

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held on Thursday 28 September 2023 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

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14.	Dates and Times of Meetings	-
	The schedule of meetings for 2023/2024 is as follows: -	
	Thursday 7 December 2023 at 12.00pm	
	Thursday 14 March 2024 at 12.00pm	
	All meetings will take place in the Council Chamber, City Hall.	

ELAINE WAUGH
Assistant Director of Law and Governance

City Hall, Sunderland

20 September 2023

SUNDERLAND HEALTH AND WELLBEING BOARD

Thursday 22 June 2023

Meeting held in the Mayor's Parlour, City Hall

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Linda Williams	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Councillor Malcolm Bond	-	Sunderland City Council
Prof. Yitka Graham	-	University of Sunderland
Graham King	-	Director of Adult Services, Sunderland City Council
Dr Tracey Lucas	-	ICB Representative
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council
Debbie Burnicle	-	Chair, Healthwatch Sunderland
In Attendance:		
Karen Davison	-	Director of Early Help, Together for Children
Sheila Rundle	-	Public Health Intelligence Analyst, Sunderland City Council
Lisa Jones	-	Assistant Director of Integrated Commissioning, Sunderland City Council
Boika Rechel	-	Public Health Consultant, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Karen Mould	-	Governance Services, Sunderland City Council

HW1. Welcome

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

HW2. Apologies

Apologies for absence were received from Patrick Melia, Dr Martin Weatherhead, Ken Bremner, Scott Watson, Lucy Caplan, Phillip Foster, Robin Hudson, Barrie Joice and Jill Colbert.

HW3. Declarations of Interest

Councillor Miller declared an interest as a Trustee of AGE UK.

Councillor Bond declared that a family member was an Independent Care Provider in South Tyneside however he had no interest in the business.

HW4. Minutes and Matters Arising

Gerry Taylor noted that Scott Watson was recorded in attendance but wondered if he should be in recorded as 'Present'. Jane Hibberd suggested this could be due to appointment to the Board not being until Annual Council and agreed to seek clarification.

The minutes of the meeting of the Health and Wellbeing Board held on 19 March 2023 were agreed as a correct record, subject to clarification of the above.

HW5. Sunderland Ageing Well Ambassadors Annual Report 2021/2022

The Director of Adult Service/Chief Operating Officer of SCAS submitted a report which provided the Health and Wellbeing Board with an overview of activity conducted by Sunderland Ageing Well Ambassadors throughout 2021/22 and encouraged Health and Wellbeing Board partner organisations to promote the role of Ageing Well Ambassadors to their workforce.

One hundred and seven Ageing Well Ambassadors had been recruited to help raise awareness and spread the Age Friendly message to others. They were people who had volunteered from organisations, businesses or communities who wanted to help make Sunderland an Age Friendly city and who supported the Healthy City Plan vision.

The Director of Adult Services reported that the Ageing Well Ambassadors Programme was due to be launched. He reiterated a plea from the Ambassadors to the wider partnerships to use their knowledge and expertise to feed into work programmes and welcomed ideas.

The Chair commended the Ambassadors who were growing from strength to strength in their work with local communities. She added that their phenomenal enthusiasm and expertise was fantastic. The Chair was keen for everyone to hear about the programme and encouraged Members and those people who had time and skills to volunteer.

Following a request from Councillor Miller regarding the ambitions outlined in Paragraph 3.2, the Director of Adult Services agreed to provide a breakdown of volunteers by ward. He also agreed to area events to generate additional interest.

Debbie Burnicle commended the engaging and easy to read report which had been written by the Ambassadors.

Gerry Taylor commented on the involvement of the Ambassadors in developmental thinking and work in communities and was keen to learn how they had been engaging. The Director of Adult Services agreed that Ambassadors had knowledge of what was going on in the city and their local area which could also link with Social Prescribing.

Having considered the report, it was: -

RESOLVED that: -

- (i) the content of the Sunderland Ageing Well Ambassadors Annual Report 2021/22 was noted and commented upon; and
- (ii) the role of Ageing Well Ambassadors across the workforce of Health and Wellbeing Board partner organisations would be promoted.

HW6. Sunderland Place Plan and North East and North Cumbria Joint Forward Plan

The Director of Place Sunderland, submitted a report which presented the proposed final Sunderland Place Plan 2023/24 – 2028/29 for review and approval. The plan would form part of the North East and North Cumbria Integrated Care Board's (NENC ICB) Joint Forward Plan. The report also advised the Board on the proposed timeline for the publication of the NENC ICB's, Joint Forward Plan and associated consultation process.

Lisa Jones presented the report which included a brief overview of the changes that had been applied to the draft Place Plan, alongside a copy of the final Place Plan that was submitted to the ICB on 26 May 2023 (Appendix 1). The report additionally included a timetable of the updated Joint Forward Plan consultation and publication process. Members noted the changes to the Sunderland Place Plan.

Lisa then provided an overview of the NENC Joint Forward Plan (JFP). She advised Members of a development session planned for 3 August 2023 to formally review and respond to the JFP consultation process.

In response to a request from the Director of Adult Services, Lisa agreed to produce a scheme to show how the plans fitted together.

Councillor Bond referred to the concerns raised by the Chair of the House of Commons Health and Social Care Committee, with regard to the lack of Dentistry and Community Pharmacy on the ICB. Dr Lucas added there were ongoing issues

about clinical representation at Executive Level and agreed it was important to change this and the message that was being portrayed. Lisa commented that the Health and Wellbeing Board would need to consider how Pharmacists, Ophthalmologists and Dentists, that were still transferring over, would be updated. This would be discussed in more detail at the development session.

Debbie Burnicle was keen for a one page document to be produced to demonstrate what mattered most to the local community and outlined opportunities to communicate and engage with them. She then referred to Goal 1.1 and improved access into mental health support for children and young people. She was concerned about the target of 30 days wait and suggested a further discussion was required. Lisa replied that work was ongoing with communication but shared Debbie's concerns about the target of 30 days.

Gerry Taylor commented on the confusing plethora of plans and wondered how priorities would fit should the plans be refreshed and the Place Based Plan become a subset of the Healthy City Plan.

The Chair was pleased to note the general consensus and concerns raised with regard to the wait for mental health support for children and young people. Consideration would be given on how to feed back that the importance of this should not be underestimated.

Councillor Miller raised concerns about the ICB's plans to reduce overheads by 30% over 2 years, running costs by 20% in 2023 and 10% in 2024.

The Chair assured Councillor Miller that her concerns would be shared with the ICB.

Upon consideration of the document it was: -

RESOLVED that: -

- (i) having reviewed the proposed changes to the Sunderland Place Plan the final Sunderland Place Plan be approved; and
- (ii) the timetable for the Joint Forward Plan development process be noted and agreed that stakeholder feedback would be received at the planned HWB development session on 3 August 2023.

HW7. Sunderland's 2023/24 and 2024/25 Better Care Fund submission

The Assistant Director for Integrated Commissioning submitted a report to provide the Sunderland Health and Wellbeing Board (HWB) with an overview of Sunderland's Better Care Fund (BCF) submission for 2023/24 and 2024/25. The report also sought agreement from the HWB on the proposed content of BCF planning documentation in-line with the national requirements for approval.

Lisa advised that the BCF was a national integration transformation programme that aimed to support improved transformation of local health and care provision through better integration of NHS and Local Authority-funded health and care services.

As with previous BCFs, Health and Wellbeing Boards were required to sign-off BCF plans at place, ensuring the proposed plans met the BCF ambitions (as set out in 2.5 to 2.6) and four national conditions stipulated within the BCF policy and planning requirements. The four conditions were:

- (i) National Condition 1: Plans must be jointly agreed by the ICB and Local Authority, ensuring appropriate ICB and Local Authority Chief Executive sign-off prior to the HWB sign-off process;
- (ii) National Condition 2: Areas must agree how they would commission support that would enable people to stay well, safe and independent for longer, in-line with objective 1 (see section 2.5);
- (iii) National Condition 3: Areas must agree how they would commission support to ensure that people received the right care at the right time, in-line with objective 2 (see section 2.5); and
- (iv) National Condition 4: Maintain the NHS financial contribution to adult social care and NHS commissioned out of hospital services.

In addition to the minimum NHS contribution (national condition 4), Local Authority grant funding, received through the Improved Better Care Fund and Disabled Facilities Grant, and the additional ASCDF funds outlined in section 2.3, must be pooled into the BCF and be underpinned by an agreed Section 75 Partnership arrangement.

Lisa then provided an overview of: the BCF Metrics 2023-24; a summary of the 2023-25 BCF submission timetable; BCF Narrative Plan and Sunderland's place-based governance model for health and care integration.

In response to a request from the Chair, Lisa provided a summary of the Core20PLUS5 framework. She explained that the Core20PLUS5 was a national NHS England approach to reduce healthcare inequalities at both national and system level. Core20 related to the most deprived 20% of the national population. PLUS would identify additional characteristic groups at a local level and 5 related to the five clinical areas of focus which required accelerated improvement.

Councillor Bond made reference to big changes to the proportion of patients discharged to their Usual Place of Residence over time and commented that this must be a large cost to the Council. In response to a query from Councillor Bond, Graham explained that winter numbers were high due to the use of temporary placements. He added that 94 additional beds had been opened to ease the pressures however he was confident that an increase to 55 beds at Farnborough Court, icards and EMI beds should avoid additional costs this year. Graham drew attention to the Discharge Funding Grant for 24 hour care for people discharged to their own home, however this would need to be pooled as part of the BCF.

Responding to a further query from Councillor Bond, Graham explained that South Tyneside and Sunderland NHS Trust had increased reablement capacity which should reduce the number of people requiring temporary residential care.

Boika Rechel commented on the number of programmes happening at the same time. She suggested they be linked together and promoted by health ambassadors in the most deprived areas to raise awareness of prevention and early diagnosis within communities of low socioeconomic status.

Lisa advised Debbie that there was £58m outlined in the BCF however the plan needed national approval.

Debbie commented that ambitions for areas were not included and BCF must be focused on investment that was closely aligned to the specific areas. Lisa explained that other things were also not included but would be as part of the September sign off.

Councillor Williams referred to emergency admission for falls aged 65+ and asked why there were no comparable national figures. Graham replied that it was a Sunderland specific system. It was agreed that improved data on falls was required.

Dr Lucas drew attention to the huge drop in temporary bed placements. In terms of enablement, she stated that BCF was a brilliant reflection of the work ongoing on in adult collaboration and avoidable emergency admissions.

The Chair thanked Lisa for the summary.

Upon consideration of the report it was:

RESOLVED that: -

- (i) the process followed in developing the 2023/25 BCF Plan and key points from the plan be noted;
- (ii) the content of the accompanying BCF presentation, including the proposed funding profile, target trajectories and high-level narrative plan be noted;
- (iii) the 2023/25 Sunderland BCF plan be signed off; and
- (iv) the plan be submitted as per the national deadline of 28 June 2023 be approved.

HW8. Briefing on the 2023 Hewitt review of Integrated Care Systems

The Assistant Director for Integrated Commissioning submitted a report, to provide the Health and Wellbeing Board (HWB) with a high-level overview of The Hewitt Review: an independent review of integrated care systems. The report would additionally consider Sunderland's position in relation to the review findings and proposed recommendations for improved integration of care.

Lisa Jones provided an overview of the review which was published on 4 April 2023. The key drivers for change noted in the report were:

- A need to address immediate pressures on the NHS and social care, with a recognition of public priorities around access to primary care, urgent and emergency care, cancer, other 'elective' care services and mental health provision;
- Increased volume and complexity of both physical and mental health needs; and
- Deteriorating mental and physical health across the population, with a rise in longer-term ill-health and premature death - most notably in those affected by economical disadvantage, racism, discrimination and prejudice.

Lisa advised that recommendations were made across four specific areas of opportunity, which included:

- A shift in focus from illness to promoting health;
- System governance, accountability and regulation;
- Unlocking the potential of primary and social care; and
- Resetting the approach to finance.

Lisa highlighted the principles and recommendations which had been considered within the review. This included assessing for potential implications on the development of Sunderland's place-based health and care system, which included the role of the HWB in supporting the transformation of health and care services.

Dr Lucas reported that there had been a lot of areas covered in the review. There were some useful features in the existing structure which should be retained; continuity was key to care.

Councillor Bond commented on the lack of continuity of care in dentistry since the changes to registration in 2006.

Having considered the Hewitt Review, the Health and Wellbeing Board RESOLVED that:

- (i) the national recommendations outlined in the Hewitt Review, be reviewed with specific consideration of how recommendations aligned to Sunderland's approach to:
 - Shifting focus from illness to health improvement
 - System governance and accountability
 - Maximising the potential of primary and social care
 - Financial management and efficiencies; and
- (ii) the operations of the Health and Wellbeing Board in-light of health and care reforms, ensuring the operational effectiveness of the board within the new integrated care system context be reviewed.

HW9. Healthy City Plan: Performance Overview

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

The Chair thanked Sheila for the update on the current situation of Starting Well. She noted that the uptake and maintenance of breastfeeding had increased and that a priority of the Best Start in Life Working Group was to promote a culture of breastfeeding. In addition, actions were in place to ensure that consistent advice and support was provided to women who chose to breastfeed and to identify barriers. The Board was reminded of Councillor Farthing's interest in increasing breastfeeding and the Chair shared she would be delighted to feedback to Councillor Farthing accordingly.

The Chair was pleased to hear of the possible changes to promote breastfeeding and that the Delivery Board had taken leadership. She thanked the Board for influencing and being part of the achievements and, whilst there was a lot of work to do, it was clearly showing improvement and great direction of travel.

Councillor Miller commented that the nearest National Childbirth Trust was in Durham. The Chair replied that the NCT had a lot of volunteers who offered wide ranging support and there was also the 0-19 team.

Councillor Miller then referred to CAMHS waiting times and was worried that some younger children would not receive support for their mental health.

Gerry referred to the drop of Pharmacy Primary Care commissioning and agreed to submit an update on the Pharmacy Needs Assessment to the Board meeting in September.

Having considered the report, it was RESOLVED that:

- (i) the contents of the report be noted;
- (ii) an additional indicator on food insecurity be added to the Living Well performance report;
- (iii) the actions and whether they were sufficient where targets were not being met were considered; and
- (iv) six-monthly performance updates on the Healthy City Plan performance dashboard would be received.

HW10. Health and Wellbeing Delivery Boards Assurance Update

The Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services/Chief Operating Officer of SCAS submitted a joint report providing the Health and Wellbeing Board with assurance

that the work of the Delivery Boards was progressing in line with their agreed terms of reference, a summary of the key points discussed at their recent meetings, acknowledgement that Board development sessions were taking place and an update on the Healthy City Plan grant available to the Delivery Boards.

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

The Starting Well Delivery Board discussed the Family Hubs and trailblazer status which would provide the opportunity to make further ambitious changes and improvements to services and be a forerunner in establishing best practice for the benefits of local communities and other Local Authority areas. The delivery plans had been developed in partnership with local partners and were signed off by the DfE and DHSC in January 2023.

Karen Davison reported that Sunderland was one of 75 Local Authorities to benefit from a share of £300m government investment up to 2025. Whilst the Family Hub Model encompassed up to age 25, the government funding was only applicable to the first 1001 days. She advised that Family Hubs were being rolled out in five locations across Sunderland making and it was anticipated that by mid-June the Coalfields Family Hub, Rainbow Family Hub and Bunnyhill Family Hub would all be open.

Karen drew the Board's attention to the workstreams that had been established to take forward the programme's key areas of focus:

1. Family, Parent, Carer Voice;
2. Home Learning Environment;
3. Infant Feeding;
4. Parenting;
5. Parent Infant Relationship and Perinatal Mental Health;
6. Workforce;
7. Data; and
8. Communities.

She added that each workstream was moving forward with their action plans. In addition, there was close working with regional colleagues through the North-East Family Hub Forum, which provided an opportunity to share good practice and support one another.

Karen drew attention to paragraph 3.7; the large number of children missing in education and elective home educated children (EHEC). She reported that many EHEC parents say school was not meeting the needs of their child, especially children with SEND and mental health issues. There was acknowledgement that parents and carers needed support to make the best decision for their child, whether they remained in statutory education or EHEC. Karen commented that once a child or young person was out of school they would not have access to a school nurse and other services.

The Living Well Delivery Board had received a presentation on the low carbon agenda and the seven strategic priorities. The Board considered and supported a request for Healthy City Plan Grant. A letter of support from the Chair of the Health and Wellbeing Board to the Health and Care Research (NIHR) for a Health Determinants Research Collaborative (HDRC) had been submitted. The Expression of Interest from Sunderland had been successful and a detailed proposal (Stage 2 of the application process) would be submitted by 26 July 2023. The aim of the HDRC was to develop local capacity for research on wider determinants of health and health inequalities. If successful, the HDRC contract would provide funding of up to £5 million over 5 years. Gerry commented that Jane had further details which could support colleagues with the stage 2 submission.

The Ageing Well Delivery Board had been discussed at item HW5.

The Board therefore RESOLVED that: -

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

HW11. Health and Wellbeing Board Forward Plan

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

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

RESOLVED that the Forward Plan be received for information.

HW12. Dates and Times of Future Meetings

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

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

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

(Signed) K CHEQUER
Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
22/06/23				
HW4.	Clarification to be sought whether Scott Watson should be recorded as in attendance or present for the March 23 meeting.	Jane Hibberd/Karen Mould	June 2023	Action closed.
HW6.	Feedback on the NENC Joint Forward Plan consultation process.	All	August 2023	Board development session held 3.8.23. Formal response submitted to the NENC ICS. Action closed.
HW6.	A one page summary of the Place Plan/Forward Plan be produced to demonstrate what mattered most to local communities and opportunities to engage.	Lisa Jones	June 2023	Reflection that public-facing communications around the Place Plan may be unnecessary and confusing given the existing Healthy City Plan, Integrated Care Strategy (Better Health & Wellbeing for All), and Joint Forward Plan. As such, further work to channel local and regional priorities via the Healthy City Plan is being considered. Action closed.

HW9.	An update to the Board on Pharmacy Needs Assessment	Gerry Taylor	September 2023 (re-scheduled to December 2023)	Action re-scheduled to December 2023 to allow the PNA steering group to meet at the end of September and develop a fully informed picture of the provision of pharmacy services within Sunderland.
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SUNDERLAND JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2023/2024**Report of the Executive Director Health, Housing and Communities****1.0 Purpose of the Report**

- 1.1 To present the draft Sunderland Joint Strategic Needs Assessment (JSNA) to members of the Health and Wellbeing Board.

2.0 Background

- 2.1 The development of a JSNA is a statutory requirement. Local authorities and Integrated Commissioning Boards (ICBs) 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. JSNA is not an end in itself, but is a continuous process of strategic assessment to support the development of local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
- 2.2 JSNA is the process by which Sunderland City Council and North East and North Cumbria ICB (Sunderland Place), working in collaboration with partners and the wider community, 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. It supports a Health in All Policies approach to the development of strategic priorities, aiming to improve health and wellbeing outcomes and reduce inequalities.
- 2.3 The draft JSNA has been shared with the Starting Well, Living Well and Ageing Well Delivery Boards for feedback and officers from these Boards have helped develop the JSNA.
- 2.4 The Sunderland JSNA website is online at: [Sunderland Joint Strategic Needs Assessment - Sunderland City Council](#). This includes a new data and insights section which further enhances our understanding of need in the city, and is available at: [Sunderland Data Observatory](#).

3.0 Overview of the 2023/24 Assessment

- 3.1 The draft JSNA for 2023/24 is set out in the appendix. It includes consideration of the social determinants of health, deprivation, health risks, disease and disability, major causes of mortality and the impact on life expectancy.
- 3.2 The social determinants of health, including income, housing and homelessness, crime, domestic violence, the living environment, social

isolation and accident prevention, all impact on inequalities and affect people's health and happiness. The 2023/24 JSNA has continued to increase its focus on the social determinants of health.

3.3 High level challenges identified are:

- 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.
- The cost of living crisis is hitting the poorest residents most significantly. 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.
- 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 Children and Young People Health Related Behaviours Survey 2022/23 will be reported to Health and Wellbeing Board in December.
- The four main behavioural risk factors – smoking, diet, alcohol, substance misuse 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.
- People in Sunderland have poor mental wellbeing and suffer from 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.
- 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, has 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.
- 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.

- Commercial determinants of health drive inequalities; not all harmful products are consumed equally, and some groups and populations are more vulnerable to the negative impacts. People in the most deprived areas are more likely to die from non-communicable diseases than those in the least deprived areas – they are also more likely to be targeted as consumers through advertising and retail units.
- 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. Covid-19 has directly and indirectly impacted on life expectancy and is expected to have a significant impact on premature mortality.
- 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.
- Partners across the city are working with 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.

4.0 Next Steps

- 4.1 The overarching JSNA will be finalised following feedback from Board members.
- 4.2 The JSNA and supporting documents will be published on the council website and circulated to key partners.

5.0 Recommendations

- 5.1 The Health and Wellbeing Board is recommended to:
- a) note the findings of the draft Sunderland JSNA;
 - b) agree that the Executive Director Health, Housing and Communities is delegated authority to finalise the JSNA;
 - c) consider whether there any specific additional topics which need to be included in this iteration of the JSNA, or any topics for development over the next year;
 - d) take account of these findings when considering the commissioning plans of all partners;
 - e) take account of these findings when developing plans for the Delivery Boards and workstreams identified as priorities by the Board; and
 - f) support the continual refresh of the JSNA to ensure emerging needs and challenges are widely understood across the city.



Sunderland Joint Strategic Needs Assessment Summary (JSNA)

2023/2024



North East and
North Cumbria



Population change

- Sunderland has a population of 274,200 (Census 2021)
- The latest Census reported that the population had decreased by 0.5% since 2011.
- Recent GP registered population data shows an increase from 284,126 to 290,549 between 2019 to 2021.
- Compared to England, the population of Sunderland has a higher proportion of older people
- 20.5% of the population are aged 65 and over, higher than England at 18.4%
- It is projected that the population aged 65 and over will grow to 24.7% of the Sunderland population by 2043



Life expectancy



- Life expectancy at birth for males in Sunderland is 76.6 for 2018-20
- This compares to 77.6 for the North East and 79.4 for England
- Healthy life expectancy is 56.1 years, lower than England's 63.1 years



- Life expectancy at birth for females in Sunderland is 80.9 for 2018-20
- This compares to 81.5 for the North East and 83.1 for England
- Healthy life expectancy is 56.9 years, lower than England's 63.9 years

Social determinants of health and health inequalities



Digital connectivity



Our surroundings



Education and skills



Access to good food



Money and resources



Feeling safe

Access to travel



Good housing



Early experiences



Family, friends and communities



Mental health and wellbeing

Social determinants of health



A healthy, low carbon and resilient environment

- Quality of the built and natural environment also affects health.
- Sunderland City Council has set out ambitious targets to be a carbon neutral local authority by 2030 and is working with partners across Sunderland for the city to be carbon neutral by 2040.
- **The Sunderland approach** focuses on tackling the social determinants of poor health throughout the life course – Starting well, Living well, Ageing well - bridging inequalities for key vulnerable populations
- 2022/23 saw 2,087 people make a Homeless Reduction Act (HRA) application to the Sunderland Housing Options team, which is a 13.06% increase from the 1,846 applications from the previous year. More information is available at: [Homelessness HNA](#)

Commercial determinants of health

- The commercial determinants of health are the conditions, actions and omissions by corporate bodies that affect our health – both positively and negatively
- Unhealthy commodity industries (UCIs) are for-profit and commercial enterprises that deliver commercial products that lead to significant associated negative health consequences.
- Commercial determinants of health drive inequalities; not all harmful products are consumed equally and some groups and populations are more vulnerable to the negative impacts. People in the most deprived areas are more likely to die from non-communicable diseases than those in the least deprived areas – they are also more likely to be targeted as consumers through advertising and retail units.
- Further information on commercial determinants can be found at :
[DirectorOfPublicHealthAnnualReport2022-2023.pdf \(sunderland.gov.uk\)](#)

Best Start in Life



- Smoking during pregnancy remains high, but is on a downward trend at 14% of pregnant women compared to the England average of 9.1% - the lowest percentage in Sunderland for the last 11 years.



- Although breastfeeding rates are showing improvement, latest data shows 27.6% of Sunderland mothers were breastfeeding at 6-8 weeks (prevalence) during 2021/22, significantly lower than the North East average (35.7%) and England average (49.2%). However, four Sunderland wards were higher than the NE average, and one above the England average



- Uptake of childhood immunisation remains strong; 97.7% of Sunderland's 2 year old children had an MMR vaccination during 2020/21, significantly higher than the England average (90.3%)

The full JSNA for can be read at: [Best Start in Life JSNA](#)

Starting well



- During 2021/22, 63.7% of children achieved a good level of development at the end of Reception. This is lower than the North East (64.1%) and England (65.2%) averages



- During 2021/22, around 1 in 4 children (25.3%) in Reception (aged 4-5 years) were living with overweight or obesity



- During 2021, teenage conception rates at 26.4 per 1,000 were significantly higher than the North East (19.8) and England (13.1) averages



- During 2021/22, around 1 in 2 children (45%) in Year 6 (aged 10-11 years) were living with overweight or obesity

Starting well



- 2019-2021, the infant mortality rate in Sunderland was 2.3 per 1,000. This is lower than the North East average of 3.5 and significantly lower than the England average of 3.9



- During 2021/22, the attendance of Sunderland's 0-4 year olds at A&E was the 5th highest in England and the 3rd highest in the region. Falls are the leading cause of injury related hospital admissions in the under-fives.



- Decayed, missing or filled teeth (dmft) in 5 year olds during 2018/19 shows Sunderland children had on average 1.10 dmft. This is higher than both the North East average at 0.82 and the England average at 0.80

- An Oral Health JSNA is in progress to gain more insights

Child poverty (IDACI: 2019)

- The Income deprivation affecting children index shows the proportion of children aged 0-15 living in income deprived families, excluding housing costs.
- 16 of Sunderland's 25 wards are significantly worse than the England average
- Only 4 wards are significantly better than the England average
- Children born to teenage mothers have a 63% higher risk of living in poverty

Area	Recent Trend	Count	Value
England	-	1,777,642	17.1
Sunderland	-	11,666	24.2
Hendon	-	807	41.7
Redhill	-	862	38.4
Southwick	-	689	35.3
Pallion	-	668	32.6
St Anne's	-	564	31.6
Washington North	-	686	31.3
Sandhill	-	659	29.9
Copt Hill	-	566	28.2
Silksworth	-	482	27.6
Castle	-	600	26.8
Hetton	-	537	26.2
Millfield	-	572	25.9
St Chad's	-	369	25.6
Shiney Row	-	455	21.0
Ryhope	-	434	20.3
Washington East	-	442	18.9
Washington Central	-	317	18.0
Houghton	-	371	17.9
Washington West	-	377	17.5
Washington South	-	290	16.9
Barnes	-	279	16.0
Doxford	-	212	12.6
St Peter's	-	191	11.8
St Michael's	-	140	10.8
Fulwell	-	97	7.2

Starting well summary



Children and young people face significant health challenges and inequalities across the social gradient of health in Sunderland, including the following:

- More than half of Sunderland's wards have significantly higher levels of child poverty than the England average
- Higher levels of smoking during pregnancy but this is on a downward trend
- Breastfeeding rates are starting to improve, although the rate is significantly lower than North East and national averages
- Higher rates of teenage pregnancy
- Infant mortality rate has reduced and is lower than the North East and England averages
- Uptake of childhood immunisation remains strong
- Around half of Year 6 children are living with overweight and obesity

Poverty and financial wellbeing



- 26.8% of children are living in low income families (relative measure) compared to 20.1% nationally



- 14.6% of households were in fuel poverty (Low Income Low Energy Efficiency) during 2020, this is approximately 18,513 households. This is higher than the England average of 13.2% of households



- 21.7% of older people were living in poverty during 2019, this is approximately 14,833 people. This is significantly higher than the England average of 14.2%. Sunderland is ranked 4th highest in the North East for older people living in poverty



- Average weekly earnings in Sunderland during 2022 were £536.60, lower than the North East average of £580.3, and significantly lower than the England average of £645.80

Living well



Standard of living

- Around 40% of residents live in the most disadvantaged quintile¹ of all the areas in England
- In 2021, 44% of Sunderland residents were living in an area at highest risk of food insecurity, the 4th highest local authority in the North East area
- Guidance from Citizen's Advice has shifted from support with rent arrears in 2019/20 to energy debts in 2022/23 with an increasing number of people facing threatened homelessness

¹

One of five values that divide a range of data into five equal parts, each being one fifth (20 percent) of the range

Employment and Education



- The percentage of people in employment in Sunderland has increased from 61.9% in 2011 to 68.8% in 2022, but remains significantly less than the national average in 2022 (75.4%)
- Not in Education, Employment or Training (NEET) – During 2022, 5.4% of those aged 16-17 years were not in education, employment or training, compared to 5.4% for the North East and 4.7% for England
- NVQ Level 4 and above – During 2021, 24.7% of those aged 16-64 were qualified to NVQ level 4 or above. The North East figure was 34.4% and the England figure 43.1%
- During 2022, 38% of Sunderland's economically inactive residents was due to long term sickness. The North East figure was 32% and the England figure 24.6%

Crime and Domestic Abuse



- Total recorded crime in Sunderland was 105 per 1000 in 2022, above the North East (97) and England (97)
- 8,178 domestic abuse incidents were reported to the police in 2022/23, and over 40% involved children. There were 4,832 victims (40% repeat victims). 72.1% of victims in Sunderland were female. There was a significant rise between 2021/22 and 2022/23 in domestic abuse related mental health incidents. Housing data also shows mental health and domestic abuse are the top presenting figures.

Substance misuse and alcohol



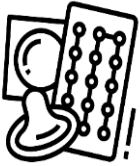
- Alcohol-related mortality in Sunderland in 2021 was 64.4 per 100,000, highest in the North-East and significantly above the England average (38.5)
- The rate of *opiate* users (aged 15-64) in Sunderland is 8.3 per 1,000 population or around 1,493 people, compared to an England rate of 7.4
- The rate of crack users (aged 15-64) in Sunderland is 4.0 per 1,000 population or around 712 people, compared to an England rate of 5.1
- Around 1285 Sunderland adults are currently engaged in drug treatment
- Sunderland had an estimated opiate and/or crack users (OCU) prevalence of 12.9 per 1000 population in 2019/20
- Prevalence estimates of alcohol dependency in 2018-19 suggest that there were 24.8 per 1,000 population in Sunderland requiring specialist alcohol treatment with a North East average of 18.9 per 1,000 population and an England average of 13.7
- OCUs with an unmet need is estimated at 59.8% compared to an England average of 57.9% and North East average of 52.8%.
- Alcohol users have an estimated unmet need of 83.4% compared to 80.1% England average and 77.7% North East
- The full substance misuse JSNA can be read at: [Substance Misuse JSNA](#))

Smoking



- The proportion of adults that smoke in Sunderland during 2022 was estimated at 13.2%, down from 15.2% the previous year. This has been on a downward trend and is now only slightly higher than the North East (13.1%) and England average (12.7%)
- The proportion of adult smokers who had a long term mental health condition during 2021/22 was estimated at 23.9%. This is higher than the North East (23.5%) but lower than the England average at 25.2%
- The full Tobacco JSNA can be read at: [Tobacco JSNA](#)

Sexual health



- The number of new sexually transmitted infection diagnoses in Sunderland was 460.7 per 100,000, lower than the national rate (551.0). The rate of gonorrhoea diagnoses was 42.1 per 100,000, lower than the national average of 90.3



- Among specialist sexual health service patients from Sunderland eligible for HIV testing, 51.2% were tested in 2021, which was better than the national rate (45.8%). Late-stage diagnoses were comparable to national figures
- Long Acting Reversible Contraception prescription rates were higher in Sunderland at 57.1 per 1000 compared to 41.8 per 1000 nationally
- Abortion rates were slightly lower in Sunderland at 18.0 per 1000, compared to national figures of 19.2 per 1000

Healthy weight



- In the UK, living with obesity is the second most common preventable cause of death after smoking



- During 2021/22, 13.5% of Sunderland's adult residents were living with obesity. This is significantly higher than the England average at 9.7%
- 73.9% of Sunderland adult residents were classed as either living with overweight **or** obesity

The full JSNA can be read at: [Healthy Weight JSNA](#)

Physical Activity

Children & Young People

- 56.5% of children and young people in Sunderland were active during the academic year 2021/22, which was higher than the national average of 47.2%.
- In 2021/22 Sunderland had the highest rates of active children and young people compared to all other local authority areas in Tyne & Wear and Northumberland.
- During the 2021/22 academic year, Sunderland had fewer inactive children and young people (26.9%), compared to the national average (30.1%)

Adults 16+

- 66.4% of adults in Sunderland were physically active in 2021/22, similar to the North East average (65.4%) and England average at 67.3% (gardening included)
- In 2021/22, Sunderland had 24.5% physically inactive adults, which was better than the North East average (25.0%), but slightly worse than the national average (22.3%)

Gambling

The full JSNA and accompanying slideset can be read at:

[Gambling slideset](#) and [Gambling HNA](#)



- Key harms relate to: mental health, finances, relationships, reduced performance at work and, in some cases, criminal behaviour. Around 5% of suicides in this country are thought to be linked to gambling – that is over 400 people per year
- Sunderland-level data is not available for gambling prevalence; however, data provided nationally can be used to calculate estimates. In the North East, it is estimated that 4.9% of the population (aged 16+) are at risk from gambling. Nationally it is estimated to be 0.5%.
- Nationally, 7% of the population of Great Britain (adults and children) were found to be negatively affected by someone else's gambling

Type	Estimated number of individuals - Sunderland
'Problem' gamblers	1,130 (aged 16+) around 0.5%
At risk from gambling	11,083 (aged 16+) around 5%
Affected others	19,194 (all ages) around 8%

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
- Under 75 mortality from cancer considered preventable in 2021 in Sunderland is 73.7 per 100,000, higher than the North East (62.3) and England (50.1). The Sunderland rate is significantly higher than the England average but not significantly different from the regional average
- Under 75 mortality rates from lung cancer (2021) are significantly higher in Sunderland than the North East and England average at 47.1 per 100,000, compared to 35.9 for the Region and 26.0 for England
- Collectively, cancers account for 21.8% 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

Long term conditions



- Data from 2021/22 shows higher recorded prevalence of long-term conditions in Sunderland compared to England of coronary heart disease, stroke, hypertension, atrial fibrillation, diabetes, chronic kidney disease and chronic obstructive pulmonary disease

Disabilities



- 23.5% of people have a long term health condition or disability (Census 2021)
- Learning disabilities recorded prevalence is 0.9% in Sunderland compared to a prevalence of 0.5% in England

Mental health and wellbeing



- Depression is the main reason that otherwise healthy people first seek health care support in Sunderland
- Depression prevalence in those aged 18 years + during 2021/22 in Sunderland at 14.2%, which is the same as the North East average, but significantly higher than the England average at 12.7%
- The suicide rate in Sunderland (2019 – 21) is 14.2 per 100,000, significantly worse than the England average of 10.4 and worse than the regional average of 13.0

The full JSNA can be read at: [Adult Public Mental Health and Wellbeing JSNA](#)

Living well summary



Good quality housing and employment, strong communities and access to support when we need it are all key components to living well. When people experience inequalities in these areas, it can affect their health and wellbeing – both in the short and long term.

- Sunderland has high levels of deprivation; we can see the impact of this when we look at healthy life expectancy for our city.
- People in the city have poor mental wellbeing, this also impacts on peoples 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
- Poverty levels within the city continue to have an impact
- The cost of living crisis is hitting the poorest residents most significantly

Ageing Well

The full JSNA can be read at:
[JSNA Ageing Well](#)

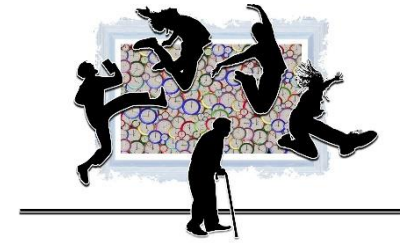


- Emergency admissions due to falls reduced slightly to 2,710 per 100,000 amongst the over 65s during 2021/22. This is however, still higher than the average North East figure (2,531) and significantly higher than the England figure at 2,100
- Sunderland is 6th worst for falls in the North East



- The percentage of adult social care users (aged 18+) in Sunderland who have as much social contact as they would like fell from 55.1% in 2019/20 down to 44.2% in 2021/22. This is higher than the North East average figure (41.6%) and higher than the England figure (40.6%).

Ageing well summary



- More people in the city are living with, and prematurely dying from, serious diseases than elsewhere in the country
- The gap in healthy life expectancy between Sunderland and 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, so people in Sunderland are spending more of their lives in poor health
- The ageing population in the city has a significant effect on local services
- Reducing falls and levels of social isolation remain priority areas for ageing well in Sunderland. Welcoming Spaces are helping to address social isolation

Key health challenges identified through JSNA (1 of 2)



Poverty levels within the city continue to have an impact



People in the city have poor mental wellbeing and this also impacts on physical health



Children and young people in the city face significant challenges and inequalities across the social gradient of health



More people in the city are living with, and prematurely dying from, serious diseases than elsewhere in the country



Smoking, diet, alcohol, substance misuse and physical inactivity lead to poor health outcomes for the city



The ageing population in the city has a significant effect on local services

Key health challenges identified through JSNA (2 of 2)



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



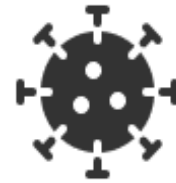
Inequalities in the city have a significant impact on health



Covid-19 has directly and indirectly impacted on life expectancy and is expected to have a significant impact on premature mortality



The cost of living crisis is hitting the poorest residents most significantly



Responding to health protection (infectious diseases) threats requires prevention work, rapid identification and a swift response to complex cases in high risk places, locations and communities



The wider impacts of climate change and levels of carbon in our atmosphere impact significantly on the local environment and on mental and physical health

Community assets

- 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

<https://www.sunderland.gov.uk/healthycityplan>



Where to find out more:



Sunderland Healthy City Plan 2020 – 2030

(Published March 2021)



Key sources of data and links to find more information:

- [Sunderland Healthy City Plan 2020-2030 \(sunderland.gov.uk\)](https://www.sunderland.gov.uk)
- [Sunderland Joint Strategic Needs Assessment - Sunderland City Council](#)
- [Sunderland Data Observatory](#)
- [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)
- [NHS Digital](#)
- [Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- [Census 2021](#)

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2022/23

Report of Executive Director of Health, Housing and Communities

1. Purpose of the Report

- 1.1 To provide an overview of the Annual Director of Public Health Report (ADPHR) 2022/23 which describes the health and needs of the local population, focusing on issues pertinent to our communities.
- 1.2 To provide recommendations from the ADPHR for continuing to improve the health and wellbeing of our population and reducing health inequalities.

2. Background

- 2.1 This year's ADPHR (appendix one) explores the concept of commercial determinants of health, its impact on health outcomes, and recommendations to address them.
- 2.2 Everyone is affected by commercial determinants in different ways. The report raises awareness of commercial determinants and highlights what we can do at a local level to mitigate the negative and promote the positive impacts that some industries can have on the health and wellbeing of our local communities. It includes some case studies of work that is happening both locally as well as nationally, with a number of recommendations set out to help direct our work.

3. Annual Director of Public Health Report 2022/ 23 – Commercial Determinants of Health: Whose Choice is it?

- 3.1 Commercial determinants of health refer to the business practices and policies that influence health outcomes. The commercial sector plays a significant role in shaping health outcomes, both positively and negatively. On the one hand, commercial activities can contribute to economic growth, job creation, and improved standards of living, which can have positive impacts on health outcomes. On the other hand, commercial activities can also have negative impacts on health, such as through the promotion of unhealthy products and practices such as sugary drinks or processed foods, or through environmental degradation.
- 3.2 Everyone in society is affected by commercial determinants in different ways, but some groups and individuals have felt and continue to feel the biggest impacts. To address this, we need to play our part in rebalancing the impact and focus on both the social and commercial determinants of health.

- 3.3 The commercial determinants of health have a significant impact on health outcomes. Commercial sector products and practices from four main areas; alcohol, tobacco, diet and air pollution attribute to a third of all global deaths from non-communicable diseases including obesity, diabetes, cardiovascular health, cancer. In Sunderland, non-communicable diseases contribute significantly to the gap in life expectancy between the most and least deprived quintiles. The marketing of unhealthy products can also contribute to the adoption of unhealthy behaviours, such as smoking and excessive alcohol consumption. The regulation and governance of commercial activities can also have significant impacts on health outcomes.
- 3.4 The report focuses on the main unhealthy commodity industries which impact on health, these are:
- Food and drink
 - Tobacco
 - Alcohol
 - Gambling
 - Environment including fossil fuels and pollution
 - Formula milk
 - Working conditions and benefits.
- 3.5 The report recognises that some of the most impactful interventions to tackle commercial determinants need to come at a national and even international level working with business and investors to have better corporate governance and encourage better corporate practices. However, a local public health approach will centre on the premise that we cannot only focus on the harm caused by commercial determinants on the individual; we must also work further upstream and across the system.
- 3.6 To help direct our work and move forward together there are several recommendations set out at the end of the report as well each main unhealthy commodity section of the report.

4. Recommendation

- 4.1 The Health and Wellbeing Board is recommended to support the recommendations contained within the Annual Director of Public Health Report 2022/ 23 – Commercial Determinants of Health: Whose Choice is it?

Appendix one:

Annual Director of Public Health Report (ADPHR) 2022/23

[DirectorOfPublicHealthAnnualReport2022-2023.pdf \(sunderland.gov.uk\)](#)



Commercial
determinants
of health:

**Whose
choice
is it?**



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Foreword

Welcome to my second report as Director of Public Health for Sunderland.

The Annual Public Health Report provides me with the opportunity to present an independent report on the health of the people of Sunderland. This year I have decided to focus on commercial determinants of health – commercial activities that can influence our health both positively and negatively. In Sunderland, our healthy life expectancy is significantly worse than the England average; there are many complex reasons for this, and it is vital that we view health inequalities and health outcomes through a wide public health lens – and this includes exploring the impact of commercial determinants.

Commercial determinants of health affect everyone, but this report demonstrates that some individuals and groups have been affected more than others. We know that employment and good work for all can have a positive impact on health and wellbeing; locally we are harnessing and promoting this through the Better Health at Work Award and our Workplace Health Alliance. Regeneration is also key to ensuring we have vibrant communities, supporting developments and businesses that are health promoting. However, in my report, I highlight how working policies and practices can also impact negatively on a wide range of health outcomes including obesity, diabetes, cardiovascular health, cancer and mental health. I have focused on key areas such as tobacco, alcohol, gambling and food, but also highlight areas such as fossil fuels, air pollution, working conditions and infant formula milk.

I recognise that some of the most impactful interventions to tackle commercial determinants need to come at a national level. However, I am hopeful that my report will raise awareness of commercial determinants and start the conversation about what we can do at a more local level to mitigate the negative and promote the positive impacts that some industries have on the health and wellbeing of our local communities. Conversations around reducing industry influence on areas such as treatment programmes need to be had. We also need to consider the strategies and approaches used by the private sector to promote products and choices which impact negatively on health.

I would encourage everyone to think about the use of language and to move away from unhelpful terms such as 'problem gambler' and 'lifestyle choice' as this puts the emphasis on the individual rather than the commercial environment in which we live. I hope that this report offers an opportunity to reflect and consider how we can all play our part in rebalancing the impact of commercial determinants on our residents and I have made detailed and overarching recommendations for action.

Lastly, reflecting on public health's tenth year in local government, I do believe that councils are in the best position to build local partnerships to tackle the social or wider determinants which influence our health and wellbeing such as housing, unemployment and education. The past 10 years have shown that these can be addressed through working in partnership with colleagues from within the council as well as our vibrant voluntary and community sector and residents.

I would like to thank all of those involved in developing this report including Julie Parker-Walton, Kylie Murrell, Craig Hodgson, Stephen Potts, Janet Collins, Sheila Rundle, Louise Darby and all of those who provided valuable case studies which help to illuminate the issues and possible actions raised in this report.



Gerry Taylor,

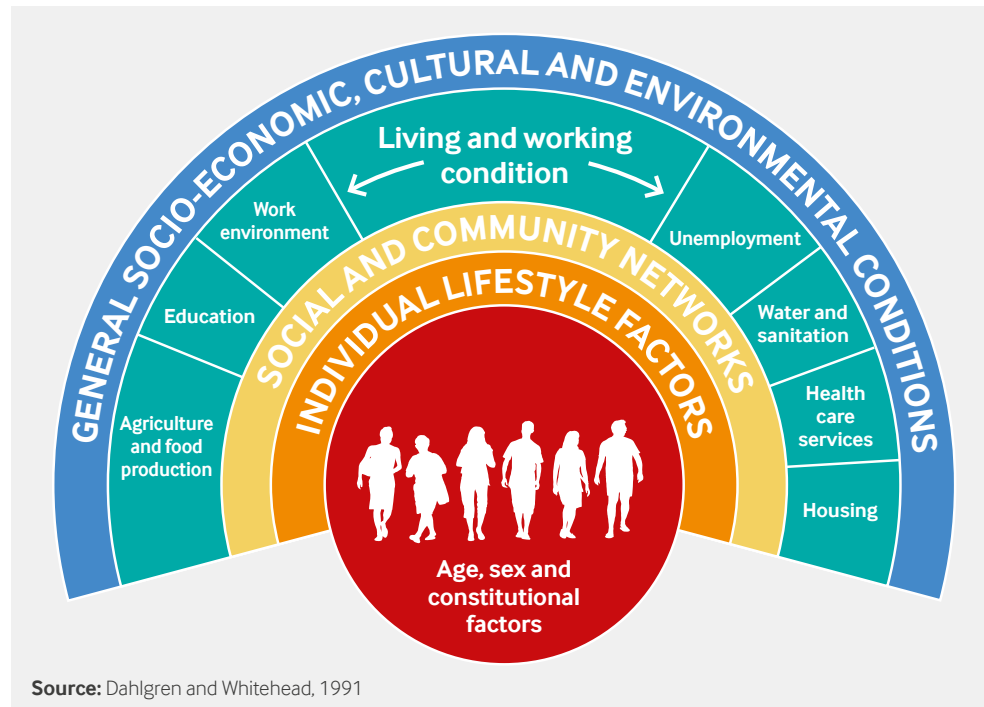
Executive Director of Health, Housing and Communities



Commercial determinants of health: Whose choice is it?

What shapes our health?

Our health is shaped by the circumstances in which we are born, grow, live and work. These all play a significant role in health outcomes and are often referred to as the social or wider determinants of health. These factors, alongside our health-related behaviours, play the biggest role in our health and health outcomes. Dahlgren and Whitehead's rainbow model of the social determinants is widely used throughout public health, with strategies and interventions often rooted in its principles. It helps demonstrate the complex nature of health and the need for partnership working across systems to achieve positive outcomes.



A key criticism of this model is that it does not adequately consider the impact that big corporations have on our health and wellbeing. However, there currently isn't a model which considers both the social and commercial determinants.

It is accepted within public health that there are industries around the globe that sell products that harm our health, but this has not received the same weighting or attention in our practice and research as the other social determinants such as housing, education and employment. In recent years, the actions of corporate bodies and the products that they sell have been referred to as the commercial determinants of health¹.

We need to play our part in rebalancing the impact of commercial determinants. If we don't focus on both the social and commercial determinants of health, we risk focusing too much on the individual behaviour and ignoring the industry contribution in relation to health inequalities².

What are commercial determinants of health?

The corporate sector influences the physical and social environments in which we live, work, play, learn and love – both positively and negatively. Commercial activities can contribute to economic growth, job creation, and improved standards of living, which can have positive impacts on health outcomes. On the other hand, commercial activities can also have negative impacts on health, such as through the promotion of unhealthy products and practices such as sugary drinks or processed foods, or through environmental degradation.

Commercial activities provide positive contributions to health, for example increasing the availability of healthy food, essential medicines and health technologies, reformulation of goods and products to reduce harm and injury such as the introduction of seat belts in cars, efforts to reduce salt content in food production, the elimination of trans fats from the global food supply, and good employment policies such as ensuring real living wages, paid parental leave, paid sick leave and access to occupational health services.

However, our exposure to unhealthy commodities and how these impact on our behaviours and 'choices' are heavily influenced by some corporate bodies and our consumption of unhealthy commodities; for example, foods high in fat, salt and sugar, tobacco, alcohol, drugs, gambling products and fossil fuels. Our usage is driven by the complex tactics of industry to promote products and choices that are harmful to health. These are known as commercial determinants of health - the private sector activities that affect people's health, directly or indirectly, positively or negatively³.

Commercial determinants of health framework

The commercial determinants of health framework shows the three main drivers within global business. These are:

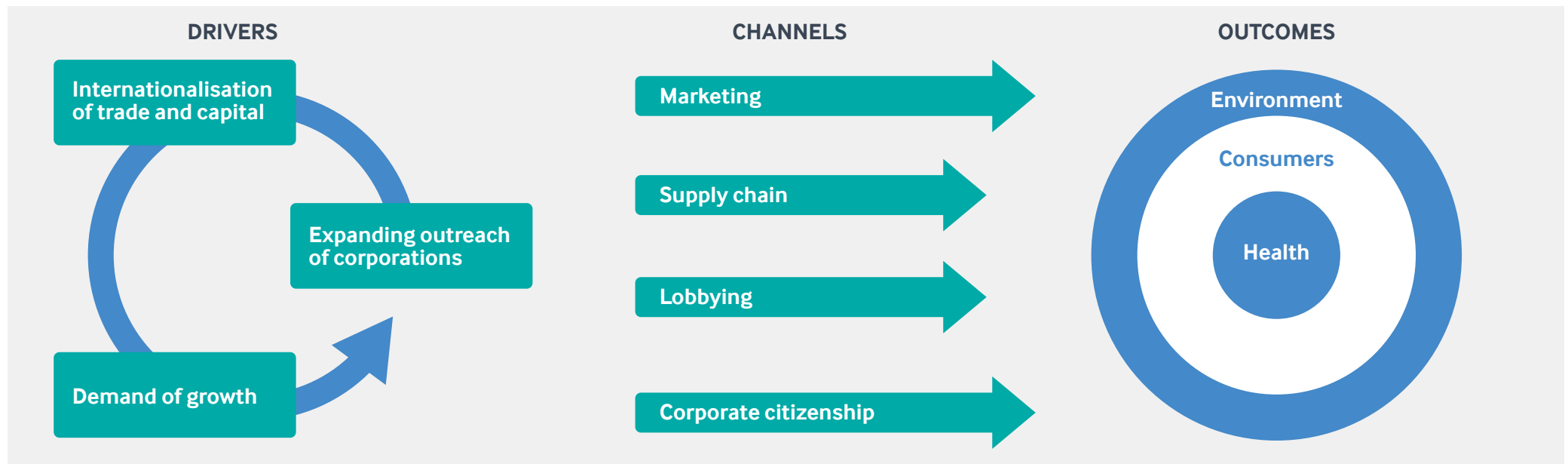
- 1 Consumption landscape, the way we use products/consumables.
- 2 The power of large companies linked with our rising demand and their increasing market coverage.
- 3 Continued internationalisation of trade and investment.

The framework shows that corporate influence is applied through four main channels:

1. Marketing, which enhances the appeal and acceptability of unhealthy commodities.
2. Extensive supply chains, which increase company influence around the globe reaching more people with ever more consumption choices.
3. Lobbying, which can influence policy barriers such as plain packaging and minimum drinking ages.
4. Corporate social responsibility strategies, which can deflect attention.

The actions from the drivers and channels not only impact the environment and consumer, but also increase the risk factors from the sale of products that negatively impact health. Commercial sector products and practices from four main areas; alcohol, tobacco, diet and air pollution contribute to a third of all global deaths from non-communicable diseases including obesity, diabetes, cardiovascular health, cancer.

Figure 1: Commercial determinants of health framework: dynamics that constitute the commercial determinants of health⁴



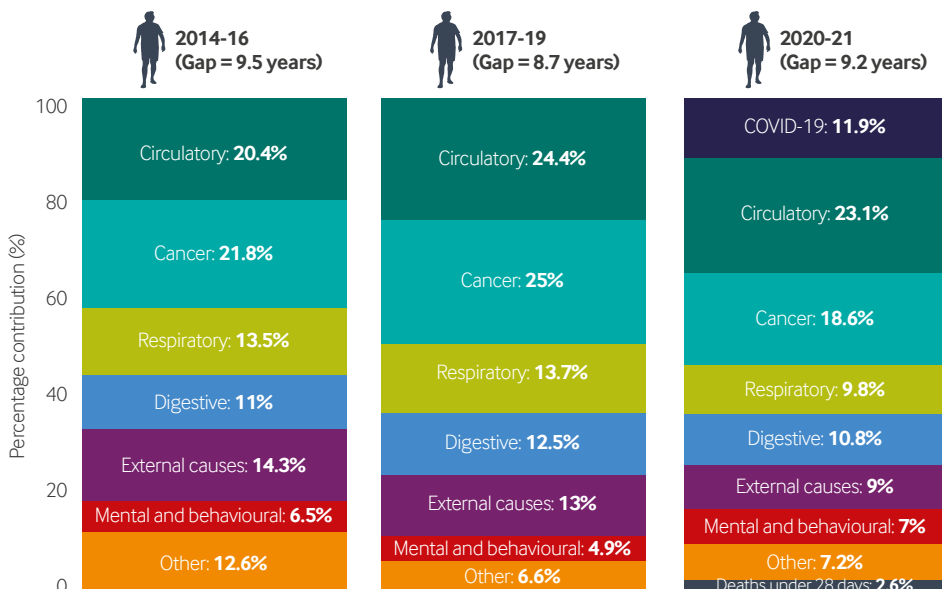
Commercial determinants of health: Whose choice is it?

Impact of commercial determinants on health

Non-communicable diseases including obesity, type 2 diabetes and cardiovascular disease are the leading cause of death. Globally, non-communicable diseases account for 74% of all deaths annually. In England it is higher, with 88.8% of all deaths in 2019 attributable to non-communicable diseases⁵. As well as the human cost of non-communicable diseases there are significant economic and healthcare costs, and clear inequalities – most notably that people living in areas of greater deprivation have a higher risk of dying from non-communicable diseases than those living in the least deprived areas.

In Sunderland, non-communicable diseases contribute significantly to the gap in life expectancy between the most and least deprived quintiles.

Figure 2: Breakdown of the life expectancy gap between the most and least deprived quintiles of Sunderland by cause of death, Males⁶



Source: Office for Health Improvement & Disparities (2023) Segment Tool Data

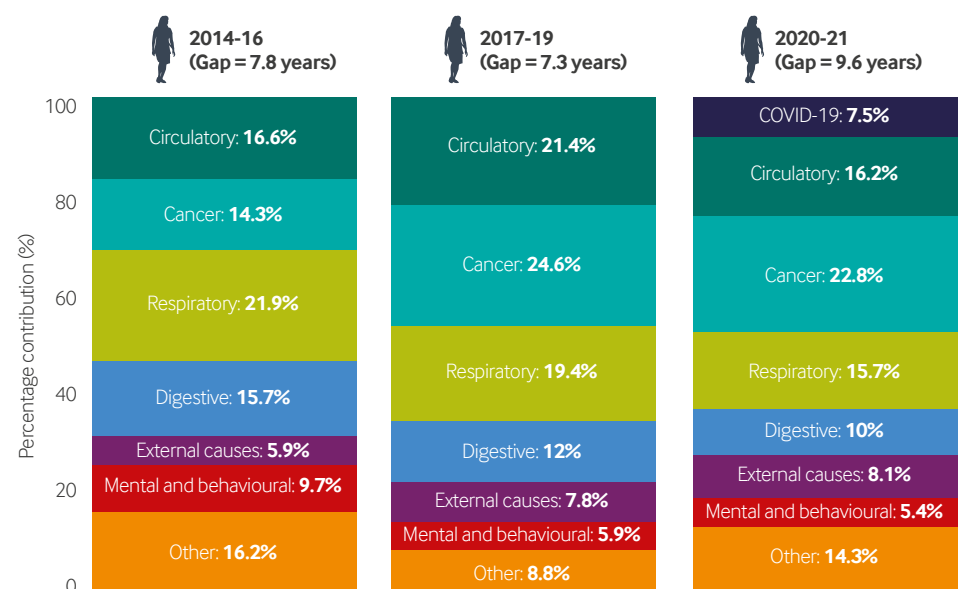
Risk factors for non-communicable diseases include smoking, gambling, consuming unhealthy food and drinks, and alcohol and substance misuse. There is a uniting element between these risk factors – industries whose success relies on producing and profiting from the sale of products that negatively impact health and wellbeing to the public.

Figure 2 and 3 both show the contributions to the higher mortality rates from the various causes of death.

In figure 2 the gap in male life expectancy between those living in the most and least deprived fifth of areas was 9.5 years in 2014 to 2016 and 8.7 years in 2017 to 2019, and in 2020 to 2021 the gap was 9.2 years.

In figure 3 the gap in female life expectancy between those living in the most and least deprived fifth of areas was 7.8 years in 2014 to 2016 and 7.3 years in 2017 to 2019, and in 2020 to 2021 the gap was 9.6 years.

Figure 3: Breakdown of the life expectancy gap between the most and least deprived quintiles of Sunderland by cause of death, Females⁶



Source: Office for Health Improvement & Disparities (2023) Segment Tool Data



CASE STUDY: Sheffield City Council – Starting the conversation around tackling the commercial determinants of health

The burden of non-communicable disease in Sheffield’s local populations continues to grow and remains preventable in the vast majority of cases. Despite this, effective solutions to the problem still largely evade most public health teams. Many solutions have been traditionally framed within individual-risk taking behaviours in relation to unhealthy products, and national and local level strategy and policy has conventionally tackled the problem in this way. Whilst that framing is showing signs of change, moving further upstream away from the individual behaviour approaches, with a wider acknowledgement of environment and commercial determinants of health, public health approaches often remain linear, usually by individual commodity or behaviour topic, e.g. gambling, tobacco, alcohol, active travel etc.

Whilst a topic approach to organising strategies, services and interventions remains relevant, in Sheffield the council is attempting to build upon this in relation to commercial determinants of health as an umbrella topic approach in its own right.

The intention is to develop a broad framework for tackling the commercial determinants of health, ensuring strategies collectively take a whole systems approach with greater emphasis on the environment, framing away from individual behaviour change, highlighting the commonality of corporate strategies across unhealthy commodity industries, and advocating greater use of local authority powers to impact on reach of those corporate strategies as a whole. Essentially developing a “public health playbook” to counter the unhealthy commodity industries playbook.

Work began with a discussion at Sheffield’s Health and Wellbeing Board which covered;

Individual responsibility: The limited impact of focusing on education and awareness and highlighting the role of agency within the environment, and role of corporate choice architecture on behaviour and health inequalities.

The “Industry Playbook”: Highlighting the commonality of market and non-market tactics used by the unhealthy commodity industries to protect profits, including but not limited to; sponsorships and advertising, population targeting, education packages, positive alignment and ‘corporate social responsibility’, as well as lobbying and undermining/clouding unfavourable scientific evidence.

Case studies: Telling the story and bringing to life, e.g. how the alcohol industry utilises male bodies only in education packages on effects of alcohol to avoid addressing drinking in pregnancy and associations of alcohol with breast cancer.

Local authority powers: A set of proposals for tackling the commercial determinants of health, potentially including but not limited to; developing a conflict-of-interest policy on industry influence, guidelines on school education packages, language change away from ‘individual choices’, advertising and sponsorship policies, local authority planning powers and advocate cumulative impact policy on proliferation of unhealthy commodity retail and exposure, lobbying awareness training.

Sheffield sought the backing of the Health and Wellbeing Board to develop this as an approach and draw up a set of proposals into a broader framework for action. The report and presentation were strongly and unanimously supported by all, paving the way to begin developing a stronger upstream approach across Sheffield to tackling commercial practices that exacerbate health inequalities.



Commercial determinants of health: Whose choice is it?

Common industry tactics

There are a number of common tactics used by unhealthy commodity industries globally to ensure that their products remain profitable. These tactics are used to delay and undermine evidence and Public Health policy and are known as the 'Industry Playbook'⁷. It includes lobbying, creating doubt about the science and undermining of evidence, reframing discussion to a narrow focus on individual choice, undermining critics, marketing aggressively and fostering a positive image through corporate social responsibility.

Examples of unhealthy industry tactics are:

- **Sports washing** is a term used to describe the practice of individuals, groups, corporations, or governments using sports to improve reputations tarnished by wrongdoing.
- **Green washing** is a term used to describe a false, misleading or untrue action or set of claims made by an organisation about the positive impact that a company, product or service has on the environment.
- **Use of language** around 'individuals making healthier choices' rather than focusing on the environment in which those individuals are expected to make those choices.
- **Product placement** in films as well as on TV when people are being interviewed.
- **Merchandise** such as greeting cards wishing us a 'gin-tastic' day or an 'un-beer-lievable birthday'.
- **Marketing** for example encouraging us to reward ourselves and enjoy 'wine o'clock' after a hard day.



Lobbying

The 'Industry Playbook' includes lobbying which can be powerful tool and can speak with a single (well-funded) voice. There is evidence of industries having lobbied and/or made donations to political parties around the world^{8,9,10}. The power is unequal, particularly with wealthy global corporate industries.

The World Health Organisation Framework on Tobacco Control demonstrates what is possible when we choose to use our powers collectively in a positive way around the conflict of interest between the tobacco industry and health policy making. The World Health Organisation Framework (entered in force in 2005) has largely controlled tobacco advertising, promotion and sponsorship.

Manufacturing doubt and shifting blame

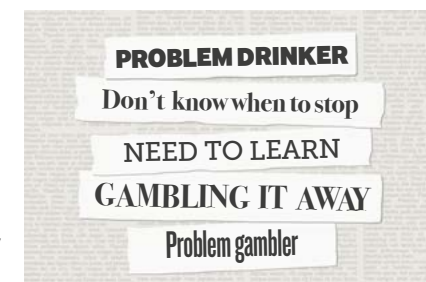
When the goal of an industry (to make profit) is at odds with social good, the industry has a tendency to create a narrative that better suits their needs. Three overarching strategies are used: denial/omission; distortion of evidence; and distraction/alternative causation.

Strategy	Explanation	Example
Denial/omission	Disputing links between unhealthy commodities and disease	Fossil fuel industry denial of links to climate change – promotion of false experts, cherry-picking of data, funding biased research ¹¹
Distortion of evidence	Misrepresenting the size of the risk	Alcohol industry submissions to Scottish Government's 2008 consultation on Changing Scotland's relationship with alcohol – described scientific evidence base as weak/flawed without providing details, and presented their own weak research as fact ¹²
Distraction/alternative causation	Moving the discussion away to other issues	Tobacco industry's claims that cancer is also caused by stress, air pollution and even gardening ¹³

Utilising these methods creates space for industries to reinforce the 'personal responsibility' narrative – essentially that they will provide information and warnings, but it is down to individuals to know how to use their products in ways that don't contribute to poorer health. People who cannot consume

responsibly are at fault – and labels such as 'problem drinker' and 'problem gambler' are used. This language serves to individualise and frame issues driven by industry and society as issues of personal responsibility.

This can also occur with research and evidence. Randomised controlled trials (RCTs) are seen by many as the gold standard of clinical trials but are often not feasible or appropriate for public health issues. This can be used to support claims that the evidence is weak or does not support a causal link and counter-studies may also be funded to create doubt. However, different methods of scientific investigation are acceptable in public health.



Aggressive marketing and sponsorship

Gambling, alcohol and food industries ask us to consume their products with care in the small print but aggressively advertise at every potential opportunity – in print, online, sponsorship, television, radio, celebrity endorsements and product placement. It is estimated that TV viewers alone are exposed to 41 adverts per day in the UK, when other forms of advertising are included it will be much higher. Social media enables companies to target their marketing based on algorithms.



Research has shown that the more people see adverts for unhealthy products, the more they use them. Advertising for unhealthy foods is known to be linked to poorer diets and obesity¹⁴. Billboards, buses and other outdoor public spaces are thought to be seen by 98% of the UK population at least once a week¹⁵. People in more disadvantaged communities are more exposed to advertising for unhealthy food and drink¹⁶.

Evidence from the London School of Hygiene and Tropical Medicine's evaluation of the Transport for London policy¹⁷ has shown that the restrictions led to a 20% reduction in sugary products, and a 1,000 calorie decrease per week per household from unhealthy foods and drinks. Transport for London have confirmed that their advertising revenues have been unaffected by the restrictions since implementation in 2019¹⁸. After the Mayor of London first brought in the Healthier Food Advertising policy across the Transport for London network in 2019, seven other local authorities across the UK have brought in a policy: Tower Hamlets, Haringey, Southwark, Merton, Greenwich, Bristol and Barnsley¹⁸.

Commercial determinants of health: Whose choice is it?

Research shows that advertising drives harmful consumption of alcohol, tobacco and foods high in fat, salt and sugar¹⁹, and increases the risk of childhood obesity²⁰.

Olsen et al's 2021 study revealed that Scottish children living in more deprived areas had greater exposure to unhealthy food and drink advertising, compared to children living in less deprived areas – potentially as a result of their greater use of the transport system. Such targeted marketing therefore increases health inequalities.

Nudge theory is used within public health, shaping environments to influence behaviour. Dark nudges are nudges but with harmful or unhealthy purposes; these are frequently used by unhealthy commodity industries to drive consumption of their products. Examples include disguising losses as minor wins in gambling (celebratory messages on machines when you win a minor amount but have actually lost more) and social norming (messages telling us that the majority of people don't complete Dry January). The use of certain words, images and even branding can also prime people to drink; research suggests that the branding, positioning and design of alcohol-free drinks send stimuli that remind the drinker of drinking alcohol²¹.



CASE STUDY: Transport for London - Advertising ban linked to lower purchases of unhealthy food and drink

In 2019, the Mayor of London, Sadiq Khan, introduced restrictions on advertising of unhealthy food and drinks across the Transport for London network.

Researchers wanted to see whether the advertising ban was followed by changes in household take-home purchases of unhealthy food and drink.

The researchers estimated what household food purchases would have been without the ban. They compared these estimates with actual purchases after the ban. The study included all products classified as high in fat, salt or sugar. More than 5 million household food and drink purchases were recorded by 1,970 households (977 households in London, and 993 households in the North of England).



10 months after the introduction of the advertising ban:

- The average weekly household purchase of energy from unhealthy products was 7% or 1,000 kcal lower than predicted; this corresponds to a reduction of 385 kcal (roughly 1.5 bars, or 72g of milk chocolate) per person per week.
- Reductions were seen in weekly household purchases of fat (57.9 g), saturated fat (26.4 g) and sugar (80.7 g).
- The largest reductions were seen for energy from chocolate and sweets (19.4%, 317.9 kcal).
- There were no changes in purchases of other (non- high in fat, salt or sugar) products.

Over the 10 months of the study, there was a general trend towards increased purchases of unhealthy food. The advertising ban was therefore associated with a smaller increase in purchases (relative reduction), rather than a drop in purchases (absolute reduction).




The results suggested that bigger reductions in purchasing occurred in less well-off households, households where the main food shopper was living with overweight or obesity, and in shoppers who used public transport more frequently. However, these analyses were on a small number of people, and the researchers say the observations should be considered with caution.

Further work is needed to track the impact of the policy over the long-term. More information can be found at: <https://content.tfl.gov.uk/advertising-report-2018-20-acc.pdf>



CASE STUDY: Bristol City Council - Advertising and sponsorship policy

Bristol City Council has an Advertising and Sponsorship policyⁱ which provides a framework for any advertising generated by the council itself and advertising and sponsorship by third parties on council-owned spaces, assets and events. This includes bus shelters, billboards and digital screens it owns. The policy prevents advertising of the following:

-  Gambling products and services (except for the National Lottery, small or large society lotteries and local authority lotteries, as defined in the Gambling Act 2005).
-  Alcoholic drinks.
-  Promotion of foods or drinks that are high in fat, salt and/or sugar as defined by the Department of Health and Social Care's nutrient profiling model.

The policy aims to benefit the city by reducing potential public harm caused by exposure to advertising of harmful goods and services, to improve physical health, mental health and wellbeing and reduce inequalities. This is part of the whole systems approach to tackle the issue of people living with overweight and obesity. A health in all policies approach is embedded in the One City priorities, recognising the wider determinants of health. Other programmes of work include working with food businesses across the city to recognise and encourage a healthier and more sustainable food offering through a Bristol Eating Better Awardⁱⁱ and Gold Sustainable Food City statusⁱⁱⁱ.

Bristol became the first city outside of London to introduce a similar policy to the Transport for London restrictions on advertising of unhealthy food and drinks when it was approved by Cabinet members in March 2021.

Research is ongoing to evaluate the impact of the policy on food purchasing in Bristol by the NIHR Applied Research Collaboration (ARC) West^{iv}.

ⁱ<https://democracy.bristol.gov.uk/documents/s58004/Appendix%20A%20-%20Advertising%20and%20Sponsorship%20Policy.pdf>

ⁱⁱwww.bristol.gov.uk/bristol-eating-better-award

ⁱⁱⁱwww.goingforgoldbristol.co.uk/

^{iv}<https://arc-w.nihr.ac.uk/>



Self-regulation, partnership and corporate social responsibility

Corporate Social Responsibility is, broadly speaking, business' efforts to act responsibly for their communities and the environment and to contribute to social good. Paichadze et al (2022)²² set out the activities typically used by industries to demonstrate their commitment to Corporate Social Responsibility:

- Support for good causes, such as breast cancer awareness (focusing on awareness raising of disease rather than causes of disease).
- Charitable giving.
- Grants and sponsorships.
- Environmental sustainability.
- Self-regulation.

In many cases industries promote self-regulation rather than government regulation. Insights from the tobacco industry revealed that this was a commonly used tactic²³. However, research demonstrates that self-regulation initiatives rarely lead to positive outcomes from a public health perspective^{24,25}. A recent review of the Department of Health's Responsibility Deal showed that the initial aims of the programme to work with industry to make progress in key public health areas were reframed as personal responsibility for lifestyle behaviours²⁶.

Some industries fund education and awareness raising through third parties, often with charitable status, such as GambleAware and DrinkAware. Analysis of the DrinkAware website has found ambiguous statements about health impacts and misinformation (alongside information approved by health agencies)²⁷. Programmes in schools are also often funded by industry; a review of industry-funded alcohol youth education programmes found that they serve industry interests, promote moderate consumption and place responsibility on individuals²⁸. Additionally, a recent review²⁹ of industry-funded education programmes in the UK found that the content focused on the personal responsibility narrative, encouraging young people to control their own impulses, rather than focusing on the industry and its products.

One steadfast argument from industry (and others) is that everyone should have freedom of choice and the 'nanny state' should not be allowed to dictate people's lives. The counter argument to this is that industries themselves influence people's choices through their tactics, and the harm caused by their products and practices is indeed a challenge to people's freedom in itself³⁰.

Commercial determinants of health: Whose choice is it?

Unhealthy commodity industry

This focuses on the unhealthy commodity industries of tobacco, alcohol, gambling and food, but it also covers a wider range of issues – including fossil fuels, air pollution working conditions and infant formula milk. Additionally, the working policies and practices of companies and industries can have an impact on workforces, both positively and negatively.

Food and drink

Raised body mass index (BMI) is a significant risk factor for a number of non-communicable diseases, including cardiovascular diseases (the leading cause of death worldwide), diabetes, musculoskeletal disorders and some cancers.

Internationally, over 1.9 billion adults had high BMI in 2016 and worldwide living with obesity has tripled since 1975³¹. In Sunderland in 2020/21, 69.1% of adults were living with overweight or obesity and 29.9% with obesity³². Both indicators are significantly worse in Sunderland than the England average.

The gap in rates between children with a healthy weight from the least and most affluent families in the UK is larger than any EU country (26 points compared to the EU average of 8 percentage points)³³, demonstrating clear inequalities. A similar pattern can be seen in Sunderland. Children in Reception and Year 6 living in the most deprived neighbourhoods are more likely to be living with obesity than those from the least deprived. A similar socio-economic gradient is seen in adults.

The causes of obesity are complex but are often reduced to the premise of eating too much and moving too little. However, research has identified an association between ultra-processed foods and overweight/obesity, as well as other health outcomes³⁴. The availability and desirability of highly processed products and excessive marketing and food manufacturing processes can determine the quality of the products we consume. Ultra-processed foods and drinks tend to taste good, are often cheaper and more convenient, and last longer in our fridges and cupboards.

Figure 4: Reception: Prevalence of obesity (including severe obesity) 5 years data combined 2017/18 to 21/22 proportion % in Sunderland.

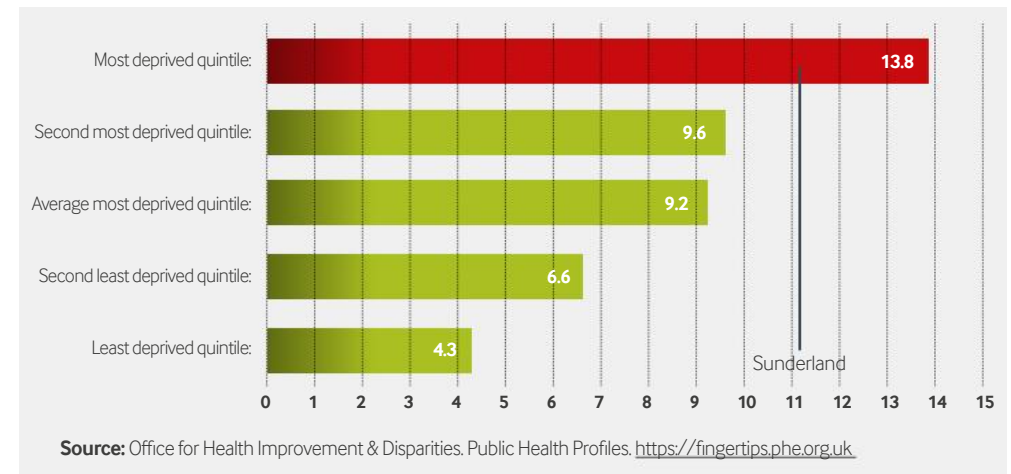
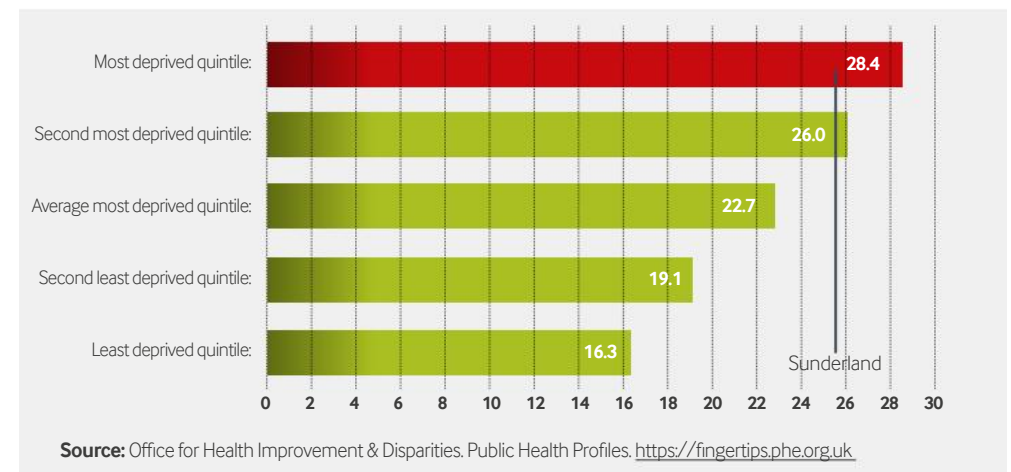


Figure 5: Year 6: Prevalence of obesity (including severe obesity) 5 years data combined 2017/18 to 21/22 proportion % in Sunderland



CASE STUDY: Sunderland City Council – Signing of the Healthy Weight Declaration



In February 2022 Sunderland City Council signed the Healthy Weight Declaration, underlining a commitment to supporting residents to live full and healthy lives.

Signing the declaration signaled the council's commitment to delivering practical measures to help create a healthier environment. This includes ensuring health is front of mind when planning events and projects such as new buildings, roads or parks.

A virtual event was held to mark the signing of the declaration which was attended by partners across the city who are working together to support the Healthy Weight agenda in Sunderland and actions developed as part of our Healthy Weight Strategy.

Further information about the Healthy Weight Declaration is available at: <https://foodactive.org.uk/what-we-do/influence-policy/local-authority-declaration-on-healthy-weight/>



A relatively small number of companies own multiple brands and research suggests that they can easily and efficiently flood markets with the highly processed foods that they produce and sell³⁵. This leads to a lack of competition and increased food prices. The global confectionary market was valued at \$210.3 billion in 2019 whilst the fast food market was valued at \$647.7 billion (with both projected to grow in the next decade). Research in 2016 demonstrated a clear association between fast food outlet density and area level deprivation³⁶.

Figure 6: Relationship between density of fast food outlets and deprivation by local authority*

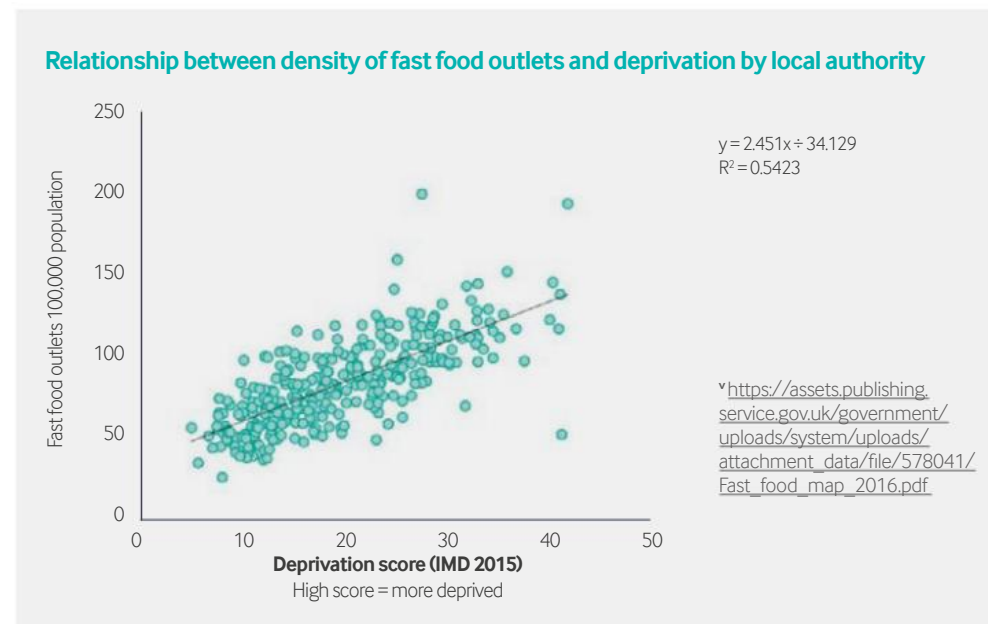
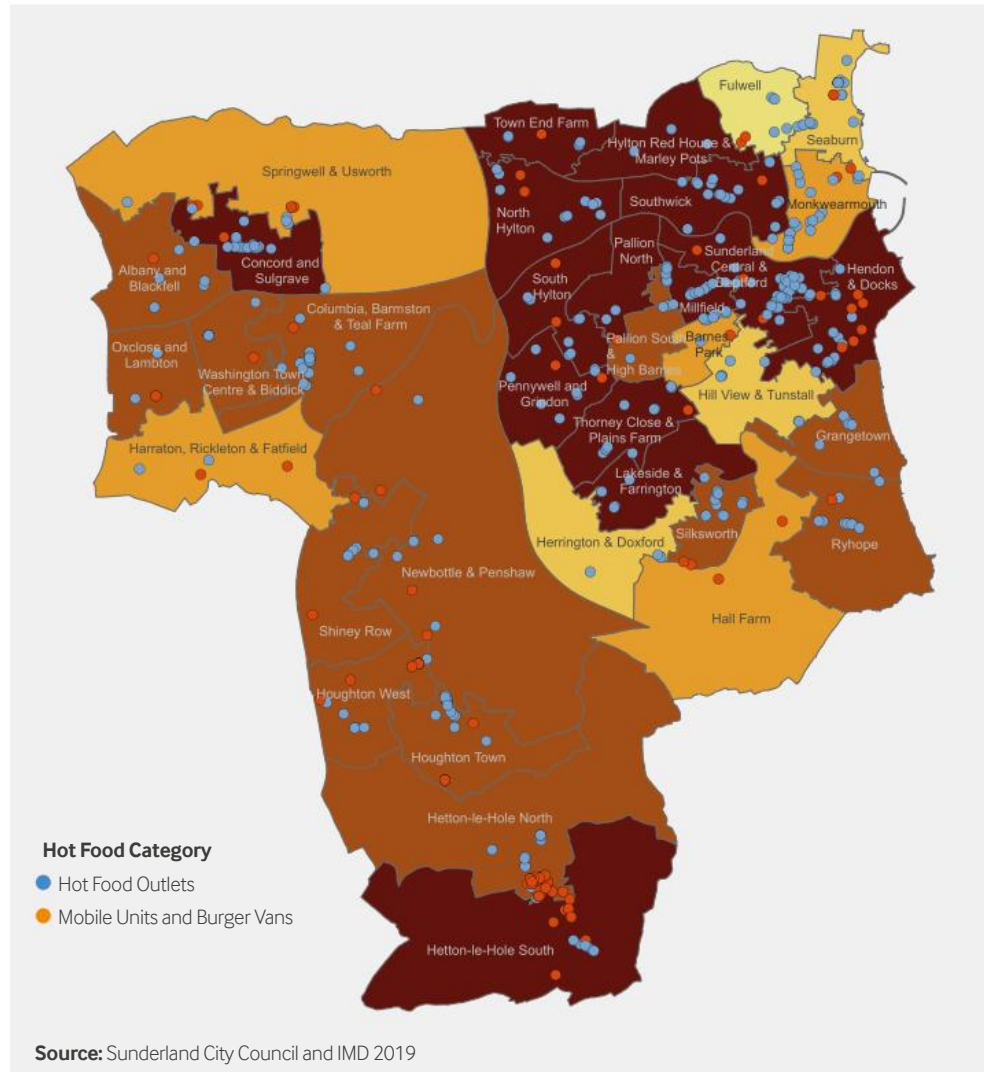


Figure 6 illustrates the association between density of fast food outlets and area level deprivation. The local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets.

In 2017, Sunderland was in the top (worst) 10% of local authorities for fast food outlet density in England with a rate of 137.8 outlets per 100,000 people³⁷. As you can see from the Figure 7 the darker areas, which are the more deprived wards, have the most hot food and mobile units selling food.

Commercial determinants of health: Whose choice is it?

Figure 7: Hot food takeaways and deprivation quintiles in Sunderland (February 2023) - darker is more deprived.



CASE STUDY: Sunderland City Council – Developing a hot food takeaway policy within the Core Strategy and Development Plan



Healthy weight is one of the most significant and complex challenges, for individual and family health and wellbeing, impacting on business and education, and contributing to significant costs across health, social care and a wide range of services. Obesity is the result of a very large number of determinants with many of the drivers beyond the scope of individuals to influence.

The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of people living with obesity. The National Planning Policy Framework makes it clear that the planning system can play an important role in creating healthy, inclusive communities.

Acknowledging this, Sunderland City Council implemented a Hot Food Takeaway policy following an evidenced based report in 2020. Hot food takeaway restrictions also feature in the council's Core Strategy and Development Plan (2015-2033).

To promote healthier communities, the council is committed to:

- Preventing the development of hot food takeaways within a 400m radius of entry points to all primary and secondary schools.
- Preventing the development of hot food takeaways in wards where the prevalence of obesity is more than 21% for Year 6 pupils or 10% for Reception pupils.

Since the implementation of the policy the council has refused a number of planning applications for hot food takeaways on these grounds.

The council is continuing to work with local takeaways to develop a scheme to support them to offer healthier alternatives.



Food and drink recommendations

- Through further developing the Integrated Impact Assessment approach, consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.
- Further develop local policies to protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools or at events on local authority controlled sites.
- Review Sunderland City Council's advertising policy and explore local opportunities to introduction of a healthier advertising policy which limits advertising around unhealthy commodities such as alcohol, fast food, and gambling in publicly funded spaces.
- To reference and adopt the addendum to the Public Health England's guidance^{vi} on using the planning system to promote healthy weight environments.

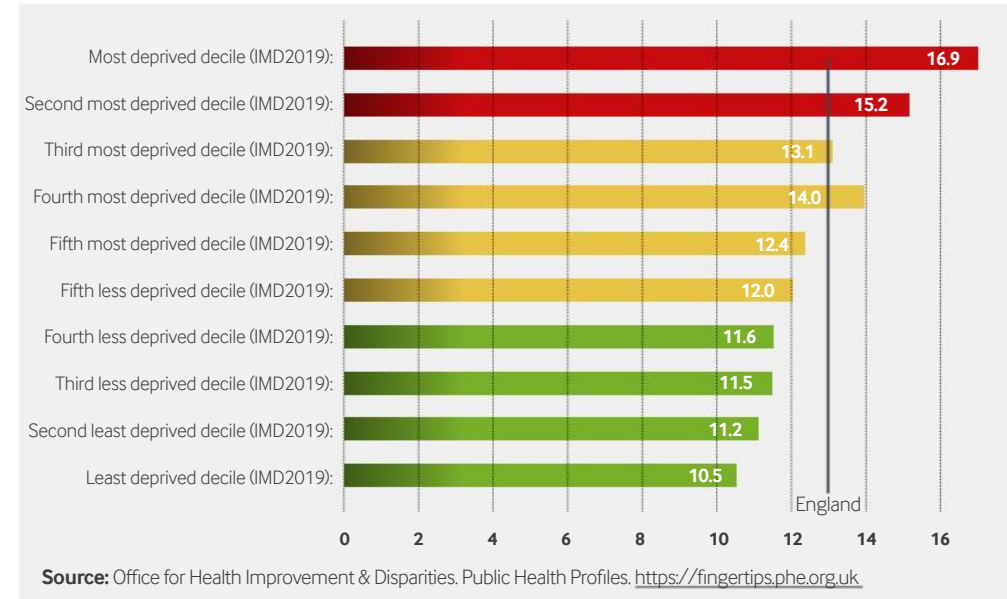
^{vi} <https://www.gov.uk/government/publications/healthy-weight-environments-using-the-planning-system/addendum-hot-food-takeaways-use-in-the-new-use-class-order>

Tobacco

Smoking and secondhand smoke cause a range of illnesses including various cancers, COPD, heart disease, stroke and diabetes – and tobacco is a leading cause of preventable death. In England, it is estimated that there were 74,600 deaths attributed to smoking in 2019³⁸ and 25% of all hospital admissions were attributable to smoking.

Inequalities in smoking prevalence are clear. Males smoke more than females and people living in the most deprived neighbourhoods are more likely to smoke than those living in the least deprived.

Figure 8: This graph shows smoking prevalence in adult (18+) current smokers as % 2021 in England



Whilst smoking rates have reduced significantly in England over the past 10 years from 19.8% to 13% in 2021, North East rates are still the highest in the country at 14.8%. The latest data for Sunderland shows that prevalence of smoking amongst adults is 15.2%, however this percentage increases to 28.9% for adults in routine and manual occupations.

Prior to the England-wide smoking in public places legislation in 2007, a Lancet review of tobacco industry marketing tactics³⁹ highlighted the key ways in which the industry drew customers in and catered to needs within different sub-groups. These included offering products at different price points (for example, premium and economy level products), tailored messaging and advertisements, highly visible and widespread placement in retail premises and sponsorship of high profile events.

Commercial determinants of health: Whose choice is it?

Whilst some advertising strategies were curtailed due to the smoking legislation, other tactics have prevailed. Evidence suggests that tobacco companies now use other marketing techniques, this typically includes packaging, public relations, sales promotions and trade discounts for the promotion of particular brands. The latter technique, known as 'push promotion', involves advertising to sellers and wholesalers, giving retailers financial incentives and offering competitions and prizes around specific products⁴⁰.

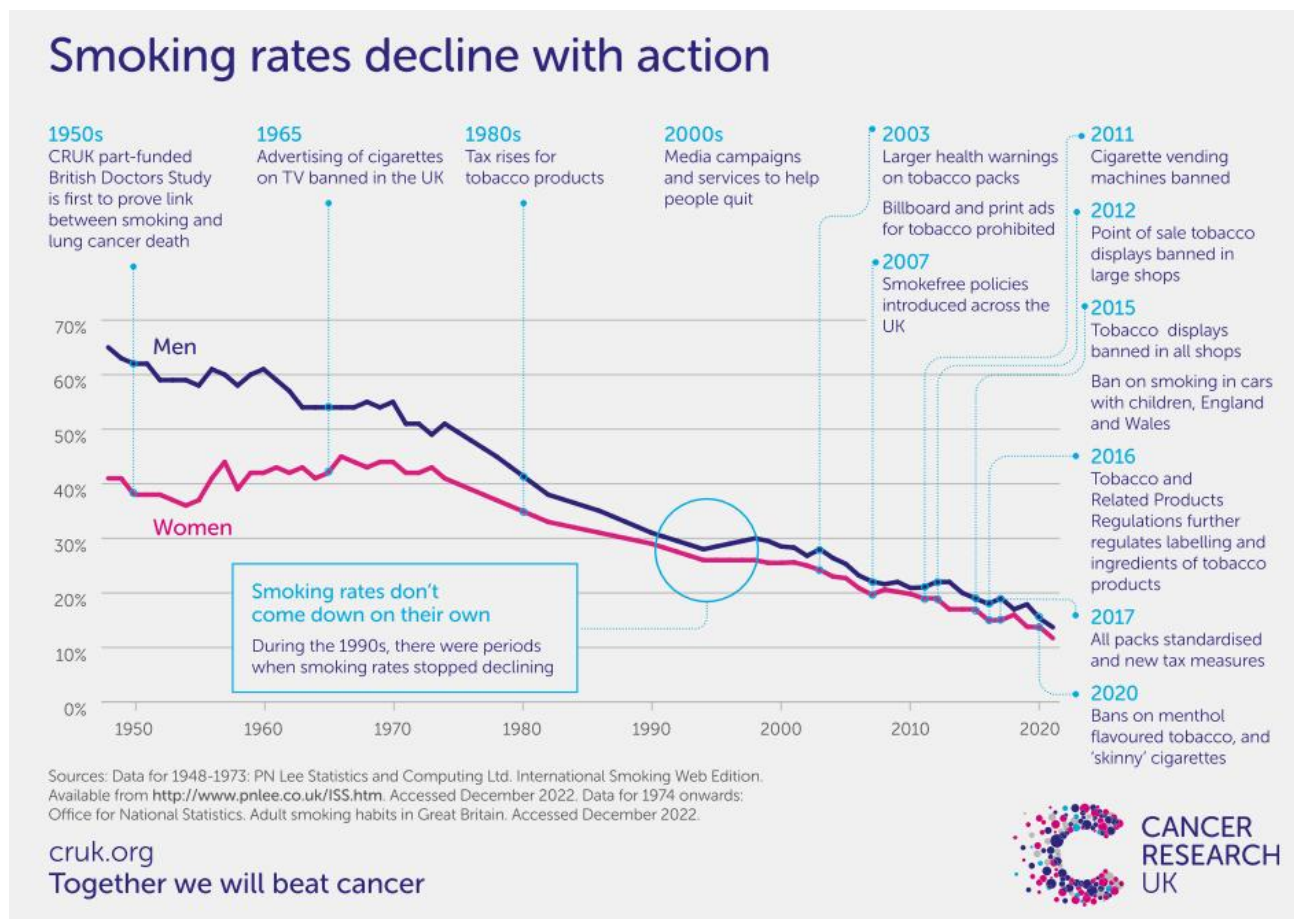
Since 2007 and the smoking ban in public places, there has been further legislation aimed at de-normalising cigarette use and curtailing tobacco advertising tactics. These include the Menthol Ban in 2020, which made it an offence for manufacturers to produce and retailers to sell menthol cigarettes, standardised packaging (2016) which required packaging to be a standard colour with a required size for health warning and tobacco display ban (2015) making it illegal to display tobacco products in shops, they must be 'hidden' in a gantry or similar.

Targeting children and young people has always been key, as long-term addiction to tobacco products was and is highly profitable to the industry. There is extensive evidence that children and young people are highly receptive to tobacco advertising and that young people exposed to tobacco advertising and promotion are more likely to take up smoking⁴¹. In response to an increasing number of smoking bans in Western countries, the tobacco industry expanded into other parts of the world; more than 80% of tobacco users now live in low and middle-income countries⁴².

The Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly on 21 May 2003 and came into force on 27 February 2005. The FCTC is an international treaty focussed upon the health impacts of tobacco. As the UK Government has ratified and become a Party to the FCTC, HMRC is bound by the FCTC to meet legal obligations. Article 5.3 states that: "In setting and implementing their public health policies with respect to tobacco control, parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law." A recent BMJ paper found that no country or region was spared from industry involvement in shaping policy⁴³.

With the increase of public health intervention, the infographic illustrates how a public health issue can be addressed. Smoking prevalence has decreased

in the UK over the past 70 years with public health action, including a ban on TV advertising cigarettes in the 1960s and the start of tax rises on tobacco products in the 1980s. Over recent years we have seen the introduction of policies that have reduced the way industry can market and promote harmful products as well as specialist support services to help people quit. We have had the introduction of national policy around public and workplaces being smoke-free, banning of point of sale tobacco display stands and the introduction of plain packaging with graphic health warnings. As a result of all these changes and many more, over the past 70 years we have seen a decrease in smoking rates for both men and women in the UK.



Tobacco recommendations

- Building on the progress made to date, advocate for further tobacco policy measures, these include the recommendations within The Khan Review:
 - Making smoking obsolete⁴⁴ around reducing the appeal of smoking by radically rethinking how cigarette sticks and packets look.
 - Closing regulatory gaps.
 - Tackling portrayals of smoking in the media and for smokefree places to de-normalise smoking to protect young people from second-hand smoke to help to achieve the Smokefree 2030 ambition of 95% people smokefree by 2030.
- Continue to support the regional and local approach to tackle illicit products through influencing policy development and advocating for effective regulation through the introduction of a tobacco licence for retailers to limit where tobacco is available.
- Support a smokefree environment and develop local schemes and regulations such as smokefree pavement licences and public space protection orders to support businesses.



CASE STUDY: Fresh and Balance North East – A regional approach to addressing tobacco and alcohol harms

In 1946 a leading tobacco company launched a major advertising campaign claiming, “more doctors smoke Camels”. It launched because they were worried about emerging evidence that smoking causes lung cancer. Rather than withdraw the product until more research could be done, or at least warn the public, their reaction was to advertise more, simply because profit was the priority. We may now have numerous regulations on tobacco and fewer people smoking in the UK than ever - but tobacco manufacturers in the UK will still make about £1 billion profit this year whilst their product will prematurely kill at least half of its long term users when used exactly as directed by its manufacturer.

Fast forward the clock to the 21st century and our relationship with alcohol. Research is now clear alcohol causes at least seven types of cancer and liver disease. Half of our population in the North East are drinking above the Chief Medical Officer’s low risk guidelines. But we are still sold the myth that alcohol makes us happier, more popular and more attractive and is an integral part of friendship, sport and music.

Sunderland City Council is one of the local authorities which commissions and funds the regional Fresh and Balance Programme. This is a long established programme addressing the commercial determinants of health by working for a societal shift around

both tobacco and alcohol use. At the core of the Programme is the recognition that the tobacco and alcohol industries’ marketing and promotional practices to recruit and maintain high levels of use and their attacks on effective policy must be exposed and countered.

The Programme delivers year-round focus on news, ensuring that a wide variety of topics are covered by the media as well as world leading media campaigns including over the last year: Don’t Wait and Keep it Out (Fresh), Alcohol Causes Cancer and What’s the Harm? (Balance). This builds public and stakeholder awareness and support around key advocacy asks, including a statutory levy on tobacco manufacturers to help fund a new national tobacco plan to achieve a Smokefree 2030, and the need for an independent review to inform a new national alcohol strategy.

Collectively the Programme is working on building greater understanding of the harm of the products amongst public and decision makers. A vital platform for key policy levers and prioritisation of these issues which cause ill health, fuel inequalities and harm our public purse.

For more information visit: <http://freshne.com/> or www.balancenortheast.co.uk/



Commercial determinants of health: Whose choice is it?

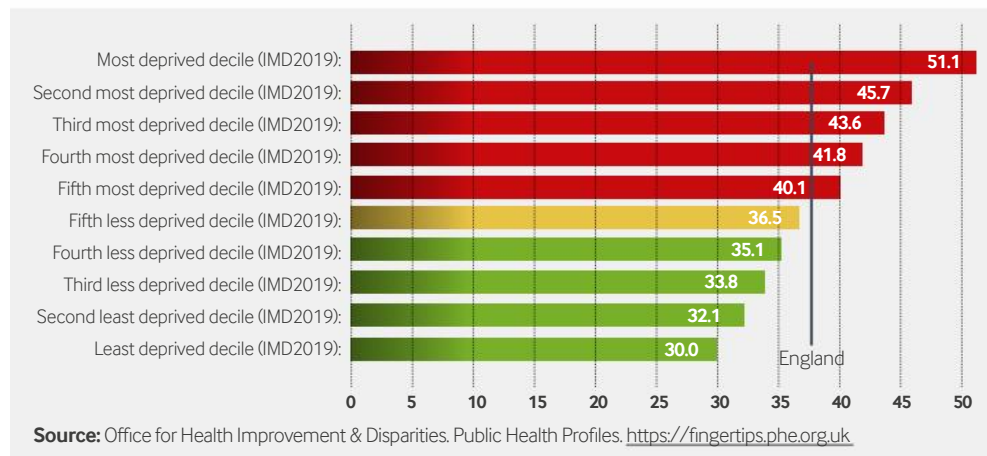
Alcohol

Alcohol is widely available in England and promoted in pubs, restaurants, shops and supermarkets. The alcohol industry is estimated to be worth almost \$1.5 trillion USD worldwide⁴⁵. Although it might be appropriate to engage with elements of the alcohol industry around the management of the night-time economy, the alcohol industry should have no role in the development of alcohol policy or strategy.

Alcohol is a causal factor in more than 200 disease and injury conditions and, worldwide, 3 million deaths every year result from harmful use of alcohol (5.3% of all deaths)⁴⁶. It is associated with a number of non-communicable diseases, mental and behavioural disorders, and injuries. In addition to the direct health impacts on individuals, there are also harms to others, including children and wider communities. Alcohol-related harm is estimated to cost the NHS £3.5 billion every year⁴⁷. In Sunderland, alcohol-related mortality rate was 52.1 per 100,000 population, significantly worse than the England average of 37.8 per 100,000.

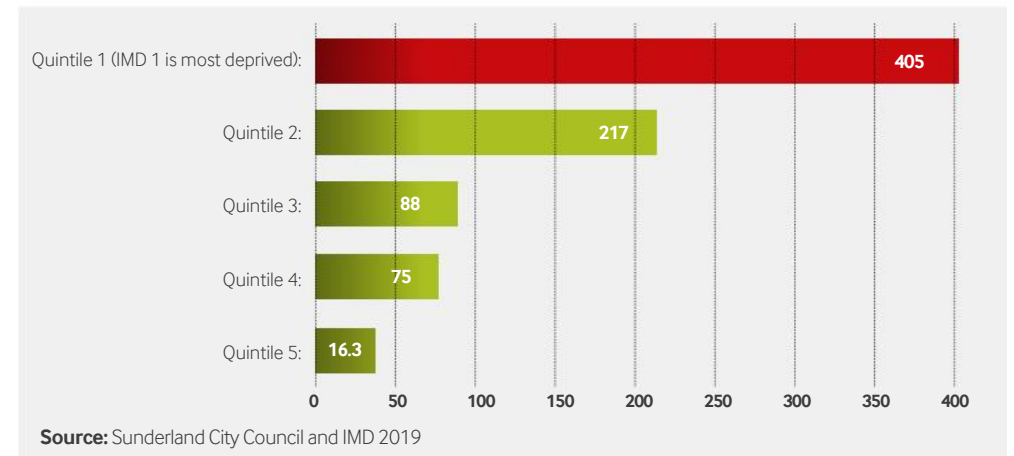
Inequalities in alcohol-related harm exist. A 2017 study revealed that alcohol outlet density was higher in the most deprived neighbourhoods of England⁴⁸ and national data reveals a socio-economic gradient in alcohol-related mortality.

Figure 9: Alcohol-related mortality by deprivation decile in England.



This pattern is the same in Sunderland; the alcohol outlet density is higher in the most deprived neighbourhoods.

Figure 10: Number of alcohol licensed premises in each quintile of deprivation in Sunderland



The maps below show on and off licensed premises in Sunderland by corresponding levels of deprivation (IMD). A higher concentration of licensed alcohol premises in more deprived areas can be seen.

Figure 11: Alcohol (off trade) licensed premises and deprivation quintiles in Sunderland (February 2023) - darker is more deprived.

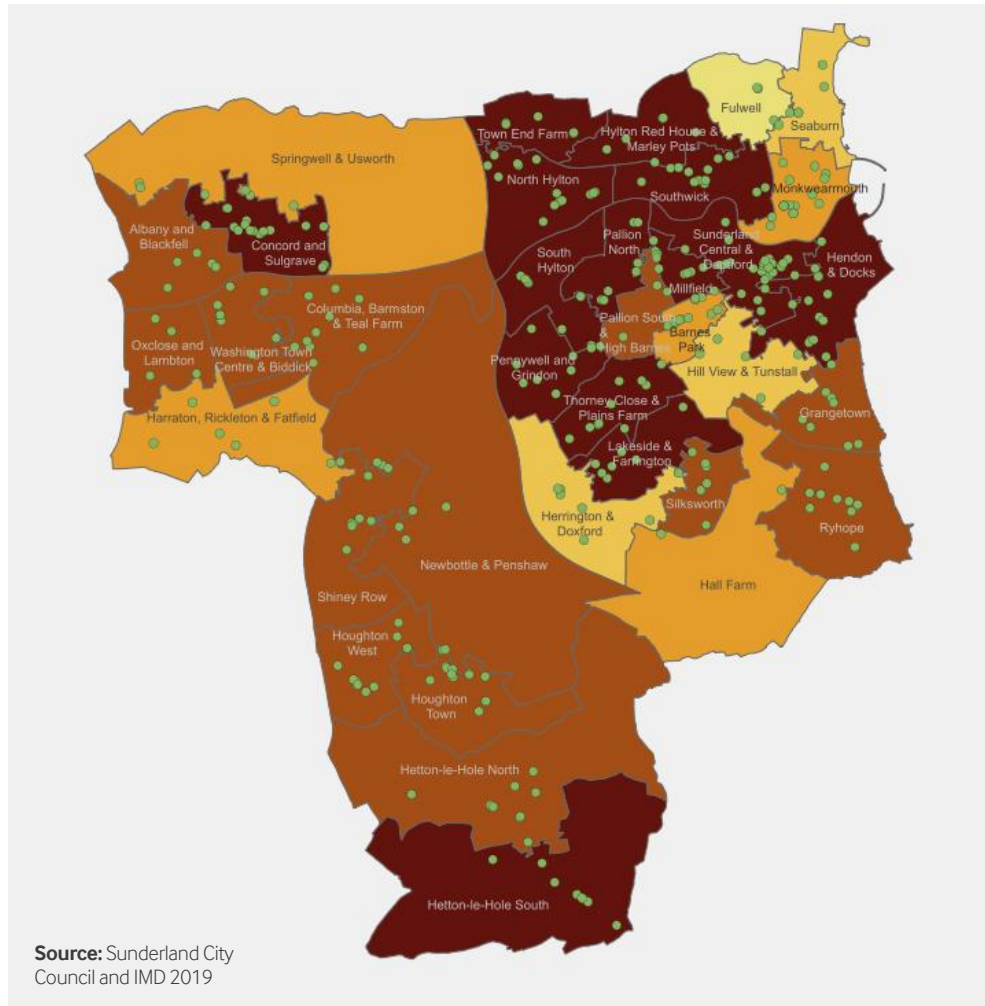
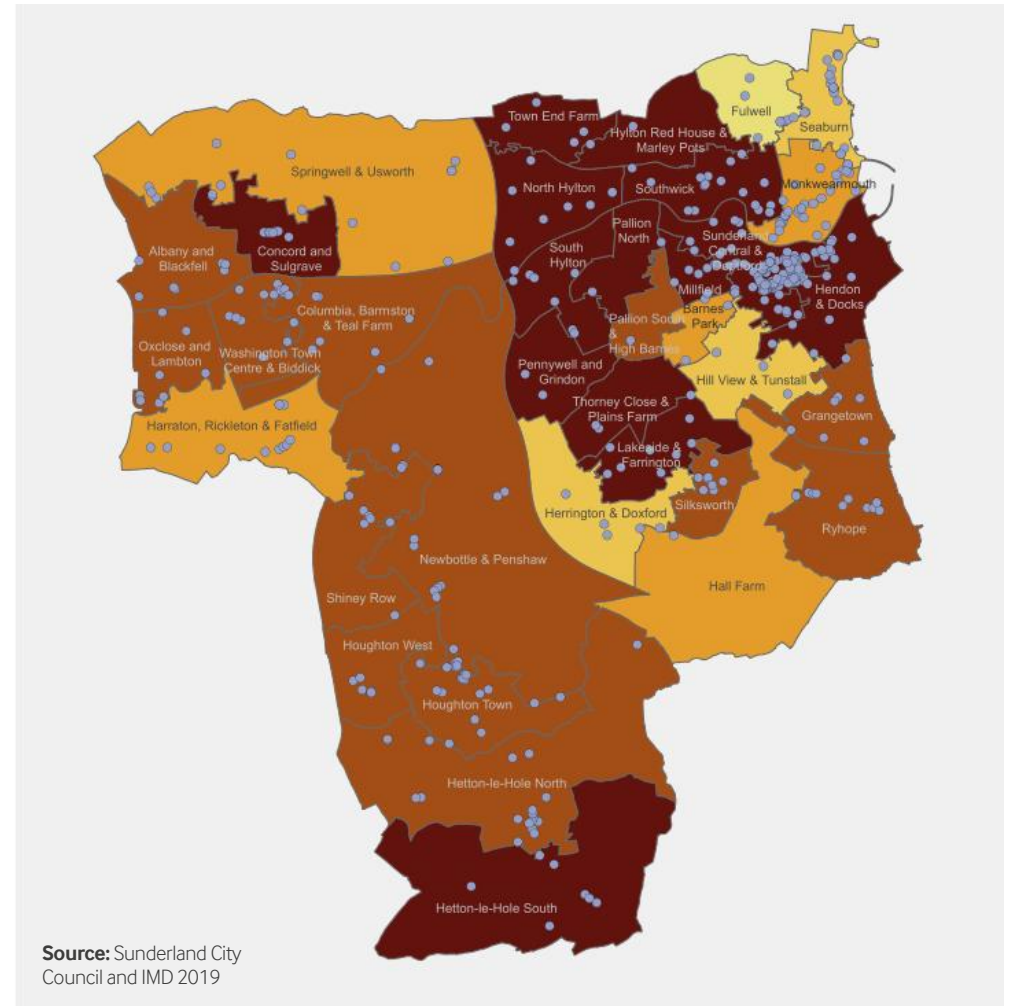


Figure 12: Alcohol (on trade) licensed premises and deprivation quintiles in Sunderland (February 2023) - darker is more deprived.



Commercial determinants of health: Whose choice is it?

Alcohol marketing helps to normalise and often glamourise drinking and creates a culture where alcohol is seen as an 'essential part' of everyday life. Evidence shows that alcohol marketing directly increases the consumption of alcohol, including among children and young people. Exposure to alcohol marketing increases the likelihood that children will start to drink alcohol at an earlier age and drink more than they otherwise would⁴⁹.

One of the biggest changes in recent years to alcohol marketing is the use of online marketing. Bans or comprehensive restrictions on alcohol advertising across multiple types of media are listed by the World Health Organisation (WHO) as one of the 'best buy' policies to reduce alcohol harm. A new report from WHO highlights the increasing use of sophisticated online marketing techniques for alcohol and the need for more effective regulation. It shows that young people and heavy drinkers are increasingly targeted by alcohol advertising, often to the detriment of their health⁵⁰.

With the use of online marketing, the global Internet has created new and growing opportunities for alcohol marketers to target messages to specific groups. Targeted advertising on social media is especially effective at using such data, with its impact strengthened by social influencers and sharing of posts between social media users.



Sponsorship of major sporting events at global, regional and national levels is another key strategy used by alcohol companies. Such sponsorship can significantly increase awareness of their brands to new audiences. In addition, alcohol producers engage in partnership with sports leagues and clubs to reach viewers and potential consumers in different parts of the world. The increasing market of e-sports, including competitive gaming events, is another opportunity to sponsor events.

Minimum unit pricing does what the name suggests: sets a minimum price, per UK unit, below which alcohol cannot be sold. Where MUP has the most impact is on the cheapest, strongest alcohol available in some off-licences. Since May 2018, every alcoholic drink sold in Scotland has had minimum unit pricing (MUP) of £0.50 per unit. A new report suggests the introduction of minimum unit pricing (MUP) in Scotland has led to fewer alcohol-related deaths compared to England⁵¹.

Alcohol recommendations

- The Responsible Authorities Group will continue to work with licensing and regeneration so they have the relevant insight and intelligence to consider the impact of alcohol in the design and regeneration of our city centre.

Sunderland City Council should continue to:

- Work with colleagues across the North East to develop a local alcohol harm reduction educational offer to ensure a consistent approach is being used within educational settings and isn't influenced by industry.
- Work with Balance North East to support regional approaches to advocate change and encourage the Government to prioritise the interventions which decrease the affordability of alcohol – such as Minimum Unit Price (MUP).
- Work with Balance North East to support regional approaches to advocate change and encourage the Government to introduce restrictions on alcohol marketing to protect children and vulnerable people and should be aligned with the restrictions proposed for 'unhealthy food and drink' in the Health and Care Bill, including a 9pm watershed on TV and on-demand services.

Gambling

It is becoming increasingly recognised that gambling is a public health issue, with significant harms affecting more than just those who have an addiction. In 2021, Public Health England (PHE) carried out a national review of gambling-related harms⁵² and found that key harms relate to mental health, finances, relationships, reduced performance at work and, in some cases, criminal behaviour. There is also an association with suicidal ideation and around 5% of suicides in this country are thought to be linked to gambling – that is over 400 people per year.

The people who are most likely to take part in gambling have higher academic qualifications, people who are employed and from relatively less deprived groups. However, gambling harm is associated with people who are unemployed and living in more deprived areas, suggesting a link to inequalities. It affects whole families and communities and can become a lifelong struggle to avoid relapse.

Online gambling presents a difficult challenge for local policymakers; councils' statutory role in gambling licensing applies to physical premises only. Data from the Gambling Commission⁵³ suggests levels of online gambling participation were 27% in the most recent quarterly survey (December 2022). However, they reported that in-person gambling had seen a significant increase in that same time period compared with the previous year (28% compared to 25%). Therefore, action relating to physical premises and non-remote gambling is still pertinent.

Sunderland-level data is not available for gambling prevalence. However, data provided nationally can be used to calculate estimates. In the North East, it is estimated that 4.9% of the population (aged 16+) are at-risk from gambling (experiencing some level of negative consequences due to their gambling); this is the highest regional prevalence of people at-risk from gambling in England.



CASE STUDY: Knowsley Council – Planning application for new adult gaming centre

Knowsley, in Merseyside, is a place that is acutely aware of the dangers that gambling can present to its residents. As a result, the council is proactively taking decisive action, wherever it is able, to protect its communities from this, sometimes overlooked, public health risk.

In 2021, Knowsley Council received a planning application for a new adult gaming centre in a prominent position in one of its town centres. In line with usual planning procedures, the application was publicised, and several objections were made predominantly by locally elected Councillors who highlighted:

- The already high concentration of betting shops and other gambling venues in the area.
- The risk of increasing gambling addiction in the local population.
- The risk that gambling poses to children and vulnerable groups.
- Plans to redevelop the local area as a vibrant, social area for families with a focus on retail units that support this vision.
- The lack of benefit a gaming centre would bring to the local area and its residents.

The application was refused by Knowsley Council's Planning Committee and ultimately rejected on appeal on the grounds that it would potentially damage the future vitality of the town centre. The public health concerns which were raised as a separate refusal reason, however, were not deemed to be of enough significance to be upheld by the Planning Inspectorate at that time.

This decision, and the concern over future similar proposals and their potential impact, led the council to review and amend its own planning policy statements. Specifically, its town centre uses Supplementary Planning Document (SPD) that sets out an acceptable threshold for the amount of gambling outlets within a town centre area. As a result, the SPD was amended to restrict new gambling-related uses and reduce the acceptable threshold from 10% to a maximum of 5% in town centres. This policy was adopted in September 2022.

This important change meant that when a subsequent application for a 24 hour gaming centre (from the same provider under a new name) was made, the council was in a much stronger position to refuse the planning application and protect more members of the community from gambling related harm.

The council's work highlighted important public health considerations and also gave a strong and clear message to the wider gambling industry.



Commercial determinants of health: Whose choice is it?

Estimated prevalence of gambling-related harms in Sunderland

Type	Estimated number of individuals – Sunderland
Those experiencing gambling harm ^{vii}	1,130 (aged 16+)
At-risk from gambling	11,083 (aged 16+)
Affected others	19,194 (all ages)

Public Health England (PHE) estimated that the North East has the highest rates of people experiencing problems from gambling in the country at 1%. Beyond those who experience gambling harm directly, there is also a significant impact on their friends, families and communities. It's estimated that 7% of the population has been negatively affected by someone else's gambling.

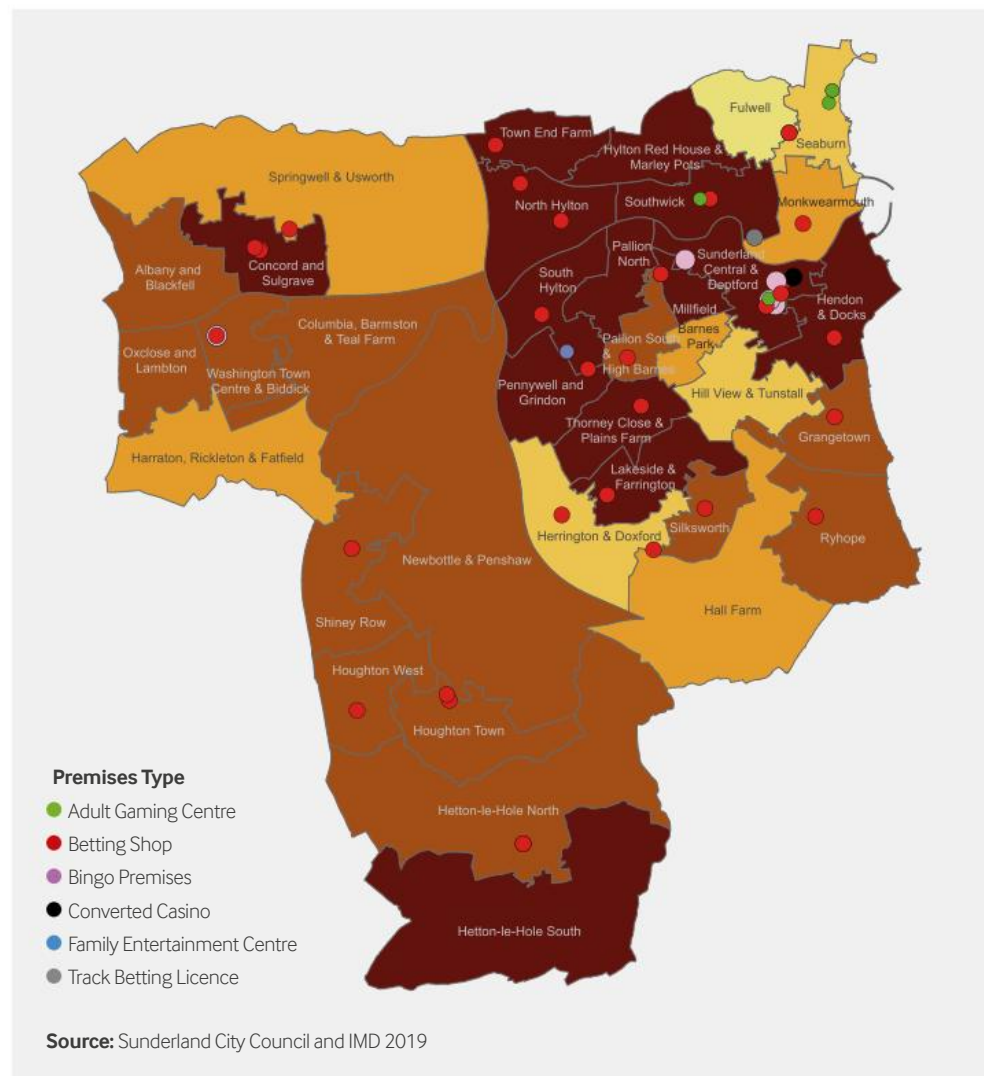
There are also financial implications. The Office Health Improvement Disparities (OHID) provided an updated estimate of economic and social costs associated with gambling-related harms in 2023. It estimated the total annual costs (to both government and wider society) were between £1.05-£1.77 billion. OHID acknowledges that this is likely to be an underestimate due to a lack of robust data in some areas (such as the impact on affected others).

Gambling has been understudied as a public health issue and it is important to ensure that a lack of evidence does not become justification for inaction. The complexity of the relationship between gambling and its associated harms, together with the shortage of strong evidence, could be used as a rationale to oppose or delay policy interventions. The gambling industry will strongly resist and argue against proposals to introduce interventions that might regulate or restrict their commercial activities. Gambling is a highly profitable industry, but policy makers should not ignore the substantial threats to health and wellbeing that exist.

Figure 13 shows all gambling premises in Sunderland by middle layer super output area (MSOA) and corresponding levels of deprivation (IMD). A higher concentration of gambling premises in more deprived areas can be seen.

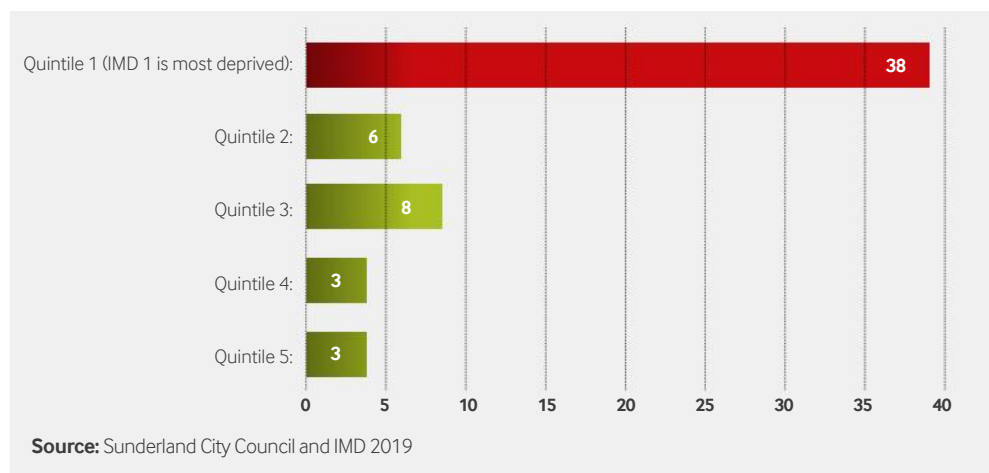
^{vii} Please note - to move away from stigmatising language the term 'those who experience gambling harms' is being used in the table instead of the term 'problem gambler', however we recognise that the clinical literature does still refer to the term 'problem gambler.' In the Public Health England (PHE) national review of gambling-related harms, the term 'problem gambler' is used to define a specific category, this is based it on the Problem Gambling Severity Index which has set definitions.

Figure 13: Gambling premises and deprivation quintile in Sunderland (February 2023) - darker is more deprived.



This is further highlighted when viewed graphically; 66% of all gambling premises in Sunderland are in the most deprived quintile. This follows a national trend of gambling premises being clustered in areas where people can least afford to gamble⁵⁴. As detailed above, risk from gambling is more prevalent in areas of greater deprivation, representing an inequality.

Figure 14: Number of gambling sites in each quintile of deprivation in Sunderland



Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk; 1.6% of non-drinkers are at risk from gambling at compared to 10.0% of people who consume over 50 units per week⁵⁵. Substance use is also a risk factor for gambling harm in children and young people.

Many forms of gambling are legal in this country under the Gambling Act 2005. The Great Britain gambling industry was worth £12.7 billion in 2020/21, with 2,442 operators in the market⁵⁶. A report in 2018 estimated that the industry spends approximately £1.5 billion per year on marketing, with 80% of this being online⁵⁷.

A number of local authorities in England have recently taken action to address the number of gambling premises in their area by refusing planning permission, including Bradford City Council⁵⁸, Southend Borough Council⁵⁹ and Hastings Borough Council⁶⁰.

The primary reasons for these refusals have been connected to negative impacts on the surrounding area, including noise, but health impacts have also been cited. It is anticipated that some of these recent decisions will be overturned at appeal, but Knowsley Council has successfully upheld its decision to refuse planning permission for a gaming centre.

Gambling recommendations

The council will:

- Conduct a health needs assessment to better understand the scale of gambling-related harms in Sunderland.
- Work with partners to strengthen measures that protect communities from gambling harm – such as reviewing Local Plan policies as part of Local Plan Review (commencing late 2024) and the potential for implementing a threshold for gambling-related premises in town centres.
- Continue to work with regional colleagues to raise awareness of industry tactics and harmful products, shifting the narrative from that of 'problem gamblers'.
- Support regional work to develop and pilot a screening tool to increase the impact of early intervention.

Commercial determinants of health: Whose choice is it?

Environment

Fossil fuels - Eighty percent of the world's energy needs are met through fossil fuels (burning coal, oil, and natural gas) but this practice is also the source of two-thirds of the world's emissions of greenhouse gases⁶¹. This is causing increasing global temperatures which in turn is leading to rising sea levels, extreme weather and forest fires. The subsequent impacts on clean air and water, food sources and shelter have clear consequences for our health. The spread of infectious disease is being affected by rising temperatures, with coastal waters becoming more suitable for the transmission of certain pathogens, and the number of months suitable for malaria transmission increasing in some areas⁶².

WHO estimates that, between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress⁶³.

There are considerable inequalities associated with climate change as the people most likely to be affected are those in low-income countries and Oxfam estimates that 20 million people per year are displaced from their homes due to climate-fuelled disasters⁶⁴.

In 2018, the combined fossil fuel industry was estimated to be worth \$4.65 trillion. As well as the readily identifiable fossil fuel organisations, a number of organisations and industries play a more discreet, but still significant, role in climate change. For example, since the 2015 Paris Climate Agreement, the world's 60 biggest banks have continued to invest \$4.6 trillion into the fossil fuel industry.

Air pollution - Common sources of air pollution include motor vehicles, factories and forest fires. Air pollution can cause and exacerbate respiratory disease, heart disease and lung cancer, as well as causing considerable damage to the environment. The car industry for example is estimated to be worth \$2 trillion worldwide and a 2010 study concluded it was the greatest contributor to atmospheric warming⁶⁵.

Particulate matter refers to particles suspended in the atmosphere and includes dust, smoke and soot, as well as pollen and soil particles⁶⁶. The size of particles is important, with fine particulate matter more closely associated with adverse health outcomes. In Sunderland, the concentrations of fine particulate matter are estimated to be lower (better) than the England average, but slightly higher than the regional average⁶⁷.

CASE STUDY: Sunderland City Council – Low Carbon Framework

Sunderland City Council is on a mission to reduce emissions. Partners across the city developed and signed up to a Sunderland Low Carbon Framework in December 2020 that will drive down emissions and seek to make the city carbon neutral by 2040.

A significant amount of work is taking place across the city including:

- The BREEZ programme - Business Renewables Energy Efficiency Sunderland - gives eligible small or medium-sized enterprises a flexible approach to cutting their energy bills and their carbon emissions. The programme aims to reduce energy consumption and enable carbon reduction by measures such as upgrading old, inefficient systems, with new, energy-efficiency upgrades.
- Development of a new Local Cycling and Walking Infrastructure Plan (LCWIP) which sets out how barriers to active travel can be overcome. This includes plans to provide safe, continuous, direct routes for cycling, increasing the number of cargo bike journeys and increasing the number of cycle parking facilities.
- The council has launched a Refill scheme for Sunderland, helping the city, including businesses, to reduce single-use plastic waste. Refill provides a platform to connect residents and their communities to places they can eat, drink and shop without single-use plastic packaging. There are now over 100 Refill stations across the city.
- Electrifying Sunderland City Council's Fleet – the council operates a diverse fleet consisting of 550 vehicles including heavy goods, light goods, small vans, cars and plant vehicles. To support the council's aim to become carbon neutral by 2030, the council commissioned Zero Carbon Future to undertake a study to analyse the charging requirements to replace the existing fleet with electric vehicles or hybrid alternatives. As a result of the study the roll-out of electric vehicles will be phased and the study will ensure the sites are future-proofed as Sunderland's fleet grows.

Environment recommendations

- Maximise engagement of businesses in tackling climate change to support achievement of the city's carbon reduction targets.
- Encourage and facilitate business leadership to support delivery against city-wide carbon reduction targets including through corporate social responsibility activity including volunteering opportunities.
- Identify and progress opportunities to enhance green infrastructure and increase urban greening to facilitate climate adaptation and carbon offsetting.
- Identify and develop active travel and micro-mobility initiatives, and promote these to increase take-up by partners, people and businesses across the city.
- Support the transition to ultra-low/zero emission vehicles across the city by residents, partner organisations and businesses.

Formula milk

Breastmilk provides vital nutrition, contains all the antibodies a baby needs and protects against illnesses, and it is estimated that 823,000 worldwide child deaths could be prevented each year by near universal breastfeeding⁶⁸. However, only 44% of babies globally were exclusively breastfed in 2020⁶⁹. Baby's first feed breastmilk rates in Sunderland are low and are statistically significantly lower than the England average. The latest available data for 2020/21 shows 48.6% of women initiating breastfeeding in Sunderland compared to an England average of 71.7% and a North East average of 63.9%.

The reasons why some parents do not breastfeed are multiple and complex, including inadequate support, health reasons/complications, being unable to breastfeed, insufficient parental leave policies and lack of workplace support, but the role of aggressive marketing by industry cannot be overlooked. Formula milk is expensive. The global formula milk industry is valued at \$55 billion (a five-fold increase in 20 years) and the six major infant formula companies spend approximately \$5 billion per year on marketing – this is 30 times more than the WHO estimates it needs in order to raise breastfeeding rates and save over half a million infant lives per year.

Working conditions and benefits

Across all sectors, working conditions can have a considerable impact on health and wellbeing. WHO⁷⁰ estimates that 1.9 million deaths in 2016 were caused by work-related disease and injuries. Risk factors include long working hours and exposures such as air pollution and carcinogens (long working hours was the biggest factor). Benefits such as paid parental leave have been linked with improved mental and physical health outcomes for mothers and children, as well as increased breastfeeding rates⁷¹.

Pay gaps drive inequalities, whether they are gender, disability or ethnicity related. Contracts such as zero-hours offer some flexibility, but research also shows that the mental health of workers on such contracts is worse than other workers⁷².

Recommendations

- Sunderland Workplace Health Alliance will continue to support local employers to provide healthy working conditions, including long working hours and environments.
- As an employer, the council will share how it is taking meaningful action to address the gender pay gap and will also commit to publishing its disability and ethnicity pay gaps.
- The council should review its internal financial operations to understand whether our banking partners are funding the fossil fuel crisis.
- Workplaces should be breastfeeding-friendly with up to date, accessible, written breastfeeding and returning to work policies in place and have accessible/private rooms with a refrigerator on site.



Conclusion

It is clear that industries and employers play a significant role in the health and wellbeing of populations, whether related to their products or employment practices.

The commercial determinants of health overlap with the social determinants and it is vital that public health professionals view their work through both lenses; not to do so would risk mis-framing the issues and allowing lifestyle drift. This is the way some public health strategies and interventions focus on individual rather than the most effective interventions which are at on a larger scale.

Given that non-communicable diseases such as circulatory, cancer and respiratory diseases make the largest contribution to the morbidity and mortality burden in Sunderland⁷³, the benefits of taking action on the root causes will be felt across the whole system, including health and social care.

Partnerships with industries should be treated with caution. Where product reformulation can be agreed, this should be welcomed but it must be noted that voluntary regulation has not proven to be successful amongst unhealthy commodity industries and dark nudges are seen; government legislation has been the key to positive public health outcomes in areas such as smoking.

Business growth is vital to the success of Sunderland but prioritising the type of growth that supports our ambitions in the City Plan is key, and this includes our vision for a healthy city.

A public health approach to commercial determinants

Research^{74,75}, has found that interventions that are focused at the individual level or that are 'superficial' (for example encouraging people to change their own behaviour) can widen health inequalities as people have unequal opportunities to make changes.

The Health Impact Triangle provides a useful framework for public health action. It demonstrates that the interventions with the potential for most impact are those at the socio-economic or context levels. Interventions focused on education and counselling are centred on individuals rather than populations and have the least impact because of their dependence on long-term individual behaviour change⁷⁶.

Figure 15: Health impact triangle



A public health approach centres on the premise that we cannot only focus on the harm caused by commercial determinants on the individual, we must also work further upstream and across the system. If we only focus our interventions to help individuals rather than populations, we overlook those who are at increased risk, as well as their close communities who will also be affected. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society, however implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit.

Commercial determinants: moving towards action

It is clear that some of the most impactful interventions to tackle commercial determinants need to come at a national and even international level working with business and investors to have better corporate governance and encourage better corporate practices.

Regulation of industries, the banning of harmful practices and lessening the influence of industry, would bring tangible gains to public health. However, there are things we can do at a more localised level to mitigate the impact that industries have on the health and wellbeing of our local communities.

For a local authority there are some key considerations.

- How can we lead by example as an employer? This could involve ensuring that our employee policies are conducive to good health and wellbeing and do not widen inequalities; taking meaningful action to address all pay gaps (gender, disability, ethnicity); reviewing financial operations to ensure that we are not inadvertently funding the climate crisis.
- How can we reduce industry influence where it impacts negatively on health? Do we need regional discussions to understand where industry is currently involved in funding treatment programmes and how this might be resolved?
- How can we ensure that any plan to reduce health inequalities / support health and wellbeing considers the commercial determinants of health? Raising awareness and understanding will be important. Our language matters too – can we commit to moving away from unhelpful terms such as 'problem gambler' and 'lifestyle choices'?

Commercial determinants of health: Whose choice is it?

Key recommendations

The council should develop an approach to commercial determinants of health by:

Focusing on a geographical area in the city that has high number of unhealthy commodities and high levels of non-communicable diseases, work with residents and businesses to develop a partnership approach to reduce the number of unhealthy commodity retail and exposure in the area.

Working with local authorities across the North East and other partners across the system, identify opportunities for treatment services to become independent of industry funding or influence and to ensure that treatment is evidence-based.

Using the learning from the tobacco control experience in terms of the role of regulation, legislation and advocacy for approaches to mitigate the negative and promote the positive impacts that industries have on the health and wellbeing.

Leading on the development of a framework for local action which will take a comprehensive approach to rebalancing the impact of commercial determinants on our residents, embedding strategies into the City Plan to address demand and supply of both healthy and unhealthy commodities and incorporating into the Integrated Impact Assessment toolkit.

Working with business across the city to enhance the positive contributions to health and wellbeing through policies such as the 'Real Living Wage', Low Carbon Framework and through good employment practices and programmes such as Better Health at Work Award and the Workplace Health Alliance.

Committing ourselves and encouraging partners to move away from stigmatising language such as 'problem drinker', 'problem gambler' and 'lifestyle choices' in all our communications, discussions and interventions.

Working with public health colleagues to seek to develop a regional approach to the commercial determinants of health across the North East.

Ensuring commercial determinants are considered within our current Local Plan as well as when reviewing, for the potential to implement existing powers to restrict the number of unhealthy commodity retail units and support the vision of vibrant, healthy communities.

Working with retailers locally to promote harm reduction alternatives to smoking such as e-cigarettes or alternatives to junk food such as low sugar options. We should also encourage businesses not to stock high strength alcohol.

Commissioning and procurement teams across Sunderland should consider an ethical procurement financing model where investment is directed to source cost-effective supplies from socially responsible vendors.

We will continue to improve understanding of the commercial determinants of health, and industry tactics, with our partners across the city.

Appendix one



Update on recommendations from 2021/22 Director of Public Health Report: Same Storm, Different Boats

RECOMMENDATION 1 - Deliver the Healthy City Plan with a focus on reducing inequalities, particularly where they have widened due to the Covid-19 pandemic.

Reducing Inequalities Delivery Plan developed with governance arrangement via the Living Well Delivery Board to ensure progress against the four priority areas; (1) better understanding our population, (2) asset based community development, (3) economic activity, skills, aspiration and community wealth and (4) health in all policies approach.

Examples of progress includes:

- Deep-dive review into multiple complexity within the domestic abuse safer accommodation offer to shape an inequality-proofing approach to domestic abuse housing provision, ensuring our safer accommodation offer does not create structural barriers to access and actively promotes equitable housing, and specialist support to better meets the needs of domestic abuse survivors
- Alcohol Strategy developed by the Drug and Alcohol Partnership and endorsed by the Health and Wellbeing Board.
- Food Partnership established. Work is underway to develop a city-wide approach to reducing food insecurity.
- Range of programmes and activities delivered to children, young people and families to support access to nutrition information and physical activity opportunities. These included learn to swim, pre and post-natal activities, early years offer, 'Roots and Shoots' and extending the Holiday Activity and Food programme.

RECOMMENDATION 2 - Embed a Health in All Policies approach across the council and partners, supported by an Integrated Impact Assessment approach that incorporates health, equality, socio-economic and sustainability considerations.

- Integrated Impact Assessment (IIA) tool has been developed to support decision makers to consider health inequalities alongside other potential impacts when developing or reviewing strategies and plans.
- Health in all policies event was held with council officers to increase the understanding of the role that other services can play in improving health and reducing health inequalities.

RECOMMENDATION 3 - Build on the community response to the pandemic in order to engage the population and ensure diverse and under-represented groups' voices and experiences are heard, that the overlapping dimensions of health inequalities are understood, and needs are acted upon, strengthening engagement routes built upon during the pandemic.

- An Impact of Covid Survey (0-3 year olds) was completed with families and early years practitioners. Recommendations are actioned through the Best Start in Life Partnership and Family Hubs.
- Dedicated team to support our residents through the cost of living crisis. Through the creation of warm spaces across Sunderland, we have engaged with residents to understand lived experience to inform future plans such as our social prescribing model which will be centred around building the capacity of our community services and developing our warm hubs into community hubs.
- Sunderland Health Champions programme relaunched to include Covid Champions. The programme has expanded the breadth of messages to include financial wellbeing, cancer awareness, gambling and cost of living.

Appendix one

RECOMMENDATION 4 - Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.

Agreed a Financial Wellbeing strategy and delivered actions including:

- Build our support to Sunderland foodbanks, advice providers and other key stakeholders. We have mapped food activity and improved awareness and access to appropriate food offers. Personal hygiene products are now provided in our 'more than food' offer.
- Implemented the Local Welfare Provision (LWP) food support including out of hours and emergency food boxes.
- Worked with partners to understand the different needs and offers for those in food crisis compared to those facing food insecurity – with the former being mainly supported by foodbanks and the latter via community pantries and stores. Funded five hubs across Sunderland to deliver The Bread and Butter Thing, so affordable food is more accessible.
- Delivering training around Making Every Contact Count (MECC) and financial wellbeing targeted at frontline workers.

RECOMMENDATION 5 - Work with local employers who can provide employment and apprenticeship opportunities, especially to our vulnerable people and people from disadvantaged backgrounds.

- Sunderland is a Real Living Wage City, this includes all commissioned services.
- Social Value requirements within contracted services have included measures to employ local people, those from more disadvantaged backgrounds and vulnerable groups, and enable apprenticeship opportunities and vocational training.
- Introduced Individual Placement Support (IPS) which connects people in structured drug and alcohol treatment with employment opportunities. Since January IPS have worked with 25 people and found six employment.

RECOMMENDATION 6 - Continue to embed programmes which support the development of speech, language and communication skills in children so they are able to flourish and achieve their full potential .

- Joint training regarding speech, language and communication for all staff incorporating Early Language Identification Measure and Launchpad to Literacy has been delivered, ensuring a connection between the two interventions to support families.
- Speech and Language Therapy pathway and referral process been reviewed to enable a collaborative approach to tackling developmental delays and early help before Special Educational Needs referral.
- Developmental Review Clinic Pilot was successful, with positive feedback from parents and practitioners. This links with the Family Hub priority of Early Language and Home Learning through the Best Start in Life action plan.

RECOMMENDATION 7 - Ensure key findings from the Health Related Behaviour Survey are used to influence and shape local programme delivery to meet the needs identified by children and young people.

We have continued to engage with our primary and secondary schools through the Health Related Behaviour Survey (HRBS). This survey now includes questions relating to the impact of Covid 19. Key findings are used to inform a whole systems approach including:

- Maintaining a healthy weight for children, young people and families through working with a range of providers and using different activities.
- Findings around the levels of smoking and vaping were used in the Health Equity Audit and in the development the service specification of the Specialist Stop Smoking service.

Appendix two - Glossary

RECOMMENDATION 8 - Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.

- The council and University of Sunderland have recruited a joint embedded researcher post which will work in the council to promote a research environment.
- Worked with the Voluntary and Community Sector to understand lived experience and further develop area resident engagement groups.
- An interactive data and intelligence tool is available on the council website. This tool has provided information on the causes of death and age groups that are driving inequalities in life expectancy.

RECOMMENDATION 9 - Ensure we are responding to employee health and wellbeing needs following the intense effort of responding to the Covid-19 pandemic.

- The Sunderland Workplace Health Alliance has now over 147 organisations involved with 52 of these businesses engaged with the Better Health at Work Award. Webinars have been delivered around mental wellbeing and work life balance to support employees within these businesses.
- Making Every Contact Counts (MECC) is being embedded within workplaces via a Train the Trainer model and one to one training courses.
- The council has signed up to the Healthy Weight Declaration and partners from across the city are working together as part of a Healthy Weight Alliance on a range of projects.

Commercial actors	Commercial actors can contribute positively to health and society, and many do, providing essential products and services.
Commercial determinants of health	Commercial determinants of health are the private sector activities that affect people's health, directly or indirectly, positively or negatively.
Index of multiple deprivation	The index of multiple deprivation is a way of summarising how deprived people are within an area, based on a set of factors that includes their levels of income, employment, education and local levels of crime.
Indices of multiple deprivation (IMD)	A measure of relative deprivation for small, fixed geographic areas of the UK. IMD classifies these areas into five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.
Lifestyle drift	'Lifestyle drift' refers to the way in which some public health strategies and interventions focus on individual responsibility and action, despite knowing that the most effective interventions are at a larger scale.
Quintile	Any of five equal groups into which a population can be divided according to the distribution of values of a particular variable.
Wider or social determinants of health	Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life.

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Commercial
determinants
of health:

**Whose
choice
is it?**

AN ORAL HEALTH PROMOTION STRATEGY FOR SUNDERLAND 2023-2028

Report of the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

- 1.1 The purpose of the report is to request endorsement of the Oral Health Promotion Strategy for Sunderland 2023-2028.

2.0 Background

- 2.1 Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential. Oral diseases encompass a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, birth defects such as cleft lip and palate.
- 2.2 Most oral diseases and conditions share modifiable risk factors with long term conditions and chronic diseases, including, cardiovascular disease, cancer and diabetes. These risk factors include tobacco use, alcohol consumption and unhealthy diets high in sugar.

3.0 National Context

- 3.1 Government statistics from the 2021 Adult Oral Health Survey highlight people from the most deprived areas (57%) are less likely to contact their dentist when they need treatment compared with those from the least deprived (78%). Similarly, the statistics also show that more people in deprived neighbourhoods have pain (41%) or broken or decayed teeth (40%) compared with those living in the least deprived neighbourhoods (25% and 30% respectively).
- 3.2 The 2022 Oral Health Survey of 5-year-old Children, conducted by the National Dental Epidemiology Programme (NDEP) during the 2021-2022 school year, shows the national prevalence of children with enamel or dentinal decay being 29.3%. Overall, 23.7% of 5-year-old children in England in this survey had experience of dentinal decay. This was similar to the finding of the previous survey of 5-year-olds in 2019, where 23.4% of the surveyed children had experience of dentinal decay. Among the 23.7% of children with experience of dentinal decay, each child had on average 3.5 (confidence interval 3.50 to 3.59) teeth with experience of dentinal decay (at the age of 5 years children normally have 20 primary teeth).
- 3.3 Many patients are not aware of what they are entitled to under the current system. Healthwatch England and the Care Quality Commission (CQC) have

called for policymakers to ensure that the public are better informed about NHS dentistry. For example, people are not necessarily aware that dental practices do not operate in the same way as GP surgeries, that they are not formally “registered”, and that they do not need to live in a catchment area to go to a specific practice.

4.0 Sunderland Context

- 4.1 Hospital admissions data for dental caries in those aged 0-5 years shows that in 2018/19 to 2020/21 Sunderland compared well to the North East, with a rate of 131.1 per 100,000 hospital admissions for dental caries in those aged 0-5 years, and had the second lowest rate of admissions within the North East. The Sunderland rate is significantly lower than both the North East (403.8) and England (220.8) averages. However, it is recognised that it is important to continue efforts to improve the rate in Sunderland further.
- 4.2 In the 24 months to 30th June 2022, 44.4% of adults in Sunderland received NHS dental care, compared to 37.4% for England.
- 4.3 During 2017-19 Sunderland had a rate of 20.7 per 100,000 oral cancer registrations compared to the North East (18.2) and England (15.4) averages.
- 4.4 Access to dentists remain a significant national challenge which has progressively got worse since the pandemic as all routine appointments were halted. There appears to be a divide amongst those living in deprived areas compared to those living in more affluent areas and the number of dentists available within a given area.
- 4.5 Many prevention schemes such as the Supervised Toothbrushing Programme were halted during the Covid-19 pandemic as schools and early years settings were closed during lockdowns or access to settings was restricted. The suspension of these programmes and their slow re-establishment is likely to have negatively impacted the oral health of children. Work has begun with settings to re-establish these schemes.
- 4.6 As the size of the older population increases in Sunderland so does the need for oral health provision amongst the elderly population residing in care homes.
- 4.7 There are a number of key population groups who generally have poorer oral and dental health, these groups include: care experienced / cared for children; children with special education needs and disabilities; people with learning disabilities; migrants and asylum seekers; people with experience of homelessness and rough sleeping; and people who have a history of substance misuse.

5.0 Improving Oral Health: Oral Health Promotion Strategy for Sunderland 2023-2028

- 5.1 The vision of the oral health promotion strategy (strategy attached in appendix) is to **improve the oral health** of all people living in Sunderland. It aspires to promote the best available oral health across the life course, reduce oral health inequalities and lay solid foundations for good oral health throughout life.
- 5.2 The strategy has 5 strategic priorities, these are evidence based, informed by what we know works to improve oral health and by Sunderland's oral health needs assessment.

Our aim	How we can achieve our objectives	
Promote oral health through healthy food and drink	1	Support good oral health by encouraging and enabling healthier food and drink options which reduce sugar intake.
	2	Commission interventions that encourage and support breastfeeding and healthy complementary feeding (weaning)
	3	Promote healthy food and drink that are lower in sugar in settings that the local authority delivers or commissions e.g. leisure, education, social and residential care and local food outlets
Promote oral health by improving levels of oral hygiene	4	Increase the take up of supervised tooth brushing programmes for pre-school and primary school children at high risk of poor oral health
	5	Train front line staff to provide demonstrations on how to clean teeth among those at high risk of poor oral health
	6	Commission programmes that provide free toothbrushes and toothpaste to all pre-school and primary school children, prioritising targeted interventions for those at high risk of poor oral health
Improve population exposure to fluoride	7	Support the Department of Health and Social Care in any future consultation on fluoridation of water
	8	Increase the availability of free toothbrushes and toothpaste to pre-school and primary school children, prioritising targeted interventions such as fluoride toothpaste for those at high risk of poor oral health
	9	Commission targeted / universal fluoride varnishing programmes for young children in areas with high rates of tooth decay

Improve early detection, and treatment, of oral diseases	10	Maximise all opportunities for signposting to local NHS dental services
	11	Promote the benefits of visiting a dentist throughout the life course
	12	Raise awareness of eligibility for free check-ups, prioritising those at high risk of poor oral health
Reduce inequalities in oral health	13	Look for opportunities to embed oral health promotion within all health and wellbeing policies, strategies and commissioning.
	14	Promote targeted oral health promotion activities and interventions among vulnerable groups; young children, children in care for accommodation, people with diabetes, people who smoke, consume high quantities of alcohol or use drugs, people with a learning disability, older people and migrant/asylum seeker population.
	15	Equip the wider health and social care workforce with the knowledge and skills to recognise the link with neglect and complex social circumstances and ensure provision of care for those at high risk of poor oral health.

6.0 Delivering the Strategy

6.1 Improving oral health requires embedding oral health promotion within a wide range of health and social care strategies, policy, programme design and delivery mechanisms. Local authorities, Integrated Care Boards, dentists and dental care professionals will need to align their efforts to broaden the reach of oral health promotion within communities. This will include commissioning of services and programme management to achieve the strategic goals, by implementing the objectives of this strategy.

6.2 The strategy acknowledges a number of challenges:

- Dental workforce recruitment and retention
- Access to dental services
- The Dental Contract
- Changing commissioning responsibilities
- Limitations of epidemiological and NHS data

6.3 Key next steps to support the delivery of the strategy are:

- a) Establish a local oral health improvement and advisory group to promote oral health messages to the general population.
- b) Increase the number of children and young people who have access to targeted toothbrushing, including the direct delivery of toothbrushes and toothpaste to individual homes.

- c) Establish the oral health requirements of vulnerable groups within the city, including new arrivals from areas where access to dentistry has been significantly limited as a result of war or displacement.
- d) Review the findings of the Sunderland care home audit when complete, to inform local actions.
- e) Ensure that opportunities to promote measures to improve oral health are maximised in local programmes of work.
- f) Establish a supervised toothbrushing programme in special education needs schools.
- g) Establish a targeted offer for children in special education needs schools to have access to the targeted fluoride varnishing programme.
- h) Prepare to support the Department of Health and Social Care when it comes to any future consultation on fluoridation of water in Sunderland, engaging with communities for their views.

7.0 Recommendation

7.1 Health and Wellbeing Board is recommended to:

- a) endorse the Oral Health Promotion Strategy for Sunderland 2023-2028;
- b) identify any additional actions required, including lead organisation;
- c) nominate representatives for the local oral health improvement and advisory group, as appropriate; and
- d) support receiving progress updates on the delivery of the strategy via the Starting Well Delivery Board.

Appendix - Oral Health Promotion Strategy for Sunderland 2023-28

**** Strategy to follow ****

IMPLEMENTATION OF A FALLS STRATEGY FOR SUNDERLAND 2023 – 2026

Report of the Director of Adult Services / Chief Operating Officer of SCAS

1.0 Purpose of the Report

- 1.1 To update the Health and Wellbeing Board in respect of the activity on falls prevention and the management of falls.
- 1.2 To seek endorsement from the Health and Wellbeing Board of the new Falls Strategy for Sunderland (2023 – 2026).

2.0 Background

- 2.1 Falls prevention is a priority within the Healthy City Plan, with key outcome measures within the Plan including reductions in emergency hospital admissions due to falls in people aged 65 and over, and reductions in hip fractures in people aged 65 and over.
- 2.2 In 2022, the Ageing Well Delivery Board sponsored the employment of a Falls Coordinator to reinvigorate the city's approach to the management of falls. From employment in June 2022, the post holder has developed a network of teams and services across voluntary, community, health and social care services and re-established a multi-agency group to work as a collaborative to both prevent and manage falls.
- 2.3 In addition to delivering a programme of activity, the Falls Coordinator has worked with the multi-agency group to develop a strategy founded on the collective ambition in Sunderland to achieve a culture in which falls are not inevitable and all of our services are working together to actively prevent the incidence of falls.

3.0 Content and Anticipated Outcomes of the Falls Strategy

- 3.1 In 2020/21 there were 1,615 emergency admissions to hospital arising from a fall, giving Sunderland one of the highest falls related emergency admission rates in England and one of the highest emergency admission rates related to hip fracture. The evidence indicates that this rate has been steadily rising since 2018.
- 3.2 Based on the 2021, census, approximately 20.5% of the population is aged 65 years and above. From the known statistics, approximately 30% of the population aged 65 years and above will have one fall a year. Based on the this, we can anticipate that there will be 17,000 people who fall a year in

Sunderland, at least 50% of whom will have more than one fall a year, leading to an estimation of over 33,000 falls in our city a year.

3.3 There are multiple contributing factors for the high falls rate in Sunderland including:

- Low healthy life expectancy - Sunderland has one of the lowest healthy life expectancy rates in England at 56.9 years for women (England average 63.9 years) and 56.1 years for men (England average 63.1 years).
- Social deprivation - 21.7% or 14,833 older people were living in poverty during 2019. This is significantly higher than the England average of 14.2%. Overall, Sunderland is ranked 4th highest in the North East for older people living in poverty.
- High levels of alcohol consumption and smoking – in 2021, Sunderland had the highest rate of alcohol related mortality in the North East and 15.2% of adults in the city described themselves as smokers. There is a strong correlation between smoking and Chronic Obstructive Airways Disease, which in turn gives rise to an increased risk of falls as a result of reduced oxygen supply to vital organs.
- The impact of Covid-19 on older people – this includes the physical impact of contracting the virus, the delay in seeking medical intervention and diagnosis in respect of ill health at the height of the pandemic, the impact of inactivity whilst remaining at home leading to significant deconditioning and the withdrawal from social activity.

3.4 The Multi-Agency Falls Group comprises of representation from the following agencies:

- Community Therapy Service, Sunderland City Council
- Public Health, Sunderland City Council
- Acute Therapy Services, South Tyneside and Sunderland NHS Foundation Trust
- Recovery at Home, South Tyneside and Sunderland NHS Foundation Trust
- Community Nursing Services, South Tyneside and Sunderland NHS Foundation Trust
- Acute and Community Therapy Services, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust
- Community Falls Service, South Tyneside and Sunderland NHS Foundation Trust
- Gentoo
- Tyne and Wear Fire and Rescue Service
- Age UK Sunderland
- Patient Safety Services, South Tyneside and Sunderland Foundation Trust
- Tissue Viability Service, South Tyneside and Sunderland Foundation Trust
- Community Pharmacy, South Tyneside and Sunderland Foundation Trust
- Technology Enabled Care and Telecare, Sunderland Care and Support

- Farmborough Court, Sunderland Care and Support

Membership of the group remains open and is continually growing.

3.5 The vision for the Falls Strategy (see appendix 1) is to make the prevention of falls everybody's business, achieving a culture in which falls are not inevitable and all of our services are working together to actively prevent the incidence of falls. The strategy sets out the importance of improving the management of falls in Sunderland and highlights a set of principals against which activity over the next three years will be based.

3.6 The strategy also takes account of current NICE guidance in respect of falls management. It should be noted that revised NICE guidance is due for publication in 2024. Sunderland's strategy has anticipated of the recommendation to promote the management of falls in people aged over 55 years, which is expected to be promoted in the new NICE guidance.

3.7 The table below sets out the eight principals of the Falls Strategy.

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

3.8 These principals have been agreed following consultation with the partner agencies who make up the falls group and the also the following groups:

- The Care Homes and Community Services Partnership Group
- The Ageing Well Delivery Board
- The Ageing Well Group, Altogether Better

- The Acute and Community Therapies Partnership Group

The city's Ageing Well Ambassadors have also endorsed the principals of the falls strategy and agreed to work in partnership with the Multi-Agency Falls Group to promote falls awareness.

3.9 In addition to the mobilisation of the falls group and the development of the strategy, the Falls Coordinator has:

- Implemented an ongoing falls awareness training programme for health, social care, community services and voluntary organisations
- Delivered a range of activity during Falls Week in September 2022, including a review of mobility aids in care homes, community outreach activity that invited residents in Town End Farm to review their personal falls risks and consider how to manage them and social media activity to raise falls awareness
- Developed a model for improving the management of falls in care homes and implemented this in Farmborough Court, with further roll out planned with other care home providers
- Worked in partnership with Public Health colleagues in the delivery of the strength and balance programme

3.10 The group is now engaged in the development of a comprehensive action plan to underpin the strategy, with the following projects already underway:

- An "Awareness into Action" campaign for Falls Awareness Week, September 2023 that has delivered a comprehensive training programme across health and social care teams in the city in respect of what a well maintained mobility aid should look like, provided the necessary equipment to deliver walking stick and walking frame MOTs both as a targeted action plan but also embedding this knowledge and into the skills set of over 150 health and social care professionals working with older people every day
- Scoping of an on-line level one falls assessment that can be undertaken as a self or mediated assessment
- Continuous roll out of mobility equipment reviews in the city's care homes
- Tech based projects including the following devices: RITA ITU, hydration cups, wellbeing sensors
- Development of community outreach opportunities in respect of mobility assessment and falls prevention
- The mapping and development of a core set of customer journeys to ensure that Sunderland residents access the right services, in the right place at the right time

4.0 Recommendation

4.1 The Board is recommended to:

- a) endorse the Sunderland's Fall Strategy (2023 – 2026)
- b) delegate delivery of the strategy to the Ageing Well Delivery Board; and
- c) receive progress updates on the delivery of the strategy via the Ageing Well Delivery Board.



Falls Strategy

2023–2026


Sunderland
City Council

Foreword from the Chair of the Health and Wellbeing Board and the Director of Adult Care

As people grow older, there is a greater likelihood that they will experience a fall, especially if they are already managing a long-term condition or illness, however the collective ambition in Sunderland is to achieve a culture in which falls are not inevitable and all of our services are working together to actively prevent the incidence of falls. This strategy for 2023–2026 sets out how we will work together to achieve this.

A fall can have devastating consequences ranging from physical injury and broken bones to a reduction in confidence. Whatever the outcome for the person's health, the impact on their wellbeing can be life changing and cause people to live their lives differently and with less independence.

The evidence shows that the incidence of falls is a significant problem in Sunderland. There are a number of reasons for this and it is vital that we use the intelligence we have to help us tackle this situation.

It is essential that our services provide as much opportunity to prevent a fall as they do to respond to a fall. There are multiple opportunities for health and social care teams to identify Sunderland residents who present with the risk factors associated with a potential fall, and the strategy seeks to ensure we have embraced the principles of making every contact count in our collective management of falls.

A commitment to creating safe home environments is a key foundation of the strategy and the promotion of services developed specifically for this purpose is vital, particularly at a time when residents are experiencing the current impact of the cost of living.

Raising awareness and educating our whole community in respect of falls and how to prevent them is a vital component of the strategy, building on the excellent work already delivered through Sunderland's Strength and Balance training programme that provides opportunities for our residents to engage in activities that will naturally reduce their potential to fall.

Working in partnership with the health and social care teams that contribute to the management of falls in Sunderland, we have developed eight core principles that will underpin the activity of our Multi-Agency Falls Group.

We recognise the importance of this work in the context of the size of the problem in our city and we are committed to supporting and building upon the partnership working already started so that through this strategy we will reduce the incidence of falls in our city and promote the safety and independence of our residents.



Graham King
Director of Adult Social Care



Cllr Kelly Chequer
Chair of Health and Wellbeing Board
and Portfolio Holder for Healthy City



Introduction

In its guidance refreshed in February 2023, the Office for Health Improvement and Disparities states;

- “A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard.”

This definition is supported by the NICE Quality Standard 86, 2015, which states

- “A fall is defined as an unintentional loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. A fall is distinguished from a collapse that occurs as a result of an acute medical problem such as acute arrhythmia, a Transient Ischaemic Attack or Vertigo.”

Falls and fall-related injuries are a common and serious problem for older people, particularly those who have underlying conditions.

People aged 65 years and older have the highest risk of falling, with around 30% of adults over the age of 65 who are living at home, experiencing at least one fall a year. By the age of 80 years, this statistic rises to 50%.

With approximately one in twenty older people living in the community who experience a hip fracture requiring hospital admission and around 20% of people who experience a hip fracture entering a permanent care placement within a year of sustaining the injury, the potential impact on independence resulting from a fall is evident.

Falls are not inevitable as we age, and many falls and fractures can be prevented, particularly if a system wide approach to identification, prevention and management of falls is in place.

There are multiple reasons for a fall and the cause is often as a result of the interplay between the following factors

- Muscle weakness
- Poor balance
- Visual impairment
- Certain kinds of medication
- Hazards in the environment
- Certain medical conditions

The importance of falls prevention has been recognised by health and social care partners in Sunderland, who have collaborated to develop eight key principles upon which this strategy for achieving better outcomes for Sunderland residents is founded.

The strategy takes into consideration national guidance and best practise and will provide a framework that underpins the work of our Multi-Agency Falls Group for the coming years, preparing the group for the refreshed National Institute for Clinical Excellence (NICE) guidance in respect of falls that is expected to be published in 2024. Integrated working across health and social care teams is vital to the success of the strategy and this has been recognised through the inclusion of the monitoring of admissions to hospital resulting from a fall through the city's Better Care Fund programme.



The local picture

Data shows that in 2020–21, Sunderland had the second highest falls related emergency admission rate in England, and at that time the number of falls related admissions were rising year on year as can be seen in the Figure 1, below.

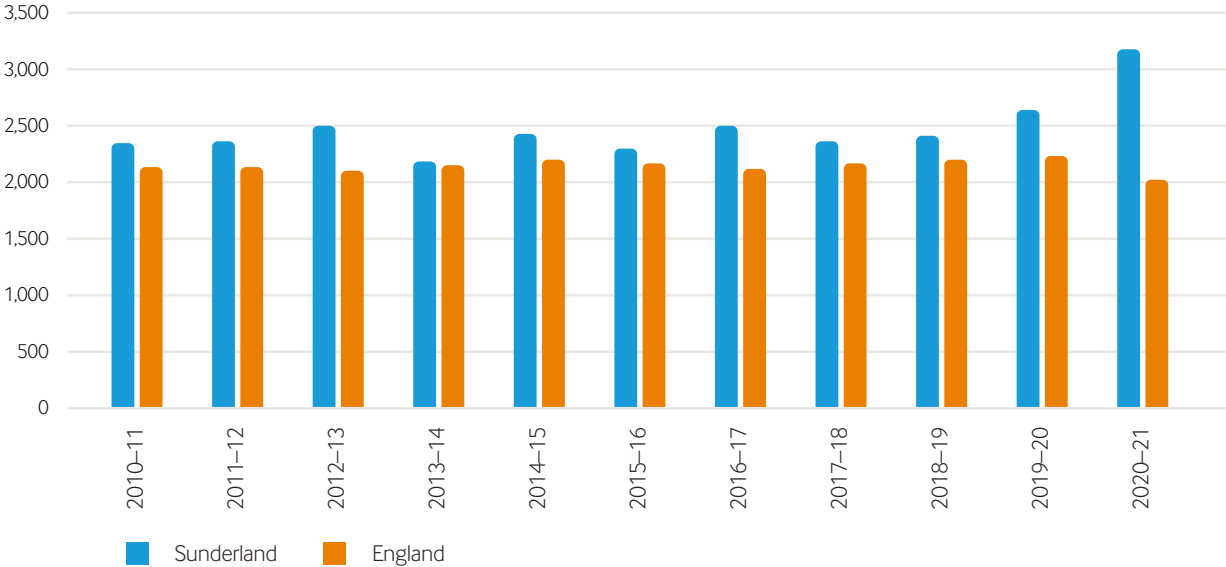


Figure 1: Rate of emergency admission rate as a result of a fall in Sunderland and England

Emergency admissions due to falls reduced slightly to 2,710 per 100,000 amongst the over 65s during 2021–22. Whilst this is positive, it is still higher than the average North East figure (2,531) and significantly higher than the England figure at 2,100.



Predictions for Sunderland

As per the recent 2021 census, Sunderland’s total population is 274,200. Of this approximately 20.5% of the population is aged 65 years and above. This equates to 56,200 people.

From known statistics approximately 30% of the population aged 65 years and above will have one fall a year. Based on the this, we can anticipate there will be 17,000 people who fall a year in our city and at least 50% of those people will have more than one fall a year.

Figure 2 sets out the predicted rate of falls, with an astonishing figure of approximately 30,000 to 35,000 falls per year in Sunderland.

30% of the population aged 65 years and above will have one fall a year	17,000
50% of the fallers will have more than one falls a year	8,500
50% of the fallers will have more than two falls a year	4,250
50% of the fallers will have more than three falls a year	2,125
50% of the fallers will have more than four falls a year	1,060
50% of the fallers will have more than five falls a year	530
50% of the fallers will have more than six falls a year	250
Estimated falls per year	33,865

Figure 2: Predicted rate of Falls for Sunderland

Overall, the data shows that a significant number of people who fall, will fall repeatedly and generate an overwhelming number of incidences of a fall. This presents an opportunity for services to intervene and prevent further falls from occurring. Figure 3 sets out the correlation between people and the incidence of falls.

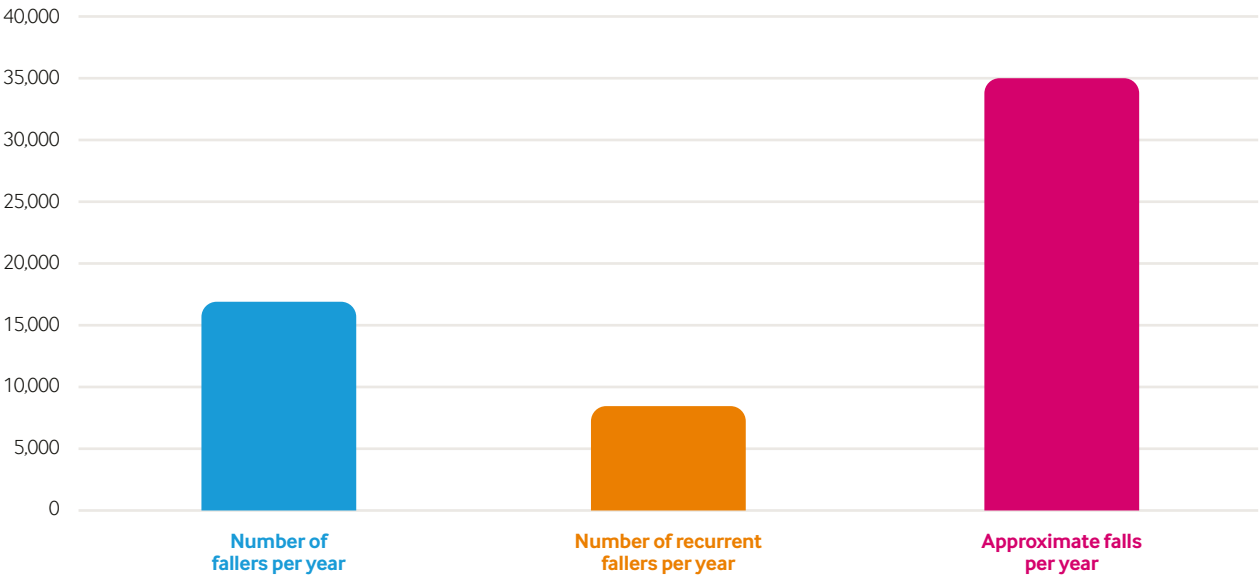


Figure 3: Predicted approximate number of fallers and falls per year in Sunderland

Sunderland is dealing with a complex set of factors that contribute to its significant incidence of falls and the challenges for service providers are set out in the image below in Figure 4.

Falls in Sunderland



56,200

residents are aged
65+ (20.5%)



33,000+

falls per year in population
aged over 65+



2,710

2,100 Nationally

Emergency admissions related
to falls in people aged 65+
(per 100k population)

Figure 4: Falls in Sunderland visual representation

The average emergency admission rate for the North East is 2,531 admissions per year, which makes Sunderland 7% higher than the regional average rate

Contributing factors

There are multiple contributing factors for the high falls rate in Sunderland including:

- Low healthy life expectancy - Sunderland has one of the lowest healthy life expectancy rates in England at 56.9 years for women (England average 63.9 years) and 56.1 years for men (England average 63.1 years). This means that people in Sunderland may be becoming frailer at young age compared to national average
- Social Deprivation - 21.7% or 14,833 older people older were living in poverty during 2019. This is significantly higher than the England average of 14.2%. Overall, Sunderland is ranked 4th highest in the North East for older people living in poverty
- High levels of alcohol consumption and smoking - in 2021, Sunderland had the highest rate of alcohol related mortality in the North East and 15.2% of adults in the city described themselves as smokers

The impact of Covid-19

The impact of Covid-19 on older people has been extensive. It became apparent as the pandemic spread that older people were at greater risk of long term damage to their health as a result of contracting the virus, but there have been further more wide ranging implications of the pandemic for our older people.

In June 2020, NHS Sunderland CCG published its report, Covid-19 - and the Impacts on Local Health and Well-being, which found that between the COVID-19 outbreak and June 2020 there had been a 40% reduction in Emergency Department attendance and a 50% reduction in Urgent Treatment Centre attendance. This led to a concern that the onset of ill-health was remaining undiagnosed, which in turn gave rise to the potential for people in Sunderland to find themselves experiencing a health-related crisis.

In its 2021 publication, Wider Impacts of COVID-19 on Physical Activity, Deconditioning and Falls in Older Adults, Public Health England predicted that the rate of falls in older people would significantly increase as a result of their experience of the wider impacts of the pandemic by this group. These wider impacts included mental health, access to services, employment, and changes in behaviours including smoking, diet, alcohol consumption, and physical activity.

The study undertaken in support of the publication identified that 32% of older people were inactive (did either no activity or less than 30 minutes of moderate activity per week) between March to May 2020, which was a 5% increase from the corresponding period in 2019.

Deconditioning is the term used to describe the loss of physical, psychological, and functional capacity due to inactivity. It can occur rapidly in older adults and there is a clear correlation between deconditioning and the likelihood of falling.

Of equal significance was the potential impact of the restrictions that were necessary to manage the spread of the infection on mental health. As people withdrew from their usual social contact, they began to experience loneliness, isolation, anxiety and low mood, all of which made it more difficult for people to be sufficiently motivated to re-initiate social contact and physical activity once restrictions began to be lifted.



Vision and principles

Our vision is simply that we will make the prevention of falls everybody's business, achieving a culture in which falls are not inevitable and all of our services are working together to actively prevent the incidence of falls.

We will achieve this vision through the delivery of eight principles.

1. We will strive to achieve excellence in our partnership working in the management of falls

With sponsorship from our Ageing Well Board, Sunderland City Council employed a Falls Coordinator in 2022, whose role is to promote partnership working and best practise in the management of falls and in early 2023 the city's, Multi-Agency Falls Group was established. The group brings together representatives from health, the council, social care agencies, public health, care home providers, housing providers and our voluntary sector.

The purpose of the group is to oversee the delivery of this strategy, through their leadership, sharing of knowledge and best practise and ability to inspire change. In coming together, the group have given a commitment to achieving our vision.

In preparation for the implementation of revised NICE guidance due for release in 2024, we will promote the work of the group with people over 50 years of age. This move to focussing on prevention at an earlier age resonates in Sunderland in the context of our understanding of local healthy life expectancy.

2. We will continually raise awareness in respect of falls prevention and falls management, making falls everyone's business

The national annual Falls Awareness Week provides a real opportunity to promote the importance of preventing and managing falls and in Falls Awareness Week 2022, we delivered a range of activities including a programme of mobility equipment checks in our care homes, training and awareness raising across health and social care teams and an event to promote the concept of multi-agency working that was publicised through our social media.

The Multi-Agency Falls Group will continue to deliver high impact awareness raising activities as a partnership in Falls Awareness Week and all year round.

In addition, we will review the information available in respect of our services and ensure it is accurate and accessible.

3. We will promote and actively contribute to the development of the preventative offer in respect of falls in the city and we will create connections between preventative and clinical services

The management of hazards in the home environment is a high priority for the city and in 2021–22 Community Equipment Services provided 38,692 individual items of equipment to Sunderland residents to promote independence and contribute to the prevention of falls.

Through the collaboration between the Home Improvement Agency and the city's health and social care teams, in 2021–22, 706 Sunderland residents were provided with major adaptations to their homes including stairlifts, ramps and showering facilities and 2,551 minor alterations including handrails and banister rails. In addition, with support from the Ageing Well Board, the city's Handy Person's Service provided support to 192 residents.

The city has developed a vibrant Strength and Balance programme and following a successful 6-month pilot, a full city programme will be launched in March 2023, with opportunities for residents to engage in each area of the city.

The Multi-Agency Falls Group will continue to promote opportunities for preventative work in the city but will also seek to raise awareness of both the preventative and clinical offer, ensuring that residents and patients are supported to access the right service, at the right time and thereby maximising the opportunity for the right kind of early intervention.

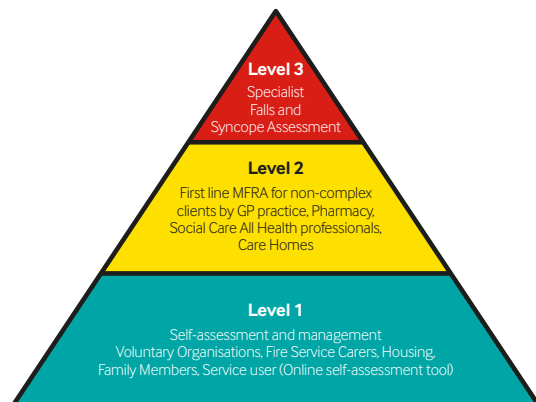
4. We will develop a directory of services that contribute to the management of falls in the city and we will develop a set of model customer journeys that will ensure we make the best use of the resources available to us

Sunderland has a rich and varied range of services that support people who fall or are likely to fall, some of which focus on the management of falls as their core business and some of which contribute to the identification of falls as a risk factor.

It is essential that we make best use of these resources by developing a set of customer journeys that demonstrate how we preserve specialist services for those people who need specialist interventions and deliver responsive services when people are in crisis, all of which should be without duplication.

This aspiration is in keeping with the requirements for community-based falls response services set out by NHS England in its 2022 winter plans, 'Going Further for Winter: Community Based Falls Response'.

5. We will work with a set of consistent falls assessment tools that promote a set of shared principles



Services contributing to the falls pathways in the city are using a range of assessment tools, and there is a shared commitment to using multifactorial assessments that seek to identify the person’s individual risk factors in falling, which in turn enables referral of the person for the most effective interventions targeted at their specific needs.

The Multi-Agency Falls Group will seek to promote three levels of assessment through the assessment tools it endorses:

Level 1: Self-assessment

Level 2: Assessment from a recognised health or social care professional

Level 3: Assessment from a specialist in falls

6. We will develop a matrix that sets out the falls training that is available in the city and ensure that all training promotes a set of shared principles

There is a range of training in respect of falls available for employees across the agencies that make up the Falls Multi-Agency Group partnership. This principle will ensure that training is accessible, up to date and in keeping with the framework for assessment.

7. We will promote the use of innovative technology in the management of falls

Technology enabled care presents a real opportunity for the smart management of falls through the implementation of digital solutions that have the capability to predict, prevent and respond to a fall.

We are already reviewing the opportunities for digital development of our Telecare Service, providing family monitored assistive technologies and delivering projects in digital home monitoring.

The development of the Virtual Ward in Sunderland presents further opportunities for integration of systems and devices that will facilitate proactive, intelligence based falls management.

8. We will make evidence based decisions in respect of the management of falls and we will develop a data set that will inform the work of the Multi-Agency Falls Group

We recognise the value of data both in the development of care plans for individuals and in the development of our services.

The Multi-Agency Falls Group is committed to developing a dashboard of key metrics that will act as a barometer in respect of our collective performance in the management of falls.

In addition, there is an aspiration to develop a digital means of delivering the self-assessment element of the assessment framework, which will provide a vital intelligence in respect of our resident's experience of falls as well as providing immediate advice in respect of how best to meet their individual needs.

Outcomes - how we will measure our success

The Multi-Agency Falls Group will monitor progress in respect of meeting the principle of the strategy and report its progress to the Health and Wellbeing Board and the Ageing Well Board.

In its current guidance, the National Institute for Clinical Excellence recommends nine standards of acute and community care for people who fall or are at risk of falling. This strategy takes into consideration the six standards that relate to the community.

- Statement 1: Older people are asked about falls when they have routine assessments and reviews with health and social care practitioners, and if they present at hospital
- Statement 2: Older people at risk of falling are offered a multifactorial falls risk assessment
- Statement 3: Older people assessed as being at increased risk of falling have an individualised multifactorial intervention
- Statement 7: Older people who present for medical attention because of a fall have a multifactorial falls risk assessment
- Statement 8: Older people living in the community who have a known history of recurrent falls are referred for strength and balance training
- Statement 9: Older people who are admitted to hospital after having a fall are offered a home hazard assessment and safety interventions

The implementation of the strategy will give assurance that these six standards are met.

The group will also monitor the following key performance indicators

- Number of Strength and Balance exercise classes offered and the associated number of participants
- Number of people trained in Falls Awareness by the Falls Coordinator
- Reduction in the number of people over 65 years of age admitted to hospital as a result of a fall
- Reduction in the number of calls to the Telecare Service relating to a fall

As the dashboard described in Principle 8 is developed, further indicators may be added to this initial dataset.

Conclusion

Sunderland has a significant problem in respect of the incidence and management of falls.

Falls and fractures in those aged 65 years and above account for over 4 million hospital bed days per year in England. The implementation of this strategy will reduce the number of hospital bed days in Sunderland arising from a fall and promote the early supported discharge of those patients who are identified as being at risk of a fall during an admission.

Key to the success of this strategy is the partnership approach being delivered through the Multi-Agency Falls Group and the commitment of partners to its eight guiding principle.

As the strategy is implemented, the group will actively seek out opportunities to consult with people who fall or are at risk of falling to ensure their voice influences the development of future services and ways of working.

Prior to implementation, the strategy will be approved by Sunderland's Ageing Well and Health and Wellbeing Boards.

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SUNDERLAND WINTER PLANNING 2023/24

Report of the Managing Director, All Together Better Sunderland

1.0 Purpose of the Report

The purpose of this report is to provide an overview of the winter resilience plans for 2023/24.

The report also informs the Health and Wellbeing Board of the winter vaccinations programme for Sunderland. This incorporates both the annual influenza vaccination programme and the autumn/winter Covid-19 booster programme.

2.0 Background

This year, NHS England published the Urgent and Emergency Care Recovery Plan, underpinned by an extensive programme of work to deliver improvements across urgent and emergency care ahead of winter.

This plan, along with the NHS's primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2023/24 winter period.

The guidance stipulates that interventions over winter should contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.

On 27 July 2023, NHS England sent a letter to all ICBs and NHS and Local Authorities providers on the approach to winter planning for the upcoming 2023/24 winter season. This is the earliest this letter has been sent out, reflecting the importance of early planning and the scale of the challenge experienced last winter.

This was accompanied by a 'system roles and responsibilities' document which sets out the responsibilities of each part of the system and provides greater clarity on what actions should be undertaken to prepare well for winter.

The letter builds on the commitments and key ambitions laid out in the Urgent and Emergency Care recovery plan, and it sets out four areas of focus for systems:

- i **Ensuring high-impact interventions are in place** – ten high interventions are highlighted, including Same Day Emergency Care (SDEC), care transfer hubs, virtual wards and acute respiratory infection hubs.
- ii **Completing operational and surge planning** – considering multiple possible scenarios, including how to mobilise additional capacity to respond to peaks in demand while protecting hospital elective recovery.
- iii **Effective system working across all parts of the system-** including acute trusts, community care, elective care, children and young people, mental health, primary care, social care and the VCSE sector, with the ICB playing a vital role as system leaders.
- iv **Supporting the workforce** - systems and providers should protect the wellbeing of their staff, including by encouraging flu vaccination uptake, and continue to improve retention.

Last winter in Sunderland, like many areas nationally, was extremely challenging due to a range of reasons including the recovery from the COVID-19 pandemic, workforce capacity issues, high levels of respiratory illness, the increase in people needing hospital care and then subsequent social care support for discharge. This was further compounded with additional mental health demand stemming from the ongoing rising cost of living, with many people describing detriments to their wellbeing and quality of life.

A review of the Sunderland Winter Plan 2022/23 was undertaken in May involving a wide range of partners, with the following learning points being identified:

What went well...

- Covid & Flu vaccination Programme - with recognition that the numbers of people vaccinated could always be improved upon
- Integrated Surge and Emergency planning across the whole Sunderland Health and Care system with delivery of key actions across both the in and out of hospital system to facilitate removal of obstacles to respond to pressures.
- Winter schemes that were put in place in 2022/23 being driven by clinical teams who continued to work in very different ways to support winter pressures.
- Throughout 2022/23, the collaborative approach to partnership working across the health and care system in Sunderland has been central to

the success of managing the increased pressures and the continuous rapid response that has been achieved to support patient care.

Key successes from the 2022/23 winter plan are highlighted by exception below:

- **Integrated Discharge Approach:** Continuing to develop the Discharge to Assess model by bringing health and social care teams together to co-ordinate rapid discharge to manage patients in their own home quicker, whilst freeing up hospital capacity to support increased demand. The appointed an Integrated Discharge Team co-coordinator continues to be a crucial part of ensuring a joined-up approach to support the transition from hospital.
- **Age UK Discharge Services:** Continuation of the discharge service with a full complement of staff to support rapid hospital discharge.
- **Transport:** Providing additional and flexible transport provision to support transition from hospital and Emergency Department 24/7.
- **Bed Capacity:** Co-ordinating sufficient out of hospital bed capacity to manage patients within the community, flexed and reduced at pace throughout the year.
- **Emergency Departments (ED) Rapid Assessment Treatment (RAT) Model:** this service contributed to the improvement of North East Ambulance Service (NEAS) handover and ED performance targets thus improved patient care.
- **Primary Care:** General practice continued to increase the number of appointments offered in hours, as well as stepping up and down 'over spill' clinics and delivery of Acute Respiratory Hubs (ARH) to support practices under extreme pressure. This has been crucial in managing primary care demand, especially given the increase in demand on these services.
- **End of Life:** Additional rapid response domiciliary care for End-of-Life patients has been key in supporting patients to die at home.

Areas of improvement

As part of the evaluation of last year's Winter plans, areas for improving winter resilience were considered within the winter planning process for 2023/24:

- **Community Care home step down beds** – whilst Care Home providers responded brilliantly to the requirement to support people who no longer needed hospital care to be stepped down from hospital, it is recognised there was an over reliance on the use of step-down beds in care homes. Partners felt it was important to focus on getting patients home in first instance, rather than transferring the patient from

a hospital bed into care home bed, therefore, increasing risk of the patient losing mobility and independence.

- **Funding:** Using winter funding for only the winter period is not helpful, as partners are unable to recruit to temporary posts, impacting on system resilience. Therefore, there must be an increased balance between investing recurrently in schemes which we know will help, not only in winter but all year, to improve system capacity and resilience, alongside having a smaller range of schemes which could be mobilised over the winter period.
- **Domiciliary care provision-** as a health and care system there was identified a need to continue to work with the domiciliary care market to help providers, to develop new ways of working, increase service capacity, and support providers to make job roles in this important sector more attractive to work in.
- **Transition from Hospital** - Despite good collaborative working, the numbers of Sunderland patients who were Community Ready (Discharge Ready) with no right to reside in hospital each day, over the winter period and beyond, remained high.

3.0 Overview on Winter Planning for 2023/24

3.1 System Approach

Operational arrangements across health and care partners are in place to manage patient flow between services. Working together, the system will use the Command-and-Control Group, which includes a wide range of partners, to take the actions needed when the Sunderland health and care system is under increased pressure.

From the learning from the pandemic and from the responses last winter, it demonstrated that, on a day-to-day basis, all partner organisations in Sunderland are stronger when they all work more closely together.

Each partner organisation will have in place a range of measures to help them manage the pressures of winter.

At a system level, the Command-and-Control group will drive the delivery of the system resilience plans, manage times of surge and do all it can to maintain daily patient flow between all partners, ensuring people are cared for in the right place at the right time, so that they can achieve the best health outcomes.

Health and care providers along with the voluntary sector will be actively involved in joint planning for winter and working together to support individuals who draw on care in the system.

3.2 Development of a new transition from hospital service model.

Following evaluation of last year's winter plans, and from listening to stakeholders, providers, staff, carers, and patients on how the 'transition from hospital' process and services currently operate, it was agreed to invest, recurrently, into enhancing and reconfiguring the transition from hospital model and service provision used in Sunderland.

A business case has been submitted to the ICB to enhance and reconfigure Sunderland's 'transition from hospital services' with the aims to:

- i Improve discharge - once people no longer need hospital care, enable the person to be discharged home or into a community setting, quickly, as the best place for them to continue recovery.
- ii Expand care outside hospital – to enable people to receive more care closer to, or at, home. To avoid the deconditioning and prolonged recovery that can accompany a hospital stay.
- iii Make it easier to access the *Right Care*, at the *Right Time* in the *Right Place*

The proposed new transition from hospital model includes:

- Establishing a new 'Transfer of Care Hub', which will be responsible for the safe and timely discharge of patients from hospital, using a 'Home First' approach through Discharge to Assess services.
- Enhancing the 'Discharge to Assess' model by investing in the expansion of a new hospital to home (Health Care Assistant) bridging service.
- Increasing the staffing resource at Farmborough Court Intermediate Care Centre to enable the service to accept a higher acuity level of patients being 'stepped down' from hospital.

The proposed new model should contribute to a reduction in the number of Sunderland medically optimised patients needing support to be discharged by 25% from the agreed base line of last winter.

The achievement of this target will of course depend on the wider health and care system, as set out in the NHS UEC Recovery Plan, including planned increases in social care capacity and improvements in access, and levels of flu and covid being no higher than last winter.

However, significant collaboration between partners has been undertaken between partners in Sunderland, through the All Together Better Alliance, to design these new service arrangements. This includes, aligning the proposed new model with the restructure of the Local Authority's social worker teams and the reablement at home service.

Therefore, partners feel these proposed changes to the 'transition from hospital' model will help reduce delays in hospital discharges, enable the Sunderland system to be more resilient and ensure patients receive the right care in the right place at the right time.

3.3 Covid and Flu Vaccination programme

Seasonal vaccination remains a critically important public health intervention and a key priority in order to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures.

The 2023-24 seasonal vaccine delivery programme was anticipated to start early in October 2023. However, following an announcement by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) which details the risks presented by the new BA.2.86 variant of COVID-19 the programme has commenced earlier.

While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged.

The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Following this advice, the Secretary of State for Health and Social Care has asked NHS England to bring the vaccination programme forward, to start earlier, and to accelerate the delivery of the programme to vaccinate eligible people more quickly. NHS England would like as many people as possible to have been vaccinated by the end of October. DHSC are providing additional support to the NHS to enable this to happen.

Influenza and COVID-19 Vaccination Cohort Eligibility

The eligible cohorts for flu vaccinations have remained largely unchanged with the exception of removing the eligibility for those aged between 50-64.

The below groups will be eligible for a flu vaccine from 1 September 2023:

- those aged 65 years and over.
- those aged 6 months to under 65 years in clinical risk groups (as defined by the 'green book', chapter 19 (Influenza))
- pregnant women
- all children aged 2 or 3 years on 31 August 2023
- primary school aged children (from Reception to Year 6)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person.
- close contacts of immunocompromised individuals

- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

The eligible cohorts to receive the Covid-19 vaccination include:

- residents in a care home for older adults
- all adults aged 65 years and over.
- persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts (as defined in the 'green book') of people with immunosuppression.
- aged 16 to 64 years who are carers and staff working in care homes for older adults.

Campaign timings

For operational expediency and in line with public health recommendations – wherever possible, flu and COVID-19 vaccines should be administered at the same time.

The best protection is usually provided by getting vaccinated with as short a gap as possible before exposure to circulating influenza and COVID-19 viruses, hence the previously advised later start date of early October.

However, considering the changes in risk balance from a new COVID-19 variant set out above, flu and COVID-19 vaccination for adults should now be brought forward for this year to start in September to maximise uptake of both vaccines.

For providers, this means that:

- From 11 September 2023, systems must start vaccination for care home residents and those who are housebound. The plan is to systems to ensure that all residents are vaccinated before 22 October 2023.
- From 11 September 2023, COVID-19 and flu vaccinations can commence for those eligible via Local Booking Systems (LBS), starting with those who are most at risk, including those who are immunosuppressed, in the usual way.
- On 18 September 2023, this will be complemented by the National Booking System (NBS) which will become available to allow eligible people to book a COVID-19 vaccination online (using NHS.uk), via the NHS App or by calling 119. National COVID-19 vaccination invitations will also start from 18 September.

UKHSA has advised that children's flu LAIV vaccines will be available to order from 4 September 2023, for delivery the following week. General practice should continue to prioritise vaccination of 2–3 year-olds, while school age immunisation services should rapidly commence vaccination of eligible school aged children.

Sunderland Offer

Both COVID-19 and flu vaccines will be offered to eligible cohorts in Sunderland through a combination of GP practices and Community Pharmacies.

There are six Primary Care Networks (PCNs) across Sunderland, and all have signed up to deliver the COVID-19 vaccination. This will mean that the vaccine will be offered at all 38 practices in Sunderland alongside the flu vaccination. Patients will either be invited to book an appointment or can contact the own practice to arrange this.

There are also 31 Community Pharmacies in Sunderland that have signed up to deliver both flu and COVID-19 vaccinations. These appointments can be booked via the National Booking System (NBS)

School aged children who are eligible for the flu vaccination will be offered the vaccine in their school and this is provided by the local School and Immunisations Service. (SAIS)

Patients who are residents of long stay care homes, or those who are housebound will be referred into the Community Nursing Team who will visit them. These patients will be prioritised with the completion date aim of 22 October 2023.

The Integrated Care Board (ICB) will be working with local partners to provide communications so that patients are aware of the options provided and how to access them. This will complement the national vaccination campaign communications and individual letter patients may receive.

The COVID-19 and flu vaccination 2023/24 plan for Sunderland will place an emphasis on inequalities. A set of principles will underpin the vaccination programme as follows:

- To use a community approach
- To promote informed choice as being an integral part of the decision-making process
- To promote and use a wide support network and broaden community links.
- To use a co-administered approach as appropriate and as per guidance to administer the COVID-19 vaccine.

System partners in Sunderland will continue to think creatively on how best to support and improve uptake across communities. In the past this has included:

- Mobile clinics and pop ups, such as roving buses, temporary clinics at supermarkets, shopping centres, places of worship and events.
- Capacity building such as community champions and ambassadors and support for local voluntary sector organisations that have established links and trust with targeted communities, working to improve vaccine confidence.
- Outreach activities such as bespoke health days and events, door knocking, dedicated clinics, and clinical outreach, supported by pre-engagement and communications.
- One of the most challenging cohorts to address is the low uptake of both flu and Covid vaccines in Health and Social Care workers. Colleagues in Public Health have commissioned a piece of insights work to try and gain a better understanding of why staff are reluctant to be vaccinated. This work will be used to help overcome some of the barriers and misconceptions that staff currently have regarding the vaccines.
- For the last two years system partners have attended a Winter Vaccination Board for Sunderland, where the focus has been on improving uptake in all cohorts of patients. The membership of this group is currently under review to ensure that the correct groups of people are around the table to address some of the operational and strategic issues faced throughout the programme. In previous years this group has lacked consistency in attendance and has not fulfilled its original purpose. This will be addressed and improved ways of working identified going forward.

Vaccinations are our best defence against flu and COVID-19 ahead of what could be a very challenging winter, and with the potential for this new variant to increase the risk of infection, the plan for Sunderland will follow the latest expert guidance and by bringing the vaccination programme forward, with people able to get their flu vaccine at the same time, it will help to maximise protection for the people of Sunderland.

3.4 System Winter Schemes

Via the Command-and-Control Group, a range of additional system schemes are being planned and developed to support the overall resilience of the wider system as we come into the months of peak pressure.

These schemes include:

Scheme	Description
Hospital Transport	Additional transport during day and overnight to support transition from a hospital bed, Emergency Department / Same Day Emergency Care Unit
Acute Respiratory Infection Hubs	To support the prioritisation of acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.
Ambulance Handover scheme	Put in place a Rapid Assessment and Treatment Scheme in the Emergency Department to support improved Ambulance Handover.
Consultant Connect	Provide Advice & Guidance to GPs by Consultants and help to support the reduction in hospital admissions
Homelessness PODs	To provide alternative short-term accommodation to prevent unnecessary admission and support discharge of patients deemed as homelessness
Mental health support	Through the VCS provide a range of mental health/learning disabilities and autism related schemes aimed at supporting hospital discharge, support to people and families and preventing unnecessary admission into hospital
GP Out of Hours service	Relocate the Out of Hours GP service into the Urgent Treatment Centre on Sunderland Royal Hospital site
Age UK Discharge Service	Provide support to people to facilitate discharge and prevent unnecessary readmission back into hospital
Additional Domiciliary support	Working with Local Authority to commission additional domiciliary care capacity during key times during the winter period when Domiciliary care availability is extremely stretched
System Contingency Funding	System Contingency Funding to enable partners at times of extreme pressures to make application in respect of funding for <ul style="list-style-type: none"> ▪ overtime or additional resource for clinical staff to support staffing. ▪ to fund any spot purchasing of any additional service capacity during peak surge periods

3.5 Mental Health services

To help manage the pressure on Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust the following measures have been agreed.

- Daily patient flow meetings to support capacity and identify any potential community or, crisis admissions.
- Robust process to identify patients who can continue with their treatment within the community via Crisis Team or other services.
- Bed management work across 24 hours, with support from on call Directors should out of pathway need to be considered.
- Robust off duty process to manage staff levels.

- Wednesday mid-week review of safer staffing for the remainder of the week.
- Friday locality meeting with senior leadership assuring staffing level over weekend and any bank holidays.
- Clear escalation process supported by on-call.

3.6 Interdependencies with other service developments

Over the last year several service initiatives have been developed which will contribute this winter to system winter planning and resilience.

These schemes include:

- **Virtual wards:** from September the implementation of virtual wards in Sunderland will start, this will increase system capacity to improve the level of care to prevent admission to hospital and improve transition from hospital.
- **Two Hour Urgent Community nursing response:** increasing the volume and consistency of referrals to improve patient care, ease pressure on ambulance services, and avoid admission.
- **High Intensity Users of the Emergency Department (ED):** a new model is being deployed in Sunderland, this includes; the establishment a High Intensity Steering Group with representation from range of city partners, e.g. Emergency Department, Community Mental Health, Social Prescribing, Drug and Alcohol Services, Social Care, the High Intensity user worker being re-aligned to sit alongside Social Prescribing team, a multi- agency panel approach that will review patients on current Emergency Department frequent flyers list and agree on interventions for supporting teams to take forward
- **Adult Social Care:** The government is providing a further £570 million of ringfenced funding across financial years 2023 to 2024 and 2024 to 2025 to local authorities to improve and increase adult social care provision, with a particular focus on workforce pay. The expectation is that this additional funding will support more workforce and capacity within the adult social care sector. This will help to ensure that appropriate short-term and intermediate care is available to reduce avoidable admissions and support discharge of patients from hospital when they are medically fit to leave.

3.7 Key continuity and resilience risks

The following risks to service continuity and resilience will be managed through the Operational Command and Control Group and each partner's winter planning and assurance process.

- COVID-19 may impact on demand and/ or reduce system staff capacity. The vaccination programme targeted at health and care staff should help to mitigate this risk.
- Seasonal winter demands may impact on our available capacity. Winter resilience plans across the system have been targeted to increase staff capacity and resilience.
- Industrial action may impact on services ability to provide accessible and safe care. Robust arrangements are in place, following a range of industrial action in health services. The learning from responding to these periods of industrial action will be used to mobilise appropriate business continuity plans over winter.
- Energy supply - each organisation operating from a building estate has contingency plans in place.
- Adverse weather plan – cold weather, floods, snow, and heatwaves. Each organisation has contingency plans in place. ICB Business Continuity Plans include plans for risks associated with adverse weather conditions.
- Community resilience - working with the Local Authority and community partners, work is being undertaken to help build resilience in the population, identifying the most vulnerable residents such as people who use home oxygen/people who require dialysis, promoting winter ready approaches, supporting voluntary and community services and opportunities to offer health interventions as appropriate.

4. Assurance

4.1 Command and Control Group

- Each Health and Care organisation in Sunderland has its own command and control structure.
- The Sunderland system also has a Command and Control Group, facilitated through the All Together Better Alliance (ATB), which brings together a wide range of partners with the following purpose:
 - coordination on the response to surge in demand or sustained pressure on Sunderland health and social care system services
 - enable, as a system, to quickly take decisions and agree additional system escalation measures /actions to rapidly identify and mitigate against bottlenecks, system pressures, surge in demand on individual services and any associated risks.
- The Command and Control Group will meet throughout the winter period to respond to and manage periods of significant exceptional pressure and elevated system risk as a whole system.

- The Command and Control Group will coordinate the winter plans.
- The Command and Control Group will monitor the system plans and provide assurance through to Place Committee on delivery of winter plans.

5.0 Recommendation

5.1 The Board is recommended to:

- a) Receive and note the winter vaccination plan for Sunderland.
- b) Support the review of the Winter Vaccination Board to ensure it is fit for purpose.
- c) Receive and note the update on the development of plans for winter 23/24

SUNDERLAND HEALTH AND WELLBEING BOARD

28 September 2023

HEALTHWATCH SUNDERLAND ANNUAL REPORT 2022/23

Report of the Vice Chair of Healthwatch Sunderland

1.0 Purpose of the report

- 1.1 The purpose of the report is to provide the Board with an overview of activity conducted by Healthwatch Sunderland throughout 2022/23.

2.0 Background

- 2.1 Local Healthwatch organisations are a statutory service commissioned by local authorities as part of the Health and Social Care Act 2012. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.
- 2.2 Healthwatch Sunderland independently champions for people who use health and social care services in the city. They engage with individuals and communities to find out what matters to them and help make sure their views shape the support they need.
- 2.3 In 2022/23 Healthwatch Sunderland:
- had 30 volunteers who provided over 76 days of supporting activity.
 - employed 6 staff
 - received over £160,000 in local authority funding
 - 2299 people accessed advice and information about topics such as how to make a complaint and NHS dentistry
 - 2944 people shared their experiences of health and social care services, helping to raise awareness of issues and improve care
 - published 4 reports about the improvements people would like to see in relation to their health and social care services. GP Access was our most popular report.

3.0 Overview of Healthwatch Sunderland 2022/23 outcomes

- 3.1 Some of the projects and activity undertaken by Healthwatch Sunderland throughout the year is set out below:
- Attending summer events giving children and young adults increased opportunities to provide feedback.
 - Highlighted breast care in hospital recall letters in #ItsBoobEasy achieving internal reach.
 - Supporting our partners to develop a new health and wellbeing hub for the city, embedded into each Sunderland GP website.
 - Helping to improve hospital visits for kinship carers and their families.

- Supporting international residents to access appropriate health care.
- Improved access to the Covid-19 vaccine.
- Increased support for amputee patients.

4.0 Top three priorities for 2023-24

- Hospital Care
- Accessible information
- Youthwatch

5.0 Recommendation

- 5.1 The Health and Wellbeing Board is recommended to note and comment on the content of the Healthwatch Sunderland Annual Report 2022/23.

Together

**we're making health
and social care better**

Annual Report 2022-23



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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

As the new Chair from September, I want to thank the previous Chair, John Dean, for his many years of service to Healthwatch Sunderland and his personal support.

I have spent the last 7 months reaching out to Board members, staff, volunteers and partners about our local Healthwatch, and it has been a pleasure to hear about the fantastic work undertaken day in day out and now detailed in this Annual Report.

It has also been an opportunity to reset relationships with key leaders in the local NHS and Council, responsible for both commissioning and providing health and care services, agreeing how we work together moving forward. At the same time, we have actively engaged in the new arrangements across the North East and North Cumbria Integrated Care Board (ICB), including working with the 13 other Healthwatch bodies, feeding into the ICB.



“What has been most reassuring to the Board, is knowing the staff and volunteers have been able to get out in the community again, visiting a whole range of groups. They are constantly checking out what local people are experiencing and bringing that to our attention, so together we can make sure this intelligence is used to make a difference.”

Debbie Burnicle, Healthwatch Sunderland Chair

About us

Healthwatch Sunderland is your local health and social care champion.

We make sure NHS leaders and social care decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.

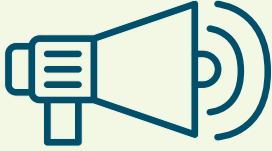


Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



2944 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

2299 people

came to us for clear information and signposting about topics such as how to make a complaint and NHS dentistry.

Making a difference to care

We published

4 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

GP access

which highlighted the struggles people face when trying to access their GP practice.



Health and care that works for you



We're lucky to have

30









outstanding volunteers who gave up 79 days to make care better for our community.

We currently employ

6 staff

who help us carry out our work.

How we've made a difference this year

Spring	 <p>Supporting the COVID-19 vaccination programme we talked to 343 people from different communities to understand their hesitancy towards the vaccine and shared our findings.</p>	 <p>Planning and implementing our campaigns for the year ahead to raise awareness of key messages and share information on key local and national support services.</p>
Summer	 <p>Attended Summer events giving children and young adults increased opportunities to feed back on the health services they use.</p>	 <p>Held a workshop to support the council's development of a Violence Against Women and Girls Strategy.</p>
Autumn	 <p>Held a community Organ Donation Event raising awareness of the importance of both diseased and altruistic organ donation and the wider impact.</p>	 <p>Highlighted breast care hospital recall letters in easy read with our #ItsBoobEasy campaign achieving international reach.</p>
Winter	 <p>Supported our partners to develop a new health and wellness hub for our city which will be embedded into every Sunderland GP website.</p>	 <p>Spoke to people who had accessed the Safeguarding process and fed back to service providers to highlight what is working well and what may need to be improved.</p>

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

Vaccine confidence

Our research exploring vaccine confidence with people from different backgrounds provided vital lessons for public health campaigns.



Care home Life

As a result of our 'Care Home Life – What it's really like!', members of the general public have access to our reports, which detail what life is like in the care homes of Sunderland. This has helped people make more informed decisions on which home is best for them or their loved ones.



Breast screening

Thanks to patient Sharon sharing her story, NHS England have introduced Breast Screening Recall letters in easy-read formats nationwide. Making a difference for many people who have additional communication needs and learning disabilities.



Access to equipment services

By sharing information on equipment services, we supported many local residents to access equipment such as; wheelchairs, walking frames etc helping them to remain safe and independent in their own homes.



Hospital appointment systems

Sharing feedback we had gathered on the hospitals appointment system helped to make it easier to understand and use for patients.





Healthwatch Hero



Celebrating a hero in our local community.

Sharon is a Healthwatch Hero for bravely raising her experiences with us and creating change so that no one else has to struggle as she did.

Sharon received her routine mammogram invitation in easy read, but when she was recalled for further tests, the letters were not available in easy read.

We helped Sharon tell her story to both NHS England and NHS Improvement and as a result a series of follow up letters have been developed in easy read. This will improve the experience and safety of countless patients undergoing routine breast screening across the country.

Without Sharon sharing her experiences with us, we would never have known about the issue. Thanks to Sharon, people across the whole of England will now be able to better understand their care.



Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Helping to improve hospital visits for kinship carers and their families

Our work with the South Tyneside and Sunderland Hospital Trust is helping to raise awareness of what a kinship carer is with staff, resulting in a better patient and carer experience.

During an engagement session with local group, More than Grandparents, we received feedback about some of the issues kinship carers were facing when attending the local hospital Children's Emergency department.

Grandparents and carers explained they were often questioned about their legal guardianship of the children they were caring for and asked inappropriate questions by reception staff and, on some occasions, by clinical staff. This was having a significant negative impact on the children who were often left confused and upset.

To raise awareness of these issues we facilitated meetings between kinship carers and the patient experience staff from the Hospital. The meetings allowed the carers to explain their concerns and highlight some of the situations they had faced.

In response to this the Hospital developed and delivered an action plan aimed at addressing some of the issues carers and the children they care for were experiencing, these included:



- Increasing awareness of kinship carers via staff newsletters, in-house awareness raising campaigns and coverage in supervisions with staff etc;
- Additional staff training educating them on the IT flagging systems and correct ways to talk to families coming into the trust;
- Creation of an education video to be used with staff, where carers shared their firsthand experiences of using services and how this made them feel;
- Implementation of new procedures so, if any inappropriate safeguarding referrals are made, the safeguarding team would interject and advise the staff member accordingly.

What difference will this make?

The changes implemented highlight the power of people's feedback – with decision-makers listening to your voice and taking action.

With these changes in place kinship carers are now able to access hospital-based services without facing additional stress and worry in an already anxious situation.

“Our kinship carers felt empowered by being allowed to talk freely about their experiences. Some kinship carers are already reporting a change in attitude from hospital staff when they attend A&E which relieves their stress during a time, they already find stressful.”

Melanie Nichols, CEO, More than Grandparents



Increased support for amputee patients

Being told you need to have a limb amputated can be a devastating, frightening and life changing experience, with many of those needing the amputation often as an emergency, leaving the individual with little to no time to process the effects of surgery.

Feedback from patients highlighted that they were often leaving hospital with little or no information on where to go for practical and emotional support.

As explained to us by local resident Andrea, who had faced her own amputation, this can often result in people feeling depressed, anxious and alone. After meeting with Andrea and members from a newly established support group, we set about looking at ways to bring about change. This resulted in us:



- Signposting support group members to local organisations who can assist them with the development and promotion of the support group to reach more people.
- Increasing awareness of the support group to other amputees by hosting regular partnership information stands within key areas of the hospital.
- Assisting with the development and creation of an information pack, in partnership with the hospital trust and the support group, which details all the key information patients will need to support them following their amputation.

What difference will this make?

Thanks to Andrea and others who shared their experiences, patients will now be equipped with the information they need following an amputation. The pack will contain key information and where people can access the practical and emotional support they may need locally. This will help to alleviate some of the worries patients face following a life changing experience.

"I am so pleased I met Wendy and the support that she and Healthwatch Sunderland have given me, and the group has been invaluable. Not only have we been able to recruit new members, but the sessions at the hospital have allowed us to offer peer support to people who have had a recent amputation and more recently offer support to a lady who, for her, amputation is inevitable in the future."

Andrea, amputee patient and founder member of the peer support group, Out on a Limb.



Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for service providers and commissioners to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

During the months of October – November 2022, 75 recipients and their family and friends informed us about their experience of using care in their own home (domiciliary care). We have fed this back to commissions who said;

"It is encouraging to see high levels of satisfaction among people who receive domiciliary care, and I am pleased to see so many of them and their families report that they feel their carers know them well. Equally the report also helps us to identify areas where we can improve the service going forward which will feed into our overall review of what future services people need to keep them independent and at home. I'd like to thank everyone who took part in the survey."

Graham King, Director of Adult Services at Sunderland City Council

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

Working with a local sight loss charity and its members we have helped to ensure patients voices were heard by the NHS when designing and developing a new passport for patients with Macular degeneration. By hosting discussions and listening directly to those with lived experiences, the NHS understood what would work best for patients. This has helped to improve services for all those with a Macular degeneration and support the development of relationships.

Improving patient access to GP services

It's important that services understand some of the barriers created for patients accessing services .

During August – September 2022, 1261, people shared their experience of accessing their GP with us. We shared this with service providers and decision makers who are now better informed on areas that need to be improved ".....the report that has been published has provided some invaluable insights that we can now work with to help improve access for patients going forward."

NHS North East and North Cumbria Integrated Care Board (ICB)





healthwatch STAR Sunderland Awards

As a Healthwatch we often hear about those services that shine or individuals who go the extra mile. Celebrating these services or individuals is an essential and enjoyable part of our work and the 'Nominate a Star' scheme is our way of acknowledging the good we hear about.

Over the past year we have presented the following individuals and departments with one of our Star Awards:

- Ruth Bell, Social Prescriber, Sunderland GP Alliance
- Sunderland Royal Hospital Outpatients department
- Johnathan Hindmarsh, Pharmacist, South Tyneside and Sunderland Foundation Trust
- Claire Atherton – Speech and Language Therapist, South Tyneside and Sunderland Foundation Trust
- Steven Gambles – Together for Children



If you would like to nominate an NHS or publicly funded social care staff member, team or service for one of our Star Awards for the difference they have made, please get in touch.



Hearing from all communities

Over the past year we have worked hard to make sure, we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Listening to young people across the city and ensuring their voices are heard by service providers.
- Hosting sessions with international students ensuring they have the information they need on how best to access health and care across the city.
- Holding regular feedback sessions with those who have a learning disability or autism so they can share their experiences of health and care.
- Working in partnership with the International and Bangladeshi Centre to ensure those they represent have services they can access and use.

Improved access to the COVID-19 vaccine

We undertook two pieces of engagement work across the year and gathered feedback from over 350 local people as to why they were hesitant to receive the COVID-19 vaccines.

Their main reasons for not being fully vaccinated included cultural or religious reasons and no longer feeling the need to be fully vaccinated due to restriction changes.

Findings were presented to organisations who make up the local NHS Winter Vaccine Board who have used to shape further delivery of the vaccine in Sunderland.



“The information in Healthwatch’s report will help us to work with our partners across the city to improve vaccination uptake by raising awareness of the continued importance of vaccination against COVID-19, in particular during the Autumn and Winter of 2022.” **Sunderland GP Alliance Ltd**

Young people have their say

What does self care mean to you?

Self care to me, means how one takes care of their body, their mind and their spirit. We know that it is very important to take care of our bodies and ourselves so that we can function optimally and effectively.



With the help of our Youthwatch volunteers we have been listening to young people by reaching out to those aged 25 and under to understand how services work for them and what’s important.

Young people informed us healthy living and lifestyle and their mental health are important to them. As a result, Youthwatch created and promoted a video to mark self-care week, within the video young people explained the importance of self-care and shared with others their top tips on how best to look after themselves.



“Some of the tips I would give to young people out there is to find what keeps you motivated. What is that thing you love to do that keeps you very energetic, or in a positive spirit. Keep at it. Do it every day, do not stop doing it.”

Chidera, Youthwatch volunteer



Advice and information

If you feel lost and don't know where to turn, Healthwatch is there for residents living in Sunderland. We can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up to date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Hosting health campaign events and promoting key health messages

Supporting local people in emergency situations

As part of our signposting service, we give local people a tool to help them remain safe. The impact of this has been great.



“When contacting a lady for her welfare morning call, I suspected she had taken a stroke, so I called 999 and the paramedics arrived. Luckily, the lady had attended a coffee morning hosted by Healthwatch Sunderland, where she had received a Lions Club Message in a Bottle which she had completed and stored in her fridge. The bottle was retrieved and provided the paramedics with all the information they needed in order to treat the lady. It was a godsend and I fully believe this helped saved her life.

There is good news, the lady has made a good recovery. Once again thank you for bringing the Message in a Bottle scheme to our attention and I just wanted to share with you our heartfelt appreciation.”

Janine Proctor, Oakfield Court Manager

We would like to thank the Lions Club for supplying us with the bottles and to their local representative for keeping us stocked up.

Supporting international residents to access appropriate health and care

Working in partnership with Sunderland University we have informed and signposted hundreds of students new to the city, to the most appropriate health and care services.

International students who are new into the city are very often unaware of how to access the local health and care services, which can lead to the inadvertent misuse of services, causing at times, additional pressure on the NHS.

Through our information and signposting service, we were able to work in partnership with the University to ensure students are given up to date information on how best to access health and care services. This work has seen us being built into the university's induction programme for all new international students and the development of information detailing Sunderland health services.

As a result of the success of this work, the pack has also been used and replicated when engaging with refugees in our city.



“The expertise of those who work within Healthwatch has meant that we have been able to call on them for support in delivering key messages to our students in light of issues raised by local GP surgeries.”

Emma Davisworth, International Welfare Adviser, University of Sunderland



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote Healthwatch Sunderland and what we have to offer.
- Collected experiences and supported their communities to share their views.
- Reviewed new NHS websites to review accessibility and usefulness.
- Delivered promotional health related campaigns on self-care, mental health, cancer awareness, organ donation and many more.
- Represented us at key strategic meetings.

Our volunteers

Our volunteer team are as dedicated and enthusiastic as ever and continue to support us in all that we do. They have dedicated over 500 hours over the past year, helping to make a real difference to the local community. Some of the areas they have supported us include:

- Attending hundreds of meetings, community groups and events to promote Healthwatch and what we have to offer, reaching over 2,500 local people throughout the year.
- Supporting our local community to share their views and collecting over 2,944 views.
- Reviewing new NHS websites to review accessibility and usefulness.
- Attending several workshops hosted by health and social care providers to share their views on service improvements and changes.
- Delivering promotional health related campaigns on self-care, mental health, cancer awareness, organ donation etc.
- Representing us at key strategic meetings including the Health and Wellbeing Board, Safeguarding Board, Joint Strategic Needs Assessment, Primary Care Committee, Northeast Ambulance Forum plus many more. Ensuring patient and service user voice is paramount.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchesunderland.com



0191 5147145



healthwatchesunderland@pcp.uk.net

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012. We have secured the contract for the next few years, giving us sustainability and greater impact going forward for people of Sunderland.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£160,684	Expenditure on pay	£116,053
Additional income	£12,696	Non-pay expenditure	£32,168
		Office and management fee	£10,758
Total income	£173,380	Total expenditure	£158,979

Additional income is broken down by:

- **£300 funding** received from Sunderland GP Alliance for COVID-19 Vaccine research project.
- **£816 funding** received from Healthwatch Norfolk for Website Migration.
- **£150 funding** from Sunderland City Council for a Focus Group on Violence Against Women and Girls Strategy.
- **£5,430 funding** from Integrated Care Board for GP Access Research Project.
- **£1,500 funding** from Healthwatch England for CRM Replacement Fund.
- **£4,500 funding** from Integrated Care Board for Integrated Care Strategy.

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top three priorities for 2023-24

1. Hospital care
2. Accessible information
3. Youthwatch



Statutory statements

Healthwatch Sunderland, 53 St Luke's Terrace, Pallion, Sunderland, SR4 6NF

The organisation holding the Healthwatch Sunderland contract is the Pioneering Care Partnership (PCP). PCP is a multi-award winning health and wellbeing charity operating across the North East.

For further information please visit www.pcp.uk.net. Registered Charity No, 1067888 Company Registered in England No. 3491237 Registered address: Pioneering Care Centre, Carer's Way, Newton Aycliffe, County Durham, DL5 4SF © Pioneering Care Centre

Healthwatch Sunderland uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 5 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met 9 times and made decisions on matters such as GP Access, Domiciliary Care and future work plan items such as hospital discharge.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available to engage with the residents of Sunderland by phone, email, by providing a webform on our website and through social media, as well as attending meetings of community groups and forums and hosting information stands at a range of public places across our communities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and distribute it via our e-newsletter and social media platforms. It is also available in hard copy on request.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

We also take insight and experiences to decision makers in North East and North Cumbria (NENC) Integrated Care Board. While we have worked together informally for many years, recent funding from the ICB has enabled the Network to formalise working arrangements through our Operational Protocol, so that it can systematically represent the views of service users, families and carers with partners across the Integrated Care System. Local intelligence is collated across each of the four sub-regional areas and shared at Area ICP meetings. At regional level, the Healthwatch Regional Coordinator represents service-user voice from across the region at the NENC Integrated Care Partnership Strategic meeting, Quality & Safety Committee, Primary Care Strategy & Delivery sub-committee, Healthy & Fairness Advisory Group, Equality, Diversity & Inclusion meetings and System Quality Group meetings. The network of local Healthwatch has also been commissioned to undertake additional research to ensure local opinions are represented in the ICB's work priorities.

2022–2023 Outcomes

Project/ activity	Changes made to services
GP access	Development on new ways of working to improve patient access to their GP.
Covid -19 vaccine hesitancy work	Key public health messages have been developed and plans in place to remove barriers faced by the most vulnerable when accessing vaccines.
Kinship carers hospital improvements	Increased awareness of kinship carers with local hospital staff, the production of an information video and implementation of new safeguarding procedures and staff training.
Young Healthwatch	Increased awareness of mental health support services and how to manage own mental health.
Amputee patients	Provision of all the key information needed to support patients following on from an amputation.
#ItsBoobEasy online campaign	Increased awareness of the availability or easy read mammogram recall letters.

Healthwatch representatives

Healthwatch Sunderland is represented on the Sunderland Health and Wellbeing Board by Paul Weddle, our Vice Chair. During 2022/23 he has effectively carried out this role by providing meeting attendees with health and social care service trends and themes which we have identified from our data sets. He also provides feedback on our work plan priorities, which inform change.

Healthwatch Sunderland is represented on the Integrated Care Partnerships in the Central ICP area of NENC ICS by Rebecca Morgan (PCP), and by local Healthwatch Chairs. The Regional ICP is attended by Christopher Akers-Belcher, Healthwatch Regional ICB Coordinator. The Integrated Care Board Participant for the network is David Thompson, Chair of Healthwatch Northumberland.



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REPORT OF THE SUNDERLAND PLACE COMMITTEE**Report of the Chief Executive, Sunderland City Council****1.0 Purpose of the Report**

- 1.1 To provide the Sunderland Health and Wellbeing Board (HWB) with an updated position on the Better Care Fund (BCF) 2023/25, including:
- Proposed investment of additional Disabled Facilities Grant (DFG) funding allocation.
 - Proposed approach to agreeing a Section 75 partnership agreement in-line with national timescales and requirements.
- 1.2 To provide an overview of Sunderland's place-based assurance framework for overseeing the implementation and delivery of the BCF in line with national planning and policy framework and local ambitions for health and care integration.
- 1.3 To provide an update on the progress of the Sunderland Place Committee and Partnership Board (in common) (SPCPB) following its inauguration in May 2023.

2.0 Background

- 2.1 The BCF is a national transformation programme that aims to support improved health and care outcomes through better integration of NHS and Local Authority-funded health and care services.
- 2.2 The BCF is supported by a [policy](#) and [planning](#) framework, which sets out national expectations for Integrated Care Boards (previously Clinical Commissioning Groups) and Local Authorities, to guide the annual BCF planning process and to ensure minimum levels of investment are protected within local planning arrangements.
- 2.3 In June 2023, the HWB received a BCF report outlining prioritised investment, performance targets and the associated narrative to support the national BCF planning and approval process. The Board agreed the recommendations to:
- Note the process followed to develop the 2023/25 BCF Plan and key points from the plan.
 - Note the content of the accompanying BCF presentation, including the proposed funding profile, target trajectories and high-level narrative plan.
 - Review and sign off the 2023/25 Sunderland BCF plan
 - Agree to submit the plan as per the national deadline of 28 June 2023.

- 2.4 As part of the HWB discussion, it was recommended that future governance and assurance of the BCF be clearly set out, in order to support the HWB in undertaking their statutory duties in approving the BCF and overseeing the associated pooled fund arrangements. This arrangement was recommended to run through the established place-based governance arrangements that were formally introduced in May 2023.
- 2.5 An update on the progress of the place-based governance arrangements, and more specifically the role and impact of the SPCPB has been included in the report to provide assurance of BCF oversight arrangements, and to provide a general update on the progress of place committee arrangement in supporting improved integration of health and care.

3.0 Updated Position in Relation to the Better Care Fund

- 3.1 The Sunderland BCF was formally approved on 11 September 2023. This approval came with the expectation that local areas would now start progressing their Section 75 agreements in-line with the 31 October 2023 deadline. The Section 75 is the legislative mechanism for enabling a pooled fund arrangement, which forms a national condition of the BCF and associated funding conditions, and must be signed-off by the HWB.
- 3.2 The formal approval confirmation also noted the requirement to pool additional Disabled Facilities Grant (DFG) funding into the BCF in-line with statutory requirements. A grant determination letter from the Department of Levelling Up, Housing and Communities (DLUHC) dated 07 September 2023, confirmed that Sunderland's share of the additional DFG-funding equated to £353,874 for the 2023/24 period.
- 3.3 Expenditure plans to be added to the current BCF to reflect this additional funding, include preventative use of DFG through the development of Home Safety Grants of up to £2k to support a reduction in preventable admission and promote greater independence, this includes:
- Partnership working with Cumbria, Northumberland and Tyne and Wear (CNTW) to strengthen access to grant-funded adaptations for people living with Dementia.
 - Developing a package of smart solutions under the Smart Homes Grant scheme to support innovative use of technology to promote independence and reduce preventable admissions.
 - Improved management of hoarded environments, which alongside wider wellbeing benefits will support a reduction in preventable falls and avoidable injury.
- 3.4 in addition, the discretionary grant element of the scheme has been extended as a means of topping-up the maximum grant award threshold of £30k with the ability to award a further discretionary grant of £8k, rising up to £15k with the appropriate approvals in place. This funding will offset inflationary pressures and ensure affordability of comprehensive schemes of home adaptation of up to £45k for those people with the most complex needs. Other discretionary grants of up to £10k include grants to support the

management of palliative care and long-term, deteriorating conditions including Motor Neurone Disease.

4.0 Section 75 Development and Approval

- 4.1 As noted elsewhere, an approved Section 75 agreement is a key requirement of the BCF funding conditions. Sunderland is committed to ensure that the local Section 75 agreement creates the appropriate mechanisms to support robust financial management and integrated commissioning arrangements, whilst also enabling local innovation through joint planning, implementation and risk sharing across the system.
- 4.2 To support the development of a fit-for-purpose Section 75 agreement Sunderland City Council (SCC) and NENC ICB are undertaking a contract and finance stocktake against all BCF investment. The stocktake exercise will support the reconciliation of BCF investment with appropriate contractual, grant and/or partnership arrangements, ensuring there is a clear understanding of how BCF funding is both monitored and managed, and that appropriate delegations are in place to support effective integrated commissioning. This will include an assessment of contractual and/or financial risk, in order to support the determination of any risk or gain share agreement within the Section 75.
- 4.3 The stocktake process will be rolled-out over September 2023, and will be twin-tracked with the development and negotiation of wider Section 75 terms, supported by Hill Dickinson LLP.
- 4.4 In-light of the requirement to approve the Section 75 by 31 October 2023, and in the absence of a HWB in October, it is recommended that HWB approval is delegated to the HWB Chair in consultation with the Executive Director of Health, Housing and Communities, Director of Adult Services, and Place Director for Sunderland.

5.0 Better Care Fund Place-Based Assurance

- 5.1 In order to support the HWB in fulfilling their statutory duties regarding the BCF, Sunderland partners have adapted their place-based governance arrangements to encompass greater oversight of BCF planning, monitoring and implementation. This includes:
 - Development of a single ICB Place Committee that meets in-common with an ICB and SCC Partnership Board. This arrangement ensures both ICB and LA responsibilities regarding the BCF, can be jointly managed as part of a single strategic oversight arrangement.
 - Embedding the BCF within the Sunderland Place Plan, ensuring the BCF continues to be prioritised locally and that the wider contribution of the BCF in supporting shared system outcomes is understood in the context of Sunderland's overall strategic approach, with specific reference to the prioritisation of prevention and tackling inequalities.

- Development of a monthly BCF Monitoring and Implementation Group within Sunderland’s Adult Collaborative arrangement. Draft Terms of Reference for this group have been included within Appendix 1.
 - Development of a BCF dashboard that aligns relevant BCF expenditure to the BCF metrics, enabling a greater understanding of how BCF investment is impacting on the BCF policy objectives, and supporting early and objective agreement on future investment and disinvestment decisions.
 - Aligning all BCF investment within the dashboard to a corresponding programme area within the Adult Collaborative. This will ensure that all areas of BCF investment are operationalised within a collaborative delivery forum, supporting a whole-system approach to future BCF implementation.
- 5.2 The above arrangement will feed-into the HWB via the SPCPB ensuring the HWB have increased visibility of BCF performance and outcomes, and enabling the HWB to play a greater role in providing place-level stewardship of the BCF through real-time monitoring of impact.
- 5.3 Further work to develop the HWB and related sub-groups is planned with the Local Government Association (LGA), and there is the opportunity within this to consider how the HWB sub-groups could be strengthened to support the HWB in fulfilling its BCF role.

6.0 Progress of the Sunderland Place Committee and Partnership Board (in-common) in Supporting Improved Integration of Health and Care

- 6.1 The Sunderland ICB Place Committee formally came into being on 19 May 2023, having transitioned from a Joint Consultative Forum. The purpose of the Place Committee is to discharge on behalf of the ICB Executive Committee, the statutory commissioning responsibilities of the ICB that have been delegated to place, and to carry out responsibilities for executive actions and decisions as appropriate, on behalf of the ICB Executive.
- 6.2 The ICB Place Committee is responsible for exercising the following duties:
- Approving the arrangement of the provision of delegated health services in Sunderland.
 - Operating within its financial limits.
 - Agreeing and implementing a place plan on behalf of place partners
 - Working with partners to develop ‘Place’ capabilities and capacity.
- 6.3 Sunderland’s Place Committee is chaired by the Chief Executive of Sunderland City Council, reflecting its commitment to enforce strong partnership working across the city and to support improved integration of health and care for residents. This includes wider representation from statutory and non-statutory organisations who contribute to improved integration of care, including Sunderland City Council, NENC ICB, South Tyneside and Sunderland NHS Foundation Trust; Cumbria, Northumbria and Tyne and Wear Mental Health Trust; Sunderland Care and Support; Together for Children, Sunderland Health Watch.

- 6.4 To further its ambitions of integration the Place Committee meets in-common with a Section 75 Partnership Board, enabling the joint business of the Local Authority and ICB to be managed as part of a seamless partnership arrangement.
- 6.5 Sunderland's progress in establishing an effective partnership arrangement at place-level, has enabled it to support the development of the ICB place-based oversight and assurance arrangement, with Sunderland being the first 'place' in the region to be reviewed under the ICB place-based assurance process. This will take place on 10 October 2023 and will include an assessment of the effectiveness of the ICB Place Committee contribution to the Healthy City Plan. Interim Terms of Reference for ICB Place Assurance have been included in Appendix 3.
- 6.6 A summary of SPCPB business since its inception in May 2023, has been summarised in table 1.1. below for reference.

Item	Place Plan Priority	Item for decision	Item for discussion	Impact/Output
ICB Terms of Reference approved and Chair and Vice Chair appointed (May 2023)	Priority 5 (System Enablers)	Yes		Terms of Reference and Chair/Vice-Chair in place
Place Plan development and approval (May 2023)	N/A	Yes		Agreed Sunderland Place Plan now in place, providing strategic direction for the Place Committee and wider partnership arrangements
Mental Health Hub business case approval	Priority 4 (Mental Health, Learning Disability and Autism)	Yes		Sub-committee level approval for the development of a Mental Health Hub pilot obtained, with a view to improve the integration of primary and mental health care across Sunderland.
Better Care Fund 2023/24-2024/25 planning documents approved (June 2023)	Priority 1 (Strengthening Primary and Community Care)	Yes		Better Care Fund two-year narrative and expenditure plan approved and in place.
Decision to commission a System Diagnostic with South Tyneside approved (July)	Priority 5 (System Enablers)	Yes		System Diagnostic work due to commence in October, with the work supporting the development of a transformation programme to improve patient discharge flows, reduce avoidable admissions, and support the delivery of system-level efficiencies
NIHR Health Determinants Research Collaboration (July)	Priority 5 (System Enablers)		Yes	Overview of NIHR HDRC bid, ensuring key partners are bought into the programme (if successful), recognising the potential of the programme to strengthen priority 5 actions to increase research intensity across the place system,
Health Innovation District (July)	Priority 5 (System Enablers)		Yes	Sunderland University provided an overview of the opportunity to support a Health Innovation District. Further discussions to take place as part of priority 5 actions to support place-shaping approaches to digital and tech innovation in the city

Mental Health Partnership (July)	Priority 4 (Mental Health, Learning Disability and Autism)		Yes	Kate O'Brien provided an overview of the ICS Mental Health Partnership arrangements, ensuring there is clear alignment between place and system-level delivery of mental health, learning disability and autism objective. Regular updates to be built-into place committee forward plan arrangements.
Migrant/International student health (July)	Priority 2 (Live and Age Well)		Yes	A Health sub-Group of the Vulnerable Person's partnership is now in place to proactively manage the health impacts of high intakes of international students
Transition from Hospital: Enhancing Service Provision (August)	Priority 1 (Strengthening Primary and Community Care)	Yes		Sub-committee level approval for proposed provision of an integrated discharge hub, subject to further consideration of wider opportunities for tackling inequalities and secondary and primary prevention approaches.
Recovering access to Primary Care (August)	Priority 1 (Strengthening Primary and Community Care)		Yes	Review of the proposed 'Recovering Access to Primary Care Plan', its associated governance and local GP patient feedback findings.
Joint Forward Plan (August)	N/A		Yes	Review of Health and Wellbeing Board feedback on the draft Joint Forward Plan
Health Watch Hospital Discharge Report (August)	Priority 1 (Strengthening Primary and Community Care)		Yes	Review and response to the Health Watch Hospital Discharge report. South Tyneside and Sunderland NHS Foundation Trust and Sunderland Adult Collaborative have agreed to devise a formal response, and embed key recommendations into existing improvement plans
Review of progress against Priority 3 of the Place Plan (September)	Priority 3 (Best Start in Life)		Yes	Bi-quarterly review of Priority 3 Place Plan objectives, including updates on: action to improve children's mental health waiting times; school-based mental health support teams; eating disorder pathways; s117 inpatient provision; ICB input into Family Hubs; therapies provision for children and young people with SEND; neurodevelopmental diagnostic pathway developments; provision for children with a learning disability and/or autism who are at-risk of

				inpatient admission; and early work to reduce avoidable, unplanned hospital admission and A&E attendances, with a specific focus on Core20Plus5 cohorts.
Progress review of Adult Collaborative Development (September)	Priority 5 (System Enablers)		Yes	Review of progress in transitioning 'All Together Better' into the Adult Collaborative model, to include improved engagement of public health, leisure and housing within the refreshed arrangements.
ICB oversight arrangements and implementation of ICB 2.0 (September)	Priority 5 (System Enablers)		Yes	Overview of biannual assurance arrangements and plans/timeline for ICB restructure.
Development of place-level MoU (September)	Priority 5 (System Enablers)		Yes	Feedback from MoU workshop and outline plans for a follow-up session in November. Revised MoU to be in place by January 2023.
BCF Update (September)	Priority 1 (Strengthening Primary and Community Care)	Yes		Informal confirmation of BCF approval. Update to Disabled Facilities Grant (DFG) funding and intention to utilise funding to support more preventative use of the DFG in-line with narrative plan. Agreed approach to place-based oversight arrangements and s75 development.

Table 1.1: Sunderland Place Committee and Partnership Board in common (May-September 2023)

6.7 In addition to the items above, the SPCPB have provided oversight of place-level risk and financial position. The SPCPB have agreed to ensure there is openness and transparency in relation to the respective efficiency programmes of both the ICB and LA, enabling the SPCPB to form a critical role in ensuring that a system-view of efficiency is undertaken over short and medium-term financial planning arrangements.

7.0 Recommendations

7.1 The Board is recommended to:

- a) Note and approve the proposed use of the additional Disabled Facilities Grant Funding (DFG) outlined in section 3.2 and 3.3
- b) Note the proposed approach to the Section 75 development and delegate approval for the sign-off to the Chair in consultation with the Executive Director of Health, Housing and Communities, Director of Adult Services, and Place Director for Sunderland.

- c) Note the proposed assurance arrangements outlined in section 5 and make further recommendations on how the Board can be empowered through such arrangements to fulfil its statutory duties in relation to the Better Care Fund.
- d) Note the progress to date in relation to place-based governance arrangements, with specific reference to the role of the Sunderland Place Committee and Partnership Board (in common) and make any further recommendations on how these arrangements can strengthen the contribution of the ICB and Local Authority to the Healthy City Plan.

Appendix 1: DRAFT SUNDERLAND BETTER CARE FUND MONITORING AND IMPLEMENTATION GROUP DRAFT TERMS OF REFERENCE

1. Background

- 1.1 The Better Care Fund (BCF) is a national integration transformation programme that aims to support improved integration of local health and care provisions through better integration of NHS and Local Authority-funded health and care services.
- 1.2 The BCF is supported by a [policy](#) and [planning](#) framework, which sets out national expectations for Integrated Care Boards and Local Authorities, to guide the annual BCF planning process and to ensure minimum levels of investment are protected within local planning arrangements. National reporting and monitoring arrangements support ongoing assurance that these conditions continue to be met and that investment is securing outcomes in alignment with defined BCF metric.
- 1.3 In addition to national reporting arrangements, local reporting of BCF impact, outcomes and financial management, forms part of the ICB and LA oversight arrangement. This includes providing continued assurance to the Health and Wellbeing Board that the BCF is actively supporting improved integration of care inline with national conditions and local need.
- 1.4 As part of Sunderland's place-based assurance and oversight arrangements, the introduction of a BCF monitoring and implementation group was considered a key addition to wider place-based governance arrangements. As such, a monitoring and implementation group was established to fulfil this role from September 2023.

2.0 Purpose and Role

- 2.1 The BCF M&IG, will act on behalf of Sunderland Place Committee and Partnership Board (in-common) in order to provide assurance that the national conditions of the BCF are met and that the Sunderland BCF plans continue to deliver value to Sunderland residents:
 - Ensure key milestones and ongoing reporting and assurance requirements of the national BCF planning and policy framework are met in accordance with timescales and quality requirements.
 - Ensure all areas of BCF investment are understood in relation to cost, performance, commissioning arrangements and overall contribution to national BCF metrics.
 - Ensure assumptions on areas of investment are continually informed by capacity and demand planning arrangements and risk is appropriately managed.
 - Ensure that all areas of BCF investment are supported by appropriate Adult Collaborative arrangements, ensuring corrective action is taken as close to the relevant services as possible, and enabling the BCF M&IF to focus on monitoring rather than managing investment.
 - Ensure that the Place Committee and Partnership Board (in common) have clear oversight of the BCF and are able to fulfil their place-level

obligations regarding BCF planning and assurance, including ability to keep the Sunderland Health and Wellbeing Board appropriately informed of BCF progress on targets, funding, and capacity and demand arrangements.

3.0 Frequency

3.1 The Group will meet monthly.

4.0 Membership

4.1 The core membership of the group is made up of:

Member	Member Organisation
Managing Director of the Adult Collaborative (Chair)	NENC ICB
Director for Adult Services	Sunderland City Council
Deputy Director of Place	NENC ICB
Strategic Finance Lead	Sunderland City Council
Head of Finance	NENC ICB
Business Development Lead	NENC ICB
Head of Commissioning and Market Oversight (Adult Services)	Sunderland City Council
Performance Lead (Adult Services)	Sunderland City Council
Assistant Director of Integrated Commissioning	NENC/ICB Sunderland City Council

5. Roles and responsibilities

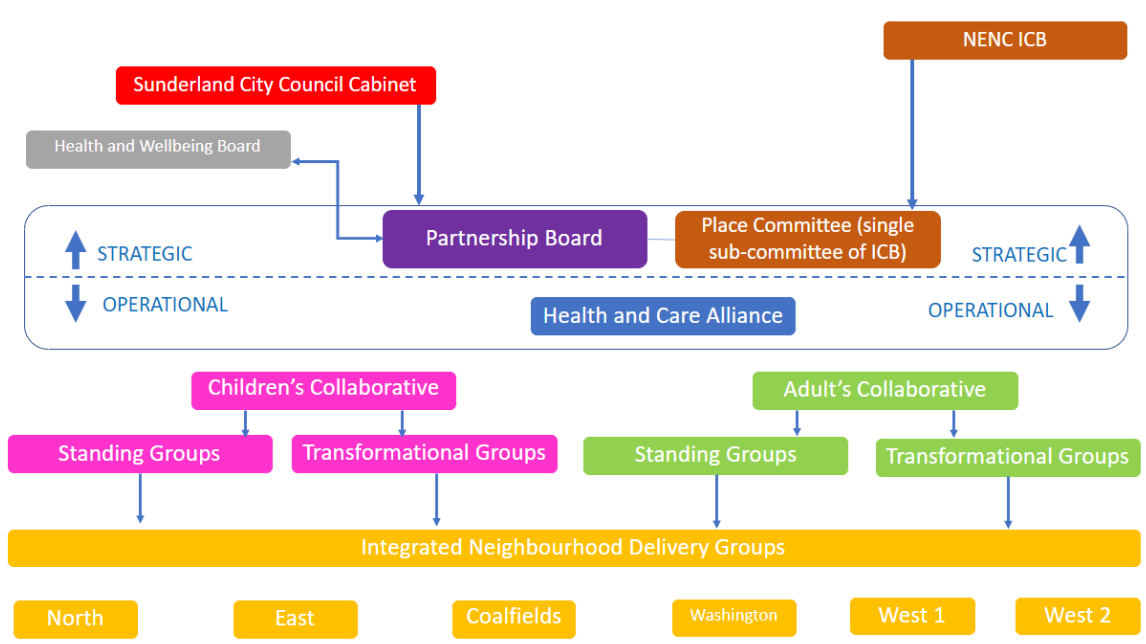
5.1 The Group will:

- Review content of BCF national reports, ensuring areas of concern are supported by a clear narrative and actioned through escalation to the Place Committee and Partnership Board (in-common) and/or relevant programme areas within the Adult Collaborative arrangement.
- Develop, implement and monitor localised reporting arrangements, escalating issues/risks, as appropriate, to the Place Committee and Partnership Board (in common). Localised reporting should as a minimum provide:
 - A clear position on financial performance and risk within relevant BCF schemes.
 - A clear position on performance against appropriate KPIs and activity data.
 - A clear position on governance arrangements for BCF schemes, ensuring there are appropriate contracts, grants and/or partnership agreements in place.

- Coordinate and finalise the annual BCF review, ensuring key lessons are embedded into subsequent BCF planning rounds and shape wider action to support improved integration of care.
- 5.2 Whilst the Group will have oversight of the above, the meetings are intending to provide a **high-level** monitoring and implementation role only. The group will utilise existing place-based mechanisms (i.e. Place Committee and Partnership Board (in-common) and Adult Collaborative) to take action against high level risks and issues, and/or make decisions regarding BCF planning or investment. In this respect, the group will function in a challenge and assurance role to the system, facilitating improved grip on BCF investment, and enabling place arrangements to focus on BCF leadership, planning and delivery.
- 6. Absence**
- 6.1 Where members are unable to attend a meeting, they are responsible for informing the Group and, as far as possible, nominate deputies to attend meetings in their absence.
- 7. Reporting**
- 7.1 The Chair will report to the Place Committee and Partnership Board (in-common).
- 8. Administrative Support**
- 8.1 ***** will be responsible for ensuring appropriate administrative support to the Group and appropriate actions are recorded.
- 8.2 The agenda for meetings will be set by the Chair.
- 8.3 The agenda and papers for meetings will be distributed no less than 3 working days in advance of the meeting.

Version 1 September 2023

Appendix 2: Sunderland's Place Based Governance Model for Health and Care Integration



Appendix 3: Draft ICB Place Assurance Terms of Reference

NENC Place Oversight Process

1. Purpose and Principles

- 1.1. Place-based partnerships are collaborative arrangements between the ICB and other organisations responsible for arranging and delivering health and care services at a localised level across NENC. They exist to make more effective use of the combined health and care resources available within a local area for the benefit of their resident population.
- 1.2. The ICB is a member of 13 Place-based partnerships which are all coterminous with the boundaries of the local authority members of the NENC Health & Care Partnership.
- 1.3. ICB Place teams are accountable for the delivery of a Place-Based Plan which sets out how the ICB will support the implementation of the joint local health and wellbeing strategy (JLHW), the ICB Joint Forward Plan and the annual operating plan.
- 1.4. The Place Oversight Framework describes how the ICB will oversee work carried out at Place and assure itself that:
 - Place-based teams are being supported to deliver local and system priorities.
 - The priorities of different partner organisations working at Place are aligned with one another and that individual Places are aligned with wider plans to transform the delivery of the NENC health and care system at scale.
 - Learning is being shared between Place-based teams.
 - There is an objective basis for making decisions about the delegation of ICB functions to Place and the further development of Place-based partnerships within the ICS.
- 1.5. Place oversight arrangements will be carried out in accordance with the principles set out in the ICB Oversight Framework:

Transparency	Clarity of expectations and basis of any decision-making or action
Respect	Early and regularly shared intelligence (soft and hard) Recognition of achievement, reduction of oversight linked to improved performance Reasonable timeframes for actions and impact, an expectation of delivery and exception reporting on all parties
Coordination	One linked set of conversations, between the providers (or places etc), the ICB and Region Clear governance (flow of assurance, and links between quality, finance, and SOF meetings) Curation of support offers and inputs
Parity of priorities	Agreement via the Integrated Care Strategy and Place Plans of local priorities
Focus	Direction of ICB attention and support to where it is needed most Balance between upstream/prevention and current provision focus (80:20)
Learning	Supporting the build of a learning system and improvement culture: identifying and sharing good practice, and using improvement methods in support offers
Partnership	Prioritisation of action by partners to support partners to tackle wicked or systemic issues

2. Approach to oversight at Place

2.1. Place oversight will focus on delivery of the priorities set out in the Place-Based Plan, the ICB Joint Forward Plan and annual operating plan.

2.2. The oversight process follows a continuous cycle of:

- Regular reporting (frequency to be agreed, likely to be bimonthly or quarterly) by the Place-based team on delivery of their plan and progress in addressing issues in the Place oversight action log.
- Biannual oversight meetings

2.3. Place oversight meetings

2.3.1. The Executive Area Director will convene a biannual oversight meeting with each Place-based team to review progress in the following areas:

- Local strategic priorities
 - Progress delivering the Place-Based Plan
 - Risks and issues
 - Progress in supporting delivery of service transformation at scale.

- Feedback from the Health and Wellbeing Board on the ICBs contribution to the delivery of the JLHW strategy.
- Quality of care, access and outcomes
- Preventing ill-health and reducing health inequalities
- Finance and use of resources
- People
- Leadership and capability
- Plans for the further development of the Place-based partnership, including changes to its membership and the delegation of ICB functions.
- Learning that can be shared with other Places.

2.3.2. The ICB Performance & Improvement Team will:

- Organise oversight meetings on behalf of the Executive Area Director.
- Produce a pack containing the following data:
 - Better Health, Fair Health metrics
 - NHS Outcomes Framework measures
 - Community services data from the relevant provider trust(s) assurance pack
 - Better Care Fund metrics
- Share the data pack with the relevant Director of Place at least 4 weeks prior to the meeting, providing them with an opportunity to comment on the data, suggest areas for further discussion at the oversight meeting and provide any additional local data that may be required.
- Ask NHSE to share feedback provided by the relevant Health & Wellbeing Board during the ICB oversight process.
- Convene a pre-meeting with the Executive Area Director to set the agenda.

2.3.3. ICB Directors of Place will:

- Organise representation from the Place Board at the oversight meeting (see 2.3.4. and 2.3.5.)
- Ensure that any comments and / or additional local data is returned to the Performance & Improvement Team at least 2 weeks prior to the meeting.
- Be responsible for implementing the actions agreed during the oversight meeting.

2.3.4. Meetings will be chaired by the Executive Area Director and membership will include:

- At least 1 other ICB Executive Director
- Place Director
- Place-aligned Finance, Medical and Nursing Directors
- ICB Director of Performance and Improvement
- ICB Director of Strategy & Planning

2.3.5. It is for Executive Area Directors and Directors of Place to agree which local authority and / or other members of the Place Board will be invited to attend Place oversight meetings. This may depend on the specific areas on the agenda for discussion.

3. Outcomes and support

- 3.1. A key outcome of the Place oversight process will be the early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further.
- 3.2. Oversight will be support-focused and provide opportunities for teams working at Place to seek information and help from their ICB colleagues.
- 3.3. Place oversight meetings may be used to initiate discussions about governance and decision-making arrangements at Place and the delegation of ICB statutory functions to Place-based partnerships. For a change of delegation to be actioned, a request would need to be submitted by the relevant Executive Area Director to the ICB Board. Further information on the different approaches that can be taken to governance and shared decision-making at Place can be found in the [Thriving Places](#) guidance published by NHSE and the Local Government Association.
- 3.4. Where Place-based teams have significant support needs that may impact on the ICB's overall rating against the NHS Oversight Framework, some or all of the following actions may be taken:
 - Additional monitoring / Place oversight meetings
 - Support for the Place-based team from within the ICB / NECS.
 - Request to NHS England NEY Regional Team to access resource from relevant system support teams.
 - Changes to the ICB scheme of delegation.
- 3.5. The Place oversight process will support the Executive Directors of Place to provide assurance to the ICB Executive Subcommittee on a regular basis.

4. Links to the ICB oversight process

- 4.1. NHS England has a legal duty to annually assess the performance of each ICB against the NHS Oversight Framework.
- 4.2. Delivery at Place is integral to the performance of the ICB and therefore it is necessary to ensure that there is clear alignment between the oversight arrangements that exist for ICB teams working at Place and those which are applied to the system as a whole.
- 4.3. This alignment will be achieved by assessing the performance of Places against the six domains of the NHS Oversight Framework and by using the feedback that NHS England receives from Health and Wellbeing Boards in the NENC ICS to inform the oversight process.

5. Building a learning and improving system

- 5.1. NENC aspires to be a health and care system that fosters innovation and proactively applies learning and a continuous improvement approach to everything it does.
- 5.2. The Place oversight process supports the achievement of this ambition by providing an opportunity for Place-based teams to highlight examples of best practice and to access learning from other parts of the ICB.
- 5.3. Place oversight meetings may result in Place-based teams being asked to produce a short case study, highlighting examples of successful innovation and best practice which can be shared with other Places, systems and / or NHS England.

HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

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

1.0 Purpose of the Report

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

2.0 Background

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

3.0 Update from the Starting Well Delivery Board – met 7 September 2023

3.1 Vice Chair nominations

The Delivery Board agreed Claire McManus, Divisional Director: Family Care at South Tyneside and Sunderland NHS Foundation Trust as the Vice Chair.

3.2 Family Hubs and trailblazer

Three out of the five hubs have been formally launched. Thorney Close - the fourth - is operating as a hub and is in the process of being developed and expanded. The fifth and final hub in Hendon is expected to open in November.

The Start for Life offer is now published and has been reviewed by partners and the parent carer panel. Information on how to access the offer has been promoted across services including general practice (via midwives), maternity unit and re-branded social media pages.

Parent Carer Panels (PCP) are well under way. A North and South joint panel currently has nine members and the joint Coalfields and Washington panel has ten members. The team are looking to develop the Hendon and East End Family PCP panel by the end of December 2023 and split the current two panels into 4 panels (one for each hub) by the end of 2023.

The eight workstreams supporting the family hub implementation, continue to take forward the minimum, go further and trailblazer requirements. Most of the groups are chaired by partners or the experts in the field to provide the robust leadership that it needs.

The trailblazer funding enabled the recruitment of five (WTE) peer supporters as well as the development of a Sunderland specific parenting course. This activity is well under way. With the peer supporters now in post, the university course is taking on a third cohort of staff and the new approach parenting programmes are now being delivered face to face in the family hubs.

We put ourselves forward to be visited by Ofsted and CQC as part of a Thematic Review (6 areas visited 3 of which were in the NE) for them to learn and gain insight into how any future Start for Life inspection regime could be designed in a proportionate way.

The inspectors joined us for two days and observed activities taking place across the city and spoke to a wide range of parents, families, and partner organisations. This was a positive and informative visit, with the informal feedback recognising a 'one team approach', the strong sense of trust, joined up working, commitment to co-location and passion to make a difference.

3.3. Joint Targeted Area Inspection (JTAI) written statement of action

It was confirmed that the action plan was submitted to Ofsted in June 2023. Work is taking place which will be monitored by the Sunderland Safeguarding Children Partnership (SSCP). The SSCP will ensure that the relevant aspects of the plan are reported into the appropriate committees, including the ICB Board and the Health and Wellbeing Board. The Delivery Board will receive by exception reporting on progress.

As noted in the plan by June 2024 we will have fully reviewed all the actions in the plan and be able to demonstrate progress in every area.

3.4 Oral Health Strategy

The Oral Health Needs Assessment and Oral Health Strategy were presented at the Starting Well Delivery Board for consideration. The areas discussed were national and local context, need, key priority groups, responsibilities for oral health promotion and key recommendations. The work and recommendations were supported. It was also agreed that public health, early help and the 0-19 public health service would work together to identify further opportunities to promote oral health messages with parents and carers.

3.5 Healthy City Plan Grant proposals

The Delivery Board considered several proposals, some at an outline stage and others ready for submission to panel. See section 7.8 of this report.

3.6 Joint Strategic Needs Assessment

See separate agenda item.

3.7 Director of Public Health Annual Report 2022/23 – Commercial Determinants of health: Whose choice is it?

See separate agenda item.

From discussion on this item the Delivery Board asked for a future item on vaping.

3.8 Forward plan

The Delivery Board has a detailed forward plan. Family Hubs are a standard agenda item. Future agenda items include maternity key priorities; Children and Young People's JSNA; healthy weight; and vaping.

3.9 Key issues

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

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

4.0 Update from the Living Well Delivery Board – met 13 September 2023

4.1 Director of Public Health Annual Report 2022/23 – Commercial Determinants of health: Whose choice is it?

See separate agenda item.

The Delivery Board recognised the strength of influence that industry can have on preventing some people being able to make “healthy choices”, rather some people have little choice. The Delivery Board would like to discuss the report further, particularly reflecting on how employers and the city can contribute to the delivery of the report recommendations.

4.2 Gambling Related Harms in Sunderland - Health Needs Assessment

The Health Needs Assessment (HNA) was presented to the meeting. The HNA considers a range of gambling related harms (health, financial, relationship, employment and educational, criminal and inequalities). The desire is to move away from so-called ‘problem gambler’ terminology, instead shifting the language to acknowledge the harms of gambling. Gambling premises are found to cluster in the most deprived areas in the city.

The HNA makes several recommendations, these include:

- Primary prevention – changing the language and moving the discussion to industry, not ‘problem’ individuals; taking a whole council approach to gambling related harms; reviewing local authority advertising contract; and sharing and learning from practice.
- Secondary prevention – supporting regional work to develop and pilot a screening tool; considering gambling questions in local surveys; and understanding stigma and how we can reduce it.
- Tertiary prevention - promoting treatment services; ensuring promotion of services include the support available for affected others; raising awareness of gambling related harms and treatment pathways within primary care; strengthening pathways between NHS Northern Gambling Service and substance misuse services; ensuring pathways are in place between local mental health services and gambling services; and ensuring gambling is factored into the local suicide prevention plan.

In terms of developments: £750,000 has been secured between the North East local authorities to tackle gambling-related harms; NICE guidance is due in January 2024 – *Harmful gambling: identification, assessment and management*; and Government White Paper was published in April 2023 – High stakes – gambling reform for the digital age. Whilst the Government White Paper has helped a little, it has limitations.

In response to the presentation Gentoo offered to share their varied customer insights of gambling addiction. Examples include those who may have gambled their advance Universal Credit payment and are left unable to pay their rent.

4.3 **Joint Strategic Needs Assessment**

See separate agenda item.

The Delivery Board acknowledged the value of data being accessible to a range of partners, including the Voluntary and Community Sector.

4.4 **Reducing Health Inequalities**

A report and presentation provided an update on the range of ICB and local programmes that seek to reduce health inequalities.

A significant amount of work has been undertaken since the last update which was highlighted within the report. This referenced both programmes being led by ICB and programmes being captured by the Inequalities Delivery Group in relation to the Health and Wellbeing Boards four priority areas to reduce inequalities.

A key area to make greater progress on was identified as being the economically inactive/unemployed cohort within Sunderland and an action was put forward for a future focused agenda item.

The Delivery Group acknowledged the need for the comprehensive evaluations of work programmes as they are underway to ensure that key findings can be shared across the system and learning identified and disseminated to inform future service delivery and priority setting.

The Delivery Board reflected on the opportunities for integration and connectivity between the different programmes of work. Partners acknowledged the importance of ensuring inequality considerations are incorporated into decisions and discussing how organisations are contributing to the agenda provides a healthy challenge. There is an open invitation for partners to join the Sunderland Reducing Inequalities Delivery Group, and an invite will be extended to Gentoo and Community Pharmacies.

4.5 **Forward Plan**

The Delivery Board has a detailed forward plan. Proposed agenda items for the next meeting include economic inactivity; suicide prevention action plan (deferred from the September meeting following the launch of the Government strategy); South Tyneside and Sunderland FT Health and Wellbeing Strategy update; living well performance dashboard; and HCP Grant progress updates.

4.6 **Key issues**

The issues of improving health and reducing health inequalities require a partnership approach as demonstrated in ongoing delivery board discussions. The Delivery Board is keen to continue to understand how we can all help to

take equitable approaches to delivering our services to ensure we strive to reduce health inequalities.

5.0 Update from the Ageing Well Delivery Board – met 31 August 2023

5.1 Sunderland Joint Strategic Needs Assessment (JSNA)

See separate agenda item.

The Delivery Board discussed the impact of the Covid-19 pandemic on the data, including issues of deconditioning during the pandemic, access to services and longer waiting times. The Delivery Board has a focus on falls and social isolation and is considering widening its focus to some of the key social determinants of ageing well, such as housing.

5.2 Sunderland Carers Strategy

The Delivery Board endorsed and welcomed the strategy and deferred detailed discussion for the next meeting to allow the Chief Executive of Sunderland Carer's Centre to be in attendance.

5.3 State of Ageing in Sunderland – Ageing Well Ambassador Voice

A survey was recently sent to Ageing Well Ambassadors to understand ageing well from ambassadors' perspective. Detailed thematic analysis will take place shortly, in the meantime some highlights were shared, including differences in views across the city.

The Delivery Board acknowledged the role that it needs to play in ensuring key issues raised through lived experience insights are addressed, holding services to account for older people.

It was agreed that taking a targeted approach to reach individuals or small groups of people with the interventions they need may help to deal with some of the larger endemic issues in the City. It was important to find the balance between what can be applied City wide and what would be sensitive to localities. It was felt that the current work on datasets would help stratify and identify clusters of need.

5.4 Cost of living crisis update and moving forwards with Links for Life

Insights from the financial wellbeing project (previously referred to as cost of living crisis) have helped to inform the Links for Life Sunderland social prescribing offer. The financial wellbeing project is refining a recording and reporting system to manage statistical and anecdotal information so that if a service or partner organisation requires some contextual information the project can provide it.

The 'warm and welcoming spaces' in the city have been supporting people with a diverse range of needs. The top three reasons for people accessing the

community services are mental health, social isolation, and weight management. It is essential that access is simple, with ongoing sustained engagement and cultural change. The vision is to build on the promotion of self-care and prevention...through a simple point of access, sharing referrals and resource, so that service is seamless and proactively improves health and wellbeing. Discussion took place on how we should be able to target individuals to take up the Links for Life offer, and to explore how some of the city ambassadors may be able to promote Links for Life for older people.

5.5 Falls Strategy 2023-26

See separate agenda item.

The strategy has been consulted on and refined accordingly. The final strategy will include positive images of older people in Sunderland. A directory of services will ensure people know who provides what services and how they can be accessed. The strategy is underpinned by key metrics, with metrics looking to evolve over time with improved partnership working.

5.6 Future priorities discussion: wider metrics for ageing well flash cards

The Delivery Board has started to produce 'flash cards' highlighting organisational contributions to ageing well, including any concerns/risks that organisations would like to see addressed. A broader range of responses is needed before any analysis.

5.7 Forward Plan

An ageing well event is planned for 3 October to support International Day for Older Person on 1 October each year. A range of partners will be invited to the event including the Disability Independent Advisory Group who are due to meet that day.

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

5.8 Key issues

- The Delivery Board would like to aim for the city to be dementia friendly in terms of building design, housing and how we engage with people. There is potential to incorporate wider considerations of age friendliness, and Inclusion, Diversity, Equality and Access (IDEA) into our practises.
- How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, reducing the need for residential care, addressing digital exclusion, and raising awareness of the early intervention and prevention opportunities across the city that support ageing well.
- Ensuring we use all available data to identify frailty to target support.

- Working in partnership to try and mitigate the impacts of the cost-of-living crisis on older people.

6.0 Health and Wellbeing Board Development Sessions

- 6.1 For the purposes of public record the Health and Wellbeing Board held a development session on 3 August 2023 to discuss the proposed final ICS Joint 5 Year Forward Plan prior to its publication and the role and purpose of the Health and Wellbeing Board. The Board agreed to explore a free offer of support from the Local Government Association (LGA) who can provide tailored and flexible support to health and wellbeing systems. Support includes helping Health and Wellbeing Boards to reflect on what is working well and where there are areas for development.
- 6.2 Currently there are no further development sessions scheduled.

7.0 Healthy City Plan Grant

Background

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

Governance

- 7.5 There is no requirement to allocate and spend monies in year, but the Delivery Boards are encouraged to bring proposals forward to their meetings. The Chair of the Health and Wellbeing Board, the Executive Director of Health, Housing and Communities and Director of Place (Sunderland) have collectively been given the delegation from the Health and Wellbeing Board to consensually agree the allocation of the grant to schemes. They will meet on a quarterly basis after each cycle of Delivery Boards to consider proposals to take-up the Healthy City Plan Grant.
- 7.6 The relevant Delivery Board is responsible for ensuring the resource is spent in line with the agreed proposal.
- 7.7 'For information' reporting will be provided to the Health and Wellbeing Board with regards the deployment of this resource to individual activity and the outcomes achieved as a result of the grant allocation.

Grant awarded projects

- 7.8 Since the last assurance update two further projects have been approved Healthy City Plan Grant: Seaburn Play Area and the Wear Here 4 You Prevention Bus. Below is an overview of all the projects that have been approved funding, some subject to additional conditions.

Starting Well Projects

Approved	Project Name	Project Summary	Amount Approved
February 2023	PlayZones	<p>The design, build and activation plan of five PlayZones across the city.</p> <p>The initial pilot location has been identified within Southwick ward. The remaining four locations are yet to be determined but will focus on specific wards with the intention to have a PlayZone in each locality of the city.</p>	£200,000
February 2023	Thompson Park Interactive Play	Purchase, installation and ongoing maintenance for 5 years of interactive play equipment at Thompson Park.	£55,527

September 2023	Seaburn Play Area	Towards the development of a new accessible play site at Seaburn, including play and seating equipment, safety/security measures and groundwork costs.	£50,000
September 2023	Wear Here 4 You Prevention Bus	To support the extension of the mobile prevention offer for a further 12 months.	£62,252
	TOTAL		£367,779

Living Well Projects

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

		to safe cycling and walking activities/infrastructure, improving health and wellbeing, encouraging sustainable travel and support local community capacity building.	
June 2023	Defibrillation and Community First Responders	Increase the number of public access defibrillator sites across the city and implement a Community First Responder (CFR) scheme, recruiting 10 CFRs and providing training and response equipment including the provision of 5 falls kits. The project will also aim to raise public awareness around cardiac arrest and their role in increasing the chance of survival.	£90,038
	TOTAL		£593,038

Ageing Well Projects

Approved	Project Name	Project Summary	Amount Approved
November 2022	Carers Support Offer	To support a range of activities to improve the understanding of the caring role, how to identify a carer and support access to information, advice, and services.	£10,000*
November 2022	Sunderland Falls Prevention Programme	Extend the VCS delivered Falls Prevention Programme, Strength and Balance and Education, from January 2023 – January 2025, creating a new call for projects to allow wider coverage across the city.	£200,000*
November 2022	Ageing Well Sunderland Reporters	The project will seek to develop ageing well residents from Sunderland (50+) into community reporters, who produce multimedia news	£9,900

		reports that tackle ageism and provide peer-led support for issues that matter to them (e.g., isolation, mental health, memory).	
	TOTAL		£219,900

*Funding subject to additional conditions

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

8.0 Recommendations

8.1 The Health and Wellbeing Board is recommended to:

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

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Manager - Policy, Sunderland City Council

1.0 Purpose of the Report

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

2.0 Background

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

3.0 The forward plan

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

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

4.0 Recommendation

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

Sunderland Health and Wellbeing Board – Forward Plan

(Note: subject to change. Last updated 15.9.23)

<p style="text-align: center;">22 JUNE 2023</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • Sunderland Ageing Well Ambassadors Annual Report • Sunderland Place Plan and NENC Joint Forward Plan • Better Care Fund • Briefing on the 2023 Hewitt review of ICSs • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance, including update on Healthy City Plan Grant 	<p style="text-align: center;">28 SEPTEMBER 2023</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • Falls Strategy for Sunderland (2023-2026) • Pharmaceutical needs assessment (PNA) • JSNA refresh • Winter planning and winter vaccinations • Sunderland Health Watch Annual Report • Director of Public Health Annual Report • Sunderland Place Plan Assurance, including Better Care Fund • Delivery Boards Assurance, including update on Healthy City Plan Grant
<p style="text-align: center;">7 DECEMBER 2023</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • SSAB Annual Report • SSCP Annual Report • Children and Young People Health Related Behaviour Survey Findings – Academic year 2022/23 • Health Protection Assurance • Path to Excellence (TBC) • ICB 2.0 update • Healthy City Plan – 6 monthly performance report • Sunderland Healthwatch update • ICS draft Joint Forward Plan • Sunderland Place Plan Assurance • Delivery Boards Assurance, including update on Healthy City Plan Grant 	<p style="text-align: center;">14 MARCH 2024</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • Improving access in General Practice • Sunderland Healthwatch update • ICS final Joint Forward Plan • Sunderland Place Plan Assurance • Delivery Boards Assurance, including update on Healthy City Plan Grant and Healthy City Plan Implementation Plan
<p>Additional key dates to note for future Board meetings: Pharmaceutical needs assessment (PNA) – In place until July 2025 Joint Forward Plan (draft in December / final in March / any updates) Improving access in General Practice (previous update March 2023)</p> <p>Potential development sessions: Place joint governance arrangements and what tools are appropriate to provide assurance on respective duties, including the PSED. Social prescribing Behavioural insights Health literacy</p>	

