

## SUNDERLAND HEALTH AND WELLBEING BOARD

### AGENDA

Meeting to be held on Thursday 14 March 2024 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

ITEM	PAGE
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1.	Welcome	
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2.	Apologies for Absence	
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3.	Declarations of Interest	
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4.	Minutes and Action Log of the Meeting of the Board held on 7 December 2023 (attached).	1
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#### ITEMS FOR DECISION AND DISCUSSION

5.	Healthwatch Sunderland: Feedback September 2023 – January 2024	15
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Report of the Vice-Chair of Healthwatch Sunderland (copy attached).

6.	North East and North Cumbria Integrated Care Board Sunderland Report - Improving Access to General Practice	21
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Report of the Director of Delivery for South Tyneside and Sunderland, NENC ICB (attached).

7.	Sunderland Women's Health Hub	29
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Report of the Place Director for South Tyneside and Sunderland, NENC ICB (attached).

**8. Sunderland Place Committee Assurance Update 35**

Report of the Chief Executive, Sunderland City Council (attached).

**9. Health and Wellbeing Delivery Boards Assurance Update 59**

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).

**10. Sunderland Healthy City Plan 2020-2030 Refresh 83**

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

**ITEMS FOR INFORMATION**

**11. Health and Wellbeing Board Forward Plan 85**

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

**12. Dates and Times of Meetings -**

The proposed schedule of meetings for 2024/2025 is as follows, subject to approval at the Annual Meeting of the Council on 15 May 2024: -

Thursday 4 July 2024  
Thursday 3 October 2024  
Thursday 19 December 2024  
Thursday 13 March 2025

All meetings will be held at 12.00pm in the Council Chamber, City Hall.

ELAINE WAUGH  
Assistant Director of Law and Governance

City Hall  
Sunderland

6 March 2024

# SUNDERLAND HEALTH AND WELLBEING BOARD

Thursday 7 December 2023

Meeting held in Council Chamber, City Hall

## MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Linda Williams	-	Sunderland City Council
Councillor Lynn Vera	-	Sunderland City Council
Jill Colbert	-	Chief Executive, Together for Children
Yitka Graham	-	University of Sunderland
Graham King	-	Director of Adult Services, Sunderland City Council
Dr Tracey Lucas	-	North East and North Cumbria ICB
Patrick Melia	-	Chief Executive, Sunderland City Council
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council
Scott Watson	-	North East and North Cumbria ICB
Paul Weddle	-	Healthwatch Sunderland
<b>In Attendance:</b>		
Lisa Jones	-	Assistant Director of Integrated Commissioning, Sunderland City Council
Kaye Chapman	-	Public Health Lead (Health Protection)
Lorraine Hughes	-	Public Health Consultant, Sunderland City Council
Sheila Rundle	-	Senior Public Health Intelligence Analyst, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Gillian Kelly	-	Democratic Services, Sunderland City Council

### HW27. Welcome

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

## **HW28. Apologies**

Apologies for absence were received from Councillor Fiona Miller, Andy Airey, Ken Bremner, Lucy Caplan, Philip Foster, Chief Superintendent Mark Hall and Robin Hudson.

## **HW29. Declarations of Interest**

There were no declarations of interest.

## **HW30. Minutes and Matters Arising**

The minutes of the meeting of the Health and Wellbeing Board held on 28 September 2023 were agreed as a correct record.

Scott Watson referred to the comment he had made regarding social media being used to convey the messages of the Director of Public Health's Annual report. Gerry Taylor advised that she had spoken to Louise Darby, the Communications Officer and noted that she chairs a regional meeting on Public Health communications. Lousie would pick this issue up and contact Scott direct.

Jane Hibberd confirmed that all actions on the log had been completed.

## **HW31. Health Related Behaviour Survey Findings – Academic Year 2022/2023**

The Executive Director of Health, Housing and Communities submitted a report sharing an overview of the findings of the recent Health Related Behaviour Survey conducted in the summer term of 2023 and considering actions in response to the findings.

Lorraine Hughes was in attendance to talk to the report and deliver a presentation. She stated that the survey had been carried out every two years since 2006 and the most recent survey had seen the highest level of participation ever. The survey findings were being publicised as widely as possible and a response to those who had taken part was also being pushed out. The priorities set out in 2021 had been delivered in the main, and the priorities arising from this survey were as follows: -

- Develop a communication toolkit that will support the professional audience, children and young people and parents/carers. Following dissemination of the toolkit feedback would be sought to understand usefulness and inform plans for the next survey.
- Communicate the results and intelligence gathered with relevant groups and through discussion identify key priorities to improve outcomes for children and young people. Some emerging priorities already identified through this process included emotional wellbeing / worries, healthy diet and handwashing for primary school pupils and vaping and bullying for secondary school pupils.

- Gather learning and insights to improve future HRB surveys. Consolidate and synthesise the feedback acquired from various channels, including previous sources and the input collected during the roadshow to inform the development of the 2025 survey.
- Revisit special educational needs survey for 2025. Previously there had not been any special schools participating in the HRBS. In 2023 one school expressed an interest and collaborated with the Council to adopt the survey design but was then not able to undertake the survey during the time period allocated. Further engagement would be sought to understand how participation could be supported in the future.
- To update relevant Joint Strategic Needs Assessments to include the appropriate data.
- Ensure the school health profiles were updated.

Dr Lucas noted that 80% of children said that they wore a bike helmet; if this could be further promoted then it would save lives. Lorraine Hughes commented that this had been picked up at the Children, Education and Skills Scrutiny Committee in relation to bikes and scooters.

Councillor Williams said that it was good to see the growing numbers of respondents to the survey, particularly in secondary schools and that there was a reasonable spread across primary schools taking part in the city. She also suggested that young people attending the Link School and the provision at the Beacon of Light should be asked to take part in the survey.

Dr Lucas asked if it was felt that it would be useful to carry out the survey more frequently and Lorraine advised that the rationale was that the survey was done through a national organisation, in the same way as other local authorities, and this enabled Sunderland to benchmark itself against others.

Gerry Taylor highlighted that Lorraine had mentioned that findings around food were not very positive and there had been a good conversation on this at the Healthy Weight stakeholder group and some actions had been drawn up.

With regard to young people smoking and vaping, the Chair noted that a strong response had been submitted to the consultation on this and she hoped to see positive legislative outcomes as a result.

Having considered the report, it was: -

RESOLVED that: -

- (i) the update and published report on the findings of the health related behaviour survey be received;
- (ii) the key priorities identified be endorsed;
- (iii) the ongoing work of sharing information with key stakeholders to inform and influence our approaches and plans to improve the health and wellbeing of children and young people in Sunderland; and

- (iv) updates on progress in relation to the agreed actions be received via the Starting Well Delivery Board assurance report.

### **HW32. Pharmaceutical Needs Assessment (PNA) Update and Review**

The Executive Director of Health, Housing and Communities submitted a report presenting the findings of the Pharmaceutical Needs Assessment (PNA) Steering Group in relation to community pharmacy provision.

Recent changes to community pharmacy provision in the city, which had included the closure of three pharmacies and a reduction in opening hours of 100 hours pharmacies, had necessitated a review of the provision and assessment of the impact of the changes.

The Executive Director of Health, Housing and Communities and the PNA Steering Group were satisfied that the closures did not leave a significant gap in pharmaceutical services. Sunderland Healthwatch had also determined that the public had no major concerns.

Dr Lucas asked how the changes to pharmacies were communicated as the closures had been a surprise. Scott Watson said that he would take this point away and noted that a communications strategy was being developed around this and also optometry.

Grahm King asked if the closures were following a national trend and Lisa Jones said that this was definitely the case, particularly with the reduction in opening hours.

RESOLVED that: -

- (i) the Health and Wellbeing Board be assured that the Executive Director of Health, Housing and Communities is supported by the PNA Steering Group to fulfil the delegated responsibilities (as referred to in paragraph 3.1(d) of the report); and
- (ii) the findings of the PNA Steering Group be endorsed that:
  - i. the closure of the three pharmacies and reduction in hours does not leave a significant gap in pharmaceutical services across Sunderland; and
  - ii. the existing PNA does not require a supplementary statement.

### **HW33.        Healthy City Plan: Performance Overview**

The Executive Director of Health, Housing and Communities submitted a report which presented the Health and Wellbeing Board with an update on the Healthy City Plan performance framework. The report presented a range of key indicators that had been selected to provide a summary of health and the wider determinants of health for people of all ages in Sunderland. Full details of each indicator were shown within the appendices to the report.

Sheila Rundle outlined the key position, trends and narratives in relation to performance. With regard to Starting Well, indicators had improved for smoking at time of delivery and the proportion of infants being breastfed at 6-8 weeks. There had also been a reduction in teenage conceptions and a short term fall in children living in low income families.

Living Well indicators showed that a larger number of adults were living with overweight or obesity and smoking prevalence had reduced. Sunderland's employment rate was marginally higher than the North East average but below Great Britain's. There had been a small decrease in fuel poverty.

In relation to Ageing Well, dementia diagnosis rates were improving, however under 75 preventable mortality was considerably higher than the England average.

Following consideration of the report it was: -

RESOLVED that: -

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

### **HW34.        Health and Wellbeing Boards Assurance Update**

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

The Delivery Boards continued to meet on a quarterly basis, with the most recent meetings held in November 2023. The delivery boards would hold additional workshops and development sessions subject to their business needs.

Jill Colbert reported that the Starting Well Delivery Board had a really good meeting in November and the group was starting to get into the substance of the work. There had been an excellent presentation from the Good Food Partnership and also on the Health Related Behaviour Survey which helped to understand the lived experience of children and young people.

The group remained concerned about healthy weight and the impact of the pandemic on issues such as communication. Four of the five family hubs were now operating and the fifth hub at Hendon was due to start delivery in December.

The Chair noted that she was pleased to hear about positive outcomes from the Bread and Butter Thing but noted her concerns about the future of the Household Support Fund.

Jill stated that the Holiday Activities and Food Programme was funded through the Department for Education and family hubs had received short term funding but an announcement on future funding was expected soon. A sustainability plan was needed for family hubs and this would be progressed with partners. Jill agreed that there were concerns about the discontinuation of the Household Support Fund and work was ongoing with the Public Health team to support children just above the qualification for free school meals.

Gerry Taylor added that the Financial Wellbeing Strategy would look at the implications of the Household Support Fund and what the Council and its partners needed to do.

The Living Well Board had discussed the refreshed Suicide Prevention Action Plan and noted the contributions from partners across the city. The Board had also received a presentation on community pharmacies and the Health Model Office from Job Centre Plus. Following on from the recent development session, the Board had been discussing how it would move forward to link with new area-based arrangements and a meeting had been arranged with the Chair, Vice-Chair, Scott Watson and Gerry Taylor to look at this.

Graham King reported that the Ageing Well Delivery Board had refreshed its delivery plan following a workshop session in October and had revisited its strategic priorities with input from the Ageing Well Ambassadors. The group was starting to report out on things it had developed including the Falls Strategy and Therapies Care Home Team.

It was noted that temporary funding for some projects was starting to run out and plans would have to be developed on this. There was a strong ambition for Ageing Well Ambassadors to help support the achievement of Dementia Friendly status for the city.

The Chair commented that she supported the ambition for the Ageing Well Ambassadors and placed on record her thanks for all the work they did.



The Board therefore RESOLVED that: -

- (i) the meeting summaries from the recent meetings of the delivery boards be noted;
- (ii) it be assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference;
- (iii) the Board development session be noted for public record and an update on, and recommendations from, the Board review be received at the next meeting in March 2024;
- (iv) potential project proposals for the remaining Healthy City Plan grant be considered; and
- (v) progress updates on the use of the Healthy City Plan Grant be received via the Delivery Boards for the next meeting.

#### **HW35. Sunderland Health Protection Annual Report 2022/2023**

The Executive Director of Health, Housing and Communities submitted a report providing an overview of health protection arrangements and some relevant activity across Sunderland during 2022/2023.

Kaye Chapman delivered a PowerPoint presentation on the report and in doing so explained that the aims of the Health Protection Report 2022/23 were to:

- support the Executive Director of Health, Housing and Communities' statutory remit to provide assurance to the Sunderland Health and Wellbeing Board and Sunderland City Council in relation to health protection of the local population.
- provide an overview of health protection arrangements and some relevant activity across Sunderland during 2022/23.
- outline the local position on health protection issues and priorities.

Sunderland had robust health protection systems in place and health protection functions were shared across a range of organisations, which were overseen by the Sunderland Health Protection Board. The three indicators in the report were uptake of childhood vaccinations, flu and Covid vaccinations and screening programmes.

There continued to be excellent uptake for most childhood vaccinations and most screening programmes had recovered from being paused during the pandemic. Improvements in uptake were needed for the second MMR, some COVID-19 and influenza risk groups, HPV, MenACWY and breast and cervical cancer screening.

There would be a focus on addressing inequalities in groups with lowest uptake and improved access to data was needed to address this.

There was a good relationship between the Health Protection Board and emergency planning and this provided reassurance in system resilience to respond to emergencies. The Health Protection Board had oversight of the health protection system and areas of concern were addressed and challenged such as TB response and areas of low uptake in screening and immunisation.

The following key areas would be a focus for 2023/2024: -

- Continue to ensure that the population of Sunderland were informed about current and emerging threats to health and to provide information and advice to enable people to make informed decisions to protect their own health.
- To prioritise reducing health inequalities in health protection areas such as access to screening and immunisation programmes.
- To work with NHS commissioners and providers and other partners to improve immunisation and screening uptake, with focus on at risk groups and groups with historically low uptake such as pregnant women, health and adult social care staff.
- To build on the collaboration developed over the past year between EPRR and the HPB. To continue to ensure the HPB are engaged and sighted on EPRR work, especially in light of the ever-changing and emerging complex risks and threats.
- To continue to use behavioural insights to direct efforts to improve immunisation and screening uptake, including evaluating the impact of interventions.
- To continue to work with partners to strengthen and develop the systems in place for asylum seekers and refugees so that adequate and appropriate support is available.
- To continue to actively participate in the management of outbreaks and incidents.
- To continue to work with partners to strengthen infection, prevention and control of infectious diseases in care homes and to support partners to protect residents from infectious diseases and environmental hazards.
- To work with partners to ensure that there was resilience in the health protection system including ensuring that the gaps in the TB service were filled and it was able to respond to complex cases and situations.

Councillor Williams commented that it was great to see childhood immunisations and screenings were seeing high take up; she queried if there was an issue with the HPV vaccine.

Kaye stated that there had been some behavioural insight work carried out and parents did not see HPV as a 'normal' childhood vaccine and the team would seek to address that.

Jill Colbert observed that, given the deterioration in school attendance levels, there would inevitably be an impact on take up of vaccines and if a child missed a second dose, this could easily be forgotten.

Lorraine Hughes said that vaccination providers did offer catch-ups, some in school and some in their office but there was a limit on how many times this could be provided. Vaccinations were offered to home educated children but take up for the flu vaccine had been very low. Public Health was linking with the Together for

Children lead on this and it was acknowledged that the school immunisation process needed to push that agenda.

The Chair asked about the gaps in the TB service and Kaye offered reassurance that the gap had now been addressed. Scott Watson added that there had been some resource committed to bolster that service and there was resilience in Sunderland.

RESOLVED that: -

- (i) the report be noted;
- (ii) the Health and Wellbeing Board be assured that Sunderland had a robust health protection system where partner organisations work together to protect the health of the population of Sunderland;
- (iii) the Board be assured that the Executive Director of Health, Housing and Communities will keep health protection arrangements under review and will seek to make improvements as and when necessary; and
- (iv) the health protection forward plan priorities for 2023/2024 as set out in section 14 of the Health Protection Annual Report 2022/2023 be endorsed.

### **HW36. Sunderland Place Committee Assurance Update**

The Chief Executive, Sunderland City Council submitted a report providing assurance to the Health and Wellbeing Board that the Sunderland Place Committee continued to function in a way that supported effective integration of health and care, as set out in the Sunderland Place Plan, Sunderland City Plan and Integrated Care Strategy.

The report set out all the business discussed at the Sunderland Place Committee between October and November 2023 and Lisa Jones highlighted a number of items including the development of a women's health hub, the framework for Place Committee assurance and flexibility in section 75 arrangements.

The Sunderland Place Committee had been the first in the region to go through the place assurance process and feedback had been received this week with no major concerns raised.

The Chair asked if there was more information about the women's health hub and Lisa advised that this was a collaborative piece of work which included the ICB and Healthwatch to address community needs and what women wanted. The hub would have a focus on reproductive health, menopause and mental health.

RESOLVED that: -

- (i) the summaries from the recent Sunderland Place Committee be noted; and
- (ii) the Board be assured that the work of the Sunderland Place Committee was progressing in a manner that supports effective integration of health and care, as set out in the Sunderland Place Plan, Sunderland Healthy City Plan and Integrated Care Strategy (Better Health and Wellbeing for All)

### **HW37. Sunderland Safeguarding Adults Board Annual Report 2022/2023**

It was a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board and Annual Report had been submitted for the consideration of the Health and Wellbeing Board.

The Sunderland Safeguarding Adults Board had a five-year rolling delivery plan which was refreshed on an annual basis. The current priorities of the Board were: -

- Prevention
- Local Areas of Risk:
  - Self-Neglect
  - Mental Capacity
  - Homelessness
  - At Risk/Vulnerable/Complex Cases (including Substance Misuse) who don't meet statutory thresholds (via the Complex Adults Risk Management (CARM) process)
  - Domestic Abuse (supporting the work of the lead body, Sunderland Domestic Abuse Board)
  - Suicide Prevention (supporting the work of the lead bodies, Sunderland City Council's Public Health Team and the Suicide Prevention Action Group)

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

The report highlighted significant progress against the strategic priorities through the work of the Sunderland Safeguarding Adults Board and its sub-committees. The report particularly emphasised the individual/service user experiences and used good practice case studies to illustrate the positive outcomes that had been obtained for a number of people who were either supported through the safeguarding adults enquiry process, or who benefited from 'lower-level keeping safe' preventative activity, advice and support to safeguard them and aid them to live safe and independent lives of their choosing.

The future direction of travel for the Board was set out with regard to closely monitoring the impact of the Cost of Living Crisis, progressing the Safeguarding Adults Review process regarding a complex case and publishing the learning from this case and continuing to build on the excellent partnership already established. In addition, a range of work would focus on the key priorities of Prevention, Self-Neglect, Mental Capacity and Homelessness, the Complex Adults Risk Management

(CARM) process, domestic abuse, and suicide prevention would continue to be taken forward.

RESOLVED that the content of the Safeguarding Adults Board Annual Report 2022/2023 be noted.

### **HW38. 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 Policy Manager.

RESOLVED that the Forward Plan be received for information.

### **HW39. Dates and Times of Future Meetings**

The next meeting would take place on Thursday 14 March 2024 at 12.00pm

The meeting would take place in the Council Chamber, City Hall, Sunderland.

Prior to the close of the meeting, the Chair informed Board Members that Lorraine Hughes would shortly be leaving Sunderland to take up the role of Director of Public Health at Darlington Borough Council. The Chair thanked Lorraine for her contribution to the Health and Wellbeing Board and wished her well for the future.

(Signed) K CHEQUER  
Chair



HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
<b>07/12/23</b>				
HW31/1.	Link to Health Related Behaviour Survey to be circulated to Board Members	Jane Hibberd	December 2023	Action complete
HW31/2.	Progress updates in relation to agreed actions to be received via the Starting Well Delivery Board	Jane Hibberd	December 2023	Added to the Starting Well Delivery Board forward plan. Updates to be received via the Delivery Board Assurance Report.  Propose action is closed.
HW32.	Interim communications to be issued to GP practices regarding pharmacy closures	Scott Watson	December 2023	Action complete





**SUNDERLAND HEALTH AND WELLBEING BOARD**

**14 March 2024**

**HEALTHWATCH SUNDERLAND: Feedback September 2023 – January 2024**

**Report of the Vice Chair of Healthwatch Sunderland**

**1.0 Purpose of the report**

- 1.1 The purpose of the report is to provide the Board with an overview of general feedback received by Healthwatch Sunderland during the period September 2023 to January 2024.

**2.0 Background**

- 2.1 Local Healthwatch organisations are a statutory service commissioned by local authorities as part of the Health and Social Care Act 2012. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.
- 2.2 Healthwatch Sunderland independently champions for people who use health and social care services in the city. They engage with individuals and communities to find out what matters to them and help make sure their views shape the support they need.
- 2.3 During the November 2023 Health and Wellbeing Board development session it was recognised that the information held by Healthwatch Sunderland may be useful to 'sense check' what the experiences of the local population are within health and social care.

**3.0 Information Overview**

- 3.1 The report provides an overview of the positive and negative themes received during the time period. It highlights which areas within health and social care comments have been received by the population. This is the first time this type of report has been presented and Healthwatch welcome any comments from the Board on its content and usefulness.

**4.0 Published reports within this reporting period**

- 4.1 Healthwatch Sunderland has also published three reports:
- Podiatry Services 2023
  - Sunderland Royal Hospital – Nutrition and Hydration patient feedback
  - Sunderland Royal Hospital TOPIC wards patient feedback

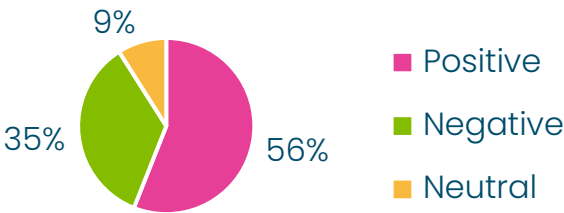
## **5.0 Recommendation**

- 5.1 The Health and Wellbeing Board is recommended to note and comment on the content of the Healthwatch Sunderland feedback report.

## What we have heard from September 2023 – January 2024

### Feedback

At Healthwatch Sunderland, we collect general feedback from local people on their experiences of health and social care services in various ways. This includes at community events and meetings we attend and host, via our contact us forms found on our website or by phone and email.



**793 People** shared their experiences of health and social care services with us between September and January. 56% of all feedback received was positive and 35% was negative.

### Positive feedback

	Count	Percent
Care homes	312	70%
Community based services	9	2%
Dentists	1	0%
Domiciliary care	1	0%
GP	83	19%
Hospital	31	7%
Mental health	3	1%
Pharmacy	2	0%
Health Centre	2	0%
TOTAL	444	100%

### Common themes we identified

We received total of 444 pieces of positive feedback, as seen above most of this feedback (70%), related to care homes (this is linked to a specific piece of work we carried out engaging with care homes), followed by feedback on GPs (19%) and Sunderland Royal Hospital (7%).

- Care homes – Positive comments related in the main to activity provision, access to health professional, accommodating cultural needs, good knowledge of residents needs and staff having time and skills to do their role.
- GP – positive feedback on GP’s mostly related to the treatment received and/or staff who treat them with care and respect.
- Hospital – following several feedback sessions our Youthwatch hosted in the Niall Quinn Centre we received several positive bits of feedback relating to the care patients received within this department.

## What we have heard from September 2023 – January 2024

### Negative feedback

	Count	Percent
Care homes	54	20%
Community based services	3	1%
Dentists	62	23%
GP	70	25%
Hospital	49	19%
Mental health	9	3%
Pharmacy	2	0%
Social care	1	0%
111 service	20	7%
Opticians	3	1%
Health Centre	2	1%
<b>TOTAL</b>	<b>275</b>	<b>100%</b>

### Common themes we identified

We received total of 275 pieces of negative feedback, as seen above most of this feedback related to feedback on GP's (25%), Dentists (23%) care homes (20%) or Sunderland Royal Hospital (19%).

- SRH – the negative feedback received related to many areas/departments in the hospital with common themes relating to issues with care and lack of communication.
- Dentist – much of the negative feedback related to the lack of available NHS dentists.
- Cares homes – feedback related to staff not having the time or skills to do their job, lack of activity provision and family/friends not being aware of who the manager is should they need them.
- GP's – negative feedback on GP mainly related to long waits on telephone systems and limited available appointments.

### Signposting

If people are struggling to find the right information or support related to health and social care, we can help. We support people by signposting them to the best place to go for help and support and how to make a complaint.

**173** people came to us for clear advice and information during September and January.

The main areas people were signposted to were:

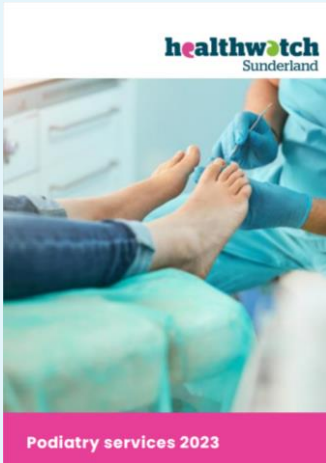
- 21% – NHS dental services helpline and/or other dental support
- 21% – NHS 111
- 15% – Together in a crisis
- 7% – How to make a complaint
- 35% – Other



## Our research projects

During this period, we have also published 3 detailed reports. An outline of these reports and the main findings are given below;

### • Podiatry services 2023



This report highlights patient feedback we collected from 67 patients on the proposed changes to NHS podiatry services across Sunderland.

Healthwatch Sunderland collected this feedback in support of the podiatry services review, which is being undertaken by North East and North Cumbria Integrated Care Board (NENC ICB), who commission NHS podiatry services.

Following the publication of our report we received a positive response from ICB which outlined how the feedback collated has resulted in a new set of proposals for the service that will better fit the needs of those patients using it now and in the future.

### • Sunderland Royal Hospital – Nutrition and hydration patient feedback



This report covers the findings from our visits to Sunderland Royal looking specifically at food and drink on a selection of wards

The Trust asked Healthwatch South Tyneside and Healthwatch Sunderland to support the work, by obtaining patient feedback to provide valuable information that could aid the development of improvements of both nutrition and hydration and overall mealtime experiences for patients.

### • Sunderland Royal Hospital TOPIC wards patient feedback



This report covers our findings from our visits to the 6 older people's wards at the Sunderland Royal hospital.

The Trust asked Healthwatch South Tyneside and Healthwatch Sunderland to support the TOPIC programme by obtaining patient, family and carer and staff feedback to provide valuable information that could aid the development of improvement initiatives in older people's care.



**SUNDERLAND HEALTH AND WELLBEING BOARD**

**14 March 2024**

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

**Report of NENC ICB – Director of Delivery for South Tyneside and Sunderland**

**1.0 Purpose of the report**

- 1.1** In March 2023, NENC ICB presented a report to the Sunderland Health and Wellbeing Board detailing the work that had been undertaken within the ICB primary care team to improve access to general practice in Sunderland.
- 1.2** The purpose of this report is to provide an update to the Board on the initiatives undertaken to support improved access and specifically how the Primary Care Access Recovery Plan (PCARP) is being implemented within Sunderland.

**2.0 Primary Care Access Recovery Plan**

- 2.1** On 9<sup>th</sup> May 2023 NHSE published the 'Delivery Plan for Recovering Access to Primary Care'<sup>1</sup> also known as the Primary Care Access Recovery Plan or PCARP. It recognises the change in landscape following the pandemic in which the increase in practice capacity needs to keep pace with growing demand.
- 2.2** The plan sits alongside the delivery plans for recovery of both elective and urgent and emergency care services and supports the Fuller stock take. It has two overall key ambitions:
1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
  2. For patients to know on the day they contact their practice how their request will be managed.

To support these ambitions the plan is divided into four key delivery areas depicted below:

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<sup>1</sup> <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

Empowering Patients	Modern General Practice Access	Building Capacity	Cutting Bureaucracy
<ul style="list-style-type: none"> <li>• Improving Information and NHS App functionality</li> <li>• Increasing self-directed care</li> <li>• Expanding Community pharmacy services</li> </ul>	<ul style="list-style-type: none"> <li>• Better digital telephony</li> <li>• Simpler online requests</li> <li>• Faster navigation, assessment and response</li> </ul>	<ul style="list-style-type: none"> <li>• Larger multidisciplinary teams</li> <li>• More new doctors</li> <li>• Retention and return of experienced GPs</li> <li>• Higher priority for primary care in housing developments</li> </ul>	<ul style="list-style-type: none"> <li>• Improving the primary-secondary care interface</li> <li>• Building on the Bureaucracy Busting Concordat</li> </ul>

**2.3** Introduced within the plan are a number of initiatives including the General Practice Improvement Programme (GPIP), Modern General Practice Access Model (MGPA) and Support Level Framework (SLF), as well as other access initiatives such as PCN Capacity and Access Improvement Plans, and Pharmacy First. PCARP is also a key objective within the Sunderland Place Thematic Plan and therefore section 3 of this report explains progress against the plan within Sunderland.

**2.4** It is important to note that the delivery areas and associated actions within the plan are not the sole responsibility of general practice or PCNs. Within the ICB, a systematic and coordinated approach is being taken whereby a regional Primary Care Access Recovery Plan System Oversight Group has been implemented which includes the medical directorate, pharmacy colleagues and enabler colleagues within digital, workforce, estate and finance teams.

### **3.0 Update on Access Initiatives**

#### **3.1 General Practice Improvement Programme**

The General Practice Improvement Programme (GPIP) offers support to practices and PCNs over two years to change and improve how they work.

The programme is in a number of phases and focuses on five key priority areas:

- Understanding and managing demand and capacity.
- Enhancing care navigation and triage processes.
- Improving the experience for patients of telephoning their practice ('the telephony journey').
- Improving the experience for patients of contacting their practice and managing their care online (focusing on practice websites, online consultation tools, messaging systems and appointment booking tools).



- Management of non-patient-facing practice workload.

The Programme offers three levels of support; universal, intermediate and intensive and practices can come forward within any phase of the programme.

Within Sunderland we have three practices undertaking intensive support and three practices receiving intermediate support. Early feedback from the practices taking part is that this is a programme that affords them time to look at their internal systems and make changes to support their operational delivery overall.

### **3.2 Modern General Practice Access Model**

All practices who implement a project to transfer to a Modern General Practice Access Model over the next two years will receive funding support.

The components of the model are:

- Better digital telephony.
- Simpler online requests.
- Faster navigation, assessment and response.

Within Sunderland all practices have cloud-based telephony already but not every practice uses its full functionality. Our digital team are working with practices to understand what further support is needed to implement full telephony functionality.

We have also undertaken care navigation within every practice and are supporting additional training which is being delivered to every member of the practice reception team who require it over the coming months.

### **3.3 The Support Level Framework (SLF)**

The Support Level Framework (SLF) is a tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends. It includes six domains of:

- Supporting access.
- Quality and safety.
- Leadership and culture.
- Stakeholder engagement.
- Workforce
- Indicative data.

Completion of the SLF is designed to be coordinated by the ICB and delivered through a facilitated conversation with members of the practice team. The aim is to agree priorities for improvement and develop an action plan through which to address these areas over the forthcoming year. Co-ownership of the action plan with the ICB enables practices to access the appropriate support

required to progress in these areas. Any gaps in provision of support can be identified for future commissioning plans.

Within Sunderland we have had SLF meetings with 18 of our 38 practice and a further nine meetings are booked. The remaining practices will have those meetings in early 2024/25.

### **3.4 PCN Capacity and Access Improvement Plans**

PCNs are able to access additional funding through the achievement of national indicators as part of an Investment and Impact Fund (IIF). The PCN Directed Enhanced Service (DES) for 23/24 set out a key requirement of the IIF as being associated with a capacity and access payment which requires PCNs to develop and deliver a Capacity and Access Improvement Plan (CAIP).

The CAIP is expected to focus on three key areas of improvement:

- Patient experience of contact.
- Ease of access and demand management.
- Accuracy of recording in appointment books.

PCNs were required to submit their plans and have them agreed by the ICB by 31 July 2023. PCNs, supported by the ICB, are expected to monitor their improvement against their current position with a final assessment of their submitted CAIP at the end of March 2024, which should demonstrate and evidence improvements in access for patients.

Within Sunderland our PCN plans focus on the further development of triage models, improving use of the Friends and Family Test, promotion of the NHS App and other digital tools, improving and reviewing appointment booking systems, improving care navigation within practices and working with Healthwatch to receive patient feedback.

A full assessment of delivery against the plan is to be undertaken in 2024/25.

### **3.5 Pharmacy First**

Pharmacy First launched on 31 January 2024 and involves pharmacists, who sign up to the scheme, being able to provide NHS-funded treatment, where clinically appropriate, for seven common conditions without the need for the patient to see a GP, be referred or have a prescription from the GP. The seven common conditions are:

- Sinusitis.
- Sore throat.
- Acute Otitis Media (ear infection).
- Infected insect bite.
- Impetigo (skin infection).
- Shingles.
- Uncomplicated Urinary Tract Infection.

Patients can self-present to pharmacies who have signed up to the scheme. Within Sunderland all 59 community pharmacies have signed up to deliver the

programme and a national and regional campaign has begun regarding the service. We are awaiting figures from the regional team as to how well the programme is being utilised.

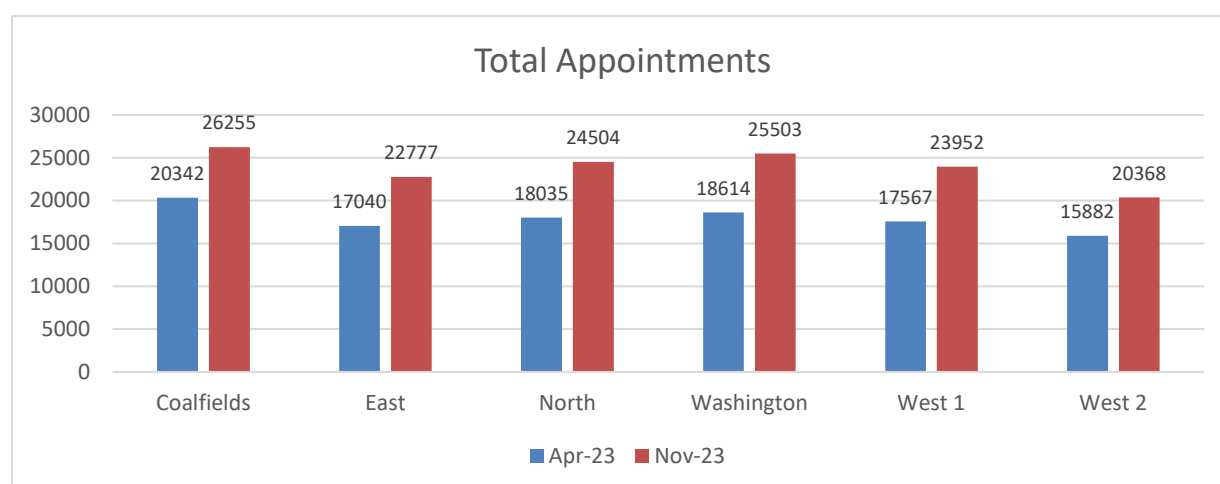
### 3.6 Workforce

From a workforce perspective, we have been working closely with our PCNs to maximise funding available for additional roles and we currently have 154 full-time additional employees within our PCNs. We have a local GP retention programme that supports practices to become training practices (of which we have 21 training practices) and individual GPs to become Level 1, 2 or 3 GP trainers (of which we have 25 trainers). We have a local GP Career Start scheme with 14 GPs currently on the scheme, and a local practice nurse scheme, with 18 nurses on the scheme. These schemes form part of a larger general practice Workforce Plan within Sunderland and work is ongoing to support administration and clerical roles within practices.

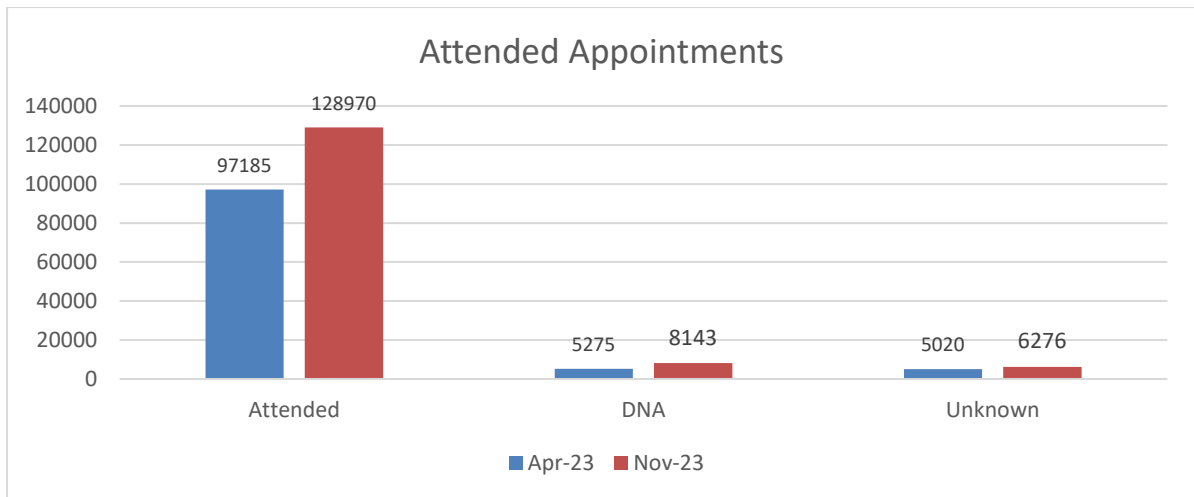
### 4.0 Access Data

From a general access viewpoint, the total number of appointments delivered by general practice in November 2023 (latest validated data) was 143,359. This is a significant increase on data reported in April 2023 which was 107,480.

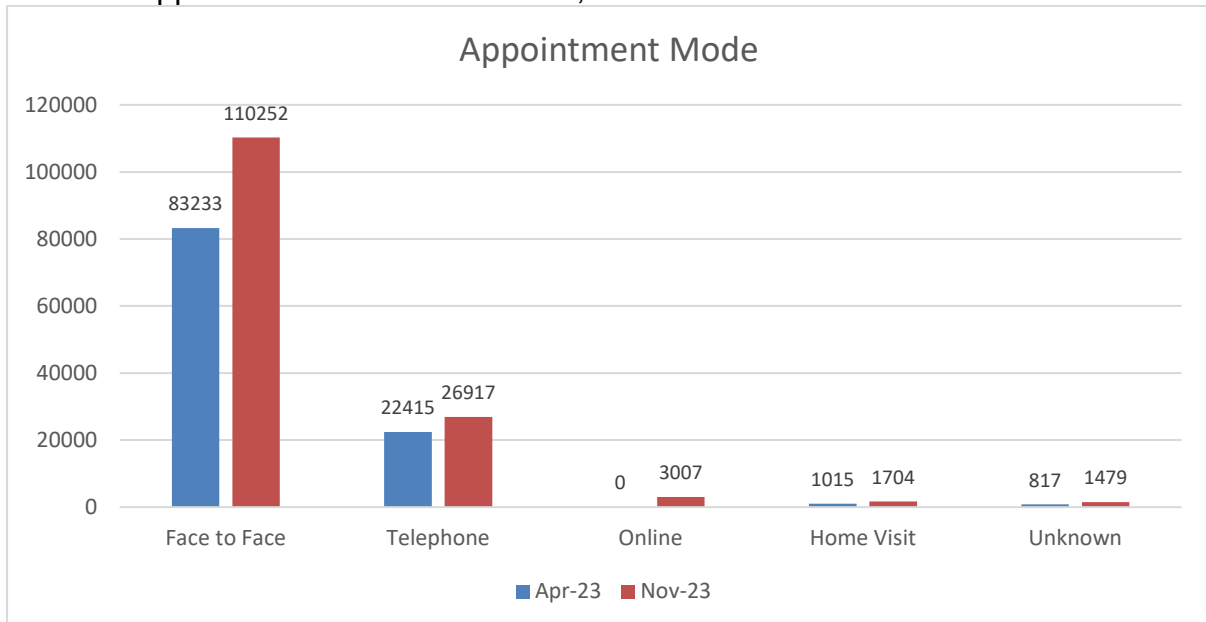
This has been broken down at PCN level in the chart below which shows that the increase is across all PCN areas. It is difficult to attribute the increase to any specific initiative but the following graphs show the difference between data in April 2023 and November 2023 in different cuts.



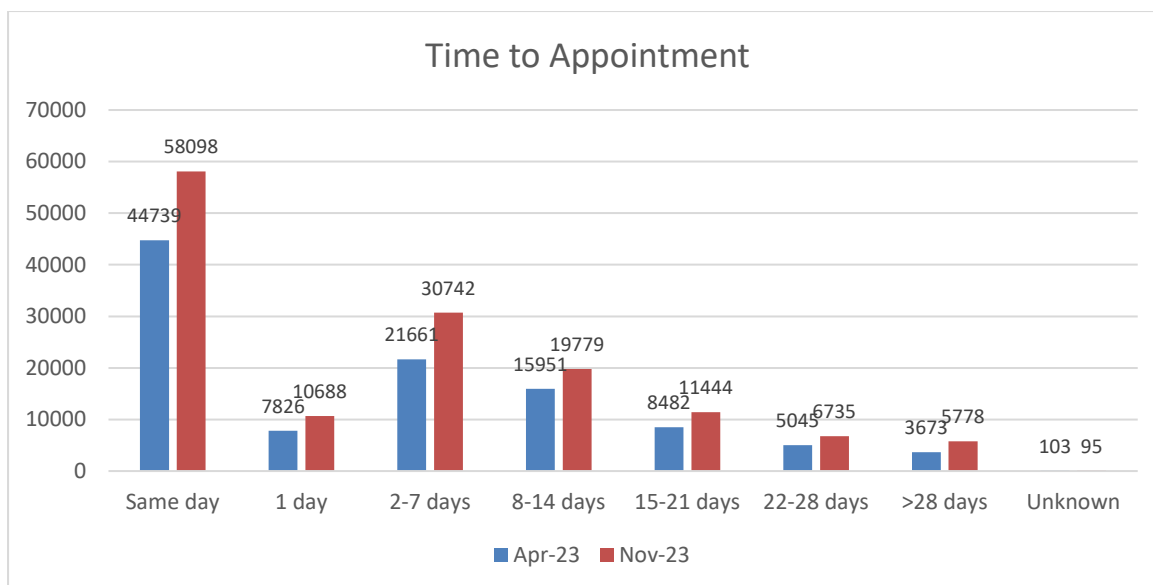
In terms of appointments attended and 'Did Not Attend' figures, these are broken down in the chart below:



On assessing appointment mode, it can be seen that the most common form of appointment is still face to face, as shown below:



Regarding time from booking to receiving appointment, the figures below show that same day appointments continue to be the highest volume of appointments provided followed by those within 2-7 days. Its important to note that some patients choose to be seen later or their appointment may be a follow-up appointment that is booked in advance.



These figures will continue to be monitored on a monthly basis within the ICB.

## 5.0 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.



**SUNDERLAND HEALTH AND WELLBEING BOARD****14 March 2024****SUNDERLAND WOMEN'S HEALTH HUB****Report of the Place Director for South Tyneside and Sunderland (North East and North Cumbria Integrated Care Board)****1.0 Purpose of the Report**

- 1.1 To provide the Health and Wellbeing Board with an update on Sunderland's Women Health Hub pilot programme and provide assurances that the pilot approach will support a broader strategy for improving health and wellbeing outcomes for women and girls in Sunderland.

**2.0 Background**

- 2.1 In 2021, the government launched a 14-week call for evidence to seek views on women's health issues and experiences of the healthcare system, to inform the development of the first Women's Health Strategy for England. Based on feedback from almost 100,000 women nationally, the first 10-year [Women's Health Strategy](#) was published in August 2022.
- 2.2 The Women's Health Strategy sets out an approach to tackling the following seven priority areas, based on the call for evidence findings. The seven priority areas are:
- Menstrual health and gynaecological conditions
  - Fertility, pregnancy, pregnancy loss and post-natal support
  - Menopause
  - Mental health and wellbeing
  - Cancers
  - Health impacts of violence against women and girls
  - Healthy ageing and long-term conditions
- 2.3 A key component of the strategy was to expand the provision of women's health hubs, following the successful pilot of one-stop models of care in Liverpool and Manchester.
- 2.4 To support the regional development of a women's health hub offer, the North-East and North Cumbria Integrated Care Board (NENC ICB), requested expressions of interest from local areas to pilot a Women's Health Hub (WHH) offer. In November 2023, Sunderland health and care partners, working through the Sunderland Place Committee arrangement, were successfully awarded £250,000 of non-recurrent ICB funding to roll-out a WHH pilot, with a specific focus on increasing equitable access to a range of women's health services that would tackle some of the biggest causes of poorer health outcomes for women in Sunderland. An additional £50,000 of Public Health grant funding was invested into the scheme, in order to ensure that aligned

areas of public health commissioning (including contraceptive use of Long-Acting Reversible Contraception, and wider services that support women with additional psycho-social complexity), could be further developed to support an inclusive and sustainable WHH offer.

### **3.0 Rationale for a Women's Health Hub**

3.1 Sunderland is one of the most 20% deprived local authorities in England, with women living on average 24-years in poor health compared to 19-years nationally. Over recent years, Sunderland has seen:

- An 82% increase in the number of pregnancy terminations carried out (381 in 2017 vs 694 in 2022), with some of the highest numbers in West 2 PCN.
- An increase in the number of (under-18) teenage pregnancies (18.2 in 2020 vs 26.4 in 2021, per 100,000; much higher than the regional average of 19.8 and more than double the England average (of 13.1 per 100,000).
- Low uptake of Long-Acting Reversible Contraception (LARC) in some areas, particularly in West 1 & West 2 areas of the city.
- A lack of availability of LARC in some areas, particularly in West 1 and West 2, due to a lack of trained clinicians and poor accessibility to training programmes.
- The majority of general practices failing to achieve the 80% national cervical screening standard (only 6 practices out of a total of 38 achieving the 80% national standard in 2022/2023, across the two core age groups of 25-49yrs and 50-64yrs). In addition, 7 of the lowest 10 cervical smear uptake rates are observed in the west of the city, demonstrating significant ward-level variation in cervical cancer screening.
- No specialist menopause advice made available to women in Sunderland, despite menopause being one of the key causes of negative economical and health impact, and the third most selected topic that respondents picked for inclusion in the (national) Women's Health Strategy.

3.2 Timely access to appropriate intervention does not affect all women equally. In addition to the geographical and socio-economic variations in access outlined above, there are significant disparities in access and outcomes for women in relation to protected characteristics (including age, ethnicity, sexual-orientation and disability), and women from inclusion health groups (including women experiencing homelessness, asylum seekers and refugees, and victims of domestic abuse).

3.3 As such, there are intersectional issues that further impact on women's health and care outcomes, that require a proportionate-universalist and targeted delivery approach that recognises - and is responsive to - the heterogeneity within female population groups.

### **4.0 Women's Health Hub Pilot**

4.1 The Sunderland Women's Health Hub pilot is a direct response to the challenges outlined in section 3, setting out a two-year sustainable improvement programme that aims to build local capacity and resource, in



order to better meet the needs of women through a women's-led approach to WHH provision locally. This will include meeting the following strategic objectives:

- Enabling greater provision and easier access to LARC across the city, with a clear emphasis on addressing geographic variations.
- Enabling high-quality, equitable provision of specialist menopause advice and support.
- Enabling timely and equitable access to cervical screening programmes.
- Building increased capacity and capability across primary and community care, in relation to: LARC fitting/removal, menopause advice and guidance, and cervical screening.
- Ensuring fair and equitable access to all women's health support and advice, with a specific emphasis on the 20% most deprived communities and those belonging to inclusion health groups.

4.2 In delivering on these objectives, local investment has been aligned to the below areas of women's health provision as part of phase 1 (2023/24-2024/25) of the pilot. This investment forms part of a coordinated, primary care-led response to addressing identified needs of women within the city, including:

- The development and expansion of a pilot WHH offer at Pallion Health Centre, to address immediate gaps in women's health service access in the west of the city. This includes one-stop access to LARC fitting and removal; specialist menopause advice, guidance and treatment; and cervical screening.
- The staged expansion of WHH provision across all areas of the city, building on learning from the Pallion Health Centre model.
- The development of a training hub at Pallion Health Centre, to upskill and train clinicians across all PCNs in respect of: LARC fitting and removal; menopause advice, support and treatment; and cervical screening.
- The exploration, engagement and assessment of women's health needs across the city, with a key focus on inclusion health groups, and those residing within the 20% most deprived areas. This work will ensure WHH provision continues to meet the needs and aspirations of women in the city, and promotes sustainable and inclusive access to support.
- The building of a women-led WHH brand and quality standard, to support a scalable women's health offer across the city
- The formal evaluation and economic analysis of the WHH programme, in partnership with regional universities, in order to build the local and national evidence-base, and support future investment opportunities.

4.3 A second phase of the pilot will be rolled-out later in 2024/2025, based on a formal evaluation of phase 1 activity, in addition to a formal needs assessment that will support the prioritisation of provision across Sunderland.

As with the initial pilot phase, this will be rolled out using a staged approach to implementation, which is anticipated to include expansion of the following provisions within West PCN WHH initially:

- Access to specialist gynaecology (consultant-led) services
- Pipelle biopsies
- Colposcopy clinics
- Pelvi-abdominal ultrasound services
- NHS Health Checks
- Making Every Contact Count (including improved linkages with Links for Life offer)
- Cardiovascular risk assessment
- Domestic violence advice and support
- Mobile outreach clinics
- Liaising with family hubs and breastfeeding advisors
- Mental health support

4.4 Whilst funding has been secured over a two-year period, this funding is intended to support capacity building and programme implementation only. Whilst additional investment may be required to implement some elements of phase 2 delivery, the expectation is that the majority of schemes will be funded through transformation of services that are currently commissioned via the ICB and SCC. A formal economic evaluation of the pilot, and cost-benefit analysis of proposed schemes will support the development of business cases, where required, to attract additional investment, this is however not guaranteed.

4.5 To support the oversight of the WHH pilot, a WHH implementation Group has been established, involving key partners across primary and secondary care, ICB, Public Health, Health Watch and the wider the voluntary and community sector. The WHH implementation group will:

- Ensure key milestones and ongoing reporting and assurance requirements of the WHH funding are met.
- Ensure all areas of WHH investment maximises opportunities for long-term sustainable change, that will deliver improved health and wellbeing outcomes for women across Sunderland, with a clear focus on inequality.
- Ensure the WHH pilot is underpinned by effective clinical leadership and governance at all times.
- Ensure appropriate and innovative commissioning and financial management arrangements are in place to safeguard key areas of investment, and ensure that WHH funding is underpinned by robust governance and partnership arrangements.
- Ensure the WHH pilot is developed and implemented in collaboration with women, key system partners and wider stakeholders, in order to support a sustainable, co-production approach to delivery and evaluation.

- Ensure assumptions on areas of investment are continually informed by capacity and demand planning arrangements and risk is appropriately managed.
- Ensure the WHH pilot is monitored and evaluated in-line with the agreed evaluation framework, maximising opportunities to contribute to the evolution of the women's health evidence base and ensuring the WHH pilot successfully addresses local needs and aspirations identified within the original funding proposal.
- Ensuring the WHH maximises the use of local assets and services, to support sustainable, scalable and holistic women's health provision.

4.6 The implementation group will be accountable to the Sunderland Place Committee at a local level, working through the Adult Collaborative arrangements. Regional reporting and oversight will follow the NENC ICB governance framework for the Women's Health Programme as set out in fig 4.1 below.

#### Governance Framework for the Women's Health Programme

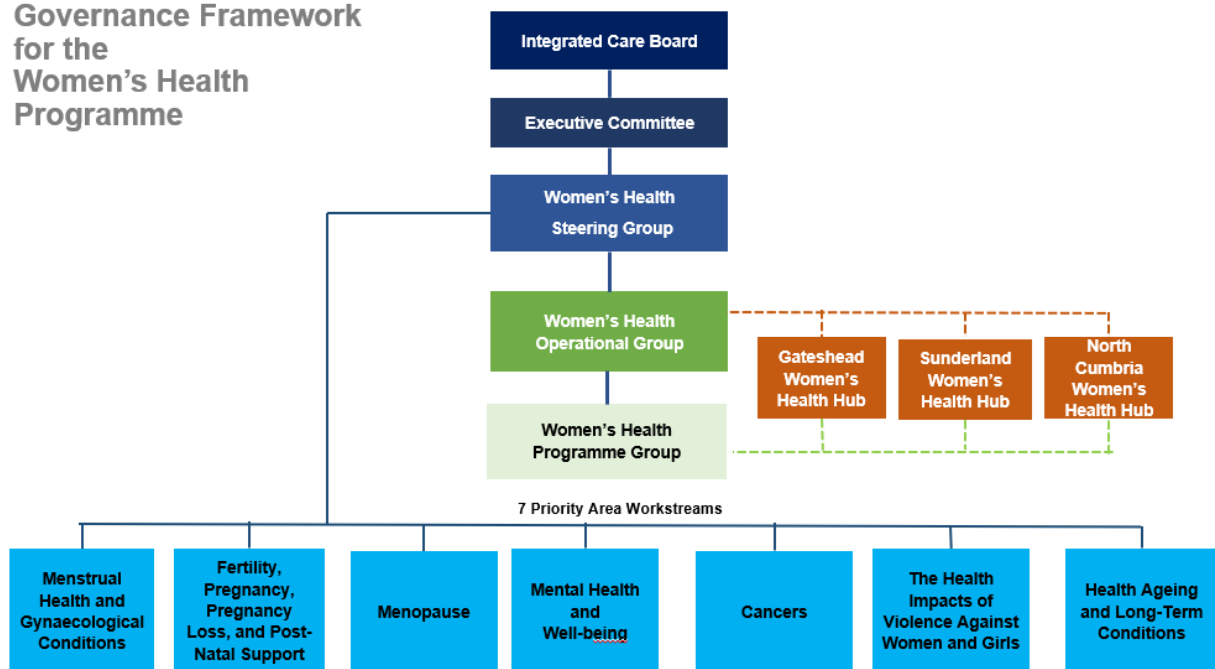


Fig 4.1 Regional Women's Health Programme governance framework

4.7 Anticipated benefits of the programme in phase 1, include:

- Improved access for women needing LARC, cervical screening, and menopause advice, including out of hours provision at evenings and weekends.
- Reduction in the number of appointments women attend to get their women's health needs met.
- Increased uptake of LARC - particularly in the PCNs with the current lowest uptake.
- Reduction in Emergency Hormonal Contraception prescriptions.
- Reduction in the number of termination of pregnancy.

- Reduction in the number of teenage pregnancies
  - Increased number of years lived in good health for women in Sunderland.
  - Increased number of cervical cancers diagnosed at stages 1 & 2
  - Increased number of trained professionals clinically competent to fit/remove LARC
  - Increased menopause knowledge within general practices gained.
  -
- 4.8 Further work to ensure that the WHH evolves to support wider clinical and non-clinical needs as part of a holistic service offer (see phase 2, section 4.3), will create additional benefits that will be captured and monitored via an updated benefits realisation plan. This will be managed through the WHH Implementation Group arrangement (section 4.4), with continued assurance being provided to the Health and Wellbeing Board through the Sunderland Place Committee quarterly assurance report.

## **5.0 Link with the Healthy City Plan**

- 5.1 The WHH pilot supports all life stages within the Healthy City Plan, with alignment to key city plan outcomes including:
- Breastfeeding continuation
  - Teenage pregnancy
  - Healthy life expectancy
  - Emotional health and wellbeing across the life course
  - Mortality rates from causes considered preventable.
- 5.2 In addition, the pilot programme has actively embedded the values and behaviours that underpin the Healthy City Plan, with demonstrable linkages to these across the development, delivery and evaluation stages of the pilot.

## **6.0 Recommendations**

- 6.1 The Board is recommended to:
- i. Discuss and endorse the proposed approach to the Women's Health Hub offer in Sunderland.
  - ii. Endorse the proposed approach to Health and Wellbeing Board assurance in relation to the Women's Health Hub pilot - specifically the intention to provide regular updates in-line with the Place Committee assurance reporting arrangements.
  - iii. Consider the role of the Health and Wellbeing Board in providing place-level stewardship of the Women's Health Hub ambitions, with specific consideration of its role within the Integrated Care Partnership (ICP) in ensuring the continued success of the programme.

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**14 March 2024**

**SUNDERLAND PLACE COMMITTEE ASSURANCE UPDATE**

**Report of the Chief Executive, Sunderland City Council**

**1.0 Purpose of the Report**

- 1.1 To provide assurances to the Health and Wellbeing Board that the Sunderland Place Committee continues to function in a way that supports effective integration of health and care, as set out in the Sunderland Place Plan, Sunderland Healthy City Plan and Integrated Care Strategy (Better Health and Wellbeing for All).
- 1.2 To seek approval for the sign-off of the Quarter 3 2023/2024 Better Care Fund (BCF) submission report, in-line with national BCF conditions.

**2.0 Background**

- 2.1 The Sunderland Place Committee (SPC) is a formal sub-committee of the North-East and North Cumbria Integrated Care Board (NENC ICB), established in May 2023 for the purposes of enabling health and care decision-making at place-level, and to support improved integration of care with Local Authority and wider statutory partners.
- 2.2 The SPC meets monthly in-common with a Partnership Board, that oversees all joint commissioning arrangements between the ICB and Sunderland City Council. Such arrangements are typically managed via local Section 75 partnership arrangements that enable the delegation and/or joint exercising of specific NHS and Local Authority health-related functions, in instances where such arrangements effectively secure improved health and care outcomes for residents.
- 2.3 The Health and Wellbeing Board (HWB) has a statutory role in instilling the mechanisms for joint working arrangements are in place, and that such arrangement actively support improved health and wellbeing outcomes for the local population. As such, regular assurance is provided on behalf of the Sunderland Place Committee, to assure the HWB that SPC arrangements, continue to support HWB responsibilities in-line with local needs and the ambitions as set out within in the Healthy City Plan, Place Plan, Integrated Care Strategy and Better Care Fund Narrative Plan 2023/2025.

**3.0 Place Committee Assurance for December 2023 to February 2024**

- 3.1 The table below provides an overview of business discussed and decided at the SPC between December 2023 and February 2024.

Ref	Item	Place Plan Priority	Item for decision	Item for discussion	Impact/Output
D1	OFSTED Report for Children's Services (December 2023)	<b>Priority 3</b> (Best Start in Life)		Yes	<p>An overview of the recent (October 2023) OFSTED visit was presented to the Committee. The visit focused on arrangements for children-in-need, and those subject to a child protection plan. The Committee discussed the positive findings of the report and noted areas of improvement in relation to early identification of neglect, and written records of supervision, case discussions and management direction.</p> <p>The Committee acknowledged the need to improve system-wide representation at core group meetings. Further recommendations were made in relation to ICB children's commissioner involvement in planned feedback sessions, as well as seeking assurance that poverty-related concerns would be addressed within the Starting Well delivery board arrangement.</p>
D2	Development of a Community Frailty Service	<b>Priority 2</b> (Supporting People to Live and Age Well)	Yes	Yes	Commercially sensitive. A proposed Community Frailty Service model was supported by the committee, with a recommendation to be submitted to the NENC ICB Executive for formal approval.

D3	Pharmaceutical Needs Assessment (PNA) (December 2023)	<b>Priority 1:</b> (Primary and Community Care Integration)		Yes	<p>The Committee were presented with a report outlining the potential impact of recent pharmacy closures and changes to opening hours, on the current PNA. The Committee acknowledged a recommendation to be approved at December's Health and Wellbeing Board, that no supplementary statement or revision to the current PNA would be required.</p> <p>The Committee discussed the potential impact of the 'Pharmacy First' roll-out, and the recently acquired ICB delegations for pharmacy commissioning, on future place-based governance arrangements. The Committee agreed that pharmacy provision could be better incorporated into Place Plan priorities for recovering access to primary care, and that Committee and collaborative arrangements may need to evolve to reflect this going forward.</p>
D4	System-wide efficiencies (December 2023)	<b>Priority 5</b> (System Enablers)		Yes	<p>The Committee were informed of the current financial position of the ICB, which identified overspends in relation to Section 117 arrangements. It was identified within discussions that ICB financial pressures reflected wider system pressures, and work to create a system-response to this was still outstanding.</p> <p>The Committee agreed to update the Terms of Reference for the Place Committee to include membership of the SCC Director of Finance.</p>

D5	Place Based Assurance Framework (October 2023)	<b>Priority 5</b> (System Enablers)	Yes		<p>A further update to the proposed framework for Place Committee Assurance was presented, which included specific consideration of the implementation of the Place Plan policy objectives for tackling inequalities and supporting a shift toward increased prevention (see section 3.2 below).</p> <p>A formal assurance report will replace the current quarterly HWB reporting format for Place Committee assurance from June 2024, this will include providing the HWB with a clear position on Place Plan deliverables, and associated narrative for any underperforming objectives.</p>
D6	Population health update (December 2023)	<b>Priority 2</b> (Supporting People to Live and Age Well)		Yes	<p>The Committee were updated on the current position in relation to demographic changes to the population and the impact of this on service demand and capacity. The Committee were informed that a business case to address GP registration pressures had been developed and funding was being sought to implement proposals.</p> <p>Concern was raised that a business case proposal to address a lack of TB provision in the city was rejected by the ICB Executive. The Committee agreed this was a continued risk. A letter of concern had been submitted to the ICB on behalf of the Director of Public Health (Gerry Taylor) and the Committee agreed that continued</p>



					monitoring and management of the issue would be picked up via the Vulnerable Groups meeting.
D7	Place Oversight Meeting (December 2023)	<b>Priority 5:</b> (System Enablers)		Yes	The Place Committee were briefed on the outcome of the Sunderland Place Oversight meeting. The oversight report had been positive overall, with some improvement work needed to clarify place priorities in relation to the children's Core20Plus5 framework.
D8	Better Care Fund and Section 75 Review (December 2023)	<b>Priority 1:</b> (Primary and Community Care Integration) <b>Priority 5:</b> (System Enablers)	Yes	Yes	The Place Committee were presented with a proposed timeline for a strategic review of Sunderland's BCF and accompanying section 75 arrangements. This included a regional ICB-led value for money exercise, which required a stocktake of all BCF-related specifications by January 2024. The committee approved the proposed timeline and recommended approach to review, which would conclude with a refreshed BCF plan in May/June 2024, in-line with national timescales.
J1	Homelessness Action Plan (January 2024)	<b>Priority 2:</b> (Living and Ageing Well)		Yes	The Assistant Director of Housing and Communities attended the Committee to present a report on the current homelessness position in Sunderland, and recommendations on the role of the Place Committee in supporting delivery of the Homelessness Action Plan.

					<p>The Place Committee agreed the importance of supporting aligned actions within the Homelessness Action Plan that reflected Place Plan priorities, including Place Plan policy objectives to tackle inequalities through the Core20Plus5 framework. There was also acknowledgement of the positive impact some elements of the Homelessness Action Plan (HAP) was having in relation to hospital discharge processes. The Committee agreed that regular updates to the Committee in relation to the HAP was needed, and that clear, SMART objectives that aligned to Place Plan priorities was required in order to clarify Place Committee contribution to the homelessness agenda.</p>
J2	Adult and Children's Collaborative Development (January 2024)	<b>Priority 5:</b> (System Enablers)		Yes	<p>The Committee were provided within an update on the development of the adult and children's collaborative arrangement. This included agreement to merge the current Health and Care Alliance and ATB Executive arrangement in order to address gaps in leadership capacity post April.</p> <p>The Committee were informed that a workshop was being held in February to form the basis of a refined options appraisal for future collaborative working, with the expectation that a formal recommendation be made to the Committee in March 2024.</p>

J3	Palliative End of Life Care and Homelessness Inclusion Nurse Post (January 2024)	<b>Priority 2</b> (Supporting People to Live and Age Well)	Yes	Yes	<p>The Committee were presented with a case for a homelessness inclusion nurse, and a palliative and end-of-life care self-assessment process.</p> <p>The Committee agreed to a recommendation for South Tyneside and Sunderland NHS Foundation Trust to recruit a homelessness inclusion nurse, to support an improvement in proactive access into health care within the homeless population. It was identified that this would additionally have a positive impact in reducing avoidable and preventable access to Emergency Departments (ED) and Urgent Treatment Centres (UTC) within this group.</p> <p>The Committee additionally agreed a proposal to undertake a clinically led self-assessment of palliative and end-of-life care audit. The Committee acknowledged the challenges in obtaining dedicated clinical support, and the impact this might have on the anticipated timescales for completion (end of March 2024)</p>
J4	ICB 2.0 (January 2024)	<b>Priority 5:</b> (System Enablers)		Yes	The Committee were provided with an update on the current ICB restructure.
J5	BCF Strategic Review and Quarter 3 Reporting (January 2024)	<b>Priority 1:</b> (Primary and Community Care Integration)		Yes	An update on progress against the BCF strategic review was presented. A quarter 3 update in relation to the BCF was presented (section 4)

J6	System Diagnostic on Managing Discharges and Avoidance Admissions (January 2024)	<p><b>Priority 1:</b> (Primary and Community Care Integration)</p> <p><b>Priority 2</b> (Supporting People to Live and Age Well)</p> <p><b>Priority 5:</b> (System Enablers)</p>		Yes	Provisional findings from the Newton Europe System Diagnostic (commissioned jointly with South Tyneside Council) were presented to the Committee. Key opportunities for service level improvement and efficiencies were identified across a range of intervention pathways, with some identified challenges emerging in relation to optimisation of home-first pathways of care. A diagnostic workshop will be held in February 2024 with South Tyneside partners to support the translation of findings into a service improvement plan.
F1	System Diagnostic on Managing Discharges and Avoidance Admissions (February 2024)	<p><b>Priority 1:</b> (Primary and Community Care Integration)</p> <p><b>Priority 2</b> (Supporting People to Live and Age Well)</p> <p><b>Priority 5:</b> (System Enablers)</p>		Yes	<p>Newton Europe attended the Place Committee to provide a high-level overview of the System Diagnostic work that had been undertaken across Sunderland and South Tyneside. The Committee were advised that the work was now moving into the dissemination phase, with workshops and board attendances to be carried out across February and March</p> <p>Opportunities for avoiding admissions and A&amp;E attendance within communities was identified as a key area for improvement, and further work to understand the role of prevention within the diagnostic improvement plan would be explored in future sessions.</p>

					<p>The Place Committee also identified that further clarity was needed with regards to the role of the Place Committee and Adult Collaborative arrangement in overseeing next steps for transformation and improvement. This would include aligning key Place Plan priorities and objectives relating to primary and community care integration and frailty, to ensure a coherent and comprehensive approach to system improvement emerged from the diagnostic.</p>
F2	Care Closer to Home and Adult and Children's Collaborative Development (February 2024)	<p><b>Priority 1:</b> (Primary and Community Care Integration)</p> <p><b>Priority 2</b> (Supporting People to Live and Age Well)</p>		Yes	<p>Place Committee were updated on plans to better integrate primary, community, hospital and social care, around the Care Closer to Home (CCtH) agenda. The committee were advised that a CCtH group was to be established following agreement at a cross-system workshop in January 2024. This group would feed into the Adult Collaborative, ensuring the work was embedded within place-based governance arrangements.</p> <p>The Place Committee were updated on progress against the development of the Adult and Children's collaborative, including a decision to merge two existing leadership arrangements (the All Together Better Executive and Health and Care Alliance). The Committee identified that further work was required to bring together the disparate parts of the development, and to ensure parity between the adults and children's health and care agenda.</p>

F3	Terms of Reference (February 2024)	<b>Priority 5:</b> (System Enablers)	Yes		<p>In-line with ICB governance processes, the Place Committee were reminded of the requirement to annually review governance arrangements, including the Terms of Reference (ToR) for the Place Committee. Members agreed that the ToR needed to be updated to include SCC's Director of Finance, and GP representation.</p> <p>The ToR will require further updates in the future to reflect wider ICB staffing changes, schemes of delegation and financial governance arrangements.</p> <p>The Place Committee supported the revisions to the ToR, and agreed to continue to review the ToRs, as required, to bring committee arrangements in-line with wider system changes.</p>
F4	Neurodevelopment Pathway Review (February 2024)	<b>Priority 3</b> (Best Start in Life)		Yes	<p>Place Committee were provided with an update on the neurodevelopmental pathway review and how the findings of the review had been implemented to inform the Getting Help multi-disciplinary team pilot.</p> <p>Key areas for consideration included pathway development and improvements in data flows in regard to diagnostic pathways. Further work to improve public communication and understanding of support arrangements, would also be rolled out in Spring 2024.</p>

F5	General Practice Forward Plan and Workforce Update (February 2024)	<b>Priority 1:</b> (Primary and Community Care Integration)		Yes	<p>Place Committee were presented with an overview of the Primary Care Forward Plan and were provided with a progress update. The plan focuses on five priority areas: general practice stability and resilience; integrated neighbourhood teams; improving general practice access; primary care workforce, estates and digital; and pharmacy optometry and dental.</p> <p>The committee were informed that the plan was on-track to meet objectives, including those aligned to the Primary Care Access Recovery Plan (PCARP) and Sunderland Primary Care Workforce Plan. Place Committee were keen to understand the approach to primary care workforce planning and estates within the plan.</p>
F6	Better Care Fund Quarter 3 Monitoring Submission (February 2024)	<b>Priority 1:</b> (Primary and Community Care Integration)		Yes	The Place Committee were presented with the quarter 3 BCF submission (see section 4.0).
F7	Sunderland Finance Report 2023-24	<b>Priority 5</b> (System Enablers)		Yes	The Place Committee were presented with the current ICB financial position, which included a place-level underspend in relation to Continuing Health Care. Place Committee noted the financial position, as at, 31 <sup>st</sup> December 2023.

F8	Any Other Business: Substance Misuse and Alcohol	<b>Priority 2</b> (Supporting People to Live and Age Well)		Yes	The Place Committee were updated that Sunderland's proposed use of the Substance Misuse and Treatment Grant were likely to be approved. Place Committee agreed that the interdependencies with Place Plan priorities warranted further consideration at the committee. This item will be added to the March 2024, Place Committee.
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*Table 1.1. Summary of Sunderland Place Committee and Partnership Board business (December 2023 to February 2024)*



- 3.2 As outlined in D5 of table 1.1, an update position in relation to the ICB's Place-Based Assurance framework was presented to the SPC in December 2023. This included recommendations on the proposed assurance of the Place Plan policy objective to actively tackle inequalities across all place priorities, with a specific focus on Core20Plus5.
- 3.3 Alongside wider assurance of Place Plan priorities, a tripartite approach to the assessment of how effective place-level integration arrangements are working to address inequalities has been proposed. This proposed approach is intended to support assessment of Place Plan achievement, whilst also supporting future Care Quality Commission (CQC) inspection arrangements in relation to integration, which specifically includes an assessment on work to address inequalities at HWB-level. The proposed approach is outlined below:
- Identifying six **health inequalities metrics** within the assurance framework that will act as a “barometer” for assessing overall impact of key place plan deliverables on inequalities. These will additionally be linked to the five clinical domains of the adult Core20Plus5 (C20P5) framework, with one overarching measure for children and young people<sup>1</sup>, as set out further below. Baselines for agreed metrics will be established in 2023/24, with target trajectories identified as part of the 2024/25 Place Plan refresh. Metrics proposed include:
    - % of women smoking at time of delivery from the 20% most deprived areas in Sunderland (target reduction)
    - % of SMI checks completed for patients identified as homeless (target increase).
    - % gap in respiratory related admissions attributable to those within the 20% most deprived areas compared with the general population (target reduction).
    - % gap in early cancer diagnosis at stage 1 or 2, between those within the 20% most deprived to the general population (target reduction)
    - % of eligible services users within substance misuse and alcohol services, benefiting from in-reach cardiovascular screening.
    - % gap in <18 (years) ambulatory care sensitive admissions between the 20% most deprived and the general population (target reduction)
  - Providing an objective measure of the shift toward **increased investment in prevention**, as reported through an annual assessment of BCF spend that is aligned to prevention schemes (as set out within BCF planning framework).

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<sup>1</sup> NB One of the adult C20P5 measure additionally aligns to priority 3 (Best start in life) deliverables, i.e. % of women smoking at the time of delivery deriving from 20% most deprived area.

- **Annual assessment** of Place Plan deliverables against KLOE's identified and agreed by the Health and Wellbeing Board (HWB) sub-groups, as set out below (examples KLOEs provided in appendix 2):
  - Priority 1: Strengthening Primary and Community Care (Ageing Well)
  - Priority 2: Supporting People to Live and Age Well (Ageing Well/Living Well)
  - Priority 3: Enabling the Best Start in Life for Children and Young People (Starting Well)
  - Priority 4: Transforming mental health, learning disability and autism services (Living Well)
  - Priority 5: Delivering place-shaping innovation & sustainability through investment in critical system-enablers (Inequalities sub-group)

3.4 From 2024/2025 the HWB assurance reporting arrangement will evolve to include assurance on inequalities and prevention, in-line with the tripartite process outlined above, as well as provide a Sunderland Place Plan Delivery Dashboard, outlining progress and achievements against revised Place Plan objectives.

#### **4.0 Better Care Fund Quarter 3 Update**

4.1 In-line with national BCF arrangements, Health and Wellbeing Boards are required to approve quarterly BCF report submissions or make appropriate recommendations to delegate this. A copy of the BCF report submission for quarter 3 has been included in Appendix A of the report, and a summary of key findings have been outlined below.

##### *Section 75 Agreement*

4.2 In-line with national conditions, a formal section 75 arrangement is required to underpin BCF arrangements. Sunderland has a signed Section 75 agreement in place between Sunderland City Council and NENC ICB. In addition, a strategic review of the BCF and Section 75 arrangement is underway (as outlined in D8 and J5 of table 3.1), which includes an external review of the existing Section 75 agreement. This has been carried out by Hill Dickinson LLP and will form the basis of a revised Section 75 to be agreed by May/June 2024.

4.3 A consideration within the revised Section 75, will be the appropriate delegation of approval for signing-off the BCF quarterly monitoring submissions. It is recommended that this role is delegated to the SPC on behalf of the HWB as part of future arrangements. Under this proposal, quarterly BCF monitoring will continue to form part of the SPC assurance to the HWB.

## Better Care Fund Metrics

4.4 All BCF metrics are on-track to meet targets as outlined in figure 4.1 below.

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2
		Q1	Q2	Q3	Q4		
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	296.7	265.6	300.9	310.1	221.2	121.1
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	88.6%	90.0%	91.0%	92.0%	89.8%	91.2%
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,732.5	384.3	243.0
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				994	2022-23 ASCOF outcome: 1057.6	
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				80.0%	2022-23 ASCOF outcome: 78.9%	

Figure 4.1 BCF metric position (Qtr 3)

## Financial Expenditure

4.5 Current expenditure is in-line with the anticipated quarter 3 position, with £31,373,529 total spend to date. This compares to anticipated year-end expenditure of £56,523,242.

## Summary

4.6 The quarter 3 position for the BCF is favourable in relation to expected performance, finance and activity targets. Further work to develop the Section 75 continues to be required, with specific consideration of how associated finance and commissioning arrangements may be impacted by the ICB restructure, and respective cost saving programmes within the ICB and Local Authority.

## 5.0 Recommendations

5.1 The Health and Wellbeing Board is recommended to:

- i. note the content and summaries from recent Sunderland Place Committee meetings;
- ii. be assured that the work of the Sunderland Place Committee is progressing in a manner that supports effective integration of health and care, as set out in the Place Plan, Sunderland Healthy City Plan and Integrated Care Strategy (Better Health and Wellbeing for All);

- iii. note and agree the proposed approach for assuring Place Plan objectives continue to be met, with specific reference to proposed process for assuring that integration arrangements actively address health inequalities within Sunderland; and
- iv. approve the quarter 3 BCF report, in-line with national conditions and support the proposal outlined in section 4.3, to formally delegate the sign-off of quarterly BCF monitoring submissions to the Sunderland Place Committee from April 2024/2025.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Sunderland
Completed by:	Matt Thubron
E-mail:	<a href="mailto:matt.thubron@nhs.net">matt.thubron@nhs.net</a>
Contact number:	01915128488
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Thu 14/03/2024

<< Please enter using the format,  
DD/MM/YYYY

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

<a href="#">&lt;&lt; Link to the Guidance sheet</a>
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^^ Link back to top

## Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Sunderland

Has the section 75 agreement for your BCF plan been finalised and signed off?

Yes

If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off

#### Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes





# Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

## 4. Metrics

Selected Health and Wellbeing Board:

Sunderland

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans  
**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework Indicator 2.3i)	296.7	265.6	300.9	310.1	221.2	121.1	On track to meet target	Seasonal pressures and the impact of respiratory conditions over the coming months remain a significant pressure as well as capacity across the system.	Improvements in Urgent Community Response performance including increased activity. Local quality improvement schemes in General Practice supported by a revised approach to High Intensity Users across
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	88.6%	90.0%	91.0%	92.0%	89.8%	91.2%	On track to meet target	Recruitment and retention remain an area of challenge across social care. Seasonal pressures and the impact of respiratory conditions over the coming months remain a significant pressure as well as capacity across	Transition from Hospital business case in the process of being implemented and improvements are being seen in terms of flow and discharge.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,732.5	384.3	243.0	On track to meet target	Lack of local data on falls across the system (out of hospital falls). This is an area that we continue to work on to enable intelligence driven activity and response	A revised Falls Strategy and one year action plan has been completed. Whilst the revised Falls Strategy has been awaiting final approval work has been ongoing to progress the principals and actions within the 1 year
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				994	2022-23 ASCOF outcome: 1057.6		On track to meet target	Capacity within the system remained an issue for much of quarter 3 which resulted in admissions to temp care to enable hospital discharge which with deconditioning results in permanent admissions	Based on the current rate as at the end of Q3 we are on track to improve our position from 22/23. The implementation of the revised discharge to assess model, implementation of transfer of care hub, increased block contracts for homecare and implementation
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				80.0%	2022-23 ASCOF outcome: 78.9%		On track to meet target	Recruitment and retention remain an area of challenge across social care. Ensuring appropriate referrals are received in to the service.	The revised Discharge to Assess Model has now been implemented supported by the increase in bed based reablement and home based reablement. Reablement @ Home is now fully available to providing services

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes



Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Sunderland

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
3	Living Well	Assistive Technologies and Equipment	Assistive technologies including telecare	iBCF	£1,117,301	£837,976	2,235	1,676	Number of beneficiaries	No	
3	Living Well	Assistive Technologies and Equipment	Community based equipment	iBCF	£948,292	£1,164,286	9,483	11,643	Number of beneficiaries	No	
3	Living Well	Carers Services	Carer advice and support related to Care Act duties	iBCF	£280,000	£210,000	175	131	Beneficiaries	No	
4	Ageing Well	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£2,800,304	£2,100,228	146,920	110,190	Hours of care (Unless short-term in which case it is packages)	No	
3	Living Well	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	iBCF	£60,349	£45,262	12	9	Number of placements	No	
3	Living Well	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	iBCF	£662,301	£496,726	6	5	Number of placements	No	
4	Ageing Well	Home-based intermediate care services	Reablement at home (to support discharge)	iBCF	£549,605	£412,204	1,215	911	Packages	No	
4	Ageing Well	Residential Placements	Extra care	iBCF	£1,004,805	£753,604	59	44	Number of beds/placements	No	
1	Mental Health, Learning Disabilities and Autism	Residential Placements	Other	iBCF	£4,630,618	£3,472,964	144	108	Number of beds/placements	No	
3	Living Well	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£3,562,517	£2,671,888	742	557	Number of adaptations funded/people supported	No	
3	Living Well	DFG Related Schemes	Handyperson services	DFG	£442,882	£332,162	2,750	2,063	Number of adaptations funded/people supported	No	
3	Living Well	DFG Related Schemes	Other	DFG	£50,000	£37,500	100	75	Number of adaptations funded/people supported	No	
3	Living Well	Assistive Technologies and Equipment	Community based equipment	Local Authority Discharge Funding	£350,000	£262,500	3,500	2,625	Number of beneficiaries	No	
4	Ageing Well	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£460,000	£345,000	350	263	Packages	No	
3	Living Well	Assistive Technologies and Equipment	Assistive technologies including telecare	Local Authority Discharge Funding	£200,000	£150,000	400	300	Number of beneficiaries	No	
4	Ageing Well	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£782,353	£586,765	41,047	30,785	Hours of care (Unless short-term in which case it is packages)	No	
3	Living Well	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	£250,000	£187,500	50	38	Number of placements	No	
4	Ageing Well	Workforce recruitment and retention		Local Authority Discharge Funding	£422,039	£316,529		0	WTE's gained	No	
4	Ageing Well	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£155,046	£116,285	8,135	6,101	Hours of care (Unless short-term in which case it is packages)	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£41,530	£31,148	91	68	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£75,999	£56,999	168	126	Packages	No	

4	Ageing Well	Carers Services	Other	Minimum NHS Contribution	£45,275	£33,956	100	75	Beneficiaries	No	
3	Living Well	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£92,000	£69,000	1,000	750	Beneficiaries	No	
5	Urgent Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£1,916,992	£1,437,744	386	290	Number of placements	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£691,300	£518,475	1,528	1,146	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£260,060	£195,045	575	431	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£64,550	£48,413	143	107	Packages	No	
3	Living Well	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,158,214	£2,139,340	21,582	21,393	Number of beneficiaries	No	
4	Ageing Well	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£3,752,106	£2,814,080	196,858	147,644	Hours of care (Unless short-term in which case it is packages)	No	
2	Mental Health, Learning Disabilities and Autism	Residential Placements	Supported housing	Minimum NHS Contribution	£876,810	£657,608	27	20	Number of beds/placements	No	
3	Living Well	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£290,510	£217,883	642	482	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£147,197	£110,398	30	23	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£71,483	£53,612	14	11	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£262,917	£197,188	700	525	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£82,414	£61,811	500	375	Packages	No	
2	Mental Health, Learning Disabilities and Autism	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£529,379	£397,034	209	157	Number of placements	No	
2	Mental Health, Learning Disabilities and Autism	Workforce recruitment and retention		Minimum NHS Contribution	£237,501	£178,126		0	WTE's gained	No	
2	Mental Health, Learning Disabilities and Autism	Residential Placements	Other	Minimum NHS Contribution	£132,502	£99,377	55	41	Number of beds/placements	No	
4	Ageing Well	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£177,088	£132,816	9,320	6,990	Hours of care (Unless short-term in which case it is packages)	No	
4	Ageing Well	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£73,041	£54,781	161	121	Packages	No	
5	Urgent Care	Home-based intermediate care services	Reablement at home (to prevent admission to	Minimum NHS Contribution	£1,647,284	£1,235,463	3,000	2,250	Packages	No	
5	Urgent Care	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	£2,143,154	£1,607,366	933	700	Number of placements	No	
4	Ageing Well	Residential Placements	Extra care	Minimum NHS Contribution	£1,848,000	£1,386,000	108	81	Number of beds/placements	No	
4	Ageing Well	Residential Placements	Care home	Minimum NHS Contribution	£2,983,491	£2,237,618	70	53	Number of beds/placements	No	
4	Urgent Care	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£1,203,835	£902,876	2,500	1,875	Packages	No	

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**14 March 2024**

**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 Sunderland Care and Support (SCAS)**

**1.0 Purpose of the Report**

- 1.1 The purpose of the report is to provide the Health and Wellbeing Board with:
- i. assurance that the work of the Delivery Boards is progressing in line with their agreed terms of reference;
  - ii. a summary of key points discussed at their recent meetings;
  - iii. an update on the allocation of Healthy City Plan Grant funding; and
  - iv. an update on any Board development sessions.

**2.0 Background**

- 2.1 The Health and Wellbeing Board has three delivery boards (Starting Well, Living Well and Ageing Well) 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, 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 inequalities and address the social determinants of health.
- 2.3 The three delivery boards continue to meet on a quarterly basis, with the most recent meetings held in February 2023 for Starting Well and Living Well. On this occasion the Ageing Well Delivery Board was cancelled as a number of apologies received, as the meeting clashed with school holidays.

**3.0 Update from the Starting Well Delivery Board – met 1 February 2024**

**3.1 Early years entitlements expansion and Changes to wraparound childcare**

The presentation focused on the Childcare Reforms from the Spring 2023 Budget: (1) extending early education entitlements for working parents (2) National Wraparound Childcare Programme.

The scope of (1) is incremental: From April 2024, eligible working parents of 2-year-olds will be able to claim 15 hours funded childcare per week for 38 weeks; from September 2024 eligible working parents of children from 9 months old will be able to claim 15 hours funded childcare per week for 38 weeks; and from September 2025 eligible working parents of children from 9 months old to primary school age will be able to claim 30 hours funded childcare per week for 38 weeks.

The scope of (2) will go live in September 2024. The government's ambition is that by 2026, all parents and carers of primary school-aged children, who need it, will be able to access term time childcare in the local area from 8am - 6pm, so that parents can access employment and improve labour market participation.

The Delivery Board discussed the risks and challenges of delivering the programmes. Work is taking place locally to thoroughly understand supply, demand and need throughout the authority, using ward level analysis; and increase the number of childcare providers. Key risks and mitigating actions were presented. The amount and quality of the workforce is a huge risk as settings are struggling to recruit qualified staff. In response, work continues to explore innovative ways of working to attract people to the sector with local FE providers. There are also some proposed national developments to enable and support the increase in workforce.

### 3.2 **Family Hubs** (standard agenda item)

The update highlighted the breadth of work that is happening to support the Family Hubs, all of which are now open. The fifth hub - Winnibell - in Hendon opened early January, with the full timetable starting mid-February and a launch at the end of March. The Christmas offer successfully targeted sessions for vulnerable families. Delivery is continuing to expand at "spoke sites" across the city, including Chance in Hendon, Tesco Community room in the North, and Building Blocks in Washington. Registrars are based at the Hetton Centre and Rainbow Centre Family Hubs, and will shortly be at Thorney Close. The social prescribing team are delivering from Thorney Close on a weekly basis. Welfare Rights are linked into each hub. Peer Support workers are now co-delivering health sessions within the hubs. SEND sensory room offer (0-25) in place. A universal pathway for parents with learning disabilities is being developed alongside South Tyneside. Links are being strengthened with social care, expanding the availability of Family Hub spaces for family time. Co-delivery with 0-19 service and infant feeding midwives is well embedded. Specialist Infant feeding Assessment clinics have started. Scoping has commenced on adaption of the children centre Unicef accreditation to apply to family hubs.

With regards to peri-natal mental health, GroBrain are to support infant mental health; Maternity Voices are present in the hubs; Mini Minds and Me Perinatal class and Sunderland Talking Therapies will launch end of February; and staff across the system have received Institute of Health Visiting training for fathers; and peer support for fathers has started.

‘Just drop in and Just log in’ parenting session has been offered for signposting of parenting support. Additional funding has been received for reducing parental conflict. Training is to be offered in the next quarter for partners to support understanding of tools to reduce parental conflict. There are twenty Parent and Carers panel members representing the five Hubs. Volunteer pathways and training developed, with 169 registered volunteers.

My Best Life digital offer launched in December 2023:

<https://www.mybestlife.org.uk/Sunderland-Family-Hubs><https://www.mybestlife.org.uk/Sunderland-Family-Hubs>. The site’s main features include advertising and booking of Family Hub events, and a library of resources maintained by the Family Hubs. The main benefit from this is families being able to access immediate support and book sessions online. Free sim cards and data are offered through the Good Things Foundation for people experiencing digital poverty.

The Delivery Board was keen to explore the link between the Family Hubs and the women’s health agenda, considering what it means in practice to work more closely. For example, Family Hubs videos and promotional material should be widely promoted through partners and linked to GP practices and leisure centres. Future developments include the Prevention and Early Intervention Strategy, and performance dashboard. Both will come to a future Delivery Board meeting. The Government’s [‘Working Together to Safeguard Children 2023’ guidance](#) (published December 2023) makes reference to “family hubs being a place-based way of joining-up in the planning and delivery of family support services.” The Delivery Board hopes there is continued commitment to joining up and enhancing services, ensuring all parents and carers can access the support they need when they need it.

### **3.3 ICB – Mental health transformation update**

The ICB provided an update on the mental health transformation work for children and young people. The successful bid for the third wave of Mental Health Support Teams (MHST) training for Sunderland commenced in January (wave 9). The funding is also being used to recruit a specialist Speech and Language therapist to work across the MHST. The Mental Health Nurse and Occupational Therapy provision, which sits as part of the Autism Outreach Team, is being utilised to support into the MHST. The autism programme ‘Understanding Myself’ is being adopted by the MHST, recognising a high level of children and young people with autism have anxieties.

A pilot commenced in ten schools in October to scaffold Child and Adolescent Mental Health Services (CAMHS), Children and Young Peoples Services (CYPS) and Early Help around the MHST. The focus is on recording the presenting need of the child and how it can be best met. CYPS are establishing a teacher hotline for schools to discuss a child’s needs before making a referral, ensuring there is appropriate advice and guidance on how the needs of the child can be best met. The Delivery Board acknowledged

schools could be buying in a range of therapies, and whilst NHS services are quality assured, not all counselling services will be subject to the same rigour of quality assurance.

Work on autism is taking place across the ICB. There will be a move to a “needs led” approach, including the development of local autism pathways. Sleep training will be available through Sleep Action for staff, a variety of professionals including Daisy Chain, 0-19 services and Family Hubs. The Delivery Board were keen to understand sleep needs outside of social care. The strategic approach to speech and language is under review and will link to the under 5 autism work. Education settings are being consulted. The commissioned service is under review.

The Delivery Board acknowledged the level of kinship families in the city and the importance of trauma informed practice when supporting families. Work is needed to develop appropriate pathways to support the complexity of behavioural and emotional issues of children in kinship care.

### **3.4 Community water fluoridation**

The Delivery Board heard how it is still the intention of the Department for Health and Social Care to consult on plans for a community water fluoridation scheme in the North East. This was reaffirmed by the Secretary of State, but with no confirmed date of ‘when’ – just very soon. OHID and Dental Public Health Consultants are currently undertaking lots of engagement with ICB’s and others, all of whom are very supportive. A briefing will be prepared which can then be used to support communications and consultation responses. In addition, the national Dental Strategy is awaited. The Health and Wellbeing Boards support for the proposal is reflected in the city’s Oral Health Strategy.

### **3.5 Healthy City Plan Grant –future priorities**

Discussion took place on developing a future grant application to address issues of access and inclusion, ensuring we understand and are equipped to respond to minority groups needs and preferences.

### **3.6 Forward plan**

Family Hubs are a standard agenda item. The detailed forward plan will be reviewed.

### **3.7 Key Issues**

The Delivery Board remains focused on the continuing impact of the pandemic, the cost-of-living crisis, and the number of children in poverty.



#### 4.0 Update from the Living Well Delivery Board – met 7 February 2024

- 4.1 This meeting of the Living Well Delivery Board was in two parts. The first part provided the opportunity to review and reflect on the focus and the impact of the Delivery Board to date. The second part of the meeting was ‘business as usual.’
- 4.2 In the **first part of the meeting** the Delivery Board reflected on its role, as set-out in the Healthy City Plan, and supporting implementation plan. The Delivery Board has assurance and influencing roles: to be assured of the work that is progressing to support the delivery of the implementation plan; and influencing the wider-determinant four (Marmot) priorities in the overarching Healthy City Plan. The Delivery Board is keen to shift the focus from assurance to influencing – creating the space to have trusted conversations on complex cross-cutting issues. In doing so, the Delivery Board is cognisant that the approach needs to be sufficiently robust to add value, and members will need to work in a way that champions the delivery of the priorities at other fora.
- 4.3 Next steps from the meeting include seeking the view of members who were unable to attend the session; and follow-up the conversation at the May meeting to understand 1) whether conversations on the priorities are happening elsewhere 2) the key challenges the Delivery Board needs to address, and 3) how partners can contribute.
- 4.4 The **second part of the meeting** discussed the following items.
- 4.5 **Sunderland’s Prevention Concordat for Better Mental Health**  
Progress that has been made regarding Sunderland’s Prevention Concordat for Better Mental Health. The Concordat is underpinned by an understanding that taking a prevention-focused approach to improving the public’s mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society. The Prevention Concordat for Better Mental Health is made up of 5 domains:
- Understanding local needs and assets
  - Working together
  - Taking action for prevention and promotion, including reducing health inequalities
  - Defining success and measuring outcomes
  - Leadership and direction

The report provided a comprehensive overview of progress made against each domain. Whilst extremely positive progress has been made on delivery of the prevention concordat, it was noted that this has not been without its challenges. Business processes have delayed the progression of some work areas, for example, the suicide audit has not yet been undertaken due to vetting requirements. The ADPH Public Mental Health network was stood down in early 2023, and as such there has been a less focussed approach to public mental health at a regional scale. This has limited the ability to network with other practitioners, collaborate and share best practice. There are,

however, plans for the network to be re-established in the coming months and strong working relationships have been established on the suicide prevention agenda where the infrastructure at a regional level is in place.

The Delivery Board discussed the value of low-level triage and having wrap-around support in place for people with low-to-medium need. Links for Life would have a key role to play in helping to prevent deteriorating mental health and people reaching crisis. Partners all have a role to play, from Fire and Rescue Service 'safe and well visits' in homes, to fit notes and debt / financial wellbeing advice.

The Delivery Board was keen to understand how each partner can support the agenda, recognising that suicide prevention sits within the wider context of public mental health. It was agreed that a Task and Finish Group would be established that seeds into the emerging mental health transformation arrangements.

#### **4.6 Homeless Reduction and Sleeping Rough Strategy and action plan**

The Delivery Board was provided with an update on progress since the strategy was approved by Cabinet in March 2023. The homelessness service is a wide ranging and complex service responding to many types of cases and referrals in partnership with other services and organisations. Eight priority homelessness pathways have been established with supporting working groups. These priority pathways being: domestic abuse; hospital admission and discharge; hard-to-place offenders; young people 18-25; rough sleeping; duty to refer; Severe Weather Emergency Protocol (SWEP) and winter provision; and complex needs/mental health. A number of other pathways have been identified which will form part of the future work programme.

The action plan was approved by Cabinet in December 2023. It has 96 actions that cover all eight pathways and the Health Needs Assessment recommendations. It will be driven forward through 2024, with named Council leads for each action to enable a focus and momentum with partners.

From partners collectively supporting people to maintain their existing tenancies, to ensuring people who are homeless have proper access to services, the Delivery Board acknowledged how all partners have a role to play in supporting the delivery of the strategy and action plan

#### **4.7 Forward Plan**

The forward plan of work will be informed by the review outlined above. This will be discussed further at the next meeting in May 2024. Additional agenda items for the meeting include the Active Sunderland Strategy; progress update on the Sunderland Alcohol Strategy; and STSFT Population Health Strategy.

#### **4.8 Key issues**

The issues of improving health and reducing inequalities require a partnership approach and focus on the wider determinants of health, as demonstrated in ongoing Delivery Board discussions. The Delivery Board is keen to continue to understand how we can all help to take equitable approaches to delivering our services to ensure we strive to reduce inequalities.

#### **5.0 Update from the Ageing Well Delivery Board – February meeting cancelled.**

5.1 Key agenda items from this meeting will be discussed at the next meeting in May 2024.

#### **5.2 Healthy City Plan Grant Proposal**

In the absence of the meeting the proposal was circulated via e-mail for feedback.

#### **6.0 Health and Wellbeing Board Development Sessions**

6.1 For the purposes of public record no further Health and Wellbeing Board development sessions have been held since the last assurance report in December 2023.

#### **7.0 Health and Wellbeing Board Review**

7.1 Following the November 2023 development session, a meeting was held in January 2024 with the Executive Director of Health, Housing and Communities, and Director of Place to discuss next steps. The Director of Place and ICB colleagues had been unable to attend the November development session.

7.2 At the January meeting there was agreement to the four next steps discussed at the November session, these being:

1. Clarity of governance responsibilities
2. Clarity of how we engage with the public
3. Clarity of how we measure performance
4. Review of the HWB forward plan

In addition, there was agreement we should:

5. Review the Healthy City Plan, and associated Implementation Plan

The review of the Healthy City Plan would be 'light touch', with a more detailed review of progress made in the implementation plan.

7.3 With regards to a progress update, work is well under-way to map the governance across the system. Crib sheets on the role and purpose of the

Health and Wellbeing Board and Delivery Boards have been drafted (reflected in item 10 presentation) and will be shared with the Board for comment alongside Place Board and Place Committee crib sheets. Partners can refresh their Board membership for Annual Council agreement in May 2024, this is particularly encouraged where roles have changed and where attendance is low.

- 7.4 It is proposed that the LGA Advisor who facilitated the November session be invited to hold a follow-up discussion to facilitate and conclude how we engage with the public and how we measure our performance in future (i.e., progress next steps 2 and 3). It is envisaged the forward plan (next step 4) will be informed by next steps 1-3.
- 7.5 Initial discussion on potential changes to the Healthy City Plan is a separate agenda item at this meeting (item 10). Following feedback, suggested amendments to the Plan will be drafted and circulated to Board members, with the opportunity to hold further discussions based on members' feedback. Dependent on feedback, a refreshed plan will be brought to the Board at the next meeting in June or September.
- 7.6 Progress towards delivering the Healthy City Plan Implementation Plan will highlight key successes and challenges. The content of the refreshed Implementation Plan will be dependent on clarity of future governance roles and responsibilities (next step 1). It is suggested progress updates on the Implementation Plan are through the respective Delivery Boards to this Board.

## **8.0 Healthy City Plan Grant**

### **Background**

- 8.1 A £1.75m grant pot is 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].
- 8.2 All proposals for the Healthy City Plan Grant must seek the support of the relevant Delivery Board. Once support has been obtained proposals are put forward to the Healthy City Grant panel for consideration. Panel members have been given the delegation from the Health and Wellbeing Board to award the funding by consensual agreement. The panel comprises of the Chair of the Health and Wellbeing Board, the Executive Director of Health, Housing and Communities and Director of Place (Sunderland).

### **Panel update**

- 8.3 Since the last assurance update three proposals have been brought forward from the Delivery Boards for panel consideration. One project has been approved Healthy City Plan Grant - Cultural Competency Training – Together for Children (Starting Well Delivery Board); one project has been deferred pending further information – Homeless Reduction Officer for Substance Use (Living Well Delivery Board); and one project has been rejected –

Rehabilitation Therapy Assistants (Ageing Well Delivery Board). Whilst the panel were supportive of the Rehabilitation Therapy Assistants proposal, they acknowledged the service had been piloted and the proposal was seeking to mainstream, thus the Healthy City Plan Grant wasn't the appropriate funding source.

#### 8.4 Grant awarded projects

Below is an overview of all the projects that have been approved funding, 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 five years of interactive play equipment at Thompson Park.	£55,527
September 2023	Seaburn Play Area	Towards the development of a new accessible play site at Seaburn, including play and seating equipment, safety/security measures and groundwork costs.	£50,000
September 2023	Wear Here 4 You Prevention Bus	To support the extension of the mobile prevention offer for a further 12 months.	£62,252
February 2024	Cultural Competency Training	To commission the delivery of 10 EDI training sessions to front-line practitioners across the children's partnership who were the focus of the 2023 JTAI.	£9,750
	<b>TOTAL</b>		<b>£377,529</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 three 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)	<p>Project A - To identify potential inequalities in access to NHS Outpatient appointments.</p> <p>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.</p>	£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 supporting local community capacity building.	£39,000*
June 2023	Defibrillation and Community First Responders	Increase the number of public access defibrillator sites across the city and implement a Community First Responder	£90,038

		(CFR) scheme, recruiting 10 CFRs and providing training and response equipment including the provision of five falls kits. The project will also aim to raise public awareness around cardiac arrest and their role in increasing the chance of survival.	
	<b>TOTAL</b>		<b>£593,038</b>

### Ageing Well Projects

<b>Approved</b>	<b>Project Name</b>	<b>Project Summary</b>	<b>Amount Approved</b>
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

- 8.5 A total of **£1,190,467** of the grant has been awarded to date. The remaining grant allocation to be awarded is **£509,533**.

- 8.6 There are a number of potential project proposals for the grant, but still opportunity for the Delivery Boards to put forward new projects that will support the delivery of the Healthy City Plan.
- 8.7 Existing projects funded through the grant provided progress updates to the Delivery Board meetings in February 2024 (see appendix A).

## **9.0 Recommendations**

- 9.1 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;
  - iii. support the next steps and recommendations from the Board review, including participating in a development session to clarify Board performance and public engagement;
  - iv. review organisations named members on the Board in advance of Annual Council in May;
  - v. consider potential project proposals for the remaining Healthy City Plan grant; and
  - vi. note the additional project that has been allocated Healthy City Plan grant.



## Sunderland Health and Wellbeing Board's Healthy City Plan Grant

### Progress Updates to Delivery Boards – January 2024

#### 1. Overview

- 1.1 Project leads were contacted and asked to provide an update to the relevant Delivery Board on the progress of their projects as of January 2024.
- 1.2 A number of the awarded projects cut across the life course and therefore reach and impact is not limited to the remit of the supporting Delivery Board.
- 1.3 Projects are at varied stages of delivery due to funding award dates.

#### 2. Starting Well Delivery Board

##### 2.1 Status of SWDB Projects

- 1 project reported their overall project status as '**On track**' meaning the project is being delivered in line with the original project scope – *Wear Here 4 You Prevention Bus*
- 2 projects reported **delays with timescales** against the original project scope but confirmed that the projects were still deliverable – *PlayZones and Seaburn Play Area*
- 1 project is complete – *Thompson Park Interactive Games Wall*

##### 2.2 Project Overviews and Updates

###### SW01

<b>Project Name</b>	PlayZones – targeted physical activity facilities
<b>Lead Org</b>	SCC – Active Sunderland
<b>Amount Awarded</b>	£200,000
<b>Overview</b>	The design, build and activation plan of five PlayZones across the city.
<b>Targeted Locality</b>	Citywide – a Playzone site to be established in each locality.  Pilot project location confirmed for the North locality – Southwick ward.
<b>Project Update</b>	<ul style="list-style-type: none"> <li>• PlayZone Site 1: The Southwick PlayZone planning application was delayed due to additional information required. Planning consent is expected February 2024. Works will commence in Spring 2024, subject to planning approval.</li> <li>• Sites 2 -5: Progress continues with the remaining four sites. Grant applications are due to be submitted to the Football</li> </ul>

	Foundation by late Spring 2024. The sites will be located in Sunderland East, Sunderland West, Washington and the Coalfield.
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## SW02

<b>Project Name</b>	Thompson Park Regeneration – Sutu Interactive Games Wall
<b>Lead Org</b>	SCC – Area Arrangements
<b>Amount Awarded</b>	£55,527
<b>Overview</b>	Purchase, installation and ongoing maintenance for 5 years of Interactive Play equipment at Thompson Park.
<b>Targeted Locality</b>	Sunderland North – Southwick ward
<b>Project Update</b>	<ul style="list-style-type: none"> <li>Interactive play equipment installed and open to the public for use.</li> <li>Working with VCS to deliver a programme of activities on how to use the new equipment.</li> </ul>

## SW03

<b>Project Name</b>	Seaburn Play Area
<b>Lead Org</b>	SCC – Planning and Regeneration
<b>Amount Awarded</b>	£50,000
<b>Overview</b>	The development of a new accessible play site at Seaburn, including play and seating equipment, safety/security measures and groundwork costs.
<b>Targeted Locality</b>	Sunderland North
<b>Project Update</b>	<ul style="list-style-type: none"> <li>November 2023 - Final design completed and planning application submitted. Planning consent is expected February 2024 Works will commence on site in March 2024, subject to planning approval.</li> <li>January 2024 - Contractor appointed for contractor design stage.</li> <li>The project completion date has been revised to July 2024.</li> </ul>

## SW04

<b>Project Name</b>	Wear Here 4 You Prevention Bus
<b>Lead Org</b>	Together for Children
<b>Amount Awarded</b>	£62,252
<b>Overview</b>	To support the extension of the mobile prevention offer for a further 12 months.
<b>Targeted Locality</b>	Citywide
<b>Project Update</b>	<ul style="list-style-type: none"> <li>HCP grant awarded towards the delivery of year 3 of the service, namely January – September 2024 (Q2 - 4).</li> </ul>

	<ul style="list-style-type: none"> <li>• A timetable of community sessions has been developed covering all 5 localities until at least summer 24, with sessions themed from intelligence to allow focused interventions in each area.</li> <li>• 10 schools are booked for sessions in Q2 with schools identifying specific topics relevant to their school community and local area.</li> <li>• Reporting has been provided for Q1 of Year 3 delivery and is available on request.</li> </ul>
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### 3. Living Well Delivery Board

#### 3.1 Status of LWDB Projects

- 1 project reported delays with timescales against the original project scope but confirmed that the project was still deliverable – Tackling Inequalities STSFT
- The 4 remaining projects reported their overall project status as 'On track' meaning the projects are being delivered in line with the original project scope

#### 3.2 Project Overviews and Updates

##### LW01

<b>Project Name</b>	Elemore Park
<b>Lead Org</b>	SCC – Area Arrangements
<b>Amount Awarded</b>	£240,000
<b>Overview</b>	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.
<b>Targeted Locality</b>	Coalfield
<b>Project Update</b>	<p>Progress:</p> <ul style="list-style-type: none"> <li>• Café and garden centre operational with local people employed.</li> <li>• Park Manager appointed and in post.</li> <li>• Working with the VCS and partners to increase the activities on offer and develop a programme of events.</li> <li>• Activities delivered so far have included walking groups, guided walks and walk to run weekly sessions.</li> <li>• Establishing good working relations with all community service providers in the area to ensure as many residents as possible benefit from the space and activities available, to improve their health, wellbeing and resilience.</li> <li>• Elemore Park Friends Group continues to meet with a view to being formalised and constituted, maximising community engagement with park.</li> </ul>

	<ul style="list-style-type: none"> <li>Continuing to connect with the emerging Links for Life community support programme and ensure all activities are included within the digital platform.</li> <li>Site included under the Public Spaces Protection Order (PSPO) to help tackle anti-social behaviour. Signage installed.</li> <li>Site registered as a Changing Place.</li> <li>Site used for SCC team building and volunteering exercises.</li> <li>Natural England Community Green Hub funding secured, to develop projects and resources to enhance biodiversity and bring people closer to nature. Bushcraft session took place Dec 2023. More planned for Jan-Mar 2024, involving local schools.</li> <li>Slight delay on infrastructure works due to planning approval, including securing site boundaries, enhancing footpath network and children's play area facilities as well as installation of additional parking. Progress is expected early 2024.</li> <li>Slight delay on the cycle hub due to change in personnel with local community group, cycle hub led by Big Local.</li> </ul> <p>Upcoming:</p> <ul style="list-style-type: none"> <li>To arrange a site visit for all local health partners to ensure partners, particularly GP's and social prescribers, utilise the park for the benefit of resident health and wellbeing.</li> <li>An event/activity programme to be produced which will include a range of health and wellbeing activities.</li> <li>Further engagement planned with school groups for educational visits.</li> <li>Implementation of Durham Wildlife Trust Link Together project from May 2024.</li> <li>Work to commence on the formalisation of car park and installation of play area/trim trail.</li> <li>Installation of bike storage unit early 2024.</li> <li>Management plan to be developed to help inform funding strategy.</li> </ul>
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## LW02

<b>Project Name</b>	Tackling Inequalities
<b>Lead Org</b>	Sunderland and South Tyneside NHS Foundation Trust
<b>Amount Awarded</b>	£94,000
<b>Overview</b>	Project A – Identifying inequalities in access to outpatient services resulting in DNAs, with the aim to improve patient attendance and patient outcomes.

	Project B – Understanding the workforce profile and optimising apprenticeship and recruitment opportunities for the local population.
<b>Targeted Locality</b>	Citywide
<b>Project Update</b>	<p>Both projects are now underway following the successful recruitment of a project officer. Key updates for both projects include:</p> <p>Scoping and alignment of both projects with a number of other Health Equity projects taken place within the trust and the wider ICB for example; Health literacy &amp; poverty proofing. Detailed project plans developed which includes key milestones, Gannt chart and risks &amp; issues log.</p> <p>Delays against the original timescales due to recruitment delays and operational winter and industrial action pressures. Project however is expected to be back on track by early March 2024.</p> <p><b><u>Project A</u></b></p> <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• Project officer induction into role included shadowing key staff linked to key project activities.</li> <li>• Observations of telephone calls in Outpatient contact centre undertaken.</li> <li>• Process mapping of current DNA process underway.</li> <li>• DNA literature research undertaken.</li> <li>• Key health inequalities datasets agreed for DNA reporting (including IMD/ age/gender/time and day of appointments).</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• Undertake live observations of how current DNA process is recorded and actioned in key outpatient clinics</li> <li>• Finalise DNA process mapping of two key services to identify opportunities for improvement</li> <li>• Finalise baseline measures for the 2 services</li> <li>• Track a number of DNA patient journeys to understand issues and challenges</li> </ul> <p><b><u>Project B</u></b></p> <p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Currently analysing trust workforce profiles against local population profiles to understand if the workforce is drawn from local population and to identify any gaps.</li> <li>• Key meetings scheduled to ensure actions linked to phase 1 of the project are completed.</li> </ul> <p><b>Next Steps:</b></p>

	<ul style="list-style-type: none"> <li>• Finalise methodology for next phase of project milestone.</li> <li>• Analyse agreed recruitment activity with key members of staff.</li> <li>• Undertake readability audit of current recruitment material and gathering of key data to support Project underway.</li> <li>• Commence phase 2 of both project scopes.</li> </ul>
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### LW03

<b>Project Name</b>	Physical Activity Opportunities
<b>Lead Org</b>	SCC – Active Sunderland
<b>Amount Awarded</b>	£130,000
<b>Overview</b>	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.
<b>Targeted Locality</b>	Citywide
<b>Project Update</b>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• Tennis in the Park activation programme has commenced following the completion of capital works.</li> <li>• New equipment has been purchased for Active Sunderland festivals, with further equipment to be purchased for the summer programme.</li> <li>• Equipment being purchased to support the walking programme including kit for walk leader, production of new walking routes/maps.</li> </ul> <p><b>Completed</b></p> <ul style="list-style-type: none"> <li>• Everyone Active membership fee level was maintained until the end of March 23, to support with the impact of the cost of living.</li> <li>• Active Sunderland events entry fees were subsidised for targeted communities for both the Sunderland 3K, Big Walk and Bike Ride.</li> </ul>

### LW04

<b>Project Name</b>	Cycling and Walking for Health
<b>Lead Org</b>	Sunderland Social Prescribing Board
<b>Amount Awarded</b>	£39,000
<b>Overview</b>	To reduce the barriers faced by families across Southwick and Redhill wards when it comes to active travel by enabling access to safe cycling and walking activities / infrastructure, improving health and wellbeing, encouraging sustainable travel and support local community capacity building.

<b>Targeted Locality</b>	North – Southwick and Redhill wards
<b>Project Update</b>	<ul style="list-style-type: none"> <li>• The project has been named 'WEAR Moving'.</li> <li>• Project is being lead by Sunderland Young People's Bike Project and Sunderland Community Action Group until March 2025.</li> <li>• To date there have been 265 adults (target of 300) and 408 children / young people (target of 340) involved in the delivery of the project. 5 volunteers have been involved.</li> <li>• Feedback for participants of the sessions showed: <ul style="list-style-type: none"> <li>- 79% said confidence to walk or cycle had improved.</li> <li>- 78% said they had learnt new skills.</li> <li>- 76% said they had connected to others in the community.</li> <li>- 76% reported knowing more local routes to walk or cycle.</li> <li>- 80% said they had been supported to access equipment to help the travel actively.</li> <li>- 110 respondents' satisfaction levels were in line with them being 'promoters' or the session.</li> </ul> </li> <li>• The project delivery to date has fostered relationships with other VCS partners, worked collaboratively with other local initiatives.</li> <li>• The activities have been taken into the heart of the communities.</li> <li>• Digital engagement, including the development of a project webpage, along with physical resources have been produced to promote the project.</li> <li>• Delivery model has seen high levels of participation through an open offer, with targeted promotion in identified areas. A trial of closed sessions for clients of the social prescribing link workers team proved unsuccessful with low engagement and therefore this approach was not continued. The project continues to explore opportunities to support referrals via link worker pathways.</li> <li>• The project has linked with other community-based support services in the targeted wards of Redhill and Southwick to directly reach residents. Organisations who have been working with the project in this way include Grace House, FODI, Veterans in Crisis, SARA and the Salvation Army. This approach has worked well, helping to reach people who would not have turned up at the hubs independently.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• The providers will continue to deliver a diverse and interesting programme of sessions, targeted at Redhill and Southwick residents which responds to local demand and feedback.</li> <li>• Utilise the Links for Life platform once it launches.</li> </ul>

	<ul style="list-style-type: none"> <li>• Working with SCC comms team to sharing insights and carry out further targeted promotion of the project.</li> <li>• A call for projects has been developed to deliver against the outcome of capacity building with local organisations. The brief has been developed with reference to the learning and insights gathered in the initial 6 months of delivery. Successful partners will enhance and complement the core Wear Moving project. Successful projects will start delivery in April 2024, for a maximum of 12 months.</li> </ul>
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## LW05

<b>Project Name</b>	Defibrillators and Community First Responders
<b>Lead Org</b>	North East Ambulance Service
<b>Amount Awarded</b>	£90,038
<b>Overview</b>	To increase the number of public access defibrillator sites by adding a further 29 machines at identified sites across the city; implement a Community First Responder (CFR) scheme across Sunderland, recruiting 10 CFRs and providing training and CFR kits and the provision of 5 falls kits; and aim to raise public awareness around cardiac arrest and their role in increasing the chance of survival.
<b>Targeted Locality</b>	Citywide
<b>Project Update</b>	<ul style="list-style-type: none"> <li>• Partnership work between the ICB and partners within NEAS, as well as AED supplier Wel Medical, has enabled site mapping which has taken into consideration deprivation, social needs and existing level of coverage.</li> <li>• The work has been supported by Red Sky Foundation who have supported seeking appropriate guardians of the new defibrillators – an exercise which has been challenging due to mapping of proposed sites and limited availability of suitable guardians.</li> <li>• The distribution of the defibrillators has been broken down into phases to allow for the management of assigning guardians, carrying out installation and delivering a training programme in those areas.</li> <li>• The first 5 locations have been identified:</li> <li>• 1 North, 1 East, 1 Coalfield and 2 West</li> <li>• AED delivery is expected w/c 22nd January 2024. The subsequent phase will see 10 more AEDs distributed and installed.</li> <li>• The AEDs/guardians will be promoted via NEAS, ICB and SCC comms channels.</li> <li>• The roles of the Community First Responders have been advertised. Shortlisting will take place over the upcoming weeks.</li> </ul>



## 4. Ageing Well Delivery Board

### 4.1 Status of AWDB Projects

- 1 project reported their overall project status as 'On track' meaning the project is being delivered in line with the original project scope – Sunderland Falls Prevention Programme
- 2 projects are now complete – Carers Support Offer, Ageing Well Sunderland Reporters

### 4.2 Project Overviews and Updates

#### AW01

<b>Project Name</b>	Carers Support Offer
<b>Lead Org</b>	SCC – Adult Social Care
<b>Amount Awarded</b>	£10,000
<b>Overview</b>	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.
<b>Targeted Locality</b>	Citywide
<b>Project Update</b>	<ul style="list-style-type: none"><li>• The activity funded by the grant is now complete.</li><li>• The funding supported a range of activity to raise awareness of the caring role and support access to information, advice and services across the city. It also allowed the opportunity for co-production and engagement in the development of the Sunderland Carers Strategy.</li><li>• Activities for Carers Rights Day in 2022 brought together the Sunderland City Council, Health, GP Alliance, Healthwatch, Gentoo and a range of VCS organisations to hold community-based carer awareness and support sessions. This included also included engagement from Sunderland Royal Hospital, Supermarkets, GP Practices and Libraries.</li><li>• Activities for Carers Week 2023 included information sessions at GP practices and partner VCS organisations; Carers Groups with lunch and wellbeing activities; Young Carers fun events; Carers on the move walk and afternoon tea; Caring for carers in employment session; events in schools; an information session at Sunderland Royal Hospital and engagement with the Sunderland Parent Carer Forum at their Carers Lunch.</li><li>• Training and support sessions were delivered to VCS partners to develop their knowledge and understanding of carer issues, including how to identify and support a carer.</li><li>• The delivery of carers events and activities demonstrated good partnership working and increased engagement with</li></ul>

	<p>carers. The activities directly resulted in referrals for additional support to the Carers Centre and other services:</p> <ul style="list-style-type: none"> <li>- Carers Rights Day in November 2022 - engagement with a total of 68 carers and 27 professional organisations, which directly resulted in 23 referrals to Sunderland Carers Centre and 16 referrals onto other services.</li> <li>- Carers Week 2023 - engagement with a total of 345 carers and 78 professionals, from which 34 referrals were made into Sunderland Carers Centre and 18 onto other services.</li> </ul> <ul style="list-style-type: none"> <li>• Carers Week in June 2023 recognised and celebrated the significant contribution that carers make in Sunderland. A carers celebration event was held, and the Sunderland Carers Strategy was formally launched.</li> <li>• In the latter part of 2023 work continued to build upon these activities and the Carers Groups were relaunched. The annual 'Santa' day for children and their families was well received and enjoyed by all.</li> </ul> <p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Carers Delivery Board to take forward the actions within the Carers Strategy and develop further engagement opportunities with Carers for Carers.</li> <li>• Work into educational establishments to engage children, young people and staff.</li> <li>• Link with key agencies throughout the city to equip them to be able to identify and support carers.</li> <li>• Hold further events within community venues with partner agencies.</li> <li>• Provide 'carer awareness' sessions for partner agencies</li> <li>• Host Carer Centre open days for professionals</li> <li>• Develop BLOG on website and promotional carer awareness video</li> </ul>
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## AW02

<b>Project Name</b>	Sunderland Falls Prevention Programme
<b>Lead Org</b>	SCC – Area Arrangements
<b>Amount Awarded</b>	£200,000
<b>Overview</b>	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.

<b>Targeted Locality</b>	Citywide
<b>Project Update</b>	<ul style="list-style-type: none"> <li>• The programme has entered into year 2 of delivery.</li> <li>• Delivery has been mapped out for year 2, ensuring a wider reach across localities. There will be 15 classes running across the city for each 12-week period of delivery. The programme will continue to monitor gaps and opportunities in localities.</li> <li>• Quality check visits have been carried out and project leads are assured that the programme is being delivered to a good standard.</li> <li>• The monitoring of participants is being carried out using recognised standardised tests. Progress and outcomes are being tracked via a reporting database.</li> <li>• Posters to promote the programme have been designed and have been distributed to venues. A video has also been produced promoting the programme and features the views of participants who have engaged in the programme and the positive outcomes it has had for them, both physically and socially.</li> <li>• Incentives are being considered to keep people engaged in the programme however dropout rates are mainly due to unavoidable circumstances including bereavement, ill health etc.</li> <li>• Work on a falls prevention strategy for Sunderland is looking at joining together healthcare, social care and falls prevention pathways.</li> <li>• Consideration is being given to an online falls assessment tool which would embed signposting to services and support including the Strength and Balance programme.</li> </ul> <p><b><i>Note – Programme update to be provided via a separate agenda item at AWDB on 20.02.2024</i></b></p>

### AW03

<b>Project Name</b>	Ageing Well Sunderland Reporters
<b>Lead Org</b>	SCC – Area Arrangements
<b>Amount Awarded</b>	£9,900
<b>Overview</b>	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).
<b>Targeted Locality</b>	Citywide

<b>Project Update</b>	<ul style="list-style-type: none"> <li>• The joint working with Jigsaw CIC has come to an end as the grant funding was for one year.</li> <li>• The reporters completed all the training available including journalists code of conduct, writing news stories, sporting reports, being an interviewer, photography, videoing, podcasting and social media.</li> <li>• Started with 16 reporters and still have 12 strong volunteers</li> <li>• In the first year 30+ news stories, 4x podcasts and 4 videos were produced.</li> <li>• A monthly newsletter was produced and circulated to 162 ageing well ambassadors.</li> <li>• Presented videos at the International Day of Older Persons event.</li> <li>• We'ar Shining the Light Facebook page created with 190 followers to date.</li> <li>• A final celebration event for the reporters in held in December 2023.</li> <li>• Jackie Nixon attended a final debrief in February 2024 with Jigsaw CIC. Training was provided for editing videos and podcasts.</li> <li>• The project will continue to operate without the support of Jigsaw. The group will continue with reporting in all its forms, seek opportunities to increase skill sets, meet monthly to generate ideas for inspirational stories and continue to recruit further ambassadors.</li> </ul>
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**SUNDERLAND HEALTH AND WELLBEING BOARD**

**14 March 2024**

**SUNDERLAND HEALTHY CITY PLAN 2020-2030 REFRESH**

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

**1.0 Purpose of the Report**

- 1.1 The report seeks to commence the refresh of the Healthy City Plan. A presentation will be tabled at the meeting to prompt discussion and determine:
- a. the changes the Board wishes to make to the Plan; and
  - b. how the Board would like to be engaged in the Plan refresh.

**2.0 Background**

- 2.1 The [Sunderland Healthy City Plan 2020-2030](#) is the Board's statutory joint Health and Wellbeing Strategy. The Plan was published in March 2021 following extensive engagement with Board members and stakeholders. It sets out a case for change, where the responsibility for the health and wellbeing of our residents goes beyond the health and social care system, with all organisations in the city playing a role in preventing ill health and supporting all our residents to help themselves to be healthy.
- 2.2 It is important that the Plan remains fit for purpose in setting the strategic direction for improved health and wellbeing in the city. Given the Plan has been in place for three years, it is timely to review and refresh the document.
- 2.3 Since the Plan was agreed there have been several national and local developments, including, but not limited to: health and social care changes; cost-of-living crisis; increased homelessness; a more diverse city population; the establishment of the Sunderland VCS Alliance; increased budget pressures; and new or refreshed strategic plans. Examples of new or refreshed plans include but are not limited to the NENC Joint Forward Plan, Sunderland Place Plan, Sunderland City Plan (refresh 2023-2035), Sunderland Homelessness Reduction and Sleeping Rough Strategy (2023-2028), Sunderland Financial Wellbeing Strategy (2023-2026), Sunderland Alcohol Strategy, and Sunderland Oral Health Promotion Strategy (2023-2028).
- 2.4 The Institute for Health Equity has identified two further Marmot priorities: 'tackle racism, discrimination and their outcomes'; and 'pursue environmental sustainability and health equity together.' The original six Marmot principles shape the Healthy City Plan priorities.
- 2.5 The Chief Medical Officer's annual report 2023: "Health in an ageing society" recommends actions to improve quality of life for older adults. The report

focuses on the need to take two broad approaches, the first reducing disease and secondly, changing the environment, so that people can maintain independence for longer.

### **3.0 Reviewing and refreshing the Healthy City Plan**

- 3.1 The refreshed Plan should reflect any additional issues arising from the annual Joint Strategic Needs Assessment. The focus of the three Delivery Boards (Starting Well, Living Well and Ageing Well) should be reflected in the document. Prior to the establishment of the Ageing Well Delivery Board the 'ageing well' section of the Plan was underdeveloped; this is an example of an area that can be strengthened.
- 3.2 In commencing the Plan review a brief presentation and discussion points will be tabled at the meeting. It is hoped the discussion will help determine:
- a. the changes the Board wishes to make to the Plan; and
  - b. how the Board would like to be engaged in the Plan refresh.

### **4.0 Healthy City Plan – Implementation Plan**

- 4.1 The [implementation plan](#) supports the delivery of the Healthy City Plan, with nine workstreams in the current plan focusing on health risks (smoking, alcohol and healthy weight) and others considered fundamental to achieving good health (addressing inequalities, mental health and wellbeing, best start in life, young people 11-19 and ageing well).
- 4.2 Progress updates on the delivery of the Implementation Plan should come through the respective Delivery Boards, highlighting key achievements, challenges and further key areas for improvement.
- 4.3 The refreshed Implementation Plan will focus on the Health and Wellbeing Board 'system contribution' (i.e. the Board, three Delivery Boards and workstream partnership groups). The Implementation Plan will add value and avoid duplication with wider system governance. In support of this, governance arrangements across the system are being mapped, this should help inform the future scope of the Implementation Plan workstream priorities.

### **5.0 Recommendations**

- 5.1 The Health and Wellbeing Board is recommended to:
- i. lead and actively contribute to the review of the Healthy City Plan and associated Implementation Plan;
  - ii. identify the changes the Board wishes to make to the Plan;
  - iii. determine how the Board would like to be engaged in the Plan refresh; and
  - iv. receive the refreshed Plan and Implementation Plan for approval at a subsequent Board meeting.

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**14 March 2024**

**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 Manager - Policy.
- 3.3 It is envisaged the current review of the Health and Wellbeing Board will inform the topics discussed at the Board and supporting Board development sessions. Development sessions will include:
- Healthy City Plan Refresh (subject to Board discussion March 24)
  - **May 2024** - Better Care Fund - Policy and Planning Framework
  - **June 2024** – How we engage with the public / how we measure performance
  - **December 2024** - Joint Forward Plan refresh

Members of the Board are encouraged to put forward topics for development sessions.

**4.0 Recommendation**

- 4.1 The Health and Wellbeing Board is recommended to receive the forward plan for information and consider suggested topics for future Board agenda items or development sessions.





## Sunderland Health and Wellbeing Board – Forward Plan

(Note: subject to change. Last updated 28.2.24)

<p><b>JUNE 2024 – Date to be confirmed at Annual Council in May 2024</b></p> <p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• SSCP Annual Report</li> <li>• Family Hubs</li> <li>• Healthy City Plan refresh</li> <li>• NENC Joint Forward Plan refresh</li> <li>• ICB 2.0 update</li> <li>• Healthy City Plan performance</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>	<p><b>SEPTEMBER 2024 – Date to be confirmed at Annual Council in May 2024</b></p> <p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• JSNA refresh</li> <li>• Winter planning and winter vaccinations</li> <li>• Sunderland Health Watch Annual Report</li> <li>• Director of Public Health Annual Report</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>
<p><b>DECEMBER 2024 - Date to be confirmed at Annual Council in May 2024</b></p> <p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• SSAB Annual Report</li> <li>• Sunderland Health Protection Annual Report 2023/24</li> <li>• Healthy City Plan performance</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>	<p><b>MARCH 2025 - Date to be confirmed at Annual Council in May 2024</b></p> <p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• Sunderland Healthwatch update</li> <li>• Improving access to General Practice</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>
<p><b>Additional key dates to note for future Board meetings:</b></p> <ul style="list-style-type: none"> <li>• Pharmaceutical needs assessment (PNA) – In place until July 2025</li> <li>• Improving access to General Practice (latest update March 2024)</li> <li>• Children and Young People Health Related Behaviour Survey Findings – biennial survey (latest update December 2023)</li> </ul> <p><b>Proposed development sessions:</b></p> <ul style="list-style-type: none"> <li>• Healthy City Plan Refresh (subject to Board discussion March 2024)</li> <li>• <b>May 2024</b> - Better Care Fund - Policy and Planning Framework</li> <li>• <b>June 2024</b> – How we engage with the public / How we measure performance</li> <li>• <b>December 2024</b> - Joint Forward Plan refresh</li> </ul> <p><b>Other potential topics for development sessions:</b></p> <ul style="list-style-type: none"> <li>• Place joint governance arrangements and what tools are appropriate to provide assurance on respective duties, including the PSED.</li> <li>• Social prescribing</li> <li>• Behavioural insights</li> </ul>	

