

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held on Friday 9 December 2022 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

ITEM		PAGE
1.	Welcome	
2.	Apologies for Absence	
3.	Declarations of Interest	
4.	Minutes and Action Log of the Meeting of the Board held on 30 September 2022 (attached).	1
	ITEMS FOR DECISION AND DISCUSSION	
5.	Sunderland Safeguarding Children Partnership (SSCP) Annual Report 2021/2022	17
	Report of the Sunderland Safeguarding Children Partnership Statutory Partners (attached).	
6.	Cost of Living Crisis – Impact on Health	57
	Report of the Executive Director of Health, Housing and Communities (attached).	
7.	Better Care Fund 2022/2023 Submission	65
	Joint report of the Executive Director of Health, Housing and Communities and the Director of Place (Sunderland) (attached).	
8.	Membership of the Health and Wellbeing Board	69
	Report of the Chair of the Health and Wellbeing Board (attached).	

9. Health and Wellbeing Delivery Boards Assurance Update 75

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. Healthy City Plan Performance Overview 87

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

ITEMS FOR INFORMATION

11. Covid-19 and Flu in Sunderland - Update 101

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

12. Health and Wellbeing Board Forward Plan 103

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

13. Dates and Times of Future Meetings -

The Board is asked to note that the next meeting will be held on Friday 17 March 2023 at 12.00pm

ELAINE WAUGH
Assistant Director of Law and Governance

City Hall, Sunderland

1 December 2022

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 30 September 2022

Meeting held in the Council Chamber, City Hall

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Dominic McDonough	-	Sunderland City Council
Acting Chief Superintendent Barry Joice	-	Safer Sunderland Partnership
Graham King	-	Director of Adult Services
Dr Tracey Lucas	-	
Patrick Melia	-	Chief Executive, Sunderland City Council
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council
Martin Weatherhead	-	Chair, All Together Better

In Attendance:

Scott Watson	-	Director of Place, NENC ICS
Vanessa Bainbridge	-	Independent Chair, Sunderland Safeguarding Adults Board
Paul Weddle	-	Vice-Chair, Healthwatch
Lisa Jones	-	Assistant Director of Integrated Commissioning, Sunderland City Council
Karen Davison	-	Together for Children
Sheila Rundle	-	Senior Public Health Intelligence Analyst, Sunderland City Council
Kaye Chapman	-	Public Health Lead, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Chris Binding	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW14. Welcome

Councillor Chequer welcomed everyone to the meeting and advised that Dr John Dean had stepped down as Chair of Healthwatch Sunderland and Debbie Burnicle had been appointed as his replacement. On behalf of the Board, the Chair looked

forward to welcoming Debbie and would write to John to thank him for his valued contribution during his time as a Board Member.

Board Members were advised that it was planned to bring a report to the December meeting on the membership of the Board, however there was a need to appoint an interim Vice-Chair until the new membership arrangements were formalised. The Chair proposed that Dr Lucas be invited to act as Vice-Chair on an interim basis.

The Board RESOLVED that Dr Lucas be appointed as interim Vice-Chair of the Health and Wellbeing Board.

HW15. Apologies

Apologies for absence were received from Ken Bremner, Lucy Caplan, Jill Colbert, Dr John Dean, Dr Yitka Graham, Councillor Fiona Miller and Lisa Quinn

HW16. Declarations of Interest

There were no declarations of interest.

HW17. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 11 July 2022 were agreed as a correct record.

The Board were advised that the Council would take forward the Mental Health Concordat by the end of the year.

HW18. Sunderland Safeguarding Adults Board (SSAB) Annual Report 2021/2022

The Independent Chair of the Sunderland Safeguarding Adults Board submitted the Board's Annual Report for 2021/2022. Vanessa Bainbridge, Independent Chair was in attendance to talk to the report.

It was a statutory duty for an annual account of the work of the Board to be presented to the Health and Wellbeing Board and it was noted that the work of Sunderland Safeguarding Adults Board (SSAB) focused on the strategic priorities identified in its Strategic Delivery Plan 2019-2024: -

- Prevention
- Local Areas of Risk
 - Self-Neglect
 - Mental Capacity
 - Homelessness
 - Complex adults risk management (CARM)

- People at Risk/Vulnerable/Complex Cases who don't meet statutory thresholds
- Domestic Abuse
- Suicide Prevention

Vanessa directed Board Members to the Foreword to the report as an executive summary of the work carried out during the year and she acknowledge the work of the Safeguarding team during what had been an extremely challenging year coming out of the Covid pandemic. It had been anticipated that there would be more safeguarding referrals and demand post-Covid and this had indeed happened.

The SSAB was meticulously looking at data and using the National Insights Programme as a check and balance for the data and would seek further assurance if demand continued to rise.

Over the last year, the SSAB had worked to strengthen the governance of the group and this had led to the inclusion of the homelessness agenda in the Board's terms of reference and an increased ability to look at complex needs. The local authority had taken the lead on the performance information collected by the SSAB and partners had been asked to interpret what that data meant.

A Complex Adults Risk Management (CARM) process and specific training programme had been established for people who did not meet statutory thresholds and dividends from this approach were starting to be seen. This process had been instigated from the action plan arising from the Safeguarding Adults Review (SAR) resulting from the death of Alan and the SSAB continued to implement learning from that SAR.

The SSAB needed to continue to display professional curiosity and it was good practice to look at processes and improve them. During 2021/2022 there had also been a lot of joint working with the Sunderland Safeguarding Children Partnership on cross over programmes such as domestic abuse and suicide prevention.

Moving into 2022/2023, the SSAB would focus on: -

- Covid recovery
- Driving forward the prevention agenda
- Continuous learning from practice
- Listening to the voice of the service user
- Knowing themselves as a Board
- Understanding of the new ASC framework

The Chair welcomed the case studies included within the report, noting that these humanised what the SSAB did.

Councillor McDonough referred to the Department of Health funded work on suicide prevention which had seen a huge drop in suicide rates in the city, however this project had now come to an end and he queried where this would leave Sunderland moving forward.

Gerry Taylor advised that recruitment was underway for a post to lead this work and although the Department of Health funding had come to an end, it was intended to mainstream this work in the Public Health team. Vanessa noted that one of the reasons SSAB had taken this on as priority was because Sunderland had been seen as an outlier at the time; she was pleased to hear that suicide prevention was being taken on by Public Health.

Vanessa highlighted that Safeguarding Week would take place during the week commencing 21 November and she encouraged Board Members to get involved in some of the events taking place as part of the week. She advised that further information on Safeguarding Week would be issued to partners in the near future.

Having thanked Vanessa for her presentation, it was: -

RESOLVED that the Safeguarding Adults Board Annual Report 2021-2022 be noted.

HW19. Sunderland Healthwatch Annual Report 2021/2022

The Chair of Healthwatch Sunderland submitted an annual report providing the Board with an overview of activity conducted by Healthwatch Sunderland throughout 2021/2022.

Paul Weddle, Vice-Chair of Healthwatch Sunderland was in attendance to talk to the report and in doing so emphasised that Healthwatch continued to work to ensure that patient voices were heard and was particularly active in seeking the views of the disabled and young people. Over the year, almost 1,400 people had shared their experience of health and social care services and over 3,000 had asked for support from the organisation.

Healthwatch communicated in a number of ways including their website and social media channels and had undertaken projects in 2021/2022 including: -

- Delivering the Covid vaccination programme in more accessible venues
- Introduction of baby voucher formula scheme available to families in need
- Introduction of new practices to improve support and care offered to patients from the Bangladeshi community
- Working with Public Health on communications with people with learning disabilities

For the forthcoming year, it was intended to prioritise access to GP services, domiciliary care services and hospital discharges.

Councillor Farthing paid tribute to Dr John Dean's contribution during his time as Healthwatch Chair, highlighting his vigorous challenge at Covid Control meetings around PPE requirements for services. She went on to refer to a recent survey on GP access which would be a useful starting point and noted that the Healthy Start for children was linked to the baby voucher scheme.

Graham King highlighted that he would be happy to be involved in the domiciliary care work and Dr Lucas suggested that the access to GP services would need to be linked in to 111, All Together Better and primary care networks. There was a big programme of work on this and it would be useful to have a patient view.

Dr Weatherhead said that he was aware of the pressures on appointments across all health services and there were fewer GPs but a greater number of secondary practitioners. He added that patient views were to be embedded in any work that All Together Better did.

Councillor Farthing commented that one initial improvement would be for all GPs to enable appointments to be made online, which would free up telephone lines for other matters.

The Chair stated that there was a strong willingness for people to come together to work on this and it was important that Healthwatch could come to the Health and Wellbeing Board and tell Board Members what it needed from them.

Having thanked Paul for his presentation, it was: -

RESOLVED that the Healthwatch Sunderland Annual Report 2021/2022 be noted.

HW20. Update on the North East and North Cumbria Integrated Care System

The Director of Place (Sunderland) and the Executive Director of Health, Housing and Adult Services submitted a joint report to: -

- Provide assurances that the proposed place-based governance arrangements for integrated care in Sunderland would be established by 1 April 2023 in line with national requirements; and
- Provide the Health and Wellbeing Board with an update on the North East and North Cumbria Integrated Care System (ICS).

The Integrated Care System had been on a statutory footing as of 1 July 2022 and the legislation required the ICS to establish committee arrangements between the North East and North Cumbria Integrated Care Board (NENC ICB) and the 13 local authorities aligned to the NENC ICB area as part of the statutory Integrated Care Partnership arrangements (ICP). Sunderland was part of the Central ICP alongside South Tyneside and Durham.

The place-based arrangements for Sunderland were aligned with the administrative boundaries of Sunderland City Council and in January 2022, the Cabinet had approved a proposal to adopt a joint committee arrangement for place-based governance. Sunderland based partners had established a multi-agency Joint Consultative Forum which would oversee the development of a transitional road map for the Joint Committee arrangements. The key short-term actions were the establishment of the shadow joint committee, the terms of reference, membership and chair and to complete the first draft plan by 31 October 2022.

The Integrated Care Partnership had held its first meeting on 20 September 2022 and approved ways of working between the region wide ICP and four area ICPs. The membership of the Central ICP would include local authority partners and patient voice.

Councillor McDonough was pleased to see that elected representatives were part of the structure and thanked the ICB for taking note of the views of councillors.

The Chair noted the Health and Care Alliance and Children's and Adults' Alliance which would support the place-based governance arrangements and queried if Public Health would be involved in these. She asked what would look different for the people of Sunderland.

Scott Watson advised that this was the work which was being done now; the Adults' Alliance was quite mature but there was some work to do in bringing in Public Health and Housing. Lisa Jones was leading on developing maturity matrix and more resource would be devoted to evolving the Children's Alliance to ensure parity between children and adults.

It was hoped that people would see services that they recognised and understood, and which were more embedded in the community.

Gerry Taylor stated that there were some very practical steps being taken; the Living Well Board was developing a housing strategy with a needs based and partnership approach and part of that would come through the Health and Care Alliance.

Philip Foster reinforced what had been said around services being organised at a neighbourhood level around the six primary care networks which was aimed at spending the Sunderland £ better and with less hand offs. People would be supported to live full and healthy lives in the community, and this included services outside the health and social care prism such as SARA and HALO.

Councillor Farthing said that her number one priority was child poverty in Sunderland as this underscored everything else. Family hubs were integrated, and health colleagues had a lot of targets to chase as part of Starting Well. The integration of the transition between child and adult services, particularly in relation to mental health, was also very important.

RESOLVED that the update be noted and the proposed changes be agreed.

HW21. Better Care Fund 2022/2023 Submission

The Director for Place (Sunderland), Executive Director of Health, Housing and Communities and Director of Adult Services and Chief Operating Officer of SCAS submitted a joint report seeking agreement for the sign off and submission of the Sunderland Better Care Fund Plan for 2022/2023 by the Sunderland Health and Wellbeing Board.

Health and Wellbeing Boards were required to submit Better Care Fund (BCF) plans nationally and the 2022/2023 submission consisted of: -

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

Systems were required to set expectations for improvements across the metrics which were aligned to national policy direction. These metrics were: -

1. Proportion of older people still at home 91 days after discharge from hospital into reablement of rehabilitation from 61.4% to 71.4%.
2. Older adults whose long-term care needs are met by admission to residential or nursing care from 1170.1 per 100,000 to 978.2 per 100,000 population
3. Unplanned hospitalisations for chronic ambulatory care sensitive conditions from 280.9 per 100,000 population to 213 per 100,000
4. Improving the proportion of people discharged home, based on discharge to their usual place of residence from 89.2% to 90%

Lisa Jones explained that with regard to the local metrics, these had balanced pragmatism with aspiration. The BCF also had two policy objectives for the first time which were enabling people to stay well, safe and independent at home for longer and right care, right time, right place. The priorities within the 2022/2023 plan were: -

- Addressing local health and care priorities aligned to two policy objectives
 - Developing a clear and credible winter plan
 - Developing maturity of local discharge pathways
 - Increased focus on prevention and tackling inequalities
 - Creating a shift towards neighbourhood-level decision-making and delivery
- Building effective place-based governance
 - Development of a transformational road map for place-level integration
 - Supporting intelligence-led decision-making through population health management and increased patient, public and VSCE involvement in place-based arrangements

Gerry Taylor highlighted that the BCF had been in place in Sunderland for a number of years and was a tool to help with further integration going forward and some Public Health primary care services were now part of the BCF. In effect the Health and Wellbeing Board was signing off on things which were already happening.

Dr Lucas referred to the stretch targets and commented that the improvement in older people still being at home after 91 days was very ambitious and would require a lot of investment. Gerry noted that the BCF had been accused of being under ambitious the previous year and had been qualified so it was a case of finding a balance. There was a lot of targeted work around reablement at the present time and it was an ambition to go up into the next quartile.

The Chair asked how responsive the BCF was to changing demands such as the cost of living and wider determinants.

Lisa Jones advised that the Section 75 arrangements were an open door for additional investment going forward and there were some good examples in the BCF such the prevention of cardio-vascular admissions. There was confidence that health inequalities and prevention would be addressed within this. Gerry agreed that a good start was being made on bringing the prevention budgets together and the wider ICB was looking at health inequalities.

The Chair went on to ask how housing could be engaged and Gerry noted that a needs-based housing strategy was being developed and the Winter Plan would also have a housing focus.

Councillor Farthing noted the emphasis on prevention throughout the BCF but did not feel that the agenda for this was clear. The Chair acknowledged this point and said that it might be useful to have more detail on this in the future.

Having considered the report it was: -

RESOLVED that: -

- (i) the process followed in developing the 2022/2023 BCF Plan and key points from the plan, including prior sign-off from the ICB and Sunderland City Council Chief Executive be noted;
- (ii) the proposed BCF planning documentation for submission in-line with national timescales be agreed; and
- (iii) consideration be given to the ongoing requirements of Sunderland's place-based governance arrangements and be assured that the BCF meets both national BCF conditions and local aspirations for place, as set out in the Sunderland Healthy City Plan.

HW22. Joint Strategic Needs Assessment

The Executive Director of Health, Housing and Communities submitted a report presenting the draft Sunderland Joint Strategic Needs Assessment (JSNA) to the Board.

The development of a JSNA was a statutory requirement and local authorities and Integrated Commissioning Boards (ICB) were required to have regard to the relevant JSNAs and Joint Local Health and Wellbeing Strategies (JLHWS) so far as they were relevant when exercising their functions. JSNA was the process by which Sunderland City Council and North East and North Cumbria ICB (Sunderland Place), working in collaboration with partners and the wider community, would identify the health and wellbeing needs of the local population. It provided an insight into current and future health, wellbeing and daily living needs of local people and would inform the commissioning of services and interventions. The JSNA supported a Health in All

Policies approach to the development of strategic priorities, aiming to improve health and wellbeing outcomes and reduce inequalities.

Sheila Rundle was in attendance to deliver a PowerPoint presentation highlighting the key issues within Sunderland and the key high-level challenges in the city which included: -

- Poverty levels in the city
- Children and young people faced significant challenges and inequalities across the social gradient of health
- Smoking, diet, alcohol and physical inactivity lead to poor health outcomes for the city
- People in the city had poor mental wellbeing and this also impacted on physical health
- More people in the city were living with and prematurely dying from serious diseases than anywhere else in the country
- The ageing population had a significant effect on local services
- Sunderland had higher levels of risk than England as a whole; this was directly linked to a range of social, economic and environmental factors
- Inequalities in the city had a significant impact on health
- Covid-19 had directly and indirectly impacted on life expectancy and was expected to have a significant impact on preventable mortality
- The cost-of-living crisis was hitting the poorest residents most significantly

Graham King referred to the new role of Falls Co-ordinator and explained that Sunderland had an unduly high number of hospital admissions for falls and it might be useful for the Co-ordinator to come to a future meeting to talk about the work which was taking place in the city.

Councillor Farthing asked if the majority of falls were in the home or outside; pavements were less likely to be repaired in the current financial climate and therefore may pose an increased risk. Graham noted that data was available for care homes, but he could ask the local health trust if they gathered any further information.

Paul Weddle commented that the JSNA just showed the mountain which was to be climbed and the Chair agreed that the cost-of-living crisis would just make the situation worse.

Councillor Farthing referenced the breast-feeding rates in Sunderland, and it had been very difficult to get the message through on this, with Sunderland seeming to have a culture of bottle feeding.

Gerry Taylor agreed that breast feeding rates were below what partners would like them to be and the outcome of some insights work on this was awaited. Efforts were focused on breast feeding initiation and Dr Lucas suggested that an economic as well as health approach could be taken to address this.

The Health and Wellbeing Board RESOLVED that: -

- (i) the findings of the draft Sunderland JSNA be noted;
- (ii) authority be delegated to the Executive Director of Health, Housing and Adults Services to finalise the JSNA;
- (iii) consideration be given to whether specific additional topics need to be included in this iteration in the JSNA, or any topics for development over the next year;
- (iv) these findings be taken into account when considering the commissioning plans of all partners;
- (v) these findings be taken into account when delivering plans for the Delivery Boards and workstreams identified as priorities by the Board; and
- (vi) the continual refresh of the JSNA to ensure merging needs and challenges were widely understood across the city be supported.

HW23. Sunderland Health Protection Assurance Annual Report 2021/2022

The Executive Director of Health, Housing and Communities submitted a report providing an overview of health protection arrangements and relevant activity across the city during 2021/2022.

The Executive Director of Health, Housing and Communities had a statutory remit to provide assurance to the Health and Wellbeing Board and Sunderland City Council in relation to the health protection of the local population.

There was a robust health protection system in Sunderland and key achievements in 2021/2022 included high uptake of immunisation and screening programmes; the majority of these were at pre-pandemic or heading towards pre-pandemic levels. It was highlighted that screening for bowel cancer was higher than the national average, however, although breast cancer screening was similar to the national level, there was more work to do to get this to pre-pandemic levels.

The report highlighted key achievements and what was needed to make improvements and to empower the city's population to make wise choices in health and to improve uptake rates for all programmes.

Work would continue with partners on infection control in care homes and providing advice and help where necessary. There was also a focus on improving health inequalities and providing appropriate support to refugees and asylum seekers.

Councillor Farthing noted that Sunderland had always been very good at delivering childhood immunisations but she was mindful that transport links had been weakened in the city and this could create barriers for people needing to access services. She queried whether it was possible to build on what been done for communities during the pandemic when services became more localised.

Scott Watson stated that roving clinics were already being considered depending on the uptake of programmes. Dr Weatherhead agreed that the socio-economic situation was having an impact on the uptake of health protection services and this needed to be addressed systematically.

The Chair felt that there needed to be a long-term strategy for screening and vaccination that was continuous and sustainable, and Scott advised that the Cost-of-Living Crisis health group would be looking at this approach.

Dr Lucas noted that breast screening was based in Grindon and it may be worth looking at outreach for this. The Chair added that transport was an underlying issue for so many of these matters and she would be interested to hear about any discussions which were happening on this.

Gerry said that there was a need to continually identify where health inequalities lay and Dr Weatherhead suggested it might be useful to have a reflection on socio-economic status in relation to take up of programmes as this might offer a direction to solutions.

RESOLVED that: -

- (i) the report be noted;
- (ii) the Board be assured that Sunderland had a robust health protection system where partner organisations worked together to protect the health of the population of Sunderland;
- (iii) the Board be assured that the Council's public health team would keep health protection arrangements under review and would seek to make improvements as and when necessary; and
- (iv) the health protection forward plan priorities for 2022/2023 as set out in section 15 of the report be endorsed.

HW24. Covid-19 in Sunderland – Update

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

ONS data outlined that currently 1 in 65 people in England were likely to have Covid, in the North East this was 1 in 55 people. The infection levels had increased in the last few weeks and there were 60 people currently in hospital. This emphasised the need for people to take up the booster when it was offered.

RESOLVED that the update noted.

HW25. Winter Planning 2022/2023

The Director of Place (Sunderland) submitted a report providing an update on the Winter Vaccination Programme and plans to support patients and services over the Winter period.

The winter was always a challenging period but a combination of things were likely to make the forthcoming period extremely challenging for the city. The focus this winter was on keeping people safe and well and this would be delivered through preventive activities to avoid illness, action to deliver services close to home where possible and to reduce the risk of illnesses getting to the point that hospital treatment is needed. When hospital treatment was required, the focus was on ensuring the safe delivery of care, minimising time spent in hospital and supporting people to return home.

The Winter Plan for 2022/23 had been developed based upon: -

- Learning from Covid pandemic
- The review of Sunderland winter schemes undertaken in May 2022
- National and regional guidance and learning

The Winter Plan had included the feedback from the ICS Winter Debrief and 'Testing the Plan' events and shared learning, and good practice from South Tyneside and Sunderland Place systems.

It was highlighted that a post had been funded last year to support people out of hospital with housing issues and there continued to be close working with the public health team for follow up schemes after discharge.

Gerry noted that a lot of these schemes were about people who had already been in hospital but there maybe should be more about keeping people out of hospital initially and Philip agreed that this needed to be driven forward for the long term, rather than just the winter.

Councillor Farthing queried whether a report on the level of funded care could be brought to the Board in the future. Graham King advised that data on this was regularly presented to the scrutiny committee but it was recognised that social care was part of the issue for hospital discharge.

RESOLVED that: -

- (i) the content of the report be noted;
- (ii) the Board note and be assured by the content of the Winter Vaccine Operational Plan (appendix 1);
- (iii) the Board be assured of the governance arrangements for the programme; and
- (iv) the Winter Plan (appendix 2) be noted prior to final submission to the ICB

HW26. Health and Wellbeing Board Delivery Boards Assurance Update

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

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

The Starting Well Delivery Board had discussed the new family hubs initiative, the draft JSNA, place-based integration, the Director of Public Health Annual Report and the Early Help Strategy.

The Living Well Delivery Board had considered the Director of Public Health Annual Report, place-based integration, housing and homelessness strategies, the cost-of-living crisis and community wealth building.

The Ageing Well Delivery Board had received updates on the draft JSNA, resident survey responses analysis and action plan, the Director of Public Health Annual Report, Homes for Healthy Ageing and relationship between older people and city parks.

The Board therefore RESOLVED that: -

- (i) the meeting summaries from the recent meetings of the delivery boards be noted; and
- (ii) it be assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference.

HW27. Health and Wellbeing Board Forward Plan

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

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

RESOLVED that the Forward Plan be received for information.

HW28. Dates and Time of Future Meetings

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

Friday 9 December 2022 at 12.00pm

Friday 17 March 2023 at 12.00pm

(Signed) K CHEQUER
Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
30/09/22				
HW14.	Letter of thanks to be sent to Dr John Dean on behalf of the Board	Jane Hibberd	October 2022	Complete
HW18.	Details of activity for Safeguarding Week to be circulated to the Board.	Vanessa Bainbridge/ Jane Hibberd	October 2022	Complete
HW22.	Falls Coordinator to be asked to provide an update to the Board at a future meeting	Graham King	March 2023	Added to forward plan
HW24.	Consideration to be given to presenting a more detailed report on the level of funded care available in the city	Graham King	December 2022	Added to the forward plan for March 23.

SUNDERLAND SAFEGUARDING CHILDREN PARTNERSHIP (SSCP) ANNUAL REPORT 2021/22

Report of the Sunderland Safeguarding Children Partnership Statutory Partners

1. Purpose of the Report

- 1.1 To present the Sunderland Safeguarding Children Partnership (SSCP) Annual Report 2021-22 for members information.

2. Background

- 2.1 As part of the SSCPs Multi-Agency Safeguarding Arrangements and in line with Working Together 2018, we must publish an annual report.

- 2.2 This is our second Annual Report under the *revised* arrangements and it sets out:

- the work that we have undertaken throughout the year from 1 April 2021-31 March 2022, in line with our Business Plan including impact where this can be demonstrated
- the Child Safeguarding Practice Reviews that have been completed in the year together with an overview of how learning has been embedded into practice
- how we have sought and used the views of children, young people and families
- the training offer we have provided to ensure the Sunderland workforce is better equipped to support the children, young people and families who need it.

3. Achievements in 2021/22

- 3.1 Achievements for the SSCP throughout the year are highlighted as:

- Our Practitioner Forum has gone from strength to strength
- Through Covid Recovery funding, we have provided funding for the city's prevention bus, Wear Here 4 You and also funded Relationship and Sex Education Workers who are managed by TfC
- Delivered a joint Practitioner Forum with the Domestic Abuse & Violence Against Women and Girls Board
- Developed the Young People's Plan which complements the work of TfC's Young People's Team
- Through joint working with the Sunderland Safeguarding Adults Board and the Safer Sunderland Partnership, we have established a citywide, all-age Strategic Exploitation Group

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

3.2 Our focus for 2022/23 will be to:

- Continue to deliver SSCP Business Plan 2021-24
- Continue to work strategically with other partnerships across the system
- Ensure children and young people with complex mental health difficulties are well supported
- Develop the offer for Children Missing Education
- Deliver quality services to families against the backdrop of the cost of living crisis.

4. Recommendation

4.1 Health and Wellbeing Board is asked to:

- note the content of the report and accept it as assurance of the current effectiveness of the local safeguarding children arrangements; and
- direct any queries in relation to the SSCP Annual Report to Karen Davison, SSCP Lead Officer – karen.davison1@togetherforchildren.ork.uk.



SSCP
SUNDERLAND
SAFEGUARDING CHILDREN
PARTNERSHIP

Annual Report

April 2021 to March 2022

Introduction

The Sunderland Safeguarding Children Partnership (SSCP) ensures that the coordination of effective arrangements to safeguard and promote the welfare of children, is equally shared by Chief Executive of Sunderland Council, the Chief Clinical Officer and Accountable Officer of Sunderland Clinical Commissioning Group and the Chief Constable of Northumbria Police.

The SSCP's Multi Agency Safeguarding Arrangements (MASA) provide a streamlined structure for the Partnership with a stronger focus on learning and improvement. The Practitioner Forum is now an embedded function of the partnership and provides a clear line of sight for our senior leaders to frontline practice and the impact this is having on children, young people and families. The Forum provides a clear methodology to 'deep dive' into an area of concern and to develop new ways of working and improve outcomes for children, young people and families.

As part of our Multi-Agency Safeguarding Arrangements and in line with Working Together 2018, we must publish an annual report. This is our second Annual Report under the revised arrangements and it sets out:

- The work that we have undertaken throughout the year from 1 April 2021–31 March 2022, in line with our Business Plan including impact where this can be demonstrated
- The Child Safeguarding Practice Reviews that have been completed in the year together with an overview of how learning has been embedded into practice
- How we have sought and used the views of children, young people and families

- The training offer we have provided to ensure the Sunderland workforce is better equipped to support the children, young people and families who need it.

There are six priority areas identified for the SSCP through our Business Plan:

1. Covid-19 Recovery
2. Domestic Abuse
3. Contextual Safeguarding
4. Vulnerable Babies
5. Mental health of children and young people
6. Strategic safeguarding approaches.

This report provides an update on these priorities, including performance data, progress made against the actions, identified impacts and any other activities that have contributed to the priority throughout the year.



Partners' Foreword

As social restrictions have been lifted and we are finding a new post-pandemic norm, the SSCP has worked hard to adapt and continue to improve outcomes for children, young people and families. We have had some great achievements in 2021–22 that we truly believe will make a difference for children, young people and families.

First and foremost, great credit and congratulations must go to Together for Children, who, following inspection in June and July 2021 were graded as Outstanding by Ofsted. The transformation of children's social care over the last five years is remarkable. TfC is the first in the country to make the leap from Inadequate to Outstanding and at that time were one of only 18 local authorities in England and one of only four local authorities in the North of England to be rated Outstanding.

The SSCP is delighted for TfC and also for children, young people and families in Sunderland. It provides solid assurance that those who need help receive high quality support at the right time and that this is achieved in partnership with safeguarding services across this city.

Through Covid Recovery funding from Sunderland's Clinical Commissioning Group, the SSCP has ensured that young people have access to direct support for relationship and sexual health advice. With this funding we were also able to make a contribution to the prevention bus, Wear Here 4 You, which has been invaluable in connecting with young people, providing them with a safe space and delivering prevention services, information, advice and guidance.

Our Practitioner Forum has gone from strength to strength. The sessions are valued by practitioners from across the partnership and have developed over the course of the year. As a direct result of these sessions we have made some really innovative changes to practice.

Following the Complex Adolescents forum, Together for Children implemented a Young Person's Team to work directly with vulnerable teenagers who are experiencing harm outside the home. This is already having a positive impact for families: the team works with smaller numbers of families so can spend more time building positive relationships with young people, and parents and carers are engaged as they feel supported rather than judged. In 2022–23 this will be complemented by a multi-agency Young Person's Plan - an alternative to a child protection plan which focuses on working directly with young people themselves, rather than changes to parental behaviours.

A number of new practices were also put in place following the Vulnerable Babies Practitioner Forum which has enabled us to share information about families more effectively. Child Concern Notifications for pre-school aged children are now shared with health services which has led to midwives, health visitors and GPs being able to better support families at an earlier stage.

Our work with other partnerships has strengthened - we have worked closely with the Sunderland Safeguarding Adults Board, agreeing to convene a citywide, all-age Strategic Exploitation Group. Our third Practitioner Forum, on domestic abuse, was undertaken jointly with the Domestic Abuse & Violence Against Women and Girls Board. We also continue to lead the Tyne, Wear and Northumberland Safeguarding Partnership.

We have achieved so much in 2021–22 and there is no room for complacency; there are still so many challenges. Relationships within the partnership have strengthened over the last five years; as Clinical Commissioning Groups move to become Integrated Commissioning Services it is essential these relationships are maintained so we continue

to deliver excellent health services to children.

We are beginning to see the impact of Covid lockdowns on young people's mental health and wellbeing. Referrals to mental health services have risen higher than pre-pandemic levels and there are concerns about the growing numbers of children and young people experiencing complex mental health difficulties. With extreme pressure in the system both regionally and nationally and high demand on Tier 4 beds, we need to ensure we are delivering high class services for our young people to prevent crisis situations and the need for the highest level of interventions.

Our next Practitioner Forum will focus on Children Missing Education. Whilst we have excellent systems in place to locate children missing from education, we are extremely concerned about those children missing out on education - those on part time timetables or not attending school. We look forward to the exciting developments our practitioners come up with.

All of this is set in the backdrop of the worst cost of living crises this country has seen for around 40 years. We know the pressure that this puts on families, particularly those that are already vulnerable. We have not seen a let up in the numbers of families requiring support since Covid restrictions were lifted and we need to be prepared for further increases in demand.

By delivering on our mission of

“High Support, High Challenge - Working together; making a difference; safeguarding children”

we will improve the lives of the most vulnerable children and young people in Sunderland.

Delivery of our business plan

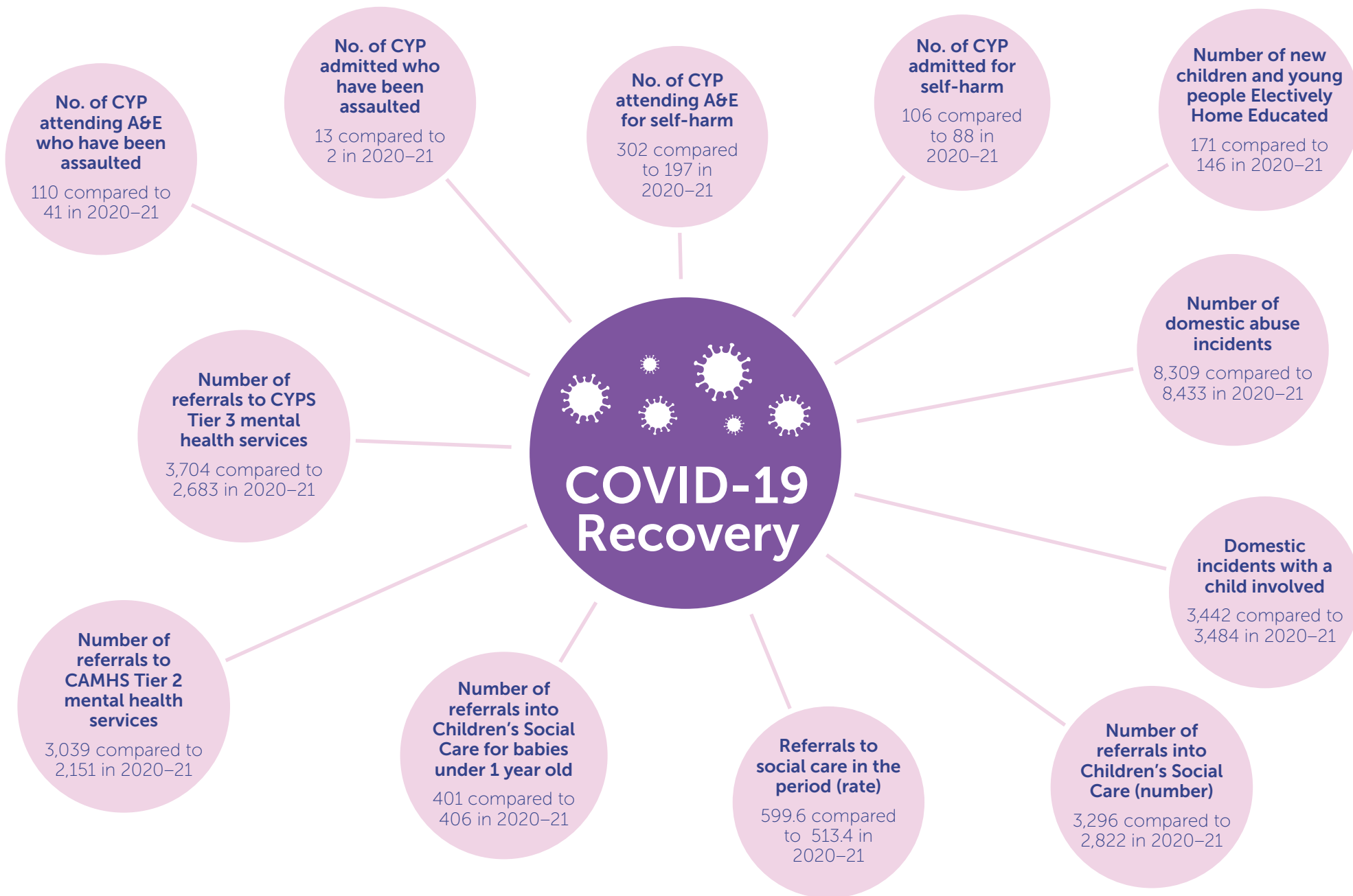
The following pages set out:

Performance information in relation to children, young people and families who are receiving multi-agency help and support

Performance information and progress made against the priorities in the SSCP Business Plan which are:

- Covid-19 Recovery
- Domestic abuse
- Complex safeguarding
- Vulnerable babies
- Mental health of children and young people
- Strategic safeguarding approaches.





COVID-19 Recovery

As restrictions on our liberties were lifted in 2021 and we learned to live with Covid, we began to see the impacts that lockdowns had on children, young people and families, including:

- A continuation of the high numbers of contacts into children’s social care services
- A slight drop in incidents of domestic abuse, however incidents continue to be higher than pre-Covid levels, including those where children and young people are present
- Numbers of young people electively home educated continues to rise
- Concerning reports about child on child sexual abuse, both physical and online, with particular concerns about derogatory language being normalised
- Increasing referrals for children and young people into mental health services, with referrals being higher than pre-Covid levels.

There was no specific action plan for this priority, recognising that the impacts were ever changing and likely to do so for several years. Partners have responded to the presenting situations in several ways.

In April 2021, the CCG provided an additional £100,000 to the SSCP to manage in relation to Covid Recovery. Following expressions of interest, funding was awarded to the following projects:

2 x sessional Relationship & Sex Education Workers	£32,000
Child & Family Workers x 6 (June-August 2021)	£42,349
Prevention Bus - Wear Here 4 U	£10,000
	£84,349

The remaining funding has carried over to the 2022–23 financial year.

The impacts of the funding for children, young people and families are detailed below.

Relationship and Sex Education (RSE) Workers

In the first quarter of 2021, referrals for young people requiring RSE support were rising and there were 39 young people on waiting lists, which provided the rationale for awarding £16,000 to employ two workers for a period of six months. Together for Children agreed to host the workers, who came into post in October 2021.

From April to September 2021 there were 87 referrals for RSE support; for the same period in 2020, there were 14 referrals. This is approximately a 600% increase and led to a decision by the SSCP to fund the workers for a further 6 months, providing an additional £16,000.

Between October 2021 and March 2022, the RSE workers provided direct work to 205 young people and supported many more on the Wear Here 4 U bus.

Child & Family Workers

Responding to increasing contacts into children’s social care, funding was awarded to allow six social work students to take up roles of child and family workers from 1 June to 31 August 2021, after which time they would move into different roles in TfC.

The students worked in the Assessment and Locality safeguarding teams, supporting social workers with tasks that would contribute to children’s

plans. This ensured families were effectively supported in a timely way and eased some of the pressures within those teams. This time also allowed students to gain knowledge of the functioning of the teams and the children and families that they were working with, meaning they were well prepared for their Assessed and Supported Year in Employment (AYSE) commencing September 2021.

Prevention bus - WEAR HERE 4 YOU

The Wear Here 4 You bus was launched on 16 October 2021, promoting a range of prevention services to children and young people. Together for Children, HDFT's Growing Healthy Service, Northumbria Police, the Youth Consortium and other partners engaged with children and young people on issues that matter to them, giving advice and support in relation to:

- Anti-Bullying
- Relationship, Sex and Health Education (RSHE)
- Youth Drug and Alcohol (YDAP)
- Co-production Opportunities
- Better Mental Health
- Careers Advice and Guidance
- Nutritional Education - Change 4 Life
- Staying Safe Advice and Guidance
- Sexual and Criminal Exploitation and Hate Crime
- Violence against women and girls
- Family Centres
- Detached Youth Work (area dependant).

In the period 16 October 2021–31 March 2022 the following sessions have taken place:

Location	No of Sessions	No of Children and young people	No of Parent/carers
School	17	1,384	0
Community - Day	8	385	47
Community - Evening	21	795	11
Total	46	2,564	59

What young people and families are telling us:

Young people want to go, just chill out and listen to music	Young people want help with their wellbeing	Young people want to know what employment and training opportunities are available	Young people want to feel safe	Young people want help to stay out of trouble
Families want access to information in one place	Young people want information about safe sex	Young people want advice about being in a healthy relationship	Young people want to talk to someone who will listen (a trusted adult)	Some young people aren't attending school
	Young people are telling us they are meeting up and fighting in groups	Young people are mixing in a varied age range from across the city	Young people are aware of 'only fans' and who to contact	

Direct quotes from children and young people are:

- “I was on the bus at Washington Galleries it gives us something to do and was great talking to staff, was helpful”
- “What a night, great staff”
- “The bus is fab, even the staff have fun”
- “Don’t get in trouble”
- “It’s just amazing”
- What we love about the bus - “the staff, the support, the tunes, the free food”

Outcomes

- Sexually Transmitted Screening kits have allowed the identification and treatment of STIs in young people
- Strengthened RSHE and anti-bullying work in individual schools
- Feedback from young people has led to a widening of support within the youth drug and alcohol service and the delivery of targeted intervention to young people
- Identification of appropriate Early Help referrals
- Raised awareness for partners on how to submit intelligence to police
- Over 50 new families signed up to their local Family Centre
- Disclosures from a number of young people, including a disclosure regarding online grooming, has led to direct work with them in relation to harmful sexual behaviour.

Schools Event - Child on child sexual abuse

In line with rising concerns in Sunderland about child on child sexual abuse, and to promote the Ofsted review of sexual abuse in schools and colleges, the SSCP held an awareness raising event specifically for schools in October 2021. The event covered:

- Children and young people’s voice
- Ofsted expectations
- RHSE Curriculum
- Growing Healthy - health services for 5–19 year olds
- Police approach
- A practical activity, looking at a case study to consider responses to support young people who experience peer to peer sexual abuse, including online abuse.

Feedback on the event was positive with those schools responding saying they had increased their knowledge on the subject, that the content of the event was relevant and that they would appreciate an annual event for schools covering relevant safeguarding themes.

Recognising the impact of online exploitation during lockdown, Northumbria Police’s Prevention Through Education Team undertook an awareness raising campaign about the sharing of self-generated indecent images (commonly called ‘nudes’) among children. During the summer term, the team visited 15 schools to deliver this topic to 1206 pupils, with most children who received the input being in year 8. Five of these sessions included a contribution from a member of our Paedophile Online Investigation Team (POLIT) giving an insight into what can happen to these indecent images once they are shared digitally. Feedback from schools was that the inputs were timely, shocking, well-pitched and exactly what the students needed to make them realise the consequences of sharing indecent images.

Elective Home Education

Through the SSCPs Covid-19 Extraordinary meetings, the increasing numbers of children and young people who are electively home educated has been brought to the attention of safeguarding partners.

This function is currently monitored and delivered by Sunderland City Council; many other education services are delivered by TfC. To streamline the offer to parents who choose to home educate their children, the council has transferred the management of this function (and other retained education functions) to TfC. The impact of this and how this improves the offer to families who do home educate can be monitored over the next year.



Domestic abuse

Domestic abuse has long been a concern in Sunderland and the Covid-19 pandemic has shone a spotlight on this. In terms of children's safeguarding, generally two-fifths of all domestic abuse incidents recorded in Sunderland involve children and young people and so this remains a priority for the SSCP.

This Annual Report sets out the key areas of work that have been undertaken by the partnership throughout the year to drive improvements in this area.

Practitioner Forum

Domestic abuse does not just affect children and families; it affects people of all ages and from all communities across the city. Recognising this, it was agreed that the SSCP would facilitate a Domestic Abuse Practitioner Forum, led by Northumbria Police, and undertaken jointly with the Domestic Abuse & Violence Against Women and Girls (DA&VAWG) Board.

The initial forum was held on 1 February 2022, focusing on the voice of survivors and children and young people. The event was well attended from across the two partnerships and initial feedback was extremely positive. The forum is now in the investigation stage, with the outcomes to be delivered to the DA&VAWG Executive in July 2022.

Safe and Together

The Baby Kate Child Safeguarding Practice Review, published in October 2020, made a number of recommendations. This included the requirement for partners to:

Implement robust Child Protection Plans which incorporate how work with perpetrators of domestic abuse is undertaken

To enhance how work is undertaken with perpetrators of domestic abuse, Together for Children has rolled out Safe & Together training for practitioners in that service. The training focuses on the behaviours of perpetrators and moves away from 'victim blaming' language. To ensure this is rolled out across the children's workforce and a consistent message is provided by all professionals and practitioners, the SSCP has agreed to fund the training at a cost of approximately £14,000. The training will be delivered in 2022–23.

Whilst Safe & Together is largely focussed on families with children, it is important that victim blaming language is not used by any practitioner or in any service working with those who experience domestic abuse. There is, therefore, an opportunity to work with the DA&VAWG Board to roll this, or similar training out across all workforces, and that recommendation has been accepted by the DA&VAWG Board.

To understand the impact of Safe & Together, a multi-agency audit was undertaken in August 2021. A series of recommendations were developed and the audit will be repeated in 2022–23 which will monitor the implementation of these recommendations as well as consider the impact the wider roll out of Safe & Together.

Domestic Abuse and Violence Against Women and Girls partnership

The DA&VAWG Board is now well established, representation by SSCP members is good and the partnership has contributed to activity since its development. The focus of activity throughout 2021–22 has been to:

- Establish the Executive and Operational Boards of the DA&VAWG Partnership
- Complete the needs assessment
- Develop the action plan
- Undertake a joint Practitioner Forum.

Looking forward to 2022–23, key activities for the DA&VAWG Partnership are:

- To oversee the implementation of the new commissioned contract for Domestic Abuse from 1 April 2022, delivered by Wearside Women in Need
- To undertake stakeholder insight and engagement through a series of surveys to survivors of domestic abuse including children and young people, services supporting survivors of domestic abuse and the general public
- The completion of three units of move-on accommodation for survivors of domestic abuse
- To undertake a training audit.

With the establishment of the DA&VAWG Partnership, the SSCP has agreed not to extend its own action plan for domestic abuse. Instead it will influence and contribute to the DA&VAWG action plan, providing a life course approach to tackling domestic abuse and its impacts.

Increased awareness raising

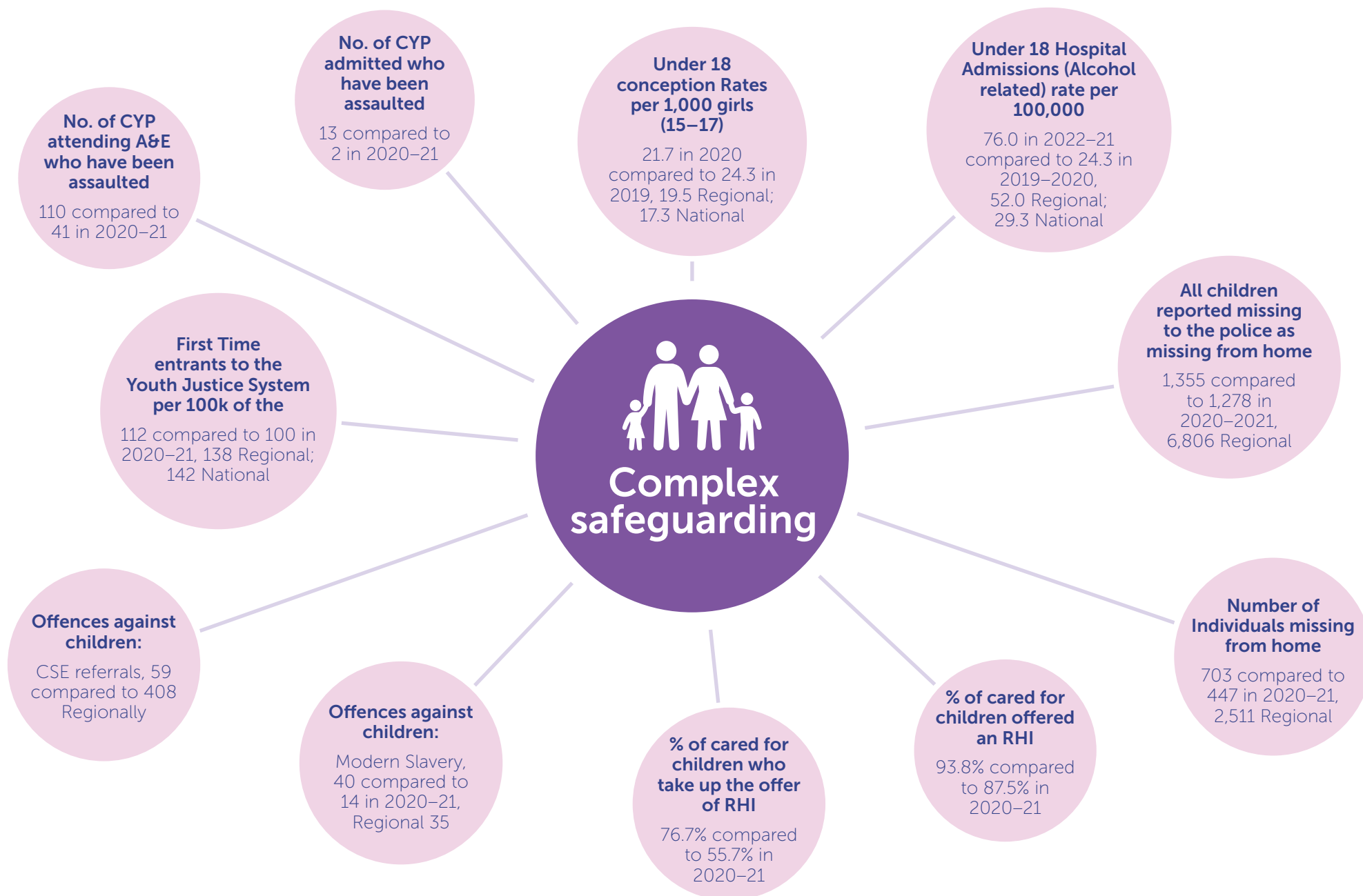
Individual agencies within the SSCP continue to improve their own approach to domestic abuse. In South Tyneside and Sunderland Foundation Trust, the hospital Independent Domestic Violence Advisor (IDVA) and Domestic Abuse Health Advocate (DAHA) have targeted all directorates across the Trust to support staff to recognise and respond to domestic abuse.

The increased awareness has enabled on site, prompt specialist support for victims from the IDVA or DAHA followed by referrals to local domestic abuse services and where necessary Multi Agency Risk Assessment Conference (MARAC) referrals, both of which have increased during the last financial year.

Child to Parent Violence and Abuse (CPVA)

A Northumbria Police Force definition of CPVA has been produced and agreed by all local areas in the Northumbria Region and police are in the process of signing off internal procedures and developing training for front line officers in relation to their response to CPVA. In support of this commitment, officers on the Street Triage Team (STT) are provided with ongoing Continuing Professional Development which includes all areas of safeguarding including DV, CPVA and exploitation. Nurses on the team are highly experienced and will look at a family dynamic as a whole and make the necessary referrals and signposting.

STT will review family situations to identify carer fatigue, children who are exposed to emotional neglect due to adult carers deteriorating mental health and parents who are at risk of DA from children with deteriorating mental health or neurodiverse diagnosis. The Mental Health Sergeant has also developed a training package for investigators so that perpetrators of domestic abuse who also have a mental health diagnosis can be progressed through the criminal justice system with support or alternatively diverted through a mental health treatment pathway. This is to safeguard family members or the public and to help prevent reoffending.



Complex safeguarding

The actions identified through this priority were developed through the Complex Adolescents Practitioner Forum and through the Child Safeguarding Practice Review for Child FC. One thing that was very apparent through both these elements of learning was a need to work differently with young people who experienced harm outside of the home. This has led to the development of a Young Person's Team and a Young Person's Plan.

Young Person's Team

Using learning from other areas, practitioners developed a radical new approach to protecting young people who are experiencing harm outside the home. In November 2021, Together for Children launched the one-year pilot of their Young Person's Team which works with young people, aged 11+, where there are no concerns about parents' behaviour, and who are facing:

- Sexual exploitation
- Criminal exploitation including through county lines and drug dealing
- Peer on peer abuse (outside of the family)
- Gang association
- Violence and knife crime
- Trafficking and modern day slavery
- Anti-social behaviour, including drug and alcohol misuse
- Radicalisation
- Mental health and emotional wellbeing.

The team benefits from having small caseloads and so can work more intensively with young people. Since being established, the MSET Coordinator has been aligned with the team to enhance support, and links have been developed with the Youth Offending Service to strengthen multi-agency working.

There are aspirations to widen the agencies that are involved in the team, either virtually or through colocation, once the evaluation of the pilot is complete.

Early indications are that there are that the team is having some good successes:

- Levels of trust for young people are increasing
- They are engaging with social workers and other services in ways that they never have before
- Parents feel more supported and not judged on their parenting ability, which means they are engaged and work with practitioners and professionals to protect their children.

Young Person's Plan

Closely linked to this is the multi-agency Young Person's Plan (YPP) which will be launched in April 2022. This exciting and new way of working will be put in place to respond to needs of the young person, through positive dialogue directly with the young person.

A feature of the YPP, which derives directly from the CSPR, is that young people will be able to say who they want to be their 'lead professional'. This will be someone the young person trusts or has a connection with,

and will act as a single point of contact, engage the young person in making choices and navigating their way through the process to effect change. The YPP is also a one-year pilot and will be evaluated after 31 March 2023.

For more information about the Young Person's Team and the Young Person's Plan you can access a presentation which has been delivered across the partnership and the format of the Young Person's Child Protection Conference.

Strategic Exploitation Group

In March 2022, the SSCP, Sunderland Safeguarding Adults Board and the Safer Sunderland Partnership held a joint workshop on exploitation. Professionals agreed that exploitation affects all age groups and all communities and requires a multi-agency strategic approach to drive improvements. It was recommended at that workshop to develop a Strategic Exploitation Group, reporting to each of the individual boards. The Strategic Exploitation Group will be in place by April 2022 and will, in the first instance, develop performance information, multi-agency training and will develop an action plan to deliver improvements across the city. This will include the remaining actions identified for the SSCP through its business plan which are:

- Develop key messages to support children and young people to understand safeguarding
- Explore the use of Boys Mentors
- Develop a Data Management Solution for complex adolescents
- Undertake a multi-agency mapping activity to understand what services are available to support adolescents.

In addition to the SSCP's action plan, Northumbria Police's have strengthened their approach to vulnerability, through the "Vulnerability Matters" training programme, which has been launched and rolled out to all front line police officers and staff. The training provides officers with an

awareness of trauma and adverse childhood experiences and has a focus on early intervention and use of the three C's (Communication, Clues and Curiosity) to identify vulnerability. Currently over 2700 police officers and staff have undertaken this training.

In line with the Force's overarching strategic priority "Protection of the Vulnerable", an Early Intervention Strategy and delivery plan has also been launched, based on four pillars: Working together; Preventative Intervention; Community Resilience; and Our People. The ultimate aim is to achieve a safe environment for people, their families and the wider communities to thrive without fear of harm and to ensure perpetrators are identified and targeted and that the opportunity for them to cause further harm is removed or minimised.

In support of community safety plans Northumbria Police has developed a Vulnerability Assessment Tracker (VAT) within the Multi-Agency Exploitation Hub. While in its early stages of development with the performance data at this time being primarily police-centric, the aim is to host relevant multi agency data which will be a big step forward in supporting safety plans.

Work has progressed on Information Sharing Agreements (ISA) with the future aim for all hub partners to drive a more connected intelligence picture to allow for effective contextual safeguarding. Also, developed is an Internal Threat Reduction Group meeting at a senior management level which is linked to the Force tasking and coordination process driving the 4P policing activities (Prevent, Protect, Prepare & Pursue) in response to exploitation. This is supplemented with analytical support desk within the Force Intelligence Department dedicated to Modern Slavery, Human Trafficking as well as Child Sexual Exploitation and County Lines identifying any current or emerging trends and hotspots.

A weekly meeting between all partners to discuss individuals raised as being at potential risk or is at current risk of exploitation takes place there are no geographic boundaries allowing a region wide approach to ensure bespoke safety plans are put in place.



Vulnerable Babies

The actions identified for improvement through this priority were developed at the Practitioner Forum on Vulnerable Babies, led by the Clinical Commissioning Group. Practitioners scrutinised:

- Injuries in immobile babies
- Parental responsibility - the role of men
- Domestic Abuse
- Substance Misuse
- Mental Health
- Vulnerable Parents - parents with disabilities, teenage parents, cared experienced.

As a result of the Practitioner Forum, the partnership:

- Has developed Vulnerable Babies training which will be launched in April 2022
- Has developed Parental Problematic Drug Use training which will be rolled out from June 2022
- Has agreed a process for sharing Child Concern Notifications with health services
- Is exploring the implementation of a new process “Notification of parent to be”, recognising the importance of involving partners from conception and understanding more about their health and social needs in order to protect newborn babies.

Multi-agency training

Professionals from agencies across the partnership and the voluntary and community sector came together to develop training packages relating to Vulnerable Babies and Parental Problematic Drug Use. Both packages will be implemented in the 2022–23 financial year and evaluations will be monitored to understand impact and make any identified changes.

Child Concern Notifications (CCNs)

A pathway for sharing CCNs has been developed and now midwives, health visitors and GPs receive CCNs for pregnant women and incidents where pre-school aged children are in the household. Implementation of this approach has been positive, enabling health visitors to provide early contact with a pregnant woman, ensuring they can provide the appropriate support and advice, which has led to improved practice and communication. GPs have implemented a flagging system so anyone seeing the child’s record is aware of, and can consider, current or potential risk to them.

Operation Encompass facilitates the sharing of CCNs for children over 5 and provides the opportunity for support in school, as well as support from early help and children’s social care where thresholds are met. Further discussions will be had in 2022–23 about sharing CCNs with health for school aged children to widen potential support available.

Notification of parent to be

Notification of parent to be, is a process that enables midwives to request information from GPs about health or social issues that may impact on the ability of a partner of an expectant mother to parent

adequately, such as mental health, substance misuse, domestic abuse and learning disabilities/difficulties. This enables midwives to provide early intervention or to refer to partner agencies to help safeguard the baby from harm and abuse.

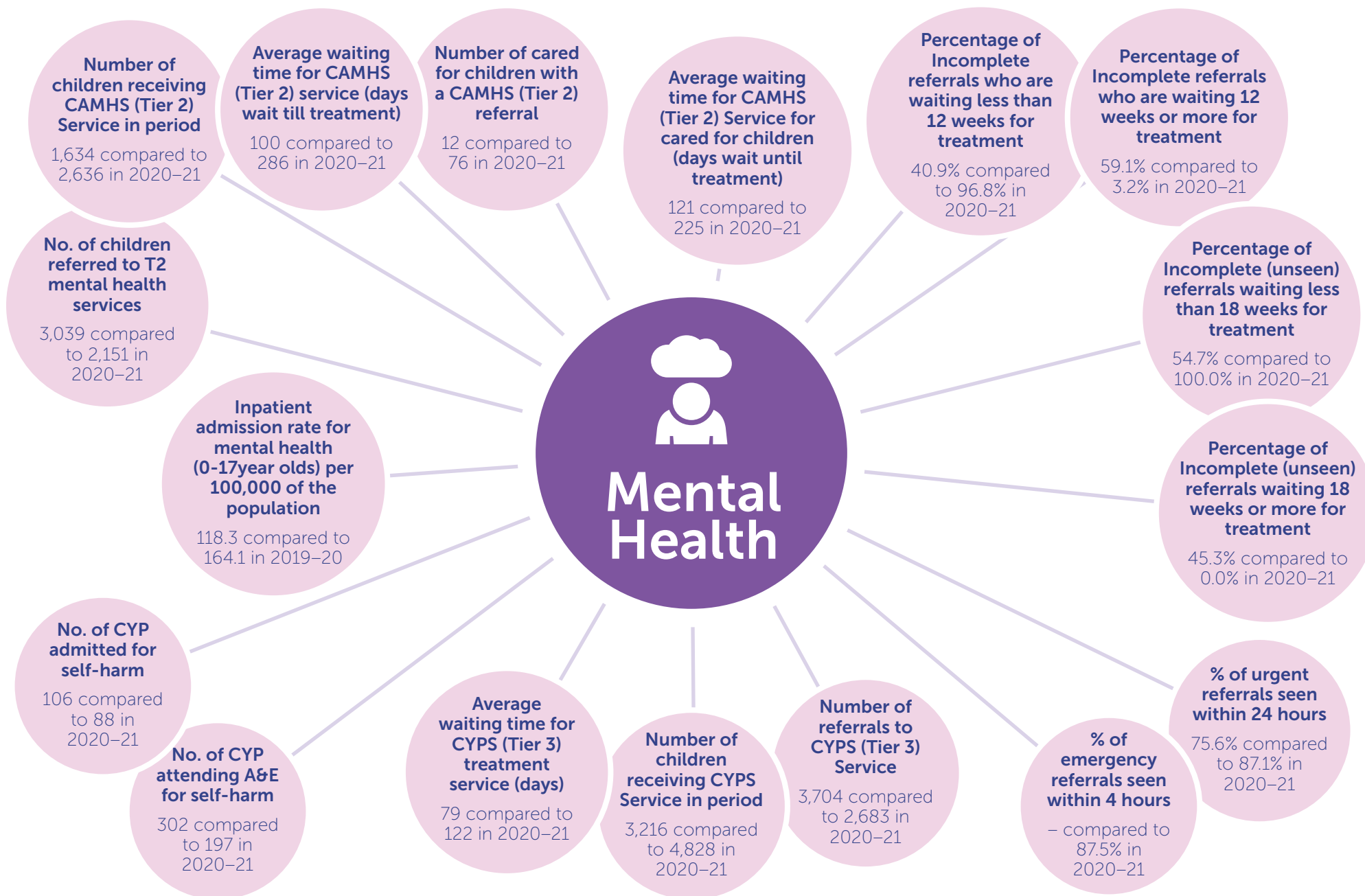
To implement this action, a multi-agency task and finish was convened to facilitate an integrated approach to the development of the process, including providing training delivered by South Tyneside Clinical Commissioning Group and South Tyneside and Sunderland Foundation Trust Named Midwife. There are ongoing discussions regarding information governance and it is hoped to implement this programme in 2022–23.

Born into Care project

Sunderland is one of 8 local areas selected to be part of the national research into babies who becomes cared for at birth. The work of Sunderland's multi-agency pre-birth team is recognised by Ofsted as exemplary and other areas across the region are working on developing similar models.

Sunderland children's social care and midwifery services are working closely with Newcastle and South Tyneside in the development of the national practice guidelines .

Together for Children is leading on development work with the North and South of the region to assist in the implementation of these guidelines to create some consistency of practice in pre-birth work. Work is also being undertaken with the Judiciary in relation to issuing proceedings on new born babies and pre-birth work.



Mental health of children and young people

It was agreed through the development of the SSCP Business Plan that there would not be a bespoke action plan; instead the SSCP would work with the CAMHS Partnership to ensure that outcomes for children and young people with emotional and mental health difficulties.

The role and remit of the CAMHS Partnership is currently being revised with a proposed new structure and a number of working groups being established.

Work continues to identify areas for improvement. In 2021–22 the first phase of implementation of Mental Health Support Teams (MHST) began and were fully rolled out in 19 schools by Spring 2022, supporting up to 6,351 pupils.

MHSTs are school based prevention and early intervention service delivering:

- Evidence-based interventions for mild to moderate mental health and emotional wellbeing needs on a 1:1 and small group basis
- Support to schools' senior mental health leads to develop and introduce their whole-school approach to mental health and emotional wellbeing
- Timely advice to staff and liaising with external specialist services so that children and young people can get the right support and remain in education.

Schools are identified based on levels of deprivation in the local area, number of children receiving free school meals and number of children with English as a second language.

In addition, in preparation for the forthcoming Liberty Protection Safeguards (LPS), STSFT have been actively involved in attending LPS regional meetings and have devised a business case to ensure the Trust has the right skill set to robustly implement LPS. There has been emphasis placed upon the impact LPS will have on our 16–17 year olds with relevant departments.

Northumbria Police also have an all age Street Triage Service which is open to children across region. In the last 12 months officers in the service have undertaken training in Adverse Childhood Experiences, learning disabilities and child exploitation to ensure they have a more holistic understanding of children's presenting behaviours.

The Street Triage service also ensure they are sighted on the impact of parental mental ill health on children and young people's mental health and make safeguarding referrals for children impacted by a parent or carers mental health crisis.

Kooth has been promoted within Southern area command for front line officers in Response Policing and Neighbourhood Teams to use as a signposting tool for young people with mental health concerns.

In 2022–23 the following activity will progress:

- The second phase of MHSTs is planned for roll out in 10 schools from November 2022 and a further 10 schools in September 2023
- The i-Thrive Framework will be implemented in Sunderland, beginning with a series of events and workshops delivered by the i-Thrive Academy
- A social marketing campaign on 'what is normal' for children and young people with regards to mental health will be developed, with a focus on anxiety. Work will be undertaken with young people to produce a series of videos and materials for parents. This will be launched in October 2022 for World Mental Health Day and will be the first of a rolling programme of campaigns to build resilience in children and young people with regards to their mental health
- A Single Point of Access will be explored including the development of a triage system to monitor and refer into other systems to manage workflow
- A social prescribing pathway will be implemented
- Implement the requirements of the Liberty Protection Safeguards.

Strategic safeguarding approaches

This priority relates to those areas that provide strategic direction to the children’s safeguarding workforce and will enable them to better support vulnerable children, young people and their families. It builds upon the already strong foundations that have been laid across the partnership, by innovative and committed partners and a highly skilled and dedicated workforce.

The areas identified for the SSCP to develop are ones that will help give practitioners the competencies, skills and knowledge to improve outcomes for children and families.

Good progress has been made in implementing a programme of joint working with the Sunderland Safeguarding Adults Board. Three workshops have been held, resulting in programmes of work that will provide solid foundations for driving improvements across the city.

Joint work with Sunderland Safeguarding Adults Board

Domestic Abuse - April 2021

The proposed actions that came from this workshop were to establish a Domestic Abuse Board, with governance arrangements, a strategy and action plan. This workshop coincided with the publication of the Domestic Abuse Act 2021 and as a result the local authority has established a Domestic Abuse & Violence Against Women and Girls Executive Board and Operational Group. This is chaired by the Chief Executive of Sunderland City Council, who is also the chair of the SSCP

Executive, so this provides read across and consistency between the two partnerships. Members of the SSCP are also represented on both the DA&VAWG Executive and Operational Groups and are active participants.

Self harm and suicide - October 2021

From a children’s perspective, the outcomes of this workshop were a recognition that whilst statutory services were not dealing with high numbers of young people who self-harm, this is a hidden issue and numbers were likely to be far higher than those reported. Governance arrangements for self-harm sit with the Child & Adolescent Mental Health Services (CAMHS) Partnership and the following recommendations were made to that group:

- Undertake an exercise to better understand the prevalence of hidden self-harm
- Raise awareness with professionals/practitioners of the referral pathways for young people who self-harm
- Influence at a national level the standardisation of consistent coding in hospital Emergency Departments to get the correct level of information

Exploitation - March 2022

Recognising that exploitation occurs within all age groups and all communities, the SSCP and SSAB asked the Safer Sunderland Partnership to join them in this joint workshop. The outcomes of the workshop were to establish a citywide Strategic Exploitation Group responsible for developing performance information, multi-agency training and an action plan to deliver improvements across the city. The first meeting of the group will be in April 2022.

Signs of Safety roll out

The SSCP agreed to adopt Signs of Safety as an operating model in 2018 and TfC's children's social care service has been implementing this in earnest for four years now. Partners have been involved in that roll out and have done lots of work to align their processes with Signs of Safety, such as revising the format of child protection reporting templates to fit with the model.

The model is now well established in children's social care and the partnership agreed it was timely to provide further training and support to other partners to improve their understanding and confidence in working in a Signs of Safety way, ensuring the support families in Sunderland receive is consistent, whichever agency they work with.

The SSCP therefore provided £30,000 to fund a part-time post to develop a programme of training. A multi-agency Signs of Safety group was convened to establish a training offer that was relevant to individual agencies and schools and the roll out of this begins in April 2022.

Change the Language

The Change Council has developed their Change the Language campaign which provides alternative language to that traditionally used by professionals, i.e. cared for instead of looked after; home rather than placement. The booklet describing these changes can be found here.

However we need to be aware of other language that we use; we need to move towards a system where we eradicate victim blaming terminology, particularly in relation to victims of domestic abuse and exploitation. As a Partnership we will continue to develop the language we use to be more respectful and aware of the traumas that people face. Specific work will be undertaken in 2022–23 by the DA&VAWG Partnership and the Strategic Exploitation Group.

Trauma Informed Approach

Having a trauma informed workforce across the SSCP is essential to understanding the needs of children, young people and families and delivering services that are appropriate for them.

In 2021–22 the SSCP undertook a training audit in relation to trauma informed approaches. We found that all partners on the Board had commissioned and delivered trauma training programmes to upskill their workforce and so there was little benefit in the SSCP commissioning or developing bespoke training. However, in order to embed messages about trauma informed practices, all SSCP training will be revised to include:

- Additional slides reminding professionals to be aware of the impact of trauma
- Case studies which consider the impact of trauma on children, young people and families.

This will be completed by January 2023.

Other strategic safeguarding improvements

0-19 Service

In order to develop capacity within the 5-19 service, ensuring school aged children could be sufficiently safeguarded, HDFT developed a Transformation Model which went live in June 2021. This included the appointment of three additional Band 6 Safeguarding Strategy Nurses, line managed by the service's Safeguarding Team. The Transformation Model has had a positive impact enabling the school nursing service to undertake their public health work.

A footprint wide audit looking at impact of these changes was completed in 2022 highlighting that the Safeguarding Strategy Nurses had had the greatest impact when visiting children in their homes and where they attended ICPC conferences. The results were particularly positive in Sunderland which evidenced that cumulative risk was being considered as well as the voice of the child being captured.

Northumbria Police

Northumbria Police have undertaken a restructure of their safeguarding services with a Detective Chief Superintendent appointed as Head of Safeguarding who is responsible for the strategic leadership and performance of the Safeguarding Department. The DCS has completed a Public Protection and Safeguarding Leadership programme ran by the College of Policing to support management and oversight.

The restructure allows the Safeguarding Department to provide clear and consistent support to all safeguarding partnerships in the Northumbria region, with clear roles and specialities for officers within the service.

There is a commitment from Northumbria Police to invest in safeguarding leadership, and the Safeguarding Detective Chief Inspectors and Superintendents will all complete the Public Protection and Safeguarding Leadership programme ran by the College of Policing.

Child Safeguarding Practice Reviews (CSPRs)

In October 2021, Child FC Child Safeguarding Practice Review was published. This related to a 16 year old boy who died as a result of a drug overdose. He was a cared for child and had a long history with services in relation to extra familial harm. The review focused on:

- The extent to which agencies shared a collective understanding of Child FC’s vulnerabilities and needs and the risks to which he was exposed
- The quality of multi-agency assessments and effectiveness of plans
- Professional judgments and decision-making
- How well agencies communicated and collaborated to keep Child FC safe
- Working in partnership with parents
- Engaging with Child FC

There were a number of recommendations which can be found in the report. The major practice change, which delivers on a number of the recommendations, is the implementation of the Young Person’s Team and the Young Person’s Plan.

Having a dedicated team for young people who are experiencing extra familial harm, builds professional expertise in supporting these young people and their families. The way this team works also encourages engagement with parents as it removes blame from them, by

acknowledging that their parenting abilities are appropriate, but that support is still required. The team has also created and implemented a range of tools, such as multi-agency chronologies and risk assessments that support decision making and planning.

The Young Person’s Plan complements and builds on the work of the Young Person’s Team. The review found that Child FC had a good relationship with his drug and alcohol worker. It considered that most young people will have at least one trusted professional in their lives, and because of this, built in to the Young Person’s Plan is the condition that the young person can choose a lead person - a professional who they know and trust and who can engage them in making choices, navigating their way through the process and effecting change.

Young people's views

Shout

In early autumn 2021, the SSCP commissioned Shout, which is Mind of My Own's surveying service, to capture of the child's voice at scale. Shout offers three surveys a year which are created in a child/young person-friendly format, utilising a bank of questions designed with young people, as well as bespoke questions specific to the topic of choice.

Following the schools event into sexual abuse in schools in October 2021, the SSCP developed its first survey regarding child on child sexual abuse.

The survey was open between October and December 2021 for young people aged 11-19. Over 600 young people took part from five schools. There was an almost 50/50 split between males and females with over 8% identifying as non-binary/something else. Most who completed were age 11-12 but we received responses from young people throughout the age range.

The full survey results can be found [here](#). In summary, the survey results suggest most of our children and young people have a positive experience and feel sexually safe. They recognise that education supports this and having opportunities to talk about sex and relationships openly with staff is key, along with schools challenging sexualised or derogatory language and noises with clear consequences.

Young people largely feel they have adults to talk to in school. This is good practice and schools should ensure this continues.

This information was provided to schools with the recommendation that sex and relationship education is regularly reviewed to ensure its appropriateness, frequency and that it includes LGBTQ+ experiences.

RSHE is a statutory requirement for schools and many schools in Sunderland are supported by TfC's RSHE service to deliver this education. There is also a LGBTQ+ group, Cosmic Epiphany, that can be accessed through TfC.

A second recommendation was that schools' links with the community are developed to ensure we can support our children to feel safe, especially at night.

The results and recommendations in this survey are not intended to replace those given by Ofsted but to complement them. The SSCP fully supports the recommendations given by Ofsted and will continue to work with schools in Sunderland to ensure these are achievable.

Relationships and Sexual Health Education

TfC analyses information received from children, young people and parent/carers through surveys and focus groups along with information gathered from schools, other consultations for example Health Related Behaviour Survey (HRBS) and referrals into TfC's Relationship and Sexual Health Service. They have identified:

- Schools report feeling confident delivering RSHE in both primary and secondary school, however they still requesting additional training to support their delivery
- Children and young people are happy that RSHE is now statutory, though they want to have their voice heard more with regards to what is taught and how the subject is delivered

- In relation to LGBTQ+ Education, schools in all sectors expressed concerns around their knowledge of LGBTQ+ and what they should be teaching
- Young LGBTQ+ people say they don't feel listened to and are unable to freely express their views
- Many referrals to the RSHE service related to unhealthy relationships, including controlling behaviour
- Parents are happy that RSHE is being taught and would appreciate the opportunity to be able to have input into what is being taught and talk about concerns they might have
- There appears to be a high number of young people sending nude images of themselves to their peers. When explored, young people said, 'everyone does it', 'it's just a laugh'. This links in with the HRBS that was produced around self-esteem, it showed that males had higher self-esteem (41%) compared to 20% of girls in the same year group.

Cared for children

The cared for children team within STSFT have implemented the Signs of Success/Strengthening Families model of practice into health assessments, using tools which will also enable the views of pre and non-verbal children to be captured.

Training

Since last year significant progress has been made in relation to delivering and developing the SSCP training offer. Training is designed to engage, upskill and raise the confidence of professionals in Sunderland who work with children, young people and their families.

Key principles embedded within all SSCP training are:

- To listen to and reflect the voice of the child and encourage opportunities for practitioners to embed this in practice
- To promote working with children, young people and their families through a trauma-informed lens
- Promote a culture of continuous learning and improvement ensuring learning from local and national reviews is embedded in practice

These principles are underpinned by the Signs of Safety method of working with children, young people and their families in Sunderland. The aim is to help workers build positive relationships and work in partnership with children and their important grown-ups, by using a strengths-based, solution-focused questioning approach that is grounded in everyday lives of children.

Training offered by the SSCP includes:

- Guide to our Thresholds of Need
- Neglect Training
- Domestic Abuse Practitioner Standard Levels 1 & 2
- Signs of Safety Briefings

Between 1st April 2021 and 31st March 2022, 71 sessions took place. A total of 799 professionals booked on to training from 11 agency types with the highest representations from TfC, Health and Education. Only 375 attended - less than half of those booked. This needs to be tackled going forward, to ensure that the SSCPs resources are maximised.

In terms of evaluations, professionals rate their knowledge as 6.1 out of 10 on average before the sessions and move to 8.6 out of 10 after. Quality of the sessions are rated as 9.2 out of 10 on average and 100% responses agree the facilitators have good knowledge of the subject. Feedback on what worked well includes:

“Trainers were excellent, they really knew the topic and shared their knowledge well. All questions were welcomed and answered. Group activities were good to put what we had learnt into practice”

“This was an interactive session that kept me engaged and was very informative.”

“Fantastic training and facilitator was knowledgeable on topic delivery. Good Case study ”

“Having the training on an evening worked well because I knew there wasn't going to be any interruptions from work and I could concentrate on the training. I enjoyed the session and learnt a lot, thank you.”

Moving forward the training lead will focus on:

- Work with partners to improve attendance on sessions
- Ensure there no gaps in topics for sessions
- Ensure quality and content of all sessions is of an excellent standard.

Next steps

The SSCPs priorities are still relevant. There has already been lots of activity implemented in the first year, with more still to do. Our priorities are relatively broad, requiring input from more than children's safeguarding services. We will, therefore, continue to work strategically, with other partnerships across the system, to maximise the positive outcomes for children and families in the city.

It will also be important for us to review the activity already implemented to understand the impact for our children, young people and families who are at the heart of the support offered.

Independent scrutineer report

As Independent Scrutineer, my role is to provide critical challenge and appraisal of the multi-agency arrangements. Taking a 'hands on' approach, my work involves meeting with children, young people, parents and carers as well as practitioners in a variety of settings to observe practice and hear directly about their experiences, in addition to attending more formal SSCP meetings and Practitioner Forums.

2021–22 has been another exceptional year for safeguarding children in Sunderland. Keeping children and young people safe throughout the Covid pandemic has continued to put pressure on individual, families, communities and services, however I am proud to report that the work of the Partnership and the agencies represented have operated very much "Business as Usual".

The work of the Partnership has been focussed on its priorities:-

- Covid-19 Recovery
- Domestic Abuse
- Contextual Safeguarding
- Vulnerable Babies
- Mental health of children and young people
- Strategic safeguarding approaches.

The data set on page ? clearly demonstrates the impact of the Covid-19 pandemic across a number of areas: a rise in children and young people attending and being admitted to hospital as a result of assault or self-harm; a significant increase in mental illness and referrals to CAHMS, as well as increases in referrals to both Early Help and Children's Social Care;

we also continue to see increases in children being Electively Home Educated. On a more positive note the number of children involved on Domestic Abuse has slightly reduced over the last 12 months, following increases during the earlier part of the pandemic last year.

The Partnership responded well to the emerging threats during the pandemic, both in terms of flexing existing resources to manage demand, but also in developing new initiatives and finding the resources to implement them within a short time-frame. Whilst all three initiatives were well received and have had a positive impact, I would like to highlight the 'Wear Here 4 U' Prevention Bus. It is clear from the services accessed and the feedback from children and young people that this outreach service has been a lifeline for many during the pandemic. Reflecting upon the increases in assaults, self-harm and mental health issues, continuing to fund an outreach service, to provide early help and support, signposting to specialist services as well as diversionary activity in a safe space should be a priority as we 'recover' from the impact of the pandemic.

In relation to the increase in children being Electively Home Educated (EHE), I welcome the transfer of responsibility for the oversight of EHE to Together for Children, where there can be a more coordinated approach across all Children's Services (including Early Help, Education and Children's Social Care), ensuring children are kept safe and parents and carers are supported to provide a suitable and effective education for their children.

Whilst this annual report is concerned with the Sunderland Safeguarding Children Partnership, rather than a single agency; the "Outstanding" grading of Children's Social Care by Ofsted this year demonstrates the marked improvements made within Together for Children. These improvements (the successful introduction of the Signs of Safety Model,

a permanent and stable workforce, strong and effective leadership) provide the bedrock on which the Partnership can continue to strengthen multi agency collaboration and drive forward new and innovative ways of working which will lead to improved outcomes for Sunderland's children and young people.

This report highlights how the SSCP played a significant part in raising concerns about the impact of Domestic Abuse, not only on victims but specifically on children living with Domestic Abuse. The SSCP collaborated with the Domestic Abuse & Violence Against Women and Girls (DA&VAWG) Board to deliver a Practitioner Forum to examine the issue in fine detail and identify a number of recommendations to tackle Domestic Abuse. Whilst this work is now being driven through the DA&VAWG Board, the SSCP will remain very much engaged in delivering improvements to ensure that children living with Domestic Abuse are safeguarded and supported.

Complex Safeguarding has been a clear focus of the SSCP, building on the recommendations from the first Practitioner Forum last year. The data on page 7 highlights a mixed picture with some areas significantly above the national and regional averages, and conversely some positive performance too, (i.e. First Time Entrants to the Youth Justice system remains significantly below both the regional and national average, Children Missing from Home again is significantly lower than the regional average). Working with young people whose safeguarding risks come from outside the home is always complex and more traditional responses often fail. This is an international issue, not just a Sunderland one.

I have been particularly impressed with the establishment of TfC's Young Person's Team who are working in a more flexible way to build trusting relationships with young people and develop strategies with them and their families to keep them safe. I have already heard really positive accounts of the difference this team are making to young people. The team are working well with other partners in managing individual cases and I look forward to this developing into a Multi Agency Team in the coming months. The 'flexible' approach taken by the team and wider

partners ensures that the team are able to pick up on emerging risks as they arise rather than having to start again with a new initiative.

The development of a Young People's Plan was an innovative and excellent piece of partnership work, delivered at pace. The Plan ensures that those young people requiring statutory child protection intervention are placed firmly at the centre of the plan, which takes a strength based approach, working wherever possible with their families and support networks to determine how best they can be safeguarded.

Finally, in response to further strengthening how we safeguard children, young people and adults from Criminal Exploitation in all its forms, I was delighted to see the SSCP work collaboratively with the Sunderland Safeguarding Adults Board (SSAB) and the Safer Sunderland Partnership (SSP) to throw a spotlight on the issue. A key recommendation to come from this piece of work was the development of a Strategic Exploitation Group to steer and support the work of our very successful MSET Operational Group. I am convinced the strategic group will be key in driving forward improvements and strengthening our approach to tackle this insidious crime.

Sunderland has some outstanding and award winning initiatives to support mothers ante and postnatally and to ensure that we keep our most vulnerable babies safe (Bumps 2 Babies, Multi Agency Pre-Birth Team). It is concerning that whilst the number of listening visits offered has increased, the uptake has declined, over the last 12 months. This issue has been discussed at Board level and further work is being undertaken to understand and address this. Whilst the increase in referrals to mental health and counselling services from maternity services may indicate a real increase in mental illness, hardly surprising given the impact of the pandemic, it may also indicate an increase in professional curiosity and recognition of the symptoms of mental illness. The sharing of Child Concern Notifications for pregnant women and pre-school aged children is invaluable in supporting health visitors, midwives, and General Practitioners to provide advice and support to mothers and to ensure children are safeguarded.

Mental Health of children and young people remains a significant concern. CAMHS referrals are up on last year's high levels, with the exception of cared for children. CAHMS waiting times are down, but 100 days still feels too long. Similarly, CYPS referrals are up but waiting times have reduced. Inpatient admission has reduced, which seems at odds with increasing referrals and an increase in the number of children and young people attending A&E with self harm injuries; perhaps this reduction reflects the national shortage of hospital beds rather than a reduced demand?

The SSCP is working closely with the CAHMS Partnership to explore these concerns and ensure that children and young people's emotional and mental health needs are met and their outcomes are improved.

Throughout my visits I continue to be impressed by the passion to safeguard children and young people and the commitment to working together to improve outcomes across the Partnership. I have observed a very positive culture, not only within Together for Children but across the Partnership. There is a willingness to try new ways of working, to take measured risks and to learn from mistakes.

I have commented previously on the excellent mechanisms to hear the voice of children and young people and use their experiences to develop and improve services. The Shout Survey, the learning from Child Safeguarding Practice Reviews and work with the Change Council illustrate this perfectly. I was particularly impressed with the tools and approaches the 0-19 Service Transformation Team were using to really capture the voice of children they were working with to inform their work.

Over the last year the SSCP has developed strong and effective relationships with other strategic partnerships both in Sunderland and across the region. Rather than working in silo, the SSCP has influenced other partnerships and encouraged a more joined up approach to tackle some challenging cross cutting themes.

Strategically and operationally over the next 12 months the focus will remain on addressing the impact of the Covid-19 pandemic on children,

young people and their families, during a time of austerity. It is imperative that services continue to work together to meet these unique challenges. I have highlighted below some of the areas where the Partnership needs to focus its efforts to strengthen both individual agency and multi-agency responses in order to continue to effectively safeguard children and young people across Sunderland:-

- Ensuring those children being Electively Home Educated are safeguarded and parents and carers supported to provide an effective education
- Further strengthening the multi-agency approach to complex safeguarding both at a strategic and operational level
- Further strengthening links with schools
- Ensuring timely and effective services for children and young people with emotional and mental health needs, particularly those in crisis
- Developing Youth Outreach Provision
- Tackling alcohol abuse amongst children and young people
- Continuing to provide high quality supervision, support, training and development for all safeguarding practitioners.



SUNDERLAND HEALTH AND WELLBEING BOARD

9 December 2022

COST OF LIVING CRISIS – IMPACT ON HEALTH

Report of the Executive Director of Health, Housing and Communities

1. Purpose of the Report

- 1.1 To provide an update on the impact of the cost of living crisis on health and provide an opportunity for the Board to make recommendations on action to mitigate the impacts on Sunderland's residents.

2. Background

- 2.1 The cost of living crisis is expected to negatively impact on the populations health and wellbeing and widen health inequalities.ⁱ
- 2.2 A recent Marmot review around fuel poverty, cold homes and inequalities highlighted that thousand will die and millions of children will suffer from 'humanitarian crisis' of fuel poverty with thousands of lives lost and millions of children's development blightedⁱⁱ. The review highlighted that *'Warm homes, nutritious food and a stable job are vital building blocks for health. In addition to the effect of cold homes on mental and physical illness, living on a low income does much damage. If we are constantly worrying about making ends meet it puts a strain on our bodies, resulting in increased stress, with effects on the heart and blood vessels and a disordered immune system. This type of living environment will mean thousands of people will die earlier than they should, and, in addition to lung damage in children, the toxic stress can permanently affect their brain development.'*ⁱⁱⁱ
- 2.3 Cost of living is now considered to be at crisis point due to the national and international issues in relation to food and fuel which have led to significant inflationary pressure. The rising cost of living means that many of our residents are making difficult decisions that will impact directly on their long-term health and wellbeing outcomes. Many of our residents are unable to afford essentials to maintain their health which brings increased stress and anxiety as people try to make ends meet.
- 2.4 Prior to the Covid-19 pandemic, many residents were in financial difficulty due to changes in benefits, unemployment and low paid employment. The position was eased for some during the pandemic with additional support being made available and some temporary arrangements in relations to sanctions, however, the pandemic brought challenges for residents who were previously financially stable, many of whom haven't yet recovered.
- 2.5 Estimates suggest that approximately 50,000 households across the city that receive DWP Means-Tested Benefits or HMRC Tax Credits may be particularly vulnerable to rises in living costs, with some people facing extreme hardship. These lower income

households including many families and single people are most at risk from a higher cost of living because they have less money to spend in the first place, and increases in costs from energy, food and fuel represent a greater share of those existing levels of spend. As inflationary pressures increase over the coming months, we may also see increasing financial difficulties for many other low to moderate income households who had previously been able to afford the essentials, falling into hardship.

3. Impact of the cost of living crisis on health

- 3.1 We have known for several years that there is a large discrepancy in life expectancy and healthy life expectancy depending on individual wealth based upon the area that people live. The average life expectancy at birth has improved in Sunderland over a number of years, however, the city continues to lag behind the England position and the people of Sunderland live, on average, shorter lives than the England average^{iv}. Residents live, on average, a greater part of their lives with illness or disability which limits their daily activities. Life expectancy at birth for males in Sunderland is 76.6 for 2018-20, compared with 77.6 for the Northeast and 79.4 for England. Life expectancy at birth for females in Sunderland is 80.9 for 2018-20, compared with 81.5 for the Northeast and 83.1 for England. The gap between healthy life expectancy for Sunderland and for England has widened for both males and females between 2017-2019 and 2018-20 from 5.7 years for males up to 7 years and for females from 6.2 years to 7 years.
- 3.2 There are several ways that the rising cost of living can affect people's health. Being unable to keep a home warm leaves people at risk of developing respiratory diseases and, for the most vulnerable, at risk of death^v. Increased poor health may also place greater strain on health services, which are already experiencing severe pressures that are set to get even worse over winter.
- 3.2.1 **Income** - Low income (in work and out of work) households are particularly vulnerable to changes in the cost of living and social exclusion and increased health risks of poverty.^{vi} Constantly worrying about having enough money to pay bills or buy food can also lead to stress, anxiety and depression and higher costs will also increase the risk of more people falling into debt. Low income families in work face unique challenges in accessing support as these parents, guardians and carers are more likely to work long and / or unsociable hours, making it difficult for them to attend food banks, advice centres, or welfare appointments. The increase in energy and food prices will mean many more people will now need help, and people on low to moderate incomes are the least able to manage the impacts of this cost of living crisis.

Within Sunderland:

- Average full-time earnings for workers (2021) who are Sunderland residents is £483.80 per week; this is below the average for the Northeast (£546.80) and Great Britain (£613.10)^{vii}
- The percentage of out of work benefit claimants aged 16-64 in Sunderland in May 2022 was 4.9%, which is higher than the Northeast figure of 4.3% and the national figure of 3.9%^{viii} and levels of people classed as economically

inactive (not in work or claiming benefits) has increased significantly since start of the pandemic

3.2.2 Child poverty – Socio-economic disadvantages can lead to wider health inequalities and are one of the primary risk factors linked to many maternal and infant health outcomes. 30.8% of children are living in low income (relative measure) families in Sunderland compared to 18.7% nationally.^{ix}

Across the city there are large differences:

- In Fulwell 13% of children are living in low income families
- In Hendon 42% of children are living in low income families

3.2.3 Food Poverty - Sunderland Foodbank (SFB) consists of 8 sites across Sunderland. In addition, there are at least another 30 independent food banks and food aid providers working in the city, providing a range of support to people experiencing food crisis due to financial hardship or at risk of food insecurity. The Trussell Trust has identified several drivers of food insecurity and food bank use, including ongoing low incomes, high housing costs, and changes to the welfare benefit system. People in debt are particularly at risk, as are increasingly those in low-paid, insecure work, and those experiencing long-term health problems.^{iv}

The figures below show the number of parcels and people supported by Sunderland Food Bank and the independent food banks who shared their data with us. The data shows that between 2019/20 and 2020/21 the number of people seeking support from food banks increased by 82% (from 10,809 to 19,674) with many more again being helped by the other food aid providers. Trends are again showing a further increase in foodbank usage this year after a local / national reduction last year – with many foodbanks now reporting significant problems with donation levels.

Food aid	2019-2020	2020-21	2021-22	2022-23 (projected)*
Number of parcels distributed	5780	10,481	8,296	11,290
Number of people reported as being supported	10809	19,674	19,397	26,826

Although there was a significant growth in provision during the period the initial increase was partially explained by the council receiving more food bank figures.

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

- 14.6% of households in Sunderland are living in fuel poverty (Low Income, Low Energy Efficiency methodology) 2020, this is above the Northeast (14.4%) and England (13.2%) average. These figures however pre-date the ongoing increases in utility prices and the position is likely to worsen in the

future. The new measure also discounts people living in energy efficient homes but that cannot afford to put their heating on due to low income

3.2.5 Illness in relation to poor housing - The effects of inadequate housing on health can be both direct and indirect, for example, high accommodation costs reduce the disposable income available to spend on things that promote good health. Damp, cold and mouldy housing is associated with higher prevalence and exacerbation of asthma as well as other chronic respiratory symptoms. In addition, cold housing is associated with exacerbating circulatory and cardiovascular conditions. Housing issues that influence mental health include affordability of housing and unsuitable housing conditions.^{xi}

Within Sunderland:

- Hospital admissions for asthma (under 19 years) 2020/21 were 121 per 100,000, higher than the England average (74.2 per 100,000)
- Emergency hospital admissions for COPD 2019/20 were 775 per 100,000, higher than the England average (415.1 per 100,000)
- Under 75 mortality rate from respiratory disease 2020, 42 per 100,000, higher than the England average (29.4 per 100,000)
- Under 75 mortality rate from cardiovascular diseases considered preventable 2020, Sunderland was 36 per 100,000, higher than England 29.6 per 100,000

3.2.6 Injury related to poor housing - Poor quality and overcrowded housing is associated with increased prevalence of injury, which may be particularly risk for young children and older people. NICE recognises that living conditions are an important factor in preventing unintentional injuries in children.^{xii}

Within Sunderland:

- Emergency hospital admissions due to falls in people aged 65 and over 2021 in Sunderland was 3164 per 100,000 higher than England of 2023 per 100,000
- Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4) 2020/21 153 per 100,000 higher than England 108.7 per 100,000

3.2.7 Food insecurity in families with infants under 12 months – the impact of the cost of living crisis, including the rising cost of food and infant formula, is leading to an increasing number of families experiencing food insecurity. Infants under the age of six months should only receive breast milk or infant formula as their sole source of nutrition, after which foods can be introduced alongside this. Cow's milk/milk alternatives should not be used as a drink until an infant is 12 months old. Regionally health visiting services have identified examples of families diluting infant formula to make it last longer, a greater number of families using hungry baby formula (this is harder for babies to digest) and there is concern that an increasing number of babies will start to be weaned off infant milk and introduced to food and other milk sources earlier than they should be due to cost, which can be harmful to health.

In response to this UNICEF UK Baby Friendly Initiative, First Steps Nutrition Trust and the National Infant Feeding Network (NIFN) have updated guidance for local authorities and health services to support families with infants under 12 months experiencing food insecurity, based on the key principles of *duty of care*, *provision*

of infant feeding support (which includes the promotion and support of breastfeeding and compliance with the World Health Assembly International Code of Marketing of Breastmilk Substitutes) and the *development of pathways of wraparound care*.

Work is underway in Sunderland to establish an integrated pathway of support across the local authority and health services, in line with the guidance, and to understand cost implications. It is anticipated this will primarily be a 'cash first approach' to support families in crisis, alongside encouraging and supporting breastfeeding and ensuring those eligible for Healthy Start access the scheme, which will partly contribute to covering the cost of infant formula.

4. Summary of support to local people to mitigate the impact of the Cost of Living Crisis

4.1 The Cost of Living Crisis Council Task Group, chaired by Executive Director Health, Housing and Communities, held its inaugural meeting in June 2022. Membership of the group comprises of leads from relevant key areas, the group meets monthly. The leads have oversight on the following themes: housing and homelessness, digital inclusion, learning and skills, health and wellbeing including food poverty, early help / safeguarding (children), early help / safeguarding (adults), financial resilience including fuel poverty, human resources including staff wellbeing, information, advice and guidance, communication (internal and external) and lived experience.

4.2 Key activities underway are:

- Sunderland Cost of Living Strategy with a strategic action plan to manage short, medium and long term activity is being developed
- A Cost of Living Support Hub via the council website for residents and via an internal support hub council staff has been launched
- Producing a Fuel Poverty Plan – from advice, education and support to funding and assistance
- Agreed an interim partnership with Utilita to deliver a boiler replacement “safety net” for those in crisis with no working boiler, also exploring ECO Flex 4 and option
- Utilising the brand, we already use in Sunderland to engage with residents “Let’s Talk Cost of Living” to understand lived experience around cost of living
- Fifty-five warm spaces across the city are working in partnership with voluntary and community sector and other city partners
- Engaging with residents and creating additional capacity via the warm spaces to deliver more activities within communities to support health, wellbeing and resilience and grow the social prescribing offer
- Launching a volunteer recruitment campaign – linking to warm spaces
- Setting up a hub in each of the 5 localities of Sunderland through the ‘Bread and Butter Thing’ (TBBT). This scheme provides weekly groceries at a fraction of the cost of supermarket prices through a weekly membership scheme. The first venue (Salvation Army, Southwick) will go live early December.

- Increasing the free training offer via the Sunderland Health Champion Programme to include Making Every Contact Count, Financial Resilience and Emotional Health and Resilience
- Continuing to provide housing advice and support to residents
- Eviction prevention support services for those facing eviction due to rent arrears
- Deliver a package of financial support measures to assist our most vulnerable residents; such as Discretionary Housing Payment, Welfare Assistance Scheme and Disabled Facilities Grants
- Establishing an offer and pathway to support families with infants under 12 months experiencing food insecurity
- Work with our Registered Providers to establish the true cost of poverty for both tenants and housing associations and collaborate on solutions to mitigate the effects on them
- Population health management approach to help identify those households who are most vulnerable

4.3 There is also a Sunderland Partnership Task Force which is citywide and was launched in September 2022. The group is chaired by the Chief Executive of Sunderland City Council and has membership from key partners including Gentoo, South Tyneside and Sunderland FT, University of Sunderland, Integrated Care Board, Sunderland College, Northumbria Police, Sunderland Football Club and Department for Work and Pensions.

4.4 The Sunderland Partnership Task Force aims to:

- Establish a strong alliance to support the residents of Sunderland
- Understand and share insight from customers
- Work together to understand what all partners are offering and to mitigate any gaps in the offerings available

4.5 A Health Response Group has also been set up which includes colleagues from the Integrated Care Board, South Tyneside and Sunderland NHS Foundation Trust (STSFT), Sunderland GP Alliance and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). The Group have discussed initiatives to support patients and staff and each healthcare organisation provides updates on the activities they are undertaking, some of which are:

- Upskilling social prescribers with training on debt, fuel poverty and looking to post the teams in warm spaces
- Supporting general practices in Sunderland to identify patients who are clinically vulnerable and require additional support, providing patient information leaflets to provide key information, liaising with local foodbanks regarding access to foodbank vouchers, providing food drop-off points from practice premises, supporting patients to register on the Priority Services Register
- All healthcare organisations have launched a survey with staff to identify what support may be helpful to them. STSFT are also holding pop-up events throughout November for staff drop-ins to discuss concerns

- Prescribing initiatives, such as rolling out minor ailment schemes across the NENC patch, promoting the use of the prescription prepayment scheme and increasing medication reviews to reduce prescribing costs for patients
- Utilising some primary care estate outside of clinical time as 'warm spaces' for local communities

5. Recommendation

- 5.1 The Health and Wellbeing Board is requested to note and discuss the content of the report and make recommendations on action to mitigate the impact of the cost of living crisis on Sunderland's residents.

ⁱ [Cost-of-Living crisis threatens to worsen health inequalities | UCL Policy Lab - UCL – University College London](#)

ⁱⁱ [Fuel Poverty, Cold Homes and Health Inequalities in the UK - IHE \(instituteofhealthequity.org\)](#)

ⁱⁱⁱ [Fuel Poverty, Cold Homes and Health Inequalities in the UK - IHE \(instituteofhealthequity.org\)](#)

^{iv} [Public Health Profiles - PHE](#)

^v [The cost-of-living crisis is a health emergency too - The Health Foundation](#)

^{vi} [Public health profiles - OHID \(phe.org.uk\)](#)

^{vii} [Annual Survey of Hours and Earnings - Data Sources - home - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

^{viii} [Labour Market Profile - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

^{ix} [children-in-low-income-families-local-area-statistics-2014-to-2021.ods \(live.com\)](#)

^x [Public health profiles - OHID \(phe.org.uk\)](#)

^{xi} [OHID Housing and Health Dashboard: North East and Yorkshire Regions; Microsoft Power BI](#)

^{xii} [OHID Housing and Health Dashboard: North East and Yorkshire Regions; Microsoft Power BI](#)

BETTER CARE FUND 2022/23 SUBMISSION

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

1.0 Purpose of the Report

1.1 The purpose of this report is to:

- i. seek the Health and Wellbeing Board's agreement for the Council and Integrated Care Board (ICB) to enter into a Section 75 agreement to enable improved health and care integration and to meet national conditions of the 2022/23 'Better Care Fund' (BCF) programme; and
- ii. gain Board views on possible areas for future integration that would support delivery of the Healthy City Plan and Integrated Care Strategy.

1.2 To provide a high-level update on how the £500 million national funding to support discharge into social care, will be worked into the 2022/23 BCF arrangements.

2.0 Background

2.1 The Better Care Fund (BCF) programme is a key enabler of health and care integration, supporting the joint delivery of person-centred and sustainable health and care provision that delivers better outcomes for people, place and population. The BCF enables the Council and Integrated Care Board (ICB) to establish a joint budget arrangement that supports effective collaboration in delivering on the NHS Long-Term Plan, alongside local strategies to improve population health and reduce inequalities.

2.2 The BCF process is underpinned by a nationally determined policy and planning framework, alongside funding contributions from:

- A minimum allocation of NHS funding
- Disabled facilities grant (DFG)
- Improved BCF (iBCF) social care funding grant
- Winter pressures grant funding to local authorities
- Additional voluntary contributions from the Council and/or ICB to further ambitions for improved integration of health and care

2.3 These arrangements must be pooled into a Section 75 agreement between the ICB and Council in order to support robust governance and accountability of the BCF. There is a national requirement for Section 75 Agreements to be in place by 31 December 2022. Failure to agree plans and/or associated s75 arrangements, may result in the withholding of grant funding to deliver critical health and care services

- 2.4 The Health and Wellbeing Board (HWB) provided assurance of Sunderland's proposed BCF documentation on 30 September 2022. Between October and November 2022, the submitted documentation underwent a national and regional moderation exercise. At the point of writing this report, the outcome of this process was not yet known, however a verbal update will be provided as part of the presentation of this report.
- 2.5 Subsequent to the submission of 2022/23 BCF plans, additional funding to support discharge into social care was announced by the government in September 2022. This funding formed part of the government's 'Plan for Patients' and must be used to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. This includes patients residing within a mental health inpatient setting.
- 2.6 There is a national expectation that this funding will be pooled into BCF arrangements by the end of January 2023. The funding will be distributed to place in two separate ways. 40% of the funding will be distributed as a section 31 ring-fenced grant to Local Authorities. Sunderland's, 2022/23 allocation of this element of the funding is £1,306,481. The remaining 60% will be distributed to ICBs, of which, the North-East and North Cumbria ICB is expected to receive £13,453,000, which will be further distributed to HWB areas.
- 2.7 The new funding provisions come with significant reporting and monitoring arrangements, alongside the below funding conditions which must be met in order for the full funding to be received:
- Local authorities and ICBs must agree a plan for spending the funding, which will be in addition to current BCF plans. This is due to be submitted on 16 December 2022 and must outline how the local authority plans to increase expenditure on discharge in relation to the existing BCF.
 - Submission of fortnightly activity reports, setting out what activities have been identified in line with commitments in the spending plan. The first activity report is expected on 30 December 2022.
 - Local authorities, ICBs and trusts to engage in a review in January 2023. Where areas face significant challenges, a package of support will be offered on conclusion of the review to support improvement.
 - Submission of a final spending report, alongside the wider end of year BCF report by 2 May 2023.
- 2.8 The agreed section 75, will need to include details on the relevant governance arrangements required to oversee the BCF conditions above, alongside reporting on the below monitoring arrangements:
- Number of care packages purchased for care homes, domiciliary care and intermediate care
 - Number of people discharged to their usual place of residence (already within the existing BCF)
 - Absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
 - Number of 'bed days lost' to delayed discharge by trust

- Proportion (%) of bed base occupied by patients who do not meet the criteria to reside, by trust.

2.9 Statutory NHS guidance relating to arrangements for the delegations and joint exercising of statutory functions between the ICB and relevant partners was published in September 2022. Within the guidance it was acknowledged that Section 75 partnership agreements continue to be the only legal mechanism to support reciprocal pooled budget and joint commissioning arrangements between the ICB, NHS trusts and Local Authority. As such, the development of the Section 75 for the BCF has the potential to support wider schemes of health and care integration as part of the emerging place-based joint governance arrangements. This also creates an opportunity to develop a unified s75 agreement that encompasses all aspects of integrated commissioning activity for improving health and wellbeing outcomes across the life course (including health, social care, public health and elements of housing that support health and care outcomes).

3.0 Current Position and Proposed Approach

3.1 At the time of compiling this report, local authorities and ICBs were awaiting feedback from the national and regional moderation of submitted BCF plans.

3.2 In order to ensure that timescales for establishing a Section 75 arrangement were met by 31 December 2022, Sunderland City Council (SCC) and the ICB have procured external legal support from Hill Dickinson. This advice was sought on the basis that the Section 75 arrangement would include additional pooled budget arrangements between SCC and ICB that sat outside the BCF, thus bringing together wider schemes of health and care integration that would support place-based joint governance arrangements. This Section 75 arrangement will:

- be based on the national framework
- include relevant reporting, monitoring and review schedules that will ensure compliance with national BCF conditions.
- Include a locally determined governance and accountability arrangement that will align to the respective organisational governance and oversight arrangements of the ICB and SCC.

3.3 The additional discharge funding provisions outlined in section 2.5 to 2.8, will form part of this agreement, ensuring the funding conditions and monitoring arrangements identified, will be supported by robust governance. At the time of writing the report, SCC and the ICB are undertaking a joint exercise to:

- Establish the current position against the metric identified in section 2.8.
- Identify current action currently being undertaken to free-up hospital beds, reduce bed says and prevent avoidable admission.
- Assess the impact of wider provisions within the Autumn Statement and SCC medium-term financial plan on current discharge-related activity.

- Identify areas of the High Impact Change Model for Managing the Transfer of Care, that require additional action, with a specific focus on discharge to assess and home first provision.
- 3.4 The above exercise will support the identification of key investment areas to align the new discharge funding ahead of the required submission on 16 December 2022.
- 3.5 By 31st December 2022, it is proposed that the Council will enter into a Section 75 agreement with the ICB, on terms agreed by the respective parties in-line with place-based governance arrangements. It is proposed that the structure of this agreement will support the inclusion of wider schemes of health and care integration in the future, in order to support collaborative delivery of the Healthy City Plan and emerging Integrated Care Strategy for North East and North Cumbria. Wider schemes could include public health and housing-related provisions that have a direct impact on health and care outcomes. This approach would support collaborative and efficient governance and decision-making through the creation of a unified Section 75 agreement.

4.0 Recommendations

- 4.1 The Health and Wellbeing Board is asked to:
- Agree to support the decision for the Council and ICB to enter into an agreement in accordance with Section 75 of the National Health Act 2006 (a Section 75 agreement).
 - Consider areas of future integration that would support delivery of the Healthy City Plan and Integrated Care Strategy.

SUNDERLAND HEALTH AND WELLBEING BOARD

9 December 2022

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Report of the Chair of the Health and Wellbeing Board

1.0 Purpose of the Report

- 1.1 To consult the Board on its future membership prior to Council approval at the Annual meeting on 17 May 2023.

2.0 Background

- 2.1 The Health and Social Care Act 2012 directs statutory membership of the Health and Wellbeing Board. Section 194(8) and 194(9) of the Act allow for additional membership as follows:

(8) The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.

(9) At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under section (2)(g), consult the Health and Wellbeing Board.

- 2.2 The Health and Wellbeing Board is also a committee of the council, and as such is governed by the council constitution. This means that appointing new members to the Board must be agreed by the Council.
- 2.3 Membership of the Board was last reviewed in September 2020 to coincide with the development of the Healthy City Plan. Council was notified of the additional appointments at the Annual Council meeting in May 2021. The current membership is set-out in Appendix 1, this includes minor changes agreed by Council in May 2022, such as changes to job titles or removing the names of Board members who had retired where replacement named officers hadn't been confirmed.
- 2.4 The Health and Care Act 2022 has established Integrated Care Boards as statutory NHS organisations. Since July 2022 Clinical Commissioning Groups (CCGs) have been subsumed into Integrated Care Systems (ICSs). Sunderland place-based governance arrangements are emerging to respond to this new landscape.
- 2.5 In light of the changes across the NHS membership of the Board needs to be reviewed.

3.0 Review of Health and Wellbeing Board membership

- 3.1 Council membership on the Board is up to date and no changes are required.

- 3.2 The membership of the Board needs to be reviewed to reflect that CCGs have been subsumed into ICSs from July 2022. There are three CCG positions on the Board – Chief Officer, Chair of the CCG and member of the CCG.

Current CCG membership	Proposed membership
Chief Officer – Clinical Commissioning Group – D Chandler Chair of Clinical Commissioning Group – Dr. I. Pattison (Vice Chair) – Member of the Clinical Commissioning Group – Dr T. Lucas	Director of Place (Sunderland) - NHS North East and North Cumbria Integrated Care Board – S. Watson 2 x ICB positions to be confirmed

- 3.3 There are four additional NHS positions on the Board, these are:

Current membership	Proposed membership
Chief Executive, South Tyneside and Sunderland NHS Foundation Trust– K. Bremner	No change
Executive Director of Commissioning and Quality Assurance, Cumbria, Northumberland Tyne & Wear NHS Foundation Trust – L. Quinn <i>Note: Officer retired. CNTW has named the replacement Board member.</i>	Group Director South Locality, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust – A. Airey
Chair - Health and Care Executive - vacant	2 representatives from the Sunderland Health and Care Alliance reflecting the emerging children & adult alliances:
Chair – All Together Better in interim until place-based provider alliance established – Dr. M. Weatherhead	Children rep. – TBC Adults rep.- Dr. M. Weatherhead

- 3.4 In addition to Council and NHS positions other Board positions are set-out below.

Current membership	Proposed membership / commentary
Healthwatch representative – Dr J Dean	Healthwatch representative – P. Weddle
Chair – Sunderland Partnership – Vacancy	No change

University of Sunderland representative – Dr. Y. Graham	No change
Chair – Sunderland Workplace Health Alliance	The Vice Chair is currently acting into the position of Chair whilst a permanent arrangement is put in place.
Safer Sunderland Partnership representative – Chief Superintendent	Safer Sunderland Partnership representative – Chief Superintendent – B. Joice

3.5 The position of Vice Chair of the Board will need to be agreed. Interim arrangements were put in place in September 2022 following the new NHS landscape and CCGs no longer existing. At this point the Board agreed to appoint Dr T. Lucas as interim chair, subject to this review of Board arrangements.

4.0 Recommendations

4.1 The Health and Wellbeing Board is requested to:

- a) Discuss and propose changes to the Board membership, including the position of Vice Chair.
- b) Agree to notify the Council of the Board's views on future membership prior to Council approval at the Annual meeting on 17 May 2023.

Appendix 1: SUNDERLAND HEALTH AND WELLBEING BOARD (updated May 2022)

20 Members

Healthy City Portfolio Holder (Chair) – Councillor Chequer
Deputy Cabinet Member for Healthy City – Councillor F. Miller
Children, Learning and Skills Portfolio Holder – Councillor Farthing
Opposition Member – Councillor McDonough

Council is requested to note the above-mentioned nominations are made by the Leader.

(Council Officers)

Chief Executive
Executive Director of Health, Housing and Communities
Director of Adult Services
Director of Children’s Services and Chief Executive – Together for Children

(Representatives of external organisations)

Chief Officer – Clinical Commissioning Group – D Chandler
Chair of Clinical Commissioning Group – Dr. I. Pattison (Vice Chair)
Member of the Clinical Commissioning Group – Dr T. Lucas
Healthwatch representative – Dr J Dean
Chair – Sunderland Partnership – **Vacancy**
Chief Executive, South Tyneside and Sunderland NHS Foundation Trust– K. Bremner
Executive Director of Commissioning and Quality Assurance, Northumberland Tyne & Wear NHS Foundation Trust – L. Quinn
University of Sunderland representative – Dr. Y. Graham
Chair – Sunderland Healthy Workplace Alliance
Chair - Health and Care Executive
Chair – All Together Better in interim until place-based provider alliance established – Dr. M. Weatherhead
Safer Sunderland Partnership representative – Chief Superintendent

HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

Report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services & Chief Operating Officer of SCAS

1.0 Purpose of the Report

1.1 The purpose of the report is to:

- i. provide the Health and Wellbeing Board with assurance that the work of the Delivery Boards is progressing in line with their agreed terms of reference;
- ii. provide a summary of key points discussed at their recent meetings;
- iii. acknowledge for public record the Board development sessions that are taking place; and
- iv. update on the allocation of Healthy City Plan Grant funding.

2.0 Background

2.1 The Health and Wellbeing Board has three delivery boards to provide strategic oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. The delivery boards provide challenge and support across partnership activity in order to reduce health inequalities and address the social determinants of health.

2.2 To enable the Health and Wellbeing Board to fulfil its role as system leader for health and wellbeing, the delivery boards will need to be assured that activity being delivered across the three themes of the City Plan (Healthy, Vibrant and Dynamic Smart City) are maximising opportunities to reduce health inequalities and address the social determinants of health.

2.3 All three delivery boards are meeting on a quarterly basis, with the last meetings being held in November 2022. The delivery boards will hold additional workshops and development sessions subject to their business needs.

3.0 Update from the Starting Well Delivery Board – met 10 November 2022

3.1 Family Hubs

The city has now received its Family Hubs funding award and we are awaiting to hear about the trailblazer application, this has been submitted but delayed due to ministerial changes. Work is continuing with partners, there are lots of meetings and project groups meeting regularly. Work on the development

plan is underway and there are a lot of opportunities to help shape the content. Nominations have been requested from various services to identify Family Hub Champions. A workshop on 16 November will bring partners together, focusing on early help and the Family Hubs. Family Hubs will remain a standard agenda for the Delivery Board. A secondment from Public Health into TfC will provide dedicated support to the development of Family Hubs.

3.2 Holiday Activities and Food Programme

A report was provided on the delivery of Sunderland's Holiday Activity and Food Programme for Summer 2022. A presentation summarised the activities which have taken place, the benefits of the programme, what worked well and what didn't, and the delivery plans for Winter 2022. There are concerns about the increased cost of opening premises, particularly for the Winter programme, plus reduced capacity from providers not delivering over the Christmas period. Discussion took place regarding the potential links to the warm spaces and cost of living crisis work that the Council is leading on, as there could be opportunities to align services.

3.3 Health City Plan Performance Report

See separate agenda item.

3.4 Food insecurity in families with infants under 12 months

The Delivery Board discussed how an increasing number of families are experiencing food insecurity. Infants under the age of six months should only receive breast milk or infant formula as their sole source of nutrition, after which foods can be introduced alongside this. Regionally health visiting services have identified examples of families diluting infant formula to make it last longer and a greater number of families are using hungry baby formula (this is harder for babies to digest). There is also concern that an increasing number of babies will start to be weaned off infant milk and introduced to food and other milk sources earlier than they should be due to cost, which can be harmful to their health. Work is underway in Sunderland to establish an integrated pathway of support across the local authority and health services and to understand cost implications. It is anticipated this will primarily be a 'cash first approach' to support families in crisis, alongside encouraging and supporting breastfeeding and ensuring those eligible for Healthy Start access the scheme, which will partly contribute to covering the cost of infant formula. (Note: this issue is discussed further in the Cost of Living Crisis report).

3.5 Super Babies Campaign

An update was provided on the campaign launched on 8 November around alcohol and raising awareness of the dangers of drinking alcohol during pregnancy and giving babies the best start in life. The main campaign is being funded through the ICS (as part of the Public Health Prevention in Maternity programme), with some additional funding through the substance misuse grant for the city. The campaign will run for 2.5 months and is a social

digital campaign with the strapline 'Be your baby's hero and keep alcohol at zero'.

3.6 Post-natal contraception

A fixed-term post within the Sexual Health Service is currently being scoped to ensure timely access to post-natal contraception prior to discharge from hospital (where possible) and to upskill midwifery staff to provide this in the future, which would ensure the service offer through maternity is working to national guidance. It is the intention to seek funding for this fixed term provision from the Healthy City Plan Grant.

3.7 Draft Alcohol Strategy

See Living Well Delivery Board update. The Starting Well Delivery Board was invited to provide comments and feedback on the draft strategy.

3.8 Core20PLUS5 children and young people

This is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level will be launched in December.

3.9 Forward plan

The Delivery Board has a detailed forward plan. Family Hubs are a standard agenda item. Warm spaces and young people's mental health were added to the forward plan for 2023. The Delivery Board plans to meet with the Sunderland Youth Council next year.

3.10 Key issues

The Delivery Board remains focused on Covid recovery, as well as a number of cross-cutting issues that affect considerable numbers of children and young people including poverty, alcohol and substance misuse harms.

A children and young people's JSNA is under development, it should assess current and future needs and inform future commissioning. From this work it is hoped the Board will have a greater understanding of what it is like to be a child or young person in Sunderland and how services can support their needs.

4.0 Update from the Living Well Delivery Board – met 16 November 2022

4.1 Draft Alcohol Strategy

The draft strategy is an ambitious strategy to address the challenges the city faces with regards to alcohol harms in a holistic manner. It has been shared with the three Delivery Boards. There is a recognition that alcohol is a complex issue within the city that causes significant harm to our communities.

The presentation included an outline of the key issues, the consultation that has taken place and details on the three strategy objectives. The three objectives are: (1) prevention and early intervention; (2) providing specialist interventions to promote a quality treatment and recovery system; and (3) protecting children, young people and families from alcohol related harm.

Partners acknowledged the importance of the strategy and were supportive of upcoming consultation with the Safer Sunderland Partnership where there would be opportunity to discuss whether there were additional community safety considerations. In addition, the lead officer will explore whether the links with Primary Care providers can be further strengthened.

Feedback on the draft strategy is sought by the end of November. The strategy will be seeking ratification from the Living Well Delivery Board in February prior to being presented to the HWB for final approval in March 2023.

4.2 **A systemwide approach to improving health and reducing health inequalities**

A comprehensive report and presentation provided a progress update on:

- The Integrated Care Board / ICS Roadmap, including an overview of the draft Integrated Care Strategy and the Fairer Health outcomes.
- The HWB four health inequality priorities, these being: better understanding our population; Asset Based Community Development; economic activity, skills, aspirations and community wealth; and Health in All Policies.
- The work of the NHS tackling health inequalities at place, including Core20Plus5.

The desire is to develop a more systematic way to bring together the distinct work programmes that are being delivered across the wider system to address health inequalities. The Inequalities Delivery Group and South Tyneside and Sunderland Healthcare Inequalities Working Group will consider the Population Intervention Triangle as a framework for action to reduce health inequalities, taking into account the four HWB health inequality priorities, the Core20Plus5 framework, the NHS Planning Guidance, the draft ICB Strategy and the Health Inequalities PCN Direct Enhanced Services (DES) work in Primary Care.

The Delivery Board were advised of the HWB Development Sessions in November and December. The hope is that the development sessions will help us develop our collective thinking on how we need to respond to health inequalities, both at place and as a wider system.

There was recognition from the Delivery Board that health inequalities are complex, no one person knows everything that's happening, and that we want to try and avoid duplication and maximise a whole range of opportunities to make a difference. There was acknowledgement that when we try to improve

health related metrics the inequality can often widen for some groups. Going forward it would be helpful to have a common and flexible understanding of what success looks like and explore whether we can develop an agreed method of measuring impact that takes into account equity.

The councils emerging Integrated Impact Assessment tool should help to ensure the wider impacts of activity are understood, and opportunities maximised. The tool will be shared at the next meeting.

The role out of 'Making Every Contact Count' training for all stakeholders provides an opportunity for people to understand the role that they play in reducing health inequalities.

4.3 Healthy City Plan (HCP) Grant proposals

The Delivery Board considered requests for Healthy City Plan Grant. See section 7 of this report. The requests for funding were supported by the Delivery Board.

4.4 Healthy City Plan Performance report

See separate agenda item.

4.5 Update on the Housing and Homelessness Strategy and supporting Health Needs Assessment.

The strategy consultation started mid-October and closes 5 December 2022. The strategy will be launched in April 2023. An Integrated Impact Assessment of the emerging strategy identified the need for a Health Needs Assessment to understand the health needs, risk factors and support experiences for people in Sunderland affected by homelessness. Recognition that ill health can be a contributing factor to homelessness and can also be caused by it. The mean age of death for the homelessness population is much lower than the general population: 45.9 males/ 41.6 females, compared to general population 75.9 males / 80.6 females. The presentation highlighted the increased risk of some groups becoming homeless and the concern of the cost of living crisis potentially exacerbating homelessness. Next steps include surveying individuals and service providers, with the final Health Needs Assessment and recommendations prepared in January.

4.6 Forward Plan

The Delivery Board has a detailed forward plan. Proposed agenda items for the next meeting include: ratification of the Alcohol Strategy prior to seeking Health and Wellbeing Board approval; update on grant activity to support residents into work; social prescribing hub model and warm spaces; and an update on low carbon activity that supports health and wellbeing.

4.2 **Key issues**

The issues of improving health and reducing health inequalities require a partnership approach as demonstrated in ongoing delivery board discussions. The Delivery Board is keen to continue to understand how we can all help to mitigate the impact of the cost of living crisis and how we can take equitable approaches to delivering our services to ensure we strive to reduce health inequalities.

5.0 **Update from the Ageing Well Delivery Board – met 15 November 2022**

5.1 **Homeshare UK**

The Ageing Well Delivery Board received a presentation from Homeshare UK. Homeshare enables two people to share a home for mutual benefit. Typically, an older person living in their own home with a room to spare will be carefully matched with a younger person who will provide an agreed amount of support in exchange for good quality affordable accommodation. The presentation set out how the initiative works including what a tailored agreement may include, and the benefits of the scheme to the householder, homesharer and wider community. Discussion included safeguarding considerations; ensuring neither party are financially disadvantaged (e.g. impact on single occupancy Council Tax rate); and the support available to help the homesharer move on when the householder no longer resides in the property. Homeshare UK have been given a grant to deliver the programme in the North-East.

5.2 **UK Network Conference**

The main take-away from the conference for the Delivery Board was to consider skills and opportunities in older age, and not solely focus on health, but to consider their wider wellbeing and older people as assets.

5.3 **Ageing well communications campaigns**

Cost of Living communications are looking beyond financial wellbeing and are taking a more holistic approach to include health, wellbeing and skills, for example. The proposed Ageing Well Sunderland Reporters (Healthy City Plan Grant application – section 7) will play a key role in future communications campaigns. Warm spaces are being promoted along with other campaigns such as Talk Money Week, Real Living Wage and The Bread and Butter Thing. Consideration is being given to longer term actions and how we need to be mindful about the Cost of Living in wider communications strategies.

5.4 **Warm Spaces**

The Delivery Board heard about the work to put in place warm spaces across the city. There are 55 at present and this will be extended. A Warm Spaces Charter has been signed by all warm space providers, the ethos being to provide a safe and friendly environment where people will be welcomed. The opening times will be changing to include weekends to respond to local need.

A range of information is being distributed to the warm spaces and partners are being encouraged to connect with the warm spaces to enable access to other services from the warm spaces, e.g. employment support, Christmas activities, healthy cooking, physical activity etc. The model is currently being tested and will inform the development of community hubs. Communications are being targeted to reach a wider audience. Take-up across the centres has been variable, some centres have been very busy and other centres have volunteers on stand-by wanting to help and support people. The centres with a wider offer appear to have greater footfall. Many families are wanting to access the centres on an evening. Discussion took place on how partners could help communicate the offer and how communications could be further targeted, including reaching those older people who are recognised to have a range of vulnerabilities (warmth may not be the under-lying issue for some people, but they may benefit from attending a warm space in other ways). A number of organisations have come forward to say they could also be a warm space and this is being explored.

5.5 Front door redesign of Adult Social Care

The redesign of the Adult Social Care front door was discussed with regards to how the approach will change when a customer presents to Adult Social Care and what the response should be. The redesign will build on the strength based model of three conversations (1) initial conversation to assess/triage needs (looking at having a collaborative front door with the VCS and assisted support linked to the social prescribing model); (2) if the customer has greater needs there will be a collective approach to understand how different agencies can help meet the customers' needs; (3) Adult Social Care intervention to be looked at collectively, with the approach based on supporting people to access the right support at the right time. The ethos of the redesign is a preventative approach, helping people stay independent for a longer period of time and trying to avoid reaching crisis point. Crisis support would still come through the Adult Social Care front door in the same way, seeking to support people to overcome crisis – which may be short-term support. The approach goes live early in 2023.

5.6 Healthy City Plan Performance report

See separate agenda item.

5.7 Draft Carers Strategy 2022-2027

The Delivery Board heard how the Let's Talk Carer's engagement (children and adults) has helped to shape the refreshed Carer's Strategy. Events in November. A summary of the feedback from older carers was shared with the Delivery Board, for example, as they get older what happens to the cared for person; find it difficult to get timely support; the availability of respite from caring and what this may look like; advice and information on a backdrop of often caring over 50 hours a week; how to support unknown carers; engagement with employers; and employers role in helping to identify and provide information, advice and support to carers. There are many more carers in the city than those

who are known to the Carers Centre, the Delivery Board discussed how other carers may be reached. The intention is to publish a final strategy in December.

5.8 Healthy City Plan (HCP) Grant proposals

The Delivery Board considered requests for Healthy City Plan Grant. See section 7 of this report. The requests for funding were supported by the Delivery Board.

5.9 Draft Alcohol Strategy

The Delivery Board encouraged partners to respond to the consultation and agreed to have a discussion at the next meeting on how the Delivery Board can contribute.

5.10 Forward Plan

The Delivery Board has a detailed partnership workplan. The first meeting of 2023 will review the Delivery Board priorities and consider whether there are other priorities that need to be on the Board's agenda. The Cost of Living Crisis will become a standard agenda item for the Delivery Board.

5.11 Key issues

- How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, addressing digital exclusion and raising awareness of the early intervention and prevention opportunities across the city that support ageing well.
- Ensuring we use all available data to identify frailty to target support.
- Working in partnership to try and mitigate the impacts of the cost of living crisis on older people.

6.0 Health and Wellbeing Board Development Sessions

6.1 For the purposes of public record the Health and Wellbeing Board has recently arranged two development sessions:

- i. 18 November 2022 – To discuss the North East and North Cumbria Integrated Care Partnership's (ICP) Draft Integrated Care Strategy; and the Terms of Reference for the Strategic ICP and Area ICPs.
- ii. 13 December 2022 – To discuss inequalities and working with the ICB at place.

7.0 Healthy City Plan Grant

Background

- 7.1 Health and Wellbeing Board members will recall that there is £1.75m grant available to support the delivery of the Healthy City Plan. [£50k of this resource has been earmarked for behavioural insights work, health equity audits and other activity to inform the key priorities and work streams within the Healthy City Plan].
- 7.2 All proposals for the Healthy City Plan Grant must seek the support of the relevant Delivery Board prior to submitting the Application Request Form.
- 7.3 The following criteria are applied when considering approvals of proposed activity:
- activity aiming to deliver the largest sustainable gains against performance indicators set out in the Healthy City Plan;
 - activity targeted at those communities facing the highest levels of deprivation or health inequality across the city; and
 - activity targeted at population groups most impacted during the COVID-19 pandemic from a health and wellbeing perspective.
- 7.4 Activity should also support the Healthy City Plan's shared values and behaviours, these being:
- **Focusing on prevention** – helping people to stay healthy, happy and independent.
 - **Tackling health inequalities** – challenging and taking action to address the inequalities and social determinants of health.
 - **Equity** – ensuing fairness in access to services dependent on need
 - **Building on community assets** – recognising individual and community strengths that can be built upon to support good health and independence
 - **Working collaboratively** – everyone playing their part, sharing responsibility and working alongside communities and individuals.
 - **Being led by intelligence** – using data and intelligence to shape responses.

Governance

- 7.5 There is no requirement to allocate and spend monies in year, but the Delivery Boards are encouraged to bring proposals forward to their meetings. The Chair of the Health and Wellbeing Board, the Executive Director of Health, Housing and Communities and Director of Place (Sunderland) have collectively been given the delegation from the Health and Wellbeing Board to consensually agree the allocation of the grant to schemes. They will meet on a quarterly basis after each cycle of Delivery Boards to consider proposals to take-up the Healthy City Plan Grant.

- 7.6 The relevant Delivery Board will be responsible for ensuring the resource is spent in line with the agreed proposal.
- 7.7 'For information' reporting will be provided to the Health and Wellbeing Board with regards the deployment of this resource to individual activity and the outcomes achieved as a result of the grant allocation.

Grant proposals

- 7.8 The following requests for Healthy City Plan Grant have been approved, some subject to additional conditions:

Living Well Projects

Project Name	Project Summary	Amount Approved
Elemore Park	To enable the Elemore Trust to deliver the ongoing management and maintenance of the newly refurbished Elemore Park for a period of 3 years, to improve health and wellbeing outcomes for residents.	£240,000*
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
TOTAL		£370,000

Ageing Well Projects

Project Name	Project Summary	Amount Approved
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*
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.	Maximum £200,000*
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
TOTAL		£219,900

*Funding subject to additional conditions

7.9 In addition a proposal was received from South Tyneside and Sunderland NHS Foundation Trust via the Living Well Delivery Board. Before the panel make a decision, further information has been sought.

8.0 Recommendations

8.1 The Health and Wellbeing Board is recommended to:

- i. note and comment on the summaries from the recent meetings of the delivery boards;
- ii. be assured that the work of the Delivery Boards is progressing in line with their agreed terms of reference;
- iii. acknowledge the Board development sessions that are taking place; and
- iv. note the projects that have been allocated Healthy City Plan grant.

HEALTH AND WELLBEING BOARD

9 December 2022

HEALTHY CITY PLAN: PERFORMANCE OVERVIEW**Report of the Executive Director of Health, Housing and Communities****1.0 Purpose of the Report**

1.1 The purpose of this report is to present the Health and Wellbeing Board with an update on the Healthy City Plan performance framework. The report presents a range of key indicators that have 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 are shown within the appendices to the report.

2.0 Background

2.1 The Healthy City Plan 2020-2030 includes a performance indicator dashboard for the starting, living and ageing well delivery boards. This is the third six-monthly update on the performance dashboard since the Healthy City Plan was agreed in March 2021. The Health and Wellbeing Board receives six-monthly performance updates on these dashboards to its June and December meetings; over the longer-term providing assurance that work is progressing to achieve the aspirations of the Healthy City Plan.

2.2 Overall, it should be noted that many of the indicators included here use data prior to or in the early stages of the Covid-19 pandemic. As such, the wider effects of the pandemic are not yet clearly understood.

3.0 Starting Well - Summary of Current Position

3.1 The following indicators have been updated since the last report:

- Smoking at Time of Delivery has reduced to 14% in 2021/22, the most recent reporting year, although prevalence remains comparatively high compared to the regional figure (12.1%) and national figure (9.1%).
- Uptake and maintenance of breastfeeding has reduced to 25.5% in quarter 4 2021/22 and is still significantly lower than the England average of 48.9%. South Tyneside and Sunderland NHS Foundation Trust have appointed a new infant feeding lead midwife and are working towards UNICEF accreditation. Sunderland has begun the journey to becoming a breastfeeding friendly city with workplaces involved in the workplace alliance receiving training to raise awareness and develop breastfeeding friendly policies. The Starting Well Delivery Board is looking at ways to further support breastfeeding in Sunderland.
- Latest quarterly rolling annual data shows that teenage conceptions have increased, from 23.4 to 25.1 per 1,000 in quarter 1 2021/2022. There is an overall downward trend from the 1998 baseline. Work is continuing to increase access to contraception. For example, school nurses have been

trained to deliver emergency contraception and all secondary schools in Sunderland have a C-card drop-in. The Primary Care Networks are also developing women's health hubs which includes priorities on increasing access to long-acting reversible contraception (for young women) in primary care.

- The proportion of children living in low-income families has continued to increase in Sunderland (30.8%) at a faster rate than both the wider North-East (29.6%) and England (18.5%) in 2020/21. Sunderland has received funding for Family Hubs which will offer a range of early help to support families, coupled with an extensive cost of living offer. A Food Partnership Coordinator has been appointed, there is a comprehensive Holiday Activity and Food (HAF) programme and access to free school meals is regularly promoted. 'The Bread and Butter Thing' (community-led food club) will also support access to nutritious and affordable food for families.

4.0 Living Well - Summary of Current Position

4.1 The following key updates to indicators since the last report are noted:

- The overall employment rate in Sunderland in the most recent quarter (2022/23 Q1) is 70.8%. This is an increase from 66.2% compared to the same period in the previous year.
- The gap in employment rate between people with long term health conditions and the overall employment rate in Sunderland is 12.7% (2021/22); this fell marginally from 13.2% the previous year.
- The gap in the employment rate between those in contact with secondary mental health conditions and the overall employment rates is 61.8% (2020/21), an increase of 0.6% on 2019/20; the gap is greater than the North-East (60.2%), but smaller than that seen nationally (66.1%).
- The gap in the employment rate between those with a learning disability and the overall employment rate reduced by 1.2% from 2019/20 and was 65.5% in 2020/21.
- An update on employment and skills is scheduled for a future meeting of the Living Well Delivery Board.
- Sunderland has seen a decrease in the percentage of households identified as being in fuel poverty to 14.6% in 2020/21. Notably data pre-dates the ongoing increases in utility prices and the position is likely to worsen in the future. Sunderland has launched a Cost of Living Support Hub for all residents and is producing a Fuel Poverty Plan. Fifty-five warm spaces are being rolled out across the city, working in partnership with the voluntary sector and wider city partners. Data is being analysed to help identify those households most vulnerable. Sunderland is developing a strategy and strategic action plan to manage short, medium and long term activity to support the crisis.

5.0 Ageing Well - Summary of Current Position

5.1 Only one indicator has been updated since the last report:

- The estimated dementia diagnosis rate (aged 65 and over) has fallen slightly for Sunderland to 60.5% for 2021/22 and is below the regional

(66.6%) and national (62.0%) figures. This is likely to be due to limitations in access to services during the Covid-19 pandemic. Sunderland is ensuring that voluntary and community sector partners are trained for Making Every Contact Count (MECC) and the fifty-five warm spaces are being developed to be future community health hubs. Ageing Well has set out an action plan, working with All Together Better, to improve the offer for ageing well and frailty in Sunderland, including improved data quality and frailty assessments and a new community offer, particularly around falls and frailty, but which will also improve standards of care generally. Age UK has dementia diagnosis facilitators to offer pre-diagnostic support and ongoing support following a dementia diagnosis.

No other indicators have been updated since the previous report. Across all the indicators there are a range of inequalities – geography, equality protected characteristics, socio-economic and other vulnerable groups.




6.0 Recommendations




6.1 It is recommended that the Health and Wellbeing Board:





- notes the contents of the report;
- considers the actions and whether they are sufficient where targets are not being met; and
- continues to receive six-monthly performance updates on the Healthy City Plan performance dashboard.

Appendix 1 – Starting and Developing Well Indicators







HWBB Dashboard - Starting & Developing Well




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Women who smoke at time of delivery (national measure) 	14%	10%	2021/22	<p>The annual figure for the percentage of women smoking at the time of delivery in Sunderland during 2020/21 is 14.0%. This is a reduction on the figure of 15.1% reported in 2020/21. However, it is statistically significantly higher than the England figure of 9.1% and above the North East and Yorkshire figure of 12.1%. The proportion of mothers who smoke at time of delivery has followed an overall downward trend since 2010/11.</p> <p>A number of initiatives to support pregnant women and their families have been undertaken including:</p> <ul style="list-style-type: none"> • South Tyneside and Sunderland NHS Foundation Trust has established a Treating Tobacco Dependency Service (TTDS) Maternity Pathway as part of the NHS Long Term Plan. This was developed in partnership with key stakeholders and includes an option for pregnant women to access the Specialist Stop Smoking Service as part of their treatment journey. • Bespoke smoking brief advice training sessions have been delivered by the Specialist Stop Smoking Service for Health Visitors and Family Nurse Partnership (FNP) Nurses. Access to carbon monoxide (CO) monitors is being expanded. • North East and North Cumbria Local Maternity Systems are coordinating a regional group for Treating Tobacco Dependency Healthcare Professionals who support pregnant women. A local stakeholder group is also in development to include wider partners, including Health Visitors and Children's Services.
Under 18 alcohol admissions per 100,000 	76	55.4	2020/21	<p>The rate of alcohol related hospital admissions amongst under 18s for the 3 year period from 2018/19-20/21 is 76.0 per 100,000 in Sunderland. This represents a reduction from 82.4 in the previous reporting period (2017/18- 2019/20). Under 18s admission rates remain above both the regional (52.0) and England (29.3) average. As part of the overall whole systems approach to substance misuse, work continues to raise awareness of alcohol harms. Additional resource has been provided via the supplemental substance misuse treatment and recovery grant to increase outreach activity working with young people. This is in addition to ongoing delivery of training and streamlining of referral pathways into treatment where appropriate.</p>
% of infants being breastfed at 6-8 weeks (prevalence) 	25.5%	27%	Q4 2021/22	<p>Latest available data for Quarter 4 of 2021/22 shows the percentage of infants being breastfed at 6-8 weeks in Sunderland was 25.5%. This is a 4.8 percentage point decrease from the previously available data from Q3. The North East figure for Quarter 4 is not available due to data quality issues. The England figure is 48.9%.</p> <p>A priority of the Best Start in Life Working Group is to promote a culture of breastfeeding and has actions in relation to the 0-19 service and maternity achieving UNICEF Baby Friendly accreditation,</p>







Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				ensuring consistent advice and support is provided to women who choose to breastfeed and identifying barriers to breastfeeding in Sunderland using the results of the Infant Feeding Research Project.
Prevalence of children in Year 6 living with overweight (incl. obesity). 	N/A	36.7%	2020/21	<p>Covid 19 impacted on the delivery of NCMP for the academic year 2020/21. The nationally representative sample of 10% (with 20% actually achieved according to the report) that LAs were advised to collect in March 2020 due to school closures was less than the minimum 75% required to produce robust estimates of obesity prevalence at the Local Authority level. Hence why no LA level data available. Sunderland completed 30% - unvalidated data indicates healthy weight is down and excess weight has risen for both cohorts.</p> <p>The initial data released and available is at regional level only. It indicates that healthy weight has decreased and excess weight is up. There is also the similar trend that Overweight & Obese/Severely Obese double/nearly double from Reception by Year 6. For the North East – there has been a 4% point change from last year in obesity prevalence in reception and a 5.9% point change from last year (23.2%) for Year 6, now 29.1%.</p>
Prevalence of children in Reception living with overweight (incl. obesity). 	N/A	22.1%	2020/21	<p>Covid 19 impacted on the delivery of NCMP for the academic year 2020/21. The nationally representative sample of 10% (with 20% actually achieved according to the report) that LAs were advised to collect in March 2020 due to school closures was less than the minimum 75% required to produce robust estimates of obesity prevalence at the Local Authority level. Hence why no LA level data available. Sunderland completed 30% - unvalidated data indicates healthy weight is down and excess weight has risen for both cohorts.</p> <p>The initial data released and available is at regional level only. It indicates that healthy weight has decreased and excess weight is up. There is also the similar trend that Overweight & Obese/Severely Obese double/nearly double from Reception by Year 6. For the North East – there has been a 4% point change from last year in obesity prevalence in reception and a 5.9% point change from last year (23.2%) for Year 6, now 29.1%.</p>
Teenage pregnancy (under 18 conceptions rate per 1,000) rolling year 	25.1	23.4	Q1 2021/22	<p>The rolling annual rate of conceptions published 13th June 2022 for quarter 1 2021/2022 (to June 2021) was 25.1 per 1,000 population, an increase on the previous reporting period. The impact of Covid and local intelligence around an increase in teenage conceptions, is starting to appear in the published data although is slowing down with only one pregnancy in March to June 2021. Sunderland rates are aligned to the increases seen both nationally and regionally. For the same period the rates for England was 12.8 per 1,000 and across the North East was 19.8 per 1,000.</p> <p>A revised and focused action plan is being developed based on feedback from the teenage pregnancy action group.</p>




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				<p>The children and young people's enhanced offer in Sexual health services is at full complement - access to contraception and pregnancy options advice.</p> <p>Increase access to LARC within in Primary Care is also a priority as there is evident inequalities.</p>
Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception 	62.6%		2018/19	<p>Data released in February 2020 for the 2018/19 period shows the percentage of children receiving free school meals who achieved a good level of development at the end of Reception was 62.6%. This compares to the NE average of 57.7% and an England average of 56.5% and represents an ongoing increase that has been taking place since reporting began in 2012/13.</p>
Proportion of children in relative low-income families aged under 16 	30.8%		2020/21	<p>In 2020/21, 30.8% of children under the age of 16 in Sunderland were living in relative low income families. This is higher than both England (18.5%) and the wider North East (29.6%).</p> <p>Over the past 5 years, the Sunderland rate has increased by 8.3 percentage points, whilst England increased by 1.6 and the North East by 7.9.</p> <p>The Sunderland and North East proportions have continued to rise over the past 6 years, whereas England saw a small fall (0.6 percentage points) over the past two years.</p>
Hospital admissions for mental health conditions under 18 year olds (per 100k population) 	118.3		2020/21	<p>The rate of hospital admissions for mental health conditions amongst under 18-year-olds per 100,000 population is 118.3 for Sunderland (2020/21). During the same period the rate for the North East is 93.7 and for England is 87.5. The Sunderland rate has now decreased over the last 2 reporting periods from 183.3 in 2018/2019.</p>
% School pupils with social, emotional & mental health needs 	3.37%		2020/21	<p>The percentage of school pupils with social, emotional and mental health needs was reported as 3.37% for the 2020/21 period. This compares to 3.15% for the North East and 2.79% for England. Sunderland has risen just slightly by 0.19% points over the previous year.</p>

Appendix 2 – Living Well Indicators







Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Healthy Life Expectancy at Birth - Female 	56.9		2020/21	Most recent data released March 2022 relates to the 2018-20. This shows that the healthy life expectancy for females in Sunderland was calculated at 56.9 years. This is lower than both the North-East value of 59.7 years and the England value of 63.9 years. Compared to the previous period, this represented a decrease of 0.4 years for Sunderland. The North East increased by 0.7 years compared to the previous period, whilst England as a whole also increased (by 0.4 years).
Healthy Life Expectancy at Birth – Male 	56.1		2020/21	Most recent data released on 4 March 2022 relates to the 2018-2020. This shows that the healthy life expectancy for males in Sunderland was calculated at 56.1 years. This is lower than both the North-East value of 59.1 years and the England value of 63.1 years. Compared to the previous period, this represented a decrease of 1.4 years for Sunderland. The North East has decreased by 0.3 years since the previous period, and England as a whole decreased (by 0.1 years).
Life expectancy at birth (Males) 	76.6		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for males in Sunderland was calculated at 76.6 years. This is lower than both the North-East value of 77.6 years and the England value of 79.4 years. Compared to the previous period, this represented a decrease of 0.4 years. The North East and England as a whole also decreased (both by 0.4 years).
Life expectancy at birth (Female) 	80.9		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for females in Sunderland was calculated at 80.9 years. This is lower than both the North-East value of 81.5 years and the England value of 83.1 years. Compared to the previous period, this represented a decrease of 0.5 years. The North East and England as a whole also decreased (both by 0.3 years).
Inequality in life expectancy at birth (male) 	11.3		2019/20	Latest data released for the period 2018-20 shows the inequality in life expectancy that may be experienced by males in the most deprived areas of Sunderland as 11.3 years. This measure has remained at or slightly above 11 years for the previous 4 reporting periods after reaching a comparative low of 9.5 years in the 2011-13 period. It compares to an England wide average of 9.7 years and a North East wide average of 12.5 years
Inequality in life expectancy at birth (female) 	9.6		2019/20	Latest data released in February 2022 for the period 2018-20 shows the inequality in life expectancy that may be experienced by females in the most deprived areas of Sunderland as 9.6 years. This measure has remained at or slightly above 8 years for the last 5 reporting periods after reaching a comparative low of 6.9 years in the 2010-12 period. It compares to an England wide average of 7.9 years and a North East wide average of 10.0 years

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Admission episodes for alcohol-related conditions (Broad) (Persons) 	2,401	2,700	2020/21	<p>The most recently published rate of alcohol related hospital admissions in Sunderland was 2,401 per 100,000 people during 2020/21). This is higher than both the North East (1,979) and England (1,500).</p> <p>Please note - This indicator uses a new set of attributable fractions and therefore is not comparable to previous data</p>
Proportion of adults who are overweight or obese 	69.1%	66%	2020/21	<p>Latest data for 2020/21 reports 69.1% adults in Sunderland who are overweight or obese, this is lower than the previous figure of 73.5%, and marginally below the North East (67.7%) but above the England (63.5%) average.</p> <p>The objectives noted below have been completed as part of the implementation of the City Plan:</p> <ul style="list-style-type: none"> • Develop Healthy Weight Alliance 3 year plan • Implement opportunities to influence the local food environment <p>The Strategic Healthy Weight Steering Group and Healthy Weight Alliance both meet on a quarterly basis. Progress is being made against key actions within the healthy weight action plan, which takes a whole system approach. The Healthy Weight Declaration was formally signed and adopted February 2022.</p>
Smoking prevalence 	14.6%	16%	2019/20	<p>Prevalence of smoking amongst adults stood at 14.6% in 2020, this is based on the latest estimates which were published in December 2021. Prevalence in Sunderland continues to be higher than the North East (13.6%) and England (12.1%).</p> <p>In 2020 due to the impact of the COVID-19 pandemic the mode of the APS changed from face-to-face interview to telephone only from Q2 2020. ONS have investigated whether there was a relationship between the smoking prevalence estimate and the change in data collection. The conclusion was that the estimates have indeed been impacted by the change in survey mode from face-to-face interview to telephone, and that selection bias will have also influenced the final prevalence figures. The final prevalence figures as published are lower than would have been expected if data collection had stayed the same for 2020. At time of publication the change of survey mode to telephone only is continuing and a decision yet to be made regarding any return to mixed methods.</p>

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Overall employment rate 	70.8%	71.5%	Q1 2022/23	The latest figures relating to Jul 2021 - Jun 2022 shows that Sunderland's employment rate. at 70.8%, has increased compared with the same period in the previous year (at 66.2%). The Sunderland rate has risen to slightly above the North East rate of 70.6%. The numbers of people in employment for those aged 16 and over is 125,200. An update on employment and skills is scheduled for a future meeting of the Living well Delivery Board. N.B. Figures are recorded as at publication and figures the period may be adjusted in subsequent publications
Claimant Count 	5.6%	7.2%	February 2022	Data released in March 2022 shows the claimant count in February 2022 decreased to 5.6% (down from 5.7% in January) and compares to a rate of 7.8% for the same period in the previous year.
Self-reported wellbeing - people with a high anxiety score 	28.6%		2020/21	Latest data released in February 2022 shows that 28.6% of respondents reported scoring between 6-10 in relation to the question of 'Overall, how anxious did you feel yesterday?'. This compares to 24.2% across England and 25.1% across the North East and represents an increase of 5.6 percentage points, compared to 2019/20.
Smoking prevalence in adults in routine and manual occupations (18-64) current smokers 	18.4%		2020/21	Latest data for the calendar year 2020 shows the prevalence of smoking amongst adults (18-64) in routine and manual occupations at 18.4%. This is higher than the prevalence amongst adults as a whole (14.6%). It compares to prevalence rates across the North East of 21.6% and across England of 21.4%. Data for Sunderland for 2020 represents a decrease of in prevalence of smoking amongst this group of 7.3 percentage points.
Gap in the employment rate between those with a long-term health condition and the overall employment rate 	12.7		2021/22	Latest data for 2021/22 shows a gap of 12.7% for those with a long-term health conditions from the overall employment rate. This is a decrease of 0.5% in comparison with 2020/21 The current position in Sunderland compares to a gap of 9.9% across England and 13.8% across the North East.
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	61.8		2020/21	Latest data for 2020/21 indicates a gap of 61.8% for those in contact with secondary mental health conditions from the overall employment rate. This has increased by 0.6% compared to 2019/20. It is higher than the gap of 60.2% for the North East, but smaller than the gap for England (66.1%).

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Gap in the employment rate between those with a learning disability and the overall employment rate 	65.5		2020/21	Latest data for 2020/21 shows a gap of 65.5% for those with a learning disability from the overall employment rate. This has reduced by 1.2% compared to 2019/20. It is 4.5% lower than the gap calculated for England as a whole (70.0%) and lower than the wider North East (66.9%)
The % of households in Sunderland considered to be fuel poor 	14.6%		2020/21	Data released in April 2022 covers the 2020 period and estimates that 14.6% of households in Sunderland are fuel poor (18,513 of 127,030 households). This is a small decrease of 0.7% compared to data covering 2019. Across the wider North East, it is estimated that 14.4% of households are fuel poor. This also represents a decrease from 2019 (0.4%). The West Midlands are estimated to have the highest levels in England at 17.8%, whilst the South East has the lowest at 8.6%. Within the North East, Middlesbrough and Newcastle have the highest estimated levels at 16.8% and North Tyneside has the lowest at 12.4%
% of the population aged 16-64 with an NVQ Level 4 qualification 	24.7%		2021/22	Data released April 2022 relates to calendar year 2021, and is subject to confidence interval levels*. The latest performance data for Sunderland shows that the proportion of residents qualified to at least NVQ Level 4 is 24.7% (42,500 in number). This is an increase on the previous year's figure 2019 of 28.7% (adjusted in the latest release). The city figure remains below the regional and national levels and which now stand at 34.4% and 43.5% respectively. *Data is calculated from the Annual Population Survey (APS). This is a sample based survey and thus subject to sampling variations. For example, the confidence interval (which gives an indication of the likely level of variation) for 2013 was 2.6%, thus the actual figure was likely to fall between 21.7% and 26.9%. The % is a proportion of resident population of the area aged 16-64. NVQ4 Equivalent and above includes HND, Degree and High Degree level qualifications or equivalent

Appendix 3 – Ageing Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Emergency hospital admissions due to falls aged 65 and over per 100,000 population 	3,164		2020/21	<p>Latest data for the period 2020/21 shows that the rate of emergency hospital admissions due to falls in people aged 65 and over was 3,164 per 100,000. This represents a rise of 20% compared to the rate of 2,628 per 100,000 in 2019/20.</p> <p>It remains significantly higher than the wider North East (2,311) and England as a whole (2,023), where declines were seen compared to the 2019/20 period.</p>
Social isolation: % of adult social care users who have as much social contact as they would like (18+ years) 	55.1%		2019/20	<p>Latest data released in February 2021 for 2019/20 shows 55.1% of adult social care users reported having as much social contact as they would like. This is higher than both the wider North East (49.9%) and England (45.9%) and represents an increase of 6.2% compared to 2018/19.</p> <p>For those aged 65 and over, 53.7% reported having as much social contact as they would like. This represents an increase of 4.9% compared to 2018/19.</p>
Mortality rate from causes considered preventable (2016 definition) per 100,000 population 	232.6		2017/18	<p>Data for the period of 2016-18 provides a mortality rate from causes considered preventable (per 100,000) in Sunderland of 232.6 – this represents a slight decrease compared to the previous reporting period. It compares to a similar rate of 223.9 across the wider North East and a lower rate for England (180.8). It has continued a downward trend for a significant period following initial calculations for 2001-03 which provided a rate of 319.7.</p>
Hip fractures in people aged 65 and over (per 100,000 population) 	656		2020/21	<p>Data covering the period 2020/21 provides a rate of 656 hip fractures in people aged 65 and over (per 100,000) in Sunderland. It represents a slight decrease compared to the 2019/20 period when the rate was 664.</p> <p>This compares to a rate of 596 for the wider North East and 529 for England as a whole. The overall trend for Sunderland is a decrease since 2015/16.</p>
Estimated dementia diagnosis rate (aged 65 and over) 	60.5%		2021/22	<p>Latest data for 2021/22 indicates that 60.5% of those aged 65 and over who are estimated to have dementia have been diagnosed. Across the wider North East, this is reported as 66.6% whilst for England as a whole it is 62.0%.</p>
Excess winter deaths index (age 85+) 	19.3%		2019/20	<p>Latest data covering the period August 2019 to July 2020 shows an excess winter deaths index amongst those age 85 and over of 19.3%. This compares with 16.9% for the North East and 20.8% for England. It represents an increase of 3% during this period compared to August 2018 to July 2020. The highest level reached by the index was 48.1% in the August 2017-July 2018 period.</p>

SUNDERLAND HEALTH AND WELLBEING BOARD

9 December 2022

COVID-19 AND FLU IN SUNDERLAND – UPDATE

Report of the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

- 1.1 To provide the Health and Wellbeing Board with an update on the Covid-19 and flu situation in Sunderland.

2.0 Background

- 2.1 The Board will be provided with an update on the Covid-19 situation in Sunderland. This will include a summary of the current position regarding estimated prevalence and actions being taken to combat the pandemic locally.

3.0 Current Position

- 3.1 The current guidance on Covid-19 is focused on living safely with respiratory infections, including Covid-19. The government has removed all domestic restrictions in England. Testing is paused in NHS establishments and Care Homes. There are still steps that people can take to reduce the risk of catching and spreading Covid-19.
- 3.2 It was agreed by the Board in July that a brief ‘for information’ report with key data would be brought to future meetings. If there are significant changes then a more in-depth paper will be brought to the Board in future.
- 3.3 The vaccination offer continues to be promoted and public health advice on the council website is kept under review. Work is ongoing to promote autumn boosters to eligible groups and data is being reviewed to identify and address areas and cohorts where uptake is low. Public health is co-ordinating a targeted programme of delivery to address vaccine inequality, working with the ICB, Sunderland GP Alliance, the regional vaccination team, community pharmacy and council colleagues.
- 3.4 The number of cases of flu is increasing locally and nationally.
- 3.5 In Sunderland, 76.5% of those aged 65 and over have received a flu vaccination this autumn/winter compared to 77.8% for the North East and North Cumbria. Sunderland has the second lowest uptake of flu vaccination amongst health and social care workers in the region at 39.3% compared to 45.6% for the North East and North Cumbria. South Tyneside and Sunderland NHS Foundation Trust data for health care workers only shows the rate of uptake is the second lowest across North East and North Cumbria, and is also below target. This information is taken from Primary Care Network reporting data for the week ending 27th November.

- 3.6 Vaccination is a key priority and take-up of vaccines for Covid-19 and flu by cohort group, including health and social care workers, will continue to be monitored by the winter vaccine board and additional actions taken forward where identified and agreed.
- 3.7 Modelling data from UCL suggests the next Covid-19 peak is anticipated in mid-January 2023 with cases starting to rise from early December 2022.
- 3.8 At the time of writing (29/11/22), the latest available ONS weekly estimated prevalence of Covid-19 is for the week ending 15th November. The prevalence has fallen to 1 in 60 in the North East and the national figure is 1 in 65.
- 3.9 Confirmed specimens show that the Omicron sub-lineages (predominantly BA.5) are the most common variants between 14 October and 10 November 2022.

4.0 Recommendation

- 4.1 The Health and Wellbeing Board is recommended to receive the update on the Covid-19 pandemic and flu situation in Sunderland.

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Manager - Policy, Sunderland City Council

1.0 Purpose of the Report

1.1 To present to the Board the forward plan of its business for the year ahead.

2.0 Background

2.1 The Health and Wellbeing Board has a forward plan of activity, setting out proposed agenda items for Board meetings and development sessions for the year ahead. Board meetings are held on a quarterly basis and development sessions are held as and when required.

3.0 The forward plan

3.1 The forward plan is attached as appendix one. The plan is not fixed for the whole year and may be changed at any time, with items being added or removed as circumstances change and to suit the Board's needs.

3.2 Members of the Board are encouraged to put forward items for future meeting agenda's either at Board meetings or by contacting the Council's Senior Policy Manager.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to receive the forward plan for information.

Sunderland Health and Wellbeing Board – Forward Plan

(Note: subject to change. Last updated 30.11.22)

<p style="text-align: center;">DECEMBER 2022</p> <p>Public Meeting – 9 December 2022</p> <ul style="list-style-type: none"> • SSCP Annual Report • Cost of Living Crisis • Better Care Fund – sign off of section 75 agreement • Review of Board membership • Healthy City Plan – 6 monthly performance report <ul style="list-style-type: none"> • ICS and Place-based arrangements • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info) 	<p style="text-align: center;">MARCH 2023</p> <p>Public Meeting - 17 March 2023</p> <ul style="list-style-type: none"> • Access to Primary Care Services • Alcohol Strategy • Falls prevention update • Adult Social Care <ul style="list-style-type: none"> • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info)
<p style="text-align: center;">JUNE 2023</p> <p>Public Meeting – Date to be confirmed</p> <ul style="list-style-type: none"> • Director of Public Health Annual Report • Healthy City Plan – 6 monthly performance report <ul style="list-style-type: none"> • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info) 	<p style="text-align: center;">SEPTEMBER 2023</p> <p>Public Meeting – Date to be confirmed</p> <ul style="list-style-type: none"> • JSNA refresh • Health Protection Assurance • Winter vaccination programme • Winter planning • SSAB Annual Report • Better Care Fund • Sunderland Health Watch Annual Report <ul style="list-style-type: none"> • ICS and Place-based arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update (for info)
<p>Additional key dates to note for future Board meetings: Pharmaceutical needs assessment (PNA) – In place until July 2025.</p> <p>Potential development sessions: Place based working Social prescribing Behavioural insights Health literacy</p>	

