

## SUNDERLAND HEALTH AND WELLBEING BOARD

### AGENDA

Meeting to be held on Thursday 7 December 2023 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

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1.	<b>Welcome</b>	
2.	<b>Apologies for Absence</b>	
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<b>ITEMS FOR DECISION AND DISCUSSION</b>		
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**8. Health and Wellbeing Delivery Boards Assurance Update** 65

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).

**9. Sunderland Health Protection Annual Report 2022/2023** 81

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

**10. Sunderland Place Committee Assurance Update** 107

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

**11. Sunderland Safeguarding Adults Board Annual Report 2022/2023** 111

Report of the Independent Chair of Sunderland Safeguarding Adults Board (attached).

**ITEMS FOR INFORMATION**

**12. Health and Wellbeing Board Forward Plan** 145

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

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

The next meeting will be held on Thursday 14 March 2024 at 12.00pm in the Council Chamber, City Hall.

ELAINE WAUGH  
Assistant Director of Law and Governance

City Hall  
Sunderland

29 November 2023

# SUNDERLAND HEALTH AND WELLBEING BOARD

Thursday 28 September 2023

Meeting held in Council Chamber, City Hall

## MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Linda Williams	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Yitka Graham	-	University of Sunderland
Graham King	-	Director of Adult Services, Sunderland City Council
Dr Tracey Lucas	-	North East and North Cumbria ICB
Chief Superintendent Mark Hall	-	Northumbria Police
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council
Scott Watson	-	North East and North Cumbria ICB
Paul Weddle	-	Healthwatch Sunderland
<b>In Attendance:</b>		
Karen Davison	-	Director of Early Help, Together for Children
Lisa Jones	-	Assistant Director of Integrated Commissioning, Sunderland City Council
Philip Foster	-	Managing Director, All Together Better
Sheila Rundle	-	Public Health Intelligence Analyst, Sunderland City Council
Lorraine Hughes	-	Public Health Consultant, Sunderland City Council
Emma Anderson	-	Head of Therapies, Sunderland City Council
Pradeep Chockalingam	-	Falls Coordinator, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Liz Highmore	-	Member of the Public
Gillian Kelly	-	Democratic Services, Sunderland City Council

### **HW13. Welcome**

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

### **HW14. Apologies**

Apologies for absence were received from Councillor Bond, Andy Airey, Ken Bremner, Jill Colbert, Lucy Caplan, Robin Hudson and Patrick Melia.

### **HW15. Declarations of Interest**

Paul Weddle declared an interest as a member of the Board of the Local Medical Committee.

### **HW16. Minutes and Matters Arising**

The minutes of the meeting of the Health and Wellbeing Board held on 22 June 2023 were agreed as a correct record.

Jane Hibberd confirmed that all actions on the log had been completed apart from one which had been rescheduled.

### **HW17. Sunderland 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 Health and Wellbeing Board.

Sheila Rundle was in attendance to talk to the report and in doing so, reminded the Health and Wellbeing Board that the development of the JSNA was a statutory requirement and was the process by which the Council and the North East and North Cumbria ICB identified the health and wellbeing needs of the wider population. The draft JSNA for 2023/2024 included consideration of the social determinants of health, deprivation, health risks, disease and disability, major causes of mortality and the impact on life expectancy.

The key health challenges identified through the JSNA included: -

- Poverty levels within the city continue to have an impact.
- Children and young people in the city face significant challenges and inequalities across the social gradient of health.
- Smoking, diet, alcohol, substance misuse and physical inactivity lead to poor health outcomes for the city
- Poor mental wellbeing and this also impacts on physical health.
- More people in the city are living with, and prematurely dying from, serious diseases than elsewhere in the country.

- The ageing population in the city has a significant effect on local services.
- Sunderland has higher levels of health risk than England as a whole. This is directly linked to a range of social, economic, commercial and environmental factors.
- Inequalities in the city have a significant impact on health.
- Covid-19 has directly and indirectly impacted on life expectancy and is expected to have a significant impact on premature mortality.
- The cost-of-living crisis is hitting the poorest residents most significantly.
- Responding to health protection (infectious diseases) threats requires prevention work, rapid identification and a swift response to complex cases in high-risk places, locations and communities.
- The wider impacts of climate change and levels of carbon in our atmosphere impact significantly on the local environment and on mental and physical health

The overarching JSNA would be finalised following feedback from Board members and would be published on the Council website and circulated to key partners. The Chair invited comments from the Board.

Councillor Miller commented that in relation to inequalities, studies had shown the cumulative impact arising from this situation. She was concerned about drugs issues and how this was leading to an increase in theft in some areas of the city and how this could be dealt with.

Chief Superintendent Hall welcomed the report from a policing point of view and said that issues around mental health, drugs and alcohol all played into the work of the Police. He was keen to be involved in the next steps and acknowledged that some of the matters highlighted could paint a bleak picture.

He went on to say that he would ensure that his teams were involved in the high harm areas, noting that drugs is a significant concern and the Chief Constable has invested in neighbourhood policing to put local Police on the front foot. It was very important for intelligence to keep coming through to build cases for warrants and other action.

Councillor Miller agreed that action had to happen, there were county lines gangs operating in her area and complex needs and mental health issues that had to be addressed.

Dr Lucas referred to opportunities which were provided for young people in the city and how these could prevent offending behaviour; this could be linked to social prescribing and would involve partners looking at how they could work better together.

Councillor Miller made reference to a recent conference which had detailed different styles of youth work which, although expensive, had been employed in the Gateshead area with excellent results. Graham King noted that the voluntary and community sector element of this work should be passed to colleagues in bodies such as the Community Safety Partnership, LMAPs etc to consider where this might be taken as a system.

Graham also went on to consider what the JSNA might look like in ten years' time, given the movement in the city, and how this could be measured. Sheila Rundle advised that the JSNA Performance Indicator framework was governed by the Healthy City Plan and it was hoped that the work being undertaken would inform that Plan and align the direction of travel.

Gerry Taylor highlighted that the process for the JSNA had been developed so that it was comprised of live, easy to use documents and feedback would be welcomed on this. The JSNA did reflect that some aims may not be achievable in the current economic climate.

Having considered the report, it was: -

RESOLVED that: -

- (i) the findings of the draft Sunderland JSNA be noted;
- (ii) the Executive Director of Health, Housing and Communities be delegated to finalise the JSNA;
- (iii) it be considered whether there were any specific additional topics which needed to be included in this iteration of 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 developing plans for the Delivery Boards and workstreams identified as priorities by the Board; and
- (vi) the continual refresh of the JSNA to ensure emerging needs and challenges are widely understood across the city be supported.

#### **HW18. Annual Report of the Director of Public Health 2022/2023**

The Executive Director of Health, Housing and Communities submitted a report providing an overview of the Annual Director of Public Health Annual Report 2022/2023 which describes the health and needs of the local population, focusing on issues pertinent to communities.

Gerry Taylor delivered a presentation on the report and in doing so explained that this year's Annual Report explored the concept of commercial determinants of health, the impact on health outcomes and recommendations to address them. Unhealthy commodity industries which impact on health had been identified as: -

- Food and drink
- Tobacco
- Alcohol
- Gambling

- Environment including fossil fuels and pollution.
- Formula milk
- Working conditions and benefits

The report recognised that some of the most impactful interventions needed to come at a national and even international level, however a local public health approach would centre on the premise that it was not possible to only focus on the harm caused by commercial determinants on the individual but it that it was necessary to work further upstream and across the system.

The conclusions of the report were: -

- Industries and employers play a significant role in the health and wellbeing of populations.
- Commercial determinants of health overlap with social determinants and public health work viewed through both lenses.
- Benefits of taking action on the root causes of non-communicable diseases will be felt across the whole system.
- Partnerships with industries should be treated with caution.
- Government legislation key to positive health outcomes in areas such as smoking
- Business growth is vital but prioritising the type of growth that supports the city's ambitions is key.

The Chair commented that the report provided a lot of food for thought for the Board and the city as a whole. Scott Watson said that the report was a very good read and noted that he had attended a number of meetings this week which referenced the impact of social media in influencing young people and queried whether there was something which could be done collectively to address this.

Gerry advised that she would speak to the Council's representative on the Public Health Regional Communications Group about the impacts of social media.

Yitka Graham highlighted that extending health determinants to commercial factors gave a unique and innovative lens to reframe and rethink the health needs of the population and felt it would be useful to develop research which could show how this work could make a difference.

Karen Davison referred to the recommendation around e-cigarettes and asked how this could be done whilst the long-term impact of vape use was unknown and young people were choosing e-cigarettes instead of tobacco. Gerry acknowledged that this was difficult as e-cigarettes had a positive impact for those who had been smokers but clearly it would not be the intention for young people to take it up. There was currently a Government debate taking place on this and it was expected that this would provide clarity on the national picture regarding disposable vapes. The local approach to vapes would involve prevention of vaping amongst children, young people and those who have never smoked, whilst supporting those who smoke to quit.

Philip Foster emphasised the importance of developing this work with the NHS and the ICB and having a real partnership to take this forward. Gerry advised that she

would be sharing the presentation and discussion more widely and would be happy to be invited to other meetings to discuss the report and take suggestions.

The Chair noted that the impact of legislation was very important and it was necessary to keep lobbying the Government on issues that could have a positive impact. She thanked everyone for their comments and reminded Board members that they would have opportunities to feed into this work through boards and working groups.

RESOLVED that the Health and Wellbeing Board support the recommendations contained within the Annual Director of Public Health Report 2022/2023 – Commercial Determinants of Health: Whose Choice Is it?

### **HW19. An Oral Health Promotion Strategy for Sunderland 2023-2028**

The Executive Director of Health, Housing and Communities submitted a report requesting endorsement of the Oral Health Promotion Strategy for Sunderland 2023-2028.

Lorraine Hughes was in attendance to talk to the report and explained that the commissioning of dentistry sat with the North East and North Cumbria ICB and the vision of the Oral Health Promotion Strategy was to improve the oral health of all people living in Sunderland. The strategy had five strategic priorities, evidence based and informed by what was known to improve oral health and Sunderland's oral health needs assessment. The priorities were: -

- Promote oral health through healthy food and drink.
- Promote oral health by improving levels of oral hygiene.
- Improve population exposure to fluoride.
- Improve early detection, and treatment, of oral diseases.
- Reduce inequalities in oral health.

The delivery of the strategy would require partners to work together and there were some practical things which should be done and simple messages delivered. The key next steps to support the delivery of the strategy were: -

- a) Establish a local oral health improvement and advisory group to promote oral health messages to the general population.
- b) Increase the number of children and young people who have access to targeted toothbrushing, including the direct delivery of toothbrushes and toothpaste to individual homes.
- c) Establish the oral health requirements of vulnerable groups within the city, including new arrivals from areas where access to dentistry has been significantly limited as a result of war or displacement.
- d) Review the findings of the Sunderland care home audit when complete, to inform local actions.
- e) Ensure that opportunities to promote measures to improve oral health are maximised in local programmes of work.



- f) Establish a supervised toothbrushing programme in special education needs schools.
- g) Establish a targeted offer for children in special education needs schools to have access to the targeted fluoride programme.
- h) Prepare to support the Department of Health and Social Care when it comes to any future consultation on fluoridation of water in Sunderland engaging with communities for their views.

Councillor Williams commented that in the current cost-of-living crisis, families would not go to the dentist because they could not afford it. This was a national picture but it needed to be highlighted because it showed what happened when people were short of money. Dr Lucas added that people would present to health services rather than dentistry with urgent dental conditions because it was free and there was some work that needed to be done in this area to help people to access dental treatment.

The Chair noted that it was a real concern across the city that people were not able to register with NHS dentists and this was proving a barrier to appropriate dental care. Fluoridation had previously been supported by the Board and it would be useful to have an update on that as a preventative strategy.

Lorraine agreed with what had been said regarding access to services and it was necessary to engage with the ICB on this. It was a national issue and the dental contract was being looked at to ascertain how dentists could be incentivised to work for the NHS. She noted that the health visiting service did promote dental registration for children and efforts were made locally to increase registrations but national action was required.

The Government was consulting on fluoridation in the North East and local public health teams would have a role in supporting this. It was expected that the consultation would start before the end of the year.

Scott Watson advised that the ICB had received a presentation in July about short term actions to arrest the immediate decline in dental services and he offered to circulate the presentation to Board Members.

Following consideration of the report it was: -

RESOLVED that: -

- (i) the Oral Health Promotion Strategy for Sunderland 2023-2028 be endorsed;
- (ii) any additional actions, including lead organisation, be identified;
- (iii) representatives be nominated for the local health improvement and advisory group, as appropriate; and
- (iv) progress updates be received on the delivery of the strategy via the Starting Well Delivery Board.

## **HW20. Implementation of a Falls Strategy for Sunderland 2023-2026**

The Director of Adult Services/Chief Operating Officer of Sunderland Care and Support Limited submitted a report updating the Health and Wellbeing Board in respect of activity on falls prevention and the management of falls.

Emma Anderson and Pradeep Chockalingam were in attendance to talk to the report and it was highlighted that the last Falls Strategy was published in 2017 and falls prevention was a priority within the Healthy City Plan. The Ageing Well Delivery Board had sponsored the employment of a Falls Coordinator to reinvigorate the city's management of falls and the Board had been instrumental in moving this work forward.

The Falls Coordinator had worked with a multi-agency group to develop a strategy founded on the collective ambition in Sunderland to achieve a culture where falls were not inevitable. In 2020/2021 Sunderland had one of the highest falls related emergency hospital admission rates in England and the vision for the strategy was achieving a culture where falls were not inevitable and all services were working together to prevent the incidence of falls. There were eight underpinning principles of the Falls Strategy: -

1. We will work with a set of consistent falls assessment tools that promote a set of shared principles.
2. We will develop a matrix that sets out the falls training that is available in the city and ensure that all training promotes a set of shared principles.
3. We will develop a directory of services that contribute to the management of falls in the city and we will develop a set of model customer journeys that will ensure we make the best use of the resources available to us.
4. We will promote and actively contribute to the development of the preventative offer in respect of falls in the city and we will create connections between preventative and clinical services.
5. We will make evidence-based decisions in respect of the management of falls and we will develop a data set that will inform the work of the Multi-Agency Falls Group.
6. We will promote the use of innovative technology in the management of falls.
7. We will continually raise awareness in respect of falls prevention and falls management, making falls everyone's business.
8. We will strive to achieve excellence in our partnership working with regard to the management of falls.

The Chair expressed her thanks for all the work that had been done on this, noting that there had been really positive engagement and ambition for the strategy.

Councillor Miller commented that she was aware that medication could be a factor in falls and Emma Anderson agreed that this could be a significant issue and pharmacy colleagues were part of the working group; this was high on the priority list for the city.

Dr Lucas stated that there was a big focus on structured medication reviews and the pharmacy discharge hub was used by most practices in the city to ensure that the

correct medication was prescribed. Health teams had been worried and had been proactive on this and she wanted to reassure Board Members that a huge amount of work went on in the background to make sure that medication was appropriate and would not lead to an increase in falls.

Graham King said that it was a very good piece of work and that Pradeep had challenged some thinking in the city and made people realise that falls could be prevented. He highlighted that falls were the highest reason for under 5's attending Accident and Emergency and this was maybe something to look at in the future.

RESOLVED that: -

- (i) Sunderland's Fall Strategy (2023-2026) be endorsed;
- (ii) the delivery of the strategy be delegated to the Ageing Well Delivery Board; and
- (iii) progress updates on the delivery of the strategy be received via the Ageing Well Delivery Board.

## **HW21. Sunderland Winter Planning 2023/2024**

The Managing Director, All Together Better Sunderland submitted a report which provided an overview of the winter resilience plans for 2023/2024 and informed the Health and Wellbeing Board of the winter vaccinations programme for Sunderland.

Philip Foster reported that the evaluation of last year's plan informed the development of the plan for 2023/2024. Each partner organisation would have in place a range of measures to help manage the pressures of winter but it had been demonstrated that organisations were stronger when they worked together.

There had been investment in the transition from hospital to intermediate care centre or home and additional resources for primary care and to meet the needs of homeless people in the city. A rolling programme of vaccinations began on 11 September 2023 and all 38 GP practices in the city had signed up.

Paul Weddle said that he understood some people had wanted to receive vaccines in the last few weeks but they had not been available. Scott Watson explained that 7,000 vaccines were arriving this weekend but supply had been less than ideal this year but primary care staff were working round this. There was a 99.9% uptake in clinics where vaccines were offered but demand was outstripping supply at the present time.

Councillor Williams noted that there were still large numbers of people who did not take up the vaccines offered and she queried if public health guidance was likely to change in relation to Covid or whether it would be treated in the same way as flu.

Gerry Taylor stated that the vaccine programme had been brought forward but there had not been any indication of new national public health guidance. The Public

Health team would work with the NHS and focus on certain areas such as health and social care staff.

Dr Lucas wished to reassure the Board that all GPs worked well together despite the challenges of supply and did everything possible to promote the vaccines.

RESOLVED that: -

- (i) the winter vaccination plan for Sunderland be received and noted;
- (ii) the review of the Winter Vaccination Board to ensure it is fit for purpose be supported; and
- (iii) the update on the development of plans for winter 2023/2024 be received and noted.

## **HW22. Healthwatch Sunderland Annual Report**

The Vice-Chair of Healthwatch Sunderland submitted a report providing an overview of activity conducted by Healthwatch Sunderland throughout 2022/2023.

Paul Weddle advised that Healthwatch had confirmed funding for the next five years and would have a stable team. In 2022/2023 Healthwatch Sunderland:

- had 30 volunteers who provided over 76 days of supporting activity.
- employed six staff.
- received over £160,000 in local authority funding.
- 2299 people accessed advice and information about topics such as how to make a complaint and NHS dentistry.
- 2944 people shared their experiences of health and social care services, helping to raise awareness of issues and improve care.
- published four reports about the improvements people would like to see in relation to their health and social care services. GP Access was the most popular report.

The report set out the outcomes and achievements of Healthwatch over the year and its top three priorities for next year were Hospital Care, Accessible Information and Youthwatch.

The Chair thanked Healthwatch for presenting their report and commended them on their work during 2022/2023.

RESOLVED that the Healthwatch Sunderland Annual Report be received and noted.

## **HW23. Report of the Sunderland Place Committee**

The Chief Executive, Sunderland City Council submitted a report providing the Board with an updated position on the Better Care Fund 2023/2025, including:

- Proposed investment of additional Disabled Facilities Grant funding allocation.
- Proposed approach to agreeing a Section 75 partnership agreement in line with national timescales and requirements.

Lisa Jones reported that it had been confirmed that £353,874 of additional DFG funding had been included in the Better Care Fund and the expenditure plans were set out within the report.

The Sunderland Place Committee had come into being on 19 May 2023 to discharge responsibilities on behalf of the ICB Executive Committee. Sunderland's progress in establishing an effective partnership arrangement at place level had enabled it to support the development of the ICB place-based oversight and assurance arrangement, with Sunderland being the first 'place' in the region to be reviewed under the ICB place-based assurance process.

A summary of the Place Committee's business since May 2023 was included within the report and it was highlighted that the Committee had provided oversight of place-level risk and financial position.

The Chair raised the issue of how the Better Care Fund could be maximised and Lisa commented that there was an element of the plan setting out how inequalities would be tackled, for example homelessness and prevention was assessed as part of Better Care Fund investment.

RESOLVED that: -

- (i) the proposed use of the additional Disabilities Facilities Grant Funding (DFG) outlined in section 3.2 and 3.3 be noted and approved;
- (ii) the proposed approach to the Section 75 development be noted and approval for the sign-off be delegated to the Chair in consultation with the Executive Director of Health, Housing and Communities, Director of Adult Services and Place Director for Sunderland;
- (iii) the proposed assurance arrangements outlined in section 5 be noted and further recommendations be made on how the Board can be empowered through such arrangements to fulfil its statutory duties in relation to the Better Care Fund; and
- (iv) the progress to date in relation to place-based governance arrangements, with specific reference to the role of the Sunderland Place Committee and Partnership Board (in common) be noted and further recommendations be made on how these arrangements can strengthen the contribution of the ICB and Local Authority to the Healthy City Plan.

## **HW24. Health and Wellbeing Delivery Boards Assurance Update**

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

The Delivery Boards continued to meet on a quarterly basis, with the most recent meetings held in September 2023 where all groups had considered the JSNA and the Annual Report of the Director of Public Health. The delivery boards would hold additional workshops and development sessions subject to their business needs.

The Board therefore RESOLVED that: -

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

## **HW25. Health and Wellbeing Board Forward Plan**

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

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

RESOLVED that the Forward Plan be received for information.

## **HW26. Dates and Times of Future Meetings**

The dates and times for future meetings were as follows: -

Thursday 7 December 2023 at 12.00pm

Thursday 14 March 2024 at 12.00pm

All meetings would take place in the Council Chamber, City Hall, Sunderland.

(Signed) K CHEQUER  
Chair

<b>HEALTH AND WELLBEING BOARD</b>				
<b>ACTION LOG</b>				
<b>Board Meeting ID</b>	<b>Action</b>	<b>Responsible</b>	<b>Timescale</b>	<b>Completed/Action Taken</b>
<b>22/06/23</b>				
HW9.	An update to the Board on Pharmacy Needs Assessment	Gerry Taylor	September 2023  (re-scheduled to December 2023)	Action re-scheduled to December 2023 to allow the PNA Steering Group to meet at the end of September and develop a fully informed picture of the provision of pharmacy services within Sunderland.  See agenda – action complete.
<b>28/09/23</b>				
HW19/1	Presentation on NHS Dentistry to be circulated to Board Members	Scott Watson	September 2023	Action complete.
HW19/2.	Progress updates on the delivery of the Oral Health Strategy to be received via the Starting Well Delivery Board	Lorraine Hughes	December 2023	Action complete – refer to Delivery Boards Assurance report.
HW20	Progress updates on the delivery of the Falls Prevention Strategy to be received via the Ageing Well Delivery Board	Emma Anderson/ Pradeep Chockalingam	December 2023	Action complete – added to the forward plan for the Ageing Well Delivery Board.





**HEALTH RELATED BEHAVIOUR SURVEY FINDINGS – ACADEMIC YEAR  
2022/23**

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

**1.0 Purpose of the Report**

1.1 The purpose of the report is to share an overview of the findings of the recent Health Related Behaviour Survey conducted in the summer term of 2023 and consider actions in response to the findings.

**2.0 Background**

2.1 The Health Related Behaviour Survey (HRBS) provides an excellent baseline about the health-related behaviour of children and young people (Appendix 1).

2.2 The information at school level is useful in demonstrating the effectiveness and impact of health and wellbeing programmes. Additionally, this data supports in providing a needs analysis.

2.3 For the Council and wider partners - like the School Nursing Service, Together for Children and Integrated Sexual Health Service - the Sunderland and ward level data will be used to inform service planning and delivery.

2.4 In 2022/23 we had the highest number of schools and pupils participate in the survey since it commenced in Sunderland in 2006, with 5970 young people participating. 33 primary schools and 15 secondary schools took part in the survey.

2.5 The survey methodology is a school-based questionnaire developed by the Schools Health Education Unit (SHEU) at Exeter University, which has over 30 years' experience in this field of work. The quality of the data collected is considered very robust and the history of its use by individual schools, local authorities and health bodies is extensive.

2.6 The survey is targeted at specific year groups, providing a rich source of data at key points of development for children and young people across a range of themes. Trend data analysis from the local sample and comparison with the wider SHEU sample is also provided for core questions.

2.7 In 2021/22, Public Health included Covid related questions to understand the impact Covid-19 had on children and young people, as well as inform any planning and delivery around Covid recovery. In 2022/23, public health adapted Covid-19 questions to understand how children and young people's views have shifted following the pandemic.

**2.8** All pupils in Year 4 and Year 6 are surveyed across the following themes:

- personal background
- healthy eating
- physical activity
- drugs (Y6)
- alcohol (Y6)
- smoking and vaping (Y6)
- worries
- staying safe
- emotional health and wellbeing
- feelings
- bullying
- healthy eating
- growing up
- hygiene
- school experience
- covid-19

**2.9** Approximately 100 pupils (4 classes/forms) from each of Year 8 and Year 10 are asked to complete the questionnaire. Themes covered in the survey are:

- personal background
- healthy eating and nutrition
- physical activity
- drugs
- alcohol
- smoking
- vaping
- school experience
- staying safe, including bullying
- relationships
- sexual health
- school experience
- health
- worries
- emotional health and wellbeing
- life since Covid-19

**2.10** The survey results are processed by SHEU and each school participating in the survey will receive an individual report (free of charge):

- their own school results in tabular form
- a report containing a summary of key aspects of the data; and
- guidance on using the data

**2.11** The Council receive the combined results of all schools, with national comparisons for core questions which are shared with other teams and services as appropriate to support a greater understanding of local health needs, influence commissioning intentions and inform service planning.

**2.12** Where school and pupil participation is at a sufficient level, additional ward level analysis is available on some of the themes covered in the survey, to provide further insight in relation to health inequalities. This academic year ward level analysis was available for both primary and secondary schools.

### **3.0 Summary of Primary School Key Findings**

Below is a brief summary of key Primary School findings, while more comprehensive details can be accessed in the Health Related Behaviour Survey 2023 summary report.

**Growing up:** In a survey of Year 6 pupils, 95% reported that teachers, school nurses, or visitors in school lessons have discussed with them how their bodies change as they grow up, which represents an increase of 23% from the 72% recorded in 2021.

### **Physical Activity:**

- The percentage of pupils who go swimming at least "once a week" has increased by 19%, rising from 24% in 2021 to 43% in 2023.
- More pupils engaged in sports or physical activities after school, increasing from 49% in 2021 to 57% in 2023.

### **Healthy Eating and Nutrition:**

- There was a slight decrease in pupils eating vegetables 'on most days,' dropping from 33% in 2021 to 30% in 2023.
- The percentage of pupils who drank at least a litre of water on the day before the survey increased slightly, from 27% in 2021 to 31% in 2023.

**Hygiene:** A significant decrease in the percentage of pupils who washed their hands before lunch on the day before the survey, dropping from 81% in 2021 to 52% in 2023.

**Drug Education:** There was an increase in Y6 pupils receiving education about illegal drugs, rising from 67% in 2021 to 84% in 2023.

**Accidents and Injuries:** A notable increase in the proportion of pupils reporting accidents treated by a doctor or at a hospital, going from 27% in 2021 to 35% in 2023.

**Bullying Reporting:** Pupils' willingness to report bullying to parents/carers improved, with the percentage increasing from 82% in 2021 to 86% in 2023.

### **School:**

- The perception that schools care about pupils' happiness declined slightly, from 75% in 2021 to 71% in 2023.
- Pupils' perception of teachers actively listening to them at school also decreased, from 80% in 2021 to 76% in 2023.
- Pupils' perception of how their work is marked for improvement decreased slightly, from 91% in 2021 to 88% in 2023.

**Worries:** Pupils worrying 'quite a lot' or 'a lot' about family problems also increased, from 29% in 2021 to 33% in 2023.

## 4.0 Summary of Secondary School Key Findings

Below is a brief summary of key Secondary School findings, while more comprehensive details can be accessed in the Health Related Behaviour Survey 2023 summary report.

**Doctor Visits:** The percentage of secondary pupils who visited the doctor in the last 6 months increased significantly from 47% in 2021 to 64% in 2023, indicating higher health awareness.

### **Smoking, Alcohol, Drugs and Vaping:**

- The proportion of pupils who have at least tried vaping increased significantly from 21% in 2021 to 35% in 2023.
- Pupils also found school lessons about drugs (including alcohol and tobacco) more useful, rising from 36% in 2021 to 40% in 2023.
- The percentage of pupils who drink alcohol at least 'occasionally' decreased from 23% in 2021 to 19% in 2023.

### **Relationships and Sexual Health:**

- More pupils knew where they could get condoms free of charge, with a rise from 30% in 2021 to 40% in 2023.
- There was a significant decrease in pupils who didn't want anyone to talk to them about puberty and growing up, dropping from 39% in 2021 to 21% in 2023.
- An increase in the percentage of pupils finding school lessons about sex and relationships education useful, from 31% in 2021 to 37% in 2023.
- Pupils experiencing at least one of the negative behaviours listed in a relationship with a past or current boyfriend/girlfriend slightly increased, from 28% in 2021 to 31% in 2023.

### **School:**

- An increase was observed in pupils being away from school due to illness or injury, rising from 56% in 2021 to 72% in 2023.
- A decrease in pupils worrying 'quite a lot' or 'a lot' about exams, declining from 51% in 2021 to 42% in 2023.
- An increase in pupils traveling to school by car/van on the day of the survey, rising from 38% in 2021 to 41% in 2023.

### **Wellbeing**

- More pupils reported being 'quite' or 'very' happy with their life at the moment, increasing from 50% in 2021 to 56% in 2023.

- An increase in pupils having a high self-esteem score (15 or more), from 28% in 2021 to 31% in 2023.
- A decrease in pupils worrying 'quite a lot' or 'a lot' about the way they look, declining from 47% in 2021 to 43% in 2023.

**Safety:** A decrease in pupils rating their safety when going out after dark as 'poor' or 'very poor,' dropping from 31% in 2021 to 25% in 2023.

#### **Bullying:**

- Pupils who experienced teasing or being made fun of in the last month increased, from 43% in 2021 to 46% in 2023.
- The perception of being picked on or bullied because of their appearance increased, from 37% in 2021 to 39% in 2023.

#### **Online Safety:**

- A decrease in pupils who have been told how to stay safe while online, declining from 81% in 2021 to 76% in 2023.
- A decrease in the percentage of pupils who received hurtful, nasty, or scary messages or pictures online, dropping from 28% in 2021 to 26% in 2023.

#### **Healthy Eating:**

- More pupils had school food for lunch on the day before the survey, increasing from 50% in 2021 to 59% in 2023.
- Pupils who 'never' or 'only sometimes' considered their health when choosing what to eat decreased slightly, from 64% in 2021 to 61% in 2023.

#### **Physical Activity:**

- 67% of pupils reported that they enjoyed physical activities 'quite a lot' or 'a lot,' compared to 64% in 2021.
- The percentage of pupils having a bicycle and using it declined from 42% in 2021 to 38% in 2023.

## **5.0 Actions to date**

**5.1** Participating schools have received their individual reports.

**5.2** The report has been shared with relevant stakeholders and the roadshow communicating the results to key groups has commenced. The intention is to gather any identified key actions from each group, following discussion about the findings of the survey.

#### **Roadshow – delivered (before report submission):**

Health Housing and Communities Directorate - November (various)

Starting Well Delivery Board, 9<sup>th</sup> November  
Active Sunderland Board, 17<sup>th</sup> November

**Roadshow – planned:**

Children, Education and Skills Scrutiny Committee, 30<sup>th</sup> November  
Smoke Free Partnership, 4<sup>th</sup> December  
Healthy Weight Steering Group – 6<sup>th</sup> December  
Health and Wellbeing Board, 7<sup>th</sup> December  
Drug and Alcohol Harms Reduction Group, 9<sup>th</sup> January  
Sexual Health Partnership, 17<sup>th</sup> January  
Suicide Prevention Action Group, TBC  
Primary School Heads meeting, TBC  
Secondary School Heads meeting, TBC  
Teenage Pregnancy Group, TBC  
Early Help, TBC  
0-19 Public Health Service, TBC

**6.0 Priorities**

- 6.1** Develop a communication toolkit that will support the professional audience, children and young people and parents/carers. Following dissemination of the toolkit feedback will be sought to understand usefulness and inform plans for the next survey.
- 6.2** Communicate the results and intelligence gathered with relevant groups and through discussion identify key priorities to improve outcomes for children and young people. Some emerging priorities already identified through this process include emotional wellbeing / worries, healthy diet and handwashing for primary school pupils and vaping and bullying for secondary school pupils.
- 6.3** Gather learning and insights to improve future HRB surveys. Consolidate and synthesise the feedback acquired from various channels, including previous sources and the input collected during the roadshow to inform the development of the 2025 survey.
- 6.4** Revisit special educational needs survey for 2025. Previously we have not had any special schools participating in the HRBS. In 2023 one school expressed an interest and collaborated with us to adopt the survey design but was then not able to undertake the survey during the time period allocated. Will seek to engage further to understand how participation could be supported in the future.
- 6.5** To update relevant Joint Strategic Needs Assessments to include the appropriate data.
- 6.6** Ensure the school health profiles are updated.

## **7.0 Recommendations**

**7.1** The Health and Wellbeing Board is recommended to:

- (i) receive the update and published report on the findings of the health related behaviour survey;
- (ii) endorse the key priorities identified;
- (iii) endorse the ongoing work of sharing information with key stakeholders to inform and influence our approaches and plans to improve the health and wellbeing of children and young people in Sunderland; and
- (iv) receive updates on progress in relation to the agreed actions via the Starting Well Delivery Board assurance report.

Appendix 1: Sunderland Health Related Behaviour Survey 2023 – summary report





# Supporting the Health of Young People in Sunderland

## A summary report of the Health Related Behaviour Survey 2023

These results were collected from a sample of primary pupils aged 8 to 11 and secondary pupils aged 12 to 15 in Sunderland in the summer term 2023. This work was co-ordinated by Sunderland City Council's Public Health Team as a way of collecting robust information about young people's lifestyles and will be used to inform the Health City Plan and work to improve health outcomes for Children and Young People in Sunderland.

Teachers were informed on how to collect the most reliable data and then pupils completed a

version of the questionnaire appropriate for their age group.

Year 4 and 6 pupils completed the primary version of the questionnaire. Pupils in Years 8 and 10 completed the secondary version of the questionnaire. All were undertaken anonymously.

Schools were given the choice of using online or paper-based questionnaires.

### Comparisons and Trends

Comparisons have been made between the Sunderland 2023 results and the previous 2021 sample. 2021 figures are shown

as (%) through the report. Some trend charts are shown on page 12 to look for any Covid-19 effect. In 2023 a total of 5970 pupils took part in 33 primary schools and 15 secondary schools in Sunderland.

### Cross-phase links

Many of the questions in each version of the questionnaire are identical or very similar. Some of the results of these questions are presented on pages 6 and 7 of this document, so that behaviour can be seen across the age range.

### 5970 young people were involved in the survey:

School Year	Year 4	Year 6	Year 8	Year 10	Total
Age	8-9	10-11	12-13	14-15	
Boys (male)	566	578	995	868	3007
Girls (female)	518	636	890	870	2914
Total	1092	1215*	1902*	1761*	5970*

\*9 primary pupils didn't select boy or girl and 40 secondary pupils didn't select male or female when asked for their birth gender.

A selection of statistically significant differences between the 2023 and 2021 results have been shown on pages 8 and 9.

For more details please contact The Schools Health Education Unit Tel. (01392 667272).

### Topics include

Background

Healthy Eating

Physical Activity

Drugs, Alcohol and Smoking

Worries

Staying Safe (including bullying)

School

Emotional Health and Wellbeing

Relationships and sexual health

COVID-19

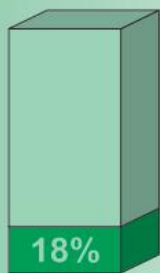
# Sunderland primary school pupils in Year 4 and Year 6 (ages 8 - 11)

## BACKGROUND

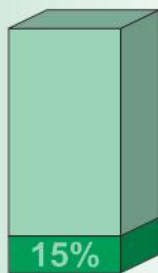
- 85% (89%) of pupils described themselves as White UK. 6% (5%) described themselves as Asian, 2% (2%) as Mixed.
- 91% (91%) have at least one brother or sister. 37% (36%) were the first child of the family.

## HEALTHY EATING

- 5% (5%) of pupils had nothing to eat or drink for breakfast on the day of the survey. 32% (35%) of pupils had cereal.
- 53% (50%) of pupils said that they had a drink at breakfast time.
- 37% (40%) of Year 6 boys and 41% (46%) of Year 6 girls would like to lose weight.
- 27% (28%) of pupils have chips/roast potatoes, 35% (39%) crisps and 32% (34%) sweets and chocolates 'on most days'.
- 18% (20%) of pupils had eaten 5 or more portions of fruit and vegetables on the day before the survey. 15% (16%) had eaten none.**



5 + portions

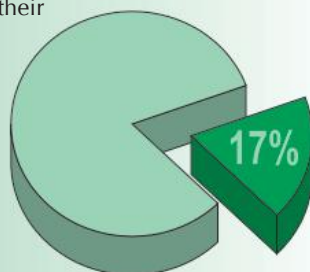


None

- 44% (47%) eat fresh fruit, 37% (48%) dairy produce and 30% (33%) vegetables 'on most days'.

## Dentist

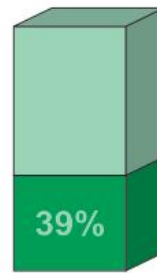
- 75% (75%) of pupils cleaned their teeth at least twice the day before; 3% (4%) said none at all.
- 75% (74%) had a check up on their last visit to the dentist, 26% (25%) had fillings and **17% (18%) had a tooth removed.**



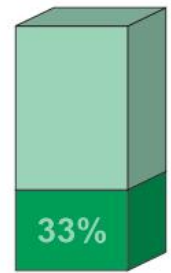
## PHYSICAL ACTIVITY

- 65% (63%) of pupils said they spent time watching television after school on the day before the survey, 60% (55%) listened to music and 62% (61%) played with friends.
- 80% (84%) of Year 6 boys and 50% (46%) of Year 6 girls played computer games the night before.

- 39% (42%) of Year 6 boys and 33% (30%) of Year 6 girls reported that they took part in hard exercise on at least 5 occasions in the previous week.**



Year 6 Boys



Year 6 Girls

- 65% (59%) of pupils considered themselves 'fit' or 'very fit', 7% (10%) said they were 'unfit' or 'very unfit'.

- The top five physical activities in 2023 for Year 6 were:**

Boys	2023	2021	Girls	2023	2021
Running (races or tag)	71%	72%	Going for walks	63%	66%
Football	70%	65%	Running (races or tag)	62%	59%
Going for walks	59%	59%	Keep-fit	51%	44%
Keep-fit	57%	46%	Dancing/gymnastics	38%	33%
Bike riding	46%	46%	Swimming	36%	18%

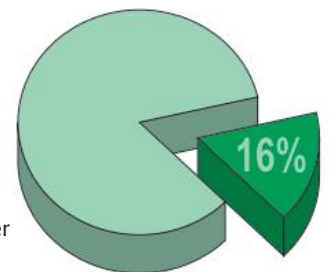
The table shows the proportion of pupils taking part in the activity at least weekly.

## DRUGS, ALCOHOL AND SMOKING

### Year 6 only

#### Drugs

- 56% (46%) of Year 6 pupils reported that their parents had talked with them about illegal drugs. 81% (65%) said their teachers had.
- 16% (12%) of Year 6 pupils said that they know someone personally who uses drugs, not as medicines.**
- 2% (1%) of Year 6 pupils said that they had been offered cannabis, and 1% (1%) said other drugs.

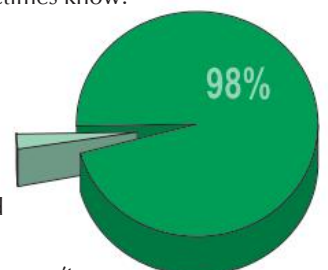


#### Alcohol

- 2% (2%) of Year 6 pupils said they had an alcoholic drink (more than just a sip) in the week before the survey.
- When asked what they had, >1% (>1%) said they had cider, 1% (>1%) said spirits, and 1% (1%) said beer.
- 91% (91%) of pupils said they do not drink alcohol, 7% (7%) said their parents always know if they do, 2% (1%) said their parents usually/sometimes know. 1% (0%) said 'never'.

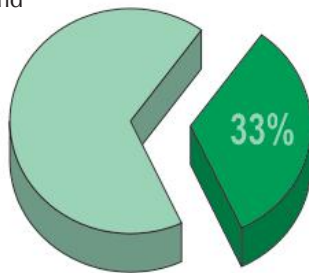
#### Smoking

- 98% (98%) of Year 6 pupils said they have never smoked at all.**
- 0% (0%) of pupils had smoked during the last seven days.
- 86% (87%) of pupils think they won't smoke when they are older, 14% (13%) said maybe or yes they will.



## WORRIES

- ❑ Not including worries around COVID, 80% (78%) of pupils said they worried about at least one of the items listed in the questionnaire.
- ❑ 34% (32%) worried about SATs/tests, 23% (24%) of pupils worried about health problems and 30% (29%) about crime.
- ❑ 22% (21%) of pupils worried about how their body changes as they grow up.
- ❑ **33% (29%) worried about family problems.**



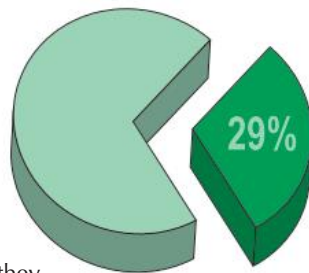
## STAYING SAFE

- ❑ 35% (27%) of pupils reported that they had an accident in the last twelve months that was treated by a doctor or at a hospital.
- ❑ 9% (14%) of pupils said they never did anything to avoid sunburn, 25% (22%) said 'whenever possible'.
- ❑ 79% (84%) of pupils reported owning a bike, however, 41% (42%) of pupils said they 'never or almost never' wear a safety helmet when cycling.
- ❑ **30% (26%) of pupils reported that they had been approached by an adult who scared or made them upset.**
- ❑ 14% (12%) of pupils knew the person.
- ❑ When asked what they did when this happened, 17% (14%) ran or walked away, 11% (10%) told an adult straight away and 11% (8%) told an adult afterwards. 8% (7%) said they kept it to themselves.
- ❑ 45% (47%) of pupils said that when a friend wants them to do something they don't want to do, they can 'usually or always say no'. 19% (20%) said that can 'rarely' or 'never say no'.



## SCHOOL

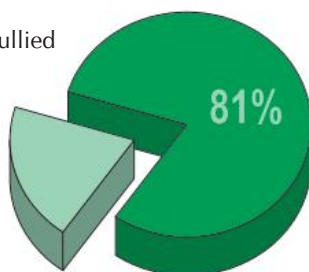
- ❑ **29% (40%) of pupils spent time doing homework on the evening before the survey.**
- ❑ 37% (40%) of pupils read a book for pleasure the night before.
- ❑ 95% (96%) of pupils said they spent time chatting/talking during school playtimes. 87% (88%) said they played running/skipping games/tag and 72% (64%) played ball games. 27% (22%) said they read quietly.
- ❑ 76% (76%) of pupils said that their school helps them work as part of a team.



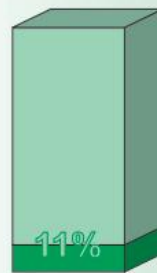
## EMOTIONAL HEALTH & WELLBEING

### Bullying

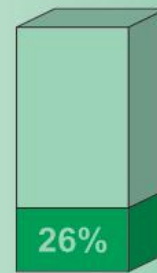
- ❑ 27% (26%) said they had been bullied at or near school in the last 12 months.
- ❑ **81% (80%) of pupils said that they have lessons/assemblies about bullying and how it makes people feel.**



- ❑ **11% (12%) of pupils reported that they felt afraid to go to school because of bullying, 'often' or 'very often'. 26% (27%) said 'sometimes'.**

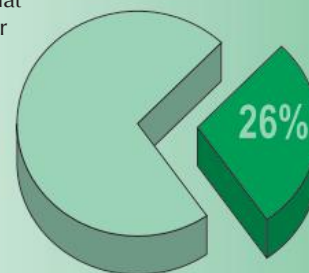


Often/very often



Sometimes

- ❑ 84% (87%) of pupils said that they know who to go to in school if they are being bullied.
- ❑ 14% (14%) said if they had a bullying problem they would keep it to themselves.
- ❑ When asked where bullying happened in the month prior to the survey, 36% (32%) said it happened outside at playtime/lunchtime and 28% (24%) said in a classroom at playtime/lunchtime. 16% (9%) reported being bullied during a lesson.
- ❑ 33% (30%) of pupils reported that they thought they were bullied because of the way they looked. 22% (22%) said because of their size or weight.
- ❑ 7% (7%) thought they were bullied because of their race, colour or religion.
- ❑ 4% (4%) of pupils reported that they thought others might fear going to school because of them.
- ❑ **26% (28%) of pupils had high self-esteem scores.**
- ❑ 35% (34%) of pupils had a med-low self-esteem score (9 or less).
- ❑ 38% (39%) of pupils responded that they do not want to change lots of things about themselves.



## GROWING UP

- ❑ 85% (78%) of Year 6 pupils said their parents had talked with them about how their body changes as they grow up.
- ❑ 87% (63%) of Year 6 pupils said their teachers had talked with them about how their body changes as they grow up.
- ❑ 78% (69%) said that they felt they knew enough about how their body changes as they grow up.

## COVID-19 (Year 6 only questions)

- ❑ Since the COVID-19 pandemic, 43% of pupils said that they spend more time online now; 35% said it was about the same.
- ❑ 17% of pupils said that they have become more anxious/worried since COVID 19. 33% said it was about the same and 31% said they were less anxious/worried.
- ❑ 57% of pupils said that they are more physically active than before COVID 19. 7% said they were less active and 27% said it was about the same as before the pandemic.

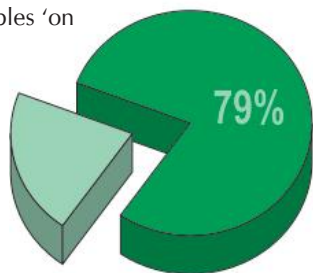
# Sunderland secondary school pupils in Year 8 and Year 10 (ages 12 - 15)

## BACKGROUND

- 86% (92%) of pupils described themselves as white.
- 60% (60%) live with mother and father together, 16% (16%) said 'mainly or only with mum'.

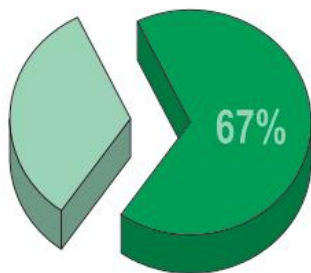
## HEALTHY EATING

- 24% (23%) of Year 10 girls had nothing to eat or drink for breakfast on the day of the survey. It is interesting that 61% (65%) of Year 10 girls say that they would like to lose weight. 23% (18%) of the Year 10 girls also reported having no lunch on the day before the survey.
- 14% (13%) of pupils said they 'never' considered their health when choosing what to eat, 17% (16%) said they did 'very often' or 'always'.
- 30% (29%) of pupils said they ate sweets and chocolates 'on most days'. 27% (32%) said they ate crisps 'on most days'.
- 13% (10%) ate salads, 40% (38%) fresh fruit and 38% (39%) vegetables 'on most days'.
- 13% (14%) said they had 5 or more portions of fruit and vegetables the day before, 16% (14%) said 'none'.
- 79% (79%) of pupils said they drink water 'on most days', 4% (5%) said 'rarely or never'.**
- 1% (1%) of pupils went home for lunch the day before, 1% (1%) bought their lunch from a takeaway or shop.



## PHYSICAL ACTIVITY

- 67% (64%) of pupils said they enjoyed physical activities 'quite a lot' or 'a lot'.**
- The top 2 reasons given by secondary pupils for doing physical activity were 'Because I want to be physically fit' 51% (51%) and 'Because it's fun' 51% (48%).
- 50% (49%) of boys and 42% (47%) of girls walked/scooted to school on the day of the survey. 39% (37%) of boys and 45% (40%) of girls travelled to school by car.
- 31% (30%) of the Year 10 boys exercised enough to breathe harder and faster on at least 5 occasions in the previous week compared with 13% (14%) of the Year 10 girls.



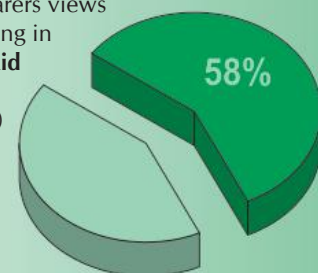
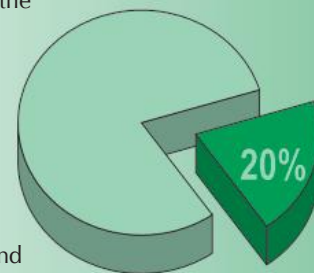
## DRUGS, ALCOHOL & SMOKING

### Drugs

- 28% (28%) of Sunderland secondary pupils are 'fairly sure' or 'certain' that they know someone who takes drugs.**
- 9% (9%) of Year 10 boys and 15% (14%) of Year 10 girls have taken drugs.
- 4% (3%) reported taking an illegal drug in the last month, 6% (6%) said they had taken an illegal drug in the last year. 11% (10%) of Year 10 pupils had taken cannabis at some point.
- 4% (4%) of Year 10 boys and 8% (8%) of Year 10 girls have taken an illegal drug and alcohol on the same occasion.

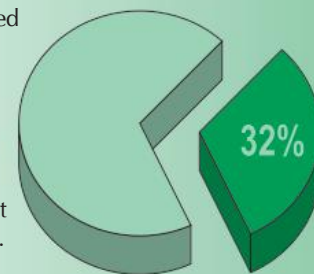
### Alcohol

- 8% (9%) of Year 8 and 22% (26%) of Year 10 pupils said that they have drunk alcohol in the last 7 days.
- 23% (25%) of pupils said that they usually drink with their parents.
- 20% (23%) of Year 10 pupils said they usually drink with a large group of friends.**
- Boys: 5% (8%) of Year 8 boys and 18% (21%) of Year 10 boys drank one or more unit of alcohol in the seven days before the survey.
- Girls: 7% (10%) of Year 8 girls and 22% (30%) of Year 10 girls drank one or more unit of alcohol in the seven days before the survey.
- 6% (8%) of pupils got drunk on at least one day last week.
- When asked about their parents/carers views of them drinking/potentially drinking in the future, **58% (55%) of pupils said they don't drink alcohol/don't intend to drink alcohol.** 10% (9%) said their parents disapprove of them drinking alcohol
- 4% (6%) said their parents weren't aware that they drank alcohol.
- 16% (17%) of Year 8 and 34% (35%) of Year 10 pupils said that their parents know they drink alcohol and either don't comment or approve of their drinking alcohol.



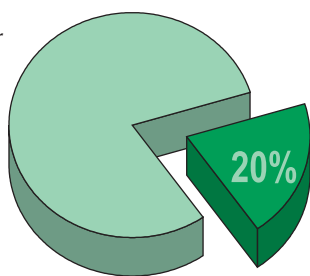
### Smoking

- Boys: 1% (1%) of Year 8 boys and 4% (6%) of Year 10 boys reported that they smoke occasionally or regularly.
- Girls: 3% (3%) of Year 8 girls and 8% (12%) of Year 10 girls reported that they smoke occasionally or regularly.
- 32% (33%) of pupils said that their parents/carers smoke.**
- 65% (63%) of pupils said that no-one ever smokes at home. 25% (27%) said if smoking happened it was only outside.
- 7% (7%) said that smoking happened only in certain rooms but 3% (3%) said that smokers could smoke anywhere in their home.
- When asked about their parents/carers views of them smoking/potentially smoking in the future, **78% (75%) of pupils said they don't smoke/don't intend to smoke.**



## Vaping

- When asked about vaping 4% (13%) said that they have never heard of them, 61% (66%) said that they have never used one.
- 20% (16%) said that they have tried a vape.** 16% (5%) of pupils reported that they used one at least 'occasionally'.



## WORRIES

- Not including worries around COVID, 78% (81%) of pupils said they worried about at least one of the items listed in the questionnaire.

### The main worries for Year 8 pupils included:

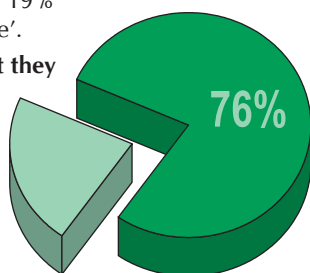
	Boys		Girls
Future opportunities	34%	The way you look	58%
Exams & tests	28%	Exams & tests	50%
Physical health	27%	Future opportunities	49%
Mental health	25%	Problems with friends	46%
The way you look	25%	Mental health	43%

### These changed to the following for Year 10 pupils:

	Boys		Girls
Future opportunities	39%	The way you look	65%
Exams & tests	30%	Exams & tests	62%
Physical health	29%	Future opportunities	59%
Mental health	28%	Mental health	54%
The way you look	27%	Physical health	39%

## STAYING SAFE

- 30% (24%) said they were treated for a serious accident or injury by a doctor or at a hospital within the last year. 14% (10%) were due to sporting injuries.
- 25% (31%) of pupils rated the safety of their area, when going out after dark, as 'poor' or 'very poor'. 5% (5%) said this about going out during the day.
- 71% (75%) of pupils rated their safety at school as 'good' or 'very good', 71% (70%) said this about their journey to and from school.
- 7% (7%) said they had been the victim of violence or aggression in the area where they lived in the past 12 months.
- 63% (64%) of pupils said they 'never or almost never' wear a safety helmet when cycling; 19% (19%) said 'whenever possible'.
- 76% (81%) of pupils said that they have been told how to stay safe online,** 52% (55%) of pupils said that they always follow the advice they have been given.
- 26% (28%) of pupils said that they had received a hurtful, nasty or scary message or picture online.
- 19% (21%) of pupils [34% (36%) of Year 10 girls] said that they have been asked to meet someone who they don't know in person. 6% (5%) of pupils [11% (8%) of Year 10 girls] said they actually met up with them.

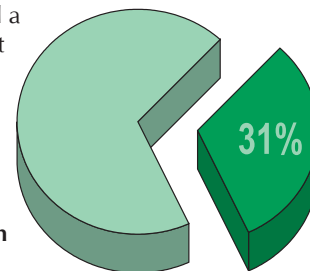


## SCHOOL

- 49% (50%) of pupils reported that they enjoyed at least half of their lessons.
- 71% (75%) said they thought it was important to go to school regularly. 23% (23%) said that they felt their views and opinions were listened to in school.
- 69% (70%) said that their work is marked so they can see how to improve it.
- 54% (59%) want to continue in full-time education at the end of Year 11.

## EMOTIONAL HEALTH AND WELLBEING

- 57% (50%) of pupils reported that, in general, they were 'quite a lot' or 'very much' happy with their life.
- 30% (31%) of pupils reported a fear of going to school at least sometimes because of bullying.
- 37% (32%) said they had been bullied at school in the past 12 months.
- 31% (28%) of pupils had high self-esteem scores.**



## RELATIONSHIPS AND SEXUAL HEALTH

- When a friend wants them to do something they don't want to do, 66% (67%) of pupils said they could 'usually or always' say 'no'. 10% (10%) said they were 'rarely' or 'never' able to say 'no'.
- 13% (18%) of pupils said their friends were their main source of information about relationships and sexual health. 34% (31%) said their parents were, 24% (20%) said school lessons. 24% (28%) of Year 10 boys said the Internet was.
- Year 10 pupils were asked a number of questions around their attitudes towards sex. 33% (31%) agreed that young people should wait until they are 16 before having sex. 23% (25%) disagreed with this.
- 61% (67%) agreed that if a girl is on the pill, a condom should still be used for sexual intercourse.
- 64% (67%) of Year 10 boys and 76% (80%) of Year 10 girls agreed that a condom should always be used for sexual intercourse to protect against sexually transmitted infections.
- 17% (15%) of Year 10 pupils said they have had sexual intercourse, 8% (8%) of pupils preferred not to answer.
- 51% (44%) of pupils [79% (67%) of Year 10] have heard of the C-Card Scheme, 7% (5%) of pupils said that they have accessed the C-card Scheme.
- 40% (30%) of pupils [60% (41%) of Year 10] said that they know where to get condoms free of charge.

## COVID-19

- Since the COVID-19 pandemic, 52% of pupils said that they spend more time online now; 32% said it was about the same.
- 24% of pupils said that they have become more anxious/worried since COVID 19. 33% said it was about the same and 26% said they were less anxious/worried.
- 47% of pupils said that they are more physically active than before COVID 19. 15% said they were less active and 29% said it was about the same as before the pandemic.

# Pyramid data: Questions included in both the primary and secondary versions of the 2023 questionnaire

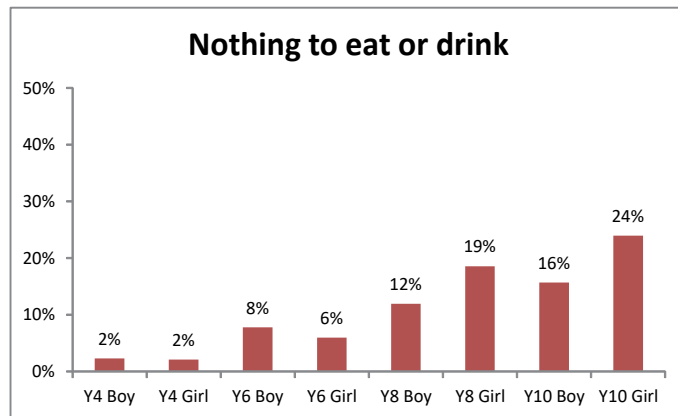
## Cross-phase data

The following is a selection of data relating to the set of questions found in the primary and secondary versions of the questionnaire. It is always interesting to see how young people change as they grow up.

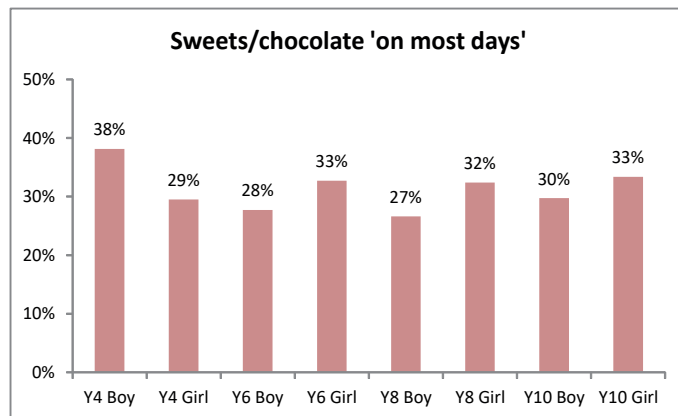
## HEALTHY EATING

### What did you eat or drink before coming to school today?

- There is an upward trend in the number of pupils who report having 'nothing at all' for breakfast, more so for the girls than the boys:

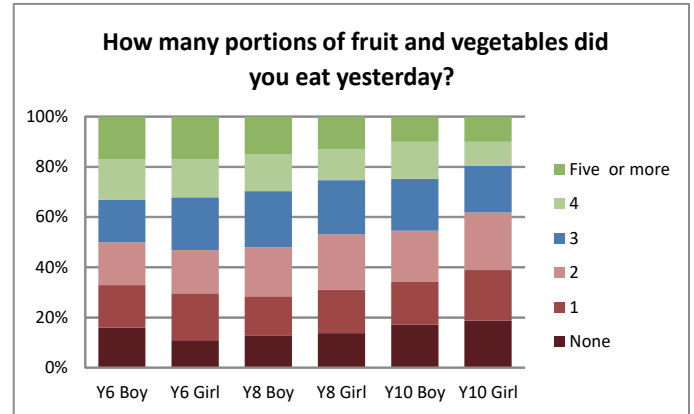


- The proportion of primary and secondary pupils eating crisps and sweets and chocolates 'on most days' decreases slightly across age groups: 32% of primary pupils eating sweets compares with 30% in the secondary phase.

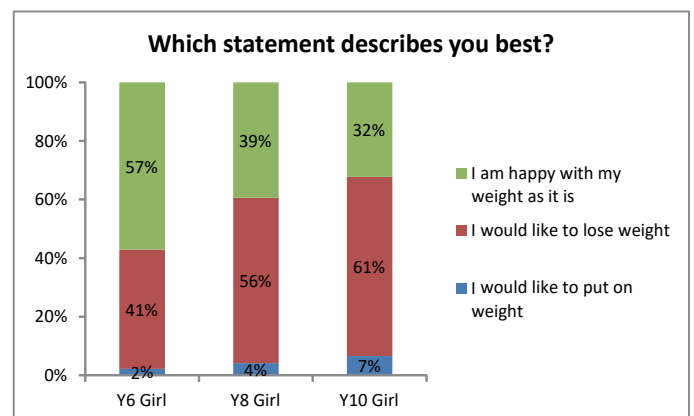


- The proportion of primary and secondary pupils drinking energy drinks 'on most days' increases across age groups: 10% of primary pupils drinking energy drinks compares with 14% in the secondary phase.
- The proportion of pupils who eat fresh fruit 'on most days' decreases as they get older: 44% in the primary and 40% in the secondary sample.

- Secondary school pupils are similarly less likely to say that they had 5 or more portions of fruit and vegetables the day before, compared with primary aged pupils who said the same; 13% vs. 18%.

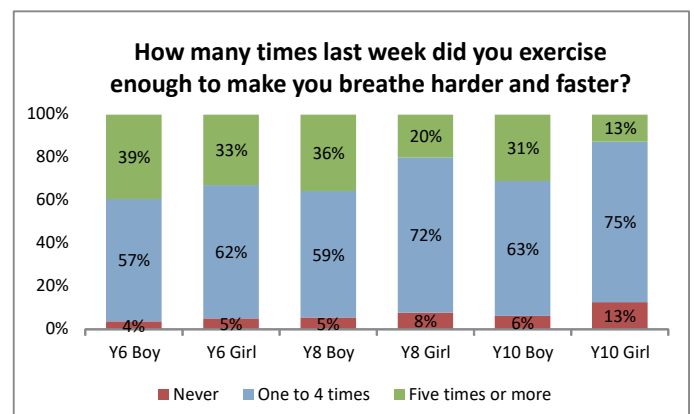


- 41% (46%) of Year 6 girls said they would like to lose weight, this rises to 56% (62%) of Year 8 and 61% (65%) of Year 10 girls.



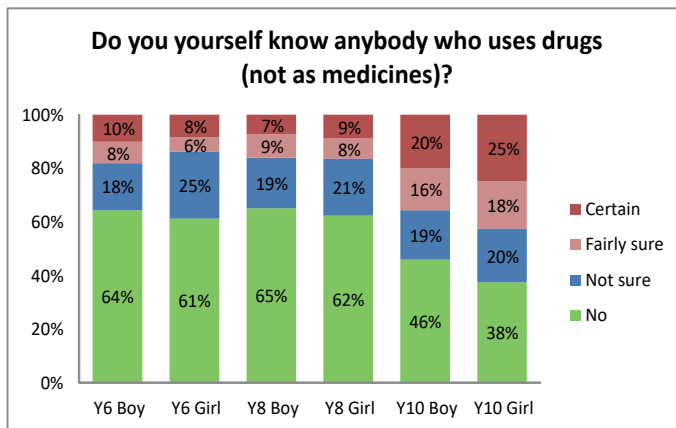
## PHYSICAL ACTIVITIES

- A clear gender difference becomes apparent as pupils get older, with fewer girls saying they enjoy physical activities. Primary - boys 86%, girls 78%, Secondary - boys 81%, girls 53%.
- 37% (38%) of primary pupils said that they exercised hard at least 5 times in the previous week, only 25% (22%) of secondary pupils said the same, again there were gender differences with the boys being more active than the girls. **Girls figures are: Year 6 – 33% (30%), Year 8 – 20% (18%) and Year 10 – 13% (14%).**



## ILLEGAL DRUGS

- 16% (12%) of Year 6 pupils said that they knew someone personally who used drugs (not as medicines). 16% (15%) said this in Year 8 and in Year 10 it had risen sharply to 39% (40%).

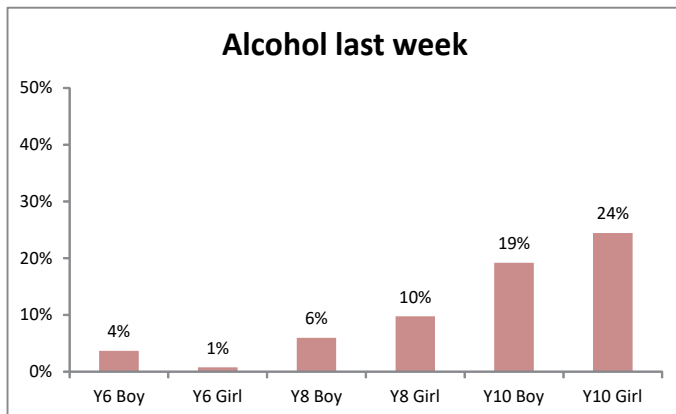


- 2% (1%) of Year 6 pupils and 18% (16%) of secondary pupils said that they had been offered cannabis. 1% (1%) of Year 6 pupils had been offered other drugs. 5% (5%) of secondary pupils had been offered cocaine, 3% (4%) said they had been offered ecstasy.

## ALCOHOL

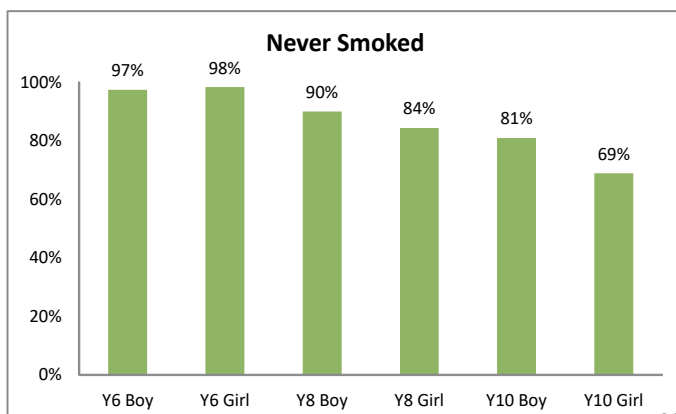
*Have you had an alcoholic drink in the week before the survey?*

- 2% (2%) of the Year 6 pupils had an alcoholic drink in the week before the survey. 8% (9%) of Year 8 pupils and 22% (26%) of Year 10 pupils said they had drunk alcohol in the week before the survey.

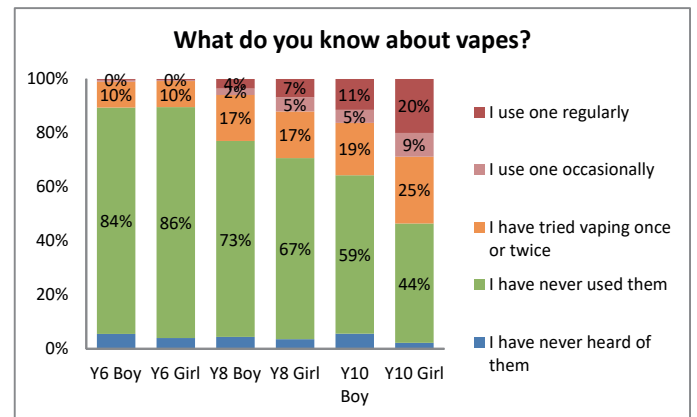


## SMOKING

- 98% (98%) of Year 6 pupils said that they had 'never smoked at all'. 87% (88%) of Year 8 and 75% (71%) of Year 10 pupils said the same.



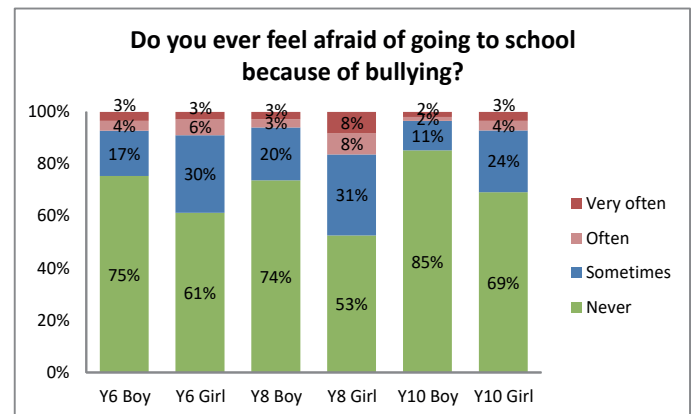
## VAPING



## EMOTIONAL HEALTH & WELLBEING

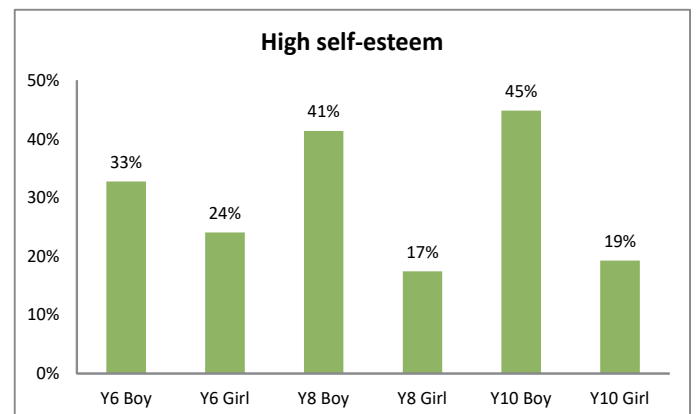
*Do you ever feel afraid of going to school because of bullying?*

- 32% (34%) of Year 6 pupils said they felt afraid of going to school at least sometimes. 36% (36%) of Year 8 pupils and 23% (27%) of Year 10 pupils said that they feel afraid of going to school because of bullying at least sometimes.



## Self-esteem

- Self-esteem usually appears to increase with age. 33% (36%) of Year 6 boys recorded levels of high self-esteem. In Year 8 this increased to 41% (46%) for boys and again to 45% (41%) for Year 10 boys who recorded levels in the highest bracket.



- A clear gender difference is apparent with fewer girls recording levels of high self-esteem compared with boys, for example, 45% (41%) of Year 10 boys compared with 19% (20%) of Year 10 girls.

# Significant differences - primary

## Statistically significant differences for primary pupils comparing 2023 results with those in 2021

	2023	2021	% point difference	
Pupils who washed their hands before lunch on the day before the survey.	52%	81%	- 29%	↓
Year 6 pupils who said teachers in school lessons, a School Nurse, or visitors in school lessons have talked with them about how their body changes as they grow up.	95%	72%	+23%	↑
Year 6 pupils who said either, teachers in school lessons, a School Nurse, or visitors in school lessons have talked with them about illegal drugs.	84%	67%	+17%	↑
Pupils who go swimming at least 'once a week'.	43%	24%	+19%	↑
Pupils who are able to get water in school.	96%	90%	+6%	↑
Pupils who did homework after school on the day before the survey	29%	40%	- 11%	↓
Pupils who wash their hands after visiting the toilet 'whenever possible'.	79%	87%	- 8%	↓
Pupils who do something to avoid sunburn 'usually' or 'whenever possible'.	59%	49%	+10%	↑
Pupils who have had an accident in the 12 months before the survey that was treated by a doctor or at a hospital.	35%	27%	+8%	↑
Pupils who played sport after school on the day before the survey	57%	49%	+8%	↑
Pupils who were pushed/hit for no reason in the last month.	50%	42%	+8%	↑
Year 6 pupils who feel that they know enough about how their body changes as they grow up.	78%	69%	+9%	↑
Pupils who think they are 'fit' or 'very fit'.	65%	59%	+6%	↑
Pupils who have a bicycle.	79%	84%	- 5%	↓
Pupils who drank at least a litre of water on the day before the survey.	31%	27%	+4%	↑
Year 6 pupils said they are 'fairly sure' or 'certain' that they know someone who uses drugs (not as medicines).	16%	12%	+4%	↑
Pupils who spent time going to a club after school on the day before the survey.	28%	20%	+8%	↑
Pupils who at least 'sometimes' spend time playing ball games like football or netball during school playtimes/dinner times.	72%	64%	+8%	↑
Pupils who spent time playing sport or other physical activity after school on the day before the survey.	57%	49%	+8%	↑
Pupils who said people with different backgrounds are valued in their school.	67%	64%	+3%	↑
Pupils who eat vegetables 'on most days'.	30%	33%	- 3%	↓
Pupils who worry 'quite a lot' or 'a lot' about family problems.	33%	29%	+4%	↑
Pupils who reported they have been approached by an adult who scared/upset them.	30%	26%	+4%	↑
Pupils who have had their belongings taken or broken in the last month.	28%	20%	+8%	↑
Pupils said that if they were being bullied in school they would tell parents/carers about it.	86%	82%	+4%	↑
Pupils who said their work is marked so they can see how to improve it.	88%	91%	- 3%	↓
Pupils who said their school cares whether they are happy or not.	71%	75%	- 4%	↓
Pupils who said their teachers listen to them at school.	76%	80%	- 4%	↓

KEY: ↑ Good news  
 ↑ Not such good news  
 ↓ Neutral (not necessarily good or bad news)



# Significant differences - secondary

Statistically significant differences for secondary pupils comparing 2023 results with those in 2021	2023	2021	% point difference	
Pupils have visited the doctor in the last 6 months.	64%	47%	+ 17%	↑
Have been away from school in the last 12 months due to illness or injury.	72%	56%	+ 16%	↑
Have at least tried vapes.	35%	21%	+ 14%	↑
Know where they can get condoms free of charge.	40%	30%	+10%	↑
Don't want anyone to talk with them about puberty and growing up.	21%	39%	- 18%	↓
Worry 'quite a lot' or 'a lot' about exams and tests/school-work.	42%	51%	- 9%	↓
Are 'quite' or 'very' happy with their life at the moment.	56%	50%	+ 6%	↑
Have found lessons about sex and relationships education 'quite' or 'very' useful.	37%	31%	+ 6%	↑
Had school food for lunch on the day before the survey	59%	50%	+ 9%	↑
Rated their safety when going out after dark as 'poor' or 'very poor'.	25%	31%	- 6%	↓
Have heard of the C-card scheme.	51%	44%	+ 7%	↑
Would like to lose weight.	49%	54%	- 5%	↓
Drink alcohol at least 'occasionally'.	19%	23%	- 4%	↓
Have found school lessons about drugs (including alcohol and tobacco) 'quite' or 'very' useful.	40%	36%	+ 4%	↑
Have found school lessons about puberty 'quite' or 'very' useful	38%	32%	+ 6%	↑
Chat to other people who they don't know in real life.	35%	39%	- 4%	↓
Want to find a job as soon as possible when they leave school.	42%	39%	+ 3%	↑
Exercised enough to breathe harder and faster at least three times last week.	61%	58%	+ 3%	↑
Have been told how to stay safe while online	76%	81%	- 5%	↓
Rated their safety at school as 'good' or 'very good'	71%	75%	- 4%	↓
Have a bicycle and they use it.	38%	42%	- 4%	↓
'Never' or only 'sometimes' consider their health when choosing what to eat.	61%	64%	- 3%	↓
Said school lessons are their main source of information about relationships and sexual health	24%	20%	+ 4%	↑
Have experienced at least one of the negative behaviours listed in a relationship with a past or current boyfriend/girlfriend.	31%	28%	+ 3%	↑
Travelled to school by car/van on the day of the survey	41%	38%	+ 3%	↑
worry 'quite a lot' or 'a lot' about the way they look	43%	47%	- 4%	↓
Have been offered at least one of the drugs listed.	20%	18%	+ 2%	↑
Have been teased/made fun of in the last month.	46%	43%	+ 3%	↑
Had a high self-esteem score (15 or more).	31%	28%	+ 3%	↑
Have received a hurtful, nasty or scary message or picture online.	26%	28%	- 2%	↓
Think they have been picked on or bullied because of the way they look.	39%	37%	+ 2%	↑

KEY: ↑ Good news  
 ↑ Not such good news  
 ↓ Neutral (not necessarily good or bad news)

# Inequalities

The survey data reveals the following children and young people who belong to social groupings recognised as having more negative outcomes against a wide range of indicators. We have produced some analysis to see if the experiences we see among children and young people in Sunderland are different if they are to be found under one of the social identity headings shown in the table below. A selection of statistically significant findings are presented here but a wider selection of topics and data are also available.

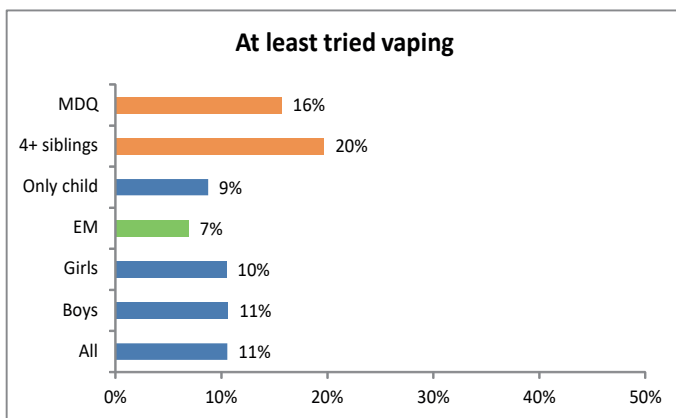
Pupil numbers in each year from social identity groups	Year 6	Year 10
All	1215	1761
Males	578	868
Females	636	870
Those who do not identify as birth sex (Non birth sex)	N/A	46
Lesbian, Gay or Bisexual (LGB)	N/A	183
Ethnic minority (EM)	190	396
SEN or with a disability or long-term illness (SEND)	N/A	379
Current free school meals (FSM)	N/A	327
Single parent family (SPF)	N/A	321
Only child	106	N/A
Have 4 or more siblings	209	N/A
Most deprived quintile (MDQ)	361	407

## Key

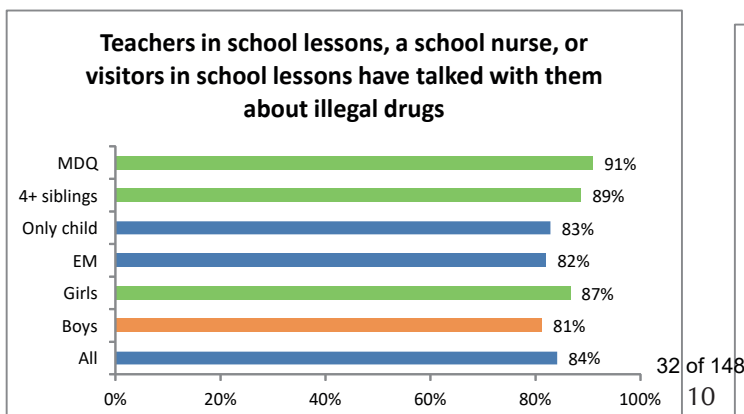
- Not significantly different to the 'All' figure (sample sizes affect significance)
  - Significantly 'better' than the 'All' figure (can be higher or lower)
  - Significantly 'worse' than the 'All' figure (can be higher or lower)
- All Y6 or All Y10 Pupils

## YEAR 6

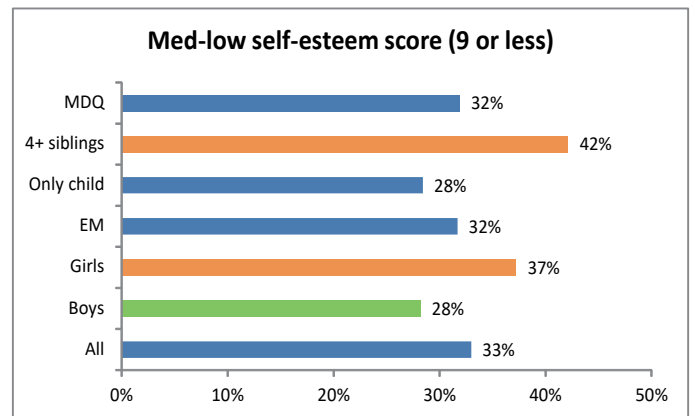
- Year 6 pupils who have 4 or more siblings were most likely to have tried vaping.



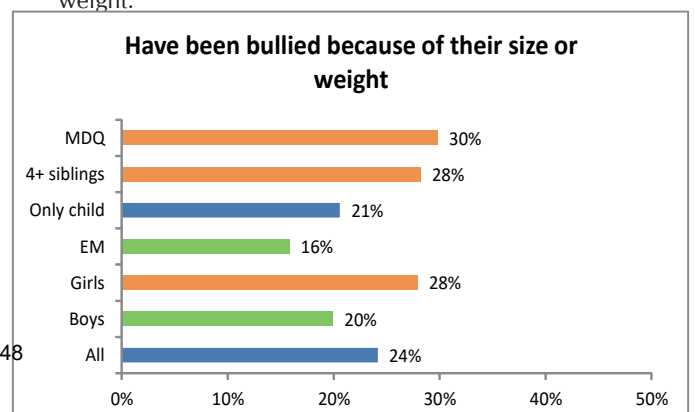
- Year 6 pupils from the most deprived quintiles are most likely to have lessons in school about illegal drugs.



- Year 6 pupils who have 4 or more siblings were most likely to have lower self-esteem.

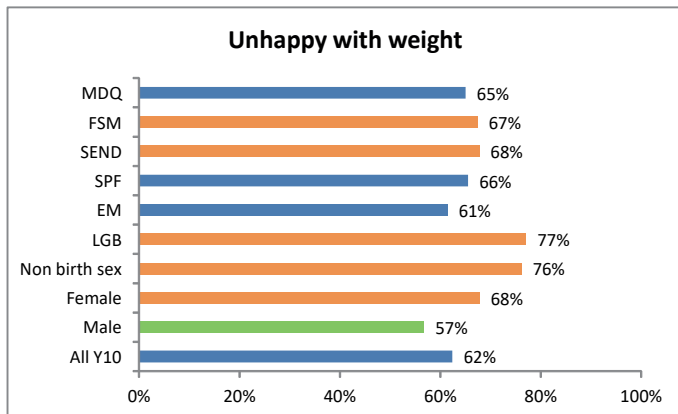


- Girls and pupils from the most deprived quintiles are most likely to say they have been bullied because of their size or weight.

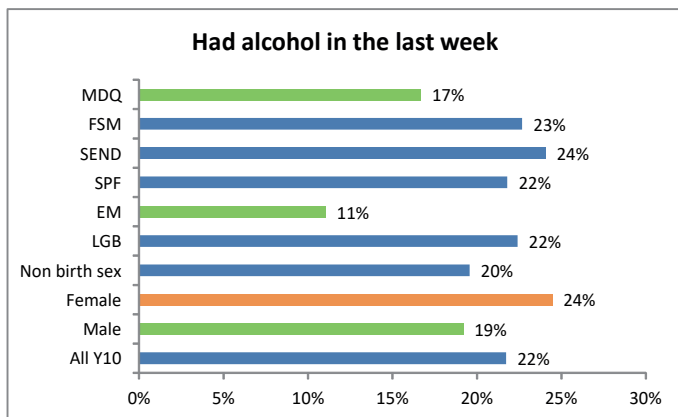


# YEAR 10

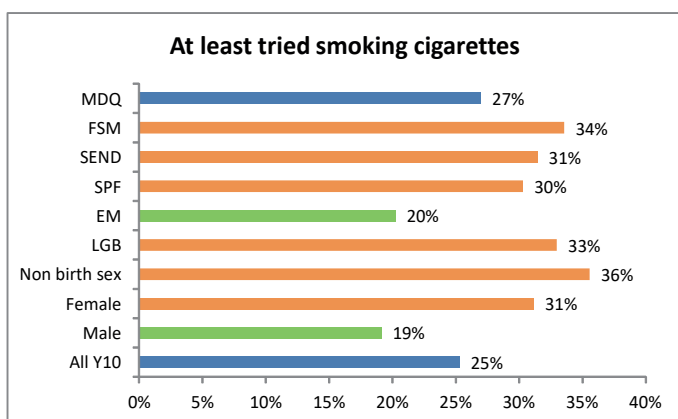
- Year 10 pupils who said they were unhappy with their weight were most likely to be female, have free school meals or say they are LGB or Non birth sex.



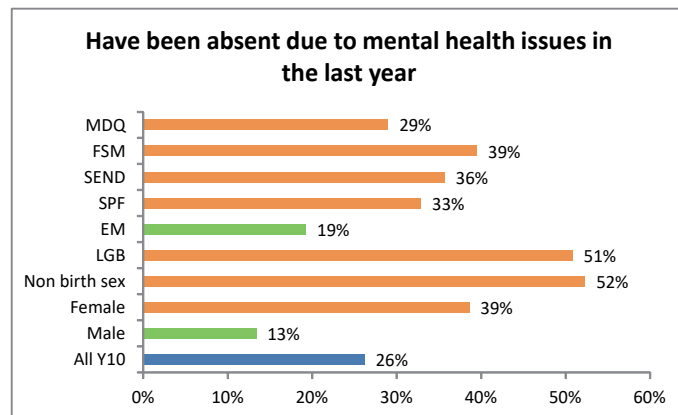
- Year 10 pupils were least likely to say they had alcohol in the last week if they were male, from an ethnic minority or from the most deprived quintile.



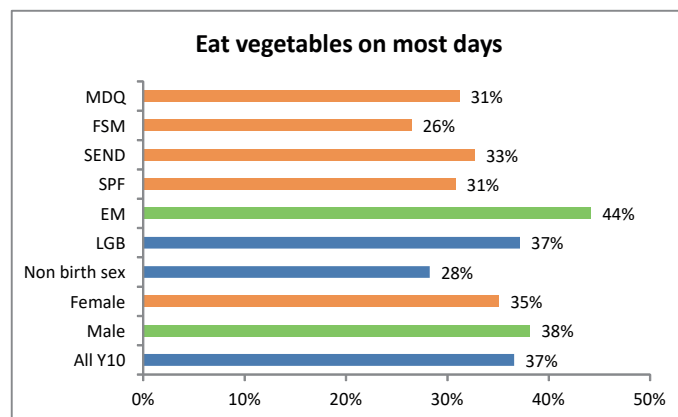
- Year 10 pupils who have at least tried smoking are more likely to be female, have free school meals, have special educational need or disability or say they are LGB or Non birth sex.



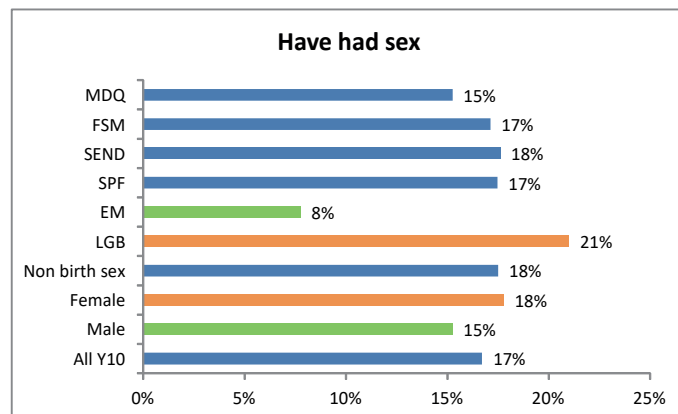
- Year 10 pupils were least likely to say they had missed school in the last year due to mental health issues if they were male or from an ethnic minority.



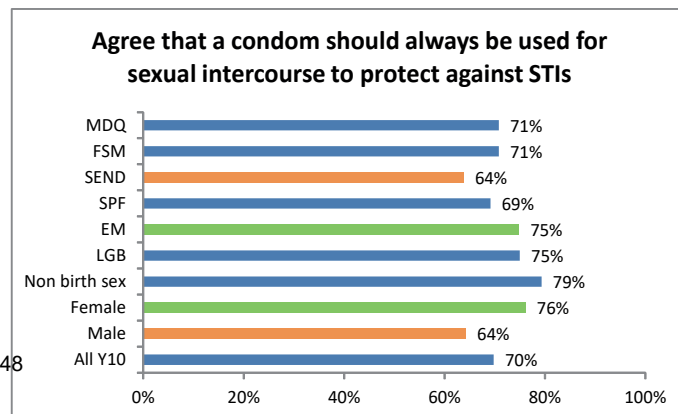
- Year 10 pupils were less likely to say they eat vegetables 'on most days' if they live in the most deprived quintile, have free school meals or come from single parent families.



- Year 10 pupils who have had sex are more likely to be female or say they are LGB. They are less likely to be male or from an ethnic minority.



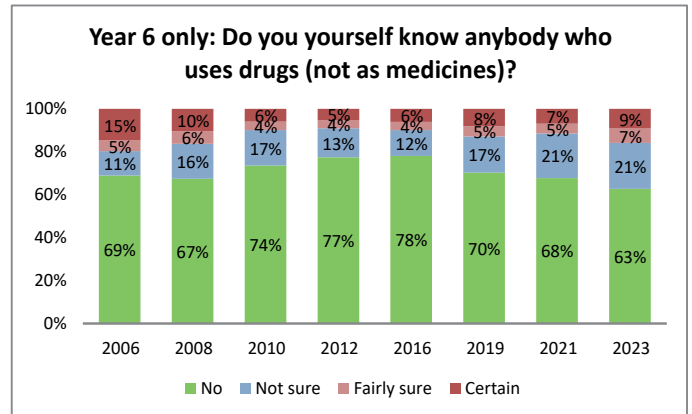
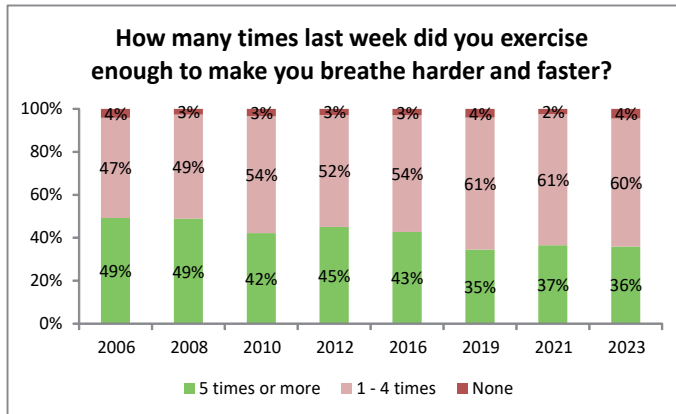
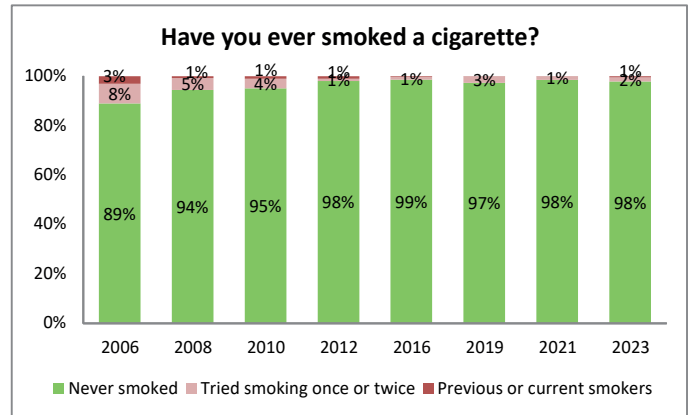
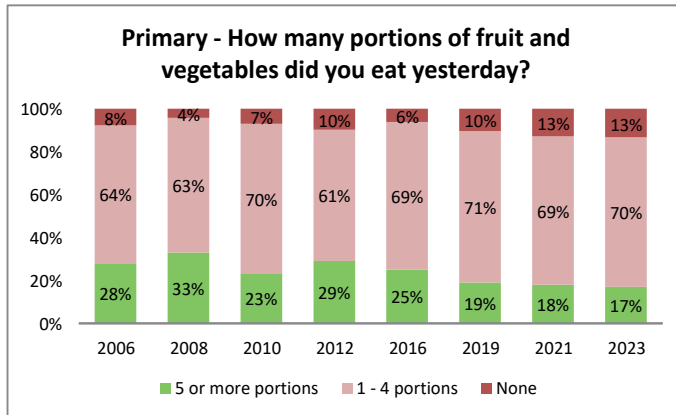
- Year 10 pupils were least likely to say a condom should always be used for sex if they were male or had special educational need or disability.



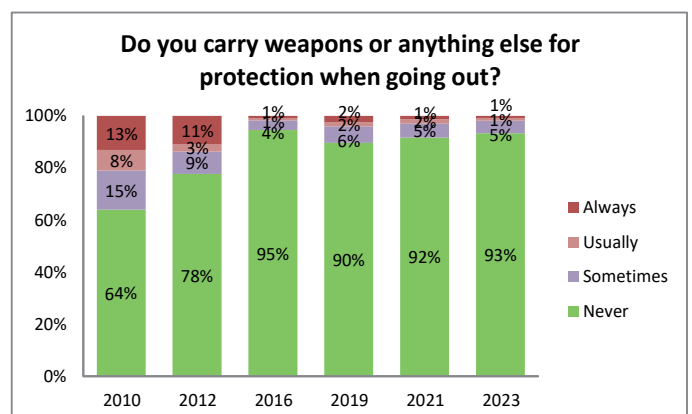
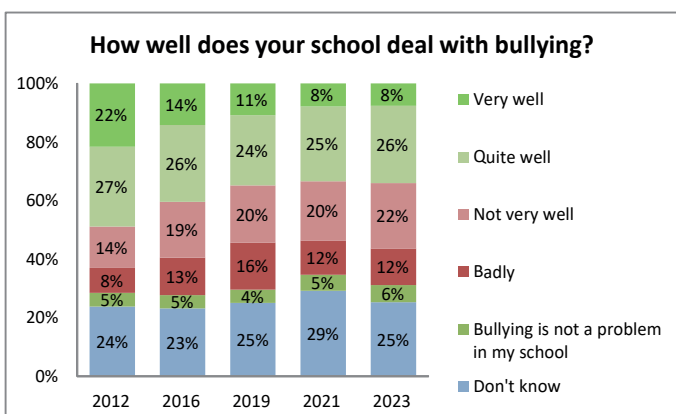
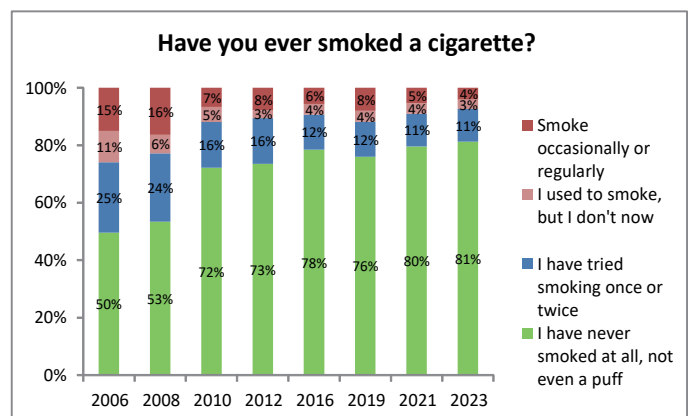
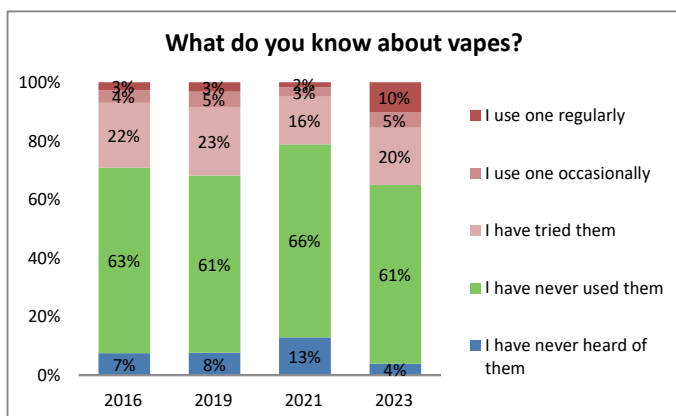
# Trends

Sunderland schools have been using the Health Related Behaviour Survey for many years. The following are a selection of interesting trend charts for the primary and secondary overall results.

## PRIMARY - YEAR 6



## SECONDARY



# The Way Forward – over to you

This work was funded by public health in Sunderland.

We are grateful to the teachers, schools, and young people for their time and contributions to this survey. We are also grateful to Jennifer Green for overseeing the organisation of the survey this year. Her meticulous attention to detail has helped to make this year's survey the most successful yet. As a result of the combined efforts of all concerned we have excellent data to be used by all key agencies that support the health needs of young people in Sunderland. The information gathered from this survey will be used by school, public health, Sunderland City Council and local health services to compare adolescent health behaviour to national statistics, prioritising areas of action to develop evidence based programmes, interventions and services.

The findings will be shared with a range of multi-agency partnerships focusing on children and young people including the Health and Wellbeing Board and the Starting Well Delivery Board. The report will also be shared with Headteachers, School Nurses, Elected Members and other providers supporting young people. The data will be used by these groups to assess effectiveness of current provision, highlighting any unmet need or gaps in provision, with a view to inform service review and delivery. The results of the survey will also be used to further enhance our Healthy Settings work with schools, so that we can address inequalities, promote inclusion and encourage participation, by providing accessible services and equipping young people with the skills to make informed decisions.

## ***Our thanks go to the staff and pupils who took part in the survey:***

### **PRIMARIES**

Academy 360  
Albany Village Primary School  
Barmston Village Primary School  
Barnes Junior School  
Barnwell Academy  
Bexhill Academy  
Broadway Junior School  
Christ's College  
Easington Lane Primary School  
East Rainton Primary School  
English Martyrs' Catholic Primary School, Sunderland  
Eppleton Academy Primary School  
Fatfield Academy  
George Washington Primary School  
Grange Park Primary School  
Hetton Lyons Primary School  
Hetton Primary School  
Hill View Junior Academy  
Hudson Road Primary School  
Hylton Castle Primary School  
Lambton Primary School  
Marlborough Primary School  
Richard Avenue Primary School  
Rickleton Primary School  
St Bede's Catholic Primary School  
St Cuthbert's Catholic Primary School  
St John Bosco Catholic Primary School

St Joseph's Catholic Primary School  
St Leonard's Catholic Primary School, Silksworth  
St Patrick's Catholic Primary School, Ryhope  
St Paul's CE Primary School  
Usworth Colliery Primary School  
Willow Wood Community Primary School

### **SECONDARIES**

Academy 360  
Beacon of Light School  
Biddick Academy  
Castle View Enterprise Academy  
Christ's College  
Hetton Academy  
Monkwearmouth Academy  
Oxclose Community Academy  
Sandhill View Academy  
Southmoor Academy  
St Aidan's Catholic Academy  
St Anthony's Girls' Catholic Academy  
Thornhill Academy  
Venerable Bede CE Academy  
Washington Academy

## ***For more information about the survey please contact:***

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## PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE AND REVIEW

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

#### 1.0 Purpose of the Report

- 1.1 To present the findings of the Executive Director of Health, Housing and Communities (HHC) and Pharmaceutical Needs Assessment (PNA) Steering Group in relation to Community Pharmacy provision, following the closure of three pharmacies and the reductions in opening hours of 100 hours pharmacies in Sunderland, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, which add to and amend the 2013 Regulations.
- 1.2 To assure the Health and Wellbeing Board (HWB) that the Executive Director of HHC, supported by the PNA Steering Group, has considered the potential implications of the closures and reduction in hours of pharmacies in Sunderland. Both are satisfied that these closures do not leave a significant gap in pharmaceutical services in Sunderland and therefore a supplementary statement to the PNA is not required.

#### 2.0 Executive Summary – changes to community pharmacy provision

- 2.1 This report describes the current Community Pharmacy provision across Sunderland following the closure of the following three pharmacies:
  - a) Lloyds Pharmacy Ltd, Inside Sainsbury's, Silksworth Lane, Silksworth, Sunderland SR3 1PD on 13<sup>th</sup> June 2023;
  - b) Lloyds Pharmacy Ltd, Inside Sainsbury's, Wessington Way, Sunderland SR5 3JG on 28<sup>th</sup> July 2023; and
  - c) Boots UK Ltd, 2-3 Park Lane, Sunderland SR1 3NX on 11<sup>th</sup> November 2023.
- 2.2 The potential implications of these pharmacy closures have been considered and are set out in this report.
- 2.3 Additionally, the impact of changes to the provision of 100-hour pharmacies which now have the option to reduce their hours down to 72 hours, in accordance with changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, has been considered and is set out in this report.

### 3.0 Background

3.1 The PNA for Sunderland (July 2022 to July 2025) was considered by the Health and Wellbeing Board in July 2022. At this meeting it was resolved that:

- a) the PNA for Sunderland (July 2022 to July 2025) be agreed;
- b) authority be delegated to the Executive Director of HHC to agree any further minor changes to the PNA in advance of formal publication by 1 October 2022;
- c) appropriate updates be received through the Executive Director of HHC; and
- d) authority be delegated to the Executive Director of HHC to identify any changes to the need for pharmaceutical services that arise during the lifetime of the PNA and determine whether a supplementary statement needs to be issued or whether it would be proportionate to produce a new PNA.

3.2 A link to the published PNA for Sunderland is available at: <https://www.sunderland.gov.uk/article/19967/Pharmaceutical-Needs-Assessment>, along with a list of all pharmacies in Sunderland (last updated 3<sup>rd</sup> October 2023).

3.3 The PNA Steering Group was reconvened to support the Executive Director of HHC to fulfil the delegated PNA responsibilities referred to above. The Steering Group has been established to:

- a) Oversee and drive the formal process required for the development of a PNA for Sunderland;
- b) Ensure that the published PNA complies with all the requirements set out under the Regulations;
- c) Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Healthy City Plan, the ICBs' Commissioning Strategy plans and other relevant strategies; and
- d) Ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations.
- e)

3.4 The PNA Steering Group comprises of representation from the Council (Public Health), the Local Pharmaceutical Committee, Sunderland Healthwatch, ICB (Medicines Optimisation / Primary Care), Community Pharmacy and Primary Care Support England (PCSE). The Steering Group is chaired by a Public Health Consultant.

3.5 The Executive Director and PNA Steering Group are satisfied that the closures do not leave a significant gap in pharmaceutical services in Sunderland. This is due to the remaining pharmacies located within a 1 mile/1.6 km radius of the closed pharmacies that offer equivalent services. There continues to be adequate out of hours access across Sunderland.



- 3.6 Within the 2022 PNA statement it was identified that: ‘There is currently adequate provision of NHS pharmaceutical services across Sunderland. There is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and weekday evenings. Though these wider opening hours are not classified as part of essential services, their availability in the locality could improve access and choice for the local population. This does not highlight a specific need for additional community pharmacies in the Coalfields locality, though access issues should be better understood to establish whether any further action is required.’
- 3.7 Following the publication of the PNA, Sunderland has seen changes to the provision of 100-hour pharmacies, which now have the option to reduce their hours down to 72 hours, in accordance with changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023.
- 3.8 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, state a 3-month notice period for a 40-hour pharmacy closure is normally given to NHS England.
- 3.9 In June 2023, the Council was informed by NHS England that two pharmacies were closing in Sunderland over the summer and one in November (see section 4).
- 3.10 The Executive Director of HHC, supported by the PNA Steering Group has made a judgement as to whether any of these closures could leave ‘a significant gap’ in pharmaceutical services.
- 3.11 The two key issues that the Executive Director of HHC and PNA Steering Group have considered are:
- how patients can continue to receive pharmaceutical services in the area (particularly out of hours); and
  - whether the local pharmacy network can accommodate the potential increase in workload.
- 3.12 There are existing arrangements in place across the system for out of hours and emergency supply.
- 3.13 It is not deemed that any of these closures leave ‘a significant gap in pharmaceutical services’, and therefore a supplementary statement to the PNA 2022-25 is not required.

#### **4.0 Summary of closures**

4.1 Details of the three pharmacy closures since the 2022 PNA are set out below, with accompanying maps showing existing pharmacies in a 1.6km/1 mile radius set out in appendix 1.

#### **4.2 Lloyds Pharmacy Ltd, (Inside Sainsbury's), Silksworth Lane, Silksworth, Sunderland SR3 1PD (40 hours). Market Exit 13/06/2023.**

Lloyds Pharmacy, Silksworth closed in June 2023. There are eight surrounding pharmacies, within a one-mile radius, which offer all ICB and Public Health commissioned services previously provided by Lloyds.

Lloyds was located in Sainsbury's, where the primary purpose of visiting is to use the supermarket, as opposed to the pharmacy. This is evidenced by the lower number of prescriptions dispensed at Lloyds compared to surrounding pharmacies.

#### **4.3 Lloyds Pharmacy Ltd, Inside Sainsbury's, Wessington Way, Sunderland SR5 3JG (54 hours). Market exit 28/07/2023.**

Lloyds Pharmacy, Wessington Way closed in July 2023. There are six surrounding pharmacies, within a one-mile radius, which offer all ICB and Public Health commissioned services previously provided by Lloyds.

Lloyds was located in Sainsbury's, where the primary purpose of visits is to use the supermarket, as opposed to the pharmacy. This is evidenced by the lower number of prescriptions dispensed at Lloyds compared to surrounding pharmacies.

#### **4.4 Boots UK Ltd, 2-3 Park Lane, Sunderland SR1 3NX (54 hours). Market exit 11/11/23.**

Boots Pharmacy, closed in November 2023. There are nineteen surrounding pharmacies, within a one-mile radius, which offer all ICB and Public Health commissioned services previously provided by Lloyds.

Boots was located in Park Lane, where the purpose of the visits were to utilise both the shop and pharmacy.

4.5 The PNA Steering Group has identified no risk to patients' ability to continue receiving pharmaceutical services in each area and conclude that an adequate out of hours provision remains following these closures.

4.6 The PNA Steering Group has confirmed that surrounding pharmacies are happy to accommodate the potential increase in workload without disruption to services.

## **5.0 Summary of current Community Pharmacy Provision in Sunderland**

- 5.1 Since the Sunderland PNA was published in July 2022, Sunderland has seen changes to the provision of 100-hour pharmacies. This was due to a regulatory change that took effect in May 2023 which gave pharmacies the option to reduce their hours down to 72 hours, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023.
- 5.2 Sunderland continues to have 4 former 100-hour pharmacies, all of which have reduced their hours, now delivering between 72 and 88 hours a week.
- 5.3 There have been three pharmacy closures since the PNA was published. In relation to these changes, the PNA Steering Group has concluded that:
- i. Patients can continue to receive equivalent pharmaceutical services within the area (1 mile radius);
  - ii. Patients continue to have adequate out of hours provision; and
  - iii. The local pharmacy network can accommodate the potential increase in workload without disruption to services.
- 5.4 Sunderland Healthwatch is part of the PNA Steering Group to represent the voice of patients. Healthwatch has identified that there was little feedback raised about the closure of the three pharmacies. However, what was received was focused on the communication of closures to patients as opposed to concerns around access.
- 5.5 To better understand if there are any Community Pharmacy access issues within the Coalfields area the PNA Steering Group has looked at the current provision and assessed this against expressed need since the PNA was published.
- 5.6 Houghton Medical Group offers an extended access provision within the Coalfields area, opening weekdays until 20.00, Saturday 09.00-17.00 and Sunday 10.00–15.00.
- 5.7 Coalfields has not had any pharmacy closures, with eleven 40-hour pharmacies remaining within the area. Pharmaceutical services are available across Coalfields between 08.00-18.30 Monday to Friday (08.00-19.30 on Wednesdays) and 08.30–12.30 on Saturdays. There is no provision on Sundays.
- 5.8 In addition to the community pharmaceutical services provided in Sunderland, there are also several community pharmacies within County Durham that could be more accessible for some residents who live in the Coalfields area. These include weekend provision, however, weekday evening access remains limited (see Appendix 2 – map of pharmacy provision across Sunderland and County Durham).

- 5.9 Both Healthwatch and General Practices within the Coalfields area have received no patient concerns around access to pharmaceutical services specifically within the area.
- 5.10 Healthwatch and General Practices will continue to work with the PNA Steering Group to ensure that patient feedback is highlighted in all changes to pharmaceutical services within Sunderland. The LPC and Healthwatch closely assess the potential impacts on vulnerable groups and patient groups that could experience access issues.
- 5.11 The PNA Steering Group has considered the current community pharmacy provision across Sunderland and concluded that there is no significant gap in pharmaceutical services. There continues to be adequate out of hours access across Sunderland. The Coalfields area continues to have adequate access. The PNA Steering Group will continue to work with Healthwatch and General Practices to review the impact on patients of any changes to pharmaceutical services across the city.

## **6.0 Contribution to delivering the Healthy City Plan**

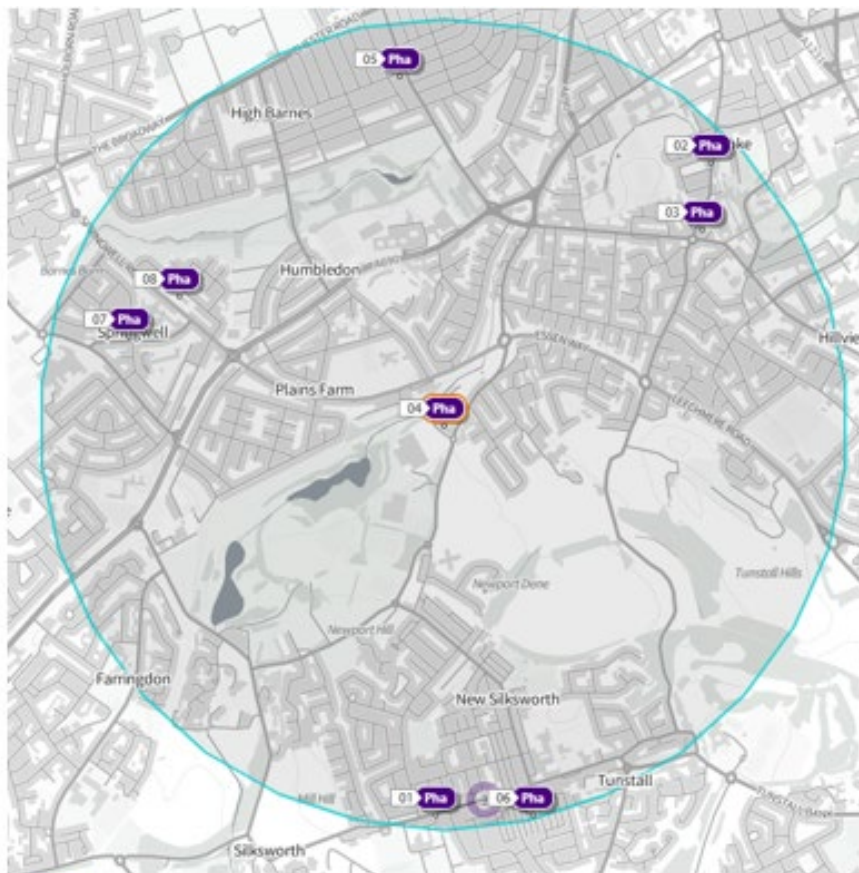
- 6.1 The clinical governance responsibilities of the PNA Steering Group will continue to support the improvement of health as set out in the Healthy City Plan by ensuring an adequate provision of Pharmaceutical services is available to residents of Sunderland.
- 6.2 The closure of the three pharmacies has not had an implication on delivery of the Healthy City Plan. Pharmaceutical provision is available across the city and will continue to support the improvement of health across Sunderland.

## **7.0 Recommendations**

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

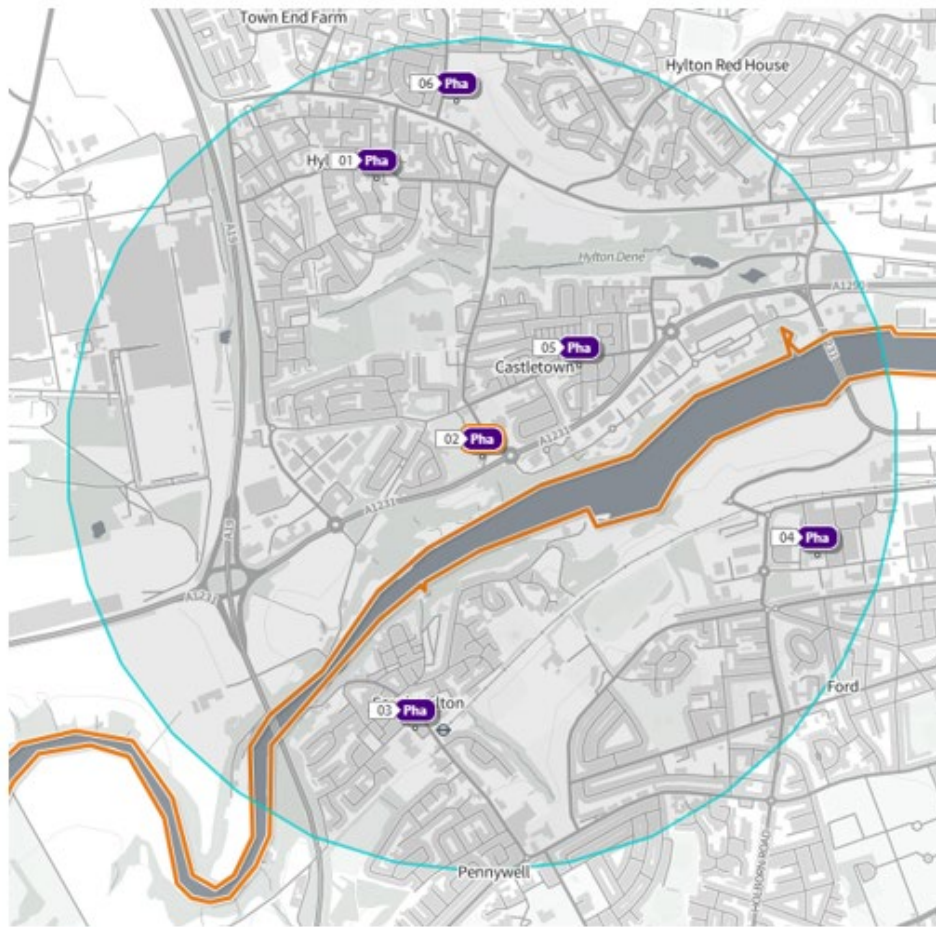
## Appendix 1: Details of pharmacies surrounding closed pharmacies

### Pharmacies within a 1.6km radius of Lloyds, Silkworth Sunderland



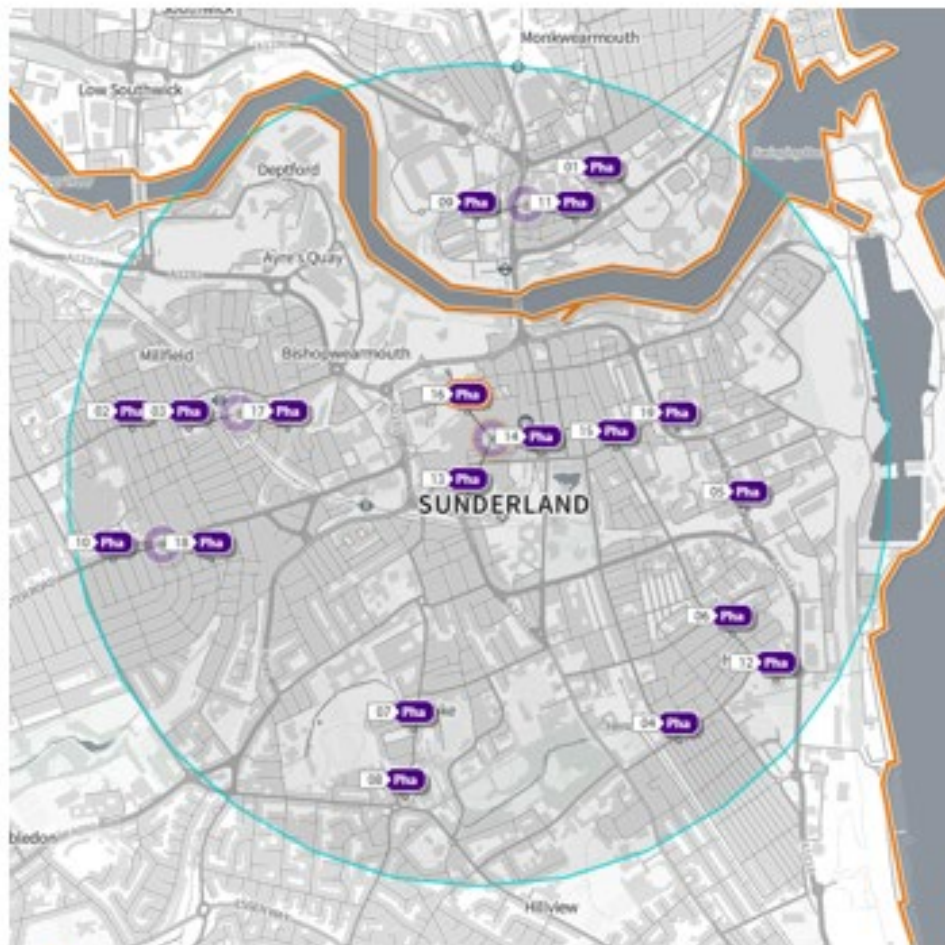
- 01 Pha Chastons Pharmacy, Sunderland
- 02 Pha B Braun Medical Ltd, Sunderland
- 03 Pha Leema Pharmacy, Sunderland
- 04 Pha LloydsPharmacy, Sunderland
- 05 Pha Dixons Pharmacy, Sunderland
- 06 Pha Edward Chaston Limited, Sunderland
- 07 Pha Snowdon's Pharmacy, Sunderland
- 08 Pha Boots, Sunderland

## Pharmacies within a 1.6km radius of Lloyds, Wessington Way Sunderland



- 01 Pha Hylton Castle Pharmacy, Sunderland
- 02 Pha Lloyds Pharmacy, Sunderland
- 03 Pha South Hylton Pharmacy, Sunderland
- 04 Pha Amcare Ltd, Sunderland
- 05 Pha Davy's Pharmacy, Sunderland
- 06 Pha Bunnyhill Pharmacy, Sunderland

## Pharmacies within a 1.6km radius of Boots Park Lane



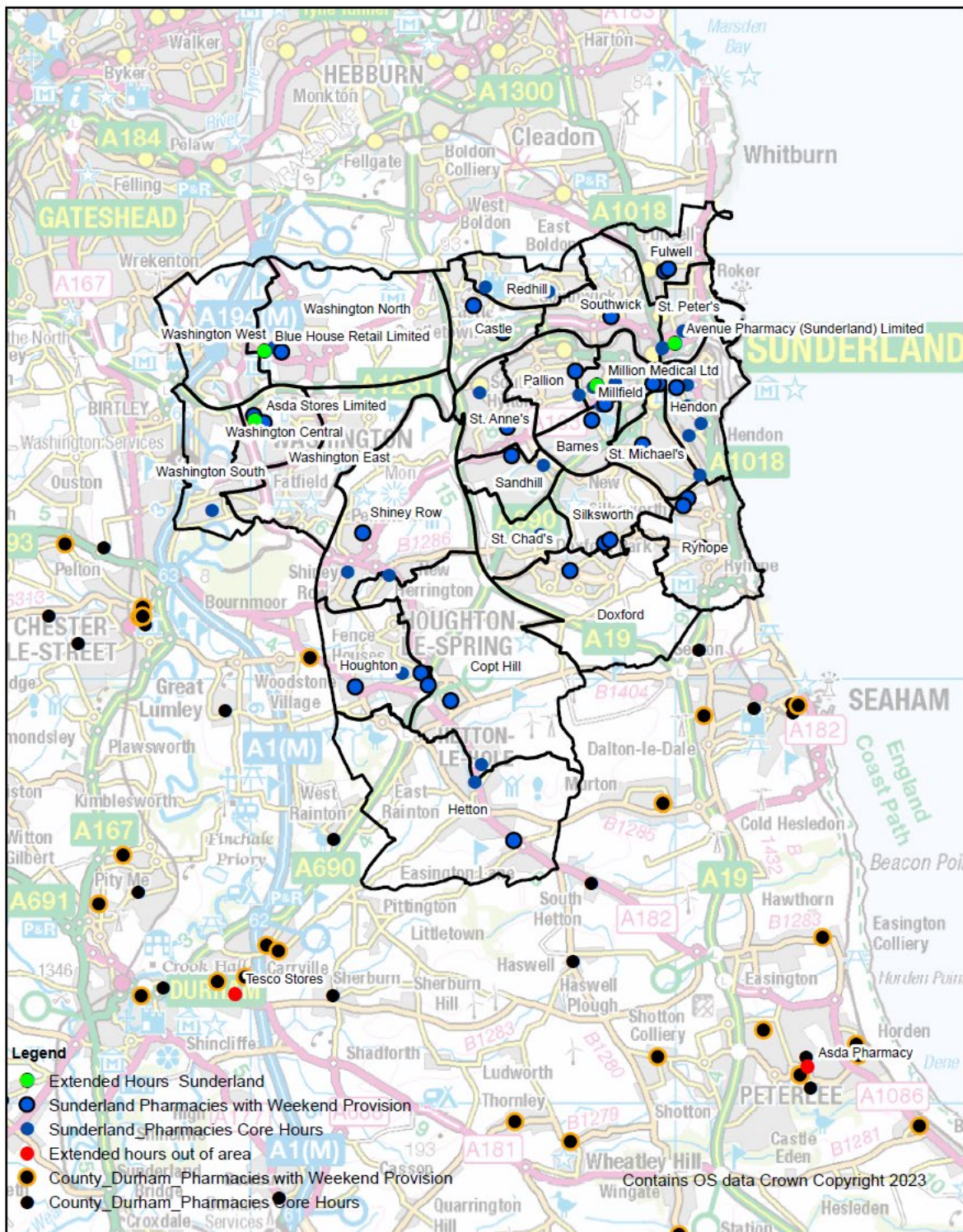
- 11 Pha Avenue Pharmacy, Sunderland
- 12 Pha Millon Pharmacy, Tyne & Wear
- 13 Pha Lynn-Lee Pharmacy, Sunderland
- 14 Pha Medchem Limited, Sunderland
- 15 Pha Pileworth Medical, Sunderland
- 16 Pha Medchem Limited, Sunderland
- 17 Pha B Braun Medical Ltd, Sunderland
- 18 Pha Lexma Pharmacy, Sunderland
- 19 Pha Well, Sunderland
- 10 Pha Greens Pharmacy Sunderland
- 11 Pha Avenue Pharmacy, Sunderland
- 12 Pha Medchem Limited, Sunderland
- 13 Pha Superdrug Pharmacy, Sunderland
- 14 Pha Boots, Sunderland
- 15 Pha Mocarby's Pharmacy, Sunderland
- 16 Pha Boots, Sunderland
- 17 Pha Allied Pharmacy Millfield, Sunderland
- 18 Pha Allied Pharmacy Chester Road, Tyne & Wear
- 19 Pha Riverside Health Centre Pharmacy, Sunderland





## Appendix 2: Map of Pharmacy provision across Sunderland and County Durham.

Pharmacy Provision in Sunderland and the Surrounding Area  
Updated November 2023





**HEALTH AND WELLBEING BOARD**

7 December 2023

**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 fifth in a series of six-monthly updates 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; providing assurance over the longer-term 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 impacted by the Covid-19 pandemic, and the wider effects of the pandemic are not yet clearly understood.

**3.0 Starting Well - Summary of Current Position**

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

- The annual figure for the percentage of women smoking at the time of delivery in Sunderland during the full year 2022/23 is 13.7%. This is a reduction on the figure of 14% reported in 2021/22 and continues the downward trend for Sunderland. However, it remains above the North East and Yorkshire figure of 11.9% and higher than the England figure of 8.8%.
- The proportion of infants being breastfed at 6-8 weeks was 27.6% for 2021/22, up from 25.8% in 2020/21. This latest figure (27.6%) is still lower than both England (48.9%) and the North East (35.7%). Unvalidated data for 2022-23 saw a rise in the continuation of breastfeeding at 6-8 weeks with local data generally remaining above 30%, and an annual average of 32.9%.

- The rolling annual rate of conceptions published 30<sup>th</sup> March 2023 for quarter 3, 2021/2022 (to December 2021) was 26.4 per 1,000 population, a 1 percentage point decrease on the previous annual reporting period.
- The England average at quarter 3 has risen slightly by 0.3 percentage points to 13.1, and the regional average has also risen slightly by 0.3 percentage points to 19.5.
- In 2021/22, 26.8% of children under the age of 16 in Sunderland were living in (relative) low-income families. This is higher than both England (19.9%) and the North East (25.8%). Over the past 5 years, the Sunderland rate has increased by 3.5 percentage points, whilst England increased by 1.9 and the North East by 2.9. Over the past 2 years, the Sunderland and North East proportions have fallen, whereas England saw a small rise

#### **4.0 Living Well - Summary of Current Position**

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

- Latest data for 2021/22 reports 73.1% of adults in Sunderland are living with overweight or obesity. This is higher than the previous figure of 69.1% and above the North East (70.5%) and England average (63.8%). The Healthy Weight Strategy takes a whole system approach to supporting residents to achieve and maintain a healthy weight. This whole systems approach takes into account the wider determinants of health, such as the impact of the built and natural environment on our behaviour. For example, the Hot Food Takeaways Policy limits the number of takeaways in areas in which high numbers of people suffer from ill-health. The Sunderland Good Food Partnership takes a food-systems approach to understanding and addressing the barriers to affordable, healthy food. This includes increasing the number of food-growing spaces across the city and providing opportunities for families and residents to learn about healthy, sustainable food using affordable ingredients.

Active Sunderland delivers a number of sports events and a weekly walking programme to encourage people to become more active. A Sunderland Weight Management programme is now in place, available to local residents aged 18 and over who have a BMI of 30 or above, or 27.5 and above for people from ethnic minority backgrounds. The programme provides support with weight management, physical activity, healthy food choices and wellbeing for up to 26 weeks. People can self-refer and support is provided through one to one appointments, group sessions, weekly newsletters and online videos.

- The prevalence of smoking amongst adults was 13.2% in 2022, based on the latest estimates which were published in August 2023. This represents a fall from the previous year's figure of 15.2%. This shows a continuing downward trend in adult smoking rates in Sunderland; rates have fallen from 22.7% in 2017 to 13.2% in 2022. A new Smokefree Action

Plan has been developed by partners which supports a range of programmes such as smokefree homes, treating tobacco dependency in the NHS, stop smoking support as well as various marketing campaigns.

- Latest data for the calendar year 2022 shows the prevalence of smoking amongst adults (18-64) in routine and manual occupations at 16.7%. This is lower than the North East average of 21.6% and the rate across England of 22.5%. This is a decrease in prevalence of smoking amongst this group from 26.9% in 2021. Supporting those working in routine and manual occupations to stop smoking continues to be a priority for Sunderland's Smokefree Partnership. Programmes of work include targeted communications campaigns and targeting workplaces with high levels of routine and manual occupations to raise awareness of stop smoking services and to offer advice and support to their workforce.
- The latest figures relating to June 2022 - July 2023 show Sunderland's employment rate at 73.2%. The numbers of people in employment for those aged 16 and over is 131,000. This is marginally higher than the North East (71.2%) but below Great Britain (75.6%).
- Data released in April 2023 covers the 2021 period and estimates that 13.8% of households in Sunderland are fuel poor (17,269 of 125,023 households). This is a small decrease of 0.8% percentage points compared to data covering 2020. Across the wider North East, it is estimated that 14.0% of households are fuel poor. The 2023/4 City Plan Timeline activities to develop a Fuel Poverty Plan and partnership approach to a Cost of Living Crisis support programme have been completed with the Financial Wellbeing Strategy agreed by Cabinet in June 2023.

## **5.0 Ageing Well - Summary of Current Position**

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



- Latest data for 2022/23 indicates that 63.1% of those aged 65 and over who are estimated to have dementia have been diagnosed. This represents an increase compared to the previous reporting period (60.5%).
- Under 75 mortality from causes considered preventable was 273.3 per 100,000, above the England average of 183.2 per 100,000.


## **6.0 Recommendations**

- 6.1 It is recommended that the Health and Wellbeing Board:
- i. notes the contents of the report;
  - ii. considers the actions and whether they are sufficient where targets are not being met; and
  - iii. continues to receive six-monthly performance updates on the Healthy City Plan performance dashboard.



## Appendix 1 – Starting and Developing Well Indicators


Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
<p>Women who smoke at time of delivery (national measure)</p> 	13.7%	10%	2022/23	<p>The percentage of women smoking at the time of delivery for quarter 4 2022/23 was 14.1%, this is a decrease from 14.3% the previous quarter and represents 82 women smokers at time of delivery of 586 maternities.</p> <p><b>The annual figure for the percentage of women smoking at the time of delivery in Sunderland during the full year 2022/23 is 13.7%.</b> This is a reduction on the figure of 14% reported in 2021/22 and continues the downward trend for Sunderland. However, it remains above the North East and Yorkshire figure of 11.9% and above the England figure of 8.8%.</p> <p>Please note, quarterly rates tend to fluctuate significantly due to the relatively small numbers of individuals being measured and depending upon the particular cohort of pregnant women. The annual rate is therefore a more robust measure to monitor, with quarterly rates being helpful as a guide to monitor trends over the year.</p> <p>Reducing the rates of tobacco dependency in pregnant women is a high priority for the Sunderland Smokefree Partnership and partners are working closely together on a number of programmes and initiatives to support pregnant women to stop smoking. This includes embedding the Treating Tobacco Dependency in Pregnancy pathway as part of the NHS Long Term Plan, the launch in July 2023 of the regional incentive scheme to promote smokefree pregnancies, a pilot for Health Visitors to carry out CO monitoring at all mandated visits to pregnant women and families with young children, and the direct delivery of stop smoking support by Family Nurse Partnership nurses to the young families they work with.</p>
<p>Under 18 alcohol admissions per 100,000</p> 	76	55.4	2020/21	<p>Data from the recent 2023 Health Related Behaviour Survey shows improvements in trends. Comparison of the 2023 results with the 2021 results shows:</p> <p>Alcohol consumption:</p> <ul style="list-style-type: none"> <li>• Both Year 8 and Year 10 pupils reported lower alcohol consumption in the 7 days before the survey: (Year 8 reduced from 9% in 2021 to 8% in 2023; Year 10 reduced from 26% in 2021 to 22% in 2023).</li> </ul> <p>Gender-specific alcohol consumption:</p>



Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				<ul style="list-style-type: none"> <li>• Amongst Year 8 boys, the percentage of those who drank one or more units of alcohol in the seven days before the survey decreased from 8% in 2021 to 5%</li> <li>• Amongst Year 10 boys, the percentage of those who drank one or more units of alcohol in the seven days before the survey decreased from 21% in 2021 to 18%.</li> <li>• Amongst Year 8 girls, the percentage of those who drank one or more units of alcohol in the seven days before the survey decreased from 10% in 2021 to 7%</li> <li>• Amongst Year 10 girls, the percentage of those who drank one or more units of alcohol in the seven days before the survey decreased from 30% in 2021 to 22%</li> </ul> <p>Drinking habits:</p> <ul style="list-style-type: none"> <li>• 23% of pupils mentioned that they typically drink with their parents.</li> <li>• 6% of pupils admitted to getting drunk on at least one day in the last week.</li> <li>• 20% of Year 10 pupils indicated they usually drink with a large group of friends.</li> </ul> <p>Attitudes towards alcohol:</p> <ul style="list-style-type: none"> <li>• 58% of pupils indicated that they either don't drink alcohol or have no intention to do so.</li> <li>• 4% of pupils mentioned that their parents were unaware of their alcohol consumption.</li> </ul>
% of infants being breastfed at 6-8 weeks (prevalence)  	27.6%	27%	2021/22	<p>Quarter 1: - We are taking a life course approach to health and wellbeing starting with the early life stages of preconception to early years and adolescence under this commitment.</p> <p>Latest local (unvalidated) data for Quarter 1 of 2023, indicates that 50% of Sunderland women who gave birth initiated first milk as breast milk, with 47.7% breastfeeding at discharge. The proportion of infants being breastfed at 6-8 weeks was 27.6% for 2021/22 (Child Health Profile) below England (48.9%) and the North East (35.7%). 2022-23 saw a rise in the continuation of breastfeeding at 6-8 weeks with local data generally remaining above 30%, showing an annual average of 32.9%. Quarter 1 local data is at 31.1%.</p> <p>There is a range of ongoing work to support Sunderland being a Breastfeeding Friendly City and to increase the rates of breastfeeding, including the UNICEF accreditation journey for Growing Healthy Sunderland, STSFT Maternity and Neonatal as well as the Family Hubs.</p>









Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				The Best Start in Life agenda is being furthered by Family Hubs, with a number of priorities including infant feeding, which has enabled additional funding to enhance the Sunderland offer, with a Family Peer Supporter at each Family Hub and access to a supply of breast pumps. There are breastfeeding support groups, an Infant Feeding Specialist Clinic and training for businesses to become Breast Feeding Friendly.
Prevalence of children in Year 6 living with overweight (incl. obesity)	N/A for 2022/23  45% in 2021/22	36.7%	2021/22	<p>Covid 19 impacted on the delivery of the National Child Measurement Programme at a local level, for the academic year 2020/21 (thus local figures not available). Nationally, in 2020/21 there was a sizeable increase, however, the latest figures show a reduction nationally with a move back towards pre-covid rates.</p> <p>Figures for the most recent period (academic year 2021/22) include local level data. In Sunderland 45% of children in Year 6 were living with overweight (including obese) - a deterioration from the 36.9% recorded in 2019/20 and the 2016/17 long-term trend figure of 40.9%. Sunderland's prevalence is higher than both the England and North East averages. Prevalence in 2021/22 in the North East was 40.9% and in England 37.8%, with both increased in comparison to the 2016/17 long-term trend figure.</p> <p>Also see Prevalence of children in Reception living with overweight (incl. obesity)</p>
Prevalence of children in Reception living with overweight (incl. obesity)	N/A for 2022/23  25.3% in 2021/22	22.1%	2021/22	<p>Latest data published in December 2022 (for the academic year 2021/22) shows that 25.3% of children in reception year were overweight (including obese). This is a deterioration from 22.1%, recorded in 2019/20. Overall, average prevalence in 2021/22 in the North East was 24.9% and in England 22.3%, meaning: Sunderland prevalence is significantly higher than the England average and higher than the North East average.</p> <p>The validated NCMP data is not released nationally until Oct/Nov time. NHS digital has <b>unvalidated</b> NCMP data available, which shows there is an improvement across the majority of the Reception indicators for the academic year 2022/23. Underweight stayed the same, however healthy weight is improving, as are overweight and obese indicators, which have decreased. Although not totally to pre-covid levels, the indicators are generally on the right trend.</p>
Teenage pregnancy (under 18 conceptions rate per 1,000) quarterly rolling year	26.4	23.4	Q3 2021/22	<p>The rolling annual rate of conceptions published 30th March 2023 for quarter 3 2021/2022 (to December 2021) was 26.4 per 1,000 population, a 1 percentage point decrease on the previous reporting period.</p> <p>The England average at quarter 3 has risen slightly by 0.3 percentage points to 13.1, and the regional average has also risen slightly by 0.3 percentage points to 19.5.</p>









Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				<p>The Teenage Pregnancy Action Group has been reinstated in September 2023 and will meet on a quarterly basis. Membership has been reviewed and the action plan is in the process of being refreshed.</p> <p>Targeted work such as strengthening the RSHE offer in specific schools and using behavioural insights to inform awareness and uptake amongst young people, will take place in those wards where rates are high and/or have not seen a decline in the rate of teenage pregnancies. Focus will also be placed on those who are home schooled or NEET to ensure all young people are able to both access information and services to help them make informed choices.</p> <p>Due to recent pharmacy provision changes in the city, it is anticipated the number of outlets offering access to emergency hormonal contraception may reduce, this is being monitored and work undertaken to encourage additional pharmacies to provide the service. Furthermore, the Young Person's Contraceptive Nurse post is currently vacant. Whilst recruitment is underway by the Provider and some cover arrangements are in place, it is anticipated that this may have an impact short term on the targeted service offer. All young people will however be able to continue to access the wider sexual health service offer.</p>
<p>Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception</p> <p>(Not possible to compare with previous period)</p>	52.8%		2021/22	<p>Data released for the 2021/22 period shows the percentage of children receiving free school meals who achieved a good level of development at the end of Reception was 52.8%. This compares to the NE average of 48.7% and an England average of 49.1%.</p> <p>This is the first publication since the 2021 to 2022 EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. <b>It is therefore not possible to directly compare 2021 to 2022 assessment outcomes with earlier years.</b> It is also the first release since the publication of the 2018 to 2019 statistics, as the 2019 to 2020 and 2021 to 2022 data collections were cancelled due to coronavirus (COVID19).</p>
<p>Proportion of children in relative low-income families aged under 16</p> <p></p>	26.8%		2021/22	<p>In 2021/22, 26.8% of children under the age of 16 in Sunderland were living in relative low-income families. This is higher than both England (19.9%) and the wider North East (25.8%).</p> <p>Long term - Over the past 5 years, the Sunderland rate has increased by 3.5 percentage points, whilst England increased by 1.9 and the North East by 2.9.</p> <p><b>However, short term, the Sunderland and North East proportions have fallen over the past 2 years,</b> whereas England saw a rise.</p>





Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Hospital admissions for mental health conditions under 18-year-olds (per 100k population) 	129.6		2021/22	<p>The rate of hospital admissions for mental health conditions amongst under 18-year-olds per 100,000 population is 129.6 for Sunderland (2021/22).</p> <p>During the same period, the rate for the North East is 128.6 and for England is 99.8.</p> <p>The Sunderland rate has increased over the past two years by 9.6%, while the North East has increased by 37% and England by 14.1%.</p>
% School pupils with social, emotional & mental health needs 	3.6%		2021/22	<p>The percentage of school pupils with social, emotional, and mental health needs was reported as 3.6% for the 2021/22 period. This compares to 3.3% for the North East and 3% for England. Sunderland has risen just slightly by 0.2% 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 	56.87		2020/21	Most recent data released on 4 March 2022 relates to 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 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) 	2,668		2021/22	<p>The most recently published rate of alcohol related hospital admissions in Sunderland was 2,668 per 100,000 people during 2021/22. This is higher than both the North East (2,323) and England (1,734).</p> <p>Reducing alcohol harms continues to be a priority of the Health and Wellbeing Board and Sunderland Drug and Alcohol Partnership, which includes a wide range of partner organisations. Sunderland's new alcohol strategy was endorsed by the Health and Wellbeing Board in March 2023. It includes priorities around promoting an alcohol-free pregnancy, promoting an alcohol-free childhood, creating a culture where people drink less alcohol, reducing availability of cheap alcohol, and promoting the responsible sale of alcohol. The strategy uses a life course approach to alcohol harm reduction, recognising that risks accumulate throughout a person's life and as such, it will be a mixture of universal and targeted action. The objectives are around prevention and early intervention; provide specialist interventions to promote a quality treatment and recovery system; and protect children, young people and families from alcohol related harm. An action plan to support the strategy and delivery of the priorities will be developed with the Sunderland Drug and Alcohol Partnership by September 2023.</p> <p>Significant investment has also been made in to services which support residents with alcohol via the substance misuse recovery grant; this includes additional investment in the alcohol care team in Sunderland Royal, adult substance misuse provider and NERAF.</p> <p>Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. The official population estimates for mid-2012 to mid-2020 will be revised to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published, the updated back series for this indicator will be published.</p>
Proportion of adults living with overweight or obesity 	73.9%	66%	2021/22	<p>Latest data for 2021/22 shows 73.1% of adults in Sunderland are living with overweight or obesity. This is higher than the previous figure of 69.1% and above the North East (70.5%) and England average (63.8%). With the COVID pandemic hitting the UK in early 2020 it is anticipated that these figures could worsen further.</p> <p>Impacting on healthy weight requires a system wide approach to the physical and food environment and our healthy weight strategy incorporates a range of plans and actions to change the environment. A number of services are also being delivered by the city council and partners.</p> <p>Active Sunderland delivers a number of sport festivals, events and a weekly walking programme to inspire people to become more active.</p>




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Smoking prevalence 	13.2%	12%	2021/22	<p>Prevalence of smoking amongst adults stood at 13.2% in 2022, this is based on the latest estimates which were published in August 2023. This is marginally higher than both the North East (13.2%) and England (12.7%), but represents a fall from the previous years figure of 15.2%.</p> <p>This shows a continuing downward trend in smoking rates in Sunderland; rates have fallen from 22.7% in 2017 to 13.2% in 2022 (there have been some adjustments to figures due to changes in counting rules in the period). In the same period the gap between Sunderland and England has reduced from 7.8 to just 0.5 percentage points and the gap with the North-East reduced from 6.5 to just 0.1 percentage points. Data released in August 2023 for the financial year 2022/23, shows the proportion of people setting a quit date and successfully quitting at 4 weeks in Sunderland was 44.3%. This combines Specialist Stop Smoking Service (SSSS) and Universal NHS Stop Smoking Services data.</p> <p>A range of programmes and services are being delivered by the city council and partners as part of a long term, 'systems wide approach' to supporting the smokefree agenda. These are reflected in the Smokefree Partnership Action Plan which has been refreshed for 2023-2026.</p>
Overall employment rate 	73.2%	71.5%	Q1 2023/24	<p>The latest figures relating to June 2022 - July 2023 show Sunderland's employment rate at 73.2%. The numbers of people in employment for those aged 16 and over is 131,000. This is marginally higher than the North East (71.2%) but below Great Britain (75.6%).</p> <p>N.B. Figures are recorded as at publication and figures the period may be adjusted in subsequent publications.</p>
Self-reported wellbeing - people with a high anxiety score 	22.1%		2021/22	<p>Latest data released in February 2023 shows that 22.1% of respondents reported scoring between 6-10 in relation to the question of 'Overall, how anxious did you feel yesterday?' This compares to 22.6% across England and 22.2% across the North East. It represents a fall from 28.6% the previous year.</p>
Smoking prevalence in adults in routine and manual occupations (18-64) current smokers 	16.7%		2022/23	<p>Latest data for the calendar year 2022 shows the prevalence of smoking amongst adults (18-64) in routine and manual occupations at 16.7%. This is lower than the North East average of 21.6% and the rate across England of 22.5%. This is a decrease in prevalence of smoking amongst this group from 26.9% in 2021.</p> <p>Supporting those working in routine and manual occupations to stop smoking continues to be a priority for Sunderland's Smokefree Partnership, and a key demographic to target for the Specialist Stop Smoking Service. Programmes of work include targeting communications campaigns to locations and in mediums that will be visible to this population and targeting workplaces with high</p>



Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				levels of routine and manual occupations to raise awareness of stop smoking services and to offer advice and support to their workforce.
Gap in the employment rate between those with a long-term health condition and the overall employment rate 	12.7		2021/22	<p>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.</p> <p>The current position in Sunderland compares to a gap of 9.9% across England and 13.8% across the North East.</p>
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	61.8		2020/21	<p>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%).</p>
Gap in the employment rate between those with a learning disability and the overall employment rate 	65.6		2021/22	<p>Latest data for 2021/22 shows a gap of 65.6% for those with a learning disability from the overall employment rate. This is a marginal increase of 0.1% compared to 2020/21. The gap calculated for the wider North East was also 65.6%, while for England there was a wider gap of 70.6%.</p>
The % of households in Sunderland considered to be fuel poor 	13.8%		2021/22	<p>Data released in April 2023 covers the 2021 period and estimates that 13.8% of households in Sunderland are fuel poor (17,269 of 125,023 households). This is a small decrease of 0.8% percentage points compared to data covering 2020. Across the wider North East, it is estimated that 14.0% of households are fuel poor. This also represents a decrease from 2020 (0.4%). The West Midlands is estimated to have the highest levels in England at 18.5%, while the South East has the lowest at 8.4%.</p> <p>The 2023/4 City Plan Timeline activities to develop a Fuel Poverty Plan and partnership approach to Cost of Living Crisis support programme have been completed with the Financial Wellbeing Strategy agreed by Cabinet in June 2023. A delivery plan is in place across Council services and with external partners. Household data is being used to enable all services, to ensure those who are most vulnerable households are receiving as much support as possible.</p>

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
<p>% of the population aged 16-64 with an NVQ Level 4 qualification</p> 	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 a decrease 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 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. Level NVQ4 equivalent and above includes HND, Degree and High Degree level qualifications or equivalent.
<p>Suicide Rate (persons) per 100,000</p> 	14.2		2021/22	<p>The suicide prevention action plan is currently being refreshed, to ensure priorities continue to be evidence based and address local priorities. The Public Health Practitioner post for Public Mental Health has been vacant for a period of time, but has now been successfully appointed to, with the new post holder due to take up the role in May 2023.</p> <p>The Public Mental Health Concordat for Sunderland was endorsed and signed off by OHID in January 2023, this framework and action plan will support work to improve mental health wellbeing, which will contribute to the suicide prevention agenda.</p> <p>A new programme of suicide prevention training (A Life Worth Living) has been commissioned, with the contract awarded for 4 years from 1st December 2022. This training is available to people who live and work in Sunderland and is provided by Washington Mind.</p> <p>Signage on bridges has been updated and additionally further Samaritans signage has been erected at key points on both sides of Wearmouth Bridge, promoting the helpline number and the message 'Talk to us, we'll listen.'</p>
<p>Food Insecurity (Indirect Measure) Percentage of local authority population living in areas at highest risk food insecurity</p>	44.0%		2021	The Food Standards Agency define Food Security as 'having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life' Poor diet is one of the largest contributors to the burden of non-communicable disease in the UK. 44% of Sunderland's population living in Lower Super Output Areas (LSOAs) which score in the 20% at highest risk nationally on the Food Insecurity Risk Index.



### 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 	2,710		2021/22	Latest data for the period 2021/22 shows that the rate of emergency hospital admissions due to falls in people aged 65 and over was 2,710 per 100,000. This represents a reduction of 14% compared to the rate of 3,164 per 100,000 in 2020/21. The Sunderland rate is above the region (2,531 per 100,000) and England (2,100 per 100,000). This is a decrease from the previous recorded figure of 3,164. N.B. Following Census 2021, ONS is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. The official population estimates for mid-2012 to mid-2020 will be revised to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published the updated back series for this indicator will be published.
Social isolation: % of adult social care users who have as much social contact as they would like (18+ years) 	44.2		2021/22	Latest data released in February 2023 for 2021/22 shows 44.2% of adult social care users reported having as much social contact as they would like. This is higher than both the wider North East (41.6%) and England (40.6%), but represents a fall from 55.1% for the previous recorded data in 2019/20.  The Covid19 impact from March 2020 onwards has hampered adult social care data collections, processing and quality assurance. The 2020 to 2021 Adult Social Care survey was voluntary for councils to participate. As only 18 councils participated, this indicator has not been updated for 2020 to 2021 in the profile.
Under 75 mortality from causes considered preventable (Direct Standardised Rate per 100,000)	273.3		2021/22	Under 75 mortality considered preventable was higher in Sunderland (273.6 per 100,000) than the England average (183.6 per 100,000). Preventable mortality relates to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from an underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.
Hip fractures in people aged 65 and over (per 100,000 population) 	644		2021/22	Data covering the period 2021/22 provides a rate of 644 hip fractures in people aged 65 and over (per 100,000) in Sunderland. It represents a slight decrease compared to the 2020/21 period when the rate was 656. This compares to a rate for 2021/22 of 612 for the wider North East and 551 for England as a whole.  Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. The official population estimates for mid-2012 to mid-2020 will be revised, to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published, the updated back series for this indicator will be published.

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Estimated dementia diagnosis rate (aged 65 and over) 	63.1%		2022/23	Latest data for 2022/23 indicates that 63.1% of those aged 65 and over who are estimated to have dementia have been diagnosed. Across the wider North East, this is reported as 69.3% whilst for England as a whole it is 63.0% for England. This represents a marginal increase compared to the previous reporting period (60.5%). It is noted alongside the published data that the Covid-19 pandemic is likely to have contributed to a decrease in the level of diagnoses as this trend has been seen at a local, regional and national level.
Excess winter deaths index (age 85+) 	17.5%		2020/21	Latest data for 2020/21 shows excess deaths at 17.5%.  The winter mortality index (WMI) is a measure expressed as a ratio of the difference in all cause mortality in those aged 85 and over during winter months (December to March) compared to the average in those aged 85 and over in the non winter months (the preceding August to November and following April to July). The terminology used to describe this indicator has changed to provide clearer explanation of what the analysis represents. The measures have been renamed to winter deaths compared to non winter deaths (previously excess winter deaths) and winter mortality index (WMI) (previously excess winter mortality index). There have been no methodology changes.

## HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

### Report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services / Chief Operating Officer of Sunderland Care and Support (SCAS)

#### 1.0 Purpose of the Report

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

#### 2.0 Background

- 2.1 The Health and Wellbeing Board has three delivery boards (Starting Well, Living Well and Ageing Well) to provide strategic oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. The delivery boards provide challenge and support across partnership activity to reduce health inequalities and address the social determinants of health.
- 2.2 To enable the Health and Wellbeing Board to fulfil its role as system leader for health and wellbeing, the delivery boards will need to be assured that activity being delivered across the three themes of the City Plan (Healthy, Vibrant and Dynamic Smart City) are maximising opportunities to reduce health inequalities and address the social determinants of health.
- 2.3 All three delivery boards continue to meet on a quarterly basis, with the most recent meetings held in November 2023. The delivery boards hold additional workshops and development sessions subject to their business needs.

#### 3.0 Update from the Starting Well Delivery Board – met 9 November 2023

##### 3.1 Family Hubs

As a standard agenda item, an update was provided on the city's Family Hubs. Four of the five hubs are now operating. There have been three official launch dates and the fourth launch, Thorney Close, will take place following completion of renovations to the reception area.

Building work at the fifth Hub on Lombard Street in Hendon is due completion in November, with some delivery commencing from the centre in December. Health rooms are operating at the Bunnyhill Centre, Hetton Centre and Rainbow Centre, with activity including Review and Development Clinics, Neo-Natal Baby Groups and the Registrars Service at the Rainbow Centre. Links have been established to the wider service offer in the city, examples include: the Bread and Butter project; Links for Life (social prescribing) offer; Northeast Autism Society sessions; and strengthening links to community providers, such as Sunderland Bangladeshi International Centre and ELCAP.

Areas of focus for the Family Hubs include parenting, the home learning environment, infant feeding, peri-natal mental health (and fathers awareness sessions) and community engagement. Parent and Carer Panels have been established in the North and South (joint panel) and the Coalfields and Washington (joint panel). The Parent and Carer Panels have already produced a report around experiences of infant feeding, with recommendations from the panel informing the workstream.

Key activity in the next quarter includes: commencing activity from Lombard Street Hendon and the official launch of Thorney Close; a workforce skills audit; developing volunteer pathways and identifying training; expansion of delivery from the hubs and spokes; and a focus on the delivery for older teens (an additional workstream), involving consultation with young people. Discussion took place regarding the hub kitchens and the opportunities to have additional food offers.

### **3.2 National three-year delivery plan for maternity and neonatal services and a focus of the work in Sunderland**

The national delivery plan was published in March 2023, it focuses on four themes: listening to and working with women and families with compassion; growing, retaining and supporting our workforce; developing and sustaining a culture of safety, learning and support; and standards and structures that underpin safer, more personalised and more equitable care. Trusts had to bid for a share of £95m reoccurring funding, of which STSFT investment has been in frontline staff.

The discussion focused on how STSFT have invested in specialist lead midwifery roles, for example, a dedicated bereavement midwife and a digital midwife. Investment has been made in obstetricians, with more dedicated time for training. New services have been established, including a maternal mental health service that has been running for the last 2 years. There is a lead midwife for maternal mental health and one for pre-term babies. The public health offer has been enhanced with a tobacco dependency treatment service and lead midwives for health inequalities, alcohol and infant feeding.

Discussion took place on how we can ensure the service offer reflects the needs of our communities; and how we can anchor midwives and other professions to work in Sunderland, including those who have studied at the University. The Delivery Board would like to understand what difference the

service improvements are making to babies and families and agreed to have further discussion at a future meeting.

### **3.3 Sunderland Healthy Related Behaviour Survey – Report 2022/23**

See separate agenda item.

### **3.4 Creating a smoke free generation and tackling youth vaping**

See Living Well Delivery Board update.

The discussion at the Starting Well Delivery Board focused on tackling youth vaping and raising the age of tobacco sale. The presentation acknowledged the cost of smoking tobacco in Sunderland on children and young people, including it being a major risk factor for perinatal and infant mental health; the risks of second-hand smoke to a child's health; and how the majority of smokers start in their youth (4 in 5 starting before the age of 20). Whilst vaping is considered a useful aid for smokers to quit their addiction to cigarettes, the Council does not support an outright ban on the sale of vapes, but is recommending that partners support measures to reduce the appeal of vaping amongst children and young people.

Delivery Board members were encouraged to respond to the Government's Smokefree Generation Consultation 'Stopping the Start'.

### **3.5 Sunderland Good Food Partnership**

The update included the year one progress report from the Sunderland Good Food Partnership. The Food Partnership's first 12 months has focused on the need to create a firm foundation for partnership working; developing robust links with partners and colleagues from across the food system; and scoping out the Food Partnership's strategic purpose and role. Key achievements in 2022-23 include: the Holiday Activities and Food Programme (HAF); The Bread and Butter Thing; food growing and community gardens; a Sunderland Good Food Summit and a Sunderland Good Food Charter. The priorities for the next 6 months were presented, these include having a Good Food action plan by December 2023; ensuring healthy food options are promoted, to help make healthy eating an easy choice; continuing to connect with residents and community groups to build a good food movement and support local action; providing and promoting free opportunities for residents of all ages to improve their food knowledge and skills; and continuing to support a long-term approach to tackling the root causes of food insecurity.

The Delivery Board were keen to explore whether the Family Hubs could support the agenda by having community growing spaces, recognising the growing evidence linking gardening with improved mental and physical health; as well as allotments being able to provide affordable nutritious food. Discussions regarding Family Hubs having allotment access would be picked up with City Development.

### **3.6 Holiday Activities and Food (HAF) Programme update**

Since commencing the HAF programme in 2021 the number of children and young people who are registered for means tested free school meals has increased by 20% (12,517) in 2023. Together for Children and Health, Housing and Communities have worked together to continue to extend HAF provision for two additional holiday periods in 2023/2024 (Oct 23 and Feb 24) and extend the current HAF offer (Winter 23) to children in households on universal credit and struggling with the cost of living but not eligible for means tested free school meals. The Delivery Board reflected how a lack of access to good food and proper nutrition during childhood can have a devastating effect on children's educational attainment, physical and mental health, and social wellbeing – all of which have lifelong consequences.

### **3.7 Forward plan**

The Delivery Board has a detailed forward plan. Family Hubs are a standard agenda item. Future agenda items include Early Help Strategy and healthy weight.

### **3.8 Key issues**

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

## **4.0 Update from the Living Well Delivery Board – met 8 November 2023**

### **4.1 Sunderland Suicide Prevention Action Plan (2023-26)**

The Delivery Board was updated on Sunderland's Suicide Prevention Action Plan which has been refreshed for the period 2023-2026. The responsibility for having a Suicide Prevention Action Plan and strategy sits with the local authority, through Sunderland's Health and Wellbeing Board. For suicide prevention to be successful, multi-agency partnership working is essential, therefore Sunderland's Suicide Prevention Partnership leads the city's work, aiming to reduce the prevalence of suicides in Sunderland. The development of a local suicide prevention action plan is recommended by government and supports the 2023 national strategy: Suicide Prevention in England: 5-year cross-sector strategy. Sunderland's action plan has been developed in line with national guidance and identifies eight priority areas:

- i. reducing the risk of suicide and rates of self-harm in key high risk groups by providing both universal and targeted support;
- ii. address common population level risk factors;
- iii. reduce access to the means of suicide;
- iv. provide better information and support to those bereaved or affected by suicide;

- v. support the media in delivering sensitive approaches to suicide and suicidal behaviour;
- vi. support research, data collection and monitoring;
- vii. providing effective crisis support; and
- viii. making suicide prevention everybody's business.

The Suicide Prevention Partnership will hold responsibility for delivery of the plan and progress updates.

'A Life Worth Living' Suicide Prevention training was recommissioned by the Council (Public Health) in December 2022, the contract was awarded to Washington Mind for a period of 4 years. The training aims to equip people at the heart of communities with the confidence, knowledge and skills to offer initial support and signposting to those people experiencing suicidal thoughts. The training also aims to raise awareness of suicide prevention and mental ill health, dispel the myths around suicide and reduce stigma.

The Delivery Board acknowledged the vital need for a partnership approach to reduce the suicide rate in the city and narrow the gap between Sunderland and the regional/national average. The comprehensive action plan is already demonstrating some successful work. Discussion took place regarding the importance of the training to benefit customers, staff and communities. In particular front-facing staff, such as those working for Job Centre Plus or in GP surgeries, where staff supporting people who are distressed would benefit from the training. The training will be embedded in the Links for Life training offer. Further opportunities to train staff who engage with those people who are at risk is being explored.

## 4.2 **Community pharmacies**

A presentation was received on community pharmacies, setting out: the service provision across the 62/63 pharmacies in Sunderland including substance misuse services, stop smoking service, healthy start vitamins, Nicotine Replacement Therapy, Sexual Health Services and Out of Hours Service; ICB-wide commissioned services (delivered through the 5 LPCs); service provision in neighbouring areas; national service provision; and compulsory services; challenges; and public awareness of community pharmacies. Awareness of community pharmacies has grown since the pandemic, for example, with regards to blood pressure monitoring and medicines consultations. The public view of community pharmacies is positive with regards to accessibility, convenience and consultations.

The presentation was the start of a conversation on how we can work together more closely on the health and inequalities agenda. Discussion took place with regards to the ambition set out in the NHS 'Delivery Plan for Recovering Access to Primary Care' to expand community pharmacy services; and the importance of working together between the LPC and Public Health to ensure local provision complements what is coming out nationally.

#### **4.3 Health Model Office – Job Centre Plus**

Job Centre Plus have three offices in the city – Sunderland, Washington and Houghton. The Sunderland Job Centre Plus office was chosen as one of eleven national “health model office” sites in the country to test and pilot a health model offer, cascading learning into DWP mainstream services across the country. The presentation showcased a number of programmes that have been running from the Sunderland office, these have included:

- a Disability Confident trial, working with a cohort of people to move them closer or into work by working with local and national companies who were signed up to the Disability Confident Scheme;
- trialling a health adjustment passport, which is now available nationally on gov.uk for everyone to access; a trial working with customers on the autism spectrum to get them closer to work;
- the Sunderland Job Centre office has received Autism Friendly status and is about to undertake a Communications Access UK Accreditation; and
- a Flexible Support Fund and Access to Work Fund, considering the impact of the Flexible Support Fund to fund specialist equipment whilst waiting for Access to Work support to be put in place.

Job Centre Plus have recently attended a Time in Time Out event, delivering a presentation on the services available to over 300 people working in GP surgeries.

Discussion at the Delivery Board made a number of links with both partners and wider programmes of activity, this included the Job Centres supporting the new Links for Life model; and the NENC ICB Waiting Well programme, which offers targeted support to certain groups of patients waiting for surgery, where support is offered to improve fitness, diet and mental health, reducing the risk of not being well enough for surgery and helping patients to make a better and quicker recovery post-surgery. In addition, the prototype model for the Waiting Well programme makes the link to adult skills, so connections are there to support people to enter into and sustain work. ICB colleagues will support Job Centre Plus to engage with GP Practices – having the evidence of evaluation and champions in each of the practices will hopefully have spin off benefits in reducing GP appointments and prescriptions. The Public Health team are leading the development of an economically inactive health needs assessment, being able to add Job Centre Plus data and insights will add to the richness.

#### **4.4 Healthy City Plan – six monthly performance update**

See separate agenda item.

The Delivery Board acknowledged how some of the metrics are very difficult to move, such as those connected to the food environment. Going forward the Delivery Board would like the performance report narrative to reference some of the challenges in improving KPI performance and showcase activity that is supporting improved outcomes. To really shift many of the metrics we need a



much greater focus on the wider determinants of health, ensuring the benefit reaches those communities facing the greatest inequalities.

#### **4.5 Creating a smokefree generation - government consultation and local action**

The agenda item provided information about the Creating a Smokefree Generation and Tackling Youth Vaping consultation and recommendations of how to support it.

In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, Stopping the start: our new plan to create a smokefree generation and launched a consultation on key proposals of the policy paper. The consultation response will support the proposed introduction of measures to reduce the harms from smoking in our local communities, reduce health inequalities, reduce smoking prevalence and youth vaping.

Tobacco is the single leading preventable cause of ill health, disability and premature death, causing around 1 in 4 of all UK cancer deaths. In Sunderland those who are on low incomes or living in areas of deprivation are far more likely to smoke than the general population.

Our Healthy City Plan identifies key areas in which improvements can be made to improve smoking prevalence rates across the city, to achieve a target of reducing smoking prevalence to 5% by 2030. Currently the smoking prevalence in Sunderland is 13.2%, which is higher than the England average of 12.7%.

The DHSC launched a consultation on the proposals set out in the Stopping the Start policy paper on 12 October 2023, and is inviting responses until 6 December 2023. The consultation is seeking views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes. The Council's Cabinet has agreed its consultation response which has been shared with partners. Partners are encouraged to respond to the consultation and support:

- Introducing new legislation to raise the age of sale of tobacco
- Further regulating vaping to reduce the appeal to children
- Introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.

The Delivery Board acknowledged that most adult smokers know about the risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. Three-quarters of current smokers would never have started if they had the choice again, on average it takes around 30 quit attempts to succeed. Raising the age of sale of tobacco will delay smoking uptake, with anyone born after 1 January 2009 never being able to legally buy tobacco.

The Council's Cabinet will be responding positively to the consultation, alongside the Sunderland Smokefree Partnership and Health and Wellbeing Board. Partner organisations and individuals are being encouraged to respond to the consultation.

#### **4.6 Consultation responses**

Consultation responses have been prepared for:

- i. Mandating quit information messages inside tobacco packs
- ii. Changes to Licence Conditions and Codes of Practice, Remote Gambling and Software Technical Standards, and arrangements for Regulatory Panels.

#### **4.7 Forward Plan**

The Delivery Board has a detailed forward plan. For the February 2024 meeting the first part of the meeting will be an opportunity to reflect on the work of the Delivery Board, considering whether we are achieving what we want to achieve and whether there are things we want to do differently. Proposed agenda items for the second part of the meeting include South Tyneside and Sunderland NHS FT Health and Wellbeing Strategy update, the Mental Health Concordat and delivering the Homelessness Reduction and Sleeping Rough Strategy.

#### **4.8 Key issues**

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

#### **5.0 Update from the Ageing Well Delivery Board – met 14 November 2023**

##### **5.1 Director of Public Health Annual Report 2022/23 – Commercial determinants of health: Whose choice is it?**

The report and accompanying presentation is being socialised across a number of fora, including the three delivery boards and was presented to the Health and Wellbeing Board in September.

The Delivery Board reflected on increased consumption from an older people's perspective, considering policy opportunities; educating Ageing Well Ambassadors and schools; the role of the planning system in fast food outlets; and bringing all of the best practice examples referenced in the report into the city along with other best practice. It was agreed to have a discussion outside of the Delivery Board and bring tangible proposals to the next meeting.

## 5.2 **Healthy City Plan: Ageing Well Performance Overview**

See separate agenda item.

## 5.3 **Ageing Well Delivery Board – refreshed delivery plan**

The Ageing Well Delivery Board has a refreshed delivery plan following a workshop on 3 October 2023. The Delivery Board received an update on individual strands of the delivery plan. Actions cut across a broad range of services, from Ageing Well Ambassadors, to falls prevention, active lifestyles and digital inclusion.

Partners were asked to consider how they can support the work on the delivery plan. Discussion took place on the importance of ensuring service offers are relevant to local people and how gathering insights through front-line staff and Ageing Well Ambassadors should help inform equitable service delivery. For example, insights that support and encourage older people to be physically active.

## 5.4 **Evaluation of the impact of the Therapies Care Home Team**

The service was established in June 2021, commissioned to provide intervention to all permanent residents of registered care homes. It is jointly funded by the PCN and the local authority. In summary, the service seeks to ensure equitable access to care home rehabilitation, allowing residents to live well. The service has experienced a steady increase in referrals since the service was launched, with 982 assessments completed in 2022/23. The offer of Whole Home Equipment Reviews (WHER) has been taken up by 8 care homes, with 250 customers reviewed – providing rehabilitation, reducing falls and increasing safety. The presentation showcased a range of activity from a family carer day, back care awareness, dementia awareness, SALT training with care home providers and the role of the digital projects to reduce falls, cognition and social isolation. Learning from year one and two acknowledges the wide and varied needs of care home residents, with the team being flexible enough to meet all residents needs. Future objectives include: securing permanent funding for the Rehabilitation Therapy Assistants; continuing to address the complex and specific needs of care home residents, including prevention and early intervention for postural management; promoting digital inclusion; reducing social isolation; and exploring the potential for research.

The Delivery Board discussed the opportunity for more care homes to be involved, but this is a capacity issue. Consideration will be given to setting a date as to when there will have been a full review of all care homes.

## 5.5 **Sunderland Carers Strategy**

The Sunderland Carers Strategy has been agreed by the Health and Wellbeing Board (September 2023) and is now published on the Council's website. The strategy is underpinned by an action plan, with four strategic

priorities. The strategy has been shaped by the voice and experience of carers and the organisations which support carers to ensure that the priorities for the future are based upon what is important. Caring responsibilities look different for each carer and that is why the strategy is for all carers in Sunderland.

The strategy will inform other strategies and ensure that meeting the needs of carers is embedded in all services across the council, its partners, and those services it commissions externally. Implementation of the delivery plan will be overseen by the Board and carers. Delivery Board members are happy to participate in the working groups and reach out to Ageing Well Ambassadors to participate. There are so many hidden carers in the city, including older and younger carers, and those in employment. Suggestions were made to reach carers in employment, including through the Sunderland Business Innovation District (BID) and the Sunderland Workplace Health Alliance. The approach to carer communications will continue to evolve, recognising the many different preferences carers will have, from online to face-to-face. The approach to carer engagement cannot be reliant on one organisation – the desire is to make pathways easier for carers to access by making the best use of combined resources.

## **5.6 State of Ageing in Sunderland**

A State of Ageing report for the city is being prepared by a wide range of partners, the report will look beyond health data and the JSNA. Other areas to have a similar report are Leeds, Manchester and Ireland. The report will include the eight domains in the WHO age friendly cities and communities framework. Emerging sections in the report are: demography; housing; employment and learning; travel and road safety; active, included, and respected; healthy and independent ageing; and public and civic spaces. The intention is for the report insights to inform a call for action.

The intention is to bring the report to the next meeting in February. The Delivery Board recognised how some of the issues for older people are relevant throughout the life course and if we can make Sunderland a place that is age friendly we should be able to get it right across the whole life course.

## **5.7 Achieving Dementia Friendly status for the city**

The Alzheimer's Society's Dementia Friendly Communities recognition scheme will end on 31 December 2023. Previously significant work had been done in the city to roll out Dementia Friendly training to all GP practices and the city had a Dementia Strategic Group. The Delivery Board is keen to ensure local momentum is not lost on this important agenda and would like to develop a local framework with training to raise awareness. The Delivery Board acknowledged the opportunities to engage with employers and businesses, including those involved in Sunderland Workplace Health Alliance and the Sunderland BID. In addition, Links for Life would help progress further dementia friendly action within communities. The proposed approach in

Sunderland would draw on best practice, including that developed by the LGA, Alzheimer's Society and Stirling University's "Environments for Ageing and Dementia Design Assessment Tool" (EADDAT) which combines the latest research on designing for cognitive change with the expertise of leading architects. (Age UK Sunderland are accredited by Stirling University). A template will be developed to gather a baseline position and best practice into one place.

## 5.8 Forward Plan

The Delivery Board has a detailed partnership workplan. Members views on future priorities will inform the Board's agenda, this will include wider performance metrics for ageing well and insights from the State of Ageing report that is under development and the Sunderland Older People's Council audit of the city centre.

## 5.9 Key issues

- The Delivery Board would like to aim for the city to be dementia friendly in terms of building design, housing and how we engage with people. There is potential to incorporate wider considerations of age friendliness, and Inclusion, Diversity, Equality and Access (IDEA) into our practises. At the same time developing age friendly places should bring benefits across the life course.
- How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, reducing the need for residential care, 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 financial insecurity for older people.

## 6.0 Health and Wellbeing Board Development Sessions

6.1 For the purposes of public record the Health and Wellbeing Board held a development session on 16 November 2023. The development session considered the evolution of the Board within the context of health and wellbeing system and place governance. A meeting will be held with the Chair / Vice Chair of the Board, the Executive Director of Health, Housing and Communities, and Director of Place to discuss next steps.

6.2 The Director of Strategy and Planning at NENC ICB has written to the Board, thanking the Board for the discussion at the August development session and for responding to the draft North East and North Cumbria NHS Joint Forward Plan. The final plan was approved by the NENC ICB in late September, and can be found on the ICB website [here](#). As required by NHS England the plan will be refreshed for re-publication in March 2024, continued input from the Board is welcomed.

6.3 Currently there are no further development sessions scheduled.

## 7.0 Healthy City Plan Grant

7.1 There have been no additional proposals for Healthy City Plan grant since the last assurance report in September.

## 7.2 Grant awarded projects

Below is an overview of all the projects that have been approved funding, some subject to additional conditions.

### Starting Well Projects

Approved	Project Name	Project Summary	Amount Approved
February 2023	PlayZones	The design, build and activation plan of five PlayZones across the city.  The initial pilot location has been identified within Southwick ward. The remaining four locations are yet to be determined but will focus on specific wards with the intention to have a PlayZone in each locality of the city.	£200,000
February 2023	Thompson Park Interactive Play	Purchase, installation and ongoing maintenance for 5 years of interactive play equipment at Thompson Park.	£55,527
<b>September 2023</b>	<b>Seaburn Play Area</b>	Towards the development of a new accessible play site at Seaburn, including play and seating equipment, safety/security measures and groundwork costs.	£50,000
<b>September 2023</b>	<b>Wear Here 4 You Prevention Bus</b>	To support the extension of the mobile prevention offer for a further 12 months.	£62,252
	<b>TOTAL</b>		<b>£367,779</b>

## Living Well Projects

Approved	Project Name	Project Summary	Amount Approved
November 2022	Elemore Park	To enable the Elemore Trust to deliver the ongoing management and maintenance of the newly refurbished Elemore Park for a period of 3 years, to improve health and wellbeing outcomes for residents.	£240,000*
November 2022	Physical Activity Opportunities	To support the continued delivery of multiple projects aimed at a range of target groups to increase physical activity through improved and increased pathways into physical activity and sport.	£130,000
December 2022	Tackling Inequalities – Access to Services and Recruitment (STSFT)	Project A - To identify potential inequalities in access to NHS Outpatient appointments.  Project B - Understanding the workforce profile of the Trust and how the workforce could become more representative of the local population by understanding potential barriers/opportunities to recruitment practices.	£94,000
February 2023	Cycling and Walking for Health	Active travel project aimed to reduce the barriers faced by families across Southwick and Redhill ward, enabling access to safe cycling and walking activities/infrastructure, improving health and wellbeing, encouraging sustainable travel and support local community capacity building.	£39,000*
June 2023	Defibrillation and Community First Responders	Increase the number of public access defibrillator sites across the city and implement a Community First Responder	£90,038

		(CFR) scheme, recruiting 10 CFRs and providing training and response equipment including the provision of 5 falls kits. The project will also aim to raise public awareness around cardiac arrest and their role in increasing the chance of survival.	
	<b>TOTAL</b>		<b>£593,038</b>

### Ageing Well Projects

Approved	Project Name	Project Summary	Amount Approved
November 2022	Carers Support Offer	To support a range of activities to improve the understanding of the caring role, how to identify a carer and support access to information, advice, and services.	£10,000*
November 2022	Sunderland Falls Prevention Programme	Extend the VCS delivered Falls Prevention Programme, Strength and Balance and Education, from January 2023 – January 2025, creating a new call for projects to allow wider coverage across the city.	£200,000*
November 2022	Ageing Well Sunderland Reporters	The project will seek to develop ageing well residents from Sunderland (50+) into community reporters, who produce multimedia news reports that tackle ageism and provide peer-led support for issues that matter to them (e.g., isolation, mental health, memory).	£9,900
	<b>TOTAL</b>		<b>£219,900</b>

\*Funding subject to additional conditions

7.3 A total of **£1,180,717** of the grant has been awarded to date. The remaining grant allocation to be awarded is **£519,283**.



- 7.4 There are a number of potential project proposals for the grant, but still opportunity for the Delivery Boards to put forward new projects that will support the delivery of the Healthy City Plan.
- 7.5 Existing projects funded through the grant will be asked for progress updates for the next cycle of Delivery Board meetings in February 2024. The updates will be included in this assurance report in March 2024.

## **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. note the Board development session for public record and receive an update on and recommendations from the Board review at the next meeting in March 2024;
  - iv. consider potential project proposals for the remaining Healthy City Plan grant; and
  - v. request to receive progress updates on the use of the Healthy City Plan Grant via the Delivery Boards for the next meeting.



**SUNDERLAND HEALTH PROTECTION ANNUAL REPORT 2022/23**

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

**1. Purpose of the Report**

- 1.1 To provide an overview of health protection arrangements and some relevant activity across Sunderland during 2022/23.
- 1.2 To support the Executive Director of Health, Housing and Communities in their statutory remit to provide assurance to the Health and Wellbeing Board and Sunderland City Council in relation to health protection of the local population.
- 1.3 To provide an overview of the local position on health protection issues and priorities covering prevention, surveillance and control, highlighting areas where improvements are needed with a focus on health inequalities.

**2. Background**

- 2.1 The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012.
- 2.2 Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
  - Screening and immunisation to prevent infectious diseases
  - Surveillance of the burden and epidemiology of disease
  - Control of disease to prevent cases and outbreaks
  - Emergency Preparedness, Resilience and Response, which includes action to plan for and respond to incidents and emergencies
- 2.3 A range of groups, information flows and reports are in place to support health protection arrangements in Sunderland. The purpose of these groups and reports are to provide formal assurance, provide a forum for discussion, information sharing and improvement. The system as a whole provides assurance to the Executive Director of Health, Housing and Communities that the health protection system is functioning as it should.
- 2.4 A Health Protection Assurance Report is produced annually.

### **3.0 Contribution to delivering the Healthy City Plan**

- 3.1 The overall focus of health protection is to protect residents of Sunderland across the life course from biological, environmental and chemical hazards, which fits naturally with the Healthy City Plan by helping people live healthier and longer.
- 3.2 Health protection activity supports the population of Sunderland to make informed choices to protect their health by promoting immunisation, screening and healthy behaviours to try and reduce the burden of disease in Sunderland.
- 3.3 Health protection activity aims to address health inequalities by improving access to immunisation and screening programmes to populations with lower than average uptake to try and reduce inequalities and improve health across the population.

### **4.0 Recommendations**

- 4.1 The Health and Wellbeing Board is recommended to:
  - i. note and comment on the report;
  - ii. be assured that Sunderland has a robust health protection system where partner organisations work together to protect the health of the population of Sunderland;
  - iii. be assured that the Executive Director of Health, Housing and Communities will keep health protection arrangements under review and will seek to make improvements as and when necessary; and
  - iv. endorse the health protection forward plan priorities for 2023/24 as set out in section 14 of the Health Protection Annual Report 2022/23.

#### **Appendix one:**

Sunderland Health Protection Annual Report 2022/23

**SUNDERLAND HEALTH PROTECTION ANNUAL REPORT 2022/23**

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

**November 2023**

## 1 Purpose of Report

This report provides an overview of health protection arrangements and some relevant activity across the city during 2022/23. The report supports the Executive Director of Health, Housing and Communities in their statutory remit to provide assurance to the Health and Wellbeing Board and Sunderland City Council (SSC) in relation to health protection of the local population. The report outlines the local position on health protection issues and priorities covering prevention, surveillance and control, highlighting areas where improvements are needed with a focus on health inequalities.

## 2 Executive Summary

Sunderland has robust systems in place to manage health protection in the city. Health protection functions are shared across a range of organisations, which are overseen by the Sunderland Health Protection Board (HPB). Sunderland continues to attain a high level of immunisation uptake for the routine childhood programme for young children, with some of the highest rates in the region and in England. However, this is not replicated for older children with uptake of the HPV and MenACWY vaccines below national standard target, although this is comparable to regional and national performance. It is also of concern that there has been a reduction in MMR vaccination uptake at five years with dose two rates falling below national standard target. Uptake of the COVID-19 and influenza vaccination remain low in some eligible groups. Improving uptake in these groups would deliver great benefit at individual and population level. In Sunderland the bowel screening programme continues to achieve high uptake. The targeted lung health check project has also made good progress in establishing this programme. However, there are inequalities in the city in uptake of some screening and immunisation programmes. For example, there is a significant difference in uptake of cervical screening for younger and older age groups. It is important that partners work together to understand what the barriers are for groups with low uptake and how we can improve access and acceptability of screening and immunisation programmes to improve uptake.

## 3 Introduction

The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Executive Director of Health, Housing and Communities for Sunderland is responsible for the discharge of the local authority's public health functions.

Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

<b><i>Prevention</i></b>	screening and immunisation to prevent diseases
<b><i>Surveillance</i></b>	to monitor the burden and epidemiology of disease, monitor trends, and identify outbreaks
<b><i>Control</i></b>	management of cases and outbreaks of certain diseases to reduce the risk of transmission
<b><i>Emergency Preparedness, Resilience and Response (EPRR)</i></b>	arrangements to plan for and respond to, a wide range of incidents and emergencies that could affect health or patient care including extreme weather, a large or complex outbreak of an infectious disease, a major transport accident or a terror attack

Responsibilities for aspects of health protection are distributed across the health system as follows:

- The Executive Director of Health, Housing and Communities is responsible for co-ordinating the Council's contribution to health protection issues and providing a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.
- NHS England is responsible for the commissioning of screening and immunisation programmes.
- The UK Health Security Agency (UKHSA) are responsible for the provision of expert functions to respond directly to cases of infectious disease, incidents and outbreaks and to support the Council in understanding and responding to threats. They also provide expert advice to partners and have responsibility in surveillance and planning. Sunderland has an identified link Consultant in Health Protection.
- North East and North Cumbria Integrated Care Board (NENC ICB) commission services important to controlling infectious disease eg. tuberculosis (TB).
- All category one responders provide input into emergency preparedness, resilience and response functions. These partners include the Local Authority, UKHSA, NHSE and NENC ICB and South Tyneside and Sunderland Foundation Trust (STSFT)

During the COVID-19 pandemic some health protection services were stopped, paused or reduced. Consequently, there was a reduction in the uptake of most screening programmes and some immunisation programmes. Most services are showing a good level of recovery.

#### **4 Assurance Arrangements**

A range of groups, information flows and reports are in place to support health protection arrangements in Sunderland. The purpose of these groups and reports ranges from formal assurance to providing a forum for discussion, information sharing and improvement. The system as a whole provides assurance to the Executive Director of Health, Housing and Communities that the health protection system is functioning as it should. These groups and sources of information include:

- Sunderland Health Protection Board (HPB), which aims to enable the Executive Director of Health, Housing and Communities to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population. The HPB provides a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans. The terms of reference for the HPB can be found in Appendix 1;
- a regional Programme Board for each screening and immunisation programme;
- a Healthcare Associated Infections (HCAI) Improvement Group which operates across Sunderland and South Tyneside;
- an Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland;
- the Northumbria Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur;
- the North East Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning;
- A Vulnerable Group (health sub-group), which brings together partners to discuss and develop the health offer and access for the vulnerable population; and

- a range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards and by UKHSA's Fingertips resources.

## 5 Contribution to delivering the Healthy City Plan

The [Sunderland City Plan](#) was developed to address the economic and social challenges in Sunderland. One of the aims is to develop a healthy smart city, where people will live healthier, independent lives for longer. The overall focus for health protection is to protect residents of Sunderland across the life course from biological, environmental and chemical hazards, which fits naturally with the City Plan by helping people live healthier and longer. The [Healthy City Plan](#) has key values and behaviours that are a focus for health protection in Sunderland:

- *Focusing on prevention* – supporting the population of Sunderland to make informed choices to protect their health by promoting immunisation, screening and healthy behaviours we can try and reduce the burden of disease in Sunderland.
- *Tackling health inequalities* – those who have poorer health and live in deprived areas are often more likely to be affected by infectious diseases as seen during the pandemic. By improving overall health, living environment and access to healthcare the effects of some infectious diseases can be reduced.
- *Equity* – we know that there is a disparity in access to some immunisation and screening programmes. Health protection work across Sunderland has a focus of trying to improve access in populations with lower than average uptake to try and reduce this gap and improve health across the population.

## 6 Prevention

### 6.1 Vaccination and Immunisation

Immunisation programmes aim to protect individuals and populations from infectious diseases. In England there are three main programmes:

- The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable diseases.
- The adult immunisation programme is for people aged 65 years and over and includes vaccination against pneumococcal disease and influenza.
- The targeted immunisation programme is for individuals requiring protection against specific diseases such as TB, hepatitis B and pertussis in pregnancy.

Detail of the programmes can be found here [The complete routine immunisation schedule from September 2023 \(publishing.service.gov.uk\)](#).

For some infectious diseases, such as measles, it is very important that we maintain a level of vaccination uptake at or above the nationally set targets to achieve population level protection.

#### 6.1.1 Childhood immunisation

The uptake of most childhood immunisations in Sunderland remains high, which provides reassurance that the system is working well. However, uptake for some has fallen below the nationally set standard. The position in Sunderland for 2022/23 can be summarised as follows:

- By 12 months 97.6% of children had been immunised with DTap/IPV/Hib/HepB higher than England uptake of 91.6% and by 24 months of age the uptake was 98.9% (Table 1).
- By 12 months of age 95.0% of children had been immunised with rota vaccine, higher than England average uptake of 89.0% (Table 1).
- By 12 months of age 97.1% of children in Sunderland had received the MenB vaccination, higher than that of England, 91.2% (Table 1)



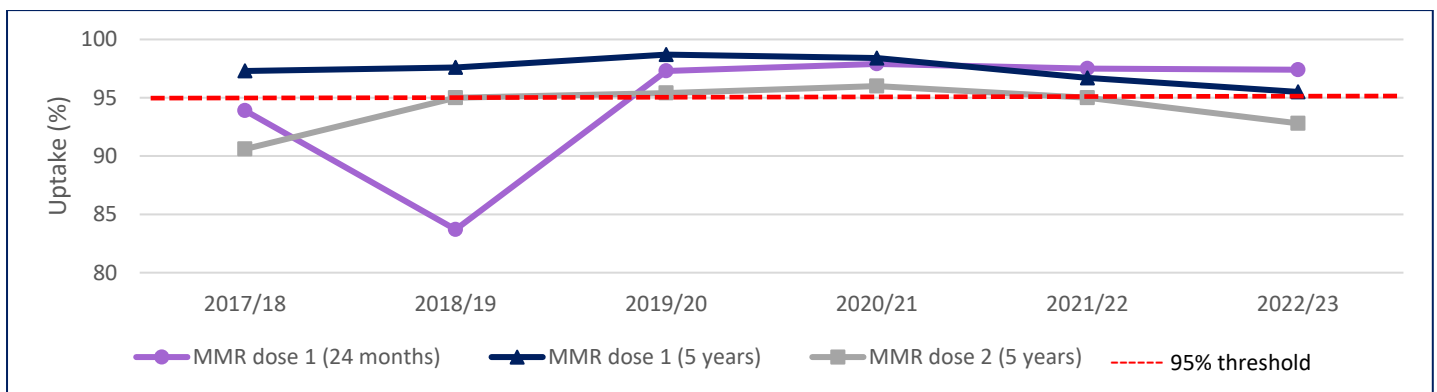
- The uptake of MMR remained high at 24 months of age with 97.4% of children being vaccinated. However, the uptake of MMR at age five years is declining in Sunderland. For MMR 1 the uptake has reduced over time to 95.5% and for MMR 2 the uptake is now 92.8%, below the national target of 95.0% (Table 1, Figure 1).
- Uptake of MenACWY in 14-15 year olds dropped below the national standard target of 90% in 2021/22, 78.8% and was below the England average at 80.9% (Table 1).
- HPV uptake in both 12-13 year old females and males was significantly below the national target of 90%. For females it was 68.9% and for males 59.1% (Table 1).

Table 1 Uptake of routine childhood immunisations in Sunderland and England from 2017/18 to 2022/23 for quarter 4

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
<b>12 month DTaP/IPV/Hib</b>						
Sunderland	85.3	94.8	98.7	98.2	98.7	97.6
England	92.6	91.9	92.7	91.6	91.9	91.6
<b>12 month Rota</b>						
Sunderland	83.9	94.0	98.1	96.8	97.6	95.0
England	90.3	90.1	90.7	90	90.5	89.0
<b>12 month MenB</b>						
Sunderland	85.8	95.1	87.7	98.1	98.7	97.1
England	92.5	92.0	92.8	91.8	92.0	91.2
<b>24 month DTaP/IPV/Hib/HepB</b>						
Sunderland	98.7	86.1	98.8	99.5	98.6	98.9
England	95.0	94.0	93.7	94.0	93.0	93.0
<b>24 month MMR</b>						
Sunderland	93.9	83.7	97.3	97.9	97.5	97.4
England	90.8	90.0	90.8	89.3	89.7	89.5
<b>5 year MMR1</b>						
Sunderland	97.3	97.6	98.7	98.4	96.7	95.5
England	95.1	94.7	94.6	94.3	93.5	92.7
<b>5 year MMR2</b>						
Sunderland	90.6	95.0	95.4	96.0	95.0	92.8
England	87.2	87.6	86.9	85.1	85.9	85.0
<b>HPV, female, 12 to 13 years</b>						
Sunderland	84.7	93.8	90.1	79.1	68.9	
England	86.9	88.0	59.2	76.7	69.6	
<b>HPV, male, 12 to 13 years</b>						
Sunderland			83.5	72	59.1	
England			54.4	71.0	62.4	
<b>MenACWY, 14 and 15 years</b>						
Sunderland	78.2	91.1	90.7	90.0	78.8	
England	82.5	84.6	86.7	87.0	80.9	

Below the lower national lower threshold (95.0% for all except HPV and MenACWY which is 90.0%), between the lower threshold and the standard target, above the national target standard. Source Local Authority Assurance Report: Section 7a Services, September 2023

Figure 1 Uptake of MMR over time by age group in Sunderland



### 6.1.2 COVID-19 and Influenza Immunisation

COVID-19 and influenza are viruses that can cause significant illness in older age adults or those with underlying medical conditions. Both are vaccine preventable and there are national immunisation programmes in place to protect those who are most vulnerable from severe illness. There is substantial planning and focus on achieving high uptake in eligible groups. Achieving high uptake not only provides direct protection to those immunised but can also provide protection to those who may not respond sufficiently to vaccination by reducing the level of circulating virus in the population.

#### Influenza Immunisation

Those eligible for influenza vaccination for 2023/24 season include:

- everyone aged 65 years and over
- everyone between 6 months to 65 years of age in a defined at-risk group
- all pregnant women, at any stage of pregnancy
- all children aged 2 and 3 years (provided they were aged 2 or 3 years on 31 August before flu vaccinations starts in the autumn)
- all children in primary school
- some secondary school-aged children (years 7 to 11)
- everyone living in a residential or nursing home
- everyone who receives a carer's allowance, or are the main carer for an older or disabled person
- all those living with someone who has lowered immunity due to disease or treatment
- all frontline health and social care workers

Details of the annual flu programme can be found here [National flu immunisation programme plan 2023 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-flu-immunisation-programme-plan-2023-to-2024).

The position in Sunderland for influenza immunisation for the 2022/23 season was:

- 60.0% of people under 65 years in an at-risk group were vaccinated compared to 61.1% for North East and North Cumbria (NENC) (Figure 2, Table 2).
- 79.9% of adults 65 years and older were vaccinated compared to 81.6% compared to NENC (Figure 2, Table 2).
- Uptake in care home residents was 81.9%, which was the fourth highest in NENC (Figure 2, Table 2).
- The uptake in young children was low with only 39.2% of all 2 year olds and 46.8% of 3 year olds vaccinated (Figure 2, Table 2).
- The uptake for health and social care workers was only 46.9%, which was the lowest uptake in NENC and below the regional average of 51.1% (Table 2).

Figure 2 Influenza immunisation uptake by eligible cohort for Sunderland and North East and North Cumbria for 2022/23

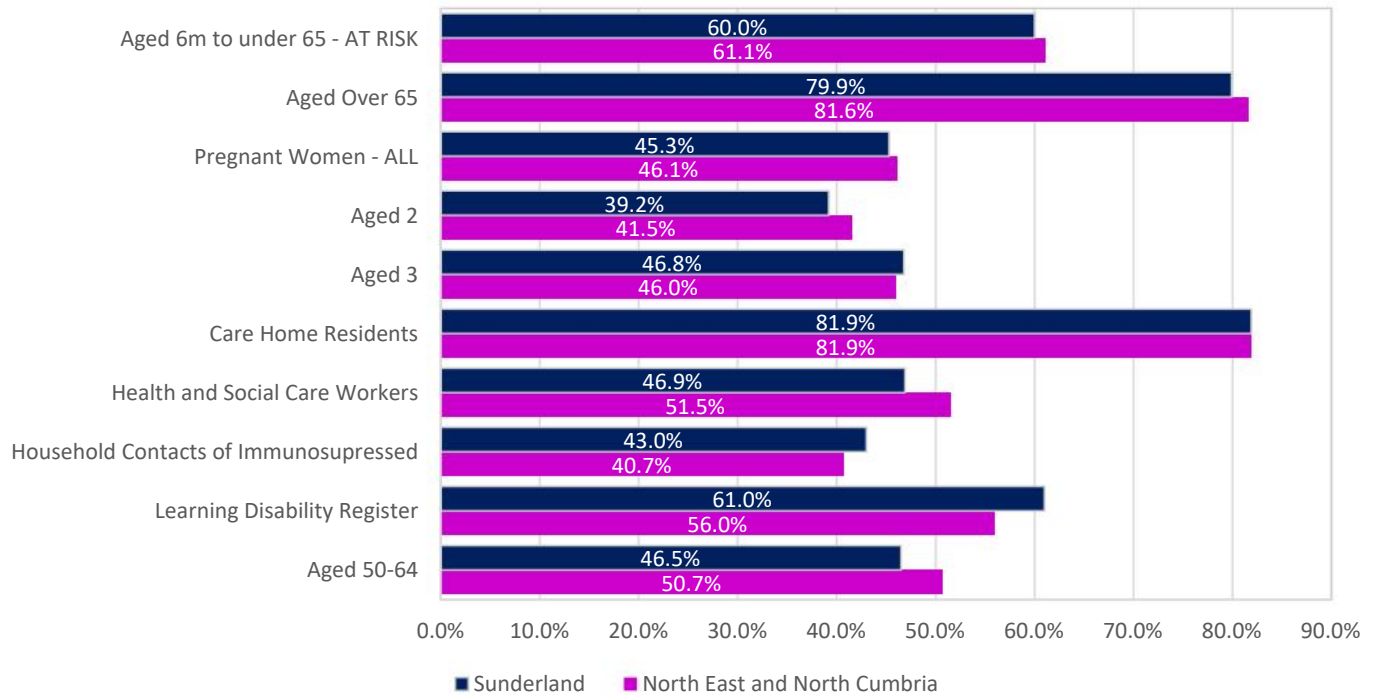


Table 2 Influenza immunisation uptake by priority group for North East and North Cumbria by Sub-ICB for 2022/23 season

Cohort Group	Newcastle	Gateshead	Tees Valley	Co Durham	Sunderland	South Tyneside	North Tyneside	Northumberland	North Cumbria	North East & North Cumbria
Aged 6m to under 65 - At Risk	56.2%	57.6%	59.1%	63.7%	60.0%	56.4%	64.2%	67.5%	63.3%	61.1%
Aged Over 65	79.5%	80.6%	80.5%	82.8%	79.9%	77.9%	82.5%	84.8%	82.3%	81.6%
Pregnant Women - All	41.8%	49.7%	42.7%	46.1%	45.3%	46.5%	57.4%	47.9%	47.0%	46.1%
Aged 2	37.4%	41.2%	37.7%	46.4%	39.2%	36.0%	45.4%	50.1%	41.2%	41.5%
Aged 3	42.7%	45.6%	40.0%	50.2%	46.8%	43.9%	48.0%	53.8%	48.9%	46.0%
Care Home Residents	76.2%	66.5%	81.1%	87.8%	81.9%	77.3%	85.7%	87.8%	80.8%	81.9%
Health and Social Care Workers	51.3%	52.0%	48.0%	49.0%	46.9%	46.9%	55.0%	61.4%	56.6%	51.5%
Household Contacts of Immunosuppressed	30.6%	35.9%	43.3%	30.6%	43.0%	45.5%	47.5%	55.3%	48.2%	40.7%
Learning Disability Register	47.9%	52.5%	53.9%	55.1%	61.0%	51.3%	55.6%	64.6%	60.6%	56.0%
Aged 50-64	45.9%	47.2%	47.0%	53.5%	46.5%	46.4%	54.2%	58.2%	53.9%	50.7%

### COVID-19 immunisation

COVID-19 vaccination is available for at-risk groups that are at increased risk of developing more severe illness. This year’s COVID-19 autumn booster vaccination programme started earlier than planned in England as a precautionary measure following the identification of a new [BA.2.86 COVID-19 variant](#). Vaccinations started on 11 September 2023 in England with adult care home residents and those most at risk receiving vaccination first. It is very important that uptake in eligible groups is as high as possible to protect the most vulnerable. It is also important that health and social care staff uptake is high to protect the vulnerable population.

Those eligible for the 2023/24 autumn booster include:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts of people with immunosuppression
- Persons aged 16 to 64 years who are carers and staff working in care homes for older adults.

The position in Sunderland for the spring 2023 booster was:

- Of those in eligible cohorts, 65.8% received the spring booster, which was lower than the NENC average of 66.8%. Sunderland was 5/9 for uptake by area in NENC (Table 3).
- 81.1% of care home residents received the spring booster, higher than the NENC average of 78.1% (Table 3).
- Only 30.5% of adults with immunosuppression received their booster, lower than NENC average of 35.1% (Table 3).
- There was variation in uptake by ward, with the lowest uptake seen in the most deprived wards and the highest uptake in the least deprived (Table 4). There was a 17.9% difference between the highest uptake in Fulwell (73.5%) compared to the lowest uptake in Castle (55.6%), which equates to 391 eligible residents unimmunised in Fulwell compared to 606 in Castle.

Figure 3 COVID-19 spring booster uptake by eligible cohort and Sunderland area for 2023

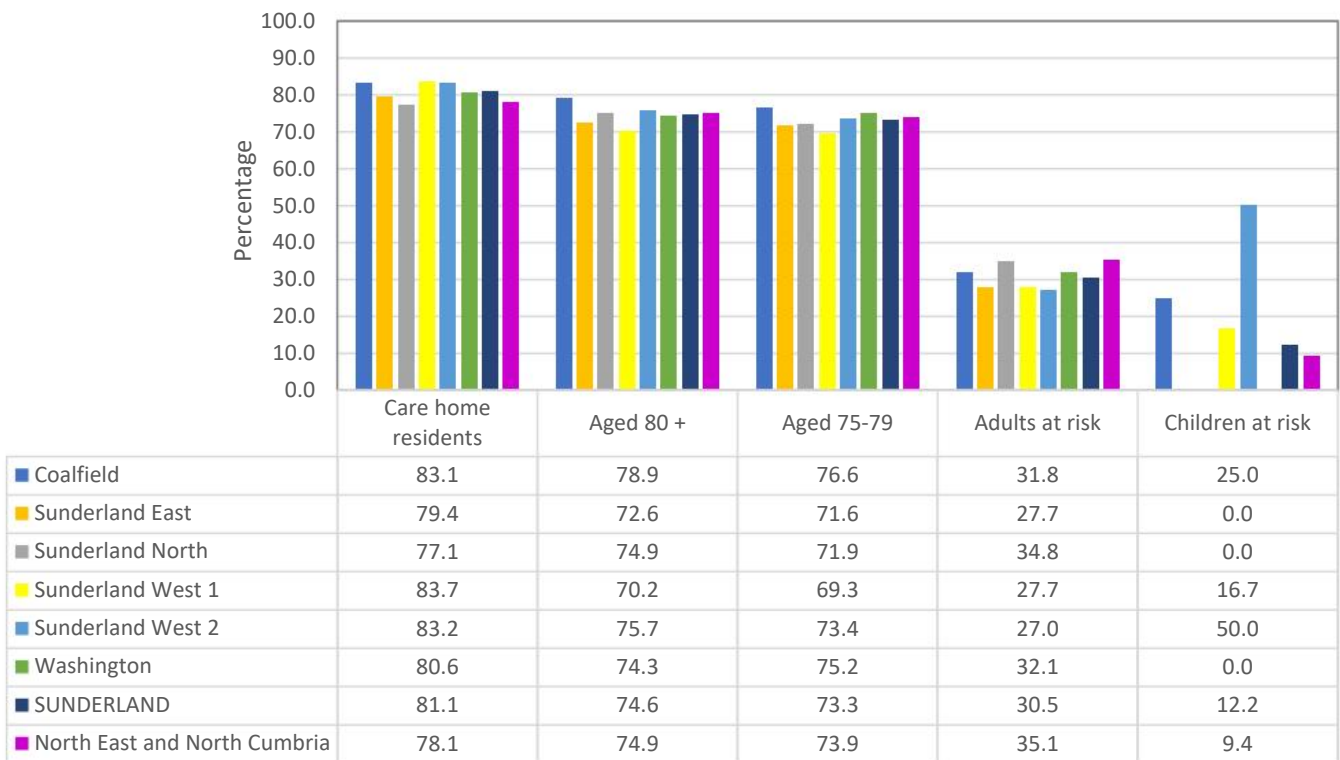


Table 3 COVID-19 spring booster uptake by priority group for North East and North Cumbria by Sub-ICB

Spring 2023 JCVI Group (Allocated To Highest Priority Cohort)	Newcastle	Gateshead	Tees Valley	Co Durham	Sunderland	South Tyneside	North Tyneside	Norhumbert and	North Cumbria	North East & Nort Cumbria	Spring Booster 2022 Final Uptake
Care Home Resident	78.7%	84.0%	75.7%	78.9%	81.1%	74.0%	72.3%	75.4%	84.5%	78.1%	78.3%
Aged 80+	69.4%	72.9%	72.8%	77.6%	74.6%	73.4%	76.0%	78.2%	75.3%	74.9%	86.5%
Aged 75-79	68.2%	71.7%	71.5%	76.4%	73.3%	72.2%	76.6%	78.3%	73.4%	73.9%	84.9%
Adult Immunosuppressed	30.0%	32.9%	33.7%	35.1%	30.5%	38.2%	36.3%	40.1%	38.6%	35.1%	32.9%
Child Immunosuppressed	4.0%	14.3%	7.6%	10.8%	12.2%	13.0%	12.0%	4.9%	14.1%	9.4%	42.3%
<b>All Eligible</b>	<b>60.6%</b>	<b>64.6%</b>	<b>64.8%</b>	<b>68.7%</b>	<b>65.8%</b>	<b>65.6%</b>	<b>68.0%</b>	<b>71.0%</b>	<b>67.7%</b>	<b>66.8%</b>	<b>78.2%</b>

Table 4 Uptake of COVID-19 spring booster in Sunderland for all eligible cohorts by ward showing IMD average

Rank	Ward	PCN	IMD average	Eligible	Number vaccinated	%
78	Fulwell	Sunderland North PCN	8.1	1,477	1,086	73.5%
100	St Michael's	Sunderland East PCN	5.7	1,333	964	72.3%
129	St Chad's	Sunderland West 2 PCN	4.6	1,380	979	70.9%
148	Shiney Row	Coalfields PCB	4.6	1,451	1,018	70.2%
157	Barnes	Sunderland West 1 PCN	5.8	1,189	828	69.6%
159	Houghton	Coalfields PCN	4.5	1,522	1,058	69.5%
166	Washington East	Washington PCN	5.8	1,477	1,022	69.2%
182	Washington South	Washington PCN	6.0	1,074	734	68.3%
192	Copt Hill	Coalfields PCN	3.7	1,648	1,119	67.9%
195	St Peter's	Sunderland North PCN	5.5	1,623	1,100	67.8%
205	Washington Central	Washington PCN	5.3	1,539	1,037	67.4%
220	Doxford	Coalfields PCN	5.0	1,334	891	66.8%
222	Washington West	Washington PCN	5.2	1,470	979	66.6%
251	Sandhill	Sunderland West 2 PCN	3.1	1,333	867	65.0%
256	Silksworth	Sunderland West 2 PCN	4.3	1,245	808	64.9%
272	Hetton	Coalfields PCN	3.2	1,431	915	63.9%
287	Washington North	Washington PCN	2.8	1,128	713	63.2%
298	Ryhope	Sunderland East PCN	3.8	1,265	792	62.6%
306	St Anne's	Sunderland West 2 PCN	2.7	1,032	643	62.3%
335	Southwick	Sunderland North PCN	1.7	1,232	749	60.8%
340	Pallion	Sunderland West 1 PCN	2.5	1,234	743	60.2%
348	Redhill	Sunderland North PCN	1.5	1,117	670	60.0%
355	Millfield	Sunderland West 1 PCN	2.7	866	516	59.6%
382	Hendon	Sunderland East PCN	1.1	1,059	598	56.5%
387	Castle	Sunderland North PCN	2.4	1,364	758	55.6%

Data source NHS North of England Commissioning Support Unit

### Inequalities in immunisation and vaccination

There are distinct inequalities observed for some immunisation programmes across Sunderland, which is also seen across England. For the COVID-19 spring booster, uptake was significantly lower in deprived areas of the city. There is also a significant difference in uptake of the HPV vaccination between boys and girls. SCC are using behavioural insights methods to understand the barriers to immunisation for HPV and influenza for children aged 2-3 years and health and social care workers. A multi-agency task group has been convened to address inequalities in immunisation programmes.

## 6.2 Screening

Screening programmes are important public health measures to identify individuals who appear healthy but may be at increased risk of a disease or condition. Screening programmes protect the health of the population by carrying out tests on individuals to determine whether they have or are likely to develop a particular, often life threatening, condition. Individuals are selected for screening programmes based on eligibility criteria including age, gender and pre-existing conditions.

In England there are cancer and non-cancer screening programmes:

Cancer screening programmes	Non-cancer screening programmes
Breast cancer	Diabetic eye (retinopathy)
Bowel cancer	Abdominal aortic aneurysm (AAA)
Cervical cancer	Antenatal and newborn (ANNB)

The screening programmes are commissioned by NHS England with the Executive Director of Health, Housing and Communities having an assurance role.

From 1 October 2023 the NHS Diabetic Eye Screening Programme will start screening people with diabetes at lower risk every two years instead of every year, [Diabetic eye screening changes](#). The bowel screening programme continues to expand to meet the long term plan to offer screening to those aged 50 and over, [Bowel cancer screening - NHS Digital](#). The STSFT targeted lung health check (TLHC) project commenced in October 2022, which offers screening to people who smoke or have smoked aged 55-74.

### 6.2.1 Cancer Screening Programmes

Cancer screening programmes were paused at the beginning of the pandemic. The position in Sunderland for 2022 was:

- Coverage for breast cancer screening has started to return to pre-pandemic levels at 72.4% and is above England average at 65.2%. The coverage is still significantly below the nationally set standard of 80% (Table 5).
- Coverage for cervical cancer screening remained below the lower threshold for the 25-49 year age group at 73.2%, but was above the England average of 67.6%. Coverage for the 50-64 year age group remained consistent at 77.1%, above the England average of 67.6%, but below the nationally set lower threshold of 80% (Table 5).
- Coverage of bowel cancer screening continued to increase reaching 72.0%, higher than the England average of 70.3% and above the standard of 60% (Table 5).
- Since commencing the TLHC project in October 2022 over 6,000 people have been screened and 2,608 low dose CT scans performed, which has resulted in the detection of 18 confirmed lung cancers as well as colon, breast and oesophageal cancers detected.

Table 5 Coverage of cancer screening programmes in Sunderland and England 2015 to 2022

	Lower threshold*	Standard^	2015	2016	2017	2018	2019	2020	2021	2022
<b>Breast cancer screening (%)</b>										
Sunderland	70	80	78.2	78.9	78.1	77.7	78.0	76.9	63.7	72.4
England			79.2	78.9	78.5	78.3	78.2	77.6	64.1	65.2
<b>Cervical cancer screening age 25-49 (%)</b>										
Sunderland	80	-	74.8	74.0	74.1	74.3	76.1	76.9	74.7	73.2
England			74.9	74.4	74	73.8	75	75.6	68	67.6
<b>Cervical cancer screening age 50-64 (%)</b>										
Sunderland	80	-	79.1	78.3	78.0	77.1	77.3	77.5	77.0	77.1
England			80.4	80.1	79.4	78.5	78.6	78.8	74.7	74.6
<b>Bowel cancer screening (%)</b>										
Sunderland	55	60	57.8	57.8	58.0	59.2	60.8	64.8	68.2	72.0
England			57.3	58.4	59.2	59.5	60.5	64.4	66.1	70.3

Below lower threshold, above lower threshold and below standard (for breast and bowel cancer), above lower threshold for cervical cancer and above standard for breast and bowel cancer. Source Local Authority Assurance Report: Section 7a Services, September 2023

## 6.2.2 Non-cancer Screening Programmes

Non-cancer screening programmes were paused during the beginning of the pandemic, with the exception of newborn screening.

The position in Sunderland for non-cancer screening programmes for 2021/22 was:

- Uptake of AAA screening has almost returned to pre-pandemic levels and is above the England average, 78.8% compared to 70.3% (Table 6).
- There was a reduction in newborn hearing testing during the pandemic, but that has returned to the very high level of 99.7% (Table 6).
- The uptake of newborn and infant physical examination was 96.2%, below the England average of 96.6% and below the target standard of 97.5% (Table 6).

*Table 6 Coverage of non-cancer screening programmes in Sunderland and England 2013/14 to 2021/22*

		2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22
Abdominal Aortic Aneurysm (AAA)	Sunderland	76.7	77.1	76.7	80.5	81.1	82.7	79.9	46.4	78.8
	England	77.4	79.4	79.9	80.9	80.8	81.3	76.1	55.0	70.3
Newborn Hearing	Sunderland	98.9	99.1	99.3	-	99.7	99.5	98.3	95.5	99.7
	England	98.5	98.5	98.7	98.4	98.9	99.2	98.2	97.5	98.7
Newborn and Infant Physical Examination	Sunderland								97.2	96.2
	England		93.3	94.9	93.5	95.4	96.4	96.7	97.3	96.6

AAA lower threshold <75, 75- 85, standard ≥85

Newborn hearing lower threshold <98, 98- 99.5, standard ≥99.5

Newborn physical examination threshold <95, 95- 97.5, standard ≥97.5

Source Local Authority Assurance Report: Section 7a Services, September 2023

## Inequalities in Screening Programmes

There are distinct inequalities observed for some screening programmes. In Sunderland data indicates that cervical screening uptake is lower in the younger age group. A Cervical Screening Health Equity Audit for the North East and North Cumbria was carried out by NHSE in 2022. The audit demonstrated that cervical screening is likely to be accessed less frequently among younger populations, more deprived populations, more ethnically diverse populations, and among people with a learning disability. For example, the uptake of screening in Sunderland for the 25-64 year age group was 78% in people without a learning disability compared to 33% for those with a learning disability.

## 7 Surveillance

Surveillance of disease is the ongoing, systematic collection, analysis, and interpretation of health-related data. Surveillance is important to identify trends and outbreaks of communicable disease to allow for quick action to prevent onwards transmission.

Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council or local health protection team (HPT) of suspected cases of certain infectious diseases. The North East HPT carry out this duty for all of the North East. All laboratories in England performing a primary diagnostic role must notify UKHSA on the confirmation of a notifiable organism, [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/notifiable-diseases-and-causative-organisms-how-to-report)

## 7.1 Health Care Associated Infections

Health care associated infections (HCAI) are infections that develop as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

The UHKSA monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools. Data can be accessed here [Healthcare associated infections \(HCAI\): guidance, data and analysis - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/healthcare-associated-infections-hcai).

To monitor and address HCAs in Sunderland there is a joint HCAI improvement Group with South Tyneside. Members are from across the health system and the group aims to have a consistent whole system approach to preventing and controlling HCAs across the local health economy which aims to:

- monitor antimicrobial prescribing in line with Quality Premium targets;
- audit antibiotic, proton pump inhibitor and laxative prescribing in *C. difficile* cases to identify outlying practices and to identify actions for improvement;
- reduce gram negative blood stream infections using root cause analysis of device associated infections and monthly compliance audits for high impact interventions;
- review and coordinating policy and procedures between South Tyneside District Hospital and Sunderland Royal Hospital; and
- support capacity, capability and intelligence by aligning policies, procedures, guidelines and mandatory IPC training; reviewing resources from NHS improvement to identify opportunities to improve performance.

The position in Sunderland for 2021/2022 can be summarised as below:

- The rate of methicillin resistant *Staphylococcus aureus* (MRSA) remains low (Table 7).
- The rate of methicillin sensitive *Staphylococcus aureus* is below the England average, 20.5 cases per 100,000 compared to 21.7 (Table 7).
- The rate *Clostridium difficile* fell significantly and was below the England average for the first time since 2016/17, 18.7 cases per 100,000 compared to 25.2 (Table 7).
- The rate of *E. coli* infections remains above the England average at 90.3 case per 100,000 compared to 67.1 (Table 7).
- The rate of both *Pseudomonas aeruginosa* and *Klebsiella* spp. were above the England average (Table 7).



Table 7 Trend in number and rate per 100,000 population of HCAI infections for Sunderland CCG and England, 2016/17 to 2021/22

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
<b>MRSA</b>						
Sunderland number	4	5	2	6	2	2
Sunderland rate	1.4	1.8	0.7	2.2	0.7	0.7
England rate	1.5	1.5	1.4	1.4	1.2	1.2
<b>MSSA</b>						
Sunderland number	62	68	63	58	68	57
Sunderland rate	22.4	24.5	22.7	20.8	24.5	20.5
England rate	20.8	21.5	21.6	21.7	20.7	21.7
<b>Clostridium difficile</b>						
Sunderland number	77	89	96	84	89	52
Sunderland rate	27.8	32.1	34.6	30.2	32.0	18.7
England rate	23.3	23.9	21.9	23.4	22.1	25.2
<b>Escherichia coli</b>						
Sunderland number	276	285	289	311	238	251
Sunderland rate	99.7	102.8	104.1	111.8	85.7	90.3
England rate	73.6	73.8	77.2	76.8	65.1	67.1
<b>Pseudomonas aeruginosa</b>						
Sunderland number	-	34	29	22	17	29
Sunderland rate	-	12.3	10.5	7.9	6.1	10.4
England rate	-	7.7	7.5	7.7	7.6	7.7
<b>Klebsiella spp</b>						
Sunderland number		76	67	79	74	74
Sunderland rate		27.4	24.1	28.4	26.6	26.6
England rate		17.6	19.1	19.6	19.7	20.2

Source: [MRSA, MSSA and Gram-negative bacteraemia and CDI: annual report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108444/MRSA_MSSA_and_Gram-negative_bacteraemia_and_CDI_annual_report_2016-17_to_2021-22.pdf)

## 7.2 Sexually Transmitted Infections

More than 30 different bacteria, viruses and parasites are known to be transmitted through sexual contact. Some sexually transmitted infections (STIs) can also be transmitted from mother-to-child during pregnancy, childbirth and breastfeeding. STIs can have a significant impact on sexual and reproductive health. The majority of STIs are caused by eight pathogens (syphilis, gonorrhoea, chlamydia, hepatitis B, herpes simplex virus (HSV), HIV and human papillomavirus (HPV)).

The UKHSA collects and collates anonymised information from genito-urinary medicine and sexual health clinics on the number of sexually transmitted infections, sexual health screening tests and treatments; it also produces and publishes a national annual report on STIs. Accompanying local data is published in the Sexual and Reproductive Health Profiles.

The Sexual and Reproductive Health Profiles for Sunderland can be found here [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data-reports/sexual-reproductive-health-profiles). The position in Sunderland for 2022 is as follows:

- The rate of new STI diagnoses (excluding chlamydia in those aged under 25) is lower than the regional and England average, 344 per 100,000 compared to 368 and 496 (Table 8).
- Syphilis, Gonorrhoea and Chlamydia detection rates were lower than the regional and England averages (Table 8).
- STI testing rate per 100,000 (excluding chlamydia aged under 25) was lower than both the regional and England average, 1,307 compared to 2,419 for the region and 3,856 for England (Table 8).
- The proportion of 15-24 year olds who were screened for chlamydia was 11.4%, lower than both the regional and England average of 15.5% and 15.2% respectively (Table 8).

Table 8 Sexual and Reproductive Health Profiles for Sunderland in 2022

Indicator	Period	Sunderland		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate per 100,000	2022	→	19	6.9	14.8	15.4	143.3		0.0
Gonorrhoea diagnostic rate per 100,000	2022	→	211	77	118	146	1,220		21
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2022	→	274	1,854	2,375	2,110	371		6,544
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2022	↓	140	933	1,260	1,112	300		3,581
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2022	→	523	1,756	1,897	1,680	362		5,348
Chlamydia proportion aged 15 to 24 screened	2022	↓	3,409	11.4%	15.5%	15.2%	5.2%		39.7%
Chlamydia diagnostic rate per 100,000	2022	→	781	285	336	352	78		1,609
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2022	→	255	128	155	217	1,353		50
Genital warts diagnostic rate per 100,000	2022	↓	92	33.6	33.7	46.1	151.1		13.8
Genital herpes diagnosis rate per 100,000	2022	↓	83	30.3	38.7	44.1	149.5		9.7
Mycoplasma genitalium diagnostic rate per 100,000	2022	—	110	40.1	11.3*	12.8*	0.6		90.0
Trichomoniasis diagnostic rate per 100,000	2022	→	34	12.4	5.3*	13.1*	0.5		109.1
All new STI diagnoses rate per 100,000	2022	↓	1,469	536	592	694	245		3,574
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	-	344	368	496	3,155		142
STI testing rate (exclude chlamydia aged under 25) per 100,000	2022	↓	3,584	1,307.0	2,419.1	3,856.1	647.0		20,091.2
STI testing positivity (excluding chlamydia aged under 25)	2022	→	390	10.9%	8.6%	7.6%	3.0%		16.8%
Sexually transmitted Shigella spp. per 100,000 adult male population	2022	→	0	0.0	0.8	6.0	83.7		0.0

Data source [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk).

## 8 Control

The control of infectious diseases is an important part of health protection to reduce transmission in the population and to protect health. The UKHSA HPTs lead in responding to infectious disease incidents and outbreaks. Implementation of measures such as exclusions and prophylaxis can help to prevent transmission of infectious diseases. The North East HPT responds to health protection issues 24 hours a day to protect the population.

### 8.1 Tuberculosis

Tuberculosis (TB) is a bacterial infection that is transmitted via respiratory droplet spread, although prolonged exposure is usually required. TB is a disease most commonly associated with deprivation with the incidence among the most deprived quintile of North East residents (4.9 per 100,000) almost five times higher than least deprived quintile (1.1 per 100,000). The average annual rate of TB in Sunderland between 2018 and 2022 was 2.6 cases per 100,000, lower than the regional average of 3.5. There was an average of 7 cases per year (Table 9).

Management of TB cases is carried out by TB teams based within acute Trusts, which is commissioned by the ICB. The HPT take the lead for incident management in situations such as outbreaks or cases in settings such as schools. Treatment of pulmonary TB is often long and complex and requires regular assessment given that treatment can have side effects. The provision of a TB service varies across the region and the service in Sunderland is currently in a situation of change. There are currently gaps in the TB service in Sunderland, it is important to have a robust TB service in place to be able to deal with complex situations. The system in Sunderland, and regionally, requires strengthening to ensure resilience of provision against national standards and the flexibility to be able to scale up the response as needed.

Table 9 Three-year average number and rate of TB cases by local authority (2018 to 2020) for the North East

Local authority	2018-2020 average case number	Average annual rate per 100,000 2018-2020 (95% CI)
County Durham	10	1.9 (1.3-2.7)
Darlington	5	5.0 (2.9-8.1)
Gateshead	7	3.6 (2.3-5.5)
Hartlepool	3	3.6 (1.7-6.6)
Middlesbrough	13	9.5 (6.8-12.9)
Newcastle upon Tyne	27	8.9 (7.1-11.1)
North Tyneside	5	2.2 (1.2-3.8)
Northumberland	3	0.8 (0.4-1.6)
Redcar and Cleveland	2	1.7 (0.7-3.5)
South Tyneside	5	3.1 (1.7-5.2)
Stockton-on-Tees	6	3.0 (1.8-4.0)
<b>Sunderland</b>	<b>7</b>	<b>2.6 (1.7-4.0)</b>
North East	94	3.5 (3.1-4.0)

Data source [Tuberculosis in England: 2021 report \(publishing.service.gov.uk\)](#)

## 8.2 Measles

Measles is a highly contagious viral disease that can be contracted at any age, and that can spread widely. It is a serious disease that can lead to complications such as pneumonia. In England in 2023 there has been an increase in confirmed measles cases with 141 cases reported from January to July, compared 54 cases in 2022. Most cases were in London, with all regions reporting at least one case [Measles epidemiology 2023 - GOV.UK \(www.gov.uk\)](#).

Although there have been no reported cases in Sunderland, when measles is circulating in England there is a risk of transmission to any area given the high transmissibility of measles and mobile population. It is therefore of concern that uptake of MMR in children at 5 years has started to decline in recent years and in 2022/23 uptake of the second dose of MMR at 5 years has fallen below the 95% threshold required for herd immunity, at 92.8%. A multi agency task group has been convened to address this reduction in uptake and NHS England and Improvement is undertaking further data analysis to better understand inequalities in uptake at a more granular (neighbourhood) level.

## 8.3 COVID-19

COVID-19 is an infectious disease caused by the SARS-CoV2 virus. Widespread vaccination has allowed us to live with COVID-19. Most people experience mild to moderate respiratory illness and recover without requiring treatment. However, some people still remain more vulnerable to severe illness, and this in turn can lead to increased pressures on the NHS over the winter months. There is also risk of new variants emerging. Attaining high vaccination uptake in at risk groups remains a high priority.

The UKHSA launched a new winter COVID-19 infection study in October 2023, which has objectives to carry out 32,000 lateral flow device (LFD) tests each week between November 2023 to March 2023. This will provide insight into the level of COVID-19 circulating during the winter [UKHSA and ONS launch new Winter COVID-19 Infection Study - GOV.UK \(www.gov.uk\)](#).

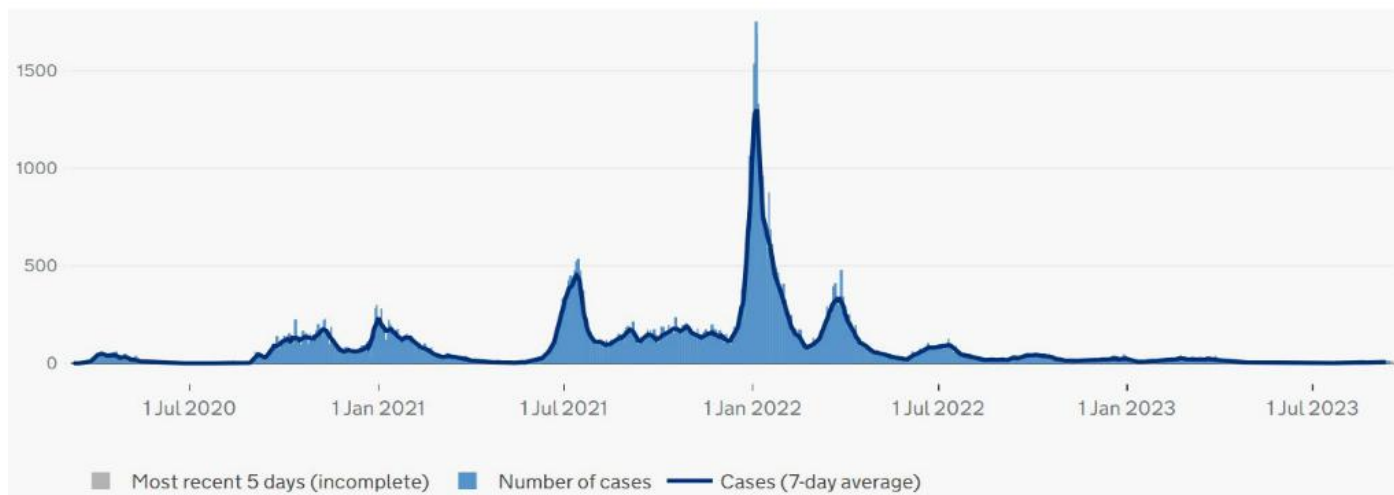
Long term forecasting for COVID-19 indicates that the next small peak will be in early January 2024. Population immunity is estimated to remain at 95%, which indicates that there is an endemic equilibrium with seasonal fluctuations in prevalence estimated between 0.3% and 1.3% over the

next year [Long-term forecasting of the COVID-19 epidemic - Dynamic Causal Modelling, UCL, UK](#).

The position in Sunderland for COVID-19 infection is reported on the [UKHSA data dashboard](#) and described below (as of 30 September 2023):

- There have been 110,088 cases since the beginning of the pandemic.
- There have been 1,274 deaths with COVID-19 recorded on the death certificate since the beginning of the pandemic.
- There have been 2,227,641 tests (PCR and LFD) reported for Sunderland residents.
- There have been 10,022 patients admitted to STSFT hospitals with COVID-19.

Figure 4 Number of cases of COVID-19 in Sunderland by specimen date



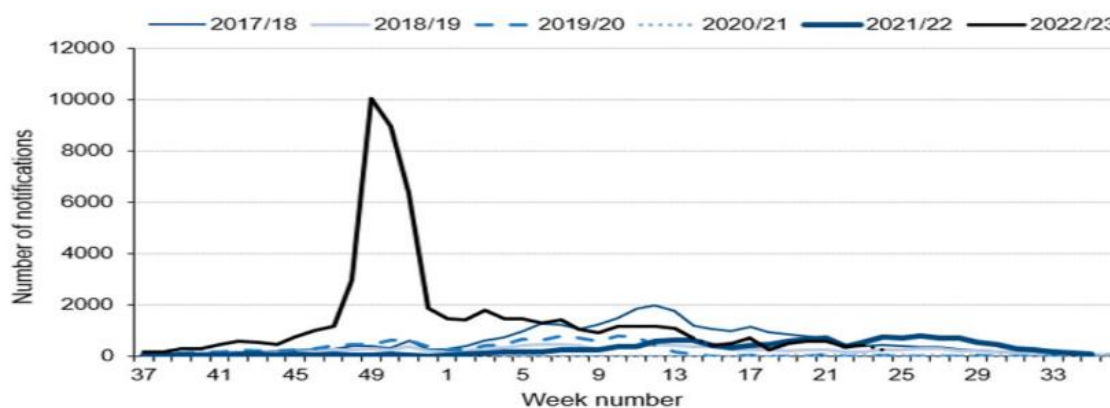
Data source [Cases in Sunderland | Coronavirus in the UK \(data.gov.uk\)](#)

#### 8.4 Group A Streptococcus

Group A Streptococcus (GAS) is a bacterium that can be found on the skin, nose and throat, usually without symptoms. GAS can cause localised infections such as soft tissue infections, strep throat and scarlet fever. Rarely it can cause invasive infections such as septicaemia.

Nationally, there was an exceptionally high level of notifications of scarlet fever in winter 2022 (Figure 5). This was seen Sunderland with 111 cases notified in quarter 4 of 2022 compared to 8 for the same time period of 2021. During this time there was a coordinated effort across the health system to communicate important information to parents, childcare and education settings and health professionals. This information was important to ensure those who needed assessment were assessed and to elevate the pressure on the health system and to help reduce transmission.

Figure 5 Weekly scarlet fever notifications in England, by season, 2017/18 onwards



Data source [Group A streptococcal infections: 15th update on seasonal activity in England - GOV.UK \(www.gov.uk\)](#)

## Inequalities Associated with Infectious Diseases

Many infectious diseases disproportionately affect people living in areas of deprivation. Individuals experiencing poor health from chronic diseases are more vulnerable to developing infections often with more severe outcomes than those without chronic diseases. This was recently illustrated with COVID-19 during the pandemic. Improving health equity will help to reduce the inequalities associated with the burden of infectious diseases. Additionally, reducing disparity in immunisation uptake will help reduce the disproportionate burden seen for some infectious diseases.

## 9 Emergency Preparedness, Resilience and Response

Local health protection arrangements must plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terror attack.

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Planning takes place at regional and local levels as follows:

- The Local Resilience Forum (LRF)
- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.
- UKHSA co-ordinates the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
- The Sunderland Resilience Group brings together partners across Sunderland to prepare for both planned and unexpected events. The group ensures that Sunderland is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations.

The Executive Director of Health, Housing and Communities is trained to chair the Scientific and Technical Advice Cell (STAC) which could be convened by the UKHSA to co-ordinate such advice in the event of an emergency incident.

There is a continued effort to ensure that all Sunderland partners are ready to respond to potential threats. To support these efforts a multi-agency national power outage and a multi-agency Cryptosporidium water contamination exercise occurred in March 2023. To provide assurance that EPRR arrangements are in place and effective EPRR is a standing agenda item at the Sunderland HPB, this includes hot weather and winter planning.

## 10 Air Quality

Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society, children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often less affluent areas.

The Environment Act 1995 requires the Council to review and assess the air quality in Sunderland and to determine whether or not national the Air Quality Objectives (see below) are likely to be achieved. The Air Quality Annual Statistics Report for Sunderland in 2023 can be found [here](#).

Air Quality in Sunderland is good. The Air Quality Objectives are being met across the City and there has been a general decline in the pollutants measured. There were no Air Quality Management Areas declared.

### **11 Health protection in relation to vulnerable groups**

Screening and immunisation uptake is generally lower in vulnerable groups such as socioeconomically disadvantaged populations, people from marginalised and excluded groups including asylum seekers and refugees, individuals with learning disabilities and individuals from black and minority ethnic groups ([National Immunisation Programme: health equity audit \(publishing.service.gov.uk\)](#)). Often individuals in these groups can have complex health needs, which adds to the importance of addressing these inequalities. Achieving equity in screening and immunisation is an important way to address health inequity and it is important that partners work together to try and achieve this.

To assist the response of the health system in supporting refugees and asylum seekers and other vulnerable groups a Vulnerable Groups (health subgroup) has been established, bringing partners from across the health system together to ensure support is coordinated and in line with current guidance.

### **12 Health Protection Board Audit**

In September 2022 the Sunderland HPB was selected for internal audit. The audit was carried out by an external agency. The findings of the audit gave substantial assurance regarding the arrangements in place for the HPB. The audit concluded that governance arrangements were in place to ensure the HPB operated effectively.

### **13 Summary**

This report has set out an overview of health protection arrangements and relevant activity across the City of Sunderland during 2022/23 including:

- Setting out the broad scope of health protection arrangements covering prevention, surveillance and control;
- Setting out the many and varied mechanisms for seeking and gaining assurance about health protection issues in Sunderland;
- Providing a description of services and activities available to protect the health of Sunderland's population; and
- Providing a summary of key supporting data.

Overall, the Executive Director of Health, Housing and Communities is satisfied that the health protection assurance arrangements in Sunderland are appropriate and effective in dealing with the various aspects of health protection. It is acknowledged that work is ongoing, led by the NHS, to improve the resilience of TB services both in Sunderland and across North East and North Cumbria ICB, which it is hoped will give greater assurance regarding TB service resilience and capacity to respond to outbreak or complex situations which may arise. There are also still some gaps in available data for understanding health inequalities in screening and immunisation. Improving availability of data will enable a better understanding of where to focus efforts to address inequalities.

The Executive Director of Health, Housing and Communities will keep the health protection assurance arrangements under review and will seek to make improvements as and when necessary.

## 14 Forward planning for 2023/24

To continue to strengthen and improve health protection services across Sunderland the following key areas will be a focus for 2023/24:

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

## 15 Appendix 1 Sunderland Health Protection Board Terms of Reference

### Sunderland City Council Health Protection Board Terms of Reference

#### 1. Purpose

- 1.1. Sunderland Health Protection Board (HPB) aims to enable the Executive Director of Health, Housing and Communities to fulfil the statutory role in assuring the Council and the Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.
- 1.2. The HPB will focus on facilitating the Executive Director of Health, Housing and Communities statutory oversight and assurance role for health protection.
- 1.3. The HPB will provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.
- 1.4. The HPB will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Sunderland, ensuring they are acting jointly and effectively to protect the population's health.
- 1.5. The HPB through the Executive Director of Health, Housing and Communities will provide assurance to the Health and Wellbeing Board that there are safe and effective plans in place to protect population health including:
  - Communicable disease management and control, including outbreak management
  - Infection prevention and control
  - Healthcare associated infections
  - Emergency preparedness resilience and response related to health
  - Environmental health and quality that impact on public health
  - Screening programmes (adult and children, cancer and non-cancer)
  - Immunisation programmes (adult and children)
  - Adverse weather impact on health especially on vulnerable people/communities

#### 2. Objectives

The objectives of the Board are to:



- 2.1. Provide assurance to the Executive Director of Health, Housing and Communities that plans are in place to protect the population's health (mandated function, Health and Social Care Act 2012);
- 2.2. Co-ordinate public health input to Council plans and policies relevant to health protection, for example pandemic planning and air quality;
- 2.3. Ensure a system is in place to alert the Executive Director of Health, Housing and Communities to any issues and provide an appropriate response;
- 2.4. Provide updates to the Sunderland Health and Wellbeing Board when appropriate;
- 2.5. To strengthen the health protection aspects of emergency preparedness and response to a new threat and ensuring consideration is given to vulnerable and complex populations and settings;
- 2.6. Seek to improve population health and wellbeing in the context of health protection, advising the local system on areas for improvement and where health inequalities should be addressed;
- 2.7. Reflect on local incidents and outbreaks, securing assurance that lessons are learned and actions arising from them are implemented;
- 2.8. Oversee preparation of the annual health protection assurance report;
- 2.9. To support the Executive Director of Health, Housing and Communities in providing information for the purposes of Scrutiny on any health protection related matter; and
- 2.10. To receive reports on any other issue that would enable the Executive Director of Health, Housing and Communities to undertake their assurance role in relation to health protection.

### **3. Membership**

- 3.1. There will be a core membership group, which is outlined in Appendix A. Core members are expected to attend every meeting.
- 3.2. If a core member is unavailable a designated deputy should attend on their behalf.
- 3.3. Membership will be reviewed regularly and amended as agreed by the Chair and the Board.

### **4. Frequency of Meetings**

- 4.1. The HPB will meet quarterly, and at other times as required by the Executive Director of Health, Housing and Communities.

### **5. Chair**

- 5.1. Meetings will be chaired by the Executive Director of Health, Housing and Communities, or their appointed deputy.

- 5.2. Minutes will be produced by the administrative team of the Executive Director of Health, Housing and Communities. Meeting papers will be circulated ahead of meetings, with minutes also circulated in a timely fashion to Board members following each meeting.

## **6. Quorate**

- 6.1. Attendance of at least half of core members (or deputies), alongside the Chair or their appointed deputy, will mean the HPB is quorate.
- 6.2. If a named member cannot attend a designated deputy should attend, with agreement from the Chair.

## **7. Reporting arrangements**

- 7.1. The group, through the Executive Director of Health, Housing and Communities, will produce an annual assurance report to the Health and Wellbeing Board.

## **8. Communication of information/decisions to partners**

- 8.1. Representatives from each partner organisation are responsible for dissemination of any relevant information within their team.

## **9. Review**

- 9.1. Terms of Reference will be fully reviewed at least once a year. Next review by July 2024.

## **10. Confidentiality and information sharing**

- 10.1. Members will not disclose information or written material (e.g. agendas, action notes, discussion papers or other documents) unless permitted by the Chair. Data shared must not be distributed in public domains unless permission obtained.

## **11. Standing Agenda Items**

- Attendance and apologies
- Minutes from previous meeting
- Action log
- Immunisation (biannually)
- Screening (biannually)
- Emergency planning (biannually)
- Care home IPC (quarterly)
- Care home CQC ratings (biannually)
- Partner updates (quarterly)
- Communications (quarterly)
- Outbreaks and incidents (quarterly)
- Influenza and COVID-19 immunisation (in line with national programmes)
- Any other business

## **12. Example of types of issues to be discussed by the Board will include:**

- 12.1. Communicable diseases
- 12.2. Infection prevention and control in care settings
- 12.3. Health care associated infections
- 12.4. Screening and immunisation
- 12.5. Environmental hazards (air quality, adverse weather)
- 12.6. Outbreaks and incidents
- 12.7. Emergency planning and preparedness

### 13. Appendix A HPB core membership

<b>Title</b>	<b>Organisation</b>
Executive Director Health, Housing and Communities <b>Chair</b>	Sunderland City Council (SCC)
Public Health Consultant	SCC
Senior Communications Officer	SCC
Deputy Chief Operating Officer - Sunderland Care and Support Ltd and Head of Commissioning and Market Oversight	SCC
Environmental Health, Trading Standards and Licensing Manager	SCC
Public Health Lead Health Protection	SCC
Assistant Director of Business and Property Services	SCC
Clinical Lead	NENC Integrated Care Board (ICB) Sunderland
Head of Quality and Patient Safety	NENC ICB Sunderland
Head of Primary Care	NENC ICB Sunderland
Consultant in Health Protection	UKHSA
Executive Medical Director	South Tyneside and Sunderland Foundation Trust
Director of Education	Together for Children
Associate Director/ Head of IPC	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Service Manager Sunderland 0-19 Service	Harrogate and District NHS Foundation Trust
Public Health Programmes Coordinator (Locality Immunisation Lead)	NHS England and NHS Improvement
Public Health Programmes Coordinator (Locality Screening Lead)	NHS England and NHS Improvement



**SUNDERLAND HEALTH AND WELLBEING BOARD**

**7 December 2023**

**SUNDERLAND PLACE COMMITTEE ASSURANCE UPDATE**

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

**1.0 Purpose of the Report**

- 1.1 To provide assurances to the Health and Wellbeing Board that the Sunderland Place Committee continues to function in a way that supports effective integration of health and care, as set out in the Sunderland Place Plan, Sunderland Healthy City Plan and Integrated Care Strategy (Better Health and Wellbeing for All).

**2.0 Background**

- 2.1 In-line with the changes brought about under the Health and Care Act (2022), and accompanying [guidance](#) on the development of place-based partnerships within the statutory integrated care system, the North-East and North Cumbria Integrated Care Board (NENC ICB) established a formal Sunderland-based sub-committee in May 2023. This sub-committee arrangement was formalised to enable health and care decision-making at place-level, and to support improved integration of care with Local Authority and wider statutory partners.
- 2.2 The Sunderland Place Committee meets monthly in-common, with a Partnership Board that oversees all joint commissioning arrangements between the ICB and Sunderland City Council. Such arrangements are typically managed via local Section 75 partnership arrangements that enable the delegation and/or joint exercising of specific NHS and Local Authority health-related functions, in instances where such arrangements effectively secure improved health and care outcomes for residents.
- 2.3 The Health and Wellbeing Board have a statutory role in instilling the mechanisms for joint working, and improving the wellbeing of their local population. As such, regular assurance is provided to the Health and Wellbeing Board (HWB), that the Sunderland Place Committee and Partnership Board (in-common), continues to support this responsibility, through the effective coordination and provision of services that support local needs and the ambitions as set out within in the Healthy City Plan, Place Plan and Integrated Care Strategy.

**3.0 Place Committee Assurance for October and November 2023**

- 3.1 The below table provides an overview of business discussed and decided at the Sunderland Place Committee between October and November 2023.

3.2 A summary of the Sunderland Place Committee and Partnership Board (SPCPB) business covering October to November 2023, has been summarised in table 1.1 below for reference.

Ref	Item	Place Plan Priority	Item for decision	Item for discussion	Impact/Output
1	Director of Public Health Annual Report 2022/23: Commercial Determinants (October 2023)	<b>Priority 5</b> (System Enablers)	No	Yes	The SPCPB supported the recommendations within the report and agreed to further consider how some recommendations could be executed via SPCPB arrangements, with specific linkages to addressing the commercial determinants of key clinical domains within the Sunderland Place Plan.
2	Winter Planning and Vaccination Programme (October 2023)	<b>Priority 2</b> (Supporting People to Live and Age Well)	Yes	Yes	The SPCPN received and notes the winter vaccination plan and received and supported the proposed Winter Plan for 2023/24, which included funding to support the development of a transition from hospital service. Specific concerns were raised regarding the availability of COVID-19 vaccines and the uptake of vaccinations within the health and care workforce. It was agreed to highlight concerns within Place Committee highlight report to the ICB Executive Committee.
3	All Together Better Assurance Report (October 2023)	<b>Priorities 1-4</b>	Yes	Yes	An assurance report was circulated, including specific updates on proposed changes to the community integrated teams contracts; changes to the clinical model for Integrated Urgent Treatment Centre and GP Out-of-Hours; as well as a proposed business case for the development of a women's health hub. All proposals were endorsed for recommendation to the ICB Executive.
4	Children's Collaborative Update (October 2023)	<b>Priority 3</b> (Best Start in Life) <b>Priority 5</b> (System Enablers)		Yes	An update on the progress of the emerging Children's Collaborative, including the roll-out of a commissioning programme to support the development of the collaborative, and the appointment of a fixed-term System's Change Lead.
5	Place Based Assurance Framework (October 2023)	<b>Priority 5</b> (System Enablers)	Yes		The proposed framework for Place Committee Assurance was presented, which will include specific consideration of the implementation of the Place Plan policy objectives for tackling inequalities and supporting a shift toward increased prevention. A formal report to come back for agreement in December 2023, which will include regular reporting into the HWB

6	Section 75 Call for Evidence (October 2023)	<b>Priority 5</b> (System Enablers)	Yes		The Place Committee agreed a consensus response to the Department of Health and Social Care's, 'Call for Evidence', regarding section 75 partnership arrangements. This included discussion on the ability of such arrangements to deliver a positive population impact through more effective joint commissioning, and the potential opportunity for furthering joint ambitions through strengthened section 75 arrangements that would be overseen by the Place Committee and Partnership Board. This could include harnessing anticipated flexibilities to widen the scope and eligible delegated functions within section 75s, that are being considered nationally. The HWB may wish to consider how changes to legislation, in this regard, could shape the future direction of the Place Committee and Partnership Board, in overseeing more ambitious joint delegations and exercising of NHS and LA functions.
7	Sunderland Place Finance Report and Efficiency Update (Oct/Nov 2023)	<b>Priority 5:</b> (System Enablers)		Yes	Update on current financial position and confirmation that the ICB was on track to deliver the Mental Health Investment Standard.
8	Adult Social Care CQC Assurance Briefing (November 2023)	<b>Priority 5:</b> (System Enablers)		Yes	Briefing on incoming CQC inspection regime for adult social care.
9	System-Wide Efficiencies (November)	<b>Priority 5:</b> (System Enablers)	Yes		Proposal to explore a system-wide view of efficiencies to support improved integration and mitigate system impact of organisational efficiency programmes.
10	Procurement of an Integrated Podiatry Service (November)	<b>Priority 1:</b> (Primary and Community Care Integration)	Yes		Commercially Sensitive

11	Proposal for new End of Life Service (November)	<b>Priority 2:</b> (Living and Ageing Well)	Yes		Commercially Sensitive
12	Better Care Fund and Section 75 (Oct/November)	<b>Priority 1</b> (Primary and Community Care Integration) and <b>Priority 5</b> (Critical System Enablers)	Yes		SPCPB agreed to undertake a system-level strategic review of the BCF and Section 75 (s75) arrangement, in order to ensure the Sunderland BCF and s75 continued to deliver a positive impact on local health and care outcomes and to identify opportunities for future integration, transformation and efficiency.

*Table 1.1. Summary of Sunderland Place Committee and Partnership Board business (October to November 2023)*

3.3 In addition to the October and November 2023 meetings, the Sunderland Place Committee participated in the first of the ICB's oversight and assurance meetings at place-level in November 2023. The meeting included a review of the Place Committee arrangements, with specific consideration given to how well the committee was able to enact its responsibilities as a formal sub-committee of the ICB. The Place Committee is awaiting a formal letter from the ICB noting the outcome of the assurance meeting which will be shared with the HWB in the March 2024, assurance report.

## 4.0 Recommendations

4.1 The Health and Wellbeing Board is recommended to:

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



**SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23**

**Report of Vanessa Bainbridge, Independent Chair, Sunderland Safeguarding Adults Board**

**1.0 Purpose of the Report**

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

**2.0 Background**

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

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

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

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

### **3.0 Contribution to delivering the Healthy City Plan**

- 3.1 The activity of the SSAB supports the delivery of the Healthy City Plan. In particular, it supports continued partnership working across the SSAB's statutory partners of health, social care and police, along with a range of wider key partners such as housing, voluntary sector and commissioned services, e.g., advocacy, to support adults at risk of abuse and/or neglect to live safe, fulfilling lives as independently as possible. This supports the meeting of the Healthy City Plan statements of: *"High quality support and social care that enables those who need it to live the life they want to lead"* and *"Reduced health inequalities enabling more people to live healthier longer lives"*.

### **4.0 Recommendation**

- 4.1 The Health and Wellbeing Board is recommended to:
- Note and comment on the content of the Safeguarding Adults Board Annual Report 2022-23.



# Sunderland Safeguarding Adults Board: Annual Report 2022 - 2023

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*Foreword: Vanessa Bainbridge, SSAB Independent Chair*

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

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

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

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

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

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

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

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

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

I recommend this Annual Report to Sunderland Safeguarding Adults Board.

## Sunderland Safeguarding Adults Board



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

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

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

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

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

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

## Our Vision



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

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

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

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## Strategic Delivery Plan



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

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

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

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

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

## Progress and Achievements



### Prevention

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



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

## Local Areas of Risk

### Self-Neglect

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

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

### Mental Capacity

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

### Homelessness

- SSAB Terms of Reference now includes reference to homelessness.

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

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

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

### **Domestic Abuse**

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

### **Suicide Prevention**

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

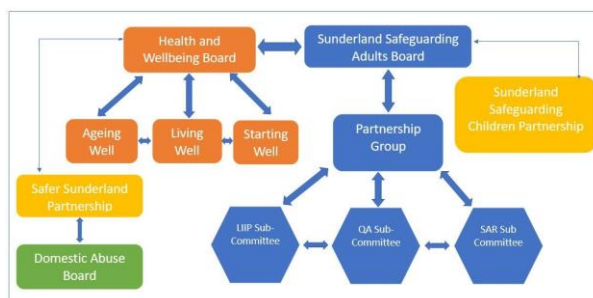
- The Suicide Prevention Action Group (SPAG) has continued to operate, widening its membership to ensure there is appropriate partnership representation. The decision to recruit a full time equivalent Public Health Practitioner post dedicated to Mental Health has provided capacity within the system to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

## The Work of SSAB and its Sub-Committees



### Governance

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



## Quality Assurance

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

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

### Safeguarding Adults Reviews

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

### Learning and Improvement in Practice

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

### Training

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

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

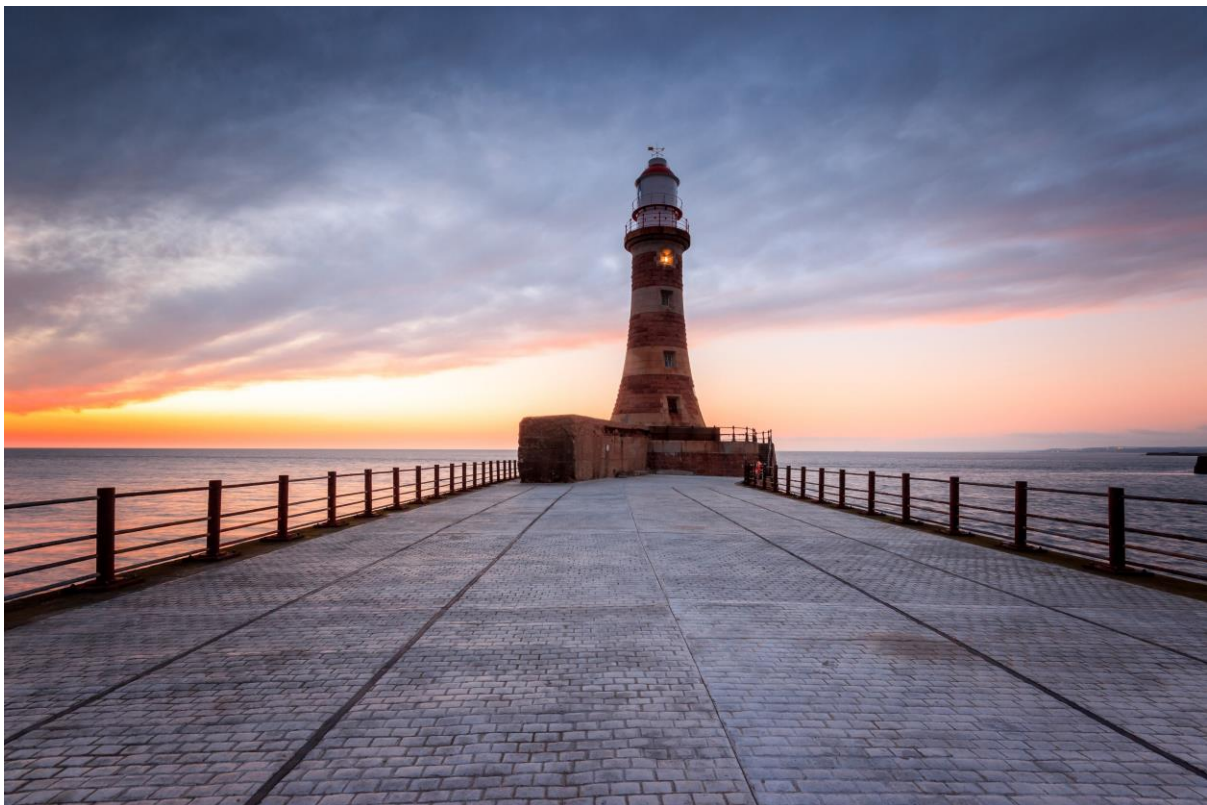
In partnership with Sunderland Safeguarding Children Partnership and South Tyneside Safeguarding Children and Adults Partnership, SSAB continues to provide a range of safeguarding e-learning courses to organisations working with adults and children in Sunderland, including the following which are aligned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

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



1 - Click to enlarge

## Statutory Partners' Contribution to Safeguarding



## Key Achievements

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

### **South Tyneside and Sunderland NHS Foundation Trust (STSFT)**

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

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

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

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

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

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

## **Northumbria Police**

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

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

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

## **Sunderland City Council**



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

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

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

#### **Good Practice**

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

#### **South Tyneside and Sunderland NHS Foundation Trust (STSFT)**

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

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

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

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

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

### **Northumbria Police**

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

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

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

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

### **Sunderland City Council**

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

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### **Case Study**

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

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

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

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

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

## Case Study

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

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

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

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

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

### *Working with Partners*

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

### **South Tyneside and Sunderland NHS Foundation Trust (STSFT)**

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

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

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

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

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

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

## **Northumbria Police**

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

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

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

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

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

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

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

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

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

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

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

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### **Sunderland City Council**

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

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

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

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

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

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

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

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



- *Following a GP home visit, CC has been referred to the Mental Health Team for further assessment*
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*CC advised it is going to take a while to get used to this way of living, but he intends to stick to it.*

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### Making Safeguarding Personal

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

### South Tyneside and Sunderland NHS Foundation Trust (STSFT)

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



2 - STSFT's Domestic Abuse stall



3 - What's your red flag?

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

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

### Northumbria Police

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

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### Case Studies

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

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

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

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

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

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

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## **Sunderland City Council**

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

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### **Case Study**

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

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

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

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

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

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

### Case Study

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

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

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

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

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

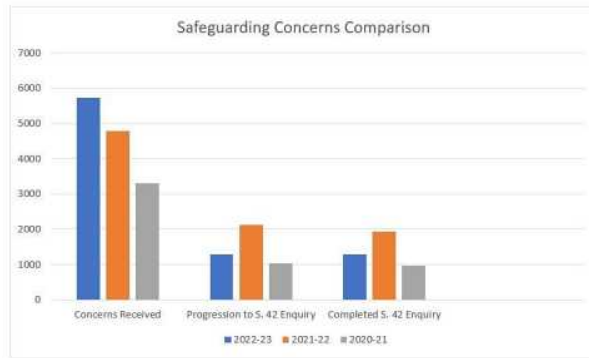
## 2022 - 23 In Figures



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

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

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



4 - Click to enlarge



### Desired Outcomes

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



### Primary Support Reason

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



### **Mental Capacity**

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



### **Main Location of Abuse**

Individuals' own homes: 49%

Residential/nursing home: 32.7%

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

Alleged perpetrator's home: 1.2%



### **Main Categories of Abuse**

Neglect: 29.7%

Physical abuse: 29.2%

Self-neglect: 23.1%

Psychological: 14.5%

Financial: 12.2%



### Age/Gender

Females account for 56% of all concerns raised, with 44.3% of these being aged 75+

Males account for 44% of all concerns raised, with 58.4% of these being aged 18 - 64

### Learning Lessons



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

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



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

Examples:

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

## What Does 2023 - 24 Hold?



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

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

## 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.
- 3.3 It is envisaged the current review of the Health and Wellbeing Board will inform the topics discussed at the Board and supporting Board development sessions. Development sessions will include:
- **March 2024** - Better Care Fund - Policy and Planning Framework
  - **December 2024** - Joint Forward Plan refresh
  - Progress in delivering the Healthy City Plan

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

#### 4.0 Recommendation

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



## Sunderland Health and Wellbeing Board – Forward Plan

(Note: subject to change. Last updated 23.11.23)

<b>7 DECEMBER 2023</b>	<b>14 MARCH 2024</b>
<p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• SSAB Annual Report</li> <li>• Children and Young People Health Related Behaviour Survey Findings – Academic year 2022/23</li> <li>• Sunderland Health Protection Annual Report 2022/23</li> <li>• Pharmaceutical needs assessment</li> <li>• Healthy City Plan performance</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>	<p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• SSCP Annual Report</li> <li>• Sunderland Healthwatch update</li> <li>• Improving access in General Practice</li> <li>• Women’s health</li> <li>• NENC Joint Forward Plan refresh</li> <li>• ICB 2.0 update</li> <li>• Health and Wellbeing Board Review</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>
<b>JUNE 2024 – Date to be confirmed at Annual Council in May 2024</b>	<b>SEPTEMBER 2023 – Date to be confirmed at Annual Council in May 2024</b>
<p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• Healthy City Plan performance</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>	<p><b>Public Meeting</b></p> <ul style="list-style-type: none"> <li>• JSNA refresh</li> <li>• Winter planning and winter vaccinations</li> <li>• Sunderland Health Watch Annual Report</li> <li>• Director of Public Health Annual Report</li> <li>• Sunderland Place Plan Assurance</li> <li>• Sunderland Delivery Boards Assurance</li> </ul>
<p><b>Additional key dates to note for future Board meetings:</b></p> <ul style="list-style-type: none"> <li>• Pharmaceutical needs assessment (PNA) – In place until July 2025</li> <li>• Improving access in General Practice (previous update March 2023)</li> </ul> <p><b>Proposed development sessions:</b></p> <ul style="list-style-type: none"> <li>• <b>March 2024</b> - Better Care Fund - Policy and Planning Framework</li> <li>• <b>December 2024</b> - Joint Forward Plan refresh</li> <li>• Progress in delivering the Healthy City Plan</li> </ul> <p><b>Other potential topics for development sessions:</b></p> <ul style="list-style-type: none"> <li>• Place joint governance arrangements and what tools are appropriate to provide assurance on respective duties, including the PSED.</li> <li>• Social prescribing</li> <li>• Behavioural insights</li> </ul>	

