Sunderland Joint Strategic Needs Assessment 2022-23
September 2022 Review

Contents

1.1 Introduction

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

The findings of the JSNA are based on:

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

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

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

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

1.2 Population profile and demography

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

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

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

1.3 Life expectancy

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

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

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

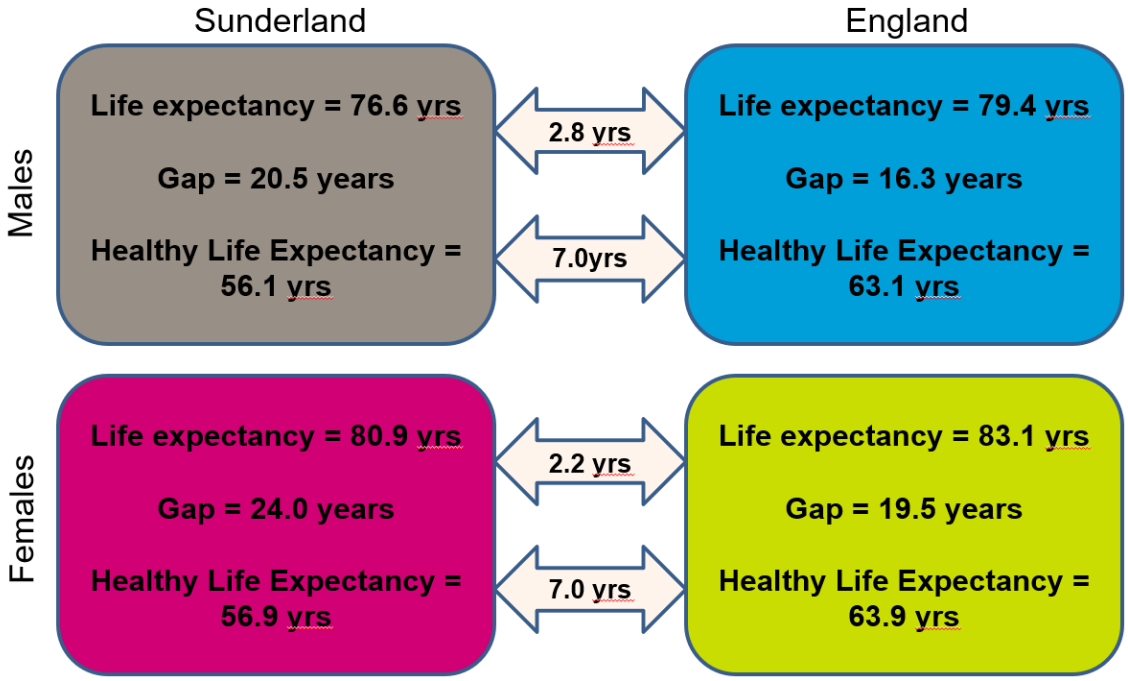


Fig 1: Gaps in Life Expectancy and Healthy Life Expectancy, Sunderland compared to England, 2018-20[8]

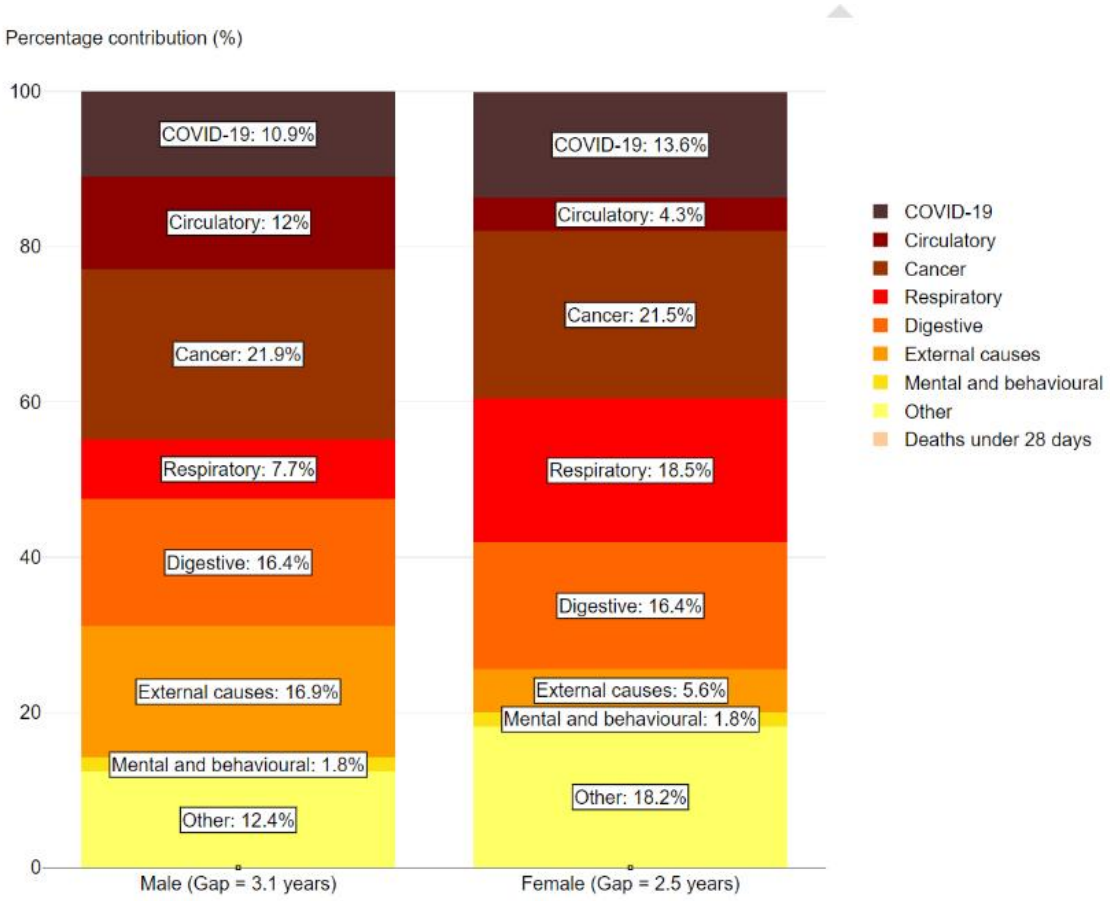
Health inequalities within Sunderland result in significant variations in mortality and life expectancy at birth between wards.

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

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

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

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



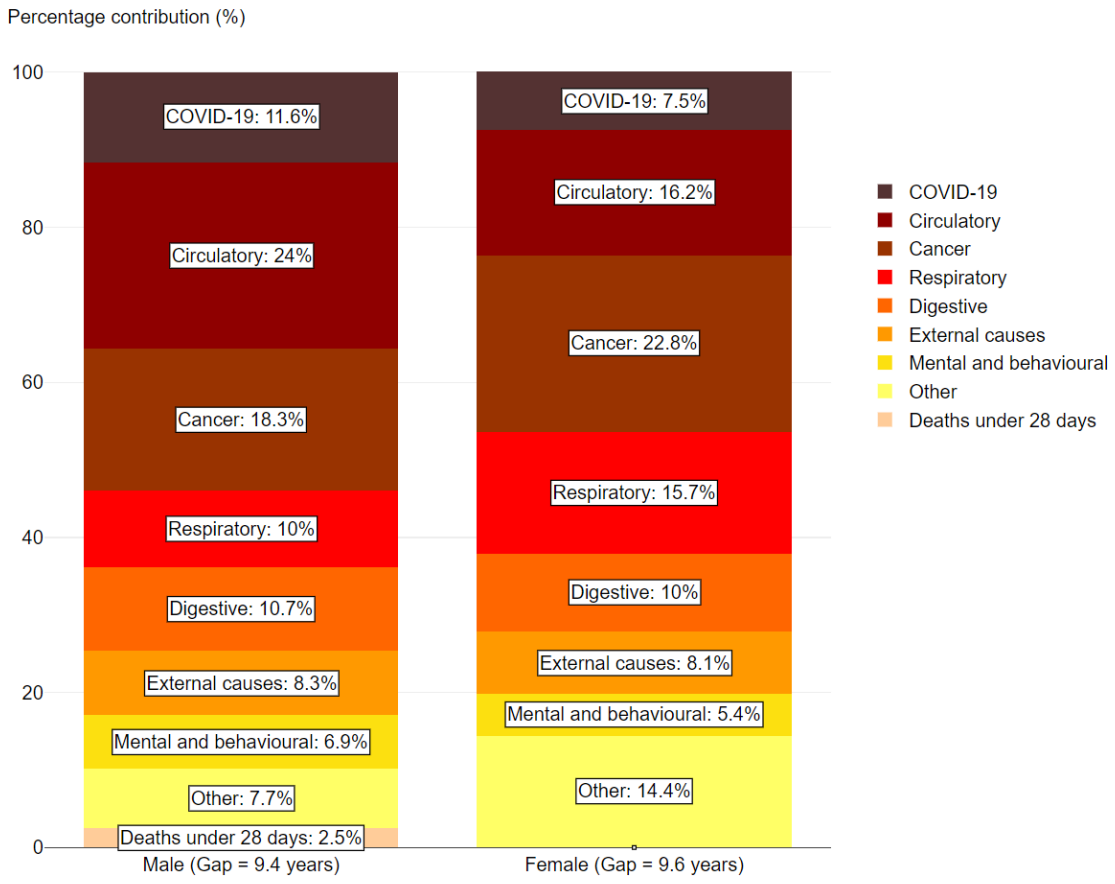
Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates

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

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

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

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



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

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

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

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

1.4 Social Determinants of Health

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

Figure 5: What makes us healthy[12]

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

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

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

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

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

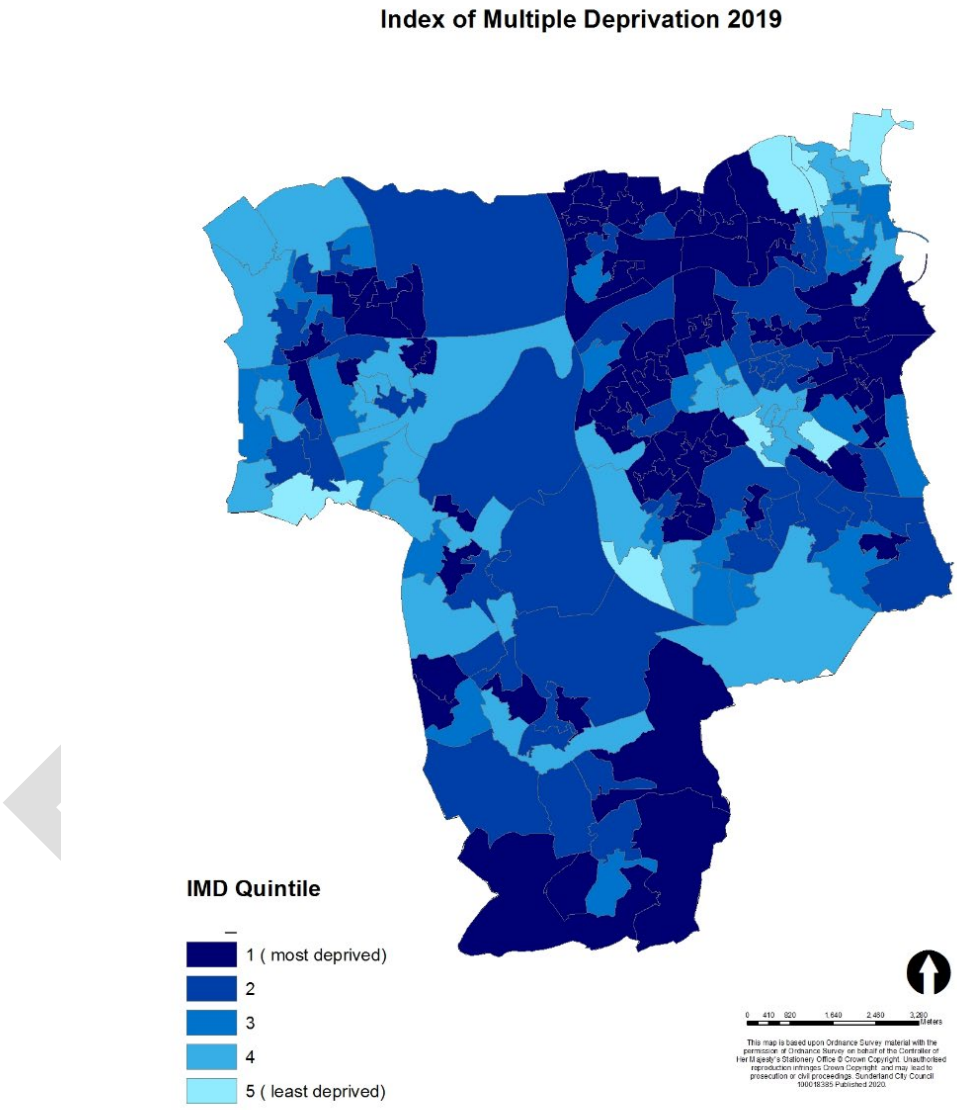


Figure 6: Index of Multiple Deprivation

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

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

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

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

1.4.1 Income

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

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

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

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

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

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

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

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

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

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

Child poverty:

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

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

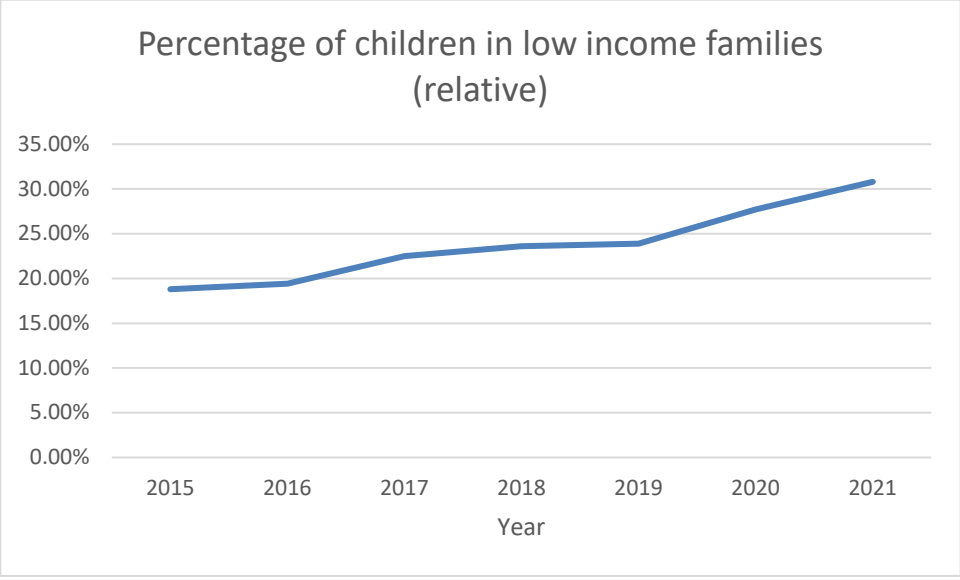


Fig 7: Percentage of children from low income (relative) families in Sunderland[21]

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

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

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

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

Food security

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

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

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

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

Food bank use

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

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

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

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

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

*These projections are calculated using the first quarter returns

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

Free School Meals (FSM)

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

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

Opportunities to improve healthy weight

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

Fuel poverty

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

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

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

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

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

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

Older residents living in poverty

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

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

1.4.2 Education, skills, qualifications

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

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

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

1.4.3 Employment

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

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

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

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

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

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

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

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

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

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

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

1.4.4 Housing

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

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

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

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

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

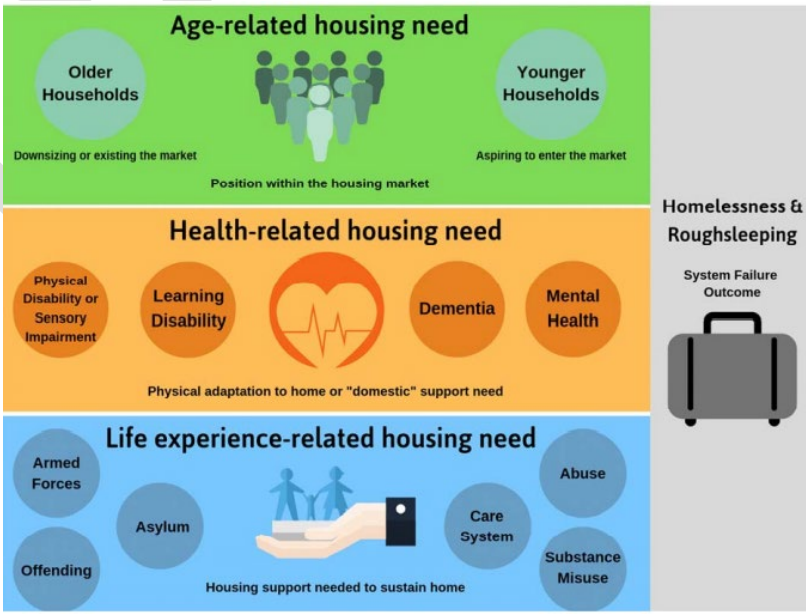


Fig 8: Housing needs of different groups

1.4.5 Homelessness

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

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

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

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

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

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

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

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

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

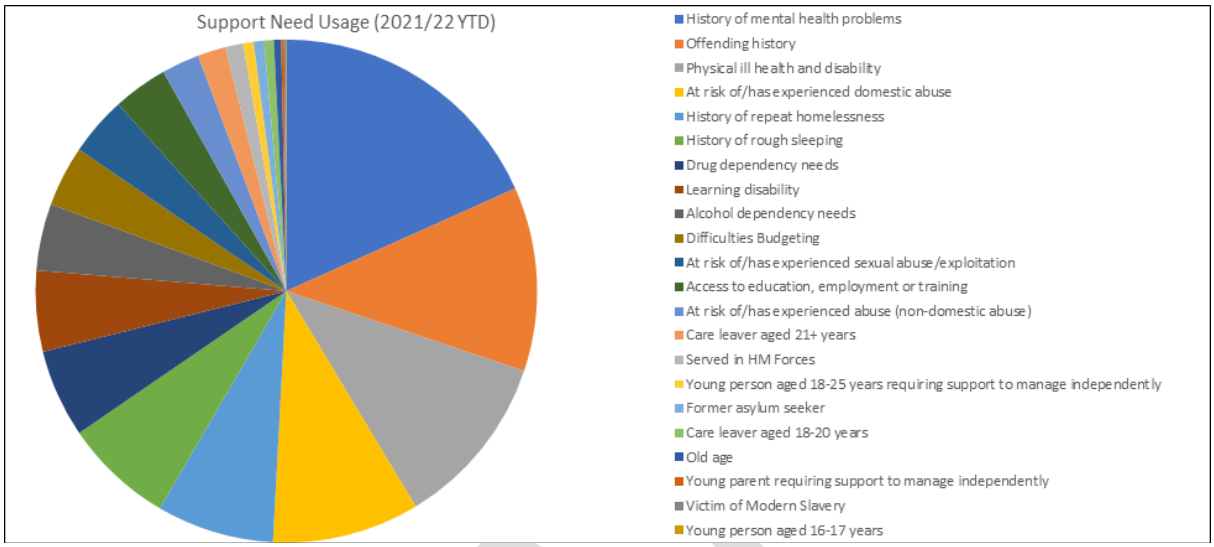


Fig 9: Support Need Usage (2021/22 year to date (YTD))

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

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

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

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

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

1.4.6 Crime

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

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

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

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

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

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

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

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

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

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

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

Further information is available:

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

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

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

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

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

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

1.4.8 A healthy, low carbon and resilient environment

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

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

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

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

Current activity by Sunderland City Council includes the following:

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

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

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

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

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

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

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

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

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

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

1.4.9 Physical Activity

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

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

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

Exercise guidelines are as follows:[74]

Adults aged 19-64 should aim to do:

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

Adults aged 65 and over should aim to do:

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

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

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

Children and young people aged 5 to 18 should:

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

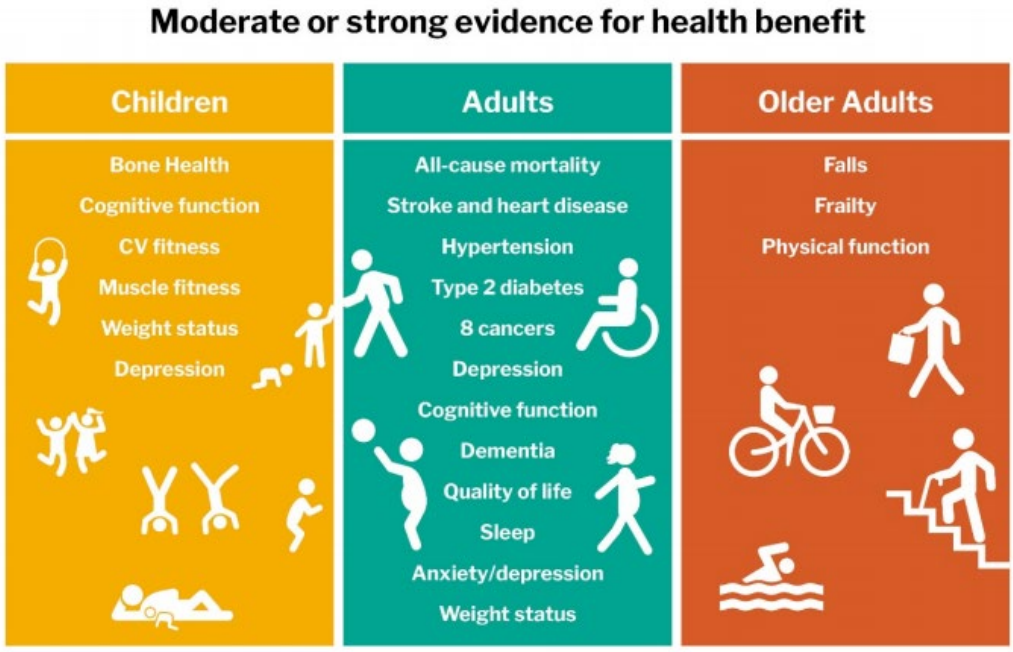


Fig 10: Moderate or strong evidence for health benefit[73]

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

The findings were:

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

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

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

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

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

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

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

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

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

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

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

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

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

1.4.10 Accident Prevention

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

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

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

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

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

1.4.11 Social isolation

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

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

1.5 Health risks

1.5.1 Smoking

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.5.2 Alcohol

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

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

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

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

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

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

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

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

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

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

The data also demonstrates:

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

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

An Alcohol Strategy is currently being developed in Sunderland.

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

1.5.3 Substance misuse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.5.4 Gambling

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

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

Gambling harms include:

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

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

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

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

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

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

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

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

1.5.5 Healthy Weight

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

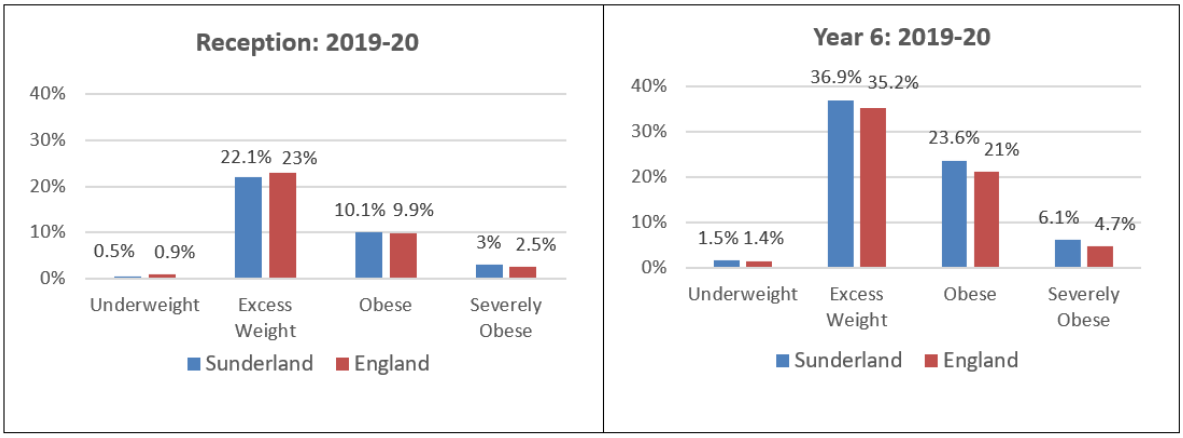


Fig 11: NCMP for Sunderland and England for Reception and Year 6 2019-20

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

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

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

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

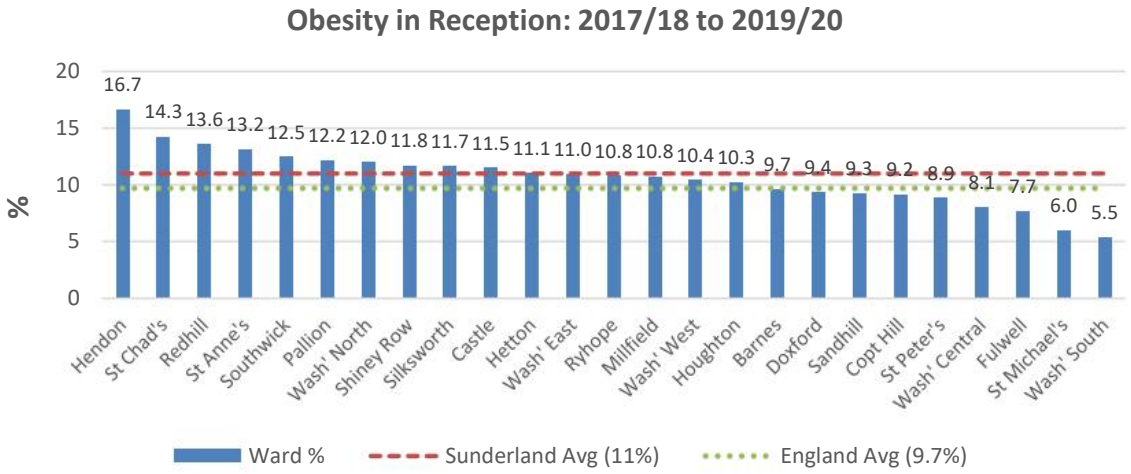


Fig 12: Obesity levels in Reception by ward for Sunderland compared to Sunderland overall and England averages

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

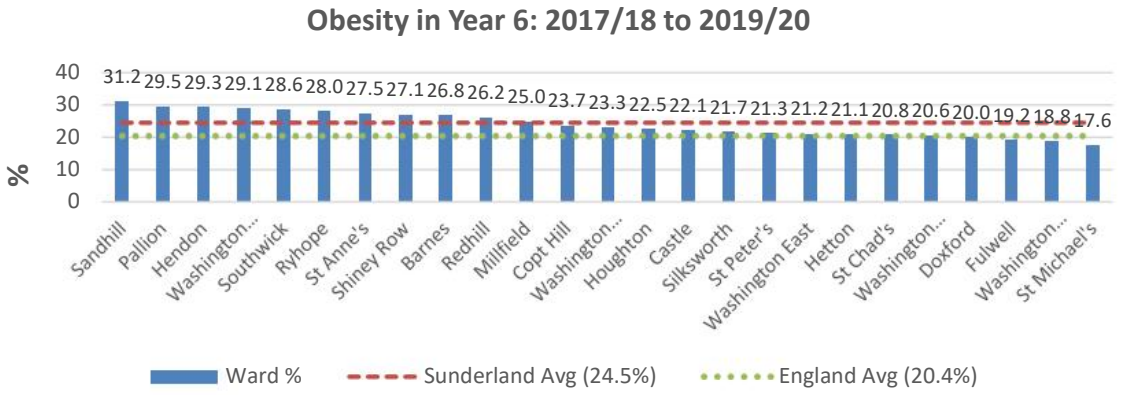


Fig 13: Obesity levels in Year 6 by ward for Sunderland compared to Sunderland overall and England averages

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

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

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

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

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

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

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

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

1.5.6 Sexual Health

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

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

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

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

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

1.5.7 Teenage conceptions

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

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

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

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

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

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

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

- Sunderland 21.7
- North East 18.6
- England 13.0

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

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

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

1.5.8 Breastfeeding

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

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

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

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

1.5.9 Oral health

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

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

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

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

1.6 Cancers

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

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

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

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

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

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

1.7 Long-term conditions

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

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

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

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

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

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

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

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

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

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

Relative Segment Size

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

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

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

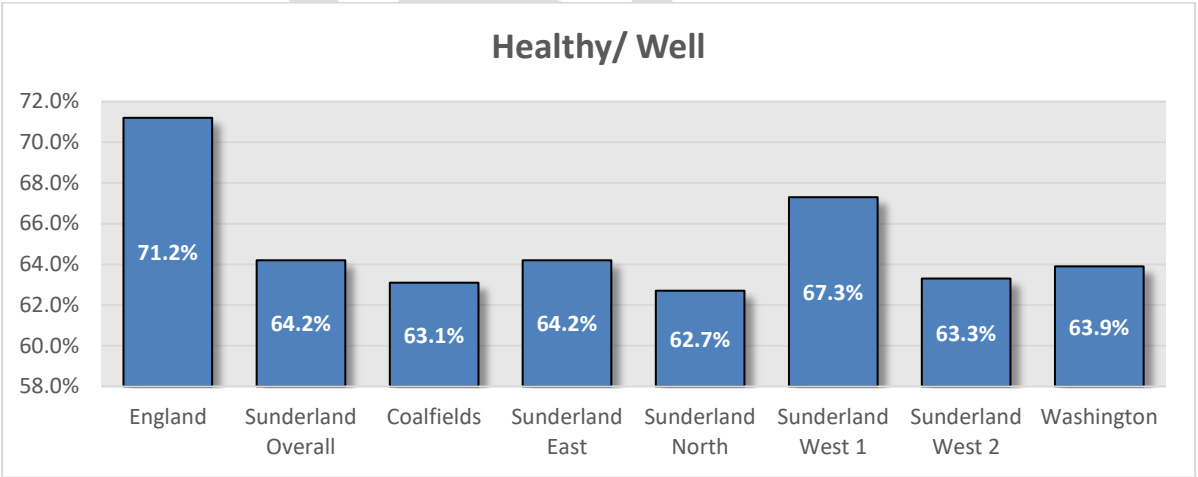


Fig 15: Percentage of the population registered with a GP falling in the healthy/well segment, compared with the England average (30/6/2022)

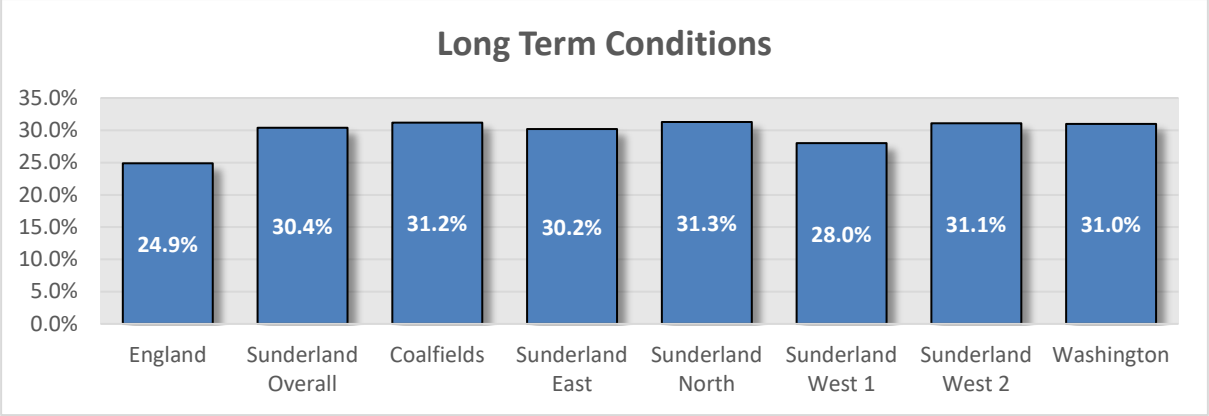


Fig 16: Percentage of the population registered with a GP with long term conditions, compared with the England average (30/6/2022)

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

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

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

1.7.1 Hypertension

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

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

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

1.7.1.1 Spotlight on Hypertension

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

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

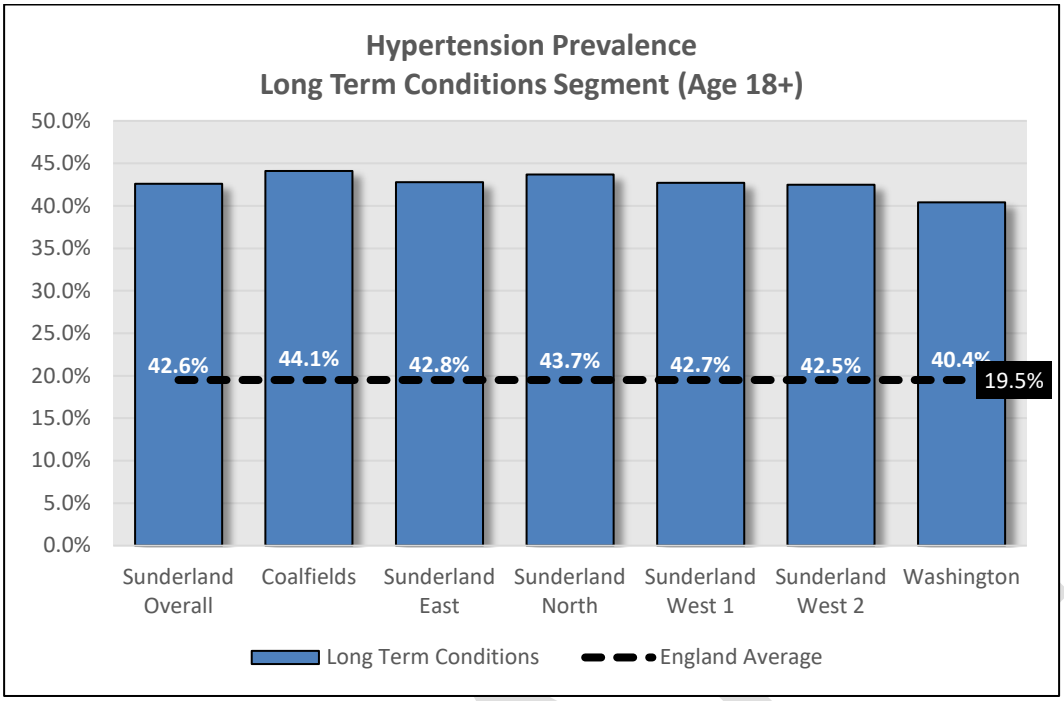


Fig 17: Percentage of people in the long term conditions segment with hypertension for Sunderland and compared to the England average (30/6/2022)

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

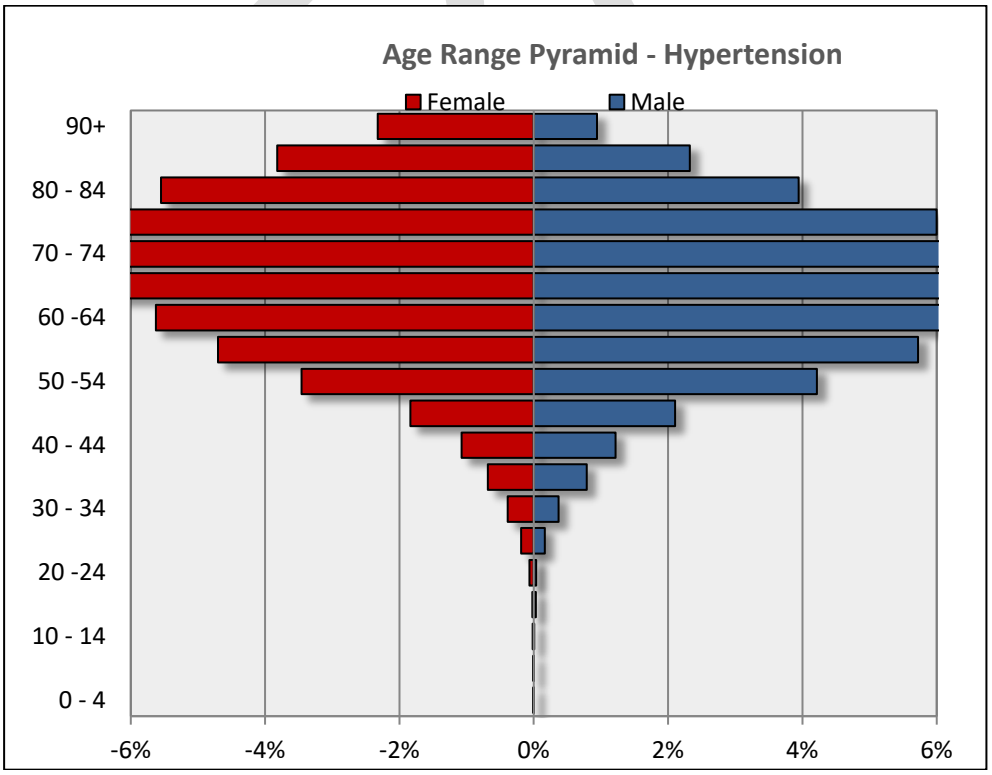


Fig 18: Population pyramid showing the recorded prevalence of hypertension by gender in Sunderland (30/6/2022)

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

1.7.2 Cardiovascular disease

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

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

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

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

1.7.3 Atrial Fibrillation

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

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

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

1.7.4 Diabetes

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

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

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

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

1.7.5 Chronic Kidney Disease

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

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

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

1.7.6 Respiratory Disease

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

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

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

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

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

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

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

1.7.7 Dementia

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

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

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

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

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

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

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

1.8 Disability

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

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

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

1.8.1 Learning Disability

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

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

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

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

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

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

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

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

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

1.8.2 Physical Disability

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

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

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

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

1.9 Mental Health and Mental Wellbeing

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

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

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

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

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

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

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

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

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

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

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

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

The 2017 Adult Lifestyle Survey found that people from Sunderland report poorer outcomes for aspects of the self-reported wellbeing score than the England average, although these are not statistically significant:[141]

- 23.04% report a high anxiety score, compared to 21.94% across England;
- 13.52% report a low happiness score, compared to 8.72% across England;
- 6.5% report a low satisfaction score compared to 4.68% across England;
- 6.01% report a low worthwhile score compared to 3.81% across England.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which creates an overall score based on responses to 14 positively worded items, allows us to describe mental wellbeing in the general population. For each individual, scores are between 14 and 70 and a higher score represents better mental wellbeing. Average (mean) scores are used to compare the results of different groups. Data from the 2017 Adult Lifestyle Survey for Sunderland[142] found that:

- For Sunderland adults aged 18 years and over, the average WEMWBS score is 52.7 compared to 49.9 for England adults aged 16 years and over.[142]

- Within Sunderland men have a higher average mental wellbeing score than women. Men and women aged 25-34 have the lowest average mental wellbeing scores, whilst men and women aged 65-74 have the highest average mental wellbeing scores. There is also a socio-economic gradient with adults in managerial and professional occupations having the highest average mental wellbeing scores and those who have never worked or who are long-term unemployed having the lowest average mental wellbeing scores.

- At ward level the highest average mental wellbeing scores are seen in St Peter's, Fulwell, Ryhope and Washington West, whilst lowest average mental wellbeing scores are seen in Southwick, Hetton, St Anne's and Hendon.

1.9.1 Spotlight on Depression

As set out in section 1.7 above, Sunderland has looked at the health and care needs, priorities and circumstances facing residents, based on registered GP patients, and divided the population into categories or "segments". Depression marks the top reason that patients make the first move out of the healthy/well segment. Depression prevalence within Sunderland overall (7.7%) is notably higher than the England average (5.8%).

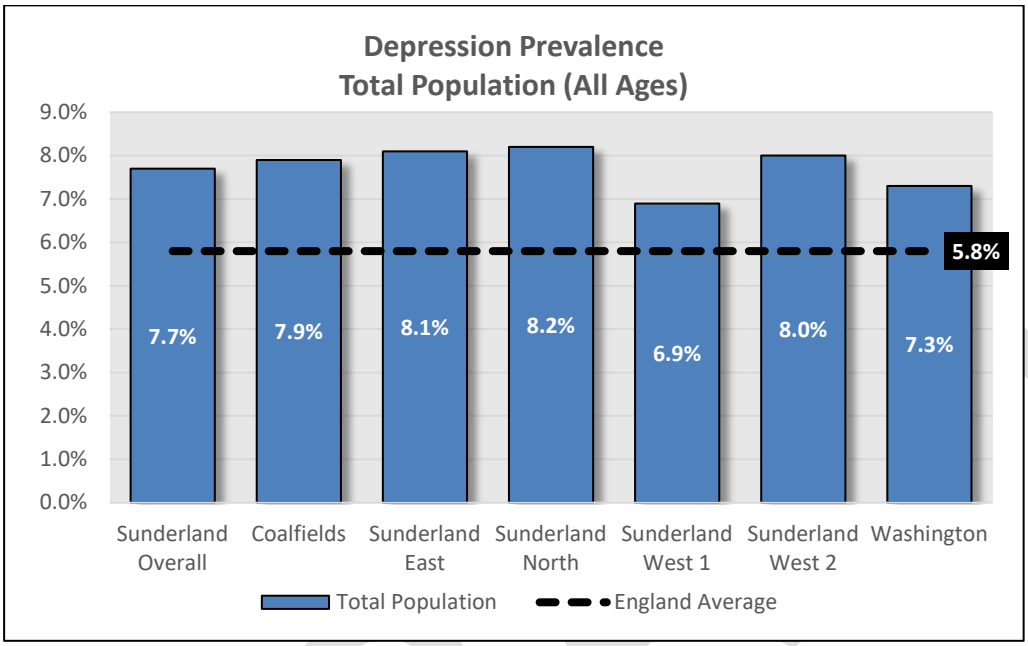


Fig 19: Prevalence of depression in Sunderland and England. Data sourced from Population and Persons Insights Dashboard (30/6/2022)

The prevalence of depression within the long-term conditions segment is approximately double that of the England average. The graphs below provide depression prevalence within Sunderland overall and then by each Primary Care Network within Sunderland compared to the England average.

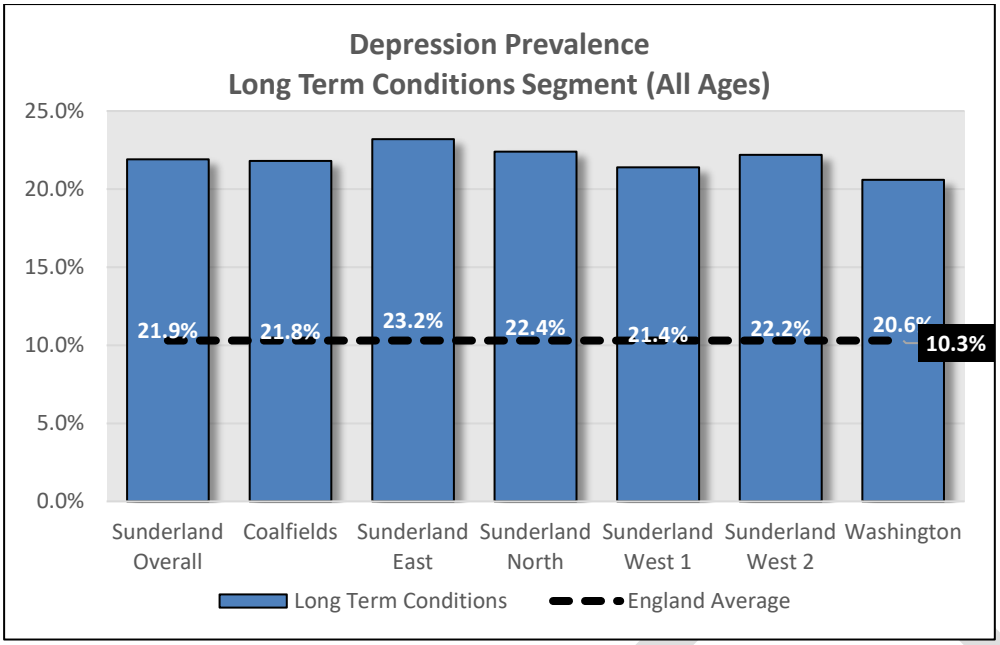


Fig 20: Percentage of people in the long-term conditions segment with depression for Sunderland and compared to the England average taken from the national Population and Persons Insights Dashboard (30/6/2022)

Depression is closely linked to deprivation. As shown in the 'Depression proportions within each decile' graph, there is a higher prevalence within the most deprived decile compared to the least deprived decile (based on national IMD deciles) for all ages and age 18+. The deprivation prevalence gap between the most deprived and least deprived for all ages is 5.2 percentage points. For those aged 18+ the deprivation gap is 7.4 percentage points, based on Sunderland GP registered patients as at 1st April 2022.

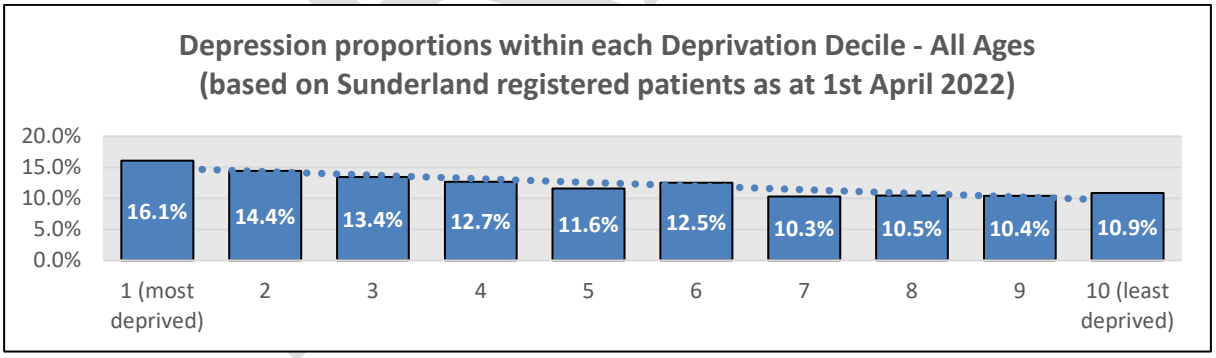


Fig 21: Depression proportions within each deprivation decile – all ages (based on Sunderland registered patients as at 1st April 2022).

The population pyramid clearly shows a higher prevalence among women compared to men, which is in line with the finding of the World Health Organisation (WHO). It is thought that there is a higher proportion of 'hidden' depression within the male population, especially in the North East culture, where men are less likely to access General Practice around mental health conditions including depression.

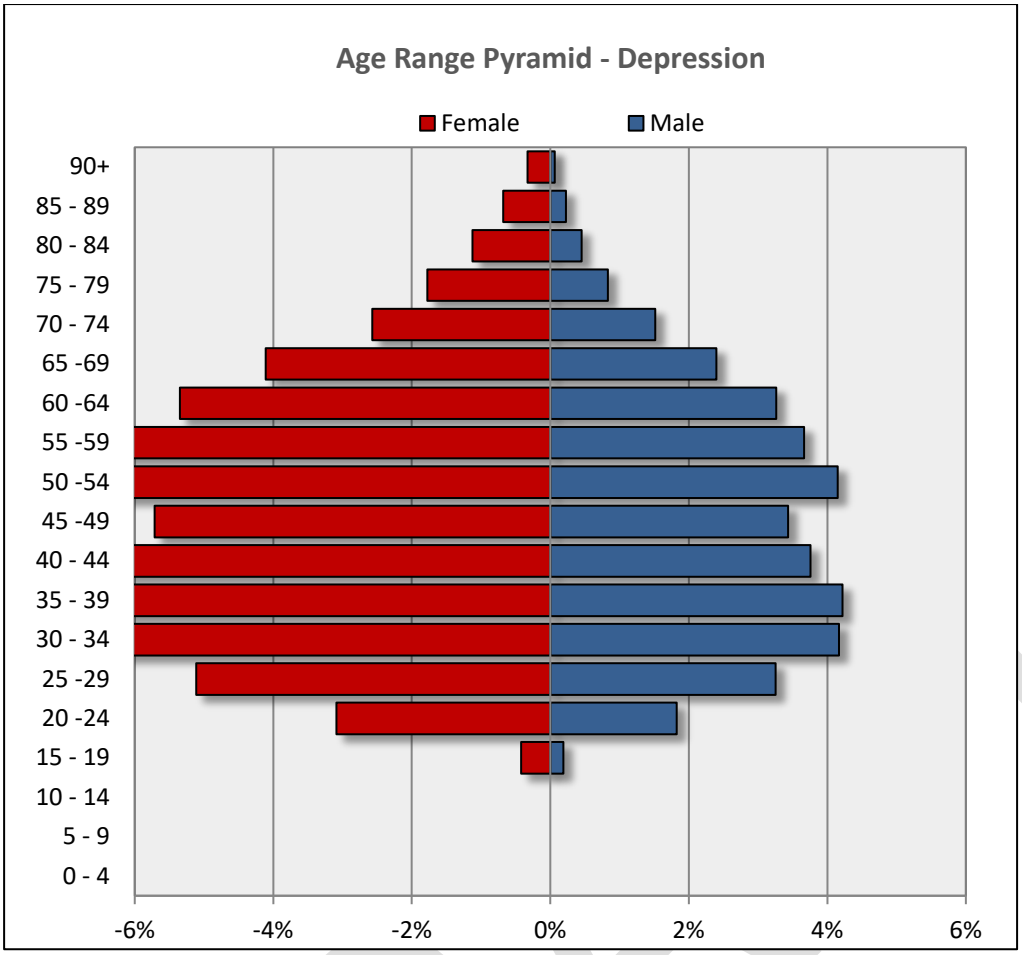


Fig 22: Age range pyramid for depression in Sunderland

The Mental Health Needs Assessment for Sunderland is available at: https://www.sunderland.gov.uk/media/24026/JSNA-Mental-Health/pdf/JSNAMentalHealth.pdf?m=637628965863100000

The Adult Mental Health Strategy is available at: Adult Mental Health Strategy - Sunderland Clinical Commissioning Group (sunderlandccg.nhs.uk)

1.10 Summary of health needs analysis

Sunderland experiences higher levels of deprivation than the national average. Social disadvantage is also associated with increased risk of a range of health conditions.

Large increases are predicted in the number of older people in Sunderland, and particularly the very elderly. This has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups continue to improve, the shape and structure of health services will need to change to meet the needs of this growing population.

Sunderland has higher levels of health risk than England as a whole. This is directly linked to a range of social, economic and environmental factors. Lower household

income, increased food poverty, higher employment deprivation, and lower levels of educational achievement all contribute poorer outcomes. While health behaviours contribute to the causes of non-communicable diseases, it is the social determinants of health that cause inequalities in these behaviours – the causes of the causes.[143]

The 'Build Back Fairer: the Covid-19 Marmot Review' report urges the Government to learn the lessons of the pandemic, prioritise greater equality and health, and works urgently to reduce the severity of the health crisis caused by the economic and social impacts of the pandemic and the societal response.[144] In recognising the recommendations in the Marmot 2020 reports, this JSNA assesses data that can support action to address the Marmot recommendations to:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Data from the Sunderland Adult Health and Lifestyle Survey[142] shows the number of people who engage in four lifestyle risk factors[145] (smoking, excessive alcohol use, poor diet, and low levels of physical activity):

- 13.9% of adults aged 18 and over have none of these risk factors;
- 36.8% of adults aged 18 and over have one of these risk factors;
- 35.2% of adults aged 18 and over have two of these risk factors;
- 12.1% of adults aged 18 and over have three of these risk factors;
- 1.9% of adults aged 18 and over have all four of these risk factors.

Whilst the focus needs to be on social determinants of health, a Kings Fund report concluded that in order to improve health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours. A more recent update by the Kings Fund[146] has confirmed that as the number of risk factors increases so does the impact on mortality, morbidity and quality of life. Whilst the evidence is still emerging, it appears that success in changing one behaviour may be related to success in changing another. It is not yet clear, though, whether changes are more effective when undertaken together or in sequence. The exception to this is in relation to stopping smoking, where evidence shows that this is more effective when delivered in sequence rather than being delivered at the same time as other behaviour change interventions.

Unhealthy behaviours continue to drive higher prevalence of long-term conditions and increased rates of premature death across the city. A key challenge for the Sunderland health economy is the need to manage the high and increasing levels of long-term conditions in the population, including increasing proportions of people with multiple long term conditions.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the city. This requires a targeted approach to reducing the gap in life expectancy.

1.11 Key health challenges

A summary of the high-level health challenges for Sunderland is therefore as follows:

- Ensuring a system-wide understanding of the health and social determinant impacts of the Covid-19 pandemic on health outcomes and health inequalities.
- Inequalities, relating to both socio-economic position and protected characteristics, have a significant impact on the health of people in Sunderland and should be considered for all interventions and policies, recognising that socio-economic inequalities are a continuum across the population and that some people are impacted by multiple inequalities.
- Poverty levels within the city continue to have an impact and should be tackled by increasing levels of employment in good work through attracting more jobs into the city, increasing educational and skills attainment of Sunderland residents and ensuring as many people as possible are supported to stay in work, despite having a health condition.
- Responding to health protection (infectious diseases) threats requires prevention work, rapid identification and a swift response to complex cases in high-risk places, locations and communities.[147]
- Children and young people in Sunderland face some significant health challenges and inequalities across the social determinants of health. Partners need to work together and with children, young people and families to address these issues and build resilience.
- The four main behavioural risk factors – smoking, diet, alcohol and physical inactivity – lead to poor health outcomes and increase health inequalities and so programmes need to continue to be developed, in partnership with local people, to make it easier to make the healthy choice. There is a need to continue to support and grow the voluntary sector capacity as well as protect and grow physical assets to enable services to be delivered within communities.
- There are more people in Sunderland living with, and prematurely dying from, cancer, cardiovascular disease and respiratory disease than elsewhere in the country. Partners need to be clear that primary, secondary and tertiary prevention programmes are in place that ensure that no opportunities are missed to prevent these diseases and stop them progressing.
- The ageing population as well as the high numbers of people with long term, often multiple, conditions have a significant impact on local people and services. This needs to continue to be addressed through integrated care and supporting people to self-care as well as a transparent, whole system approach to preventing service failure.
- People in Sunderland have poor mental wellbeing and have a higher burden of mental ill health than the rest of England. This should be tackled through a preventative programme alongside recognition of the needs of people with poorer mental health and wellbeing and the impacts this has on their physical health.

- The wider impacts of climate change and levels of carbon in our atmosphere impact significantly on the local environment and on mental and physical health. Local residents require access to quality local greenspaces and local services that in turn can aid social inclusion, better well-being and increased physical activity, including through increased opportunities for active transport. Better design of our built and natural environment will reduce exposure to pollution and extreme weather events, and help to tackle fuel poverty.
- The cost of living crisis is hitting the poorest residents most significantly and compounds existing health and income inequalities. These impacts are also reaching an increasing proportion of Sunderland residents and forcing residents to take decisions relating to diet and heating that will impact directly on the long-term health and wellbeing outcomes of Sunderland's population.
- Sunderland is building on our assets within our communities and working with our communities to support improvements in health outcomes, reduce health inequalities and strengthen community resilience, as set out in the Sunderland Healthy City Plan 2020-2030.

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