution attribute to a third of all global deaths from non-communicable diseases including obesity, diabetes, cardiovascular health, cancer. In Sunderland, non-communicable diseases contribute significantly to the gap in life expectancy between the most and least deprived quintiles. The marketing of unhealthy products can also contribute to the adoption of unhealthy behaviours, such as smoking and excessive alcohol consumption. The regulation and governance of commercial activities can also have significant impacts on health outcomes.

3.4 The report focuses on the main unhealthy commodity industries which impact on health, these are:

- Food and drink
- Tobacco
- Alcohol
- Gambling
- Environment including fossil fuels and pollution
- Formula milk
- Working conditions and benefits.

3.5 The report recognises that some of the most impactful interventions to tackle commercial determinants need to come at a national and even international level working with business and investors to have better corporate governance and encourage better corporate practices. However, a local public health approach will centre on the premise that we cannot only focus on the harm caused by commercial determinants on the individual; we must also work further upstream and across the system.

3.6 To help direct our work and move forward together there are several recommendations set out at the end of the report as well each main unhealthy commodity section of the report.

4. Recommendation

4.1 The Health and Wellbeing Scrutiny Committee is recommended to support the recommendations contained within the Annual Director of Public Health Report 2022/23 – Commercial Determinants of Health: Whose Choice is it?

Appendix one:

Annual Director of Public Health Report (ADPHR) 2022/23

[DirectorOfPublicHealthAnnualReport2022-2023.pdf \(sunderland.gov.uk\)](#)



Commercial
determinants
of health:

**Whose
choice
is it?**



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Foreword

Welcome to my second report as Director of Public Health for Sunderland.

The Annual Public Health Report provides me with the opportunity to present an independent report on the health of the people of Sunderland. This year I have decided to focus on commercial determinants of health – commercial activities that can influence our health both positively and negatively. In Sunderland, our healthy life expectancy is significantly worse than the England average; there are many complex reasons for this, and it is vital that we view health inequalities and health outcomes through a wide public health lens – and this includes exploring the impact of commercial determinants.

Commercial determinants of health affect everyone, but this report demonstrates that some individuals and groups have been affected more than others. We know that employment and good work for all can have a positive impact on health and wellbeing; locally we are harnessing and promoting this through the Better Health at Work Award and our Workplace Health Alliance. Regeneration is also key to ensuring we have vibrant communities, supporting developments and businesses that are health promoting. However, in my report, I highlight how working policies and practices can also impact negatively on a wide range of health outcomes including obesity, diabetes, cardiovascular health, cancer and mental health. I have focused on key areas such as tobacco, alcohol, gambling and food, but also highlight areas such as fossil fuels, air pollution, working conditions and infant formula milk.

I recognise that some of the most impactful interventions to tackle commercial determinants need to come at a national level. However, I am hopeful that my report will raise awareness of commercial determinants and start the conversation about what we can do at a more local level to mitigate the negative and promote the positive impacts that some industries have on the health and wellbeing of our local communities. Conversations around reducing industry influence on areas such as treatment programmes need to be had. We also need to consider the strategies and approaches used by the private sector to promote products and choices which impact negatively on health.

I would encourage everyone to think about the use of language and to move away from unhelpful terms such as 'problem gambler' and 'lifestyle choice' as this puts the emphasis on the individual rather than the commercial environment in which we live. I hope that this report offers an opportunity to reflect and consider how we can all play our part in rebalancing the impact of commercial determinants on our residents and I have made detailed and overarching recommendations for action.

Lastly, reflecting on public health's tenth year in local government, I do believe that councils are in the best position to build local partnerships to tackle the social or wider determinants which influence our health and wellbeing such as housing, unemployment and education. The past 10 years have shown that these can be addressed through working in partnership with colleagues from within the council as well as our vibrant voluntary and community sector and residents.

I would like to thank all of those involved in developing this report including Julie Parker-Walton, Kylie Murrell, Craig Hodgson, Stephen Potts, Janet Collins, Sheila Rundle, Louise Darby and all of those who provided valuable case studies which help to illuminate the issues and possible actions raised in this report.



Gerry Taylor,

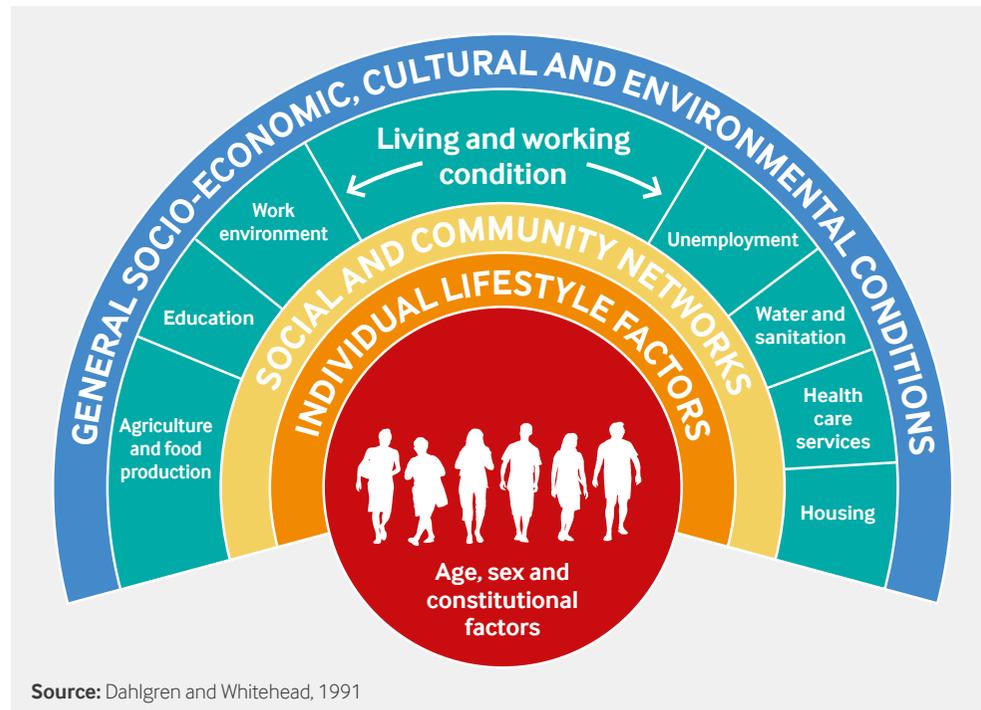
Executive Director of Health, Housing and Communities



Commercial determinants of health: Whose choice is it?

What shapes our health?

Our health is shaped by the circumstances in which we are born, grow, live and work. These all play a significant role in health outcomes and are often referred to as the social or wider determinants of health. These factors, alongside our health-related behaviours, play the biggest role in our health and health outcomes. Dahlgren and Whitehead's rainbow model of the social determinants is widely used throughout public health, with strategies and interventions often rooted in its principles. It helps demonstrate the complex nature of health and the need for partnership working across systems to achieve positive outcomes.



A key criticism of this model is that it does not adequately consider the impact that big corporations have on our health and wellbeing. However, there currently isn't a model which considers both the social and commercial determinants.

It is accepted within public health that there are industries around the globe that sell products that harm our health, but this has not received the same weighting or attention in our practice and research as the other social determinants such as housing, education and employment. In recent years, the actions of corporate bodies and the products that they sell have been referred to as the commercial determinants of health¹.

We need to play our part in rebalancing the impact of commercial determinants. If we don't focus on both the social and commercial determinants of health, we risk focusing too much on the individual behaviour and ignoring the industry contribution in relation to health inequalities².

What are commercial determinants of health?

The corporate sector influences the physical and social environments in which we live, work, play, learn and love – both positively and negatively. Commercial activities can contribute to economic growth, job creation, and improved standards of living, which can have positive impacts on health outcomes. On the other hand, commercial activities can also have negative impacts on health, such as through the promotion of unhealthy products and practices such as sugary drinks or processed foods, or through environmental degradation.

Commercial activities provide positive contributions to health, for example increasing the availability of healthy food, essential medicines and health technologies, reformulation of goods and products to reduce harm and injury such as the introduction of seat belts in cars, efforts to reduce salt content in food production, the elimination of trans fats from the global food supply, and good employment policies such as ensuring real living wages, paid parental leave, paid sick leave and access to occupational health services.

However, our exposure to unhealthy commodities and how these impact on our behaviours and 'choices' are heavily influenced by some corporate bodies and our consumption of unhealthy commodities; for example, foods high in fat, salt and sugar, tobacco, alcohol, drugs, gambling products and fossil fuels. Our usage is driven by the complex tactics of industry to promote products and choices that are harmful to health. These are known as commercial determinants of health - the private sector activities that affect people's health, directly or indirectly, positively or negatively³.

Commercial determinants of health framework

The commercial determinants of health framework shows the three main drivers within global business. These are:

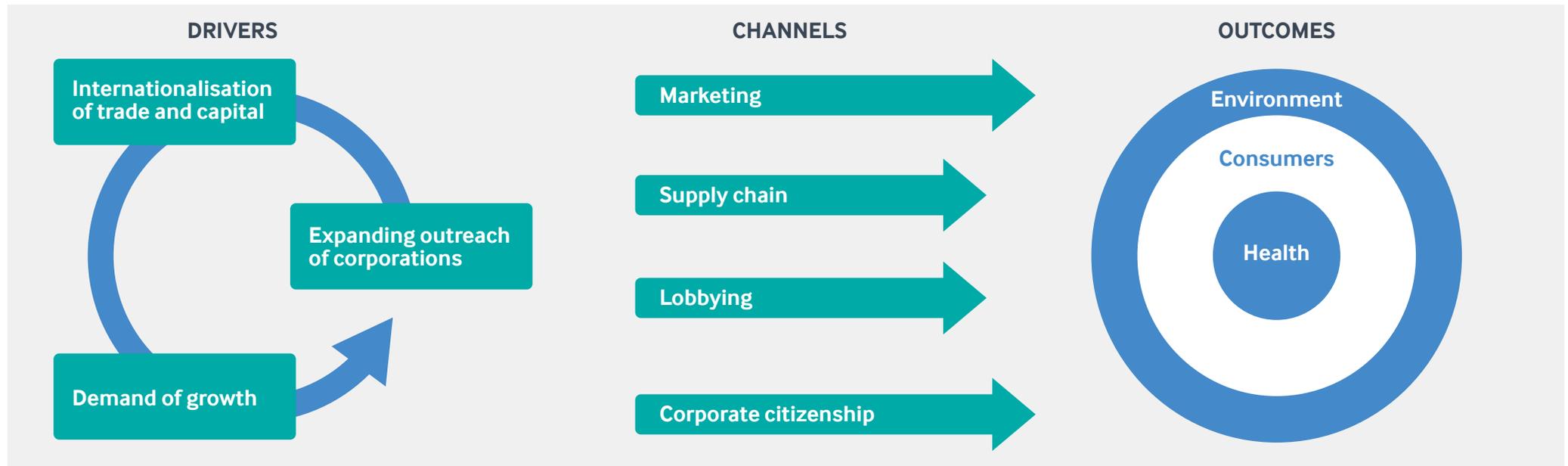
- 1 Consumption landscape, the way we use products/consumables.
- 2 The power of large companies linked with our rising demand and their increasing market coverage.
- 3 Continued internationalisation of trade and investment.

The framework shows that corporate influence is applied through four main channels:

- 1. Marketing, which enhances the appeal and acceptability of unhealthy commodities.
- 2. Extensive supply chains, which increase company influence around the globe reaching more people with ever more consumption choices.
- 3. Lobbying, which can influence policy barriers such as plain packaging and minimum drinking ages.
- 4. Corporate social responsibility strategies, which can deflect attention.

The actions from the drivers and channels not only impact the environment and consumer, but also increase the risk factors from the sale of products that negatively impact health. Commercial sector products and practices from four main areas; alcohol, tobacco, diet and air pollution contribute to a third of all global deaths from non-communicable diseases including obesity, diabetes, cardiovascular health, cancer.

Figure 1: Commercial determinants of health framework: dynamics that constitute the commercial determinants of health⁴



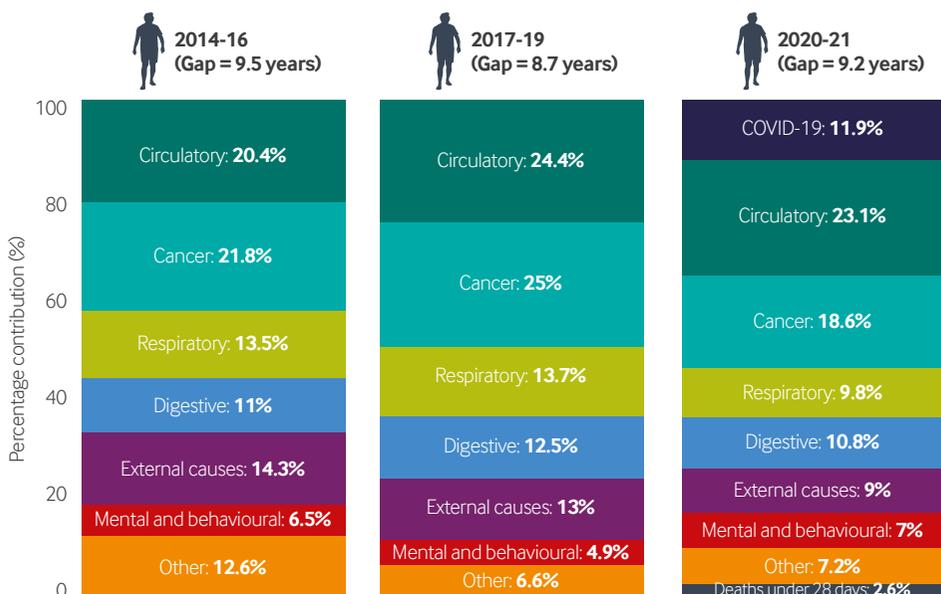
Commercial determinants of health: Whose choice is it?

Impact of commercial determinants on health

Non-communicable diseases including obesity, type 2 diabetes and cardiovascular disease are the leading cause of death. Globally, non-communicable diseases account for 74% of all deaths annually. In England it is higher, with 88.8% of all deaths in 2019 attributable to non-communicable diseases⁵. As well as the human cost of non-communicable diseases there are significant economic and healthcare costs, and clear inequalities – most notably that people living in areas of greater deprivation have a higher risk of dying from non-communicable diseases than those living in the least deprived areas.

In Sunderland, non-communicable diseases contribute significantly to the gap in life expectancy between the most and least deprived quintiles.

Figure 2: Breakdown of the life expectancy gap between the most and least deprived quintiles of Sunderland by cause of death, Males⁶



Source: Office for Health Improvement & Disparities (2023) Segment Tool Data

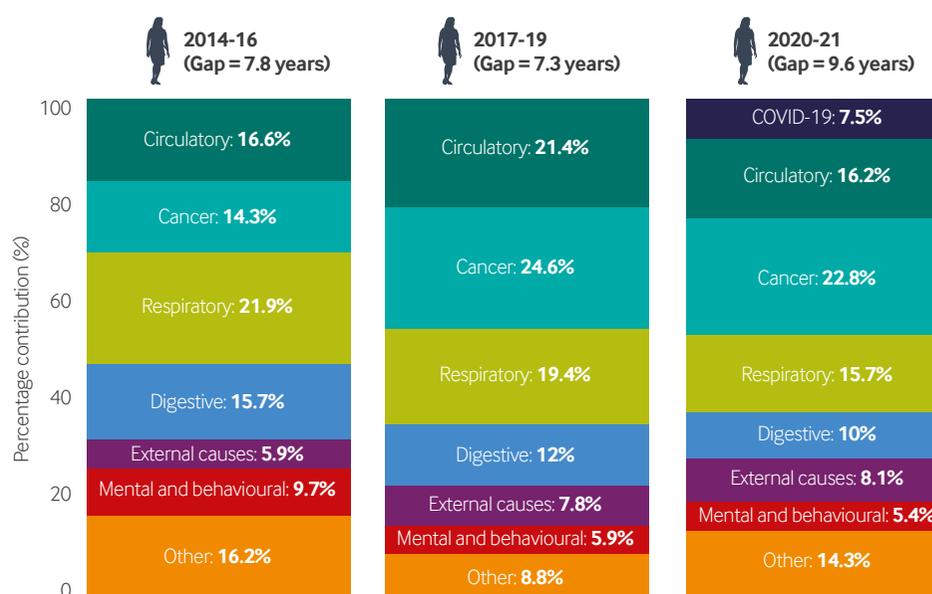
Risk factors for non-communicable diseases include smoking, gambling, consuming unhealthy food and drinks, and alcohol and substance misuse. There is a uniting element between these risk factors – industries whose success relies on producing and profiting from the sale of products that negatively impact health and wellbeing to the public.

Figure 2 and 3 both show the contributions to the higher mortality rates from the various causes of death.

In figure 2 the gap in male life expectancy between those living in the most and least deprived fifth of areas was 9.5 years in 2014 to 2016 and 8.7 years in 2017 to 2019, and in 2020 to 2021 the gap was 9.2 years.

In figure 3 the gap in female life expectancy between those living in the most and least deprived fifth of areas was 7.8 years in 2014 to 2016 and 7.3 years in 2017 to 2019, and in 2020 to 2021 the gap was 9.6 years.

Figure 3: Breakdown of the life expectancy gap between the most and least deprived quintiles of Sunderland by cause of death, Females⁶



Source: Office for Health Improvement & Disparities (2023) Segment Tool Data



CASE STUDY: Sheffield City Council – Starting the conversation around tackling the commercial determinants of health

The burden of non-communicable disease in Sheffield’s local populations continues to grow and remains preventable in the vast majority of cases. Despite this, effective solutions to the problem still largely evade most public health teams. Many solutions have been traditionally framed within individual-risk taking behaviours in relation to unhealthy products, and national and local level strategy and policy has conventionally tackled the problem in this way. Whilst that framing is showing signs of change, moving further upstream away from the individual behaviour approaches, with a wider acknowledgement of environment and commercial determinants of health, public health approaches often remain linear, usually by individual commodity or behaviour topic, e.g. gambling, tobacco, alcohol, active travel etc.

Whilst a topic approach to organising strategies, services and interventions remains relevant, in Sheffield the council is attempting to build upon this in relation to commercial determinants of health as an umbrella topic approach in its own right.

The intention is to develop a broad framework for tackling the commercial determinants of health, ensuring strategies collectively take a whole systems approach with greater emphasis on the environment, framing away from individual behaviour change, highlighting the commonality of corporate strategies across unhealthy commodity industries, and advocating greater use of local authority powers to impact on reach of those corporate strategies as a whole. Essentially developing a “public health playbook” to counter the unhealthy commodity industries playbook.

Work began with a discussion at Sheffield’s Health and Wellbeing Board which covered;

Individual responsibility: The limited impact of focusing on education and awareness and highlighting the role of agency within the environment, and role of corporate choice architecture on behaviour and health inequalities.

The “Industry Playbook”: Highlighting the commonality of market and non-market tactics used by the unhealthy commodity industries to protect profits, including but not limited to; sponsorships and advertising, population targeting, education packages, positive alignment and ‘corporate social responsibility’, as well as lobbying and undermining/clouding unfavourable scientific evidence.

Case studies: Telling the story and bringing to life, e.g. how the alcohol industry utilises male bodies only in education packages on effects of alcohol to avoid addressing drinking in pregnancy and associations of alcohol with breast cancer.

Local authority powers: A set of proposals for tackling the commercial determinants of health, potentially including but not limited to; developing a conflict-of-interest policy on industry influence, guidelines on school education packages, language change away from ‘individual choices’, advertising and sponsorship policies, local authority planning powers and advocate cumulative impact policy on proliferation of unhealthy commodity retail and exposure, lobbying awareness training.

Sheffield sought the backing of the Health and Wellbeing Board to develop this as an approach and draw up a set of proposals into a broader framework for action. The report and presentation were strongly and unanimously supported by all, paving the way to begin developing a stronger upstream approach across Sheffield to tackling commercial practices that exacerbate health inequalities.



Commercial determinants of health: Whose choice is it?

Common industry tactics

There are a number of common tactics used by unhealthy commodity industries globally to ensure that their products remain profitable. These tactics are used to delay and undermine evidence and Public Health policy and are known as the 'Industry Playbook'⁷. It includes lobbying, creating doubt about the science and undermining of evidence, reframing discussion to a narrow focus on individual choice, undermining critics, marketing aggressively and fostering a positive image through corporate social responsibility.

Examples of unhealthy industry tactics are:

- **Sports washing** is a term used to describe the practice of individuals, groups, corporations, or governments using sports to improve reputations tarnished by wrongdoing.
- **Green washing** is a term used to describe a false, misleading or untrue action or set of claims made by an organisation about the positive impact that a company, product or service has on the environment.
- **Use of language** around 'individuals making healthier choices' rather than focusing on the environment in which those individuals are expected to make those choices.
- **Product placement** in films as well as on TV when people are being interviewed.
- **Merchandise** such as greeting cards wishing us a 'gin-tastic' day or an 'un-beer-lievable birthday'.
- **Marketing** for example encouraging us to reward ourselves and enjoy 'wine o'clock' after a hard day.



Lobbying

The 'Industry Playbook' includes lobbying which can be powerful tool and can speak with a single (well-funded) voice. There is evidence of industries having lobbied and/or made donations to political parties around the world^{8,9,10}. The power is unequal, particularly with wealthy global corporate industries.

The World Health Organisation Framework on Tobacco Control demonstrates what is possible when we choose to use our powers collectively in a positive way around the conflict of interest between the tobacco industry and health policy making. The World Health Organisation Framework (entered in force in 2005) has largely controlled tobacco advertising, promotion and sponsorship.

Manufacturing doubt and shifting blame

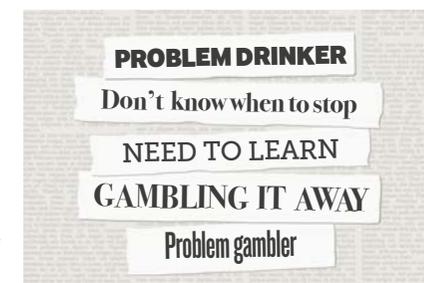
When the goal of an industry (to make profit) is at odds with social good, the industry has a tendency to create a narrative that better suits their needs. Three overarching strategies are used: denial/omission; distortion of evidence; and distraction/alternative causation.

Strategy	Explanation	Example
Denial/omission	Disputing links between unhealthy commodities and disease	Fossil fuel industry denial of links to climate change – promotion of false experts, cherry-picking of data, funding biased research ¹¹
Distortion of evidence	Misrepresenting the size of the risk	Alcohol industry submissions to Scottish Government's 2008 consultation on Changing Scotland's relationship with alcohol – described scientific evidence base as weak/flawed without providing details, and presented their own weak research as fact ¹²
Distraction/alternative causation	Moving the discussion away to other issues	Tobacco industry's claims that cancer is also caused by stress, air pollution and even gardening ¹³

Utilising these methods creates space for industries to reinforce the 'personal responsibility' narrative – essentially that they will provide information and warnings, but it is down to individuals to know how to use their products in ways that don't contribute to poorer health. People who cannot consume

responsibly are at fault – and labels such as 'problem drinker' and 'problem gambler' are used. This language serves to individualise and frame issues driven by industry and society as issues of personal responsibility.

This can also occur with research and evidence. Randomised controlled trials (RCTs) are seen by many as the gold standard of clinical trials but are often not feasible or appropriate for public health issues. This can be used to support claims that the evidence is weak or does not support a causal link and counter-studies may also be funded to create doubt. However, different methods of scientific investigation are acceptable in public health.



Aggressive marketing and sponsorship

Gambling, alcohol and food industries ask us to consume their products with care in the small print but aggressively advertise at every potential opportunity – in print, online, sponsorship, television, radio, celebrity endorsements and product placement. It is estimated that TV viewers alone are exposed to 41 adverts per day in the UK, when other forms of advertising are included it will be much higher. Social media enables companies to target their marketing based on algorithms.



Research has shown that the more people see adverts for unhealthy products, the more they use them. Advertising for unhealthy foods is known to be linked to poorer diets and obesity¹⁴. Billboards, buses and other outdoor public spaces are thought to be seen by 98% of the UK population at least once a week¹⁵. People in more disadvantaged communities are more exposed to advertising for unhealthy food and drink¹⁶.

Evidence from the London School of Hygiene and Tropical Medicine's evaluation of the Transport for London policy¹⁷ has shown that the restrictions led to a 20% reduction in sugary products, and a 1,000 calorie decrease per week per household from unhealthy foods and drinks. Transport for London have confirmed that their advertising revenues have been unaffected by the restrictions since implementation in 2019¹⁸. After the Mayor of London first brought in the Healthier Food Advertising policy across the Transport for London network in 2019, seven other local authorities across the UK have brought in a policy: Tower Hamlets, Haringey, Southwark, Merton, Greenwich, Bristol and Barnsley¹⁸.

Commercial determinants of health: Whose choice is it?

Research shows that advertising drives harmful consumption of alcohol, tobacco and foods high in fat, salt and sugar¹⁹, and increases the risk of childhood obesity²⁰.

Olsen et al's 2021 study revealed that Scottish children living in more deprived areas had greater exposure to unhealthy food and drink advertising, compared to children living in less deprived areas – potentially as a result of their greater use of the transport system. Such targeted marketing therefore increases health inequalities.

Nudge theory is used within public health, shaping environments to influence behaviour. Dark nudges are nudges but with harmful or unhealthy purposes; these are frequently used by unhealthy commodity industries to drive consumption of their products. Examples include disguising losses as minor wins in gambling (celebratory messages on machines when you win a minor amount but have actually lost more) and social norming (messages telling us that the majority of people don't complete Dry January). The use of certain words, images and even branding can also prime people to drink; research suggests that the branding, positioning and design of alcohol-free drinks send stimuli that remind the drinker of drinking alcohol²¹.



CASE STUDY: Transport for London - Advertising ban linked to lower purchases of unhealthy food and drink

In 2019, the Mayor of London, Sadiq Khan, introduced restrictions on advertising of unhealthy food and drinks across the Transport for London network.

Researchers wanted to see whether the advertising ban was followed by changes in household take-home purchases of unhealthy food and drink.

The researchers estimated what household food purchases would have been without the ban. They compared these estimates with actual purchases after the ban. The study included all products classified as high in fat, salt or sugar. More than 5 million household food and drink purchases were recorded by 1,970 households (977 households in London, and 993 households in the North of England).



10 months after the introduction of the advertising ban:

- The average weekly household purchase of energy from unhealthy products was 7% or 1,000 kcal lower than predicted; this corresponds to a reduction of 385 kcal (roughly 1.5 bars, or 72g of milk chocolate) per person per week.
- Reductions were seen in weekly household purchases of fat (57.9 g), saturated fat (26.4 g) and sugar (80.7 g).
- The largest reductions were seen for energy from chocolate and sweets (19.4%, 317.9 kcal).
- There were no changes in purchases of other (non- high in fat, salt or sugar) products.

Over the 10 months of the study, there was a general trend towards increased purchases of unhealthy food. The advertising ban was therefore associated with a smaller increase in purchases (relative reduction), rather than a drop in purchases (absolute reduction).

The results suggested that bigger reductions in purchasing occurred in less well-off households, households where the main food shopper was living with overweight or obesity, and in shoppers who used public transport more frequently. However, these analyses were on a small number of people, and the researchers say the observations should be considered with caution.

Further work is needed to track the impact of the policy over the long-term. More information can be found at: <https://content.tfl.gov.uk/advertising-report-2018-20-acc.pdf>



CASE STUDY: Bristol City Council - Advertising and sponsorship policy

Bristol City Council has an Advertising and Sponsorship policyⁱ which provides a framework for any advertising generated by the council itself and advertising and sponsorship by third parties on council-owned spaces, assets and events. This includes bus shelters, billboards and digital screens it owns. The policy prevents advertising of the following:

-  Gambling products and services (except for the National Lottery, small or large society lotteries and local authority lotteries, as defined in the Gambling Act 2005).
-  Alcoholic drinks.
-  Promotion of foods or drinks that are high in fat, salt and/or sugar as defined by the Department of Health and Social Care's nutrient profiling model.

The policy aims to benefit the city by reducing potential public harm caused by exposure to advertising of harmful goods and services, to improve physical health, mental health and wellbeing and reduce inequalities. This is part of the whole systems approach to tackle the issue of people living with overweight and obesity. A health in all policies approach is embedded in the One City priorities, recognising the wider determinants of health. Other programmes of work include working with food businesses across the city to recognise and encourage a healthier and more sustainable food offering through a Bristol Eating Better Awardⁱⁱ and Gold Sustainable Food City statusⁱⁱⁱ.

Bristol became the first city outside of London to introduce a similar policy to the Transport for London restrictions on advertising of unhealthy food and drinks when it was approved by Cabinet members in March 2021.

Research is ongoing to evaluate the impact of the policy on food purchasing in Bristol by the NIHR Applied Research Collaboration (ARC) West^{iv}.

ⁱ<https://democracy.bristol.gov.uk/documents/s58004/Appendix%20A%20-%20Advertising%20and%20Sponsorship%20Policy.pdf>

ⁱⁱwww.bristol.gov.uk/bristol-eating-better-award

ⁱⁱⁱwww.goingforgoldbristol.co.uk/

^{iv}<https://arc-w.nihr.ac.uk/>



Self-regulation, partnership and corporate social responsibility

Corporate Social Responsibility is, broadly speaking, business' efforts to act responsibly for their communities and the environment and to contribute to social good. Paichadze et al (2022)²² set out the activities typically used by industries to demonstrate their commitment to Corporate Social Responsibility:

- Support for good causes, such as breast cancer awareness (focusing on awareness raising of disease rather than causes of disease).
- Charitable giving.
- Grants and sponsorships.
- Environmental sustainability.
- Self-regulation.

In many cases industries promote self-regulation rather than government regulation. Insights from the tobacco industry revealed that this was a commonly used tactic²³. However, research demonstrates that self-regulation initiatives rarely lead to positive outcomes from a public health perspective^{24,25}. A recent review of the Department of Health's Responsibility Deal showed that the initial aims of the programme to work with industry to make progress in key public health areas were reframed as personal responsibility for lifestyle behaviours²⁶.

Some industries fund education and awareness raising through third parties, often with charitable status, such as GambleAware and DrinkAware. Analysis of the DrinkAware website has found ambiguous statements about health impacts and misinformation (alongside information approved by health agencies)²⁷. Programmes in schools are also often funded by industry; a review of industry-funded alcohol youth education programmes found that they serve industry interests, promote moderate consumption and place responsibility on individuals²⁸. Additionally, a recent review²⁹ of industry-funded education programmes in the UK found that the content focused on the personal responsibility narrative, encouraging young people to control their own impulses, rather than focusing on the industry and its products.

One steadfast argument from industry (and others) is that everyone should have freedom of choice and the 'nanny state' should not be allowed to dictate people's lives. The counter argument to this is that industries themselves influence people's choices through their tactics, and the harm caused by their products and practices is indeed a challenge to people's freedom in itself³⁰.

Commercial determinants of health: Whose choice is it?

Unhealthy commodity industry

This focuses on the unhealthy commodity industries of tobacco, alcohol, gambling and food, but it also covers a wider range of issues – including fossil fuels, air pollution working conditions and infant formula milk. Additionally, the working policies and practices of companies and industries can have an impact on workforces, both positively and negatively.

Food and drink

Raised body mass index (BMI) is a significant risk factor for a number of non-communicable diseases, including cardiovascular diseases (the leading cause of death worldwide), diabetes, musculoskeletal disorders and some cancers.

Internationally, over 1.9 billion adults had high BMI in 2016 and worldwide living with obesity has tripled since 1975³¹. In Sunderland in 2020/21, 69.1% of adults were living with overweight or obesity and 29.9% with obesity³². Both indicators are significantly worse in Sunderland than the England average.

The gap in rates between children with a healthy weight from the least and most affluent families in the UK is larger than any EU country (26 points compared to the EU average of 8 percentage points)³³, demonstrating clear inequalities. A similar pattern can be seen in Sunderland. Children in Reception and Year 6 living in the most deprived neighbourhoods are more likely to be living with obesity than those from the least deprived. A similar socio-economic gradient is seen in adults.

The causes of obesity are complex but are often reduced to the premise of eating too much and moving too little. However, research has identified an association between ultra-processed foods and overweight/obesity, as well as other health outcomes³⁴. The availability and desirability of highly processed products and excessive marketing and food manufacturing processes can determine the quality of the products we consume. Ultra-processed foods and drinks tend to taste good, are often cheaper and more convenient, and last longer in our fridges and cupboards.

Figure 4: Reception: Prevalence of obesity (including severe obesity) 5 years data combined 2017/18 to 21/22 proportion % in Sunderland.

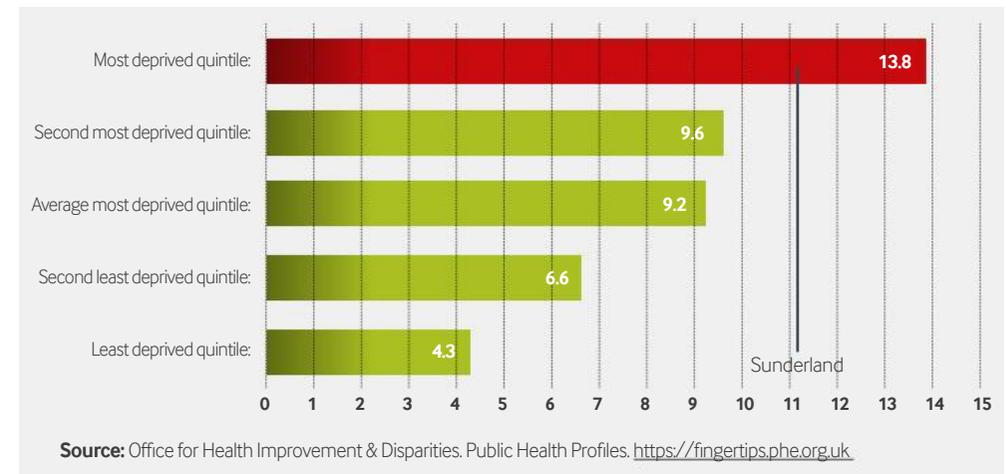
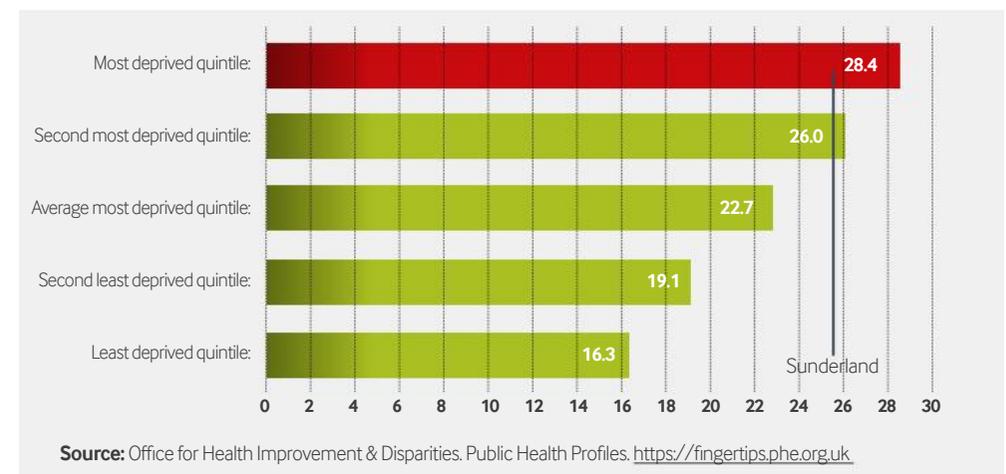


Figure 5: Year 6: Prevalence of obesity (including severe obesity) 5 years data combined 2017/18 to 21/22 proportion % in Sunderland



CASE STUDY: Sunderland City Council – Signing of the Healthy Weight Declaration



In February 2022 Sunderland City Council signed the Healthy Weight Declaration, underlining a commitment to supporting residents to live full and healthy lives.

Signing the declaration signaled the council's commitment to delivering practical measures to help create a healthier environment. This includes ensuring health is front of mind when planning events and projects such as new buildings, roads or parks.

A virtual event was held to mark the signing of the declaration which was attended by partners across the city who are working together to support the Healthy Weight agenda in Sunderland and actions developed as part of our Healthy Weight Strategy.

Further information about the Healthy Weight Declaration is available at: <https://foodactive.org.uk/what-we-do/influence-policy/local-authority-declaration-on-healthy-weight/>



A relatively small number of companies own multiple brands and research suggests that they can easily and efficiently flood markets with the highly processed foods that they produce and sell³⁵. This leads to a lack of competition and increased food prices. The global confectionary market was valued at \$210.3 billion in 2019 whilst the fast food market was valued at \$647.7 billion (with both projected to grow in the next decade). Research in 2016 demonstrated a clear association between fast food outlet density and area level deprivation³⁶.

Figure 6: Relationship between density of fast food outlets and deprivation by local authority*

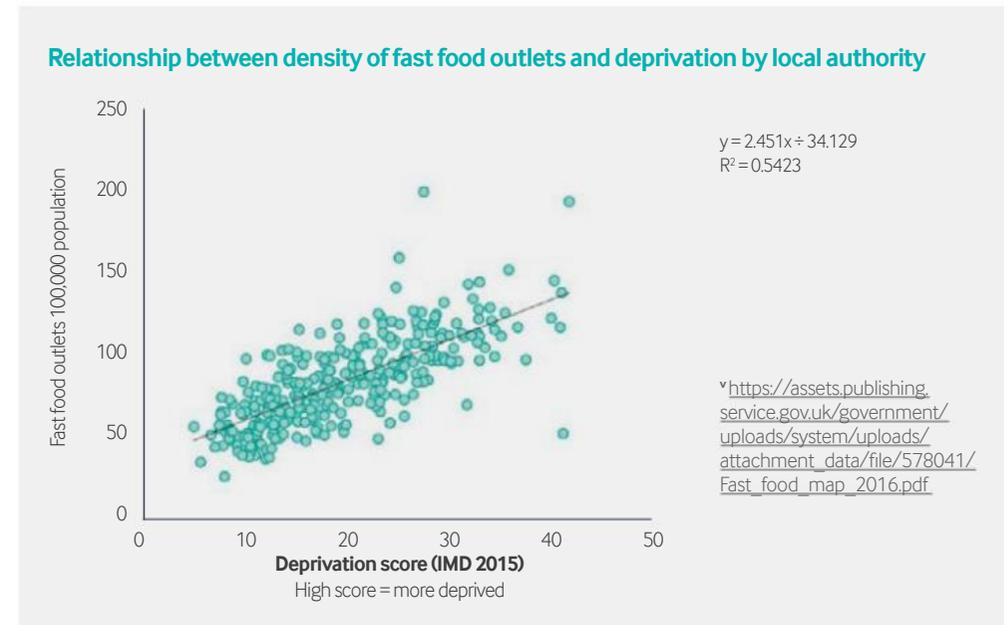
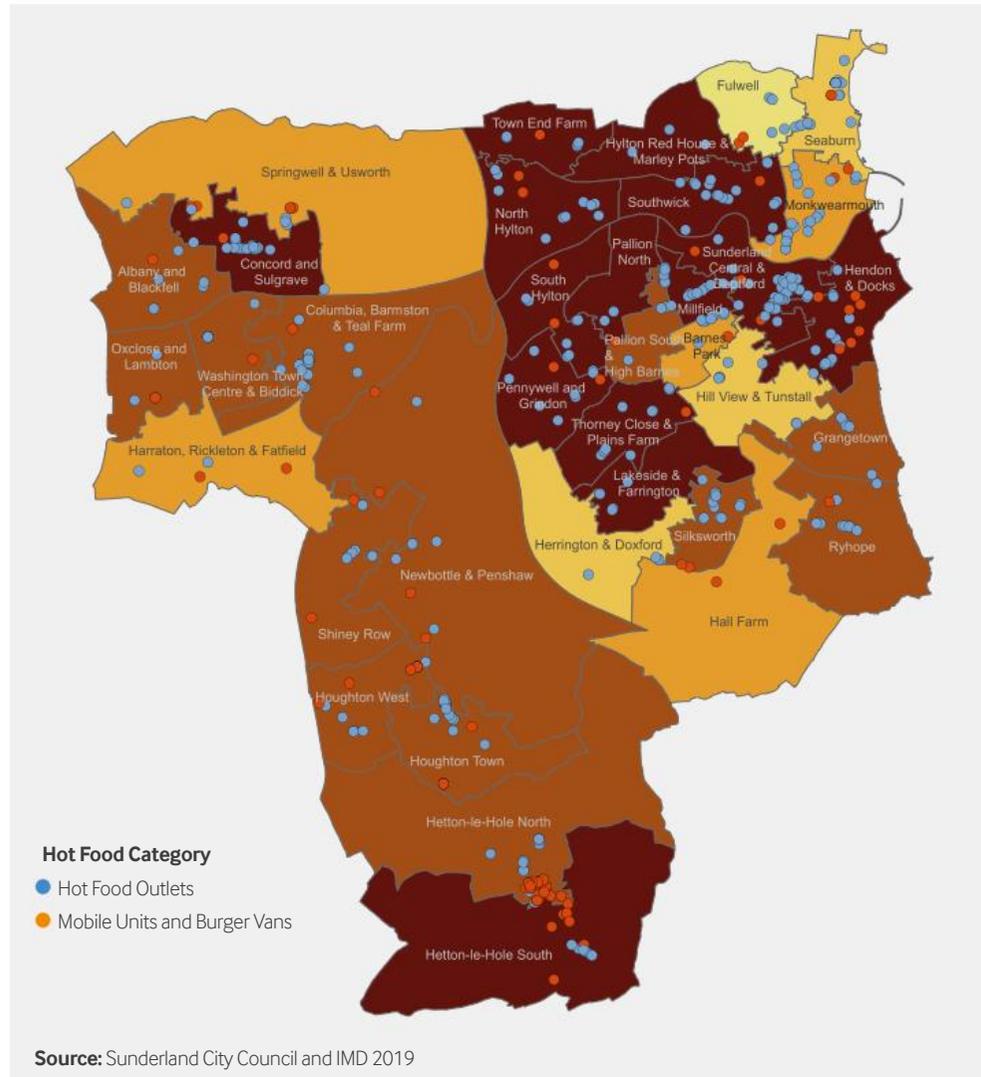


Figure 6 illustrates the association between density of fast food outlets and area level deprivation. The local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets.

In 2017, Sunderland was in the top (worst) 10% of local authorities for fast food outlet density in England with a rate of 137.8 outlets per 100,000 people³⁷. As you can see from the Figure 7 the darker areas, which are the more deprived wards, have the most hot food and mobile units selling food.

Commercial determinants of health: Whose choice is it?

Figure 7: Hot food takeaways and deprivation quintiles in Sunderland (February 2023) - darker is more deprived.



CASE STUDY: Sunderland City Council – Developing a hot food takeaway policy within the Core Strategy and Development Plan



Healthy weight is one of the most significant and complex challenges, for individual and family health and wellbeing, impacting on business and education, and contributing to significant costs across health, social care and a wide range of services. Obesity is the result of a very large number of determinants with many of the drivers beyond the scope of individuals to influence.

The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of people living with obesity. The National Planning Policy Framework makes it clear that the planning system can play an important role in creating healthy, inclusive communities.

Acknowledging this, Sunderland City Council implemented a Hot Food Takeaway policy following an evidenced based report in 2020. Hot food takeaway restrictions also feature in the council's Core Strategy and Development Plan (2015-2033).

To promote healthier communities, the council is committed to:

- Preventing the development of hot food takeaways within a 400m radius of entry points to all primary and secondary schools.
- Preventing the development of hot food takeaways in wards where the prevalence of obesity is more than 21% for Year 6 pupils or 10% for Reception pupils.

Since the implementation of the policy the council has refused a number of planning applications for hot food takeaways on these grounds.

The council is continuing to work with local takeaways to develop a scheme to support them to offer healthier alternatives.

Food and drink recommendations

- Through further developing the Integrated Impact Assessment approach, consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.
- Further develop local policies to protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools or at events on local authority controlled sites.
- Review Sunderland City Council's advertising policy and explore local opportunities to introduction of a healthier advertising policy which limits advertising around unhealthy commodities such as alcohol, fast food, and gambling in publicly funded spaces.
- To reference and adopt the addendum to the Public Health England's guidance^{vi} on using the planning system to promote healthy weight environments.

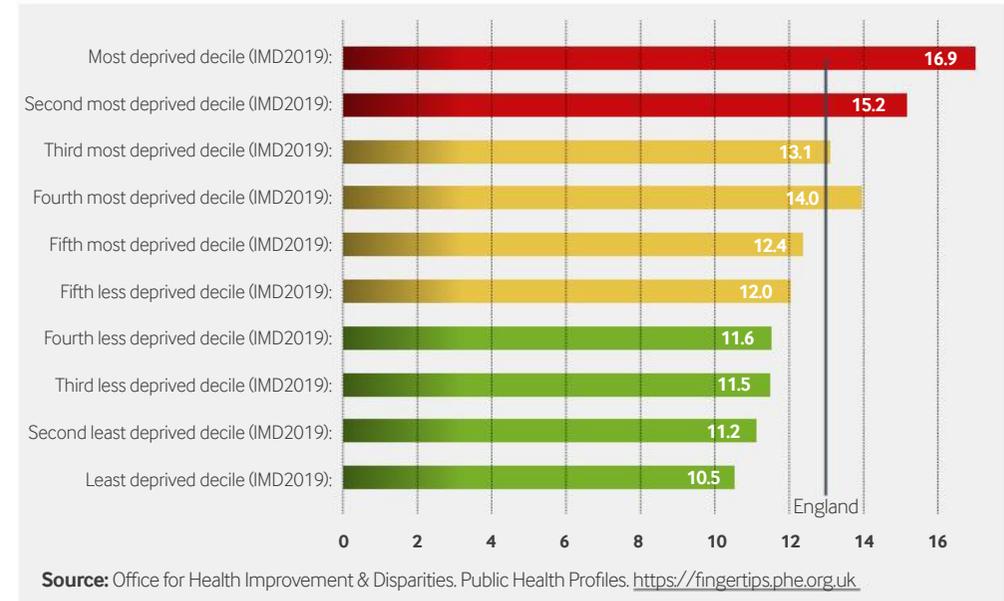
^{vi} <https://www.gov.uk/government/publications/healthy-weight-environments-using-the-planning-system/addendum-hot-food-takeaways-use-in-the-new-use-class-order>

Tobacco

Smoking and secondhand smoke cause a range of illnesses including various cancers, COPD, heart disease, stroke and diabetes – and tobacco is a leading cause of preventable death. In England, it is estimated that there were 74,600 deaths attributed to smoking in 2019³⁸ and 25% of all hospital admissions were attributable to smoking.

Inequalities in smoking prevalence are clear. Males smoke more than females and people living in the most deprived neighbourhoods are more likely to smoke than those living in the least deprived.

Figure 8: This graph shows smoking prevalence in adult (18+) current smokers as % 2021 in England



Whilst smoking rates have reduced significantly in England over the past 10 years from 19.8% to 13% in 2021, North East rates are still the highest in the country at 14.8%. The latest data for Sunderland shows that prevalence of smoking amongst adults is 15.2%, however this percentage increases to 28.9% for adults in routine and manual occupations.

Prior to the England-wide smoking in public places legislation in 2007, a Lancet review of tobacco industry marketing tactics³⁹ highlighted the key ways in which the industry drew customers in and catered to needs within different sub-groups. These included offering products at different price points (for example, premium and economy level products), tailored messaging and advertisements, highly visible and widespread placement in retail premises and sponsorship of high profile events.

Commercial determinants of health: Whose choice is it?

Whilst some advertising strategies were curtailed due to the smoking legislation, other tactics have prevailed. Evidence suggests that tobacco companies now use other marketing techniques, this typically includes packaging, public relations, sales promotions and trade discounts for the promotion of particular brands. The latter technique, known as 'push promotion', involves advertising to sellers and wholesalers, giving retailers financial incentives and offering competitions and prizes around specific products⁴⁰.

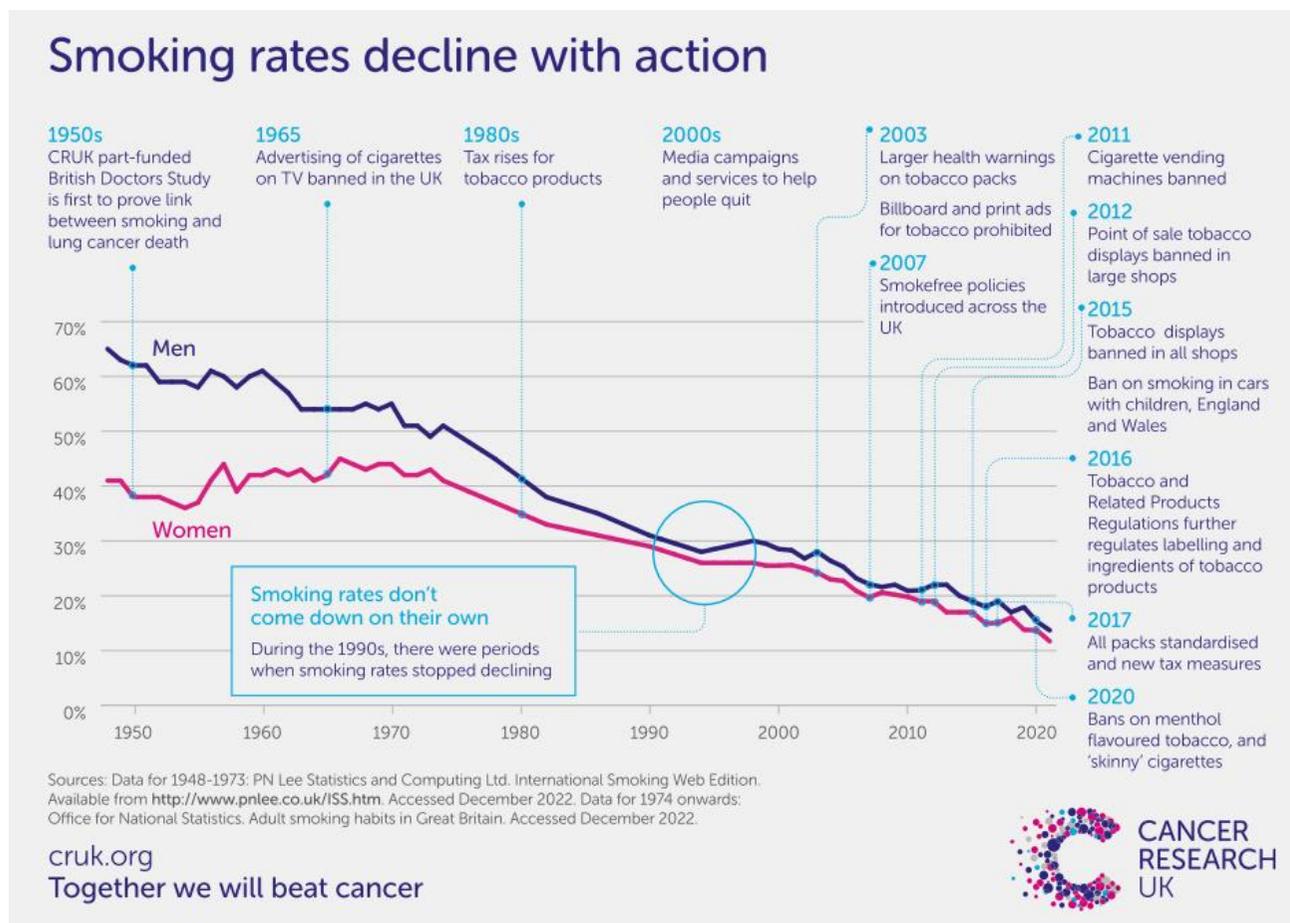
Since 2007 and the smoking ban in public places, there has been further legislation aimed at de-normalising cigarette use and curtailing tobacco advertising tactics. These include the Menthol Ban in 2020, which made it an offence for manufacturers to produce and retailers to sell menthol cigarettes, standardised packaging (2016) which required packaging to be a standard colour with a required size for health warning and tobacco display ban (2015) making it illegal to display tobacco products in shops, they must be 'hidden' in a gantry or similar.

Targeting children and young people has always been key, as long-term addiction to tobacco products was and is highly profitable to the industry. There is extensive evidence that children and young people are highly receptive to tobacco advertising and that young people exposed to tobacco advertising and promotion are more likely to take up smoking⁴¹. In response to an increasing number of smoking bans in Western countries, the tobacco industry expanded into other parts of the world; more than 80% of tobacco users now live in low and middle-income countries⁴².

The Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly on 21 May 2003 and came into force on 27 February 2005. The FCTC is an international treaty focussed upon the health impacts of tobacco. As the UK Government has ratified and become a Party to the FCTC, HMRC is bound by the FCTC to meet legal obligations. Article 5.3 states that: "In setting and implementing their public health policies with respect to tobacco control, parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law." A recent BMJ paper found that no country or region was spared from industry involvement in shaping policy⁴³.

With the increase of public health intervention, the infographic illustrates how a public health issue can be addressed. Smoking prevalence has decreased

in the UK over the past 70 years with public health action, including a ban on TV advertising cigarettes in the 1960s and the start of tax rises on tobacco products in the 1980s. Over recent years we have seen the introduction of policies that have reduced the way industry can market and promote harmful products as well as specialist support services to help people quit. We have had the introduction of national policy around public and workplaces being smoke-free, banning of point of sale tobacco display stands and the introduction of plain packaging with graphic health warnings. As a result of all these changes and many more, over the past 70 years we have seen a decrease in smoking rates for both men and women in the UK.



Tobacco recommendations

- Building on the progress made to date, advocate for further tobacco policy measures, these include the recommendations within The Khan Review:
 - Making smoking obsolete⁴⁴ around reducing the appeal of smoking by radically rethinking how cigarette sticks and packets look.
 - Closing regulatory gaps.
 - Tackling portrayals of smoking in the media and for smokefree places to de-normalise smoking to protect young people from second-hand smoke to help to achieve the Smokefree 2030 ambition of 95% people smokefree by 2030.
- Continue to support the regional and local approach to tackle illicit products through influencing policy development and advocating for effective regulation through the introduction of a tobacco licence for retailers to limit where tobacco is available.
- Support a smokefree environment and develop local schemes and regulations such as smokefree pavement licences and public space protection orders to support businesses.



CASE STUDY: Fresh and Balance North East – A regional approach to addressing tobacco and alcohol harms

In 1946 a leading tobacco company launched a major advertising campaign claiming, “more doctors smoke Camels”. It launched because they were worried about emerging evidence that smoking causes lung cancer. Rather than withdraw the product until more research could be done, or at least warn the public, their reaction was to advertise more, simply because profit was the priority. We may now have numerous regulations on tobacco and fewer people smoking in the UK than ever - but tobacco manufacturers in the UK will still make about £1 billion profit this year whilst their product will prematurely kill at least half of its long term users when used exactly as directed by its manufacturer.

Fast forward the clock to the 21st century and our relationship with alcohol. Research is now clear alcohol causes at least seven types of cancer and liver disease. Half of our population in the North East are drinking above the Chief Medical Officer’s low risk guidelines. But we are still sold the myth that alcohol makes us happier, more popular and more attractive and is an integral part of friendship, sport and music.

Sunderland City Council is one of the local authorities which commissions and funds the regional Fresh and Balance Programme. This is a long established programme addressing the commercial determinants of health by working for a societal shift around

both tobacco and alcohol use. At the core of the Programme is the recognition that the tobacco and alcohol industries’ marketing and promotional practices to recruit and maintain high levels of use and their attacks on effective policy must be exposed and countered.

The Programme delivers year-round focus on news, ensuring that a wide variety of topics are covered by the media as well as world leading media campaigns including over the last year: Don’t Wait and Keep it Out (Fresh), Alcohol Causes Cancer and What’s the Harm? (Balance). This builds public and stakeholder awareness and support around key advocacy asks, including a statutory levy on tobacco manufacturers to help fund a new national tobacco plan to achieve a Smokefree 2030, and the need for an independent review to inform a new national alcohol strategy.

Collectively the Programme is working on building greater understanding of the harm of the products amongst public and decision makers. A vital platform for key policy levers and prioritisation of these issues which cause ill health, fuel inequalities and harm our public purse.

For more information visit: <http://freshne.com/> or www.balancenortheast.co.uk/



Commercial determinants of health: Whose choice is it?

Alcohol

Alcohol is widely available in England and promoted in pubs, restaurants, shops and supermarkets. The alcohol industry is estimated to be worth almost \$1.5 trillion USD worldwide⁴⁵. Although it might be appropriate to engage with elements of the alcohol industry around the management of the night-time economy, the alcohol industry should have no role in the development of alcohol policy or strategy.

Alcohol is a causal factor in more than 200 disease and injury conditions and, worldwide, 3 million deaths every year result from harmful use of alcohol (5.3% of all deaths)⁴⁶. It is associated with a number of non-communicable diseases, mental and behavioural disorders, and injuries. In addition to the direct health impacts on individuals, there are also harms to others, including children and wider communities. Alcohol-related harm is estimated to cost the NHS £3.5 billion every year⁴⁷. In Sunderland, alcohol-related mortality rate was 52.1 per 100,000 population, significantly worse than the England average of 37.8 per 100,000.

Inequalities in alcohol-related harm exist. A 2017 study revealed that alcohol outlet density was higher in the most deprived neighbourhoods of England⁴⁸ and national data reveals a socio-economic gradient in alcohol-related mortality.

Figure 9: Alcohol-related mortality by deprivation decile in England.

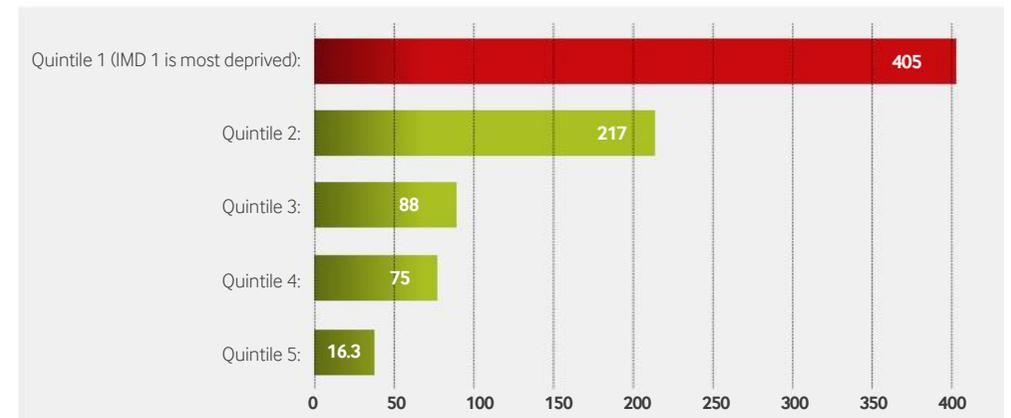


Source: Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk>



This pattern is the same in Sunderland; the alcohol outlet density is higher in the most deprived neighbourhoods.

Figure 10: Number of alcohol licensed premises in each quintile of deprivation in Sunderland



Source: Sunderland City Council and IMD 2019

The maps below show on and off licensed premises in Sunderland by corresponding levels of deprivation (IMD). A higher concentration of licensed alcohol premises in more deprived areas can be seen.

Figure 11: Alcohol (off trade) licensed premises and deprivation quintiles in Sunderland (February 2023) - darker is more deprived.

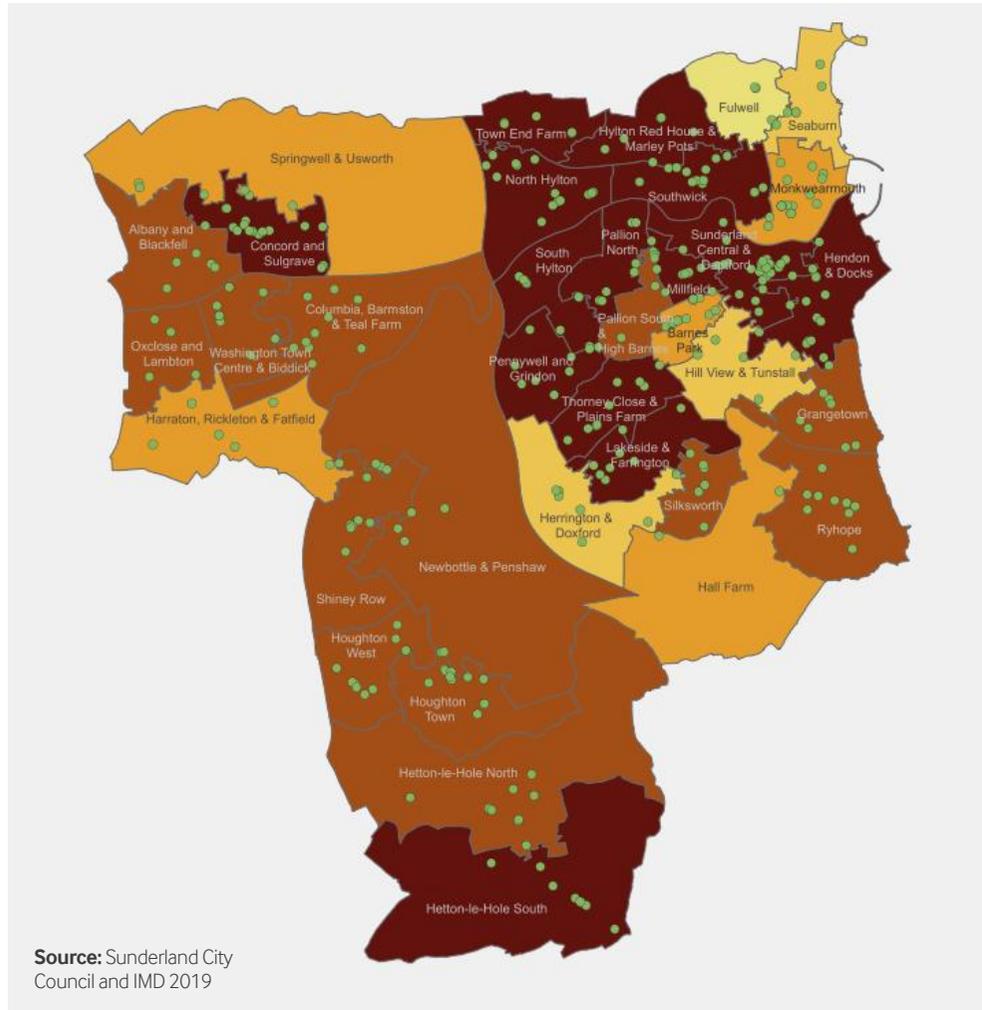
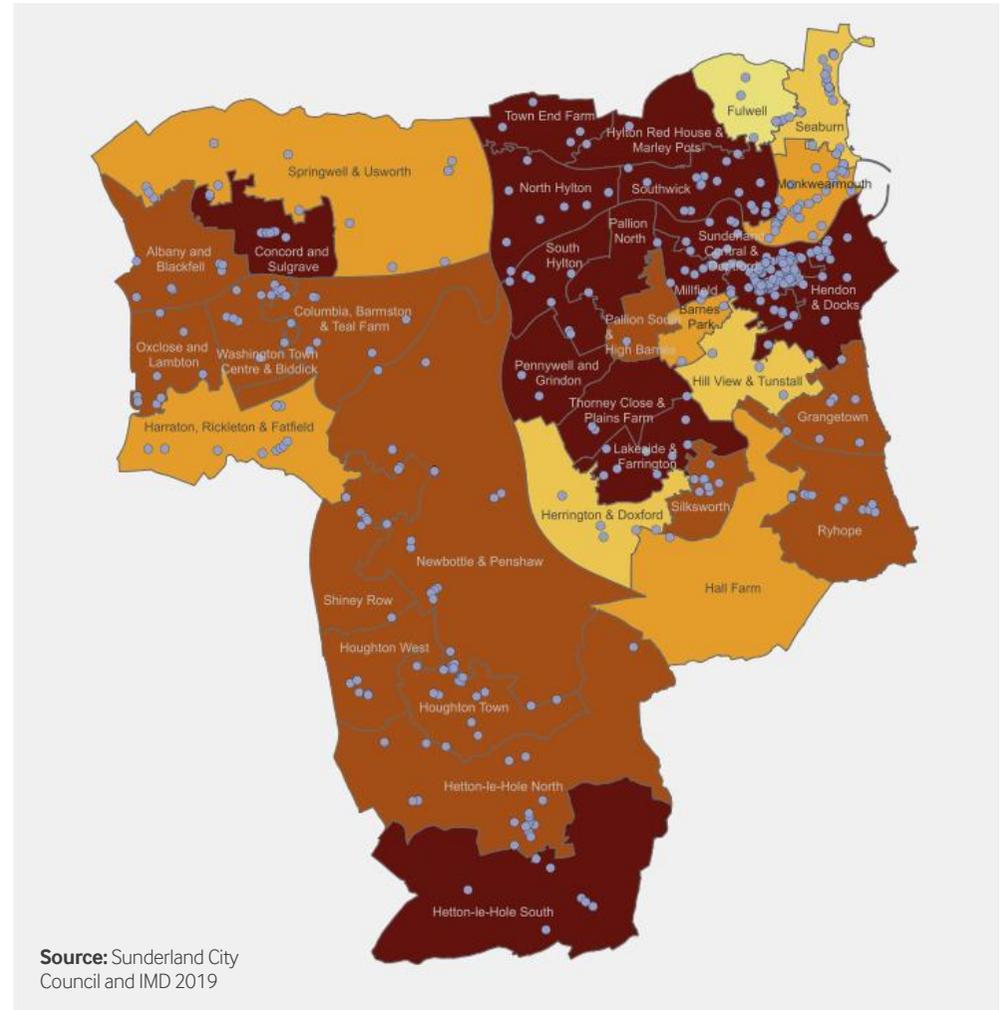


Figure 12: Alcohol (on trade) licensed premises and deprivation quintiles in Sunderland (February 2023) - darker is more deprived.



Commercial determinants of health: Whose choice is it?

Alcohol marketing helps to normalise and often glamourise drinking and creates a culture where alcohol is seen as an 'essential part' of everyday life. Evidence shows that alcohol marketing directly increases the consumption of alcohol, including among children and young people. Exposure to alcohol marketing increases the likelihood that children will start to drink alcohol at an earlier age and drink more than they otherwise would⁴⁹.

One of the biggest changes in recent years to alcohol marketing is the use of online marketing. Bans or comprehensive restrictions on alcohol advertising across multiple types of media are listed by the World Health Organisation (WHO) as one of the 'best buy' policies to reduce alcohol harm. A new report from WHO highlights the increasing use of sophisticated online marketing techniques for alcohol and the need for more effective regulation. It shows that young people and heavy drinkers are increasingly targeted by alcohol advertising, often to the detriment of their health⁵⁰.

With the use of online marketing, the global Internet has created new and growing opportunities for alcohol marketers to target messages to specific groups. Targeted advertising on social media is especially effective at using such data, with its impact strengthened by social influencers and sharing of posts between social media users.



Sponsorship of major sporting events at global, regional and national levels is another key strategy used by alcohol companies. Such sponsorship can significantly increase awareness of their brands to new audiences. In addition, alcohol producers engage in partnership with sports leagues and clubs to reach viewers and potential consumers in different parts of the world. The increasing market of e-sports, including competitive gaming events, is another opportunity to sponsor events.

Minimum unit pricing does what the name suggests: sets a minimum price, per UK unit, below which alcohol cannot be sold. Where MUP has the most impact is on the cheapest, strongest alcohol available in some off-licences. Since May 2018, every alcoholic drink sold in Scotland has had minimum unit pricing (MUP) of £0.50 per unit. A new report suggests the introduction of minimum unit pricing (MUP) in Scotland has led to fewer alcohol-related deaths compared to England⁵¹.

Alcohol recommendations

- The Responsible Authorities Group will continue to work with licensing and regeneration so they have the relevant insight and intelligence to consider the impact of alcohol in the design and regeneration of our city centre.

Sunderland City Council should continue to:

- Work with colleagues across the North East to develop a local alcohol harm reduction educational offer to ensure a consistent approach is being used within educational settings and isn't influenced by industry.
- Work with Balance North East to support regional approaches to advocate change and encourage the Government to prioritise the interventions which decrease the affordability of alcohol – such as Minimum Unit Price (MUP).
- Work with Balance North East to support regional approaches to advocate change and encourage the Government to introduce restrictions on alcohol marketing to protect children and vulnerable people and should be aligned with the restrictions proposed for 'unhealthy food and drink' in the Health and Care Bill, including a 9pm watershed on TV and on-demand services.

Gambling

It is becoming increasingly recognised that gambling is a public health issue, with significant harms affecting more than just those who have an addiction. In 2021, Public Health England (PHE) carried out a national review of gambling-related harms⁵² and found that key harms relate to mental health, finances, relationships, reduced performance at work and, in some cases, criminal behaviour. There is also an association with suicidal ideation and around 5% of suicides in this country are thought to be linked to gambling – that is over 400 people per year.

The people who are most likely to take part in gambling have higher academic qualifications, people who are employed and from relatively less deprived groups. However, gambling harm is associated with people who are unemployed and living in more deprived areas, suggesting a link to inequalities. It affects whole families and communities and can become a lifelong struggle to avoid relapse.

Online gambling presents a difficult challenge for local policymakers; councils' statutory role in gambling licensing applies to physical premises only. Data from the Gambling Commission⁵³ suggests levels of online gambling participation were 27% in the most recent quarterly survey (December 2022). However, they reported that in-person gambling had seen a significant increase in that same time period compared with the previous year (28% compared to 25%). Therefore, action relating to physical premises and non-remote gambling is still pertinent.

Sunderland-level data is not available for gambling prevalence. However, data provided nationally can be used to calculate estimates. In the North East, it is estimated that 4.9% of the population (aged 16+) are at-risk from gambling (experiencing some level of negative consequences due to their gambling); this is the highest regional prevalence of people at-risk from gambling in England.



CASE STUDY: Knowsley Council – Planning application for new adult gaming centre

Knowsley, in Merseyside, is a place that is acutely aware of the dangers that gambling can present to its residents. As a result, the council is proactively taking decisive action, wherever it is able, to protect its communities from this, sometimes overlooked, public health risk.

In 2021, Knowsley Council received a planning application for a new adult gaming centre in a prominent position in one of its town centres. In line with usual planning procedures, the application was publicised, and several objections were made predominantly by locally elected Councillors who highlighted:

- The already high concentration of betting shops and other gambling venues in the area.
- The risk of increasing gambling addiction in the local population.
- The risk that gambling poses to children and vulnerable groups.
- Plans to redevelop the local area as a vibrant, social area for families with a focus on retail units that support this vision.
- The lack of benefit a gaming centre would bring to the local area and its residents.

The application was refused by Knowsley Council's Planning Committee and ultimately rejected on appeal on the grounds that it would potentially damage the future vitality of the town centre. The public health concerns which were raised as a separate refusal reason, however, were not deemed to be of enough significance to be upheld by the Planning Inspectorate at that time.

This decision, and the concern over future similar proposals and their potential impact, led the council to review and amend its own planning policy statements. Specifically, its town centre uses Supplementary Planning Document (SPD) that sets out an acceptable threshold for the amount of gambling outlets within a town centre area. As a result, the SPD was amended to restrict new gambling-related uses and reduce the acceptable threshold from 10% to a maximum of 5% in town centres. This policy was adopted in September 2022.

This important change meant that when a subsequent application for a 24 hour gaming centre (from the same provider under a new name) was made, the council was in a much stronger position to refuse the planning application and protect more members of the community from gambling related harm.

The council's work highlighted important public health considerations and also gave a strong and clear message to the wider gambling industry.



Commercial determinants of health: Whose choice is it?

Estimated prevalence of gambling-related harms in Sunderland

Type	Estimated number of individuals – Sunderland
Those experiencing gambling harm ^{vii}	1,130 (aged 16+)
At-risk from gambling	11,083 (aged 16+)
Affected others	19,194 (all ages)

Public Health England (PHE) estimated that the North East has the highest rates of people experiencing problems from gambling in the country at 1%. Beyond those who experience gambling harm directly, there is also a significant impact on their friends, families and communities. It's estimated that 7% of the population has been negatively affected by someone else's gambling.

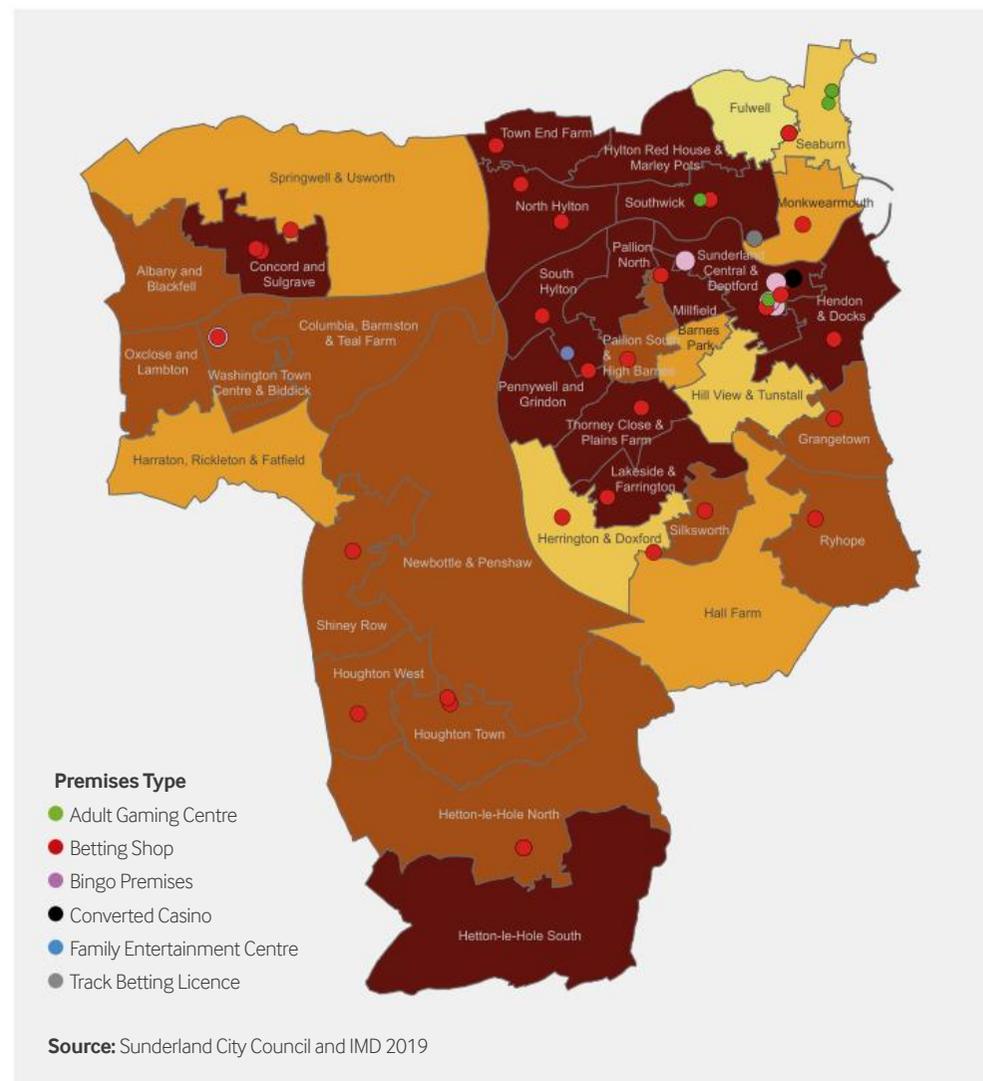
There are also financial implications. The Office Health Improvement Disparities (OHID) provided an updated estimate of economic and social costs associated with gambling-related harms in 2023. It estimated the total annual costs (to both government and wider society) were between £1.05-£1.77 billion. OHID acknowledges that this is likely to be an underestimate due to a lack of robust data in some areas (such as the impact on affected others).

Gambling has been understudied as a public health issue and it is important to ensure that a lack of evidence does not become justification for inaction. The complexity of the relationship between gambling and its associated harms, together with the shortage of strong evidence, could be used as a rationale to oppose or delay policy interventions. The gambling industry will strongly resist and argue against proposals to introduce interventions that might regulate or restrict their commercial activities. Gambling is a highly profitable industry, but policy makers should not ignore the substantial threats to health and wellbeing that exist.

Figure 13 shows all gambling premises in Sunderland by middle layer super output area (MSOA) and corresponding levels of deprivation (IMD). A higher concentration of gambling premises in more deprived areas can be seen.

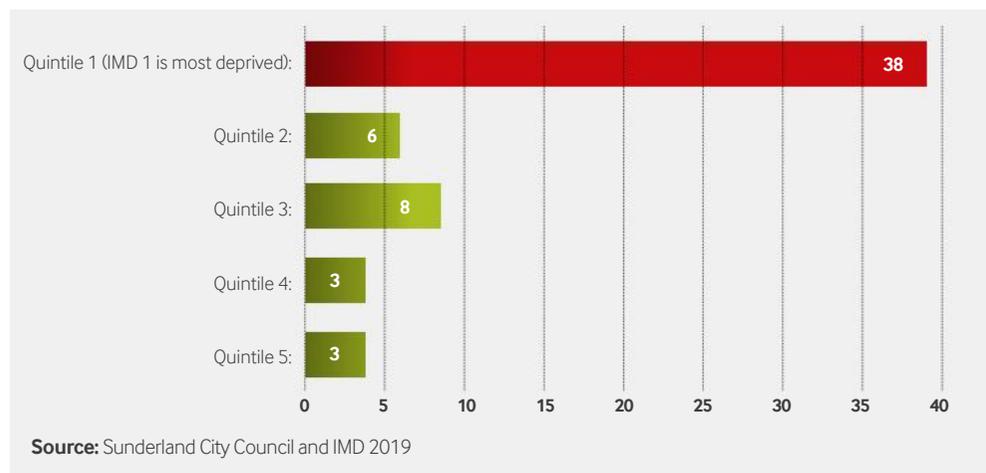
^{vii} Please note - to move away from stigmatising language the term 'those who experience gambling harms' is being used in the table instead of the term 'problem gambler', however we recognise that the clinical literature does still refer to the term 'problem gambler.' In the Public Health England (PHE) national review of gambling-related harms, the term 'problem gambler' is used to define a specific category, this is based it on the Problem Gambling Severity Index which has set definitions.

Figure 13: Gambling premises and deprivation quintile in Sunderland (February 2023) - darker is more deprived.



This is further highlighted when viewed graphically; 66% of all gambling premises in Sunderland are in the most deprived quintile. This follows a national trend of gambling premises being clustered in areas where people can least afford to gamble⁵⁴. As detailed above, risk from gambling is more prevalent in areas of greater deprivation, representing an inequality.

Figure 14: Number of gambling sites in each quintile of deprivation in Sunderland



Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk; 1.6% of non-drinkers are at risk from gambling at compared to 10.0% of people who consume over 50 units per week⁵⁵. Substance use is also a risk factor for gambling harm in children and young people.

Many forms of gambling are legal in this country under the Gambling Act 2005. The Great Britain gambling industry was worth £12.7 billion in 2020/21, with 2,442 operators in the market⁵⁶. A report in 2018 estimated that the industry spends approximately £1.5 billion per year on marketing, with 80% of this being online⁵⁷.

A number of local authorities in England have recently taken action to address the number of gambling premises in their area by refusing planning permission, including Bradford City Council⁵⁸, Southend Borough Council⁵⁹ and Hastings Borough Council⁶⁰.

The primary reasons for these refusals have been connected to negative impacts on the surrounding area, including noise, but health impacts have also been cited. It is anticipated that some of these recent decisions will be overturned at appeal, but Knowsley Council has successfully upheld its decision to refuse planning permission for a gaming centre.

Gambling recommendations

The council will:

- Conduct a health needs assessment to better understand the scale of gambling-related harms in Sunderland.
- Work with partners to strengthen measures that protect communities from gambling harm – such as reviewing Local Plan policies as part of Local Plan Review (commencing late 2024) and the potential for implementing a threshold for gambling-related premises in town centres.
- Continue to work with regional colleagues to raise awareness of industry tactics and harmful products, shifting the narrative from that of 'problem gamblers'.
- Support regional work to develop and pilot a screening tool to increase the impact of early intervention.

Commercial determinants of health: Whose choice is it?

Environment

Fossil fuels - Eighty percent of the world's energy needs are met through fossil fuels (burning coal, oil, and natural gas) but this practice is also the source of two-thirds of the world's emissions of greenhouse gases⁶¹. This is causing increasing global temperatures which in turn is leading to rising sea levels, extreme weather and forest fires. The subsequent impacts on clean air and water, food sources and shelter have clear consequences for our health. The spread of infectious disease is being affected by rising temperatures, with coastal waters becoming more suitable for the transmission of certain pathogens, and the number of months suitable for malaria transmission increasing in some areas⁶².

WHO estimates that, between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress⁶³.

There are considerable inequalities associated with climate change as the people most likely to be affected are those in low-income countries and Oxfam estimates that 20 million people per year are displaced from their homes due to climate-fuelled disasters⁶⁴.

In 2018, the combined fossil fuel industry was estimated to be worth \$4.65 trillion. As well as the readily identifiable fossil fuel organisations, a number of organisations and industries play a more discreet, but still significant, role in climate change. For example, since the 2015 Paris Climate Agreement, the world's 60 biggest banks have continued to invest \$4.6 trillion into the fossil fuel industry.

Air pollution - Common sources of air pollution include motor vehicles, factories and forest fires. Air pollution can cause and exacerbate respiratory disease, heart disease and lung cancer, as well as causing considerable damage to the environment. The car industry for example is estimated to be worth \$2 trillion worldwide and a 2010 study concluded it was the greatest contributor to atmospheric warming⁶⁵.

Particulate matter refers to particles suspended in the atmosphere and includes dust, smoke and soot, as well as pollen and soil particles⁶⁶. The size of particles is important, with fine particulate matter more closely associated with adverse health outcomes. In Sunderland, the concentrations of fine particulate matter are estimated to be lower (better) than the England average, but slightly higher than the regional average⁶⁷.

CASE STUDY: Sunderland City Council – Low Carbon Framework

Sunderland City Council is on a mission to reduce emissions. Partners across the city developed and signed up to a Sunderland Low Carbon Framework in December 2020 that will drive down emissions and seek to make the city carbon neutral by 2040.

A significant amount of work is taking place across the city including:

- The BREEZ programme - Business Renewables Energy Efficiency Sunderland - gives eligible small or medium-sized enterprises a flexible approach to cutting their energy bills and their carbon emissions. The programme aims to reduce energy consumption and enable carbon reduction by measures such as upgrading old, inefficient systems, with new, energy-efficiency upgrades.
- Development of a new Local Cycling and Walking Infrastructure Plan (LCWIP) which sets out how barriers to active travel can be overcome. This includes plans to provide safe, continuous, direct routes for cycling, increasing the number of cargo bike journeys and increasing the number of cycle parking facilities.
- The council has launched a Refill scheme for Sunderland, helping the city, including businesses, to reduce single-use plastic waste. Refill provides a platform to connect residents and their communities to places they can eat, drink and shop without single-use plastic packaging. There are now over 100 Refill stations across the city.
- Electrifying Sunderland City Council's Fleet – the council operates a diverse fleet consisting of 550 vehicles including heavy goods, light goods, small vans, cars and plant vehicles. To support the council's aim to become carbon neutral by 2030, the council commissioned Zero Carbon Future to undertake a study to analyse the charging requirements to replace the existing fleet with electric vehicles or hybrid alternatives. As a result of the study the roll-out of electric vehicles will be phased and the study will ensure the sites are future-proofed as Sunderland's fleet grows.

Environment recommendations

- Maximise engagement of businesses in tackling climate change to support achievement of the city's carbon reduction targets.
- Encourage and facilitate business leadership to support delivery against city-wide carbon reduction targets including through corporate social responsibility activity including volunteering opportunities.
- Identify and progress opportunities to enhance green infrastructure and increase urban greening to facilitate climate adaptation and carbon offsetting.
- Identify and develop active travel and micro-mobility initiatives, and promote these to increase take-up by partners, people and businesses across the city.
- Support the transition to ultra-low/zero emission vehicles across the city by residents, partner organisations and businesses.

Formula milk

Breastmilk provides vital nutrition, contains all the antibodies a baby needs and protects against illnesses, and it is estimated that 823,000 worldwide child deaths could be prevented each year by near universal breastfeeding⁶⁸. However, only 44% of babies globally were exclusively breastfed in 2020⁶⁹. Baby's first feed breastmilk rates in Sunderland are low and are statistically significantly lower than the England average. The latest available data for 2020/21 shows 48.6% of women initiating breastfeeding in Sunderland compared to an England average of 71.7% and a North East average of 63.9%.

The reasons why some parents do not breastfeed are multiple and complex, including inadequate support, health reasons/complications, being unable to breastfeed, insufficient parental leave policies and lack of workplace support, but the role of aggressive marketing by industry cannot be overlooked. Formula milk is expensive. The global formula milk industry is valued at \$55 billion (a five-fold increase in 20 years) and the six major infant formula companies spend approximately \$5 billion per year on marketing – this is 30 times more than the WHO estimates it needs in order to raise breastfeeding rates and save over half a million infant lives per year.

Working conditions and benefits

Across all sectors, working conditions can have a considerable impact on health and wellbeing. WHO⁷⁰ estimates that 1.9 million deaths in 2016 were caused by work-related disease and injuries. Risk factors include long working hours and exposures such as air pollution and carcinogens (long working hours was the biggest factor). Benefits such as paid parental leave have been linked with improved mental and physical health outcomes for mothers and children, as well as increased breastfeeding rates⁷¹.

Pay gaps drive inequalities, whether they are gender, disability or ethnicity related. Contracts such as zero-hours offer some flexibility, but research also shows that the mental health of workers on such contracts is worse than other workers⁷².

Recommendations

- Sunderland Workplace Health Alliance will continue to support local employers to provide healthy working conditions, including long working hours and environments.
- As an employer, the council will share how it is taking meaningful action to address the gender pay gap and will also commit to publishing its disability and ethnicity pay gaps.
- The council should review its internal financial operations to understand whether our banking partners are funding the fossil fuel crisis.
- Workplaces should be breastfeeding-friendly with up to date, accessible, written breastfeeding and returning to work policies in place and have accessible/private rooms with a refrigerator on site.



Conclusion

It is clear that industries and employers play a significant role in the health and wellbeing of populations, whether related to their products or employment practices.

The commercial determinants of health overlap with the social determinants and it is vital that public health professionals view their work through both lenses; not to do so would risk mis-framing the issues and allowing lifestyle drift. This is the way some public health strategies and interventions focus on individual rather than the most effective interventions which are at on a larger scale.

Given that non-communicable diseases such as circulatory, cancer and respiratory diseases make the largest contribution to the morbidity and mortality burden in Sunderland⁷³, the benefits of taking action on the root causes will be felt across the whole system, including health and social care.

Partnerships with industries should be treated with caution. Where product reformulation can be agreed, this should be welcomed but it must be noted that voluntary regulation has not proven to be successful amongst unhealthy commodity industries and dark nudges are seen; government legislation has been the key to positive public health outcomes in areas such as smoking.

Business growth is vital to the success of Sunderland but prioritising the type of growth that supports our ambitions in the City Plan is key, and this includes our vision for a healthy city.

A public health approach to commercial determinants

Research^{74,75}, has found that interventions that are focused at the individual level or that are 'superficial' (for example encouraging people to change their own behaviour) can widen health inequalities as people have unequal opportunities to make changes.

The Health Impact Triangle provides a useful framework for public health action. It demonstrates that the interventions with the potential for most impact are those at the socio-economic or context levels. Interventions focused on education and counselling are centred on individuals rather than populations and have the least impact because of their dependence on long-term individual behaviour change⁷⁶.

Figure 15: Health impact triangle



A public health approach centres on the premise that we cannot only focus on the harm caused by commercial determinants on the individual, we must also work further upstream and across the system. If we only focus our interventions to help individuals rather than populations, we overlook those who are at increased risk, as well as their close communities who will also be affected. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society, however implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit.

Commercial determinants: moving towards action

It is clear that some of the most impactful interventions to tackle commercial determinants need to come at a national and even international level working with business and investors to have better corporate governance and encourage better corporate practices.

Regulation of industries, the banning of harmful practices and lessening the influence of industry, would bring tangible gains to public health. However, there are things we can do at a more localised level to mitigate the impact that industries have on the health and wellbeing of our local communities.

For a local authority there are some key considerations.

- How can we lead by example as an employer? This could involve ensuring that our employee policies are conducive to good health and wellbeing and do not widen inequalities; taking meaningful action to address all pay gaps (gender, disability, ethnicity); reviewing financial operations to ensure that we are not inadvertently funding the climate crisis.
- How can we reduce industry influence where it impacts negatively on health? Do we need regional discussions to understand where industry is currently involved in funding treatment programmes and how this might be resolved?
- How can we ensure that any plan to reduce health inequalities / support health and wellbeing considers the commercial determinants of health? Raising awareness and understanding will be important. Our language matters too – can we commit to moving away from unhelpful terms such as 'problem gambler' and 'lifestyle choices'?

Commercial determinants of health: Whose choice is it?

Key recommendations

The council should develop an approach to commercial determinants of health by:

Focusing on a geographical area in the city that has high number of unhealthy commodities and high levels of non-communicable diseases, work with residents and businesses to develop a partnership approach to reduce the number of unhealthy commodity retail and exposure in the area.

Working with local authorities across the North East and other partners across the system, identify opportunities for treatment services to become independent of industry funding or influence and to ensure that treatment is evidence-based.

Using the learning from the tobacco control experience in terms of the role of regulation, legislation and advocacy for approaches to mitigate the negative and promote the positive impacts that industries have on the health and wellbeing.

Leading on the development of a framework for local action which will take a comprehensive approach to rebalancing the impact of commercial determinants on our residents, embedding strategies into the City Plan to address demand and supply of both healthy and unhealthy commodities and incorporating into the Integrated Impact Assessment toolkit.

Working with business across the city to enhance the positive contributions to health and wellbeing through policies such as the 'Real Living Wage', Low Carbon Framework and through good employment practices and programmes such as Better Health at Work Award and the Workplace Health Alliance.

Committing ourselves and encouraging partners to move away from stigmatising language such as 'problem drinker', 'problem gambler' and 'lifestyle choices' in all our communications, discussions and interventions.

Working with public health colleagues to seek to develop a regional approach to the commercial determinants of health across the North East.

Ensuring commercial determinants are considered within our current Local Plan as well as when reviewing, for the potential to implement existing powers to restrict the number of unhealthy commodity retail units and support the vision of vibrant, healthy communities.

Working with retailers locally to promote harm reduction alternatives to smoking such as e-cigarettes or alternatives to junk food such as low sugar options. We should also encourage businesses not to stock high strength alcohol.

Commissioning and procurement teams across Sunderland should consider an ethical procurement financing model where investment is directed to source cost-effective supplies from socially responsible vendors.

We will continue to improve understanding of the commercial determinants of health, and industry tactics, with our partners across the city.

Appendix one



Update on recommendations from 2021/22 Director of Public Health Report: Same Storm, Different Boats

RECOMMENDATION 1 - Deliver the Healthy City Plan with a focus on reducing inequalities, particularly where they have widened due to the Covid-19 pandemic.

Reducing Inequalities Delivery Plan developed with governance arrangement via the Living Well Delivery Board to ensure progress against the four priority areas; (1) better understanding our population, (2) asset based community development, (3) economic activity, skills, aspiration and community wealth and (4) health in all policies approach.

Examples of progress includes:

- Deep-dive review into multiple complexity within the domestic abuse safer accommodation offer to shape an inequality-proofing approach to domestic abuse housing provision, ensuring our safer accommodation offer does not create structural barriers to access and actively promotes equitable housing, and specialist support to better meets the needs of domestic abuse survivors
- Alcohol Strategy developed by the Drug and Alcohol Partnership and endorsed by the Health and Wellbeing Board.
- Food Partnership established. Work is underway to develop a city-wide approach to reducing food insecurity.
- Range of programmes and activities delivered to children, young people and families to support access to nutrition information and physical activity opportunities. These included learn to swim, pre and post-natal activities, early years offer, 'Roots and Shoots' and extending the Holiday Activity and Food programme.

RECOMMENDATION 2 - Embed a Health in All Policies approach across the council and partners, supported by an Integrated Impact Assessment approach that incorporates health, equality, socio-economic and sustainability considerations.

- Integrated Impact Assessment (IIA) tool has been developed to support decision makers to consider health inequalities alongside other potential impacts when developing or reviewing strategies and plans.
- Health in all policies event was held with council officers to increase the understanding of the role that other services can play in improving health and reducing health inequalities.

RECOMMENDATION 3 - Build on the community response to the pandemic in order to engage the population and ensure diverse and under-represented groups' voices and experiences are heard, that the overlapping dimensions of health inequalities are understood, and needs are acted upon, strengthening engagement routes built upon during the pandemic.

- An Impact of Covid Survey (0-3 year olds) was completed with families and early years practitioners. Recommendations are actioned through the Best Start in Life Partnership and Family Hubs.
- Dedicated team to support our residents through the cost of living crisis. Through the creation of warm spaces across Sunderland, we have engaged with residents to understand lived experience to inform future plans such as our social prescribing model which will be centred around building the capacity of our community services and developing our warm hubs into community hubs.
- Sunderland Health Champions programme relaunched to include Covid Champions. The programme has expanded the breadth of messages to include financial wellbeing, cancer awareness, gambling and cost of living.

Appendix one

RECOMMENDATION 4 - Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.

Agreed a Financial Wellbeing strategy and delivered actions including:

- Build our support to Sunderland foodbanks, advice providers and other key stakeholders. We have mapped food activity and improved awareness and access to appropriate food offers. Personal hygiene products are now provided in our 'more than food' offer.
- Implemented the Local Welfare Provision (LWP) food support including out of hours and emergency food boxes.
- Worked with partners to understand the different needs and offers for those in food crisis compared to those facing food insecurity – with the former being mainly supported by foodbanks and the latter via community pantries and stores. Funded five hubs across Sunderland to deliver The Bread and Butter Thing, so affordable food is more accessible.
- Delivering training around Making Every Contact Count (MECC) and financial wellbeing targeted at frontline workers.

RECOMMENDATION 5 - Work with local employers who can provide employment and apprenticeship opportunities, especially to our vulnerable people and people from disadvantaged backgrounds.

- Sunderland is a Real Living Wage City, this includes all commissioned services.
- Social Value requirements within contracted services have included measures to employ local people, those from more disadvantaged backgrounds and vulnerable groups, and enable apprenticeship opportunities and vocational training.
- Introduced Individual Placement Support (IPS) which connects people in structured drug and alcohol treatment with employment opportunities. Since January IPS have worked with 25 people and found six employment.

RECOMMENDATION 6 - Continue to embed programmes which support the development of speech, language and communication skills in children so they are able to flourish and achieve their full potential .

- Joint training regarding speech, language and communication for all staff incorporating Early Language Identification Measure and Launchpad to Literacy has been delivered, ensuring a connection between the two interventions to support families.
- Speech and Language Therapy pathway and referral process been reviewed to enable a collaborative approach to tackling developmental delays and early help before Special Educational Needs referral.
- Developmental Review Clinic Pilot was successful, with positive feedback from parents and practitioners. This links with the Family Hub priority of Early Language and Home Learning through the Best Start in Life action plan.

RECOMMENDATION 7 - Ensure key findings from the Health Related Behaviour Survey are used to influence and shape local programme delivery to meet the needs identified by children and young people.

We have continued to engage with our primary and secondary schools through the Health Related Behaviour Survey (HRBS). This survey now includes questions relating to the impact of Covid 19. Key findings are used to inform a whole systems approach including:

- Maintaining a healthy weight for children, young people and families through working with a range of providers and using different activities.
- Findings around the levels of smoking and vaping were used in the Health Equity Audit and in the development the service specification of the Specialist Stop Smoking service.

Appendix two - Glossary

RECOMMENDATION 8 - Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.

- The council and University of Sunderland have recruited a joint embedded researcher post which will work in the council to promote a research environment.
- Worked with the Voluntary and Community Sector to understand lived experience and further develop area resident engagement groups.
- An interactive data and intelligence tool is available on the council website. This tool has provided information on the causes of death and age groups that are driving inequalities in life expectancy.

RECOMMENDATION 9 - Ensure we are responding to employee health and wellbeing needs following the intense effort of responding to the Covid-19 pandemic.

- The Sunderland Workplace Health Alliance has now over 147 organisations involved with 52 of these businesses engaged with the Better Health at Work Award. Webinars have been delivered around mental wellbeing and work life balance to support employees within these businesses.
- Making Every Contact Counts (MECC) is being embedded within workplaces via a Train the Trainer model and one to one training courses.
- The council has signed up to the Healthy Weight Declaration and partners from across the city are working together as part of a Healthy Weight Alliance on a range of projects.

Commercial actors	Commercial actors can contribute positively to health and society, and many do, providing essential products and services.
Commercial determinants of health	Commercial determinants of health are the private sector activities that affect people's health, directly or indirectly, positively or negatively.
Index of multiple deprivation	The index of multiple deprivation is a way of summarising how deprived people are within an area, based on a set of factors that includes their levels of income, employment, education and local levels of crime.
Indices of multiple deprivation (IMD)	A measure of relative deprivation for small, fixed geographic areas of the UK. IMD classifies these areas into five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.
Lifestyle drift	'Lifestyle drift' refers to the way in which some public health strategies and interventions focus on individual responsibility and action, despite knowing that the most effective interventions are at a larger scale.
Quintile	Any of five equal groups into which a population can be divided according to the distribution of values of a particular variable.
Wider or social determinants of health	Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life.

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Commercial
determinants
of health:

**Whose
choice
is it?**

TASK AND FINISH WORKING GROUP: INTEGRATING SERVICES AT THE NEIGHBOURHOOD LEVEL**1. Purpose of Report**

- 1.1 The purpose of this report is to establish background information, set the scene and set out an approach for a task and finish group looking at the integration of healthcare services at the local level in Sunderland.

2. Background

- 2.1 The Health and Wellbeing Scrutiny Work Programming session held on 6 June 2023 provided Members, officers and partners with the opportunity to discuss a variety of scrutiny topics, compiling a shortlist of potential issues for task and finish work during the coming year.
- 2.2 The first of these topics will be to look at how effectively public health and health care services are being integrated to provide an approach that focuses on the effective working at the neighbourhood level. The task and finish working group will aim to conduct a focused, clearly scoped, and time-limited piece of work with clear objectives.

3. Context to the Issues***Integrated Care***

- 3.1 Integrated Care is a worldwide trend in health care reforms and new organisational arrangements focusing on more coordinated and integrated forms of care provision. It is care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes.
- 3.2 Integrated care systems (ICSs) are partnerships that bring together NHS organisations, local authorities (including public health and adult social care) and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. There are 42 ICSs across England, covering populations of around 500,000 to 3 million people.
- 3.3 Statutory ICSs comprise two key components as follows:
integrated care boards (ICBs): statutory bodies that are responsible for planning and funding most NHS services in the area;
integrated care partnerships (ICPs): statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.
- 3.4 Integrated care has four main aims that are undertaken through integrated care boards and integrated care partnerships, as follows:
- improving outcomes in population health and health care

- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

Integrated Care Boards

- 3.3 The primary function of ICB is to allocate the NHS budget and commission services for the population, taking over the role previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHS England. The ICB is directly accountable to NHS England for NHS spend and performance within the system.
- 3.4 Each ICB must prepare a five-year system plan setting out how they will meet the health needs of their population. This plan must have regard to their partner ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area.
- 3.5 The ICB operates as a unitary board, with membership including (at a minimum); a chair, chief executive officer, and at least three other members drawn from NHS trusts and foundation trusts, general practice and local authorities in the area. In addition, at least one member must have knowledge and expertise in mental health services. ICBs have discretion to decide on additional members locally. Each ICB must also ensure that patients and communities are involved in the planning and commissioning of services.
- 3.6 ICBs must not appoint any individuals to their board whose membership could reasonably be regarded as undermining the independence of the health service. This requirement is intended to ensure that private sector organisations do not exert undue influence and that their participation is to the benefit of the system, reflecting sensitivities around private sector involvement in the NHS.

Integrated Care Partnerships

- 3.7 The ICP is a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of system partners to support partnership working and develop an 'integrated care strategy', a plan to address the wider health care, public health and social care needs of the population. This strategy must build on local joint strategic needs assessments and health and wellbeing strategies and must be developed with the involvement of local communities and Healthwatch. As previously highlighted the ICB is required to have regard to this plan when making decisions.

The Principles of Integrated Care

- 3.8 The Local Government Association outlined six principles to integrated care outlining that working at national, regional, system, place or neighbourhood level, effective partnership working on health, care and wellbeing should have the following elements:
- collaborative leadership – developing a vision, culture and values to support transformation;
 - subsidiarity - decision-making as close to communities as possible;
 - building on existing, successful local arrangements – all areas should be enabled to develop their own neighbourhood, place and system level approaches according to what is appropriate for them;

- a person-centred and co-productive approach – care and support planned and delivered with individuals;
- a preventative, assets-based and population-health management approach – maximising health and wellbeing, independence, and self-care in or as close to people’s homes as possible;
- achieving best value - all partners working together to ensure that the delivery of care and support represents the best value.

Neighbourhoods at the centre of integrated care

- 3.9 In health terms it can often make sense to think of natural communities such as an estate, ward or village. The Chief Executive of NHS England and NHS Improvement, Amanda Pritchard, has also highlighted the potential to intervene at an earlier stage with home adaptations and tackling fuel poverty to prevent hospital admission rates. This is re-iterated within the NHS Long Term Plan with a commitment to community-centred approaches.
- 3.10 The neighbourhood approach may at first appear to be outside the day-to-day workings of many NHS providers. However, the pandemic and cost-of-living crisis has provided an impetus to reach new communities and further develop social capital, it is this neighbourhood level which has brought together populations and created new services addressing unmet need.
- 3.11 Neighbourhood working can offer a number of benefits including:
- reducing demand on the health and care system,
 - developing community resilience; and
 - enabling retention through delivering new models of care.
- 3.12 Neighbourhood working and development is not a new agenda to local government, but builds on councillors’ existing knowledge, experience and understanding. A neighbourhood scale can make sense to key partners with examples of work taking place across the country looking at how health and social care wraps itself around specific neighbourhoods with input from local people. There are examples of neighbourhood health recently with the vaccine rollout and the importance of local knowledge and trust, assisting with economies of scale for implementation and development.
- 3.13 At the neighbourhood level there should be closer working with the wider community including schools, local government, the third sector and public health specialists, to ensure holistic, joined-up care.

.4. Title of the Working Group

- 4.1 The title of the review is suggested as ‘Integrating Care at the Neighbourhood Level in Sunderland’.

5. Overall Aim of the Working Group

- 5.1 To look at the neighbourhood level approach to adult health provision and how the integration of health and social care services can provide a more holistic approach which promotes effective working and outcomes at the neighbourhood level.

6. Proposed Terms of Reference for the Working Group

6.1 The following Terms of Reference for the working group are proposed:-

- (a) To gain an understanding of the types of healthcare provision that is currently taking place at the area and neighbourhood levels;
- (b) To consider the challenges and opportunities in integrating services at the neighbourhood level;
- (c) To explore the role of the voluntary sector and other partners in the provision and delivery of services at the neighbourhood level;
- (d) To look at how the outcomes of neighbourhood level interventions are measured and monitored; and
- (e) To explore the potential of how a digital offer to local residents will enable access to health and social interventions across the local area.

7. Gathering the Evidence

7.1 The task and finish working group will gather evidence from a number of sources and this will be coordinated, on behalf of Members, by the scrutiny officer. Every effort will be made to involve Members in the research, data collection techniques will include a combination of the following:

- Desktop research;
- Use of secondary research e.g. surveys, questionnaires;
- Evidence presented by key stakeholders;
- Evidence from members of the public at meetings or focus groups;
- Site visits.

7.2 The review will gather evidence from a variety of sources. The main evidence will come from information provided by council officers and external partners potentially to include, though not exhaustive, the following:

- (a) Relevant Cabinet Portfolio Holder(s);
- (b) Director of Adult Services and Chief Operating Officer Sunderland Care and Support;
- (c) Executive Director of Health, Housing and Communities;
- (d) NHS Foundation Trust;
- (e) Sunderland ICB;
- (f) Sunderland Health and Wellbeing Board;
- (g) Area Arrangements Strategic Manager;
- (h) Public Health Specialists;
- (i) Voluntary Sector Alliance.

8. Scope of the Review

8.1 The review will consider, as part of the review process, the following issues related to integrated care:

- What is integrated care?
- What are the benefits of integrated care?
- What is the effectiveness of an integrated care approach at the local level?
- What types of health services are being delivered at the neighbourhood level?
- How do
- How are new integrated care approaches benefitting service users?
- What types of services and activities are provided by the voluntary sector and other partners?
- How are outcomes and performance around activities monitored?
- How will evaluations on neighbourhood health activities be highlighted to Commissioners?
- What is the potential long-term future for neighbourhood health services?
- What challenges and barriers are there to this kind of approach?
- How are services promoted and accessed in local communities?
- What is the digital offer and how will this benefit neighbourhood health?

8.2 As the review investigation develops Members need to remain focused on the key terms of reference to ensure the review is conducted within the time constraints, as well as being robust and based on the evidence and research gathered.

9. Timescales

9.1 Attached for Members information is a draft timetable (**Appendix 1**) for the piece of work which outlines the focused process for this working group. Members of the working group will be invited to attend all the meetings. The timetable will be developed and amended where appropriate, in line with the terms of reference, as the task and finish working group undertake the review.

10. Membership of the Working Group

10.1 In order to conduct the task and finish project it is suggested that the membership of the working group should consist of no more than 6 Members drawn from the Health and Wellbeing Scrutiny Committee.

10.2 The Chair of the working group can be decided by either the Health and Wellbeing Scrutiny Committee or be left to be determined by the Membership of the Working Group.

11. Recommendations

11.1 That the working group agrees the title of the review as 'Integrated Care in Sunderland'.

11.2 That Members agree the terms of reference for the task and finish working group.

11.3 That membership of the working group is agreed by the Committee and consideration given to the appointment of Chair for the working group.

12. Background Papers

Putting neighbourhoods at the heart of integrated care – Toby Lewis (HSJ)

Contact Officer: Nigel Cummings (0191 561 1006)
nigel.cummings@sunderland.gov.uk

APPENDIX 1

Timeline	Review Task	Aims & Objectives	Methodology	Contributors
Session 1	Setting the Scene	To provide the working group with an overview and understanding of integrated care	Working Group Meeting	Representatives from Sunderland City Council and Sunderland ICB.
Session 2	The Neighbourhood Level	To investigate how the integrated care approach is being developed at the neighbourhood level with local services, communities and service users	Working Group Meeting	TBC
Session 3	Neighbourhood Level	To visit a number of neighbourhood initiatives that are supporting an integrated approach support health outcomes.	Site Visits	TBC
Session 4	Challenges and Barriers to Integrated Care	To explore the challenges and barriers to the effective integration of services as well as the opportunities and benefits to this approach.	Working Group Meeting	TBC
Session 5	Outcomes and the Digital Offer	To look at the effectiveness of neighbourhood health and outline the potential of the digital offer.	Working Group Meeting	TBC
Session 6	Reflection of evidence and development of draft report and findings.	A look at all the evidence gathered and the development of a draft report	Working Group Meeting	Working Group Scrutiny Officer

WORK PROGRAMME 2023/24

**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT
COORDINATOR**

1. Purpose of the Report

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2023-24 Council year.
- 1.2 The report also provides an update on a number of potential topics as raised by Members, for the Committee's consideration.

2. Background

- 2.1 The work programme is a living document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.
- 2.2 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.3 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).

3. Work Programme Update

- 3.1 The Health and Wellbeing Scrutiny Committee raised a number of issues at its work programme development session and a number of these issues have now been programmed into the Committee's work programme for 2023/24.
- 3.2 Work will also commence in relation to the task and finish working group once the scoping paper, an item on this agenda, has been agreed by the Committee. The work of the group will be reported back to the Committee once completed.
- 3.3 It was agreed at the last meeting that the working group would consist of Cllrs Burnicle, Heron, Hunter, Jones, Speding, Usher and Walton.

4. Recommendations

- 4.1 That the Health and Wellbeing Scrutiny Committee notes and comments on the work programme of the committee, including amendments.

5. Background Papers

5.1 Scrutiny Agendas and Minutes

Contact Officer: Nigel Cummings

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2023-24

REASON FOR INCLUSION		4 JULY 23 D/L:23 JUNE 23	5 SEPTEMBER 23 D/L:25 AUGUST 23	3 OCTOBER 23 D/L: 22 SEPT 23	31 OCTOBER 23 D/L: 20 OCT 23	28 NOVEMBER 23 D/L: 17 NOV 23	16 JANUARY 24 D/L: 5 JAN 24	30 JANUARY 24 D/L: 19 JAN 24	27 FEBRUARY 24 D/L: 16 FEB 24	26 MARCH 24 D/L: 15 MAR 24
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Dental Services Update (NHS Improvement) Task and Finish Working Group Report (N Cummings) Determining the Scrutiny Work Programme (N Cummings)	Elective and Diagnostic Backlog (NHS FT)	SSAB Annual Report (Sunderland Safeguarding Adults Board) Public Health – Annual Report (Gerry Taylor) Task and Finish Scoping Report (N Cummings)	ICB Sunderland Update (Scott Watson) Winter Planning (ATB/ICB)	South Tyneside & Sunderland NHS FT CQC Inspection Action Plan (NHS FT) Sunderland NHS FT work with college on recruitment in NHS (NHS FT)	MH Strategy Update incl. Community MH in the City (Sunderland ICB, Public Health) Suicide Prevention Update (Gerry Taylor)	Alcohol Strategy – Update also include Alcohol Care Team (Gerry Taylor, NHS FT) North East Ambulance Service Update (Mark Cotton)	Pharmaceutical Needs Assessment Update (Gerry Taylor) Oral Health Improvements – New Strategy (Gerry Taylor)	GP Access Update incl. pilot schemes (Sunderland ICB) Annual Report (Nigel Cummings)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 13 September 2023.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 13 September 2023 is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 13 September 2023 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
07554 414 878
Nigel.cummings@sunderland.gov.uk

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions including key decisions) intended to be considered in a private meeting: -

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
221006/744	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	12 October 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including the procurement of consultants and contractors.	Cabinet	Y	12 October 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220712/722	To seek agreement to the proposed development strategy of the Council's Self and Custom Build Sites.	Cabinet	Y	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220719/723	To seek approval for the acquisition of Property at Crowtree Road and to grant a lease of the former Crowtree Leisure Centre.	Cabinet	Y	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
221110/753	To seek approval for the Disposal of an Industrial Property in Washington.	Cabinet	Y	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230428/799	To seek approval for Housing Strategy for Sunderland 2023 - 2030	Cabinet	Y	12 October 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
230522/808	To approve the adoption of revised Local Wildlife Site boundaries and designations	Cabinet	Y	September – December 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230717/826	To seek approval to publish the 2022/2023 Low Carbon Annual Report	Cabinet	Y	During the period 1 September – 31 December 2023	N		Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230718/828	To agree to enter into Inter-Authority Agreement regarding North East Screen Industries Partnership	Cabinet	Yes	During the period 1 September – 31 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230721/829	To seek approval to procure care and support services that enable people to live independently at home.	Cabinet	Yes	During the period 1 September – 31 October 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230818/830	Section 75 Partnership Agreement between Sunderland City Council and North East and North Cumbria Integrated Care Board	Cabinet	Yes	12 October 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230818/831	To update Cabinet on the Masterplan proposals for High Street West, Sunderland and to seek approval to appoint a Multi-disciplinary Design Team to progress the feasibility, design and planning work to develop the Project.	Cabinet	Yes	12 October 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230907/832	To seek approval to provide grant funding in relation to the delivery of new housing	Cabinet	Yes	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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230908/833	Approve the recommendations detailed within the report - Winter Maintenance Policy 2023-24	Cabinet	Yes	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230909/834	Capital Programme Second Review 2023/2024 (including Treasury Management).	Cabinet	Y	12 October 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
230909/835	Revenue Budget Second Review 2023/2024	Cabinet	Y	12 October 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230909/836	Budget Planning Framework and Medium Term Financial Plan 2024/25 to 2027/28	Cabinet	Y	12 October 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
230912/837	Purchase of Red Gables, North Street, east Rainton, DH5 9QF	Cabinet	N	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230913/838	To Seek Approval to the Leasing of Land at Crowtree Green, Sunderland.	Cabinet	Y	12 October 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team City Hall, Plater Way, Sunderland, or by email to committees@sunderland.gov.uk

***Other documents relevant to the matter may be submitted to the decision maker and requests for details of these documents should be submitted to Governance Services at the address given above.**

Who will decide;

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader & Clean Green City; Councillor Paul Stewart - Cabinet Secretary; Councillor Kelly Chequer – Healthy City; Councillor Kevin Johnston – Dynamic City; Councillor John Price – Vibrant City; Councillor Linda Williams – Children, Education and Skills.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,
Assistant Director of Law and Governance

13 September 2023