

# SUNDERLAND HEALTH AND WELLBEING BOARD

## AGENDA

Meeting to be held on Friday 17 March 2023 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

ITEM		PAGE
1.	<b>Welcome</b>	
2.	<b>Apologies for Absence</b>	
3.	<b>Declarations of Interest</b>	
4.	<b>Minutes and Action Log of the Meeting of the Board held on 9 December 2022 (attached).</b>	1
	<b>ITEMS FOR DECISION AND DISCUSSION</b>	
5.	<b>Sunderland Alcohol Strategy: “Calling time: It’s time to rethink drink”</b>	15
	Report of the Executive Director of Health, Housing and Communities (attached).	
6.	<b>Homelessness Reduction and Sleeping Rough Strategy 2023-2028</b>	63
	Report of the Executive Director of Health, Housing and Communities (attached).	
7.	<b>Improving Access in General Practice</b>	111
	Report of the NENC ICB Place Director for Sunderland (attached).	
8.	<b>North East and North Cumbria Integrated Care Board: Sunderland Place Plan</b>	119
	Report of the NENC ICB Place Director for Sunderland (attached).	

**9. Health Inequalities Funding Allocation across the North East and North Cumbria ICS 151**

Report of the Executive Director of Health, Housing and Communities (attached).

**10. Health and Wellbeing Delivery Boards Assurance Update 159**

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 Officer of Sunderland Care and Support Ltd (attached).

**ITEMS FOR INFORMATION**

**11. Covid-19 and Flu in Sunderland - Update 171**

Report of the Executive Director of Health, Housing and Communities (attached).

**12. Health and Wellbeing Board Forward Plan 175**

Report of the Senior Manager - Policy, Sunderland City Council (attached).

**13. Provisional Dates and Times of Future Meetings -**

Thursday 22 June 2023 at 12.00pm  
Thursday 28 September 2023 at 12.00pm  
Thursday 7 December 2023 at 12.00pm  
Thursday 14 March 2024 at 12.00pm

The dates for future meetings will be scheduled as part of the Council diary setting process and will be formally agreed at the Annual Meeting of the Council which will take place on 17 May 2023. All meetings will take place in the Council Chamber, City Hall.

ELAINE WAUGH  
Assistant Director of Law and Governance

City Hall, Sunderland

9 March 2023

# SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 9 December 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 Fiona Miller                 | - | Sunderland City Council                                                        |
| Yitka Graham                            | - | University of Sunderland                                                       |
| Graham King                             | - | Director of Adult Services                                                     |
| Patrick Melia                           | - | Chief Executive, Sunderland City Council                                       |
| Gerry Taylor                            | - | Executive Director of Health, Housing and Communities, Sunderland City Council |
| Paul Weddle                             | - | Vice-Chair, Healthwatch Sunderland                                             |

### In Attendance:

- |                     |   |                                                                         |
|---------------------|---|-------------------------------------------------------------------------|
| Dave Gallagher      | - | Executive Area Director - South, NENC ICS                               |
| Philip Foster       | - | All Together Better                                                     |
| Lisa Jones          | - | Assistant Director of Integrated Commissioning, Sunderland City Council |
| Karen Davison       | - | Together for Children                                                   |
| Jessica May         | - | Sunderland Partnership Co-ordinator                                     |
| Sheila Rundle       | - | Senior Public Health Intelligence Analyst, Sunderland City Council      |
| Julie Parker-Walton | - | Public Health Consultant, Sunderland City Council                       |
| Jane Hibberd        | - | Senior Manager – Policy, Sunderland City Council                        |
| Chris Binding       | - | Local Democracy Reporting Service                                       |
| Gillian Kelly       | - | Governance Services, Sunderland City Council                            |

### HW29. Welcome

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

### **HW30. Apologies**

Apologies for absence were received from Jill Colbert, Dr Tracey Lucas, Scott Watson and Dr Martin Weatherhead.

### **HW31. Declarations of Interest**

There were no declarations of interest.

### **HW32. Minutes and Matters Arising**

The minutes of the meeting of the Health and Wellbeing Board held on 30 September 2022 were agreed as a correct record.

Councillor Farthing asked whether any information had been obtained on falls and Graham King advised that he had some provisional data from the Health Trust. The topic was on the forward plan for the March Board meeting,

### **HW33. Sunderland Safeguarding Children Partnership (SSCP) Annual Report 2021/2022**

Karen Davison, Together for Children, presented the Sunderland Safeguarding Children Partnership (SSCP) Annual Report 2021/2022 for the information of Members.

This was the second annual report from the SSCP and it set out the work which had been undertaken throughout the year, the Child Safeguarding Practice Reviews which had been completed, how the views of children, young people and families had been sought and used and the training offer provided to ensure the Sunderland workforce was better equipped to support children, young people and families who needed it.

The SSCP's achievements for the year included:

- The Practitioner Forum had gone from strength to strength and was the most effective thing which had been done by the partnership in the last year.
- Covid recovery funding had been used for the city's prevention bus 'Wear Here 4 You' and had also funded Relationship and Sex Education workers managed by Together for Children.
- Delivery of a joint Practitioner Forum with the Domestic Abuse and Violence Against Women and Girls Board
- Developing the Young People's Plan which complemented the work of Together for Children's Young People's Team
- Through joint working with the Sunderland Safeguarding Adults Board and the Safer Sunderland Partnership, a citywide, all-age Strategic Exploitation Group had been established.

- Developing a process for sharing Child Concern Notifications for pre-school aged children with health services, so that they could provide an earlier response to families who needed support.
- Providing funding for an officer to roll out Signs of Safety training across the partnership.

The report also set out the focus for the Partnership in 2022/2023 which would be to:

- Continue to deliver the SSCP Business Plan 2021- 2024
- Continue to work strategically with other partnerships across the system
- Ensure children and young people with complex mental health difficulties were well supported.
- Develop the offer for Children Missing Education.
- Deliver quality services for families against the backdrop of the cost-of-living crisis.

Councillor Farthing commended the report and emphasised the strength of improvements in relation to children’s safeguarding and that Signs of Safety was being used widely. Feedback provided on the prevention bus informed practice and in turn strengthened the service. Councillor Farthing also paid tribute to Nicola Appleby and the work which she had done to bring all of this together into the Annual Report.

The Chair asked if there was anything which the Health and Wellbeing Board could do to assist the work of the SSCP. Karen referred to the Family Hubs agenda which involved all health partners and said that it would be necessary to move at pace to deliver on this.

The Early Help Strategy which sat within the Starting Well Board was being broadened to an Early Help and Prevention Strategy; one success over the last few years had been that more things were happening at an earlier stage.

The Chair commented that health colleagues did understand the requirement to move quickly on the Family Hubs agenda and suggested that this might be brought to a future Board meeting.

The Chair went on to say that she was pleased to hear about the further development of the Early Help and Prevention Strategy and Councillor Farthing highlighted that Karen had been instrumental in pulling elements of different strategies together to create the new document. This would highlight the divide between universal services and ‘stepping up’ and it was felt that all partners could do a bit more than the basic.

Having considered the report it was: -

RESOLVED that: -

- (i) the content of the report be noted and accepted as assurance of the current effectiveness of the local safeguarding children arrangements; and

- (ii) any queries in relation to the SSCP Annual Report be directed to Karen Davison, SSCP lead officer.

### **HW34. Cost of Living Crisis – Impact on Health**

The Executive Director of Health, Housing and Communities submitted a report providing an update on the impact of the cost-of-living crisis on health and providing an opportunity for the Board to make recommendations on action to mitigate the impacts on Sunderland's residents.

Gerry Taylor introduced the report and in doing so, explained that there was a partnership task force currently focused on this issue and that the report sought to highlight the significant implications for health.

The recent Marmot Review had highlighted that 'warm homes, nutritious food and a stable job are vital building blocks for health'. The rising cost of living was leading to many residents making difficult decisions which would impact directly on their long-term health and wellbeing outcomes. There was particular vulnerability for those in receipt of means tested benefits and low and moderate income households. An inability to keep the home warm increased the risk of people in the home contracting respiratory illnesses.

Socio-economic disadvantages were one of the primary risk factors linked to maternal and infant health outcomes and 30.8% of children in Sunderland were living in low-income families compared to 18.7% nationally.

The report provided information on use of foodbanks and it showed that the number of people seeking support had increased by 82% between 2019/2020 and 2020/2021. There had been a reduction in usage during 2021/2022 but trends were predicting an increase for 2022/2023 and many foodbanks were reporting significant problems with donation levels.

Living in cold homes was associated with poor health and increased the risk of morbidity and mortality for all age groups. 14.6% of households in Sunderland were living in fuel poverty according to information gathered prior to the ongoing increase in utility prices, therefore it was expected that this figure would now be higher.

There was increased likelihood of both injury and illness when people were in poor housing and food insecurity in families with infants under 12 months was leading to concerns that parents would seek to wean babies off milk earlier than was advisable due to the cost of infant formula.

The Cost-of-Living Crisis Council Task Group had first met in June 2022 and was meeting monthly with its key activities including: -

- Sunderland Cost of Living Strategy with a strategic action plan to manage short, medium and long term activity was being developed.
- Utilising the brand already used in Sunderland to engage with residents "Let's Talk Cost of Living" to understand lived experience around the cost of living.

- Fifty-five warm spaces across the city were working in partnership with voluntary and community sector and other city partners.
- Setting up a hub in each of the five localities in Sunderland through the 'Bread and Butter Thing' (TBBT).
- Population health management approach to help identify those households who were most vulnerable.

There was also a Sunderland Partnership Task Force which was citywide and had membership from key partners and a Health Response Group had been established to look at initiatives to support patients and staff.

The Chair thanked Julie Parker-Walton for presenting the report which was very pertinent at the current time and showed that there was quite a lot of work going on. It was impressive to see that people were taking the situation seriously and had stepped up to address these issues. She noted that it would be useful to have some more information about what health colleagues were doing.

Dave Gallagher commented that it was useful to see this brought together and it reinforced that health was everyone's business and the collective response was impressive. He asked how people were being informed of what was available and noted that this was also about looking after staff as pressure was building in primary and secondary care.

Philip Foster noted the health representation on the Partnership Task Force and highlighted some of the practical work which was being done through All Together Better. The social prescribing agenda could help with costs and there was an ambitious strategy on this in Sunderland.

The high intensity users scheme was looking at visits to the emergency department and finding that often the issues were more around social care and this was being investigated. There was also a need to map mental health and social care 'hubs' for the Single Point of Contact and it was noted that the hospital was trying to adopt the 'Making Every Contact Count' approach.

The Chief Executive of the Integrated Care Board had written to gas and electricity companies regarding vulnerable people having their power supplies cut off and the impact this could have on those who needed power for medical reasons such as oxygen provision. The Chair felt that this intervention from the Chief Executive was important.

Gerry Taylor alluded to the performance report which would be considered later in the meeting and the challenge to make improvements in health outcomes due to the cost of living. In relation to communications and engagement, one of the key themes – both internally and in the partnership – would be developing an approach to understand the residents' perspective.

Attempts were being made to collect all of the information on services and advice on the Council website and it would be good for the partnership to share ideas about supporting staff.

Gerry noted the point which had been made about hubs and it was desirable to have a system which was easier for residents and staff to navigate.

Yitka Graham noted that the change of language from 'food poverty' to 'food insecurity' and felt that this, and fuel insecurity allowed this issue to be thought about differently. She also referred to staff wellbeing across the system and the acknowledgement of the need to look after people who were dealing with an unprecedented situation.

Councillor Miller asked if staff were being trained to support people suffering trauma which could lead to complex needs and how could it be discovered what these people, who often ended up at Accident and Emergency, wanted and needed.

With regard to accessibility of foodbanks, Councillor Miller said that she was aware that some were intending to go mobile and referrals to foodbanks could also be quite traumatic. Housing insecurity was also part of the larger picture.

The Chair noted that homelessness was now under Gerry's remit and work was going on with social care and housing, amongst other services, on Accident and Emergency attendees. Gerry added that there would be a discussion at the forthcoming development session on individuals with complex needs and there was some funding available through the ICB to help tackle that.

Julie Parker-Walton reported that a health needs assessment had been carried out with homeless people which would feed into the housing strategy. Philip noted that the high intensity user scheme for the Emergency Department had embedded a housing officer into the discharge process.

Councillor Farthing referred to discussions on poverty and insecurity and wondered whether 'affordability' was also a term which could be used. She suggested that one way of alleviating stress for parents was to extend universal free school meals; the actual costs of this would not be great when compared to the impact. Gerry stated that she was looking at access to food in schools with Simon Marshall and any local action which could be taken.

Having had a full discussion on the report, the Board: -

RESOLVED that the content of the report be noted and suggestions made to mitigate the impact of the cost-of-living crisis on the Sunderland's residents be taken forward.

### **HW35. Better Care Fund 2022/2023 Submission**

The Executive Director of Health, Housing and Communities and Director for Place (Sunderland) submitted a joint report to: -

- seek the Health and Wellbeing Board's agreement for the Council and Integrated Care Board (ICB) to enter into a Section 75 agreement to enable improved health



and care integration and to meet national conditions of the 2022/2023 'Better Care Fund' (BCF) programme; and

- gain Board views on possible areas for future integration that would support delivery of the Healthy City Plan and Integrated Care Strategy.

The Health and Wellbeing Board had previously retrospectively approved the Sunderland Better Care Fund Plan for 2022/2023 and the allocation of £2.7m was to be pooled into a Section 75 agreement by the end of January 2023.

There were a number of funding conditions to be met in order for the full funding to be received and the agreed Section 75 would need to include details of relevant governance arrangements and reporting on the following monitoring points: -

- Number of care packages purchased for care homes, domiciliary care and intermediate care
- Number of people discharged to their usual place of residence (already within the existing BCF)
- Absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- Number of 'bed days lost' to delayed discharge by Trust
- Proportion (%) of bed base occupied by patients who do not meet the criteria to reside, by Trust.

Sunderland City Council and the ICB had procured some external legal support to develop the Section 75 agreement in order to meet the deadline of 31 December 2022. By this date the Council would enter into a Section 75 agreement with the ICB on terms agreed by the respective parties. It was proposed that the structure of the agreement would support the inclusion of wider schemes of health and care integration in the future in order to support collaborative delivery of the Healthy City Plan and emerging Integrated Care Strategy for North East and North Cumbria.

Having noted that there would be further discussion on this at the development session on 13 December 2022, the Board: -

RESOLVED that: -

- (i) it be agreed to support the decision for the Council and the ICB to enter into an agreement in accordance with Section 75 of the National Health Act 2006 (a Section 75 agreement); and
- (ii) consideration be given to areas of future integration that would support delivery of the Healthy City Plan and Integrated Care Strategy.

### **HW36. Membership of the Health and Wellbeing Board**

The Chair of the Health and Wellbeing Board submitted a report to consult the Board on its future membership prior to approval by the Council at its Annual Meeting on 17 May 2023.

The membership of the Board was regularly reviewed to ensure that appropriate representation was in place from partners in the city and region and recent changes to structures arising from the Health and Care Act 2022 had meant that the NHS membership of the Board needed to be reviewed.

There had been three Clinical Commissioning Group (CCG) positions on the Board; Chief Officer, Chair of the CCG and Member of the CCG. The proposed membership would include the Director of Place (Sunderland) and two other ICB positions.

The other NHS positions on the Board included the Chief Executive of South Tyneside and Sunderland NHS Foundation Trust, a representative of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, the Chair of the Health and Care Executive and Chair of All Together Better. Going forward it was proposed that the representation from the foundation trusts remain the same and two representatives be drawn from the Sunderland Health and Care Alliance to reflect the emerging children and adult alliances.

Dave Gallagher commented that the ICB was still in flux, however Scott Watson would be the right nomination for Sunderland and the other representatives would be notified at a later date.

It was highlighted that interim arrangements were in place for the Vice-Chair of the Board and these would need to be reviewed when the ICB nominations were confirmed.

RESOLVED that: -

- (i) the proposed changes to the Board membership and the interim arrangements for the position of Vice-Chair be noted; and
- (ii) it be agreed to notify the Council of the Board's views on future membership prior to Council approval at the Annual Meeting on 17 May 2023.

### **HW37. Health and Wellbeing Delivery Boards Assurance Update**

The Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services submitted a joint report providing the Health and Wellbeing Board with assurance that the work of the Delivery Boards was progressing in line with their agreed terms of reference, a summary of the key points discussed at their recent meetings, acknowledgement that Board development sessions were taking place and an update on the Healthy City plan grant available to the Delivery Boards.

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

The Starting Well Delivery Board had discussed the new family hubs and noted that the city had received its funding award. The group had looked at food insecurity in families with infants under 12 months and had received a report on the delivery of Sunderland's Holiday Activity and Food Programme during Summer 2022; the programme was due to start again for the Christmas holidays.

Councillor Farthing noted that at the Best Start in Life meeting the previous week there had been discussions on a lot of issues arising from the Covid lockdown including lack of knowledge and peer support, which would be reflected in family hubs and early help.

The Living Well Delivery Board had received a presentation on the draft Alcohol Strategy and acknowledged the importance of the strategy. The delivery board would ratify the strategy in February prior to it being presented to the Health and Wellbeing Board for final approval in March 2023.

The Living Well Delivery Board had also had some good discussions on the Housing and Homelessness Strategy and noted that this would link well with what the Board was trying to achieve.

The Ageing Well Delivery Board had received a presentation from Homeshare UK on different models of living which involved an older person sharing their home with a younger person who would provide an agreed amount of support. The initiative had worked reasonably well in the south of the country and the organisation had funding to deliver a pilot scheme in the North East.

The Board had also given formal feedback on the Alcohol Strategy and had a discussion on the formal redesign of the front door for Adult Social Care and the draft Carers' Strategy.

Councillor Farthing commented that the Carers' Strategy was very important to ensure that support was there for all carers and the Chair added that this would work across all three delivery boards.

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

- Elemore Park - £240,000
- Physical Activity Opportunities - £130,000
- Carers Support Offer - £10,000
- Sunderland Falls Prevention Programme - £200,000 (maximum)
- Ageing Well Sunderland Reporters - £9,900

Gerry Taylor indicated that there was still some work to do to ensure that projects were focused on areas which had been prioritised and she would do some work on this with other officers to identify any gaps to be highlighted to the delivery boards.

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) it be acknowledged that Board development sessions were taking place; and
- (iv) the projects allocated the Healthy City Plan grant be noted.

### **HW38. 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 detailing a range of key indicators which had been selected to provide a summary of the health and wider determinants of health for people of all ages in Sunderland.

Sheila Rundle was in attendance to present the report and in doing so highlighted some of the following indicators which had been updated and discussed in detail by the three delivery boards: -

- Smoking at time of delivery had reduced to 14.5% in 2021/2022 but remained higher than regional and national averages.
- Uptake and maintenance of breast feeding had reduced to 25.5% in quarter four of 2021/2022 and was significantly lower than the England average of 48.9%.
- Teenage conceptions had increased from 23.4 to 25.1 per 1,000 in quarter one of 2021/2022, however there was an overall downward trend from the 1998 baseline.
- The proportion of children living in low-income families in Sunderland (30.8%) continued to increase at a faster rate than the wider North East and England.
- The overall employment rate of 70.8% in quarter one of 2022/2023 was an increase from 66.2% in the same period the previous year.
- The gap in the employment rate between those with long term conditions and the overall employment rate had fallen from 13.2% to 12.7%.
- The gap in the employment rate between those in contact with secondary mental health conditions and overall employment rates was 61.8%, an increase of 0.6% on 2019/2020.
- The gap in the employment rate between those with a learning disability and overall employment rate reduced by 1.2% from 2019/2020 to 65.5% in 2020/2021.
- There had been a decrease in the percentage of households identified as being in fuel poverty to 14.6% in 2020/2021. It was noted that this information pre-dated the ongoing increases in utility prices.
- The estimated dementia diagnosis rate for those aged 65 and over had fallen slightly to 60.5% for 2021/2022 and was below the regional and national figures.

Yitka Graham referred to the cost-of-living crisis and that there was no indication when the situation would ease and asked if there was any plan to weave this into the narrative; it was necessary to be realistic about what could be achieved in the

current turbulent climate. Gerry agreed that the cost-of-living crisis did need to be taken into account.

Councillor Farthing highlighted that National Insurance and working age benefits were set to increase next April and it was her belief that other things would then be cut which would impact on all health targets.

The Board RESOLVED that: -

- (i) the contents of the report be noted;
- (ii) the actions and how sufficient these were where targets were not being met be considered; and
- (iii) the Board continues to receive six-monthly performance updates on the Healthy City Plan performance dashboard.

### **HW39. Covid-19 and Flu in Sunderland – Update**

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

The number of cases of flu and Covid-19 were increasing locally and nationally and 76.5% of those aged 65 and over had received a flu vaccination which was lower than the average for the North East and Cumbria as a whole. Sunderland had the second lowest uptake of flu vaccinations among health and social care workers in the region and this was not where partners would like it to be.

Philip Foster commented that there seemed to be a ‘vaccination weariness’ among health and social care staff. The NHS Trust had offered a programme for staff to get the Covid and flu vaccinations together but this had not proved popular and they were now looking at a different approach.

Graham King highlighted that it had been an intention to vaccinate care home residents and staff together but there had been some push back from staff who had felt that they were forced to have a Covid vaccine. It was important that everything possible was done to push up the rates of vaccination.

Councillor Farthing commented that the majority of flu vaccinations were taken up by older and working age people but she noted that there was little mention of the flu vaccination for children and queried whether this needed to be publicised more, along with messaging around Strep A.

Gerry stated that there had been a programme of publicity about the flu vaccine for all cohorts and the numbers of children being vaccinated compared favourably with other cohorts. She advised that she had written to all schools about Strep A.

Yitka asked if there were any plans to have any public health messaging around hand washing and mask wearing and Gerry said the people were continuously

reminded about what they could do to prevent infection but the messaging and the channels being used would be reviewed.

RESOLVED that the update noted.

**HW40. Health and Wellbeing Board Forward Plan**

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

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

RESOLVED that the Forward Plan be received for information.

**HW41. Dates and Time of Next Meeting**

The Board noted that the next meeting would be held on Friday 17 March 2023 at 12.00pm

(Signed) K CHEQUER  
Chair

<b>HEALTH AND WELLBEING BOARD</b>				
<b>ACTION LOG</b>				
<b>Board Meeting ID</b>	<b>Action</b>	<b>Responsible</b>	<b>Timescale</b>	<b>Completed/Action Taken</b>
<b>09/12/22</b>				
HW35.	Further discussion on areas of future integration to take place at development session	Lisa Jones	December 2022	Complete. Development session held 13 December 2022.
HW36.	Nominations to be received for ICB representatives on the Health and Wellbeing Board	Dave Gallagher	March 2023	Complete. Details of three ICB representatives confirmed, these will be put forward to Annual Council in May 2023.
HW37.	Work to identify gaps which can be highlighted to delivery boards with a view to supporting projects with the Healthy City Plan grant	Gerry Taylor Jane Hibberd Sheila Rundle	March 2023	Discussions held at Delivery Boards in February 2023.  Currently reviewing progress in delivering the Sunderland Healthy City Plan Implementation Plan.
HW38.	The current cost-of-living crisis to be reflected in the Healthy City Plan performance overview	Gerry Taylor Sheila Rundle	June 2023	Under consideration.





**SUNDERLAND ALCOHOL STRATEGY: CALLING TIME: IT'S TIME TO RETHINK DRINK**

**Report of the Executive Director of Health, Housing and Communities**

**1.0 Purpose of the Report**

- 1.1 The purpose of the report is to request endorsement of the Sunderland Alcohol Strategy: Calling Time: It's Time to Rethink Drink.

**2.0 Background**

- 2.1 Alcohol is a complex issue within Sunderland and causes significant harm to our communities. No single approach will be successful in isolation; therefore, it requires commitment and contributions from a range of partners across the city. Alcohol remains one of the key drivers of health inequalities and one of the key causes of premature death.

**3.0 Sunderland Alcohol Strategy: Calling Time: It's Time to Rethink Drink**

- 3.1 Alcohol use has health and social consequences borne by individuals, their families, and the wider community and impacts upon a range of frontline services including the Council, NHS, Police, Ambulance, Licensing and Social Care. It impacts upon the workplace, through lost productivity and absenteeism and on education, through non-attendance and disruption.
- 3.2 The majority of Sunderland's alcohol-related harm outcomes remain higher than the England average, these are highlighted in our alcohol Joint Strategic Needs Assessment (JSNA). Sunderland has a number of outcomes which are in the worst top ten in the country, this includes alcohol related hospital admission rates which are the third highest in England, under 18's admission episodes and alcohol specific mortality.
- 3.3 Covid-19 has 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.
- 3.4 The strategy has been developed via the Sunderland Drug and Alcohol Harm Reduction Group. Membership includes Northumbria Police, Wear Recovery (Adult substance misuse and alcohol treatment provider), South Tyneside and

Sunderland Foundation Trust, Youth Drug and Alcohol Project (YDAP), lived experience representatives, Balance North East, Gentoo and NERAF. The strategy has also been to various Boards for consultation across Sunderland such as Safer Partnership, Living Well Delivery Board and Health and Care Alliance.

3.5 There are several key priorities in the strategy, these are:

- Promote an alcohol-free pregnancy
- Promote an alcohol-free childhood
- Create a culture where people drink less alcohol
- Reduce availability of cheap alcohol
- Promote the responsible sale of alcohol
- Reduce the harms that alcohol currently causes

3.6 The strategy adopts a universal proportionalism approach ensuring resources and services are allocated proportionately to population need. It focuses on delivering our Healthy City Plan, using local data and intelligence to inform programmes work, building on the community response to the pandemic to ensure diverse and under-represented groups' voices and experiences are heard.

3.7 In order to mitigate the impact of alcohol harms, the following objectives and next steps have been agreed:

3.7.1 **Objective One: Prevention and early intervention**

- Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.
- Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.
- Promote harm reduction messages for the reduction of alcohol intake.
- Increase early identification and support for those affected by alcohol harms across the life course.
- Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development.

**Next Steps**

- Ensure alcohol brief intervention training is embedded in relevant council frontline services and within NHS frontline service such as the midwifery services.
- Ensure professionals supporting parents with substance misuse and alcohol related issues receive effective training.
- Raise awareness of the dangers of alcohol during pregnancy by promoting the Superbabies Campaign
- Embed an alcohol in pregnancy local maternity system pathway and screening tool at local level through STSFT Maternity Services, supported by the Best Start in Life action plan.

- Contribute to the developing model for Social Prescribing and scope how we can best support the system to prevent alcohol harm and signposting to the Aspire service.
- Through the Better Health at Work programme, support employers to develop their own organisational policies around alcohol.
- Support our local Street Pastors scheme via funding a volunteer recruitment drive to support an expansion of the service to deliver targeted support to vulnerable groups
- Contribute to future updates of the Statement of Licensing Policy and ensure that relevant health data is used when developing the policy.
- Expansion of the community outreach element of the Youth Drug and Alcohol Project to allow early identification of under 18's needing support.
- Continue to work with City Development to consider the impact of alcohol in the design and regeneration of our city centre.
- Continue to work with Balance North-East to support regional approaches to advocate change, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support an alcohol-free childhood.
- Develop effective alcohol messaging in risk taking education packages are agreed amongst partners to ensure a consistent harm reduction offer in educational settings. Ensure this is without alcohol industry intervention.

### **3.7.2 Objective Two: Providing specialist interventions to promote a quality treatment and recovery system**

- Ensure that individuals, families/carers, and wider partners have access to high quality information on support and treatment options.
- Provide effective and quality specialist treatment and recovery services in Sunderland.
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Work with partners and STSFT to develop our hospital Alcohol Care Team.

#### **Next Steps**

- Promotion of In-Patient Detoxification referral pathways amongst partners
- Exploration of regional opportunities for In Patient Detoxification and Residential Rehabilitation providers.
- Continue to monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Evaluate the projects funded via the Substance Misuse Treatment and Recovery Grant and use these findings to continue to develop effective and sustainable projects for the future funding periods.
- Establish a partnership Substance Misuse Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.

- Develop effective pathways and information sharing protocols to link criminal justice enforcements requirements with housing and treatment and recovery services.
- Continue to effectively communicate the effects of alcohol related harms so individuals can make informed choices about their alcohol consumption, with a focus on the effects of drinking at home.
- Integrate alcohol specialist advice and support into wider health and care system and NHS multi-disciplinary team processes.

### **3.7.3 Objective Three: Protecting children, young people and families from alcohol related harm**

- Contribute to the effective safeguarding of children, young people and adults where substance misuse and is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.
- Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.
- Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.

#### **Next Steps**

- Applying a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. This will involve working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.
- Commission a HRB Survey for young people in Sunderland in 2023, use the results of this survey to identify future initiatives and projects to reduce alcohol harm amongst children and young people.
- Continue to work with Sunderland Safeguarding Children Partnership and Sunderland Safeguarding Adults Board to develop effective interventions to support children, young people and families affected by alcohol harms.
- Ensure effective pathways between services supporting those experiencing alcohol related harms.

## **4.0 Recommendation**

4.1 Health and Wellbeing Board is recommended to:

- a) endorse the Sunderland Alcohol Strategy: Calling Time: It's Time to Rethink Drink;
- b) engage in the delivery of the strategy through the Sunderland Drug and Alcohol Harm Reduction Group; and
- c) support receiving progress updates on the delivery of the strategy via the Living Well Delivery Board.

# Sunderland Alcohol Strategy

Calling Time: It's time to rethink drink

# Foreword



## Cllr Kelly Chequer

This is the first alcohol strategy of the Sunderland Drug and Alcohol Partnership to address alcohol harms across the city. Calling Time: It's time to rethink drink has been a joint effort, and I would like to thank all partners who have co-produced this strategy and will be playing a vital part in implementation.

Over the past 10 years we have seen a decline in the number of people drinking in pubs and clubs with more off sales than on sales, and an increase in 24-hour licences. Many people now preferring to drink at home, where there are unlimited servings with unlimited measures, thus the problems with alcohol are now becoming hidden within our communities. The affordability of alcohol is also something that is of concern. While the price of alcohol has increased by 28% over the last 10 years, it remains 74% more affordable than it was in 1987.

Reducing the scale and impact of alcohol harms has been a commitment for the Sunderland Health and Wellbeing Board for many years. In 2015, we signed the alcohol declaration which specifically commits the Board to drive the evidence-based action across the system and protect the community from harm. Alongside this we have developed a vibrant Drug and Alcohol Harm Reduction Group, established an early intervention alcohol service via Wear Recovery called Aspire and adopted a model of implied consent 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. We have also introduced a responsible retailers scheme whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children and young people.

This is just the start of the journey; it will take hard work to deliver the ambitions that are envisioned within the strategy. However, we are in the fortunate position of having a strong foundation to build on through our Sunderland Drug and Alcohol Harm Reduction Group who are committed to reducing alcohol related harms. In partnership, we will strive to achieve our vision and improve health and wellbeing outcomes for all to ensure that no one in Sunderland is left behind.

I would like to commend the hard work and dedication of all of those involved in alcohol harm reduction in Sunderland over the last few years and thank all partners who have co-produced this strategy and will be playing a vital part implementing it to reduce alcohol harm in Sunderland.

A handwritten signature in black ink that reads 'K Chequer'.

Sunderland City Council Cabinet Member and Portfolio Holder for Healthy City  
Health and Wellbeing Board Chair

# Foreword



**Gerry Taylor**

Our strategy 'Calling Time: It's time to rethink drink' outlines the collaborative approach and collective vision we share as a partnership to reduce alcohol related harms in our City.

Our ambition within the strategy is to achieve the best possible health and wellbeing for Sunderland whilst creating the conditions for economic growth. The strategy was co-produced with a wide range of partners, including people with lived experience, to ensure all views and experiences were captured. The priorities place an emphasis on prevention, early intervention, providing specialist treatment, protecting our children and young people, all of which are important in addressing alcohol harms.

Reducing alcohol harm is a key priority within our ten-year Healthy City Plan which aims to tackle the social determinants, 'the causes of the causes' of poor health throughout the life course and address inequalities for key vulnerable populations. Whilst progress has been made, most health outcomes remain poorer than the England average. The harms caused by alcohol are complex within our society and place a huge burden on individuals, families, and communities. Alcohol remains a key driver of health inequalities as well as being one of the primary causes of premature death.

We know that the pandemic has only amplified this problem. Alcohol related harm was recognised in my Director of Public Health Annual Report 21/22 'Same Storm Different Boats' and I made several recommendations which have been addressed within this strategy. Given our long-standing inequalities and the current financial pressures on our communities, we also need to deliver this strategy in the light of our ambition to increase financial wellbeing in the city.

My thanks go to everyone who has contributed to this strategy, including colleagues from services across the council, our partners and wider community.

A handwritten signature in black ink, appearing to read 'Gerry Taylor'.

Executive Director Health, Housing and Communities

# Sunderland Alcohol Strategy

The Sunderland Healthy City Plan (2020-2030)<sup>1</sup> is our Health and Wellbeing Board's refreshed joint Health and Wellbeing Strategy. The vision for our Healthy City Plan is:

**“Everyone in Sunderland will have healthy, happy lives, with no one left behind”**

The Healthy City Plan supports the delivery of the overarching City Plan (2019–2030). Its vision is **“By 2030 Sunderland will be a connected, international city with opportunities for all”**. The plan sets out three key themes:



The Health City Plan focuses on tackling the social determinants, 'the causes of the causes' of poor health throughout the life course – starting well, living well and ageing well and addressing inequalities for key vulnerable populations. The priorities in the plan are:

**Starting Well:** giving every child the best start in life; and enabling children, young people and families to maximise their capabilities and have control over their lives.

**Living Well:** creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; and strengthening the role and impact of prevention.

**Ageing Well:** strengthening the role and impact of prevention for older people.

This evidence-based alcohol strategy (referred to as 'the strategy') shows that alcohol causes significant harm to our residents and we need to focus on prevention. We will adopt a universal proportionalism approach ensuring resources and services are allocated proportionately to population need. The shared values and behaviours of the Healthy City Plan underpin this strategy and will guide our approach to strategy implementation. These shared values and behaviours are:

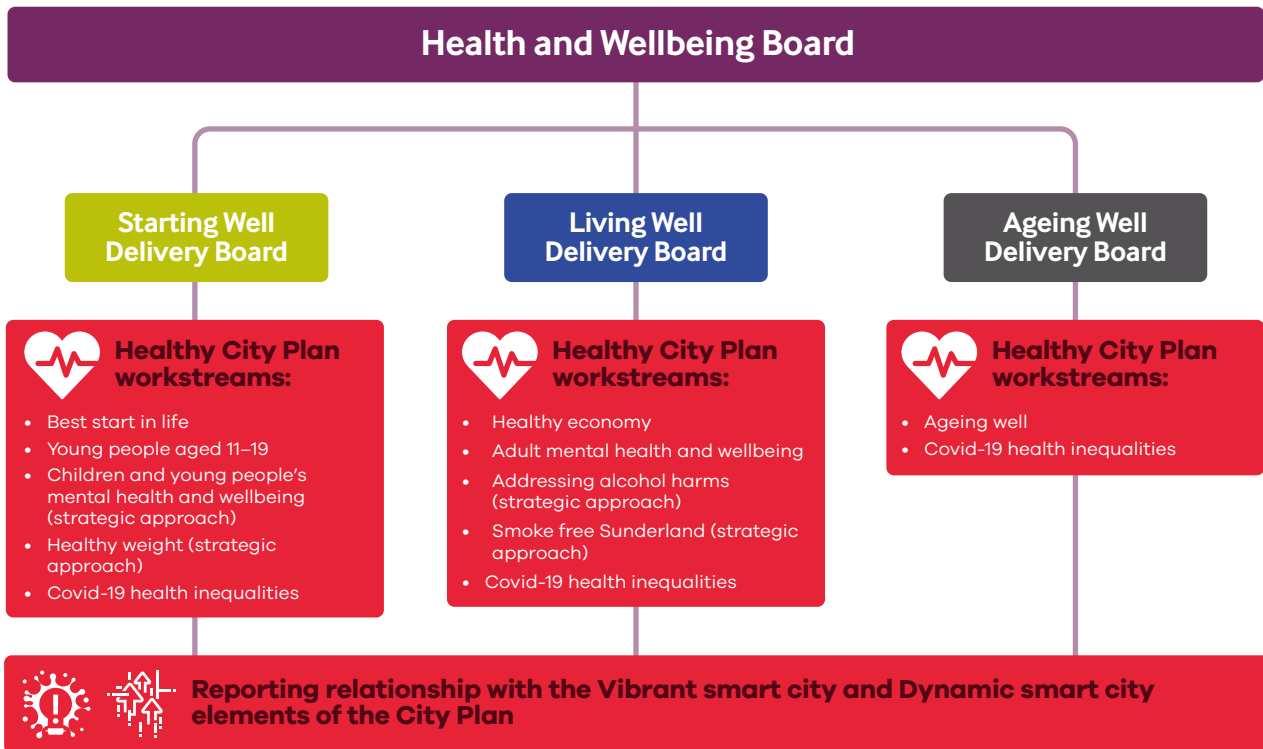
- **Focusing on prevention** - helping people to stay healthy, happy and independent
- **Tackling health inequalities** - challenging and taking action to address inequalities and the social determinants of health
- **Equity** - ensuring fair access to services dependent on need
- **Building on community assets** - recognising individual and community strengths that can be built upon to support good health and independence
- **Working collaboratively** - everyone playing their part, sharing responsibility and working alongside communities and individuals
- **Being led by intelligence** - using data and intelligence to shape responses

<sup>1</sup> Sunderland Healthy City Plan - Sunderland City Council

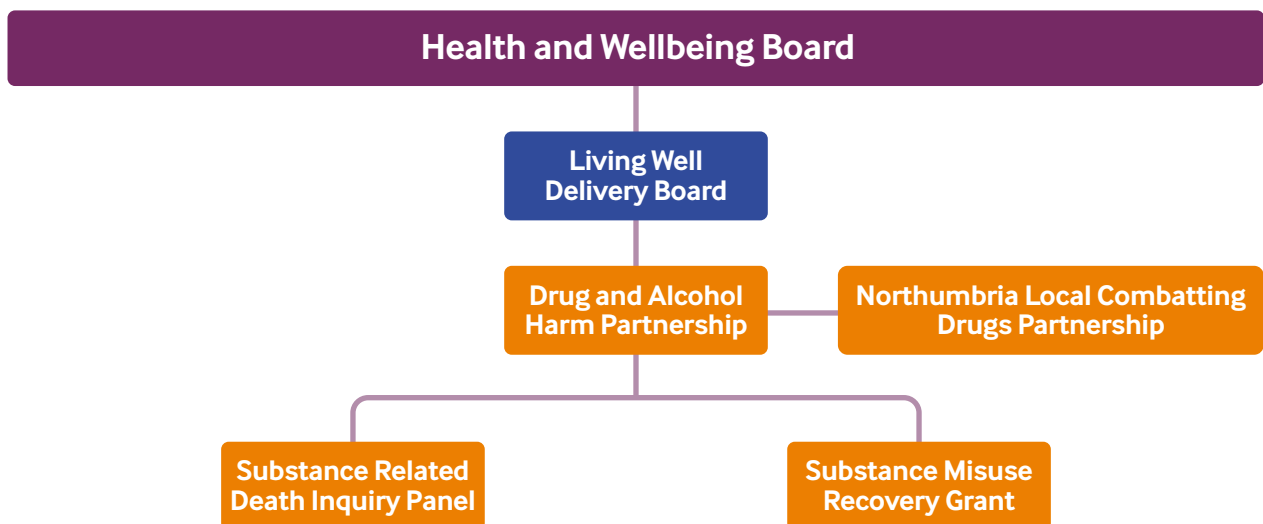


The Strategy will support the delivery of the Healthy City Plan through:

- Promoting and supporting an integrated system encompassing prevention, treatment and recovery
- Ensuring access to the highest quality treatment for all residents
- Supporting families and carers exposed to alcohol harms within the home
- Ensuring clear and effective pathways are in place to support residents help themselves and make access easy



The Sunderland Drug and Alcohol Harm Reduction Group leads the strategic approach on alcohol issues, providing assurance to the Safer Sunderland Partnership and the Health and Wellbeing Board on strategies in place to deliver the Drug and Alcohol Action Plan. The Living Well Delivery Board will be the forum by which the Drug and Alcohol Harm Reduction Group reports progress to the Health and Wellbeing Board.



# Achievements - Healthy City Plan

Reducing alcohol harm has been a consistent priority in for the Sunderland Health and Wellbeing Board and there has already been much progress against the objectives identified in our strategy. Below, the key achievements have been outlined against the three objectives within the strategy.

<b>Objective one</b> <b>Prevention and early intervention</b>	<b>Objective two</b> <b>Providing specialist interventions to promote a quality treatment and recovery system</b>	<b>Objective three</b> <b>Protecting children, young people and families from alcohol related harm</b>
<p>Additional investment into a new early intervention alcohol service via Wear Recovery called Aspire.</p>	<p>Continue to invest in a fully integrated specialist substance misuse and alcohol treatment and recovery service. The service offers a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals.</p>	<p>Continued investment in the Youth Drug and Alcohol Project (YDAP) which offers specialist help, advice and support on substance misuse and alcohol to under 18's in Sunderland. The service focuses on three key components, universal training on health harms, targeted brief intervention, and specialist individual services for more complex and serious cases.</p>
<p>Public Health voice in all licensing applications through Public Health representation at the Responsible Authority Group</p>	<p>Implemented the Changing Futures programme to support individuals with multiple and complex needs.</p>	<p>Adopted a Healthy Settings approach which aims to influence the environment in which young people live and learn. This 'whole systems approach' provides support on key issues and challenges educational establishments may be facing around risk taking behaviour.</p>
<p>Introduced a Responsible Retailers Scheme whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children.</p>	<p>Implemented an Integrated Individual Placement and Support (IPS) within existing treatment services, IPS provides intensive support to those in treatment and/or recovery to access employment.</p>	<p>Promoted an Alcohol-Free School approach which supports a standardised approach to school-based alcohol policies and procedures. Participating educational settings must ensure they have up to date drug and alcohol and safeguarding policy available in paper copy and electronic format that is accessible to parents, carers and students. The policy will also support an alcohol-free school approach.</p>

<b>Objective one</b> <b>Prevention and early intervention</b>	<b>Objective two</b> <b>Providing specialist interventions to promote a quality treatment and recovery system</b>	<b>Objective three</b> <b>Protecting children, young people and families from alcohol related harm</b>
<p>Continued to embed alcohol brief intervention training as part of the Sunderland Health Champion Programme to allow further awareness raising across Sunderland.</p>	<p>Supported the expansion of the Alcohol Care Team within South Tyneside and Sunderland Foundation Trust.</p>	<p>Commissioned a Health-Related Behaviour Survey (2021) in primary and secondary educational settings across Sunderland with the aim of gaining a better understanding of the health and wellbeing of young people in Sunderland.</p>
<p>Taken a population health management approach through the alcohol Joint Strategic Needs Assessment which is published on the council's website.</p>	<p>Utilised the substance misuse treatment and recovery grant to fund a specialist post co-located within the council housing team to support those experiencing alcohol harms and homelessness.</p>	<p>Continued to support the Southwick Raising Aspirations Altogether (SARA) and Hetton Aspirations Linking Opportunities (HALO) projects which focus on helping vulnerable young people and families in our community by bringing key partners together in a whole systems approach.</p>
<p>Worked with seven Local Authorities to continue to commission BALANCE and promote alcohol harm reduction campaigns specific to Sunderland.</p>	<p>Utilised the substance misuse treatment and recovery grant to fund a specialist post co-located within Northumbria Police City Centre Neighbourhood team for offenders with complex needs to support them into their treatment journey.</p>	<p>Adopted a model of implied consent for young people attending A&amp;E for drug and alcohol related conditions. They will be referred directly to treatment to support their recovery journey and prevent repeat admissions.</p>
<p>Utilised the Better Health at Work Award and the Sunderland Workplace Health Alliance to ensure workforces have the skills and awareness to identify alcohol related harms and available support.</p>	<p>Utilised the substance misuse treatment and recovery grant to fund a specialist post within NERAF to support those experiencing drug and alcohol related harms and a specific carers support group.</p>	<p>Applied a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. The approach involves working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.</p>
<p>Completed a full review of our community alcohol treatment services, the outcomes are informing this strategy and associated action plans.</p>	<p>Formalised agreed information sharing protocols between key partners.</p>	<p>Commissioned a service to support parents, families and carers of those who experiencing issues with substance misuse and/or alcohol.</p>

<b>Objective one</b> <b>Prevention and early intervention</b>	<b>Objective two</b> <b>Providing specialist interventions to promote a quality treatment and recovery system</b>	<b>Objective three</b> <b>Protecting children, young people and families from alcohol related harm</b>
Completed a review of alcohol related training for professionals via the ICS Alcohol Studies Advisory Group.	Adopted a trauma informed care approach within the treatment and recovery system.	Delivered alcohol brief intervention training to health champions across Sunderland with the aim of disseminating across their communities and making every contact count.

## What are the strategy governance arrangements?

The Sunderland Drug and Alcohol Harm Reduction Group (referred to as 'the Partnership') will oversee the Strategy. The Partnership comprises of key stakeholders who work together to tackle alcohol and drug related harms. The Partnership is chaired by the chair of the Sunderland Health and Wellbeing Board and Cabinet Member for the Healthy City Portfolio. The governance to the Sunderland Health and Wellbeing Board is via the Living Well Delivery Board. The Executive Director for Health, Housing and Communities chairs the Living Well Delivery Board, they hold the statutory position of Director of Public Health on the Health and Wellbeing Board.

A specific strategy implementation group will be formed to oversee the implementation of the alcohol action plan, this will encourage a range of partnership collaborations.

## What key outcomes will we measure?

Key performance indicators include the following Government outcomes:

- A reduction in alcohol related violent crime
- An increase in treatment capacity by 20%
- An increase in residential rehabilitation opportunities to 2% of treatment capacity
- A treatment place for every offender
- A reduction in the number of alcohol-related deaths
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- A reduction in alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- A reduction in alcohol related under 18 hospital admissions
- A reduction in alcohol related mortalities in under 25s
- A reduction in alcohol related accident and emergency attendances
- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people "binge drinking"
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed
- A reduction in the number of homeless presentations from clients with an alcohol dependency
- A reduction in number of alcohol units consumed by pregnant women



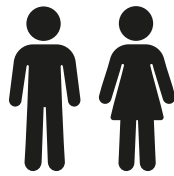
# Our ambition

Our ambition is clear, we want Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. We want the city to be a good place to do business where businesses operate responsibly; so, they don't impact negatively on each other, or on residents and visitors. We want to create the conditions for economic growth while achieving the best possible health and wellbeing for Sunderland.

## Our priorities are to:



Promote an alcohol-free pregnancy



Promote an alcohol-free childhood



Create a culture where people drink less alcohol



Reduce availability of cheap alcohol



Promote the responsible sale of alcohol



Reduce the harms that alcohol currently causes

Our strategy uses a life course approach to alcohol harm reduction, recognising that risks accumulate throughout a person's life and as such, it will be a mixture of universal and targeted action.<sup>2</sup>

## Our objectives are:



Prevention and early intervention



Provide specialist interventions to promote a quality treatment and recovery system



Protect children, young people and families from alcohol related harm

<sup>2</sup> <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>



PINT

CC MIT  
0126 ARC



# Addressing alcohol harms

Alcohol is a complex issue within our society and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city. Alcohol remains one of the key drivers of health inequalities and one of the key causes of premature death.

Alcohol use has health and social consequences borne by individuals, their families and the wider community and impacts upon a range of frontline services including the council, NHS, Police, Ambulance and Social Care. It impacts upon the workplace, through lost productivity and absenteeism and on education, through non-attendance and disruption.

The Chief Medical Officer (CMO) guidelines for men and women states that:

**“To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. If you do drink as much as 14 units per week, it is best to spread this evenly over three days or more.”<sup>3</sup>**

According to our Sunderland Adult Lifestyle Survey in 2017, 22% of adults exceed the current recommended safe limits for alcohol consumption.

The majority of Sunderland’s alcohol-related harm outcomes remain higher than the England average, these are highlighted in our alcohol JSNA.<sup>4</sup> Sunderland has a number of outcomes which are in the top ten in the country, this includes alcohol related hospital admission rates which are the third highest in England, under 18’s admission episodes and alcohol specific mortality.

## Gambling

The North-East region has the highest rates of participation in, and harm from gambling. Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk: 1.6% of non-drinkers gambling at elevated risk levels compared to 10.0% of people who consume over 50 units per week.

## Exploitation

The latest domestic abuse guidance produced by the government in 2021 referred to alcohol being used for control and coercion purposes as well as exploitation. Analysis of safeguarding adult reviews (SAR) published in England in 2017 in which alcohol was identified as being a significant factor in the person’s life and/or death found that most of the individuals had experienced some form of exploitation in their lifetime. Tragically three of the 11 deaths that were examined had been caused by injury due to physical abuse. Alcohol also features heavily in the exploitation of young people and is highlighted as an example of a ‘gift’ that may be given in order to facilitate grooming/exploitation offences. Exploitation can take many forms one of which is sexual exploitation. New analysis of police-recorded crime data from October 2022 shows that the number of child sexual exploitation crimes has increased by 10% within the last year.

## Violence against women and girls and domestic abuse

The Office of National Statistics data shows that violence against women and girls can lead to significant and long-lasting impacts such as mental health issues, suicide attempts and homelessness. The latest domestic abuse guidance produced by the government referred to an evaluation of a programme focusing on high-risk, high-

3 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf)

4 <https://www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment>



harm perpetrators, that showed one fifth of service users had misused alcohol. It also referred to a 2022 Home Office report summarising 127 Domestic Homicide Reviews (DHRs) that found alcohol and drug use was noted as a perpetrator vulnerability in around a third of cases. The World Health Organisation also highlighted alcohol as a risk factor to intimate partner and sexual violence. The WHO 2013 study into intimate partner violence also showed that the victim was twice as likely to experience alcohol related issues. In Sunderland the commissioned domestic abuse support service, Wearside Women in Need, had 120 clients who were experiencing alcohol related issues. This was from October 2021- October 2022.

## **Mental health**

The relationship between mental health and alcohol is complex. Data collected from over 72,000 people in alcohol treatment in 2019 showed that more than half (55%) expressed a need for help with their mental health and four in five (79%) of those said they were receiving some support. Academic evidence suggests that the proportions of people in the alcohol treatment system with co-occurring mental ill-health is likely to be higher. The issues surrounding dual diagnosis is widespread and known however this continues to be an issue for those accessing substance misuse treatment and recovery who are experiencing mental ill-health.

## **Criminal justice**

A joint Public Health England/Ministry of Justice study in 2017 on the impact of community-based treatment on re-offending found that, overall, there was a reduction of 44% in the number of people who were recorded as re-offending in the two years following the start of treatment and a reduction of 33% in the number of offences. Alcohol only users showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively). The correlation between crime and alcohol has been recognised with the target within the substance misuse treatment and recovery grant to ensure there is a treatment place for every offender. This has also been recognised within our Healthy City plan.

## **Homelessness**

Sunderland City Council undertook phase one of a homelessness health needs audit (HNA) in late 2022. This included desktop research into the homeless population of Sunderland. Phase two will study the findings of a questionnaire developed by our partners Homeless Link, which will be completed by residents with lived experience of homelessness. The questionnaire will focus on whether support needs are being met and treated. Full results of the homelessness health needs audit will be published in April 2023. Key findings of phase one of the HNA in relation to alcohol include:

- In 2022, 12.6% of those presenting as homeless or threatened with homelessness to Sunderland City Council had alcohol dependency needs
- In 2022, 17.0% presenting had drug dependency needs

## **Impact of Covid-19**

Covid-19 has impacted on drinking levels, with alcohol consumption having 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.<sup>5</sup>

The Annual Director of Public Health Report (2021–22) 'Same Storm, Different Boats', focuses on the impact that the pandemic has had on the wider determinants of health and health inequalities in Sunderland. The report highlights some of those key challenges and sets out the great work happening across the city to try to mitigate

5 Watershed moment to tackle widening health inequalities as a result of COVID-19 | Imperial News | Imperial College London

the effects of the pandemic. The recommendations set out in the report around tackling alcohol harms will help direct our work and form the objectives of future work.

The Public Health England report<sup>6</sup> which collated data on alcohol consumption and alcohol-related harm in England throughout the coronavirus (COVID-19) pandemic and compares it to data from previous years found that people were more likely to report increasing their alcohol consumption during the pandemic. For example, between March 2020 and March 2021, there was a 58.6% increase in the proportion of respondents drinking at increasing risk and higher risk levels. Importantly, this data shows a step-change around the time the pandemic began, where the prevalence of increasing risk and higher risk drinking increased and then continued to be higher than previous years throughout the pandemic year.

The report also highlighted that:

- Between 2019 and 2020 (before and during the pandemic), volume sales in the off-trade increased by 25.0%. This increase was consistent and sustained for most of 2020. We saw increases for all product types, with the largest relative increase for beer (+31.2%), followed by spirits (+26.2%), wine (+19.5%), and cider (+17.6%)
- The heaviest buying quintile increased their purchasing by 5.3 million litres of alcohol (+14.3%)
- Over 8.4 million people were drinking at higher risk, up from 4.8 million in February
- Sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic
- Alcohol's effects on mental health are particularly concerning during lockdown
- One in 14 (7%) survey respondents felt that alcohol had made the tension in their household worse since lockdown
- During the first month of lockdown the proportion of people drinking four or more times a week increased, as did binge drinking
- In 2020, when the pandemic began, England saw a 20% increase in total alcohol-specific deaths compared to 2019 (6,983 compared to 5,819). There were higher rates from May 2020 onwards and a third of deaths occurred in England's most deprived communities

6 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1002627/Alcohol\\_and\\_COVID\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf)



# The wider cost of alcohol harm

## National picture

Whilst the safe use of alcohol continues to play an important role in the social, economic and cultural aspect of society, changing drinking patterns and rates of consumption has meant that harmful use of alcohol is having damaging effects on disease and long-term health conditions, high risk behaviour, mental health disorders and unsafe sexual behavior.

## In England:



Alcohol harm costs society  
£21 billion a year<sup>7</sup>



NHS costs equate to  
£3.5 billion (equal to  
£120 for every taxpayer)<sup>8</sup>



Alcohol is a causal  
factor in over 200  
medical conditions<sup>9</sup>



1.6 million people  
have some level of  
alcohol dependence<sup>10</sup>

<sup>7</sup> <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>

<sup>8</sup> <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>

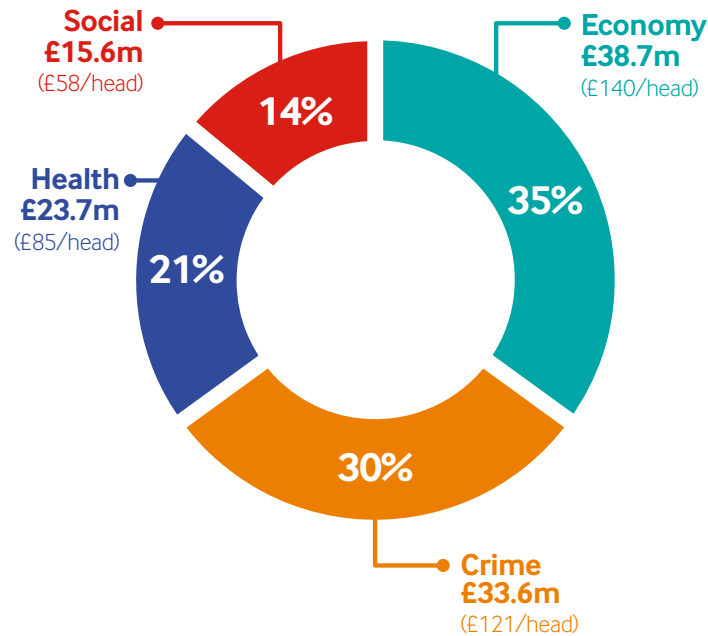
<sup>9</sup> <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

<sup>10</sup> <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

## Local impact

In 2015–16, the overall cost of alcohol harm in Sunderland was estimated to be £111.6million, which is the equivalent of £403 per head of population. The North-East cost per head was estimated at £386, and England at £363<sup>11</sup>.

### Overall cost breakdown in Sunderland



It should be noted that these costs do not take into account the health and social consequences suffered by individuals, their families, and the wider community.

Balance and the North East Ambulance Service published a new report in November 2022 titled, 'Fuel to the fire - alcohol's impact on the North East Ambulance Service following the pandemic'. The report illustrates the extent of pressures faced by the ambulance service as a result of alcohol-related call-outs in recent months. The key findings from the report are:

- One in three NEAS employees (30%) state that 50% or more of the incidences they dealt with over the Christmas period 2021 involved alcohol.
- Almost half of NEAS employees (47%) state that over 75% of call-outs for assaults were related to alcohol.
- 68% of NEAS employees state that over 50% of call-outs for domestic violence were related to alcohol.
- 93% of NEAS employees agree that dealing with alcohol-related call-outs places an avoidable demand on time and resources.
- Private residences pose the highest fear of risk of harm from members of the public, with 45% stating this to be most risky, followed by on street locations.
- 40% of NEAS employees have received threat of injury from patients or members of the public at least six times, and 1 in 3 have received an actual injury or verbal abuse on as many occasions.
- 38% of NEAS employees have been subjected to sexual harassment / assault whilst on duty from people under the influence of alcohol.
- Many incidences of abuse and injury go un-reported with 36% of NEAS employees stating that they did not report any incidences to the police

# Alcohol and health

Alcohol is often associated with positive aspects of life, but many people drink at levels that harm their own health and impact negatively on those around them.

In England and Scotland 24% of adults regularly drink over the Chief Medical Officer's low-risk guidelines, and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (over 8 units for men and over 6 units for women).<sup>12</sup>



## 1 Unit

Single shot of spirits  
(25ml, ABV 40%)



## 1.5 Units

Alcopop  
(275ml, ABV 5.5%)



## 1.5 Units

Small glass of wine  
red/white/rosé/  
sparkling  
(125ml, ABV 12%)



## 2 Units

Can of beer, ale,  
lager or cider  
(440ml, ABV 5.5%)



## 2.1 Units

Standard glass of wine  
red/white/rosé  
(175ml, ABV 12%)



## 3 Units

Pint of beer, ale,  
lager or cider  
(568ml, ABV 5.2%)



## 3 Units

Large glass of wine  
red/white/rosé  
(250ml, ABV 12%)



## 9 Units

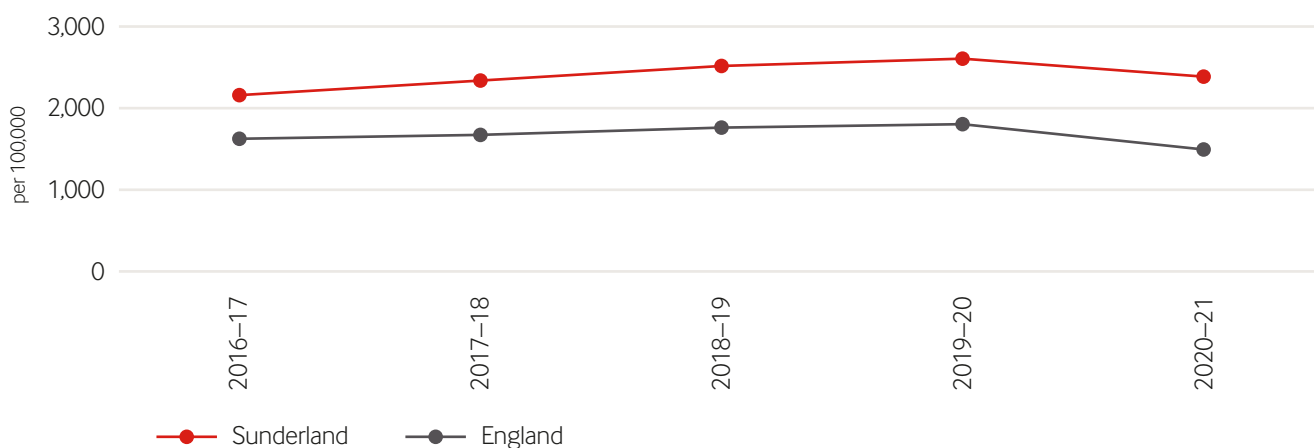
Bottle of wine  
red/white/rosé/  
sparkling  
(750ml, ABV 12%)

<sup>12</sup> [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits)

Alcohol misuse contributes to 200 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cancer, cardiovascular disease, depression and liver disease.<sup>13</sup>

Evidence shows that harmful use of alcohol disproportionately affects the most vulnerable groups in society - those in the lowest income bracket and those experiencing the highest levels of deprivation.<sup>14</sup>

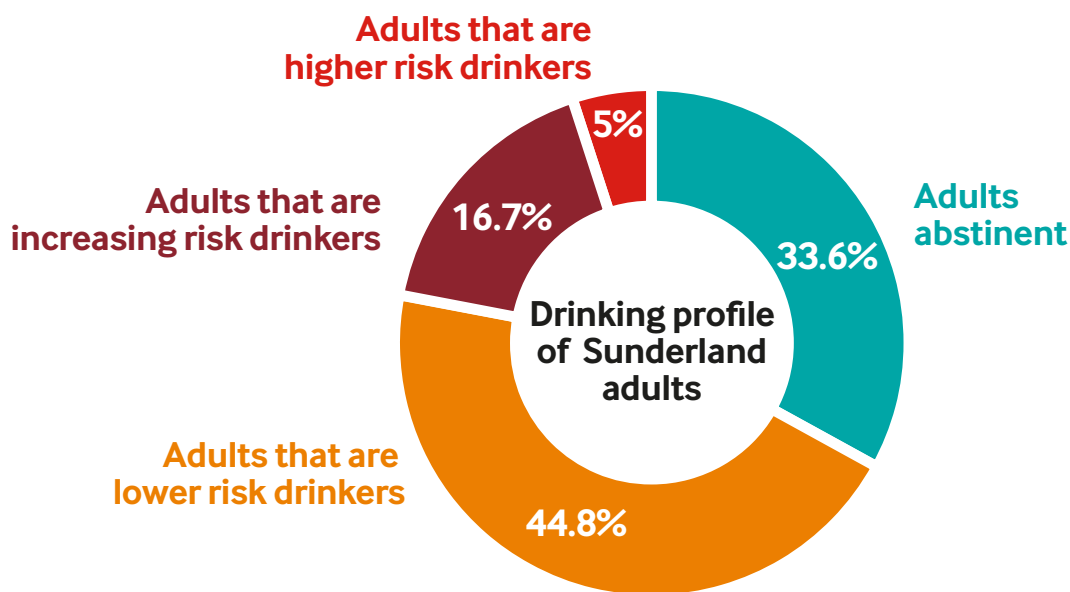
In England in 2020–21, there were 1,500 hospital admissions related to alcohol consumption per 100,000, lower than Sunderland which had a rate of 2,401 per 100,000 which equates to 6,660.<sup>15</sup>



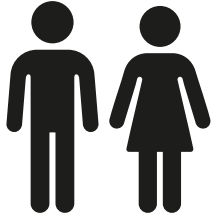
Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15–49 year-olds in the UK, and the fifth biggest risk factor across all ages.<sup>16</sup>

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.

Data recorded in the Sunderland Adult Lifestyle survey in 2017 found that:<sup>17</sup>



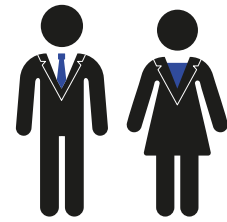
13 <https://www.who.int/news-room/fact-sheets/detail/alcohol#:~:text=The%20harmful%20use%20of%20alcohol,represents%205.3%25%20of%20all%20deaths.>  
 14 <https://www.alcohol-focus-scotland.org.uk/news/poverty-linked-to-increased-harm-from-alcohol/>  
 15 <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/ati/401/are/E08000024/iid/93765/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>  
 16 [www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review](http://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review)  
 17 [https://www.sunderland.gov.uk/media/20673/ALS-2017-Profile-Drinking-Alcohol/pdf/ALS\\_2017\\_Profile\\_-\\_Drinking\\_Alcohol.pdf?m=636746789084470000](https://www.sunderland.gov.uk/media/20673/ALS-2017-Profile-Drinking-Alcohol/pdf/ALS_2017_Profile_-_Drinking_Alcohol.pdf?m=636746789084470000)



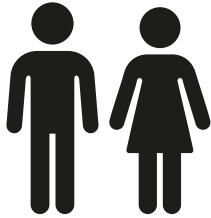
The proportion of adults aged 18 years and over who drink alcohol is **66.4%**



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



**21.6%** of adults exceed the current recommended safe limits for alcohol consumption



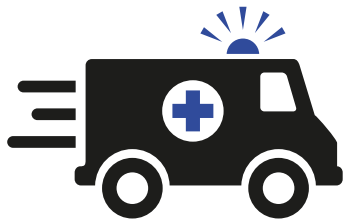
At ward level, the highest rates of drinking above the recommended safe limits are seen in **Washington South, Washington East, St Michael's and St Chad's**



**26.3%** of adults binge drink, men are more likely to binge drink than women and binge drinking is not confined to young adults; 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**



Data from the Public Health Profiles and Local Alcohol Profile for England<sup>18</sup> demonstrates that in Sunderland:



There has been a rise in admissions for alcohol specific conditions (all figures per 100,000):<sup>19</sup>

**752** - 2014–15  
**1,171** - 2019–20  
**1,160** - 2020–21



Alcohol-related mortality is (all figures per 100,000):<sup>20</sup>

**52.1** - 2020  
**51.2** - 2019

This is 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)



Admission episodes for alcoholic liver disease (Broad) have fallen from the previous year from (all figures per 100,000):<sup>21</sup>

**303.4** - 2019–20  
**281.5** - 2020–21

This is above the North-East **208.4** and England **128.3** averages



Mortality from chronic liver disease was (all figures per 100,000):<sup>22</sup>

**22.4** - 2017–19  
**1,171** - 2019–20  
**1,160** - 2020–21

second highest in the North East after South Tyneside at **23**, higher than the North East average **18.7** and in between **18.7** and statistically significantly higher than England **12.2**

<sup>18</sup> <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

<sup>19</sup> Public health profiles - OHID (phe.org.uk)

<sup>20</sup> Public health profiles - OHID (phe.org.uk)

<sup>21</sup> Public health profiles - OHID (phe.org.uk)

<sup>22</sup> Public health profiles - OHID (phe.org.uk)

## Ward level alcohol-specific hospital admissions

Southwick and Hendon wards had the highest rates of alcohol-specific hospital admissions during the five year period: 2017-2021. The ward index of multiple deprivation rankings in 2019 show that Hendon was the most deprived ward in Sunderland with a ranking of 55.8, and Southwick was the third most deprived ward with a ranking of 48.5, (behind Redhill at 49.2)

The Sunderland average deprivation ranking is 30.6, and the England average 21.7.

Five of the six wards with the highest admissions shown in the map are Hendon, Southwick, Redhill, Pallion and Sandhill are all in the five most deprived areas in Sunderland, this demonstrates the link between deprivation and alcohol related harms.

## Hospital admissions for alcohol-specific conditions<sup>23</sup>

During the 10-year period: 2010/11 to 2020/21, the rate of hospital admissions for alcohol specific-conditions has risen slightly from 1,119 per 100,000 to 1,160, this is a 3.6% increase. During the same period:

- The male rate rose from 1633 to 1664, a 1.9% increase.
- The female rate rose from 640 to 694 an 8.4% increase.

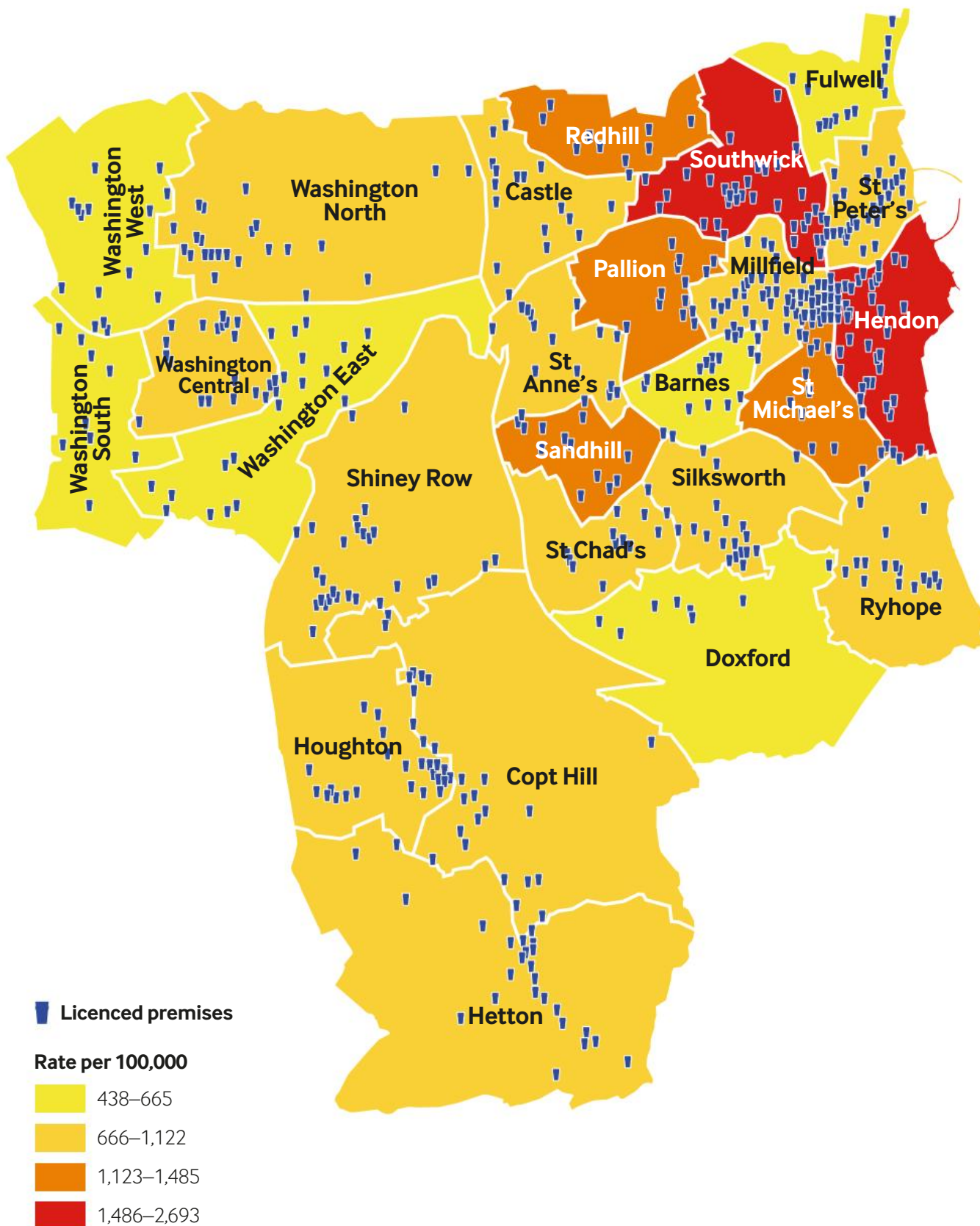
The England and North-East rates at 2020/21 were: England 587, a 5.8% increase over the 10 -year period, and the North-East, 904, a 6% increase. Within the North-East, the Sunderland rate at 1,160 per 100,000 is the second highest out of the 12 local authorities, behind the South Tyneside rate at 1,173.

<sup>23</sup> [https://fingertips.phe.org.uk/search/alcohol%20specific%20conditions#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0\\_ine-ao-0\\_ine-pt-1\\_ine-ct-146\\_ine-yo-1:2020:-1:-1](https://fingertips.phe.org.uk/search/alcohol%20specific%20conditions#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-pt-1_ine-ct-146_ine-yo-1:2020:-1:-1)

# Hospital admissions for alcohol-specific conditions 2017–2021

Rates per 100,000

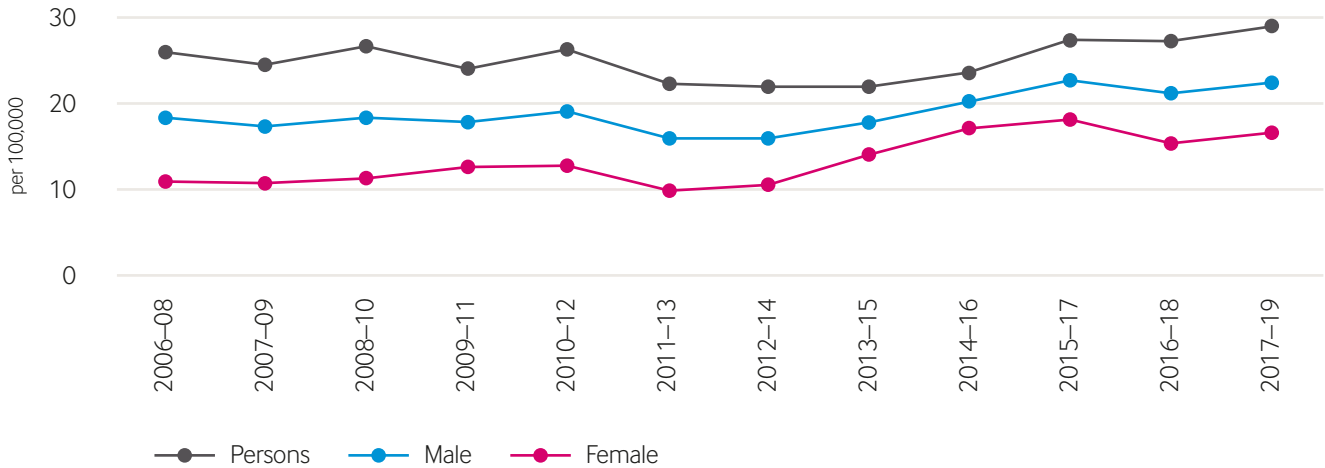
Source: Hospital Episodes Statistics (HES)



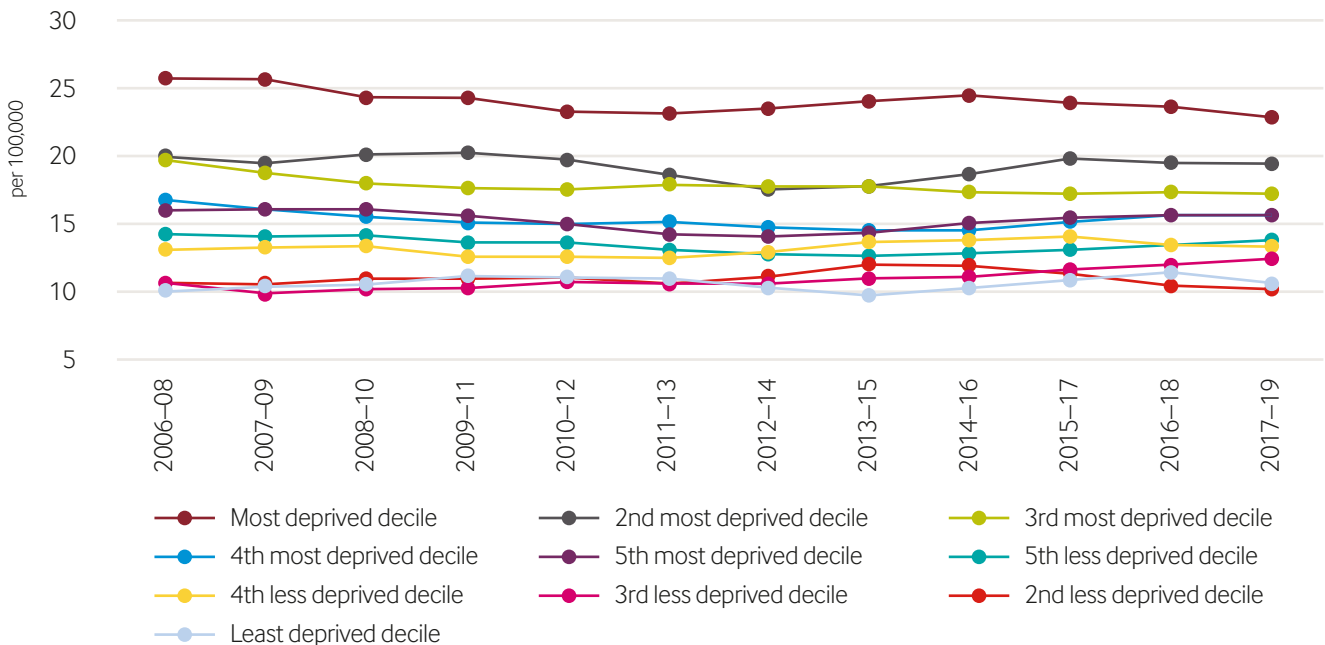
## Mortality from chronic liver disease<sup>24</sup>

In 2020, the rate per 100,000 of chronic liver disease in Sunderland was 25.4 having risen from 20.3 in 2018 (North-East rate in 2020 was 21.6, and the England rate 13.7). The Sunderland rate is significantly higher than the England rate.

The individual rates by gender below, show the inequalities between men and woman for chronic liver disease. The male rate (during 2017-19) was 28.9, the female rate 16.6.



At a national level, inequalities of deprivation, shows that the most and second most deprived areas have the highest rates of mortality from chronic liver disease, and that the least and second least deprived areas have the lowest rates.



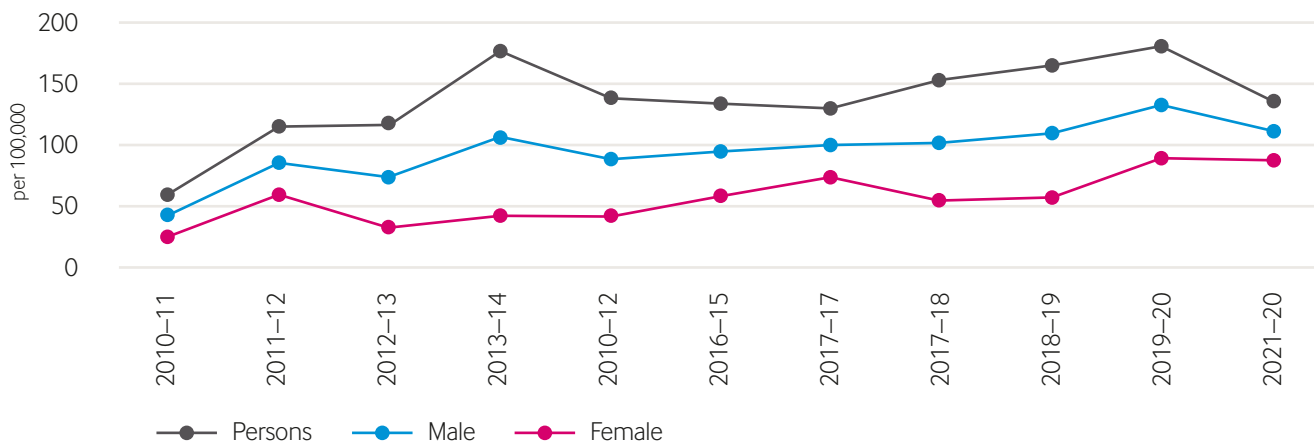
24 PHOF (OHID) <https://fingertips.phe.org.uk/search/chronic%20liver%20disease#page/4/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/91381/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

## Hospital admissions for alcoholic liver disease<sup>25</sup>

During the 10-year period: 2010/11 to 2020/21, the rate of alcoholic liver disease has risen from 41.4 per 100,000 to 110.3, this is a 166% rise (or 69 percentage points).

During the same period:

- The male rate rose from 59.2 to 135.5, a 129% rise (or 76 percentage points).
- The female rate rose from 24.4 to 87.4 a large 258% rise (or 63 percentage points).



<sup>25</sup> [https://fingertips.phe.org.uk/search/alcohol%20liver%20disease#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/90929/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0\\_ine-ao-0\\_ine-vo-1\\_ine-yo-1:2020-1:-1\\_ine-ct-114\\_ine-pt-1](https://fingertips.phe.org.uk/search/alcohol%20liver%20disease#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/90929/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-vo-1_ine-yo-1:2020-1:-1_ine-ct-114_ine-pt-1)

# Children and young people

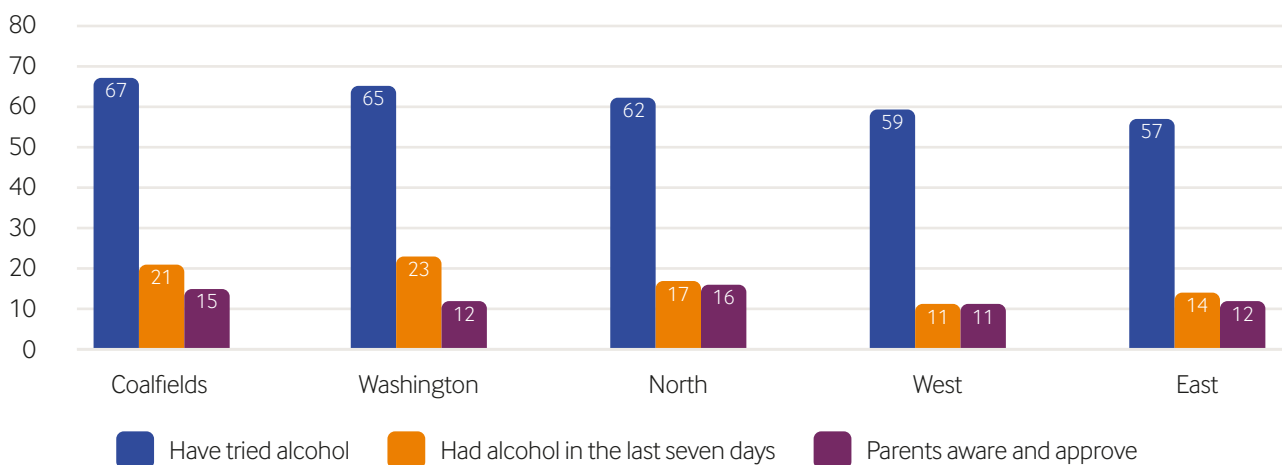
## An alcohol-free childhood

Chief Medical Officer (CMO) guidance states that children who start drinking alcohol from a young age are more likely to develop alcohol problems into adolescence and adulthood. The CMO guidance recommends to children and parents that an alcohol-free childhood is the healthiest and best option.

Nationally alcohol consumption in young people is decreasing, but within the North-East the level of alcohol use remains higher than the England average. In Sunderland the Health Related Behaviours (HRB) Survey is carried out with primary and secondary pupils to assess young people's attitudes and behaviours to health and lifestyle.

According to the latest HRB survey held in 2021, around two thirds of all secondary school pupils have tried alcohol. Almost a quarter had alcohol within the last seven days. More than 10% of parents were aware their child had alcohol and approved.

### Alcohol drinking behaviours' in secondary schools



During the three year pooled period: 2018/19 to 2020/21, the Sunderland rate of hospital admissions for alcohol specific-conditions for under 18s was 76 per 100,000 (a reduction from 2014/15 to 2016/17 when the figure was 95.7 per 100,000), however this is still significantly above the England (29.3) and North-East (52.0) averages. The female admission rate is higher in both Sunderland and England, with Sunderland females having a 38.1 higher rate than males, and England a 13.3 higher female rate than males.

For comparison, the England female rate was 36.1, compared to Sunderland females at 94.4, and Sunderland males at 58.9, compared to England males at 22.8 (female rates falling from 107.7 to 94.4, and male rates falling from 84.4 to 58.9, this is in line with the England trend which also shows reductions in persons, females, and males overall).

## Alcohol and healthcare

South Tyneside and Sunderland Foundation Trust (STSFT) Health and Wellbeing Strategy for 2020-2023 has six key themes, one of which is the reduction of alcohol harms. There is a partnership working group established for each theme. The overall aim of this working group is to reduce the harmful impacts of alcohol on our communities and services with three clear objectives:

- Embed routine identification and support offer to all patients

- Further develop strong links between STSFT, community service providers and the wider system for adults and young people
- Play a leading role regionally and nationally through the development of the regions first alcohol care team and a strong advocacy role

STSFT alcohol care team (ACT) provides help and support to those who are admitted to hospital due to alcohol related issues or harm or those who are identified as requiring alcohol related support via screening in hospital.

Within Sunderland Royal Hospital they have adopted a model of implied consent for Young People attending A&E for alcohol related conditions, so they are referred directly to support via the Youth Drug and Alcohol Project (YDAP).

## **Community action**

Sunderland City Council strives to harness the passion and commitment we see within our communities to improve neighbourhoods in which we live. Community development approaches are often focused on strengthening and mobilising capacity within a community and helping communities to improve their health themselves, while involving communities in creating programmes of services.

We have a recovery community who now support others on their recovery journeys and ensure a lived experience voice is heard in service planning, design and delivery.

During 2019 the council launched its resident engagement strategy, Let's Talk Sunderland, and asked residents what they liked about their neighbourhood, what they'd like to change and how they could become more involved within their community. The council received an excellent response from residents of all ages and communities. The residents of Sunderland love their neighbourhoods and their city, however, they feel it could be better cared for, with more enforcement against those who don't care about the city. They value the strong community spirit, and they want to support vulnerable communities, including improving financial wellbeing.

Significant investment is ongoing across Sunderland creating an exciting and vibrant, healthy and dynamic city for everyone. The council continues to:

- Promote and grow volunteering opportunities through the volunteer platform
- Promote and support community projects through Crowdfund Sunderland
- Seek opportunities and external funding to respond to 'left-behind' communities - working in partnership with the North-East Funding Network to continue to support and develop the five Area Voluntary and Community Sector (VCS) Networks
- Increase capacity within the city to support the VCS through the co-creation of a VCS alliance and implementation of targeted and dedicated additional community development support across the five geographical areas in the city
- Encourage active resident participation in local decision-making - online Council meetings and wider resident consultation and involvement through Let's Talk Sunderland

Within Sunderland we are supporting the Southwick Raising Aspirations Altogether (SARA) and Hetton Aspirations Linking Opportunities (HALO) projects which focus on helping vulnerable young people and families in our community by bringing key partners together in a whole systems approach. Alongside these community projects we also have the Sunderland Street Pastors who are volunteers from across the church network who offer support to the those within the night-time economy with the overall aim of preventing harm.

Targeted work is taking place across our communities aimed at specifically helping vulnerable groups such as the work of the Sunderland Street Pastors who work with Northumbria Police to keep people safe in the city centre.

Organisations are also working in partnership to develop and implement a model for social prescribing across the city and further develop our Sunderland Health Champion model. This will include delivery of core Making Every

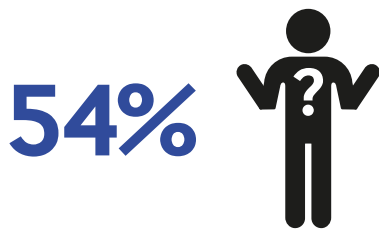
Contact Count (MECC) training for cohorts of frontline staff and wider relevant partners across the city including those participating in warm spaces, which will provide an effective opportunity for the delivery of alcohol brief intervention training and advice.

The warm spaces initiative will operate until April 2023, as well as providing vital support for residents over the winter, the model provides a test-bed for the effectiveness of physical Community Support Hubs within which we can deliver our vision for social prescribing.

## Balance Perception Survey 2021

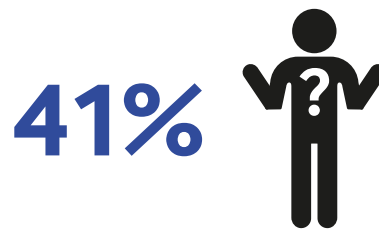
The Balance Perception Survey 2021 provided an up-to-date detailed snapshot of local residents' behaviours and attitudes in relation to alcohol. The survey highlighted the following:

### Awareness of guidelines



of Sunderland adults believe they do not know what the guidelines are for men

### Awareness of guidelines



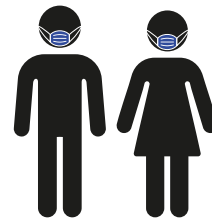
is the North East average where adults report they do not know what the guidelines are for men

### Binge drinking



**1 in 4** North-East adults binge drink at least weekly but **90%** believe they drink 'responsibly', this pattern is mirrored in Sunderland

### COVID 19



Since the start of COVID, **1 in 5** North-East drinkers are drinking more units on a typical drinking day, the figure for Sunderland is **12%**

### Drinking behaviour



**42%** of people are drinking at increasing and higher risk levels





# Availability, affordability and use

The past 10 years have seen a decline in the number of people drinking in pubs and clubs. Many people prefer to drink at home, buying cheaper alcohol from off-sales businesses, particularly supermarkets.

## Licensing

The Section 182 Licensing Act 2003 guidance document was revised in December 2022 and sets out how licensing authorities should carry out their function under the 2003 Licensing Act. It is a key document for promoting best practice, ensuring consistent application of licensing powers across England and Wales and for promoting fairness, equal treatment and proportionality. There is a clear focus on the four licensing objectives, which are:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

In 2005 when the Licensing Act came into force Sunderland had 621 licensed premises. As of 2023 these numbers have increased, Sunderland currently has 984 premises, including clubs, licensed to sell alcohol, of which:



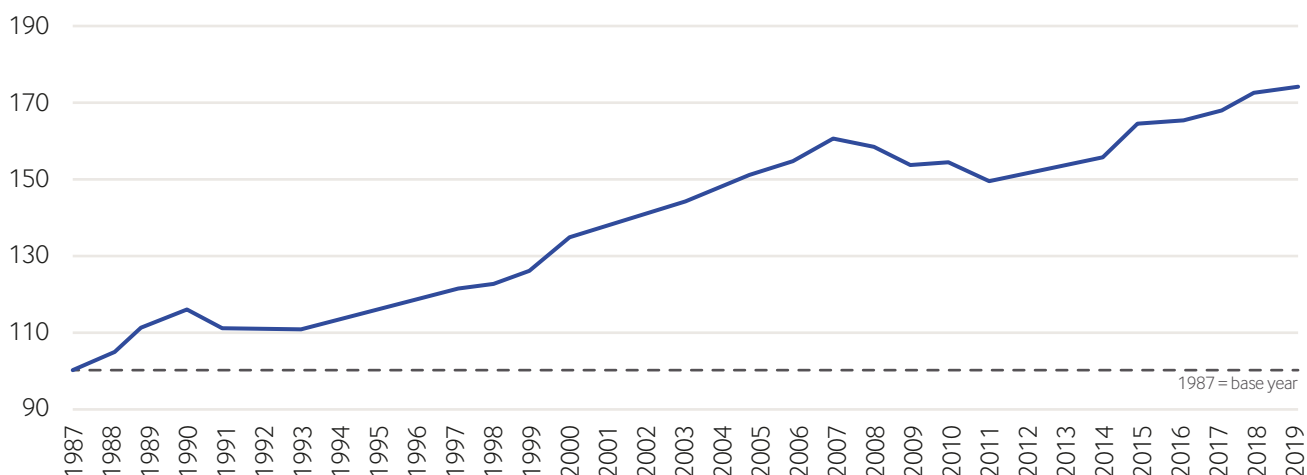
This includes 26 Pavement Licences issued under the Business and Planning Act. Before the introduction of the Licensing Act there were no 24-hour licenses but now Sunderland has 15 licenses to sell alcohol 24 hours a day.

## Average weekly expenditure on alcohol

From 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was in 1987.<sup>26</sup>

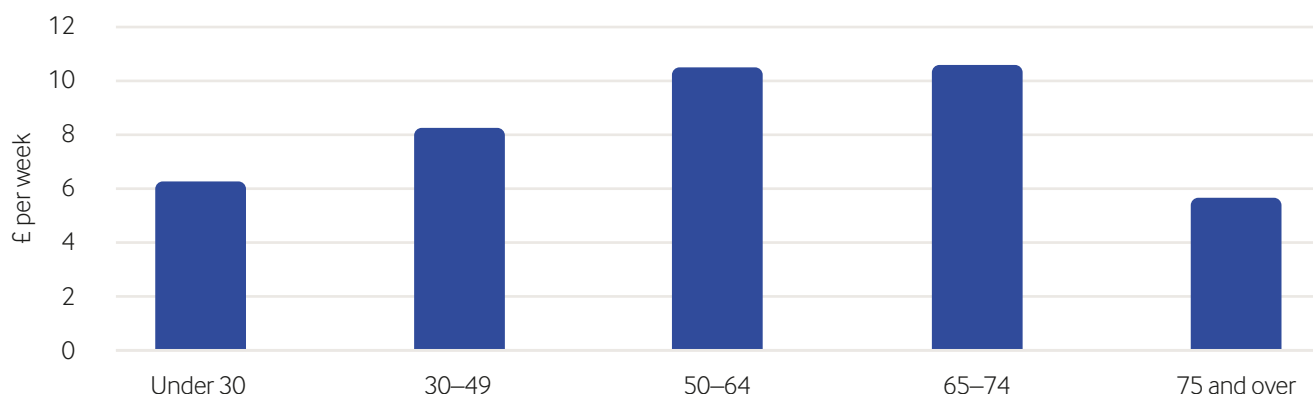
<sup>26</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

### National Alcohol Affordability Index 1987–2019<sup>27</sup>



Average weekly household expenditure on alcohol was £8.70 in 2017/18. People in the 65-74 age group spent the most, with an average of £10.60 a week. The lowest weekly expenditure was by those aged 75 or over with an average of £5.60.<sup>28</sup>

### National spend per week on alcohol per age group<sup>29</sup>



## Minimum Unit Price (MUP)

Alcohol is now more affordable than it was in the 80s. Implementing minimum unit price is a targeted measure which ensures that tax increases are passed on to the consumer and improves the health of the heaviest drinkers and there is strong evidence that minimum unit price for alcohol works as a policy. Recent research in relation to alcohol sales in Scotland showed MUP was associated with a 3% net reduction in total per adult alcohol sales<sup>30</sup>. Local authorities across the North-East are working with Balance North-East to ask Government to take action on alcohol to tackle price, promotion and availability.

## Statement of Licensing Policy

Due to the significant impact of the Coronavirus Pandemic, it was not possible to undertake a comprehensive review of the Statement of Licensing Policy in 2021. In view of these difficult circumstances, the council decided that following a consultation exercise, the existing Statement of Licensing Policy be rolled forward as from and including 7 January 2021 to 6 January 2026, with a review of the Licensing Policy being undertaken as and

27 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

28 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

29 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

30 Minimum unit pricing has led to drop in alcohol sales in Scotland, data show | The BMJ

when deemed appropriate to do so within the stated five year period. The Statement of Licensing Policy is to be reviewed in 2023.

The purpose of this policy is to ensure that decision making by the council is consistent with the provisions of the Licensing Act and guidance from the Secretary of State. Where appropriate the council can deviate from this guidance if there is good reason and to do so can be justified.

## Responsible retailers' scheme

Sunderland has adopted a responsible retailer scheme that ensures retailers are committed to do everything they can to prevent age-restricted products such as alcohol from reaching children and young people. Our licensing and trading standard teams provide support and advice on important trading legislation concerning the responsible sale of alcohol and guidance on the avoidance of illicit alcohol.

## Alcohol and crime

Alcohol is implicated in an enormous amount of crime and disorder, and the effects on victims can be devastating. Government statistics show that alcohol is a factor in 39% of violent crime in England<sup>31</sup>. Since 2019 the number of alcohol related incidents and crimes have been increasing throughout Sunderland, however we can see there has been a reduction in 2022.

### Reported Incidents (a report made to Northumbria Police where alcohol was a factor)

Sunderland area	2019	2020	2021	2022	Total
Houghton	265	236	226	170	<b>897</b>
Sunderland Central	540	507	678	630	<b>2,355</b>
Sunderland East	119	187	163	134	<b>603</b>
Sunderland North	271	364	366	323	<b>1,324</b>
Sunderland South	140	145	110	89	<b>484</b>
Sunderland West	249	231	199	164	<b>843</b>
Washington	251	273	314	234	<b>1,072</b>
<b>Total</b>	<b>1,835</b>	<b>1,943</b>	<b>2,056</b>	<b>1,744</b>	<b>7,578</b>

31 The nature of violent crime in England and Wales - Office for National Statistics (ons.gov.uk)

### Recorded Crimes (a report made to Northumbria Police where alcohol was a factor and a crime was recorded)

Sunderland area	2019	2020	2021	2022	Total
Houghton	48	30	25	31	<b>134</b>
Sunderland Central	93	82	144	153	<b>472</b>
Sunderland East	24	27	35	17	<b>103</b>
Sunderland North	53	56	61	60	<b>230</b>
Sunderland South	15	19	16	7	<b>57</b>
Sunderland West	73	49	39	26	<b>187</b>
Washington	34	36	49	34	<b>153</b>
<b>Total</b>	<b>340</b>	<b>299</b>	<b>369</b>	<b>328</b>	<b>1,336</b>

We can also see from the dates below the number of Police custody records where the person recorded was alcohol dependant and was detained at either Southwick or the Stadium of Light custody suites.

Year	Count
2019	784
2020	400
2021	586
2022	562
<b>Total</b>	<b>2,332</b>

Further information from Northumbria Police shows that:

- Much of the rise in alcohol related incidents and crime from 2019 to 2021 can be attributed to the re-opening of the night time economy, with the city centres consistently identified as hotspots
- During 2022 almost half of the top 10 hotspot areas are in the city centre and linked to the night time economy
- Almost a third of the serious violence related offences were domestic related during 2021. With assaults occasioning actual bodily harm being the primary offence type in Sunderland during 2022 where alcohol is involved.

### Cardiff model, alcohol-related assaults<sup>32</sup>

Of the alcohol-related assaults presenting to Sunderland Royal hospital during 2021–2022, the three highest percentages for location of assaults were: Millfield, St. Michael’s, and Hendon. Hendon has the highest deprivation rating in the city and Millfield is in the top half of the most deprived wards. St Michael’s is where the majority of the night-time economy occurs and has a high concentration of pubs in and around the area.

<sup>32</sup> Source: Sunderland Royal hospital

# Alcohol treatment

Individuals completing an alcohol treatment programme demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, improved parenting skills and improved psychological health. It also reduces the harms to others caused by dependent drinking.

## Wear Recovery

The adult substance misuse service, Wear Recovery<sup>33</sup>, provides information, advice, treatment, and support across different locations. Wear Recovery have hubs in the city centre, Washington and Houghton-le-Spring.



In 2021–22 in Sunderland, **649** adults were in treatment at specialist alcohol misuse services



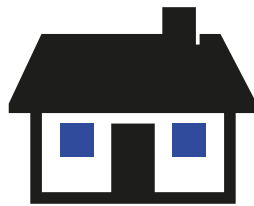
Of the people starting treatment in 2021–22, **64%** said they had a problem with alcohol and **72%** of these said it was their only problem substance



**68%** of people starting alcohol treatment in 2021–22 self-referred, with **5.8%** being referred by a GP, **6.5%** by hospitals and **4.7%** from criminal justice



**50–54** is the average age group for people in alcohol treatment, **60%** are male and **95.4%** are white British



**7.3%** of new presentations to treatment had a housing problem



**40.2%** people in alcohol treatment in 2021–22 in England were parents living with dependent children

### Wear Recovery contact details:

Tel: 0800 234 6798

Email: SunderlandSMS.info@cgl.org.uk

Web: [www.changegrowlive.org/sunderland](http://www.changegrowlive.org/sunderland)

33 <https://www.changegrowlive.org/sunderland/alcohol>



**80%** of people in alcohol treatment also need mental health treatment, with **30%** of them not receiving any mental health treatment



**15.4%** of people successfully completed alcohol treatment in 2021–22

## **Youth Drug and Alcohol Project (YDAP)**

To support young people and parents/carers a preventative approach through healthy schools is being implemented. Sunderland has the Young People Drug and Alcohol Project (YDAP) who offer specialist help, advice and support on alcohol and drug related matters for young people, parents and professionals.

Reports from the national drug treatment monitoring system (NDTMS), show that during April 2021 and March 2022, Sunderland had 30 clients under the age of 18 in structured treatment for alcohol use, this accounted for 39% of all in treatment that year. This is a slight fall from the previous 12 months when 36 (40%) were in structured treatment for alcohol use.

### **YDAPs contact details:**

Phone: 0191 561 4000

Email: [YDAP.Project@togetherforchildren.org.uk](mailto:YDAP.Project@togetherforchildren.org.uk)

# Leadership and advocacy

International evidence shows that effective alcohol policy encompasses a range of interventions aimed at the whole population, with particular targeting of high risk groups.

The World Health Organisation (WHO) recommends these effective policies to reduce the harmful use of alcohol:

- Raise taxes on alcohol
- Restrict access to retailed alcohol
- Enforce bans on alcohol advertising
- Enforce drink-driving laws (breath testing)
- Offer brief advice for hazardous drinking

Local leadership across all partners can provide opportunity for implementing prevention strategies to reduce alcohol harms, this can be achieved through a number of partnerships in Sunderland, including the Health and Wellbeing Board and the Living Well Delivery Board.

The Health and Wellbeing Board signed the Alcohol Declaration which specifically commits the Board to drive the evidence-based action across the system and protect the community from harm.

The Board has also supported a number of effective policies such as minimum unit price and restricting alcohol advertising locally.

## Sunderland Drug and Alcohol Harm Reduction Group

A Sunderland Drug and Alcohol Harm Reduction Group has been established, sponsored and Chaired by the Health and Wellbeing Board Member, the Partnership feeds into the Living Well Delivery Board, it provides leadership as well as engaging partners to address alcohol harms across the city.

## CLear Assessment

In May 2019, Sunderland carried out a CLear self-assessment, which is an evidence-based improvement model developed by Public Health England to stimulate discussion with partners for improving outcomes through effective collaborative working. CLear represents the three linked domains of the model which are:

- Challenge - how local services deliver interventions
- Leadership - how strategic leadership is supporting actions to reduce alcohol harm
- Results – data used locally to evidence outcomes

The Partnership held a CLear workshop, and the Public Health England (PHE) CLear self-assessment tool was completed. Good practice as well as some areas of improvement were identified. Using the PHE evidence review, the findings from the CLear self-assessment and local data from both the Adult Lifestyle Survey and the Health Related Behaviours Survey, a draft strategy and alcohol action plan was developed. This provided a local framework to prevent and minimise alcohol-related harms among individuals, families and communities.

The assessment in Sunderland demonstrated that improvement in partnership working was needed around system working and whilst there was a great deal of positive work being carried out by partners, it was not co-ordinated to achieve maximum potential outcomes.



# Local approaches

Many of the local approaches have been described throughout this strategy however, a number are highlighted below.

## **Substance misuse recovery grant**

The substance misuse treatment and recovery grant has been awarded to local authorities to develop the quality and capacity of substance misuse and alcohol treatment and recovery services. The grant is to be used collaboratively to meet the ambitious targets outlined in the Governments 10-year drug plan 'From Harm to Hope'. This includes increasing treatment capacity by 20%, reducing drug and alcohol related deaths, ensuring there is a treatment place available for every offender and offering residential rehabilitation opportunities to 2% of the treatment population.

## **Individual placement and support**

Specialist support for adults in the substance misuse and alcohol treatment and recovery system to access employment. IPS offers intensive, individually tailored support to help individuals choose and obtain appropriate employment, with ongoing support for the employer and employee to help ensure sustainability. This programme is now operational in Sunderland and already assisting our residents accessing treatment services.

## **Changing futures**

This programme offers intensive support to individuals with complex needs, including alcohol harms. The aim is to work in partnership across local areas to test innovative approaches and drive lasting change across the whole system to provide better outcomes for adults experiencing multiple disadvantage. This programme is now operational in Sunderland and already helping our residents who are experiencing multiple disadvantage and have complex needs.

## **Drug test on arrest**

Utilising Police drug testing on arrest for individuals accessing the custody system. This is a powerful tool for identifying offenders with substance and alcohol related issues and allows an effective pathway from police custody into the substance misuse and alcohol treatment and recovery system.

## **NERAF (Northern Engagement into Recovery from Addiction)**

Expansion of the services offered by NERAF to those experiencing substance and alcohol related harm and their family and carers. The substance misuse treatment and recovery grant has allowed the service to increase the support they offer to the residents of Sunderland. This includes funding a specialist carers support group.

## **Joint Strategic Needs Assessment (JSNA)**

The Joint Strategic Needs Assessment (JSNA) assessment examines the effect of alcohol on health and wellbeing, highlighting harms and trends from Healthy Lifestyles surveys along with hospital admission and treatment data. The Alcohol JSNA can be found at: [www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment](http://www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment)



## Balance North-East

Along with six Local Authorities across the North-East, the council commissions Balance whose aim is to have healthier people living in safer communities across the North-East. This is achieved by three key areas of activity:

- Educating and informing: giving information and support to allow understanding of alcohol related harms
- Sharing best practice: looking at successful projects or ways of working that is having a positive impact – and sharing them
- Calling on Government for change: asking them to adopt those measures which robust, international evidence tells us will reduce the harm caused by alcohol misuse

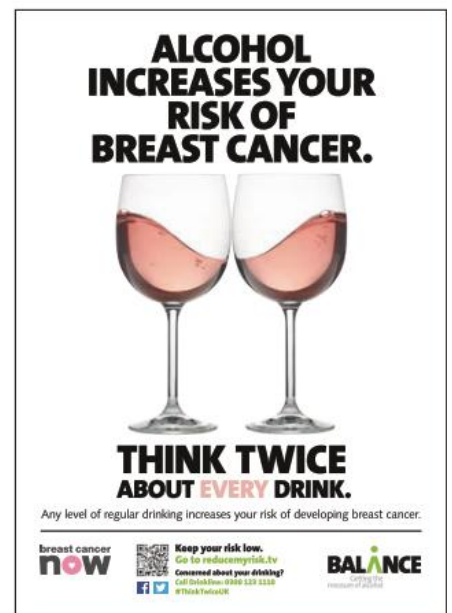
## Alcohol harm reduction campaigns

We will continue to support and develop local and regional alcohol campaigns.

“The effectiveness of alcohol harm reduction campaigns may be improved by directly communicating alcohol’s long-term harms to the general adult population of drinkers along with drinking guidelines.”<sup>34</sup>

Through the campaigns we will:

- raise awareness of harms
- encourage people to reduce consumption
- bring alcohol and tobacco closer together in public consciousness
- build support for advocacy goals



34 <https://pubmed.ncbi.nlm.nih.gov/28428186/>



# The way forward

Our strategy uses a life course approach to alcohol harm reduction and has three clear objectives around prevention and early identification, providing a quality treatment and recovery system; and protecting children, young people and families from alcohol related harm, these are detailed below. Also included below are the next steps, which are a mixture of universal and targeted action to meet our ambition and priorities for Sunderland.

## **Objective One: Prevention and early intervention**

- Promote the management of licensed premises through effective implementation of the Licensing Act (2003) ensuring Public Health involvement as a responsible authority.
- Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.
- Promote harm reduction messages for the reduction of alcohol intake.
- Increase early identification and support for those affected by alcohol harms across the life course.
- Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development.

## **What we will do next**

- Ensure alcohol brief intervention training is embedded in relevant council frontline services and within NHS frontline service such as the midwifery services.
- Ensure professionals supporting parents with substance misuse and alcohol related issues receive effective training.
- Raise awareness of the dangers of alcohol during pregnancy by promoting relevant campaigns
- Embed an alcohol in pregnancy local maternity system pathway and screening tool at local level through STSFT Maternity Services, supported by the Best Start in Life action plan.
- Contribute to the developing model for social prescribing and scope how we can best support the system to prevent alcohol harm and signposting to the Aspire service.
- Through the Better Health at Work programme, support employers to develop their own organisational policies around alcohol.
- Support our local Street Pastors scheme via funding a volunteer recruitment drive to support an expansion of the service to deliver targeted support to vulnerable groups
- Contribute to future updates of the Statement of Licensing Policy and ensure that relevant health data is used when developing the policy.
- Expansion of the community outreach element of the Youth Drug and Alcohol Project to allow early identification of under 18's needing support.
- Continue to work in partnership to consider the impact of alcohol in the design and regeneration of our city centre.

- Continue to work with Balance North-East to support regional approaches to advocate change, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support an alcohol-free childhood.
- Develop effective alcohol messaging in risk taking education packages are agreed amongst partners to ensure a consistent harm reduction offer in educational settings. Ensure this is without alcohol industry intervention.

## **Objective Two: Providing specialist interventions to promote a quality treatment and recovery system**

- Ensure that individuals, families/carers and wider partners have access to high quality information on support and treatment options.
- Provide effective and quality specialist treatment and recovery services in Sunderland.
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the substance misuse treatment and recovery grant.
- Work with partners and STSFT to develop our hospital Alcohol Care Team.

## **What we will do next**

- Promotion of In-Patient Detoxification referral pathways amongst partners
- Exploration of regional opportunities for In-Patient Detoxification and Residential Rehabilitation providers.
- Continue to monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the substance misuse treatment and recovery grant.
- Evaluate the projects funded via the substance misuse treatment and recovery grant and use these findings to continue to develop effective and sustainable projects for the future funding periods.
- Establish a partnership Substance Misuse Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.
- Develop effective pathways and information sharing protocols to link criminal justice enforcements requirements with housing and treatment and recovery services.
- Continue to effectively communicate the effects of alcohol related harms so individuals can make informed choices about their alcohol consumption, with a focus on the effects of drinking at home.
- Integrate alcohol specialist advice and support into wider health and care system and NHS multi-disciplinary team processes.

## **Objective Three: Protecting children, young people and families from alcohol related harm**

- Contribute to the effective safeguarding of children, young people and adults where substance misuse and is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.
- Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.
- Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.

## What we will do next

- Applying a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. This will involve working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.
- Commission a Health Related Behaviours Survey for young people in Sunderland in 2023, use the results of this survey to identify future initiatives and projects to reduce alcohol harm amongst children and young people.
- Continue to work with Sunderland Safeguarding Childrens Partnership and Sunderland Safeguarding Adults Board to develop effective interventions to support children, young people and families affected by alcohol harms.
- Ensure effective pathways between services supporting those experiencing alcohol related harms.

## The Next Steps

To ensure delivery, a specific strategy implementation group will be formed to oversee the implementation of the alcohol action plan. The implementation group will report to the Drug and Alcohol Harm Reduction Group and drive the activity to meet the ambitions made within this strategy. We will continue to work collaboratively to reduce the harms that alcohol causes to individuals, families and communities in Sunderland.







**HOMELESSNESS REDUCTION AND SLEEPING ROUGH STRATEGY 2023 – 2028**

**Report of the Executive Director of Health, Housing and Communities**

**1.0 Purpose of the Report**

- 1.1 To provide information around the adoption of the Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028

**2.0 Introduction**

- 2.1 The Council adopted its first Homelessness Strategy in 2019 to meet a government requirement to have a strategy in place. Unfortunately, within a few months of the Strategy being launched with partners the Covid pandemic hit and changed dramatically the way in which we responded to homelessness and housing. This prevented the aims and priorities of the Strategy from being fully applied and implemented.
- 2.2 Despite the many challenges of Covid-19 the strength of our partnership working, innovations around rough sleeping and the focus on the connection between housing and health helped the Council effectively deliver and improve services for residents presenting as homeless or at risk of homelessness.
- 2.3 With a lot of details from the 2019 strategy still very much relevant and from learning through the Covid-19 pandemic period the process of reviewing the new Homelessness and Sleeping Rough Strategy has been a positive collaboration from partners and stakeholders in the development of the new Strategy now titled “The Homelessness Reduction and Sleeping Rough Strategy for Sunderland 2023 – 2028”
- 2.4 This new Strategy sets out the Council’s strategic direction to; prevent homelessness, provide assistance and advice to those threatened with homelessness and enable move on to independent living to reduce instances of repeat homelessness. The Council works in partnership across the city to achieve these aims.
- 2.5 The Homelessness Strategy for Sunderland does not stand alone and many priorities and actions within it, operate in tandem with existing strategies, plans and policies, such as the Housing Strategy.

### **3.0 Strategic Context**

3.1 It is necessary to ensure that the Strategy is aligned to the wider strategic context nationally and locally. The Strategy must sit within a range of statutory requirements, policies, guidance and local needs. Some of these are outlined below

#### **3.2 National Context**

3.3 From April 2018 the Homelessness Reduction Act 2017 placed a duty on local authorities to intervene at an earlier stage to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation.

#### **3.4 Ending rough sleeping for good**

3.5 On 5<sup>th</sup> September 2022 the Government published a strategy to “End rough sleeping for good”. The strategy is organised through four key themes – Prevention, Intervention, Recovery and a Transparent and Joined up System.

The strategy also sets out for the first time a clear definition of what the Government means by ending rough sleeping, which is that it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

#### **3.6 A Housing Strategy for Sunderland**

3.7 During the consultation process of the draft Housing Strategy for Sunderland 2023 – 2030, homelessness was raised as a priority issue which needed focus and attention. Although homelessness has featured in the previous Housing Strategy it has now been included in the draft document spanning all three strategic themes of: Grow, Improve and Support.

3.8 Particular emphasis and priority is made within the “Support” theme of the draft Housing Strategy where the Council and its partners aim to prevent homelessness across the city through early intervention.

3.9 The proposed Homelessness Reduction and Sleeping Rough Strategy is not a standalone document and should be considered in conjunction with the Housing Strategy for Sunderland.

3.10 There will be joint governance structures developed to ensure that all housing and homelessness issues are reviewed and monitored.

#### **3.11 Health Needs Assessment**

3.12 A Health Needs Assessment was conducted to support the drafting of the Housing Strategy for Sunderland 2023 - 2030 and the Homelessness and Rough Sleeping Strategy 2023 - 2028. Understanding the health and support needs of our communities affected by homelessness is vital to a strategy that aims to help people in the city.

- 3.13 To gain the clearest picture of health needs amongst the target population in Sunderland, multiple methods were used to draw out priorities. These included:
- A review of best practice and national guidelines
  - Analysis of Local Authority-held data
  - Health questionnaires completed by the target population
  - Interviews with service users and other key stakeholders
- 3.14 A total of 21 recommendations across eight themes were identified and form part of the initial the strategy's action plan. An executive summary of Health Needs Assessment is attached to the Strategy (Appendix 1).
- 3.15 Throughout the strategy there is a strong emphasis on the early intervention and prevention of homelessness. Preventing homelessness is more cost effective, but more importantly delivers far better outcomes for the individuals concerned. Homelessness is a complex area and we have sought to gain a better understanding of the reasons for homelessness in the city.

#### **4.0 Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028**

- 4.1 The proposed Homelessness Reduction and Sleeping Rough Strategy will provide a whole city approach to achieving the four key priorities:

**Prevention:** Prevention of homelessness

- Promote an early intervention ethos across the homelessness system
- Research into and review data to improve delivery of homelessness prevention
- Understand the needs of those threatened by homelessness before crisis point

**Intervention:** Intervention when somebody is homeless

- Improved temporary accommodation and move on offer
- Delivery of the right support at the right time for vulnerable groups

**Recovery:** Move on and recovery to reduce instances of repeat homelessness

- Review of local delivery models to meet need
- Support to sustain tenancies

**Partnerships**

- A partnership strategy
- Partnership led pathways

## 5.0 Governance

- 5.1 It is vital that the Homelessness Reduction and Sleeping Rough Strategy remains current, relevant, and able to adapt to changes in the housing environment. To enable this, a strong governance arrangement will be put in place which will be aligned to the Housing Strategy and incorporate the delivery of the Homelessness Reduction and Sleeping Rough Strategy.
- 5.2 The delivery of the Homelessness Reduction and Sleeping Rough Strategy will be aligned with the overall governance arrangements of the Housing Strategy, its action plan and KPIs owned by members of the Housing Strategy Support Subgroup. The governance diagram is shown below.
- 5.3 The Support Subgroup will report up to the Housing Strategy Review Group which is chaired by the Portfolio Holder for Dynamic City. Operational groups will be established for task and finish projects as well as related work (e.g. Domestic Abuse Review Group) and will have a reporting relationship to the subgroup.
- 5.4 Governance structure



In addition to the above reporting arrangements, it is proposed there are updates on the delivery of the strategy to the Health and Wellbeing Board via the Living Well Delivery Board.

## **6.0 Recommendations**

6.1 The Health and Wellbeing Board is recommended to:

- a. note the contents of this report;
- b. support the delivery of the Homelessness Reduction and Sleeping Rough Strategy; and
- c. receive updates on the delivery of the strategy via the Living Well Delivery Board.



# Homelessness Reduction and Sleeping Rough Strategy 2023 – 2028

## **Contents**

Foreword

Introduction

Strategic context

Headline statistics

Key achievements

Strategic priorities

Delivery

Monitor and review

Appendix 1: Health Needs Assessment

### ***Foreword***

*To be added*

### ***Introduction***

This strategy and the associated action plan for Sunderland's sets out how the Council and partners will tackle homelessness in the city.

Sunderland's previous Homelessness Strategy was adopted in 2019; months later a global pandemic changed the landscape of housing and homelessness. The challenges of Covid-19 were vast however the strengthening of partnership working, innovation around sleeping rough and the focus on health and housing transformed services for the better.

Throughout this strategy there is a strong emphasis on the early intervention and prevention of homelessness. Preventing homelessness is firstly more cost effective but more importantly delivers far better outcomes for the individuals concerned. Homelessness is a complex area and we have sought to gain a better understanding of the reasons for homelessness in the city.

Homelessness and the reasons for it are complex and it is important that the prevention of homelessness is viewed through a multi-agency lens and not just a housing issue but that we work with internal and external partners to address the underlying issues in a proactive way.

On average around 2,000 households approach Sunderland City Council each year for assistance relating to homelessness and housing advice.

The households that contact our Housing Options Team are often known to health, the criminal justice system, social services and the Department of Work and Pensions (DWP). Quite often people are known to other local authorities outside of Sunderland. It is essential that we work with partners locally and deliver a holistic approach regionally and nationally so that we can get the best outcomes for every person and family. Together we need to tackle the root causes of homelessness by creating opportunities for people to break the cycle.

The Homelessness Strategy for Sunderland does not stand alone and most of the priorities and actions within it operate alongside existing strategies, plans and policies. The national and local context for this strategy is set out below.



## **Strategic context**

### **NATIONAL CONTEXT**

Since April 2018 the Homelessness Reduction Act placed a duty on local authorities to intervene at an earlier stage to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation. The Act introduced a change to the point at which a person is classed as being threatened with homelessness from 28 days before a person is likely to become homeless to 56 days. It requires local housing authorities to provide new homelessness services to all people in their area and also expands the categories of people who they have to help to find accommodation and give advice to. A new duty is placed on local housing authorities to assess all eligible applicants' cases and agree a personalised housing plan. There is also a new duty on public bodies to notify councils when they are concerned that someone may be homeless or at risk of homelessness.

### **ENDING ROUGH SLEEPING FOR GOOD**

On 5<sup>th</sup> September 2022 Government published a strategy to “End rough sleeping for good”.

The strategy is organised through four key themes – Prevention, Intervention, Recovery and a Transparent and Joined up System. The strategy also sets out for the first time a clear definition of what the government means by ending rough sleeping, which is that it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

### **A HOUSING STRATEGY FOR SUNDERLAND**

A Housing Strategy for Sunderland 2022 – 2030 prioritises three strategic themes: Grow, Improve and Support. As part of the “Support” theme the Council and partners aim to prevent homelessness across the City through early intervention.

The Homelessness Reduction and Sleeping Rough strategy is a standalone document however should be considered in conjunction with a Housing Strategy for Sunderland and will be delivered in line with the strategic governance arrangements of the same strategy.

### **HEALTH NEEDS ASSESSMENT**

A Health Needs Assessment was conducted to support the drafting of the *Housing Strategy for Sunderland 2022 - 2030* and the *Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028*. Understanding the health and support needs of our communities affected by homelessness is vital to a strategy that aims to help people in the city grow and prosper. In order to gain the clearest picture of health needs amongst the target population in Sunderland, multiple methods were used to draw out priorities. This included:

- A review of best practice and national guidelines
- Analysis of Local Authority-held data
- Health questionnaires completed by the target population
- Interviews with service users and other key stakeholders

A total of 21 recommendations across eight themes were identified and form the strategy's action plan. The complete Health Needs Assessment is attached as Appendix 1.

## Headline statistics from 2020 – 2023

The below tables show data from HCLIC which is submitted to Government by the Council to analyse homelessness in the Local Authority area.

HCLIC data has been captured since the inception of the Homelessness Reduction Act 2017 and reflects the duties placed on Local Authority's to prevent and relieve homelessness within 56 days.

**Prevention:** where a household is threatened with homelessness within 56 days the local authority must work with the to try and prevent homelessness from occurring. E.g. A household is served a notice and must leave their property within 56 days, the local authority may attempt to mediate between household and landlord to prevent homelessness.

**Relief:** where a household is homeless i.e. there have no legal right, permission to stay, it is not reasonable to stay, or are sleeping rough; then Local Authority must work with them to relieve their homelessness (assist in suitable alternative accommodation) within 56 days.

**Homeless, Priority Need and Unintentionally Homeless** – Where a household is found to be homeless, in priority need and unintentionally homeless and they have not had their homelessness prevented or relieved then the Local Authority is duty bound to secure accommodation for that household.

The tables below show a steady increase in presentations to the local authority of households homeless or threatened with homelessness, with 2022/23 predicted to surpass 2021/22.

The reasons for presentation continue to remain the same over a three-year period however the split between prevention and relief demonstrates that more households are presenting at “crisis point” i.e. there they are already homeless rather than threatened with, in cases such as Domestic Abuse this is unavoidable however where Private Rented Tenancies have ended often the household could have contacted the Local Authority earlier for support.

In addition to this Government collects data around support needs, Table 6 shows the support needs disclosed by applicants presenting as homeless or threatened with homelessness. The average support need per case has increased year on year from 20/21. 22/23 is expected to rise further with the most common consistently being: mental ill health.

### Table 1

**Homeless Applications Received: Households homeless or threatened with homelessness within 56 days**

<b>2020/2021</b>	1954
<b>2021/2022</b>	2170
<b>2022/2023 YTD</b>	1033

**Table 3**

**Highest presentation reasons: Reason for loss of settled accommodation when presenting to Housing Options**

2019/2020	357	Family no longer willing to accommodate
	287	End of Private Rented Tenancy
	230	Domestic Abuse
2020/2021	341	Family no longer willing to accommodate
	125	End of Private Rented Tenancy
	295	Domestic Abuse
2021/2022	372	Family no longer willing to accommodate
	222	End of Private Rented Tenancy
	267	Domestic Abuse

**Table 3****Homelessness Prevented: where households are threatened with homelessness and this has been prevented within 56 days by the Local Authority**

<b>2020/2021</b>	175
<b>2021/2022</b>	242
<b>2022/2023 (YTD)</b>	177

**Table 4****Homelessness Relieved: where households are homeless and have been supported to secure accommodation within 56 days under the relief duty**

<b>2020/2021</b>	578
<b>2021/2022</b>	422
<b>2022/2023 (YTD)</b>	344

<b>Table 5</b>	
<b>Applications Accepted Homeless, Priority Need &amp; Unintentionally Homeless: where main duty is owed by the Local Authority to secure accommodation for the household</b>	
<b>2020/2021</b>	94
<b>2021/2022</b>	182
<b>2022/2023 (YTD)</b>	165

<b>Table 6</b>			
<b>Support needs: most frequently disclosed support needs per case</b>			
	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023 (YTD)</b>
<b>Mental Health</b>	1091	1203	1006
<b>Offending</b>	816	778	536
<b>Domestic Abuse</b>	526	626	399
<b>Drug Dependency</b>	403	374	239

<b>Alcohol Dependency</b>	263	284	196
<b>Physical Health</b>	559	736	543
<b>AVERAGE number of support needs per case</b>	3.04	3.56	3.19

## Key achievements

### Rough Sleeping Initiative 2022 – 2025 funding secured:

- £991,243 funding secured for:
- Continuation of 7 Housing First properties – (self-contained units with intensive wrap around support)
- 5 Somewhere Safe to Stay Beds – assessment beds to allow short term stays while individuals are assessed for eligibility, priority need and appropriate accommodation
- Outreach Service – an outreach service that provides daily sweeps of the city, responds to any StreetLink notifications of individuals sleeping rough, carries out early morning outreach and plays an active part in counts to identify individuals who are sleeping rough and action groups
- 2 new posts of Move on Officer and Rough Sleeping Navigator – there was identified a gap for move on, the move on officer will work with those in temporary accommodation or short term accommodation to free up spaces and move people on to more appropriate accommodation. RSN will be caseworker for verified individuals who are sleeping rough and take the service to the individual
- Continuation of Rough Sleeping Co-ordinator / Tenancy Sustainment Officer
- Surge Funding – used for Winter provision and bespoke funding to engage individuals sleeping rough.

### Rough Sleeping Action Group

- A multi-agency group meet to and discuss individuals sleeping rough share information and build a co-ordinated response to engaging with individuals sleeping rough in order to support them into accommodation and sustain longer term arrangements.

### **Next Steps Accommodation Programme (NSAP)**

- Through NSAP funding Sunderland City Council have secured 6 tenancies provided with an external support provider for those who have experienced sleeping rough or at imminent risk of sleeping rough.

### **Rough Sleeping Accommodation Programme (RSAP)**

- Funded was secured to work in partnership with a Housing Association. This provided 12 self-contained apartments with support for those who have experienced sleeping rough or are at imminent risk of sleeping rough.

### **Temporary Accommodation – Safe Accommodation Domestic Abuse**

- 3 properties purchased to provide safe temporary accommodation for survivors of Domestic Abuse in line with the Domestic Abuse Act 2021. These properties are dispersed, fully furnished with support provided

### **Single Homelessness Accommodation Programme (SHAP)**

- Funding available to provide supported accommodation for 18-25 cohort. Utilise this funding to improve our support accommodation offer for youth homelessness

### **Supported Housing Improvement Programme (SHIP)**

- £480,804 over three years secured to improve the standard of non-commissioned short term supported accommodation within the city. Working in partnership with housing benefit and environmental health the funding will allow us to review and scrutinise new schemes within the city to ensure people are receiving the appropriate support and move on within their accommodation.

### **Staffing**

Team restructure:

The Council have re-aligned the Housing Options team structure to deliver the aims of the Homelessness Reduction and Sleeping Rough Strategy 2023 – 2028, into three key areas:

- INITIAL ASSESSMENT
- ASSESSMENT & PLANNING

- TEMPORARY ACCOMMODATION, MOVE ON & SUPPORT

### **Health Navigator**

A partnership funded post based to Housing Option to reduce health inequalities amongst individuals sleeping rough or individuals in short term or emergency accommodation.

### **Accommodation**

Secured additional Temporary accommodation/supported accommodation

- 6 Temporary Accommodation flats in partnership with Gentoo
- 12 RSAP funded units in partnership with 13 Group and 6 TA placements
- 3 Properties solely for Domestic Abuse with support provided by Wearside Women In Need
- 2 Emergency Beds Poplar House
- 2 Accessible Beds Swan Lodge
- 8 Units for Complex Needs Males over 2 separate units, both with concierge support service
- 9 units plus Crash Pad for Complex Needs Females in partnership with Changing Lives
- 18 dispersed units Homeless Support Project within support in partnership with Changing Lives and Gentoo

### **Housing Options in Sunderland**

Sunderland City Council's Housing Options Team consists of a number of roles covering initial assessment, homelessness reduction, duty to refer, domestic abuse, sleeping rough, temporary accommodation, tenancy sustainment and housing options. The council also commissions a number of services and accommodation providers. The range of accommodation types includes spaces suitable for single adults or families,



emergency accommodation for those identified as sleeping rough, and spaces for women with complex needs. Several local services are also commissioned to provide advice, drop ins and outreach to identify people sleeping rough or otherwise homeless.

Currently, the council has access to 366 units for short-term accommodation needs. Seventy-two percent (n=262) of these are specifically for people threatened by or experiencing homelessness.

## **STRATEGIC PRIORITIES**

The key strategic priorities set out within this strategy and action plan are closely aligned with Government's "Ending Rough Sleeping for Good" strategy.

The themes of prevention, intervention and recovery are specifically geared towards local needs that have been identified by service and strategy review. It is envisaged that the actions that are linked to our priorities will make good headway in terms of tackling homelessness in the city and this will be supported by the City Plan, which will ensure that the right type of development is focused in the right places to meet the needs of local people, and by the Housing Strategy Action Plan which aims to maximise growth, improve existing neighbourhoods and support vulnerable people to access and maintain housing. We know that achieving this vision in these times of financial constraint will be challenging, however with our partners we will continue to strive to achieve our ambition of ensuring that everybody has a suitable home to live in and has the right level of skills and support to be able to sustain it.

### **PRIORITY ONE:**

#### **Prevention of homelessness**

Preventing homelessness is much more cost effective than dealing with its consequences. More importantly, we also know that preventing homelessness and dealing with the root causes delivers far better outcomes for individuals.

A recurring theme from discussions with service providers during the development of the Health Needs Assessment was the issue of access to mental health support. Internal data indicates that 67% of people seeking support around homelessness have a mental health need. There is a prevailing perception that individuals with a dual diagnosis of mental health and drug and/or alcohol dependence are excluded from mental health services, unless it is a crisis situation. NICE guidelines declare that individuals should not be excluded on the basis of a dual diagnosis and we know that support can prevent situations reaching crisis point.

Service providers reported an increase in the number of people approaching them for help, with many individuals facing the difficult decision of whether to eat, pay rent or pay bills.

It is possible that some individuals with multiple aspects of disadvantage may experience even greater health inequalities than some of their peers. Further work to explore this will help understanding of their needs

We want to look at new and effective ways of preventing homelessness.

#### **Headline actions**

- We will introduce an early intervention and prevention focused offer within Housing Options by way of a prevention toolkit
- We will provide early intervention support via a suite of financial support measures where households are affected by cost-of-living crisis to prevent them becoming homeless
- We will map support services across the City to improve access for those who need them

- Improve the data and intelligence that is gathered across the Council and partners so that there is a better understanding of demand for homeless services across all age ranges
- Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented.
- Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded
- Educate partners and public in order to dispel myths around homelessness, address stigma and understanding needs of those homeless or threatened with homelessness
- Embed trauma-informed practice within the housing team

## **PRIORITY TWO:**

### **Intervention when somebody is homeless**

The right intervention when somebody is homeless is key to reducing repeat presentations. A range of support to meet the specific needs and complexities of homeless households is needed in the City.

As part of the strategy review process we have identified the most vulnerable groups who are at risk of becoming homeless and detailed the interventions we will deliver to these groups:

#### **Survivors of domestic abuse and other forms of violence**

The introduction Domestic Abuse Act 2021 means that Sunderland needs to be able to offer a range of safe accommodation choices for victims of violence and abuse according to their needs and complexities. The some will need to be supported in their own home where it is safe to do so. For others, immediate access to emergency short-term refuge provision may be the safest options. There is also a need to ensure there is 'through-put' in the refuges with shorter stays, quicker access in to permanent accommodation, and tenancy support through the crisis period.

#### **Sleeping rough**

The Government has announced a national target to reduce instances of sleeping rough by half by 2022 and to eradicate it all together by 2027. Sunderland has been successful in five bids for Rough Sleeper Initiative funding, which has been used to provide resource and accommodation for those sleeping rough or at imminent risk of.

Whilst the count in Sunderland show low numbers there is an increase in the most entrenched individuals who have reported a history of sleeping rough and being vulnerably housed as well as a risk of more people finding themselves sleeping rough due to external factors such as the cost-of-living crisis.

#### **Young people and care experienced**

There are a disproportionate number of people who present as homeless in the city who were in care as a child, many of them have been evicted from supported accommodation. Sunderland has a higher-than-average number of Children in Need cases and Child Protection cases. We need to ensure that strong processes and procedures are in place to support young people through this process to achieve positive outcomes.

The Housing Options Team have developed an Action Plan to improve preventative options for care leavers and now have a joint working group set up with Next Steps.

### **Armed Forces**

It is important that we ensure that appropriate services and accommodation are in place to meet the needs of those in the armed forces as well as veterans and their families

### **Asylum seekers and refugees**

There is a discontinuation process in place and a multi-agency approach. The Housing Options Team works alongside the Vulnerable Groups team and voluntary sector organisations to intervene earlier where possible. The LA is notified as soon as someone receives their notice, the vulnerable groups team will support the applicant while the HOT team carry out assessments in line with legislation. This is to enable a smooth transition where possible for people to move from their Home Office accommodation into a long term accommodation option.

### **Individuals released from prison**

Following the introduction of the HRA 2017, Duty to Refer was brought in as part of that act in October 2018. Police and probation fall under the bodies who are required to notify LA's if someone is homeless or threatened with homelessness. The LA recognised that a process needs to be in place for this cohort of customers. There are now 2 Duty to Refer officers who pick up cases referred by the bodies who fall under this act. A DTR is referred into the mailbox, the DTR officer picks this up and liaises with services involved in an attempt to secure accommodation upon release from prison. Officers will attend multi agency meetings and make appropriate referrals while liaising with offending managers around risk.

### **Individuals discharged from hospital**

The Housing Options Team have a Homeless Reduction Officer based at the hospital who is situated within the Hospital Discharge team. This officer carries out assessments on the wards and attends discharge meetings. They pick up cases from general hospitals, mental health hospitals and general practitioners. This work is preventing applicants from being discharged as homeless as well as preventing bed blocking.

### **Headline actions**

- We will continue to explore and improve our temporary accommodation offer ensuring it is "need led"
- We will deliver Supported Housing Improvement Programme (SHIP) to eradicate exploitative non-commissioned short term supported accommodation providers operating within the City.
- We will provide flexible services, a range of options for safe and secure accommodation and outreach support services in their local authority area or outside their area through collaborative cross-boundary working

- Review the transition protocol between Together for Children and Adult Social Care, delivering the Youth Homelessness Action Plan
- Establish the barriers to accommodation for survivors of domestic abuse using our findings to shape strategic aims and provision of safe accommodation
- Delivery of effective outreach services are delivered to identifying those at risk of sleeping rough and establishing support needs at an early stage
- We will design services to support people with multiple complex needs
- Review the transition from early years to adult services needs so that a coherent and consistent pathway is in place for homelessness
- Explore options for a planned move on for young people at risk of homelessness

## **PRIORITY THREE**

### **Move on and recovery to reduce instances of repeat homelessness**

Housing supply in Sunderland is not a major problem. Supply levels remain healthy and local rent deposit schemes are in place. Where the need identified is solely a housing one then it is usually fairly easy to resolve. However, an overwhelming number of individuals presenting as homeless have multiple and complex needs resulting in exclusion from social rented tenancies and whilst accommodation in the Private Rented Sector (PRS) can be sourced it is difficult to sustain.

Support is limited, meaning that turnover is high, sustainment challenges are often linked to crisis situations and general lack of skills and understanding around tenancy issues. Around 45% of cases presenting as homeless, recorded mental ill health as a need often alongside many other needs. Tailored support and advice to these cohorts may reduce the number of households presenting in a crisis and/or repeat presentations. The average support need per person is now 3 or more including but not limited to:

- Physical ill health;
- Mental ill health;
- Substance misuse;
- Domestic abuse, and;
- Offending.

### **Barriers to Accommodation**

Move on is becoming an issue and this is usually because there are barriers in place to access permanent housing solutions. Barriers include:

- Private landlords reluctant to house even with incentives
- Suspensions to social housing providers, this is often due to former tenant arrears, anti-social behaviour, poor references or criminal activity, this can also be a combination of the above
- Physical Health issues – accessing a property that is suitable for the persons need such as wheelchair accessible
- Restrictions around convictions

### **Non-commissioned short term supported accommodation**

Non-commissioned short term supported accommodation or “exempt accommodation” plays a role in the city in terms of providing accommodation to some of the most entrenched individuals. Whilst we recognise the role it plays, there are issues with the geographical concentration of the accommodation, the cost to the local authority and the lack of support for individuals living there that there needs to be. Nationally this has been recognised as an issue and funding has been allocated to pilot solutions to this.

### **Headline actions**

- Review the transition protocol between Together for Children and Adult Social Care, delivering the Youth Homelessness Action Plan
- Establish the barriers to accommodation for survivors of domestic abuse using our findings to shape strategic aims and provision of safe accommodation
- Delivery of effective outreach services are delivered to identifying those at risk of sleeping rough and establishing support needs at an early stage
- We will design services to support people with multiple complex needs
- Review the transition from early years to adult services needs so that a coherent and consistent pathway is in place for homelessness
- Explore options for a planned move on for young people at risk of homelessness
- Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs
- Involving people with lived experience in research, policy review and shaping services
- Consider how social care pathways can be reviewed to be more responsive to individuals with multiple complex needs
- Explore how recovery can be built into future specifications for accommodation and support.
- Review cases of repeat presentations of homelessness to identify gaps in provision and opportunities for service improvement

## **PRIORITY FOUR:**

### **Strong partnerships**

Homelessness is not a single agency issue, often a single case requires a multi agency response and the same is true of this strategy. In order to achieve success the Council must work with partners within the authority, externally and the Voluntary and Community Sector. It is vital that data is shared across partnerships to improve the service offer to households experiencing homelessness.

The North East, and in particular the Tyne and Wear authorities, have a close working relationship where best practice and consistent approaches are shared and developed, often supported by national voluntary and governmental bodies. It is important that we continue to participate in these regional forums to deliver the best outcomes for local people.

### **Headline actions**

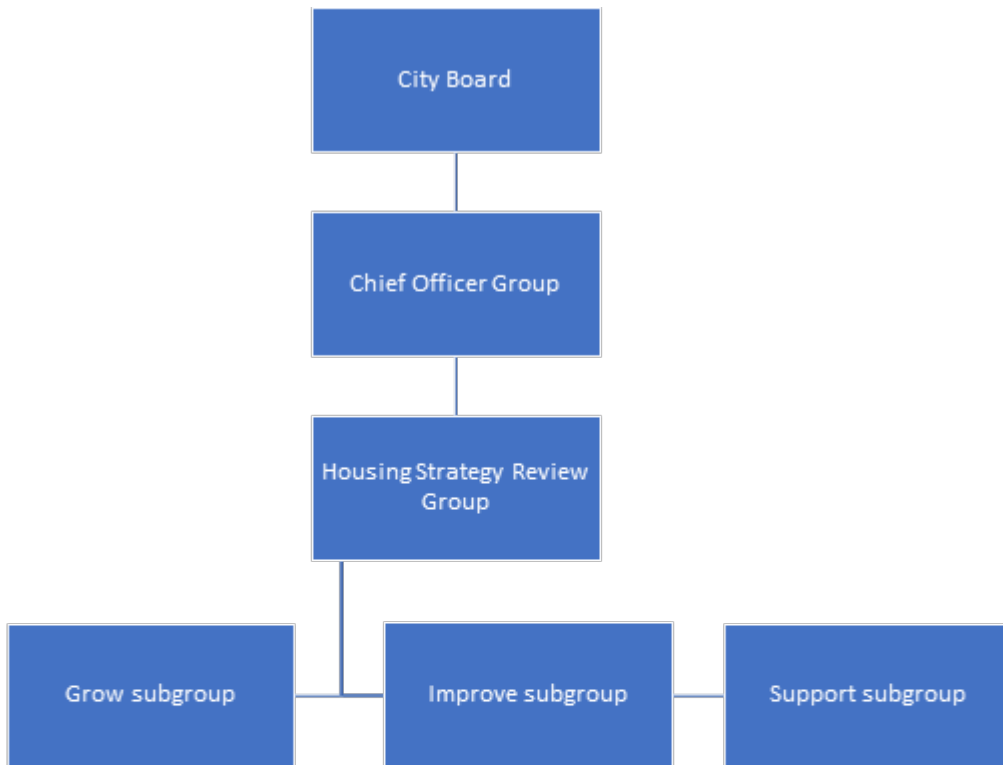
Establish working groups as offshoots from the overall governance structure with partners to drive action plans

- Identify opportunities for further research with partners to establish the needs of homeless people across agencies
- Host a multi-disciplinary and elected Member working group to dispel myths around homelessness, begging as well as provide solutions to deliver long term sustainable accommodation options
- Ensure that opportunities to bid for funding on a regional and sub-regional basis are maximised
- Sunderland City Council to consider shadowing/volunteering opportunities in homelessness service providers, open to all staff
- We will commit to working closely with health colleagues and developing pathways for complex needs individuals
- We will develop protocols for cross authority placements
- We will continue to work with partners across the region to ensure that they adhere to the Duty to Refer
- We will work jointly with local authorities to improve the process for prisoners being released from prison in the region

## **Delivery**

The delivery Homelessness Strategy will be aligned with the overall governance arrangements of the Housing Strategy and its action plan and KPIs owned by members of the Support subgroup (governance diagram shown below).

The subgroup will report up to the Housing Strategy Review Group which will be chaired by the Portfolio Holder for Dynamic City. Operational groups will be established for task and finish projects as well as related work (e.g. Domestic Abuse Review Group) and will have a reporting relationship to the subgroup.



Subgroups will meet quarterly whilst the Housing Strategy Review Group will meet 6 monthly.

**Monitor and review**

It is important that the strategy remains current and relevant. In the fast paced world of frequent policy and legislation change we will review the strategy annually and revise if necessary.

Below is a high level action plan to deliver each priority, behind this will be a suite of detailed actions, responsible officers and key performance indicators to be monitored and reported on.



## Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028

### Action plan

Priority	Key priorities	Headline actions
Prevention of homelessness	Promote an early intervention ethos across the homelessness system	<p>Introduce an early intervention and prevention focused offer within Housing Options by way of a prevention toolkit</p> <p>Provide early intervention support via a suite of financial support measures where households are affected by cost-of-living crisis to prevent them becoming homeless</p> <p>Map support services across the City to improve access for those who need them</p>
	Research into and review data to improve delivery of homelessness prevention	<p>Improve the data and intelligence that is gathered across the Council and partners so that there is a better understanding of demand for homeless services across all age ranges</p> <p>Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented.</p> <p>Review funding programmes, particularly revenue, across organisations</p>
	Understand the needs of those threatened by homelessness before crisis point	<p>Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded</p> <p>Educate partners and public in order to dispel myths around homelessness, address stigma and understanding needs of those homeless or threatened with homelessness</p> <p>Embed trauma-informed practice within the housing team</p>
Intervention when somebody is homeless	Improved temporary accommodation and move on offer	<p>We will continue to explore and improve our temporary accommodation offer ensuring it is “need led”</p> <p>We will deliver Supported Housing Improvement Programme (SHIP) to eradicate exploitative non-commissioned short term supported accommodation providers operating within the City.</p>

		We will provide flexible services, a range of options for safe and secure accommodation and outreach support services in their local authority area or outside their area through collaborative cross-boundary working
	Delivery of the right support at the right time for vulnerable groups	<p>Review the transition protocol between Together for Children and Adult Social Care, delivering the Youth Homelessness Action Plan</p> <p>Establish the barriers to accommodation for survivors of domestic abuse using our findings to shape strategic aims and provision of safe accommodation</p> <p>Delivery of effective outreach services are delivered to identifying those at risk of sleeping rough and establishing support needs at an early stage</p> <p>We will design services to support people with multiple complex needs</p> <p>Review the transition from early years to adult services needs so that a coherent and consistent pathway is in place for homelessness</p> <p>Explore options for a planned move on for young people at risk of homelessness</p>
Move on and recovery to reduce instances of repeat homelessness	Review of local delivery models to meet need	<p>Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs</p> <p>Involving people with lived experience in research, policy review and shaping services</p> <p>Consider how social care pathways can be reviewed to be more responsive to individuals with multiple complex needs</p> <p>Explore how recovery can be built into future specifications for accommodation and support.</p> <p>Review cases of repeat presentations of homelessness to identify gaps in provision and opportunities for service improvement</p>
	Support to sustain tenancies	Provide tenancy training and a deposit guarantee via Tenant Passport into the Private Rented Sector

		<p>Work with partners including landlords, Registered Housing Providers and developers to provide sustainable and affordable housing for individuals who may be excluded</p> <p>Explore the most effective model of floating support to sustain tenancies</p>
Strong partnerships	A partnership strategy	<p>Establish working groups as offshoots from the overall governance structure with partners to drive action plans</p> <p>Identify opportunities for further research with partners to establish the needs of homeless people across agencies</p> <p>Host a multi disciplinary and elected Member working group to dispel myths around homelessness, begging as well as provide solutions to deliver long term sustainable accommodation options</p> <p>Ensure that opportunities to bid for funding on a regional and sub-regional basis are maximised</p> <p>Sunderland City Council to consider shadowing/volunteering opportunities in homelessness service providers, open to all staff</p>
	Partnership led pathways	<p>We will commit to working closely with health colleagues and developing pathways for complex needs individuals</p> <p>We will develop protocols for cross authority placements</p> <p>We will continue to work with partners across the region to ensure that they adhere to the Duty to Refer</p> <p>We will work jointly with local authorities to improve the process for prisoners being released from prison in the region</p>



# **Homelessness in Sunderland**

## **Health needs assessment**

January 2023

### **Executive Summary**

Author: Kylie Murrell, Public Health Registrar

## Contents

1. Purpose of the health needs assessment.....	25
2. Background to this health needs assessment .....	26
3. Housing options in Sunderland .....	29
4. Recent trends in Sunderland.....	29
5. Engaging with the community .....	32
6. Key findings .....	34
7. Recommendations .....	35
8. Limitations of this HNA.....	37
Acknowledgements.....	38
References .....	39

## Purpose of the health needs assessment

### What is a health needs assessment?

A health needs assessment (HNA) is a systematic method for reviewing the health needs of a certain population. It involves the assessment of local, regional and national data, and direct engagement with the communities of interest. Recommendations from a HNA help to inform action to reduce health inequalities and improve health.

HNAs can help to identify unmet needs across groups and populations. Data from healthcare providers alone is unable to provide a complete picture, as some individuals and groups do not access (or face barriers to accessing) traditional healthcare. Therefore, a more in-depth review, involving communities directly, is more likely to uncover unmet needs and inequalities. These unmet needs may require action outside of the typical sphere of healthcare and into the wider determinants of health, which impact on health outcomes<sup>1</sup>.

This HNA covers three groups in Sunderland affected by homelessness:

- People who are threatened by homelessness
- People who are currently experiencing homelessness, including homeless at home and street homeless
- People who were previously homeless/threatened by homelessness but have since secured accommodation, including supported accommodation

The HNA was conducted to support the drafting of the *Housing Strategy for Sunderland 2022 - 2030* and the *Homelessness and Rough Sleeping Strategy 2022 - 2027*.

Understanding the health and support needs of our communities affected by homelessness is vital to a strategy that aims to help people in the city grow and prosper.

### Aims and objectives

Aims:

- To better understand the health needs and support experiences for people in Sunderland who are threatened by homelessness, are currently homeless or have experienced homelessness previously – especially in light of the recent Covid-19 pandemic and the current cost-of-living crisis.
- To contribute to a holistic strategy and action plan, with a strong focus on prevention, to support the local homeless population.

Objectives:

- A summary of relevant national and local literature, policy and publications
- Current demographic profile of the homeless community in Sunderland
- An assessment of the primary health and support needs of those affected by homelessness
- A summary of evidence and best practice that supports the recommendations of the health needs assessment

## Methodology

In order to gain the clearest picture of health needs amongst the target population in Sunderland, multiple methods were used to draw out priorities. This included:

- A review of best practice and national guidelines
- Analysis of Local Authority-held data
- Health questionnaires completed by the target population
- Interviews with service users and other key stakeholders

A wide range of people, teams and organisations have been involved throughout this HNA process, either by engaging in interviews, facilitating questionnaires or providing data.

## Background to this health needs assessment

### What is homelessness?

Homelessness is an umbrella term covering a range of circumstances. People who have nowhere to stay and are living on the streets are considered to be homeless, but so too are those<sup>ii</sup>:

- staying with family or friends
- staying a shelter, hostel or B&B
- squatting
- at risk of domestic abuse
- experiencing violence in the home
- living in poor conditions that affect health
- separated from family because they do not have a place to stay together

Terms including *roofless*, *houseless*, *living in insecure housing* and *living in inadequate housing* are often used. Homelessness is complex; there are often multiple structural, societal and economic issues at play, alongside inequalities. The loss of paid employment, health issues, substance misuse, domestic abuse and/or relationship breakdown are common contributing factors.

### Inequalities

People who are homeless report much poorer health than the general population. Ill health can be a contributing factor to homelessness and can also be caused by it (the threat of homelessness can also cause ill health). Research also suggests that people who suffer housing arrears, particularly amongst those who rent, experience an increased risk of worsening self-reported health<sup>iii</sup>. The risk of homelessness is higher for some groups – for example, those who have spent time in prison, care leavers and former military personnel<sup>iv</sup>.



In 2020<sup>1</sup>, the mean age of death for homeless males was 45.9 years<sup>v</sup> compared to 75.9 years for the general male population<sup>vi</sup>; for homeless women it was 41.6 years compared to 80.6 years for the general female population. Males accounted for 87.8% of all deaths of homeless people<sup>iv</sup>.

Homelessness is characterised by tri-morbidity: a combination of mental ill health, physical ill health, and drug or alcohol misuse<sup>vii</sup>. A national audit of homelessness and health<sup>viii</sup> (2014) revealed that:

- 41% of homeless people experience long-term physical health problems compared to 28% of the general population
- 45% of homeless people have a diagnosed mental health condition compared to 25% of the general population
- 36% of homeless people had taken drugs in the previous month compared to 5% of the general population

## Summary of National Institute for Health and Clinical Excellence (NICE) guidance

National Institute for Health and Care Excellence (NICE) guidelines released in March 2022 focused on *integrated health and social care for people experiencing homelessness* (NG214)<sup>ix</sup>. The recommendations are summarised below (and full guidelines can be found at <https://www.nice.org.uk/guidance/NG214>):

- People with lived experience should be involved in the planning and delivery of services
- Trauma-informed care models
- Use of plain English in all written materials
- The needs of particular groups should be considered when planning and commissioning services, including LGBT+, ethnic minority groups, people with disabilities and veterans
- Multidisciplinary team OR homelessness leads within services such as primary, secondary and tertiary care, social care
- Dispensation should be given to people experiencing homelessness when they miss appointments, taking into account the additional barriers they face when accessing services
- Homeless people should not be excluded from treatment services when they have a dual diagnosis, for example they should not be excluded from mental health services if they have alcohol or drug dependency
- Outreach services should be utilised to reach more people
- The health and social care needs of people experiencing homelessness should be assessed on an individual basis
- Provide intermediate care services with intensive, multidisciplinary team support for people experiencing homelessness who have healthcare needs that cannot be safely managed in the community but who do not need inpatient hospital care

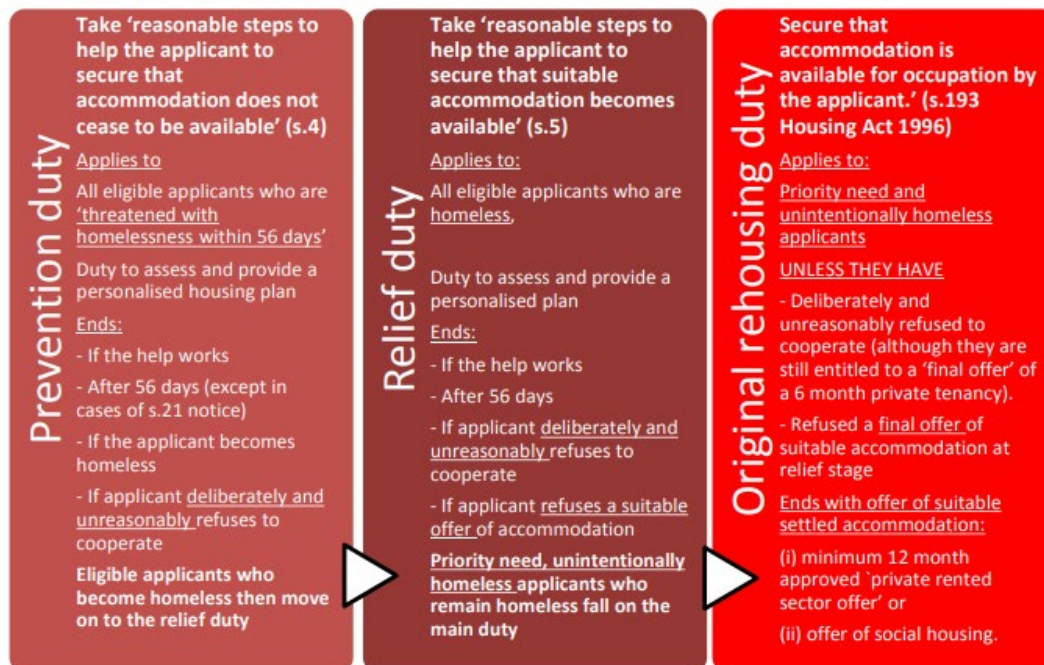
<sup>1</sup> ONS statistics mainly include people sleeping rough or using emergency accommodation such as homeless shelters and direct access hostels, at or around the time of death. An upper age limit of 74 years is applied to avoid accidental inclusion of elderly people who died in some institutional settings. This means that a small number of genuine deaths of homeless people aged 75 years or over might have been excluded.

- Homelessness multidisciplinary teams or leads should support people experiencing homelessness through transitions between settings and consider providing time-limited intensive support. It should be recognised that people may be particularly vulnerable during transitions and handovers of care should be planned and coordinated
- Providing suitable accommodation can support access to and engagement with health and social care services. There is a need for a range of accommodation types. Emotional support should be provided to anyone moving to a new type of accommodation, particularly those moving to tenancy responsibilities.
- A lead for safeguarding within homelessness should be identified and Safeguarding Adults Boards should ensure that specific reference is made to people experiencing homeless in their annual reports and strategic plan.
- People experiencing homelessness do not always follow a linear recovery journey and may require ongoing support. Consideration should be given to how trust can be built and how services can offer 'open door', long-term support.
- Consideration should be given to providing training to all health and social care practitioners to improve understanding of the needs of people experiencing homelessness, health inequalities and legal duties.

## Policy context

### National

The Homelessness Reduction Act 2017 (HRA) brought about the biggest changes to the rights of homeless people in England in years. It specified new legal duties on local authorities, adding prevention and legal duties to existing requirements.



**Figure 1: Summary of HRA (Source: Shelter<sup>x</sup>)**

The prevention duty requires that local authorities take reasonable steps to prevent homelessness for anyone at risk within 56 days. The relief duty instructs local authorities to take reasonable steps to secure accommodation for those who are currently homeless and

eligible. Eligibility does not rely on an individual's long-term link (or lack thereof) to an area and support must be given to all homeless households, regardless of priority need status – meaning that the rights of single people, previously often overlooked, are strengthened.

Research by Crisis (2020<sup>xi</sup>) showed an increase in the number of people receiving support following the introduction of the Act and the majority reported a more positive experience at their initial approach for help.

## Local

Sunderland City Council has developed a City Plan (2019-2030)<sup>xii</sup> to tackle key challenges and create opportunities for all. The plan sets out three key themes:

- A dynamic smart city
- A healthy smart city
- A vibrant smart city

Housing and homelessness cuts across all three of these themes with commitments to more and better housing (dynamic), reduced health inequalities (healthy) and more people feeling safe in their homes and neighbourhoods (vibrant).

The council produced a rough sleeping and homelessness prevention strategy<sup>xiii</sup> in 2019 with four strategic priorities:

1. Prevention
2. Intervention
3. Recovery
4. Partnerships

It included commitments to exploring the complex factors that lead to homelessness and working in partnership to prevent these, target support to the groups most at risk, and work with the private rented sector.

## Housing options in Sunderland

Sunderland City Council's Housing Options Team consists of a number of roles covering initial assessment, homelessness reduction, duty to refer, domestic abuse, sleeping rough, temporary accommodation, tenancy sustainment and housing options. The council also commissions a number of services and accommodation providers. The range of accommodation types includes spaces suitable for single adults or families, emergency accommodation for those identified as sleeping rough, and spaces for women with complex needs. Several local services are also commissioned to provide advice, drop ins and outreach to identify people sleeping rough or otherwise homeless.

## Recent trends in Sunderland

### Presentations

Data up to the end of November 2022 shows that new client numbers have increased each month in the current financial year, and they are currently higher than we have seen for the

same period in recent years (n=1,666 year to date). This represents a 16% increase on the same period in 2021/22.

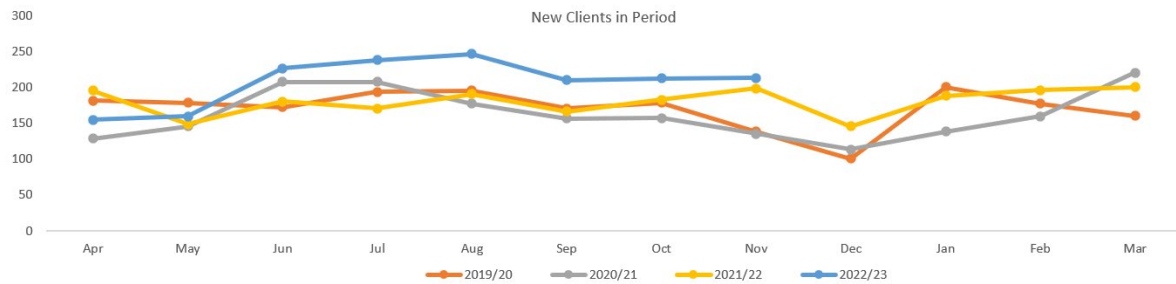


Figure 2: New client – trend (2019/20 – 2022/23)

This trend is repeated for new Homeless Reduction Act (HRA) applications. Between April and November 2022 there were 1,367 applications, a 16% increase on in the same period for 2021 (n=1,177).

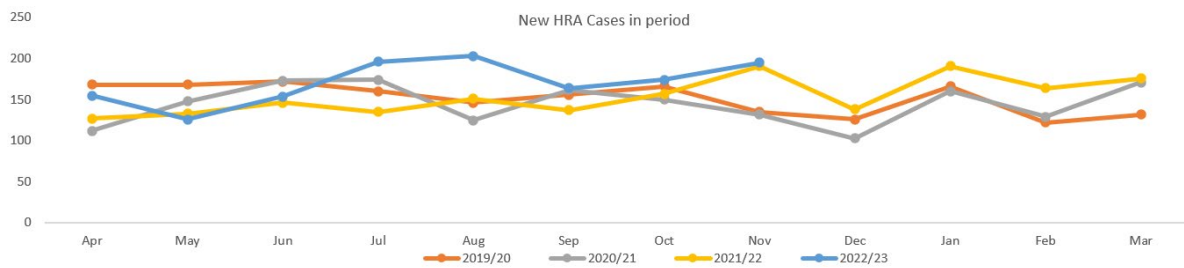


Figure 3: New HRA cases – trend (2019/20 – 2022/23)

The number of repeat applications is down slightly on previous years, indicating that we are seeing a greater number of people presenting for the first time.

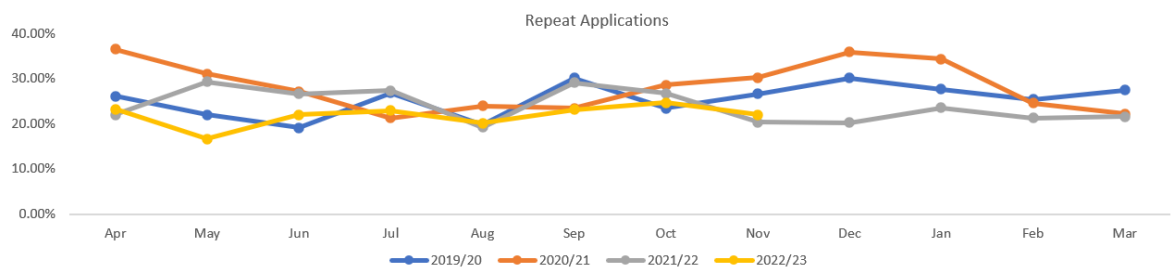


Figure 4: Repeat applications – trend (2019/20 – 2022/23)

## Regional and national comparison

In light of the duties in the Homeless Reduction Act, local authorities are seeking to have a larger focus on prevention compared to relief. Data from the Department for Levelling Up, Housing and Communities<sup>xiv</sup> shows that Sunderland had seen improvements in respect to

this, with the proportion of prevention duties increasing as relief duties owed decreased during 2021/22. Data for 2022/23 is not yet complete and therefore a trend cannot be confidently identified.

### Prevention duty

In the year to date, 40% of prevention duties have ended due to securing alternative accommodation for 6+ months, whilst 31% have been declared homeless. Contact has been lost with 14%.

### Relief duty

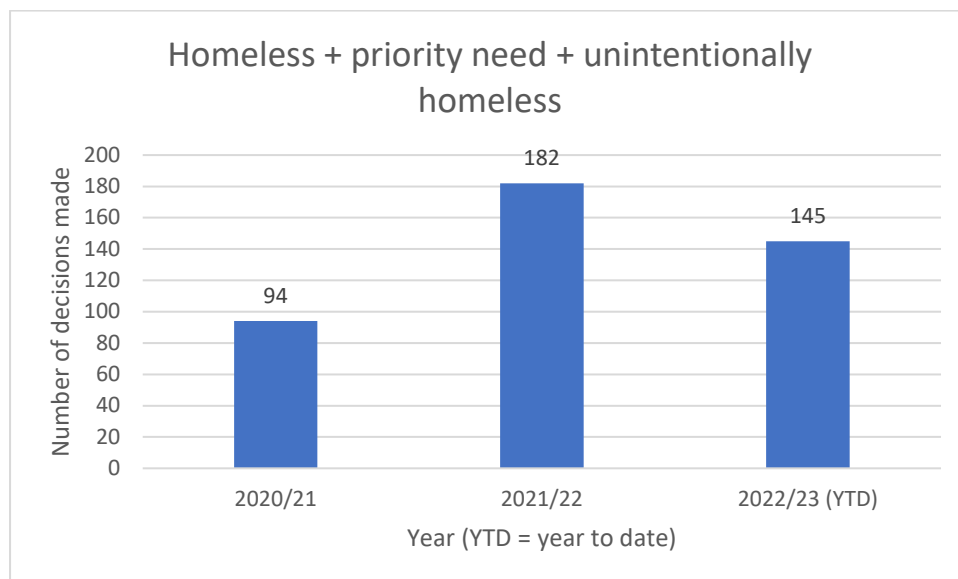
In the year to date, 43% of relief duties have ended due to securing accommodation for 6+ months but 36% go beyond the 56 day window and contact has been lost with 13%.

Current data for 2022/23 (April – November) suggests that under the relief duty:

- 52% have been unsuccessful in securing accommodation despite attempts to do so
- 30% have secured accommodation through the local authority or partner organisation
- 7% have been provided with supported housing

### Homeless + priority need + unintentionally homeless decisions

The number of homeless + priority need + unintentionally homeless decisions made between April and November 2022 was more than the whole of 2020/21 and, only seven months into the year, it was 80% of the 2021/22 total.



**Figure 5: Homeless + priority need + unintentionally homeless numbers (YTD= year to date)**

### Support needs

People experience multiple exclusion homelessness if they are or have been homeless and also experienced one or more of the following: mental health issues, institutional care, substance misuse or participation in street culture activities (such as begging, sex work and shoplifting)<sup>xv</sup>. A review of support needs for HRA cases in Sunderland between April and

November 2022 shows that two thirds had a history of mental ill health and many had other complex needs and backgrounds too. The average number of support needs per case was 3.2.

Support need added to HRA case file	%
History of mental health problems	67%
Offending history	35%
Physical ill health and disability	36%
History of repeat homelessness	28%
At risk of/has experienced domestic abuse	27%
History of rough sleeping	22%
Learning disability	20%
Drug dependency needs	16%
Alcohol dependency needs	13%
At risk of/has experienced sexual abuse/exploitation	13%

**Table 1: Support needs**

## Deaths

Experimental data from the Office for National Statistics (ONS)<sup>xvi</sup> identifies 22 individuals experiencing homelessness who have died between 2016-2021 in Sunderland. These are identified from death registration records held by ONS. With some deaths, there are delays between a death occurring and the date of registration due to the need for an inquest. Therefore, some deaths may be registered in a different year to that which the death took place.

ONS uses a statistical modelling technique to also estimate the most likely number of additional registrations that should have been identified as homeless individuals. This method provides a robust but conservative estimate of the number of homeless deaths, and the real numbers may still be higher. The estimate for Sunderland suggests that there were likely to have been 30 deaths between 2016-2021, rather than the identified number of 22.

## Engaging with the community

In order to better understand the needs of the homeless population in Sunderland, local service providers facilitated the completion of health questionnaires with individuals experiencing homelessness. A total of 35 were completed and the charity Homeless Link analysed the data. In addition to the questionnaire, 14 interviews were conducted with a variety of service providers and stakeholders exploring the needs of the homeless population locally, what is currently working well, what the gaps are in healthcare provision for homeless people, and any ways in which Covid-19 or the cost-of-living crisis have impacted. The Homeless Link questionnaire data was assessed alongside the feedback from service provider interviews in order to add validity and draw out recommendations.

## Questionnaire demographics

### Age and gender

The majority of respondents were aged 25-54 years which reflects similar findings from the Homeless Link national audit 2022<sup>xvii</sup>. Males are over-represented in the survey and in the Housing Options presentations data when compared to the general population. Gender is important; we know that women are more likely to be hidden homeless and that when they access services, the needs of women are often higher and more complex than that of men experiencing homelessness<sup>xviii, xix</sup>. Although no transgender individuals participated in this questionnaire, national research in 2017<sup>xx</sup> indicated that 25% of trans people have experienced homelessness at some point in their lives. It is vital that data on gender identity continues to be collected locally to ensure that services and accommodation meet needs.

### Sexual orientation

Respondents to the survey identified overwhelmingly as heterosexual (97%) which is slightly higher than Sunderland's statutory homeless data (92.9%).

### Ethnicity

More respondents in the survey identified as white (97%) when it came to their ethnicity than we would have expected when looking at statutory data (93.9%). This may be due to the small sample size of the questionnaire.

### Life experiences

Respondents were asked whether they have ever faced 10 different life experiences. These life experiences are generally over-represented amongst those experiencing homelessness and indicate the multiple challenges that many people face, and the associated trauma that may occur<sup>xxi</sup>. A total of 69% (24) of respondents had experienced at least one of these life experiences, and of those with at least one, 64% (16) had faced more than one.

Life experience	Sunderland survey data	
	Count	%
Admitted to hospital because of a mental health condition	14	40%
Spent time in prison	12	34%
Been a victim of domestic abuse	11	31%
Spent time in local authority care	6	17%
Considered self to have gambling issue	6	17%
Spent time in a secure unit or young offender institution	5	14%
Spent time sex working	3	9%
Spent time in the armed forces	2	6%
Been a victim of trafficking/modern day slavery	1	3%
Spent time at an immigration detention centre	1	3%
None of these backgrounds	11	31%

**Table 2: Summary of life experiences (N.B. due to multiple choice nature of question, total is more than 100%)**

## Key findings

### Theme: Mental health support and dual diagnosis

A recurring theme from discussions with service providers was the issue of access to mental health support for the homeless community. Housing Options Team data indicates that 67% of cases have a mental health support need and 89% of survey respondents stated that they have a mental health condition. Local service providers observed that, in their experience, individuals with a dual diagnosis of mental health and drug and/or alcohol dependence are routinely excluded from mental health services, unless it is a crisis situation. NICE guidelines declare that individuals should not be excluded on the basis of a dual diagnosis<sup>xxii,xxiii</sup>.

### Theme: Improving access to services

It is vital that barriers to accessing services are removed and that expectations placed upon people experiencing homelessness are revised, in keeping with NICE guidelines. An approach that focuses on bringing holistic services to the community can support greater engagement and potentially prevent A&E visits and the need for longer term, costly and intensive secondary care (for example with untreated infections). The cost of A&E attendances and hospital admissions in Sunderland for people experiencing homelessness in 2022 alone is estimated to be £128,880 (based on average costs per attendance/admission); it is appropriate and necessary that this care continues to be provided but preventative action has the potential to reduce such costs.

### Theme: Housing people with additional needs

Feedback from service providers indicated that there is a particular challenge locally of housing people with additional needs. Many people are excluded from general accommodation, which drives them into unsuitable short-term support accommodation; this arrangement quickly breaks down when the additional needs cannot be met. There were also reports of difficulties discharging homeless people from hospital when they have no suitable accommodation to go to, particularly in cases where individuals have had amputations, but no accessible housing is available and therefore they return to the streets.

### Theme: Addressing stigma and improving understanding of the needs of homeless people across the system

There was a collective view that training is needed for front line staff across health and social care to better understand health inequalities and the unique needs of people experiencing homelessness. Currently, no such training exists locally. Including people with lived experience in the development and delivery of such training is essential.

Good practice was identified at the Basis Drop In, operated by Oasis Community Housing. Basis has worked with the University of Sunderland to create shadowing opportunities for medical students and longer placements for social work students. These opportunities have been highly valued by all parties and have given students a first-hand insight into the wider determinants of health and the specific needs of a vulnerable group. Voluntary and community sector providers indicated that they would welcome similar shadowing of their services by Local Authority colleagues to help deepen understanding of day-to-day homelessness issues and to further develop positive relationships.



## Theme: Reviewing local delivery models

It is recognised that Housing First is not the only model that should be adopted, and local communities need a mix of approaches to meet different needs. However, national and international research shows Housing First to be a highly effective for reducing homelessness and improving health outcomes<sup>xxiv</sup> and interviews demonstrated a desire to see more of this approach.

NICE guidelines state that a multidisciplinary team should be established and this suggestion was overwhelmingly welcomed by stakeholders. Currently, there is no formal multidisciplinary network in Sunderland. Funding to support recommendations must also be considered.

## Theme: Involving people with lived experience at all stages

There was mixed feedback on the extent of community engagement in the development and delivery of services. In line with NICE guidelines, all homeless services should be developed with people with lived experience from the outset. This will help to ensure that services are appropriate and meeting need, and will also contribute to reducing stigma.

## Theme: Cost-of-living crisis

Service providers reported an increase in the number of people approaching them for help, with many individuals facing the difficult decision of whether to eat, pay rent or pay bills. The questionnaire results also revealed that over half of respondents ate only one meal per day. As one of the most vulnerable groups in society, it is crucial that the needs of people experiencing homelessness are actively considered and prioritised in local food initiatives.

## Theme: Further research

Due to the small sample size of the community questionnaire, it has not been possible to analyse the responses by sub-groups. It is possible that some individuals with multiple aspects of disadvantage may experience even greater health inequalities than some of their peers. Further work to explore this will help understanding of their needs. Additionally, data from the Housing Options Team indicates that 20% of individuals seeking housing support have a learning disability, whilst 29% of respondents to the community questionnaire identified as having a learning difficulty such as autism or ADHD. This presents a potential inequality not explored through this HNA.

## Recommendations

Theme	Recommendation
<b>Mental health and dual diagnosis</b>	Review local referral criteria into mental health services to ensure people with a dual diagnosis are not automatically excluded
<b>Improving access to services</b>	Create regular one-stop-shop opportunities that the homeless community can access on a drop-in basis and at different locations. To include:

	<ul style="list-style-type: none"> <li>➤ Mental health support</li> <li>➤ Wound care</li> <li>➤ Sexual health</li> <li>➤ Smoking cessation</li> <li>➤ Dentistry</li> <li>➤ Support from nursing colleagues</li> </ul>
	Review support available to local GP surgeries to ensure they can meet the unique needs of the homeless community
	Where people are moved out of area, review and fund their transport needs for appointments and services based in Sunderland
	Review discharge policy in local NHS services to ensure homeless people are not penalised for non-attendance
	Ensure that the needs of the homeless community are considered within social prescribing models
	Embed health literacy principles across the Health, Housing and Communities directorate
<b>Housing people with additional needs</b>	Ensure accessible/adapted properties are available for people with additional needs
	Build on existing partnerships to ensure all available accommodation is fully utilised
<b>Addressing stigma and improving understanding of the needs of homeless people across the system</b>	With support from people with lived experience, develop training package(s) for staff across health and social care to improve understanding of homelessness and health inequalities
	Sunderland City Council to consider shadowing/volunteering opportunities in homelessness service providers, open to all staff
	Embed trauma-informed practice within the housing team
<b>Reviewing local delivery models</b>	Review local approaches to homelessness ensuring there is an appropriate mix, including Housing First, to meet varying needs
	Establish a homeless multidisciplinary team in Sunderland, with membership from various agencies and sectors

	Review funding programmes, particularly revenue, across organisations
<b>Involving people with lived experience at all stages</b>	Formalise regular engagement with the homeless community, through existing or new networks
	Seek input of people with lived experience when creating action plans, developing interventions and delivering services, including training
	Schedule regular review of health and support needs, such as a bi-annual needs assessment
<b>Cost-of-living crisis</b>	Ensure that people experiencing or threatened by homelessness are a priority group for promotion of initiatives such as The Bread and Butter Thing
	Ensure that the needs of people experiencing or threatened by homeless are built into the long-term food partnership strategy
<b>Further research</b>	Explore intersectionality within the homeless population to understand if some marginalised groups are over-represented / some individuals experience greater inequalities, and how their specific needs may differ.

## Limitations of this HNA

Whilst this report plays an important role in deepening local understanding of the health and support needs of homeless people in Sunderland, some elements that would further aid work around prevention were out of scope. The needs assessment did not seek to understand the reasons why some individuals are threatened by or experiencing homelessness. Further research in this area would allow services to develop upstream interventions with the aim of preventing and reducing homelessness.

The sample size for the community questionnaire was small and therefore the results of this alone cannot be considered representative. The data was triangulated with interview data, national guidelines and best practice to ensure that the recommendations in this HNA are valid. However, further consultation with a wider range of people should take place when taking forward actions from this needs assessment.

## Acknowledgements

A number of individuals and organisations have supported this health needs assessment, through the sharing of their own knowledge or data, or the facilitation of community engagement. Thanks go to:

The Housing Options Team, Sunderland City Council

Sunderland City Council Public Health and Integrated Commissioning Team

South Tyneside and Sunderland NHS Foundation Trust

Homeless Link

Shelter

Oasis Community Housing

Thirteen Group

Wear Recovery

Changing Lives

Home Group

Wearside Women in Need

Northumbria Police

The University of Sunderland

North East and North Cumbria Integrated Care Board

## References

- <sup>1</sup> Wright, J., Williams, R. & Wilkinson, JR. (1998) *Development and importance of health needs assessment*. BMJ, 1998;316:1310
- <sup>1</sup> Shelter (2022) *What is homelessness?* Available at: [https://england.shelter.org.uk/housing\\_advice/homelessness/what\\_is\\_homelessness](https://england.shelter.org.uk/housing_advice/homelessness/what_is_homelessness).
- <sup>1</sup> Clair, A. et al (2016) *The impact of the housing crisis on self-reported health in Europe: multilevel longitudinal modelling of 27 EU countries*. Available at: <https://pubmed.ncbi.nlm.nih.gov/27221606/>
- <sup>1</sup> Fransham, M. & Dorling, D. (2018) *Homelessness and Public Health*. Available at: <https://doi.org/10.1136/bmj.k214>
- <sup>1</sup> Office for National Statistics (2021) *Deaths of homeless people in England and Wales: 2020 registrations*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations>
- <sup>1</sup> Office for National Statistics (2020) *Average age of death (mean) of persons from all causes and those involving COVID-19 by sex: deaths registered from week ending 13 March up to week ending 4 December 2020, England and Wales*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12676averageageofdeathmeanofpersonsfromallcausesandthoseinvolvingcovid19bysexdeathsregisteredfromweekending13marchuptoweekending4december2020englandandwales>
- <sup>1</sup> Medcalf, P. & Russell, GK. (2014) *Homeless healthcare: raising the standards*. Available at: <https://www.rcpjournals.org/content/clinmedicine/14/4/349>
- <sup>1</sup> Homeless Link (2014) *The unhealthy state of homelessness*. Available at: [https://homelesslink-1b54.kxcdn.com/media/documents/The\\_unhealthy\\_state\\_of\\_homelessness\\_FINAL\\_1.pdf](https://homelesslink-1b54.kxcdn.com/media/documents/The_unhealthy_state_of_homelessness_FINAL_1.pdf)
- <sup>1</sup> NICE (2022) *Integrated health and social care for people experiencing homelessness*. Available at: <https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965>
- <sup>1</sup> Shelter (2018) *Homelessness Reduction Act 2017: Policy and Practice Briefing*. Available at: [https://england.shelter.org.uk/professional\\_resources/policy\\_and\\_research/policy\\_library/briefing\\_homelessness\\_reduction\\_act\\_2017](https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/briefing_homelessness_reduction_act_2017)
- <sup>1</sup> Crisis (2020) *A foot in the door: Experiences of the Homelessness Reduction Act*. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/a-foot-in-the-door-experiences-of-the-homelessness-reduction-act-2020/#:~:text=A%20Foot%20in%20The%20Door%3A%20Experiences%20of%20the,authority%20areas%20with%20those%20approaching%20services%20for%20support>.
- <sup>1</sup> Sunderland City Council (2019) *City Plan*. Available at: <https://www.sunderland.gov.uk/city-plan>
- <sup>1</sup> Sunderland City Council (2019) *Sunderland rough sleeping and homelessness prevention strategy* Available at: [https://www.sunderland.gov.uk/media/22019/Sunderland-rough-sleeping-and-homelessness-prevention-strategy-2019-2021/pdf/SunderlandRoughSleeping\\_andHomelessnessPreventionStrategy2019-2021.pdf?m=637087616983100000&ccp=true#cookie-consent-prompt](https://www.sunderland.gov.uk/media/22019/Sunderland-rough-sleeping-and-homelessness-prevention-strategy-2019-2021/pdf/SunderlandRoughSleeping_andHomelessnessPreventionStrategy2019-2021.pdf?m=637087616983100000&ccp=true#cookie-consent-prompt)
- <sup>1</sup> Department for Levelling Up, Housing and Communities (2022) *Live tables on homelessness*. Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>
- <sup>1</sup> McDonagh, T. (2011) *Tackling homelessness and exclusion: Understanding complex lives*. Available at: <https://www.jrf.org.uk/report/tackling-homelessness-and-exclusion-understanding-complex-lives>
- <sup>1</sup> Office for National Statistics (2022) *Deaths of homeless people in England and Wales*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsofhomelesspeopleinenglandandwales/current>
- <sup>1</sup> Homeless Link (2022) *The Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit*. Available at: <https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/>

<sup>1</sup> 2 Bretherton J., and Pleace, N., (2018), 'Women and Rough Sleeping: A critical review of current research and methodology', St Mungo's. Available at: <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

<sup>1</sup> Groundswell, (2020), 'Women, homelessness and health: a peer research project'. Available at: <https://groundswell.org.uk/wp-content/uploads/2020/02/Womens-Health-Research-Report.pdf>

<sup>i</sup> Wright, J., Williams, R. & Wilkinson, JR. (1998) *Development and importance of health needs assessment*. BMJ, 1998;316:1310

<sup>ii</sup> Shelter (2022) *What is homelessness?* Available at: [https://england.shelter.org.uk/housing\\_advice/homelessness/what\\_is\\_homelessness](https://england.shelter.org.uk/housing_advice/homelessness/what_is_homelessness).

<sup>iii</sup> Clair, A. et al (2016) *The impact of the housing crisis on self-reported health in Europe: multilevel longitudinal modelling of 27 EU countries*. Available at: <https://pubmed.ncbi.nlm.nih.gov/27221606/>

<sup>iv</sup> Fransham, M. & Dorling, D. (2018) *Homelessness and Public Health*. Available at: <https://doi.org/10.1136/bmj.k214>

<sup>v</sup> Office for National Statistics (2021) *Deaths of homeless people in England and Wales: 2020 registrations*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations>

<sup>vi</sup> Office for National Statistics (2020) *Average age of death (mean) of persons from all causes and those involving COVID-19 by sex: deaths registered from week ending 13 March up to week ending 4 December 2020, England and Wales*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12676averageageofdeathmeanofpersonsfromallcausesandthoseinvolvingcovid19bysexdeathsregisteredfromweekending13marchuptoweekending4december2020englandandwales>

<sup>vii</sup> Medcalf, P. & Russell, GK. (2014) *Homeless healthcare: raising the standards*. Available at: <https://www.rcpjournals.org/content/clinmedicine/14/4/349>

<sup>viii</sup> Homeless Link (2014) *The unhealthy state of homelessness*. Available at: [https://homelesslink-1b54.kxcdn.com/media/documents/The\\_unhealthy\\_state\\_of\\_homelessness\\_FINAL\\_1.pdf](https://homelesslink-1b54.kxcdn.com/media/documents/The_unhealthy_state_of_homelessness_FINAL_1.pdf)

<sup>ix</sup> NICE (2022) *Integrated health and social care for people experiencing homelessness*. Available at:

<https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965>

<sup>x</sup> Shelter (2018) *Homelessness Reduction Act 2017: Policy and Practice Briefing*. Available at:

[https://england.shelter.org.uk/professional\\_resources/policy\\_and\\_research/policy\\_library/briefing\\_homelessness\\_reduction\\_act\\_2017](https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/briefing_homelessness_reduction_act_2017)

<sup>xi</sup> Crisis (2020) *A foot in the door: Experiences of the Homelessness Reduction Act*. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/a-foot-in-the-door-experiences-of-the-homelessness-reduction-act-2020/#:~:text=A%20Foot%20In%20The%20Door%3A%20Experiences%20of%20the,authority%20areas%20with%20those%20approaching%20services%20for%20support>.

<sup>xii</sup> Sunderland City Council (2019) *City Plan*. Available at: <https://www.sunderland.gov.uk/city-plan>

<sup>xiii</sup> Sunderland City Council (2019) *Sunderland rough sleeping and homelessness prevention strategy* Available at:

[https://www.sunderland.gov.uk/media/22019/Sunderland-rough-sleeping-and-homelessness-prevention-strategy-2019-2021/pdf/SunderlandRoughSleeping\\_andHomelessnessPreventionStrategy2019-2021.pdf?m=637087616983100000&ccp=true#cookie-consent-prompt](https://www.sunderland.gov.uk/media/22019/Sunderland-rough-sleeping-and-homelessness-prevention-strategy-2019-2021/pdf/SunderlandRoughSleeping_andHomelessnessPreventionStrategy2019-2021.pdf?m=637087616983100000&ccp=true#cookie-consent-prompt)

<sup>xiv</sup> Department for Levelling Up, Housing and Communities (2022) *Live tables on homelessness*. Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

- <sup>xv</sup> McDonagh, T. (2011) *Tackling homelessness and exclusion: Understanding complex lives*. Available at: <https://www.jrf.org.uk/report/tackling-homelessness-and-exclusion-understanding-complex-lives>
- <sup>xvi</sup> Office for National Statistics (2022) *Deaths of homeless people in England and Wales*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsofhomelesspeopleinenglandandwales/current>
- <sup>xvii</sup> Homeless Link (2022) *The Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit*. Available at: <https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/>
- <sup>xviii</sup> 2 Bretherton J., and Pleace, N., (2018), 'Women and Rough Sleeping: A critical review of current research and methodology', St Mungo's. Available at: <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>
- <sup>xix</sup> Goundswell, (2020), 'Women, homelessness and health: a peer research project'. Available at: <https://groundswell.org.uk/wp-content/uploads/2020/02/Womens-Health-Research-Report.pdf>
- <sup>xx</sup> Stonewall (2017) *LGBT in Britain – Trans Report*. Available at: <https://www.stonewall.org.uk/lgbt-britain-trans-report>
- <sup>xxi</sup> FEANTSA (2017) *Recognising the link between trauma and homelessness*. Available at: <https://www.feantsa.org/en/feantsa-position/2017/02/28/recognising-the-link-between-trauma-and-homelessness?bcParent=27>
- <sup>xxii</sup> National Institute for Health and Care Excellence (2022) *Integrated health and social care for people experiencing homelessness*. Available at: <https://www.nice.org.uk/guidance/ng214>.
- <sup>xxiii</sup> National Institute for Health and Care Excellence (2016) *Coexisting severe mental illness and substance misuse: community health and social care services*. Available at: <https://www.nice.org.uk/guidance/ng58>
- <sup>xxiv</sup> Bretherton, J. & Pleace, N. (2015) *Housing First in England : An Evaluation of Nine Services. Research Report*. Centre for Housing Policy, University of York, York. Available at: [https://eprints.whiterose.ac.uk/83966/1/Housing\\_First\\_England\\_Report\\_February\\_2015.pdf](https://eprints.whiterose.ac.uk/83966/1/Housing_First_England_Report_February_2015.pdf)
- <sup>xxiv</sup> Stonewall (2017) *LGBT in Britain – Trans Report*. Available at: <https://www.stonewall.org.uk/lgbt-britain-trans-report>
- <sup>xxiv</sup> FEANTSA (2017) *Recognising the link between trauma and homelessness*. Available at: <https://www.feantsa.org/en/feantsa-position/2017/02/28/recognising-the-link-between-trauma-and-homelessness?bcParent=27>
- <sup>xxiv</sup> National Institute for Health and Care Excellence (2022) *Integrated health and social care for people experiencing homelessness*. Available at: <https://www.nice.org.uk/guidance/ng214>.
- <sup>xxiv</sup> National Institute for Health and Care Excellence (2016) *Coexisting severe mental illness and substance misuse: community health and social care services*. Available at: <https://www.nice.org.uk/guidance/ng58>
- <sup>xxiv</sup> Bretherton, J. & Pleace, N. (2015) *Housing First in England : An Evaluation of Nine Services. Research Report*. Centre for Housing Policy, University of York, York. Available at: [https://eprints.whiterose.ac.uk/83966/1/Housing\\_First\\_England\\_Report\\_February\\_2015.pdf](https://eprints.whiterose.ac.uk/83966/1/Housing_First_England_Report_February_2015.pdf)





**HEALTH AND WELLBEING BOARD**

**17 March 2023**

**NORTH EAST & NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB)  
SUNDERLAND REPORT - IMPROVING ACCESS TO GENERAL PRACTICE**

**Report of NENC ICB Place Director for Sunderland**

**1.0 Purpose of the report**

1.1 The purpose of this paper is to update the Health and Wellbeing Board on the work that is being carried out by the ICB primary care team to improve access to general practice in Sunderland.

**2.0 Background**

2.1 The NHS Long Term Plan commits to improving access to GP services. General practice plays a fundamental role as the 'front door' of the NHS: equitable and responsive access is therefore essential to better patient health.

2.2 Following a letter published in 2022 by NHS England which outlined some of the challenges being faced by general practice regarding capacity and demand, actions were identified locally to review and address some of the issues and areas of concern.

2.3 Access to GP services has also been highlighted as a key national NHS objective. The NHS 2023/24 priorities and operational planning guidance states that ICBs should work with their system partners to develop plans to meet the objectives set out, which include:

- Making it easier for people to contact a GP practice, supporting practices to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
- Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024.
- Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.

2.4 Healthcare providers across the country have experienced significant pressures over the winter period and general practice has been the subject of scrutiny in respect of access to services.

2.5 The NENC ICB is committed to improving access for patients and supporting practices to look at various solutions to ease the ever-increasing demand in general practice.

### **3.0 Plan overview**

- 3.1 A project group was convened with partners from across Sunderland to identify areas of concern and potential improvement, looking at access from both the patient's perspective and that of GP practices.
- 3.2 The project group that was formed includes representation from the ICB (Primary Care, Quality and Safety etc), a GP Clinical Lead, GP practice staff (both clinical and non-clinical), Sunderland GP Alliance Extended Access Service (SEAS Healthwatch and the All Together Better Reform Team).
- 3.3 After meeting with group members, it became clear that there could be many areas that fall into the scope of an access project, and that there are interdependencies with several other ongoing projects, such as 'same day and urgent access' and work being undertaken via the digital workstream. Therefore, it was important to ensure all workstreams were linked into each other.

### **4.0 Objectives**

- 4.1 The key objectives that were identified to focus on for the initial phase of the project are:
- GP access data.
  - Practice engagement.
  - Patient engagement.
  - Patient communications plan.
  - Training.
  - Digital support.

### **5.0 Objective One: GP Access Data (GPAD)**

On 24<sup>th</sup> November 2022 GP Access data was published nationally<sup>i</sup>; the aim of the publication was to inform users about activity and usage of GP appointments historically and how primary care is impacted by seasonal pressures, such as winter.

Several different data sets have been analysed, such as:

- Number of appointments split by clinician and type.
  - Number of 'in hours' 111 calls (calls made to NHS 111 when practices are open).
  - Number of 'in hours' A&E and Urgent Treatment Centre attendances.
  - Extended access appointment data.
  - GP Patient Survey data.
  - E-consultation data.
- 5.1 What has been identified via the data available is that there are more appointments available in general practice now than there were pre pandemic. Comparing pre-pandemic figures from February 2020, we can see there were 63,473 appointments provided in Sunderland with either a GP or a Nurse Practitioner, and that has risen to 118,318 in December 2022.

- 5.2 Over that time period we can clearly see the shift in appointment types, going from mainly face to face (f2f) appointments, to non f2f during the lockdown stages of the pandemic, and now to a blend of both (89,346 appointments in December were f2f, 27,727 were via telephone and 1,245 were home visits).
- 5.3 It was also agreed that it would be useful to look at linking the data to see if there is a correlation between the individual datasets, for example number of appointments available and the number of calls to 111 or UTC/A&E attendances. This data was reviewed, and it was found there was no direct correlation between any of the datasets compared.
- 5.4 The next steps in this work will include looking at how the analysis is affected by operational issues, such as how appointments are released, how appointments are offered and how data is recorded within practices (data standardisation).

## **6.0 Practice engagement**

- 6.1 General feedback from practices identifies that despite offering more appointments, and more variation, practices are still finding that they are struggling to keep up with requests for appointments.
- 6.2 As part of the practice engagement a survey was developed and shared with practices to obtain as much information as possible on the following areas:
- How appointments are allocated at each practice, the split of appointments offered as same day/pre bookable etc and the reasoning for this.
  - How practices treat urgent 'same day' access requests.
  - What issues do practices feel they are having with patient access (demand, workforce, sickness, patient education)?
  - What have practices already implemented to improve access in the last year and what could still be improved?

Several practice managers were also visited by Healthwatch to gain an understanding of the difficulties practices are currently facing.

- 6.3 In summary, below are the key themes addressed from the survey. Twenty-two practices out of 38 completed the survey. The 22 practices that responded represent a patient population of 160,261, which equates to 56% of the total registered patient population. The findings addressed general access to appointments, access to pre-bookable appointments, access to same day appointments, the challenges faced at general practice and the support they would like to receive, achievements they have realised in general practice as well as advertising and promotion in the practice.

### **Accessing appointments**

- All respondents indicated that their practice offered face-to-face and telephone appointments.
- 13 practices indicated their practice offered video appointments although take-up is low.
- All practices stated patients can access appointments on the phone, via the online/NHS app and in person.
- 21 respondents indicated E-Consult is used at their practice with 15 suggesting this is accessed in normal practice opening hours, and 12 indicating this is accessed outside of practice opening hours.

### **Pre-bookable appointments**

- 21 out of the 22 practices who responded indicated that appointments are released on a pre-bookable basis.
- Eight respondents suggested that appointments can be booked two weeks, or up to two weeks in advance.
- Six comments indicated that roughly 50% of appointments for GPs are offered as pre-bookable, with a few comments suggesting the same for ANP/NP appointments.

### **Same day appointments**

- All practices that responded suggested that same day appointments are available at their practice, with one fifth of comments indicating they are released between 8am and 8:30am.
- Twelve practices stated that around 50% of daily appointments with the GP are offered as same day, with over one quarter of comments saying the same for AN/ANP appointments.
- Six practices indicated patients are seen as 'extra' appointments if their need is urgent, and that urgent appointments are passed on to either the on-call clinician or doctor to be triaged.

### **Challenges and support**

- All respondents indicated that increased demand for appointments was a current issue. Some practices stated there was either not enough staff, that recruitment was difficult or that covering holidays etc was difficult.
- The majority of respondents also suggested that patient education/behaviour (unsuitable requests for appointments) was a current issue.
- Just over one quarter indicated they had encountered unreasonable requests or abuse from patients.
- Over half of respondents also indicated that workforce (difficulty in recruiting staff) and sickness (employee illness) were current issues.
- Three practices discussed the need for more staff and 18 practices identified that patient education or awareness is something that requires addressing in the future.
- Most practices would be interested in further signposting training now that there are new roles and services in Primary Care Networks.
- Over two-thirds of practices would be willing to be a pilot site to try and test different ways of working.

## **Achievements**

- Six practices stated they have improved access using digital solutions, with plans for further digital and online support or work to improve patient access.

## **Advertising/promotion**

- All practices stated that they promote other services and ways to obtain healthcare, including pharmacies and extended access. Specifically, respondents commented that they promote pharmacy and extended access, with only three practices stating they promote other services such as social prescribing, IAPT and Wear Recovery.
- 13 respondents suggested that their practice promotes or encourages patients to use E-Consult.

## **7.0 Patient engagement**

7.1 The Sunderland based ICB primary care team has also worked closely with colleagues at Healthwatch to engage with patients regarding access to services.

7.2 During August and September 2022, the ICB and Healthwatch worked in partnership to design and launch a survey to gather people's experiences of accessing their GP practice. There were 1261 respondents to the survey and there were some consistent key findings. The main findings of the survey are as follows:

### **Booking appointments**

- Citywide, half of the survey respondents were either very satisfied or satisfied with the length of time they wait for their call to be answered and most patients gained an appointment within a week.
- Overall, highest levels of satisfaction for booking appointments were in the Coalfields and Washington and lowest levels in the North. The North PCN is developing their plans to improve patient satisfaction. This includes pilots for Physiotherapists and Community Mental Health Support to work alongside practices.
- Most patients citywide booked their appointments via the telephone (84%), with the highest numbers in the Coalfields, East, and Washington PCNs.
- Of those who book their appointments on-line most patients are from the North and the lowest number are in the Coalfields PCN.
- Common issues reported when booking appointments were; long telephone queues, patients being asked to call at 8am, the lack of booking for future appointments, lack of on-line booking facility and lack of f2f appointments with doctors.

### **Staffing**

- Most patients were positive about doctors, nurses and receptionists within the practices and used complimentary comments when describing them.

- Patients commented that they provide high levels of patient care and professionalism and acknowledged the pressures practices were currently facing.

### **Prescriptions**

- Citywide, an overwhelming majority (84%) of respondents were either very satisfied or satisfied with the prescription service at their GP practice.

### **Extended Access Service** (now called Enhanced Access Service)

- Around half of the survey respondents citywide had heard of the service and one third had used it, with highest levels of usage in the North PCN.
- Levels of satisfaction from patients who had used the service were high, with 72% of respondents rating it either excellent or good.
- Highest levels of satisfaction were in the Coalfields PCN area. Bookings to the Extended Access Service were, in the main, booked via the GP practices except in the Coalfields PCN area where most patients (48%) booked via NHS 111.

The full report published by Healthwatch can be found here [GP access report | Healthwatch Sunderland](#)

## **8.0 Actions**

Following on from the patient and public engagement exercise a number of actions have been taken to improve access to GP services.

### **8.1 Patient communication plan**

One of the key areas to come out of both patient and practice engagement is the need for a patient communications plan.

The aim of this plan will be to share as much information as possible relating to the different types of access and appointments that are available, ensuring the information is delivered in a patient friendly manner and caters for all patient needs in Sunderland.

The focus will be to promote the following.

- PCN Additional Roles Reimbursement Scheme roles
- Enhanced Access Service (formerly called Extended Access Service)
- Community Pharmacy Referral Scheme
- Initial triage when making an appointment is necessary to ensure the right care is given at the right time by the right person.

### **8.2 Training**

Practices identified that staff would benefit from further training regarding sign posting and the various new roles and services in primary care. Previously there has been training available for patient navigation and signposting but as it has been a few years since this was introduced, not only have new staff been recruited that could benefit from this, but there are also several different service options available now.

Training has been provided for administrative staff to attend and this has been well received. We will continue to monitor staff training requirements on an ongoing basis.

### **8.3 Digital support**

There are many digital developments that can support access to appointments in GP practices. One of the areas recently introduced is the 'cloud based' telephony system which most practices in Sunderland now have installed. This system has functions available such as sending patients a text message when they are waiting in a queue advising them of alternative options, such as e-consult and other online services.

This system will also make it possible to examine 'dropped call' data. It is hoped that this data will help identify any unmet patient need and potentially identify any correlation between unanswered calls and an increase in Urgent Treatment Centre or A&E demand and patient dissatisfaction

### **8.4 Triage pilots**

For many years, a consistent method of triage of patients wishing to attend General Practice has been a constant source of discussion. Attempts have been made previously to support initiatives to introduce triage models through training of staff to be care navigators, although this has fallen away in recent years due to a number of factors.

To support practices, the ICB invited practices to apply for funding to pilot different triage models over a six-month period. As a result, several triage pilots are now underway which involve the implementation of different systems and ways of working to ensure patients are consulting with the right clinician.

These pilots will be evaluated at the end of the six-month period (June/July 2023) and if successful, could be offered to all practices in Sunderland if they feel it would be beneficial.

### **8.5 Capacity and demand SLA**

All practices in Sunderland have been invited to participate in a capacity and demand Service Level Agreement. This is to compliment the work already undertaken by working with practices to identify transformation areas and to support improved access to GP services.

The aim of the SLA is to undertake capacity and demand assessments of practice access, identify and implement initiatives to improve patient access and investigate patient behaviours more thoroughly.

Practices have been asked to:

- Identify an area within their practice regarding access that they feel could be improved upon and develop an alternative method and pilot this for three months and evaluate the results of this pilot.

- Look at the time-of-day appointments are released and develop an alternative procedure to the '8am rush' to ensure patients are not disadvantaged who cannot call the practice at 8am or cannot get through to the practice at this time.
- Ensure all practice staff are aware of services such as Enhanced Access, the Community Pharmacy Referral Scheme, Social Prescribers etc, and promote these services accordingly.
- Ensure all practice administrative staff have been trained in care navigation and signposting.

## **8.6 Winter arrangements - Additional clinical and administrative capacity**

To help maintain standards of access during the winter months and periods of increased demand, practices in Sunderland have also been offered the opportunity to provide additional clinical hours per week to provide 'same day' bookable appointments.

These appointments are to be provided with either a GP or ANP between 8am and 6pm and can be a mixture of f2f and telephone appointments. The practices are reimbursed for the additional hours they deliver. The additional capacity has been funded between 01 November 2022 and 31 March 2023. Practices have also been given the opportunity to receive funding support to increase their administrative capacity over the winter months.

The aim of this is to ensure practices can manage the increased demand for services over the winter period, support the administrative delivery requirements of the COVID vaccination programme, identify and support staff who may benefit from additional training regarding care navigation and increase awareness of the additional roles within the Primary Care Network.

## **9.0 Next steps**

9.1 The next phase of the access project will be to evaluate the various pilots underway and identify areas which have worked. These pilots will be evaluated using both practice and patient feedback, working alongside Healthwatch to obtain this. The evaluations and any best practice will be shared with partners.

9.2 A patient communication exercise will also be carried out in the coming months, to highlight the different roles available in general practice and the most appropriate use of services. Practices will be expected to support this area of work going forward.

## **10.0 Recommendations**

The Health and Wellbeing Board is recommended to:

- i. note and comment on the report, including progress to date; and
- ii. receive further progress updates in future.

<sup>i</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>



**NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD:  
SUNDERLAND PLACE PLAN****Report of ICB Director for Place (Sunderland)****1.0 Purpose of the Report**

- 1.1 To update the Health and Wellbeing Board (HWB) of the proposed Place Plan for Sunderland and associated governance arrangements.

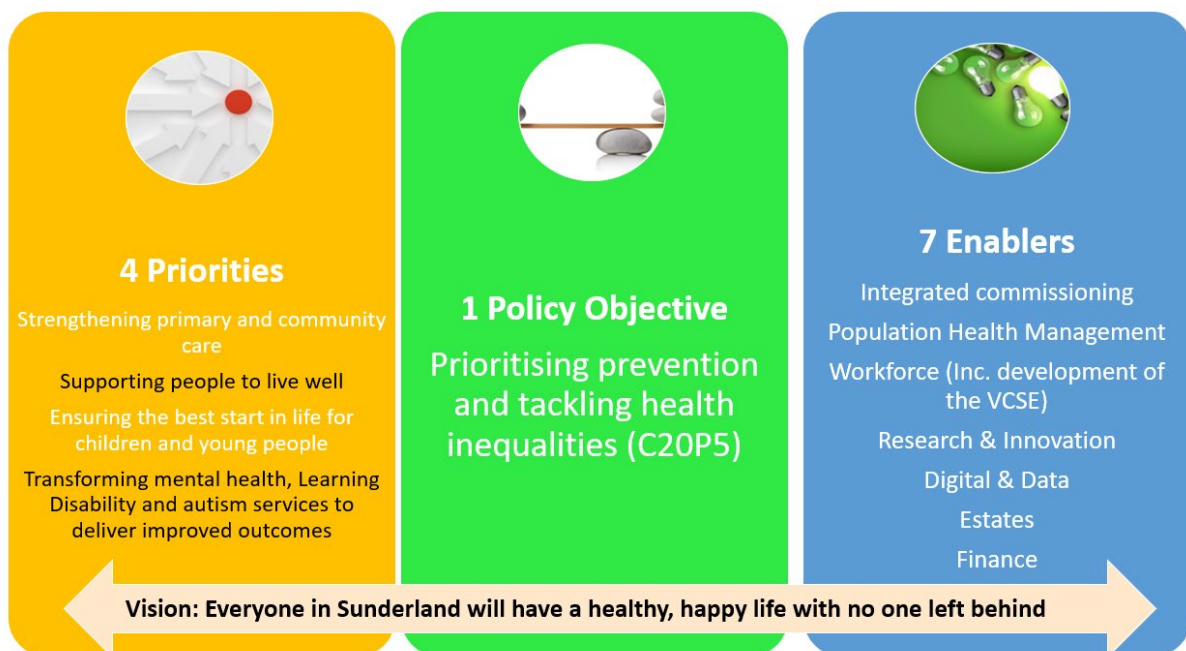
**2.0 Background**

- 2.1 The [Joint Forward Plan](#) (JFP) is a statutory document that sets out how the Integrated Care Boards (NENC ICB) will arrange and/or provide NHS services to meet their population's physical and mental health needs. ICBs are additionally encouraged to use the JFP to develop a shared delivery plan for the integrated care strategy ("Better Health and Wellbeing for All") with key system partners.
- 2.2 The plans are annually negotiated and typically published prior to the start of the financial year (i.e. by 31 March). For 2023/24 however, final plans are set to be published by 30 June 2023, with draft plans submitted to the NENC ICB by 17 March 2023.
- 2.3 Whilst there is significant flexibility in determining the scope and structure of the JFP across ICBs, there is an expectation that plans include the details outlined in section 2.1 and provide clarity on how they will support the delivery of:
- The universal NHS commitments as set out in the [NHS Long Term Plan](#) and [NHS England Priorities and Operational Planning Guidance](#).
  - The four core purposes of the ICS, i.e.
    - 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)
  - Legislative requirements (including National Health Services Act 2006, Public Sector Equality Duty, and section 149 of the Equality Act 2010)
- 2.4 Recognising the wide geography of the NENC ICB, each local authority area (or group of areas where permitted) have been tasked with developing a high-level place plan for inclusion within the broader JFP document. Each place plan is intended to cover immediate priorities for 2023/24, and longer-term transformation and development plans for 2023/24-2027/28. The intention is to review and update the plan each year, so there is always a rolling five-year plan, but with key priorities identified each year.

- 2.5 Each plan has scope to determine five main priorities and/or themes, including details on the place approach to:
- Integration: developing integrated neighbourhood teams in line with Fuller report recommendations.
  - Primary care and community services, including mental health
  - Social care as related to the NHS
  - Population health including priorities from the Health and Wellbeing Board (HWB), JSNA and Healthy City Plan
  - Reducing inequalities, including Core20Plus5 and Deep End Practices.
  - Place governance and partnership working

### 3.0 Current Position

- 3.1 The Sunderland Joint Consultative Forum (JCF) agreed a four-stage process to undertake the development of the Sunderland Place Plan (Appendix 1). The process included the consolidation of national, regional and local priorities for health and care provision, for the purposes of creating a draft prioritisation framework.



- 3.2 The agreed framework (fig 1.1, above) was presented for agreement at each sub-group of the HWB, and the All Together Better (ATB) Executive. This process was twin-tracked with a partnership approach to populating the one- and five-year deliverables against each of the identified priorities, in order to establish the immediate and long-term actions required to meet the place plan ambitions and relevant performance metrics.
- 3.3 The proposed plan has been developed following this exercise, and is included for consideration within appendix 2 of this paper. The plan includes high-level detail of the proposed governance arrangements, which includes quarterly reporting to the HWB through the soon-to-be-established Single ICB-Committee and Partnership Board arrangement.

## **4.0 Next Steps**

- 4.1 The proposed plan will be submitted to the NENC ICB on 17 March 2023, as part of a regional consolidation and consultation exercise, which will take place between April and June 2023. The final JFP for 2023/24 - including the embedded Sunderland Place Plan - will be published on 30 June 2023 and is expected to be presented at the next HWB ahead of publication.
- 4.2 Subsequent refreshes of the JFP will be presented for consideration at the HWB in-line with the national timetable for completion. Additional HWB oversight will be provided through HWB membership within the Strategic Integrated Care Partnership (ICP).

## **5.1 Recommendations**

- 5.1 The Health and Wellbeing Board is recommended to:
  - i. approve Sunderland's proposed Place Plan;
  - ii. note the timescales for publication and future oversight arrangements as described in sections 3.3 and 4.2; and
  - iii. receive the final ICS Joint 5 year Forward Plan, incorporating Sunderland Place Plan (final) ahead of publication on June.



## Sunderland Place Plan Development

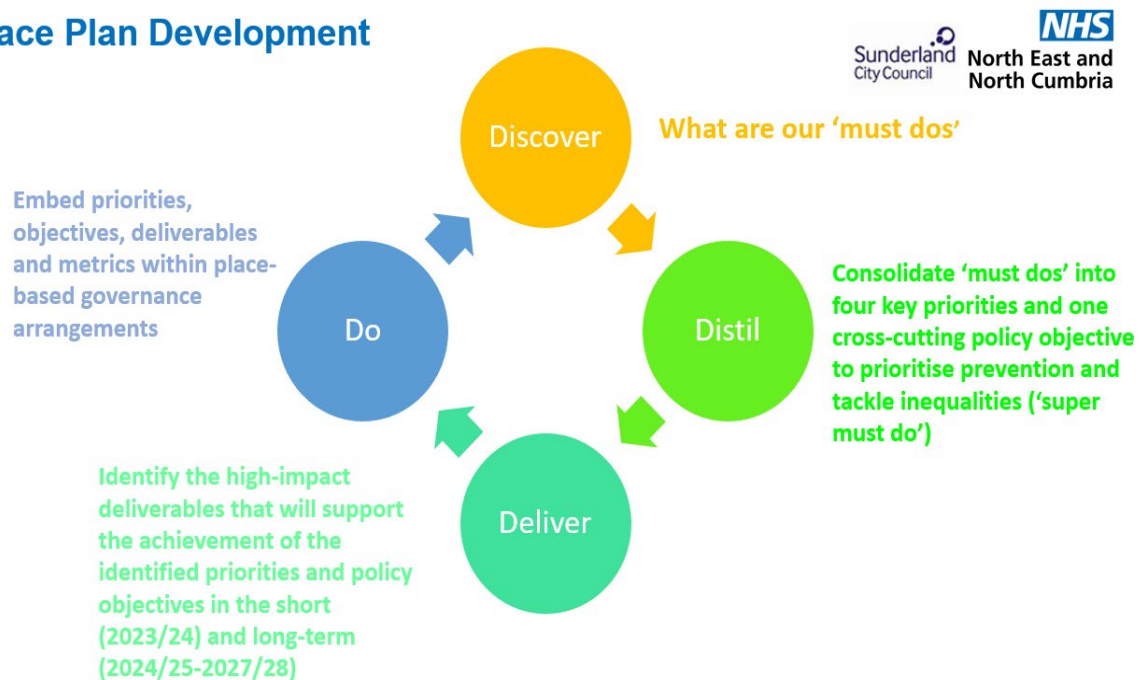
### 1.0 Purpose

- 1.1 To provide an update of the process and progress to date in developing Sunderland's Place Plan.
- 1.2 To seek feedback from the delivery board on the proposed plan and associated prioritisation framework.

### 2.0 Background

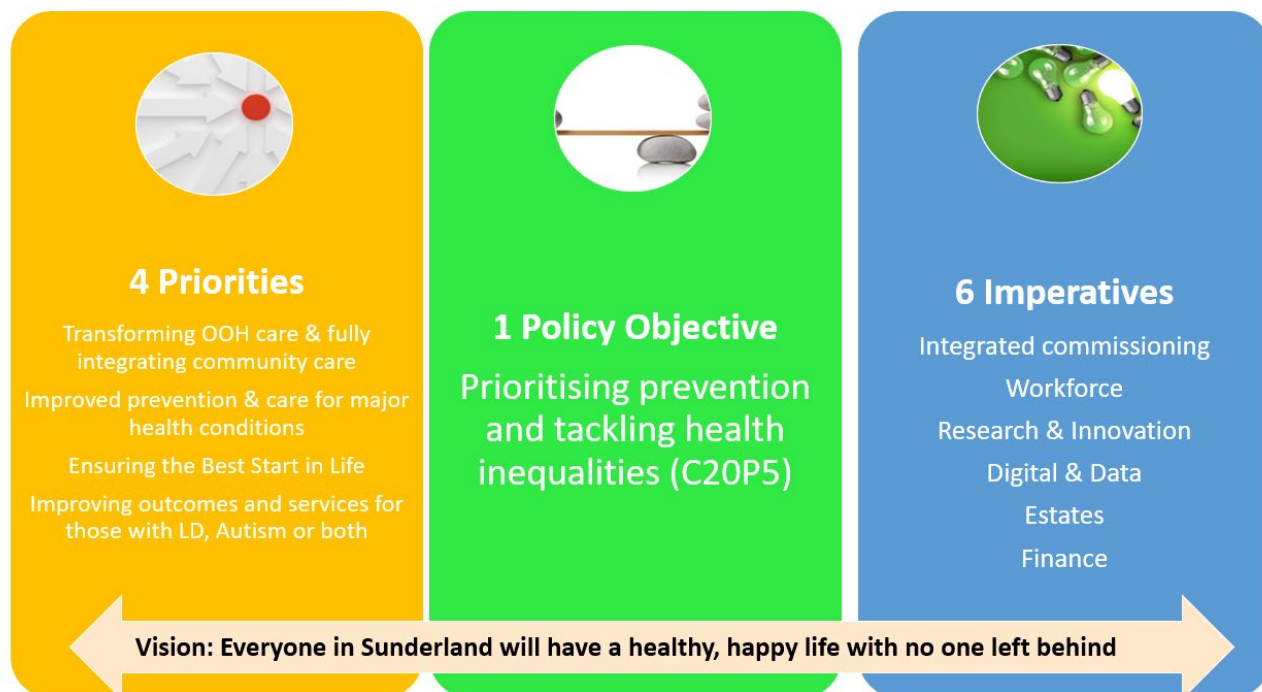
- 2.1 Each of the Local Authority areas across the North East and North Cumbria Integrated Care Board (NENC ICB), are required to pull together a plan for place that will set out place-based priorities for health and care integration over the next 1-5 years. The plan will form part of the NENC ICB Joint Forward Planning arrangements.
- 2.2 In order to develop the plan across Sunderland, an iterative 4-step process was identified, as per the diagram below:

### Place Plan Development



- 2.3 Phase 1 of this planning cycle entailed a 'discovery' stage running from 30 January to 3 February 2023. The purpose of this phase was to map out current must-dos across key documents, including:
- Sunderland's Healthy City Plan
  - Building Integrated Care: Happier and Healthier Communities
  - NHS Long-Term Plan
  - NHS Priority and Planning Guidance
- 2.4 Once a synthesised list of priorities had been identified, a draft prioritisation framework was circulated to key partners for comment, including wider consideration

of further strategies, plans and policy documents that would shape a more refined and locally owned short-list of priorities and associated objectives. The draft prioritisation framework is outlined below:



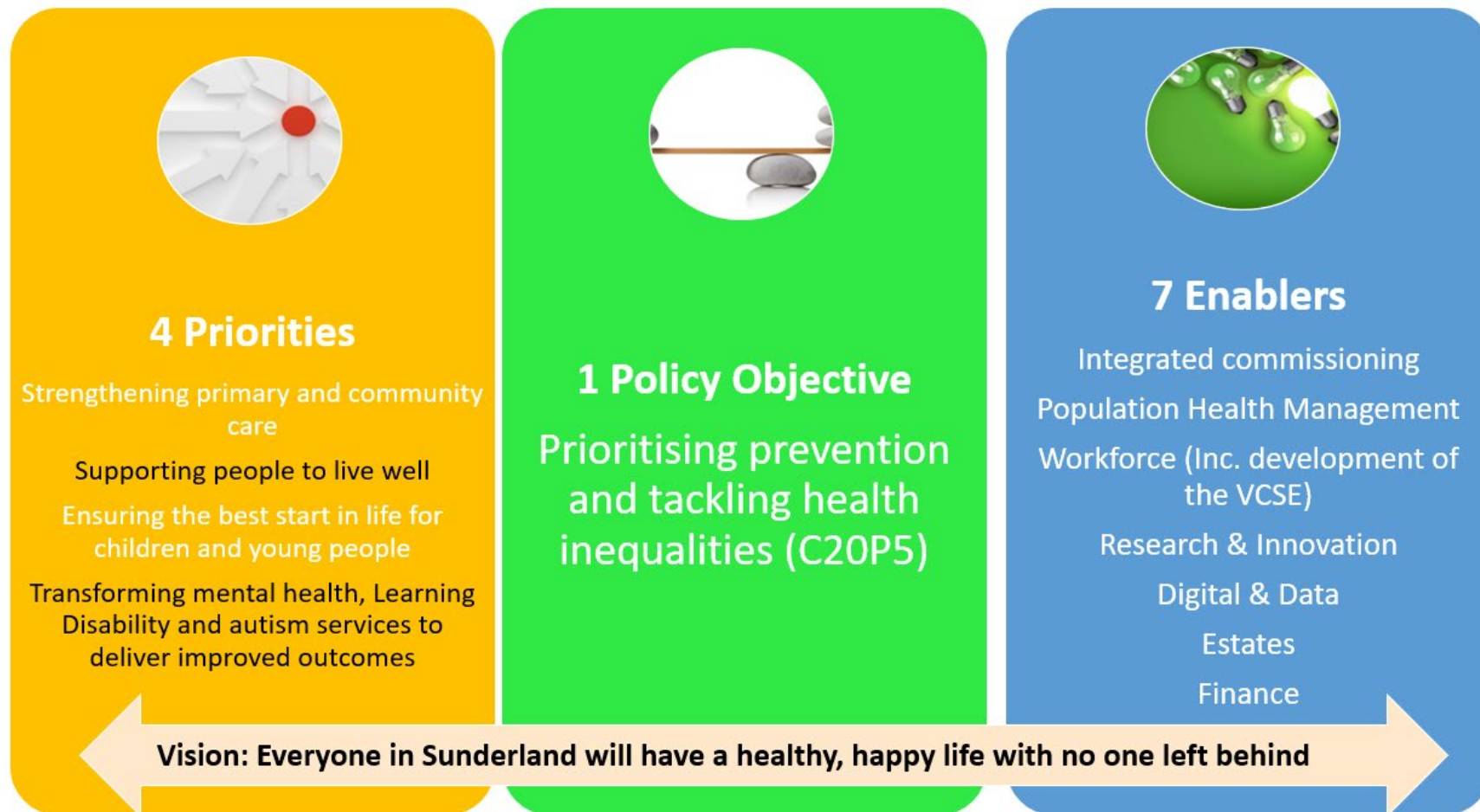
2.5 This framework encompassed 4 priorities, 1 over-arching policy objective and 6 imperatives/enablers. The Healthy City Plan vision provided a shared purpose for the framework, with the expectation that relevant objectives and deliverables underpinning each of the identified priorities would include:

- Embedded action on prevention and tackling health inequalities (policy objective)
- Consideration of how each of the 6 business imperatives would shape the delivery of the identified objectives and deliverables

2.6 The next phase of the Place Plan development ('distillation') includes consolidation of feedback on the prioritisation framework.

### 3.0 Stage 2: Distillation

3.1 Based on the feedback identified in phase 1, a refined prioritisation framework has been identified below:



3.2 In addition to the above, a more comprehensive list of objectives were identified within each priority area (however some require further clarification and refinement, as highlighted in yellow):

Priority	Objectives
Priority 1: Strengthening primary and community care	<ul style="list-style-type: none"> <li>• Build on the development of Primary Care Networks (PCNs) and strengthen integration through neighbourhood teams and asset-based community development</li> <li>• Supporting people to age well through...(need clarity on objective)</li> <li>• Supporting people to die well (need clarity on objective)</li> <li>• Strengthen crisis support in the community</li> <li>• Implement the primary care five-year forward plan</li> <li>• Improve access to primary care in-line with national priorities</li> <li>• Develop a whole-system approach to social prescribing</li> <li>• Deliver high impact change to better manage the transfer of care</li> </ul>
Priority 2: Supporting people to live well	<ul style="list-style-type: none"> <li>• Deliver the Core20Plus5 for adults</li> <li>• Improved cancer prevention and care outcomes</li> <li>• Improve prevention and care for CVD, stroke and diabetes</li> <li>• Deliver high impact change to reduce avoidable admissions and high-frequency use of services</li> <li>• Identify and implement actions to be taken to reduce the impact of the cost-of-living crisis on health and care outcomes</li> <li>• Support people to wait well, including improved pathways into prevention services</li> </ul>
Priority 3: Ensure the best start in life for children and young people	<ul style="list-style-type: none"> <li>• Implement the LTP objectives for maternity services</li> <li>• Improve children and young people's mental health services through implementation of the i-Thrive model</li> <li>• Deliver the Core20Plus5 for children and young people</li> <li>• Implement LTP objectives for children and young people with Learning Disability and/or autism</li> <li>• SEND specific objectives (need to clarify)</li> <li>• Reducing avoidable hospital admissions in children and young people</li> </ul>
Priority 4: Transforming mental health, learning disability and autism services to delivery improved outcomes	<ul style="list-style-type: none"> <li>• Implement the 10-point plan for learning disability and autism</li> <li>• Deliver community mental health transformation through the implementation of the Adult Mental Health Strategy</li> <li>• Increase the uptake and effectiveness of physical health checks for those with Severe Mental Illness</li> <li>• Increase access to specialist community support via social prescribing and VCSE delivery</li> </ul>

3.3 Each objective will require specific consideration of how it will build-in prevention and an approach to inequalities (policy objective 1). This will include:

- Implementation of population health management approaches
- Application of equality (integrated) impact assessment to inform strategic decision-making
- Application of Health Equity Audit Tools to inform service delivery and review



3.4 The population intervention triangle may be a helpful conceptual framework to support this process:

[Place-based approaches for reducing health inequalities: main report - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

#### 4.0 Next Steps (Distillation and Delivery)

4.1 The synthesised list of priorities and provisional objectives will now be progressed through a twin-track process of consultation and development as below:

Distillation (7 <sup>th</sup> February – 3 <sup>rd</sup> March)	Delivery (7 <sup>th</sup> February – 3 <sup>rd</sup> March)										
<p>Further distillation of identified priority framework will be carried out through passage of the below forums:</p> <table border="1"> <thead> <tr> <th>Forum</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Starting Well Delivery Board</td> <td>9<sup>th</sup> February 2023</td> </tr> <tr> <td>Ageing Well Delivery Board</td> <td>14<sup>th</sup> February 2023</td> </tr> <tr> <td>Living Well Delivery Board</td> <td>15<sup>th</sup> February 2023</td> </tr> <tr> <td>All Together Better Executive</td> <td>22<sup>nd</sup> February 2023</td> </tr> </tbody> </table>	Forum	Date	Starting Well Delivery Board	9 <sup>th</sup> February 2023	Ageing Well Delivery Board	14 <sup>th</sup> February 2023	Living Well Delivery Board	15 <sup>th</sup> February 2023	All Together Better Executive	22 <sup>nd</sup> February 2023	<p>Key partners will begin to map 2023/24 and 2024-2027 deliverables against identified objectives. Any proposed changes to objectives as a result of further distillation will be communicated to coordination leads as per the below:</p> <p>ATB: Penny Davison Public Health: Melissa Brown Children: Kimm Lawson</p> <p>Each deliverable will need to take into consideration the approach to prevention and tackling health inequalities (see 3.3) and will need to identify the relevant enablers (critical success factors) required to ensure effective and sustainable implementation.</p>
Forum	Date										
Starting Well Delivery Board	9 <sup>th</sup> February 2023										
Ageing Well Delivery Board	14 <sup>th</sup> February 2023										
Living Well Delivery Board	15 <sup>th</sup> February 2023										
All Together Better Executive	22 <sup>nd</sup> February 2023										

4.2 In the background, the relevant metrics required nationally, regionally and locally will be mapped to the identified priority areas to support the development of governance, and these will be finalised on completion of the delivery stage to ensure each priority, objective and deliverable can be effectively performance and risk managed going forward. This will include mapping relevant objectives and deliverables to the emerging programme areas of the children and adults collaborative, and s75 schemes.



## Place Plan for Sunderland

Submitted by: **Scott Watson, Place Director for Sunderland**

Date: **17<sup>th</sup> March 2023**

### Summary Statement:

The Sunderland plan has been co-produced with local system-partners to create a clear and compelling document that consolidates national, regional and local ambitions for health and care integration, with specific alignment to the NENC Integrated Care Strategy ('Better Health and Wellbeing for All') and the Health and Wellbeing Strategy for Sunderland ('Sunderland's Healthy City Plan').

The plan sets a clear direction of travel for our partnership, supporting a progressive approach to integration that builds on both existing strengths, and fertile areas of opportunity to integrate services in a way that supports:

- Improved quality and equity of care
- Prioritisation of prevention
- A clear focus on reducing health inequalities
- More sustainable and innovative use of resource.

This document is a key part of our delivery plan for the overarching [Healthy City Plan for Sunderland](#)

The plan has been pulled together using a 4-stage process as outlined in the attached, which has included passage through key partnership boards and a system-wide 'check and challenge' workshop (08/03/2023).

The resulting plan is based around a 3-part prioritisation framework consisting of 4 priorities, 1 over-arching policy objective and 7 system enablers, as set out below:

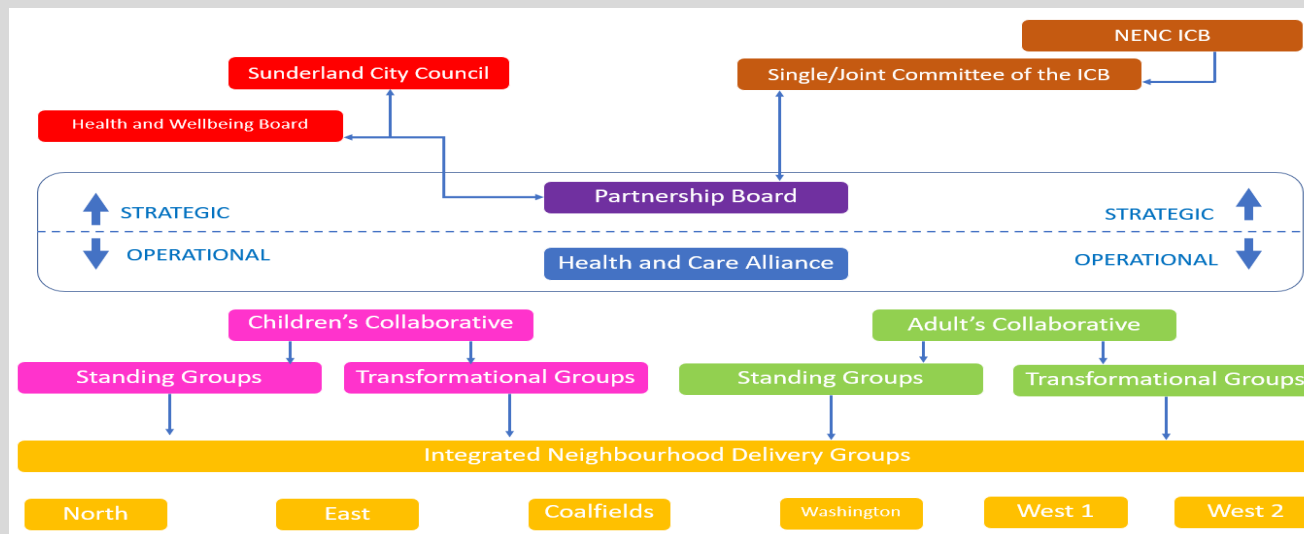


### Governance and partnership working

*Leadership and oversight of Sunderland’s Place Plan will be provided by Sunderland’s Single ICB-Committee and Partnership Board, which will replace Sunderland’s Joint Consultative Forum as a committee-in-common from April 2023. Place-based accountability and reporting arrangements will align to Sunderland’s place-based integration model (see page 3), which will include the necessary delegations to sibling adult and child collaboratives who will oversee the delivery of the place-plan objectives and deliverables.*

*Sunderland has commissioned Hill Dickinson LLP to oversee the development of a Section 75 partnership agreement between the ICB and Sunderland City Council, setting out how each party will jointly exercise their functions in respect to place plan objectives and how these arrangements will report into the Health and Wellbeing Board and wider statutory arrangements.*

*Critical to the delivery of the plan will be a determined focus on strong partnerships with people, communities and the VCSE. As such, community representation across all levels of place-based governance will be included to support shared decision-making and co-produced impact assessment and evaluation.*



## Key stakeholders

Key Partners	Key Boards & Wider Partnership Arrangements	Wider Stakeholders
People and communities	Integrated Care Board and Sub-Committees	Members
Integrated Care Board	Health and Wellbeing Board (and sub-groups)	Care Homes
Sunderland City Council	Cabinet	Schools, Colleges and Further Education
Sunderland Care and Support	All Together Better Executive	Housing Providers
Together for Children	Children's Collaborative	Combined Authority
South Tyneside and Sunderland NHS Foundation Trust	Local Safeguarding Partnership (Adults)	Media
Cumbria, Northumbria and Tyne & Wear Mental Health Trust	Local Safeguarding Partnership (Children)	
GP practices and PCNS	Safer Sunderland Partnership	
Lead Members	Carer's Strategy Board	
Community Pharmacy	Domestic Abuse and Violence Against Women and Girls Executive Board	
Sunderland Voluntary Sector Alliance		
Sunderland Health Watch		
Sunderland University		
Local Medical Committee		
Local Pharmacy Committee		

## Priority Area 1: Strengthening primary and community care

### Why is change needed?

Better integration and coordination of care is a key priority within NENC Integrated Care Strategy ('Better Health and Wellbeing for All'). A determined focus on neighbourhood integration - that builds on the development of primary care networks to ensure services are organised around the needs and voices of people and communities - is critical in transforming population health outcomes, reducing inequalities, and promoting sustainable and effective use of resource.

### Objectives –

- Implement an integrated model of **personalised** care with a specific focus on embedding social prescribing within Core20Plus5 most deprived areas.
- Implement **anticipatory care** across integrated neighbourhood teams with an initial focus on frailty in those aged 65 years and over.
- Implement the 'Delivery Plan for **Recovering Urgent and Emergency Care Services**', with a specific focus on building equitable community-based capacity through **integrated neighbourhood teams**; co-location of **Urgent Treatment Centre (UTC)** with **GP Out of Hours (OOH)**; improved partnerships between health and **housing**; and protecting the **health of the workforce**.
- **Improve access to GP services** through implementation of the General Practice Access Recovery Plan with a specific focus on increasing equity of access
- Implement **direct GP access to diagnostic imaging** in-line with national guidance.
- Improve the effectiveness and efficiency of **care packages** for complex patients.
- Implement the ambitions of the national **Palliative** and **End of Life Care** framework
- Implement improvement action within the **Sunderland Carer's Strategy**, with a specific focus on improving the identification and support offered to carers, including strengthening links with Social Prescribing
- Engage with the public, patients, clinicians and pharmacy professionals across Sunderland to reduce the inappropriate use of medicines and overprescribing to support sustainable approaches to **medicines optimisation**, including driving targeted medicines actions in health inequalities improvement via Core20Plu5 approach

### Goals –

- Regulated services across Sunderland are rated as good or outstanding by the Care Quality Commission
- Reduction in A&E attendance / Reduction in % of A&E attendance from most 20% most deprived areas
- Reduction in avoidable admissions / Reduction in % of avoidable admissions from 20% most deprived areas
- Increase % of adult social care users who have as much social contact as they would like (18+years)
- >90% of older people (65 or over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Reduction in the number of excess winter deaths / Reduction in % of excess winter deaths from 20% most deprived areas

- Reduction in the number of staff vacancies and sickness absence across primary and community services
- Dementia diagnosis rate for people over 65+ in line with national recovery expectations
- Improvement in GP appointments data
- Increase in patient satisfaction in respect of GP services
- Every person offered a GP appointment within two weeks and offered a same/next day appointment for clinically urgent needs
- Achieve the ambitions of the Palliative and End of Life Care framework (as determined by a level 5 'fully achieving' score against each national ambition)
- Improved self-reported wellbeing in carers
- Reduction in prescribing costs for antidepressants
- Reduction in avoidable medicines-related harm
- Reduction in carbon footprint through inhaler device choice and appropriate disposal methods

**Initiatives – Key deliverables**

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1	<b>Personalised care:</b> Social Prescribing standards agreed in-line with Sunderland-wide Social Prescribing model									
2	<b>Personalised care:</b> Implementation and roll-out of a digital community supported self-management platform' for social prescribing									
3	<b>Personalised care:</b> Successful implementation of Phase 2 of Sunderland's Social Prescribing model									
4	<b>Personalised care:</b> Successful implementation of Phase 3 of Sunderland's Social Prescribing model									
5	<b>Anticipatory care</b> - Finalise the Anticipatory Care Model in each PCN / Neighbourhood area									
6	<b>Anticipatory care</b> - Implementation of the new Ageing Well Team in STSFT									
7	<b>Anticipatory care</b> - Implementation of Ageing Well Model across partners									
8	<b>Urgent and Emergency Care</b> - Implementation of integrated UTC/OOH model of delivery									
9	<b>Urgent and Emergency Care</b> - Refresh and refocus offer of the in-hours GP model within recovery at home service									
10	<b>Urgent and Emergency Care</b> – Undertake system-wide system diagnostic and transform community bed-based model for discharge									

11	<b>Urgent and Emergency Care</b> - Review and Implement a refreshed Integrated discharge service model and transfer of care hub.													
12	<b>Urgent and Emergency Care</b> – Implementation of key actions within the Sunderland Housing and Homelessness Strategies, to support improved assessment of housing suitability and access to financial support for adaptations													
13	<b>Urgent and Emergency Care (placeholder)</b>													
14	<b>Improved access to GPs</b> - triage pilots evaluated and those that have evaluated well have been implemented across a wider footprint													
15	<b>Improved access to GPs</b> [Place holder for key deliverables within primary care recovery plan]													
16	General Practice Access – Improved patient satisfaction of use of General Practice services													
17	<b>Direct GP access to diagnostic imaging</b> - Deliver increased GP direct access to diagnostic imaging modalities													
18	<b>Care packages</b> - Identify fully-costed joint improvement plan for increasing the effectiveness and efficiency of care packages													
19	<b>Palliative and End of Life Care</b> – Undertake a self-assessment against the national palliative and end of life care ambitions and develop a cross-system improvement plan													
20	<b>Palliative and End of Life Care</b> – Achievement against each of the national and end of life care ambitions measuring level 4 (partially achieving) or higher													
21	<b>Palliative and End of Life Care</b> - Achievement against each of the national and end of life care ambitions measuring level 5 (fully achieving)													
22	<b>Carers Wellbeing</b> – Implement a standardised approach to the recording of carer status within General Practice													
23	<b>Carers Wellbeing</b> – Capacity-building programme in place to promote increase involvement of carers in decision-making and assessment of wider support needs													
24	<b>Carers Wellbeing</b> – Implementation of more streamlined access to social prescribing and 'new to caring' support pack													
25	<b>Medicines Optimisation</b> – Implementation of the NENC ICS Transformative Outcomes-Based Programme for medicines													



## Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
<b>Personalised Care</b>	X people across Sunderland benefiting from personalised care plans, with % uptake in Core20Plus5 most deprived population groups and x% uptake from carers	TBC	X per 1,000 patients	April 2024
<b>Personalised Care</b>	Improved wellbeing (ONS4)	65%	TBC	Ongoing improvement
<b>Personalised Care</b>	Increased Activation / Self-Management	TBC	Overall Improvement	Understanding measurement for this is ongoing.
<b>Personalised Care</b>	Additional performance measures are being led by the Research and Evaluation T and F group – for example University have HACT system to measure the social value of community based interventions.	Ongoing evaluation	TBC	TBC
<b>Anticipatory Care</b>	X% people aged over 65 who are at risk of frailty, benefiting from an anticipatory care plan	TBC	TBC	TBC
<b>Anticipatory Care</b>	Emergency Admission rates per older person with frailty and/or dementia	3 Month rolling average rate per 100,000 as at Dec 2022 = 210.60	None set – reduction	These are high level outcomes more work needed to agree targets and timescales
<b>Anticipatory Care</b>	Days disrupted for people with Frailty and / or dementia	3 Month rolling average rate per 100,000 as at Dec 2022 = 12.18	None set - reduction	TBC
<b>Anticipatory Care</b>	Pressure ulcers in older people with Frailty and / or dementia	3 Month rolling average rate per 100,000 as at Nov 2022 = 1.74	None set – reduction	TBC
<b>Anticipatory Care</b>	Serious falls in older people with Frailty and or dementia	3 Month rolling average rate per 100,000 as at Dec 2022 = 5.23	None set – reduction	TBC
<b>Urgent and Emergency Care</b>	Patients readmitted as emergency within 30 days of discharge (includes A% E attendances)	3 Month rolling average rate per 100,000 as at Dec 2022 = 49.71	None set – reduction	TBC

<b>Urgent and Emergency Care</b>	UCR against 2 hour response	>70%	70%	April 2023
<b>Urgent and Emergency Care</b>	Sunderland AE Attendances compared to same period previous year	Jan 23 – 6240 Jan 22 - 5659	Overall Reduction	April 2024
<b>Urgent and Emergency Care</b>	No of face to face contacts (home visit) with specific timeframe (2hr and 6hr).	87%	95%	April 2024
<b>Urgent and Emergency Care</b>	Time to Treatment Seen within 60 Minutes within UTC	134 mins	60 mins	April 2024
<b>Urgent and Emergency Care</b>	Patients receiving a face-to-face consultation within their home residence within the specified period.	Avg. 22 per month for OOH GP	No Target - Dependant on patient circumstances and need.	April 2024
<b>Urgent and Emergency Care</b>	<ul style="list-style-type: none"> <li>• More patients discharged to their usual place of residence</li> <li>• Discharge to same as admission destination</li> <li>• Discharge to Usual Place of Residence</li> </ul>	No – 5.82%, Yes – 94.18% Not usual – 13.36%, Usual – 86.62	Overall increase	April 2025
<b>Urgent and Emergency Care</b>	% of discharges per pathway and against national standard / target	P0 – 79%, P1 – 15%, P2 – 4%, P3 – 0%	P0 - 50%, P1 - 45%, P2 - 4%, P3 - 1%	April 2025
<b>Urgent and Emergency Care</b>	LLOS/R2G summary reports Readmission rates per pathway with timeframes of 7, 14, 21 days	Overall 7 days – 7.0% 14 days 11.2%	Overall Reduction	April 2024 with ongoing increased improvement
<b>Urgent and Emergency Care</b>	at least 95% of patients attending A&E should be admitted, transferred or discharged within 4 hours	60-70%	>95%	April 2025
<b>Urgent and Emergency Care</b>	Improved access to Disability Facilities Grant	TBC	TBC	April 2024
<b>Urgent and Emergency Care</b>	2% improvement in staff retention across NHS workforce	TBC	>2% increase from baseline	April 2025
<b>Improved access to GPs</b>	Access to appointments in general practice  <i>There are several measures with data gathered on a monthly basis - this is measured on a per practice basis</i>	132,953 (based on January data)	<i>Overall upward trend in appointment availability but no specific target</i>	April 2024

<b>Improved access to GPs</b>	Patient experience of general practice services	<i>July GPPS results</i> <a href="https://www.gp-patient.co.uk/surveysandreports">https://www.gp-patient.co.uk/surveysandreports</a>	<i>Increase on patient satisfaction on July 22 results (various measures)</i>	April 2024
<b>Improved access to GPs</b>	Number of patients calling NHS111 during core hours	<i>TBD</i>	<i>TBC</i>	April 2024
<b>Improved access to GPs</b>	Number of attendances at A&E and UTC for conditions that could be treated by General Practice	<i>TBD</i>	<i>TBC</i>	April 2024
<b>Direct access to diagnostic imaging</b>	Waiting times from referral to acquisition for specific diagnostic imaging modalities	Baseline to be established once modalities are agreed	Targets to be set once modalities are agreed	April 2024
<b>Direct access to diagnostic imaging</b>	Waiting times from referral to report for specific diagnostic imaging modalities	Baseline to be established once modalities are agreed	Targets to be set once modalities are agreed	April 2024
<b>Care Packages</b>	Number of patients discharged to own home with domiciliary care package in place	TBC	TBC	TBC
<b>Care Packages</b>	Number of patients who are discharged to a bed-based service in the community that should be at home	TBC	TBC	TBC
<b>Care Packages</b>	Increase in the number of joint packages of care	TBC	TBC	TBC
<b>Palliative and End of Life</b>	Number of outcome areas achieving level 4 or above within Palliative and End of Life self-assessment framework	TBC	95%	April 2024
<b>Carers</b>	Number of carers benefiting from social prescribing intervention	TBC	TBC	TBC
<b>Carers</b>	Number of carers benefiting from a Personal Health Budget	TBC	TBC	TBC
<b>Carers</b>	Number of carers supported to access direct payment support	TBC	TBC	TBC

<b>Medicines Optimisation</b>	x% reduction in opioid prescribing	TBC	5% reduction	April 2024
<b>Medicines Optimisation</b>	x% of pressurised metered dose inhalers (pMDIs) as a % of all inhaler prescriptions	TBC	<X%	TBC

DRAFT

## Priority Area 2: Supporting people to live well

### Why is change needed?

Supporting people to achieve a fairer, longer and healthier life are key commitments within the 'Better Health and Wellbeing for All Strategy' and 'Sunderland's Healthy City Plan'. Sunderland has lower life expectancy and healthier life expectancy at birth than the England average, with high levels of inter- and intra-area variations associated with deprivation, protected characteristics, geography and social exclusionary factors (e.g. homelessness; vulnerable migrants; Gypsy, Roma and traveller communities; sex workers; those with addictions, and people involved in the criminal justice system).

Improved integration of care supported by asset-based community development and underpinned by collaborative action on tackling wider determinants and prioritising prevention, will not only support people to live healthier, happier and more independent lives, but will reciprocally support inclusive and sustainable economic growth across Sunderland.

### Objectives –

- Develop and implement a **High-Frequency User (HFU) strategy** for people with multiple complexity, underpinned by a comprehensive, multi-disciplinary personalised care approach.
- Undertake a population health management approach to improve prevention, screening, diagnosis and treatment of **cardio-vascular disease** with a specific focus on Core20Plus5 population groups
- Undertake a population health management approach to prevention, screening, diagnosis and treatment of **respiratory disease**, with an initial focus on COPD within Core20Plus5 population groups
- Undertake a population health management approach to improve prevention, screening, diagnosis and treatment of **type 2 diabetes** with a specific focus on Core20Plus5 population groups
- Undertake a population health management approach to improve prevention and **early diagnosis of cancer** with a specific focus on Core20Plus5 population groups
- Identify the core impacts of the **cost-of-living crisis** on health and care outcomes and implement a local action plan aligned to Sunderland's Financial Wellbeing Strategy

### Goals –

- Increased life expectancy and healthy life expectancy in males
- Increased life expectancy and healthy life expectancy in females
- Reduced mortality rate from causes considered preventable per 100,000 population
- Reduce the gap in life expectancy for people in the most excluded groups
- Reduce smoking prevalence to 5% or below by 2030
- Reduce drug related deaths by at least 15% by 2030
- Reduction in under-75 mortality rate from cardiovascular disease considered preventable
- Reduction in under-75 mortality rate from liver disease considered preventable

- Reduction in under-75 mortality rate from respiratory disease considered preventable
- Reduce alcohol related admissions to hospital by 20% by 2030
- Increase the number of adults with a healthy weight
- Increase the percentage of people diagnosed at the early stages of cancer (stage 1 and 2) to the national target of 75% by 2028
- Reduction in ambulatory-care sensitive admissions
- Reduction in the percentage of households experience fuel poverty
- Reduction in employment gap between those with long-term health conditions and the overall employment rate

### Initiatives – Key deliverables

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1	<b>High Frequency Users</b> - Develop links in and out of hospital with supporting services									a
2	<b>High Frequency Users</b> - Develop a model to support those with complex, intermediate and low level needs									b
3	<b>High Frequency Users</b> - Develop and implement a HFU Strategy to sit alongside the health and care social prescribing strategy									all
4	<b>High Frequency Users</b> – Implement in-reach respiratory and cardiovascular screening within substance and alcohol service provision									
5	<b>High Frequency Users</b> – Establish and Implement ‘Plus Pharmacy’ model to high-traffic supervised consumption and needle exchange pharmacies									
6	<b>High Frequency Users</b> – Integrate the Individual Placement and Support offer into substance and alcohol treatment services									
6	<b>Cardiovascular Disease</b> – Align CVD Prevent tool to NHS Health Check programme to support more targeted approach to screening									
7	<b>Cardiovascular Disease</b> – Implement revised lifestyle intervention pathways for patients with a 20% risk of cardiovascular disease incidence within next 10 years									
8	<b>Respiratory Disease</b> – Delivery of a whole-system approach to the Targeted Lung Health Check programme, with a clear focus on reaching Core20Plus5 population groups									
9	<b>Diabetes</b> - Deliver contracted foot screening activity									
10	<b>Diabetes</b> - Deliver integrated diabetes service in general practice									
11	<b>Diabetes</b> - Integrate foot and eye screening services and deliver combined clinics									
12	<b>Diabetes</b> - Deliver effective weight management services									



<b>High Users</b>	Reduction in the number of admission episodes for alcohol-related admissions	2,401 per 100,000	<i>1,979 per 100,000</i>	April 2026
<b>Cardiovascular</b>	% of eligible patients from 10% most deprived postcodes with an up-to-date NHS Health Check	TBC	50%	April 2025
<b>Cardiovascular</b>	% of patients accessing NHS Health Check who smoke setting a quit date with stop smoking services	TBC	45%	April 2025
<b>Cardiovascular</b>	% of patients aged between 25 and 84 years with a CVD risk score greater than 20% on lipid lowering therapies to 60%	TBC	TBC	April 2024
<b>Respiratory</b>	% of eligible patients from 10% most deprived postcodes accessing lung health check	TBC	50%	September 2024
<b>Respiratory</b>	Reduction in the % of adult smokers	15.2%	5%	December 2030 (proxy for 2026)
<b>Diabetes</b>	Number of people receiving foot screening	10,713 YTD (Type 1 & 2)	Contracted activity	April 2024
<b>Diabetes</b>	Number of people receiving the 8 care processes	29.5% (Type 2 2021/22)	targets not set yet	April 2024
<b>Diabetes</b>	Number of people meeting the 3 treatment targets	36.7% (Type 2 2021/22)	targets not set yet	April 2024
<b>Diabetes</b>	Number of people completing the NHSE Low Calorie Diet Pilot and losing weight	0	targets not set yet	April 2024
<b>Diabetes</b>	Number of people completing the National Diabetes Prevention Programme	0	targets not set yet	April 2024
<b>Early Cancer Diagnosis</b>	(Placeholder Screening targets in under-represented population for bowel, cervical and prostate)	TBC	TBC	TBC
<b>Early Cancer Diagnosis</b>	Increase the % of cancers diagnosed at stage 1 and 2 inline with the 75% early diagnosis ambition by 2028	TBC	≥75%	March 2028
<b>Cost-of-Living</b>	Number of patients referred into financial wellbeing support	TBC	TBC	April 2024
<b>All</b>	Number of Health Champions/Core Connectors trained across Sunderland	12	50	April 2024
<b>All</b>	Number of MECC trained practitioners across health and care	TBC	TBC	April 2024



## Priority Area 3: Ensure the best start in life for children and young people

### Why is change needed?

Ensuring all children and young people are given the opportunity to flourish and reach their potential is a key goal within the NENC Integrated Care Strategy ('Better Health and Wellbeing for All') and Sunderland's Healthy City Plan. Adversity in childhood can lead to long-term and/or life-long adverse health outcomes, with the first 1,001 days in particular (pregnancy to age 2) identified as a critical time for development.

Increased demand for children and young people's mental health support, Special Educational Needs and/or Disability (SEND) provision and therapeutic pathways (speech and language and occupational therapy), are experienced against the backdrop of high levels of deprivation, risk-taking behaviour and adverse childhood experiences, that collectively impact on the volume and complexity of met/unmet demand across the City and support the case for improved integration of primary and community care to better support the needs of children and young people.

### Objectives –

- Establish a **Children's Collaborative** to oversee improved integration across key areas of children, young people and families provision.
- Improve access to robust **self-help, prevention and early intervention mental health offer** for children and young people
- Development of a **complex-needs commissioning** approach to support improved integration of health and care for children and young people with learning disability, autism and/or 3 or more ACEs
- Implement an equitable **family hub offer** to support effective early intervention and support in the first 1,001 days from pregnancy to age 2
- Improve the provision of **SEND support** to better meet the needs of children and young people with SEND and their families
- Strengthen proactive and co-produced **transitional arrangements** for young people with clinically or socially complex needs moving into adult services.
- Reduce avoidable, **unplanned hospital admissions** and A&E attendance in children and young people with a strong focus on targeted prevention and early intervention; proactive and coordinated support for children and young people with learning disability and/or autism; and implementation of **Core20Plu5** for children and young people
- Improved integration, capacity building and pathways into **neurodevelopmental support**
- Reduce overall **waiting times for assessment and treatment** in mental health services for children and young people

### Goals –

- Increase the percentage of children with good school readiness at reception, especially for children from disadvantaged groups
- % children eligible for free school means achieving a good level of development at the end of reception
- Increase the number of children and young people with a healthy weight
- Increase breastfeeding prevalence at 6-8 weeks
- Reduction in alcohol specific conditions in under 18s

- Reduction in hospital admissions due to substance misuse (15-24 years)
- Reduction in smoking at the time of delivery
- Reduction in the percentage of school pupils with social, emotional and mental health needs
- Reduction in A&E attendances (0-4 years)
- Reduction in hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years)
- Reduction in hospital admission for asthma (under 19 years)
- Reduction in hospital admissions for mental health conditions (<18 years)

### Initiatives – Key deliverables

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1	<b>Children’s Collaborative</b> – Establish a cross-system children’s collaborative with effective governance and reporting arrangements into Single ICB Committee & Place Partnership Board, including robust arrangements for embedding the voice of children and young people into place-based decision-making processes									
2	<b>CYP MH</b> - Scope current services and pathways									
3	<b>CYP MH</b> - Analyse data from across the system to understand demand and capacity									
4	<b>CYP MH</b> - Establish a CYP Mental health and Wellbeing Steering Group with associated workstreams aligned to the Thrive model									
5	<b>CYP MH</b> - Pilot the use of digital technologies (e.g., Lumi Nova)									
6	<b>CYP MH</b> - Work with schools and specialist CAMHS to develop an approach to supporting young people with anxiety, including those avoiding school									
7	<b>CYP MH</b> - Commission a VCSE provider to deliver a mentoring service for care experienced young people									
8	<b>CYP MH</b> - Commission a VCSE provider to employ two Community Connectors to work with young people aged between 16 and 25 to co-produce new activities, groups and events									
9	<b>CYP MH</b> - Work with Sunderland University to develop a Sunderland Parenting Course to be delivered by Early Help staff									
10	<b>CYP MH</b> - Commission a social prescribing service for young people who meet the thresholds for Community CAMHS but are awaiting a service									
11	<b>CYP MH</b> - Recruit and train young commissioners									
12	<b>CYP MH</b> - Establish a sub-group of the CYP Emotional Wellbeing Steering Group to consider innovative ways to reach and involve young people in commissioning									

13	<b>CYP MH</b> – Implementation of young person’s suicide prevention training									
14	<b>CYP MH</b> – Implementation of recommendations from Behavioural Insight Consortium for mental health review									
15	<b>Complex Commissioning</b> – Establish a working group to conduct a gap analysis of complex commissioning provision across Sunderland, to include children and young people with a diagnosis of learning disability, autism and/or 3 or more ACEs									
16	<b>Family Hub</b> – Implement Family Hub trailblazer programme across 5 areas of the city									
17	<b>SEND</b> - Undertake a review of pathways and processes across community equipment services, including those which are independently commissioned by schools to ensure families have a clear pathway to access, update and maintain equipment within home and education									
18	<b>SEND</b> - Complete a full joint commissioning review of speech and language therapy (SALT) to maximise opportunities for joint commissioning, ensure that resources are co-ordinated and there is sufficient provision to meet increasing demand in relation to: - SALT referrals for ASD diagnostic assessments - children with emerging speech and language issues in the early years.									
19	<b>SEND</b> - Relaunch Young Commissioners programme, with a focus on recruiting children and young people with SEND									
20	<b>SEND</b> - Recruit Transition Strategic Lead to co-ordinate pathways and processes for young people moving between children and adults services									
21	<b>Avoidable Admissions</b> - Care, Education and Treatment Review panel established									
22	<b>Avoidable Admissions</b> - Increased number of CETR taking place preventing avoidable admission to Tier 4 services									
23	<b>Avoidable Admissions</b> - Review CETR findings to identify demand and gaps in service provision within Sunderland									
24	<b>Avoidable Admissions</b> - Ensure the DSR works collaboratively with the CETR process and informs/initiates CETR to prevent avoidable admission to Tier 4 hospitals.									
25	<b>Avoidable Admission</b> – STSFT UNICEF accreditation pursued across community services									
26	<b>Avoidable Admissions</b> – Increased capacity and outreach provision within Young Person’s Drug and Alcohol Programme in place									
27	<b>Avoidable Admissions</b> – Roll-out of Tobacco Dependency Pathway pilot programme within universal health visiting contacts									
28	<b>Avoidable Admissions</b> – Roll-out of regional Tobacco Dependency Pathways across maternity services									

29	<b>Neurodevelopmental</b> - Meet with Autism Team, Community CAMHs, Education, CYPS, Parent/Carers to understand current systems and processes													
30	<b>Neurodevelopmental</b> - Mobilise a Family Support Service (initially as a pilot scheme)													
31	<b>Neurodevelopmental</b> - Explore support services that can be mobilised locally (sleep Scotland etc.)													
32	<b>Neurodevelopmental</b> - Create Neuro website for Sunderland with mythbusting, signposting, comms, contact information													
33	<b>Neurodevelopmental</b> - Review communications with parents/carers and professionals													
34	<b>Neurodevelopmental</b> - Redesign diagnostic pathway and assessment criteria.													
35	<b>Neurodevelopmental</b> - Build relationships with schools													
36	<b>Neurodevelopmental</b> - Development of a pre-specialist pathway													
37	<b>Neurodevelopmental</b> - Address 0-5 element of pathway													

### Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
CYP MH	Number of people accessing mental health resources	0	80%	September 2024
CYP MH	Referrals to specialist CAMHS	TBC	20% reduction	June 2025
CYP MH	Change in child and parent reported outcomes, e.g., CORS and RCADS	TBC	TBC	TBC
CYP MH	Number of school days lost due to anxiety in participating schools	TBC	TBC	TBC
CYP MH	Number of schools participating in MHCM scheme	TBC	TBC	TBC
CYP MH	Number of families receiving a service from the MH workers alongside other support from early help	TBC	TBC	TBC
CYP MH	Number of families completing parenting course	TBC	TBC	TBC
CYP MH	Number of families reporting an improvement in their ability to meet their child's needs 6 months after the completion of the course	TBC	TBC	TBC

<b>CYP MH</b>	Number of young people reaching the correct service at referral	TBC	TBC	TBC
<b>CYP MH</b>	Improvement in reported outcomes following treatment	TBC	TBC	TBC
<b>CYP MH</b>	Number of young people requiring a reduced service from CAMHS (shorter or no service compared to control group)	TBC	TBC	TBC
<b>CYP MH</b>	Number of young commissioners recruited and trained	TBC	TBC	TBC
<b>CYP MH</b>	Number of people trained in young person's suicide prevention	TBC	TBC	TBC
<b>Family Hubs</b>	Number of new family hubs across Sunderland in place	0	5	TBC
<b>SEND</b>	Reduction in admissions to Tier 4 provision for young people with autism and learning disabilities	TBC	TBC	April 2026
<b>SEND</b>	Reduction in waiting times for community equipment services	TBC	TBC	April 2024
<b>SEND</b>	Reduction in waiting times for therapy services	TBC	TBC	April 2025
<b>SEND</b>	Increased number of children with SEND involved in coproduction of services	TBC	TBC	April 2024
<b>Avoidable Admissions</b>	Reduction in avoidable admissions for children and young people with LD or autism	TBC	TBC	TBC
<b>Avoidable Admission</b>	Reduction in smoking status at time of delivery	14.6%	6%	April 2026
<b>Avoidable Admissions</b>	Breastfeeding prevalence at 6-8 week	27.6%	35%	April 2026
<b>Avoidable Admissions</b>	Reduction in admission episodes for alcohol specific conditions – under 18 (rate per 100,000)	76	70	April 2024
<b>Neurodevelopmental</b>	Increased involvement of CYP, families and carers in care planning	TBC	TBC	April 2024
<b>Neurodevelopmental</b>	Number of inappropriate referrals	TBC	TBC	TBC
<b>Neurodevelopmental</b>	Number of accessing support services	TBC	TBC	TBC

## Priority Area 4: Transforming mental health, learning disability and autism services to delivery improved outcomes

### Why is change needed?

With demand for mental health services continually increasing, establishing place-based, multidisciplinary teams focused on prevention and tackling variations in mental health outcomes, is a critical component of health and care integration. As highlighted within the NENC Integrated Care Strategy ('Better Health and Wellbeing for All'), poor mental health is associated with reduced life expectancy and increased chances of physical illness, alongside adverse mental health outcomes which are currently impacted by long waiting lists and operational pressures.

The Sunderland Adult Mental Health strategy published in 2021 encapsulates our vision to making 'Everyone's mental health matter'. We have committed to empower people by supporting individuals, families, and communities to improve and maintain mental and physical health, so they can lead fulfilling and healthy lives. This will be achieved via three main priorities:

***An ounce of prevention is better than a pound of care:*** Strengthening and promoting lifelong mental health and wellbeing with a focus on prevention.

***Right Response, Right Time, Right Place:*** Ensuring there is appropriate and timely access to flexible and inclusive mental health care services for all, focussing on the whole person.

***Working with you on what matters to you:*** Delivering care designed around the individual, without barriers across teams, services, and organisations.

In addition to the above, people with learning disability and/or autism are on average likely to die at a younger age, and experience poorer health outcomes. Strengthening community support and reducing reliance on specialist inpatient care is key to ensuring people with a learning disability and/or autism are supported to live a happy, healthy and independent lives, and to maximise their potential for employment and educational opportunities.

### Objectives –

- **Community Mental Health Transformation:** Develop and deliver a community mental health transformation program with a determined focus on prevention and timely access to intervention for those from Core20Plus 5 population groups.
- Implementation of **Mental Health Hubs** to offer advice, guidance, signposting and low-level mental health support within neighbourhoods through co-located teams
- Implementation of **trauma and psychologically-informed** care across health and care services in Sunderland
- Delivery of the **Sunderland's Adult Mental Health Strategy**
- Improved uptake of physical health checks and targeted screening programmes for those with **Severe Mental Illness (SMI)** and **autism**

- Transform the community provision for adults with **Learning Disability and/or Autism** to prevent crisis, avoid admissions and support the achievement of a happy, healthy and independent life.

**Goals –**

- Achieve a 5% year-on-year increase in the number of adults and older adults supported by community mental health services
- All patients with a learning disability, autism and/or those with serious mental illness have an up-to-date annual health check and action plan
- Reduction in suicide rate
- Reduction in excess under-75 mortality rate in adults with severe mental illness (SMI)
- Increase in the number of adults and older adults accessing Talking Therapies services through Sunderland's Single Point of Access
- Achievement the mental health investment standard (MHIS) at ICB level

**Initiatives – Key deliverables**

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1	<b>Community Mental Health Transformation:</b> Pilot the implementation of three community mental health hubs over 2023/24									
2	<b>Community Mental Health Transformation:</b> Evaluate success of mental health hubs and consider further city wide roll out									
3	<b>Community Mental Health Transformation:</b> Implement neighbourhood mental health MDT pilot over 2023/24									
4	<b>Community Mental Health Transformation:</b> Evaluate success of mental health MDTs and consider further city wide roll out									
5	<b>Community Mental Health Transformation:</b> Implement and evaluate a peer support network to support patients in engagement and attendance at appointments and are connected with appropriate services.									

6	<b>Community Mental Health Transformation:</b> Support the implementation of the concordat in Sunderland to create a resilient community and supportive preventative activity.																				
7	<b>Adult Mental Health Strategy:</b> promote mental health awareness, including promoting the help and support which is available to improve health and wellbeing and strengthen coping strategies																				
8	<b>Adult Mental Health Strategy:</b> work in partnership with communities to identify priorities, understand barriers to access, and co-produce solutions in relation to mental health and wellbeing.																				
9	<b>Adult Mental Health Strategy:</b> Improve accessibility of mental health care and support by working in partnership to co-produce and improve services.																				
10	<b>Adult Mental Health Strategy:</b> Maintain an emphasis on co-production to quality assure and improve services																				
11	<b>Adult Mental Health Strategy:</b> Implement and publish a mental health dashboard which demonstrates the delivery of the strategy																				
12	<b>Mental Health Practitioners in Primary Care:</b> Further develop roles to maximise outcomes and ensure patients access the most appropriate service to meet their needs.																				
13	<b>Crisis and Crisis Alternatives:</b> Review interdependencies and outcome measurements to maximise opportunities and ensure value for money																				
14	<b>Suicide Prevention:</b> Support delivery of the Sunderland Suicide Prevention Action Group (SPAG) action plan to maximise preventative opportunities and reduce the number of attempted and completed suicides																				
15	<b>Dementia:</b> Improve the dementia diagnosis rate by reviewing existing pathways and data recording and extraction mechanisms.																				
16	<b>Severe Mental Illness:</b> Implement a system wide approach to increase engagement with and access to annual health checks to improve life expectancy																				



17	<b>Learning Disability and Autism:</b> Deliver an annual health check program for patients with autism									
18	<b>Learning Disability and Autism:</b> Develop and implement an autism strategy for Sunderland									
19	<b>Learning Disability and Autism:</b> Implementation of a Quality Framework for annual health checks for people with a learning disability, delivering the national expectations.									

### Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
<b>Community Mental Health Transformation</b>	Increase in the number of Mental health hubs in Sunderland	0	3	March 2024
<b>Community Mental Health Transformation</b>	Increased number of referrals into Community Mental Health services	4,200	4,600 per quarter	March 2024
<b>Community Mental Health Transformation</b>	Increased access to talking therapies services	2,600 per quarter	2,900 per quarter	March 2024
<b>Community Mental Health Transformation</b>	Increased number of mental health MDTs in Sunderland	2	6	March 2025
<b>Adult Mental Health Strategy</b>	Reduction in the average days disrupted per person with mental health conditions	1.3	TBC	March 2025
<b>Adult Mental Health Strategy</b>	Increase the proportion of the population who are mentally healthy	67.6%	TBC	March 2028
<b>Adult Mental Health Strategy</b>	The number of completed suicides	TBC	Deteriorating	Ongoing
<b>Severe Mental Illness</b>	Improve uptake of annual health checks for patients with a Severe Mental illness to meet or exceed the national target of 60%	56%	60%	June 2023
<b>Learning Disability and/or Autism</b>	% of people aged over 14 on GP Learning Disability register in receipt of an annual health check and health action plan	73%	≥75%	March 2024

<b>Learning Disability and/or Autism</b>	Improve in the number of autism health checks for patients with autism	40%	60%	March 2024
<b>Learning Disability and/or Autism</b>	Reduced reliance on inpatient care, to that by March 2024 no more than 30 adults with a learning disability and/or autistic per million adults are cared for in an inpatient unit	TBC	<30 per 1million	March 2024

DRAFT

## Enablers – what do you need in place for your full place-based plan?

### 1. Process – operational models that will require change as a result of this plan being delivered.

Integrated delivery arrangements in place, supported by ICT, data sharing and asset sharing
Improved GP access pathways to diagnostic imaging modalities in place
Establishment of Care, Education and Treatment Review panel for children and young people
New neuro diagnostic pathways for children and young people, including pre and post diagnostic support
Changes in how mental health services for children and young people are delivered via Thrive model
Consistent approaches to improving health literacy within Core20Plus5 population groups across health and care services
Consistent approaches to the assessment of equality impact and equitability of service provision with clear expectations (and support for) taking corrective action

### 2. Workforce

Increasing volume and diversity of the health and care workforce pipeline, including appropriate investment in VCSE-based delivery
Shared competency framework and workforce standards for personalised and anticipatory care (including VCSE and Social Prescribing capacity building)
Development of effective clinical, care and public health leadership and workforce strategy
Investment in workforce health and support (including cost-of-living support)
Investment in effective organisational development to support new ways of working and support the recruitment and retention of staff
Implementation of ARRS workforce plans and integration of the ARRS roles into the PCN and neighbourhood teams
Implementation of primary care workforce plan at place to support recruitment, retention and development of the primary care workforce and increase the number of placements of students and training places in primary care

### 3. Research and Innovation

Asset-based community development, community engagement and peer-leadership approaches to support improved patient and public involvement in decision-making and delivery
Digital and process innovation (horizon-scanning and improved engagement with digital and technology sector to identify innovation opportunity)
Behavioural insights and cultural norms research to support improved understanding of factors that impact on patient choices and decision-making, particularly in Core20Plus5 groups

#### 4. Digital technology and Data.

Improved approaches to JSNA to support intelligence-led decision-making
Implementation of Sunderland's Population Health Management Strategy
Investment in digital tools to support self-care and remote monitoring
Quality and sharing of data to support risk stratification, MDT working, needs assessment and demand and capacity modelling
Digital infrastructure investment, including digital inclusion
Integrated approaches to technology enabled care
Development of Dynamic Support Register for children

#### 5. Estates

Co-location needs to be supported by appropriate ICT infrastructure (family hubs, SRH UTC, mental health hubs, transfer of care hub)
Consideration of s106 funding at planning stages to align housing and health ambitions
Development of place based wider estates strategy, including improved collaboration between LA and ICB on estates planning

#### 6. Finance

Mechanisms to support effective joint commissioning arrangements through improved use of pooled funds and risk share
Appropriate delegations are in place to support friction-less decision making at place-level

### Risks

Risks	Mitigations
Appropriate place-based governance delegations not in place, reducing appetite to support integration across partnerships	Hill Dickinson LLP commissioned to provide strategic legal advice and support in the development of ICB Committee & partnership arrangement
Financial uncertainty impinging on risk appetite and investment opportunities	Develop robust risk share agreement within s75 arrangement   Identify a shared risk approach to key programmes and enabling infrastructure (inc estates)
Ongoing workforce issues (recruitment, pay-disputes) delaying or preventing progress against key deliverables	Investment in staff wellbeing initiatives and workforce strategy   Ability to test new ways of working through opportunistic innovation, inc digital innovations   Investment in VCSE and carers to build capacity and capability   Communication & engagement plan developed to support staff through change
Increased complexity and volume of demand delaying or preventing progress against key deliverables	Increased focus on prevention & targeted early intervention, including investment in population health approaches   Increased use of demand modelling and digital technologies to support planning & provision of care   Investment in research & development to promote improved evidence-based practice and innovation

## SUNDERLAND HEALTH AND WELLBEING BOARD

17 March 2023

## HEALTH INEQUALITIES FUNDING ALLOCATION ACROSS THE NORTH EAST AND NORTH CUMBRIA

## Report of the Executive Director Health, Housing and Communities

## 1. Purpose of the report

The purpose of this report is to provide a brief overview of the programmes approved by the Integrated Care Board (ICB) Executive, a summary of related work programmes already underway and highlights how this will benefit residents in Sunderland.

## 2. Background

Nationally £200 million has been made available through 2022/23 ICB allocations, targeted towards areas with the greatest health inequalities. It is intended to support the implementation of the Core20PLUS5 approach outlined in the Priorities and Operational Planning Guidance [NHS England » 2022/23 priorities and operational planning guidance](#).

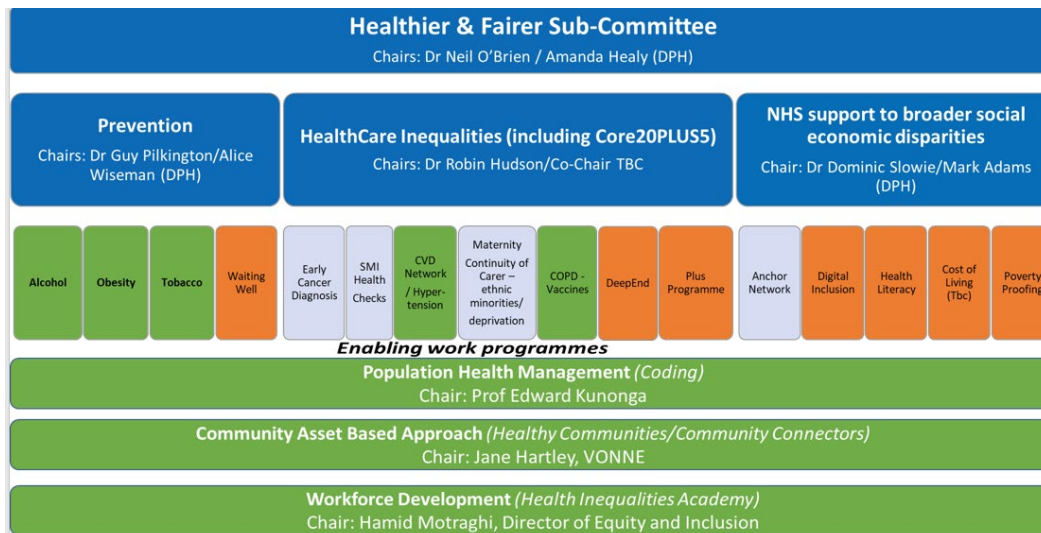
NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) has been allocated £13.604m in 2022/ 23 to support targeted reductions in health inequalities. Below is an overview of the current proposed allocation of resources for the period 2022/23 to 2024/25.

Health Inequalities ICB Allocation Utilisation Proposal	Additional Funding Requirements from HI Allocation		
	2022/23 £000's	2023/24 £000's	2024/25 £000's
System capacity and infrastructure	-	250	250
Health Inequalities Academy	-	100	100
Waiting Well programme	2,671	3,000	1,500
Plus Programme	3,000	3,000	3,000
Deep End programme	986	2,929	3,043
Healthy Communities and Social Prescribing	883	300	300
Poverty Proofing and CYP CORE20PLUS5	156	366	366
Implementing digital exclusion plan	100	400	400
Health Literacy	98	390	390
Improved FT Morbidity Coding	25	100	100
Accelerating Prevention Programmes: Tobacco	486	810	810
Accelerating Prevention Programmes: Alcohol	356	945	945
Accelerating Prevention Programmes: Obesity	101	1,000	1,000
Evaluation	500	-	-
<b>Grand Total</b>	<b>9,361</b>	<b>13,590</b>	<b>12,204</b>

The ICB Executive committed to a three-year plan to mainstream existing work, maximise opportunities to scale activity in partnership with the Local Authorities (LAs) and VCSE, as well as support the corporate aims of the ICB. A further investment priority currently being scoped is in relation to the cost of living

crisis, to identify at risk patients and navigate them to appropriate support. The ICB approach to health inequalities is embedded in the Integrated Care Strategy.

The proposals were supported by the NENC Health Inequalities Advisory Group (and associated sub-groups), Directors of Public Health and Chairs of the NENC Population Health and Prevention Board. The proposed regional governance around implementation and assurance would be monitored regionally via the Healthier and Fairer Sub-Committee of the ICB Executive Board and locally via Place Plan into Health and Wellbeing Board as described below.



In December 2022, the Health and Wellbeing Board had a development session on the ICB health inequalities allocations and how this will support the Core20PLUS5. Robin Hudson, Medical Director (Central) for the North East and North Cumbria delivered a presentation on the ICB approach to health inequalities and Lisa Jones, Assistant Director of Integrated Commissioning led a discussion on making the best use of ICB place-based health inequalities funding to support people with multiple and complex healthcare needs.

Key points which came from the discussion included:

- understanding how 'Sunderland' fits into the ICB Healthier and Fairer sub-committee, which will cover healthcare inequalities and prevention, and the role that the Place-based Director will play;
- ensuring appropriate membership from the ICB on the Health and Wellbeing Board;
- ensuring key priorities are informed by JSNAs;
- working with local Directors of Public Health will continue, with assistance to be sought from the Directors of Public Health Network;
- acknowledgement that Sunderland has agreed ways of working at place; and
- establishing workstreams under Core20Plus5, which will be a good opportunity for partnership working, sharing good practice, and ensuring activity aligns and complements, rather than duplicates.

### 3. Local Context

Within Sunderland the Reducing Inequalities Delivery Group (subgroup of the Living Well Delivery Board) has a delivery plan focused on the four key priorities of the Health and Wellbeing Board, these being:

- i. Better understanding of our population
- ii. Asset based community development - 'residents as participants'
- iii. Economic Activity – skills, aspirations and wealth building
- iv. Health in All Policies approach

As well as addressing the above priorities, the group provides place-based assurance to the Integrated Care Board in relation to reducing inequalities.

### 4. Current position

The ICB Executive have approved the following programmes, with a summary of related work programmes already underway in Sunderland.

- 4.1 Recruitment of a small core **health inequalities team** to ensure health and healthcare inequalities are embedded throughout the Integrated Care System (ICS). The team will ensure the ICS is data and evidence informed, share practice across NENC and lead a NENC Anchor Institutions Network across the public sector organisations including Sunderland City Council.
- 4.2 Development of a **Health Inequalities Academy** to improve skills, knowledge, and training across the NENC workforce on health and healthcare inequalities.

Locally, Sunderland and South Tyneside NHS Foundation Trust (STSFT) has linked up with Sunderland University to establish a healthcare inequalities module and will be recruiting a second cohort of staff to take part. The staff complete academic learning focussed on equity in health services. Future plans in relation to this work stream include widening the opportunities to those practitioners outside of the Foundation Trust and developing an 'academy' which will become a community for staff to share experiences and expertise locally around tangible actions to take, and measure, in relation to addressing health inequalities within our service delivery.

- 4.3 Embed the **Waiting Well Programme** which uses a population health management approach to supporting patients to prepare well for surgery and improve their surgical outcomes. It will introduce a tiered support package for patients awaiting surgery, targeting those on with the longest projected waiting times, as well as those from clinically and socially vulnerable groups.

The aim of the model is to support adults in the Priority 4 category (patients who can wait more than 3 months for surgery) to use the time they wait for surgery to prepare physically and psychologically for their procedure, helping to minimise recovery time and maximise surgical outcome. South Tyneside and Sunderland localities have been working together to develop and deliver a 'Waiting Well' place-based offer, ensuring that patients across both localities

are provided with a comprehensive and consistent service regardless of where they live or who the provider is. A Care Coordinator will contact each patient to undertake a personalised care assessment through a 'what matters to you' discussion and develop a care and support plan based on the discussion. Each patient will then be connected with the appropriate service offer for example stop smoking services, weight management, physical activity etc. which could be via a digital platform, group work, one to one or a combination.

First prototype took place in South Tyneside in October / November 2022 with 5 patients attending the group-based programme. This ran for 6 weeks with lots of learning identified, which was shared at NENC Waiting Well Community of Practice in January. Planning has been underway since January for a second prototype, which will see scaled up delivery with the commencement of 6 programmes across South Tyneside and Sunderland from March.

- 4.4 Supporting people with **multiple and complex health and healthcare needs** associated with drug, alcohol and mental ill health to access healthcare locally. It will build on the additional funding that Sunderland has received to support people with drug and alcohol issues with housing, employment, treatment and enforcement as part of the national Drugs Strategy.

The purpose of the programme is to support the effective mobilisation of Sunderland Core20Plus5 funding, specifically the Plus funding stream. £309,056 has been allocated per annum for Sunderland over three years.

The key elements of the proposal for Sunderland includes:

- Development of in-reach capacity for harm minimisation and substance and alcohol treatment services to support (lung health- mini lung health check; NHS Health Check; wound dressing; smoking cessation, brief intervention and referral);
- Development of targeted campaigns and literature to support uptake of secondary prevention initiatives, including targeted lung health check campaign (diagnostic spirometry) Flu/COVID vaccination, bowel, cervical and prostate screening and oral health;
- Develop an asset-based participatory research and evaluation framework with NENC ARC;
- Building primary care capacity to support 'plus programme' objectives via PCN development; and
- Standardising information, information sharing and digital solutions.

A key part of the Core20Plus5 framework is the need to target specific action to Inclusion Health Groups. This programme will be delivered at place, designed locally to support people with multiple and complex health needs associated with drug, alcohol, and mental ill health to access healthcare. It will build on the £12.5m secured across NENC Councils to support people with drug and alcohol issues with housing, employment, treatment, and enforcement as part of the national Drugs Strategy.



- 4.5 Developing the **Deep End GP practices network**, serving the most socio-economically deprived populations in the ICS footprint. Deep End is designed to support practices most affected by the 'blanket deprivation' their registered population experience. It is not designed to address all practices that have areas of deprivation within their catchment area.

The primary focus is on Workforce, Education, Advocacy and Research (WEAR) for the practices themselves, providing additional capacity and resource, attracting new primary care professionals and developing new ways of working to address need. Initially this will focus upon clinical psychology, review of Opioid / Gabapentinoid prescriptions, screening & immunisations and Social Prescribing. Within Sunderland there are currently three practices within the deep end programme these are, Bridge View Medical Group, Riverview Surgery and Red House Medical Centre.

- 4.6 Providing an approach to **Healthy Communities and Social Prescribing** which includes connecting with communities to promote health messages, engaging with various communities to gather local intelligence to inform planning and enhancing work through the VCSE sector to increase access to healthcare. During the pandemic, significant work was developed jointly between the NHS, LAs, VCSE and faith communities to increase access to vaccines, in 22/23 Sunderland City Council received £32,193 to enhance access to vaccines including covid, flu and pneumonia.

Additionally, an allocation of £19,316 has been allocated to the VCSE infrastructure organisation in Sunderland to support targeted work at place to build local VCSE capacity in delivering social prescribing activity. Funding will also expand the NENC Core20plus5Connector pilot which takes learning from existing Covid Champions Programmes across the region. Its initial focus has been on developing Cancer champions but will expand to other clinical areas. Local areas will benefit from shared learning and best practice and opportunities and resources to collaborate on common approaches such as standardised champion training.

Within Sunderland work has taken place to increase vaccination uptake within the Warm Spaces/Community Hubs across the city. Work is underway to plan roll out for the Spring booster. Sunderland's Social Prescribing Strategic Group is actively working to link the NENC Core20plus5 Connector programme into the existing Sunderland Health Champions and Link Worker Network to ensure a systematic approach to the developing resource is in place.

- 4.7 **Poverty Proofing Clinical Pathways** by applying a method used in education settings to clinical pathways. The work will ensure the voice of people living in poverty are able to influence the design and delivery of clinical pathways so that they are more culturally appropriate, accessible and targeted at those that need it most.
- 4.8 **Mitigating against 'digital' exclusion and promoting health literacy.** The resource will be used improve access to equipment, support community hubs,

increase digital skills to use the internet/apps/devices, provide support for those with a learning disability and removing language barriers. The digital programme will be supported by a health literacy programme by ensuring information is accessible. It will raise awareness through staff training, develop a health literate toolkit and provide information that people understand, enabling them to make active decisions in their care.

In terms of health literacy, significant work is underway within South Tyneside and Sunderland, led by STSFT. The Trust have recently appointed a health literacy team who are actively working to update trust leaflets, advising on new materials, updating local procedures and policies, providing information for intranet pages and websites and making them easier to understand with a long term view of all material having a reading age of 9 to 11 years, which aligns with the average of the local population. They have also developed an audit tool to assess reading age and are actively engaging with local communities to establish local population insights. The tool and learning will be shared with local partners.

Sunderland City Council have recently submitted a bid to the UK Shared Prosperity Fund. The project, if successful, seeks to invest £1.3m in the digital infrastructure and facilities of the city's community buildings and will continue to embed and develop social prescribing services within communities across Sunderland and further develop both the physical environment, digital accessibility, device access and digital activities and support programmes on offer.

**4.9 Jointly funding the regional tobacco control office – Fresh.** Smoking remains a leading cause of health inequalities across NENC. Smoking continues to cost the region approximately £887m per year, with circa. £190m attributed to health and social care costs. Every year in Sunderland, smoking causes:

- 4,846 hospital admissions
- 138,610 GP appointments
- 76,890 GP prescriptions for smoking-related conditions.

The financial impact of this is significant, resulting in cumulative annual health and social care costs in Sunderland of £22m.

A joint approach funded by the local authorities and NHS will support an evidence-based tobacco control programme to include reducing exposure to second-hand smoke, development and delivery of bespoke media, communications and education campaigns which underpin population wide behaviour change; reducing availability and supply of illicit and legal tobacco; reducing tobacco promotion; tobacco regulation and research. This funding is in addition to all existing local authority commissioned smoking cessation and NHS acute tobacco dependency services. Across the North East the NHS will match fund each of the Councils contribution to jointly fund Fresh from April 23 to March 25. Sunderland City Councils contribution is £85,207 per annum.

- 4.10 Ensuring there is an **Alcohol Care Team (ACT) working 24/7 in every Acute NHS Trust across NENC**. Alcohol is a significant contributing factor to inequality in life expectancy between the region and the rest of England. The region has the highest rate of alcohol specific admissions and a 20.5% increase in alcohol related deaths since 2012. Three Acute NHS Trusts did not benefit from the national NHSE allocation for ACTs – County Durham and Darlington Foundation Trust, North Cumbria Integrated Care Trust and Northumbria NHS Healthcare Foundation Trust. The implementation of ACT provision at scale across the ICS gives an opportunity to ensure a consistency of approach, ensuring equity of access and provision to a vulnerable population who often suffer from complex needs. Additionally, every ACT across the ICS footprint will be provided with funding for a recovery navigator including STSFT.

In Sunderland, the ACT was implemented in June 2021, with the ICB funding a recovery navigator post. Through the supplemental substance misuse recovery grant an additional recovery navigator post was funded to increase service provision and access and enable the ACT team to offer a 7 day a week service. From its implementation in June to December 2021 the team had 820 patient contacts. This more than doubled from January to December 2022 to 1646 patient contacts. The ACT team at STSFT were also recognised as regional winners for Excellence in Healthcare at the NHS Parliamentary awards.

- 4.11 Obesity is a leading cause of preventable morbidity and mortality, representing one of the most immediate health challenges for the NHS. A regional obesity analysis highlighted that there are approximately 151,101 patients that would be eligible for Tier 3 and 4 services of which 63% are from the 20% most deprived areas of the ICS. The proposal is to provide **Tier 3 weight management services** to approx. 1000 patients that meet the agreed minimum standards targeting patients living in the 20% most deprived areas within NENC.

To support the above programme, Sunderland City Council offer a weight management programme that focuses on healthy lifestyle and increasing physical activity levels, not just weight loss/ reduced BMI. The programme is self-referral and available to resident, aged 18 and over with a BMI of 30 plus. Face to face appointments are delivered from community venues rather than just Leisure Facilities, that will help provide service users with wider information on health and wellbeing offers in the area.

- 4.12 The place-based governance arrangements in Sunderland will be via the three Delivery Boards (Starting, Living and Ageing Well), with oversight via the Living Well Delivery Board.

## **5. Recommendations:**

The Board is recommended to:

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

**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;
- ii. provide a summary of key points discussed at their recent meetings; and
- iii. update on the allocation of Healthy City Plan Grant funding.

**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 All three delivery boards continue to meet on a quarterly basis, with the most recent meetings held in February 2023. The delivery boards will hold additional workshops and development sessions subject to their business needs.

**3.0 Update from the Starting Well Delivery Board – met 9 February 2023**

**3.1 Family Hubs**

It has been confirmed that Sunderland is one of the 75 eligible areas that are part of the Family Hubs Network. In addition, following a competitive bidding process Sunderland is one of 14 areas that has trailblazer status, other areas in the North-East are County Durham and Northumberland.

The Family Hubs aim to improve health and education outcomes for babies, children and their families. They will bring together services for families with children aged 0 to 19 years or 25 years for those with special educational needs and disabilities (SEND).

Trailblazers will lead the way in delivering the programme, making the fastest and most ambitious improvements to services for families; and share learning and best practice with other areas, including those not receiving programme funding. Sunderland has been awarded the additional funding in year one of the programme to improve services in perinatal mental health and parent-infant relationships, infant feeding and parenting support services.

A lot of work is underway locally: creating a new family hub in the east of the city; consultation groups; building working relationships; training; and progressing the delivery plan. There is significant work to do, including delivering financial commitments within 2022/23.

Family Hubs will remain a standard agenda item for the delivery board and a more detailed discussion will be held with partners in 3-4 months to consider how the agenda is progressing.

### **3.2 Draft ICB Place Plan**

See separate agenda item. This agenda item was discussed at the three delivery boards.

Discussion at the Starting Well Delivery Board reflected on whether reference could be made to school readiness and speech and language, particularly post Covid-19; the need for early identification and diagnostic pathways; and public health prevention and maternity.

### **3.3 Sunderland Social Prescribing Model**

This agenda item was discussed at the three delivery boards.

Sunderland has agreed a place-based approach to social prescribing, enabling a more systematic response to non-clinical health needs that prevent and/or support wider aspects of care. The approach harnesses the resources at place to create new system-level capabilities that make best use of local assets. The presentation included an overview of the four workstreams (identify; standards; digital offer; and research and evaluation).

Discussion at the Starting Well Delivery Board included how the VCS can be supported to develop and grow. Specific discussion in relation to children and young people reflected on the role of children and young people in supporting the social prescribing offer, as well as what difference the social prescribing offer will make to children and young people.

### 3.4 **Draft Financial Wellbeing Strategy**

This agenda item was discussed at the three delivery boards.

The strategy is for all ages and is aligned to the Healthy City Plan. The strategy looks to both respond to the current cost-of-living crisis and seeks to build longer-term resident resilience.

Discussion at the Starting Well Delivery Board reflected on how the Cost-of-Living Crisis Project Team is working effectively with Together for Children Early Help to ensure work around Family Hubs, Community Hubs (formerly referred to as Warm Spaces), Social Prescribing and Cost-of-Living, complement rather than duplicate anything.

### 3.5 **Additional discussion items**

**Healthy City Plan (HCP) Grant proposals** – The Delivery Board considered two requests for Healthy City Plan Grant (see section 7 of this report). The requests for funding were supported by the Delivery Board.

**Joint Targeted Area Inspection (JTAI) feedback** - Partners will be invited to a partnership learning and planning session mid-March from a very comprehensive inspection.

**Maternal Mental Health Service evaluation** – a presentation provided an overview of the evaluation of the Maternal Mental Health Service (MMHS). STSFT were successful in a bid to become a fast follower site, the chosen model is to have psychology integrated within maternity services in order to offer a service to women who have had psychological difficulties. This is a service that sits alongside the perinatal service but offers a different focus around difficulties that are very specific to maternity care. The Delivery Board acknowledged the high demand for MMHS and welcomed an update on completion of the next phase of the evaluation project.

**Prevention Bus** – a report highlighted the first year of the Prevention Bus which was launched in October 2021. The bus was launched in response to feedback from children, young people, families and partners to enable preventative services to have more of a community presence and to support our partnership vision to help families at the earliest opportunity. The service has massively evolved since 2021 with the team being very visible and much wider than Together for Children – taking a partnership approach with colleagues from health and the Voluntary and Community Sector (VCS). The offer will be part of the wider Family Hub offer.

### 3.6 **Forward plan**

The Delivery Board has a detailed forward plan. Family Hubs are a standard agenda item. Future agenda items include maternity key priorities; breastfeeding initiation and UNICEF accreditation; Children and Young People's JSNA; and responding to the JTAI inspection feedback.

### **3.7 Key issues**

The Delivery Board remains focused on Covid recovery, 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 will 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 15 February 2023**

### **4.1 Draft ICB Place Plan**

See separate agenda item. This agenda item was discussed at the three delivery boards.

Discussion reflected on how we appropriately link this plan to the Healthy City Plan (our over-arching place based health and wellbeing strategy) – the ICB place plan is an additional place plan that we have been asked to develop by the ICB. This ICB plan needs to dovetail and become a sub-set of the Healthy City Plan.

There was reflection on the insurmountable amount of lost learning during the Covid-19 pandemic and the longer-term impact of this on health, mental wellbeing, homelessness and many other factors. It was agreed to present the plan to the business community and link with wider partners who will be able to support delivery.

### **4.2 Sunderland Social Prescribing Model**

This agenda item was discussed at the three delivery boards (see Starting Well Delivery Board update for context).

Discussion at the Living Well Delivery Board reflected on the benefits of social prescribing. From a Genu perspective there are often wider issues beyond housing that are troubling tenants and people who are really struggling financially. Tenants turning off heating in their homes leads to damp and mould with potential health implications. It was acknowledged that social prescribing shouldn't be seen as a medical alternative, but instead the model should seek to divert people from going to the GP for non-medical matters.

The Active Sunderland Board (ASB) partners can play a key role, helping to ensure physical activity is embedded in the model. There was an offer of support from the ASB to help communicate the physical activity to GPs and others. There was acknowledgement that establishing a digital platform where



all information is available in one place will help GPs and others to refer into services.

There was support for Healthy City Plan Grant being focused in developing social prescribing. Individual proposals would need to come forward to the relevant delivery board.

#### 4.3 **Draft Financial Wellbeing Strategy**

This agenda item was discussed at the three delivery boards.

Discussion at the Living Well Delivery Board reflected on the need for both short and longer-term action to be considered through a financial wellbeing lens. There was acknowledgement that social prescribing and capacity building of the VCS needs to be at the heart of the plan.

The Delivery Board discussed the college's perception of young people accessing vaping at a very young age, often paying for vapes rather than eating during the day. The insights from schools and the college will be shared with Change Grow Live and appropriate links made with student support services.

There was acknowledgement that not everyone in need will be accessing the Community Hubs, and it would be helpful to get insights from a range of places including Public Health commissioned service providers, as well as schools and the college.

The impact on available household income to support young people going to university is huge, and we therefore need to consider financial advice and support for young people and their families within this context.

There was agreement to sense check actions in the Health Inequalities Action Plan with this strategy and ensure proposed actions are considered through a financial wellbeing lens. Completion of the council's Integrated Impact Assessment will prompt financial and wider inequality considerations.

#### 4.4 **Update on Community Led Local Development (CLLD) grant activity to support residents into work**

A presentation was received on the VCS grants scheme which is a three phased project (1) Warm Space building costs (2) Positive steps 1-2-1 wrap around support designed to support residents to move through crisis into employment (3) Growing the social prescribing offer in the city. The presentation focused on phase two and how people with multiple, complex and diverse needs have been supported to address the circumstances which prevent them from making positive steps towards or into employment. The project has covered a range of costs with support designed around the individual, this has included, but is not limited to, providing dedicated time of a key contact, counselling services, essential clothing/personal care, employment support, short-term minor debt, education courses, support for

substance misuse, training and mediation. Learning from these projects will help to inform the wider Healthy City Plan priority of “creating fair employment and good work for all.”

**4.5 Healthy City Plan (HCP) Grant proposals** - The Delivery Board considered a request for Healthy City Plan Grant (see section 7 of this report). The request for funding was supported by the Delivery Board.

#### **4.6 Forward Plan**

The Delivery Board has a detailed forward plan. Proposed agenda items for the next meeting include: an update on low carbon activity that supports health and wellbeing; Adult Mental Health Strategy update; Sunderland Reducing Inequalities Delivery Group update; and skills and employment.

In addition, the Delivery Board will be asked to support a bid from Sunderland to the National Institute for Health and Care Research (NIHR) for a Health Determinants Research Collaborative (HDRC). The closing date for proposals is 18 April 2023. The value of each HDRC contract is likely to be up to £5 million over 5 years.

#### **4.7 Key issues**

The issues of improving health and reducing health inequalities require a partnership approach as demonstrated in ongoing delivery board discussions. 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 we can take equitable approaches to delivering our services to ensure we strive to reduce health inequalities.

### **5.0 Update from the Ageing Well Delivery Board – met 14 February 2023**

#### **5.1 Draft ICB Place Plan**

See separate agenda item.

Discussion at the Ageing Well Delivery Board included the 50-64 year old demographics and the relationship with prevention, population health management and tackling health inequalities. There was acknowledgement of the importance of appropriately describing the objectives, with the delivery board supportive of the reference to ‘ageing well and healthy ageing.’ The city is looking at housing within the context of prevention and supporting people to live well and live independently in their own homes, including the use of technology and collaborative work for ‘homes to be healthier for all.’

#### **5.2 Sunderland Social Prescribing Model**

This agenda item was discussed at the three delivery boards (see Starting Well Delivery Board update for context).

The Board acknowledged that there is already some great social prescribing work in the city, including on falls prevention and ageing well. We're now building the programme, supporting the VCS to build capacity and ensure we can respond to community needs as a city system.

It was agreed to have a conversation on how the model and wider services are aligned, including the links to strength and balance activity/falls prevention work, reducing social isolation programme, the adult social care single point of contact approach and the acute health sector. Those working on developing the model are keen to ensure a coordinated and inclusive model for the city.

### **5.3 Draft Financial Wellbeing Strategy**

This agenda item was discussed at the three delivery boards.

Understanding the lived experience will inform the way services are delivered and should inform a wider range of services and transformation programmes, including the wider social prescribing offer. The current sixty-seven Warm Spaces have a key role to play in helping to understand lived experience and how services are provided, across multiple partners, within communities in the future. The Ageing Well Ambassadors (115 at present) have a key role to play in helping to cascade key messages to other older residents.

### **5.4 Pension Credit Campaign**

The awareness raising campaign encourages people to check whether they are entitled to Pension Credit which tops up weekly income to a guaranteed minimum level of £182.60 a week for single pensioners or £278.70 for couples. The council is keen to work with more partners to promote pension credit in the city. The passported benefit gives claimants access to a range of other financial support. The Ageing Well Ambassadors are helping to cascade the messages locally, but there are many other opportunities including reaching the children of the retired through Sunderland Workplace Health Alliance and Sunderland BID, for example.

### **5.5 Ageing Well Ambassadors – Year one report**

The Ageing Well Ambassadors have been in place a year, and the report reflects the progress made in this first year. Initially 20 Ageing Well Ambassadors were recruited, we now have 115. These volunteers are adults of any age who take action to help raise awareness and spread age friendly message to others. They are people from organisations, businesses or communities who want to help make Sunderland an Age Friendly city. The ambassadors are acting as the voice of Sunderland's older residents, informing services and investment in the city to ensure residents of all ages lead fulfilling lives. The ambassador programme wants to continue to grow and is particularly keen to recruit more men and people from the Coalfields, both of which are under-represented. All ambassadors are invited to an event with the mayor, providing the opportunity to say thank you for their support.

## 5.6 Additional discussion items

**Warm spaces (now known as Community Hubs)** - Discussed earlier in the meeting the vital contribution the 67 warm spaces have played over the Winter. It has been important to ensure the VCS are supported to cover their costs, including staffing and volunteer costs. The warm spaces are funded until the end of April. It is hoped the busiest warm spaces will receive further funding and the Council is working with the VCS Alliance to support the VCS to increase their capacity, to enable them to secure additional funds from various sustainable sources.

**Homes for Healthy Ageing Test-bed** – The Healthy Ageing Homes and Connected Places Catapult had 7 SME test-beds in Sunderland. We have received national recognition from the catapult for the great work in Sunderland. The challenge back to national colleagues is how to scale up these products and approach the market.

**Housing Digital Innovation Awards** - Valiant Close (bungalow scheme linked to day centre) has won a national award, being named the Best Housing, Regeneration or New Build Initiatives at the Association for Public Services Excellence (APSE) awards. An additional award has been received for the Most Innovative Housing Provider and Most Innovative Support or Care Service, recognising the trailblazing work to embed digital technology into homes.

## 5.7 Forward Plan

The Delivery Board has a detailed partnership workplan. A meeting is planned to review the Delivery Board priorities and consider whether there are other priorities that need to be on the Board's agenda. The Cost-of-Living Crisis will become a standard agenda item for the Delivery Board.

## 5.8 Key issues

- 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 Health and Wellbeing Board Development Sessions

- 6.1 For the purposes of public record the Health and Wellbeing Board hasn't held development sessions since the last assurance report.

## 7.0 Healthy City Plan Grant

### Background

- 7.1 Health and Wellbeing Board members will recall that there is £1.75m grant available to support the delivery of the Healthy City Plan. [£50k of this resource has been earmarked for behavioural insights work, health equity audits and other activity to inform the key priorities and work streams within the Healthy City Plan].
- 7.2 All proposals for the Healthy City Plan Grant must seek the support of the relevant Delivery Board prior to submitting the Application Request Form.
- 7.3 The following criteria are applied when considering approvals of proposed activity:
- activity aiming to deliver the largest sustainable gains against performance indicators set out in the Healthy City Plan;
  - activity targeted at those communities facing the highest levels of deprivation or health inequality across the city; and
  - activity targeted at population groups most impacted during the COVID-19 pandemic from a health and wellbeing perspective.
- 7.4 Activity should also support the Healthy City Plan's shared values and behaviours, these being:
- **Focusing on prevention** – helping people to stay healthy, happy and independent.
  - **Tackling health inequalities** – challenging and taking action to address the inequalities and social determinants of health.
  - **Equity** – ensuing fairness in access to services dependent on need
  - **Building on community assets** – recognising individual and community strengths that can be built upon to support good health and independence
  - **Working collaboratively** – everyone playing their part, sharing responsibility and working alongside communities and individuals.
  - **Being led by intelligence** – using data and intelligence to shape responses.

### Governance

- 7.5 There is no requirement to allocate and spend monies in year, but the Delivery Boards are encouraged to bring proposals forward to their meetings. The Chair of the Health and Wellbeing Board, the Executive Director of Health, Housing and Communities and Director of Place (Sunderland) have collectively been given the delegation from the Health and Wellbeing Board to consensually agree the allocation of the grant to schemes. They will meet on a quarterly basis after each cycle of Delivery Boards to consider proposals to take-up the Healthy City Plan Grant.

7.6 The relevant Delivery Board is responsible for ensuring the resource is spent in line with the agreed proposal.

7.7 'For information' reporting will be provided to the Health and Wellbeing Board with regards the deployment of this resource to individual activity and the outcomes achieved as a result of the grant allocation.

### Grant proposals

7.8 The following requests for Healthy City Plan Grant have been approved, some subject to additional conditions:

### Starting Well Projects

Approved	Project Name	Project Summary	Amount Approved
February 2023	PlayZones	The design, build and activation plan of five PlayZones across the city.  The initial pilot location has been identified within Southwick ward. The remaining four locations are yet to be determined but will focus on specific wards with the intention to have a PlayZone in each locality of the city.	£200,000
February 2023	Thompson Park Interactive Play	Purchase, installation and ongoing maintenance for 5 years of interactive play equipment at Thompson Park.	£55,527
	<b>TOTAL</b>		<b>£255,527</b>

### Living Well Projects

Approved	Project Name	Project Summary	Amount Approved
November 2022	Elemore Park	To enable the Elemore Trust to deliver the ongoing management and maintenance of the newly refurbished Elemore Park for a period of 3 years, to improve health and wellbeing outcomes for residents.	£240,000*
November 2022	Physical Activity Opportunities	To support the continued delivery of multiple projects aimed at a range of target groups to increase physical activity through improved and increased pathways into physical activity and sport.	£130,000

December 2022	Tackling Inequalities – Access to Services and Recruitment (STSFT)	Project A - To identify potential inequalities in access to NHS Outpatient appointments.  Project B - Understanding the workforce profile of the Trust and how the workforce could become more representative of the local population by understanding potential barriers/opportunities to recruitment practices.	£94,000
February 2023	Cycling and Walking for Health	Active travel project aimed to reduce the barriers faced by families across Southwick and Redhill ward, enabling access to safe cycling and walking activities/infrastructure, improving health and wellbeing, encouraging sustainable travel and support local community capacity building.	£39,000*
	<b>TOTAL</b>		<b>£503,000</b>

### Ageing Well Projects

Approved	Project Name	Project Summary	Amount Approved
November 2022	Carers Support Offer	To support a range of activities to improve the understanding of the caring role, how to identify a carer and support access to information, advice and services.	£10,000*
November 2022	Sunderland Falls Prevention Programme	Extend the VCS delivered Falls Prevention Programme, Strength and Balance and Education, from January 2023 – January 2025, creating a new call for projects to allow wider coverage across the city.	£200,000*
November 2022	Ageing Well Sunderland Reporters	The project will seek to develop ageing well residents from Sunderland (50+) into community reporters, who produce multimedia news reports that tackle ageism and provide peer-led support for issues that matter to them (e.g., isolation, mental health, memory).	£9,900
	<b>TOTAL</b>		<b>£219,900</b>

\*Funding subject to additional conditions

## **8.0 Recommendations**

8.1 The Health and Wellbeing Board is recommended to:

- (i) note and comment on the summaries from the recent meetings of the delivery boards;
- (ii) be assured that the work of the Delivery Boards is progressing in line with their agreed terms of reference; and
- (iii) note the projects that have been allocated Healthy City Plan grant.



**SUNDERLAND HEALTH AND WELLBEING BOARD**

17 March 2023

**COVID-19 AND FLU 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 on the Covid-19 and flu situation in Sunderland.

**2.0 Background**

- 2.1 This is a summary of the outturn positions for the autumn/winter Covid-19 and flu campaigns and current Covid-19 prevalence data. This includes 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. Care home testing guidance states that asymptomatic testing is not routinely encouraged for staff and residents at this particular time. Some staff without Covid-19 symptoms may be asked to undertake testing as part of rapid response testing for care homes or as part of outbreak testing in care homes. Guidance for those working in the NHS and NHS commissioned services is that routine asymptomatic testing for patient-facing healthcare staff should only continue where local healthcare organisations have sought appropriate advice to undertake this testing as part of broader infection prevention and control measures, for example to asymptotically test staff who may be in close contact with patients who are at higher risk of serious illness from Covid-19. Appropriate advice should be sought from Medical Directors, Nursing Directors or Infection Prevention and Control teams.
- 3.2 It was agreed by the Board in July 2022 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 autumn Covid-19 booster campaign ended on 12<sup>th</sup> February 2023. Planning is due to commence shortly for the spring booster. This is expected to be available in care homes from 3<sup>rd</sup> April and wider from 17<sup>th</sup> April. Systems, including NHS colleagues, are being asked to plan to vaccinate the groups who were eligible last spring. This will include adults aged 75 years and over, residents in a care home for older adults, and individuals aged 5 years and over who are immunosuppressed as defined in the Green Book. NHS colleagues are awaiting publication of planning documents for the spring

booster programme and work is continuing with community hubs to gather further insights regarding uptake of the vaccination offer, which will help to inform delivery of the spring booster programme. Public health advice on the council website is kept under review.

- 3.4 At the time of writing (3<sup>rd</sup> March), the latest available ONS weekly estimated prevalence of Covid-19 is for the week ending 21<sup>st</sup> February. The prevalence has risen to 1 in 30 in the North East and the national figure is 1 in 45.
- 3.5 Confirmed specimens show that the Omicron sub-lineages (predominantly CH1.1) are the most common variants (at 23<sup>rd</sup> February 2023).
- 3.6 The autumn/winter Covid-19 vaccination outturn position for key Joint Committee on Vaccination and Immunisation (JCVI) groups is shown below:

JCVI Group	Sunderland (% uptake)	North East and North Cumbria (% uptake)
Care home residents	76	86.1
Frontline Healthcare workers	43.9	50.1
Social care workers	39.1	43.2
Aged 80 +	82.6	87.6
Aged 75-79	83.2	87.5
Aged 70-74	82.1	85.8
Aged 65-69	76.3	80.5
Adults at risk	41.8	45.5
Children at risk (12-15)	20.5	17
12-17 household contacts of immunosuppressed	6.4	6.1
Children at risk (5-11)	34.7	29.5
Aged 60-64	59.1	66.5
Aged 55-59	47.7	54.6
Aged 50-54	38.1	43.9

- 3.7 Modelling data from UCL suggests the next Covid-19 peak is anticipated in late March 2023. Population immunity should remain at 95%, which means Covid-19 may continue to be endemic, however with seasonal fluctuations.
- 3.8 The outturn position from Primary Care Network flu reporting data as at 26<sup>th</sup> January 2023 shows how uptake of the flu campaign in Sunderland compared to the North East and North Cumbria (NENC). Data available for key cohort groups shows that:
- In Sunderland 79.9% of those aged 65 and over have received a flu vaccination this autumn/winter compared to 81.6% for NENC.
  - Sunderland has the joint lowest uptake of flu vaccination amongst health and social care workers in the region at 46.9% compared to 51.5% for NENC.
  - 81.9% of care home residents in Sunderland received a flu vaccination, which was the same as the average figure for NENC.

- 3.9 At the Health Protection Board meeting on 26<sup>th</sup> January it was agreed that a 'task and finish group' would be convened to focus on vaccine uptake in healthcare workers and support planning for the next winter vaccination programme.
- 3.10 The North East and North Cumbria ICB has provided funding to support improvement in healthcare inequalities in vaccination programmes, including an allocation of funding for Local Authorities, which equates to £32,193 in Sunderland. Part of this funding will be used to undertake behavioural insights with health and social care workers, for the purpose of increasing vaccine uptake in the next winter vaccination programme.

#### **4.0 Recommendation**

- 4.1 The Health and Wellbeing Board is recommended to receive the update on the Covid-19 and flu situation in Sunderland.



**SUNDERLAND HEALTH AND WELLBEING BOARD**

**17 March 2023**

**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.



## Sunderland Health and Wellbeing Board – Forward Plan

(Note: subject to change. Last updated 3.3.23)

<p style="text-align: center;"><b>JUNE 2023</b></p> <p><b>Public Meeting – 22 June (provisional date)</b></p> <ul style="list-style-type: none"> <li>• Director of Public Health Annual Report</li> <li>• Healthy City Plan – 6 monthly performance report</li> <li>• ICS and Place-based arrangements <ul style="list-style-type: none"> <li>○ ICS Joint 5 year Forward Plan, incorporating Sunderland Place Plan (final)</li> </ul> </li> <li>• Falls prevention</li> <li>• Delivery Boards Assurance, including update on Healthy City Plan Grant</li> <li>• Covid-19 update (for info)</li> </ul>	<p style="text-align: center;"><b>SEPTEMBER 2023</b></p> <p><b>Public Meeting – 28 September (provisional date)</b></p> <ul style="list-style-type: none"> <li>• JSNA refresh</li> <li>• Health Protection Assurance</li> <li>• Winter vaccination programme</li> <li>• Winter planning</li> <li>• SSAB Annual Report</li> <li>• Better Care Fund</li> <li>• Sunderland Health Watch Annual Report</li> <li>• Place Committee Assurance</li> <li>• Path to Excellence (TBC)</li> <li>• Delivery Boards Assurance, including update on Healthy City Plan Grant</li> <li>• Covid-19 update (for info)</li> </ul>
<p style="text-align: center;"><b>DECEMBER 2023</b></p> <p><b>Public Meeting – 7 December (provisional date)</b></p> <ul style="list-style-type: none"> <li>• SSCP Annual Report</li> <li>• Better Care Fund – sign off of section 75 agreement</li> <li>• Healthy City Plan – 6 monthly performance report</li> <li>• Place Committee Assurance</li> <li>• Delivery Boards Assurance, including update on Healthy City Plan Grant</li> <li>• Covid-19 and flu update (for info)</li> </ul>	<p style="text-align: center;"><b>MARCH 2024</b></p> <p><b>Public Meeting – 14 March (provisional date)</b></p> <ul style="list-style-type: none"> <li>• Improving access in General Practice</li> <li>• Place Committee Assurance, including annual review of Joint Forward Plan / Sunderland Place Plan</li> <li>• Delivery Boards Assurance, including update on Healthy City Plan Grant and Healthy City Plan Implementation Plan</li> <li>• Covid-19 and flu update (for info)</li> </ul>
<p><b>Additional key dates to note for future Board meetings:</b>  Pharmaceutical needs assessment (PNA) – In place until July 2025.  Improving access in General Practice (previous update March 2023)</p> <p><b>Potential development sessions:</b>  Place joint governance arrangements and what tools are appropriate to provide assurance on respective duties, including the PSED.  Review of Joint Forward Plan / Sunderland Place Plan (draft in December/final in March for annual refresh / significant updates)  Social prescribing  Behavioural insights  Health literacy</p>	

