SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held on Friday 30 September 2022 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

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	ITEMS FOR DECISION AND DISCUSSION	
5.	**Sunderland Safeguarding Adults Board (SSAB) Annual Report 2021/2022** Report of the Independent Chair of Sunderland Safeguarding Board (attached).	17
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For further information and assistance, please contact by Teams or Email:
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9.	**Joint Strategic Needs Assessment (JSNA) 2022/2023** Report of the Executive Director of Health, Housing and Communities (attached).	89
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12.	**Health and Wellbeing Delivery Boards Assurance Update** Joint report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and the Director of Adult Services/Chief Operating of Officer of Sunderland Care and Support Ltd (attached).	203
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14.	**Health and Wellbeing Board Forward Plan** Report of the Senior Manager - Policy, Sunderland City Council (attached).	213
15.	**Dates and Times of Future Meetings** The Board is asked to note the schedule of meetings for the remainder of 2022/2023: - Friday 9 December 2022 at 12.00pm Friday 17 March 2023 at 12.00pm	-

ELAINE WAUGH
Assistant Director of Law and Governance

City Hall, Sunderland

22 September 2022

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD

Monday 11 July 2022

Meeting held in the Council Chamber, City Hall

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Dominic McDonough	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Jill Colbert	-	Chief Executive, Together for Children
Patrick Melia	-	Chief Executive, Sunderland City Council
Lisa Quinn	-	CNTW NHS Foundation Trust
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council

In Attendance:

Councillor John Price	-	Sunderland City Council
Dave Gallagher	-	Executive Director of Place Based Delivery, NENC ICS
Scott Watson	-	Director of Place, NENC ICS
Philip Foster	-	All Together Better
Maria	-	University of Sunderland
Lisa Jones	-	Assistant Director of Integrated Commissioning, Sunderland City Council
Sheila Rundle	-	Senior Public Health Intelligence Analyst, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Liz Highmore	-	Observer
Nic Marko	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW1. Welcome

Councillor Chequer welcomed everyone to the meeting and informed that Board that Chief Superintendent Sarah Pitt had recently retired and would be replaced on the Board by Acting Chief Superintendent Barrie Joisce. The Chair placed on record the thanks of the Board to Sarah for her contribution during her time as a member.

The Board were advised that the Sunderland CCG had ceased to exist at the beginning of the month and therefore would no longer be part of the Health and Wellbeing Board. The Chair conveyed thanks to Dr Ian Pattison, who had been involved with the Board since its inception and had been Vice-Chair, for his immensely valuable and greatly appreciated contribution to the work of the Board.

HW2. Apologies

Apologies for absence were received from Ken Bremner, David Chandler, Dr John Dean, Dr Yitka Graham, Graham King, Dr Tracey Lucas, Acting Chief Superintendent Barry Joisce and Dr Martin Weatherhead.

HW3. Declarations of Interest

There were no declarations of interest.

HW4. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 18 March 2022 were agreed as a correct record.

The Board were advised that Mental Health Concordat application had been drafted and would be submitted by the end of September 2022.

HW5. Pharmaceutical Needs Assessment

The Executive Director of Health, Housing and Communities submitted a report providing the Health and Wellbeing Board with information about changes that had been made to the consultation draft Pharmaceutical Needs Assessment (PNA) since the meeting on 18 March 2022 and seeking approval of the final (post consultation) Sunderland PNA, in line with its statutory responsibility to agree and publish an updated PNA for Sunderland by 1 October 2022.

One of the statutory functions of Health and Wellbeing Board was to prepare a PNA at least every three years. The consultation draft PNA had been considered by the Board on 18 March and the statutory consultation had been undertaken between 21 March and 22 May 2022. The consultation draft had been well received and resulted in generally positive feedback, the key themes of this were set out in Appendix 1 of the report.

Changes had been made to the document in relation to: -

- Correction of any errors identified;
- Updates to information about commissioned services;
- Changes to organisations and the Sunderland health system described in the PNA;

- Issues identified through discussion at the Health and Wellbeing Board, Health and Wellbeing Scrutiny Committee, LPC and Healthwatch Board; and
- Feedback through the consultation process.

Councillor McDonough expressed his thanks that the concerns relating to access in the Coalfields had been taken on board and commended the PNA as a thorough piece of work. He felt that the PNA demonstrated that residents of Sunderland were relatively lucky with their pharmacy coverage.

Having considered the report, the Board: -

RESOLVED that: -

(i) the Pharmaceutical Needs Assessment (PNA) for Sunderland (July 2022 to July 2025) be agreed;

(ii) authority be delegated to the Executive Director of Health, Housing and Communities to agree any further minor changes to the PNA in advance of formal publication by 1 October 2022;

(iii) appropriate updates be received through the Executive Director of Health, Housing and Communities; and

(iv) authority be delegated to the Executive Director of Health, Housing and Communities to identify any changes to the need for pharmaceutical services that arise during the lifetime of the PNA and determine whether a supplementary statement needs to be issued or whether it would be proportionate to produce a new PNA.

HW6. Sunderland All Together Better Patient, Carer and Public Survey Findings and Response

Philip Foster, Managing Director of All Together Better delivered a presentation updating the Board on the survey undertaken by Healthwatch Sunderland on behalf of All Together Better in June/July 2021 to gather people's general experience of using their local out of hospital care services.

The survey questions covered areas such as community health and care services, experiences with medication, the Recovery at Home service and hospital discharge and support from the Integrated Discharge Team. Mental health was not included in the survey because there had already been large scale engagement carried out for the Mental Health Strategy.

Overall there were high rates of satisfaction with GPs and pharmacies and also with the Recovery at Home service with mixed views of some community services. The key highlights of the survey were identified as: -

- Experience with GP practices was predominantly positive; of those who responded to the survey, 72% rated their face to face GP appointment as very good or good and 67% rated virtual appointments as very good or good.
- There were high levels of satisfaction from patients who had an appointment with a nurse practitioner or practice nurse with 78% of respondents rating their appointment as good or very good.
- 80% of respondents rated their experience of using local pharmacies as good or very good.
- People reported high levels of satisfaction for the Recovery at Home service. Many reported that the service was responsive, staff were caring and professional and were believed to have helped prevent attendance at the Emergency Department or hospital admissions.
- Just over a third of people did not feel involved in decisions made regarding their discharge from hospital.
- The most common complaint related to people's difficulty in getting a GP appointment and many people reported that they were unable to get through on the phone and when they did, there were very limited face to face appointments available.

The full findings report had been provided for the Health and Wellbeing Board and Philip said that this had been a valued exercise, he was grateful to Healthwatch for undertaking the survey and stated that the feedback would go into transformation programmes run by All Together Better.

The Chair thanked All Together Better and Healthwatch for their work in administering the survey and was pleased to see the positive feedback for the Recovery at Home service. Issues relating to hospital discharge had been brought to attention of partners previously and it was hoped to have an update on work to address this in the near future. The Chair went on to say that access to GPs came up very frequently as an issue and the Health and Wellbeing Board needed to ensure that this was a priority across the city.

Councillor Miller commented that it was the people who did not respond to these surveys who tended to come to their local councillors with issues and she was aware that some patients were concerned about the delivery costs for pharmaceuticals and that the elderly were not always confident in doing medication reviews online. She added that, much as there were problems accessing GP appointments, matters were much more serious with access to NHS dentists.

Philip said that he understood that medication reviews could be done in a variety of ways and would certainly look into this.

Councillor McDonough referred to the satisfaction levels for other services and noted that one quarter of respondents had rated mental health services as very poor and there was similar dissatisfaction with the community physiotherapy service. He asked how the Board could be kept updated on how these things would be progressed. He also asked how the message was communicated to patients that it was not always a GP appointment which was required and that there were other ways of accessing services.

Philip indicated that all comments on services had been accepted and would link into the Healthy City workstream of the City Plan. With regard to mental health services, Philip confirmed that face to face appointments were available and there had been good work on community transformation as part of the CCG's Mental Health Strategy. He suggested that this could be brought to a future meeting of the Health and Wellbeing Board.

Councillor Farthing felt that more options should be available and GP practices should be supported in offering prescriptions and appointment booking online. Scott Watson advised that Sunderland CCG had applied for a grant for digital first primary care and hopefully this would reduce the length of time taken to get an appointment and direct patients more quickly. He noted that there was a level of digital exclusion and work would continue to make sure that people were not excluded.

Dave Gallagher commented that he had heard similar issues being raised at all health and wellbeing boards he had visited. From next year, community pharmacies, optometry and dentistry would be commissioned by the Integrated Care Board and there would be a focus on getting this right for Sunderland.

Having thanked Philip for the presentation, it was: -

RESOLVED that the report be received and noted.

HW7. Annual Report of the Director of Public Health

The Executive Director of Health, Housing and Communities provided an overview of the Annual Director of Public Health Report (ADPHR) 2021/2022 which described the health and needs of the local population, focusing on issues pertinent to communities.

Gerry Taylor explained that the Annual Report covered a different topic each year and it was no surprise that this year's report focused on the impact of the pandemic on the wider determinants of health and health inequalities in the city. It was clear that there were inequalities prior to Covid and the report looked at how the pandemic had further demonstrated and exacerbated inequalities. The report highlighted the key challenges but also the excellent work happening across the city to mitigate the impacts of the pandemic and some recommendations to direct work and move forward.

Sunderland was one of the 20% most deprived neighbourhoods in England and had eight so called 'left-behind' neighbourhoods where people were 46% more likely to die from Covid-19 compared to the average. There were 20% more deaths than expected in Sunderland between March 2020 and March 2021 and this was the highest percentage increase in the North East.

Communities had shown a great amount of resilience during the pandemic but there had been lasting impacts on areas such as mental health, educational attainment and employment, which, coupled with the cost of living crisis was pushing more people into poverty.

Work was ongoing with partners as part of the Health and Wellbeing Delivery Boards and the Council continued to focus on delivering the Healthy City Plan, using local data and intelligence to inform the work. In order to mitigate the impact of the pandemic, the following key recommendations were agreed: -

- Recommendation 1
  Deliver the Healthy City Plan with a focus on reducing inequalities, particularly where they have widened due to the Covid-19 pandemic.
- 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.
- 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 acted upon, strengthening engagement routes built upon during the pandemic.
- Recommendation 4
  Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.
- Recommendation 5
  Work with local employers who can provide employment and apprenticeship opportunities, especially to vulnerable people and people from disadvantaged backgrounds.
- 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.
- 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.
- Recommendation 8
  Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.
- Recommendation 9
  Ensure that employee health and wellbeing needs are being responded to following the intense effort of responding to the Covid-19 pandemic.

There were also a number of specific recommendations in relation to individual themes and Gerry expanded on these within her presentation. The Chair commented that the recommendations should be seen as a collective response to the report and invited Board Members to consider them.

Councillor Miller referred to hard to reach groups, particularly in relation to approaches to homelessness, and suggested that homeless people should be asked to sit on groups to put their views across. Gerry advised that the service would be looking at all issues faced when developing the approach to housing and homelessness. The Housing First approach was already in place and the strategy

would incorporate the views and comments of residents who had experienced homelessness.

Councillor Farthing commented that in 2022 it was shocking that people were still going without food and food poverty was impacting on all strata of the city. It was concerning that the prospective leaders of the Conservative party were talking about cutting taxes which would have an adverse effect on welfare benefits. Gerry was hopeful that the recommendations would provide a good grounding on what could be done as a partnership.

Councillor McDonough noted that there were some stark figures in relation to child poverty and alcohol consumption. The report showed where the city was doing well but prevention measures seemed light for issues such as alcohol harms. Gerry highlighted that there were strategies and work in place to address alcohol issues but there was more to be done.

The Chair asked that all of the report recommendations be picked up by the Delivery Boards and it was agreed that this should be added to the overall recommendations.

It was therefore RESOLVED that: -

(i) the Health and Wellbeing Board support the recommendations contained within the Annual Director of Public Health Report 2021/2022; and

(ii) the Delivery Boards would pick up the report recommendations.

HW8. The North East and North Cumbria Integrated Care System and Integrated Place-Based Arrangements

The Executive Director of Health, Housing and Adult Services and Chief Officer/Chief Finance Officer of Sunderland CCG submitted a joint report introducing a presentation to: -

- Provide an update on the North East and North Cumbria Integrated Care System (ICS) arrangements;
- Provide an update on the development of new place-based arrangements for Sunderland; and
- Seek the Health and Wellbeing Board's support for the direction of travel around place based arrangements in the city.

Scott Watson, the newly appointed Director of Place was in attendance to deliver the presentation.

Integrated Care Boards had been in place since 1 July 2022 and there were 42 of these across England in place of 135 CCGs. The Integrated Care System was a collective term for where all health organisations came together across the North East and Cumbria and this was developing ambitions, strategy and plans. The Integrated Care Board (ICB) was responsible for commissioning services and the

Integrated Care Partnership was a joint committee of the ICB and the 13 local authorities responsible for developing an Integrated Care Strategy.

An emphasis on what was done and what was prioritised at 'place' was to feed into the Integrated Care Strategy and any strategy was required to set out how it would meet assessed needs in the area from joint strategic needs assessments and also how needs could be met through delegated joint functions through Section 75 of the NHS Act 2006.

The North East and North Cumbria Provider Collaborative would provide the vast majority of all secondary NHS care services and the body covered in excess of 90% of all of the acute and community care across the region.

The ICB operating model focused on how objectives were delivered within the ICS, how decisions would be made, how resources were deployed and how the ICB could be assured that objectives were being met. The strategic aims of the ICB were: -

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The ICB was now formally constituted and all policies had been agreed. The Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP) would be one of four bodies sitting under the over-arching systemwide ICP. The smaller area ICPs would meet frequently and include membership from ICB Place teams, local authorities, foundation trusts and primary care networks. The operating model for the area ICPs would be determined at the first systemwide ICP meeting in September.

There were a number of agreed principles in place for place-based integration in Sunderland and detail on the key functions to be discharged at place level. A Memorandum of Understanding had been agreed and signed by statutory place-based partners and the Joint Consultative Forum was due to approve a high-level governance and accountability model for place-based arrangements on 13 July 2022.

Liz Highmore asked what the new organisation would be doing to engage with the population and also the communication with the Path to Excellence. She also asked if a new equality and diversity group would be set up and if there would be a level of lay representation on the new body.

Scott advised that communications and engagement would be built on what was working currently and new methods would also be looked into. A communications strategy would be developed alongside the launch of the ICB. Dave Gallagher added that all public organisations would have an equality and diversity strategy and the ICB would build on what the CCG had.

Scott commented that he understood that ICB meetings would be in public and also live streamed; Dave stated that these would move around the area in the same way as CCG Board meetings had and as place-based partnerships developed, these would also be public meetings. The ICB would have four lay members and decisions

were still to be made on local representatives, however both Integrated Care Partnerships and Place Based Partnerships would draw on stakeholders and partners.

Councillor Farthing queried if there was anything in the plans about learning from service users and best practice to improve quality. Scott assured the Board that would certainly be done and that the Patient and Carer Survey presented earlier in the meeting would be a good starting point.

Councillor McDonough referred to a joint NHS and NENC workshop which had been held on 24 June which he understood that a number of elected Members had not been made aware of and asked if this would be rescheduled. He also highlighted previous concerns about a lack of elected Members at the top level of the ICB.

Dave Gallagher noted that there would be four local authority members of the ICB and at the current time there were three designate members; a director of Public Health, a director of adult services and a director of children's services. The Association of North East Councils had been asked to nominate a council leader to fill the remaining position. From a legislative point of view this was a change as CCG had statutorily not been able to include local authorities.

Dave went on to say that the recent workshop had been intended to get together place-based providers and had been about getting the right balance, a key piece of work being the link to the ICB through the Integrated Care Partnerships.

Dave said that there may have been some communication issues around the purpose of the workshop and Councillor McDonough asked if there was therefore anything planned for elected Members. Dave emphasised that the new structure was a management change and services would continue as they currently were . There would be some public engagement and communication on what the ICB would do and how it would interface with other organisations.

Having thanked Scott for his presentation, the Board RESOLVED that the update be noted and the direction of travel of the emerging place-based arrangements be supported.

HW9. Healthy City Plan: Performance Overview

The Executive Director of Health, Housing and Communities submitted a report presenting an update on the Healthy City Plan performance framework and setting out a range of key indicators which had been selected to provide a summary of health and the wider determinants of health for people of all ages in Sunderland.

Sheila Rundle advised that the Delivery Boards had already received the report and highlighted some of the key points: -

- Uptake and maintenance of breastfeeding had increased, although was significantly lower than the national average
- Latest data showed that teenage conceptions had increased

- Data showed a reduction in alcohol-related hospital admissions from the previous year but this remained higher than the wider North East and England
- Prevalence of smoking in adults had decreased in both the general population and routine and manual occupations
- Emergency hospital admissions due to falls in people aged over 65 had increased again and remained comparatively high
- The estimated proportion of people with dementia had dropped rapidly during 2020/2021 and was likely to be due to limitations in access to services during the early stages of the Covid-19 pandemic.

Councillor Farthing highlighted that although the uptake of breastfeeding had increased, rates were still below the national average and if the ICB needed to tackle anything it was this. Councillor Miller expressed concern that the percentage of school pupils requiring emotional and mental health support was increasing, she noted however that hospital admissions had reduced and queried if this was due to more young people accessing referrals.

Scott Watson indicated that he could come back on specific points and there were initiatives taking place to make access to services better.

RESOLVED that: -

(i) the contents of the report be noted; and

(ii) the Board continues to receive six-monthly performance updates on the Healthy City Plan performance dashboard.

HW10. Health and Wellbeing Board Delivery Boards Assurance Update

The Chief Executive of Together for Children, Executive Director of Public Health and Integrated Commissioning and Executive Director of Neighbourhoods submitted a joint report providing the Health and Wellbeing Board with assurance that the work of the Delivery Boards was progressing in line with their agreed terms of reference, a summary of the key points discussed at their recent meetings and an update on the Healthy City plan grant available to the Delivery Boards.

The Delivery Boards met on a quarterly basis to have oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. An update report would be presented to each meeting of the Health and Wellbeing Board setting out what had been discussed and key issues to take forward.

Jill Colbert highlighted that the Starting Well Delivery Board had discussed the new family hubs initiative and would continue to receive regular reports. The Board had also been reflecting on the interplay with acute and community services and also the level of demand for child and young person mental health services.

Gerry Taylor reported that the Living Well Delivery Board had received a detailed presentation on the new national strategy for drugs and the local context. Proposals

had been agreed by the Department of Health and Social Care and local delivery was under discussion with the possibility of having a Northumbria Police wide group.

Sunderland CCG had recently provided £1million to enhance the Healthy City Plan grant fund which now stood at £1.75m. There was no requirement to allocate and spend monies in year but Delivery Boards would be encouraged to identify proposals to support the delivery of Healthy City Plan priorities.

Gerry also drew the Board's attention to the Khan Review on Smoking and Tobacco and the independent recommendations which would be presented to Government. Health and Wellbeing Boards and partners would be able to comment on proposals to raise the age for sale of tobacco and on other proposals to get behind the ambition to end tobacco smoking and become smoke free.

The Chair commented that she could see the benefit in having a Northumbria Police wide group for the Drugs and Alcohol Partnership but many of the discussions today had been about place based working so she would watch with interest how this developed.

The Board therefore RESOLVED that: -

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

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

(iii) the additional £1m to support the delivery of the Healthy City Plan priorities be noted; and

(iv) the critical recommendations in The Khan Review: Making Smoking Obsolete be supported.

HW11. Covid-19 in Sunderland – Update

The Executive Director of Public Health and Integrated Commissioning submitted a report providing an update on the Covid-19 situation in Sunderland.

Gerry Taylor delivered a presentation to the Board and advised that the Local Outbreak Control Board had now been disbanded and national guidance had been rescinded.

There was an increase in prevalence of Covid-19 in Sunderland, according to ONS data, with 1 in 25 people in the city having the infection. Hospital admissions were lower than the levels seen earlier in the year but were starting to increase.

The largest number of unvaccinated people were in the younger age groups of 40 and below. 83.7% of those 75 years and over had received a spring booster.

It was proposed that this would be the last in depth presentation to the Board; the situation would be monitored and a brief “for information” report with key data brought to future meetings. If there were significant changes then a more in-depth paper would be brought to the Board.

RESOLVED that: -

(i) the update and the presentation be noted; and

(ii) it be agreed that brief data updates be received on Covid-19 in future, with more in depth reports coming to the Board if there were significant changes to the Covid-19 situation.

HW12. Health and Wellbeing Board Forward Plan

The Senior Manager – Policy submitted a report presenting the forward plan of business for 2021/2022.

Members of the Board were encouraged to put forward items for future meeting agendas either at Board meetings or by contacting the Council’s Senior Policy Manager.

RESOLVED that the Forward Plan be received for information.

HW13. Dates and Time of Future Meetings

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

Friday 30 September 2022 at 12.00pm
Friday 9 December 2022 at 12.00pm
Friday 17 March 2023 at 12.00pm

(Signed) K CHEQUER
Chair

HEALTH AND WELLBEING BOARD ACTION LOG				
Board Meeting ID	**Action**	**Responsible**	**Timescale**	**Completed/Action Taken**
11/12/20				
HW35.	Health and Wellbeing Board to sign up to the Prevention Concordat for Better Mental Health for All	Lorraine Hughes	Revised timescale December 2022	Close action - It is proposed this action is closed as the Council rather than the Health and Wellbeing Board will sign the Prevention Concordat for Better Mental Health for All. This action will be taken forward by the Council in December 2022. The action was postponed as Sunderland was successful in securing national Better Mental Health Funding until June 2022 as a response to the Covid inequalities in mental health. As part of the grant conditions the Council is now expected to sign up to the Concordat. A local evaluation is currently underway and will be completed prior to

				signing up to the Concordat , hence the original timescale for signing the local Concordat deferred until December. The Concordat application has been drafted and it is anticipated the Council will submit this to the Office for Health Improvement and Disparities at the January panel for assessment.
11/07/22				
HW1.	A new Vice-Chair is required for the Board	Board Members	September 2022	Revised timescale December 2022 to bring a proposal to the Board.
HW5.	Pharmaceutical Needs Assessment to be formally published by 1 October 2022	Gerry Taylor/ Sheila Rundle	October 2022	Complete
HW7/1.	Circulate copy of presentation on the Annual Report of the Director of Public Health to all Board Members	Gillian Kelly	July 2022	Complete
HW7/2.	The recommendations contained within the Director of Public Health's Annual Report be picked up through the Health and Wellbeing Delivery Boards	Delivery Board Chairs/ Jane Hibberd	September 2022	Item discussed at each of the Delivery Boards. Delivery Boards will consider the specific actions in their forward programme of work.
HW8.	Circulate copy of updated presentation on the development of place based arrangements	Gillian Kelly	July 2022	Complete

HW11.	Future reports on Covid-19 in Sunderland take the form of a brief ‘for information’ paper with more detailed reports resuming if the situation changes.	Gerry Taylor	September 2022	Complete – see agenda item

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22

Report of the Independent Chair of the 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 2021-22.

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 2021-22 focused on the strategic priorities as identified in its Strategic Delivery Plan 2019-24, which were refreshed in 2021 following an exercise to review and follow the data, and refresh performance and assurance frameworks:

- Prevention
- Local Areas of Risk:
    - Self-Neglect
    - Mental Capacity
    - Homelessness
    - People 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 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 & it's 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 2021-22 in relation to the Safeguarding

Adults operational process. It also highlights how partners continued to work differently in the 2nd year of the COVID-19 pandemic to enable safeguarding adults activity to still be maintained and progressed.

2.4. The report also sets out the future direction of travel for the Board with regard to work on focusing on recovery following COVID-19, and implementation of the lessons learned from the 'Alan' SAR published in 2021, to ensure key issues and needs are better understood across the health & social care workforce, and good practice and innovation are not lost going forward. In addition, a range of work focusing on the key SSAB priorities of Prevention, Self-Neglect, Mental Capacity and Homelessness, plus prioritising the Service User Voice – continuing to embrace the values of Making Safeguarding Personal. Also, further work to embed the Complex Adults Risk Management (CARM) process for managing the most complex safeguarding adults cases, and evaluating the impact of this; continuing to promote the principles of Professional Curiosity amongst professionals working with people at risk of abuse and/or neglect, including raising awareness of the SSAB's recently-developed Professional Curiosity Guidance resource.

3. Recommendation

3.1. The Health and Wellbeing Board is recommended to note and comment on the content of the Safeguarding Adults Board Annual Report 2021-22.

Sunderland Safeguarding Adults Board: Annual Report 2021 - 2022

Foreword: Vanessa Bainbridge, SSAB Independent Chair

I am pleased to present Sunderland's Safeguarding Adult's Board Annual Report. I hope you find the report interesting and informative. The report includes, in numbers and narrative, the work of the Board and its Members over 2021/22. 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 second Annual Report as the Independent Chair, since joining the Board in December 2020. This has placed me in the privileged position to observe the fantastic work of organisations and individuals, across Sunderland, who have worked tremendously hard, to continue to improve the lives of our most vulnerable residents and safety within our communities. This, during a time,

when organisations and communities have continued to be challenged by the national pandemic. We are only now becoming clear of the impact on individuals and services, which has also resulted in an increase in safeguarding referrals, in all organisations and more concerning, an increase in the complexity of cases, which you will see in our figures, but also in the increased activity and investment to key service areas.

During the year we also made a decision to review our terms of reference and governance, which resulted in including the homelessness agenda more formally into our Board's work. We have also reflected on our sub-committees and the information we collect, improving our ability to identify areas of concern and a more focussed approach to intelligence and learning from reviews and incidents.

In addition, I have worked closely with the Independent Scrutineer for the Sunderland Safeguarding Children Partnership. Together we have held Board to Board events and agreed and implemented deep dives, on areas where the Boards' agenda cross, specifically Domestic Abuse, Suicide Prevention and Exploitation. This has resulted in raising awareness, clarity on actions and more importantly, collectively understanding gaps and organisational responsibilities.

Whilst the Board and I are proud of the many advancements and achievements throughout the last year, we are not complacent. Learning and improvement is key, our sub-committees continue to learn from national Safeguarding Adults Reviews (SARs)and have held events reviewing Sunderland's previous SARs and national themes to build into our quality monitoring.

In this year we have also published our own SAR, resulting from the death of Alan, in early 2020. The themes of the report brought into sharp focus the breadth of the Board's challenges and importance of the interface with wider Council departments, agencies and community members – to identify risk and the subsequent support. The subsequent action plan has resulted in establishing our Complex Adults Risk Management (CARM) process and specific training programmes. This in itself is not the end, we need to continue to be curious about how this is making a difference and what outcomes we achieve. Therefore, we have implemented into our processes the national SCIE Quality Marker scheme to further improve our learning.

As we move into 2022/23 – our focus will be:

COVID recovery

Driving forward the prevention agenda

Continuing to learn from practice

Listening to the voice of the service user and valuing it

We are aware of the new ASC Assurance Framework, that will come live in April 2023 – as Board we need to understand the requirements and asks through the lens of safeguarding and as test of our partnership working.

I recommend this Annual Report to the Sunderland's 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, and is responsible for ensuring the effectiveness of what partner agencies do. SSAB has a strong focus on partnership working and has representation from the following organisations across the City:

- Sunderland City Council
- Northumbria Police
- Sunderland Clinical Commissioning Group
- 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 interrelationship 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, or 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 Partnership Group and Sub-Committees, working together with common objectives and commitments.

Strategic Delivery Plan

SSAB's Strategic Delivery Plan[1] 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[2] and embedded in practice across the partnership. The Plan is underpinned by SSAB's Multi-Agency Memorandum of Understanding[3], 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**
- **Complex adults risk management (CARM)**
- **At risk/vulnerable/complex cases (including substance misuse)**
- **Domestic Abuse (supporting the work of the lead body, Sunderland Domestic Abuse Board)**

[1] http://www.sunderlandsab.org.uk/wp-content/uploads/2019/07/SDP19-24-FINAL-Jul19.pdf
[2] http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
[3] http://www.sunderlandsab.org.uk/wp-content/uploads/2021/09/MOUv3-RefreshMar2021.pdf

- **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[4] 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 and Quality Assurance sub-committees.

Progress and Achievements

Prevention

- SSAB held a successful local campaign in line with National Safeguarding Adults Week, including messages on SSAB's Twitter page and networking events (delivered virtually in-line with government advice applicable at the time) and social media messages across the partnership to promote safeguarding adults messages
- Through the continuous development of the SSAB website, the increasing number of recipients of the SSAB quarterly newsletter and other digital means of communication, key safeguarding adults information continue to be shared with partners
- SSAB has produced a Professional Curiosity Guidance document. A themed assurance exercise was undertaken in 2022 to determine how the guidance has been used and shared locally to support the understanding and application of professional curiosity principles and

[4] https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

positively influence robust frontline practice. Findings show that the guidance has been widely shared and adopted across the partnership, with internal governance arrangements in place to ensure continued application of the principles promoted in the guidance

- Development of a range of safeguarding adults resources available to public and professionals in various formats, including animations, leaflets, posters and guidance
- Work is underway to review and refresh SSAB's Prevention Strategy
- Other examples from across the partnership include:
- *Development of a 'safe discharge' document*
- *Learning from local, regional and national Safeguarding Adults Reviews*
- *Review of safeguarding adults policies and procedures*

Local Areas of Risk

Self-Neglect

- SSAB's Self-Neglect Guidance and associated resources were re-launched across partner agencies during National Safeguarding Week 2021
- SSAB has participated in North East regional work (through the SAR Champions group, a sub-group of the ADASS North East Regional Safeguarding Leads Network) to develop a suite of Self-Neglect resources, which will be published in 2022. These resources include 7 Minute Briefings on aspects of self-neglect and an animation video aimed at the public, to raise awareness of what self-neglect is, and what people can do if they are worried about someone
- As part of the SSAB training offer for staff who work with adults at risk of abuse and neglect in Sunderland, the *Self-Neglect and Hoarding* trainer-led course was recommissioned
- SSAB's Self-Neglect Practice Guidance and CARM (Complex Adult Risk Management) protocol were used to support a presentation given by the Designated Professional (Sunderland CCG) at a national conference on the topic of Self-Neglect and Covid Risk Management Identification

Mental Capacity

- Mental capacity was a key theme within the 'Alan' Safeguarding Adult Review (SAR) published by SSAB in 2021. A 'Learning from SAR's' Workshop event was held in November 2021 which highlighted the mental capacity theme and the key learning around this
- A new trainer-led training contract was commissioned by SSAB from 1st April 2021. One of the courses that was commissioned is 'How to Assess Mental Capacity' training.
- A new e-learning contract was commissioned by SSAB from 1st January 2022. This offers a range of courses, including a Mental Capacity Act e-learning module.

Homelessness

- SSAB received a presentation from Sunderland City Council's Housing Services regarding the homelessness agenda, which led to a formal decision to include this as a strategic priority

- SSAB has sought assurance on the implementation of the Sunderland Rough Sleeping and Homelessness Prevention Strategy. Regular updates have been provided to SSAB regarding the refresh and relaunch, particularly in light of the effects of the Covid-19 pandemic, which has been supported by SSAB partners

- SSAB has also sought assurance on the work carried out in Sunderland during the pandemic to support people who were homeless/threatened with homelessness

- A Strategic Housing Group has been set up with the invitation extended to SSAB partner agencies, strengthening the partnership work on this issue

Complex Adults Risk Management (CARM)

- The CARM model was developed in response to the recommendations from the Safeguarding Adult Review (SAR) concerning 'Alan'[5], and from a growing number of complex cases arising over the year where individuals have mental capacity but due to their actions and behaviour continue to be at a great risk of serious harm or death. The model was developed and refined in partnership with a range of key agencies and launched in early 2022. A referral form and associated guidance documentation have also been developed and are available on the SSAB website[6]

- The application of the model has been shared at local, regional and national forums

Domestic Abuse

- SSAB members were invited to join the Sunderland Domestic Abuse Board and its Operational Group, both of which were newly formed in 2021, strengthening the partnership working on the issue

- A Domestic Abuse Health Advocate Project, funded by Sunderland CCG, was set up to introduce routine enquiry about domestic abuse in primary care. Initially 10 GP practices were enlisted, and training was provided by the Health Advocate from Wearside Women in Need (WWiN) to provide clinical staff in the GP practice with a basic knowledge and understanding about domestic abuse and how to undertake "routine enquiry". A further 16 practices have now been engaged with the project. The Health Advocate provides ongoing support to all staff in the GP practices, including bi-monthly meetings for all Domestic Abuse Champions and undertakes DASH (domestic abuse, stalking and honour-based violence) risk assessments and referrals to MARAC as required for victims of domestic abuse. The project has received national recognition and at an awards ceremony taking place in September 2021 twenty badges were awarded to key professionals involved in the project as well as certification from NHS England. A further project/proposal from Sunderland CCG has been requested by NHS England, indicating that this model may be adopted in regional and national processes.

"Everyone was very kind and accessing support through WWiN really made a difference. I am in a much better place now and would not be here if it wasn't."

- Service User, GP Advocate Service

[5] http://www.sunderlandsab.org.uk/wp-content/uploads/2021/08/Alan-SAR-Summary-v4.docx
[6] https://www.sunderlandsab.org.uk/?page_id=231

"I don't know where I would be if I hadn't accessed WWiN. I often talk about how Anne helped me, I know I can call her anytime for advice if I want it."

- Service User, GP Advocate Service

Suicide Prevention

Due to the impact of Covid-19 Sunderland experienced a higher than usual prevalence of suicides across the City, in light of this SSAB included suicide prevention as a local area of risk and supports Sunderland City Council's Public Health Team as the lead for this area.

- SSAB contributes towards suicide reduction by supporting the work of local and regional groups. Regular progress updates regarding the Suicide Prevention Strategy are shared with SSAB
- A joint workshop with Sunderland Safeguarding Children Partnership was held in October 2021 to examine the position in relation to suicide and self-harm for both children and adults in Sunderland. SSAB gained assurance on the positive work of the Public Health-led Suicide Prevention Group to reduce suicide figures in Sunderland, which includes:
- *A full menu of proactive interventions carried out considering Real Time Data of Suicides made available by Northumbria Police and the wider system including near misses that occur from places of height*
- *Two-year action plan to address the risks of suicides has been established following a deep dive of interventions and collaborative approaches. This allowed the consideration of areas of high risk and inequalities that impacted the lives of people, including those affected by suicide. The action plan i based on 'what works' using local, regional and national nest practice*
- *Stronger coordination of Suicide Prevention Action Group (SPAG) established with stronger system governance, ensuring there is a whole system wide representation, which helps to reduce the prevalence of suicides. Partners whose priority is to reduce self-harm and risky behaviour, and provide rapid intervention to save lives are engaged to collaboratively support the reduction of suicides aiding cross agendas. A coordinator role has been commissioned by Sunderland City Council, which ensures stronger support to the SPAG and focus on results and impacts. Ongoing collaboration with the regional ICS Suicide Prevention Network and the ATB Programme 2 has supported enhanced impact*
- *Training and opportunity to be self-resilient has been delivered to residents, workplaces, schools, and wider partnerships. This ensures emotional resilience and wellbeing across the life-course. These include:*
- *Mental Health First Aid Training: 60 courses delivered training to 750 people across the City*
- *A Life Worth Living: Monthly suicide prevention training to raise awareness and support anyone at risk*
- *SOS - Support on Suicide: An offer to staff who are the first point of contact to customers and patients enabling them to identify suicide ideation and make every contact count*
- *Reviewed all Samaritan signage on Sunderland bridges and places of height, and a working group established to address near misses from Wearmouth Bridge*

- *Pilot delivered to establish Mental Health Champions who are supported in population groups identified as experiencing higher mental health inequalities. champions act as a bridge between services and share messages to communities of interest*
- *In January 2022, it was identified from the Real Time Suicide Date Dashboard, maintained by Northumbria Police, that Sunderland has shown the greatest suicide decrease from all North East local authorities, from 15.12 per 100,000 of the population in 202 to 10.44 per 100,000 in 2021*

The Work of SSAB and its Sub-Committees

Governance

- Despite restrictions imposed due to Covid-19, sub-committee meetings continued to be held quarterly and Board meetings twice yearly utilising a virtual platform to ensure meetings could go ahead as planned
- The SSAB Newsletter was published and distributed to a wide range of stakeholders on a quarterly basis as planned during 2021-22. A wide range of key safeguarding messages, service developments and topics were communicated throughout the year
- Continued interface with other statutory processes where required, despite the pandemic
- A review of SSAB's sub-committees and their workstreams was carried out and considered the breadth of the sub-committee agendas, the changing landscape of adult safeguarding and the need to respond accordingly to the impact of the pandemic, which lead to a review of governance arrangements, including the establishment of a Safeguarding Adult Review (SAR) sub-committee, which will be implemented in Spring 2022

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Quality Assurance

- Monitored the feedback received on the trainer-led training courses, and the figures for e-learning take-up
- Re-tendered the trainer-led training contract, resulting in a new provider being appointed
- Was part of a Sunderland & South Tyneside consortium approach to commissioning a new e-learning platform, with a wider offer of safeguarding-related course topics that was available previously
- Maintained the quarterly performance reporting and monitoring schedule, and developed SSAB' partner agencies data input, to enrich the amount and breadth of data received about safeguarding adults in Sunderland
- Maintained and monitored the SSAB Assurance Framework, the mechanism by which the risks associated with the SSAB's priority areas of work are tracked
- Engaged with Safeguarding Adults Week 2021 - partner agencies were asked to provide details of their activities, to provide assurance to SSAB that the opportunity to share safeguarding adults messages with staff and public was being maximised
- Multi-Agency Safeguarding Hub (MASH) activity was monitored quarterly through MASH-specific data/performance reports
- Undertook performance audits to examine specific themes arising from the data - these covered: increased safeguarding adults concerns for 18-64 year olds; an increase in the numbers of cases that lacked mental capacity; safeguarding adult concerns where the risk was not removed or reduced at the end of the safeguarding process (reasons why)
- Developed 7-minute briefings on safeguarding topics: Good Practice in a Self-Neglect Case; 'What is the Sunderland Safeguarding Adults Board?'
- Took forward actions from the 'Alan' SAR action plan that were identified for this Sub Committee
- Developed a revised SSAB Partner Agencies Audit Tool to bring it in line with SSAB's new priority areas of work
- Reviewed and revised SSAB's Communications & Engagement Strategy as part of a scheduled review cycle

Learning and Improvement in Practice

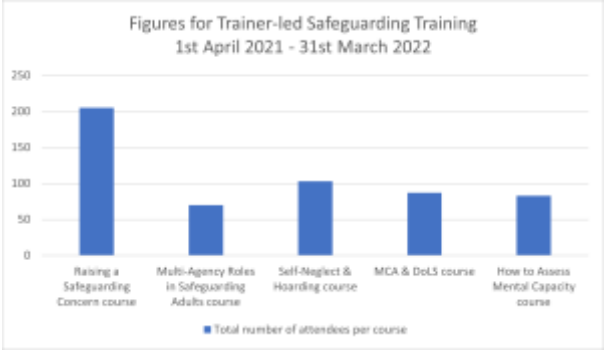
- Considered one case against the Care Act Safeguarding Adult Review criteria, whilst the case did not meet the criteria learning from the agency involved was shared with partners
- Published one Safeguarding Adult Review, concerning 'Alan'
- Progressed learning and actions resulting from the 'Alan' SAR
- Kept up-to-date with awaited changes from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards (LPS) in preparation for its implementation
- Supported and promoted the development and launch of the CARM model
- Supported newly commissioned training provider to develop course content relevant to Sunderland
- Developed and hosted a SAR learning event
- Considered learning from local and national SARs

Training

SSAB provides multi-agency safeguarding adults training in trainer-led and e-learning formats. Despite the necessary restrictions arising from the Covid-19 pandemic training continued to be provided and accessed across the partnership. As a Board we embraced new ways of working and new technology to support the delivery of adult safeguarding training, moving from classroom-based to virtual trainer-led training. 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 2021 - 22, 548 delegates received trainer-led training provided by SSAB.

In partnership with Sunderland Safeguarding Children Partnership and South Tyneside Safeguarding Adults and Children Partnership, SSAB have expanded the breadth of safeguarding e-learning courses provided to organisations working with adults and children in Sunderland, the following in particular are in line 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



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Statutory Partners' Contribution to Safeguarding

Key Achievements

Despite the continued Covid-19 pandemic, SSAB partners continued 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 local and national safeguarding campaigns, and continue to share good practice and learning. Partners undertook regular governance and assurance activities.

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- Datix continues to be utilised as the Trusts' standardised Informatics Reporting System. Throughout 2021/22 a Datix safeguarding dashboard became active, providing safeguarding informatics for internal and external reporting. The Named Nurse Safeguarding Adults has undertaken joint working with Tissue Viability Nurses (TVN) in order to progress TVN Datix dashboards and amend incident reporting parameters to standardise safeguarding threshold assessment. This will further promote a responsive safeguarding culture throughout the organisation

- MCA/DoLS (Mental Capacity Act/Deprivation of Liberty Safeguards) is now integrated into Meditech v6. This has enabled a digital version of DoLS applications to be securely sent to Sunderland and South Tyneside local authorities. This has provided a platform to progress MCA/DoLS performance data on Launchpad for internal and external reporting. The MCA/DoLS Advisor has assisted the Patient Safety Team to include the consideration of mental capacity within fall risk assessment

- A standardised safeguarding assurance template is now in situ. This template is completed by Senior Managers in order to capture their safeguarding activity for presentation at the

Safeguarding Assurance Group. This enables each Directorate to evidence how their safeguarding activity is aligned to Trust strategic intent

- The Safeguarding Adults 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. Particular emphasis has been around Making Safeguarding Personal, self-neglect and professional curiosity, which has been shared via Champions' forums and safeguarding newsletters

- Adult safeguarding supervision sessions have been re-established and each area has now been assigned to a Safeguarding Adults Advisor for group and individual supervision. These have been delivered both via Microsoft Teams and face-to-face

- In preparation for the forthcoming Liberty Protection Safeguards (LPS), the Safeguarding Team have been actively involved in attending LPS regional meetings and have devised a business case to ensure the Trust has the right skill set to robustly implement LPS

- Level 3 adult safeguarding/"Think Family" training compliance has been maintained throughout the pandemic. All training is aligned to both adult and children intercollegiate document and is jointly delivered by the Adult and Children Safeguarding Team to embed the "think family" ethos

- The hospital Independent Domestic Violence Advisor (IDVA) and Domestic Abuse Health Advocate (DAHA) continue to work alongside the Safeguarding Team to support staff in the identification and response to any disclosure of domestic abuse. The DAHA and IDVA are specialists working with victims of domestic abuse, targeting ward areas and the Emergency Department in supporting staff to recognise and respond to domestic abuse. The increased awareness of domestic abuse across the Trust has resulted in a 76% increase in Sunderland referrals (46 referrals in 2020/21 compared to 81 referrals in 2021/22 period)

Sunderland Clinical Commissioning Group (CCG)

- Recurrent funding to support the continued development of the Adult Multi-Agency Safeguarding Hub (MASH) was agreed in March 2022, with health staff co-located in an integrated MASH Team. The post is operationally managed by CNTW (Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust) Crisis Services, with input from Northumbria Police and SAT referencing the role development. The role is considered to be part of the high-quality developments in this are and reflects national and regional developments to improve outcomes for adults at risk via speciality support, awareness and training, as well as signposting and liaison with multi-agency services. The post is substantive now and active recruitment is in place

- Sunderland CCG approved three-year recurrent funding for three domestic abuse projects in March 2022, facilitated by Wearside Women in Need (WWiN), which will be jointly managed by the CCG/ICS (Integrated Care System) and the local authority. This included:

- Ongoing development of a Trauma-Informed Recovery Unit for women with complex needs

- Community counselling services for domestic abuse victim

- Domestic Abuse Health Advocate role in primary care, providing support to all Sunderland practices. Twenty practices are now signed up to this project, which was recognised by NHS

England as good practice and given a safeguarding award. The project has been presented at national GP Leads meetings and the presentation is on NHS platforms for all professionals to access. This includes training for staff, support for MARAC referral and support to primary care staff who identify victims of domestic abuse. All practices involved have a domestic abuse champion in place, with training and support from WWiN

- Sunderland CCG have funded a Domestic Abuse Health Advocate (DAHA) post, based in STSFT Emergency Department and Maternity Department. This post now has recurrent funding and can conjoin with South Tyneside services to provide robust cover to these areas. STSFT have also match funded the post, bringing the Sunderland post to full-time hours. This post provides essential support and advice to victims of domestic abuse and also liaises with the primary care DAHA services

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

Following a period of two years non-recurring funding, Sunderland Clinical Commissioning Group has agreed recurring funding for the Adult MASH (Multi-Agency Safeguarding Hub) post in the City. The focus of the role has been agreed as a health navigation role, to support the wider health economy, with CNTW as the lead provider and the post is now progressing to substantive recruitment. CNTW has worked closely with our partner agencies to achieve this and following appointment we will work with other health providers in the locality to ensure we have access to all systems.

Internally, the post will sit within our Access CBU to help facilitate easier access to mental health services and to better support our multi-agency partners.

"[We] felt safe that our relative was being looked after."

- Family member of CNTW service user

"I believe you have my Mam's interests, both safety and health at heart."

- Relative of CNTW service user

"I felt in a safe environment, and felt free to be open and honest about things. I felt able to put trust into the worker I had, which in the past I've struggled with."

- Service user, CNTW

Northumbria Police

Protecting vulnerable people is a force strategic priority. To support this, a Force Vulnerability Strategy was launched this year with four key pillars:

- Working Together
- Our People
- Leadership
- Early Intervention and Prevention

Our ultimate aim is to achieve a safe environment for people, their families and wider communities to thrive without fear of harm, and to ensure perpetrators are identified and targeted with further harm removed or minimised. Harm Reduction Teams are now embedded across the force and will

play a key role in tackling emerging issues identified with vulnerability, working with partners to adopt a problem-solving approach.

Key to our focus on vulnerability is our Early Intervention Strategy, which focusses on prevention and building community resilience. In the past 12 months, in support if this strategy, the force has launched an Adult Out of Court Disposal Team (TREAD). This team looks at opportunities to divert low level offenders from the criminal justice system and focus on the root causes of their offending. The team have developed links with charities and have pathways for support for veterans, female pathways, substance misuse pathways and a specific pathway for support for the 18 - 25 year-old cohort, exploring employment and training opportunities. This team are successfully tackling underlying vulnerabilities which draw individuals into the Criminal Justice System.

To ensure that protecting the vulnerable is front and centre of our force response, force-wide "Vulnerability Matters" training is being rolled out in the first quarter of 2022. This training will support officers to take a trauma-informed approach to dealing with vulnerability and assist officers to identify vulnerable adults in the community. The training focusses on key areas of learning such as, recognition of risk, and the importance of information sharing. Bespoke training sessions are also being delivered to our force control room call takers to enable them to recognise and respond to vulnerability at the first point of contact.

Sunderland City Council

- Significant work has been completed on a new online Portal for safeguarding referrals to be submitted by partners and professionals across the Coty. This will speed up the timeliness of referrals and provide the Safeguarding Adults Team more valuable information in order to assess and offer the necessary support to the named vulnerable adult
- Along with the additional post created for a permanent MASH (multi-agency safeguarding hub) Officer within the Safeguarding Adults Team, further investment has been approved. Permission has been granted for the Team to recruit additional Safeguarding Adults Officers following the recognition of the growing demands on the Team and the ever-growing numbers of Safeguarding Adult referrals.
- In 2020-21 the Safeguarding Adults Team dealt with 3.063 Safeguarding Adult Concerns. During the same period, 1st April 2021 - 31st March 2022, the Team dealt with 4,782 Safeguarding Adult Concerns
- Once again, the levels of service and support have been maintained throughout the course of the continued pandemic. Prior to the pandemic, the MASH was receiving approximately 60 referrals per week. However, during this time, perhaps as a direct consequence of predominantly Covid-related reasons, the average number of MASH referrals has continued to increase year on year
- During this reporting period the MASH received and triaged 7,459 Police ACNs (Adult Concern Notices), which is an average of 13 per week

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Case Study

Sunderland City Council's Safeguarding Adults Team received anonymous referrals via the CQC in relation to a care provider in the City. Concerns were raised regarding alleged financial abuse by

staff. All residents at the service are out-of-city placements, the majority of whom have their finances managed by their local authority with support from staff at the service.

The Safeguarding Adults Team liaised with all 8 managing local authorities and safeguarding meetings were held with all the local authorities involved, Commissioning and CQC to advise them of the concerns and to discuss whether any of the residents had raised any concerns with their individual Social Worker or whether the local authorities had any concerns in relation to the service.

Following safeguarding enquiries an unannounced inspection of the service was completed by the CQC. The outcome of the investigations was that potentially 19 residents at the service had been victims of financial abuse. All managing local authorities visited the service to provide reassurance to the residents and to gather further information in respect of the investigation.

The staff involved are no longer working at the service, and all of the information gathered was passed to the police who are now investigating the case. The Team has worked closely with the residents and the managing local authorities' and Commissioning to ensure that new protocols are put in place to further safeguard the residents.

Good Practice

Examples of good practice across the partnership include attendance at multi-agency safeguarding training and dissemination of learning throughout organisations of local reviews - including news bulletin articles, face-to-face sessions 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[7].

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- A rigorous programme of safeguarding audits have continued throughout 2021/22 to monitor safeguarding practice across STSFT. These have included MCA/DoLS policy adherence, compliance with safeguarding policy (inclusive of routine and selective enquiry) and self-neglect
- The Safeguarding Team continue to attend the Emergency Department huddles (Monday - Friday), have increased visibility on the wards and departments and have forged strong links with the Alcohol Care Team to share safeguarding practice and provide direct support to Trust practitioners
- The Safeguarding Team undertake an audit of Emergency Department attendances to ascertain if there are any missed opportunities. Any learning to arise from missed opportunities is Incident Reported and shared at Emergency Department Interface meetings and Emergency Department huddles. An annual audit of Emergency Department attendance activity forms part of the safeguarding annual audit cycle
- Safeguarding training compliance has continued to exceed the 90% organisational target and this has been maintained throughout 2021/22. The Trust continues to exceed NHS England's

[7] https://www.cqc.org.uk/

85% compliance target for WRAP (Workshop to Raise Awareness of 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 and CSPRS (Safeguarding Adult Reviews, Domestic Homicide Reviews and Children Safeguarding Practice Reviews), and incorporated any regional/local updates inclusive of 7-minute briefings. The newsletter is held on the Trust intranet site

- MCA/DoLS is now integrated into Meditech v6 electronic patient records. This enables staff to re-consider MCA/DoLS whilst evaluating patient care

"Thank you to the amazing staff! I haven't been admitted for 6 months but the staff remembered me and remembered my care plan of how to keep me calm and what works for me when I start to struggle with the bad thoughts. I always feel safe when XX is working because I know I can go to her when I'm struggling and she listens and helps me. She always just stays really calm and explains things of [sic] what is happening and why. And thank you to X, X, X (who is new and I don't normally like new people I don't know because it takes me time to trust people but she was really caring, calm and helpful) X and X as well. Because they are all really caring nurses and health cares [sic] who take the time for all the patients and are always smiling and nothing is ever too much for the,. They see me as a person and not as a problem."

- Service user, STSFT

"I feel safe and well cared for in these very challenging times for our NHS staff. Thank you to everyone involved and well done!"

- Service user, STSFT

"They really do go above and beyond. They have saved me in many ways from a physical point of view and more importantly a mental health point of view even though they are not trained in that area. All the staff on that ward has [sic] been through some of the most darkest times in my life and I believe they need to know just how much they are appreciated by myself and more than likely a lot of other people. I really do believe that I couldn't have got through my life changing problems without them. Being there for me, holding me when I was at my lowest and talking me through everything. They honestly do not get the praise they deserve. I feel like this is the only way I could say a big thank you to them. I could never repay them for what they have done for myself and many others."

- Service user, STSFT

Sunderland Clinical Commissioning Group (CCG)

- CCG Safeguarding has a full remote training programme in place for level three safeguarding training across primary care. There is noted to be excellent attendance from primary care staff and analysis of all feedback data informing new sessions. Sunderland CCG provide a yearly agenda for all sessions and also offer Lunch and Learn sessions to practices. The Safeguarding Team also provide (recorded) advice for complex safeguarding or Mental Capacity Act issues to all practice staff where required

- Time in Time out (TiTo) annual safeguarding training level three was delivered to primary care services in March 2022 via Microsoft Teams, with the agenda focussing on advocacy in fatal domestic abuse, lived experience of a survivor of abuse in sports, and fabricated and fictitious illness. The feedback and analysis were exceptional and Sunderland CCG have now

agreed that further funding will be available in future to ensure that live speakers with lived experience can be included in the training for primary care services

- Self-neglect training was delivered at a national HCUK (Healthcare Conferences UK) conference in April 2021, September 2021 and January 2022 from the Designated Professional for Adult Safeguarding and will also be delivered nationally in April and September 2022. This has also given a focus to the new CARM (Complex Adult Risk Management) process, which has been circulated nationally at the request of attendees, as well as a focus to the Self-Neglect Guidance and Professional Curiosity Guidance produced by SSAB

- Following the Safeguarding Adults Review (SAR) concerning 'Alan', actions from the report have been implemented with the Special Allocations Service, including specialist safeguarding supervision and improved communications at multi-disciplinary team meetings and exit interviews to support complex patients. There is now a comprehensive audit running, which will review all 17 patient cases, supported by the practice Clinical Lead, Named GP and Safeguarding Nurse

- The Domestic Abuse Health Advocate Programme has a rolling audit process to monitor practice, outcomes and rates of referral. This area also provides ongoing support and advice to primary care services, which is monitored and supported by Sunderland CCG Safeguarding. As part of the initiative, the use of a domestic abuse template was advocated, and relevant read codes were applied. There were 1071 records that recorded routine enquiry about domestic abuse and 76 recorded referrals to the practice Domestic Abuse Champion, highlighting the continued engagement of GP practices despite the challenges of Covid-19

- After identifying that Sunderland CCG did not have any Domestic Abuse Champions, volunteers were sought and training has now been delivered by Wearside Women in Need (WWiN) for 6 volunteers. Training in domestic abuse awareness is also being offered to all service and line managers in Sunderland CCG. Supervision is available to the volunteers and managers via the Safeguarding Team and WWiN. These roles will be specifically to support any CCG staff who are experiencing domestic abuse and require support, and is in line with recommendations from the Domestic Abuse Act for specialist support in the workplace

- Sunderland CCG Safeguarding have developed the agenda for the regional North Cumbria and Northeast Safeguarding Professionals Network meeting, along with South Tyneside CCG, and are part of the Chair responsibilities for this newly developed quarterly meeting, which incorporated Designated and Names safeguarding professionals across the ICS (Integrated Care System) region. The meeting includes national and regional agenda items and has learning and development opportunities for all attendees from national cases, such as the Norfolk (Cawston Park) Safeguarding Adult Review, Liberty Protection Safeguards developments and other complex areas

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

With the introduction of the nee MASH (multi-agency safeguarding hub) post, the CNTW Safeguarding Adults and Public Protection (SAPP) Team are able to contribute to multi-disciplinary key decision-making around information that comes into the MASH, supporting:

- 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 (Complex Adults Risk Management) process, and offering key clinical advice on complex cases

Northumbria Police

Mental health is often an underlying concern for many adult safeguarding cases, which policing deal with on a day-to-day basis. Northumbria Police are currently working with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and North East Ambulance Service to develop a standard operating procedure for mental health related incidents in the community which involve police and ambulance deployment. This follows learning from incidents where agencies have been in discussion about the correct interpretation of the Mental Capacity Act and Mental Health Act. From reviewing and debriefing incidents with our Street Triage teams we have identified areas to improve practice and understanding for front line practitioners to help keep vulnerable adults safe.

We have also worked with Sunderland Royal Hospital Emergency Department and CNTW on a hospital handover document, which focusses on accurate risk assessment and appropriate information sharing.

As part of the launch of the Missing Adult Protocol, Northumbria Police have enhanced their support to the return home interview process by introducing a pilot which sees out Street Triage service attend and conduct return to home interviews with those adults who have been missing due to a mental health crisis. It is hoped that by providing an early intervention by a mental health specialist we can provide effective signposting and support to prevent future missing episodes and serious harm linked to suicide/self harm.

In keeping with the theme of missing, Northumbria Police have collaborated with Missing People Charity to take advantage of a service which offers missing adults in mental health crisis with early contact and support from the Samaritans. Early analysis of this service shows that 80% of missing adults who are offered an intervention take up the offer of contact and support from the Samaritans. This is in keeping with out multi-agency focus on preventing the harms suffered by missing adults.

Case Study

A 48-year old male from Sunderland contacted the police stating he had taken a quantity of paracetamol tablets. On police attendance the male was drunk, had facial injuries which he could not account for, and there was evidence of self-neglect. Whilst the person agreed to attend hospital, concerns were raised by paramedics regarding his mental capacity. Safeguarding referrals were submitted by both police and paramedics outlining concerns. Research was conducted by the MASH (Multi-Agency Safeguarding Hub), which highlights an escalation of concerning behaviour by the person over the previous 12 months, but specifically 10 referrals in the previous 2 weeks. In light of this consent was overridden to ensure information sharing with partner agencies. Whilst the person was open to a referral to Adult Safeguarding, this action prompted further multi-disciplinary meetings and the agency referrals to support the person and his ongoing health problems. These would otherwise have been dealt with in isolation if police had not recognised wider issues and overridden consent to share information.

Sunderland City Council

The Safeguarding Adults Team continues to address the many elements of the safeguarding adults agenda, directed by the Care Act 2014 and wider safeguarding legislation. For example: Prevent, Modern Day Slavery - dealing with the National Referral Mechanism (NRM), forced marriage, domestic abuse, physical and financial abuse. However, it would be prudent to note that this list is not exhaustive and the Safeguarding Adults Team would assess any request for assistance on an individual basis.

The Strategic Manager for Community Safety and Safeguarding continues to be involved in local and regional forums for Prevent anf many other multi-agency partnerships to ensure Sunderland is informed of and engaged in continual practice development, including review of the training requirement.

In order to continually improve service delivery as a Safeguarding Adults Team an audit of the MASH (multi-agency safeguarding hub) was carried out in February 2022. The audit report highlighted areas of good practice and provided an action plan for future development of quantitative and qualitative performance measures to better reflect or capture the actions taken by the MASH. All Police Concerns are now recorded on LAS - Social Care's client information system, to meet this requirement. Progress against the recommendations will be shared with the SSAB in due to course.

Case Study

Sunderland City Council received a third Prevent referral for 'Lena' centring around ideology and statements of concern. This case did not progress under Prevent procedures as professionals were able to establish how to support Lena with her mental and physical health conditions and support her return to university.

Lena has displayed similar behaviour previously - the comments made are not out of character and are usually made when she is not engaging with Mental Health Services and not taking her medication.

In the past, Lena is known to have suffered torture and as a result she has significant physical and mental health issues that cause constant pain and trauma. Lena is currently a student at a local university, studying bio medicine, and was achieving well however, due to the risk to herself and others she was suspended from her current placement.

Lena has a diagnosis of schizophrenia and is receiving treatment by way of regular depot injections by her Community Psychiatric Nurse (CPN). Her mental health had been relatively stable for the last few years until recently. She has historically experienced detention in psychiatric hospitals in the Middle East and in the UK, and has been open to Prevent in the past.

Lena has arthritis and some other physical health issues, which she reports impact her daily living. Lena also reports psychological distress regarding the use of water (due to her experience of water boarding when in the Middle East) and requires some psychological interventions to assist with her phobia of water. Lena's functional ability was unclear as the CPN's observations differed to Lena's reports, therefore an Occupational Therapy (OT) assessment was required to inform the

Social Work assessment and care planning. Lena disputed the outcome of her first OT assessment and experienced stress and anxiety whilst waiting for a second assessment. She became increasingly frustrated with the assessment process overall and also appeared to have an increasingly challenging relationship with Mental Health Services whilst awaiting therapies, which was further impacting her mental health.

A Safeguarding Adults Meeting was held with professionals from a range of fields, including Adult Social Care, Mental Health Services, Police (Special Branch), University and Lena to agree a way forward. As a result of this multi-agency working:

- ***The university set up weekly meetings and identified specialist support within the university in partnership with an independent advocate to support Lena to complete her studies and reduce reliance on other services***
- ***OT assessments were commenced***
- ***Psychology assessments were arranged***
- ***Cosmic physical disability support service resurrected***
- ***Ongoing CPN support for mental health scaffolding***

Lena is happy with the support received, she is engaging well and was able to return to university.

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[8] *(now* MOSOVO[9]*),* MATAC[10]*,* MARAC[11]*,* CONTEST[12] *Board and* Channel[13] *Panel.*

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- The STSFT Safeguarding Team continue to be active members of local partnerships, ensuring representation and contribution across all meetings and groups. This has been essential

[8] https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa-guidance
[9] https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/managing-sexual-offenders-and-violent-offenders/
[10] http://sunderlandsab.org.uk/lms/course/view.php?id=95
[11] https://www.sunderland.gov.uk/article/12196/Multi-agency-risk-assessment-conferences?ccp=true#cookie-consent-prompt
[12] https://www.gov.uk/government/collections/contest
[13] https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance

throughout Covid-19 to enable partner agencies to identify safeguarding themes and trends and work together to improve outcomes for adults

- The Safeguarding Team are active participants within the newly implemented Complex Adult Risk Management (CARM) meetings
- The Safeguarding Team has worked closely with the Local Authority to understand the impact and prepare for the forthcoming implementation of LPS

Sunderland Clinical Commissioning Group (CCG)

Sunderland CCG have actively supported partnership working across a number of keay areas, including:

- Representing the CCG and regional health colleagues at the regional CONTEST Board
- Supporting the development of the combined Channel Pane for Prevent
- Supporting the SSAB Learning and Improvement in Practice (LIIP) sub-committee with the Designated Professional as Chair of the group
- The Designated Nurse Adult Safeguarding, in conjunction with Sunderland City Council's Safeguarding Adults Team Manager, reviewed and developed a framework/protocol for the management of complex cases - Complex Adults Risk Management (CARM). The LIIP sub-committee approved a protocol and process, which was presented at the SSAB Partnership Group in March 2021 and agreed as the new framework going forward to support the co-ordination and management of complex cases. This process has now been ap proved and embedded in safeguarding processes, co-ordinated by Sunderland City Council's Safeguarding Adults Team ad supported by partners. The Designated Nurse, 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. Supporting CARM paperwork has also been developed jointly with Sunderland City Council
- Sunderland CCG 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 Safeguarding 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 CCG also offer administrative support for the collation of reports to SSAB and the CARM process
- The CCG's Safeguarding Adults Team are working collaboratively on a Delivery Plan with the Care Homes Partnership, which will evidence the current situation with regard to safeguarding policy training and process, within care homes in the community. A specialist audit was developed for all care homes across the City and the majority have completed the audit tool. The audit has been analysed and evaluated and is now part of the Delivery Plan. This audit has evidenced understanding and awareness of safeguarding policies and procedure, training and assurance processes in the majority of care homes

- The Designated Professional Adult Safeguarding and Safeguarding Nurse are working with the Housing Department following a funding grant of £150,000 from Sunderland CCG to develop health and social care outreach posts. These two posts have a clear remit to improve health outcomes for the homeless population in conjunction with partner agencies. This includes access to health care, access to vaccination services, access to GP services and GP registration, and improved liaison with health and social care services. The recruitment process has been unsuccessful thus far, but is under review with Sunderland CCG and Housing. The Safeguarding Nurse is part of the Homeless Strategic Group for Sunderland

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

Throughout the pandemic CNTW SAPP (Safeguarding Adults and Public Protection) team have:

- Maintained its key function and continued to contribute to safeguarding adults reviews, learning events and rapid reviews. The learning is discussed and reflected upon in the organisation and used to support the front-line teams to embed good multi-agency practice, and enhance multi-agency communication in the Trust

- Established a pioneering post within the MASH (multi-agency safeguarding hub) and clearly evidenced how this has improved multi-agency working

"As an organisation Making Safeguarding Personal (MSP) is at the core of what we do and especially around any safeguarding concerns. Safeguarding is weaved into a service user's journey in order to safeguard their experience. When a concern is alerted to our safeguarding practitioners we expect the voice of the service user to be present in the process. To support this we use the MSP document which provides the foundation to our approach and guide to next steps. We keep under review our safeguarding incident data, our analysis and triangulation of this helps identify any key themes. This information is used to support quality improvement plans for our services in order to enhance the lived experience of patients. The introduction of Peer Supporter roles in all of our clinical areas have greatly enhanced the support provided to patients and are a protective factor in regard to how we safeguard their interests. Finally, our processes include a clear commitment to working with our partner agencies and use the MSP narrative to inform out communications."

- Anthony Deery, Group Nurse Director, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust

Northumbria Police

Northumbria Police's Missing from Home Coordinators have played an active role in multi-agency safeguarding over the past 12 months, in respect of young adults missing through criminal exploitation and county lines. They continue to work closely with Adult Social Care, Health, and accommodation providers to ensure adults at risk of going missing are supported by the Winnie Protocol[14] and all required safeguarding support is provided.

The introduction of a Strategic Exploitation Group in Sunderland, chaired by Northumbria Police, has been a positive move in allowing the sharing and join up of best practice in respect of all forms of exploitation. The police Chair has built links with both the Violence Reduction Unit and the Regional County Lines Coordinator, who can build learning from national and regional practise into the local response. Furthermore, this year has seen the re-launch of the Multi-Agency Exploitation Hubs,

[14] https://beta.northumbria.police.uk/media/3758/winnie-protocol-missing-adult-form.pdf

which provides a coordinated approach to protect and safeguard vulnerable adults, cognisant of the diverse needs and vulnerabilities of exploited victims.

It is acknowledged that within Sunderland alcohol and drugs misuse are significant factors that are impacting crime and anti-social behaviour. The introduction of the Neighbourhood Priorities programme and monthly multi-agency meetings with Police, Gentoo and Adult Safeguarding will ensure there is a joined-up approach to tackle these problems and make significant improvements for residents within the area.

Case Study

In Northumbria Police's Southern Area Command collaboration was required in respect of a vulnerable male with physical and mental health issues, who was a wheelchair user, lived alone and was being targeted by local youths who were causing damage to his home. A total of eight crimes were reported to police between July and December, which were identified as hate crimes. Police Neighbourhood Teams adopted a problem-solving approach allocating a SPOC (Single Point of Contact) to liaise with Tyne and Wear Fire and Rescue Service and Gentoo to ensure home safety measures were put in place and submitting a request for a house move. Referrals were submitted to Adult Safeguarding facilitating a re-engagement with the vulnerable adult, who had disengaged due to Covid-19. As a result of multi-agency intervention, the person was prioritised for a house move and is now engaging with agencies and receiving support. Subsequently there have been no further incidents reported to the police and the person is now safeguarded.

Sunderland City Council

- The Safeguarding Adults Team continues to provide information to support a safeguarding and quality discussion with commissioning, CCG and CQC colleagues. Regular information sharing meetings are held with a number of partners, this ensures consistency of quality service, as well as a better understanding of each other professional area of work
- The Strategic Manager for Community Safety and Safeguarding works closely with the police Violence Reduction Unit (VRU) who look to improve lives so we can prevent crime, especially violent crime
- The Safeguarding Adults Team continues to take part in statutory meetings with partners such as, MAPPA, MARAC and others. As a partner of SSAB the Safeguarding Adults Team was involved, along with Sunderland CCG, CNTW and STSFT, in the launch of the CARM (complex adults risk management) process. CARM provides a framework for professionals to facilitate effective multi-agency working with adults at risk aged 18 or over who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, refusal of services and/or high levels of risk-taking activity. The CARM Panel meet regularly to discuss the cases that have been referred for consideration. If accepted into the CARM process an action plan is agreed to support the individual

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) has been actively embraced by partners in Sunderland since its introduction. Partners have taken forward a significant amount of work to incorporate the principles

of MSP into their policies and procedures, staff ways of working, staff communications (e.g. newsletters) and single-agency training opportunities.

South Tyneside and Sunderland NHS Foundation Trust (STSFT)

Throughout Safeguarding Adults Week (15th - 21st November 2021), STSFT Safeguarding Team focussed on a different safeguarding theme each day. Day 1 encouraged the creation of cultures where people could be listened to and speak out, advocating Making Safeguarding Personal. MSP was a common thread throughout the week.

STSFT staff embed the principles of MSP by putting the person at the centre of everything we do during a safeguarding enquiry, from the very beginning to the very end. The decision of the adult is respected throughout with key importance placed upon hearing their voice. Safeguarding data is analysed and reported regularly to identify key themes and trends, enabling STSFT staff to adopt preventative approaches to improve the experience of patients within our care, whilst also informing our multi-agency partners of any specific trends that might need to be considered as a future SSAB priority. Safeguarding Team visibility at Emergency Department huddles and on wards and departments is integral to ensure STSFT staff have continuous support to keep all those in our care safe. This aligns to STSFT's strategic intent.

Sunderland Clinical Commissioning Group (CCG)

Sunderland CCG ha promoted Making Safeguarding Personal throughout the training it provided to practitioners during 2021 - 22, with references to MSP throughout. Training also reflects the requirements to risk assess the MSP process if there are high risks to the individual or others. MSP is embedded in safeguarding policy and procedure, and referenced throughout safeguarding documents. A person-centred approach is encouraged and advised throughout any advice to primary care services, with the emphasis on service-user involvement in the safeguarding process. The Health Advocate role supports a person-centred approach and the CCG-supported Health Navigator role in the Multi-Agency Safeguarding Hub (MASH) has a clear focus on the individuals' needs and rights, involving the service-user throughout the process.

"Patients in primary care benefit from the high level training for practice staff which emphasises the importance of making safeguarding personal and this has helped both staff and patients keep a focus on the patients being the centre of the safeguarding process with their wishes and outcomes always being considered. The CCG safeguarding team offer this response when giving advice to GPs as well as always emphasising the persons rights and consent The same approach applies to the Domestic Abuse Health Advocate roles and the Health Navigator post in the adult MASH which has a person centred approach and has evidenced that considering the persons wishes and needs throughout the process of safeguarding can improve outcomes for the individual and direct them to the appropriate services and pathways. The service user survey from the Domestic Abuse Health Advocate service also evidences this approach."

- Ann Fox, Executive Director of Nursing, Sunderland CCG

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

Our Safeguarding Adults Policy has making safeguarding personal as an appendix for use and when safeguarding concerns are raised by service users, we support our clinicians with the use of this tool in the gathering of information to help ensure the person's voice is heard throughout and allow the Local Authority to make the best decision in relation the case.

We have also strengthened our working with local authorities by having monthly meetings, to improve the quality of information sharing.

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 considered when decisions are made regarding safeguarding and 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.

The increase in submission of adult Concern Notifications further supports officer's awareness and understanding of making safeguarding personal, as views of victims around consent to refer to partner agencies is covered but equally occasions where it can be overridden are appropriately identified.

Sunderland City Council

Making Safeguarding Personal seeks to achieve a personalised approach that enables safeguarding to be done with, not to, people. Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on investigation and conclusion. This approach enables practitioners, families, teams and safeguarding adult bards to know what difference has been made. The Safeguarding Adults Team will always have the individual person at the heart of their work.

"[I] couldn't be happier, [I] feel so much safer in this new apartment and attend social events in the complex".

- Mrs A, Service User, Sunderland City Council, commenting on the support she received with her change in accommodation as an outcome of safeguarding intervention

"[We thank to Safeguarding Adults Team for the] peace of mind that our father was in good hands, and he was well looked after".

- Mr M's, Service User, Sunderland City Council, family commenting on the support they received despite living out of the area

"Making Safeguarding Personal means that actions taken should be person-centred and led. In Adult Social Care we promote an approach that requires social workers to maintain a level of professional curiosity and take sufficient time developing a relationship with the individual they are aiming to protect. In practice this means that they should engage with the person at the very start of the process to provide sufficient information and explain processed and procedures sufficiently to enable them to decide what they want to achieve as a result of the intervention, how they want to be best supported through it, as well as how far they wish to be involved in order to ensure that they feel safe.

Social workers aim to work in a collaborative way, informed by processes and agreements in place, but demonstrating sufficient breadth of practice, recognising that each individual's circumstances and experiences are unique and therefore a flexible personalised approach that centres around their expressed wishes is maintained."

- Eirini Zochiou, Principal Social Worker, Sunderland City Council

Case Study

'Mark' is a 32-year-old with a diagnosed mental health condition and history of drug-taking. He lived in a small flat owned by a private landlord. Concerns had been raised by his mother that his accommodation wasn't suitable and often other drug users would attend his property to take drugs, these people would stay at the property and come and go as they pleased. Mark was afraid and wanted to move, he wanted to make changes in his life but didn't know where to start. He recognised he hadn't attended mental health appointments and had not seen his GP for some time. His mother also stated he had lost a lot of weight and his demeanour was poor, she was also concerned for his safety.

A safeguarding meeting was held via Microsoft Teams, and attended by multi-agency partners as well as Mark and his mother. making safeguarding personal (MSP) principles were applied and Mark set out what he wanted to achieve to improve his current circumstances. As a result, a referral was made to Change, Grow, Live, his Community Psychiatric Nurse (CPN) commenced bi-weekly visits and the Social Prescribing Team supported Mark with benefit claims and identifying new housing options.

A further safeguarding meeting was arranged, again attended by Mark and his mother, to review the agreed actions. Mark had made positive changes, he was engaging well with services and at the time was preparing to move to new accommodation. He had a benefit check and is managing his finances well. Mark said "there has been the odd hiccup", but his life has improved and he is planning to begin a mechanics course at college once he has settled in to his new property. Mark's mother also reported that she felt her son was feeling much better and engaging more with his family.

"Throughout the year we feel that as a positive we are kept up to date with information, e.g. Webinars to join in with specific safeguarding topics".

- Voiceability Staff Member

"It would be useful to have feedback from Safeguarding Adults Team regarding Alerts raised".

- Voiceability Staff Member

"Over the last Financial year we have raised 69 safeguarding alerts with Safeguarding Adults Team".

- Voiceability Staff Member

"Overall from experience of dealing with referrals coming in through Safeguarding Adults Team, we tend to have a good networking system in place to make sure referrals are allocated within a time frame and work commenced straight away".

- Voiceability Staff Member

2021 - 22 In Figures

4782 Concerns received, this is a 44.5% increase compared to 3310 concerns received in 2020-21. There has also been an increase in concerns being progressed to Section 42 Enquiries at 44.3% compared to 31.2% in the previous year.

There were 1937 completed Section 42 Enquiries in 2021/22, an increase of 101% on 962 completed in 2020-21.

3 - Click to enlarge

Desired Outcomes

Of those with a completed Enquiry, 69% of individuals or individuals' representatives were asked what their desired outcomes were, of these 65% expressed a desired outcome, 97.6% were either fully or partially achieved

Primary Support Reason

Individuals with physical support needs represented 41% of all concerns received, followed by mental health needs (17%) and learning disabilities (14%)

Mental Capacity

In 45% of completed cases the client was identified to lack mental capacity, 100% of these individuals were supported

Main Location of Abuse

Individuals' own homes: 46%

Residential/Nursing home: 38.5%

Alleged perpetrator's home: 1.4%

Health setting 8%

Main Categories of Abuse

Physical abuse: 35.1%

Neglect: 26.8%

Psychological: 14.1%

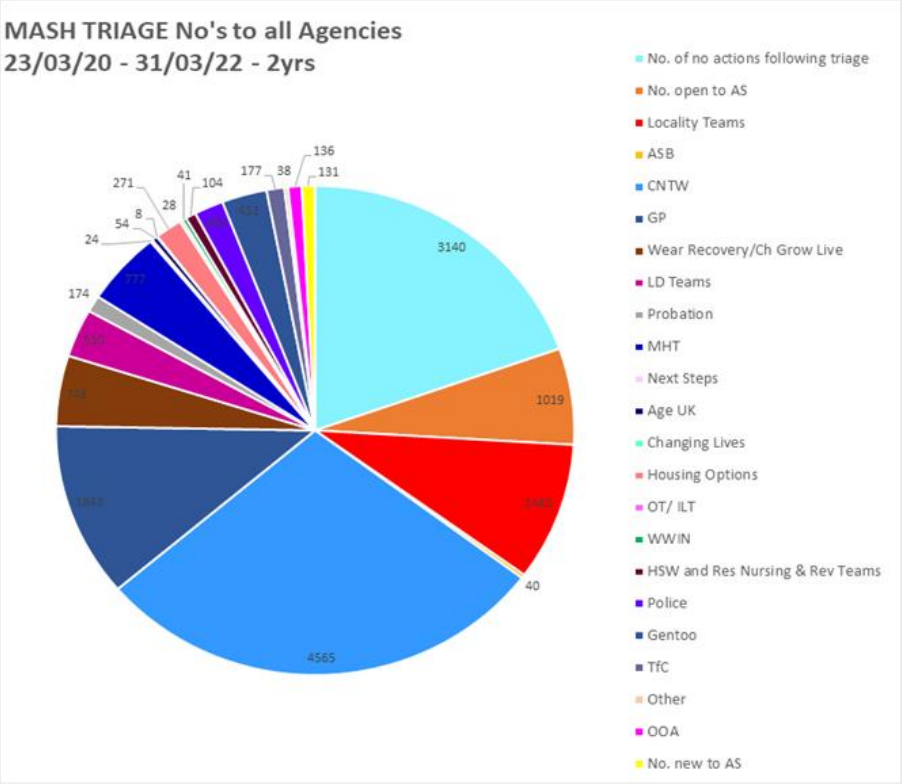
Self-neglect: 18.8%

Financial: 12.2%

Age/Gender

Females account for 57% of all concerns raised, with 46% of these being aged 75+

Males account for 43% of all concerns raised, with 55.5% of these being aged 18 - 64



4 - MASH referrals for 23/03/20 (start of the pandemic) to 31/03/22: 13,167

Learning Lessons

In 2020 the Learning and Improvement in Practice sub-committee undertook a scoping exercise regarding information known to partner organisations in relation to 'Alan'. The exercise concluded that the Care Act criteria to undertake a Safeguarding Adult Review (SAR) had been met.

The review involved a number of partner agencies who operate in Sunderland. As part of the review frontline staff who worked with Alan participated in a workshop, which provided valuable insight and supported the SAR process.

The review resulted in a detailed multi-agency action plan, monitored by the Learning and Improvement sub-committee before being shared with the Quality Assurance sub-committee.

Key Learning

- Those who commission and plan the development of health, social care, criminal justice and housing services need to recognise the specific needs and impacts of chronic, change resistant and dependent drinkers and commission appropriate services to meet those needs
- Improving the care for clients like Alan requires staff to have positive attitudes and beliefs about response
- This positive approach requires organisational and managerial support and a robust governance structure
- All frontline services need to understand that chronic dependent drinkers are generally no longer "choosing their lifestyle"
- The role of brain injury as a driver of presentation of people like Alan needs to be recognised by professionals; particularly in the context of mental capacity assessment
- Self-neglecting drinkers with care and support needs require safeguarding under the Care Act (2014)
- All frontline services need to be aware of the key elements of a good care plan for a chronic drinker
- Adult Social Care and Safeguarding staff need to recognise the need for pro-active/assertive steps to safeguard chronic-dependent drinkers with care and support needs who are at risk of abuse or neglect/self-neglect
- Services need to move away from episodic, crisis-driven responses to people like Alan
- Frontline alcohol services should have the commissioned capacity to undertake assertive outreach with the most challenging chronic dependent drinkers
- Local commissioners and strategic leads may wish to consider setting up a multi-agency group (or nominating an existing group) to manage chronic dependent drinkers
- Frontline services need support to understand how the Mental Capacity Act applies to chronic dependent drinkers
- Relevant frontline services need to ensure that they are appropriately assessing capacity and not just assuming capacity with this complex client group

- Frontline services need support to understand how the Mental Capacity Act applies to chronic dependent drinkers
- Professionals need to consider how the application of the 2nd stage of the mental capacity test applies to a group of people who may be able to understand and retain information but are unable to "use" it in making decisions due to the compulsion associated with alcohol dependency
- Professionals need to understand how the concept of executive capacity applies to this client group
- Local agencies need to recognise that alongside self-neglect this client group are also vulnerable to abuse and exploitation by others

The Review[15] and an accompanying 7 Minute Briefing[16] were published in August 2021.

Working Differently during the Covid-19 Pandemic

Throughout the ongoing challenges resulting from the Covid-19 pandemic, the partnership within Sunderland has continued to proved itself to be extremely strong. Covid has crystallised existing collaboration methods and led to the further adaptation of services to mobilise support even more quickly and effectively than was happening previously.

SSAB has demonstrated its adaptability and has embraced new ways of working, which has enabled the work of the Board to continue to progress despite Covid restrictions. Partners continue to offer assurances, present and interrogate data and provide actions that ensure adult safeguarding remains a priority in Sunderland.

As we move towards recovery SSAB will continue to challenge and seek assurance from partners.

[15] https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.sunderlandsab.org.uk%2Fwp-content%2Fuploads%2F2021%2F08%2FAlan-SAR-Summary-v4.docx&wdOrigin=BROWSELINK
[16] http://www.sunderlandsab.org.uk/wp-content/uploads/2021/08/7MBAlan.pdf

What does 2022 - 23 Hold?

SSAB's priorities will continue to be:

- Prevention - Continuing to raise awareness with the public about safeguarding, using intelligence to target prevention work
- Self-Neglect - Learning from practice, including sharing good practice and changing the thinking and continuing to improve how we learn from Safeguarding Adults Reviews
- Mental Capacity - The application of the Mental Capacity Act Code of Practice in the safeguarding arena, and preparation for the implementation of the Liberty Protection Safeguards
- Homelessness - SSAB partner agencies will continue to work together on this issue, adhering to the 'Duty to Refer' (where this is a legal requirement for them)
- The Service User Voice - continuing to embrace the values of Making Safeguarding Personal
- Implementation of the CARM Process - evaluating the success of the process in changing outcomes for vulnerable adults

In addition:

- COVID-19 recovery will be a key consideration - agencies' ability to respond, potentially increased demand for support and services, and capacity to deliver.
- Continuing to promote the principles of Professional Curiosity amongst professionals working with people at risk of abuse and/or neglect, including raising awareness of the SSAB's recently-developed Professional Curiosity Guidance resource.

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

HEALTHWATCH SUNDERLAND ANNUAL REPORT 2021/22

Report of the Chair of Healthwatch Sunderland

1.0 Purpose of the report

1.1 The purpose of the report is to provide the Board with an overview of activity conducted by Healthwatch Sunderland throughout 2021/22.

2.0 Background

2.1 Local Healthwatch organisations are a statutory service commissioned by local authorities as part of the Health and Social Care Act 2012. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

2.2 Healthwatch Sunderland independently champions for people who use health and social care services in the city. They engage with individuals and communities to find out what matters to them and help make sure their views shape the support they need.

2.3 In 2021/22 Healthwatch Sunderland:

- had 24 volunteers who provided over 500 hours supporting activity
- employed 7 staff
- received over £155,000 in local authority funding
- 3177 people accessed advice and information about topics such as mental health and Covid-19
- 1371 people shared their experiences of health and social care services, helping to raise awareness of issues and improve care
- published 10 reports about the improvements people would like to see in relation to their health and social care services.

3.0 Overview of Healthwatch Sunderland 2021/22 outcomes

3.1 Some of the projects and activity undertaken by Healthwatch Sunderland throughout the year is set out below:

Project / Activity Area	Changes made toservices
All Together Better Patient and Public findings	Development of an ongoing action plan and partnership working.

COVID-19 Vaccination Programme	Vaccination programme delivered in more accessible venues.
Baby formula for families in need	An introduction of baby formula voucher scheme available to those families in need.
Breast screening appointment letters	Development of a national easy read letter for patients attending breast screening recall appointments. Accompanied by a patient video highlighting the impact this will have for those patients that require an easy read version.
Bangladeshi community experiences as hospital patients	New practices in place to improve the support and care offered to patients from the Bangladeshi community.
Sexual health services & young people	Improvements to ensure services are more young people user friendly.
Access to hospital appointments	Availability of commissioned patient transport for those attending appointments relocated outside of Sunderland.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to note and comment on the content of the Healthwatch Sunderland Annual Report 2021/22.

healthwatch

Championing what matters to you

Healthwatch Sunderland Annual Report 2021-22

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Message from our chair

This past year has been a very busy and productive year for Healthwatch Sunderland. We started the year by working closely with the team from All Together Better Sunderland which involved us providing extensive feedback from the public on all out of hospital services. This has helped the team focus the efforts of service providers on those key areas that require improvements.

We continue to work with seldom heard groups to ensure that their voices are heard and have specifically carried out work with carers, the Bangladeshi community, young people and people with disabilities. Our focus on working with young people who have different health and social issues to adults has led to the development of our new Youthwatch.

As Chair of Healthwatch Sunderland we continue to work with key partners such as the Health and Wellbeing Board and the NHS Clinical Commissioning Board of influence change in services.

The intention for the forthcoming year is to prioritise GP patient access, domiciliary care services, in conjunction with Sunderland City Council and finally hospital discharge.

As this is my final year as Chair, I would like to take this opportunity to thank Carol and her team at Pioneering Care Partnership and our local Healthwatch Team members who have assisted me to undertake what has been an enjoyable role. It has been a pleasure to welcome our new Project Lead Tara Johnson and move offices into a community venue in Pallion which will only strengthen our community links.

Dr. John Dean
Healthwatch Sunderland Chair

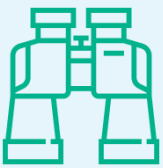
"The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

Sir Robert Francis QC, Chair of Healthwatch England

About us

Your health and social care champion

Healthwatch Sunderland is your local health and social care champion. Working city wide, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

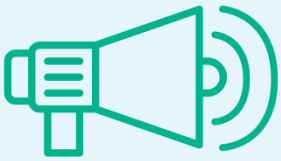
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



1371 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

3177 people

came to us for clear advice and information about topics such as mental health and COVID-19.

Making a difference to care

We published

10 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

ATB patient and public findings

to discover an understanding of patient's experiences of those services provided by All Together Better Sunderland (ATB) partners.

Health and care that works for you

We're lucky to have

24

outstanding volunteers, who gave up over 500 hours to make health and care better for our community.

We're funded by our local authority. In 2021-22 we received:

£150,000

Which is the same amount as the previous year.

We also currently employ

7 staff

who help us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

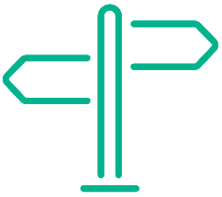
Spring

To improve our accessibility, we introduced a text messaging service, Instagram account and a new website.

To support with the COVID-19 vaccination programme we listened to over 850 patients about their experiences, helping the NHS to make improvements.

Summer

In partnership with a local charity Love, Amelia and public health we took action to ensure that families in need can now access baby formula through a one-off voucher scheme.



To support people to make informed choices on their and their families health and care in partnership with local providers we hosted several awareness campaigns on-line.

Autumn

We supported women from the Bangladeshi community and those with a learning disability and autism to be involved in work linked to the menopause to ensure appropriate information is available.

Teaming up with national public health teams, breast screening recall letters are now available in easy read format for those who require them across the country.

Winter

We thanked three local community pharmacy services for the positive feedback we collected from patients as part of our Nominate a Star service.

We supported the Local Authority to involve service users in their work by recruiting new members to their Wheelchair Service User Forum.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve

Improving community-based health and social care services

Thanks to people sharing their experience of out of hospital services with us, we've helped the local health and social care alliance All Together Better Sunderland (ATB) to understand where improvements are needed.

Feedback from over 600 local patients and service users helped the newly formed health and social care alliance hear from people on what is the most important to them and where services need to improve.

34% of people

we heard from did not feel involved in decisions relating to their hospital discharge

The feedback received highlighted the main areas people felt required improvements. These included:

- Increased access to face-to-face GP appointments.
- Involvement in decisions made around the hospital discharge process and the quality of support received when leaving hospital.

What difference did this make

As a result of the findings identified ATB have now been able to develop an action plan to look at those key areas requiring improvements. We have been invited to continue to work in partnership with ATB as they develop the detail of their action plan which will involve our team;

- Identifying, through patient feedback those top 2-3 priority areas requiring improvements within the hospital discharge process.
- Assisting the CCG and the Primary Care Networks to collect patient feedback on the newly introduced initiatives and working practices within primary care.

"This feedback is incredibly important and will help us to continue to build on the work we have done throughout COVID-19 and make vital improvements to our services as we recover."

Dr Martin Weatherhead, Chair of ATB Sunderland and a practicing GP in the City.

Patients from the Bangladeshi community have improved hospital experiences

Thanks to people from the Bangladeshi community sharing their experiences of health services, we have helped the NHS make their services more inclusive.

By working with members of the local community who use Sunderland Bangladesh and International Communities (SBIC), we gathered feedback on people's experiences of using health services over the past year. The main issues we heard from people were linked to the poor treatment and care patients were experiencing when visiting hospital, mainly as a result of communication issues and a general lack of understanding around cultural needs and differences.

We were able to connect and bring together representatives from the South Tyneside and the Sunderland Foundation Trust (STSFT) and representatives from SBIC who with our support, worked in partnership to address the issues identified so that people from the local BAME community would have a better experience when receiving hospital treatment.

> "Through our partnership working with Healthwatch we are able to advocate the voices of BAME individuals raising their issues and concerns in relation to health inequalities and how better we all can work together to make services meet needs of local BAME communities and individuals."
>
> Abu Sharma, Manager of Sunderland Bangladesh and International Communities

What difference did this make

Due to our partnership working the Trust are now working with the SBIC to develop new equality and diversity training package for hospital staff,. They are developing communications aids including picture cards, which will ultimately enable staff to communicate better with people who do not have English as a first language. The Trust will also continue to share important messages with the SBIC who will disseminate across their communities.

These changes will have a significant impact for people who use the hospital services and is a great example of the positive changes that happen when people speak up, and services listen.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

We shared with the NHS stories highlighting the difficulties now faced by some patients when accessing hospital appointments that had been relocated away from Sunderland. Patient June's story which was presented in person, really helped decision makers understand the issues and resulted in plans to commission a new transport service to assist patients attending appointments in the future.

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

Following the Public Health 'You're Welcome' Standards Framework, our Youthwatch volunteers supported a team within public health to evaluate the local sexual health offer. Focusing on a young person's point of view the volunteers reported back on what worked well and what needed improving in areas such as the website, promotional materials and the clinics.

Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

The people of Sunderland have been telling us for some time now about the issues they are faced with when trying to access their GP practice and in particular their GP. Working with our local CCG we have over several years closely monitored the introduction of new service provision including virtual appointments and other initiatives. In 2022-2023 we will be looking more closely at the issues and implementing work to see what additional improvements can be made to help with ease of access for patients.

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information around anything related to help and social care to help you understand your options and get the help you need we are here to help patients and residents of Sunderland

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

Supporting patients with GP changes

The closure of a local GP practice resulted in over 2,000 patients having to re-register with a new practice.

Working alongside the GP practice and the NHS Clinical Commissioning Group we supported with the transfer of patients into their new practice. Many patients required additional support to complete registration forms whilst others simply had queries or questions about their prescriptions or transfer of care etc.

"Many thanks to you and your wonderful team for the support they are offering to our patients."
Judith Taylor, Head of General Practice

Access to COVID-19 vaccine

After hearing from several excluded groups that they were struggling to access the COVID-19 Vaccination venues and appointments we raised the issues with our local CCG vaccines team so we could work with them to help improve patient access.

Excluded groups, including the homeless, the elderly, the young and those from deprived areas informed us they were facing Issues such as lack of public transport to access local vaccine venues and incorrect information on when and where people could go.

The vaccines teams acted swiftly and increased the number of vaccine venues and ensured that all information available on vaccine availability was up to date and correct.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say, supporting with survey distribution and assisting with workshops and consultation events.
- Helped to raise peoples awareness of local health and care service provision and awareness of key health messages.
- Assisted with the creation of Vlog content to be shared across our social media.
- Attended many training sessions to increase their knowledge so they can better support people through our information and signposting service.

Youthwatch

In December 2021 to support the delivery of our work with young people the team begin work on setting up the organisations first Youthwatch.

Working alongside the local community, colleges, schools and university we put together a recruitment campaign to bring on board some local young people aged between 16-25 to support us in our work.

We quickly recruited, inducted six young people who began the work. They decided to the best way to start would be to listen to other young people across the city on what is most important to them, when it comes to their health and care. A survey was designed and distributed to collect the information and over 200 young people took part in the survey. This resulted in 3 priorities areas; Mental health, Healthy Living/lifestyle and Cancer.

In addition to this the group were approached by public health to undertake an evaluation project concentrating on the local offer of sexual health services aimed at young people. The work is ongoing, and the outcomes will aim to make services offered more user friendly for those young people who use it.

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchsunderland.com

0191 5147145

Healthwatchsunderland@pcp.uk.net

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income	
Funding received from local authority	£155,250
Additional funding	£20,540
Total income	£175,790

Income	
Staff costs	£103,808
Operational costs	£27,990
Support and administration	£26,654
Total expenditure	£158,452

Top three priorities for 2022–23

1. Access to GP practice appointments - we will be looking more closely at the issue and implementing work to see what additional improvements can be made to help with ease of access for patients.
2. Domiciliary care – to ensure that public voice is heard when the recommissioning of domiciliary care takes place. We as an independent body will engaging with services user to collect their views.
3. Hospital discharge – working alongside All Together Better Sunderland and the local hospital trust we will be identifying the main key issues that need to be addressed by service providers to help patients feel more involved in the discharge process.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

Statutory statements

About us

Healthwatch Sunderland, 53 St Luke's Terrace, Pallion, Sunderland, SR4 6NF

The organisation holding the Healthwatch contract is the Pioneering Care Partnership (PCP). PCP is a multi-award winning health and wellbeing charity operating across the North East

For further information please visit www.pcp.uk.net.
Registered Charity No, 1067888 Company Registered in England No. 3491237
Registered address: Pioneering Care Centre, Carer's Way, Newton Aycliffe, County Durham, DL5 4SF

Healthwatch Sunderland uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 8 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. They ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021-22 they met 6 times and made decisions on matters such as how we will tackle domiciliary care as we move into this years plan following COVID-19, how best to support the local Bangladesh community with issues faced when accessing hospital services and how best to address negative feedback on both NHS and social care services. They have also took part in a board development day which resulted in receiving funds from Healthwatch England to help with further board recruitment and improvements which will be a priority in the coming year.

We ensure wider public involvement in deciding our work priorities by using the information we collate, whether this is feedback from a service user, patient or local organisation, insight from an information and signposting enquiry or intelligence gathered at a public workshop or forums. All the data gathered is monitored and used to track those areas that need further consideration. Then utilising our decision-making policy and procedures, these areas will be discussed by our Board and considered as potential pieces of work.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021-22 we have been available by phone, email, a webform on our website, attended face-to-face and virtual meetings and forums, provided our own virtual activities and engaged with the public through all our social media platforms.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by; building on our relationships with several communities including the Bangladeshi community, carers, young people, those who have a learning disability and / or autism amongst many more. We will continue to link these organisations and others like them to service providers and decision makers to ensure the voices of their service users are heard and listened to, making services which are better for them and others in the future.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and distribute via our e-newsletter and social media platforms. It is also available in hard copy on request.

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Sunderland is represented on the Sunderland Health and Wellbeing Board by our Chair, Dr John Dean. During 2021-22 our Chair has effectively carried out this role by supporting the production a joint health and wellbeing strategy, contributing to the assessment undertaken of the health needs of the population, including a pharmaceutical needs assessment and when relevant carrying al out commissioned work to support patient and public participation.

2021-2022 Outcomes

Project / Activity Area	Changes made to services
All Together Better Patient and Public findings	Development of an ongoing action plan and partnership working.
COVID-19 Vaccination Programme	Vaccination programme delivered in more accessible venues.
Baby formula for families in need	An introduction of baby formula voucher scheme available to those families in need.
Breast screening appointment letters	Development of a national easy read letter for patients attending breast screening recall appointments. Accompanied by a patient video highlighting the impact this will have for those patients that require an easy read version.
Bangladeshi community experiences as hospital patients	New practices in place to improve the support and care offered to patients from the Bangladeshi community.
Sexual health services & young people	Improvements to ensure services are more young people user friendly.
Access to hospital appointments	Availability of commissioned patient transport for those attending appointments relocated outside of Sunderland.

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Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD 30 SEPTEMBER 2022

UPDATE ON THE NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM (ICS)

Report of Director for Place (Sunderland) and the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

1.1 To provide assurances that the proposed place-based governance arrangements for integrated care in Sunderland will be established by 1 April 2023 in-line with national requirements.

1.2 To provide the Health and Wellbeing Board (HWB) with an update on the North East and North Cumbria Integrated Care System (ICS).

2.0 Background

2.1 The Health and Care Act 2022, provided the Integrated Care System (ICS) with statutory footing from July 2022, which included the establishment of the North East and North Cumbria Integrated Care Board (NENC ICB) and the dissolution of all Clinical Commissioning Groups. The legislation additionally required the ICS to establish committee arrangements between NENC ICB and the 13 Local Authorities that align to the NENC ICB area, as part of statutory Integrated Care Partnership (ICP) arrangements. Sunderland is part of the Central ICP alongside South Tyneside and Durham.

2.2 In addition to these system-level changes, ICBs were required to establish place-based arrangements with Local Authorities and other statutory partners, to support local leadership and delegated decision-making for health and care provision. The place-based arrangement for Sunderland is geographically aligned to the administrative boundaries of Sunderland City Council and in January 2022, Cabinet approved a proposal to adopt a Joint Committee arrangement for Sunderland's place-based governance. This report sets out an update on progress in establishing this arrangement.

3.0 Sunderland's Place-Based Governance Arrangement

3.1 A Joint Committee will allow for multi-agency decision-making and formal delegation of resources, to effectively address health and care needs and tackle inequalities in Sunderland. To support the transition to this new arrangement, Sunderland place-based partners have established a multi-agency Joint Consultative Forum (JCF) that will work in an advisory capacity to deliver improved integration of health and care provision. In addition, statutory partners have signed a Memorandum of Understanding, that sets out

the principles, ambitions and governance for the place-based partnership arrangement.

3.2 The JCF will oversee the development of a transitional road map for Sunderland's Joint Committee arrangements. This will include the establishment of appropriate leadership, governance and accountability arrangements that match Sunderland's ambitions for health and care integration, alongside wider detail regarding delegations and shared resource arrangements. Representation from the Voluntary and Community Sector (VCS), and patient and public involvement, will ensure that place-based governance strengthens the role of residents, neighbourhoods and communities in local decision making.

3.3 The JCF is supported by the Health and Care Alliance, which will function as a formal sub-group of the JCF in implementing the agreed transitional road map and shared outcome framework for health and care integration. A separate Children's and Adult's Alliance will take ownership of key programme areas based on an agreed set of priorities that reflect the Healthy City Plan and imminent Integrated Care Strategy for the NENC ICS (due for publication in December 2022). The alliances will be based on the existing All Together Better (ATB) partnership arrangements, ensuring place-based governance builds on existing good practice.

3.4 A provisional road map for Sunderland will be developed by early October 2022, with the expectations that shadow arrangements for place-based governance will be in place by January 2023, with formal structures in place by April 2023.

4.0 Other Integrated Care Board Updates

4.1 The first Integrated Care Partnership (ICP) meeting has held, in public, on 20 September 2022 in Durham.

4.2 The ICP is responsible for setting out key priorities and developing the strategy for health and care to meet the needs of our population by bring together local councils, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise (VCSE) organisations and Healthwatch across the region.

4.3 The inaugural meeting considered national guidance on the establishment of ICPs, as well as it's chairing and membership arrangements. The board also received recommendations on ways of working between our region wide ICP and our four locally focused 'area ICPs' and how they in turn will develop a picture of health and care need from each of their constituent HWBs.

4.4 The meeting was recorded and will be available to view on the ICB website here.

5.0 Recommendations

5.1 The Board is recommended to:

- Acknowledge the updates within the report and confirm agreement of the proposed changes that have been outlined.

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 30 SEPTEMBER 2022

BETTER CARE FUND 2022/23 SUBMISSION

Report of Director for Place (Sunderland); Executive Director of Health, Housing and Communities and Director of Adult Services & Chief Operating Officer of SCAS

1.0 Purpose of the Report

1.1 To seek agreement for sign off and submission of the Sunderland Better Care Fund plan for 2022/23 by the Sunderland Health and Wellbeing Board.

2.0 Background

2.1 Health and Wellbeing Boards (HWBs) are required nationally to submit annual Better Care Fund (BCF) plans. Planning documentation is informed by the BCF Policy Framework, which sets out the requirements of the planning process. The 2022/23 submission consists of:

- A completed narrative template
- A completed BCF planning template
- Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams (detailed further in section 2.2 below)
- Ambitions and plans for performance against BCF national metrics (detailed further below)
- Any additional contributions to BCF section 75 agreements.

2.2 BCF Plans are required to be submitted on 26 September 2022, which is the national deadline date.

2.3 The local authority (LA) and Integrated Care Board (ICB) must agree a plan for their local authority area, that includes agreement on use of the mandatory BCF funding streams. This plan must be signed off by the HWB.

2.4 It must be acknowledged that the 2022/23 BCF plan is required to be submitted for the full year (2022/23) in September 2022, some 6 months into the year. This requirement has been considered when developing the BCF plan for 2022/23.

3.0 National Planning Requirements for the 2022/23 Better Care Fund

3.1 There are four national conditions within the 2022/23 planning round, these are set out in table 3.1 below and further detailed in following sections:

National Condition	Specific requirement
NC1: Plans to be jointly agreed	• Funding proposals must be agreed by the relevant local authority and Integrated Care Board (ICB) and placed into a pooled fund, governed by an agreement under section 75 of the NHS Act 2006 • Plans must be signed off by the ICB and local authority chief executive, prior to being signed off by the Health and Wellbeing Board. • Any changes to local priorities in terms of health inequality or equality for people with protected characteristics, must be detailed within the narrative template. • Plans will need to reflect what NHS bodies are doing to address inequalities under Core20PLUS5. • NHS must make a minimum contribution in-line with those stipulated via published allocation (detail in section 3.3 below) • NHS contribution must include locally negotiated funding allocations for local authority reablement provision, carers breaks and implementation of the duties to fund carer support under the Care Act 2014.
NC2: NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution	• Minimum NHS spending contribution must be maintained in line with the percentage uplift in the NHS minimum contribution to the BCF. The NHS minimum contribution for each Health and Wellbeing area has been uplifted by 5.66%
NC3: Agreement to invest in NHS commissioned out-of-hospital services	• A minimum NHS contribution to the BCF must be ring-fenced to deliver investment in out-of-hospital services commissioned by ICBs, while supporting local integration aims. This is detailed in section 3.4 • Local authority 'Improved Better Care Fund' (iBCF) grant-funding contributions must only be spent on: o Meeting adult social care needs. o Reducing pressures on the NHS, including seasonal winter pressure. o Supporting more people to be discharge from hospital when they are ready. o Ensuring that the social care provider market is support. • Disabled Facilities Grant (DFG) must be pooled into the BCF
NC4: Implementing the BCF policy objectives	• Local partners should have a clear approach to implementing the following two policy objectives: I. enable people to stay well, safe and independent at home for longer. II. Provide the right care in the right place at the right time

Table 3.1 BCF National Condition 2022/23

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3.2 The BCF Policy Framework sets out national metrics that must be included in the BCF plans in 2022-23. The metrics for the BCF in 2022-23 are outlined below: Systems are required to set expectations for improvements across these metrics aligned to national policy direction, and these are described further in section 5. The four metrics are:

1. Proportion of older people still at home 91 days after discharge from hospital into reablement of rehabilitation
2. Older adults whose long-term care needs are met by admission to residential or nursing care per 100,00 population
3. Unplanned hospitalisations for chronic ambulatory care sensitive conditions
4. Improving the proportion of people discharged home, based on discharge to their usual place of residence

3.3 Locally, the minimum and additional contributions to the BCF for 2022/23, are set out below:

Funding Sources	Income	Expenditure	Difference
DFG	£4,055,399	£4,055,399	£0
Minimum NHS Contribution	£27,565,872	£27,565,872	£0
iBCF	£18,683,789	£18,683,789	£0
Additional LA Contribution	£77,341,779	£77,341,779	£0
Additional ICB Contribution	£137,363,750	£137,363,750	£0
Total	**£265,010,589**	**£265,010,589**	**£0**

Table 3.3 Minimum and additional BCF contributions 2022/23

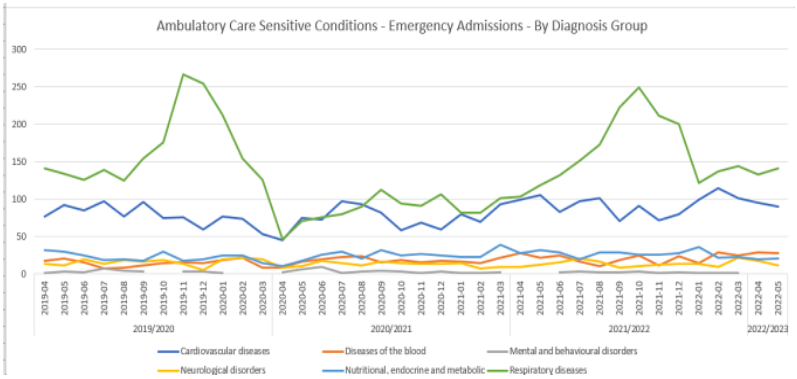
3.4 As outlined in table 3.1, National Conditions 2 and 3, require minimum ICB contributions to NHS Commissioned Out-of-Hospital care and Adult Social Care. The 2022/23 minimum contributions to these schemes are outlined below for reference:

	Minimum Required Spend	Planned Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,833,439	£27,565,872
Adult Social Care services spend from the minimum ICB allocations	£8,950,125	£8,950,125

Table 3.4 Minimum ICB contributions to Out-of-hospital care and Adult Social Care

3.5 The 2022/23 submission will also include aligned Public Health funding for Primary Care-based stop smoking provision and NHS Health Checks. These schemes effectively support improvements across respiratory and cardiovascular-related admissions, which drive significant avoidable demand on local hospital admissions, which forms one of the 2022/23 metrics (see

graph 3.5 below). This approach will additionally support the development of a stronger narrative around prevention, reducing health inequalities and tackling wider determinants - creating an 'open door' for additional public health, housing and community schemes to be aligned within the BCF s75 partnership arrangement, which will form part of the wider alliance arrangements for place-based integration.



Graph 3.5 ACS data by diagnosis group

3.6 A national deadline of 31 December 2022 has also been set for the agreement and sign-off of local Section 75 agreements for 2022/23.

4.0 Sunderland BCF Plan Development

4.1 A BCF working group has been established via the Health and Care Alliance, to coordinate and develop the Sunderland BCF plan for 2022/23. This also includes the development of the s75 agreement for 2022/23. The focus of the group is to ensure that the BCF plan is completed to national timescales and supports national and local ambitions for place-based health and care integration.

4.2 The BCF narrative describes how the BCF policy objectives, national metrics and capacity and demand planning exercise (see table 3.1), have supported the development of an intelligence-driven approach to BCF planning. This includes triangulation of local intelligence to support the analysis of needs in relation to the two BCF policy objectives. In addition, a comparison of the current investment areas against two national high impact change models for avoidable admissions and improved discharge, have provided an evidence-based assessment of the capacity for BCF-funded programmes to positively impact on local health and care demand.

4.3 The narrative additional outlines how the BCF approach will be used to support the implementation of place-based governance arrangements and ensure that the BCF actively supports the strategic objectives of the Healthy City Plan.

5.0 Sunderland BCF Plan 2022/23 Key Points

5.1 Sunderland continue to exceed the minimum contribution to the BCF with the following contributions, as outlined in section 3. The financial components of the BCF must be agreed by the LA and ICB and signed-off by the Chief Executive for Sunderland City Council and a delegated officer/board within the ICB (yet to be determined).

5.2 As per national requirements, the HWB must approve the BCF plan locally. The timescales for submission predate the next HWB (30 September 2022), as such, it needs to be determined whether the HWB can delegate sign-off to the HWB chair, with the BCF plan being tabled for information at the next board.

5.3 Targeted impact of BCF schemes identified within the 2022/23 plan, have been anticipated below against the metrics outlined in section 3.2.

5.3.1 *Proportion of older people still at home 91 days after discharge from hospital into reablement of rehabilitation*

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	61.4%	70.4%	66.1%	71.4%
	Numerator	124	190	168	250
	Denominator	202	270	254	350

5.3.2 *Older adults whose long-term care needs are met by admission to residential or nursing care per 100,00 population*

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1170.1	1067.5	1023.0	978.2
	Numerator	646	600	575	560
	Denominator	55,209	56,205	56,205	57,246

5.3.3 *Unplanned hospitalisations for chronic ambulatory care sensitive conditions*

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Avoidable admissions: Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	280.9	281.2	316.2	205.8
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
	Indicator value	291	291	328	213

5.3.4 *Improving the proportion of people discharged home, based on discharge to their usual place of residence*

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Discharge to usual place of residence: Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	89.2%	89.4%	88.6%	88.9%
	Numerator	6,350	6,378	6,378	5,958
	Denominator	7,121	7,136	7,202	6,705
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
	Quarter (%)	89.4%	89.7%	90.0%	90.0%
	Numerator	6,229	6,429	6,478	6,024
	Denominator	6,968	7,167	7,198	6,693

5.4 The ambition to achieve marginal improvements across each of the metrics, reflects a balance from previous trend analysis and the anticipated impact of invested schemes in delivering improved outputs and outcomes. In addition, due to the pressures building in the system (e.g. linked to the cost-of-living crisis, COVID backlog and increased winter and surge pressures), it is advisable to moderate target trajectories until the net impact of these pressures are better understood across the system.

5.5 This paper confirms that all national conditions have been met, and in some circumstances exceed requirements e.g. BCF funding contributions and requirement to apply a high impact change model approach to both managing the transfers of care and avoidable admissions.

6.0 Recommendation

6.1 The Health and Wellbeing Board is recommended to:

- Note the process followed in developing the 2022/23 BCF Plan and key points from the plan, including prior sign-off from the ICB and Sunderland City Council Chief Executive.
- Agree the proposed BCF planning documentation for submission in-line with national timescales.
- Consider the ongoing requirements of Sunderland's place-based governance arrangements and be assured that the BCF meets both national BCF conditions and local aspirations for place, as set-out in the Sunderland Healthy City Plan.

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

SUNDERLAND JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2022/2023

Report of the Executive Director Health, Housing and Communities

1.0 Purpose of the Report

1.1 To present the draft Sunderland Joint Strategic Needs Assessment (JSNA) to members of the Health and Wellbeing Board.

2.0 Background

2.1 The development of a JSNA is a statutory requirement. Local authorities and Integrated Commissioning Boards (ICB) must have regard to the relevant JSNAs and Joint Local Health and Wellbeing Strategies (JLHWS) so far as it is relevant when exercising their functions. JSNA is not an end in itself, but is a continuous process of strategic assessment to support the development of local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

2.2 JSNA is the process by which Sunderland City Council and North East and North Cumbria ICB (Sunderland Place), working in collaboration with partners and the wider community, identify the health and wellbeing needs of the local population. It provides an insight into current and future health, wellbeing and daily living needs of local people and informs the commissioning of services and interventions. It supports a Health in All Policies approach to the development of strategic priorities, aiming to improve health and wellbeing outcomes and reduce inequalities.

2.3 The draft JSNA has been shared with the Starting Well, Living Well and Ageing Well Delivery Boards for feedback and officers from these Boards have helped develop the JSNA.

3.0 Overview of the 2022/23 Assessment

3.1 The JSNA includes consideration of the social determinants of health, deprivation, health risks, disease and disability, major causes of mortality and the impact on life expectancy. It acknowledges some of the key impacts of the Covid-19 pandemic and references more detailed work on this.

3.2 The social determinants of health, including income, housing and homelessness, crime, domestic violence, the living environment, social isolation and accident prevention, all impact on inequalities and affect people's health and happiness. The 2022/23 JSNA has continued to increase its focus on the social determinants of health.

3.3 High level challenges identified are:

- Ensuring a system-wide understanding of the health and social determinant impacts of the Covid-19 pandemic on health outcomes and health inequalities.
- Inequalities, relating to both socio-economic position and protected characteristics, have a significant impact on the health of people in Sunderland and should be considered for all interventions and policies, recognising that socio-economic inequalities are a continuum across the population and that some people are impacted by multiple inequalities.
- Poverty levels within the city continue to have an impact and should be tackled by increasing levels of employment in good work through attracting more jobs into the city, increasing educational and skills attainment of Sunderland residents and ensuring as many people as possible are supported to stay in work, despite having a health condition.
- Responding to health protection (infectious diseases) threats requires prevention work, rapid identification and a swift response to complex cases in high risk places, locations and communities.
- Children and young people in Sunderland face some significant health challenges and inequalities across the social determinants of health. Partners need to work together and with children, young people and families to address these issues and build resilience.
- The four main behavioural risk factors – smoking, diet, alcohol and physical inactivity – lead to poor health outcomes and increase health inequalities and so programmes need to continue to be developed, in partnership with local people, to make it easier to make the healthy choice. There is a need to continue to support and grow the voluntary sector capacity as well as protect and grow physical assets to enable services to be delivered within communities.
- There are more people in Sunderland living with, and prematurely dying from, cancer, cardiovascular disease and respiratory disease than elsewhere in the country. Partners need to be clear that primary, secondary and tertiary prevention programmes are in place that ensure that no opportunities are missed to prevent these diseases and stop them progressing.
- The ageing population, as well as the high numbers of people with long term, often multiple conditions, has a significant impact on local people and services. This needs to continue to be addressed through integrated care and supporting people to self-care as well as a transparent, whole system approach to preventing service failure.
- People in Sunderland have poor mental wellbeing and suffer from a higher burden of mental ill health than the rest of England. This should be tackled through a preventative programme alongside recognition of the needs of people with poorer mental health and wellbeing and the impacts this has on their physical health.
- The wider impacts of climate change and levels of carbon in our atmosphere impact significantly on the local environment and on mental and physical health. Local residents require access to quality local greenspaces and local services that in turn can aid social inclusion, better well-being and increased physical activity, including through increased opportunities for active transport.

Better design of our built and natural environment will reduce exposure to pollution and extreme weather events, and help to tackle fuel poverty.

- The cost of living crisis is hitting the poorest residents most significantly. These impacts are also reaching an increasing proportion of Sunderland residents and forcing residents to take decisions relating to diet and heating that will impact directly on the long-term health and wellbeing outcomes of Sunderland's population.
- Sunderland is building on our assets within our communities and working with our communities to support improvements in health outcomes, reduce health inequalities and strengthen community resilience, as set out in the Sunderland Healthy City Plan 2020-2030.

4.0 Next Steps

4.1 The overarching JSNA will be finalised following feedback from Board members.

4.2 The JSNA and supporting documents will be published on the council website and circulated to key partners.

5.0 Recommendations

5.1 The Health and Wellbeing Board is recommended to:

a) note the findings of the draft Sunderland JSNA;
b) agree that the Executive Director Health, Housing and Communities is delegated authority to finalise the JSNA;
c) consider whether there any specific additional topics which need to be included in this iteration of the JSNA, or any topics for development over the next year;
d) take account of these findings when considering the commissioning plans of all partners;
e) take account of these findings when developing plans for the Delivery Boards and workstreams identified as priorities by the Board; and
f) support the continual refresh of the JSNA to ensure emerging needs and challenges are widely understood across the city.

Sunderland Joint Strategic Needs Assessment 2022-23
September 2022 Review

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1.1 Introduction

One of the statutory functions of the Health and Wellbeing Board (HWB) is to prepare a Joint Strategic Needs Assessment (JSNA), working in collaboration with partners and the wider community, to identify the health and wellbeing needs of the local population. It provides an insight into current and future health, wellbeing and daily living needs of local people and informs the commissioning of services and interventions to improve health and wellbeing outcomes and reduce inequalities. Local authorities and Integrated Commissioning Boards (ICB) must have regard to the relevant JSNAs and Joint Local Health and Wellbeing Strategies (JLHWS) so far as it is relevant when exercising their functions.

The findings of the JSNA are based on:

- Consideration of the JSNA topic summaries, which identify health, social care and wellbeing indicators, including the results of local Lifestyle Surveys;
- Comparison of our local population against regional and national averages and, in some cases, statistical neighbours which helps us to understand if a particular health issue is significant; and
- A summary of local needs analysis that has been carried out, identification of effective interventions (what works) and any other rationale for action e.g. a national 'must do' or service users', carers' and public views.

This overarching JSNA provides a summary of the health needs of Sunderland and highlights relevant issues for the commissioning of services. Individual chapters of the JSNA can be accessed at: Sunderland Joint Strategic Needs Assessment - Sunderland City Council

The health and wellbeing of Sunderland's residents will be impacted by the Covid-19 pandemic. On 12 January 2020 the World Health Organisation (WHO) announced a novel coronavirus, SARS-CoV-2, had been identified.[1] The virus has readily transmitted from person to person in the community. Build Back Fairer: The Covid-19 Marmot Review[2] describes the impacts of Covid-19 on the social determinants of health in adults focusing on employment and good work, standards of living and income, places and communities, and public health. The Covid-19 Health Inequalities Strategy,[3] now part of the Healthy City Plan, sets out more information on Sunderland's response to Covid-19 and the impact it has had on health inequalities locally. Covid-19 has adversely impacted life expectancy. Mortality has been directly and indirectly affected by Covid-19, with mortality potentially increased by many factors including over-stretched health services and delays in hospital treatment, fear of accessing care, undiagnosed cancer and the impacts of long Covid. Covid-19 is expected to have a significant effect on preventable mortality but the scale of this will become more evident over future years. The Sunderland Director of Public Health Annual report 2021-22 focuses on health inequalities and the impacts of Covid-19 and is available at:
Sunderland_Same_Storm_Different_Boats_Report_-_68pp_-_Final.pdf

Detailed information in the JSNA is taken from the Local Authority Health Profiles - Data - OHID (phe.org.uk) for Sunderland unless an alternative source is referenced.

1.2 Population profile and demography

Sunderland has a population (mid-2020) of around 277,846.[4] The population has fallen from close to 300,000 in the early 1990s, due in part to outward migration of younger working age people. Recently, this fall has levelled out and the population is predicted to remain stable at around 277,000 by 2031.[5] 2020 saw 2,623 live births; this is down 12% from the 2016 figure which was 2,986.

Compared to England, the population of Sunderland has a higher proportion of older people who use health and social care services more intensively than any other population group and may require more complex treatment due to frailty and the presence of one or more long term conditions. Early results from the 2021 Census data suggest a reduction in Sunderland's population, with decreases being in the younger population and increases focused in the older age groups. The population aged 65 years and over is projected to rise to 24% by 2031. The proportion of the population aged 80 years and over is also projected to rise from 5.1% in 2020 to 6.5% in 2031. It is important to note that population projections do not take the impact of Covid-19 into account.

Sunderland has also seen an increase in the population of people from black and minority ethnic communities, though the city is less ethnically diverse than the England average. The age distribution of people from black and minority ethnic communities is generally younger than the overall population the city. [6] Predicted patterns of migration suggest that the increase in the ethnic diversity of the population of Sunderland is likely to continue over the next 20 years.[5]

1.3 Life expectancy

Whilst average life expectancy at birth had improved over a number of years, the city continues to lag behind the England position and the people of Sunderland live, on average, shorter lives than the England average[7]. They also live, on average, a greater part of their lives with illness or disability which limits their daily activities.

Life expectancy is a barometer of the health and social determinants of health within an area, and Covid-19 has directly and indirectly impacted on life expectancy due to the very high level of excess deaths last year due to the pandemic. Life expectancy at birth for males in Sunderland is 76.6 for 2018-20, compared with 77.6 for the North East and 79.4 for England. Life expectancy at birth for females in Sunderland is 80.9 for 2018-20, compared with 81.5 for the North East and 83.1 for England. Whilst average life expectancy at birth had improved for a number of years, Covid-19 has adversely affected life expectancy.

Notably, the gap between healthy life expectancy for Sunderland and for England has widened for both males and females between 2017-2019 and 2018-20 from 5.7 years for males up to 7 years and for females from 6.2 years to 7 years.

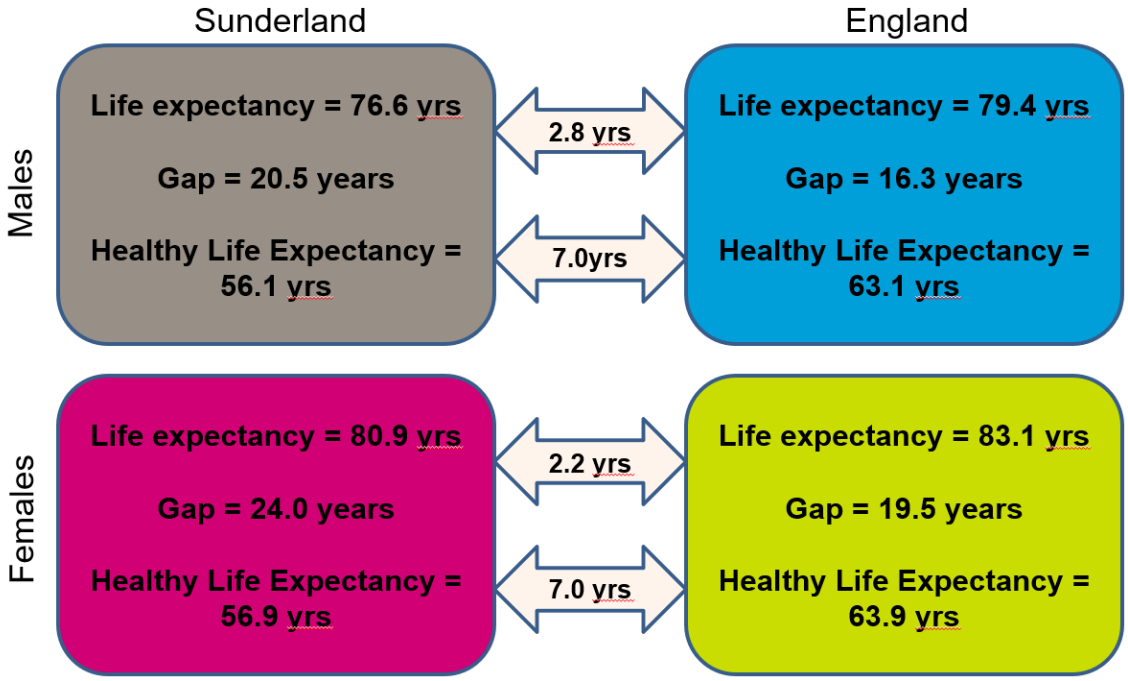


Fig 1: Gaps in Life Expectancy and Healthy Life Expectancy, Sunderland compared to England, 2018-20[8]

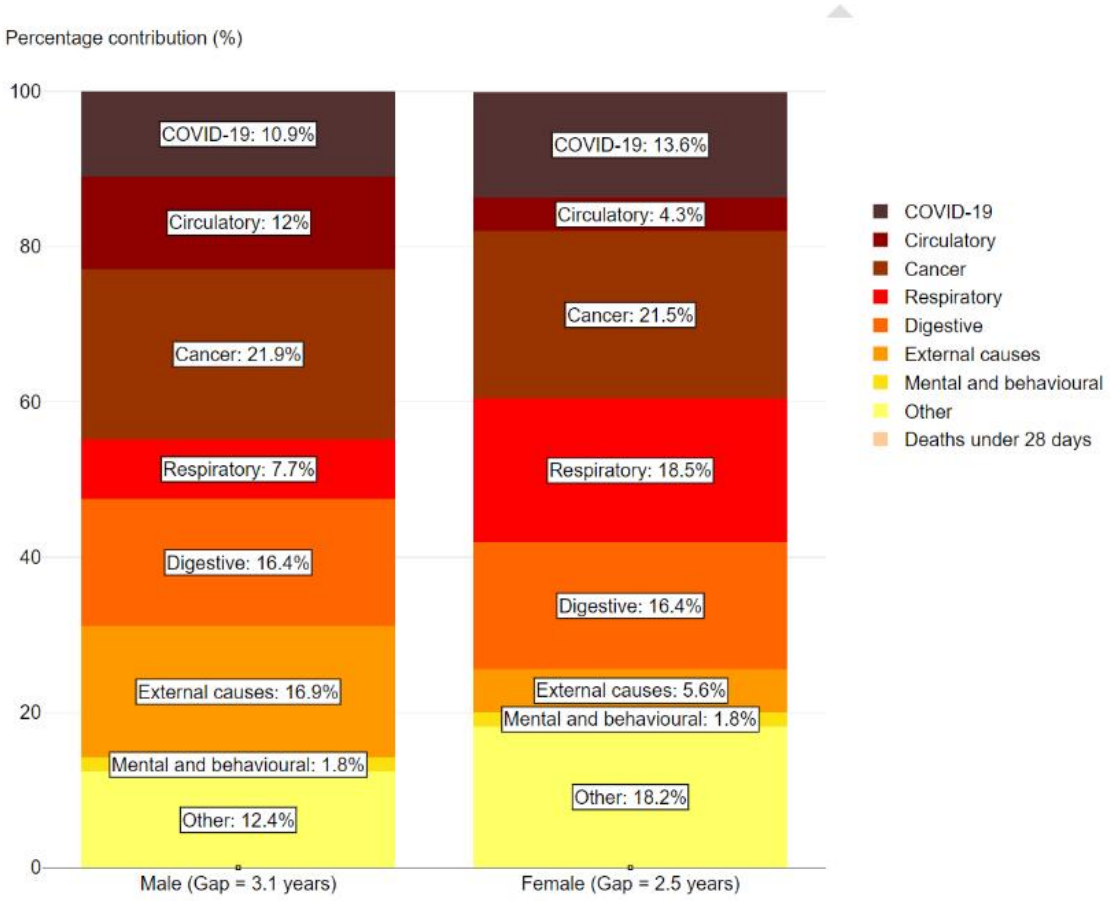
Health inequalities within Sunderland result in significant variations in mortality and life expectancy at birth between wards.

- The gap in life expectancy across wards has widened on average in Sunderland between 2013-2017 and 2017-2019.
- This has widened on average for males from 11.8 years to 12.4 years (Hendon 69.7 years compared to Fulwell 82.1 years), and for females it has widened on average from 9.4 years to 10.8 years (Hendon 75.9 years compared to Washington South 86.7 years).[9]

Fig 2: Differences in life expectancy (on average) by ward within Sunderland, 2015-2019

The segment tool presents information on the causes of death and age groups that lead to inequalities in life expectancy at a national and local area level.[10]

Based on published data[11], released in May 2022, around two-fifths (41.6% for males and 44.3% for females) of the life expectancy gap between Sunderland and England is due to higher rates of mortality from cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic obstructive airways disease); smoking is a key contributory risk factor that will impact on all three of these causes.



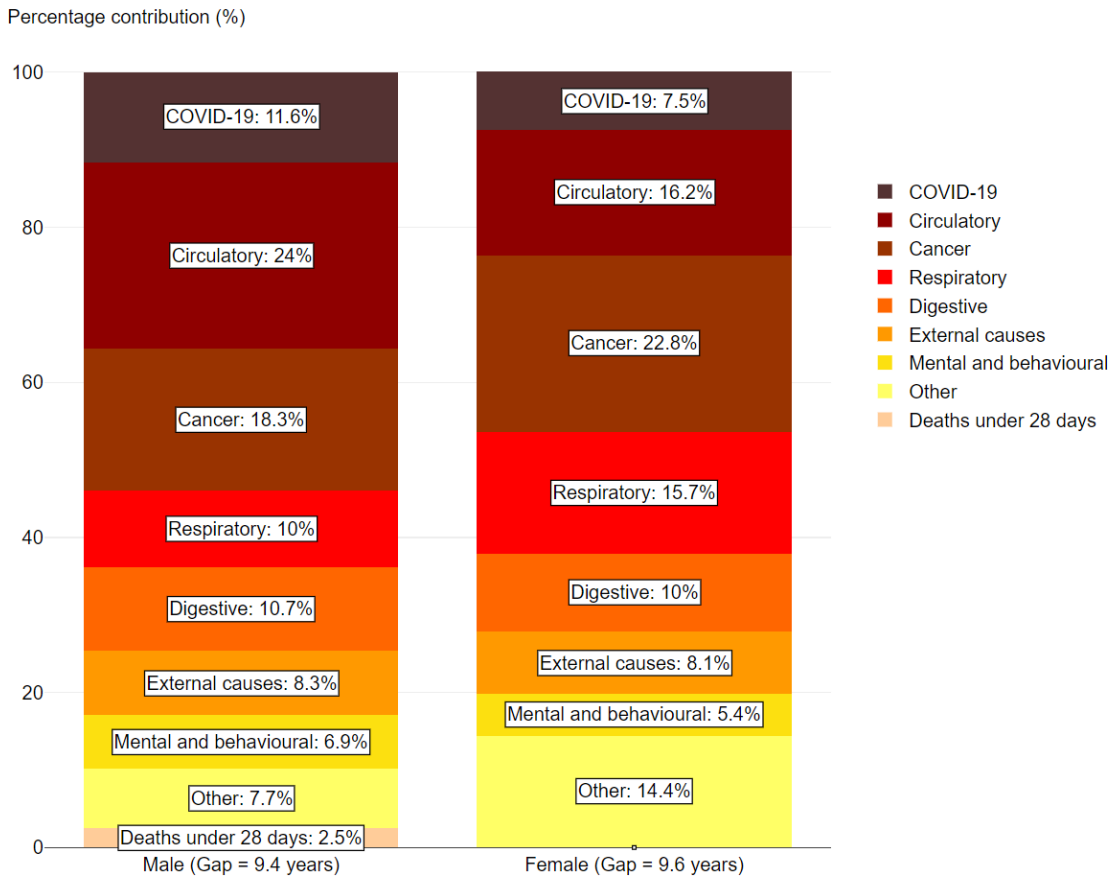
Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates

Footnote: Data are provisional. Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

Fig 3: Breakdown of the life expectancy gap between Sunderland and England, by cause of death, 2020 to 2021 (Provisional)

In Sunderland, life expectancy in the most deprived quintile is lower than life expectancy in the least deprived quintile, and this gap is segmented below to show the broad causes of excess deaths.

Over half of the gap in Sunderland (52.3% for males and 54.7% for females) was due to higher mortality rates from circulatory disease (heart disease and stroke), cancer and respiratory disease in the most deprived fifth of areas compared with the least deprived fifth. The figures for Sunderland are higher than the national figures, which are 50.8% for males and 52.9% for females for England. For males in Sunderland, just under a quarter of the gap (24%) was due to higher mortality from circulatory disease and 18.3% of the gap was due to higher mortality from cancer. For females in Sunderland, 22.8% of the gap was due to higher mortality from cancer and 16.2% of the gap was due to higher mortality from circulatory disease.



Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Fig 4: Gaps in Life Expectancy between the most and least deprived quintiles of Sunderland, by cause of death, 2020 to 2021 (Provisional)

- For males, 11.6% of the gap in life expectancy in Sunderland was due to higher mortality from COVID-19 in the most deprived fifth of areas compared with the least deprived fifth of areas. For females in Sunderland this was 7.5%. In England, for both sexes, 15% of the gap in life expectancy in

England was due to higher mortality from COVID-19 in the most deprived fifth of areas compared with the least deprived fifth of areas.

1.4 Social Determinants of Health

Health is determined by a complex interaction between individual characteristics, health risks and the physical, social and economic environment. Evidence suggests that the social determinants of health are more important than healthcare in ensuring a healthy population.

Figure 5: What makes us healthy[12]

The reason there are different health outcomes in different areas of the city is because health inequalities are underpinned by deprivation. There is a substantial amount of evidence which shows that people living in the most deprived areas have poorer health and health outcomes than those in the more affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The Index of Multiple Deprivation 2019 measures socioeconomic disadvantage across seven domains:

- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime; and
- living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within Sunderland. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas

have an average population of 1500. Seventy-five (about 40%) of Sunderland's 185 Lower Super Output Areas (LSOAs) are among the most disadvantaged fifth of all areas across England, and 40.9% of the Sunderland population lives within these super output areas.[13] This position has worsened relative to IMD2015 when 71 of Sunderland's LSOAs were among the most disadvantaged fifth of all areas across England, and 38% of the population lived within those LSOAs. The five Sunderland wards with the highest levels of deprivation in 2019 were: Hendon, Redhill, Southwick, Sandhill and Pallion, and deprivation levels across Sunderland are illustrated on the map below.[14]

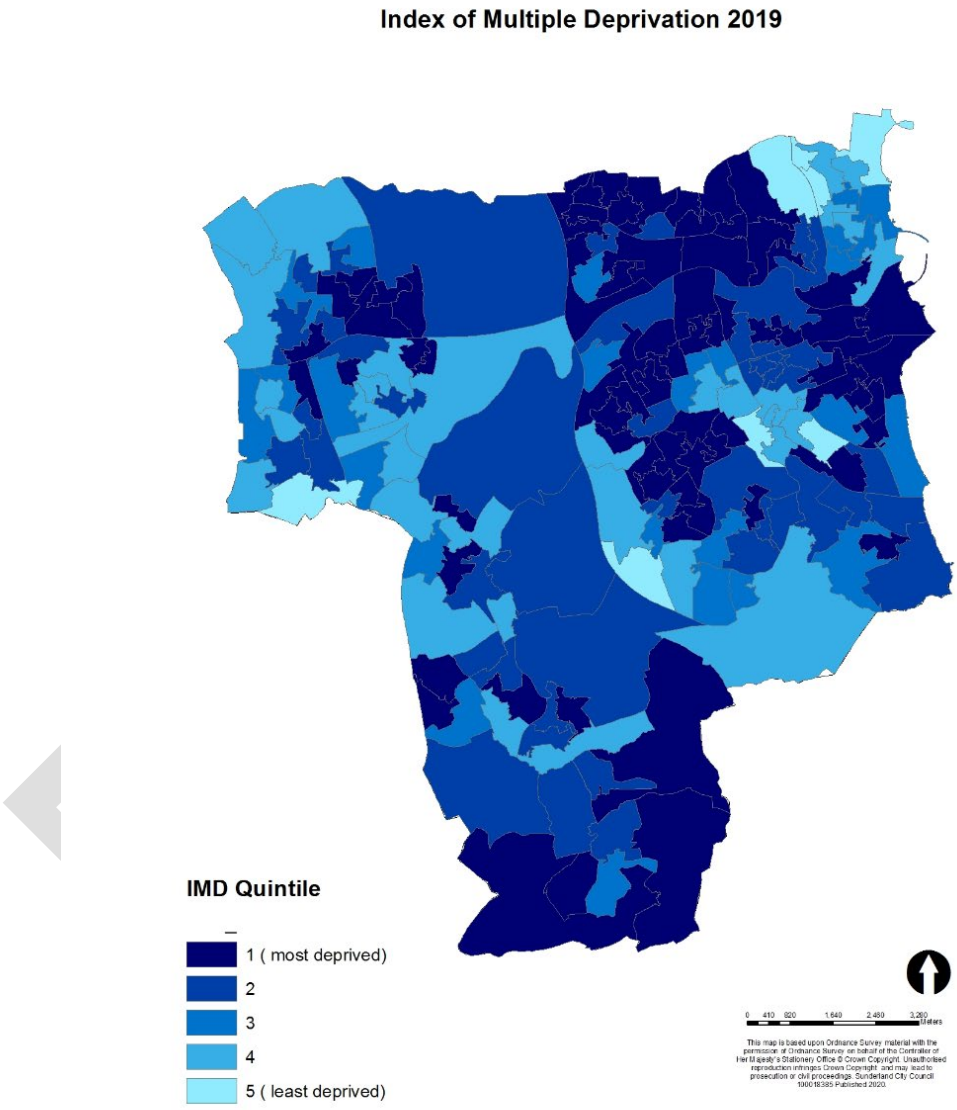


Figure 6: Index of Multiple Deprivation

Locally, the Council has agreed its statutory Equality Objective for 2022-2026 "Progress equality performance through the Equality Framework for Local Government[15] which has a focus on understanding and working with communities. Activity will take place to improve the way we collect and share information, analyse and use data and information, engage with communities, foster good community

relations and improve participation in public life. The Equality Framework for Local Government encourages a focus on equality, socio-economic considerations and health inequalities. A key piece of work to ensure the Public Sector Equality Duty (PSED) and socio-economic considerations are embedded in decisions, plans, policies, projects and our 'business as usual' approach is the development of Integrated Impact Assessment (IIA). IIA is intended to streamline a number of impact assessments with one process that can improve outcomes throughout service delivery, strengthen decision-making and ensure a robust, transparent, whole council approach. It will help us to:

- meet our PSED;
- deliver on the Notice of Motion agreed by Council in November to embed socio-economic considerations in our decision-making; and
- support corporate commitments in relation to health, reducing health inequalities, community wealth building and the low carbon/sustainability agendas.

Consideration is being given to whether the IIA tool could be used at place, beyond the Council.

1.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low income (in work and out of work) households are particularly vulnerable to changes in the cost of living and social exclusion and increased health risks of poverty. There is also evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.[16]

Low income "working poor" were already finding it difficult to manage but due to slightly higher incomes did not always need support even if they were building debt. Low income families in work face unique challenges in accessing support as these parents, guardians and carers are more likely to work long and / or unsociable hours, making it difficult for them to attend food banks, advice centres, or welfare appointments.

- Average full-time earnings for workers (2021) who are Sunderland residents is £483.80 per week; this is below the average for the North-East (£546.80) and Great Britain (£613.10).[17]

- The percentage of out of work benefit claimants aged 16-64 in Sunderland in May 2022 was 4.9%, which is higher than the North East figure of 4.3% and the national figure of 3.9%.[18]

Cost of living increases will mean many more people will now need help due to energy cost increases and food cost rises, and people on low to moderate incomes are the least able to manage the impacts of this cost of living crisis. This is compounded by inflation being at a 30-year high. Inflation was 8.6% in August 2022, and was last at this level in January 1991.[19] Many more people will be at risk of homelessness due to an inability to pay their mortgage, rent and other debts.

Aspects of the cost of living crisis are wide-ranging and some of the key impacts are included through this JSNA.

Sunderland is developing medium and longer term responses to cost of living pressures to benefit all residents, especially those in poverty:

- SCC Internal Working Group
- City Board- Cost of Living Partnership Task Force
- Poverty Truth Commission – learning from those with lived experience, as well as existing commissions elsewhere to develop and implement practical evidence-based responses

Free information, advice and guidance on welfare benefits, debt, employment and housing matters is available at: Get help and advice - Sunderland City Council

More information on the impacts of the current cost of living crisis is available at:- Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk)

Child poverty:

Socioeconomic disadvantages can lead to wider health inequalities and are one of the primary risk factors linked to many maternal and infant health outcomes.

- 30.8% of children are living in low income (relative measure) families in Sunderland compared to 18.7% nationally.[20]
- The number of children in Sunderland living in relative poverty has increased steadily over the past five years as shown in Fig 7 below.

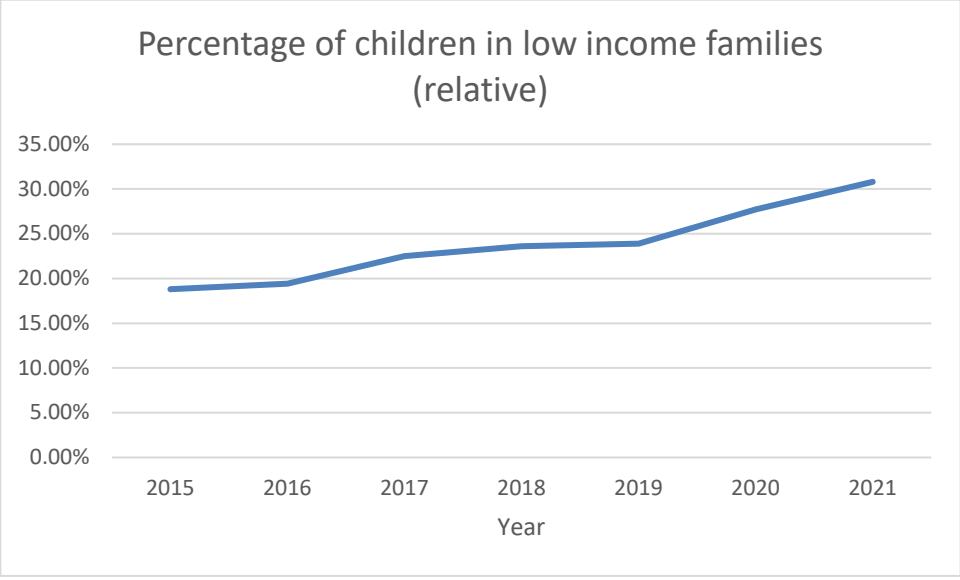


Fig 7: Percentage of children from low income (relative) families in Sunderland[21]

This reflects a wider trend of increasing child poverty across the UK. Increasing child poverty has hit the North East particularly hard, with 6 of the region's 12 local authorities (Middlesbrough, Newcastle upon Tyne, South Tyneside, Sunderland, Redcar and Cleveland, and Hartlepool) appearing in the top 20 for children living in low-income households across the country.

Children from low income families are more likely to eat less fruit, vegetables, and fibre than children in higher income families. They are also more likely to be living with overweight or obesity, experience tooth decay in childhood, and to be shorter than children from higher income families.[22] Children from low income families are also less likely to be physically active (only 39% achieve CMO guidelines).[23] This increase in the number of children from low income families is therefore concerning for the long-term health and wellbeing outcomes of Sunderland's population.

- Children born to teenage mothers have a 63% higher risk of living in poverty.[24] Although rates have decreased significantly in recent years, Sunderland has a higher rate of teenage mothers per 1,000 population, at 21.7 compared to 18.6 in the North-East and 13 in England[25].
- Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to experience post-natal depression and experience poor mental health for up to three years after the birth.[24]

Detailed information on Best Start in Life and the 0-19 Full JSNA profile are available online at: Children and young people - Sunderland City Council.

Food security

The United Kingdom Food Security Report 2021 looks at food security, which refers to people in the UK having physical and economic access to sufficient healthy food at all times.[26]

The factors contributing to a person's struggle to access nutritious and affordable food are complex, interrelated, and longstanding.[27] The term "food poverty" is sometimes interpreted too narrowly, and may not fully capture the full complexity of a person's living situation. Instead, the terms "food insecurity" and "food injustice" take a broader approach to the problem, and bring into scope factors beyond economic security – such as skills and knowledge, urban planning, and public procurement.

Food costs have increased in the last year. Highly experimental research, based on web-scraped supermarket data for 30 everyday grocery items, shows that the lowest-priced items have increased in cost by around as much as average food and non-alcoholic drinks prices (with both rising to around 6-7% over the 12 months to April 2022).[28] Further increases are likely due to the increased costs of production/ distribution linked to the conflict in Ukraine.

Food bank use and free school meal status are two indicators of food poverty, both of which are explored below.

Food bank use

Sunderland Foodbank (SFB) consists of 8 sites across Sunderland. There are also around 50 independent food banks and crisis food providers, providing a range of support to people experiencing or at risk of food insecurity. SFB regularly shares information with Sunderland City Council, as do several of the independent food banks. The figures below are from these sources, but we are aware that these may not reflect the full complexity or scale of the support provided by food aid organisations in the city.

Across the UK, food bank usage increased by 128% between 2016-17 and 2021-22. However, since then food bank usage has decreased slightly, though the number of parcels distributed in 2021-2022 was still higher than in 2019-20.[29] The Trussell Trust has identified several drivers of food insecurity and food bank use, including low incomes, high housing costs, and changes to the welfare benefit system. People in debt are particularly at risk, as are those in low-paid, insecure work, and those experiencing long-term health problems.[30]

The figures below show the number of parcels and people supported by Sunderland Food Bank and the independent food banks who shared their data with us. The data shows that between 2019/20 and 2020/21 the number of people seeking support from food banks increased by 82% (from 10,809 to 19,674). The data also shows a slight increase in the number of people being supported in relation to the number of parcels being distributed. This indicates that more families are receiving food aid from certain foodbanks.

The numbers of people being supported are broadly similar over successive years, indicating that using a foodbank is a long-term necessity for many households.

Food aid	**2020-21**	**2021-22**	**2022-23 (projected)***
Number of parcels distributed	10,481	8,296	11,220
Number of people reported as being supported	19,674	19,397	25,032

*These projections are calculated using the first quarter returns

However, there are other food banks that have not been able to provide this data and are therefore not included. We also know that local usage is underreported; the true figures are likely to be higher.

Free School Meals (FSM)

- In autumn term 2020/21, 28.0% of all Sunderland pupils in state-funded secondary schools were entitled to receive FSM, which is a marked increase from previous years (2019/20 spring term 25.3% and 2018/19 spring term 22.8%).[31]

This was higher than the North East average (27.5%). These figures also continue the steady growth in the number of pupils eligible for this support.

Opportunities to improve healthy weight

- *The Healthy Weight Declaration*
  In February 2022, Sunderland signed the Healthy Weight Declaration, underlining a commitment to delivering practical measures aimed at helping residents stay healthy. This commitment also ensures that health will be embedded into the planning of new urban spaces such as buildings, roads, or parks.
- Sunderland City Council leads a dedicated Healthy Weight Steering Group, which has representation from numerous partners across the City, to lead on and coordinate a whole systems approach to reducing obesity, understanding the complexities around obesity and supporting residents to achieve and maintain a healthy weight. This work is underpinned by the Healthy Weight Action Plan.
- This whole-systems approach to helping people achieve and maintain a healthy weight is already making a difference to the way services and programmes are designed and delivered in Sunderland.
- Continue to develop a greater understanding of the of drivers of food injustice in Sunderland, supporting a strategic approach to reducing levels of poverty, hunger, and food insecurity in the city. Additionally, taking a 'food justice' approach to understanding the root causes of food poverty will help anchor good practice across the city.

Fuel poverty

A household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line. Fuel poverty is distinct from general poverty: not all poor households are fuel poor, and some households would not normally be considered poor but could be pushed into fuel poverty if they have high energy costs. A record increase in global gas prices has seen a 54% rise in the energy price cap to April 2022 and a further rise is taking place from 1 October 2022.[32]

People who pay for their energy on prepayment meters are less able to spread the cost of energy across the year and also pay more for their energy.[33]

As the poorest households spend more of their total budget on gas and electricity, inflation hits the poorest households harder. In April, the 10% of the population who receive the lowest income faced an inflation rate of 10.9%, which was 3 percentage points higher than the inflation rate of the richest 10%. Most of this difference came from the fact that the poorest households spent 11% of their total household budget on gas and electricity, compared to 4% for the richest households.[34] This situation will have worsened since April.

- In 2020, 14.6% of households in Sunderland were classed as fuel poor, which is higher than the North East figure of 14.4% and the England figure of 13.2%.[35] [36] [37] This figure is based on the Low Income Energy Efficiency (LILEE) indicator rather than the previous Low Income High Cost measure. This rate will have now increased.

Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.[38]

- The excess winter deaths index (aged 85+) in Sunderland for August 2019 to July 2020 was 19.3%, compared to the regional (16.9%) and national (20.8%) figures.[39]

Older residents living in poverty

People living in more deprived areas have a greater need for health services. Those living in poverty may experience fuel poverty; living in cold homes is associated with poor health outcomes and an increased risk of morbidity, as mentioned above.[40] People who are poorer in later life have poorer health, across a wide range of physical and mental health conditions, than those who are affluent. Adults living in the lowest socio-economic groups are more likely to be physically inactive than those from NS-SEC 1-2 (those in the highest socio-economic groups, in higher and lower managerial, administrative and professional occupations).[41] Additionally, older adults (75 years and over) are more likely to be physically inactive than those ages under 75.[42] Older people living in disadvantaged areas having poorer access to health care than those living in more affluent communities.[43]

- The percentage of adults aged 60 or over living in income-deprived households (out of all adults aged 60 or over) in 2019 in Sunderland was 21.7%, which is statistically significantly higher than the figure for England of 14.2%.[44]

1.4.2 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with life expectancy, morbidity, health behaviours, and educational attainment plays an important role in health by shaping opportunities, employment, and income.[45] Low educational attainment is correlated with poorer life outcomes and poor health. Health literacy is a person's ability to understand and use information to make decisions about their health. A user with low health literacy will generally struggle to read and understand health information, know how to act on this information and know which health services to use and how to use them.[46] While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding health and provide scope for increasing social and personal resources that are vital for physical and mental health.[47]

The average levels of education, skills and qualifications in Sunderland are lower than the regional and national average:

- Although educational attainment is generally poorer in Sunderland, 62.6% of children eligible for free school meals are achieving a good level of development at the end of Reception class. This is higher than the regional level of 57.7% and national level of 56.5% (according to 2018/19 data). However, the figure is lower than the percentage of all children achieving a good level of development at the end of Reception, which is 72.6% for Sunderland, and 71.8% for both the North East and England.[48]
- Attainment 8 is the results of pupils at state-funded mainstream schools in 8 GCSE-level qualifications, measuring how well children do in key stage 4. A pupil's Attainment 8 score is calculated by adding up the points for their 8 subjects, with English and maths counted twice. A school's Attainment 8 score is the average of all of its eligible pupils' scores. In 2020/21 the average attainment 8 score in Sunderland was 49.1, lower than the North East (49.3) and England (50.9) figures.
- In 2020/21, the percentage of 16/17-year-olds in Sunderland not in education, employment, or training (NEET) was a combined figure of 5.1% (NEET 4.4% and Unknown 0.6%). This was below the national average (5.5%) and the regional average (5.7%). The performance shows an improvement of 5.5 percentage points from the 2019/20 figure of 10.6%.[49]
- In 2021 (Jan 2021 to Dec 2021) there was a lower percentage of 16–64-year-olds in Sunderland who were qualified to at least NVQ Level 4 or higher (24.7%) compared to the region (34.4%) and Great Britain (43.5%).[50]

1.4.3 Employment

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

Evidence highlights that good work improves health and wellbeing, not only from an economic standpoint but also in terms of quality of life. The government's command paper *Improving lives: the future of work, health and disability* focuses on reducing health inequalities by promoting good work as a determinant of good health and encourages employers to proactively include and enable people with ill health and/or disability to access and stay in work.[51] This has been further reinforced by the Marmot Review (2010), Marmot Review 10 Years On (2020) and Build Back Fairer (2020).

Employment rates in Sunderland compare unfavourably to both England and the wider North East. The Employment Deprivation Domain measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

Even those in work may not be securely employed due to having zero hours contracts or part-time jobs.

There are ongoing projects to improve employment opportunities and outcomes in Sunderland. One example is Individual Placement and Support which is an initiative to offer specialist, intensive employment support for individuals in drug and alcohol treatment and recovery. This will commence in September 2022.

The number of people claiming benefits and unemployment levels have fallen in all age groups in Sunderland since April 2021.

- Between April 2021 and April 2022 – the claimant count fell from 13,070 to 8,745, a fall of 33%. The claimant count remains highest for those aged 18-24 years; this age group has seen the greatest fall in the last 12 months from 2,695 to 1,590, a fall of 41%.[52]

Many adults could be in work but need support; they are the 'hidden unemployed,' including Universal Credit claimants with limited earned income:

- In Sunderland 131,500 people (72.6% of those 16-64 years) are economically active, with 27.4% economically inactive.
- 38.1% of those who are economically inactive in Sunderland are on long term sick, compared with 30.0% in NE as a whole and 24.6% for Great Britain.[52] (Economic inactivity Jan 2021-Dec 2021)

The percentage of 16-64 year olds in employment in Sunderland was 68.8% (2020/21), but there are stark differences in employment rates for particular groups (data last updated November 2020):[53]

- gap in employment between those with long term conditions and the overall employment rate - 15.3% (2019/20);
- gap in employment between those in secondary mental health services and the overall employment rate - 61.2% (2019/20); and
- gap in employment between those with a learning disability and the overall employment rate - 66.7% (2019/20).

1.4.4 Housing

The Housing Strategy for Sunderland is under development and will go out to consultation in September for planned launch in January 2023. Engagement to date has suggested the Sunderland's Strategic Housing Strategy priorities should be:

- Maximising housing growth and increasing the choice of housing;
- Making the best use of existing homes and improving our neighbourhoods; and
- Supporting vulnerable people to access and maintain housing.

The Housing Strategy will be aligned to the City Plan for Sunderland and be a key contributor to Dynamic City objectives.

A Strategic Housing Market Assessment (SHMA)[54] in 2020 reported the results of the 2019 Sunderland household survey which indicated that:

- 10.2% of households in Sunderland (12,675 households) were classified as households in need (including insecure tenure, overcrowding, house too difficult to maintain, unfit dwelling amenities or health or social needs – see Fig 7 below).
- In the private rented sector, 25.9% of households were in housing need, compared to 11.7% of those in affordable housing and 6.1% of those in owner occupation.
- Over a quarter of households in need in Sunderland are single adults aged under 65 years (27.0%).
- Couples with no children represent a further 24.4% of households in need.
- The data also shows that over half, 52.1%, of lone parents with 3 or more dependent children are in housing need, compared to 26.1% of couples with 3 or more dependent children. The SHMA also examined the needs of different groups:
- Age-related housing need – this concerns the position of particular age groups in the housing market due to life events and the demand this creates for accommodation units of a certain size or affordability;
- Health-related housing need – a household's health may be a determining factor in the type of accommodation they require or the support they need to receive. For most in this group the need for specialist accommodation or support is likely to be a lifelong need;
- Life-experience related housing need – supported accommodation may be needed by those affected by life experiences which may have affected their ability to live independently. The support required here may be shorter term with the intention of promoting independence in the longer term;
- Cultural heritage related housing need – for those from minority ethnic communities there may be cultural, heritage or religion related needs which impact on the type of accommodation required.

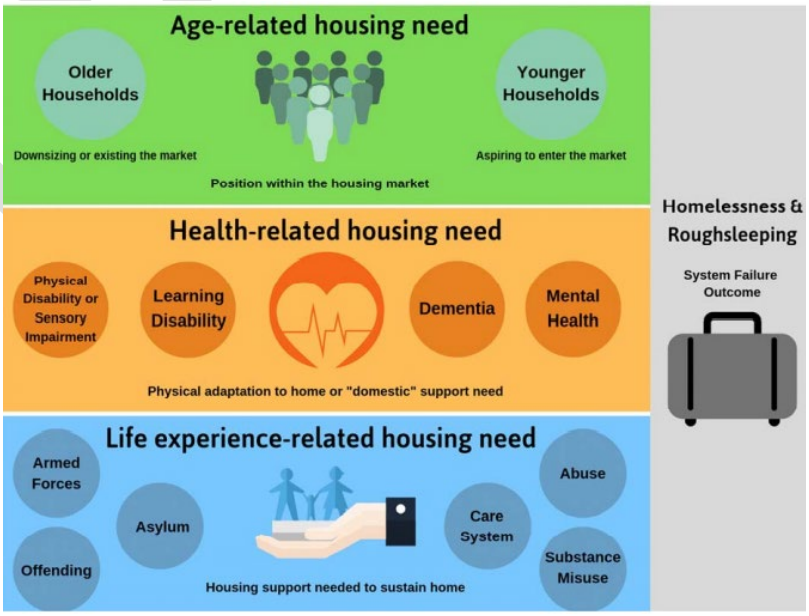


Fig 8: Housing needs of different groups

1.4.5 Homelessness

The Homelessness and Rough Sleeping Strategy for Sunderland is under development and will go out to formal consultation in September 2022. The Homelessness and Rough Sleeping Strategy should be considered in conjunction with the Housing Strategy for Sunderland within the priority: “Supporting vulnerable people to access and maintain housing,” however it is a standalone document.

The suggested strategic priorities within the Homelessness and Rough Sleeping Strategy are as follows:

- Prevention of homelessness;
- Intervention when people are homeless;
- Recovery so that people do not become homeless again; and
- Partnership working and education.

Figure 8 above makes a link to homelessness and rough sleeping. Homelessness and rough sleeping can be related to provision of appropriate accommodation for residents, along with an often complex interplay of one or more of the following: poverty, unemployment and life events including relationship breakdown or the end of a tenancy. These triggers are often coupled with other issues such as mental health needs or substance misuse (or both) which result in a ‘tip’ into homelessness.

To address some of the complex issues, the Supplementary Substance Misuse Treatment and Recovery Grant will fund a homeless/hostel recovery support worker who will be based within the commissioned drug and alcohol treatment service and work in partnership with Sunderland City Council and housing providers.

The year 2021/22 saw 1,846 people make a Homeless Reduction Act (HRA) application to the Sunderland Housing Options Team. This is an increase of 6.2 % from the previous year. Monthly HRA application figures showed between 127 clients (lowest monthly figure) and 191 clients (highest monthly figure) make an application. HRA Applicants in 2021/22 consisted of 58% male and 42% female. Referral routes into the Housing Options Team saw higher numbers referred by the National Probation Service, Hospital A&E and in-patient services, and refuge providers.

The main reasons for someone being made homeless in Sunderland were “family no longer willing or able to accommodate”, “domestic abuse”, “end of private rented tenancy - assured shorthold tenancy” and “relationship with partner ended (non-violent breakdown)”; these four reasons accounted for 57% of all homeless applications (out of a possible 21 available categories).

There are 22 Support Needs which a client can advise of when making an HRA application. These include aspects such “history of mental health problems”, “at risk of/has experienced domestic abuse”, “history of rough sleeping” and “access to education, employment or training”. Each applicant can advise of one or more Support Need depending on their situation.

The year 2021/22 saw a total of 6,523 individual Support Needs used across 1,846 HRA applications. This equates to 3.53 Support Needs per client on average. This average Support Need per Case figure has been increasing year on year since 2018. The Support Need "history of mental health problems" was the most used Support Need in 2021/22, being used by almost 65% of applicants and accounting for 18% of all Support Needs used.

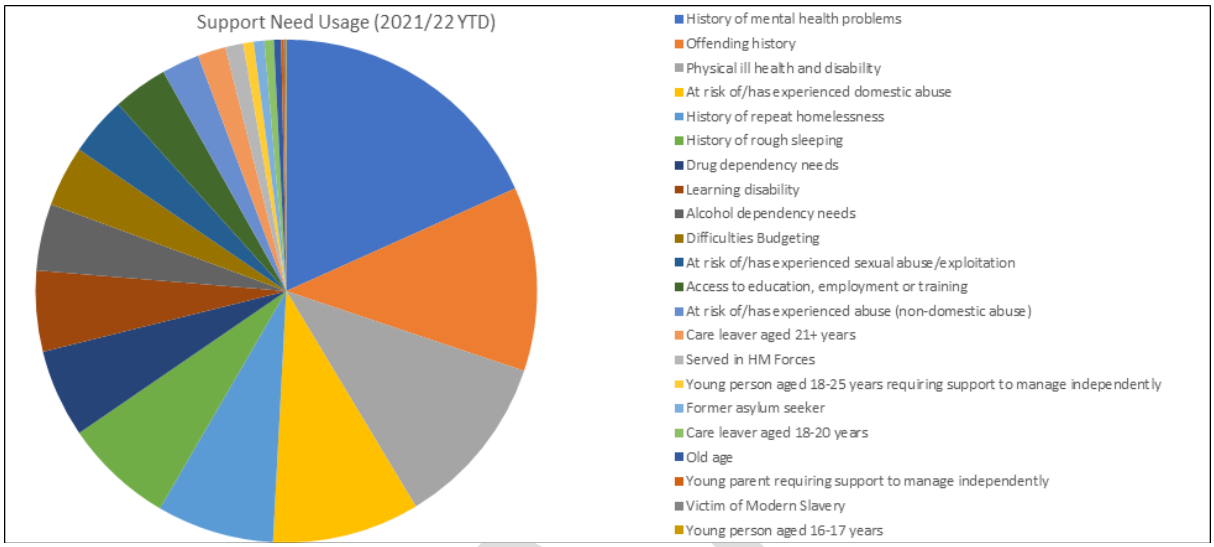


Fig 9: Support Need Usage (2021/22 year to date (YTD))

Sunderland also has a high use of other Support Needs compared to both the England and North East averages.[55]

The *Sunderland rough sleeping and homelessness prevention strategy 2019-21* found that in Sunderland, the homeless population:[56]

- Is younger, more ethnically diverse, and has a higher proportion of males than the general population;
- Has higher levels of key health risk (such as smoking, alcohol misuse and drug misuse) than the general population;
- Has significantly higher number of people with disabilities compared to the national average;
- Has high levels of both mental and physical health conditions, developing long term conditions earlier than the general population;
- Has the following top five physical health needs: joint and muscular problems, dental health, eye health, fainting and blackouts, respiratory and circulation problems;
- Has the following top five mental ill health conditions: depression, anxiety/phobia, Post Traumatic Stress Disorder, schizophrenia, personality disorder; and
- Access to GP services is between 1.5-2.5 times more frequent and access to hospital services is around four times more frequent than for the general population.

Vulnerable groups are at a significant disadvantage when affected by homelessness. Sunderland City Council work closely with the Home Office to provide safe and secure housing options for:

- Ukrainian nationals fleeing war
- Families and individuals displaced by war in Afghanistan
- Asylum seekers
- Refugees

1.4.6 Crime

Crime can have a wide-ranging effect on people's health. In Sunderland, indicators relating to crime, including re-offending rates and hospital admissions for violent crime (including sexual violence) are higher than England as a whole, though comparable to the wider North-East.

- Total recorded crime in Sunderland was 99 per 1000 in 2020/21, above the North East (91.7) and England average (77.2).[57]
- Hospital admissions for violence (including sexual violence) in Sunderland for 2018/19-20/21 were 76.1 per 100,000, which is higher to the regional figure of 60.0 and significantly higher than the national figure of 41.9.[58]

1.4.7 Domestic abuse and Violence Against Women and Girls (VAWG)

Domestic abuse is "any pattern of behaviour by a person toward another where both are over the age of 16 and are personally connected and the behaviour is abusive." It includes a range of different behaviours including physical or sexual abuse, controlling or coercive behaviour and psychological abuse.[59]

Violence against women and girls is defined as:[60]

"acts of violence or abuse that we know disproportionately affect women and girls. Crimes and behaviour covered by this term include rape and other sexual offences, domestic abuse, stalking, 'honour'-based abuse (including female genital mutilation forced marriage, and 'honour' killings), as well as many others, including offences committed online. While we use the term 'violence against women and girls', throughout this Strategy, this refers to all victims of any of these offences."

Health and domestic violence and abuse (DVA) are inextricably linked. DVA has a profound and long-term impact on physical and mental health, with effects ranging from injury to stress and anxiety, as well as more severe psychological effects. It is also a root cause of many other social problems including substance misuse, homelessness, sexual exploitation, and future involvement in criminal behaviour.

- There were 8,309 domestic abuse incidents reported to the police in 2021/22, however this is likely to be under reported. Over 40% of incidents involved children.
- Incidents of domestic abuse in 2021/22 remained at similar levels to 2020/21 falling slightly from 8,433 the previous year.
- 3442 incidents were reported involving children in 2021/22.

- There were 4,784 victims, 43% were repeat victims in 2021/22.
- Most domestic abuse survivors were female. Recorded figures show that women are significantly more likely than men to experience repeated and severe forms of abuse, including sexual violence. 73.2% of victims in Sunderland were female. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt or killed than men.[61] Many referred to support services have multiple support needs including mental ill health, physical disabilities, learning disabilities, substance, and alcohol misuse.

Further work needs to be undertaken to assess the impact of Covid-19 on domestic abuse locally.

Research has been commissioned locally with a range of stakeholders, including the public, to understand the impacts of domestic abuse and violence against women and girls locally. The final report will be available in Autumn 2022.

Further information is available:

An overarching factsheet on the Domestic Abuse Act 2021 is available at: Domestic Abuse Act 2021: overarching factsheet - GOV.UK (www.gov.uk)

The Tackling violence against women and girls strategy is available at: Tackling violence against women and girls strategy - GOV.UK (www.gov.uk)

The Director of Public Health Annual Report has more information on the statutory duties in relation to domestic abuse and VAWG.[62]

Sunderland's Domestic Abuse Safe Accommodation and Support Services Strategy[63] sets out the key priorities for the multi-agency partnership established to tackle DA and VAWG and deliver its statutory duties which are to:

1.Ensure that what we do is underpinned by a robust needs assessment;
2.Deliver quality services which contribute to improving outcomes for children and survivors;
3.Increase our safe accommodation provision; and
4.Strengthen our approach in hearing the voices of survivors, children and young people (including those with protected characteristics, to ensure their views are heard and influence what we do).

There is also a DA and VAWG Action Plan, which is a multi-agency action plan which runs alongside the Strategy.

1.4.8 A healthy, low carbon and resilient environment

The quality of the built and natural environment such as air quality and the quality of green spaces also affect health. Evidence suggests that access to green spaces is beneficial to physical and mental wellbeing through both physical access and use. However, access to green space is unequally distributed, with poorer communities generally having less access.[64] Greenspace quality is worse in deprived areas of

Sunderland and is better in less deprived areas, a trend that mirrors the national picture.[65]

Accessibility to local services and facilities such as shops, community and medical facilities also impacts significantly on physical and mental health, particularly for those on lower incomes and/or with mobility issues. Poor transport links create barriers to social inclusion, whereas effective transport links (including provision for active transport) benefit social cohesion. Safe public spaces, with wide pavements to walk on and effective lighting, are also part of the physical infrastructure that helps people to be active and to maintain social connections.[66]

The local environment impacts on health through exposure to pollution and extreme weather events. Within the daily living environment, residents can be exposed to air and noise pollution (primarily from buildings and transport), and potential for water pollution that could impact on the drinking water supply, on watercourses, or the sea. Extreme weather events are increasing due to climate change, impacting on people's health via exposure to flooding, extreme heat or extreme cold events. In terms of the built environment, our housing and neighbourhoods need to be adapted to better cope with these weather events, ensuring effective insulation and fuel efficiency for the winter months, also helping to tackle fuel poverty, and increasingly consider cooling and shading measures needed for extreme heat.

Current activity by Sunderland City Council includes the following:

- Setting out ambitious targets to be a carbon neutral local authority by 2030 and working with partners across Sunderland for the city to be carbon neutral by 2040, delivering against the city's Low Carbon Framework.[67] Ongoing activity includes:
    - measures that support greening the environment such as increasing the city's tree canopy cover;
    - supporting local food growing projects (which enable active and healthy lifestyles);
    - offering grants to homes and businesses through a range of funding programmes to install better insulation (which can help to combat fuel poverty);
    - developing a review of all community assets (community centres etc.) to understand long-term issues and how the centres need to be financially supported to ensure they are future-proofed for low carbon;
    - investing in renewable energy generation; and
    - actively encouraging sustainable transport measures (to support active and healthy lifestyles).

- The city's Local Plan addresses healthy and safe communities, and includes policies relating to sustainable growth, pollution control, noise-sensitive development, contaminated land, health and safety executive areas, shopping areas and protecting community facilities, enhancing the natural environment and public realm, water quality and management, waste management and sustainable transport.

- Protecting and enhancing a range of Green Infrastructure Corridors and assets across Sunderland, through the city's Green Infrastructure Strategy. These corridors enhance the quality and diversity of the environment and offer multiple benefits to people and wildlife across the city.[68]

- Following national plans for extreme heat and cold. This includes the England Heatwave Plan, which has the target of reducing the harm to health from severe heat and heatwaves and also includes the Cold Weather Plan (CWP) for England, which aims to prevent avoidable harm to health, by alerting people to the negative effects of cold weather and enabling them to prepare and respond appropriately. The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.

- Adhering to a Tactical Flood Plan (which informs the city's Major Incident Plan), which includes measures in place to support the Emergency Services and its communities in responding to and recovering from a major incident. The city's Local Flood Risk Management Strategy is prepared every 5-6 years, which has the target of decreasing the number of properties (and therefore people) at high flood risk.[69]

- Monitoring local air quality and producing annual reports and updates to DEFRA. The 2019 Air Quality Report for Sunderland found that the air quality in Sunderland is good and that there has been a general decline in some of the pollutants measured. [70] In 2020, the fraction of mortality attributable to particulate air pollution (new method) was 4.1% in Sunderland, which is above the North East figure of 4.0% but lower than the England figure of 5.6%.[71]

- Progressing a city-wide Local Cycling and Walking Infrastructure Plan (LCWIP) and promoting sustainable transport modes through the Local Plan and a range of active transport programmes and initiatives.

The city-wide Low Carbon Framework and the Council's Low Carbon Action Plan provide opportunities to support improvements to the health of the population of Sunderland through delivery across the following 7 strategic priorities:

- 1. Our Behaviours
- 2. Our Policies and Operational Practices
- 3. An Energy Efficient Built Environment
- 4. Renewable Energy Generation and Storage
- 5. Low Carbon and Active Transport
- 6. Green Economy
- 7. Consumption and Waste

More information can be found at: A Low Carbon City - MySunderland

1.4.9 Physical Activity

Physical activity contributes to a wide range of health benefits, including reducing the incidence of some long-term conditions. It also has benefits for mental wellbeing

including improved self-esteem, mood, sleep quality and energy, as well as reducing the risk of stress, depression, dementia and Alzheimer's disease. Regular physical activity can improve health outcomes irrespective of whether individuals lose weight.[72]

The UK CMOs' guidelines provide recommendations on the frequency, intensity, duration and types of physical activity at different life stages, from early to later years.[73] Benefits are accrued over time, but it is never too late to gain health benefits from taking up physical activity.

Exercise guidelines are as follows:[74]

Adults aged 19-64 should aim to do:

- At least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week.

Adults aged 65 and over should aim to do:

- At least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week if they are already active, or a combination of both.

Children and young people need to do 2 types of physical activity each week:

- Aerobic exercise; and
- Exercises to strengthen their muscles and bones.

Children and young people aged 5 to 18 should:

- Aim for an average of at least 60 minutes of moderate or vigorous intensity physical activity a day across the week.

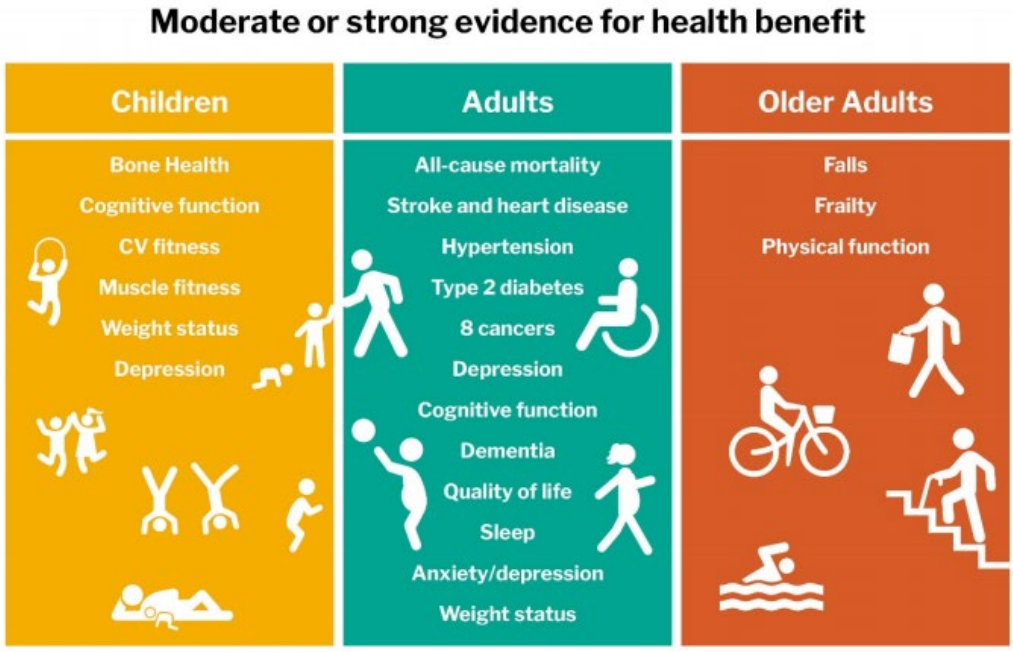


Fig 10: Moderate or strong evidence for health benefit[73]

The Sunderland Children and Young People's latest Health Related Behaviour Survey (2021) collected information on health and related behaviours from primary school children aged 8 to 11 and secondary pupils aged 12-15. A total of 5,726 pupils took part in 28 primary schools and 18 secondary schools.

The findings were:

In Sunderland primary schools:
- 47% of pupils walked or scooted to school
- 10% of pupils describe themselves as 'unfit' or 'very unfit'
- 81% of pupils enjoyed physical activity at least 'quite a lot' – 83% for boys, 78% for girls
- 38% exercised enough to make them breathe harder and faster at least five times in the last week – this was 33% for girls and 42% for boys.

In Sunderland secondary schools:
- 48% of pupils walked or scooted to school
- 64% of pupils enjoyed physical activity at least 'quite a lot' – 79% for boys, 54% for girls
- 22% exercised enough to make them breathe harder and faster at least five times in the last week – this was 16% for girls and 29% for boys.

The latest Sport England Active Lives Survey (2020-21) found that nationally the lowest levels of physical activity across both genders are in Years 3 to 4 (ages 7 to 9 at 38%). It also finds no reportable gender gap nationally for any age group except Years 7 to 8 (ages 11 to 13), where girls were slightly more active than boys.[75]

The Adult Lifestyle Survey (2017) suggested 19.2% of adults aged 18 and over in Sunderland are physically inactive, which is defined as participating in less than 30 minutes of moderate intensity physical activity per week.[76] The latest figure from the Active Lives Survey for adult inactivity in Sunderland is 30.5% for November 2020-21.[77]

Sport England also undertakes surveys into activity levels and more recent information can be found at: Active Lives | Sport England

Taking into context national, sub regional and local aims, it is proposed to continue with the Active Sunderland Board's established policy position of establishing '***All together an Active Sunderland - a city where everyone is as active as they can be'***. This vision will be underpinned by the following objectives:

a) ***Active environments*** - making it easier for people to be active through their everyday activities.

b) ***Sport and leisure facilities*** – ensuring Sunderland has accessible, good quality sport and leisure facilities, and opportunities

c) ***Active education*** – ensuring students and families are provided with a positive experience and the best opportunities within and beyond the curriculum

d) ***Active workforces*** - ensuring opportunities and policies are in place to enable the workforce to be active

e) ***Empowering communities*** - supporting and enabling communities to look at informal opportunities to be active and increasing support to the community sector

f) ***Supporting individuals*** – ensuring opportunities are in place for those who may need more assistance in accessing opportunities to be active. This also includes physical and mental wellbeing.

Sunderland's Joint Strategic Needs Assessment for Healthy Weight sets out plans to undertake a whole systems approach to support a healthier environment and lifestyle. This is available at: JSNA - Healthy Weight

1.4.10 Accident Prevention

Reducing accidents and hospital admissions due to unintentional injury in the early years of life is a nationally recognised 'High Impact Area' which can make a significant difference to the safety, wellbeing and future life chances of babies and young children growing up in Sunderland. The High Impact Areas, with additional information for maternity, provide an evidence-based framework for those delivering maternal and child public health services from preconception onwards.[78] Local data for children and young people in Sunderland for 2020/21 is set out below with data from the Public Health Profiles:

- The rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years was 153.1 per 10,000, which was the 4th worst in the North East, with the England average at 108.7.
- The rate of hospital admissions caused by injuries in children aged 0-14 years was 102.8 per 10,000, which is the 4th worst in the North East, with the England average at 75.7.
- The number of children killed and seriously injured in road accidents in Sunderland in 2018-20 was 36, a rate of 24.4 per 100,000, this is significantly higher than the England rate at 15.9, and higher than the North East rate at 20.9. This is the highest rate in Sunderland since 2014-16.

An Accident Prevention needs assessment is currently being developed for Sunderland.

- The directly standardised rate per 100,000 people of emergency hospital admissions due to falls in people aged 65 and over rose to 3,164 in Sunderland in 2020/21. This is significantly higher than the regional (2,311) and national (2,023) figures which both saw reductions over the past year. Sunderland has seen a big rise since 2013-14 when the rate was at 2181. Sunderland has the poorest rate in the North East and has the 2nd worst rate in all England.

- The rate (directly age standardised rate per 100,000) of hip fractures in people aged 65 and over in 2020/21 in Sunderland was 656, which is significantly higher than the national figure (529) and higher than the regional figure (596).

1.4.11 Social isolation

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. A programme is being run by North of England Commissioning Support to use intelligence to focus need within communities.

The percentage of adult social care users (aged 18+) who have as much social contact as they would like in Sunderland in 2019/20 was 55.1%, which was significantly higher than the national figure of 45.9% and higher than the regional figure of 49.9%.[79] Provisional data for 2021/22 suggests this may have fallen over the last year to 44.2% for Sunderland.

1.5 Health risks

1.5.1 Smoking

Tobacco use remains the leading cause of preventable illness and premature death in England. The Health Survey for England 2019 (National Statistics, 2020) reported that tobacco use contributed to around 20% of deaths in men and 12% of deaths in women aged over 35 in England in 2017.[80] As well as dying prematurely, smokers also suffer many years in poor health. Smokers proportionately are less likely to be in work.

Although considerable progress has been made over the last eight years, the proportion of adults that smoke in Sunderland is estimated as 14.6%. Although this is decreasing, it is higher than the North East (13.6%) and England (12.1%) averages.[81] According to ASH (2022) in Sunderland there are approximately 35,699 adults who identify as smokers; however, this is based on a smoking prevalence of 16%.

Sunderland has significantly higher levels of smoking-attributable mortality and smoking-attributable hospital admissions than the England average. Smoking remains a key risk factor for cancers, for example lung cancer and death rates due to this disease are 54% higher in Sunderland than the England average for 2020.[82]

It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.[83] Therefore, there continues to be work required to ensure parity and equity with the rest of England for Sunderland residents. Smoking prevalence remains high in routine and manual occupations age 18-64; in 2020 this was 18.4% in Sunderland, slightly lower than the national figure of 21.4%.[84] Sunderland's Adult Lifestyle Survey also showed higher smoking rates in routine and manual occupations, along with higher prevalence amounts those living with higher levels of deprivation. There are nine electoral wards where smoking prevalence is above the Sunderland average, and of these, there are six wards with the highest prevalence of routine and manual workers.

The Government Smoke-free generation: tobacco control plan for England published in 2017 sets out the ambition to reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population. The ambition is to have a smoke-free generation with prevalence of smoking at 5% or below by 2030.[85]

Smoking during pregnancy remains high, but is on a downward trend. In 2021/22, 360 women in Sunderland were recorded as smokers at the time of delivery; this equates to 14% of pregnant women compared to the England average of 9.1%.[86] This represents an improvement from 15.5% the previous year and is the lowest percentage for the last 11 years.

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated

40%.[87] Reducing rates of pregnant women smoking is a high priority in the Best Start in Life workstream, and partners are working closely together to address the challenges in this area.

Preventing the onset of smoking behaviour is an important area of focus. In the 2021 Health Related Behaviours survey, 98% of Year 6 pupils (aged 10-11) said they had never smoked at all and over 87% of pupils thought they wouldn't smoke when they are older. 1% of Year 8 (aged 12-13 years) boys and 5% of Year 10 (aged 14 to 15 years) boys reported that they smoke occasionally or regularly and 3% of Year 8 girls and 12% of Year 10 girls reported that they smoke occasionally or regularly.

When compared to the general population, adults with common mental health disorders (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to smoke.[88] High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy. The smoking prevalence in adults with a long-term mental health condition in Sunderland is at 26.5%, almost twice the prevalence amongst the general population.

Within Sunderland additional key population groups with higher levels of need and prevalence have been identified and include those with long term conditions where smoking significantly impacts on their health; people with learning disabilities; those who live in social housing/rented accommodation; ethnic populations and persons seeking asylum; the LGBTQ+ population; those affected by substance misuse and smokers with complex needs, such as homelessness.

Supporting people to give up smoking will make a significant contribution to improving health outcomes and reducing health inequalities in Sunderland.

- In 2020/21 52% of people setting a quit date had successfully quit at four weeks, compared with 57% regionally and 59% nationally.[89]
- In 2020/21 quit rates for those in routine and manual occupations was 54% for Sunderland, which is lower than the regional figure of 59% and the national figure of 62%.
- Two of the highest prevalence wards in Sunderland saw the highest number of quit attempts

The Specialist Stop Smoking Service, GP Practices, Pharmacies and other key universal community providers will continue to provide high quality, evidence-based support to residents to stop smoking. This will be based on a Whole System Approach with partners working together to prevent and minimise the harm caused by smoking to the Sunderland population, with targeted specialist support for groups with high prevalence and complex needs.

The full Tobacco JSNA is available at: Tobacco - Full Joint Strategic Needs Assessment - Sunderland City Council

1.5.2 Alcohol

Alcohol use is another major risk factor. Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost.

Under 18's hospital admissions for alcohol specific conditions (2018/19-2020/21) were 76.0 per 100,000 for Sunderland (a reduction from 2017/18-2019/20 when the figure was 82.4 per 100,000). This is significantly above the England (29.3) and North East (52.0) averages.

The Sunderland 2021 Health Related Behaviours Survey (HRBS), for secondary school pupils age 12 to 15 found that:

- 38% have never drunk alcohol at all
- 37% have drunk alcohol once or twice
- 19% drink alcohol occasionally (less than 1 drink a week)
- 3% drink alcohol regularly and don't want to stop
- 18% had had an alcoholic drink in the past 7 days.

These figures show very little change in each category compared to the previous survey carried out in 2019.

Data the Sunderland Adult Lifestyle survey in 2017 found that[90]:

- The proportion of Sunderland adults aged 18 years and over who drink alcohol is 66.4%[142].
- Men are more likely to drink alcohol than women. Men aged 45-64 and women aged 35-54 are most likely to drink alcohol.
- There is also a socio-economic gradient with adults in managerial and professional occupations being most likely to drink alcohol and those who have never worked or who are long term unemployed being least likely to drink alcohol.
- Overall, 33.6% of adults are abstinent, 44.8% of adults are lower risk drinkers (i.e., they drink up to 14 units of alcohol per week), 16.7% of adults are increasing risk drinkers (i.e., they drink more than 14 units and up to 35 units of alcohol per week), and 5.0% of adults are higher risk drinkers (i.e., they drink in excess of 35 units of alcohol per week).
- In Sunderland 21.6% of adults exceed the current recommended safe limits for alcohol consumption.
- At ward level, the highest rates of drinking above the recommended safe limits are seen in Washington South, Washington East, St Michael's and St Chad's.
- Additionally, 26.3% of adults binge drink (i.e., they drink more than 6 units of alcohol on their heaviest drinking day in a typical week). Men are more likely to binge drink than women. Contrary to the commonly portrayed image, binge drinking is not confined to young adults; in Sunderland men aged 35-64 and women aged 35-54 are most likely to binge drink. At ward level, the highest

rates of binge drinking are seen in Washington West, Ryhope, Washington East and Fulwell.

Covid-19 has also impacted on drinking levels. Alcohol consumption increased during lockdown. In March 2020, nationally sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic. Although those from affluent backgrounds were more likely to drink and drink at high levels, there was a greater impact from alcohol related diseases on those from lower income backgrounds.[91]

- In Sunderland there has been rise in admissions for alcohol specific conditions between 2014/15 (752 per 100,000) and 2019/20 (1,171 per 100,000) Admissions in 2020/21, were at a similar level to the previous year at 1,160 per 100,000.

The data also demonstrates:

- Admission episodes for alcoholic liver disease (Broad) in Sunderland have fallen from the previous year from 303.4 per 100,000 in 2019/20 to 281.5 per 100,000 in 2020/21. This is above the North East (208.4) and England (128.3).[92]
- Alcohol-related mortality in Sunderland for 2020 was 52.1 per 100,000, a marginal increase from 51.2 in 2019 and above the North East (49.0) and England (37.8) averages. (In 2020 the indicator uses a new set of attributable fractions so differ from those originally published).
- Mortality from chronic liver disease was 22.4 per 100,000 in 2017-2019, the second highest in the North-East (after South Tyneside at 23), higher than the North-East average (18.7) statistically significantly higher than England (12.2).[93]

  (Source: Public Health Profiles and LAPE - Local Alcohol Profile for England, “Fingertips”)

An Alcohol Strategy is currently being developed in Sunderland.

The Alcohol JSNA for Sunderland is available at: Alcohol - Sunderland City Council

1.5.3 Substance misuse

Drug addiction leads to significant crime, health and social costs. Drug misuse is strongly associated with a range of social issues including school absenteeism, safeguarding concerns, troubled families, homelessness and unemployment. It can also lead to significant crime and disorder. Sunderland faces multiple challenges with substance misuse related harm due to several complex issues associated with poverty, unemployment, and criminal justice involvement. Substance misuse can have profound and negative effects on communities, families, and individuals, limiting the ability to work, to parent, and to function effectively in society. Evidence-based drug treatment can reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

Data from the National Drug Treatment Monitoring System (NDTMS) for the year April 2021 to March 2022, shows there were 76 young people under the age of 18 in treatment during the year (a reduction of 15% from the previous year). This figure (76) comprised 19 females and 57 males.

Of those exiting treatment during the year (36), 86% (31) successfully completed their treatment journeys, compared with 81% nationally.

In the 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, it was found that:

- 18% had been offered drugs, (16% for cannabis)
- 6% had taken drugs (3% during the last month, a further 2% during the last year, 1% more than a year ago)
- 80% had never smoked
- 11% had tried smoking once or twice
- 4% used to smoke but had now stopped
- 2% smoke occasionally (less than 1 cigarette a week)
- 2% smoke regularly but would like to give it up
- 2% smoke regularly and don't want to give it up.

These figures show very little change in each category compared to the previous survey carried out in 2019.

There is a significant positive correlation between higher deprivation levels and the prevalence of problematic drug users. The United Nations Office on Drugs and Crime warned of the potential for the Covid-19 crisis to worsen the drug situation and that increasing unemployment and reduced employment opportunities resulting from the pandemic were more likely to affect poorer individuals, which could consequently make them more vulnerable to drug misuse.[94]

Estimates of the prevalence of opiate and crack cocaine in over-15-year-olds, reviewed in 2019 and covering 2016/17, suggest that Sunderland has:[95]

- Prevalence of 9.2 per 1,000 population aged 15-64 opiate and/or crack cocaine users or an estimate of 1,652 people, compared to an England rate of 8.9 per 1,000;
- Prevalence of 8.3 per 1,000 population aged 15-64 opiate users or an estimate of 1,493 people, compared to an England rate of 7.4 per 1,000;
- Prevalence of 4.0 per 1,000 population aged 15-64 crack users or an estimate of 712 people, compared to an England rate of 5.1 per 1,000.

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

In the financial year 2020/21 there were 1,267 adults in effective drug treatment, of which 422 (33%) were new treatment journeys. Figures for Sunderland for 2020/21 are set out below alongside the national comparator:

- 87% of opiate users were retained in effective treatment for a minimum of 12 weeks (national 85%)
- 91% of non-opiate users were retained in effective treatment for a minimum of 12 weeks (national 83%)
- 94% of alcohol and non-opiate users were retained in effective treatment for a minimum of 12 weeks (national 84%)

The percentage of clients successfully completing treatment and not re-presenting were:

- Opiate users 4.7% (national 4.7%)
- Non-opiate users 25.9.9% (national 33%)
- Alcohol users 25.9% (national 35.3%)

Taking A System Wide Approach to address Alcohol and Substance Misuse in Sunderland

Building on the work undertaken across Sunderland a number of key changes and programmes of work have been put in place to address the issues facing the City and create a whole system approach with our partners. These are set out below:

- Work was undertaken to ensure effective partnership working between our treatment provider and the Police, utilising national funding received to address the harms caused by substance misuse.

- From 1st July 2021, Sunderland Wear Recovery Substance Misuse & Carers Services are now provided by Change Grow Live in partnership with Recovery Connections. This is a fully integrated, recovery-oriented service offering a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals. The service includes:

    - Specialist Harm Reduction outreach team
    - Single Point of Contact
    - Community Alcohol Team
    - Carer support
    - Opiate Replacement Prescribing
    - Access to Residential and Community detoxes,
    - Supported access to mutual aid as well as carers support
    - Support in accessing training, employment, and housing

- Within Wear Recovery is a new tier two alcohol service called Aspire to ensure there is an emphasis on alcohol early identification and prevention . This is a single integrated, recovery-oriented service offering a full range of treatments and interventions designed to support people.

- A model of implied consent has been adopted so that all young people attending A&E for drug and alcohol related conditions will be referred directly to treatment to support their recovery journey and prevent repeat admissions.

- A Responsible Retailers scheme has been introduced whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children.

- A full review of our community alcohol treatment services has been completed; the outcomes will inform our wider drug and alcohol strategy and associated action plans.

- Individual placement and support (IPS) is being rolled out across all local authorities. IPS is a programme to provide intensive support to those in treatment to access employment.

- A partnership Drug Related Death Inquiry Panel is being established to gain a better understanding of substance related deaths in Sunderland with the aim of preventing future deaths.

- Ensuring more people are aware of alcohol related harms so that they can make informed choices about their alcohol consumption.

- Continuing to work with Balance and young people to lobby alcohol companies to change their branding, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support the alcohol-free childhood agenda.

The Substance Misuse (drugs) JSNA is available online at: Substance Misuse (drugs) JSNA, Sunderland, 2020

1.5.4 Gambling

Although gambling has long been portrayed as a harmless activity, there is increasing recognition that it is a major public health concern. Traditionally, gambling harms have been thought of in relation to addictions and personal responsibility, but a public health approach acknowledges that there are wider issues at play, including both social and commercial determinants of health ('the actions of commercial corporations that negatively impact health'). A government white paper reviewing the 2005 Gambling Act is due to be published imminently.

In September 2021, Public Health England (PHE) (now the Office for Health Improvement and Disparities (OHID)) published an evidence review of gambling-related harms (GRH) in England. The review looked at the individual, community and societal risk factors and the spectrum of public health harms to individuals, families, communities and wider society associated with gambling. These were significant, long-lasting and affected children, wider family and social networks. The review noted that the people most at risk of gambling harms are concentrated in areas of higher deprivation and where people may already be experiencing greater health inequalities.

Gambling harms include:

- Health harms
- Financial harms
- Relationship harms
- Criminal harms
- Exacerbating inequalities

England estimates	
% who gamble (including National Lottery	54%
% who gamble (excluding National Lottery)	40%
% classified as at-risk gamblers	3.8%
% classified as suffering from gambling issue	0.5%

At-risk gambling refers to those who may experience some level of negative consequences due to their gambling. People who suffer from a gambling problem are often referred to as ‘problem gamblers’ but there is growing recognition that this term individualises a complex issue.

There are estimated to be around 245,000 people suffering from a gambling problem in England. However, only around 9,000 adults have been seen by specialist gambling services in the last year, which is a small proportion of the people who have a gambling issue. For those in treatment, the average age is 24 years and they have normally been experiencing problematic gambling for around 10 years before accessing services. In terms of access to gambling, 60% of those in treatment gambled online and 30% went to bookmakers. Of note, online gambling is increasing and those going to a local bookmakers is decreasing year on year. Men are more likely to gamble than women.

PHE (now OHID) also looked at the impact of the initial lockdown on gambling behaviours. A rapid evidence review found that there had been an overall reduction in gambling during the first UK lockdown in March 2020. However, frequent gamblers tended to gamble the same amount or more during lockdown, suggesting that reductions in overall gambling were likely to be in people who gamble less regularly. People who increased their gambling activity were more likely to be participating in harmful gambling, to be male and to be younger in age. Academics are currently conducting longitudinal research on this topic which will give further insight.

Children and young people's participation in gambling is reducing over time; however, boys are more likely to gamble than girls and the rate of gambling increases as children age. For young people, key access points to gambling are the National Lottery, scratch cards and placing bets with friends. The rate of gambling in children and young people is lower than alcohol consumption but higher than smoking and illegal drug use.

PHE (now OHID) identified the North East adult population as having higher rates of gambling (64.7%) and gambling at elevated risk of harm (4.9%) than other regions. In Sunderland, it was estimated that 66.4% of the population had participated in gambling in the previous 12 months. Whilst prevalence data amongst the general population provides a helpful guide to the scale of gambling itself, it can often mask the extent of the impact. It is estimated that 7% of the population have been negatively affected by someone else's gambling, and the cost associated with the harms is substantial.

The public health team is commencing a gambling harms health needs assessment to better understand the prevalence and impact in Sunderland. This will inform a longer-term, multi-agency strategy to tackle gambling harms and health inequalities. We will be working with partners across the council, as well as the NHS Northern Gambling Service (which has a clinic in Sunderland) and VCS organisations.

1.5.5 Healthy Weight

The charts below show the latest data from the National Childhood Measurement Programme (NCMP) for Sunderland and England in Reception and Year 6 during 2019-20:[96]

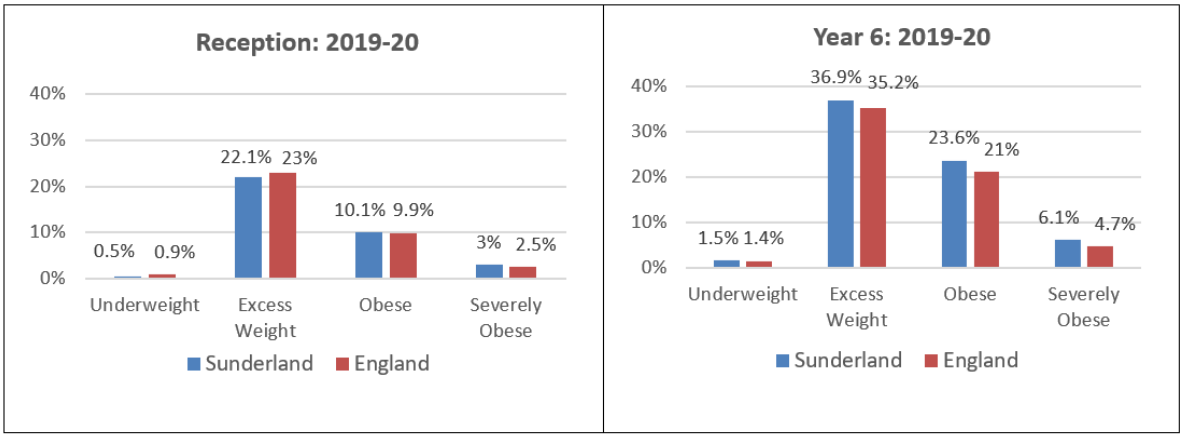


Fig 11: NCMP for Sunderland and England for Reception and Year 6 2019-20

Compared to the 2018-19 levels, excess weight and obesity had reduced in both Reception and Year 6. However, the start of the 2020-21 NCMP was delayed as schools were closed due to the COVID-19 pandemic. In March 2021 local authorities were asked to collect a representative sample of data because it was not feasible to expect a full NCMP collection so late into the academic year. The nationally representative sample aimed to collect around 100,000 measurements, which equates

to around a 10% sample. This would enable a national estimate of children's weight status (including obesity prevalence) for 2020-21 and contribute towards assessing the impact of the COVID-19 pandemic on children's physical health. Findings at a national level show:

- In Reception, obesity prevalence has increased from 9.9% in 2019/20 to 14.4% in 2020/21
- In Year 6, obesity prevalence has increased 21.0% in 2019/20 to 25.5% in 2020/21.

Three-year pooled data at ward level during 2017/18 to 2019/20 shows for Reception, that Hendon at 16.7% was the ward with the highest obesity level, and was significantly higher than both the Sunderland average 11%, and the England average 9.7%.

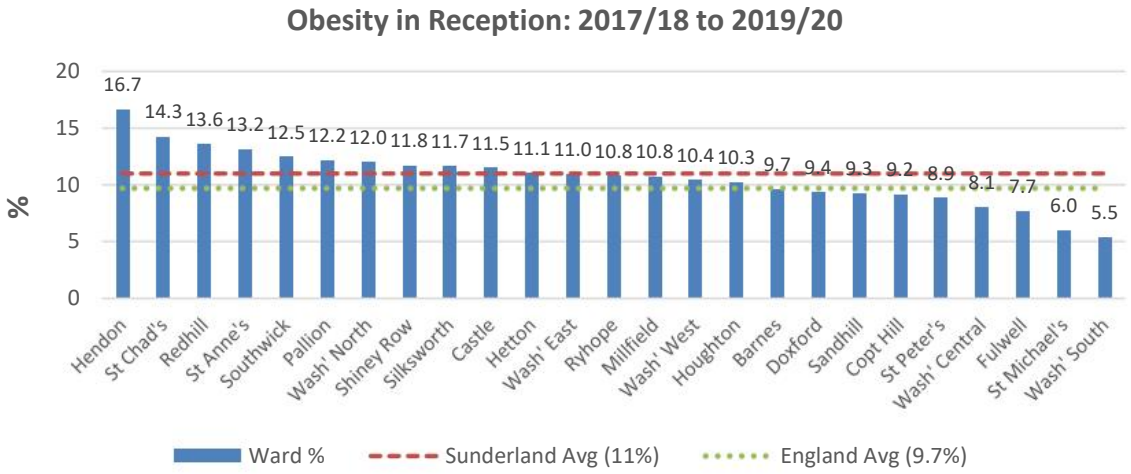


Fig 12: Obesity levels in Reception by ward for Sunderland compared to Sunderland overall and England averages

Three-year pooled data at ward level during 2017/18 to 2019/20 shows for levels of obesity in Year 6, that Sandhill at 31.2% was the ward with the highest obesity level, and significantly higher than the Sunderland average 24.5%, and England average 20.4%.

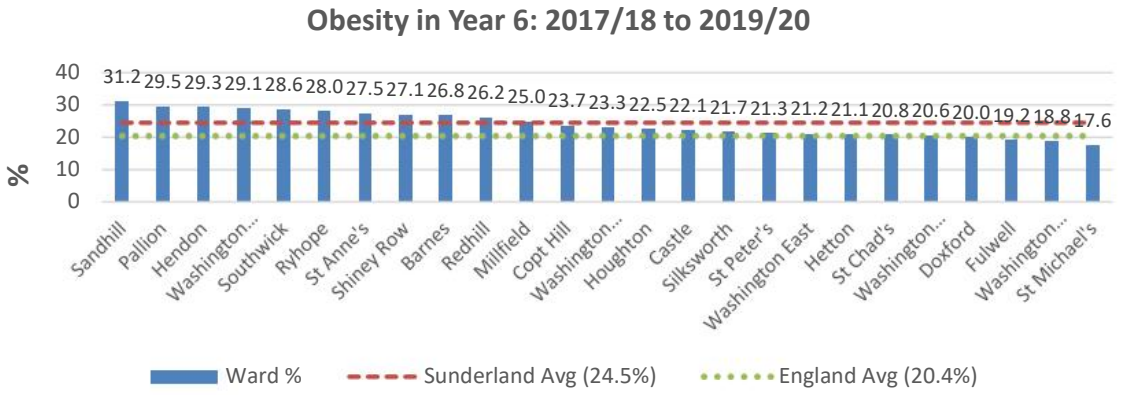


Fig 13: Obesity levels in Year 6 by ward for Sunderland compared to Sunderland overall and England averages

Based on the 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, it was found that 64% of secondary school pupils enjoy physical activities at least 'quite a lot'; this is similar to the 65% 2019 survey figure.

In Sunderland, 69.1% of adults (down from 73.5% in the previous year) are living with overweight or obesity, according to 2020/21 data from Public Health England. This is higher than the North East figure (69.7%) and the England figure (63.5%).[97] At ward level, the highest prevalence of obesity was seen in: Hendon, St Chad's, Redhill, St Anne's, Southwick and Pallion.

The underlying causes of obesity are complex and multifactorial, and many include the ready availability of cheap high calorie food, more sedentary lifestyles caused by a reduction in activity and manual labour, and greater use of the car as a means of transport.[98] Obesity is associated with a range of health problems including Type 2 diabetes, cardiovascular disease and cancer.

People living with overweight, and obesity may experience stigma associated with a higher body mass index which may negatively affect quality of life and result in discrimination and bias in education, employment and healthcare settings, which may disadvantage people in reaching their full potential.[99]

Stigma towards overweight and obesity is often a result of hidden and unconscious bias, and care needs to be taken to ensure that health promotion messages are free of stigmatising images and text.[100]

- In 2019/20, in Sunderland there were 270 admissions to hospital where the main reason for admission was recorded as obesity.[101] The rate of admissions, at 99 per 100,000 population is significantly higher than the England average of 20 per 100,000. However, people who access healthcare services for weight-related care and support need to be treated with dignity and not made to feel culpable for their weight status.[102]

- It should be noted that the North East region has significantly higher admission rates than the rest of the country (46 admissions per 100,000 population) but this may be partly attributable to South Tyneside and Sunderland NHS Foundation Trust hosting the regional centre for bariatric surgery and surgical weight management.

The Healthy Weight JSNA is available online at: Healthy Weight, Sunderland JSNA

1.5.6 Sexual Health

Good sexual health is fundamental to general wellbeing and health; it is also an important public health issue. Poor sexual health imposes social, economic, emotional and health costs. Key population groups can be identified who are more likely to experience health inequalities and have need access to appropriate sexual health services and support. These are as follows: young people; gay, bisexual or other men who have sex with men; black and minority ethnic communities; and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

Sunderland has relatively low rates of HIV diagnosis and a relatively high uptake of HIV testing in eligible people attending specialist sexual health services. Despite this, between 2018-2020, 56.5% of all HIV diagnoses made for people from Sunderland were made late, when their immune system had already been damaged (compared with 39.8% for the North East and 42.4% for England).[103] An audit has been undertaken in Sunderland and a programme of work is being developed, working with the specialist service, to improve rates of HIV testing in primary care and make HIV screening more routine across the system.

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

The Sexual and Reproductive Health services JSNA is available at: Sexual and Reproductive Health services JSNA for Sunderland, 2018

1.5.7 Teenage conceptions

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas tend to have the highest number of teenage maternities and are therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to experience post-natal depression and poor mental health for up to three years after the birth. The children of teenage mothers are at increased risk of living in poverty and poor-quality housing and are more likely to have accidents and behavioural problems.[104]

- The proportion of teenage mothers (aged 12-17) in Sunderland in 2020/21 was 0.8%, which is significantly higher than the England average at 0.6% but below the regional average of 1.0%.[105]

Ward level data for under-18s for 2017-2019 shows that in Sunderland, Castle and Redhill are the only two wards where the teenage conception rate is significantly higher the Sunderland and England averages. Sunderland overall has seen a 65.6% decrease in under-18 conception rates since 1998, however, rates in Sunderland remain above the North-East and England averages.

The North East has seen a 67.1% decrease in its teenage under 18 conception rate between 1998 and 2020 (from 56.5 to 18.6 per 1,000), although it consistently has had the highest rate of all the regions in England.

Annual conception data for 2020 was published by the ONS on 14 April 2022.

Under 18 conception rates, per 1000 women aged 15-17 years were:[106]

- Sunderland 21.7
- North East 18.6
- England 13.0

The under-16 conception rate was 5.0 per 1,000 females aged 13-15 in Sunderland in 2020, compared to 3.9 per 1,000 in the North East and 2.3 per 1,000 in England.[107] For Sunderland, this represents 65 conceptions during 2018-20, compared to 65 conceptions in 2017-19 and 70 conceptions in 2016-18.

The rate of abortions per 1,000 females under-18 in Sunderland in 2020 was 7.3, compared to the regional figure of 7.7 and the national figure of 6.7.[108]

Young people's services and healthy settings work with schools continue to support the sexual health and wellbeing of young people, including access to relationship and sexual health advice and access to emergency contraception and long-acting reversible contraception. However, the impacts of Covid-19 on services and young people are presenting a challenge to continuing this pace of change, with some local services experiencing an increase in demand.

1.5.8 Breastfeeding

Breastfeeding continuation rates, measured at 6-8 weeks, are significantly below the England average. The latest annual data from 2020/21 show a Sunderland rate of 25.8% compared to an England average of 47.6% and North East average of 35.4%.

Babies that are not breastfed are more likely to acquire infections such as gastroenteritis and respiratory tract infections.

There is growing evidence of the benefits of breastfeeding to both mother and baby:[109]

- Breastfeeding baby for the first year reduces the risk of infections, diarrhoea and vomiting, sudden infant death syndrome, obesity and cardiovascular disease in adulthood.
- Benefits for mothers include reduced risk of breast and ovarian cancers; osteoporosis (weak bones), cardiovascular disease and obesity.

1.5.9 Oral health

Oral health is about more than just an absence of disease. Oral health has an important role in the general health and wellbeing of individuals.[110] There is a widely accepted disparity between socio-economic groups in relation to oral health.[111] Tooth decay is a predominantly preventable disease. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children – for example, childhood obesity.

- The prevalence of incisor caries in three year olds in Sunderland was 4.9%, compared with 3.1% regionally and 3.4% nationally in 2019/20. According to a 2018/19 dental survey, the mean number of decayed, missing or filled teeth

in five year olds in Sunderland was 1.1, which was the third highest level in the north east, and higher than the national figure of 0.8.[112]

The prevalence and severity of disease at age five can be used as a proxy indicator for the impact of early years services and programmes to improve parenting, weaning and feeding of very young children.

1.6 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. However, within Sunderland, cancer remains a significant cause of premature death and health inequalities. Cancer is the commonest cause of premature death in Sunderland with a death rate of 76.5 per 100,000 persons aged under 75 in 2017-2019. The rate of premature mortality from cancer considered preventable in the North East is 68.5 per 100,000 population aged under 75 for the same period. Both Sunderland rates are significantly higher than the England average of 54.1, but not significantly different from the regional average.[113]

Collectively, cancers account for 21.9% of the gap between Sunderland and England for male life expectancy and 21.5% of the gap between Sunderland and England for female life expectancy.

Evidence from the Centre for Cancer Prevention at Queen Mary University of London and Cancer Research UK suggested that 37% of cancers (38% in males and 36% in females) that occurred in 2015 were linked to a range of major risk and other factors as follows:[114]

- Smoking (14.7%)
- Living with overweight or obesity (6.3%)
- Exposure to UV radiation (3.8%)
- Occupational exposures (3.7%)
- Infection (3.5%)
- Drinking alcohol (3.3%)
- Diet low in fibre (3.2%)
- Exposure to ionising radiation (1.9%)
- Diet including processed meat (1.5%)
- Air pollution (1.0%)
- Not Breastfeeding (0.7%)
- Insufficient physical activity (0.5%)
- Post-menopausal hormones (0.4%)
- Oral contraceptives (0.2%)

As cancers are caused by multiple factors acting simultaneously, the same cancers can be attributed to more than one cause and therefore summing the impacts of all risk and other factors would overestimate the total burden of cancer. In order to prevent cancer, it is therefore likely that intervening across multiple risk factors will be required.

Since combinations of factors are linked to different cancers, different proportions of different cancers are preventable. The proportion of preventable cases is high for cervical cancer (due to the link with human papilloma virus (HPV) infection), oesophageal and lung cancers (due to the link with smoking), and malignant melanoma (due to the link with ultra-violet (UV) radiation from sunlight and sunbeds). Many of the most common cancers have a large proportion of preventable cases. Prostate cancer is a notable exception because it is not clearly linked to any preventable risk factors.

1.7 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by secondary prevention, medication and/or other treatment/therapies. The NHS Long Term Plan has a strong focus on the treatment and prevention of illness by supporting patients to reduce health risks.[115] This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing a long-term condition; better management can help to reduce health inequalities.

The Ageing Well JSNA is available online at: JSNAAgeingWell.pdf (sunderland.gov.uk).

People with long-term conditions are likely to be more intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for:[116]

- 50% of all GP appointments;
- 64% of outpatient appointments;
- 70% of all inpatient bed days;
- Around 70% of the total health and care spend in England.

Sunderland has looked at the health and care needs, priorities and circumstances facing residents, based on registered GP patients, and divided the population into categories or “segments”. These include:

- Healthy/well
- Long term conditions
- Disability
- Incurable cancer
- Organ failure
- Frailty / dementia

The fundamental aim is to keep as much of the population in the healthy/well segment for as long as possible. Where people move out of the healthy/well segment into the other segments, the aim is to reduce or prevent them moving from

mild to severe. The identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health.

The model is based on the *Bridges to Health*[117] segmentation model, which takes a person-focused, life-course approach.

The following charts provide a snapshot as at 30/06/2022. For comparative purposes the charts include the England average, Sunderland overall and each of the Primary Care Networks (PCNs) within Sunderland.

Relative Segment Size

All Ages	Healthy/ Well	Long Term Conditions	Disability	Incurable Cancer	Organ Failure	Frailty/Dementia
England	71.2%	24.9%	1.2%	0.1%	1.2%	1.4%
Sunderland Overall	64.2%	30.4%	1.9%	0.1%	1.5%	1.9%
Coalfields	63.1%	31.2%	1.9%	0.1%	1.6%	2.1%
Sunderland East	64.2%	30.2%	2.0%	0.1%	1.6%	1.9%
Sunderland North	62.7%	31.3%	1.9%	0.1%	1.7%	2.2%
Sunderland West 1	67.3%	28.0%	1.7%	0.1%	1.3%	1.6%
Sunderland West 2	63.3%	31.1%	1.9%	0.1%	1.5%	2.0%
Washington	63.9%	31.0%	1.8%	0.1%	1.4%	1.7%

Fig 14: Percentage of the Sunderland population in each of the segments, broken down by PCN and for England as a whole. Data sourced from Population and Persons Insights Dashboard (30/6/2022).

For Sunderland overall, 64.2% of the population registered with a GP fall within the healthy/well segment. This is 7 percentage points lower than the England average of 71.2%.

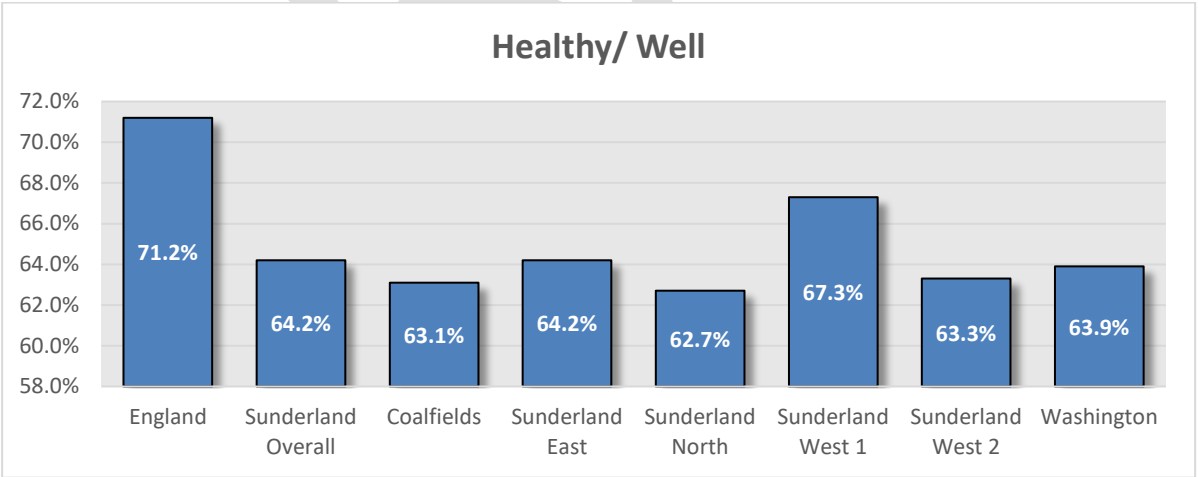


Fig 15: Percentage of the population registered with a GP falling in the healthy/well segment, compared with the England average (30/6/2022)

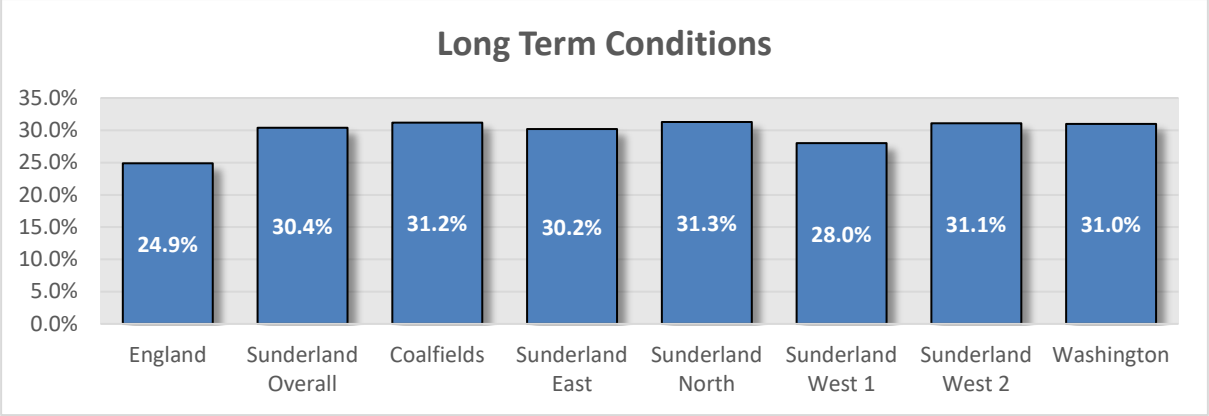


Fig 16: Percentage of the population registered with a GP with long term conditions, compared with the England average (30/6/2022)

30.4% of patients registered with a GP in Sunderland have long term conditions, which is 5.5 percentage points higher prevalence than the England average of 24.9%.

Based on nine years of longitudinal data spanning 2014 -2022, the Healthy/well patient segment has reduced on average 0.75% each year, which emphasises the necessity to adopt a preventative approach.

Depression and hypertension have been identified as the two top reasons why people move out of the healthy/well segment. More information on hypertension is set out below and findings on depression are covered in section 1.9.1.

1.7.1 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

The recorded (diagnosed) prevalence for hypertension (all ages) is higher for Sunderland than the England average as follows:

- For hypertension, recorded prevalence (all ages) in Sunderland is 17.1%, (or 48,701 people) compared to a prevalence of 15.9% in the North East and 13.9% in England in 2020/21.[118]

1.7.1.1 Spotlight on Hypertension

Hypertension marks the second highest reason why patients make the first move out of the healthy/well segment and the prevalence within Sunderland is notably higher than the England average.

The prevalence of hypertension within the long-term conditions segment is approximately double that of the England average as shown in the chart below.

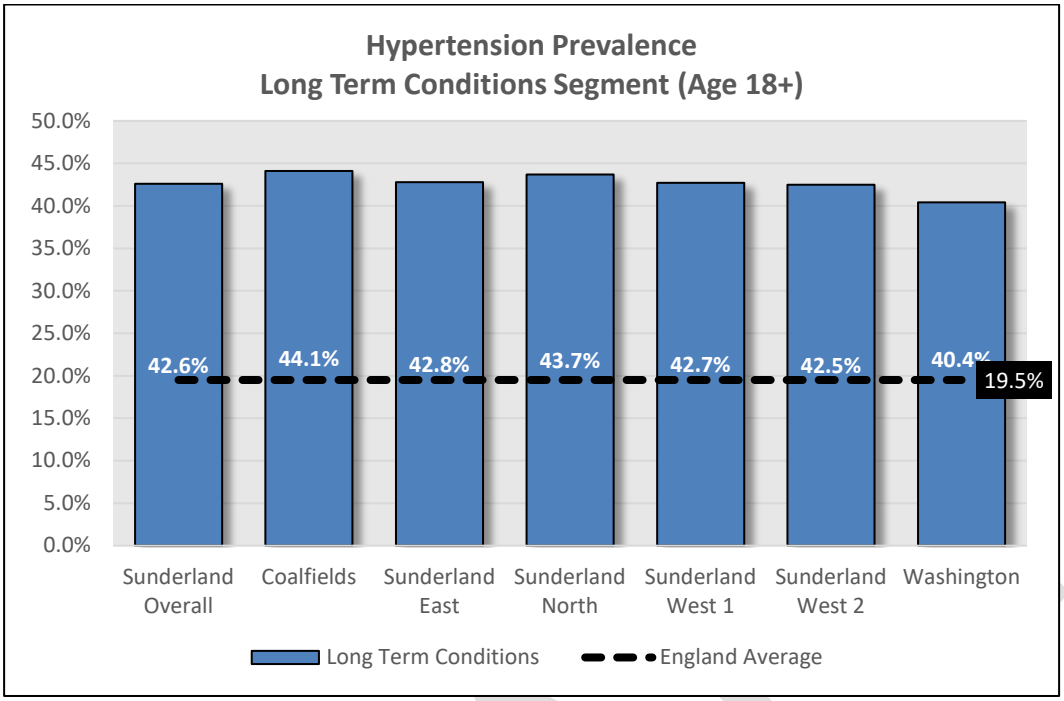


Fig 17: Percentage of people in the long term conditions segment with hypertension for Sunderland and compared to the England average (30/6/2022)

The population pyramid clearly shows an equal prevalence among both men and women.

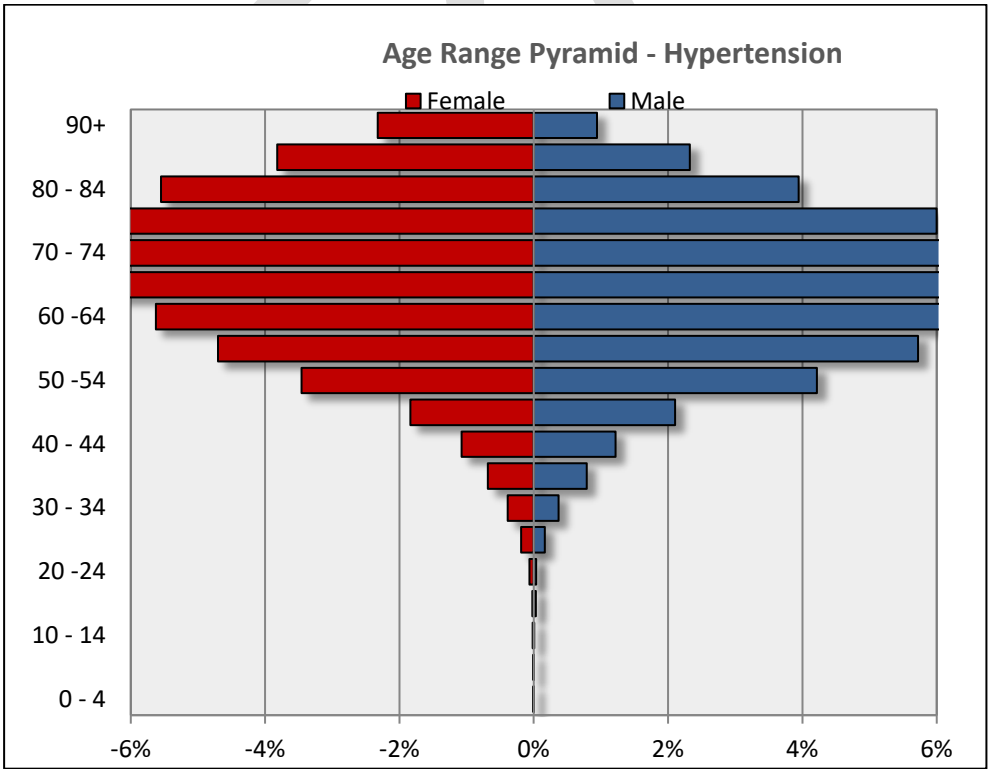


Fig 18: Population pyramid showing the recorded prevalence of hypertension by gender in Sunderland (30/6/2022)

There is a national focus via the Network Contract Directed Enhanced Service, Investment and Impact Fund (IIF) 2022/23 to address Cardiovascular disease diagnosis and prevention. It is estimated only 1 in 5 patients with Hypertension are diagnosed. The IIF aims to follow-up patients aged 18 years+ with blood pressure reading of greater than or equal to 140/90mmHg and not already on the hypertension register to confirm or exclude a diagnosis of Hypertension. Patients with a confirmed diagnosis can then receive the help they need to manage their condition. Therefore it is expected that the prevalence of hypertension will increase during 2022/23, both locally and nationally.

1.7.2 Cardiovascular disease

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic communities.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within Sunderland, cardiovascular disease remains a significant cause of premature death and health inequalities.

Cardiovascular disease is the second commonest cause of premature death in Sunderland (after cancer) with a death rate of 89.0 per 100,000 persons aged under 75 in 2017-2019. The rate of premature mortality from cardiovascular disease considered preventable is 37.9 per 100,000 persons aged under 75 for the same period (2019 definition). Both rates are significantly higher than the England average, but not significantly different from the regional average.[119]

- For coronary heart disease, recorded prevalence in Sunderland is 4.5% in 2020/21 (around 12,839 persons) compared to a prevalence of 3.0% in England;
- For stroke, recorded prevalence in Sunderland is 2.3% (around 6,500 persons) compared to a prevalence of 1.8% in England for 2020/21.

1.7.3 Atrial Fibrillation

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. It can affect adults of any age, but it becomes more common with age and is more common in people with hypertension, atherosclerosis or heart valve problems. People with atrial fibrillation are at risk of blood clots forming, they therefore have an increased risk of having a stroke. Persistent atrial fibrillation may weaken the heart and in extreme cases can lead to heart failure.

The recorded (diagnosed) prevalence for atrial fibrillation is higher for Sunderland than the England average:[120]

- For atrial fibrillation, recorded prevalence in Sunderland is 2.5% (around 7,014 persons) compared to a prevalence of 2.0% in England in 2020/21.

1.7.4 Diabetes

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical inactivity.

The recorded (diagnosed) prevalence for diabetes is higher for Sunderland than the England average as follows:[121]

- For diabetes, recorded prevalence in Sunderland is 7.9% (around 18,357 persons aged 17 and over) compared to a prevalence of 7.1% in England in 2020/21.

The NHS Diabetes Prevention Programme (NDPP) has collated data on people who are registered in GP practices who have non-diabetic hyperglycaemia. Non-diabetic hyperglycaemia involves blood glucose levels that are above normal levels, but not in the diabetic range. For Sunderland, 4.7% of GP practice list size (aged 18 and over) or 10,743 persons (18+ years) were registered as having non-diabetic hyperglycaemia.[122] The comparative figure for England is 5.3%.

1.7.5 Chronic Kidney Disease

Chronic kidney disease is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from black and south Asian ethnic communities. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

The recorded (diagnosed) prevalence for chronic kidney disease is higher for Sunderland than the England average as follows:[123]

- For chronic kidney disease, recorded prevalence in Sunderland is 4.7% (around 10,856 persons aged 18 and over) compared to a prevalence of 4.0% in England in 2020/21.

1.7.6 Respiratory Disease

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancers.[124] They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of

conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and flu, and less common diseases such as interstitial lung disease and mesothelioma.

Within Sunderland, respiratory diseases are a significant cause of premature death and health inequalities. Respiratory disease is a common cause of premature death in Sunderland with a death rate of 44.7 per 100,000 persons aged under 75 in 2017-19.[125] The rate of premature mortality from respiratory disease considered preventable is 31.3 per 100,000 population aged under 75 for 2017-2019 (2019 definition).[126] Both rates are significantly higher than the England average but not significantly different from the North East average. Collectively, respiratory diseases account for 7.7% of the gap between Sunderland and England for male life expectancy and 18.5% of the gap between Sunderland and England for female life expectancy.[11]

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

The recorded (diagnosed) prevalence for COPD is higher for Sunderland than the England average as follows:

- For COPD, recorded prevalence in Sunderland is 3.5% (around 9,984 persons) compared to a prevalence of 1.9% in England in 2020/21.

Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma.[127] In Sunderland, acute exacerbations of asthma have seen a stepped increase in rate of incidence over the last seven years. In March 2020 the rate was 4,954 per 100,000 people, 17.5% higher than March 2019 position. Recent data has shown some decline (from a peak of 5,101.8 per 100,000 in December 2019, reaching the lowest rate to date in March 2021 with 2,353 per 100,000, increasing to 2771.8 per 100,00 in August 21)[128].

1.7.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.[129]

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future.

The recorded (diagnosed) prevalence for dementia is lower for Sunderland than the England average as follows:

- For dementia, recorded prevalence (aged 65 years and over) in Sunderland is 3.75% compared to a prevalence of 3.97% in England for 2020.

The estimated dementia diagnosis rate (aged 65 and over) for Sunderland in 2022 is 60.5% (as a percentage of the number of people aged 65 and over that would be expected to have dementia in that population based on sampled dementia prevalence from the Medical Research Council Cognitive Function and Ageing Study II). This figure is significantly worse than the North East (66.6%) and national (62.0%) position. [130] The Covid-19 pandemic is likely to have contributed to a decrease in the level of diagnoses as this trend has been seen at a local, regional and national level during 2020/21 and into 2022.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, many people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

1.8 Disability

The Equality Act 2010 defines disability as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to perform normal daily activities. Substantial means more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more, for example, a breathing condition that develops as a result of a lung infection. There are special rules about recurring or fluctuating conditions, for example, arthritis.

A progressive condition is one that gets worse over time. People with progressive conditions can be classed as disabled.

However, a person would automatically meet the disability definition under the Equality Act 2010 from the day of diagnosis with HIV infection, cancer or multiple sclerosis.[131]

1.8.1 Learning Disability

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently. They are caused by something affecting how the brain develops.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness;
- Chronic health problems;
- Epilepsy;
- Physical disabilities and sensory impairments.

The recorded prevalence of learning disability for Sunderland is as follows:

- For learning disabilities, recorded prevalence in Sunderland is 0.9% compared to a prevalence of 0.5% in England.[132]

Based on local lifestyle data[142] for Sunderland adults aged 18 years and over, we can see that people with a learning disability:

- Are significantly more likely to smoke (26.7% compared to 15.9%);
- Are significantly less likely to drink alcohol (49.1% compared to 67.0%) and less likely to binge drink (20.0% compared to 26.5%);
- Are as likely to meet the recommended 30 minutes of moderate intensity physical activity at least five times a week (38.4% compared to 39.3%);
- Are less likely to eat the recommended 5 or more portions of fruit and vegetables each day (44.8% compared to 47.6%);
- Are significantly more likely to be of excess weight (74.8% compared to 58.0%); and
- Have significantly lower average mental wellbeing scores (44.3 compared to 52.9).

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services. In Sunderland in 2018/19, 42.5% of eligible adults with a learning disability had a GP health check, which is significantly lower than the national figure of 52.3% and the regional figure of 61.8%.[133]

1.8.2 Physical Disability

Physical disabilities are physical conditions that affect a person's mobility, physical capacity, stamina, or dexterity. They are wide ranging and include musculoskeletal conditions, neuromuscular conditions and sensory impairments. People with physical impairments face many barriers to living a fulfilling and independent life. Not only do they have the practical problems of everyday life to contend with but also they have to face negative public perceptions, problems gaining access to everyday facilities and services, and prejudice. The support required for people with physical

impairment may be multi-dimensional and needs to be tailored to address their specific individual needs.

Physical disability can be caused by a wide variety of diseases, illnesses or circumstances and may impact on health in a number of ways. Published national prevalence figures for 2020/21 for some types of physical disability are shown below and applied to the Sunderland population to estimate local prevalence to the nearest 100:[134]

- 10.1% of persons have mobility issues – an estimated 28,200 people in Sunderland;
- 7.2% of persons have impairments affecting stamina, breathing or fatigue – an estimated 19,900 people in Sunderland;
- 4.9% of persons have impairment affecting dexterity - an estimated 13,700 people in Sunderland;
- 2.1% with hearing impairments[1] - an estimated 5,800 people in Sunderland. The estimated prevalence of hearing loss (based on the threshold of 25dBHL or more[135]) in the adult population (people aged 18 and over) in Sunderland was 23%, an estimated 63,900 people in 2020, compared with 22% for England[136]; and
- 1.9% with visual impairments - an estimated 5,400 people in Sunderland. The latest data, from February 2021, states that in 2019/20 there were 1,735 people registered with partial sight or sight impairment and 740 blind people or people with severe sight impairment.[137]

1.9 Mental Health and Mental Wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of "parity of esteem". This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long term physical illnesses have more complications if they also develop mental health problems. Financial worries are widely reported as exacerbating existing mental health worries or being a contributing factor to developing these in some cases.[138]

As many of the risk factors for mental illness are linked to deprivation, it is not surprising that Sunderland experiences a relatively high burden from mental ill health, higher recorded prevalence of depression on GP systems, high levels of prescribing antidepressants, and a high burden on mortality. Failure to treat mental health problems in children can have a devastating impact on their future, resulting in reduced job and life expectations. Data on mental health in children shows that:

[1] Data for the 'Hearing' category is to be treated with caution due to the possible sampling limitations of interviewing by telephone this year due to COVID.

- One in ten children aged 5-16 years nationally has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14.
- Self-harming and substance misuse are known to be much more common in children and young people with mental health problems – with ten per cent of 15-16 year olds having self-harmed.
- The percentage of school pupils with social, emotional and mental health needs (school age) in Sunderland in 2021 was 3.4%, which was higher than the North East figure of 3.1% and significantly higher than the national figure of 2.8%.[139]
- The inpatient hospital admission rate for mental health problems per 100,000 population aged 0-17 years in Sunderland in 2020/21 was 118.3, which was significantly higher than both the national rate (87.5) and higher than the North East rate (93.7) figures.[140]

The 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, found that:

- 54% of females and 28% of males worry *quite a lot, or a lot*, about their mental health and wellbeing. Compared to the previous 2019 survey, these figures are a rise in percentage points of: 11 for females and 3 for males.

For females and males combined:
- 15% worry a *little* about everyday life aspects
- 26% worry *quite a lot*
- 55% worry *a lot*
- Only 4% worry *never or hardly never.*

When asked, 'If you wanted to share any of the problems relating to your mental health and wellbeing, to whom would you turn'?

- 38% stated family
- 13% friends
- 4% teacher/carer/ or other adult
- 2% school nurse
- A high 41% said they would keep it to themselves; this is 12 percentage points up since the 2019 survey.

Since having to stay at home due to Covid-19:
- 19% said they have felt happier than before
- 31% said they have felt generally sadder than before.

As part of Sunderland CCG's Community Mental Health Transformation, the former CCG (now ICB) has recently led on an Adult Mental Health Strategy. Responsibility for commissioning healthcare services for our area has now transferred to the North East and North Cumbria Integrated Care Board (ICB). The strategy highlights likely increase in demand for mental health services over the next 5 years following the impact of Covid-19. The Strategy aims to respond to the increase and focus on prevention. Key highlights from the Strategy include:

- The majority of the general public feel able to manage their mental wellbeing through engaging in certain activities and behaviours relating to their health;
- The Covid-19 pandemic has tested the resilience of individuals;
- Feelings of isolation, loneliness, anxiety, depression, fear and concern for others were common;
- The engagement with large employers showed Covid-19 has had an effect on the mental wellbeing of their workforce, not only affecting those who already struggle with their mental health, but those with no history, including new cohorts of younger individuals;
- There is an increase in residents seeking support for their mental health; and
- The term *Mental Health* can be perceived negatively in BAME communities and as a result can stop people getting help.

The 2017 Adult Lifestyle Survey found that people from Sunderland report poorer outcomes for aspects of the self-reported wellbeing score than the England average, although these are not statistically significant:[141]

- 23.04% report a high anxiety score, compared to 21.94% across England;
- 13.52% report a low happiness score, compared to 8.72% across England;
- 6.5% report a low satisfaction score compared to 4.68% across England;
- 6.01% report a low worthwhile score compared to 3.81% across England.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which creates an overall score based on responses to 14 positively worded items, allows us to describe mental wellbeing in the general population. For each individual, scores are between 14 and 70 and a higher score represents better mental wellbeing. Average (mean) scores are used to compare the results of different groups. Data from the 2017 Adult Lifestyle Survey for Sunderland[142] found that:

- For Sunderland adults aged 18 years and over, the average WEMWBS score is 52.7 compared to 49.9 for England adults aged 16 years and over.[142]

- Within Sunderland men have a higher average mental wellbeing score than women. Men and women aged 25-34 have the lowest average mental wellbeing scores, whilst men and women aged 65-74 have the highest average mental wellbeing scores. There is also a socio-economic gradient with adults in managerial and professional occupations having the highest average mental wellbeing scores and those who have never worked or who are long-term unemployed having the lowest average mental wellbeing scores.

- At ward level the highest average mental wellbeing scores are seen in St Peter's, Fulwell, Ryhope and Washington West, whilst lowest average mental wellbeing scores are seen in Southwick, Hetton, St Anne's and Hendon.

1.9.1 Spotlight on Depression

As set out in section 1.7 above, Sunderland has looked at the health and care needs, priorities and circumstances facing residents, based on registered GP patients, and divided the population into categories or "segments". Depression marks the top reason that patients make the first move out of the healthy/well segment. Depression prevalence within Sunderland overall (7.7%) is notably higher than the England average (5.8%).

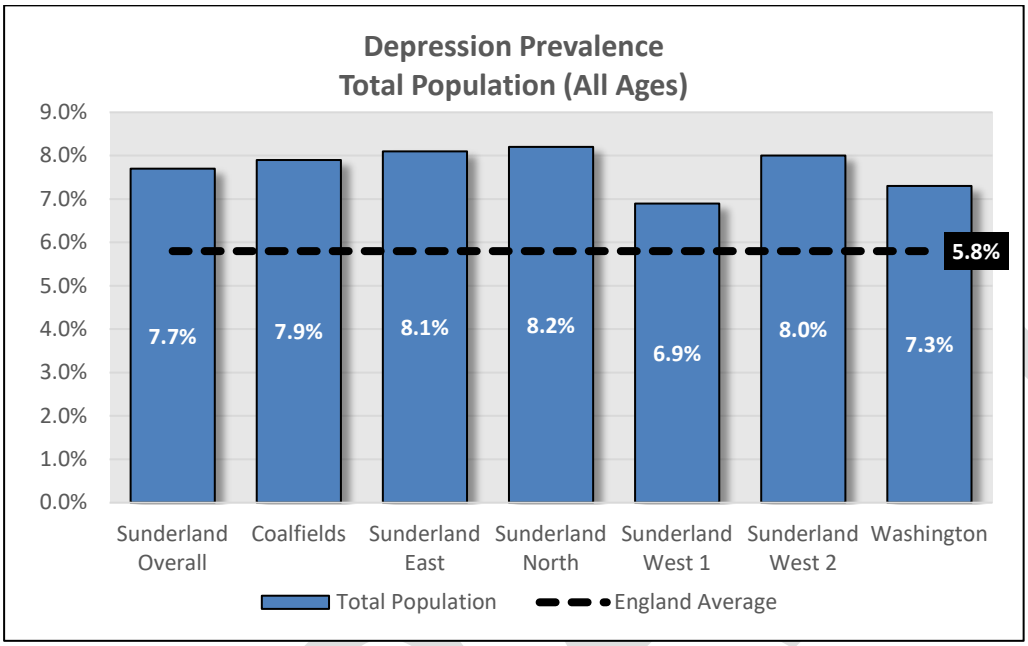


Fig 19: Prevalence of depression in Sunderland and England. Data sourced from Population and Persons Insights Dashboard (30/6/2022)

The prevalence of depression within the long-term conditions segment is approximately double that of the England average. The graphs below provide depression prevalence within Sunderland overall and then by each Primary Care Network within Sunderland compared to the England average.

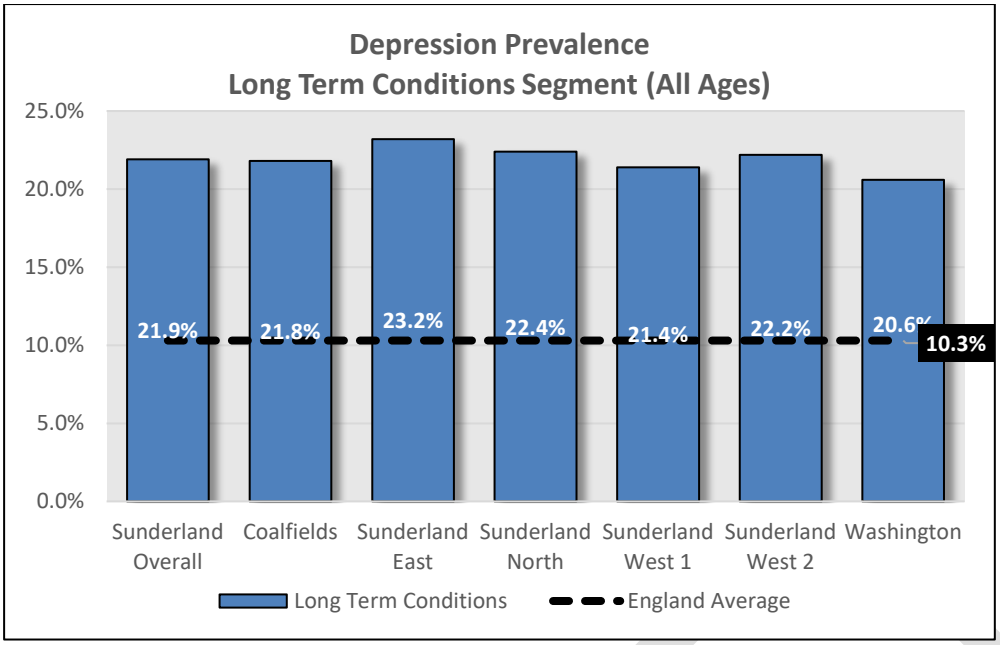


Fig 20: Percentage of people in the long-term conditions segment with depression for Sunderland and compared to the England average taken from the national Population and Persons Insights Dashboard (30/6/2022)

Depression is closely linked to deprivation. As shown in the 'Depression proportions within each decile' graph, there is a higher prevalence within the most deprived decile compared to the least deprived decile (based on national IMD deciles) for all ages and age 18+. The deprivation prevalence gap between the most deprived and least deprived for all ages is 5.2 percentage points. For those aged 18+ the deprivation gap is 7.4 percentage points, based on Sunderland GP registered patients as at 1st April 2022.

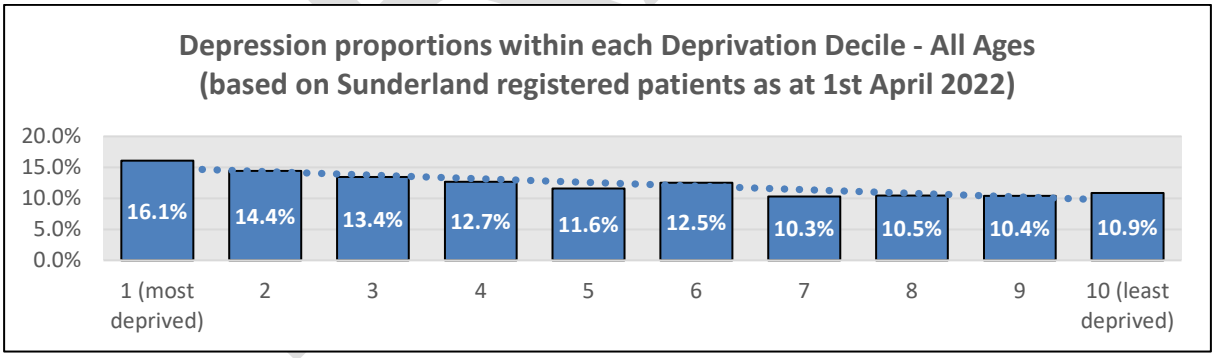


Fig 21: Depression proportions within each deprivation decile – all ages (based on Sunderland registered patients as at 1st April 2022).

The population pyramid clearly shows a higher prevalence among women compared to men, which is in line with the finding of the World Health Organisation (WHO). It is thought that there is a higher proportion of 'hidden' depression within the male population, especially in the North East culture, where men are less likely to access General Practice around mental health conditions including depression.

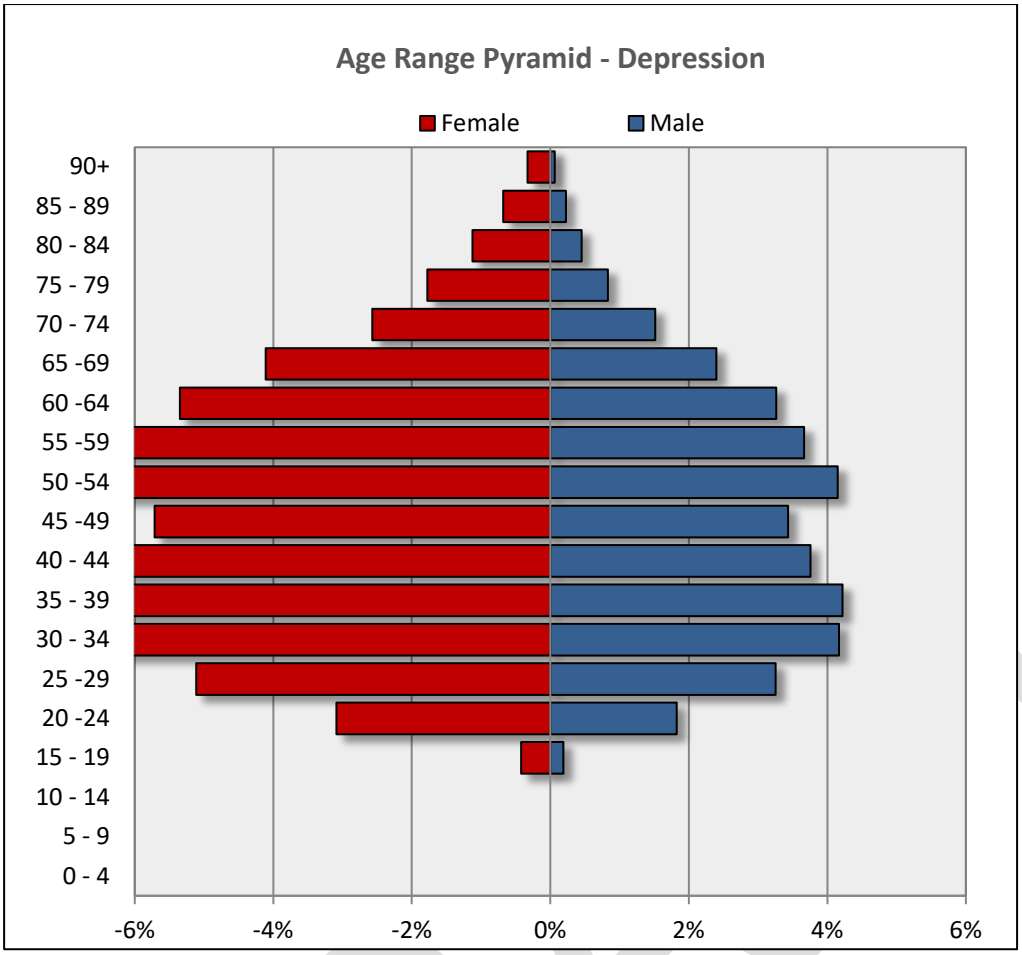


Fig 22: Age range pyramid for depression in Sunderland

The Mental Health Needs Assessment for Sunderland is available at: https://www.sunderland.gov.uk/media/24026/JSNA-Mental-Health/pdf/JSNAMentalHealth.pdf?m=637628965863100000

The Adult Mental Health Strategy is available at: Adult Mental Health Strategy - Sunderland Clinical Commissioning Group (sunderlandccg.nhs.uk)

1.10 Summary of health needs analysis

Sunderland experiences higher levels of deprivation than the national average. Social disadvantage is also associated with increased risk of a range of health conditions.

Large increases are predicted in the number of older people in Sunderland, and particularly the very elderly. This has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups continue to improve, the shape and structure of health services will need to change to meet the needs of this growing population.

Sunderland has higher levels of health risk than England as a whole. This is directly linked to a range of social, economic and environmental factors. Lower household

income, increased food poverty, higher employment deprivation, and lower levels of educational achievement all contribute poorer outcomes. While health behaviours contribute to the causes of non-communicable diseases, it is the social determinants of health that cause inequalities in these behaviours – the causes of the causes.[143]

The 'Build Back Fairer: the Covid-19 Marmot Review' report urges the Government to learn the lessons of the pandemic, prioritise greater equality and health, and works urgently to reduce the severity of the health crisis caused by the economic and social impacts of the pandemic and the societal response.[144] In recognising the recommendations in the Marmot 2020 reports, this JSNA assesses data that can support action to address the Marmot recommendations to:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Data from the Sunderland Adult Health and Lifestyle Survey[142] shows the number of people who engage in four lifestyle risk factors[145] (smoking, excessive alcohol use, poor diet, and low levels of physical activity):

- 13.9% of adults aged 18 and over have none of these risk factors;
- 36.8% of adults aged 18 and over have one of these risk factors;
- 35.2% of adults aged 18 and over have two of these risk factors;
- 12.1% of adults aged 18 and over have three of these risk factors;
- 1.9% of adults aged 18 and over have all four of these risk factors.

Whilst the focus needs to be on social determinants of health, a Kings Fund report concluded that in order to improve health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours. A more recent update by the Kings Fund[146] has confirmed that as the number of risk factors increases so does the impact on mortality, morbidity and quality of life. Whilst the evidence is still emerging, it appears that success in changing one behaviour may be related to success in changing another. It is not yet clear, though, whether changes are more effective when undertaken together or in sequence. The exception to this is in relation to stopping smoking, where evidence shows that this is more effective when delivered in sequence rather than being delivered at the same time as other behaviour change interventions.

Unhealthy behaviours continue to drive higher prevalence of long-term conditions and increased rates of premature death across the city. A key challenge for the Sunderland health economy is the need to manage the high and increasing levels of long-term conditions in the population, including increasing proportions of people with multiple long term conditions.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the city. This requires a targeted approach to reducing the gap in life expectancy.

1.11 Key health challenges

A summary of the high-level health challenges for Sunderland is therefore as follows:

- Ensuring a system-wide understanding of the health and social determinant impacts of the Covid-19 pandemic on health outcomes and health inequalities.
- Inequalities, relating to both socio-economic position and protected characteristics, have a significant impact on the health of people in Sunderland and should be considered for all interventions and policies, recognising that socio-economic inequalities are a continuum across the population and that some people are impacted by multiple inequalities.
- Poverty levels within the city continue to have an impact and should be tackled by increasing levels of employment in good work through attracting more jobs into the city, increasing educational and skills attainment of Sunderland residents and ensuring as many people as possible are supported to stay in work, despite having a health condition.
- Responding to health protection (infectious diseases) threats requires prevention work, rapid identification and a swift response to complex cases in high-risk places, locations and communities.[147]
- Children and young people in Sunderland face some significant health challenges and inequalities across the social determinants of health. Partners need to work together and with children, young people and families to address these issues and build resilience.
- The four main behavioural risk factors – smoking, diet, alcohol and physical inactivity – lead to poor health outcomes and increase health inequalities and so programmes need to continue to be developed, in partnership with local people, to make it easier to make the healthy choice. There is a need to continue to support and grow the voluntary sector capacity as well as protect and grow physical assets to enable services to be delivered within communities.
- There are more people in Sunderland living with, and prematurely dying from, cancer, cardiovascular disease and respiratory disease than elsewhere in the country. Partners need to be clear that primary, secondary and tertiary prevention programmes are in place that ensure that no opportunities are missed to prevent these diseases and stop them progressing.
- The ageing population as well as the high numbers of people with long term, often multiple, conditions have a significant impact on local people and services. This needs to continue to be addressed through integrated care and supporting people to self-care as well as a transparent, whole system approach to preventing service failure.
- People in Sunderland have poor mental wellbeing and have a higher burden of mental ill health than the rest of England. This should be tackled through a preventative programme alongside recognition of the needs of people with poorer mental health and wellbeing and the impacts this has on their physical health.

- The wider impacts of climate change and levels of carbon in our atmosphere impact significantly on the local environment and on mental and physical health. Local residents require access to quality local greenspaces and local services that in turn can aid social inclusion, better well-being and increased physical activity, including through increased opportunities for active transport. Better design of our built and natural environment will reduce exposure to pollution and extreme weather events, and help to tackle fuel poverty.
- The cost of living crisis is hitting the poorest residents most significantly and compounds existing health and income inequalities. These impacts are also reaching an increasing proportion of Sunderland residents and forcing residents to take decisions relating to diet and heating that will impact directly on the long-term health and wellbeing outcomes of Sunderland's population.
- Sunderland is building on our assets within our communities and working with our communities to support improvements in health outcomes, reduce health inequalities and strengthen community resilience, as set out in the Sunderland Healthy City Plan 2020-2030.

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Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

SUNDERLAND HEALTH PROTECTION ASSURANCE REPORT 2021/22

Report of the Executive Director of Health, Housing and Communities

1. Purpose of the Report

1.1. This report provides an overview of health protection arrangements and some relevant activity across the city during 2021/22. The report supports the Executive Director of Health, Housing and Communities in their statutory remit to provide assurance to the Health and Wellbeing Board and Sunderland City Council in relation to health protection of the local population.

1.2. The report outlines the local position on health protection issues and priorities covering prevention, surveillance and control.

2. Executive summary

Sunderland generally performs well in most areas of health protection. There are robust systems in place to monitor performance in screening and immunisations and assurances that there is focus on areas where improvement may be required. Response to the pandemic has highlighted that Sunderland has a robust health protection system in place, which has been significantly strengthened since 2020. To respond to the pandemic all areas of the health system had to work together to protect the population of Sunderland, which has strengthened and developed relationships and ways of working. Sunderland is in a strong position to respond to any health protection emergency and will use lessons learnt from the pandemic to reinforce any response.

3. Key achievements

Sunderland historically performs very well in the uptake of most routine immunisations and continues to do so. Even during the pandemic uptake in childhood immunisations were not impacted and remained high. Sunderland also performs generally well in the uptake of most screening programmes.

4. Areas for improvement

Influenza immunisation uptake in some at risk groups such as pregnant women and the 2-3 year age group remains low in Sunderland. The uptake of the spring COVID-19 booster did not reach the level of previous boosters, which is of concern particularly for care home residents. There is also an inequity in uptake of all COVID-19 vaccinations across wards in Sunderland. Breast cancer screening in Sunderland is below the England average and does not meet national standard levels. The rate of some health care associated infections remains above the national average for those recorded.

5. Background

5.1. The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Executive Director of Health, Housing and Communities for Sunderland is responsible for the discharge of the local authority's public health functions.

5.2. Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

Prevention	screening and immunisation to prevent diseases
Surveillance	to monitor the burden and epidemiology of disease, monitor trends, and identify outbreaks
Control	management of cases and outbreaks of certain diseases to reduce the risk of transmission
Emergency Planning Resilience and Response (EPRR)	arrangements to plan for and respond to, a wide range of incidents and emergencies that could affect health or patient care including extreme weather, a large or complex outbreak of an infectious disease, a major transport accident or a terror attack

5.3. Timely, accurate and authoritative communication is an essential element of effective health protection. Through good communication accountability can be demonstrated and confidence can be provided, which is especially important when responding to an incident. It underpins all prevention, surveillance and control activities.

5.4. A key priority for health protection in Sunderland is to reduce inequalities in access to screening and immunisations and to protect the most vulnerable in our population in adult social care enabling more people to live healthier longer lives.

5.5. Responsibilities for aspects of health protection are distributed across the health system as follows:

- NHS England is responsible for the commissioning of screening and immunisation programmes.
- UK Health Security Agency's Health Protection Teams are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Sunderland has an identified link Consultant in Health Protection.
- The Executive Director of Health, Housing and Communities is responsible for co-ordinating the Council's contribution to health protection issues and providing a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.

5.6. Since early 2020 health protection activity has largely focused on the COVID-19 pandemic. Having a robust and responsive health protection system in Sunderland has been vital in coordinating the response to the pandemic.

5.7. To support the COVID-19 response capacity was diverted away from routine health protection work towards responding to the pandemic and some routine health protection programmes were paused or subject to delays to protect people from COVID-19 and allow NHS staff to support critical services.

5.8. Throughout the COVID-19 pandemic, the UKHSA's regional Health Protection Team (HPT) has been significantly overstretched and at times some of their functions were passed to the local authority public health team. There has been a return to business as usual and all functions have now returned to the HPT, although an enhanced offer of support continues to be available for care homes when needed across adult social care, public health and the infection, prevention and control team.

5.9. Since 24 February 2022 all legal COVID-19 restrictions have been removed. Access to free lateral flow device tests for the general public stopped on 1 April 2022 and has now been paused in health and social care settings. The Government has set out it's Living with COVID-19 plan, which includes no restrictions or public health measures for the general population. Some measures such as testing and the use of personal protective equipment (PPE) remain in high risk settings.

5.10. All health protection programmes that were paused have restarted and all programmes have either returned or are making progress to return to pre-pandemic levels.

6. Assurance Arrangements

6.1. A range of groups, information flows and reports are in place to support health protection arrangements in Sunderland. The purpose of these groups and reports ranges from formal assurance to providing a forum for discussion, information sharing and improvement. The system as a whole provides assurance to the Executive Director of Health, Housing and Communities that the health protection system is functioning as it should. These groups and sources of information include:

- a regional Programme Board for each screening and immunisation programme;
- a Healthcare Associated Infections (HCAI) Improvement Group which operates across Sunderland and South Tyneside;
- an Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland;
- the Northumbria Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur;

- the North East Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning; and
- a range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards and by UKHSA's Fingertips resources.

6.2. Additional governance and assurance arrangements were put in place specifically for the pandemic and included:

- a Health Protection Board - an expert group drawn from partner agencies which worked to prevent, identify and contain outbreaks to protect the health of the public in Sunderland against COVID-19; and
- a Local Outbreak Control Board - a leadership group drawn from partner agencies which provided challenge, facilitated political ownership, supported public engagement and communications and supported delivery of the COVID-19 Control Plan through resource deployment and co-ordination.

6.3. The Local Outbreak Control Board last met in April 2022 and in line with the Government's living with COVID-19 plan the Board has been stood down.

6.4. From May 2022 the Sunderland Health Protection Board converted from a focus of COVID-19 to all general health protection issues including COVID-19. The Health Protection Board meets quarterly. The expert group is chaired by the Executive Director of Health Housing and Communities and is formed from partner agencies and works to assure the standard of health protection for the population of Sunderland. The Terms of Reference for the Health Protection Board can be found in Appendix 1.

7. Healthy City Plan

The Sunderland City Plan was developed to address the economic and social challenges in Sunderland. One of the aims is to develop a healthy smart city, where people will live healthier, independent lives for longer. The overall focus for health protection is to protect residents of Sunderland across the life course from biological, environmental and chemical hazards, which fits naturally with the City Plan by helping people live healthier and longer. The Healthy City Plan has key values and behaviours that are a focus for health protection in Sunderland:

- *Focusing on prevention* – supporting the population of Sunderland to make informed choices to protect their health by promoting immunisation, screening and healthy behaviours we can try and reduce the burden of disease in Sunderland.
- *Tackling health inequalities* – those who have poorer health and live in deprived areas are often more likely to be affected by infectious diseases as seen during the pandemic. By improving living environment and access to healthcare the effects of some infectious diseases can be reduced.
- *Equity* – we know that there is a disparity in access to some immunisation and screening programmes. Health protection work across Sunderland has a focus of trying

to improve access in populations with lower than average uptake to try and reduce this gap and improve health across the population.

8. Prevention

8.1. Immunisation

8.1.1. Immunisation programmes help to protect individuals and populations from specific diseases. There are programmes for children and adults as follows:

- The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable diseases.
- The adult immunisation programme is offered to people in certain age groups and/or those who may be at particular risk due to underlying medical conditions or lifestyle risk factors.
- The selective immunisation programme targets children and adults needing protection against specific diseases such as TB, hepatitis B and pertussis in pregnancy.

8.1.2. The immunisation programme schedule can be found in Appendix 2.

8.1.3. The national COVID-19 vaccination programme was implemented in December 2020, with the first COVID-19 vaccination given on 8 December 2020. This marked the start of the biggest NHS vaccination campaign in history. The main objective of the COVID-19 vaccination programme is to protect those who are at highest risk from serious illness or death. The programme has proceeded in stages with those most at risk offered vaccination first. The programme is currently in the reinforcement stage with autumn boosters being offered to those most at risk COVID-19: the green book, chapter 14a - GOV.UK (www.gov.uk).

8.1.4. Routine childhood and adult vaccination and immunisation programmes have operated throughout the pandemic.

8.1.5. *Routine childhood immunisations*

The position for Sunderland can be summarised as follows:

- In general, Sunderland performs well in relation to the uptake of vaccination and immunisation programmes.
- By 12 months of age, 98.7% of children in Sunderland had been immunised against diphtheria, tetanus, pertussis (whooping cough), polio (inactivated polio vaccine), and Haemophilus influenza type b, compared to 91.9% across England (Quarter 4 2021/22 COVER data).

- By 24 months of age, 98.6% of children in Sunderland had received one dose of measles, mumps and rubella (MMR) vaccine, compared to 93.0% across England (Quarter 4 2021/22 COVER data).
- By 5 years old, population vaccination coverage for two doses of MMR was 95.0%, above the England average of 85.9% (Quarter 4 2021/22 COVER data).
- By 5 years old, population vaccination coverage for the DTaP/IPV booster was 96.3%, above the England average of 85.5%, (Quarter 4 2021/22 COVER data).

Table 1 Childhood routine immunisation coverage (%) in Sunderland and England from 2017/18 to 2021/22 for Q4

	2017/18	2018/19	2019/20	2020/21	2021/22
12 month DTaP/IPV/Hib					
Sunderland	85.3	94.8	98.7	98.2	98.7
England	92.6	91.9	92.7	91.6	91.9
24 month DTaP/IPV/Hib					
Sunderland	98.7	86.1	98.8	99.5	98.6
England	95.0	94.0	93.7	94.0	93.0
5 year MMR1					
Sunderland	97.3	97.6	98.7	98.4	96.7
England	95.1	94.7	94.6	94.3	93.5
5 year MMR2					
Sunderland	90.6	95.0	95.4	96.0	95.0
England	87.2	87.6	86.9	85.1	85.9

Source Local Authority Assurance Report: Section 7a Services, July 2022

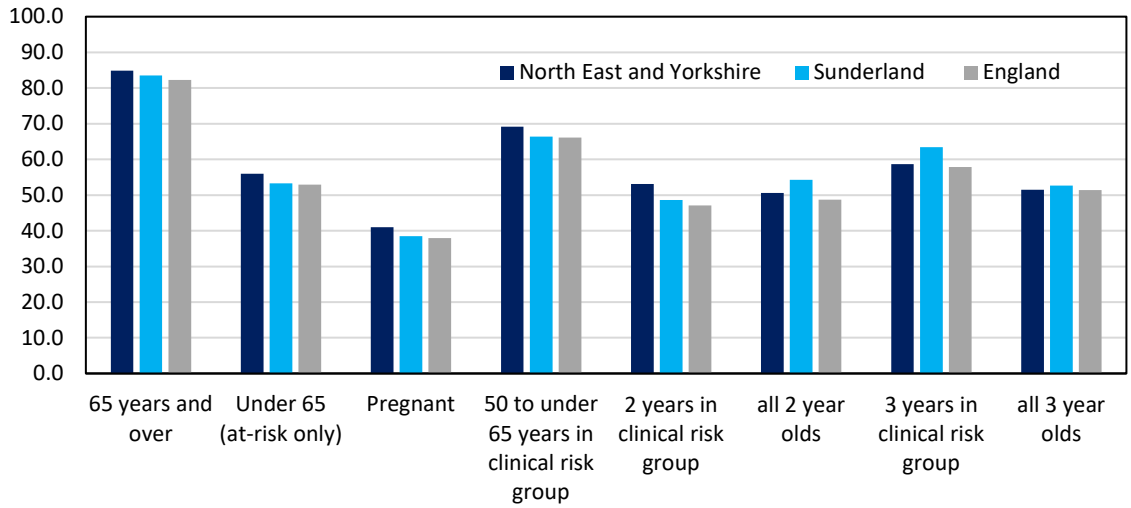
8.1.6. Influenza immunisation

High priority was given to the seasonal influenza immunisation programme for the 2021/22 winter season. It was anticipated that there would be a significant influenza season with co-circulation of COVID-19. What was observed however, was low transmission. For the 2022/23 winter season we are again anticipating significant transmission of influenza. This is underpinned by the current significant influenza season Australia have experienced, which usually sets a precedence for the UK. Sunderland achieved good influenza immunisation uptake in most groups, but some groups have low uptake:

- For all adults aged 65 year and over 83.5% were vaccinated in Sunderland compared to 84.8% in North East and Yorkshire.
- For those aged under 65 years in an at-risk group 53.3%. were vaccinated in Sunderland compared to 56.0% in North East and Yorkshire.
- For children aged 2 years 50.6% were immunised in Sunderland compared to 48.6% in North East and Yorkshire.
- For children aged 3 years 52.7% were immunised in Sunderland compared to 51.5% in North East and Yorkshire.

- For pregnant women 38.5% were vaccinated in Sunderland compared to 41.0% in North East and Yorkshire.

Figure 1 Influenza immunisation uptake (%) by at risk group for Sunderland, North East and Yorkshire and England for 2021/22



Source Seasonal influenza vaccine uptake amongst GP Patients in England 2021 to 2022 UKHSA, Seasonal flu vaccine uptake in GP patients: monthly data, 2021 to 2022 - GOV.UK (www.gov.uk)

8.1.7. Flu immunisation uptake is routinely low in pregnant women and young children in Sunderland as seen in the North East. The Sunderland Winter Vaccination Board are currently planning how the uptake in these groups can be improved for the 2022/23 winter season.

8.1.8. COVID-19 vaccination

A major focus of health protection work in 2021 and 2022 has been to achieve good COVID-19 vaccination uptake across the population of Sunderland, especially in those most at risk of serious illness from COVID-19. Assuring vaccine equity has also been a focus of health protection work. The position in Sunderland can be summarised as follows:

- For care home residents 97% have had their first dose, 96% second dose and 82% spring booster compared with 97% for their first dose, 96% for second and 81% for spring booster for North East and North Cumbria
- For those aged 70-74 and high risk individuals (JCVI group 4) 96% have had their first dose, 95% second dose and 58% spring booster compared with 96% for first dose, 95% for second and 68% for spring booster in North East and North Cumbria.
- For first, second and booster doses there was significant disparity in uptake across wards. For all booster doses the uptake ranged from 88% in Fulwell to 44% in Millfield.
- As of September 2022 there were 60,317 eligible Sunderland residents not vaccinated, predominantly in those aged less than 50 years.

Figure 2 COVID-19 vaccination uptake by JCVI group in Sunderland (data as of 14 August 2022, as a proportion of total who are eligible)

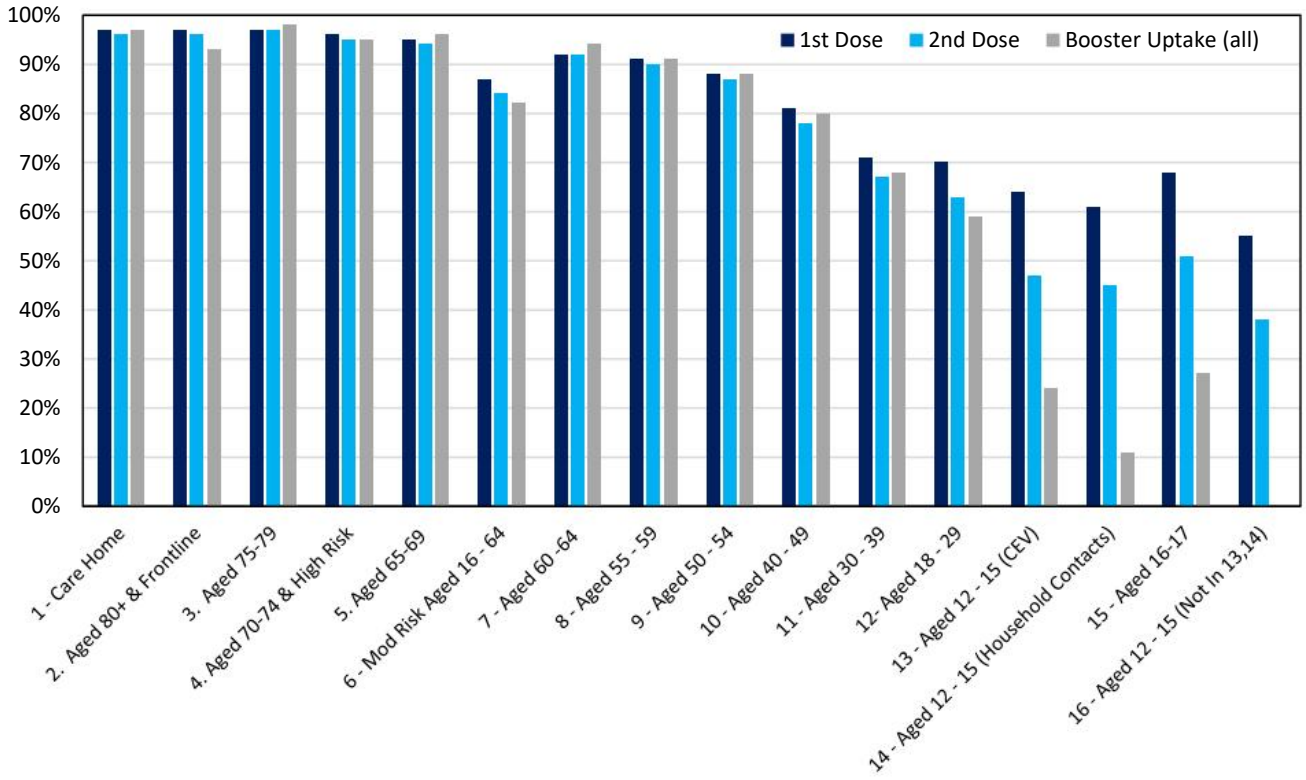


Figure 3 COVID-19 vaccination uptake for all boosters by Sunderland primary care network (data as of 14 August 2022)

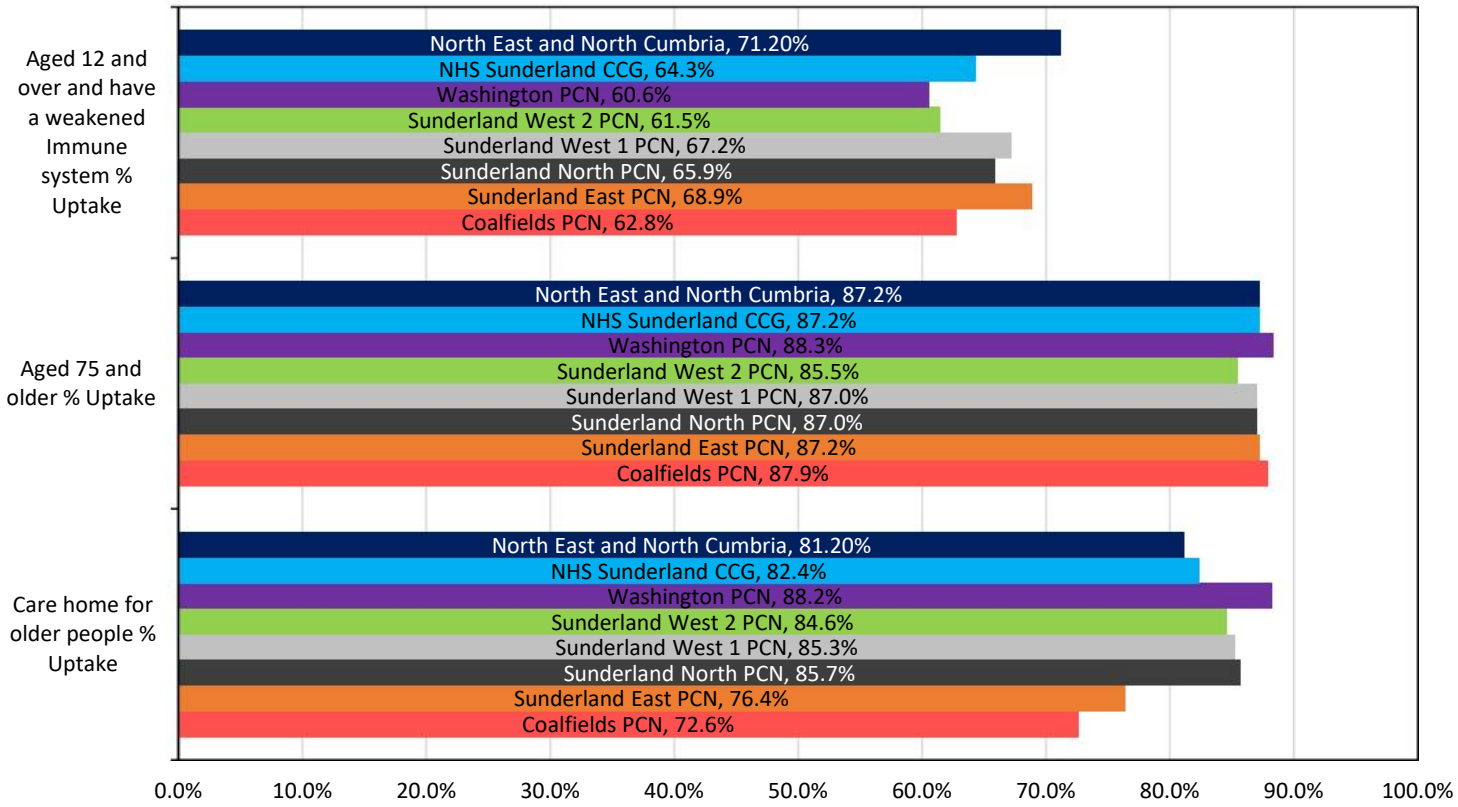


Figure 4 COVID-19 vaccination uptake for spring booster by Sunderland ward (data as of 14 August 2022)

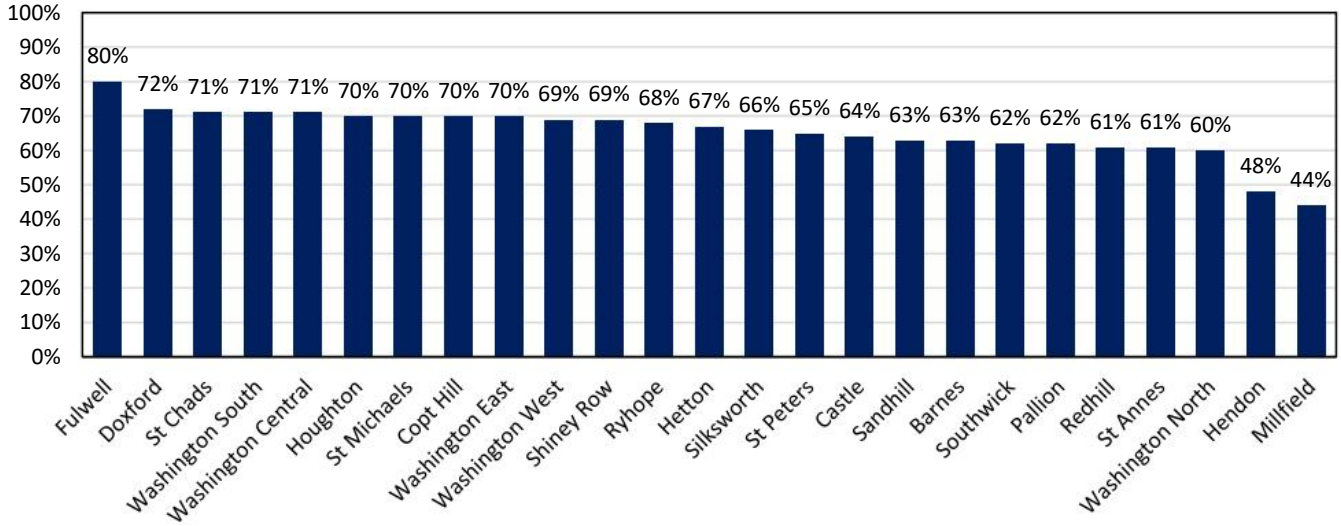
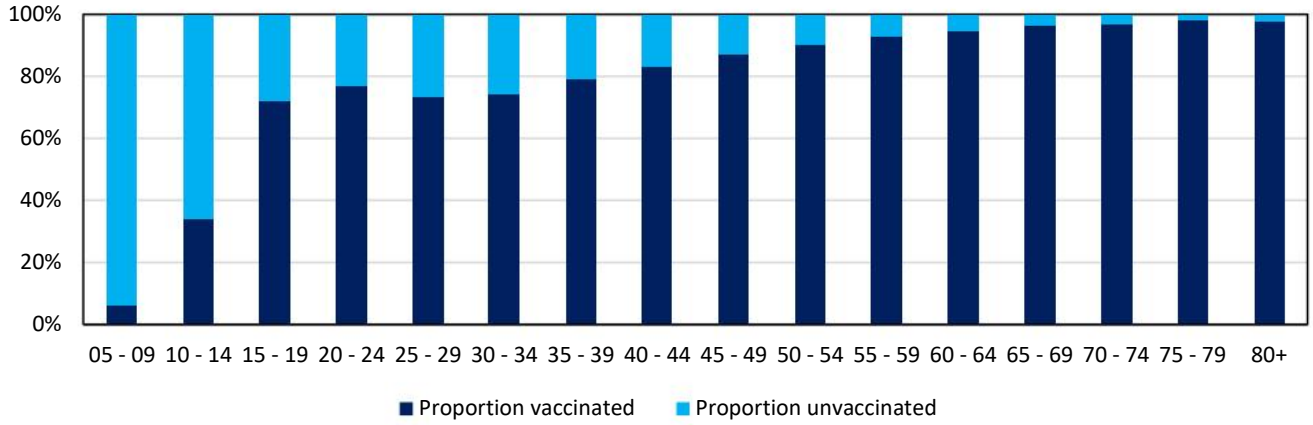


Figure 5 Proportion of Sunderland population that have received at least one COVID-19 vaccination by age group in years (data as of September 2022)



8.2. Cancer screening programmes

8.2.1. Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or a condition. Screening programmes protect the health of the population by carrying out tests on individuals to determine whether they have or are likely to develop particular, often life threatening, conditions. Individuals are selected for screening programmes based on eligibility criteria including age, gender and pre-existing conditions.

8.2.2. The cancer screening programmes which are commissioned by NHS England and for which the Executive Director of Health, Housing and Communities has an assurance role are:

- breast cancer screening programme;
- bowel cancer screening programme; and
- cervical cancer screening programmes.

8.2.3. In March 2020 cancer screening programmes were paused to allow a focus on responding to the COVID-19 pandemic. NHS England have worked with providers to restart all cancer screening programmes and to return uptake to pre-pandemic levels.

8.2.4. The position for Sunderland can be summarised as follows:

- Coverage in Sunderland for the breast cancer screening programme was 63.7% in 2021. This is similar to the England coverage of 64.1%. It is however substantially lower than the coverage pre-pandemic, which was 78.0% in 2019 and lower than the national target of 80%. Work is being carried out to try and restore coverage to the consistent level obtained pre-pandemic.
- Coverage in Sunderland for the bowel cancer screening programme was 67.2% in 2021. This is higher than the coverage for England of 65.2% and higher than the national target of 60%. There has been an increase in coverage since the pandemic from 58.6% in 2018 and 60.2% in 2019 as a result of implementation of faecal immunochemical test (FIT). The age eligibility for the screening programme is in the process of being extended to include those aged 50-59 years, in addition to those aged 60-74 years who are already eligible.
- Coverage in Sunderland for the cervical cancer screening programme was 74.7% of women aged 25-49 years in 2021 compared to 68% for England. This was similar to coverage in 2019 of 76.1%.
- Coverage in women aged 50-64 years was 77.0% in 2021 compared to 74.7% coverage in England. This was similar to coverage in 2019 of 77.3%.

Table 2 Coverage of cancer screening programmes in Sunderland and England 2015 to 2021

	Lower threshold*	Standard^	2015	2016	2017	2018	2019	2020	2021
Breast cancer screening (%)									
Sunderland	70	80	78.2	78.9	78.1	77.7	78.0	76.9	63.7
England			79.2	78.9	78.5	78.3	78.2	77.6	64.1
Cervical cancer screening age 25-49 (%)									
Sunderland	75	80	74.8	74.0	74.1	74.3	76.1	76.9	74.7
England			74.9	74.4	74.0	73.8	75.0	75.6	68.0
Cervical cancer screening age 50-64 (%)									
Sunderland	75	80	79.1	78.3	78.0	77.1	77.3	77.5	77.0
England			80.4	80.1	79.4	78.5	78.6	78.8	74.7
Bowel cancer screening (%)									
Sunderland	55	60	57.2	57.1	57.6	58.6	60.2	64.5	67.2
England			62.0	62.7	63.6	63.4	64.1	67.9	65.2

Below lower threshold, above lower threshold, but below standard, above standard. Source Local Authority Assurance Report: Section 7a Services, July 2022, *Lower threshold based on the 2018-19 Public Health Functions Agreement, ^Standard is the clinical standard required to control disease and ensure patient safety

8.3. Non-cancer screening programmes

8.3.1. The non-cancer screening programmes which are commissioned by NHS England and for which the Executive Director of Health, Housing and Communities has an assurance role are:

- Diabetic eye (retinopathy) screening;
- Abdominal Aortic Aneurysm (AAA) screening; and
- Antenatal and newborn screening (ANNB).

8.3.2. Antenatal and newborn screening programmes operated throughout the pandemic, however AAA and diabetic eye screening were paused in March 2020. The diabetic eye screening and ANNB screening have been restored in Sunderland and the AAA screening programme is anticipated to be restored July 2022.

8.3.3. The position for Sunderland can be summarised as follows:

- For AAA screening, coverage of the eligible population in 2020/21 was 46.4%, which is lower than the coverage for the North East at 50.0% and lower than England at 55.0%.
- For newborn and infant physical examination screening the coverage in Sunderland in 2020/21 was 97.2%, which is similar to the North East coverage at 97.2% and England coverage at 97.3%.
- For newborn hearing screening the coverage in Sunderland in 2020/21 was 95.5%, which is lower than both the North East coverage at 97.6% and England coverage at 97.5%.

8.4. Infection, prevention and control in care homes

8.4.1. Care home residents are amongst the most vulnerable in our population. The closed setting nature of care homes makes them susceptible to transmission of infectious diseases and the development of outbreaks. Outbreaks of infections such as COVID-19, influenza, norovirus and Salmonella can cause significant morbidity to care home residents.

8.4.2. Outbreaks can be prevented or their severity reduced by good IPC measures. The COVID-19 pandemic has highlighted the importance of maintaining a high standard of IPC in care homes.

8.4.3. In Sunderland care homes are supported by the IPC nursing team, based at South Tyneside and Sunderland Foundation Trust. Support and oversight of IPC in care homes is given by SCC Adult Social Care Commissioning Team and SCC Public Health Team.

8.4.4. Outbreaks of infectious disease are managed by UKHSA, in line with national guidance. An outbreak control team will be convened by the UKHSA if they decide that an outbreak or situation in a care home has potential to cause significant morbidity. A representative from the SCC public health team would join the OCT.

8.4.5. In 2021/22 a focus of health protection work has been to ensure providers maintain (or improve if required) good standards of IPC through regular communications, providing advice, support and training.

9. Surveillance

9.1. Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions. The COVID-19 pandemic has highlighted the importance of good surveillance data to be able to quickly identify and rapidly respond to cases, clusters and outbreaks.

9.2. Working with the UKHSA's Health Protection Team, Sunderland City Council's Environmental Health team play a key role in identifying and investigating cases and outbreaks of infectious diseases (particularly food borne) notified by GPs, the public, businesses and other local authorities.

9.3. **Health Care Associated Infections**

9.3.1. The term health care associated infection (HCAI) covers a wide range of infections. The most well known include those caused by methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile).

9.3.2. The UKHSA monitors the numbers of HCAIs through routine surveillance programmes and also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance.

9.3.3. Arrangements within the Sunderland Clinical Commissioning Group (CCG) and South Tyneside CCG were that there was a joint HCAI improvement Group which ensured a consistent whole system approach to preventing and controlling HCAIs across the local health economy. This group is to continue under the new Integrated Care Board (ICB) arrangements. It is supported by a panel that undertakes root cause analysis:

- Monitoring antimicrobial prescribing in line with Quality Premium targets;
- Auditing antibiotic, proton pump inhibitor and laxative prescribing in C. difficile cases to identify outlying practices and to identify actions for improvement;
- Reducing gram negative blood stream infections using root cause analysis of device associated infections and monthly compliance audits for high impact interventions;
- Reviewing and coordinating policy and procedures between the two hospital sites; and
- Supporting capacity, capability and intelligence by aligning policies, procedures, guidelines and mandatory IPC training; reviewing resources from NHS improvement to identify opportunities to improve performance.

9.3.4. The position in Sunderland is as follows:

- The rate of MRSA infections was similar to that of the England average.
- The rate of MSSA infections is higher than that of the England average, 24.5 per 100,000 compared to 20.8 per 100,000 in 2020/21, which is similar to previous years other than 2019/20.
- The rate of C. difficile infections is consistently higher than the England average, 32.0 per 100,000 population in 2020/21 compared to 22.2 per 100, 000 population in England. There has been little change in rate over the past five years.
- There was a reduction in the rate of E. coli infections in 2020/21 compared to previous years, however the rate is still substantially higher than the England average, 85.7 per 100, 000 population compared to 65.3 per 100,000 population for England.
- The has been a reduction in Pseudomonas aeruginosa infections over time with the rate in 2020/21 below that of the England average 6.1 cases per 100, 000 population compared to 7.6 per 100,000 population for England.

Table 3. Trend in number and rate per 100,000 population of HCAI infections for Sunderland CCG and England, 2016/17 to 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
MRSA					
Sunderland number	4	5	2	6	2
Sunderland rate	1.4	1.8	0.7	2.2	0.7
England rate	1.5	1.5	1.4	1.4	1.2
MSSA					
Sunderland number	62	68	63	58	68
Sunderland rate	22.4	24.5	22.7	20.9	24.5
England rate	20.8	21.5	21.6	21.7	20.8
C. difficile					
Sunderland number	77	89	96	84	89
Sunderland rate	27.8	32.1	34.6	30.2	32.0
England rate	23.3	23.9	21.9	23.5	22.2
E. coli					
Sunderland number	276	285	289	311	238
Sunderland rate	99.7	102.8	104.1	112.0	85.7
England rate	73.6	73.8	77.2	77.0	65.3
Pseudomonas aeruginosa					
Sunderland number	-	34	29	22	17
Sunderland rate	-	12.3	10.5	7.9	6.1
England rate	-	7.7	7.5	7.7	7.6

Source: MRSA, MSSA and Gram-negative bacteraemia and CDI: annual report - GOV.UK (www.gov.uk)

9.4. Sexual transmitted infections

9.4.1. Sexually transmitted infections (STIs) are more common in people aged under 25 years. They can have long lasting effects on health, including cervical cancer, pelvic inflammatory disease and infertility.

9.4.2. The UKHSA collects and collates anonymised information from genito-urinary medicine and sexual health clinics on the number of sexually transmitted infections, sexual health screening tests and treatments; it also produces and publishes a national annual report on STIs. Accompanying local data is published in the Sexual and Reproductive Health Profiles.

9.4.3. In Sunderland, rates of diagnoses of STI amongst people accessing sexual health services are generally similar to or lower than the England average. Data for 2020 shows that:

- 1,501 new STIs were diagnosed in Sunderland residents giving a rate of 540 per 100,000 population. This is higher than the North East rate of 470 per 100,000, but lower than the England rate of 562 per 100,000.
- There were 155 diagnosed HIV cases amongst people aged 15-59 years in Sunderland giving a rate of 0.98 per 1,000 persons aged 15-59. This is lower than the North East rate of 1.10 per 1,000 persons aged 15-59 years and the England rate of 2.31 per 1,000 persons aged 15-59, and benchmarks relatively favourably with statistical neighbours.

9.5. **Air quality**

9.5.1. Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often less affluent areas.

9.5.2. The Environment Act 1995 requires the Council to review and assess the air quality in Sunderland and to determine whether or not national the Air Quality Objectives (see below) are likely to be achieved.

- For Nitrogen Dioxide (NO2):
  - A 1 hour mean of 200 µg/m3 not to be exceeded more than 18 times a year;
  - An annual mean of 40 µg/m3 not to be exceeded.
- For Sulphur Dioxide (SO2):
  - A 15 minute mean of 266 µg/m3 not to be exceeded more than 35 times a year;
  - A 1 hour mean of 350 µg/m3 not to be exceeded more than 24 times a year;
  - A 24 hour mean of 125 µg/m3 not to be exceeded more than 3 times a year.
- For particulate matter (PM10):
  - A 24 hour mean of 50 µg/m3 not to be exceeded more than 35 times a year;
  - An annual mean of 40 µg/m3 not to be exceeded.

9.5.3. Sunderland City Council's Public Protection and Regulatory Services Team is responsible for overseeing air quality monitoring and reporting the data to DEFRA.

A full Air Quality report for Sunderland City Council is available Air quality reports - Sunderland City Council.

9.5.4. Air Quality in Sunderland is good. Health based objectives known as the Air Quality Objectives are being met across the City and we have seen a general decline in some of the pollutants measured. We have not declared any Air Quality Management Areas in our City.

9.5.5. Sunderland City Council is committed to trying to reduce levels further and to support initiatives that will improve air quality and wellbeing in Sunderland. We are continuing to monitor levels of air quality throughout the City.

10. Control for specific diseases

10.1. The UKHSA's HPT work to control specific infectious diseases to protect the health of the local population. The HPT operate an emergency on call system, which is active 24 hours a day and 7 days a week.

10.2. Control measures implemented to limit transmission of COVID-19 have been shown to have had a significant impact on the transmission of many other infectious diseases with some common diseases such as scarlet fever and some gastrointestinal diseases at low levels during restrictions.

10.3. It is challenging to interpret data given the impact the pandemic control measures has had on other infectious diseases.

10.4. **Gastrointestinal diseases**

10.4.1. A number of organisms can cause gastrointestinal (GI) infection including bacteria, viruses and parasites. Most cases are sporadic and isolated cases, but occasionally outbreaks can occur often linked to closed settings such as care homes and prisons. Occasional GI outbreaks can be associated with a food premise or a function.

10.4.2. The HPT works closely with the Council's Environmental Health Team to investigate certain GI disease cases with an aim to identify the cause and implement control measures to prevent onward transmission. Since the removal of COVID-19 restrictions most gastrointestinal pathogens are now circulating at a level seen before the pandemic.

10.4.3. During 2019, 2020 and 2021, Sunderland had the following numbers of confirmed gastrointestinal infections.

Table 4 Number of cases of gastrointestinal infections notified for 2019-2021 in Sunderland

	2019	2020	2021
Campylobacter			
Number	268	271	335
Salmonella			
Number	21	17	32
Giardia			
Number	42	12	12
Cryptosporidium			
Number	21	6	12
Escherichia coli 0157			
Number	3	4	1

Source: UKHSA gastrointestinal summary stakeholder reports

10.4.4. Outbreaks of infectious diseases are relatively common. The most common outbreaks are of vomiting/diarrhoea in closed settings such as care homes and schools caused by norovirus. During the current 2021/22 season there have been 38 GI outbreaks investigated and managed by the health protection system as follows:

- 24 GI outbreaks in care homes;
- 14 GI outbreaks in educational settings;

10.5. Tuberculosis

10.5.1. Tuberculosis (TB) is a bacterial infection that is transmitted via respiratory droplet spread, although prolonged exposure is usually required. TB is a disease most commonly associated with deprivation with the incidence among the most deprived quintile of North East residents (4.9 per 100,000) almost five times higher than least deprived quintile (1.1 per 100,000).

10.5.2. The North East, Yorkshire and Humber TB Control Board has been paused and the UKHSA along with partner organisations are in discussion nationally to deicide the approach moving forward. This has not affected the management of cases and incidents by the local HPT. For complex cases and situations an incident management team may be convened and the Executive Director of Health, Housing and Communities or their representative would attend.

10.5.3. Sunderland has relatively small number of cases of TB. Over time there has been a gradual decline in the rate of TB in Sunderland. There were 22 cases over the three year period from 2018-2020, an average annual incidence of 2.6 cases per 100,000 population. Rates of TB notifications are lower than the England average of 8.0 case per 100,000 population for the same period and benchmark reasonably well compared to statistical neighbours.

Table 5 Trend in average annual number and rate per 100,000 population of TB case notifications based on three year rolling data periods 2000-2002 to 2018-2020

Period	Number	Rate per 100,000 population (three year average)		
	Sunderland	Sunderland	North East	England
2000 - 02	56	6.6	5.5	12.7
2001 - 03	60	7.1	5.3	13.1
2002 - 04	54	6.4	5.0	13.5
2003 - 05	51	6.1	4.9	14.1
2004 - 06	60	7.2	4.9	14.7
2005 - 07	60	7.2	5.5	15.0
2006 - 08	66	7.9	5.9	15.0
2007 - 09	59	7.1	6.2	15.1
2008 - 10	58	7.0	5.6	15.1
2009 - 11	50	6.0	5.1	15.2
2010 - 12	55	6.6	5.2	15.1
2011 - 13	62	7.5	5.1	14.7
2012 - 14	64	7.7	5.5	13.5
2013 - 15	57	6.9	5.0	11.9
2014 - 16	40	4.8	4.8	10.8
2015 - 17	36	4.3	4.2	9.9
2016 - 18	32	3.8	4.1	9.2
2017 - 19	31	3.7	-	8.6
2018 - 20	22	2.6	-	8.0

Source [TB Strategy Monitoring Indicators - Data - OHID (phe.org.uk)]

Figure 6 TB notification rate per 100,000 population by upper tier local authority of residence, North East, 2020

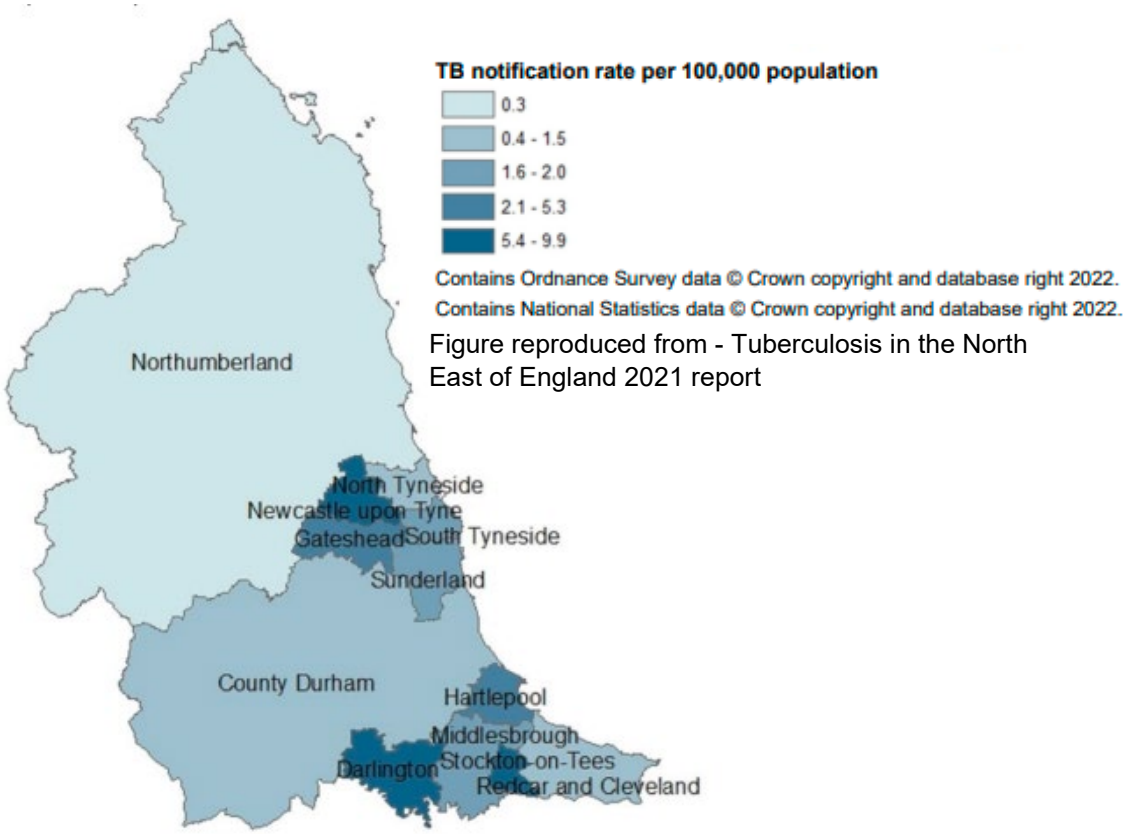


Figure reproduced from - Tuberculosis in the North East of England 2021 report

10.6. **Monkeypox**

10.6.1. Monkeypox (MPX) is a rare viral infectious disease, which is usually found in central and west Africa. MPX cases outside of endemic areas were predominantly associated with travel.

10.6.2. MPX is usually a self-limiting and mild illness with most people recovering within several weeks. However, severe illness can occur in some individuals. The incubation period can be prolonged and ranges from 5-21 days.

10.6.3. A multi-country outbreak of MPX has been ongoing since early May 2022. As of 12 September 2022, there were 3,552 confirmed cases in the UK. Most cases have no associated travel to endemic regions suggesting community transmission.

10.6.4. In Sunderland there have been <5 confirmed cases managed by the HPT and a total of 47 cases in the North East.

10.6.5. The UK response is being coordinated nationally by the UKHSA who are working closely with the NHS and other stakeholders.

10.6.6. Regionally, the North East HPT are coordinating local response and managing MPX cases in line with any other uncommon infectious disease and advise the Executive Director of Health, Housing and Communities of all cases. If a complex case were to arise an Incident Management Team may be established with local authority involvement if required.

10.6.7. NHS England are coordinating vaccination efforts with key staff cohorts, at risk population groups and certain high risk contacts currently the target population. There is at present a low supply of vaccine with a large batch anticipated to be distributed in September.

10.7. **COVID-19**

10.7.1. COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Most people will experience mild to moderate respiratory illness and recover without requiring treatment. However, some will become seriously ill and require medical attention.

10.7.2. Some populations are at greater risk of developing severe illness including older people and those with underlying medical conditions. The long term implications of infection with SARS-CoV-2 are still not fully understood, but a proportion of COVID-19 cases have been shown to develop an array of chronic symptoms which has been termed ‘long COVID’. Estimates from ONS indicate approximately 2.8% of the UK population had self-reported long-COVID in April 2022. The long term implications for population health and health services are still unknown.

10.7.3. The current position in Sunderland as of 15 September 2022 is:

- 105,139 cases of COVID-19 have been recorded
- 1, 114 deaths within 28 days of positive test result
- a total of 2,184,260 tests have been recorded (PCR and lateral flow device)
- 7,796 COVID-19 patients have been admitted to South Tyneside and Sunderland Foundation Trust
- COVID-19 prevalence, estimated by ONS, is 1 in 75 people in the North East and 1 in 70 for the sub-region (Sunderland, Gateshead and South Tyneside) and the current PCR positivity rate in Sunderland is 3.9% (as of 5 September).

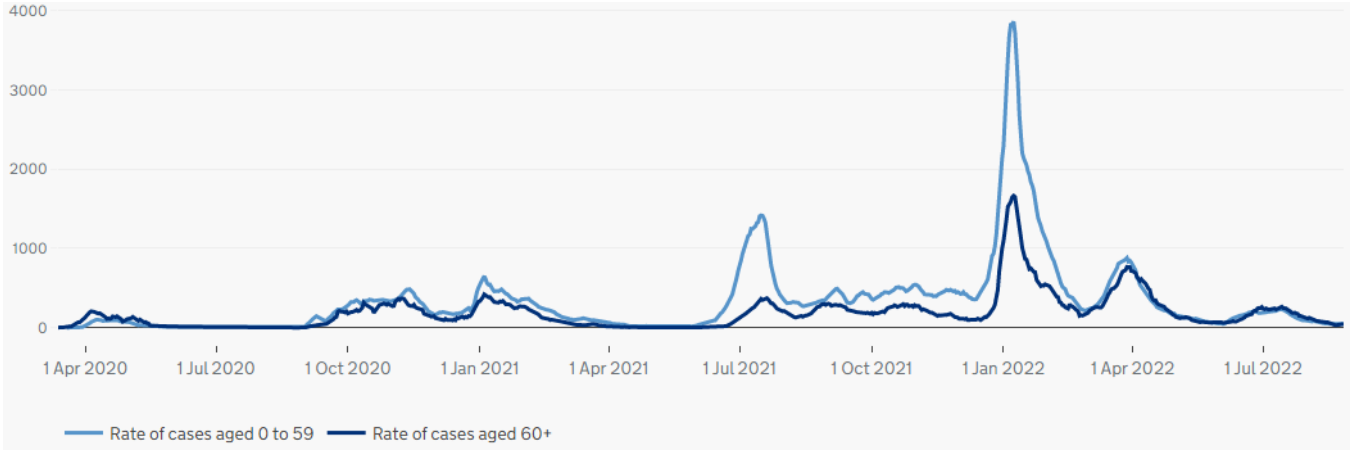
10.7.4. COVID-19 case numbers are anticipated to fluctuate over time. The current long term predictions indicate that there will be a peak in cases in November 2022 Long-term forecasting of the COVID-19 epidemic - Dynamic Causal Modelling, UCL, UK.

10.7.5. The national, region and local health protection system continues to respond to the COVID-19 pandemic. The future of the pandemic remains uncertain and SCC have a priority to protect the population of Sunderland from COVID-19 by improving access to vaccinations and promoting positive and protective behaviours. A continued effort is focused on helping care homes to protect their residents by preventing transmission and outbreaks. SCC, along with partner organisations, has contingency plans in place if there were to be a requirement to step up COVID-19 control measures and are in a good position to mount a rapid response.

10.7.6. The autumn COVID-19 booster campaign has begun and is targeting individuals at increased risk of severe infection or those who care for at risk individuals. Enhanced efforts are being made across Sunderland to obtain the highest possible uptake leading into the winter months with the likely possibility of co-circulating COVID-19 and influenza for the first time.

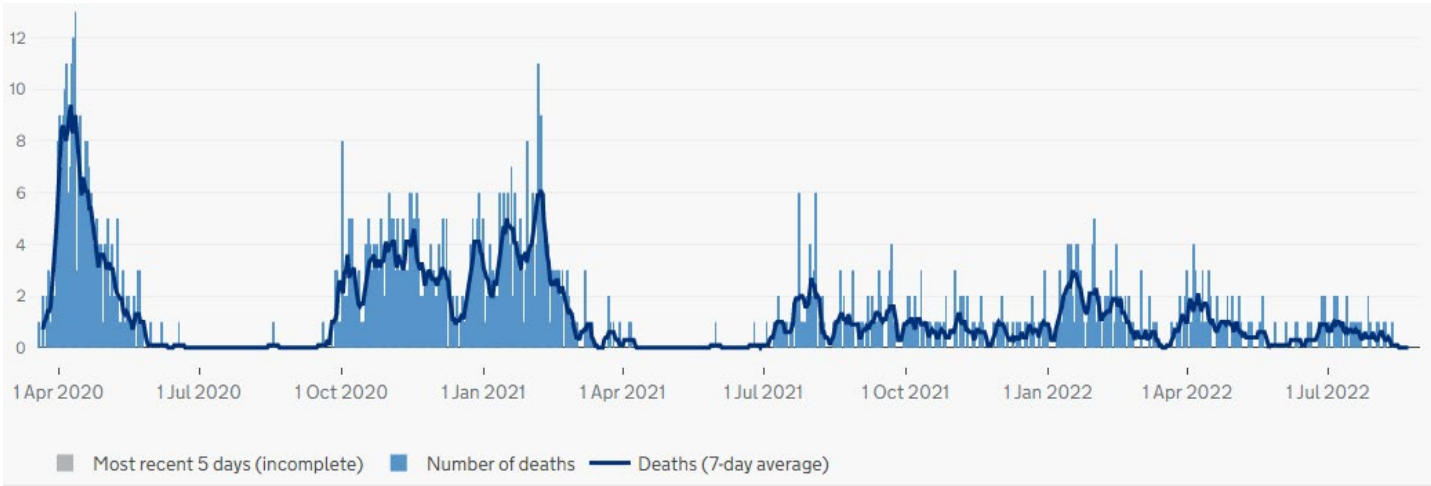
10.7.7. SCC will continue to support the vaccination campaign and provide the population of Sunderland with information and advice to allow people to make informed decisions to protect their own health through media communications.

Figure 7 COVID-19 cases in Sunderland by age (0-59 and ≥60 years) 7 day rolling rate per 100,000



Source [Cases in Sunderland | Coronavirus in the UK (data.gov.uk)]

Figure 8 Deaths within 28 days of a positive test by date of death



Source [Deaths in Sunderland | Coronavirus in the UK (data.gov.uk)]

10.8. **Polio**

10.8.1. The UKHSA, working with the Medicines and Healthcare products Regulatory Agency (MHRA), conducts routine environmental surveillance for polio as part of the UK's commitment to the global polio eradication programme.

10.8.2. In June, UKHSA announced that through this surveillance poliovirus had persistently been detected in sewage samples collected from the London Beckton Sewage Treatment works since February 2022.

10.8.3. A UKHSA national enhanced incident response was established and environmental surveillance was expanded. Following the discovery of type 2 vaccine-derived poliovirus in sewage in north and east London, the JCVI advised that a targeted inactivated polio vaccine (IPV) booster dose should be offered to all children between the ages of 1 and 9 year in all London boroughs.

10.8.4. More recently wastewater surveillance has been expanded to assess the extent of transmission outside of London and identify local areas for targeted action. The areas to be included is based on low vaccination coverage in the childhood programme, pockets of under vaccinated communities and risk of importation.

10.8.5. Sunderland has a very high uptake of polio containing vaccination for the routine childhood immunisation programme and no known pockets of under vaccinated communities and is therefore not included in the enhanced surveillance.

10.8.6. Almost all GP practices in Sunderland have an uptake higher than the 95% national target. NHS colleagues are working directly with the small number of GP practices that have an uptake below 95%. SCC are also using regular communications messages to remind parents and guardians of the importance that children are up to date with their vaccinations and that they are immunised as soon as they become eligible.

11. Winter preparedness

11.1. This winter there is likely to be co-circulation of COVID-19 and influenza and it is therefore very important that high levels of uptake of both the COVID-19 booster and influenza immunisation are achieved.

11.2. The responsibility for oversight of the Winter Vaccination Programme 2022/23 sits with the Winter Vaccination Board. This is a multi-agency Board, which reports to the Health Protection Board and has oversight for implementation of the Winter Vaccination Programme and monitoring progress.

11.3. Local planning of the Winter Vaccination Programme has focused on how best to target populations who historically have lower uptake. The Board meets regularly and assesses data to be able to adapt delivery to target areas as needed.

12. Health protection in relation to asylum seekers and refugees

12.1. Refugees and asylum seekers may have complex health needs that are influenced by experiences prior to arrival in the UK. These include:

- untreated communicable diseases
- poorly controlled chronic conditions
- maternity care
- mental health and specialist support needs

12.2. Health protection in relation to asylum seekers and refugees includes support with immunisation and screening eg TB, HIV.

12.3. To properly support asylum seekers and refuges the council must work closely with health services and external organisations in line with current guidance from

the UKHSA and other relevant guidance Migrant health guide - GOV.UK (www.gov.uk).

12.4. An important part of health protection support is to ensure that all health needs are met and also that any potential health inequalities are considered and addressed.

13. Emergency Preparedness, Resilience and Response (EPRR)

13.1. Local health protection arrangements must plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terror attack.

13.2. Planning takes place at regional and local levels as follows:

- The Local Resilience Forum (LRF)
- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.
- UKHSA co-ordinates the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
- The Sunderland Resilience Group brings together partners across Sunderland to prepare for both planned and unexpected events. The group ensures that Sunderland is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations

13.3. The Executive Director of Health, Housing and Communities is trained to chair the Scientific and Technical Advice Cell (STAC) which could be convened by the UKHSA to co-ordinate such advice in the event of an emergency incident.

13.4. There is a continued effort to ensure that all Sunderland partners are ready to respond to potential threats. To support these efforts a multi agency flood exercise is planned for September 2022 and a water contamination incident exercise is planned for November 2022.

14. Summary

14.1. This report has set out an overview of health protection arrangements and relevant activity across the City of Sunderland during 2021/22 including:

- Setting out the broad scope of health protection arrangements covering prevention, surveillance and control;

- Setting out the many and varied mechanisms for seeking and gaining assurance about health protection issues in Sunderland;
- Providing a description of services and activities available to protect the health of Sunderland's population; and
- Providing a summary of key supporting data.

14.2. The unprecedented COVID-19 pandemic has brought many health protection challenges. It has highlighted that Sunderland has a robust health protection system where partner organisations work together to protect the health of the population of Sunderland.

14.3. Overall, the Executive Director of Health, Housing and Communities is satisfied that the Health Protection Assurance arrangements in Sunderland are appropriate and effective in dealing with the various aspects of health protection.

14.4. SCC public health team will keep the arrangements under review and will seek to make improvements as and when necessary.

15. Forward planning for 2022/23

To continue to strengthen and improve health protection services across Sunderland the following key areas will be a focus for 2022/23:

- Continue to ensure that the population of Sunderland are informed about current and emerging threats to health and to provide information and advice to enable people to make informed decisions to protect their own health.
- To work with partners to improve COVID-19 and influenza immunisation uptake with focus on at risk groups and groups with historically low uptake such as pregnant women and adult social care staff.
- To continue to actively participate in the management of outbreaks and incidents and to support partners to protects residents from infectious diseases and environmental hazards.
- To continue to drive improvements in infection, prevention and control standards in care homes through training, providing advice and supporting partners.
- To continue to work with partners to improve immunisation and screening uptake in Sunderland, with focus on areas that have not yet returned to pre-pandemic levels.
- To reduce health inequalities in health protection with focus on immunisation and screening programmes.
- To ensure that there is adequate and appropriate support available for refuges and asylum seekers.

16. Recommendations

16.1. The Health and Wellbeing Board is recommended to:

- note and comment on the report;
- be assured that Sunderland has a robust health protection system where partner organisations work together to protect the health of the population of Sunderland;
- be assured that the Council's public health team will keep health protection arrangements under review and will seek to make improvements as and when necessary; and
- endorse the health protection forward plan priorities for 2022/23 as set out in section 15 of the report.

17. Abbreviations

AAA	Abdominal Aortic Aneurysm
ANNB	Antenatal and newborn screening
CCG	Clinical Commissioning Group
DEFRA	Department for environment and rural affairs
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis, inactivated polio vaccine, Haemophilus influenzae type B,
E. coli	Escherichia coli
EPERR	Emergency Planning Resilience and Response
HCAI	Health care associated infection
HPT	Health Protection Team
ICB	Integrated Care Board
IPC	Infection Prevention and Control
JCVI	Joint committee on vaccination and immunisation
LHRP	The Local Health Resilience Partnership
LRF	Local Resilience Forum
MMR	Measles, Mumps and Rubella
MPX	Monkeypox
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
ONS	Office for National Statistics
PCR	Polymerase chain reaction
PPE	Personal protective equipment
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SCC	Sunderland City Council
STAC	Scientific and Technical Advice Cell
STI	Sexually transmitted infection
TB	Tuberculosis
UKHSA	UK Health Security Agency

18. Appendices

18.1. Appendix 1 Sunderland Health Protection Board terms of reference

Sunderland City Council Health Protection Board Terms of Reference

Sunderland City Council

Health Protection Board

Terms of Reference

1. Purpose

1.1. Sunderland Health Protection Board (HPB) aims to enable the Director of Public Health to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.

1.2. The HPB will focus on facilitating the Director of Public Health's statutory oversight and assurance role for health protection.

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

1.4. The HPB will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Sunderland, ensuring they are acting jointly and effectively to protect the population's health.

2. Objectives

The objectives of the Board are to:

2.1. Provide assurance to the Director of Public Health that plans are in place to protect the population's health (mandated function, Health and Social Care Act 2012);

2.2. Co-ordinate public health input to Council plans and policies relevant to health protection, for example flu pandemic planning and air quality;

2.3. Ensure a system is in place to alert the Director of Public Health to any issues and provide an appropriate response;

2.4. Provide regular updates to the Sunderland Health and Wellbeing Board;

2.5. To strengthen the health protection aspects of emergency preparedness with consideration for lessons learned from the COVID-19 pandemic, including, preparing for future COVID-19 waves or response to a new threat and ensuring consideration is given to vulnerable and complex populations and settings;

2.6. Seek to improve population health and wellbeing in the context of health protection, advising the local system on areas for improvement and where health inequalities should be addressed;

2.7. Reflect on local incidents and outbreaks, securing assurance that lessons are learned and actions arising from them are implemented;

2.8. Oversee preparation of the annual health protection assurance report;

2.9. To support the Director of Public Health in providing information for the purposes of Scrutiny on any health protection related matter; and

2.10. To receive reports on any other issue that would enable the Director of Public Health to undertake their assurance role in relation to health protection.

3. Membership

The membership of the group will be (some names/roles still to be confirmed due to new Integrated Care Board (ICB) arrangements):

- Director of Public Health (Executive Director of Health, Housing and Communities), SCC **(chair)**
- Public Health Consultant, SCC
- Senior Communications Officer, SCC
- Assistant Director of Adult Services, SCC
- Principal Environmental Health Officer, SCC
- Public Health Lead (Health Protection), SCC
- Assistant Director of Business and Property Services, SCC
- Medical Director, ICB (Sunderland)
- Executive Director of Nursing, Quality and Safety, ICB (Sunderland)
- Head of Primary Care, ICB (Sunderland)
- Executive GP and Clinical Chair, ICB (Sunderland)
- Clinical Director of ATB (also Sunderland West locality Executive GP lead and Clinical Vice-Chair, ICB (Sunderland))
- Consultant in Health Protection, UKHSA
- Executive Medical Director, South Tyneside and Sunderland NHS Foundation Trust
- Consultant Microbiologist, South Tyneside and Sunderland NHS Foundation Trust
- Director of Education, Together for Children
- General Manager / Locality Manager, 0-19 Public Health Service, Harrogate and District NHS Foundation Trust

4. Frequency of Meetings

4.1. The group will meet quarterly and at other times as required by the Director of Public Health.

5. Chair

5.1. Meetings will be chaired by the Director of Public Health, or their appointed deputy.

5.2. Minutes will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated ahead of meetings, with minutes also circulated in a timely fashion to Board members following each meeting.

6. Reporting arrangements

6.1. The group, through the Director of Public Health, will produce an annual assurance report to the Health and Wellbeing Board.

7. Review

7.1. Terms of Reference will be fully reviewed at least once a year.
Next review by March 2023.

8. Standing Agenda Items

Model agenda for Health Protection Board:

i. Apologies for absence
ii. Minutes and matters arising
iii. Action log
iv. Health protection dashboard
v. Feedback from meetings
vi. Emergency planning issues
vii. Partner updates
viii. Any other business

9. Example of types of issues to be discussed at the Board will include:

9.1. Communicable diseases
9.2. Infection prevention and control in care settings
9.3. Health care associated infections
9.4. Screening and immunisation
9.5. Environmental hazards (air quality, adverse weather)
9.6. Outbreaks and incidents
9.7. Emergency planning and preparedness

18.2. Appendix 2 The routine immunisation schedule, from February 2022

The routine immunisation schedule from February 2022

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus[2]	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus[2]	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3,5]	Fluenz Tetra[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 to 79 years of age	Shingles	Shingles	Zostavax[3] (or Shingrix if Zostavax contraindicated)	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).

For vaccine supply information for the routine immunisation schedule please visit portal.immform.phe.gov.uk and check Vaccine Update for all other vaccine supply information: www.gov.uk/government/collections/vaccine-update

immunisation | The safest way to protect children and adults

NHS

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people
4. Check SCID screening outcome before giving BCG.

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to ten years of age)[2] PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[4]	Pneumococcal Influenza	PCV13 (up to ten years of age)[2,3] PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine

1. Check relevant chapter of the Green Book for specific schedule: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
2. If aged two years to under ten years of age and unimmunised or partially immunised against pneumococcal infection, give one PCV13 dose.
3. To any age in severely immunocompromised.
4. Consider annual influenza vaccination for household members and those who care for people with these conditions.

Item No. 11

SUNDERLAND HEALTH AND WELLBEING BOARD 30 SEPTEMBER 2022

WINTER PLANNING 2022/2023

Report of the Director of Place (Sunderland)

1. Introduction

The purpose of this report is to update the Sunderland Health and Wellbeing Board on the Winter Vaccination Programme and plans to support patients and services over the Winter period.

2. Winter Vaccination Programme 2022/23

2.1 Background

Around 8000 people die from flu in England each year. Adults with chronic respiratory conditions are 7 times more likely to die if they catch flu compared to healthy adults, and people with cardiovascular disease are 11 times more likely to die.

COVID is also still circulating with continued waves predicted, leading to harm caused by the disease to some patients, especially those un/under-vaccinated, as well as significant disruption to public life and to healthcare services. As of July 2022, COVID deaths surpassed 200k

There was little to no flu circulating in 2021/22. However, based on influenza circulation in the southern hemisphere it is likely that there will be an increased level of cases in UK in 2022/23

As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023, by addition, or by prolongation of the overall period for which respiratory viruses circulate in sequence.

Flu vaccination is still one of the most important public health interventions to reduce the pressure on the health and social care system in winter. Patients in the highest risk clinical groups for influenza are also the highest risk groups for COVID-19. For the 2022 COVID autumn booster programme, the primary objective is to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19 over winter 2022 to 2023.

2.2 Vaccination Uptake

Influenza 2021/2022

For the last 2 years during the coronavirus (COVID-19) pandemic nationally we have had the largest NHS influenza vaccination programmes ever. We have also seen some of the best influenza vaccine uptake levels ever achieved in many of the cohorts, with more people vaccinated than ever before.

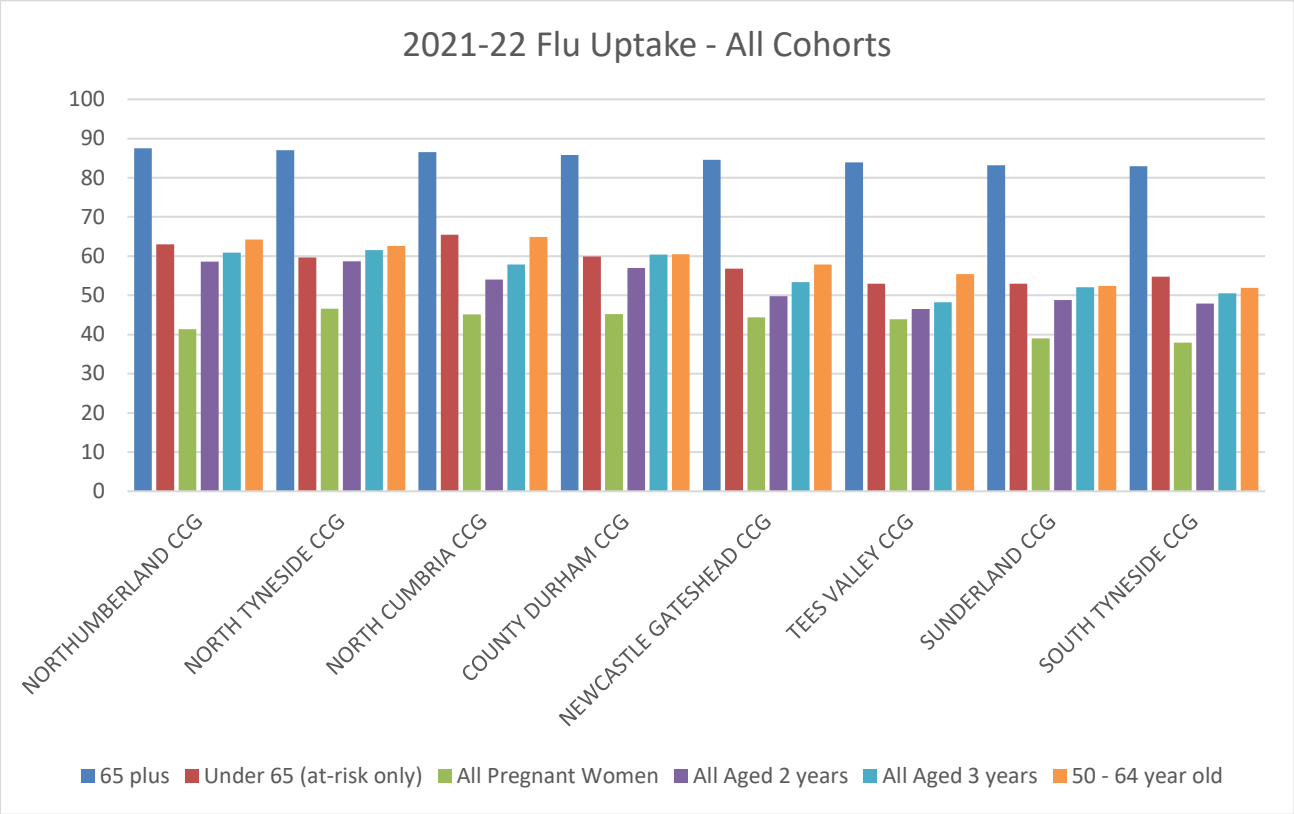
In Sunderland, 83.2% of those over 65 years old were vaccinated in 2021-22, which was a slight increase on the previous year. However, the uptake in other cohorts was lower, and only 53% of under 65s who are 'at risk' took up the offer of the vaccine. Vaccinations in pregnant women and children aged 2 to 3 years were particularly low, not only in Sunderland but across the North-East and North Cumbria. (*See table 1 & 2 below).*

Table 1 – NENC Flu uptake rates

CCG	65 years plus	Under 65 (at-risk only)	All Pregnant Women	All Aged 2 years	All Aged 3 years	50 - 64 years
NORTHUMBERLAND CCG	87.5	63.0	41.4	58.6	60.9	64.2
NORTH TYNESIDE CCG	87.0	59.7	46.6	58.7	61.5	62.6
NORTH CUMBRIA CCG	86.5	65.5	45.1	54.0	57.9	64.9
COUNTY DURHAM CCG	85.8	59.9	45.2	57.0	60.4	60.5
NEWCASTLE GATESHEAD CCG	84.6	56.8	44.4	49.8	53.4	57.9
TEES VALLEY CCG	83.9	53.0	43.9	46.5	48.2	55.4
SUNDERLAND CCG	83.2	53.0	39.0	48.8	52.1	52.4
SOUTH TYNESIDE CCG	82.9	54.8	37.9	47.9	50.5	51.9
Average	**85.3**	**57.6**	**43.5**	**52**	**54.8**	**58.725**

Green indicates highest uptake figure in the group and amber indicates lowest uptake in the group

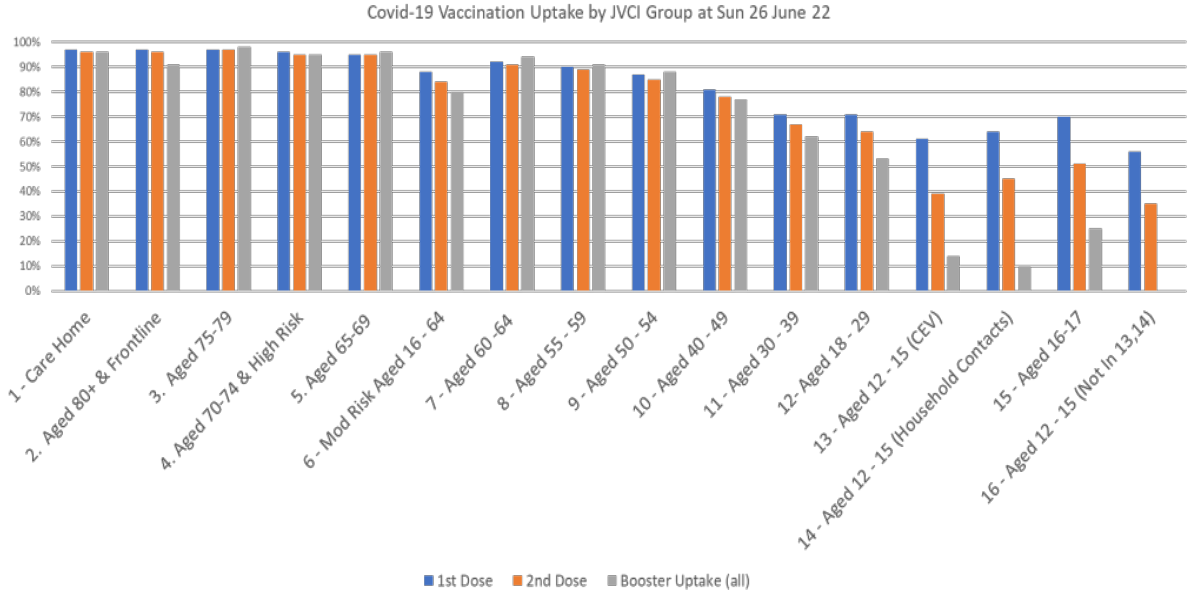
Table 2



COVID vaccination uptake (Phases 1-4)

COVID vaccination rates have remained high in the older age groups especially with the initial vaccinations.

The spring boosters saw a reduction in uptake especially in the younger age groups - See table 3 below *– please note in some cohorts there appears to be higher booster rates than second dose rates – this is because the figures for boosters include the immunosuppressed figures who have received an additional booster dose*



2.3 Autumn vaccine eligibility

Flu Eligibility

The 2 March 2022 letter confirmed that those eligible for the NHS influenza programme are those cohorts who were offered the vaccine prior to the pandemic:

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline staff employed by the following types of social care providers without employer led occupational health schemes:
    - a registered residential care or nursing home
    - registered domiciliary care provider
    - a voluntary managed hospice provider
    - Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants
    -

Cohorts that were eligible in the 2021 to 2022 season but that are not included in the cohorts for 2022 to 2023 are:

- those aged 50 to 64 years
- secondary school children in Years 7 to 11 (between 11 and 15 years of age on 31 August 2022)

COVID vaccine eligibility

The flu and COVID eligible cohorts are mostly, but not entirely, aligned for Autumn/Winter 2022/23.

The government have accepted final JCVI advice which states the following people should be offered a COVID-19 booster vaccine this autumn:

- residents in a care home for older adults and staff working in care homes for older adults;
- frontline health and social care workers;
- all adults aged 50 years and over;
- persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book;
- persons aged 5 to 49 years who are household contacts of people with immunosuppression; and
- persons aged 16 to 49 years who are carers, as set out in the Green Book.

2.4 Uptake ambitions and targets

Flu Vaccinations

General practices and school providers must demonstrate a 100% offer this season by ensuring all eligible people are offered the opportunity to be vaccinated by active call and recall mechanisms, supplemented with opportunistic offers where pragmatic. The aim of the influenza programme for 2022 to 2023 is to demonstrate a 100% offer and to achieve the uptake levels of 2021 to 2022 for each cohort as a minimum, and ideally, exceed them.

Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

Support is also needed for those living in the most deprived areas, from minority ethnic communities and other underserved communities to have as high an uptake in the population as a whole. High quality dedicated and interculturally competent engagement with local communities, employers, faith, and advocacy groups will therefore be required and work is ongoing regionally and locally with communications teams.

Providers are expected to have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access to the influenza vaccine. Efforts should be made to show improvement in coverage in those groups who had over 5% lower uptake than the national average.

Covid Vaccinations

The autumn booster programme is running from 5 September and the ambition is that all eligible people will be offered the vaccine between September and the end of December 2022.

To support this, the National Booking Service (NBS) opened week commencing 5 September to enable those aged 75 years and over and self-declaring health and social care workers to book their COVID-19 vaccination appointment from w/c 12 September.

All local vaccination sites (LVS) in Sunderland will be available to book via NBS. National invitations via SMS, email and letter are scheduled to be sent to eligible patients inviting them to book an appointment.
The target for care homes is to complete vaccinations within a ten-week period from the start of the programme. This is currently ahead of schedule in Sunderland.

2.5 Sunderland vaccination plans and responsibilities

Governance

The responsibility for oversight of the Winter Vaccination Programme 2022/23 sits with the Winter Vaccination Board. This is a multi-agency Board which includes the Integrated Care Board, Local Authority, South Tyneside and Sunderland NHS Foundation Trust, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Sunderland GP Alliance, NHS England and Improvement, General Practice representation, Community Pharmacy representation and Healthwatch as a core membership.

The Board will continue to report to the Sunderland Health Protection Board which is accountable to the Health and Wellbeing Board.

The purpose of the Board is to oversee the implementation of the programme, monitor progress of the plan and to discuss and help to resolve issues that may arise during the programme.

Practice and Primary Care Network (PCN) plans

General practice has been largely responsible for delivering the majority of flu vaccinations for many years, and all of the 38 practices in Sunderland have signed up to the Enhanced Service for 2022-23.

All six Primary Care Networks (PCNs) in Sunderland have signed up to deliver the COVID vaccinations, and once again there will be six local vaccination sites delivering the vaccine. Plus, this autumn, six individual practices have agreed to trial delivering the vaccine alongside flu vaccines within practice premises.

The six PCNs have subcontracted to the Sunderland GP Alliance (SGPA) to manage the COVID vaccination programme on their behalf.

A copy of the vaccination plan for Sunderland can be found in Appendix 1.

Other Care Settings:

Community Nursing Team

The community nursing teams for Sunderland are employed by South Tyneside and Sunderland NHS Foundation Trust (STSFT) and are contracted by the Integrated Care Board to deliver flu and COVID vaccinations for eligible patients on their caseload via a community team. This includes housebound patients as well as patients who are registered as living in a residential care home.

The Community Nursing team has commenced vaccination and it is anticipated all older person care homes will be completed within 14 days.
The team will then move onto visiting housebound patients in Sunderland.

Community Pharmacy

Community Pharmacies (CPs) are commissioned to deliver flu vaccinations by NHSE/I via a service specification to eligible patients (those that mirror the GP Directed Enhanced Service). Information is not held centrally for pharmacy flu vaccine stock but it is estimated that community pharmacy usually delivers around 15% of the flu vaccines to at risk patients.

CPs were also invited to participate in the COVID vaccination programme and there are currently four pharmacies signed up to take part in the autumn booster campaign.

Secondary Care

Both inpatients and outpatients are to be offered both the flu and COVID vaccine opportunistically this year by South Tyneside and Sunderland NHS Foundation Trust (STSFT).

This includes pregnant women who are attending antenatal appointments or scans and further work is ongoing to look at how the uptake can be improved.

2.6 Health Inequalities

A great deal of work has been carried out to address health inequalities and access to the COVID vaccination. This work will continue throughout the autumn booster phase, and the learning will be incorporated into the flu vaccination programme.

Part of the ongoing work has been to develop relationships with members and leaders of faith groups within Sunderland; as a result, many 'roving' clinics have been held in various settings such as the local Mosques, Sunderland Bangladeshi Centre, and Sunderland Minster.

Roving teams have also attended various shelters such as the YMCA and Salvation Army and plans are underway to attend food banks and soup kitchens where possible. We will continue to engage with these groups going forward to maximise uptake.

We will also continue to monitor wards such as in the East of the city where we know there has historically been lower uptake. 'Pop up' clinics at High Street West in the city centre has been a success in targeting this area and so this will continue throughout the autumn.

There is also support on offer from the regional mobile team, and it is hoped that this will provide further coverage for areas of lower uptake alongside the use of the MELISSA Bus.

2.7 Communication and Engagement

Practices and pharmacies do contact patients by a variety of methods to encourage them to have vaccines and all have been encouraged to continue with a variety of modes of communication to patients and explore all options available, such as the use of text messages and social media. As previously mentioned, the National

Booking System is also being used which includes texts and letters sent from the national team.

The national media campaign will be complemented by regional and local communications.

2.8 Availability and Delivery of Vaccines

There have been some delays to supplies of the flu vaccines already this year; most practices should see deliveries arrive by week commencing 26 September 2022. This means that co-administration will be difficult in the first instance.

The COVID vaccination allocations will now be made available in four weekly slots to aid planning going forward.

3. Winter Planning

3.1 Context to Winter Planning for 2022/23

Winter is always a challenging time for organisations working to deliver health and social care services to meet the needs of patients, service users and their carers, and we are expecting this winter to be a particularly difficult.

The balance between maintaining planned care and managing elevated urgent and emergency care demand is a challenge every winter and this year, the impact, and consequences of COVID with more poorly people presenting for healthcare, higher admission rates, greater pressures on primary care and social care make planning services more complex and we need to remain ready to respond to rapidly changing circumstances.

This means that the health and social care system will be constantly rebalancing and re-prioritising this winter to use its resources to treat the sickest and most urgent patients. More than ever, the demands on our health and social care system to meet the needs of our population require organisations to work collaboratively to remove barriers and deliver safe and effective services.

Our focus this winter is on keeping people safe and well. We will deliver this through preventive activities to avoid illness, action to deliver services close to home where possible, and to reduce the risk of illnesses getting to the point that hospital treatment is needed. When hospital treatment is required, our focus is to ensure the safe delivery of care, minimising time spent in hospital and supporting people to return home.

Planning for winter is not a one-off event. Rather, it is a process that sits within the context of the services provided by health and social care organisations daily and throughout the year. It also sits alongside organisational plans for the development and enhancement of services, which are intended to keep pace with changes in demand for services and advances in treatments and supporting technology.

The joint South Tyneside and Sunderland Command and Control (Surge) Group has continued to meet at least once a week over the last 18 months to manage the unprecedented demand on services. Due to the demand on health and care services,

several surge schemes normally only in place over winter have operated throughout the year.

The winter plan has been developed by the Command-and-control meeting and should be considered alongside several other key plans i.e., vaccination programme, ambulance handover plan.

3.2 How the Winter Plan was developed

The Winter Plan for 2022/23 **(Appendix 2)** has been developed based upon:

- Learning from Covid pandemic
- The review of Sunderland winter schemes undertaken in May 2022
- National and regional guidance and learning

The Winter Plan has included the feedback from the ICS Winter Debrief and 'Testing the Plan' events and shared learning, and good practice from South Tyneside and Sunderland Place systems.

The Winter Plan has been developed through the Command-and-Control meeting which is both multi-agency and multi-disciplinary and has been reviewed via ICS Assurance Self-Assessment process

Each Winter scheme has a plan that sits behind the summary that sets out the scheme's purpose, expected outcomes and key performance indicators. Each scheme aims to contribute to managing the anticipated increased demand and pressure across the health and care system over winter. The organisational lead for the scheme has indicated they are confident the scheme can be implemented with the required workforce.

The Command-and-Control meeting will be operational throughout winter to oversee and manage the Winter Plan and to ensure capacity and demand planning is an integral part of the surge and escalation measures that are implemented in response to high levels of demands on health and care services throughout the winter.

The Command-and-Control meeting will maintain oversight of operational pressures at provider and system level, monitor escalation and coordinate provider response.

The rhythm of daily reporting and oversight, through system calls and escalation management including out of hours will continue throughout the winter period. In the event of emergency demand exceeding system resource EPRR Incident Response arrangements will be enacted.

4. Recommendation

The Board is recommended to:

- Note the content of this report
- Note and be assured by the content of the Winter Vaccine Operational Plan (appendix 1)
- Be assured of the governance arrangements for the programme
- Note and comment on the Winter Plan (appendix 2) prior to final submission to the ICB

Appendix 1 – Sunderland Flu and COVID Operational Plan

Appendix 1

Sunderland Winter Vaccine Plan 2022/23

Eligible Cohort	Invitations/Timeline	Responsibility	Location	Start date	Expected Completion Date	Details	Responsibility for updating winter vac board
Care home residents	Older person care homes residents to be completed in ten week period	DN team on behalf of PCNs	In care homes	05/09/2022	26/10/2022	DN team aiming to complete all care homes in 14 days	STSFT
Housebound	Invitations will be sent out from national team, practices will refer into DN team where appropriate.	DN team on behalf of PCNs	in own home	19/09/2022	tbc	Referrals made from practices to DN team via EMIS. Aim to co-administer with flu vaccine.	STSFT
Over 75 years	NBS opens 7th September to make appointments from 12th September.	PCNs	LVS or CP site	12/09/2022	31/12/2022	National letters and texts have gone out to patients inviting them to book an appointment. Need to contact patients who do not have a mobile phone listed.	ICB
Over 65 years	NBS to open for booking from the end of September	PCNs	LVS or CP site	19/09/2022	31/12/2022	NBC call and recall supported by practices	ICB
Under 65 at risk	NBS to open for booking from the end of September	PCNs	LVS or CP site	19/09/2022	31/12/2022	NBC call and recall supported by practices	ICB
50-64 year olds	Anticipated to be able to invite mid october	PCNs	LVS or CP site	Mid October	tbc	NBC call and recall supported by practices	ICB
Front Line Health & Social Care workers	NBS open to book for self declarations from 7th September, can be vaccinated from 12th September	PCN/FT	LVS/CP/FT	12/09/2022	31/12/2022	H&SCW can self declare and book into LVS/CP, encourage care home staff to be vaccinated at the same time as residents	ICB/LA/STSFT/CNTW

Patients with a learning disability	NBS to open for booking from the end of September	PCN/LD team	Mix of own home/VS/CP/Roving clinics	19/09/2022	tbc	Support from LD Team to visit individuals in their own home or residence where required, co-administration of both COVID and flu where possible. Separate dedicated clinics to be held at LVS sites with reasonable adjustments in place. Some further visists to residential homes of roving clinics may be required and planning is underway. Practices to refer patients into LD team for home visits, SW liaise with LA on list of other supported living accommodation and residential care	Learning Disability Team/ SGPA
Pregnant Women	NBS to open for booking from the end of September	PCN/FT	LVS/CP/FT	19/09/2022	tbc	Pregnant women will be invited to book an appointment, but should also be offered the vaccine at midwifery appointments/scans etc Work with midwives and FT to plan	STSFT
Care home residents	DN team to visit care homes, not able to co-administer with COVID vaccine at the start of September due to flu vaccine delivery delays	DN Team on behalf of Practices	In residential home	26/09/2022			STSFT
Housebound	DN team to start w/c 19th September	DN Team on behalf of Practices		19/09/2022		Co-administration when possible	STSFT
Over 65 years	Invitations from Practices and CPs to attend clinics	Practices	Practice/CP	19/09/2022			ICB
Under 65 at risk	Invitations from Practices and CPs to attend clinics	Practices	Practice/CP	19/09/2022			ICB
50-64 year olds	Invitations from Practices and CPs to attend clinics	Practices	Practice/CP	October			ICB
Front Line Health & Social Care workers	Invitations from employer or self declaration	All	Practice/CP/Occupational health schemes/FT	September	tbc		LA/ICB/STSFT/CNTW
Patients with a learning disability	Invitations from Practices and CPs to attend clinics	Practices/CPs	various	September	tbc	As with COVID Vac, LD team will support with visiting some patients in their own home.	Learning Disability Team/ ICB

Appendix 2- Sunderland Winter Plan 2022/23

Project title	Description	Costs
System Contingency Workforce Fund	Creation of a C&C system fund to which partners can make application in respect of funding for overtime to support staffing pressures as they arise within social work, health, therapies and care and support services. Facilitates continuous service provision where services experience winter staffing issues without relying on agency contracts that have historically been difficult to fill. Output from the service making application monitored to establish success of funding.	£150k
Homeless Officer	Continue role- working alongside IDT team to discharge customers with complex housing needs. Role to support both front and back of house.	£50K
Discharge System Co-ordinator	As per national guidance post to have oversight of multi-agency approach to discharge	£50K
Age UK Hospital Discharge service	Additional resource to support hospital discharge from wards and ED.	£100K
Telephony App:	Scheme will follow Patients being discharged who don't need social care support. Patients leaving re-ablement services- aim is to prevent readmission etc Links to Cost-of-Living Crisis via access to universal services, VCS, Social Prescribing and community therapies in order to avoid a requirement for other health or social care services -	£100K
Additional call handling resource	Additional Call handling resource to support expected increase in demand of Recovery at home services	£130K
Falls Responder	Telecare working in partnership with NEAS to respond to appropriate ambulance calls for people who have fallen. Aim to reduce pressure on ambulance service and the number of patients attending ED	£75K
Rapid assessment and treatment (RAT) Scheme	RAT is the process of undertaking a rapid assessment determining what investigations and immediate treatment is needed for patients initially attending the Emergency Department. The RAT scheme improves ambulance handovers and patient experience	£50K
Digital Reablement Support Project	Delivery of remote medication management, welfare checks, confidence building, reducing the necessity for face-to-face contact, providing step up and step-down support and providing additional exit strategies from face to face services.	£100K
Assertive Outreach Team Substance misuse	Work with patients experiencing issues relating to substance misuse. Linked to attendance at ED or use of other health services	£250K

Discharge Vehicle (in hours)	Consistent availability from 10am Mon - Fri, and from noon Sat and Sun	£160K
Overnight Vehicle	Support discharges overnight	£200K
Community beds	Purchase up to 70 additional care home beds- each month from November through to end pf March	£1.6M
Equipment and Adaptation Funding	Contingency for Equipment	£125K
Primary Care Overspill Clinics	Based on model used in covid - additional same day GP appointments/ Primary care resilience	£50K
Primary Care contingency fund	Additional funding for additional workforce	£150K
Mental Health Schemes	A range of various schemes aimed at supporting hospital discharge and preventing unnecessary admission into hospital	£160K
	Total investment	£3.5M

Item No. 12

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

Report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services & Chief Operating Officer of SCAS

1.0 Purpose of the Report

1.1 The purpose of the report is to:

i. provide the Health and Wellbeing Board with assurance that the work of the Delivery Boards is progressing in line with their agreed terms of reference; and
ii. provide a summary of key points discussed at their recent meetings.

2.0 Background

2.1 The Health and Wellbeing Board has three delivery boards to provide strategic oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. The delivery boards provide challenge and support across partnership activity in order to reduce health inequalities and address the social determinants of health.

2.2 To enable the Health and Wellbeing Board to fulfil its role as system leader for health and wellbeing, the delivery boards will need to be assured that activity being delivered across the three themes of the City Plan (Healthy, Vibrant and Dynamic Smart City) are maximising opportunities to reduce health inequalities and address the social determinants of health.

2.3 The sixth meeting of all three delivery boards took place in September 2022. The delivery boards are scheduled to meet on a quarterly basis and will hold additional workshops and development sessions subject to their business needs.

3.0 Update from the Starting Well Delivery Board – met 9 September 2022

3.1 The Starting Well Delivery Board held discussions on the following items:

i. Family Hubs

Family Hubs implementation is a key area of focus and standing topic for future meetings of the Delivery Board. It was noted that Sunderland is one of the 75 areas to be part of the Family Hub Network as part of the DHSC Transformation Fund. The funding structure has now been

confirmed for this financial year and the following two full years. Although it is called Family Hubs and has a 0-19 focus it is very clear that the funding is for interventions for children below statutory school age, early years and parental support, the money for interventions is targeted towards 0-2 years in particular and 0-4 years after that. There is no application process, but we are required to make a formal submission of what we intended to do and how we intended to go further than what we currently have after two and a half years and how we will have met all the basic standards for Family Hubs. Submissions need to be made by the end of October with the option to look at being a trailblazer.

A stakeholder consultation has been held with colleagues from various organisations invited including the 0-19 service, antenatal, perinatal support, public health and conversations were held around the draft submission. The application has been submitted and is being assessed, if we are not successful in the first round we will be considered in the second round.

In terms of how the hub model may work, we have retained 5 designated children centres, one in each area of the city. There is good accommodation in four areas, with one area only having access to a room in a school. TfC are in active talks around alternative space. The implementation plan will be shared at the next meeting of the Delivery Board.

Discussion took place around the governance arrangements which will include a Strategic Board, Operational Group, five Management Boards, a Parental Panel and Task and Finish Groups as appropriate. The Delivery Board agreed Family Hubs should remain a standing agenda item.

ii. Joint Strategic Needs Assessment (JSNA) annual refresh – refer to separate Health and Wellbeing Board agenda item.

iii. Place Based integration – refer to separate Health and Wellbeing Board agenda item.

iv. Director of Public Health Annual Report 2021/22

The Delivery Board agreed to meet as a smaller group and consider which recommendations noted in the DPH Annual Report should be brought to the Delivery Board for a detailed discussion.

v. Early Help Strategy

The current strategy is to 2022, there was agreement that a new strategy is needed. A strategy will be drafted for consultation with the involvement of appropriate Delivery Board members. The draft strategy will then be brought to a future meeting for approval and then presented to the Health and Wellbeing Board for final approval. The intention is to draft the plan

for 2023-2025 which will also mean it will align with the Family Hubs time frame.

vi. A number of further for information items were provided, including:

- Approach to babies in care accessing breast milk
- Outcome of the LGA breastfeeding insights work
- Regional behavioural insights consortium – children and young people's mental health

vii. Forward plan of future agenda items

The Delivery Board has a detailed forward plan. It was agreed to bring forward prevention bus/holiday activities and food programme updates after there had been the opportunity to analyse the data from each holiday programme.

3.2 Key issues:

The Delivery Board remains focused on Covid recovery issues, as well as a number of cross-cutting issues that affect considerable numbers of children and young people including poverty, alcohol and substance misuse harms.

A children and young people's JSNA is under development, it should assess current and future needs and inform future commissioning. From this work it is hoped the Board will have a greater understanding of what it is like to be a child or young person in Sunderland and how services can support their needs.

4.0 Update from the Living Well Delivery Board – met 7 September 2022

4.1 The Living Well Delivery Board held discussions on the following items:

i. Director of Public Health Annual Report 2021/22

The Delivery Board received a presentation focused on the living well aspects of the Director of Public Health Annual Report. The Delivery Board agreed that they needed to take responsibility for taking forward the relevant recommendations and would discuss these as future agenda items.

ii. Place Based integration – refer to separate Health and Wellbeing Board agenda item.

iii. Housing and Homelessness Strategies

Presentations were made on the emerging Housing and Homelessness Strategies. Draft document developed for 2022 -2030. Engagement events held with partners and stakeholders. Consulted on existing priorities and now have a draft strategy to consult on at the end of

September with further stakeholder events. Have 2 years of data from the dedicated housing service to identify gaps and what is working well. Very much a strategy for Sunderland and action plans will be owned by partners. Partners say priorities are more relevant than ever and that the strategy needs to be transformational. Acknowledgement that vulnerable people are becoming more vulnerable. A subchapter in the strategy will focus on the cost of living. The three emerging priorities are:

1. Maximising housing growth
2. Making the best use of existing homes and improving our neighbourhoods
3. Supporting vulnerable people to access and maintain housing

There was discussion about age friendly neighbourhoods and homes meeting the changing needs of people during their lives. The Delivery Board welcomed the opportunity to be involved in the strategy consultation and requested to receive the draft strategies at the next meeting.

iv. Cost of living crisis

A presentation was made on the cost of living crisis – acknowledgement that the cost of living crisis is the latest in a series of financial shocks between 2010 and 2021. An overview of key issues included increased foodbank usage; increase in a range of household costs; and Universal Credit claimants increased from 18,000 at the start of pandemic to 31,800. Estimates suggest approximately a minimum of 50,000 households in the city may be unable to meet their essential needs by the end of the year. The presentation referred to the additional government support that has been put in place, as well as local activity within the city, for example, in the city: specialist welfare rights service; developing activity around step up provision and food banks; activity around energy efficiency measures; and establishing warm spaces. Next steps are to develop short and longer term measures in response to the crisis. Council activity and wider partner activity will feed into a City Board Task Force.

The Delivery Board recognised the importance of understanding lived experiences, especially those who are struggling the most and how we may be able to help them practically. The group was asked how they can contribute to gathering insights. All Together Better were due to meet to discuss the cost of living crisis.

v. Community wealth building

A presentation was made on community wealth building. The community wealth building approach in Sunderland is around maximising social value and securing as much external funding to support residents and grow capacity of the sector to support social prescribing. Specific objectives are:

- Support social prescribing opportunities.
- Support residents living in crisis through the distribution of grants.

- Bring forward investment city our city board partners.
- Support the sector to create an independent voluntary sector alliance.

The Community Wealth Charter was signed by the City Board in June.

Grants will be offered to the voluntary sector to fund 50 places across the city where a warm space can be offered to residents 7 days a week. The funding will help the voluntary sector with their heating and lighting costs. A second and third phase is supporting specific residents into employment and building the capacity of the voluntary sector to support social prescribing within the city. Warm spaces will be open from 1/10/22 to 30/04/23.

The Delivery Board discussed capitalising on the warm spaces to social prescribe and provide wider support to individuals and communities.

vi. Joint Strategic Needs Assessment (JSNA) annual refresh – refer to separate Health and Wellbeing Board agenda item.

vii. Forward Plan – the Delivery Board has a comprehensive forward plan. Proposed agenda items for the next meeting include:

- Housing and Homelessness Strategies
- How the NHS is tackling health inequalities at place
- Health Inequalities
- Draft Alcohol Strategy consultation

4.2 Key issues:

The issues of improving health and reducing health inequalities require a partnership approach as demonstrated in the delivery board discussions on housing and homelessness. The Delivery Board is keen to continue to understand how we can all help to mitigate the impact of the cost of living crisis and how vulnerable people and people from disadvantaged backgrounds are being supported to enter work and sustain employment.

5.0 Update from the Ageing Well Delivery Board – met 6 September 2022

5.1 The Ageing Well Delivery Board received a number of updates on its key priorities and activity set-out in its workplan. This included:

i. Joint Strategic Needs Assessment (JSNA) update – refer to separate Health and Wellbeing Board agenda item.

An update was provided on the refresh of the overarching JSNA. The Delivery Board were supportive of the refreshed document, and rich discussion took place around the long-term impacts across the whole population and across the life-course, whilst also informing the Ageing Well

work programme and providing opportunities for community-based interventions, such as maintaining specific work around falls prevention.

The development of an interactive web-based tool is underway to provide access to JSNA data in a different and more accessible format.

ii. Resident Survey responses analysis and subsequent action plan

Sunderland's City Council's resident survey (2021) took place during October-December 2021. Following analysis of the responses some key priority themes were identified and actions have been mapped against these themes. From an ageing well perspective, response from residents indicated that; a quarter of residents are satisfied with general services and support provided for older people (26%); three in ten (30%) agree that Sunderland is a place that you can age well. It was acknowledged how it is important to consider the impact of Covid-19 on delivery of and access to services. Interestingly adult social care satisfaction measures indicate higher levels of satisfaction suggesting this could be an issue with the perception of services and support available for older people in the City. The Board agreed to undertake further work to explore this.

The Board discussed actions for implementation and identified areas of opportunity, such as specific next steps around progressing a crisis intervention offering. The Delivery Board agreed to monitor delivery of the action plan by exception but requested an item focussed on the '2-hour crisis response' at the next meeting.

iii. Workplans Updates

Workplan updates were provided on Pre-frailty/Loneliness locality group, falls prevention, the Ageing Well Communications campaign, and the Ambassador Consultation Programme for 2022.

iv. Director of Public Health Annual Report 2021/22

The Director of Public Health Annual report 2021/22 "Same Storm Different Boat" (as presented to the Health and Wellbeing Board in July 2022) was presented to the Delivery Board. Key challenges were set out in relation to the ageing well agenda, with highlights capturing the impact of the pandemic on older people in terms of social isolation and loneliness. The Board was asked to review the nine key recommendations to ensure alignment with current planning and issues already identified. Next steps were to be delivered outside of the meeting.

v. Homes for Healthy Ageing (HfHA)

Sunderland's 'Homes for Healthy Ageing Programme' was commissioned and ran on behalf of the Ageing Well Delivery Board. The programme: created seven testbed opportunities for SME's to think about the Sunderland

challenge and demonstrate innovative approaches to how the challenge may be met; and focused its efforts on delivering replicable, impactful solutions to move forward Sunderland's healthy ageing agenda and share any successful findings with other local authorities experiencing the same challenge as Sunderland. Sunderland focused on cold, poor air quality in the home environment and fuel poverty.

As part of project close the Ageing Well Delivery Board were asked; to consider the Connected Places Catapult proposal for Testbed Steering Committee & Community of Practice; to consider developing a joint strategy to tackle the Issues in conjunction with the Assistant Director of Housing Services; and to consider usage of the remaining catapult funding.

The update was well received, and subsequent discussion took place around funding available, links with the current Housing Strategy consultation and solutions to minimise fuel poverty.

vi. The relationship between older people and city parks

The design of city parks are often focussed on younger generations. With the development of a parks and green spaces strategy (jointly owned by Executive Director Health, Housing & Communities and Executive Director of City Development), board members were asked to consider how new/redesigned parks could be maximised to encourage access for our ageing population.

vii. Forward Plan – the Delivery Board has a detailed partnership workplan, which the board agreed would be reviewed ahead of the next delivery board to consider the Director of Public Health Annual report recommendations.

5.2 Key issues in Sunderland:

- How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, addressing digital exclusion and raising awareness of the early intervention and prevention opportunities across the city that support ageing well.

- Ensuring we use all available data to identify frailty to target support.

- Working in partnership to try and mitigate the impacts of the cost of living crisis on older people.

6.0 Recommendations

6.1 The Health and Wellbeing Board is recommended to:

i. note and comment on the summaries from the recent meetings of the delivery boards; and
ii. be assured that the work of the Delivery Boards is progressing in line with their agreed terms of reference.

Item No. 13

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

COVID-19 IN SUNDERLAND – UPDATE

Report of the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

1.1 To provide the Health and Wellbeing Board with an update of the Covid-19 situation in Sunderland.

2.0 Background

2.1 The Board will be provided with an update of the Covid-19 situation in Sunderland. This will include a summary of the current position regarding estimated prevalence and actions being taken to combat the pandemic locally.

3.0 Current Position

3.1 The current guidance on Covid-19 is focused on living safely with respiratory infections, including Covid-19. The government has removed all domestic restrictions in England. Testing is paused in NHS establishments and Care Homes. There are still steps that people can take to reduce the risk of catching and spreading Covid-19.

3.2 It was agreed by Board in July that a brief 'for information' report with key data would be brought to future meetings. If there are significant changes then a more in-depth paper will be brought to the Board in future.

3.3 The vaccination offer continues to be promoted and public health advice on the council website is kept under review.

3.4 Vaccination is a key priority and take-up of vaccines for Covid-19 and flu will continue to be monitored through existing partnership mechanisms, and as part of winter planning.

3.5 Modelling data from UCL suggests the next peak is anticipated in November 2022 (previously anticipated in October 2022), with a subsequent peak in March 2023.

3.6 At the time of writing (12/09/2022), the ONS weekly estimated prevalence of Covid-19 has fallen to 1 in 75 in Sunderland, South Tyneside and Gateshead sub-region. The national figure is 1 in 70.

3.7 Confirmed specimens show that the Omicron sub-lineages (predominantly BA.5) are the most common variants between 13 August to 9 September 2022.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to receive the update on the Covid-19 pandemic.

Item 14

SUNDERLAND HEALTH AND WELLBEING BOARD 30 September 2022

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Manager - Policy, Sunderland City Council

1.0 Purpose of the Report

1.1 To present to the Board the forward plan of its business for the year ahead.

2.0 Background

2.1 The Health and Wellbeing Board has a forward plan of activity, setting out proposed agenda items for Board meetings and development sessions for the year ahead. Board meetings are held on a quarterly basis and development sessions are held as and when required.

3.0 The forward plan

3.1 The forward plan is attached as appendix one. The plan is not fixed for the whole year and may be changed at any time, with items being added or removed as circumstances change and to suit the Board's needs.

3.2 Members of the Board are encouraged to put forward items for future meeting agenda's either at Board meetings or by contacting the Council's Senior Policy Manager.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to receive the forward plan for information.

Appendix 1

Sunderland Health and Wellbeing Board – Forward Plan
(Note: subject to change. Last updated 20.9.22)

DECEMBER 2022	MARCH 2023
Public Meeting – 9 December 2022 • Review of Board membership • SSCP Annual Report • Better Care Fund – sign off of section 75 agreement • Access to Primary Care Services • Healthy City Plan – 6 monthly performance report • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info)	**Public Meeting - 17 March 2023** • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info)
JUNE 2023	**SEPTEMBER 2023**
Public Meeting – Date to be confirmed • Director of Public Health Annual Report • Healthy City Plan – 6 monthly performance report • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info)	**Public Meeting – Date to be confirmed** • JSNA refresh • Health Protection Assurance • Winter vaccination programme • Winter planning • SSAB Annual Report • Better Care Fund • Sunderland Health Watch Annual Report • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info)

Additional key dates to note for future Board meetings:
Pharmaceutical needs assessment (PNA) – In place until September 2025.

Potential development sessions:
Place based working
Social prescribing
Behavioural insights