SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 20 March 2020 at 9.30am

NB: PLEASE NOTE THE CHANGE IN THE START TIME OF THE MEETING

For further information and assistance, please contact:

Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041
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ITEMS FOR DISCUSSION

9. Draft Healthy City Plan 91

Report of the Chief Officer, Sunderland Clinical Commissioning Group (attached).

10. Community Water Fluoridation 93

Report of the Director of Public Health (attached).

11. Care Home Life: What It's Really Like Update 111

Report of Healthwatch Sunderland (attached).

ITEMS FOR INFORMATION

12. Path to Excellence Update 115

Report of the Chief Officer, Sunderland Clinical Commissioning Group (attached).

13. Children's Integrated Commissioning Update 213

Report of the Director of Commercial and Corporate Services, Together for Children (attached).

14. All Together Better Update 217

Report of the Managing Director, All Together Better Sunderland (attached).

15. Health and Wellbeing Board Forward Plan 223

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

16. Date and Time of the Next Meeting -

The Board is asked to note the proposed schedule of meetings for 2020/2021: -

Friday 19 June 2020
Friday 18 September 2020
Friday 11 December 2020
Friday 19 March 2021

All meetings to start at 12noon.

ELAINE WAUGH
Assistant Director of Law and Governance

Civic Centre
Sunderland

12 March 2020

Item No. 3(a)

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 13 December 2019

MINUTES

Present: -

Councillor Geoff Walker (in the Chair)	-	Sunderland City Council
Councillor Kelly Chequer	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Dr John Dean	-	Healthwatch Sunderland
Dave Gallagher	-	Chief Officer, Sunderland CCG
Gillian Gibson	-	Director of Public Health
Lisa Quinn	-	NTW NHS Foundation Trust
Dr Ian Pattison	-	Chair, Sunderland CCG

In Attendance:

Karen Davison	-	Together for Children
Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Colin Shevills	-	Director, Balance – the North East Alcohol Office
Sue Brent	-	University of Sunderland
Laura Cassidy	-	Public Health Practitioner, Sunderland City Council
Wendy Mitchell	-	Public Health Lead, Sunderland City Council
Julie Parker-Walton	-	Registered Public Health Specialist, Sunderland City Council
Lorraine Hughes	-	Public Health Specialist, Sunderland City Council
Jane Hibberd	-	Senior Manager, Policy, Sunderland City Council
Jessica May	-	Senior Manager, Partnerships, Sunderland City Council
Nicola Appleby	-	Senior Policy Officer, Sunderland City Council
Liz Highmore	-	Observer
Chris Binding	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW25. Apologies

Apologies for absence were received from Councillor Leadbitter, Ken Bremner, Professor Young, Fiona Brown and Jill Colbert.

HW26. Declarations of Interest

There were no declarations of interest.

HW27. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 20 September 2019 and the Action Log were agreed as a correct record subject to an amendment to the second paragraph on page one to show that it was Helen *McArdle* Care which had donated to the nursing school and that this would enable a focus on 'nursing care and research'.

Councillor Farthing referred back to the comments which she had made regarding holding partners to account on early help matters and Karen Davison agreed that there still did not seem to be a natural home for this area of work. This was an action for the Chief Executive of Together for Children, and Dave Gallagher stated that he would pick this up with her at a planned one to one meeting. He said that the prevention element would not be lost and suggested that a task and finish group may be established to look at the recommendations.

Graham King advised that the Better Care Fund submission had been approved by NHS England and MHCLG and the Section 75 Agreement had also been completed and just required a signature from the CCG and local authority.

Dave Gallagher reported that in relation to the Integrated Care System, the Memorandum of Understanding between NHS Partners in the North East and Cumbria was now in place and work would take place with wider partners during the first quarter of the new year. Graham King commented that there had been a useful lead member meeting on this.

It was noted that the completed items had been removed from the Action Log.

HW28. Tobacco Priority Update

The Sunderland Smoke Free Partnership submitted a report setting out the eight key strands of work which would form the basis of action planning for 2019-2024 along with key performance indicators which would be used to measure progress on this priority, and a high-level action plan for the year ahead.

The strands of work were: -

1. Development Infrastructure, Skills and Capacity
2. Reducing Exposure to Second-hand Smoke
3. Helping smokers to stop
4. Media, Communications and Education
5. Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children
6. Tobacco Regulation

7. Reducing Tobacco Promotion
8. Research, monitoring and evaluation

The Sunderland Smokefree Action Plan would focus on specified groups with high smoking prevalence and would identify areas across the system to maximise opportunities to support local people to stop smoking. A high-level version of the action plan was attached to the report.

The Chair noted that there had been discussions about developing a balanced scorecard approach to the working group programmes and this would be discussed in the April development session.

Councillor Farthing commented that, as a Health Champion, she encouraged people to quit smoking but had been talking to one individual who believed that e-cigarettes were very bad due to media stories which had been circulating and she felt that public bodies were not really counteracting these erroneous messages.

The Chair noted that there had been several press statements from Public Health England on e-cigarettes and safety and Julie Parker-Walton stated that Fresh had produced some media coverage when certain stories had come out of the USA. Julie suggested that she could circulate the press release to the Board Members.

Councillor Farthing said it would be useful to have something which could be shared on social media and Gillian Gibson suggested that Public Health work with the Communications Team on this. She added that regulation of e-cigarettes was different in the United States and the majority of people experiencing health issues had been using e-cigarettes to smoke illegal drugs.

Lisa Quinn referred to the action plan and queried if there were any timescales for partners to implement smoke free policies and for baseline education on tobacco to be delivered in schools. Julie advised that work would have to be done with partners to get those timescales in place and then the extra detail could be developed.

Graham King commented that as Neighbourhood Plans developed, there could be a discussion around complementing the action plan and making a link to certain wards. Dr Pattison added that this was the sort of thing which the Clinical Directors of the Primary Care Networks would like to look at and there may be some early opportunities to link these together.

The Board therefore RESOLVED that: -

(i) the focus of the Sunderland Smokefree Partnership's work being on the eight key strands of work, set out in section 4.2 of the report, be supported;

(ii) the Sunderland Smokefree Partnership action plan be approved; and

(iii) an update be received annually from the Sunderland Smokefree Partnership, including progress on the indicators set out in section 3 of the report and key actions for the year ahead.

HW29. Membership of the Health and Wellbeing Board

The Chair of the Health and Wellbeing Board submitted a report asking Members to consider expanding the membership of the Health and Wellbeing Board.

During the municipal year, Professor Michael Young had been invited to join the Health and Wellbeing Board and it had now been suggested that the Chair of the Sunderland Healthy Workplace Alliance also be invited to become a member of the Board. The current Chair of the Alliance is Ralph Saelzer, Managing Director of Liebherr Works (Sunderland) Ltd.

Councillor Farthing highlighted that 'anchor organisations' had been referred to in previous reports and suggested that there should be representation from those agencies and also place based organisations.

Jane Hibberd advised that the membership of the Board was scheduled for review at the next meeting to coincide with the development of the Healthy City Plan. This would allow the Board to consider whether they would like other partners to become Board Members.

RESOLVED that: -

(i) it be formally agreed that the University of Sunderland be a member of the Board;

(ii) the Chair of the Sunderland Healthy Workplace Alliance to become a member of the Board; and

(iii) the Board notify the Council of its appointments for the Annual Meeting in May 2020.

HW30. Alcohol Harms Priority Update

The Sunderland Alcohol Partnership submitted a report providing a progress update: -

- addressing alcohol harms, one of the Board's seven priorities;
- research on the positive impact of minimum unit price (MUP) on reducing alcohol related deaths, alcohol related crimes and reducing health inequalities; and
- the draft alcohol action plan.

Colin Shevills, Director, Balance was in attendance to talk to the report and reported that in Sunderland, 89 adults died each year due to alcohol consumption and 4,653 hospital admissions were caused by alcohol. The cost of alcohol to the NHS in Sunderland was £20.6m a year.

Minimum Unit Pricing (MUP) was a specifically targeted measure; almost all of the cheapest alcohol was consumed by people drinking at harmful levels (90%) and a 50p MUP locally would prevent 270 deaths over the next 20 years. Half of all deaths

prevented would be in the north of England and consumption in Sunderland would reduce by 9.1%.

MUP had been introduced in Scotland in May 2018 and this had happened smoothly with no evidence of commercial level cross border trading and consumption was down by 3%. Research into purchasing patterns showed that the heaviest drinkers were reducing their consumption the most and there had been reductions in alcoholic liver disease.

MUP was being introduced in Wales on 2 March 2020 and Ireland had introduced a bill for minimum pricing. The Australian Government were looking at a discussion paper on the subject. Organisational bodies were being asked to call upon the Government to introduce MUP at an England level.

Laura Cassidy, Public Health Practitioner delivered a presentation on the Health Related Behaviour Survey. This was a self-reported lifestyle survey carried out with a sample of children and young people in primary and secondary schools across Sunderland and 3,698 young people had been involved in the survey in the 2018/2019 academic year.

In terms of primary school pupils, 2% of Year 6 students said that they had an alcohol drink in the week before the survey. This was a downward trend from 20% in 2006. 90% said that they never drank alcohol, 8% said that their parents always knew if they did and 1% said their parents usually knew.

Turning to the secondary school students, 12% of Year 8 pupils and 26% of Year 10 pupils said that they had drunk alcohol in the last seven days. 9% of both boys and girls in Year 10 said that they had taken an illegal drug and alcohol on the same occasion.

46% of pupils in 2019 said that they did not drink alcohol at all compared with 57% in 2017. 19% in 2019 said that they had an alcoholic drink in the last seven days compared with 13% in 2017. This was considerably lower than the 31% who said this in 2010.

Drinking prevalence in secondary schools was highest in the Coalfields locality and the numbers of pupils drinking 14 units a week or more was also highest in the Coalfields. When asked where they got the alcohol from, the majority of respondents said their parents or carers gave it to them.

A workshop had taken place in the summer, led by Balance, as part of a wider project around a vision for an Alcohol Free Childhood. Eight young people took part in the work and discussed what they thought the key challenges might be and how these could be tackled. A short film had been made on the project and this was shown to the Board Members.

Julie Parker-Walton highlighted that the Alcohol Partnership had held a CLeaR workshop in May 2019 and that this had identified good practice across the city. The draft alcohol action plan had been developed following this and had been discussed at the partnership meeting in October and circulated to key partners for consultation.

The plan would be finalised in the new year and then brought to the Health and Wellbeing Board for approval.

Councillor Chequer commented that she would be happy to lobby the new Government on MUP and enquired whether there had been an impact on commissioned addiction services. There were a number of people in poverty also living with addiction and if they were unable to access services they would continue drinking. She was concerned that people were not pushed further into poverty as a result. Councillor Chequer noted that admissions in Scotland had gone down which she assumed was admissions to acute services but she queried if the numbers of people accessing detox services had been looked at.

Gillian Gibson said it was helpful to see that the greatest reduction in drinking had been seen in the most deprived drinkers and MUP in Scotland had also impacted on the number of children and young people who were drinking. She added that alcohol treatment had been strengthened in substance misuse services

John Dean referred to the number of accident and emergency admissions due to binge drinking which were seen at weekends and whether there had been any impact on this in Scotland.

Colin advised that he had heard nothing from Scotland about increased demand for addiction services but he was due to meet with the Chief Executive of Alcohol Focus Scotland soon and would ask that question. A comprehensive evaluation package was in place in Scotland and the operation of MUP was to be reviewed after five years.

It was known that there were a significant number of children and young people living with adults who had alcohol use disorders and also that individuals drinking over 50 units a week would also be binge drinking, however those statistics had not been separated out.

Councillor Farthing commented that the health related behaviour survey indicated that some adults were allowing children to drink and the Sunderland Safeguarding Children Board had intended to look at some communications on this issue. Strategies needed to be aligned on this and it was suggested that schools in the Coalfields area could be targeted. Councillor Farthing reiterated the need to lobby Government on MUP and the city could not pretend that it did not have a problem with alcohol.

Colin stated that Sunderland and the North East in general had been very active in lobbying but getting the North West and Yorkshire on board would help the position.

Dr Pattison said that as a clinician dealing with alcohol issues every day, he fully supported MUP. He felt that the situation was getting worse, he saw liver disease on a daily basis and wider health conditions such as diabetes, cancer, stroke and blood pressure issues. His only concern was how long it may take to introduce minimum unit pricing.

Councillor Chequer asked if the 50p minimum unit price would rise with inflation in order to maintain the impact. Colin said that a lot of the delay was in getting MUP approved from a political perspective and the view in Scotland had been to agree the principle and then look at the price. A decision would have to be made by Government to tie the MUP to the CPI or RPI. Colin also noted that Balance were communicating with parents through the 'What's the Harm?' campaign in the region. They were also in the process of developing alcohol free schools and alcohol free licensing.

The Health and Wellbeing Board had been asked to support the introduction of the minimum unit price and it was noted that this could be done cohesively as a region but also as individual boards. Dave Gallagher undertook to draft a letter on behalf of the Sunderland Health and Wellbeing Board urging the introduction of MUP in England.

Having thanked Colin and Laura for their presentations, the Board RESOLVED that: -

(i) the update report on the priority addressing alcohol harms be received;

(ii) the introduction of minimum unit price in England be supported and a letter sent to Westminster urging that the minimum unit price is introduced without delay; and

(iii) the Sunderland Alcohol Partnership be asked to finalise the alcohol action plan, with the associated outcome and process KPIs, and to bring the final action plan to the March meeting of the Board for approval.

HW31. Best Start in Life Priority Update

The Best Start in Life Working Group submitted a report providing a progress update on the Board priority including the draft action plan, Best Start in Life area profiles and funding and research opportunities.

Lorraine Hughes, Public Health Specialist was in attendance to deliver a presentation on the Best Start in Life Profiles. A Joint Strategic Needs Assessment (JSNA) had been produced and shared with partners for consultation and final agreement and a draft action plan had been developed, detailing high level actions against ten key priorities: -

- Partners work collaboratively to ensure every child gets the best start in life.
- Make use of data and intelligence to understand local needs
- Promote healthy pregnancy messages
- Improve outcomes for perinatal mental health
- Reduce the prevalence of alcohol consumption in pregnancy
- Reduce the prevalence of smoking in pregnancy
- Promote a culture of breastfeeding
- Promote health eating for infants and young children

- Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities
- Ensure every child is supported in their development to be school ready

Public Health had developed Best Start in Life area profiles which had provided data to support an understanding of health outcomes for pregnancy and early childhood at a ward and/or locality level.

The first meeting of the Best Start in Life working group had taken place in September 2019 and a bi-monthly schedule of meetings established with a workshop planned for May. The Board were advised that the local authority had been successful in a bid to participate in the Local Government Association Behavioural Insights Programme to support work on breastfeeding.

Councillor Farthing commented that low rates of breastfeeding in the city had often been highlighted and queried whether there was a link between this and obesity. She suggested that this could also be plotted against the age of the mother at conception. It was also noted that Sunderland had fewer people with higher levels of academic achievement and Councillor Farthing asked whether there might be a correlation between this and age at conception and breastfeeding.

The Chair complimented the working group on the pace which they had set for the work and that this also demonstrated how the work of the task groups overlapped.

Lorraine Hughes said that whilst services were not working separately, it was important to have them working *jointly* together, for example, alcohol and teenage pregnancy.

John Dean noted that it was good to see information getting down to ward level and was pleased to see oral health being one of the indicators. Lorraine highlighted that the community dental service operated across a number of areas and that there were seven mandated health visitor checks in Sunderland – two more than nationally – and one of these was specifically about oral health. Advice on sugar consumption was also included as part of this visit.

Gillian Gibson added that the Health and Wellbeing Scrutiny Committee had been carrying out a review of oral health and would be reporting to the Cabinet in the near future. Councillor Farthing was also pleased to see oral health being targeted and queried if the numbers of children being registered to dentists could be checked.

The Board RESOLVED that: -

(i) the update report on the priority Best Start in Life be received; and

(ii) the Best Start in Life working group be asked to finalise the action plan and to bring this to the March meeting of the Board for approval.

HW32. Director of Public Health's Annual Report

The Director of Public Health submitted a report presenting the findings of her Annual Report to members of the Health and Wellbeing Board.

The full report had not yet been published but would be circulated the following week and the Director of Public Health provided an overview of the key themes within the report which included: -

- inequalities in health outcomes between Sunderland and the rest of the country and within the city itself
- mental wellbeing
- good quality employment and healthy workplaces
- making good food affordable, accessible and appealing.

Matters such as inequalities, prevention and engagement would be picked up in the Healthy City Plan. The 2019 report would be published on the Council website and circulated to key partners.

RESOLVED that the findings of the Director of Public Health's Annual Report be noted.

HW33. Sunderland Winter Plan 2019/2020

The Chief Officer, Sunderland CCG delivered a presentation on the Winter Plan for Sunderland 2019/2020.

It was noted that winter funding would be used to ensure safe and quality patient care was provided at times of high demand and to contribute to the system achieving the ED four hour standard and to test ideas of reform. During September the Surge group proposed winter schemes for consideration and were provided with briefs of expected collaborative projects with a suggested envelope based on costs with initial proposals.

The CCG was providing £2.14m to winter schemes for 2019/20 and there was £300,000 additional capacity during the winter period with £365,791 from All Together Better (ATB) to date. The schemes were overseen via the Surge group and ATB with progress being reported to the A&E Delivery Board.

The summary of the schemes being funded were provided as part of the presentation and the winter schemes had been deployed by the end of November. The Surge plan would be regularly reviewed and schemes adjusted with a view to fully evaluate all schemes to support planning for next year.

System partners recognised that the winter would be difficult but by working together were confident that organisations would get through this period by focusing on safe, quality services.

Having thanked Dave for his presentation, it was: -

RESOLVED that the information be noted.

HW34. Sunderland Safeguarding Children's Board (SSCB) Annual Report 2018/2019

Local Safeguarding Board Independent Chairs were required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in their local area. The Health and Wellbeing Board received the Sunderland Safeguarding Children's Board (SSCB) Annual Report 2018/2019 as a statutory requirement under Section 14A of the Children Act 2004.

The annual report noted the achievements of the SSCB which included: -

- The implementation of a Neglect Toolkit in conjunction with the Children's Strategic Partnership to ensure that children impacted on by neglect receive assistance to minimise the impact as early as possible.
- More robust systems around Child Sexual Exploitation leading to assurance that the low numbers of young people identified as being at risk are because young people are safe, rather than simply a change of reporting.
- Early help is now well embedded with support from partners increasing and the value of partnership working being valued more and more.

The SSCB had identified a number of areas as service priorities for the coming year which included Vulnerable Adolescents, Neglect and Poverty and Compromised Parenting. These areas presented the greatest risk to the safety of children and young people if process, practice and partnership working were not strengthened.

The annual report would be the last in its current form as local safeguarding boards had ceased to exist from 29 September 2019 and the Sunderland Safeguarding Partnership had replaced the SSCB in August. The safeguarding partners were required to publish a report at least once in every twelve month period.

The Board RESOLVED that the content of the report be noted and it be accepted as assurance of the current effectiveness of the local safeguarding children arrangements.

HW35. Sunderland Safeguarding Adults Board (SSAB) Annual Report 2018/2019

The Care Act requires the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.

The work of the SSAB was focused on four strategic priorities, identified in the Strategic Delivery Plan 2019-2024: -

- Prevention
- Making Safeguarding Personal (MSP)/User Engagement
- Partnership (including regional collaboration)
- Key local areas of risk (self-neglect, mental capacity and exploitation)

The report highlighted significant progress against the Board's strategic priorities and provide detail of the future direction of travel for the Board. It was noted that there really was a multi-agency approach to adult safeguarding in Sunderland and a strong commitment to partnership working to achieve the Board's priorities.

RESOLVED that the Safeguarding Adults Board Annual Report 2018/2019 be received and noted.

HW36. Healthy Economy Priority Update

The Board received an update on the progress being made against the Healthy Economy Priority.

The working group was focused on three work strands: -

1) Workplace Health: employers' role in improving employee's health
2) Healthy labour-force: the health of those in work and seeking work
3) Employment in the health and social care sector: understanding and tackling recruitment issues and wider workforce opportunities.

The report set out the activity taking place in each of the work strands for the information of the Health and Wellbeing Board and provided the draft action plan which had been developed by the Working Group.

RESOLVED that: -

(i) the progress update on the three strands of the Health Economy priority be received; and

(ii) the Healthy Economy Working Group be asked to bring finalised action plans and performance measures to a future meeting of the Board.

HW37. Shaping Sunderland's Future Together – Statement of Intent: Integrated Strategic Commissioning for 0-25 year olds in Sunderland

The Chief Officer, Sunderland CCG and the Chief Executive of Together for Children submitted a report presenting for information the 'Shaping Sunderland's Future Together – Statement of intent: integrated strategic commissioning for 0-25 year olds in Sunderland'.

The children's integrated commissioning function was established in July 2019, initially for twelve months to test out ways of working across Sunderland CCG and

Together for Children. Shaping Sunderland's Future Together sets out a high level plan as to how the two organisations will deliver an integrated commissioning function for 0-25 year olds in Sunderland. The document sets out key terms, principles, aspirations and the current priorities of the Children's Integrated Commissioning Group: mental health; Special Educational Needs and Disabilities (SEND); and individual placements.

The statement of intent reflects the current point in time and it is anticipated that there will be future iterations of the document with a full review in summer 2020.

RESOLVED that: -

(i) the Shaping Sunderland's Future Together – Statement of intent: integrated strategic commissioning for 0-25 year olds in Sunderland; and

(ii) a future report to be presented to the Board on the impact of the pilot.

HW38. 2019/2020 Process to Refresh the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020

The Chief Officer, Sunderland CCG submitted a report setting out the proposed approach to refreshing the Children and Young People's Transformational Plan 2015-2020.

For this year's refresh of the plan, NHS England have announced that they will download a copy of each local plan on 31 March 2020 and they will carry out a review against their Key Lines of Enquiry (KLOE).

Since the plan was now in the final year of its delivery it was proposed that for the refresh, the Executive Summary which had been produced for 2019 refresh be updated and that no changes be made to the main body of the existing plan. The proposed process and the plan would require sign off from the Integrated Commissioning Group, the CCG Executive Committee and the Health and Wellbeing Board.

The proposed process and timescales were set out within the report and it was envisaged that this would be the final refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020. NHS England had indicated that they would require a new five year plan in 2020.

Councillor Farthing commented that the plan referred to NHS England's concern over waiting times for mental health treatment and that it was important that the local situation was not overridden. Dave Gallagher advised that certain elements had to be within the plan but the local position was reflected too. Partners were aware of the challenges in relation to access to services and waiting times and waiting lists were increasing despite the efforts of all agencies involved. It was noted that an overarching strategic plan on Mental Health and Wellbeing was needed for Sunderland and it was hoped to have this drafted by the end of March 2020.

RESOLVED that the proposed approach to the annual refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-2020 as set out in the paper be noted.

HW39. Health and Wellbeing Forward Plan

The Senior Policy Manager submitted a report informing the Board of the Forward Plan of business for 2019/2020.

Members of the Board were encouraged to put forward items for future meetings either at Board meetings or by contacting the Council's policy team.

RESOLVED that the Forward Plan be noted.

HW40. Dates and Time of Next Meetings

The Board noted that the next meeting would take place on Friday 20 March 2020 at 9.30am.

The next Board development session would take place on Monday 3 February 2020 at 12.00pm – 4.00pm.

(Signed) G WALKER
In the Chair

Item No. 3(b)

HEALTH AND WELLBEING BOARD ACTION LOG				
Board Meeting ID	**Action**	**Responsible**	**Timescale**	**Completed/Action Taken**
21/09/18				
HW26.	Implement all of the recommendations from the Membership and Governance Review and include these within the Action Log and Forward Plan (see Appendix)	All	Fully implemented by December 2019	Ongoing
18/01/19				
HW54/3.	Review of Health and Wellbeing Strategy	JH	December 2019 Revised dates on forward plan: March 2020 June 2020	 Draft Healthy City Plan for consultation (agenda item) Healthy City Plan for approval
20/09/19				
HW21.	Update on the Path to Excellence scenario development process to be presented to be presented to the Board.	Peter Sutton (Patrick Garner and Liz Davies)	December 2019	Agenda item.

13/12/19				
HW28.	Fresh media release on e-cigarettes and safety to be circulated to Board Members	Julie Parker-Walton	December 2019	Complete
HW30.	Letter to be sent to Government on behalf of the Health and Wellbeing Board urging the introduction of MUP in England.	Dave Gallagher	December 2019	Complete

GOVERNANCE REVIEW IMPLEMENTATION PLAN

Recommendations		Board Lead	Officer Lead (s)	Timescale	Completed/ Action Taken
1.1	Health and Wellbeing partner organisations share their proposed and agreed commissioning intentions for the next two years on an ongoing basis.	All partner organisations	Graham King	Three Board development sessions a year	Development sessions scheduled on forward plan.
1.4	Publish the JSNA in a more user-friendly manner on both the Council's and Sunderland's Partnership's websites	Gillian Gibson	Kath Bailey Louise Darby	May 2019	Complete – December 2019
1.8	Partners engage in a new annual Sunderland Partnership conference, sharing key strategic partnership priorities, exploring inter-dependencies and opportunity for collaboration.	Ken Bremner	Jessica May	June 2019	Deferred.
2.2	Further consideration is given to extending the membership of the Board once the priorities of the partnership are determined for 2019-2024 and beyond.	Leader of the Council	Sarah Reed and Jane Hibberd	September 2019	Development session to be held in October 2019 University of Sunderland joined the Board from September 2019 Chair of the Sunderland Workplace Health Alliance to join the Board from March 2020.

					Membership review incorporated into the forward plan, aligned with the development of the Healthy City Plan. Deferred from February 2020 to a future development session. To be rescheduled from March 2020 to align with the Healthy City Plan approval.
3.1	Establish working groups for the Board's current priorities of tobacco, alcohol and healthy economy. • The HWBB agrees a Board lead for each priority • Each priority has named lead officers • The Board sets out clarity on the broad objectives of the working groups based on local/national targets as well as key outcomes to achieve • All Board member organisations provide high level representation to the working groups that will also draw upon a wider pool of	Gillian Gibson (Tobacco) Dave Gallagher (Alcohol) Ken Bremner (Healthy Economy)	Julie Parker-Walton and Trading Standards (Tobacco) Julie Parker-Walton and trading Standards (Alcohol)	Working Groups established by December 2018 Proposed focus brought to the Board in January 2019 Working Groups develop action plans within the first six months of their operation.	Working groups have been established and are providing updates to the HWBB. The four additional priorities that have been agreed by the Board in June 2019 have named Board leads and named Public Health Officer support. Work on each of the priorities is being led by

	key contributing organisations and patient/resident input • The working groups set out their proposed focus, for discussion and agreement with the Board • The working groups develop action plans over the course of the first six months of their operation • The working groups report back to the Board with action plans, progress reports and performance information and outcomes.		Jessica May, Andrew Perkin and Yusuf Meah (Healthy Economy)		the relevant Board lead. Reports are being brought to the Board for discussion and approval. Close this action and incorporate priority updates into the HWBB forward plan.
3.4	Review the Health and Social Care Integration Board status and purpose and report back to the November 2018 Health and Wellbeing Board with recommendations moving forward	Fiona Brown and Dave Gallagher	Graham King and Ian Holliday	November 2018 (Revised date March 2020)	The future of the Integration Board will be reviewed in conjunction with the governance arrangements for the Better Care Fund. Close this action - a review of governance arrangements for integrated health and social care has been added to the forward plan: HWBB Development session (Feb 2020) and Board meeting (March 2020).

Item No. 4

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2020

SUNDERLAND PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

Report of the Director of Public Health

1. Purpose of the Report

1.1 The purpose of this report is to:

- Remind the Health and Wellbeing Board (HWBB) of its statutory duty to undertake a Pharmaceutical Needs Assessment (PNA) and the requirement to produce an updated and approved PNA for Sunderland for publication by 1 April 2021.
- Seek approval to undertake the necessary programme of work to fulfil this duty.

1.2 The HWBB has previously delegated leadership for activities relating to the PNA to the Director of Public Health.

2. Statutory role of Health and Wellbeing Boards regarding PNA

2.1 The duty to carry out the PNA transferred to HWBBs under the Health and Social Care Act 2012; this duty came into effect on 1 April 2013. The process is guided by *The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* and any subsequent updates or amendments. These state that HWBBs were to agree and publish their first PNA by 1 April 2015 and then publish a revised assessment within three years of publication of this assessment, or sooner in response to significant changes to the availability of pharmaceutical services.

2.2 The HWBB is required to produce the PNA as part of its broader responsibility for developing a shared understanding of the current and potential future health needs of the city's population. The PNA is an integral part of the joint strategic needs assessment (JSNA) and is aligned to the Joint Health and Wellbeing Strategy.

2.3 *The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016* includes provisions to allow mergers or consolidations of closely located, community pharmacies. This allows two pharmacies to make an application to merge and provide services from one of the two current premises. HWBBs have two statutory duties in relation to this:

i) When NHS England notifies a HWBB about an application to consolidate two pharmacies, the HWBB **must** make a statement or **representation** back to NHS England within 45 days stating whether the consolidation **would** or **would not** create a gap in pharmaceutical

services provision. NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWBB.

ii) Once NHS England has made a determination on the application to **consolidate** two pharmacies, it will inform the HWBB. Where a pharmacy's premises are removed from the pharmaceutical list as a consequence of granting a consolidation application and if, in the opinion of the HWBB, the removal **does not create a gap** in pharmaceutical services provision that could be met by a routine application then the HWB **must:**

- publish a **supplementary statement** saying that removal of the pharmacy which is to close from the pharmaceutical list will not create a gap in pharmaceutical services; and
- update the map of premises where pharmaceutical services are provided.

A supplementary statement forms part of the PNA and is a statement of relevant changes since the PNA was published, which may affect an application for a new pharmacy.

3. What is a PNA used for?

3.1 The PNA process was introduced to define the pharmaceutical needs in a specific area, for use by NHS England in determining entry onto the pharmaceutical list to ensure the adequate and appropriate provision of NHS pharmaceutical services in England. It can also be used to:

- help commissioners to commission services from community pharmacists to meet local need;
- support commissioning of high-quality pharmaceutical services;
- ensure that community pharmacy services are commissioned to reflect the health needs identified in the JSNA and the ambitions set out in the Joint Health and Wellbeing Strategy; and
- facilitate opportunities for pharmacists to make a significant contribution to the health of the population of Sunderland.

3.2 A person who wishes to provide NHS pharmaceutical services must apply to NHS England proving they are able to meet a pharmaceutical need or improve access as set out in the relevant PNA. There are exceptions to this, such as applications to provide NHS pharmaceutical services on a distance-selling basis.

3.3 The HWBB is <u>not</u> responsible for deciding how many pharmacies there should be or where they should be sited. NHS England will use the PNA document to make such decisions. In doing this, NHS England will need to balance population needs and available financial resources with current provision and considerations of the free market.

4. Governance arrangements

4.1 In February 2020, a Steering Group was established to support the PNA process. This includes representation from:

- the council's public health team, including analytical support;
- the council's communication and engagement teams;
- the CCG's medicines optimisation team;
- Sunderland Local Pharmaceutical Committee; and
- Healthwatch Sunderland.

4.2 NHS England and Sunderland Local Medical Committee have confirmed that they do not wish to have a representative on the Steering Group. Both are statutory consultees and will be consulted in line with the regulations and as set out in the timeline.

4.3 The Steering Group will be chaired by a Public Health Pharmacy Adviser who reports to the Director of Public Health. Progress will be reported to the Board in September 2020.

4.4 The Steering Group will meet as appropriate until the consultation draft PNA is produced. It will then meet once more following the statutory consultation to finalise the PNA.

4.5 Steering group meetings may have different formats, such as face to face meetings or conducted virtually.

5. PNA process

5.1 The PNA process will involve the following steps:

- Agree the localities that will be used within the needs assessment
- Assess current and future health needs
- Undertake public engagement to assess views about community pharmacy services
- Collate information about existing services
- Undertake a survey of community pharmacies
- Develop the narrative for the consultation draft PNA, draw initial conclusions and make initial recommendations
- Gain approval from the HWBB for the consultation draft PNA
- Undertake the required statutory consultation for a minimum of 60 days
- Consider consultation feedback and carry out any additional work that is required
- Develop the final post-consultation version of the PNA, with final conclusions and recommendations
- Seek approval from the HWBB for the final version of the PNA at the March 2021 meeting for publication by 1 April 2021.

6. Recommendations

6.1 The Health and Wellbeing Board is recommended to:

- Note the information about the Board's statutory role in relation to the PNA, and the requirement to produce an updated and approved PNA for Sunderland for publication by 1 April 2021

- Give approval for the Steering Group to undertake the necessary programme of work to fulfil this duty

- Confirm that leadership for activities relating to the PNA should continue to be delegated to the Director of Public Health.

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

BEST START IN LIFE

Report of the Best Start in Life Working Group

1.0 Purpose of the Report

1.1 In December 2019 the Best Start in Life (BSIL) Working Group submitted a report to the Health and Wellbeing Board, describing the progress made with establishing and developing the BSIL Working Group, key areas of work delivered to date and the draft action plan.

1.2 The BSIL action plan has been finalised and is submitted for approval by the Health and Wellbeing Board.

2.0 Background

2.1 The BSIL working group convened in September 2019, building on the momentum achieved from the BSIL workshop held in May 2019.

2.2 The BSIL action plan (Appendix One) identifies 10 key priority areas, which were identified through the Joint Strategic Needs Assessment, the BSIL System-Led Assessment and workshop held in May 2019.

3.0 Current Position

3.1 The BSIL action plan is monitored regularly, with a highlight report presented at each BSIL working group for discussion and agreement. Identified leads for each action are responsible for submitting progress updates prior to meetings, which are used to produce the highlight reports. The action plan is also RAG rated to support effective oversight of progress, delays and emerging risks to delivery.

3.2 The key priority areas identified in the action plan are:

1. Partners work collaboratively to ensure every child gets the best start in life.
2. Make use of data and intelligence to understand local needs.
3. Promote healthy pregnancy messages.
4. Improve Outcomes for Perinatal Mental Health.
5. Reduce the prevalence of alcohol consumption in pregnancy.
6. Reduce the prevalence of smoking in pregnancy.
7. Promote a culture of breastfeeding.
8. Promote healthy eating for infants and young children.
9. Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities.
10. Ensure every child is supported in their development to be school-ready.

3.3 The measures for improvement which have been agreed by the BSIL Working Group are:

- **Smoking status at the time of delivery** - in Sunderland 17.5% of women smoke at the time of delivery, compared to 10.6% nationally
- **Breastfeeding continuation** - 25.9% of babies are breastfed at 6-8 weeks compared to 46.2% nationally
- **Childhood obesity** - 24.4% of children in Reception are overweight, compared to 22.6% nationally
- **Teenage pregnancies** – the under 18 conception rate in Sunderland is 25.7 per 1000 of the population in Sunderland compared to 17.5 nationally. In addition, 1.3% of babies are born to teenage mothers compared to 0.6% nationally
- **Hospital admissions due to unintentional and deliberate injuries 0-4 years** – the rate in Sunderland is 204 per 10,000 of the population compared to 123.1 nationally
- **Hospital admissions for dental caries 0-5 years** – 171.8 per 100k of the population compared to 307.5 nationally. In addition, 28.4% of children have filled, missing or decayed teeth and age 5 compared to 23.3% nationally
- **Narrowing the attainment gap for disadvantaged children** - 62.6% of children eligible for FSM achieved GLD in 2018/19 compared to 74.4% of non-FSM children, representing a gap of 12.2 percentage points.

3.4 In addition to the progress updates and highlight reports meetings are used to provide a deep dive into a thematic area, providing an opportunity for more in- depth discussion with a broad range of stakeholders. This facilitates collaborative working, through opportunities to explore priorities in more detail, identify additional actions to be undertaken and understand any new or emerging developments.

3.5 The BSIL working group have reviewed and agreed the action plan submitted to the Health and Wellbeing Board for approval.

4.0 Recommendations

4.1 The Health and Wellbeing Board is recommended to:

- Receive the update report on the priority Best Start in Life
- Approve the Best Start in Life action plan
- Receive an update report annually from the BSIL Working Group, including progress on the key priority areas identified in the action plan.

APPENDIX ONE

Best Start In Life Working Group (September 2019 – December 2020)

Priorities and Actions	Measure	Timescale	Lead Orgs	Lead Officer	RAG	Update
1. Partners work collaboratively to ensure every child gets the best start in life						
1.1 Ensure all relevant partners are represented at the group and are given the opportunity to contribute to shared goal-setting	Engagement of identified stakeholders with working group Action plan agreed, monitored and reported against	On-going	**Public Health**	**LH**		
1.2 Refresh findings of System Led Improvement self-assessment tool	Self-assessment tool updated	By August 2020	**Public Health** ALL	**JH**		
1.3 Support peer review process for Best Start in Life system led improvement	Peer review process supported by all stakeholders	By August 2020	**Public Health** ALL	**JH**		
2. Make use of data and intelligence to understand local needs						
2.1 Complete the Joint Strategic Needs Assessment (JSNA) for Best Start in Life	Best Start in Life JSNA written in consultation with stakeholders. JSNA published.	By 31st December 2019	**Public Health** ALL	**JH**		
2.2 Develop Best Start in Life Profiles to enable ward level analysis for agreed health priorities	BSIL Profiles completed in collaboration with partners. BSIL Profiles shared with partners to support prioritisation and local delivery	By 31st December 2019	**Public Health** South Tyneside and City Hospitals NHS Trust	**LH**		

3. Promote healthy pregnancy messages						
3.1 Healthy pregnancy messages promoted to those of child-bearing age, pregnant women and their families.	Review the availability of resources and identify gaps. Consult with pregnant women and those with young families in relation to knowledge and access to key healthy pregnancy messages. Identified resources utilised and new resources sourced to address any gaps. Healthy pregnancy messages promoted widely by key agencies.	By March 2020 By September 2020 By September 2020 By September 2020	**Public Health CCG** Maternity Service 0-19 Public Health Service Primary Care Together for Children	**JH**		
3.2 Ensure a joined-up approach with key partners to provide support and advice to pregnant women identified as overweight or obese	Implementation of NICE guidance locally.	Review March 2020	**CCG Maternity Service** Obs &Gynae Primary Care	**RM**		
3.3 Assess the availability of accessible and suitable physical activities for pregnant and post-natal women	Physical activity opportunities for pregnant and post-natal women reviewed. Work with local leisure services to develop accessible and suitable physical activities for pregnant and post-natal women	By June 2020 Review September 2020	**Public Health** Leisure Services	**JH**		

	Support the mobilisation of the This Mum Moves pilot across Sunderland 2020/2021	Review September 2020				
3.4 Ensure the Local Maternity Systems Prevention Plan is implemented in Sunderland to support healthy pregnancies and best start in life.	Implementation of the LMS prevention plan monitored through the LMS STSFT Maternity Prevention Action Plan	Review March 2020	**CCG** **Maternity Service** Public Health 0-19 Public Health Service	**CAG**		
4. Improve Outcomes for Perinatal Mental Health						
4.1 Increase awareness of mental health conditions in pregnant women and women with a child up to one years old amongst healthcare professionals and others working with families.	Health professionals and services working with families receive information about perinatal mental health, perinatal mental health services and other support available	Review April 2020	**Perinatal Mental Health Service** **IAPT** ALL	**JR/MS**		
4.2 Support families in the earlier identification of those experiencing mental health issues during pregnancy and the postnatal period	Increase in the number of people accessing services for mental health support at an earlier stage of gestation or during postnatal period.	Review progress April 2020	**Maternity Service** **CCG** **Perinatal Mental Health Service,** **IAPT** **0-19 Public Health Service** **Primary Care**	**SF/CAG**		

4.3 Ensure healthcare professionals working with pregnant and postnatal women have received high quality and evidence-based training in perinatal mental health	All new staff receive dedicated evidence-based training and receive regular updates at least annually. Ensure the provision of listening visits in response to identified need, in line with best practice guidance.	Review progress April 2020	**Maternity Service 0-19 Public Health Service Primary Care Perinatal Mental Health Service, IAPT Together for Children**	**SF/CAG AC**		
4.4 Monitor the effectiveness of the expansion of perinatal mental health service provision via the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020	Numbers of people accessing support from the perinatal mental health service in Sunderland	31st March 2020	**CAMHS strategy group**	**RM**		
5. Reduce the prevalence of alcohol consumption in pregnancy						
5.1 Increase knowledge and understanding of the prevalence of alcohol consumption in Sunderland – ensure more robust recording of levels of alcohol consumption in pregnant women	Recording of alcohol consumption prevalence established through the utilisation of the regional tool	Review progress August 2020	**Maternity Service CCG Public Health**	**SF/CAG**		
5.2 Ensure there are clear pathways and robust links between services providing support to pregnant women (including	Pathways established and link officers identified	Review progress August 2020	**Public Health Maternity Service**	**LH SF/CAG**		

maternity and health visiting services) and the drug and alcohol treatment services			**CCG Substance Misuse Service**			
6. Reduce the prevalence of smoking in pregnancy						
6.1 Ensure all pregnant women and those within the household who smoke are referred to specialist stop smoking services in line with NICE guidance and the local enhanced offer	Number of women accessing the Specialist Stop Smoking Service	Review progress March 2020	**Maternity Service 0-19 Public Health Service** SSSS Public Health CCG Primary Care	**SF/CAG**		
6.2 Increase the number of women accessing stop smoking services, setting a quit date and quitting	Number of women setting a quit date Quit rate of pregnant women Smoking at Time of Delivery (SATOD)	Review progress March 2020	**Sunderland Specialist Stop Smoking Service** Public Health CCG	**GK**		
6.3 Implement an incentive scheme to encourage pregnant women to stop smoking and increase quit rates	Develop a model of delivery for an incentive scheme Number of women setting a quit date Quit rate of pregnant women	By March 2020	**CCG** Public Health	**RM**		

	Number of women accessing incentive scheme and quit rate for those accessing the incentive scheme Smoking at Time of Delivery rates improved Incentive scheme implemented	By September 2020				
6.4 Increase the monitoring of smoking status antenatally and post-natal by piloting the use of CO monitors by health visitors during core visits	Increase the number of women accessing the Specialist Stop Smoking Service during pregnant and during post-natal period	Review progress June 2020	**0-19 Public Health Service** Public Health	**AC**		
7. **Promote a culture of breastfeeding**						
7.1 Key agencies to achieve UNICEF Baby Friendly accreditation, with Maternity Services and Health Visiting Services reaching level 2 as a minimum	Health Visiting Service and Maternity Services achieve UNICEF Baby Friendly accreditation Other organisations who come into contact with pregnant women and families commit to undertaking UNICEF Baby Friendly accreditation	By September 2020	**Maternity Service 0-19 Public Health Service** CCG Public Health	**SF/CAG AC**		
7.2 Ensure seamless and consistent advice and support is provided to women who choose to breastfeed	Health Visiting Service and Maternity Services achieving UNICEF Baby Friendly accreditation	Review progress September 2020	**Maternity Services 0-19 Public**	**SF/CAG AC**		

	Wider health and social workforce access UNICEF training, including GP's, practice nurses, ward nurses, Children's Centre staff		**Health Service** CCG Public Health			
7.3 Work with the Local Maternity Systems (LMS) to establish a regional breastfeeding touchpoint pathway	Regional breastfeeding pathway developed and established.	Review progress March 2020	**Maternity Services** CCG Public Health	**CAG**		
7.4 Establish and / or promote local breastfeeding friendly places	Breastfeeding friendly venues are promoted through the use of social media and apps	By September 2020	**0-19 Public Health Service Maternity Service Public Health**	**AC**		
7.5 Identify barriers to breastfeeding for women in Sunderland and establish reasons why women stop breastfeeding using the results the Infant Feeding Research Project	PAR Research completed and findings disseminated	By March 2020	**Public Health**	**JH**		
8. Promote healthy eating for infants and young children						
8.1 Ensure all families that are eligible for the Healthy Start Programme are encouraged to apply and utilise the benefits of the programme	Increase take up of Healthy Start Programme in Sunderland	Review March 2020	**Maternity Service 0-19 Public Health Service**	**CAG/ AC**		

			Together for Children			
8.2 Undertake a pilot to provide the initial supply of Healthy Start Vitamins by the 0-19 service, using FNP clients initially	Increase take up Healthy Start Vitamins in Sunderland	By August 2020	**Public Health FNP** 0-19 Public Health Service	**JH**		
8.3 Increase the promotion of Healthy Start Vitamins via the registrars and food banks	Increase take up Healthy Start Vitamins in Sunderland	By 31st December 2019	**Public Health**	**JH**		
8.4 Undertake an audit of weaning advice given and courses currently available in Sunderland	Audit completed and recommendations for action agreed	By September 2020	**Together for Children Public Health 0-19 Public Health Service**	**CK**		
8.5 Consider targeted approaches to promote healthy eating and physical activity e.g. cooking skills, linking with community cafes, projects with early years settings	Potential projects agreed.	Review March 2020	**CCG Public Health Together for Children** 0-19 Public Health Service	**RM**		
8.6 Promote key messages for good oral health in infants and young children, targeting the areas of most need	All 0-19 public health practitioners received training to ensure the provision of consistent evidence-	Review progress September 2020	**0-19 Public Health Service**	**AC**		

	based oral health support and advice Utilisation of national campaigns to raise awareness of oral health messages.		Together for Children			
9. Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities						
9.1 Utilise the regional approach and findings from the ACE's audit tool to support a local approach to Trauma Informed Practice	Completion of audit tool Share local response to findings of audit tool	By 31st December 2019	**Public Health** ALL	**LH**		
9.2 Promote attachment and positive parenting using the Solihull Approach during key contacts with pregnant women and families.	Key health professionals and child and family practitioners access Antenatal Solihull Approach training Evidence of Solihull Approach methodology being used during key appointments and visits by health visitors	Review progress June 2020	**0-19 Public Health Service** Maternity Services Together for Children CCG	**AC**		
9.3 Implementation of the North East Reducing Parental Conflict Programme to support families where parental conflict is having a detrimental effect on a child's development	Successful implementation of the North East Reducing Parental Conflict Programme	Review August 2020	**Together for Children** CCG	**MR**		

10. Ensure every child is supported in their development to be school-ready						
10.1 Establish an effective integrated developmental review process at 2 years old between Health Visiting and Early Years settings	Process developed and agreed.	By August 2020	**0-19 Public Health Service School Improvement Team, Together for Children**	**AC/SC**		
10.2 Ensure an effective multi-agency approach is in place to identify potential health and developmental issues which may impact on a child's school readiness	Agencies successfully identify need following effective 2 year integrated review process to enable additional support to be provided and SEND identified Clear arrangements are in place to ensure a smooth transition from early years settings into school for young children with SEND	Review August 2020	**0-19 Public Health Service SEND Team**	**SC**		
10.3 0-19 Public Health Service to access and cascade 'Reducing the word gap' speech and language and communication training for all health visitors and other relevant early years practitioners	All health visitors accessed 'reducing the word gap' training. Agree further cascading of training to other key early years practitioners	By March 2020	**0-19 Public Health Service**	**AC**		
10.4 Increase the take up of early education places for disadvantaged two year olds	Take up to meet North East average	Review March 2020	**Together for Children**	**MR**		

References

LH	**Lorraine Hughes**	**MR**	**Marie Roberts**
JH	**Joanne Hunt**	**SC**	**Sue Cutting**
SF	**Sheila Ford**	**RM**	**Rachel McDonald**
CAG	**Clare Adams-Graham**	**CK**	**Catharine Kershaw**
AC	**AnnMarie Cook**	**GK**	**Gillian Kelly**
JR/MS	**Jan Rigby/Maxine Shepherd**		

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

ADDRESSING ALCOHOL HARMS

Report of the Sunderland Alcohol Partnership

1.0 Purpose of the Report

1.1 Addressing alcohol harms is one of the board's seven priorities.

1.2 The Sunderland Alcohol Partnership presented to the Board in December 2019, where it was agreed the final Addressing Alcohol Harms action plan would be submitted to the Board for approval.

1.3 This report sets out the six key themes of work that will form the basis of action planning for 2019 to 2021, along with key performance indicators that will be used to measure progress on this priority, and a high-level action plan.

2.0 Background

2.1 Alcohol remains one of the key drivers of health inequalities and one of the key causes of premature death. Alcohol use has health and social consequences borne by individuals, their families, and the wider community. Alcohol impacts upon a raft of frontline services from the Council, NHS, Police, Ambulance, Licensing and Social Services. It impacts upon the workplace, through lost productivity and absenteeism and on education, through truancy and disruption.

2.2 Addressing alcohol harms is a complex issue and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city.

3.0 Addressing Alcohol Harms Action Plan

3.1 In May 2019, the Sunderland Alcohol Partnership held a CLeaR workshop were the Public Health England (PHE) CLeaR self-assessment tool was completed. This provided a local framework to prevent and minimise alcohol-related harms among individuals, families and communities. The addressing alcohol harms action plan will deliver against these six themed areas:

1. Develop an infrastructure and provide leadership and advocacy for addressing alcohol harms
2. Increase knowledge and understanding of alcohol and its related harms, to enable individuals to make informed choices about their alcohol consumption
3. Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with local businesses to address alcohol harm

4. Provision of brief intervention, early help and effective alcohol recovery services for those that need them
5. Protect children, young people and families from alcohol related harm
6. Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing

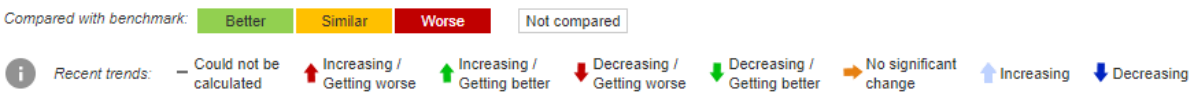
3.2 The draft Addressing Alcohol Harms action plan was discussed at the October 2019 and January 2020 Alcohol Partnership and circulated to key partners for comment.

3.3 A final version of the Addressing Alcohol Harms action plan can be found in appendix 1.

4.0 Sunderland Local Alcohol Profiles for England from the Public Health Outcome Framework

4.1 The Local Alcohol Profiles for England (LAPE) provides information to monitor the impact of alcohol on local communities and monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol. Below are the key indicators for alcohol which local areas are monitored against. Sunderland has some of the worst outcomes in these areas in the North East and in England.

Indicator	Period	England	North East	Sunderland	Trend
Admission episodes for alcohol-related conditions (Narrow) per 100,000	2018/19	664	908	992.9	→
Admission episodes for alcohol-related conditions (Broad) per 100,000	2018/19	2367	2927	3197	↑
Admission episodes for alcohol-specific conditions per 100,000	2018/19	626	909	1078	↑
Admission episodes for alcohol-specific conditions - Under 18s	2016-17 to 2018/19	31.6	60	85.8	→
Alcohol-related mortality per 100,000	2018	46.5	57.1	57.6	→
Alcohol-specific mortality per 100,000	2016-18	10.8	15.7	18	→



https://fingertips.phe.org.uk/profile/local-alcohol-profiles

4.2 The Addressing Alcohol Harms action plan will measure progress using the following key performance indicators. A baseline will be set using the data from the Health and Wellbeing Alcohol Working Group Report in February 2019:

a. Reduction in admission episodes for alcohol-related conditions (narrow)
b. Reduction in admission episodes for alcohol-related conditions (Broad)

c. Reduction in admission episodes for alcohol-related conditions (narrow) – under 40s
d. Reduction in admission episodes for alcohol-specific conditions
e. Reduction in admission episodes for alcohol specific conditions – under 18s
f. Reduction in alcohol-related mortality
g. Reduction in alcohol-specific mortality
h. Number of people in treatment where alcohol is identified as a primary substance
i. Number of people in recovery services where alcohol was identified as their primary substance
j. Number of retailers signed up the Responsible Retailers Scheme in Sunderland
k. Reduction in alcohol accident and emergency admissions
l. Reduction in drinking levels for under 18's
m. Reduction in alcohol related crimes
n. Reduction in alcohol related incidents.

5.0 Recommendations

5.1 The Health and Wellbeing Board is recommended to:

- Support the focus of the Sunderland Alcohol Partnership work being the six key strands of work set out in section 3.1 of this report

- Agree the Sunderland Alcohol Partnership Addressing Alcohol Harms action plan (appendix 1)

- Receive an update report annually from the Sunderland Alcohol Partnership, including progress on the indicators set out in section 4.1 and 4.2 of this report, and key objectives for the year ahead.

Sunderland Health and Wellbeing Board Priority - Addressing Alcohol Harms

Alcohol Partnership Action Plan - 2019 to 2021

Addressing alcohol harms is one of the seven priorities of the Sunderland Health and Wellbeing Board (HWBB).

A Sunderland Alcohol Partnership has been established, sponsored and Chaired by a HWBB Board Member, the Partnership will provide the leadership, as well as engaging partners to address alcohol harms across the city.

A detailed action plan has been developed using the Public Health England evidence review, the findings from the CLeaR self-assessment and local data from both the Adult Lifestyle Survey and the Health-Related Behaviour Survey. The plan sets out the priority actions which are necessary to deliver on to prevent and minimise alcohol-related harms among individuals, families and communities.

The plan has the following six key themes:

Theme One Develop an infrastructure and provide leadership and advocacy for addressing alcohol harms

Theme Two Increase knowledge and understanding of alcohol and its related harms, to enable individuals to make informed choices about their alcohol consumption

Theme Three Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with local businesses to address alcohol harm

Theme Four Provision of brief intervention, early help and effective alcohol recovery services for those that need them

Theme Five Protect children, young people and families from alcohol related harm

Theme Six Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing

Through the HWBB governance arrangements, the Alcohol Partnership will provide the monitoring and performance management for the agreed outcomes and targets and report to the HWBB on a regular basis.

Theme One: Develop an infrastructure and provide leadership and advocacy for addressing alcohol harms

Key areas include supporting local strategic plans**, l**eadership and advocacy of the partnership.

Priority actions	By	Accountable Lead
We will sign up to the Alcohol Declaration which commits the HWBB to drive evidence-based actions and protect the community from harm.	January 19	Health and Wellbeing Board Executive Lead
We will follow the evidence base working with Balance set out in Public Health England's Alcohol Evidence Review and the policy asks in Health First.	December 19	Health and Wellbeing Board Executive Lead
We will ensure the Alcohol Partnership reflects the strategic plans locally for example the City Plan, HWBB priorities, Clinical Commissioning Group and update the relevant boards on an annual basis.	December 19 Annually	Health and Wellbeing Board Executive Lead
We will ensure an evidence-based approach for alcohol harms is in place locally through the Alcohol Partnership Action Plan and continue to review the Alcohol Partnership in line with the CLeaR self-assessment tool.	May 19 On going	Public Health (SCC)
We will continue to advocate and contribute to alcohol harm policies/ consultations as they arise by working closely with Balance and our local partners around key areas such as advocating the use of minimum unit price and raise awareness of the academic research and the evidence from Scotland.	On going	Public Health (SCC)

Theme Two: Increase knowledge and understanding of alcohol and its related harms, to enable individuals to make informed choices about their alcohol consumption

Key areas include the use of data and intelligence to assess local alcohol needs, developing skills and capacity, workplace alcohol policies, deliver communication and social marketing campaigns, improve the capacity of the educational workforce and alcohol education for children, young people in schools, community programmes and parents.

Priority actions	By	Accountable Lead
We will use data and intelligence to assess local need and integrate strategies and programmes around the hotspot areas in relation to alcohol related harm and keep Joint Strategic Needs Assessment up to date.	December 19	Public Health (SCC)

We will engage with our frontline staff offering brief intervention training to change behaviour and attitudes in relation to alcohol use and making every contact count.	March 21	South Tyneside and Sunderland NHS Foundation Trust
We will deliver communication and marketing campaigns with messages which are consistent and aligned to the Chief Medical Office, Public Health England and Balance.	November 19 (Alcohol awareness week) January 20 (Dry January) On going	Public Health (SCC) In new adult substance misuse service from June 20
We will promote and support the development and delivery of workplace alcohol policies and interventions through the Sunderland Workplace Alliance and the Better Health at Work Award.	December 19 Annually	Public Health (SCC)
We will continue to develop good quality information about alcohol free childhood working with Balance to build capacity within the educational workforce. This will ensure consistent alcohol education for children, young people and families is embed in education and community settings. This will be backed up by the prevention and training function within the YDAP service.	January 20	YDAP (Together for children)
We will build capacity through the delivery of training to the educational and community workforce to ensure consistent messages around alcohol and improve awareness.	January 20	YDAP (Together for children)
We will develop and deliver the universal offer around alcohol education for young people building on the alcohol-free childhood vision, so that consistent messages are communicated and delivered by all.	December 19 In line with academic year	Growing Healthy Sunderland (Harrogate and District Foundation Trust) Public Health (SCC)
We will continue to deliver alcohol brief intervention training via the Sunderland Health Champion Programme.	December 19	Public Health (SCC)
We will develop an approach to embedding alcohol brief intervention within workplaces through the Better Health at Work Award and the Workplace Health Alliance so that alcohol	March 21	Public Health (SCC)

brief intervention training is in corporate processes including induction and core training programme.		

Theme Three: Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with local businesses to address alcohol harm

Key areas include reducing the availability and supply of alcohol, promoting a responsible alcohol trade through engagement with night time economy staff, licensing condition requirements and reviews, promotion of responsible retailing schemes, stopping illegal and illicit alcohol, and addressing the supply of alcohol to children.

Priority actions	By	Accountable Lead
We will have better partnership working within the Responsible Authorities and develop a joined-up approach. Responsible authorities within the Licensing Act 2003 include police, fire authorities, health and safety authorities, local planning authorities, environmental health, bodies responsible for protecting children from harm and any licensing authorities (other than the relevant licensing authority) in whose area a premise is situated.	**	Licensing (SCC)
We will ensure that we contribute to future updates of the Sunderland Statement of Licencing Policy (SLOP) which will be closely integrated with the City Plan and follow the evidence base set out in Public Health England's Alcohol Evidence Review.	**	Licensing (SCC)
We will develop a local responsible retailing scheme which facilitates legal compliance and promotes best practice.	April 20	Trading Standards (SCC)
We will develop strategies to reduce and control the availability of cheap, high risk alcohol products at retail premises across the city.	April 20	Trading Standards (SCC)
We will offer vulnerability training to a wide range of night time economy staff such as door supervisors, bar staff and Street Pastors	**	Harm Reduction Unit (Northumbria Police)

Theme Four: Provision of brief intervention, early help and effective alcohol recovery services for those that need them

Key areas include primary prevention, secondary prevention, embedding alcohol brief intervention in to our workforce strategy, consistent approach to identification and brief advice (IBA) across a wide range of settings. helping people to reduce their alcohol intake and ensuring our commissioned services are evidence based and meeting the needs of the users.

Priority actions	By	Accountable Lead
We will engage with local people and partners when re-commissioning the Sunderland integrated substance misuse service to develop an approach to address alcohol harms from within the new service.	September 19	Public Health (SCC)
We will work jointly with partners to develop a consistent approach to identification and brief advice (IBA) across a wide range of settings for individuals with alcohol misuse issues including primary care, community pharmacies, acute hospital trusts, sexual health clinics, maternity services, mental health services, work places and community venues.	March 21	Public Health (SCC)
We will ensure that we have an integrated approach to delivery of alcohol interventions with other related areas, such as mental health, maternity, family services, criminal justice services and education establishments to ensure access to the appropriate health care and treatment	June 20	In new adult substance misuse service from June 20
We will continue to implement the NHS Long Term Plan and support the development of the alcohol care teams.	September 20	South Tyneside and Sunderland NHS Foundation Trust

Theme Five: Protect children, young people and families from alcohol related harm

Key areas includes reducing exposure to alcohol, services working with children and young people can identify alcohol misuse, provide early help / brief interventions or referral to treatment services, improve awareness and identification of parental alcohol misuse and its impact on children, safeguarding, develop effective partnership intelligence sharing in relation to reducing the supply of alcohol to young people and reducing alcohol promotion.

Priority actions	By	Accountable Lead
We will advocate and contribute to local and national alcohol harm policies/ consultations that aim to reduce children's exposure to alcohol marketing.	On going	Health and Wellbeing Board Executive Lead
We will take a coordinated approach to the access and delivery of the young people's treatment service with improved and clear pathways into treatment.	March 20	Public Health (SCC)
We will take a coordinated approach to training, advice and guidance that will be provided to partners agencies regarding Identification and Brief Advice (IBA) for young people and alcohol to support staff to identify when a referral to YDAP is required.	March 20	YDAP (Together for Children) Public Health (SCC)

We will ensure more robust and standardised assessment and recording of levels of alcohol consumption in pregnant women through the utilisation of the Local Maternity Systems (LMS) regional tool which will be monitored through the Best Start in Life HWB Working Group.	August 20	South Tyneside and Sunderland NHS Foundation Trust
We will raise awareness of the impact of alcohol use on unborn babies during pregnancy via an evidence-based campaign which promotes the Chief Medical Officers Guidance around alcohol during pregnancy.	November 20	Public Health (SCC)
We will continue to support the regional approach to the alcohol-free childhood vision and raise awareness within our population around the role of parents/ carers of their alcohol use and the impact this may have on children.	November 20 On going July 20	Public Health (SCC) Growing Healthy Sunderland (HDFT) In new adult substance misuse service from June 20
** We will ensure that safeguarding issues for children are identified and responded to by both the young people and adult alcohol treatment services, and that safeguarding services / stronger families refer parents who are using substances to the adult treatment service as way of protecting the child/ young person.*	**	Wear Recovery (CNTW)
We will be proactive in the identification of new and emerging trends in harmful alcohol misuse through our children's and young people service.	**	Together for Children (YDAP)
We will develop effective partnerships that seek to share intelligence and use this to reduce the supply of alcohol to young people under the age of 18 years.	December 20	Trading Standard (SCC)
** We will ensure that Safeguarding Services and Public Health are strongly represented on the Responsible Authority Group around the four licensing objectives; crime and disorder. public safety, the prevention of public nuisance and the protection of children from harm.*	**	*Sunderland Safeguarding and Public Health (SCC)*
We will continue to deliver young people health champions programme which includes the alcohol-free childhood vision and consistent messages around alcohol within secondary schools.	July 20 In line with academic year	Public Health (SCC)
We will work in partnership with Balance to develop and implement an alcohol-free childhood pledge for education settings to reduce children and young peoples to exposure alcohol.	July 20 In line with academic year	Public Health (SCC)

We will work with young people to educate and inform them about illegal and illicit substances so they can deliver messages to their peers and increase the local intelligence around this area which will inform Trading Standards and Northumbria Police.	July 20 In line with academic year.	Public Health (SCC) Trading Standards (SCC) Harm Reduction Unit (Northumbria Police)

Theme Six: Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing

Key areas include use tools and powers effectively to identify and address the needs of communities and the night-time economy in relation to alcohol-related crime and antisocial behaviour, cumulative Impact Policy areas to control the density of off and on licences in areas of the town with high levels of crime and disorder and alcohol related health harms, ensure that the criminal justice system has integrated support and services for offenders with alcohol misuse issues, identify community needs in relation to alcohol-related crime and disorder, ensure that Licensing Act powers and tools are used effectively to tackle problems of alcohol related harm and enforcement activity which is intelligence-led.

Priority actions	By	Accountable Lead
We will ensure that Responsible Authorities work together to deal with Licensing Act matters maximise the powers available to them to ensure alcohol is sold responsibly**.**	**	Licensing (SCC)
We will use tools and powers available to effectively to identify and address the needs of communities and the night-time economy in relation to alcohol-related crime and antisocial behaviour.	**	Harm Reduction Unit (Northumbria Police)
We will ensure that the criminal justice system has integrated support and services for offenders with alcohol misuse issues to reduce reoffending.	** ** **	Harm Reduction Unit (Northumbria Police) National Probation Service Northumbria Community Rehabilitation Company

	On going	Wear Recovery (CNTW)
We will carry out a wide range of intelligence-led enforcement activity that seeks to address all elements of alcohol related offending.	**	Harm Reduction Unit (Northumbria Police)
	On going	Trading Standards (SCC)
We will ensure that young people involved in crime, disorder or antisocial behaviour are able to access early interventions and treatment.	**	Harm Reduction Unit (Northumbria Police)
	**	YDAP (Together for Children)
We will ensure that Licensing Act powers and tools are used effectively to tackle problems of alcohol related harm and the illegal and irresponsible sale of alcohol by licensed premises.	**	Licensing (SCC)
	**	Harm Reduction Unit (Northumbria Police)
	January 20	Trading Standards (SCC)
We will develop an approach to carry out targeted enforcement activity which is intelligence-led and based on a wide range of information sources.	**	Harm Reduction Unit (Northumbria Police)
	July 20	Trading Standards, (SCC)
We will develop and implement a campaign aimed at licence holders to not serve alcohol to people who are already drunk.	April 20	Trading Standards (SCC)
** We will ensure that all relevant partners with regards to offenders who have identified alcohol misuse issues causing their offending, utilising the widest range of tactics and enforcement powers to reduce offender's alcohol misuse.*	**	Harm Reduction Unit (Northumbria Police)
	**	National Probation Service
	**	

	November 19	Northumbria Community Rehabilitation Company Wear Recovery (CNTW)
We will develop a protocol to identify repeat presenters at Accident and Emergency who whilst under the influence of alcohol cause issues for hospital staff, patients and their families.	December 20	Harm Reduction Unit (Northumbria Police) and South Tyneside and Sunderland NHS Foundation Trust

Appendix One - How will we measure the impact of the Alcohol Action Plan

Key performance indicators include:

a. Reduction in admission episodes for alcohol-related conditions (narrow)
b. Reduction in admission episodes for alcohol-related conditions (Broad)
c. Reduction in admission episodes for alcohol-related conditions (narrow) – under 40s
d. Reduction in admission episodes for alcohol-specific conditions
e. Reduction in admission episodes for alcohol specific conditions – under 18s
f. Reduction in alcohol-related mortality
g. Reduction in alcohol-specific mortality
h. Number of people in treatment where alcohol is identified as a primary substance
i. Number of people in recovery services where alcohol was identified as their primary substance
j. Number of retailers signed up the Responsible Retailers Scheme in Sunderland
k. Reduction in alcohol accident and emergency admissions
l. Reduction in drinking levels for under 18's
m. Reduction in alcohol related crimes
n. Reduction in alcohol related incidents

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

HEALTHY ECONOMY

Report of the Healthy Economy Working Group

1.0 Purpose of the Report

1.1 Healthy Economy is one of the Board's seven priorities and the Healthy Economy Working Group is developing a programme of activity that will tackle:

- Workplace health - employers' role in improving employee's health
- Healthy labour-force - the health of those in work and seeking work
- Employment in the health and social care sector - understanding and tackling recruitment issues and wider workforce opportunities.

1.2 This report sets out the progress made to date in respect of each of the above workstrands.

2.0 Background

2.1 Unlike many of the Board's other priorities Healthy Economy is a new strand of work that has not been pursued in the past by partners. The exception to this is the Workplace Health workstrand that the council's Public Health team have tackled for a number of years.

2.2 As a consequence, the Workplace Health workstrand is at an advanced stage of development and an action plan for this aspect of the Healthy Economy priority is included in this report. Development of the two other workstrands continues and an update about their direction of travel is also provided.

3.0 Healthy Economy priority update

3.1 The overarching aim of the '**Workplace Health**' workstrand is to raise the profile of health and wellbeing in the workplace which will result in business benefits such as reduced sickness absence, improved staff morale, and increased productivity and performance.

Evidence shows that employers that invest in appropriate workplace health initiatives to support the health and wellbeing of their employees have the potential to see a significant return on investment. Evidence shows that investing in appropriate workplace health initiatives has the potential to deliver a significant return on investment, which typically ranges from £2 to £34 for every £1 spent.

The key objectives of this workstrand are:

- Supporting evidence-based local healthy workplace schemes which encourage employer-led workplace health activity
- Leadership buy in to workplace health from the HWBB and City Board
- Establishing a baseline of health and wellbeing needs of businesses through the use of health needs assessments
- Developing the knowledge and skills and building the capacity of upper and middle tier management through a menu of opportunities, via which they can facilitate change as a health and wellbeing ambassador within their workplaces
- Build intelligence for future workplace health initiatives in Sunderland.

The action plan for this workstrand (Appendix 1) includes two significant programmes through which these objectives are to be achieved - the Better Health at Work Awards and Workplace Health Alliance. The plan also requires the Board to take forward a number of actions itself in order to advance workplace health across the city and demonstrate leadership in this area.

The Board is asked to endorse the action plan.

3.2 The '**healthy labour-force**' workstrand has considered how to get more unemployed people into work as well as looking at those on long-term sickness (both mental and physical health). Although there are a number of initiatives across partner organisations, the focus of the working group has now homed in on vulnerable young people and their access into work, in particular those that are Special Education Needs and/or Disabilities (SEND) and Not in Education, Employment or Training (NEET), with a view to co-ordinating effort across partners to develop pathways into employment for this cohort.

Nationally, people with the most severe forms of SEND can find it difficult to enter the world of work, with an employment rate as low as 7%. However, a government trial of supported internships resulted in 36% of students with SEND gaining paid employment.

Recommendations from the NDTI Commissioner (National Development Team for Inclusion – guide for mental health) include the need for work experience, apprenticeships and internships for young people with SEND. The NDTI also suggests the need for a local employment strategy that supports employment pathways, and the need for partnership working across education, health and social care to ensure effective use of resources.

Work continues on this workstrand and is focussed on capturing further data and intelligence. This will include how many of these people wish to pursue this route, the type of employment they seek, the nature of their SEND and the challenges that need to be overcome so that each person can achieve their goals. Work will also continue with Sunderland College on education, training, work experience and pathways for young people with SEND.

Specific targets for this workstrand include:

- Providing targeted support to increase the number of work experience and internship opportunities for vulnerable young adults with SEND and that are NEET
- Increase the annual take up by employers of Disability Confident status and the level of the status (there are three levels)
- Providing learning days or engagement for groups with protected characteristics for training and development opportunities and pathways into work.

3.3 **Employment in the health and social care sector workstrand** - the health sector in Sunderland represents 14.2% of employee jobs in the city and regularly faces recruitment difficulties. The current shortages are due to a number of factors including the fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and worryingly high numbers of doctors and nurses leaving their jobs early.

The rate of vacancies in adult social care services has continued to rise in recent years across most job roles. There is regional variation in the ability of services to recruit and retain staff, with geography and local area factors playing a role in shaping workforce challenges.

There are also a number of key roles within the health sector that have been difficult to recruit to – for example nursing staff and GPs. The work of the college and university with nursing and the new medical school will support local people into these roles, but this will take time.

Work has been taking place to look at the wider health and social care workforce of the future.

Specific targets for this workstrand include:

- Profiling the number of health and social care jobs available in Sunderland and preparing future forecasts
- Consideration of an integrated health and social care pathway approach to maximise health and social care opportunities for local residents
- Ensure that health and social care apprentice opportunities are maximised with the use of unspent and reallocated apprenticeship levy
- Encourage careers advisers in schools to promote pathways into health and social care
- Working with the North East Local Enterprise Partnership to ensure health and social care is linked into current initiatives around employer engagement and information advice and guidance
- Working with North Tees and Hartlepool NHS Foundation Trust to explore opportunities to link Sunderland to their Refugee Doctor scheme
- Linking into the national Prince's Trust Scheme through which NHS England are employing 10,000 school leavers trained by the Trust.

4.0 Recommendations

4.1 The Health and Wellbeing Board is recommended to:

- Receive the progress update report on the three strands of the Healthy Economy priority
- Agree the Workplace Health action plan (Appendix 1)
- Ask the Healthy Economy Working Group to bring finalised action plans for the remaining two workstrands to a future meeting of the Board.

Workplace Health Draft Action Plan **Appendix 1**

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &		Update
1	Support evidence-based local healthy workplace schemes which encourage employer-led workplace health activity	Ongoing public health initiatives to support businesses on health, work and wellbeing	Gillian Gibson	Provision of Workplace health Schemes, namely Better Health at Work Award and Workplace health Alliance		
		Workplace Health Alliance to be established with an action plan	Yusuf Meah	Workplace Health Alliance governance strengthened, and action plan established	Quarterly Alliance Meetings addressing key health challenges faced by businesses.	
		SME businesses encouraged to become members of the Sunderland Workplace Health Alliance	Gary Barnfather	Increase the SME businesses signed up to the Sunderland Workplace Health Alliance membership • Annual increase to be monitored • Record of organisations who are participating		
		Number of Sunderland businesses progressing through the Sunderland Workplace Health Alliance charter	Yusuf Meah	Work with 30 businesses progressing through the charter at any one time		

		The Better Health at Work Award (BHAWA) Scheme supported with all anchor organisations enrolled	Yusuf Meah Healthy Workplace Coordinator	5 anchor businesses signed up and successful on the bronze level of the Better Health at Work award Scheme annually	15 anchor organisations continuing and successfully awarded on the Better Health at Work award silver, gold and continuing excellence level	
2	Leadership buy in to workplace health from the Health and Wellbeing Board and Dynamic City Board	All members of the HWB to ensure a named lead from their organisation has overall responsibility for their organisation's employee health and wellbeing	Ken Bremner	Number of named leads and organisations		
		All members of the HWB to sign up to the Workplace Health Alliance Charter		Number of HWB members signed up to the Workplace Health Alliance	Number of HWB members who are progressing through the Workplace Health Alliance Charter	
		All members of the HWB which have over 250 employees to sign up to the Better Health at Work Award (BHAWA) and progress through		Number of HWB members signed up to the Better Health at Work Award Scheme (BHAWA)	Number of HWB members successfully achieved Better Health at Work Award (BHAWA)	
		All HWB organisations who are a Commissioning organisation to incorporate a clause/statement in contracts committing to Sunderland's Workplace Health Charter as part of the social value commitment	Ken Bremner	HWB organisations agreed to implement Workplace Health as part of contracts		

		Dynamic City Board committing to actively promoting the Sunderland Workplace Health Alliance charter	Catherine Auld	Number of businesses enrolled on to Workplace Health Alliance charter		
3	Establish a baseline of the health and wellbeing needs of businesses through the use of a health needs assessment	Pilot an online Health Needs Assessment with 15 employers (small and large) which identifies key issues and establish plan to improve employee health and wellbeing	Victoria Mosley Healthy Workplace Coordinator (SCC)	15 businesses completed the Health Needs Assessment	Number of organisations implementing an action plan	
		Identification of key health issues experienced by employees and key types of action taken by employer	Janet Collins/Professor Ling	Undertake a strategic needs assessment through the Alliance which will give a holistic overview of health needs.	Key actions agreed with businesses to address identified need	
4	Develop knowledge, skills and build capacity of upper and middle tier management through a menu of opportunities via which they can facilitate change as a health and wellbeing	Provide Health Advocate training to the nominated leads (and champions) of all businesses signed up to the BHAWA and Workplace Alliance	Healthy Workplace Coordinator (PCP/SCC)	Quarterly Health Advocate training sessions	Number of health advocates trained monthly Follow up session with trained health advocates to consolidate the learning from the session	

	ambassador within their workplaces	Commission Mental Health First Aid training for the nominated Health Leads of all businesses signed up to the BHAWA and Workplace Alliance Charter	Healthy Workplace Coordinator (SCC)	Minimum of 3 Mental Health First Aid training sessions annually	Number of Mental Health First Aiders trained quarterly by organisation	
		Facilitate a menu of support to Businesses completing portfolios for the Better Health at Work Award	Healthy Workplace Coordinator (SCC)	5 public sector or large businesses signed up on the bronze level of the Better Health at Work Award Scheme annually	15 public sector or large businesses continuing and on the Better Health at Work award silver, gold and continuing excellence level	
		Lead practice sharing sessions for all businesses signed up to the BHAWA and Workplace Alliance	Yusuf Meah Healthy Workplace Coordinator (SCC)	Annual practice sharing event	Annual BHAWA & Alliance celebration event	
5	Build intelligence for future Workplace Health initiatives in Sunderland	Scope the impact of existing workplace health initiatives in Sunderland and recommend ways to enhance the offer to businesses	Professor Ling	Evaluation of Sunderland workplace health initiatives and its impact on health and wellbeing for the local population.		

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2020

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATIONAL PLAN 2015 – 2020: 2020 REFRESH

Report of the Chief Officer of Sunderland Clinical Commissioning Group

1.0 Purpose of the Report

1.1 This report is to present the Executive Summary of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020: 2020 refresh for sign off.

2.0 Background

2.1 Sunderland Clinical Commissioning Group (SCCG) is required by NHS England to have a Children and Young People's Mental Health and Wellbeing Transformational Plan. The Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020 was originally written in 2015. NHS England requires the plan to be refreshed annually.

2.2 An Executive Summary has been written to create a more accessible version of the plan, including for members of the public. This can be found at Appendix 1.

2.3 As previously agreed, no changes have been made to the main body of the existing plan and so this is not included. However, the Executive Summary will be added to the beginning of the plan to create one document for NHS England to download. The existing plan can be found here.

2.4 NHS England requires the combined document to be signed off by the Health and Wellbeing Board prior to NHS England downloading the document on 31 March 2020.

2.5 The Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020 refresh and executive summary will be published on the SCCG and shared with partners.

3.0 Next steps

3.1 The delivery of the priorities set out in the transformational plan for 2020/21 will be overseen by the Children's Integrated Commissioning Group. The detail to deliver the priorities will be set out in the Children's Integrated Commissioning Group work plan.

3.2 NHS England will carry out a review of the full transformational plan against their key lines of enquiry. NHS England will provide feedback on the refreshed transformational plan to SCCG.

3.3 An updated transformational plan will be required by NHS England in Spring 2021.

4.0 Recommendations

4.1 The Health and Wellbeing Board is recommended to:

- approve the Executive Summary of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020: 2020 refresh

- agree to the Executive Summary being combined with the main body of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 to be published before 31 March 2020.

Appendix 1

Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020: 2020 refresh

Executive Summary

Introduction

NHS England require every Clinical Commissioning Group to annually update the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 (referred to in this document as 'the plan'). This Executive Summary has been written to give an update of work undertaken to date to deliver the plan. This year no changes have been made to the plan itself. This 2020 executive summary is intended to be read in addition to the plan; it is not intended to summarise the entire plan.

It is likely that NHS England will require a new plan (since the current plan covers 2015 – 2020), although NHS England are yet to confirm requirements and deadlines. We anticipate that the next deadline will be March 2021.

Children's integrated commissioning

In July 2019 the children's integrated commissioning function was created across Sunderland Clinical Commissioning Group (SCCG) and Together for Children (TfC). This integrated children's commissioning function covers the age range 0 – 25 years old.

The children's integrated commissioning function will enable TfC and SCCG to work together formally and transparently in new ways, providing economies of scale combined with integrated delivery around individuals and families. The integrated commissioning function will facilitate shared intelligence, enabling care services to be designed around our 0 – 25 year olds and their families; and not around existing services, structures and organisations.

The integrated commissioning function will work with children, young people and their families to co-produce and co-design services for the future. Systems and processes across health, education and social care need to be less complex and easier for families to navigate as well as supporting professionals to understand service provision across the city, thus enabling children, young people, and their families to access the services they need.

The ‘Shaping Sunderland’s future together’ document sets out the aspirations of the children’s integrated commissioning function in more detail (in line with TfC statutory responsibilities for care leavers and individuals with Special Educational Needs and Disabilities (SEND) and the NHS Long term Plan).

The work of the children’s integrated commissioning function is overseen by the Children’s Integrated Commissioning Group (CICG) which is made up of the following organisations:

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) (as specialist commissioners)
- Sunderland City Council (SCC)
- Sunderland Clinical Commissioning Group (SCCG)
- Together for Children (TfC)

The CICG reports into both SCCG and TfC, with strategic oversight maintained by the Sunderland Health and Wellbeing Board. Task and finish groups sit below the CICG, including the Child and Adolescent Mental Health (CAMH) Partnership.

The Integrated Commissioning Group has three current priorities:

- mental health and emotional wellbeing
- SEND
- individual placements

Work on transitions and prevention/best start in life will continue alongside these priorities as part of a wider partnership with adult services and public health.

The CAMH Partnership leads the annual refresh of the Children and Young People’s Mental Health and Wellbeing Transformational Plan 2015 – 2020. The following organisations are represented at the CAMH Partnership:

- CNTW
- Schools representative (head teacher)
- General practice representatives (GP and Practice Manager)
- Harrogate and District NHS Foundation Trust (HDFT)
- Healthwatch Sunderland
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Sunderland Carers Centre
- SCC
- SCCG
- Sunderland Counselling Service
- Sunderland Mind
- Sunderland Parent Carers Forum
- TfC
- Washington Mind

Both the Sunderland CICG and the CAMH Partnership are well-attended by partners from across the city. This partnership working is considered to be particularly strong in Sunderland.

The Children's Strategic Partnership (CSP) was disbanded in 2019 as the majority of the CSP's outstanding priorities and actions are dealt with by other strategic groups.

Key challenges
The key challenges for CYP and their families in Sunderland remain as follows:

- high numbers of referrals are made into CYP mental health services in Sunderland in comparison with other areas within the region
- waiting times and waiting lists for CYP mental health services in Sunderland are too long
- an increase in coping and getting help services (prevention and early intervention) in line with national policy is required to reduce the increasing number of children and young people requiring Getting More Help and Getting Risk Support services
- the Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder pathways do not currently offer a good experience for children and young people, their parents and carers
- children and young people, their parents and carers need to be involved more in service planning and reform
- our Trailblazer bid submitted in May 2019 was not successful, and we now need to understand what we can build upon locally to deliver increased mental health and emotional support into educational establishments
- the recruitment and retention of mental health staff in Sunderland
- whole system capacity to undertake service reform work, especially within the integrated commissioning function
- the integrated commissioning function requires further development work, including the embedding of governance processes, and long-term staffing arrangements

Progress
Since the commencement of this plan in 2015, extensive work has been undertaken to improve CYP MH services in Sunderland. A summary of SCCG's CYP MH programme plan (2015 – 2020), and progress to date is set out in appendix A below.

2019/20 Priorities
The table below sets out the 2019/20 priorities, with a status update.

Status of the 2019/20 priorities at February 2020:

2019/20 Priority	Plan
Develop a Single Point of Access	Actions to complete: • The outputs from the two three-day design events (held in January and February 2020 with representation from NHS providers, general practice, third sector, education, and parent carers) will be collated and used to write an options appraisal for consideration by the Children's Integrated Commissioning Group at the May 2020 meeting • This options appraisal will include the outputs from the deep dive work into demand and capacity which will be completed by end March 2020. • Following discussion at the Children's Integrated Commissioning Group at the May 2020 meeting, a full project plan will be completed by the end of May 2020.
Review integrated commissioning arrangements for children and young people's mental health provision (arrangements for children and young people in 'special circumstances')	Complete • In 2019 South Tyneside and Sunderland NHS Foundation Trust (STSFT) and CNTW agreed that CYP will be triaged according to their individual needs, rather than the circumstances the CYP was in. Previously, any child considered to be in 'special circumstances' was referred into Children and Young People's Service delivered by CNTW. Now all CYP will be referred to the service most suited to their needs. • This change has resulted in a shift in referrals from CNTW to STSFT. • The shift in activity from CNTW to STSFT will be monitored via SCCG contract monitoring and the deep dive due to be completed by end March 2020
Ensure we have effective delivery of early interventions	Actions to complete: • Early interventions in schools are being delivered via the Mental Health Charter Mark. • The Mental Health Charter Mark has been awarded to 28 schools (as of January 2020). This is less than the trajectory set by the Thriving and Coping Group. The Thriving and Coping Group will present a paper to the Children's Integrated Commissioning Group in May 2020 setting out actions to increase the number of schools with the Mental Health Charter Mark. • The Prevention Programme is currently developing a targeted mobile youth offer in areas of greatest deprivation which will include an emotional resilience support project and additional

2019/20 Priority	Plan
	resource to support children transitioning from primary to secondary school. This offer will be delivered in 2021–2022. • Mapping of the mental health and emotional wellbeing offer in individual schools will commence in April 2020, and will be completed by end August 2020 (this will be delivered via the Prevention Programme) • This priority will be delivered via the Trailblazer bids to establish Mental Health Support Teams in schools. Work is currently underway to agree whether a bid will be submitted for the 16/03/20 Trailblazer deadline. • Early interventions are also delivered via the Kooth service (see separate priority)
Increase access to training to raise awareness and empower people to support children and young people with mental health issues	Actions to complete: • Additional capacity to deliver training in schools has been non-recurrently funded by SCCG, including: o 120 Friends training places to be delivered to by STSFT by end March 2020 o 12 members of staff at Sunderland Carers Centre will be trained to deliver the Friends programme to young carers and families by end March 2020. The 12 members of staff will be licenced for 2 years o Mental Health First Aid training will be delivered to 27 secondary schools by Washington Mind by end March 2020 (four two day courses) • The available training provision across the city will be mapped out and documented by CAMH Partnership by the end of March 2020. This will include locally delivered training and free national training programmes. • The documented training provision will be included on the wellbeinginfo.org website by end April 2020 • This information will also be available via the single point of access (see separate priority)
Review the eating disorder service	Complete For the 12 month period February 2019 to January 2020: • For urgent referrals, for the 12 months to January 2020, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) saw 90% of SCCG CYP within the waiting time

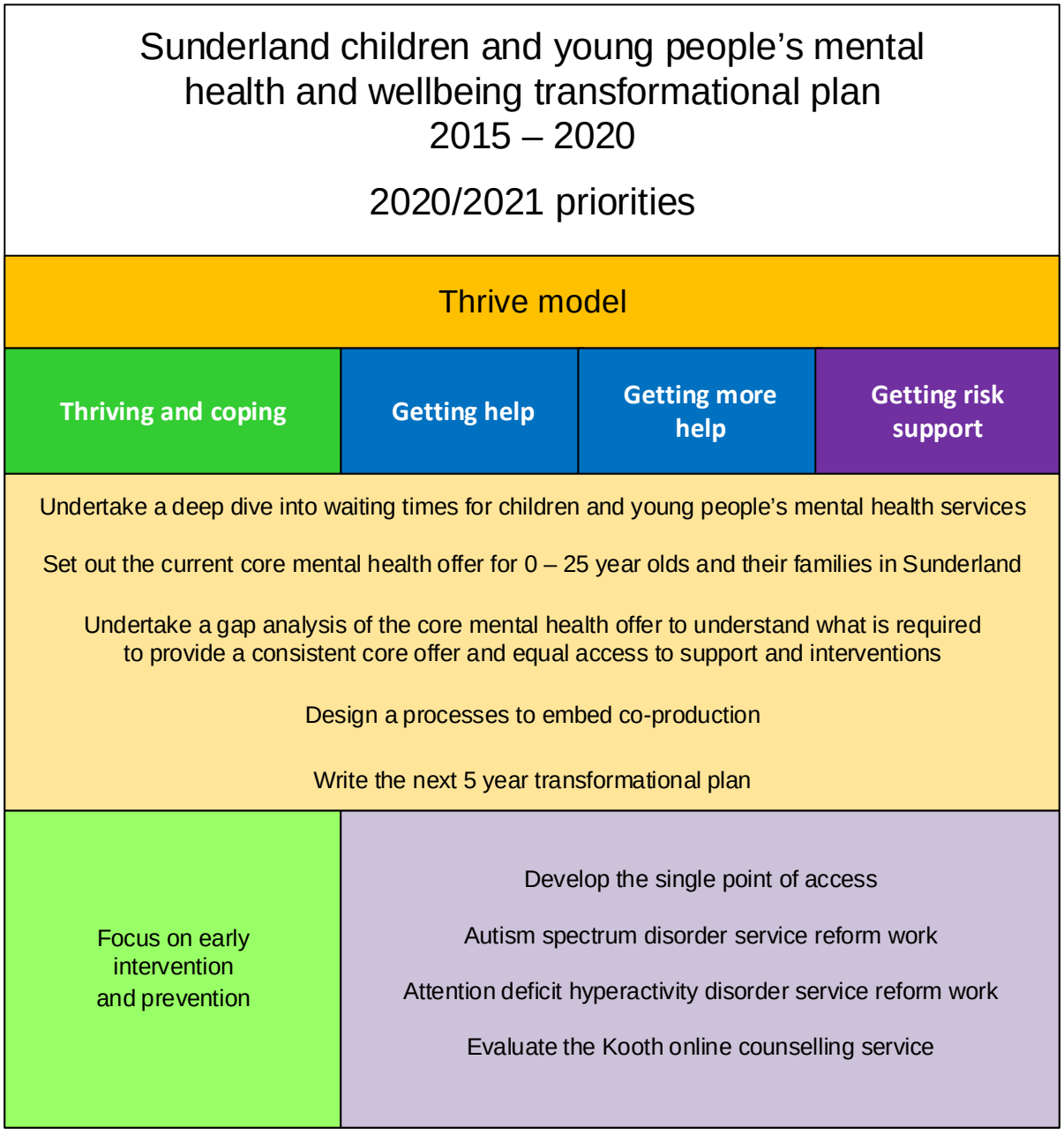
2019/20 Priority	Plan
	standard of 1 week (9 out of a total of 10 people). The standard is 95%. This breach (in February 2019) has been attributed to data quality issues by CNTW. • Over the past 10 months CNTW has worked with members of staff within the eating disorders team to improve data recording to ensure that data quality issues do not impact on the waiting time standards. There have been no breaches since February 2019 attributable to data quality. • For routine referrals, for the 12 months to January 2020, CNTW saw 93% of SCCG CYP within the waiting time standard of 4 weeks (28 out of 30 people in total). The standard is 95%. Of the two individuals not seen within 4 weeks, one was as a result of patient choice where the child/parent rearranged the appointment, and the second individual did not attend their appointment • Compliance with eating disorder waiting time standards will continue to be monitored via the Child and Adolescent Mental Health Partnership and SCCG/NHS England.
Submit a bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced	Complete • Update: NHS England have announced a deadline of 16/03/20 to bid for waves 3 and 4. Work is currently underway to explore submitting a revised bid by 16/03/20
Reform of the Autistic Spectrum Disorder pathway	Actions to complete: • Undertake a multi-agency audit of the current pathway against NICE guidance by end April 2020 (this audit will include the findings of the deep dive due to be completed by end March 2020) • If the pathway is found to be non-compliant in any aspect, the audit will be used to inform a gap analysis and options appraisal. This gap analysis and options appraisal will be presented to the Children's Integrated Commissioning Group in May 2020 • If the pathway is found to be non-compliant in any aspect a full project plan to ensure compliance will be written once a recommended option(s) has been agreed by the Children's Integrated Commissioning Group in May 2020. The project plan, if required, will be completed by the end of May 2020.

2019/20 Priority	Plan
Reform of the Attention Deficit Hyperactivity Disorder pathway	Actions to complete: • Undertake a multi-agency audit of the current pathway against NICE guidance by end May 2020 (this audit will include the findings of the deep dive due to be completed by end March 2020) • If the pathway is found to be non-compliant in any aspect, the audit will be used to inform a gap analysis and options appraisal. This gap analysis and options appraisal will be presented to the Children's Integrated Commissioning Group June 2020 meeting • If the pathway is found to be non-compliant in any aspect a full project plan to ensure compliance will be written once a recommended option has been agreed by the Children's Integrated Commissioning Group in June 2020. The project plan, if required, will be completed by the end of July 2020.
Commission the Kooth online counselling service	Actions to complete: • Kooth is currently commissioned on a non-recurrent basis, with the current contract due to end in July 2020 • An evaluation is underway to understand the impact of the service. This evaluation includes feedback from CYP and professionals and will be completed in March 2020 • A paper to recommend future commissioning options will be developed and presented to the Children's Integrated Commissioning Group March 2020 meeting • If the recommended option requires a business case, this will be completed by the end of March 2020
Deep dive into waiting times	Actions to complete: • Deep dive into the waiting times commenced January 2020. • The aims of the deep dive are: o To understand what is causing long waiting times for services o To set out projected demand for the next 5 and 10 years (so we can understand demand and can measure the impact of reform and commissioning work)

2019/20 Priority	Plan
	o To develop a fit for purpose analytical CYP MH&W dashboard, which includes data for both children who are looked after and children who have special educational needs and disabilities (SEND) o To provide recommendations as to how the waiting times can be reduced in a sustainable way • The deep dive is will be completed by the end of March 2020.

2020/21 priorities

The following diagram sets out the 2020/21 priorities within the framework of the Thrive model. The priorities which are ongoing from 2019/20 are included in the priorities for 2020/21 to ensure completion.



Next steps

A detailed programme delivery plan will be developed for 2020/21 which sets out how the priorities above will be delivered, with timescales which are to be agreed via the Children's Integrated Commissioning Group.

Appendix i: summary of SCCG's CYP MH programme plan (2015 – 2020), including progress to date

Partnership Planning and Commissioning	
Objective 1.1: To establish strategic planning arrangements	**2019/20 update**
2015/16 Milestone 1.1.1: We will have ensured that children and young people's mental health is an integral part of the developing CYP Strategic Partnership arrangements and the refresh of the CYP Strategic Planning priorities **2016/17** Milestone 1.1.2: We will have strengthened the membership of the CAMHS partnership to reflect new management structures for CYP within the LA and key priorities e.g. schools and children and young people in crisis	The Children's Strategic partnership was stood down in 2019 In July 2019 the children's integrated commissioning function was created across Sunderland CCG and Together for Children The work of the children's integrated commissioning function is overseen by the Children's Integrated Commissioning Group, which is made up of the following organisations: • Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) (as specialist commissioners) • Sunderland City Council (SCC) • Sunderland Clinical Commissioning Group (SCCG) • Together for Children (TfC) Mental health is one of the Children's Integrated Commissioning Group's current priorities. A member of staff from the children's integrated commissioning function chairs the CAMH Partnership. The following organisations are represented at the CAMH Partnership: • CNTW • Schools representative (head teacher) • General practice representatives (GP and Practice Manager) • Harrogate and District NHS Foundation Trust (HDFT) • Healthwatch Sunderland • South Tyneside and Sunderland NHS Foundation Trust (STSFT) • Sunderland Carers Centre • SCC • SCCG • Sunderland Counselling Service • Sunderland Mind • Sunderland Parent Carers Forum • TfC • Washington Mind The CAMH Partnership meets on a monthly basis and is well attended by NHS, education and voluntary organisations. Parent carers are invited to attend CAMH Partnership workshops where appropriate. This partnership working is considered to be particularly strong in Sunderland. The CAMH Partnership chair provides regular updates to the Sunderland All Together Better alliance Mental Health, Learning Disabilities and Autism Programme Meeting. Sunderland All Together Better covers people aged 18 years and over.

Partnership Planning and Commissioning	
Objective 1.2: To strengthen joint commissioning arrangements	**2019/20 update**
2015/16 Milestone 1.2.1: We will have established the CCG as the lead joint commissioner for CAMH Service provision **2016/17** Milestone 1.2.3: We will have completed the local financial mapping exercise detailing the current level of spend on mental health and well-being across all partners including public health, education, schools and social care **2017/18** **Milestone 1.2.2**: We will have developed a commissioning framework to support a consistent approach aligned to the transformation plan, review of CAMH Service provision (as detailed in getting help) agreement of roles and responsibilities across services in relation to delivery of THRIVE model **Milestone 1.2.4**: Planning and commissioning of services to support mental health and well- being will be an integral part of service planning and commissioning for children and young people **Milestone 1.2.5:** We will have developed an agreed set of KPIs and outcome measures that will demonstrate the impact of universal and targeted services on mental health outcomes for CYP and their families **2018/19** **Milestone 1.2.2**: We will continue to develop a commissioning framework to support a consistent approach aligned to the transformation plan, review of CAMH Service provision (as detailed in getting help) agreement of roles and responsibilities across services in relation to delivery of THRIVE model **Milestone 1.2.**6 We will have agreed revised service specifications with CAMH service providers that reflect the requirements of the five Year Forward View; priorities identified through process/pathway mapping and transformational work streams **2019/20** **Milestone 1.2.7:** We will have reviewed and strengthened service specifications for universal and targeted services to reflect contribution of these services to mental health and emotional well-being and agreed strategic priorities e.g. maternity, health visiting	SCCG holds contracts with CNTW, STSFT and 3rd sector providers for health provision A children's integrated commissioning function was established in July 2019, across SCCG and TfC. A Children's Integrated Commissioning Group has been established to oversee the work of the children's integrated commissioning function Two joint Strategic Commissioning Manager posts sit within the children's integrated commissioning function Children's Integrated Commissioning Group has commenced the mapping of MH spend across the partners represented at the group. This work is ongoing. In 2019 a document titled 'Shaping Sunderland' Future together: statement of intent – integrated commissioning for 0 – 25 year olds in Sunderland has been written and agreed which sets out the high level plan as to how TfC and SCCG, together with key partners, will deliver the integrated commissioning function The 0-19 service has been recommissioned by public health and from 2018 has been delivered by the Harrogate and District NHS Foundation Trust. The service is delivered using the principles of proportionate universalism and comprises of the following components: • Provision of antenatal reviews from 28 weeks of pregnancy. • Provision of all mandatory universal reviews as prescribed by the Healthy Child Programme at the following points: o Antenatal o New births o 6-8 weeks o 9-12 months o 2-2.5 years • Provision of a 3-4 month review. • Provision of school readiness review. • Targeted support for teenage parents via the implementation of the Family Nurse Partnership. • Provision of the National Child Measurement Programme at commencement and completion of Primary School. • Audiology Screening at commencement of primary education. • Provision of Public Health advice, information and support. • Provision of enhanced support to children and young people with higher levels of need. • Ensuring children and vulnerable adults are kept safe. • Provision of support to schools in developing a full understanding of the health and wellbeing needs of their pupils. • Provision of Oral Health Promotion

Partnership Planning and Commissioning	
Objective 1.3: To increase the capacity of the universal and targeted workforce to promote resilience, appropriately signpost and support children and young people across all aspects of the Thrive Model	**2019/20 update**
2016/17 Milestone 1.3.1: We will have an agreed approach to audit current training / training needs in mental health across the city **2017/18** Milestone 1.3.2: We develop an educational framework to ensure the delivery of high quality, evidence based support and management of risk across the city Milestone 1.3.3:we will understand the training and development needs of CAMHS clinicians to deliver Evidence based therapies (outcome of process /pathway mapping CAMHS) **2018/19** Milestone 1.3.2.1 – we will deliver a rolling programme of training for universal services based upon the mental health and emotional well- being workshops and delegate feed back **2019/20** Milestone 1.3.4: We will have developed CAMHS services to use learning from CYP IAPT programme both to support their own practice and to roll out of evidence based approaches to universal and targeted service providers	Initial audit has been completed, but this work continues to bring information about the training available across the city into one information hub (wellbeinginfo website). Work will continue to be required to maintain up to date information. Training continues to be delivered to universal services, including education and third sector organisations. SCCG non-recurrent funding has been allocated to training in winter 2019/20. This training includes Mental Health First Aid and Friends training. The training is delivered by South Tyneside and Sunderland NHS Foundation Trust and Washington Mind. PWPs have been trained in a CBT focussed approach for CYP, and their role includes training and support to targeted universal services

Thriving and Coping	
Objective 2.1: Strengthen the opportunities for children, young people and their families to access appropriate information and self-help materials	**2019/20 update**
2016/17 Milestone 2.1.1 We will have continued to develop Sunderland emotional health and well-being guide to support children and young people **2017/18** Milestone 2.1.2 Washington Mind will work with partners to produce core set of emotional well-being, self- help, service information Milestone 2.1.3: We (WM) will have worked with children, young people and their families to understand the range of ways that they would like to access information about mental health and well-being (link to North Area Committee self- harm project) Milestone 2.1.4: We have implemented agreed plan raise the awareness of children, young people and their families on how to access appropriate material to support mental health and emotional health and resilience **2018/19** Milestone 2.1.2.1 we will continue to work with children, young people, parents and carers to further develop self-help app, self-help service information and resources **2019/20** Milestone 2.1.5 Children, young people and their families will be able to access quality information and self-help materials	Both public health and SCCG continue to invest in the wellbeinginfo.org website which is maintained by Washington Mind. This website has dedicated CYP mental health resources, including sections for young people, parent/carers and professionals Washington Mind are working with young people to co-produce this website. Washington Mind has also developed a free Reasons2 app with young people which is available for both apple and android devices. The app enables people to: • Manage their mental wellness by building their own profile of Reasons2 feel better. • Upload pictures and images that give them the feel good factor and makes them smile. • Find other ways to improve their mental wellness by clicking on links to other websites and information. • Share their Reasons2 with other users and see what makes them smile too. • Keep their favourite Reasons2 so they can see them easier and without having to scroll through old information Work continues on these milestones via the single point of access priority, which includes access to advice, information and support for CYP, families and professionals. Information is also available via the Local Offer on the Together for Children website.

Thriving and Coping	
Objective 2.2: To develop peer support within universal, targeted and specialist service provision	**2019/20 update**
2017/18 Milestone 2.2.1: We will have established an audit tool to provide a baseline of current range, type and effectiveness of peer support being offered across the city and develop a framework to improve and expand current good practice **2019/20** Milestone 2.2.2: CYP and families will be able to access peer support across universal, targeted and specialist services	The Thriving and Coping Group hold cluster meetings for schools across the city to share best practice. Schools have been encouraged to develop peer support via the Mental Health Charter Mark SCCG part fund Sunderland Mind to work into certain schools, and their work includes peer support for CYP and their families. Washington Mind also delivers peer support via groups and work into schools

Thriving and Coping	
Objective 2.3: To improve perinatal mental health care, in line with local need and national guidance	**2019/20 update**
2016/17 Milestone 2.3.1: We will have established named peri-natal mental health link in maternity services Milestone 2.3.2: We will have audited maternity services across Sunderland in line with national requirements **2017/18** Milestone 2.3.3: We will use the outcome of the NECS review of peri-natal mental health services to work with partners to plan improved peri-natal mental health services in line with National Guidance Milestone 2.3.4: we will monitor the impact of the named peri- natal health practitioner within maternity services as part of the broader development of peri- natal mental health services **2018/19** Milestone 2.3.4: we will continue to monitor the impact of the named peri-natal health practitioner within maternity services as part of the broader development of peri-natal mental health services **2019/20** Milestone 2.3.5 We have established peri-natal mental health services that can demonstrate improved peri- natal mental health	Following a successful non-recurrent bid to NHS England's Community Services Development Fund in 2016, CNTW rolled out a specialist Perinatal Community Mental Health Team across the CNTW footprint. This service provides specialist care to women who experience a range of moderate to severe mental health problems from conception to the 1st year post-partum, as well as pre-conceptual counselling for women with severe or complex mental illness. They see women with pre-existing mental health conditions such as bipolar affective disorder, schizoaffective disorder or previous post-partum psychosis. They provide a range of specialist treatments, including Integrating mental health support into Obstetric Clinics and the promotion of early mother-child relationship and attachment whilst the mother's mental health is recovering. They have close links with the Sunderland Psychological Wellbeing Service and are developing links with midwifery and the Health Visiting Service, as well as with other agencies. The Perinatal Community Mental Health Team sees the most severe cases of mental health problems, estimated as the top 5% of those women experiencing mental health problems, and approximately 100 women across the 5 regions they cover across the North East region. SCCG agreed to recurrently fund the Perinatal Community Mental Health Team (CMHT) from the 1st April 2019, thus all CCGs in the CNTW footprint will jointly commission the enhanced service recurrently. This service will be expanded in 2020/21 to offer support to fathers, and mothers up to 24 months from birth (currently the service only covers up to 12 months post birth) Midwives and Health Visitors all receive perinatal mental health training provided by the institute of health visiting and receive annual updates. Midwifery have a detailed protocol in relation to screening for and supporting those with mental health concerns, including recommended screening tools Depression Identification Questions (DIQ) and Generalised Anxiety Disorder (GAD2 and GAD7), as well as referral pathways and specialist support available. Health Visitors use evidence-based assessment tools, including the Edinburgh Postnatal Depression Scale (EPDS) to assess the mental health of all new mums. Additional listening visits are offered when mums indicate issues with their mental health. Over 600 listening visits were offered from October 2018 to 2019 by the 0-19 service delivered by Harrogate and District NS Foundation Trust The Sunderland Psychological Wellbeing Service (IAPT) have a specific perinatal mental health pathway for pregnant women and women with a child under 1 year old. They offer a number of psychological therapies for those experiencing mild to moderate mental health problems, including, psycho-educational classes, guided self-help therapy sessions, primarily CBT based, and a range of one-to-one interventions. Perinatal women are a priority group and the service aim to see them with 4-6 weeks of referral. In 2018-19 the average waiting time until first treatment was 7.2 days. This increased to 37.4 days for a second treatment.

Thriving and Coping	
Objective 2.4: To further develop early years support	**2019/20 update**
2016/17 Milestone 2.4.1: We will have agreed CAMHS outcome measures for attachment and early years mental health **2017/18** Milestone 2.4.2: We will agree the contribution of health visitor services, in supporting mental health of mothers, babies and young children and part of the Healthy Child Programme Milestone 2.4.3: We will ensure that the service specification for Health visitor services reflect the contribution that the Service will make to support the mental health of mothers, babies and young children (to support local offer) **2018/19** Milestone 2.4.2.1 : We will monitor the impact of the Healthy Child Programme in improving mental health outcomes in early years	The current 0-19 contract has been in place since July 2018. The service is contracted to deliver a series of visits from the antenatal period until children reach primary education age. These form a core part of the activity of the Service and enable it to make a universal offer to all pregnant women and families with children below the age of 5. Visits will be designed to address specific areas at each stage of development and promote good parent-child attachment. There is a wide range of requirements which the Provider will ensure are addressed across all visits, including a family health assessment focusing on parents and grandparents of the child including mental Health As part of the local offer, the service will work to support the delivery of the Children and Young People's plan in Sunderland

Thriving and Coping	
Objective 2.5: To improve the capacity of universal workforce to effectively address the mental health needs of CYP at an earlier stage to reduce increasing levels of referrals to specialist services	**2019/20 update**
2016/17 Milestone 2.5.1: We will have established a network of schools to pilot and develop school based approaches to support resilience Milestone 2.5.2: We will have implemented national CAMHS schools link pilot in 30 schools to include: • Shared training • Establishment of mental health lead role in schools **2017/18** Milestone 2.5.3: We will have improved mental health provision in schools through: • Further development of mental health lead role in schools / CAMH School link role • Development and dissemination of models of good practice across schools including development of resilience and targeted support, mindfulness (whole school, targeted), whole school mental health training , FRIENDS, Incredible Years, Counselling .. • Development and launch of charter mark(guidance on peer support, counselling etc) Milestone 2.5.4: We will have considered the contribution of GP's to supporting the mental health needs of children and young people including considering of GP mental health lead roles within localities Milestone 2.5.5: We will agree the contribution of the school nursing service, in supporting mental health of CYP and families as part of the Healthy Child Programme Milestone 2.5.6: We will ensure that the service specification for School Nursing service reflect the contribution that Service will make to support the mental health children, young people and their families (to support local offer) **2018/19** Milestone 2.5.7 We will Increase the number of schools with mental health lead role/ school link role / achieving charter mark Milestone 2.5.4: We will work to more effectively engage GP's in supporting the mental health of children and young people including considering the role of GP mental health lead roles within localities Milestone 2.4.2.1 : We will monitor the impact of the Healthy Child Programme in improving the mental health of children, young people and their families **2019/20** Milestone 2.5.8 Increase in number of schools CAMHS/ School link, mental health lead role/ charter mark Milestone 2.5.9 Demonstrated impact on outcomes for children, young people and their families	Thriving and Coping Group set up as a subgroup of the CAMH Partnership to work with schools to increase their contribution to meeting the mental health needs of children, young people and their families Schools link pilot undertaken in 30 schools via the Anna Freud Centre (Cascade training project). NHS England approved the Sunderland CAMHS/Schools bid, and the Link Pilot was implemented. Sunderland successfully implemented the targeted mental health and schools programme with a significant number of schools across the city resourced to provide therapeutic spaces and with identified mental health leads with significant additional training 2015/16. This pilot is complete, but as a result of this work the Thriving and Coping Group was set up and continues to meet. The Mental Health Charter Mark which was proposed by the Sunderland Youth Parliament has been awarded to 28 schools (January 2020). The Mental Health Charter Mark is awarded at bronze, silver and gold levels. The roll out of the Mental Health Charter Mark is led by the Thriving and Coping Group, which is chaired by a Sunderland Head Teacher. Further information about the Mental Health Charter Mark can be found at: https://www.togetherforchildren.org.uk/mental-health-charter-mark Every school awarded the Mental Health Charter Mark has an identified mental health lead. The Thriving and Coping Group runs cluster meetings for schools across the city where best practice and training is shared. SCCG has set up a prevention programme which is working onto schools to deliver initiatives such as the daily mile and mindfulness. Training is delivered to school staff including Mental Health First Aid and Friends training. This training is delivered by both STSFT and Washington Mind. Additional support is available through the current 0-19 provision which includes school nursing and emotional resilience nurses who provide support within school/community drop in setting (secondary schools). Families can also call the single point of contact and speak to duty worker, the child will be triaged and offered the appropriate support – which includes 1:1 or group session with emotional resilience nurse or onward referral to a specialist service. Support for primary school children is provided via PSHE sessions delivered by school nurses. SCCG and TfC have established a Prevention Programme, which currently includes digital approaches, mindfulness, and increasing uptake of the daily mile. Further initiatives will be rolled out. The prevention programme will improve the capacity of the universal workforce to effectively address the mental health needs of CYP at an earlier stage

Getting help	
Objective 3.1: To improve multi-agency pathways to support CYP with neurodevelopmental disorders	**2019/20 update**
2016/17 Milestone 3.1.1: We will have developed a consistent, NICE compliant diagnostic pathway for CYP on the autistic spectrum **2017/18** Milestone 3.1.2: we will implement the agreed Paediatric/CYPS NICE compliant diagnostic pathway for ASD and measure its impact Milestone 3.1.4: we will review the current pathway for the diagnosis and management of ADHD with a view to developing an agreed multi-agency approach (RPIW) **2018/19** Milestone 3.1.5: We will implement the agreed diagnostic and treatment pathway for ADHD and measure its impact **2019/20** Milestone 3.1.3: We will have developed multi-agency support for CYP and their families • With ASD traits that do not meet diagnostic criteria • With a diagnosis of ASD	An RPIW was held in 2017 led by the North of England Commissioning Support Unit. The RPIW produced a revised ASD pathway. A second RPIW was held in 2017 led by the North of England Commissioning Support Unit, which produced a revised ADHD pathway. The revised pathways have not been formally signed off by SCCG and further work has been undertaken in 2019 to understand the pathways currently being delivered by providers. Further work will be undertaken in 2020/21 to assess the current pathway against NICE guidance. This assessment will inform the next steps This pathway reform work remains a priority and is identified as such in the plan for 2020/21. This priority is overseen by the Children's Integrated Commissioning Group. This work is linked to the SEND agenda. The deep dive work commissioned by SCCG and due to be completed by March 2019 will inform the pathway reform work

Getting help	
Objective 3.2: To improve model of care for children and young people with learning disabilities	**2019/20 update**
2017/18 Milestone 3.2.1: We will have reviewed current CYP service provision and delivery for children and young people with learning disabilities Milestone 3.2.2: We will review the current level of CAMH service involvement in the EHCP process – timely assessment, advice and contribution to EHCP **2018/19** Milestone 3.2.3: We will have ensured equitable access to appropriate therapies and support for children and young people with learning disabilities within CAMHS Milestone 3.2.3.1: we will work with NTW to enhance community support for children and young people with learning disabilities including enhanced PBS service for cyp Milestone 3.2.4: We will have developed innovative and bespoke models of integrated multi-disciplinary service provision that support the SEND process including individual CYP EHCP to avoid gaps and duplication Milestone 3.2.4.1 – we will develop robust processes including dynamic risk register and m/a CETR processes to ensure effective and timely support for children and young people with learning disabilities Milestone 3.2.4.2 – we will reduce the number of preventable in-patient admissions for children and young people with ASD/ LD	Sunderland has a Special Education needs and Disabilities (SEND) Strategic Partnership which began meeting regularly again in 2019. A SEND Strategic Commissioning Group has been set up which is tasked with driving the delivery of the SEND Strategic Commissioning Plan. The SEND Strategic Commissioning Group has established links with other relevant groups, including the CAHM Partnership and the SEND Strategic Partnership to inform intelligence, planning and integrated commissioning The Children's Integrated Commissioning Group oversees both the SEND work and the MH work, which are both undertaken by the Children's integrated function. A SEND strategic commissioning plan 2020 – 23: a roadmap to integrated commissioning for children and young people with Special Educational Needs and Disabilities in Sunderland has been written, which includes mental health provision for CYP with SEND. A key The objective of the plan is to ensure that there is sufficient education, health and social care provision to meet identified needs and demand for children and young people with special educational needs (SEND) and their families The 0-19 Public Health Service has a SEND team element to support children and young people through Health Visiting and School Nursing, who often refer into appropriate services or offer support through key elements of the service Work is underway with the Prosper Learning Trust to deliver specialist autism provision with integrated therapeutic support for up to 96 children aged 5-16 at the new Harry Watts Academy There is an established Care and Treatment Review process led by SCCG to ensure all CYP are seen in the most appropriate setting, and that the right care package is put in place to support the CYP and their family Education and Health Care Plans are reviewed by the Designated Medical Officer for Sunderland who is currently (2020) a consultant paediatrician in the paediatric disability team at STSFT Transforming Care programme is underway regionally. SCCG is on target to reduce inappropriate hospitalisation of people with a learning disability, autism or both to meet the national requirements by March 2020.

Getting help	
Objective 3.3: To increase capacity to deliver evidence based interventions	**2019/20 update**
2018/19 Milestone 3.3.1: we will have completed a workforce training needs assessment (across all commissioned providers) to understand the capacity to deliver evidence based interventions in line with NICE guidance to inform workforce planning, training needs (CYPIAPT) and pathway delivery Milestone 3.3.2: We will support CAMHS professionals to access training in evidence based therapies to support wider workforce development Milestone 1.3.2.1 – we will introduce the PWP role to improve access to evidence based psychological therapies Milestone 1.3.2.2 – we will consider the establishment of on-line therapy services **2019/20** Milestone 3.3.3: We will have continued the roll out of CYPS IAPT transformation programme to CAMH Services and ensured IT infra-structure supports IAPT delivery **Additional priorities**: • Commission the Kooth online counselling service • Submit a bid for Trailblazer funding to deliver Mental Health Support Teams in schools when wave 2 is announced	A workshop to explore this work was held in 2019. Further work is required in collaboration with the region. This work has been deferred due to ongoing work at the regional level by the CYP Mental Health and Wellbeing ICS Partnership. SCCG agreed to recurrently fund 7 Children's Psychological Wellbeing Practitioner posts from January 2019. These posts had undergone the PWP training offered by NHS England in 2018. These posts are employed between South Tyneside and Sunderland NHS Foundation Trust (STSFT) and Sunderland Counselling Service who work closely together The Community Child and Adolescent Mental Health Service delivered by STSFT now delivers online cognitive behavioural therapy SCCG secured recurrent funding and implemented the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme, including the recruitment of a wide range of posts financed via investment awarded as part of the CYP IAPT programme Sunderland Counselling Service has staff trained in IPT for Adolescents (1) and Evidence Based Counselling (3). The SCS Senior Counsellor has also completed the CYP IAPT course in Transformational Leadership. The Kooth online counselling service has been commissioned in Sunderland and went live in April 2019. The service is funded non-recurrently for 15 months, with the contract due to end on 4th July 2020. An evaluation of the Kooth service is underway by the Integrated Commissioning Team. This evaluation includes face to face group discussions with children and young people. A survey has also been distributed to children, young people and schools. A second survey has been sent to educational staff and members of the CAMH Partnership The Evaluation and recommendations will go to the Children's Integrated Commissioning Group. A CCG business case may need to be written if the Kooth service is to continue beyond the end date of the current contract (July 2020) A Trailblazer (Mental Health Support Teams) bid was submitted in 2018. Unfortunately this bid was unsuccessful. A revised bid based on the Mental Health Charter Mark was submitted in 2019. This bid was also unsuccessful. Work is currently underway (winter 2020) to write another bid for the NHS England deadline of 16/03/20

Getting help	
Objective 3.4: To improve access to CAMH Service provision	**2019/20 update**
2016/17 Milestone 3.4.1: We will have continued proactive management of waiting times in both CCAMHS and CYP service Milestone 3.4.2: We will have developed more creative approaches through joint working with partner organisations to ensure better engagement with CYP and their families in particular those who find it difficult to access service Milestone 3.4.3: We will have reviewed existing referral pathways across all CAMH services Milestone 3.4.4: We will have established named point of contact for GPs, schools and other service providers Milestone 3.4.5: We will have raised the awareness of CYP, families and referrers on what services are available and how to access them **2017/18** Milestone 3.4.6: continued proactive management of waiting times Milestone 3.4.7: We will have an agreed single point of access to CAMH service provision Milestone 3.4.8: we will complete process mapping exercise across all CAMH services to include: • Referral pathways (referrals, accepted referrals, DNA's, completed treatment) • Number of children and young people accessing each NICE compliant treatment pathway against prevalence rates e.g. neuro- development, mental health (anxiety, depression, Eating Disorder) challenging behaviour and disrupted childhood • Analysis of workforce requirements to support each diagnostic pathway – discipline and therapeutic modality • Indirect service provision- training, consultation, scaffolding, multi-agency working Milestone 3.4.9: we will consider the resource implications for CAMHS relation to Thriving/ Coping and Risk Support Delivery **2018/19** Milestone 3.4.6: continued proactive management of waiting times Milestone 3.4.7: We will have an agreed single point of access to CAMH service provision	In 2019 SCCG commissioned a deep dive into CAMH demand and capacity (including waiting times). The work will enable a full understanding of what lies behind the key issues in the city, and will provide a robust foundation for future CYP MH service reform. This work is due to be concluded by end March 2020. This work will inform future planning of CYP MH services, particularly around the current waiting times Progressed via the wellbeinginfo.org website. This website has dedicated CYP mental health resources, including sections for young people, parent/carers and professionals. Washington Mind have worked with young people to co-produce this website Funding to address waiting times: • during 2015/16 Sunderland CCG provided additional funding to support increased activity to reduce waiting time pressures • during 2016/17 the CCG provided further funding to support increased demands within the service • NHS England awarded non-recurrent funding to provider organisations (via the CCG) in winter 2018/19 • CNTW have been awarded £250,000 (across both Sunderland and South Tyneside) to tackle waiting times in winter 2019/20 • Multiple providers across Sunderland, including STSFT have received a combined total of £200,000 non-recurrent funding from SCCG to tackle waiting times In January and February 2020 two three day design events were held to agree a single point of access model. These events were attended by: • Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust • Educational representatives (schools and Sunderland College) • General practice representatives (GP and Practice Manager) • Harrogate and District NHS Foundation Trust (HDFT) • More than grandparents • South Tyneside and Sunderland NHS Foundation Trust (STSFT) • Sunderland Carers Centre • Sunderland City Council (Public Health) • SCCG • Sunderland Counselling Service • Sunderland Mind • Sunderland Parent Carers Forum • Together for Children • Washington Mind Sunderland Parent Carer Forum undertook a survey monkey on behalf of Together for Children to gather the views of young people and their families and carers. Other partners (eg the TfC participation and engagement team) including providers undertook engagement with young people on specific questions in relation to the SPA to gather further views Parent carers were represented at the design events. Once the design phase is complete, if additional resources are required a business case may be submitted to Sunderland Clinical Commissioning Group

Milestone 3.4.8: we will complete process mapping exercise across all CAMH services to include:

- Referral pathways (referrals, accepted referrals, DNA's, completed treatment)
- Number of children and young people accessing each NICE compliant treatment pathway against prevalence rates e.g. neuro- development, mental health (anxiety, depression, Eating Disorder) challenging behaviour and disrupted childhood
- Analysis of workforce requirements to support each diagnostic pathway – discipline and therapeutic modality
- Indirect service provision- training, consultation, scaffolding, multi-agency working

Milestone 3.4.9: we will consider the resource implications for CAMHS relation to Thriving/ Coping and Risk Support Delivery

Milestone 3.4.10: we will have revised service specifications for all CAMH service providers to reflect requirements of Five Year Forward View, future in Mind, outcome of pathway mapping and camhs transformational work streams

2019/20
Milestone 3.4.11 –we will have implemented agreed model of CAMH service provision

Additional priority:

- Review integrated commissioning arrangements for children and young people's mental health provision (arrangements for children and young people in 'special circumstances')

Pathway review work will focus on specific pathways initially, with the ASD/ADHD pathway a priority for this work.

The model of CAMH service provision is revised on a continual basis, with ongoing changes made to existing services and the commissioning of new services (e.g. Kooth online counselling)

From 2019, South Tyneside and Sunderland NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are working together to ensure CYP access the service which best meets their individual needs, rather than the circumstances they find themselves in. For example, previously CNTW saw all CYP with mental health needs who were looked after. Now these children will be seen by whichever service can best meet their individual needs

CNTW and STSFT (Children and Young People's Service and the Community Child and Adolescent Mental Health Service) hold joint weekly interface meetings to discuss referrals to ensure referrals are accepted by the most appropriate service for the individual's needs.

CNTW and STSFT are undertaking CYP mental health service improvement work within their organisations

SCCG continues to meet the increasing access to NHS funded community mental health services for children and young people standard (at least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service):

Percentage of CYP with a diagnosable MH condition receiving two or more contacts in the reporting period.				
Actual number of CYP receiving treatment (last 12 months)	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosible mental health condition	Percentage access rate (last 12 months)	Percentage access rate (forecast year end current FY)
3,310	2,350	5,629	58.8%	61.3%

Getting Help	
Objective 3.5: To ensure CAMH services continue to develop as an integral part of children's service provision	**2019/20 update**
2017/18 Milestone 3.5.1: we will have an agreed early help offer and pathways of care that include mental health and emotional wellbeing **2019/20** Milestone 3.5.2: We will have developed and improved integrated models of service provision for children and young people including locality based working and one stop shop approach	The early help offer is delivered by Together for Children. Early Help offers advice, support and direct interventions at the earliest point of identified need. The aims of Early Help are to support families to support themselves, to prevent problems escalating and to reduce the numbers needing statutory interventions. Together for Children's Early Help service works closely with schools, health visitors and families in Sunderland to provide the right level of support at the right time. Together for Children also offers Family Group Conferences which are a means of enabling the child and their family to find solutions to their own problems within a professionally supportive framework. A family is defined as the child, the parents, extended family members and family friends. Family Group Conferences are based on a model which has been proven via research to help produce better outcomes for children and young people by keeping them within their family or community. FGCs are based on the belief that families can usually find their own solutions to their difficulties, and children and young people have a right to have their families involved in their future planning. Feedback from children and young people who have attended Family Group Conferences has shown that they find them a far better way of getting their wishes and feelings heard. The aim of the meeting is to empower the children and family to come up with an agreed, safe and sustainable plan that will resolve the issue and support change

Getting more help	
Objective 4.1: To enhance CYPS Intensive Community Treatment Service to further support CYP with learning disabilities to avoid preventable admissions to inpatient services	**2019/20 update**
2016/17 Milestone 4.1.1: We will have conducted an audit regarding the contribution of CAMH services to support children with learning disabilities and challenging behaviours in the community **2018/19** Milestone 4.1.2: We will have developed innovative multi-agency support and interventions for children and young people with learning difficulties including those with challenging behaviour	SCCG continues to work with CNTW to reduce the number of people with a learning disability, autism or both in inpatient care, by supporting Sunderland residents to leave hospital in line with the delivery of the transforming care agenda and the regional Transforming Care Programme CNTW deliver support into special schools in Sunderland as part of their contract The Sunderland Adult Learning Disability Service have a Health Transition Nursing Team. The team offer health needs assessments and support to young people with a learning disability and complex healthcare needs between the ages of 14-25 years to make the transition from child to adult health services. The team work with other health professionals and agencies to ensure that the healthcare received by the young person throughout the transition process is coordinated and uninterrupted CNTW provides a Children and Young People's Community Services for People with a Learning Disability and or Autism. The Children and Young People's Service provides a single service to all children and young people aged 0-18 years who present with mental health difficulties. This includes children and young people who may have learning disabilities and or autism and those living in a range of difficult and challenging circumstances. The services provide: •Assessment, diagnosis and intervention on a range of mental health difficulties •Intensive home based treatment for those children and young people whose mental health is causing significant concern •A comprehensive transition support package to those young people who are approaching their 18th birthday and may need continuing support as adults •24 hour access to support •Training, consultation, support and advice to frontline staff working in targeted services for children and young people in special circumstances including; •Services for children with disabilities including learning disability services, special schools and specialist education services

Getting more help	
Objective 4.2: To enhance community eating disorder services for children and young people.	**2019/20 update**
2015/16 Milestone 4.2.1: We will have increase capacity of the Community Eating Disorder Team to provide: • more intensive, home based interventions support • joint working, liaison, supervision advice and training to Sunderland Royal in-patient paediatric service • liaison and joint training with regional eating disorder in-patient service • Support transition to adult community eating disorder services where indicated Services that are fully compliant with access and waiting time standards • Services that meet the standards set out in QUINMAC CED guidance **2016/17** Milestone 4.2.2: we will continue to develop Community Eating Disorder Team **2017/18** Milestone 4.2.4: we will enhance CEDS **2018/19** Milestone 4.2.4: we will continue to develop CEDS to support the delivery of: • Services that are fully compliant with access and waiting time standards Milestone 4.2.3: We will reflect the requirements of CEDS access and waiting time and QUINMAC standards in pathway planning (Milestones 3.5.8) and in service specification (3.5.10)	The children and young people's eating disorder service in Sunderland is delivered by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). This is a regional service. There is also a regional eating disorders group hosted by NHS England who come together to share best practice across the north east. A key challenge for CNTW is to reduce the demand for out of area Specialist Eating Disorder Unit placements for young people from the CNTW geographies. CNTW have expanded the existing Eating Disorders Intensive Community Treatment (EDICT) Service, adding clinical capacity into the community teams and also providing an in-reach service to Ferndene to support ward teams manage the care and treatment of young people with disordered eating Based on the principle of early specialist treatment optimising outcomes and prognosis - CNTW Specialist CED-CYPS (North & South of Tyne Eating Disorder Intensive Community Team) migrated to a model whereby they see all children and young people diagnosed with an eating disorder within CNTW (as per DSM diagnostic criteria) despite the risk level (Low, Moderate, High-Amber, High-Red). A rag rating approach is applied to risk, based on the Junior Marsipan for AN, and is used to determine the response priority for referrals. A key aim of the CAMHS Specialist CYPS New Care Model (NCM) programme is to revise pathways across CNTW for Getting Risk Support mental health services; to reduce wherever possible, the reliance on Tier 4 beds with more services being delivered in the community and closer to home. As part of this work, CNTW have developed CYPS community based Eating Disorder Services over the last 2 years in order to better meet the needs of young people who have an eating disorder. CNTW have invested through New Care Models in to EDICT. This has been combined with service development initiatives with acute hospital partners, including a service level agreement with the RVI (agreement with STSFT (Sunderland Royal site) is in progress) in relation to access to paediatric on call, training and support for mental health staff in order that young people with an eating disorder can be nursed when appropriate in CNTW inpatient settings (Ferndene) rather than having to be transferred out of area to specialist eating disorder units elsewhere in the country. Further developments in the pathway are in relation to further staff training for nasogastric feeding/insertion and a roll out of training for all CNTW staff who work in children's inpatient services. CNTW are in discussions with STSFT to introduce these changes at the Sunderland Royal site. CNTW aims to further develop the eating disorder pathway so that it is as clinically effective as possible and sustainable in the longer term, rather than expanding the service. For urgent referrals, SCCG is currently meeting the waiting time standard. For the 12 months to December 2019, CNTW saw 100% of SCCG CYP within the waiting time standard of 1 week (9 people in total). For urgent referrals, SCCG is not meeting the waiting time standard. For the 12 months to December 2019, CNTW saw 93.8% of SCCG CYP within the waiting time standard of 4 weeks (32 people in total). Two individuals were seen between 4- 12 months after referral. The standard is 95%. Work with CNTW is ongoing to understand the reasons for these breaches, which can include patient choice. Some breaches have been recorded by CNTW over the last 12 months, but ongoing audits have ascertained most of these have been data entry errors. CNTW is working with staff to ensure all data is recorded correctly.

Getting more help	
Objective 4.3: To improve pathways between inpatient and community provision	**2019/20 update**
2016/17 Milestone 4.3.1: We will have further developed pathways and protocols to ensure continuity of care and effective transition between community and inpatient service provision within CAMH and LD services **2017/18** Milestone 4.3.2: we will have a multi-agency process to monitor ALL children and young people either at risk of and admission to inpatient services OR who have been discharged from in-patient services – to ensure that all partners work to provide bespoke multi-agency package of care to prevent unnecessary admission/ delayed discharge – building on CTR process for LD/ASD t to include all CYP. **2018/19** Milestone 4.3.2: we will further develop a multi-agency process to monitor ALL children and young people either at risk of and admission to inpatient services OR who have been discharged from in-patient services – to ensure that all partners work to provide bespoke multi-agency package of care to prevent unnecessary admission/ delayed discharge – building on CTR process for LD/ASD t to include all CYP.	SCCG continues to work with CNTW to reduce the number of CYP in inpatient care, by supporting CYP and their families to leave inpatient settings Protocols are in place to support the transfer of CYP between community and inpatient services for CAMHs and LD Multi-agency process are in place to monitor those CYP at risk of admission. Bespoke packages are put in place to prevent admission where appropriate SCCG processes around children's Care and Treatment Reviews (CTRs) and Care, Education and Treatment Reviews (CETRs) to fulfil national requirements and ensure quality have been rolled out

Getting more help	
Objective 4.4: To improve services for children and young people in crisis including the development of psychiatric liaison services for children and young people	**2019/20 update**
2016/17 Milestone 4.4.1: we will recruit CAMHS practitioners to deliver psychiatric liaison services as part of RAID service **2017/18** Milestone 4.4.2 We will have established psychiatric (mental heath) liaison services in City Hospitals (Sunderland Royal) Milestone 4.4.3: We will have clearly defined CAMHS support for CYP with complex mental health social care and behavioural needs (MST Services) Milestone 4.4.4: We will have clear pathways of care for children in crisis and with complex needs (Psychiatric Liaison, ICTS, street triage & MST Services) **2018/19** Milestone 4.4.5 We will have increased the capacity of the psychiatric liaison service to meet the needs of children and young people to achieve core 24	There is now a recurrently funded liaison mental health team (also referred to as the Rapid Assessment Interface and Discharge (RAID) team) for CYP delivered by CNTW which is based at the Sunderland Royal hospital site. This team sees CYP from both the Emergency Department and from inpatient wards. The liaison mental health team (also referred to as the Rapid Assessment Interface and Discharge (RAID) team) has been expanded by 3.5 whole time equivalent dedicated children and young people's practitioners in 2018 to deliver psychiatric liaison services for children and young people The service is not currently 24/7 due to reduced demand over night, but there are on call arrangements in place outside core hours. The service is operational seven days a week There is 24/7 provision of a CYP MH crisis service delivered by CNTW via the Intensive Community Treatment Service (ICTS). All CYPs with a MH emergency are seen within 4 hours, and all other CYP are seen within 24 hours.

Getting risk support	
Objective 5.1: To continue to develop a more integrated, joint working model to Improve multi-agency approaches to support vulnerable children including LAC	**2019/20 update**
2016/17 Milestone 5.1.1: We will have considered the development of mental health lead role within services for vulnerable children **2017/18** Milestone 5.1.2: We will have completed a skills audit of social care staff in relation to their understanding of the emotional health and well-being needs of children and young people in the social care system. Milestone 5.1.3: We will have worked with partners and developed a training plan for social care staff, residential care and foster carers to enable them to more effective address the emotional health and well being needs of children and young people Milestone 5.1.4: We will have agreed a model of additional support to fostering and adoption (pre and post adoptive services) to understand and support the mental health of CYP Milestone 5.1.5: We will have developed a shared understanding of the impact of child sexual exploitation on mental health and wellbeing, the range and type of interventions that are most effective and the role of CAMH services as part of a multi-agency response **2018/19** Milestone 5.1.6 we will explore the establishment of a therapeutic residential care home to support young children with complex, behavioural, mental health needs	The Children's Integrated Commissioning Group includes representation from Together for Children's Social Care Team CNTW prioritise access for CYP who have a mental health issue and are identified as vulnerable Ongoing discussions regarding establishment of a therapeutic residential care home to support young children with complex, behavioural, mental health needs

Getting risk support	
Objective 5.2: To continue to improve services for children in crisis in line with the crisis care concordat	**2019/20 update**
2016/17 Milestone 5.2.1: We will have developed on line mental health guidance on processes, algorithms and procedures for use by partner agencies Milestone 5.2.2: We will have developed risk sharing protocols across partner organisations Milestone 5.2.3: We will have targeted awareness raising with known high risk groups for suicide Milestone 5.2.4: we will recruit CAMHS practitioners to deliver psychiatric liaison services as part of RAID service **2017/18** Milestone 5.2.5 We will have established psychiatric (mental heath) liaison services in City Hospitals (Sunderland Royal) Milestone 5.2.6: We will have clearly defined CAMHS support for CYP with complex mental health social care and behavioural needs (MST Services) Milestone 5.2.7: We will have clear pathways of care for children in crisis and with complex needs (Psychiatric Liaison, ICTS, street triage & MST Services) Milestone 5.2.5: We will have monitored the effectiveness of street triage, 136 detentions, A and E, RAID and police custody to support ongoing service improvement and future commissioning in line with crisis care concordat **2018/19** Milestone 4.4.5 We will have increased the capacity of the psychiatric liaison service to meet the needs of children and young people to achieve core 24 Milestone 5.2.7: We will have clear pathways of care for children in crisis and with complex needs (Psychiatric Liaison, ICTS, street triage & MST Services) Milestone 5.2.5: We will have monitored the effectiveness of street triage, 136 detentions, A and E, RAID and police custody to support ongoing service improvement and future commissioning in line with crisis care concordat	There is now a recurrently funded liaison mental health team (also referred to as the Rapid Assessment Interface and Discharge (RAID) team) for CYP delivered by CNTW which is based at the Sunderland Royal hospital site. This team sees CYP from both the Emergency Department and from inpatient wards. The service is not currently 24/7 due to reduced demand over night, but there are on call arrangements in place outside core hours. The service is operational seven days a week Sunderland has an all ages Street Triage service delivered by CNTW and Northumbria Police Mental health training is delivered into schools e.g. mental health 1st aid training and Friends training by STSFT, CNTW and third sector providers SCCG commissions suicide awareness training for schools from Washington Mind. SCCG commissions CNTW to deliver Multi-Systemic Therapy (MST) SCCG commissions the ICTS (Children and Young People's Intensive Community Treatment Service) from CNTW. This service provides intensive home based treatment for children and young people with complex mental health needs. The service provides urgent assessments for self harm and acute mental health presentations. The ICTS plays essential role in pre-admission pathway and early discharge for all young people admitted to Ferndene.

Getting risk support	
Objective 5.3: To develop multi-systemic/multi-agency wrap around support to meet the needs of children and young people with complex emotional, psychological, behavioural and social care needs to reduce the number of children in out of area placements	**2019/20 update**
2016/17 Milestone 5.3.1: We will have agreed a model of multi-agency management and support for highly complex children and young people with significant challenging and risk taking behaviours who fall outside the scope of mainstream provider services and require an assertive multi- agency approach **2017/18** Milestone 5.3.2We will have established a multi-agency risk management group to support children and young people with significant, challenging and risk taking behaviours who fall outside the scope of mainstream service provision and require an assertive multi-agency approach Milestone 5.3.3 We will agreed a multi- systemic model of support for Looked After Children with complex, behavioural mental health, behavioural and social care needs **2018/19** Milestone 5.3.4: We will have enhance CYP service to: • provide multi-disciplinary community outreach service to provide support, advice and training and risk sharing for social care staff; • Provide in-reach support, risk assessment and delivery of high level of support; • Support joint working, liaison, supervision and training to families and carers • support implementation of MST model of working as part of a broader ma approach	In 2017 CNTW become a New Model of Care Wave 2 site for getting risk support (Tier 4) CYP Services across Mental Health and Learning Disability services as part of NHS England's 'Five Year Forward View for Mental Health'. This New Model of Care pilot will introduce new integrated models that ensure the individual is at the centre of care with specialist service provision wrapped around them A Children with Complex Needs Strategic Group has been established to review the risk management of this small but complex group of CYP The MH needs of looked after children are meet by the most appropriate service (either the Children and Young People's Service provided by CNTW or the Community Child and Adolescent Mental Health Service delivered by STSFT) according to the individual CYP's level of need SCCG commissions the ICTS (Children and Young People's Intensive Community Treatment Service) from CNTW. This service provides intensive home based treatment for children and young people with complex mental health needs. The service provides urgent assessments for self harm and acute mental health presentations. The ICTS plays essential role in pre-admission pathway and early discharge for all young people admitted to Ferndene.

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2020

DRAFT HEALTHY CITY PLAN

Report of the Chief Officer of Sunderland CCG

1.0 PURPOSE OF THE REPORT

1.1 To present the progress to date on developing a Healthy City Plan.

2.0 BACKGROUND

2.1 The Healthy City Plan is the revised statutory Health and Wellbeing Strategy of the Health and Wellbeing Board. The first strategy, published in 2013, focussed on the social determinants of health; this second plan focusses on behavioural risk factors and improving emotional wellbeing of Sunderland residents, paying particular attention to vulnerable groups.

2.2 It continues to recognise the massive impact that social determinants have on people's health and wellbeing and is very clear these need to be delivered through the Dynamic and Vibrant themes of the City Plan 2019-30, for example more and better jobs and more and better housing. The Healthy City Plan is the delivery plan for the Healthy City theme of the City Plan 2019-30, prioritising improved health and wellbeing.

2.3 Three Health and Wellbeing Board development sessions have taken place to support the development of the plan. In May 2019 partners met to discuss future Board priorities. In October 2019 partners had the opportunity to shape our model of health and wellbeing and to develop the key principles of how we will work together across agencies to positively impact on health and wellbeing. In February 2020 partner input helped to develop the detail in the plan in relation to our key challenges; identify the successes made in improving health in the last six years and; what we already have in place to further improve health and wellbeing over the next decade.

3.0 DRAFT HEALTHY CITY PLAN

3.1 The Healthy City Plan is currently being developed using a combination of text and infographics to show:

- **What makes us healthy?** – this section demonstrates that the social determinants have the greatest impact on our health and wellbeing, followed by behavioural factors. Health and social care services actually make up a very small part of what makes us healthy

- **Our key challenges** – informed by the Board's Joint Strategic Needs Assessment, our key challenges are shown as a walk through the

lifecourse, from Starting Well to Living Well to Ageing Well. They show the key things where we want to see improvement either through the Healthy City Plan or with wider partners support, through the delivery of the strategic City Plan.

How improvements will be made

- **Our model of health and wellbeing** – focussing on prevention to help people live in good health for longer
- **How we will work together** – key principles setting out how agencies will work together
- **Customer insights** – quotes from members of the public, taken directly from a range of consultation and engagement exercises, are used throughout the strategy to bring to life the areas for improvement and why these are important
- **Priorities** – key information about how health and wellbeing will be improved as a result of the actions taken by the Health and Wellbeing Board in line with its seven previously agreed priority areas.

3.2 A presentation will be made to the Board, setting out the progress to date.

4.0 RECOMMENDATIONS

4.1 The Health and Wellbeing Board is recommended to:

- support the progress to date on the development of the Healthy City Plan.

Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

COMMUNITY WATER FLUORIDATION

Report of the Director of Public Health

1.0 Purpose of the Report

1.1 The purpose of this report is to provide an update in relation to the consideration of introducing a Community Water Fluoridation (CWF) scheme in Sunderland.

1.2 It also seeks to gain the views of members of the Board about how best to carry out the public consultation that is required when considering such schemes.

2.0 Background

2.1 Fluoride is a mineral that occurs naturally in the environment. When combined with other minerals it can be used to strengthen tooth enamel.

2.2 CWF schemes enable the addition of fluoride to the drinking water supply. They adjust the naturally occurring level of fluoride in the water to an optimum concentration of around 1 part per million.

2.3 In the North East, CWF schemes are in place in Newcastle, North Tyneside, Gateshead, parts of County Durham (Derwentside) and parts of Northumberland (Hexham and Alnwick). The water supply in Hartlepool contains fluoride from natural sources.

2.4 Fluoride is most commonly applied to the teeth via fluoride toothpaste. Where it is added to drinking water, it combines with developing teeth in children to become part of tooth enamel. This makes teeth stronger and more resistant to decay. This is especially important in Sunderland as 28.4% of 5-year-olds experience tooth decay which is significantly higher than the average for England at 23.3% (see attached 2017 Dental Health Profile – Sunderland).

2.5 In adults, when it is consumed via the water supply, it works with saliva to protect tooth enamel from plaque and sugars.

2.6 Drinking water in Sunderland is mainly sourced from elevated areas in County Durham. This means it can be delivered almost entirely under gravity. It flows through Sunderland to reach South Tyneside. So, it makes sense when considering local CWF schemes to look to arrangements across the region (see attached joint report *"Improving oral health through community water fluoridation"*).

2.7 Community water fluoridation is expressly permitted in legislation by Parliament. The Health and Social Care Act 2012 amended the Water Industry Act 1991 and returned responsibility for decisions on community water fluoridation to local authorities as part of their public health responsibilities. Legislation is in place to govern the way in

which a new scheme can be introduced by local authorities and how an established scheme may be varied or terminated.

3.0 CURRENT POSITION

3.1 Considering a CWF Scheme involves a number of key steps:

a. Establishing whether the scheme is feasible, and if so, what would be the associated costs and infrastructure requirements
b. Requesting an opinion from the Secretary of State regarding whether any proposed scheme is “operable and efficient”
c. Carrying out public consultation with all those affected – this would be overseen by a committee (this can take various forms, though has to suit the arrangements of the scheme).

3.2 A decision to proceed with the consultation phase was taken at Cabinet on 11 February 2020 and supporting materials are currently being prepared.

3.3 Prior to public consultation, a phase of engagement will take place to help shape the way it will be delivered. This is to help understand the best ways to reach as many people as possible to gain their views.

3.4 CWF is a population level intervention. So, if it was implemented in Sunderland, anybody that receives water from the public supply would be affected. It is likely to specifically benefit children (in particular those who experience deprivation/ disadvantage), adults who experience deprivation/disadvantage and people with physical and/or learning disabilities (who may find it more difficult to brush their own teeth effectively).

3.5 There are some challenges to communicating about CWF. To some people, it may appear to be a complex subject which has arguments both in its favour and against it. There is also a wide range of information available online, which may prove to confuse some people.

4.0 RECOMMENDATIONS

4.1 The Health and Wellbeing Board is recommended to:

- Receive the information provided in relation to CWF and feedback any views to inform the development of the planned public consultation.

Dental Health Profile 2017

Introduction

This profile provides detail about the oral health of five-year-old children in the area covered by Sunderland City Council. The data is taken from the 2017 National Dental Epidemiology Programme survey of five-year-old children. The full results are available at: https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017.

The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. In the public health outcomes framework[1] one of the indicators is the dental decay level in children aged five years.

In the 2017 National Dental Epidemiology Programme survey, 3,128 children were sampled in Sunderland. Parental consent to take part in the survey was provided for 1,743 (52.9%) children who were clinically examined at school by trained and calibrated examiners, who used the national standard method[2].

Summary

Generally, oral health outcomes have been improving over time. Despite these improvements, Sunderland has levels of decay in 5-year-olds that are significantly higher than the average for England.

The severity of decay in 5-year-olds in Sunderland - measured using the average number of decayed, missing or filled teeth (dmft) - is also significantly higher than the average for England.

There is wide variation in the levels and severity of tooth decay experienced by children living in different parts of the City. Wards with higher prevalence of tooth decay also tend to have higher severity of decay. Both prevalence and severity of tooth decay are strongly linked to deprivation.

Oral health outcomes for 5-year-old children living in areas which have fluoridated water are generally better than those for 5-year-old children living in similar areas without fluoridated water.

Public Health England has published evidence-based guidance about interventions that can be effective in preventing and reducing tooth decay and other oral diseases[3].

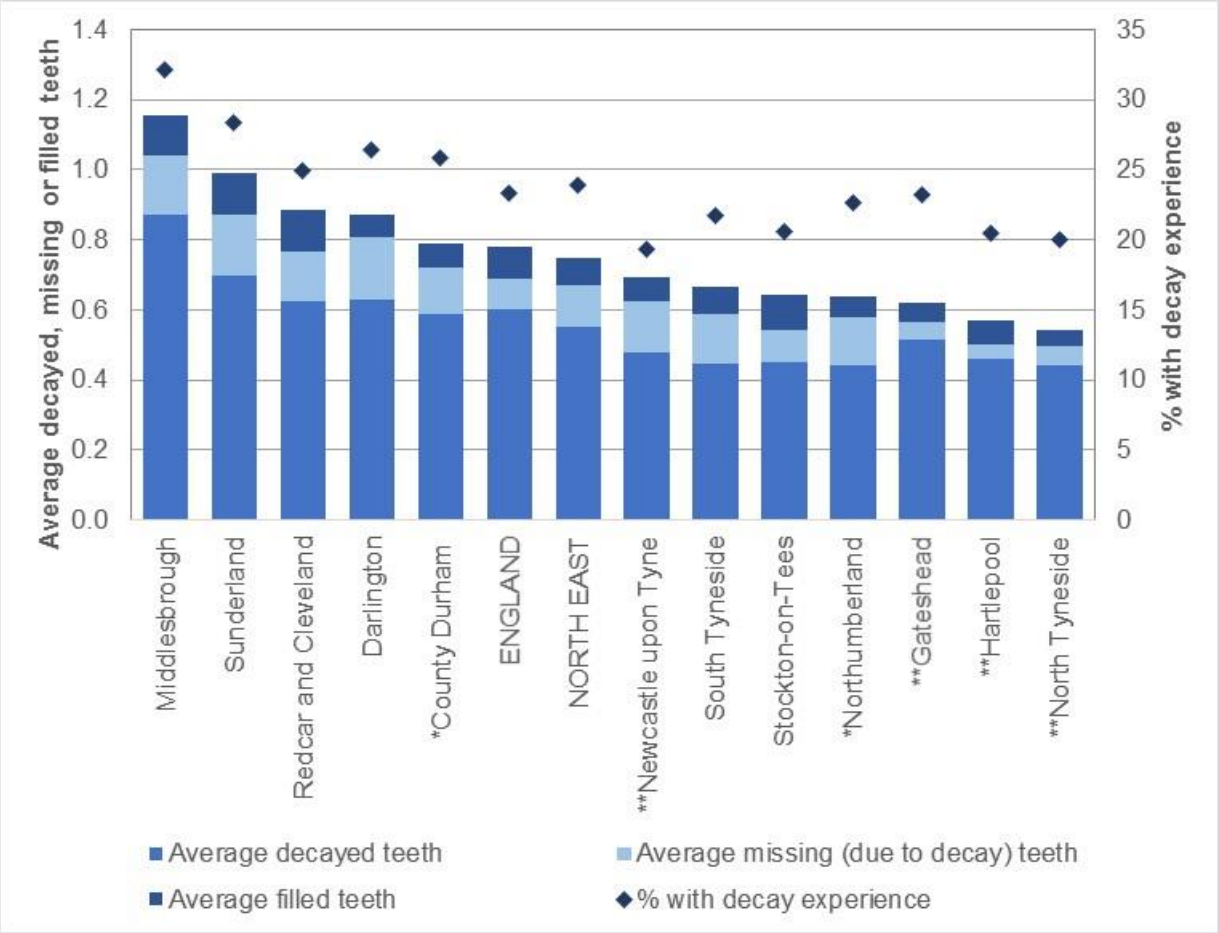
Dental health of five-year-old-children

Table 1: The average number of decayed, missing (due to decay) or filled teeth (dmft), the proportion of children affected by dental decay and the average dmft in those children with decay experience in Sunderland compared with England and local authorities in the North East region

Local authority	Average dmft	% with decay experience	Average dmft in those with decay experience
Middlesbrough	1.2	32.1	3.6
Sunderland	1.0	28.4	3.5
Redcar and Cleveland	0.9	24.9	3.6
Darlington	0.9	26.4	3.3
County Durham*	0.8	25.8	3.1
ENGLAND	0.8	23.3	3.4
NORTH EAST	0.7	23.9	3.1
Newcastle upon Tyne**	0.7	19.3	3.6
South Tyneside	0.7	21.7	3.1
Stockton-on-Tees	0.6	20.6	3.1
Northumberland*	0.6	22.6	2.8
Gateshead**	0.6	23.2	2.7
Hartlepool**	0.6	20.5	2.8
North Tyneside**	0.5	20.0	2.7

Note: ** local authority water supply is fully fluoridated
* local authority water supply is partly fluoridated

Figure 1: The average number of decayed, missing (due to decay) or filled teeth and the proportion of children with dental decay among five-year-old children in Sunderland compared with England and local authorities in the North East region



Note:
** local authority water supply is fully fluoridated
* local authority water supply is partly fluoridated

Table 2: A range of oral health measures in five-year-old children in Sunderland local authority compared with their statistical neighbours, the North East and England

	Sunderland	Gateshead[i]	Wakefield[ii]	NORTH EAST	ENGLAND
Average dmft	1.0	0.6	0.9	0.7	0.8
Average dmft in those with decay	3.5	2.7	3.2	3.1	3.4
% without decay	71.6	76.8	71.2	76.1	76.7
% with decay	28.4	23.2	28.8	23.9	23.3
% with active decay	22.9	21.3	23.8	20.2	20.0
% with experience of extraction[iii]	4.0	1.2	4.4	3.2	2.4
% with dental abscess	3.8	0.4	1.4	1.5	1.1
% with teeth decayed into pulp	5.9	2.6	6.1	3.5	3.4
% with decay affecting incisors[iv]	6.6	3.6	5.2	4.4	5.1
% with high levels of plaque on upper front teeth[v]	5.7	0.4	0.6	2.7	1.5

[i] Generated by the Children's Services Statistical Neighbour Benchmarking Tool[4], closest demographic neighbour is Gateshead; this is "Extremely Close" and is fully fluoridated

[ii] Generated by the Children's Services Statistical Neighbour Benchmarking Tool[4], second closest demographic neighbour is Wakefield; this is "Very Close" and is not fluoridated

[iii] Experience of extraction of one or more teeth on one or more occasions. The majority of children attending hospital for extractions have general anaesthetic for this procedure.

[iv] Decay involving one or more surfaces of the upper anterior teeth. This pattern of decay is often linked with long term use of a feeding bottle with sugar-containing drinks.

[v] Indicative of a non-brusher.

Figure 2: Prevalence of decay by Index of Multiple Deprivation 2015 national quintile for Sunderland (with 95% confidence intervals shown as black bars)

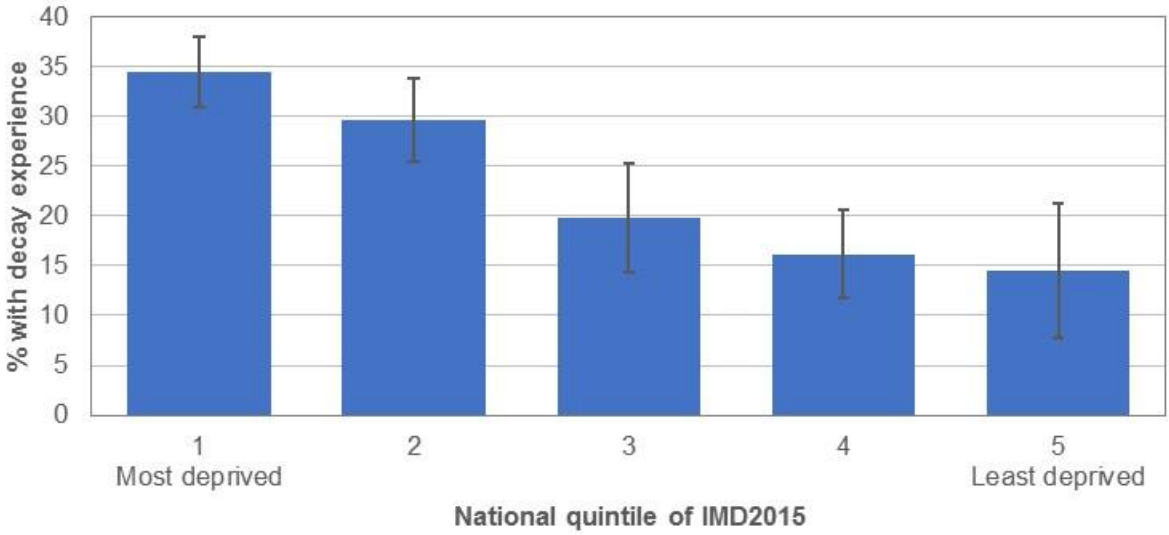


Figure 3: Map showing prevalence of decay by ward in Sunderland

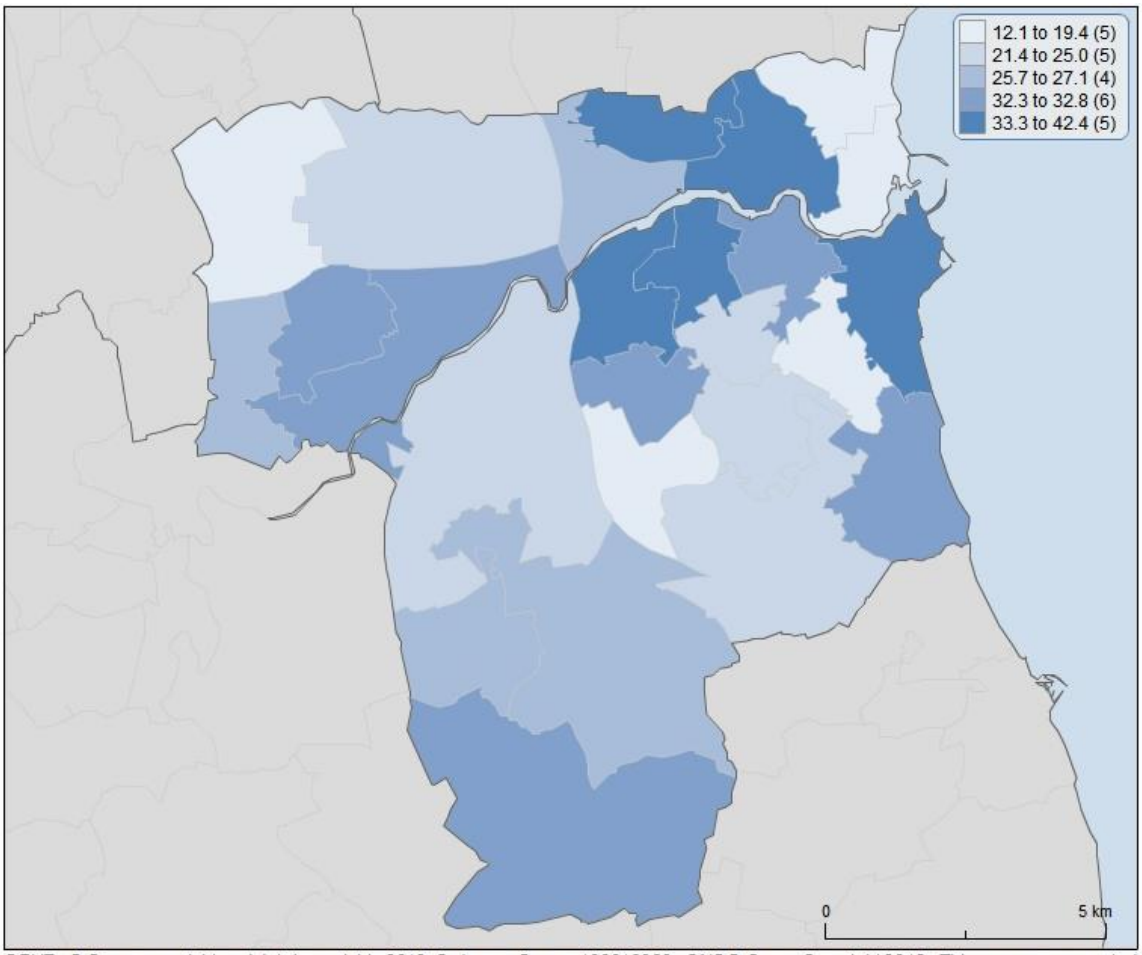
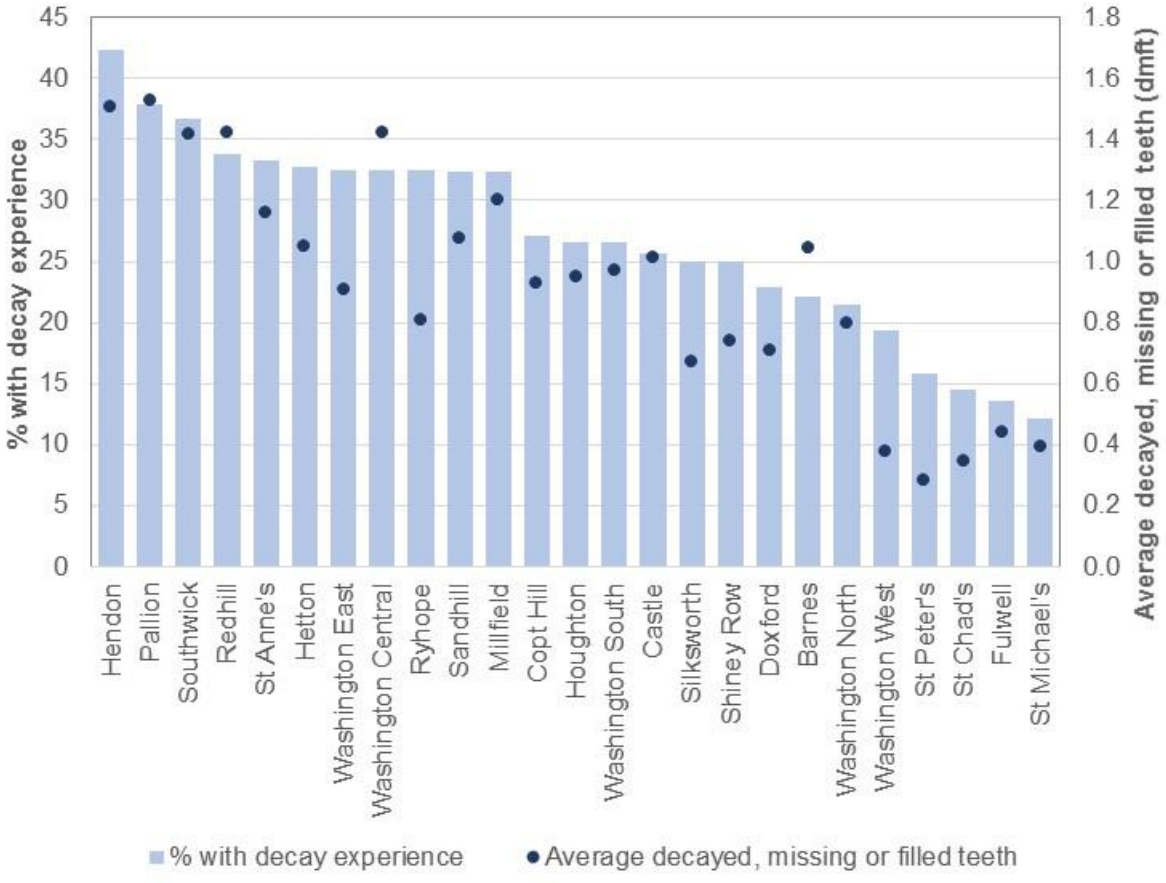


Figure 4: Prevalence of decay and average number of decayed, missing or filled teeth (dmft) by ward in Sunderland



References

1. Public Health Outcomes Framework. Public Health England, 2014. Available at: https://www.gov.uk/government/collections/public-health-outcomes-framework.

2. Pine, C.M., Pitts, N.B., Nugent, Z.J. British Association for the Study of Community Dentistry (BASCD) guidance on the statistical aspects of training and calibration of examiners for surveys of child dental health. A BASCD co-ordinated dental epidemiology programme quality standard. *Community Dental Health* 1997; 14 (Supplement 1), 18-29.

3. Delivering better oral health: an evidence-based toolkit for prevention (Third edition). Public Health England and Department of Health, March 2017.

4. Children's Services Statistical Neighbour Benchmarking Tool in Local Authority Interactive Tool. Department for Education, February 2020. Available at: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait.

If further local analysis of the survey data is required, please contact PHE North East and ask for the Consultant in Dental Public Health who will be able to help.

Improving oral health through community water fluoridation

March 2020

HAVE YOUR SAY

Sunderland City Council

Durham County Council

South Tyneside Council

Contents

HAVE YOUR SAY

Introduction and background

Thank you for taking the time to read this document which contains information about community water fluoridation.

Improving oral health and preventing tooth decay is a responsibility of each Local Authority. Durham County Council, South Tyneside Council and Sunderland City Council have a range of strategies and approaches in place to improve the oral health of our local communities. While children's oral health has improved over the last twenty years, our most recent data shows that nearly a quarter (23.9%) of 5-year olds in the North East had tooth decay in 2017, despite tooth decay being largely preventable.

We are currently exploring the role that varying the existing community water fluoridation scheme in our area could play as part of a series of oral health promotion initiatives. This is because it is known that children who live in areas where the water supply is fluoridated have lower levels of tooth decay than those that live in non-fluoridated areas.

Some communities that already have fluoridated water in the North East include Newcastle upon Tyne, Gateshead, parts of County Durham including Derwentside, parts of Northumberland including Hexham and Alnwick and Hartlepool which is naturally flouridated.

A feasibility study has been carried out that showed the community water fluoridation scheme covering Derwentside could be extended to cover most of the remainder of County Durham, South Tyneside and Sunderland in a way that is operable and efficient. Because of the way the water system is constructed, it would also affect the water supply to a very small number of residents in Darlington, Gateshead, Hartlepool, Stockton and Cumbria.

This proposed variation would reach large numbers of local residents and so the local authorities in these areas are considering holding a wide-ranging public consultation later in 2020. This document sets out information about community water fluoridation, why it is being considered and asks for your views to inform our consultation plans.

We want to make sure that, before we consult, we engage with as many individuals, organisations or groups as possible to draw upon their expertise and experiences. We would be grateful if you could look at the information contained in this document and give it due consideration. We would very much appreciate you taking the time to consider some key questions we pose and feedback your views in a way that is best for you.

Thank you for your time, we value the contributions you make, they will help us to consider all the issues involved so we can make better decisions. We look forward to discussing these important topics around oral health with our communities later in the year.

Amanda Healy
Director of Public Health,
Durham County Council

Tom Hall
Director of Public Health,
South Tyneside Council

Gillian Gibson
Director of Public Health,
Sunderland City Council

Fluoridation and oral health

What is fluoride?

Fluoride is a mineral that occurs naturally in the environment - it is found naturally in both drinking water and seawater, in the soil and in certain foods.

When combined with other minerals, fluoride strengthens tooth enamel. The addition of fluoride to toothpaste has contributed over the last few decades to an overall improvement in dental health in England.

What is community water fluoridation?

Community water fluoridation (CWF) is the addition of fluoride to the drinking water supply. It adjusts the naturally occurring level of fluoride to an optimum concentration of around 1 part per million, and is recommended as a public health measure to reduce tooth decay. Community water fluoridation is supported by the World Health Organization, numerous medical and dental organisations in other countries and in England by the NHS, Public Health England and our own regional and local dental committee and network.

Fluoride in water has contributed to the decline in dental decay over the past 60 years since research in the United States discovered that people living in an area of naturally fluoridated water had much better dental health than those who did not. This is because fluoride protects teeth in a number of ways that combine to prevent and slow the decay process. These effects benefit children and these benefits continue into adulthood. When teeth are forming during early childhood, it becomes part of the tooth enamel and makes it stronger and more resistant to decay. Fluoride can also help even after teeth are formed, it works with saliva to protect tooth enamel from plaque and sugars.

There is good evidence that fluoride is effective in reducing decay and that community water fluoridation is an effective way of using fluoride to reduce decay. Other fluoride interventions, such as fluoride toothpaste and fluoride varnish, are also important, effective ways of reducing tooth decay and there is an even greater reduction in decay levels when, for example, fluoride toothpaste is used together with water fluoridation. However, community water fluoridation is the only intervention which can potentially benefit everyone in an area.

Research also shows that where people receive water that is fluoridated at a concentration of around 1 part per million, there is no convincing evidence of other health harms.

Links to sources of information can be found at the end of this document.

Which areas have fluoridated water?

In England six million people already live in areas with fluoridated water, including many in parts of the North East, as well as the West and East Midlands.

Currently 26 local authorities have community water fluoridation schemes covering the whole or parts of their area.

The communities with fluoride added to the water supply in the North East are Newcastle upon Tyne, North Tyneside, Gateshead, parts of County Durham including Derwentside and parts of Northumberland including Hexham and Alnwick. Hartlepool is supplied with water that is naturally fluoridated. In general, the dental health of children in areas which have fluoridated water is better than in comparable areas without it.

Map showing fluoridation schemes and naturally fluoridated water

Source: Public Health England 2017

Why is community water fluoridation being considered?

We know that children who grow up in non-fluoridated areas are more likely to suffer from tooth decay than those in areas where the water is fluoridated. Decay does not just mean fillings, it can mean pain and infection, time off school and children being admitted to hospital for tooth extractions. The consequences of decay are lifelong; extracted teeth are lost forever; fillings need to be replaced.

Community water fluoridation is associated with a reduction in the number of 5-year olds who experience dental decay and it also decreases the severity of the decay. Public Health England's Health Monitoring Report for England 2018 found that for 5-year olds living in areas of deprivation or disadvantage, community water fluoridation decreases the likelihood of experiencing dental decay by 52% compared with 28% for the general population of 5-year olds. Admissions to hospital for dental decay related extractions in children and young people aged 0 - 19 years has also been shown to be lower in areas with fluoridated water.

Water fluoridation also strengthens and preserves adult teeth. It is an important way to help the rising number of people living into older age have the best possible chance of keeping their teeth for a lifetime.

5 year-olds in **fluoridated** areas are **28% less likely** to have had **tooth decay** than those in non-fluoridated areas

In **fluoridated areas** there are **55% fewer hospital admissions** of very young people for tooth extractions than in non-fluoridated areas

Source: Public Health England 2017

Who will benefit?

In the main children and vulnerable adults would benefit the most from community water fluoridation. There would also be positive impacts for other vulnerable people, like those with disabilities. There is substantial evidence to show that people from areas of deprivation or disadvantaged backgrounds experience considerably more dental disease than other residents. Vulnerable groups in society are also more likely to suffer from poor oral health, for example, people with disabilities, people with poor mental health, those in care settings and the frail or older people.

The Public Health England Water Fluoridation Health monitoring report for England 2018, which compared a range of health indicators for local authorities in this country, found lower rates of tooth decay among children from fluoridated areas than those from non-fluoridated areas. No convincing evidence of harm to the health of people supplied with fluoridated water was found.

Other approaches for improving oral health

Supervised fluoride tooth brushing schemes

Regular use of fluoride toothpaste has been shown to reduce levels of dental decay and the increased use of fluoride toothpaste has been largely responsible for the reductions in dental decay that have been observed over the last 20-30 years.

Published research has indicated that these schemes are effective in reducing levels of dental decay and that there remains a significant reduction in decay levels between children in test and control groups at 30 months after the schemes have ended. Evidence also shows that the introduction and uptake of a tooth brushing program contributes positively to the dental health of children and reduces dental health inequalities.

Tooth brushing schemes can be established in targeted settings such as early year's day care facilities. They can also be used to promote other oral health messages, such as seeing a dentist.

Fluoride varnish

Fluoride varnish is another option for increasing the availability of topical fluoride, (i.e. fluoride applied to the surface of the tooth) regardless of the levels of fluoride in the water supply. Public Health England recommends that all children have fluoride varnish applied to their teeth twice a year. Research has shown that this can reduce dental decay in baby teeth by 37%, and in adult teeth by 43%. However, when provided as a public health measure it is a relatively expensive intervention and it can only be provided by dental health care professionals.

Is community water fluoridation cost effective?

The cost effectiveness of community water fluoridation can be estimated by comparing the savings that would be made from treating fewer instances of dental decay.

In England in 2015-2016

£836 was the average cost of a **hospital tooth extraction** for a child **aged 5 and under**

£50.5m was spent on **tooth extractions** among those **under the age of 19**

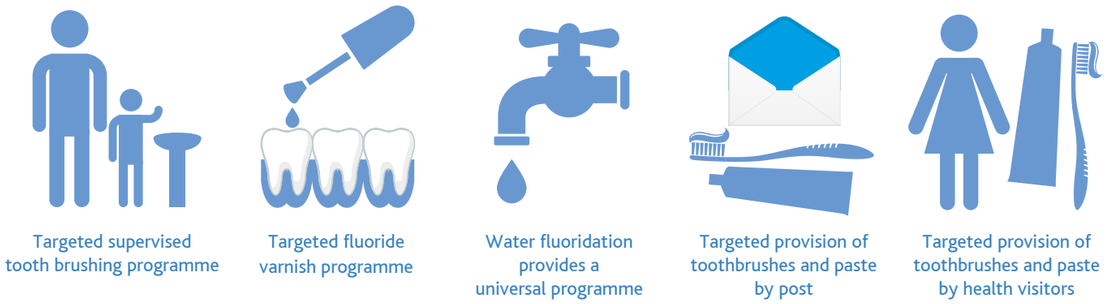
£7.8m was spent on **tooth extractions** among the **under 5s**

Source: Public Health England 2017

Reviews of clinical effectiveness by NICE (PH55) and Public Health England (Commissioning Better Oral Health for Children and Young People, 2014) have found that the return on investment for water fluoridation for £1 spent is £12.71 after five years and £21.98 after 10 years, this compares favourably with £3.06 and £3.66 for a targeted tooth brushing scheme over the same time frames.

Return on investment of oral health improvement programmes 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



* All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated PHE Publications gateway number 2016321.

Source: Public Health England

Are there arguments against community water fluoridation?

Public Health England have reported that no convincing evidence has been found of harms to health associated with community water fluoridation.

It is true that too much fluoride can cause dental fluorosis, this affects the appearance of teeth causing them to appear mottled.

In England, it is uncommon for instances of dental fluorosis to be severe enough to seriously affect the appearance of teeth because fluoride levels in water are carefully monitored by the Drinking Water Inspectorate and adjusted if necessary. This is also the case when used in combination with recommended levels of fluoride toothpaste and fluoride varnish.

Some people argue that, irrespective of any impacts on health, addition of fluoride to the water supply removes choice for residents. That is, they cannot receive their water via the public supply without fluoride.

What are the legal requirements around community water fluoridation?

Community water fluoridation is expressly permitted in legislation by parliament. The Health and Social Care Act 2012 amended the Water Industry Act 1991 and returned responsibility for decisions on community water fluoridation to local authorities as part of their public health responsibilities. Legislation is in place to govern the way in which a new scheme can be introduced by Local Authorities and how an established scheme may be varied or terminated.

Legislation also sets out the process for formal public consultation on a community water fluoridation proposal. It includes guidance on collaborating with other local authorities whose residents may be affected by the proposal; and for taking account of a range of key factors when making final decisions.

Oral health in our region

Adults

Data available from the most recent national Adult Dental Health Survey which took place in 2009 showed that 92% of North East residents had some teeth. Generally, the more teeth a person retains the better their oral health and function will be; 21 teeth are generally considered adequate. In 2009 86% of the residents of the UK had at least 21 teeth compared to 82% in the North East. This was the lowest rate between all the England Strategic Health Authorities at the time.

Older people

We have an increasing proportion of older residents and older people are retaining their teeth for longer. We need to consider how the oral health of this growing group will be managed, especially for those with additional complications such as dementia for whom receiving dental care can be very difficult. Thorough assessments, and support from skilled and knowledgeable staff can help prevent the pain, disturbed sleep and health problems that poor oral health can cause.

Children

While children's oral health has improved over the last twenty years, tooth decay remains the most common oral disease affecting children and young people in England. However, it is largely preventable. Public Health England's oral health survey of 2017 found that nearly a quarter (23.9%) of 5-year olds in the North East had experience of tooth decay. Among these children, the average number of teeth that were decayed, missing or filled was 3.1. At age five, children normally have 20 primary teeth.

In addition, almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due to preventable tooth decay. Public Health England (PHE) data shows tooth extraction is the most common cause of hospital admissions among children aged 6 to 10 years old.

These children will usually be having a general anaesthetic which is never without risk and can be traumatic for the child and their family or carers.

We know that children living in areas of deprivation or disadvantaged communities are at higher risk of having poorer oral health, however, children living in areas of deprivation or disadvantaged areas with fluoridated water have better oral health than comparable areas without fluoridated water.

At this stage we are seeking views on this proposal to vary the current community water fluoridation scheme with specific stakeholders, like you, who may have a professional, a representative or policy interest in reducing health inequalities and improving oral health.

Percentage of 5 year olds with experience of visually obvious dental decay: 2016-17

Area	Value
England	23.3
North East Region	23.9
Middlesbrough	32.1
Sunderland	28.4
Darlington	26.4
County Durham	25.8
Redcar and Cleveland	24.9
Gateshead	23.2
Northumberland	22.6
South Tyneside	21.7
Stockton-on-Tees	20.6
Hartlepool	20.5
North Tyneside	20.0
Newcastle upon Tyne	19.3

Average numbers of decayed, missing or filled teeth in 5 year olds: 2016-17

Area	Value	
England	0.78	
North East Region	0.75	
Middlesbrough	1.16	
Sunderland	0.99	
Redcar and Cleveland	0.89	
Darlington	0.87	
County Durham	0.79	*
Newcastle upon Tyne	0.69	**
South Tyneside	0.66	
Stockton-on-Tees	0.64	
Northumberland	0.64	*
Gateshead	0.62	**
Hartlepool	0.57	**
North Tyneside	0.54	**

** Fully fluoridated
* Partly fluoridated

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017

Why we are asking your views

We are keen to hear your views, both about community water fluoridation and how we can best consult with our communities.

We are keen to reach as many stakeholders as possible.

Here are some of the groups we are sharing this information with:

- Elected members
- Health and Wellbeing Boards
- NHS Foundation Trusts
- Senior Local Authority Officers
- British Fluoridation Society (BFS)
- British Dental Association (BDA)
- Health Overview and Scrutiny Committee (HOSC)
- NHS England
- Healthwatch
- Anti Fluoridation Alliance
- Universities

We will also share this information with local groups who represent those residents who are likely to be impacted most by health inequalities.

Next steps

During February and March 2020 County Durham, Sunderland and South Tyneside local authorities are seeking the views of local stakeholders and those who represent their communities at this formative stage. We will be asking five main questions that will provide views, information, detail and knowledge to help us understand the issues. These main questions are:

1 We want to ensure that our consultation reaches as many people as possible. What do you think are the best ways to gain the views of local people?

2 Community water fluoridation could benefit the following groups:
• Children and young people
• People from deprived communities
• People from protected or vulnerable groups or communities such as people with learning and/or physical disabilities

Please tell us about any specific issues, concerns or views that we need to consider to ensure that we are engaging these groups during the public consultation stage.

3 Please detail below any other comments you wish to make or any additional issues you think we need to consider as part of this consultation planning stage.
Please indicate yes/no if we can contact you about this offer of help in the future?
Please provide a key contact name, telephone and email (optional)

4 Are you in support of this scheme? (choose one)
- Yes, very much so
- Yes, to some extent
- Neutral
- Not really in support
- Strongly against the scheme
- Don't know / not sure

5 Are any of the groups you work with representative of any of the following equality groups (protected characteristics) as defined by the Equality Act 2010?
- Age (all age groups or specific younger/older)
- Disability (pan disability or specific disabilities or health conditions)
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The information we gather from this exercise will assist us in planning for any future consultation on the issue. It will be made available to a joint committee of members from local authorities that would be affected by varying the existing community water fluoridation scheme.

Through the programme we will gather the responses from our targeted stakeholders. We will look at what we have learned from which stakeholders and public from research, involvement, engagement and other activities.

This key information and insight will allow us to share and gain a collective understanding of the things to consider. This important information would be published and would be presented to a joint committee with representatives from all affected local authorities. If it's decided that a formal public consultation is needed, the feedback provided will help inform the development of our approach to this later in the year.

The three councils plan to have a joined-up approach to any public consultation and will simplify the way people give their views.

We will talk to local communities and find out their views in order to help us make a decision.

It is likely that our approach for formal consultation would consist of:

- A three-month consultation period so that time is given for consideration and response.
- Information and materials being available for residents across all affected areas of County Durham, Sunderland, South Tyneside and Cumbria, Darlington, Gateshead, Stockton and Hartlepool.
- Targeting those groups that will be most affected by the proposals, based on learning from this initial information gathering phase and intelligence from the Equality Impact Assessment.
- Public engagement including information published online.
- Paper versions of documentation available to meet a specific community need.
- Analysis of all feedback and responses via an independent analyst and a draft report published so that people can read it in advance of any decision being made.

As a result of this work responses and submissions would be analysed and used to inform any future decision on varying the current community water fluoridation scheme.

Sources of information

Improving oral health: a community water fluoridation toolkit for local authorities:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774128/Fluoridation_Toolkit_-_Publications_gateway_version_20160304.pdf

Water Fluoridation Health Monitoring Report for England 2018:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692754/Water_Fluoridation_Health_monitoring_report_for_England_2018_final.pdf

Public Health England: Water Fluoridation Health Monitoring Report for England 2018. Executive summary:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692754/Water_Fluoridation_Health_monitoring_report_for_England_2018_final.pdf

National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017 A report on the inequalities found in prevalence and severity of dental decay:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692756/EXECUTIVE_SUMMARY_Water_Fluoridation_Health_monitoring_report_for_England_2018_DR.pdf

Public Health England: Child and Maternal Health: Oral health profile of five-year olds:
https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/9/gid/1938133263/pat/6/par/E12000001/ati/202/are/E06000047

https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/9/gid/1938133263/pat/6/par/E12000001/ati/202/are/E08000024

https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/9/gid/1938133263/pat/6/par/E12000001/ati/202/are/E08000023

Item No. 11

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

CARE HOME LIFE – WHAT IT'S REALLY LIKE UPDATE

Report of Healthwatch Sunderland

1.0 Purpose of the Report

1.1 To provide the Board with an update on findings in Healthwatch Sunderland's visits to care homes across the five localities.

2.0 Background

2.1 Healthwatch Sunderland is the independent local champion for people who use health and social care services. By speaking to local residents we aim to understand their needs, experiences and concerns in relation to accessing and using local services, and speak out on their behalf to service providers and commissioners.

2.2 In 2017, Healthwatch Sunderland was receiving a high level of comments from members of the public concerning the lack of 'softer' data on what care homes are like; they had accessed CQC reports but found these were process led and did not provide a sense of what it's like to live there.

2.3 Working with other local Healthwatch and the charity Independent Age, Healthwatch Sunderland devised the 'Care Home Life – What It's Really Like' format and agreed a work plan with the local authority commissioning team and the CQC Inspector for Care Homes.

2.4 The format of the report centres around nine indicators which cover what was found to be important for those living in care homes, such as what's the food like, and do staff have time to chat with you? We developed surveys for residents, friends and relatives, and also staff working in the care homes, around each of the nine indicators. We spoke to 168 residents, 185 friends and relatives, 319 staff. From the comments received, we allocated a 'score' of Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree to each indicator to aid comparison between homes. Full reports for each care home in Sunderland are available on the Healthwatch Sunderland website.

3.0 Evaluation of 2019 / 2020 visits to care homes

3.1 Healthwatch Sunderland completed their second year of visiting care homes in December 2019 and has undertaken an evaluation of themes and trends within the care homes, with a focus on good practice. The primary purpose is to help care home managers and providers develop their practice to enable residents living in their home to live their best life. Highlights of the report are provided below against each of nine indicators we use to measure effectiveness. The full report will be available in April 2020.

3.2 **A strong visible management,** providing good leadership to staff and having the right experience. 58% of responders strongly agreed with this statement, a further 34% agreed. Examples of good practice were a regular presence ‘on the floor’ interacting with residents and visitors, making time to chat, ‘going the extra mile’ and being a good listener. Continuity of managers is very important with 16 homes reporting a new manager over the last 12 months.

3.3 **Staff have the time and skills to do their job,** are trained, motivated and feel they have the resources to do the job. 6% strongly agreed staff have the time to do their job, and a further 51% agreed. Good practice included making the best use of technology to access and record resident care plans to free up time and reviewing processes to ensure they are undertaken efficiently. 100% strongly agreed or agreed that staff have the skills to do the job.

3.4 **Staff have a good knowledge of each resident and their changing needs,** histories and preferences, and have processes in place to monitor changes in health and wellbeing. 40% strongly agreed this was the case, with a further 56% agreeing. The main themes of good practice were a robust “getting to know you” session when the resident first arrives at the home, with the resident their friends and their relatives, and ‘resident of the day’ type initiatives which provide in depth staff knowledge to develop personalised care.

3.5 **A varied programme of activities,** easily accessible both inside and outside of the home.56% strongly agreed, with another 34% agreeing. High performance in this indicator was accomplished by various means: a full seven day programme of activities, a diverse range of activities tailored to individual varied needs, use of technology to access the internet or provide sensory stimulation, virtual reality to support reminiscence sessions, pictorial planners, one to one as well as group activities, supporting residents to get out and about in the community, bringing in external entertainers, day trips, access to a garden, involvement of family and staff, pet therapy, and bucket loads of encouragement and personality. There is a substantial amount of local community provision, and coordinators who link in with existing networks including schools scored highest.

3.6 **Quality, choice and flexibility around food and mealtimes,** a good range of choices with support to help those who may struggle to eat or drink, reflecting the social nature of mealtimes. 30% strongly agreed this was the case, a further 49% agreed. Good practice included home cooked fresh food, ample alternatives to suit needs as well as likes and dislikes, picture menus, hydration stations, snack baskets, and presentation of dining rooms.

3.7 **Regular access to health professionals,** just as they would if they were living independently. 100% either agreed or strongly agreed with this indicator. Those aligned to a GP practice found that GP visits were now particularly productive as many GPs ‘pop round’ to see all residents informally to see how they are getting on. Regular Multi-Disciplinary Team (MDT) meetings were also found to be beneficial. Audiology continues to be an important factor in the provision of healthcare with mixed feedback. Healthwatch Sunderland are working with the All Together Better programme team to ensure this feedback is understood.

3.8 **Accommodate resident's personal cultural and lifestyle needs,** ensuring people feel comfortable if they are different or do things differently than other residents. 30% strongly agreed with another 57% agreeing their home demonstrates this. Good practice examples include those homes where residents were supported to continue practising their chosen faith. Homes also scored highly where residents were able to maintain their lifestyle choices such as regular hairdresser and manicurist visits. A reliable laundry service is an important factor for family members in particular.

3.9 **An open environment where feedback is actively sought and used,** with mechanisms in place for residents and their visitors to influence what happens in the home, such as a residents and relatives committee. 47% strongly agreed with another 51% agreeing. Ensuring visitors feel welcome and part of the care home 'family' was important, as were regular well-advertised resident and relative meetings with involvement encouraged. Where these were run by the activities coordinator they were particularly well received. A 'you said, we did' board in communal areas and providing a clear well communicated complaints policy were also solid areas for those who scored highly.

3.10 **Provide a physical environment which is suitable for the needs of the residents,** comfortable, homely and well maintained with high standards of hygiene. 40% strongly agreed with a further 56% agreeing. A dementia friendly environment such as using bright colours, contrasting toilet seats, good lighting, and large clocks are simple yet effective tools employed by homes scoring well in this indicator.

3.11 Overall broadly positive feedback which Healthwatch Sunderland regularly share with CQC and Local Authority Commissioning Teams as part of the bi-monthly information sharing meetings. The engagement team and volunteers who visit the homes have noticed this year that there are less residents with capacity who are able to take part in the survey.

3.12 As a direct result of experience gained with these visits, Healthwatch Sunderland have been selected by Healthwatch England to be the official Trainer for the North of England for other Local Healthwatch visiting Care Homes and other health and social care services.

3.13 The Care Home Life work has initiated conversations with domiciliary care providers to understand how independent reviews of services can add value to the user experience. Healthwatch Sunderland is now discussing how it can support this sector.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to:

- Receive the progress update on Care Home Life – What It's Really Like report for information.

Item No. 12

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

PATH TO EXCELLENCE UPDATE

Report of the Chief Officer of Sunderland CCG

1.0 Purpose of the Report

1.1 To present to the Board with an update on Path to Excellence.

2.0 Background

2.1 In September 2019, the Board received a short presentation on Path to Excellence covering an update on phase 1 implementation, the context for phase 2 and the position of phase 2 implementation.

2.2 Hospital services involved in Phase 2 were:

- Emergency care and acute medicine
- Emergency surgery and planned operations
- Planned care and outpatients
- Clinical support services (radiology, therapies and pharmacy).

2.3 The Board was informed that public and patient engagement would continue through the autumn and winter to help shape the final scenarios that will be subject to future public consultation.

3.0 Current position

3.1 Two documents are attached to update the Board on findings from the consultation:

- Working together for clinical excellence – Autumn 2019 update
- Join our Journey towards our #FutureNHS - Roadshow engagement findings (January 2020)

4.0 Recommendation

4.1 The Board is recommended to:

- receive the two documents for information.

Working together for clinical excellence

Update Autumn 2019

We need your views please get involved

Transforming hospital services in South Tyneside and Sunderland

NHS partners working together:
South Tyneside and Sunderland NHS Foundation Trust and South Tyneside and Sunderland Clinical Commissioning Groups
Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups

The path to excellence

About this document

This document provides an update to the two editions of the Draft Case for Change documents published in July 2018 and in February 2019.

You can read all of our Draft Case for Change documents, along with a range of other information, on the Path to Excellence website: **www.pathtoexcellence.org.uk**.

IMPORTANT INFORMATION

This is not a public consultation document. It is an update which explains how we have involved a range of stakeholders, gathered information and used that insight to influence our thinking.

We are using the feedback we have gained so far to continue to develop, refine and evaluate our 'working ideas' (published in February 2019) so that we have the best possible ideas to take forward for formal public consultation which is now expected to take place in 2020.

Any future scenarios taken forward for formal public consultation will also depend on the level of capital investment available to the local NHS. We continue to explore all possible opportunities to secure capital funding.

In this update

Introduction

We are extremely proud of local hospital services in South Tyneside and Sunderland which provide great care delivered by highly committed teams of NHS staff.

The Path to Excellence programme aims to build on these strengths but also make sure we plan for the future.

Our ambition is simple: we want to create outstanding future hospital services which provide the best working environment for our staff and offer the very highest quality of safe patient care and clinical excellence for each and every resident of South Tyneside, Sunderland and those residents in parts of North and East Durham who regard Sunderland Royal Hospital as their local hospital.

To do this, we need to transform the way our services are arranged so we can make the best use of our most precious resource, our staff, but also our hospitals, our clinical facilities, equipment and the funding we receive.

We cannot emphasise strongly enough that South Tyneside District Hospital and Sunderland Royal Hospital will continue to be here but we do need to think differently about how we arrange hospital services for the future. We must be realistic that the challenges facing the NHS will not go away. It is right that we look to transform services so we can protect them for many generations to come.

As a group of NHS partners, we will continue to work together in order to make sure we join up care for patients and constantly strive to make improvements to services. We're also working with County Durham and Darlington NHS Foundation Trust, recognising that our patients use services at University Hospital of North Durham.

As the stroke changes we made in Phase One have already proven, making change is about how we make things better for patients. It is also about making things better for staff and making it easier to attract clinical professionals to live and work in South Tyneside and Sunderland.

We know that change can be unsettling, but please be reassured that this is about improving the quality of our services and making sure we keep up with advances in medicine and technology.

Mr Ken Bremner

Chief Executive
South Tyneside and Sunderland NHS Foundation Trust

Dr David Hambleton

Chief Executive
South Tyneside Clinical Commissioning Group

Mr David Gallagher

Chief Officer
Sunderland Clinical Commissioning Group

Dr Neil O'Brien

Accountable Officer
Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups

Any changes would only ever be made for the right reasons, to improve quality of care for patients.

We hope that you will take the opportunity to join our journey on our path to clinical excellence and support our ambition in making our hospital services the very best in the NHS.

"We cannot emphasise strongly enough that South Tyneside District Hospital and Sunderland Royal Hospital will continue to be here but we do need to think differently about how we arrange hospital services for the future."

Which hospital services are involved in Phase Two?

Emergency care and acute medicine

This is the care provided when patients arrive at our Emergency Departments, need emergency admission to hospital or have an urgent healthcare need.

Emergency surgery and planned operations

This is the care provided for patients who are admitted as an emergency and then require urgent surgery, or who have been referred by their GP for a planned operation.

Read more

You can read more about these services and the 'working ideas' that have been developed so far in the second edition of our Draft Case for Change published in February 2019
www.pathtoexcellence.org.uk

Planned care and outpatients

This is the care provided in hospital after patients have been referred by their GP for a test, scan, treatment or operation.

Clinical support services (radiology, therapies and pharmacy)

These are services such as therapy services (physiotherapy, occupational therapy, speech and language therapy) as well as clinical pharmacy and radiology services (scans and x-rays).

Why do we need to change?

The NHS is facing challenges in a number of areas which are not simple to solve and are all very closely interlinked with each other.

Workforce

Our NHS staff are under significant pressure every day because we rely on their goodwill to work longer hours or extra shifts. This is not good for their health and wellbeing and we can't keep doing it.

We also rely heavily on temporary staff to so that services are staffed to safe levels. Temporary staff are extremely expensive, do not provide continuity of care for patients and do not resolve the gaps we have in permanent staffing rotas.

Through the Trust merger we are now starting to see some of the benefits of creating bigger clinical teams, but we still need to think about how we arrange services for the future in order to provide the very highest quality of care.

Quality improvement

The way our services are set up makes it difficult to meet a number of important clinical quality and safety standards.

We're not able to consistently ensure that all emergency patients receive a timely consultant review because we don't have the availability of senior clinical decision makers seven days a week.

By creating future services which are joined up across a bigger geographical area, we can create the number of patients needed so staff can develop more specialised care and meet more of the important clinical quality and safety standards.

Future demand

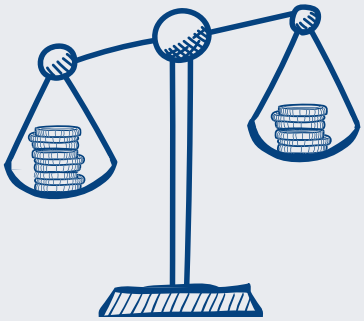
Pressure on our staff is linked to the huge growing demand on the NHS. We're successfully treating more people than ever before thanks to advances in medicine and technology. More people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer.

This is to be celebrated, but it means demand on staff will grow even further in the years ahead.

Financial constraints

We need to be able to live within our means and our services currently cost more to deliver than the funding we have available. Like any organisation, we need to get our long-term finances balanced so we can make positive plans for the future, rather than constantly worrying about the short term.

Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this service area alone. This is not only financially unsustainable, it also limits our ability to make quality improvements to care.



We identified many of these issues from our involvement activity with staff, patients and stakeholders and you can read about these in more detail in the first edition of our Draft Case for Change published in July 2018: **www.pathtoexcellence.org.uk/wp-content/uploads/2018/07/NHS-PTE2-CFC-full-document-final.pdf**

It's not just about hospital care...

The transformation of hospital services alone will not solve the challenges facing us.

We are also thinking about how we change community and primary care services, alongside public health improvement and prevention, which must be of equal importance.

Even when we think about all the different parts of the NHS combined, healthcare services are the smallest contributor to our overall health and wellbeing. We need to think even wider, working with our local authority partners to address some of the underlying causes of ill health.

This is why the NHS Long Term Plan (www.longtermplan.nhs.uk) published in January 2019 focusses so heavily on creating properly joined up care across the different parts of the NHS, social care and other partners. Care must be built around a patient's needs, provided in the best place and by the right health or care professional.

The NHS Long Term Plan looks to boost care which takes place 'out of hospital' and help people improve their health so that they can live longer.

Working with our local communities to prevent ill-health in the first place is equally as important to us as treating people when they do become unwell.

Our aim is to reduce the unacceptable gap in life expectancy which exists for people living in different parts of South Tyneside, Sunderland and East and North Durham.

Social circumstances and environmental factors

Healthcare services are the smallest contributor to our overall health

45%

Social circumstances and environmental exposure

How the NHS works with local partners to influence positive change in society.

40%

Health behaviour patterns

15%

Healthcare services

Prevention

This is how we work together to encourage everyone living in South Tyneside, Sunderland and Durham to take more responsibility for their own health and wellbeing so that they do not become unwell with wholly avoidable illnesses.

Out of hospital

This is how NHS, social care and community and voluntary organisations work together to provide more responsive care to prevent avoidable hospital admissions and to get people out of hospital as soon as they are able with more care at home and closer to home.

In hospital

Hospital services make up a small part of overall NHS care. Phase Two of the Path to Excellence programme is looking at how we improve hospital services.

Diagram components adapted from Kings Fund[3]

Our involvement journey so far

December 2017

- Our clinical service review design teams, made up of over 100 staff from South Tyneside and Sunderland begin to regularly meet and discuss challenges

February 2018

- Over 700 staff from both South Tyneside and Sunderland give their views
- Face-to-face interviews with over 120 patients

March 2018

- Almost 200 staff from both South Tyneside and Sunderland join a series of engagement sessions

June 2018

- Further staff involvement sessions attended by over 200 staff from both South Tyneside and Sunderland
- Over 1,000 patients share their views

July 2018

- First clinical due diligence event
- Launch of first edition of Draft Case for Change

October 2018

- Launch of widespread 'Join our Journey' public involvement activity

November 2018

- Second clinical due diligence event
- Stakeholder workshops

December 2018

- Public listening panel event

February 2019

- 'Working list' of ideas shared widely in the updated Draft Case for Change document

STAFF EVENTS

ROADSHOWS

March 2019

- Over 160 hospital staff participate in 'working ideas' evaluation workshops
- Public awareness activity and 28 drop-in events supported by Healthwatch volunteers engaging with over 1660 people
- Over 600 people complete 'working ideas' evaluation survey
- Digital engagement records over 2450 interactions with people responding to content, such as likes, comments, shares or retweets

April 2019

- 'Working ideas' reviewed in focus groups involving 99 people with long term conditions and/or protected characteristics
- Primary care engagement sessions involving over 400 GPs
- Stakeholder workshops apply evaluation criteria to 'working ideas'

May 2019

- Survey of doctors in training
- Street survey of 861 South Tyneside residents living close to Gateshead about their current and future use of emergency departments

WORKSHOPS

June 2019

- Second public listening panel event

July 2019

- NHS leaders confirm expected revised timeline for continued public involvement and likely timeframe for public consultation to be 2020

ENGAGEMENT SESSIONS

October 2019

- Launch of further 'Join our Journey' public engagement activity including parts of Durham population.

Over **15,900** respondents involved so far

Developing ‘working ideas’

In our updated Draft Case for Change published in February 2019, we set out the process of developing our ‘working ideas’. We are working with The Consultation Institute, an independent body, to ensure we get this process right.

Since February 2019 we have been evaluating our ‘working ideas’, involving staff and stakeholders. We will continue to review the ‘working ideas’ in the process outlined below until we have identified proposals which we can share for wide debate and discussion through a formal public consultation.

Steps in the ideas design process

We are here (Autumn 2019)

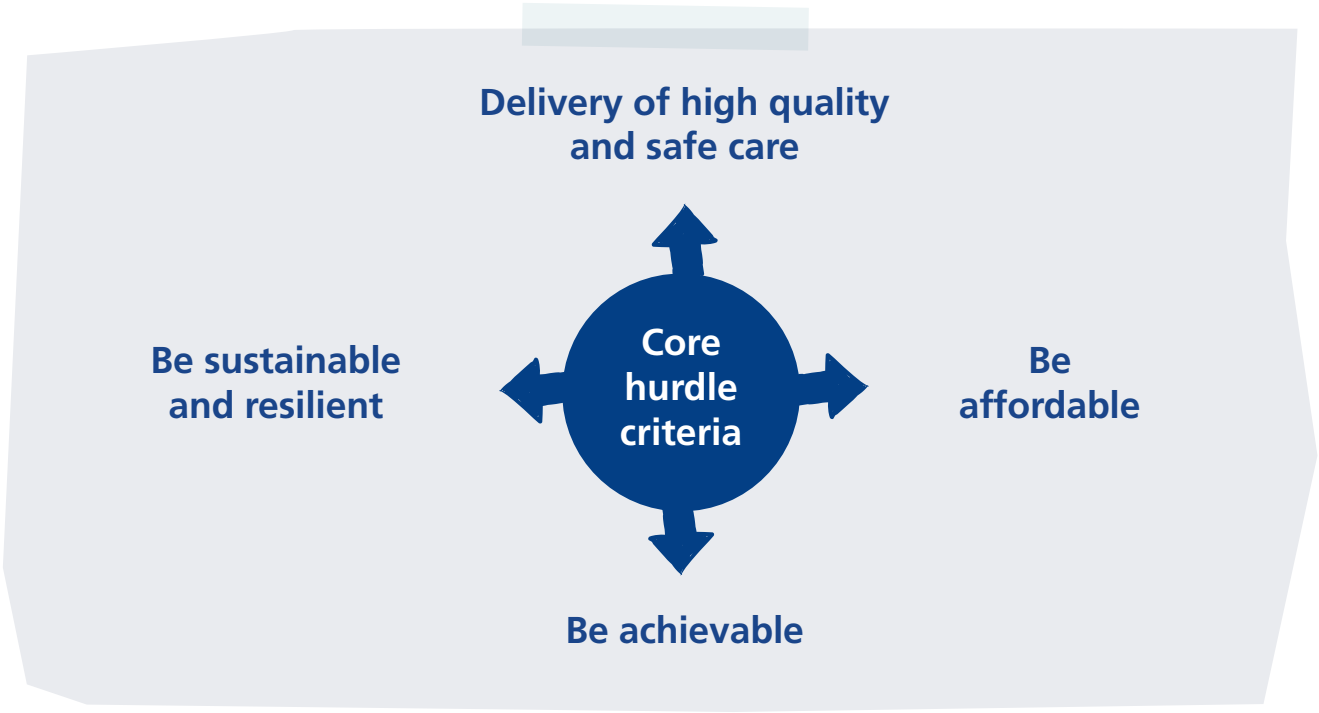
- Long list development
- Apply core hurdle criteria to reduce list of ‘working ideas’
- **Test and evaluate working list prioritise or shortlist ideas**
- Confirm credible scenarios for public consultation (expected in 2020)

Read more

You can see our long list of ideas here:
www.pathtoexcellence.org.uk/wp-content/uploads/2019/03/NHS-PTE2-Updated-CFC-Full-online.pdf

Core hurdle criteria

The feedback we have gathered from our involvement work was used by our clinical design teams in developing a long list of all possible ideas which were then tested against a set of core key hurdle criteria to get to a working list:



Our 'working ideas'

Our 'working ideas' range from:

- **'least'** change by improving our current models of care
- **'some'** degree of change by creating new models of care
- **'greater'** change by thinking radically about we improve services for the future

Read more

For more information about our 'working ideas' please go to **www.pathtoexcellence.org.uk/wp-content/uploads/2019/03/NHS-PTE2-Updated-CFC-Full-online.pdf**


NHS
NHS
NHS

What our staff, patients and partners have said...

and how we have used it

We've carried out a range of involvement activity which began back in December 2017.

We've written detailed reports on all our activities including feedback from staff and patients which have been closely considered by our clinical design teams as critical information to help shape their thinking when developing the 'working ideas'.

You can read all the reports we have published to date on our website at: www.pathtoexcellence.org.uk/publications/listening-phase/

How staff feedback has influenced 'working ideas' and service improvement

1,200
staff have directly provided their views

Since December 2017, involvement activity with staff has provided opportunities for frontline colleagues to describe the challenges they face every day. Around 1,200 staff have directly provided their views.

Workload and staffing

What staff have said	What we are doing
Staffing pressures Staffing pressures are a daily issue with nursing vacancies posing challenges in consistently providing the best possible quality of safe patient care.	Whilst challenges do continue, vacancy rates are now at their lowest levels in over a year across the new Trust.
Recruitment and retention Recruitment and retention are a challenge and there is a reliance on both temporary staff and 'goodwill' to cover staff shortages.	A multi-pronged recruitment and retention strategy is in place. The Trust welcomed its first intake of nursing graduates from the University of Sunderland in September 2019 and hopes to recruit over 100 new nurses a year. A successful international nurse recruitment campaign has also seen over 80 nurses from the Philippines join the Trust in 2019.
Unexpected staff sickness Difficulties to cover unexpected staff sickness and the impact on personal wellbeing, make it difficult to achieve a good work/life balance and there is risk of 'burnout' for staff.	The Trust merger was the first milestone in improving resilience of nursing and other clinical teams. As work continues for Phase Two, the Trust is also preparing to launch a far reaching health and wellbeing strategy in April 2020.

Capacity and demand

What staff have said	What we are doing
Demand on services Widespread acknowledgement of the growing and relentless demand on services all year round.	Staff involvement in initiatives to help join up care outside of hospital through the All Together Better programme in Sunderland and alliancing work in South Tyneside. There has been a big focus on capacity and demand modelling as part of the evaluation of 'working ideas' to ensure there is sufficient capacity in any final proposals put forward by clinical teams.
Complex conditions Staff described challenges of caring for older people with complex conditions and with rising levels of dementia.	The Trust is committed to improving dementia care for patients, through tailored support to relatives and carers and developing staff with the skills and training they need. Work is also being done in the local health economy around frailty pathways.
Running at 100% bed occupancy Some staff described how running at 100% bed occupancy presented a challenge, particularly in winter when they felt greater capacity was needed. Staff also shared experiences of how barriers in accessing appropriate social care support for patients could delay discharges.	Successful initiative to improve patient flow introduced in winter 2018. Known as 'Red2Green' and using the strapline #TheresNoBedLikeHome it looks at how everyone involved in a patient's care can play a role in their recovery and make sure they can go home as quickly and safely as possible.
Avoiding attendance and admissions Staff also talked about the need for more efforts across the NHS to avoid hospital attendances and admissions.	Extensive work taking place through the 'Recovery at Home' service in Sunderland and the unplanned care model in South Tyneside to provide an urgent community response and help prevent emergency admissions.

Differences between the two hospitals

What staff have said	What we are doing
IT infrastructure A recurring theme from staff was around the IT infrastructure and need for unity across both hospital sites. This was recognised as both a major challenge and a key enabler to improve integration of services and cross-site working.	Through the Trust's Global Digital Exemplar programme, a new electronic patient record known as 'Meditech' has been rolled out across South Tyneside District Hospital in October 2019. This will be a huge benefit and means that patient records between the two sites will use the same system.
Inequity of service provision Many staff highlighted the current inequity of service provision with, for example, a limited amount of specialty cover at South Tyneside District Hospital at weekends. Staff described how medical staffing shortages impacted on the ability to provide the best level of senior cover.	Phase Two of Path to Excellence and the 'working ideas' shared so far are aimed at addressing this issue. Our clinical design teams continue to develop and refine these ideas.
Cultural differences Cultural differences in ways of working, including policies and procedures as well as different working patterns, roles and mix of staff within teams.	The Trust now has single team working across sites which has meant improvements in a range of clinical areas and specialties. This work is continuing.

Staff training and development

What staff have said	What we are doing
Time for training and development Staff described how daily pressures presented a significant challenge in getting the time to do appropriate training or have one-to-one supervisory discussions.	It is hoped that following the fall in nursing vacancy rates over the past year that this will improve and the Trust is focussed on ensuring staff are up-to-date with key training.
Time to train and support newly qualified staff Having appropriate time to train and support newly qualified staff was also raised as challenge, with a lack of substantive consultants in some services meaning junior doctor training supervision fell to a smaller number of permanent medical staff.	Over 130 new junior doctors joined the Trust in August 2019 and despite the pressures on medical staff, the Trust continues to score highly in feedback from trainees on the quality of training and support with the region rated best in England in 17 out of 18 indicators for postgraduate medical training.
Temporary staff Staff highlighted how the high use of temporary staff posed risks to quality and challenges in ensuring that new staff were familiar with systems and ways of working. They also commented how they needed a 'consistent consultant' instead of locums to help support the team.	The Trust has a number of strategies underway to support medical recruitment and has supported the opening of the new medical school at the University of Sunderland which welcomed its first cohort of 50 students in September 2019.

Communications and engagement

What staff have said	What we are doing
Communication needs Staff mentioned the need for timely, open and honest communication and empowering of staff at all levels to get involved.	Since the start of Phase Two, over 1,200 staff have been involved and given their views and there is complete transparency across the Trust about the 'working ideas' being discussed.
Staff engagement The importance of staff engagement and regular communication, even when there are no updates to give, was felt to be important so that staff constantly feel informed, able to provide reassurance and dispel any rumours.	The Trust has invested significantly in communications and engagement and focussed efforts on engaging with staff. Over 70% of staff now report feeling much better informed about developments.
Staff involvement It was strongly felt that the success of change depends on the involvement of staff at all levels, with the importance of making sure that clinical leaders speak positively about future opportunities.	A number of engagement events have been held for staff for Phase Two and these have been open to staff working at all levels across both hospitals. These will continue in the months ahead.
Clear communication The importance of clear communication also extended to the public, who were recognised to be very sceptical about the future of South Tyneside District Hospital.	The Trust continues to reinforce the positive future for both local hospitals through ongoing publicity and regular communications.

How patient feedback has influenced the development of Phase Two 'working ideas'

Patient experience information and direct feedback has provided crucial information to help inform the thinking of our clinical design teams and the 'working ideas' which were published in February 2019.

These 'working ideas' are continuing to be further evaluated, refined and developed as we work towards a formal public consultation.

Patient feedback

What patients have said	How we are using it
We want prompt access to specialists and tests as quickly as possible.	Access to specialist advice and diagnostics is prioritised in all 'working ideas' which seek to improve staffing capacity and achieve improved work/life balance for staff.
We want the same access to the same quality of services across South Tyneside and Sunderland.	We are assessing all 'working ideas' against the same clinical standards and are also evaluating them for their impact on improving equality and health inequalities.
We want seven-day working across all services so we can get the same quality of care no matter what time of the day or night, and be discharged in a timely way and not delayed because it is a weekend.	We want to provide better access to specialist consultant-led care seven days a week and this is a core focus of our 'working ideas'. We are also working with health and social care partners to establish how we achieve seven-day working and to support seven-day discharge (this will be very important for greater change idea).
We want confidence that ambulances will get us where we need to be on time.	We continue to work closely with North East Ambulance Service as we develop the 'working ideas' for Phase Two. This includes thoroughly testing and reviewing the activity data and likely impact on ambulances.

continues

Patient feedback

What patients have said	How we are using it
We want as much care as close to home as possible (this was particularly common feedback from South Tyneside patients).	We continue to develop and test ideas to retain as much locally accessible service provision as possible. The Trust has been working hard to deliver many more routine outpatient appointments locally. In the past year more than 2,500 South Tyneside patients who previously attended outpatient appointments in Sunderland have been able to have their appointment closer to home thanks to new clinics in departments such as Ophthalmology, Renal and Rheumatology and a spinal surgery clinic. Opportunities to develop further outpatient clinics are also being looked at in departments such as Cardiology, Oncology, Oral and Maxillofacial and Urology, as well as Orthopaedics.
We want a smooth transition from secondary to primary/community care with more support in the community.	Staff from a range of clinical support services have been actively involved in shaping the 'working ideas' for Phase Two including community teams and primary care colleagues. Our aim is to deliver as much care as possible outside of hospital when this is safe to do so.

How we are

working with partners

to improve travel and transport

Travel and transport

What people told us	What we are doing
Impact of changes Concerns about the impact of changes on travel and transport.	A travel and transport working group has been set up to develop new relationships and understanding. This includes the NHS, local authorities, transport operators and the community and voluntary sector working together to help mitigate travel and transport issues which were identified as a direct result of public consultation for Phase One. Healthwatch and South Tyneside Transport Users Group are also involved with this work to provide independent views from the public, patients and social care users in South Tyneside.
More support for journey planning More information needed on timetables, maps and guides to support journey planning for passengers travelling from South Tyneside to Sunderland.	Produced a new leaflet and information that summarises the bus and Metro links that serve each hospital, along with other helpful information about public transport. Added online journey planner to hospital websites. Improving patient letters with information to assist in planning their journeys, as well as a telephone number to discuss any queries. Projecting bus times on televisions in outpatient areas.

Travel and transport

What people told us	What we are doing
Wayfinding There was a lack of visibility at bus stops for services that travel to/or past hospital.	NEXUS has added the 'Hospital Access' logo to all bus timetables located in bus stops with a bus that travels to/or past hospital.
Poor signage Poor signage in and around the hospitals and from Metro and bus stops into the trust entrances.	We are working with councils to improve signage in the 'last mile' of the journey into the hospital sites. This includes an audit of walking routes, dropped kerbs, signage, crossing facilities, signage within and around the hospital grounds.
Parking costs for visitors Patients and visitors to hospitals have concerns around parking cost, parking spaces and disabled parking bays.	A 'pay on exit' system was introduced at both hospitals in October 2018 making it simpler for people to pay for their parking at the end of their visit and only pay for the actual time spent on site. The council is carrying out an assessment of local car parks near both hospital sites with a view to considering possibilities for additional parking for patients and visitors through park and ride initiatives.

Travel and transport

What people told us

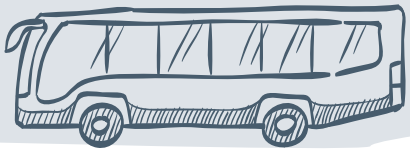
Travel costs
Concern about the cost of travelling to Sunderland from South Shields.

What we are doing

Nexus and Stagecoach have reviewed their 'multi-modal' ticket offering and increased marketing information for these products. The Trust also offers corporate travel schemes which are advertised for staff.

For additional discounted tickets to be developed, we are working on an impact assessment, including a survey which has been carried out with Trust staff to understand the number of staff who rely on public transport. This will be shared with travel operators for their consideration.

The Trust is also looking at providing better information about existing subsistence schemes.



Evaluating 'working ideas' to make sure they are in line with what we have heard during involvement.

We've also developed a set of 'evaluation criteria' which are being used by the clinical design teams to further refine the 'working ideas' for public consultation. These have been drawn directly from patient, staff and public feedback and are summarised below.

Evaluation criteria 1: Quality, safety and clinical sustainability

- Exceeds and maintains nationally recognised workforce standards
- Delivers the correct number of staff with the right competencies
- Increases recruitment and retention through the delivery of good working patterns and opportunities for development
- Increases opportunities for clinical research and innovation
- Risk safeguards in place and monitored, for example safeguarding, complaints, complements, patient experience and reflects how organisations work together to manage risk
- Make sure of clinically safe distances and travel times to access services (including transfer between services) in line with national time access targets
- Access to specialist clinical opinions and diagnostic tests in line with national guidance
- Access to planned care and follow up services in line with waiting time guidance and patient choice
- Provides more joined up working around the patient between hospital teams and out of hospital services.

Evaluation criteria 2: Access and choice

- Addresses accessibility challenges for patients, visitors and staff
- Deliver joined up care close to home when safe to do so
- Minimise any travel impact for patients, families, staff and visitors
- A choice of care is actively promoted.

Evaluation criteria 3: Equality, health and health inequalities

- Makes a positive impact on improving people's health, equality and reducing health inequalities
- Must improve and maintain health outcomes for all people that use hospital services.

Evaluation criteria 4: Deliverability

- The capacity to accommodate predicted future health needs and the projected increase in demand
- Capacity to manage patient flow across all local hospitals
- Robust workforce development plans to be able to implement and sustain new way of working
- Complements or is supported by other relevant services and plans across the region.

Evaluation criteria 5: Financial sustainability

- Can be implemented and funded in the long term within available resources.

Evaluation criteria have been drawn directly from staff, patient and public feedback.

What happens next?

We will continue to involve people as we further develop, evaluate and refine the 'working ideas' and work towards proposals that will be subject to a formal public consultation.

Autumn 2019

- **Continued staff, patient and public involvement**
- **Continued work to refine, test and evaluate the 'working ideas'**

Winter 2019

- **Establishment of new joint health scrutiny arrangements to include Durham elected members**
- **Detailed work on timeframe for regulatory assurance and the finalisation of a pre-consultation business case**

2020

- **Formal public consultation, exact timing yet to be determined**

How to get involved with Phase Two

We have lots of ways for you to get involved and give your views on Phase Two.

The best way to find out what is going on is to look at our dedicated website at: www.pathtoexcellence.org.uk which includes up-to-date documents, links to surveys and details of up and coming events.

We also widely promote activities through the media, online and via key partners and stakeholder groups. You can also reach us at any time via:

Website: www.pathtoexcellence.org.uk

Email us: nhs.excellence@nhs.net

Call us on: 0191 217 2670

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@nhsexcellence

Write to us (no stamp required):
Path to Excellence
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY

This document is available in large print and other languages.
Please call 0191 217 2670.

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Roadshow engagement findings

January 2020

Contents

1 Executive summary

During the months of October and November 2019, a series of public engagement roadshows were held at various venues across the North East where there is high footfall such as NHS sites and marketplaces/supermarkets. Objectives included building NHS visibility, listening and understanding views to gauge opinion on areas of importance, talking positively about work happening in each area, and supporting key messages around areas such as use of services and flu, and delivery of health checks.

This was planned and designed to reflect the nature of individual 'places' in order to engage on local pieces of work, as well as the wider ambitions of the region's NHS to build a health and care system which is fit for the future (an Integrated Care System).

The Integrated Care System (ICS) comprises of four Integrated Care Partnership (ICP) areas; North Cumbria, Tees Valley, North of Tyne and Gateshead and Durham, South Tyneside and Sunderland and is a commitment by all NHS organisations along with Local Authorities and other voluntary and third sector organisations, to work together on ambitious plans to improve the health of the three million people who live in the region and to improve the quality of their health and care services.

The roadshow engagement provided a valuable opportunity for individuals to provide feedback as to what makes them proud of the NHS, what improvements they would like to see and what concerns them most about the future. A total of 1,327 responses to these questions were collected across the ICS region. The planned events in North Cumbria ICP were cancelled due to the implications for the ICP arising from Purdah restrictions.

In South Tyneside and Sunderland, as well as parts of East and North Durham, these events also gave individuals the opportunity to find out more about Phase Two of the Path to Excellence programme and the work taking place to create outstanding future hospital services in South Tyneside and Sunderland.

The following provides a summary of the key findings for the ICS region, however contained within this report is a summary of the findings for each ICP area as well as the Path to Excellence geographical area.

Attitude to change

There is a strong consensus among individuals that the NHS needs to continue to change to meet the needs of patients living within the region (77% strongly agree or agree with this statement). In contrast, between 9-12% strongly disagree or disagree that the NHS needs to continue to change.

What are individuals most proud of?

- Many are proud of the staff that work within the NHS, with individuals referring to their commitment and dedication, how they always put patients first and how they strive to deliver the best possible care despite increasingly challenging circumstances.

- Furthermore, a large proportion are proud of the work that the NHS achieves and/or everything about the NHS; individuals used words such as 'amazing', 'marvellous', 'great', 'fantastic' and 'brilliant' to describe it's achievements and/or services in general.

- Individuals are proud of the high standard of care that the NHS provides, with many positively describing their experience of accessing care. More general comments related to the efficiency of services and the NHS providing a more-than satisfactory service.

- A considerable proportion of individuals highlighted the exceptional care that is provided by specialist services and/or teams. A long list of these were provided with a few examples being maternity services, children's services, district nursing teams, older people's services, diabetes care and cancer services.

- Other aspects that individuals are proud of are the care and service provided by GP practices and the fact that the NHS provides a free service for all. However, these were cited to a lesser extent.

- From a staff perspective, individuals identified teamwork and the support they receive from their managers and/or the rest of the team as one of the best things about their job. Other key aspects included being able to help others - providing good patient care, having job satisfaction, engaging with patients and working in a great location with good facilities.

What improvements would they like to see?

- Improving access to GP services was one of the main improvements that individuals would like to see. Patients want to be able to easily book an appointment within a timeframe that is acceptable to them. Suggestions were made about the need for more GP practices as well as more GPs within practices, the greater availability of appointments through longer and weekend opening hours as well as making it easier for patients to contact their practice.

- Improved staffing was repeatedly identified by individuals, as well as staff themselves as an improvement that is much needed. Increasing the workforce was felt to reduce pressure on staff, improve capacity and standards of care.

- The need for better integration of services was also felt to be very important. Comments were made about the disconnect between the health and care sectors, the lack of joined-up thinking between different NHS services and the need for providers and commissioners to work more closely together when making decisions about service improvements.

- A large proportion of individuals want to see improved accessibility to services in terms of travel and transport. Comments typically related to reduced / abolishment of parking charges and improved parking facilities as well as easier and more affordable methods for patients to travel to and from services.

- Other suggestions for improvement included reducing waiting times for hospital appointments and procedures as well as greater access to mental health support services. However these were identified to a lesser extent.

What concerns them most about the future?

- In line with the improvements that individuals would like to see, staffing was identified as one of the greatest concerns regarding the future of NHS services. Comments related to staff being overworked and 'burnt out' with concerns about the impact that this has on patient care as well as the ongoing problems of recruiting and retaining staff.

- Another main concern was the closure and movement of services, this was a particular issue for those who attended roadshow events in the Durham, South Tyneside and Sunderland ICP area with a high proportion negatively commenting upon the closure/movement of services that have resulted from Phase One of Path to Excellence. The Path to Excellence programme has created a great deal of uncertainty about the future of services within South Tyneside, including the future of the hospital.

- Access to GP practices was identified as a concern for many – specifically the difficulty in being able to make an appointment when needed, the inefficiency of appointment booking systems and the general shortage of GPs.

- Individuals have concerns about the lack of funding and investment in NHS services which have led to cuts and are consequently felt to be impacting upon patient care.

- A high proportion acknowledged the overwhelming demands that are being placed on the system due to the ageing population and rising patient expectations. The ability to cope with these are felt to be diminished due to other factors such as staff shortages and lack of investment and funding.

- Concerns about privatisation and the future of the NHS were also identified by a substantial proportion.

The report provides a more in-depth exploration of these factors as well as segmentation by ICP area and the Path to Excellence geographical area.

2 Introduction

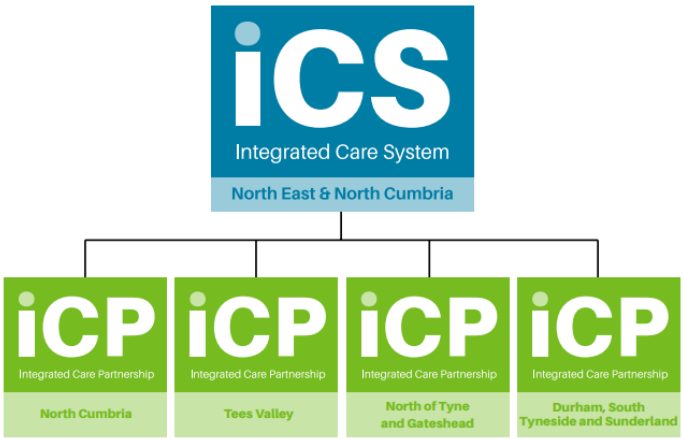
During the months of October and November 2019, a series of public engagement roadshows were held at various venues across the North East, where there is high footfall such as NHS sites and marketplaces/supermarkets. Objectives included building NHS visibility, listening and understanding views to gauge opinion on areas of importance, talking positively about work happening in each area, and supporting key messages around areas such as use of services and flu, and delivery of health checks.

This was planned and designed to reflect the nature of individual 'places' in order to engage on local pieces of work, as well as the wider ambitions of the region's NHS to build a health and care system which is fit for the future (an Integrated Care System).

The Integrated Care System (ICS) comprises of four Integrated Care Partnership (ICP) areas; North Cumbria, Tees Valley, North of Tyne and Gateshead and Durham, South Tyneside and Sunderland and is a commitment by all NHS organisations along with Local Authorities and other voluntary and third sector organisations, to work together on ambitious plans to improve the health of the three million people who live in the region and to improve the quality of their health and care services.

In South Tyneside and Sunderland, as well as parts of East and North Durham, these events also gave individuals the opportunity to find out more about Phase Two of the Path to Excellence programme and the work taking place to create outstanding future hospital services in South Tyneside and Sunderland.

The planned events in North Cumbria ICP were cancelled due to the implications for the ICP arising from Purdah restrictions.



The engagement gave individuals the chance to share:

- What makes them proud of the NHS
- Where they would like to see improvements
- What concerns them most about the future.

This report provides an overview of the feedback provided by individuals engaged with during the roadshows.

3 Event activity

3.1 Tools and resources

Each event team were supplied with a series of ICS tools and resources to help facilitate conversation. Additional resources on the Path to Excellence programme were provided to teams holding events in Durham, South Tyneside and Sunderland.

Four resources were designed specifically to capture feedback on the key engagement questions.

1. **Survey** (printed survey and also available online)

Individuals were asked to compete a short survey to help us to understand what matters most to people living in the North East and North Cumbria about our NHS and where they would like to see us focus our efforts on improving services for the future.

2. **Research card**

Individuals were asked to complete a short research card asking them ‘to what extent they agree that the NHS needs to continue to change to meet the needs of patients in their area’. The card also allowed individuals to provide brief demographic information and captured any other comments that they had.

3. **Totem Pole**

Individuals were asked to write their answers to the three engagement questions on post-it notes (demographic information was not required to be captured).

4. **Staff comment card**

Staff who work within the NHS or within social care were asked to write their answers to two questions on post-it notes (demographic information was not required to be captured).

3.2 Response totals

The table below summarises the number of responses that were collected in the four methods detailed in Section 3.1.

Note: Due to the methods of data capture, the number of responses does not correlate with the number of individuals engaged with.

The table is structured to show the number of responses for the ICS region, each ICP area as well as the events conducted specifically in the Path to Excellence footprint. The planned events in North Cumbria ICP were cancelled due to the implications for the ICP arising from Purdah restrictions.

	ICS region	ICP area			Path to Excellence
Activity		**Tees Valley**	**Durham, South Tyneside and Sunderland**	**North of Tyne and Gateshead**	
Survey	169	30	78	47	51
Research card	37	5	19	13	19
Totem pole	1034	96	801	137	800
Staff comment card	87	2	85	0	85
Total	**1327**	**132**	**983**	**197**	**955**

3.3 Notes on analysis / report

- Responses to all open questions were analysed using thematic analysis enabling a quantitative representation of responses (a process whereby each individual response is assigned a code and codes grouped to provide themes or categories).

- The results of the engagement are by no means representative of the general population, but rather provide an insight into perspectives.

- The findings in this report are presented for the ICS region as well as for each ICP area. In addition, the results are presented for the Path to Excellence geographical area.

4 Findings - The Integrated Care System

This section of the report provides an overview of the findings for the ICS region for each of the engagement methods.

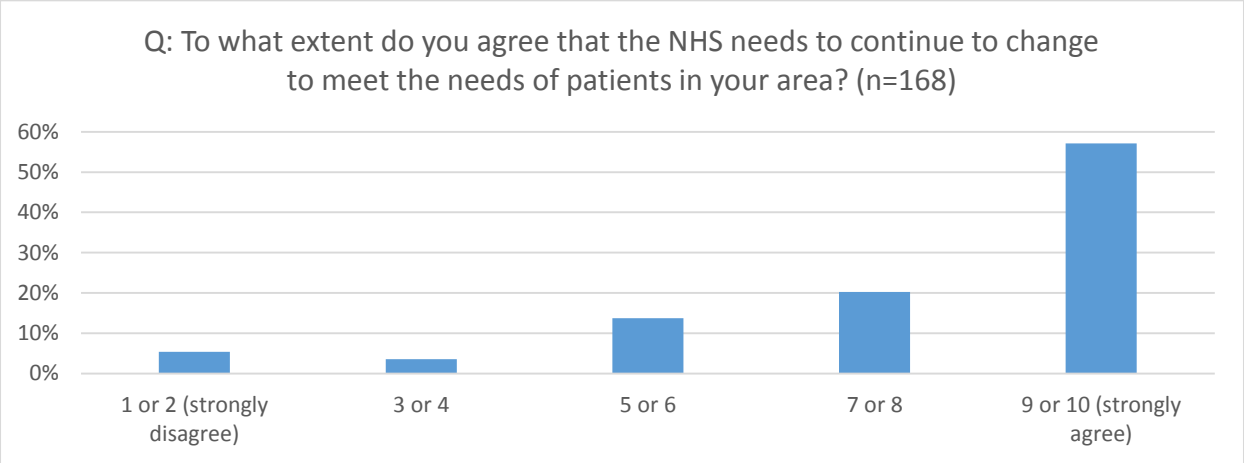
4.1 Survey

The survey was completed by 169 individuals; 75% female and 25% male. The full demographic breakdown of respondents can be found in the Appendix.

The greatest proportion were from Durham, South Tyneside and Sunderland (46%) with 28% from North of Tyne and Gateshead and 18% from Tees Valley. The remaining individuals were from North Cumbria (5%) or an 'other' area (4%).

Most individuals responded to the survey as a member of NHS staff (41%), whilst 30% were a member of the public and a further 13% a patient currently receiving NHS treatment.

Approximately three quarters strongly agree or agree that the NHS needs to continue to change to meet the needs of patients (57% strongly agree & 20% agree). In contrast, just 5% strongly disagree and 4% disagree that the NHS needs to continue to change.



What do you feel most proud of?

Survey respondents are most proud of the **staff that work within the NHS** (28%). Individuals referred to the commitment and dedication of staff, how they always put patients first and/or how they strive to deliver the best possible care despite increasingly challenging circumstances.

"How individual people strive to make a difference"

"The service the staff continue to deliver despite the lack of funding or support"

"Determination of staff to provide a good person-centred service in spite of centralised target driven agendas."

Another aspect that individuals are particularly proud of is **the care delivered by specialist services and/or teams** (24%). Individuals cited a wide range of services which included maternity, district nursing teams, older people's services, cancer services, child immunisations, home physiotherapy and paramedic teams.

A slightly smaller proportion are proud of **the service that their GP provides** (13%) whilst 10% made general comments about **the high standard of care that the NHS provides or they have experienced**.

"Our capacity to deliver care, better than in other parts of the country"

"That we have some of the best services in the country on our doorsteps"

"An excellent local hospital with national and internationally recognised services"

Other aspects that individuals are proud of included the **NHS providing a free service for all** (8%), **the work that the NHS achieves and/or everything about the NHS** (5%), **the range of services and the support provided** (4%) and **how the NHS provides local access to healthcare** (4%).

What do you feel most proud of? (n=154)	% of responses
The staff	28%
Care from specialist services	24%
Care received from GP practice	13%
Standard of care provided or experienced (general comments)	10%
None	10%
Provides a free service for all	8%
Work that the NHS achieves / everything	5%
The range of services provided by the NHS / support available	4%
Local access to care	4%
NHS there when needed / couldn't do without it	3%
Other	*5%*

What improvements would you like to see?

In terms of improvements to NHS services, the most individuals commented upon the need to **improve access to GP services** (17%). Suggestions related to making it easier for patients to contact practices when they need an appointment, ensuring patients are able to book an appointment within a reasonable timeframe, having more GP practices as well as more GPs within practices and the greater availability of appointments through longer and weekend opening hours.

"Better access to GP service on a weekend and late night as I work fulltime"

"Better access to GP appointments and reform in how GPs allocate their appointment times"

Furthermore, 15% want to see **more joined-up, integrated services**. Comments were made about the disconnect between the health and care sectors, the lack of joined-up thinking between different NHS services and the need for providers and commissioners to work more closely together when making decisions about service improvements.

"Better links to community care and more partnership working across health and social care"

"Continue to build a better partnership with social services"

"Less organisation tribalism, more cohesion from all organisations in the system to work together to make the best decisions for the health of our population"

Comments falling within the '**travel and transport**' category (12%) typically related to the need for a 'rethink' on parking charges, improving parking facilities at hospitals and/or creating easier and more affordable ways for patients to travel to and from services.

Other key suggestions included;

- **Reducing waiting times for hospital appointments and procedures** to provide a more efficient service (11%)
- **Greater access to mental health support services** (10%) i.e. reduced waiting times, greater service provision for all ages, improved funding and longer opening hours.
- **Improved staffing** (9%).

What improvements would you like to see? (n=161)	% of responses
Access to GP	17%
More joined-up, integrated services	15%
Travel and transport	12%
Waiting times for hospital appointments / procedures	11%
Mental health support services	10%
Staffing levels	9%
Keeping / more local services	7%
Investment / appropriate funding	7%
More efficient use of resources available within communities	6%
More preventative health care	6%

Use of informatics/IT e.g. central patient record	5%
Staff attitude and training	4%
Appointment systems (Inc. better administration, scheduling & less cancellations)	4%
NHS staff salary / working conditions (Inc. better staff recognition)	3%
Waiting times at A&E	3%
Staff restructuring (I.e. less managers, more effective leadership)	2%
Internal communication	2%
Continuity of care	1%
Care for the elderly (Inc. dementia services)	1%
Better diagnosis / standard of care provided	1%
A more holistic approach to health	1%
Other	*15%*

What concerns you the most?

Approximately a third (35%) identified **staffing** as their greatest concern with regard to the future of NHS services. Comments related to staff being overworked and 'burnt out', the impact that the pressure put on staff has on patient care as well as the ongoing problems of recruiting and retaining staff.

"Staffing shortages that constantly threaten patient safety"

"Being unable to recruit and retain staff"

Another great concern was the **lack of funding and investment in NHS services** (21%) with concerns about how cuts to services impact on the care delivered to patients. A small number highlighted that despite cuts / lack of funding, staff are still required to deliver the same level of care.

"Unnecessary cuts which impact on the workforce and subsequently patient care"

Furthermore, 16% raised concern about **the increasing demands placed on the system** due to the ageing population and rising patient expectations. The ability to be able to manage these was felt to be diminished due to other factors such as lack of investment and funding and staff shortages.

"Insufficient resources to meet increasingly complex demands"

Concerns about **privatisation and the future of the NHS** were also identified by 12% of the sample. This concern is likely to be heightened at the present time due to the impending general election.

What concerns you the most? (n=160)	**% of**

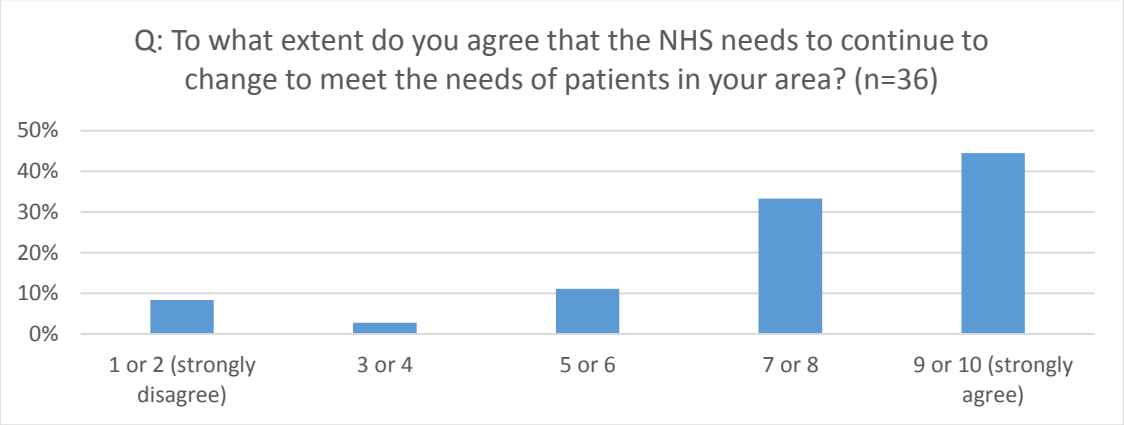
	responses
Staffing / overworked staff	35%
Lack of funding and investment	21%
Increasing demands on system	16%
Future / privatisation of the NHS	13%
Patient education / preventative health	6%
GP access	6%
Inadequate mental health services	4%
Lack of joined-up thinking / integration of services	4%
Poor management / effective leadership	4%
Closure / movement of services	3%
Waiting times for hospital appointments / procedures / A&E	3%
Inappropriate use of services / lack of knowledge	3%
Inefficient system	3%
NHS staff pay and working conditions	2%
Travel and transport	1%
Other	*11%*

4.2 Research card

The research card was completed by 37 individuals; 51% from Durham, South Tyneside and Sunderland, 35% from North of Tyne and Gateshead and 14% from Tees Valley.

The majority responded as a member of public (53%) with smaller proportions responding as a key stakeholder (16%) or a patient currently receiving NHS treatment (13%).

Most strongly agree or agree that the NHS needs to continue to change to meet the needs of patients (44% strongly agree & 33% agree). In contrast, just 8% strongly disagree and 3% disagree that the NHS needs to continue to change.



Individuals were given the opportunity to provide any other comments, these are summarised in the table below. Whilst some were positive about change others were not convinced whether change was the solution.

Note: Due to the relatively small number of comments and the diverse nature of responses, comments are displayed as numbers rather than percentages.

Any other comments (n=19)	**No. of comments**
Positive - NHS is a service to proud of - Doing well considering current underfunding - Change is comforting - Services need to change with improvement to technology and treatments	6
Negative - Long way to go - Not convinced change is the answer - Query over funding - Investment is required	4
Neutral - Change must be well communicated - Community and voluntary sector must be adequately funded given heavy reliance on services - Hope for commitment to retain acute services at 3 sites (Tees Valley) - Query regarding judgement of patient's needs - Lack of progress across patch (Tees Valley) since 2013	5

Other - Charging and storage points for scooters/electric wheelchairs - X-ray facilities should be available until 10pm to accommodate recreational sports injuries - Poor discharge planning for elderly	4

4.3 Totem pole

A total of 1,034 responses were collected in the totem pole activity across the ICS region; 77% of which were from Durham, South Tyneside and Sunderland, 13% from North of Tyne and Gateshead and 9% Tees Valley.

Note: Due to the geographical breakdown of responses, caution must be applied to the interpretation of the results, given the bias towards responses in the Durham, South Tyneside and Sunderland area.

What do you feel most proud of?

The most individuals are proud of the **high standard of care that is provided by NHS services** (32%), with many positively describing their experience of accessing care. More general comments related to the efficiency of services, the NHS providing a more-than satisfactory service and/or individuals not encountering any problems / having any complaints.

"Quality and standard of care is excellent"

"Following shoulder injury follow up care was excellent 2nd to none. 100% behind the NHS"

"Never had any problems, had bad led ulcers and I had a good service"

Furthermore, 21% made a general comment about **the work that the NHS achieves and/or everything about the NHS**, with many using the words 'amazing', 'marvellous', 'great', 'fantastic' and 'brilliant' to describe its achievements / the services in general (21%).

"On the whole the NHS does a great job"

"Proud of NHS – the work they do"

"NHS is spot on"

A slightly smaller proportion are proud of the **staff** (17%), again with many using words such as 'brilliant', 'dedicated', 'amazing' and 'fantastic' to describe them.

"Staff dedicated and helpful. No complaints about them"

"Attitude of staff friendly, positive, healthy"

Others aspects that individuals are proud of include **the care and service provided by GP practices** (11%), **the care provided by specialist services and/or teams** (7%) (I.e. the falls prevention service, peadiatrics, community nurses, maternity, neurology and diabetes department) as well as the **NHS providing a free service for all** (6%).

What do you feel most proud of? (n=323)	% of responses
Standard of care provided or experienced (general comments)	32%
Work that the NHS achieves / everything	21%
The staff	17%
Care received from GP practice	11%
Care from specialist services	7%
Provides a free service for all	6%
NHS there when needed / couldn't do without it	4%
The range of services provided by the NHS / support available	2%
Other	*7%*

What improvements would you like to see?

As can be seen in the table below, individuals provided a diverse set of responses to this question.

The most individuals commented upon the need to **improve access to GP practices** making it easier for individuals to see a GP (17%). Many discussed the problems that they encounter in contacting their GP practice and/or making an appointment within a timeframe that is acceptable to them.

"Had bloods, need to come and see GP once results in. Can't get appointment to see GP so need to ring again so have to remember to call, try and try until get through surely it can be easier"

"Better access to GP appointments - I still wait 3 weeks"

Furthermore, smaller proportions felt it is important that **staffing levels** are addressed (8%) – reducing pressure on staff and improving patient care, and that **waiting times for hospital appointments and procedures are reduced** (8%).

"More nurses and they deserve a pay rise"

"Waiting times for chiropody in North Tyneside"

"Waiting times in hospitals too long plus for GPs"

Other suggested improvements include:

- **Better attitude of staff and staff training** (6%)
- **Greater access to mental health support services (6%)** with shorter waiting times for services and greater service provision
- **Increased investment/funding in NHS services** (5%).

Suggestions in relation to **travel and transport** (5%) included eradication/cheaper parking charges, increased parking facilities (including disabled bays), improved public transport links with services available during the night and/or shuttle services transferring individuals between hospitals/localities.

"Direct public transport links Jarrow/ Hebburn to Sunderland Hospital"

"What about people who have night emergency but no buses after 22:00 - nights and have to wait in hospital until morning for buses"

A small proportion (4%) commented on the need to **provide (and keep) local services**. The majority of these individuals had attended an event within Durham, South Tyneside and Sunderland raising concerns about the movement of services from South Tyneside to Sunderland.

"More services returned to South Tyneside e.g. manning children's 24hour A&E"

"Keep the NHS services in South Shields and not Sunderland so travel a concern"

What improvements would you like to see? (n=369)	% of responses
Access to GP	17%
Staffing levels	8%
Waiting times for hospital appointments/procedures	8%
Staff attitude and training	6%
Mental health support services	6%
Travel and transport	5%
Investment / appropriate funding	5%
Keeping / more local services	4%
NHS staff salary / working conditions (Inc. better staff recognition)	3%
More efficient use of resources available within communities	3%
Staff restructuring (I.e. less managers, more effective leadership)	3%
Medicines waste	2%
Repeat prescription service - scheduling / ordering / delivery	2%
Waiting times at A&E	2%
Continuity of care	2%

External communication (e.g. text reminders, appointment letters)	2%
Longer GP appointments / appointment flexibility	2%
More preventative health care	2%
Care for the elderly (Inc. dementia services)	2%
Appointment systems (Inc. better administration, scheduling & less cancellations)	1%
More joined-up, integrated services	1%
Comment about bad experience	1%
Food (Inc. more dietary options)	1%
Internal communication	1%
Ambulance waiting times	1%
More up-to-date services	1%
Other	16%

What concerns you the most?

Note: no responses to this question were recorded for individuals attending events in North of Tyne and Gateshead. It is not known whether this question was either not asked during the events or the post-it notes with anonymous responses have been misplaced. Consequently, the results for this question are biased to the Durham, South Tyneside and Sunderland ICP area as 89% of responses to this question were from this area and just 11% from Tees Valley.

The most individuals identified their greatest concern for the future of NHS services as the **closure and movement of services** (23%). All of these individuals had attended an event in the Durham, South Tyneside and Sunderland ICP area with most raising concern about the closure/movement of services that have resulted from Phase One of Path to Excellence.

"Unhappy about nor consultant maternity unit at South Tyneside District Hospital"

"Big concerns about potential changes at STDH - moving services from STDH to SRH - particularly A&E - would be difficult to get there if you live in Jarrow"

Furthermore, for 16% their biggest concern was **GP access** – particularly the difficulties faced in making an appointment within an acceptable timeframe, the inefficiency of appointment booking systems (telephone and/or online) and the general shortage of GPs.

"Phoning to make GP appointment, if don't call before 8:30, you can be 25th in the queue. If you are not online it is difficult to get an appointment"

"Access to GP's in Cleadon is poor as no answer – telephone 28 times"

A slightly smaller proportion raised concern about the **future of the NHS and the privatisation of services** (10%). This concern is likely to be heightened at the present time due to the impending general election.

"Not being free in the future"

"Changes in government – Brexit - will it still be free?"

"Concerned about NHS being privatised"

Other concerns raised, but to a slightly lesser extent, included:

- **Lack of funding and investment** (7%)
- **Waiting times for hospital appointments and procedures** (including A&E) (6%)
- **Staffing and overworked staff** (5%).

What concerns you the most? (n=342)	% of responses
Closure / movement of services	23%
GP access	16%
Future / privatisation of the NHS	10%
Lack of funding and investment	7%
Waiting times for hospital appointments / procedures / A&E	6%
Staffing / overworked staff	5%
Comment about bad experience	3%
Staff and patients not being listened to	3%
Lack of integration of services	2%
Infection control / cleanliness	2%
Staff attitude and training	2%
NHS staff pay and working conditions	1%
Travel and transport	1%
Prescriptions (rising costs and re-ordering difficulties)	1%
Continuity of care	1%
NHS111	1%
Use of A&E (behaviour of drunks, prioritisation of certain groups)	1%
Inadequate mental health services	1%
Patient-practitioner communication	1%
Inappropriate use of services / lack of knowledge	1%

Access to care close to home	1%
Other	*7%*

4.4 Staff comment card

A total of 87 responses were collected as part of the staff engagement activity. Staff who worked in either the NHS or the social care sector were encouraged to take part in this activity.

Note: 97% of responses collected to these questions were from events conducted in the Durham, South Tyneside and Sunderland ICP area (just one comment was made a staff member from Tees Valley), therefore a degree of caution must be applied to the reliability of these results for the whole ICS region. However, due to the non-specific nature of responses it is likely that these results would provide a fair representation for the whole ICS footprint.

What is good about your job and where you work?

Over half of staff felt that **teamwork and the support they receive from their managers and/or rest of the team** is one of the best things about their job - 55% of those responding the question gave a response in relation to this.

"I work with a well-motivated team (nurses/support staff), who adapt and learn new skills"

"The trust is very supportive and I work as part of a great, friendly, supportive team"

Other key themes identified in relation to what staff like about their job were:

- **Being able to help others and provide good patient care** (18%)
- **Having job satisfaction** (14%)
- **Engaging with patients** (14%)
- **Working in a great location with good facilities** (14%).

What is good about your job and where you work? (n=44)	**% of responses**
Teamwork / support from management and/or team	55%
Being able to help others / provide good patient care	18%
Job satisfaction	14%
Engaging with patients	14%
Great location with good facilities	14%
None/other comment	14%
Local	11%
Rewarding / feeling valued	9%

Close integration of departments and services with good communication	9%
Career / development opportunities	7%
Day-to-day variation in job role	7%
Good shift pattern / flexibility	7%
Employee benefits	5%
Structure	5%
Run by NHS Trust (not a private provider)	2%

What can we do to make it better?

The most commented on the need for **improved staffing** (40%), with comments highlighting the importance of improving retention and reducing the time it takes to replace staff.

"Employ more nurses if possible"

"To hire more staff, as staffing levels are poor"

"Encourage government spend more on recruitment, without staff there is poor service."

Other suggested areas for improvement, included:

- **Improved communication** I.e. better communication from management and between different services (21%)
- **Eradication of staff parking charges / free staff parking** (16%)
- **Flexi-working to improve work/life balance** (14%)
- **Increased pay** (14%)
- **Improved patient / staff safety** (12%) (Including steps to address staff locking up buildings late at night & prevention of harassment from staff and members of the public)
- **Better management / more effective leadership** (12%) (Including better training for managers / those in a position of authority).

What can we do to make it better? (n=43)	**% of responses**
Improved staffing	40%
Improved communication	21%
Eradication of staff parking charges	16%
Flexi-working	14%
Increased pay	14%
Improved patient/staff safety	12%

Better management	12%
None / other	9%
Greater recognition of staff /treat staff like individuals not numbers	9%
Greater integration and collaboration (e.g. community wellbeing service & hospital / primary & secondary care)	9%
Improved funding and investment in resources and workforce	9%
Better use of IT/informatics	7%
Keep staff more up-to-date with changes / listen to staff	7%
More clinics	5%
Reopen/longer opening hours of Urgent Care Centre/Walk-in centres	5%
Improved access to mental health services	5%
Stop closing / moving services from South Tyneside	5%
Stop privatisation of NHS services	5%
Education (e.g. greater promotion of non-clinical services & most appropriate service to use for different conditions)	5%
More efficient transfer of patients by ambulance staff	2%
Improved GP access	2%
Local teams adopting their own interpretation of national local standards	2%
More care provision in the community	2%
Free university places for medical, nursing & social care students	2%
Clearer pathways for patient treatment	2%

5 Findings – Tees Valley ICP

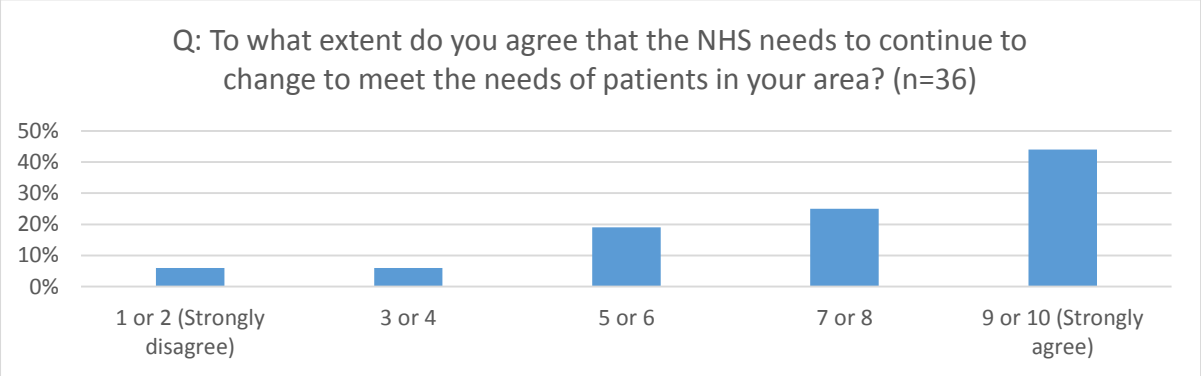
In total, 132 responses to the key engagement questions were collected from individuals who attended events in the Tees Valley ICP area or responded to the survey. Demographic information was only collected for those who completed the survey, a breakdown of this is included within the Appendix.

Note: It is more than likely that a small number of the individuals who attended the roadshow events in this ICP area might have actually lived outside of the area. However, due to the thematic nature of responses it is unlikely that this would significantly affect the findings.

Note: Within this section, responses from the different engagement methods were amalgamated to provide most robust answers to the engagement questions.

5.1 Attitude to change

The majority of individuals agree that the NHS needs to continue to change to meet the needs of people in their area (44% strongly agree & 25% agree). In contrast, 6% strongly disagree and 6% disagree. Most individuals responded to this question on behalf of a NHS staff member (37%), a member of the public (31%) or a key stakeholder (17%).



5.2 What are individuals most proud of?

Individuals within Tess Valley ICP area are most proud of:

- **The work that the NHS achieves / everything about the NHS** (24%) - words such as 'marvelous', 'fantastic' and 'smashing' were used to describe the work that the NHS achieves and/or the organisation in general.

- **The care received by specialist services and/or teams** (21%) – individuals specifically cited the care they had received from maternity services, diabetic services, cardiovascular services, neurology, cancer care, student services and the preceptorship programme as well as older people's services.

- **The high standard of care provided and/or experienced** (17%) – those who made specific comments did so about the care they received at Darlington Memorial Hospital, James Cook University Hospital and the University Hospital of North Tees.

- **The care received from GP practices** (17%) – particular mention was given to the Alma Centre, Saltscar Surgery, Brolton Surgery and the One Life Centre.

- **The staff who work within the NHS** (14%) – individuals highly praised the staff that work within the NHS describing them as 'caring', 'compassionate', 'marvelous', 'friendly' and 'welcoming'.

"Think all local NHS services are brilliant!"

"The care for elderly residents, in some cases, my mother's GP is brilliant, my own practice is not so good"

"The service the staff continue to deliver despite the lack of funding or support"

"The people who work in the NHS are marvelous – at hospitals, in GP practices, nurses"

What are you most proud of? (n=63)	% of responses
Work that the NHS achieves / everything	24%
Care from specialist services	21%
Standard of care provided or experienced (general comments)	17%
Care received from GP practice	17%
The staff	14%
Provides a free service for all	6%
None	3%
Local access to care	3%
Other	6%

5.3 What improvements would they like to see?

The key improvements that individuals in this area would like to see are:

- **Improved access to GP services** (20%)

- **Better mental health support services** (14%) – comments related to the need for a greater understanding of mental health by GPs, more support for those who have lost children / experiencing PTSD, greater funding for

services and support for individuals of all ages, as well as the transformation of services to better meet the needs of patients.

- **Improved staffing** (13%)

- **More joined-up, integrated services** (11%) – the majority of comments related to the need for a closer partnership between health and social care as well as more joined-up thinking between NHS services, including communication which is consistent amongst all services.

"More GPs in local practices to reduce waiting lists"

"Joining things together so that people rather than money are in the centre - really in the centre"

"Day to day a problem - getting an appointment with a GP really difficult - also, always see someone different and don't get reminders (e.g. blood test due) which you used to get"

What improvements would you like to see? (n=56)	% of responses
Access to GP	20%
Mental health support services	14%
Staffing levels	13%
More joined-up, integrated services	11%
Use of informatics/IT e.g. central patient record	5%
Waiting times for hospital appointments/procedures	5%
Staff attitude and training	4%
Repeat prescription services	4%
Waiting times at A&E	4%
Keeping / more local services	4%
Appointment systems (Inc. better administration, scheduling & less cancellations)	4%
More efficient use of resources available within communities / more services within the community	4%
None	4%
Travel and transport	4%
Investment / appropriate funding	4%
Other	21%

5.4 What concerns them most about the future?

The greatest concerns regarding the future of NHS services for the people in this area are:

- **GP access** (21%) - individuals highlighted the difficulty they face in contacting their GP practice, booking an appointment within a timeframe which is acceptable to them and the shortage of GPs in the area / within their practice.

- **Staffing levels** (16%) – it was recognised that an immense amount of pressure is put on staff due to shortages, impacting on patient safety and quality of care.

"Staff shortages in hospital and community services"

"Staff are over-worked"

"Can't get through to a GP on the phone. When you do, the appointment is 3-4 weeks' time. It is too late"

"GP services terrible cannot get an appointment. It's disgusting"

The following were also identified, but to a lesser extent:

- **Waiting times for hospital appointments / procedures / A&E** (9%)

- **Privatisation and future of the NHS** (9%)

- **Lack of funding and investment** (7%)

- **Poor management / effective leadership** (6%).

What concerns you the most? (n=68)	% of responses
GP access	21%
Staffing / overworked staff	16%
Waiting times for hospital appointments / procedures / A&E	9%
Future / privatisation of the NHS	9%
Lack of funding and investment	7%
Poor management / effective leadership	6%
Closure / movement of services	3%
Patient - practitioner communication	3%
NHS111	3%
Inappropriate use of services / lack of knowledge	3%

Inappropriate diagnosis / patient has to push to be treated	3%
Inadequate mental health services	3%
NHS staff pay and working conditions	3%
Disjointed care	3%
Access to care close to home	3%
Travel and transport	3%
Prescriptions (rising costs and re-ordering difficulties)	3%
Increasing demands on system	3%
Inefficient system	3%
Other	12%

6 Findings – Durham, South Tyneside and Sunderland ICP

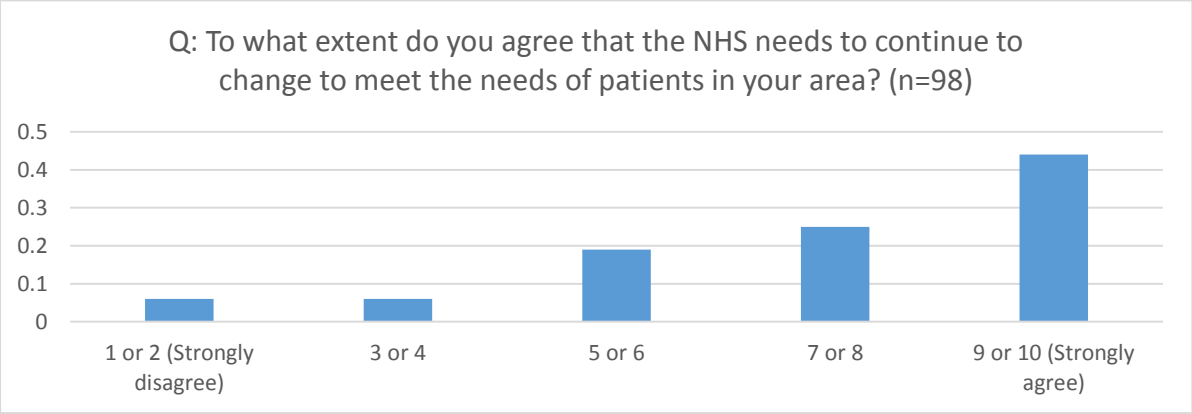
In total, 983 responses to the key engagement questions were collected from individuals who attended events in the Durham, South Tyneside and Sunderland ICP area or responded to the survey. Demographic information was only collected for those who completed the survey, a breakdown of this is included within the Appendix.

Note: It is more than likely that a small number of the individuals who attended the roadshow events in this ICP area might have actually lived outside of the area. However, due to the thematic nature of responses it is unlikely that this would significantly affect the findings.

Note: Within this section, responses from the different engagement methods were amalgamated to provide most robust answers to the engagement questions.

6.1 Attitude to change

Approximately three quarters agree that the NHS needs to continue to change to meet the needs of patients in their area (57% strongly agree & 19% agree). In contrast, 9% strongly disagree and 5% disagree. Most individuals responded to this question on behalf of a member of the public (42%), whilst 31% responded as a NHS staff member and a further 17% as a patient currently receiving NHS treatment.



6.2 What are individuals most proud of?

Individuals within this ICP area are most proud of:

- **The high standard of care provided and/or experienced** (27%) – many individuals positively commented upon the care that is provided by NHS services and/or the care they have received in the past. General comments related to the efficiency of services, receiving the treatment that was required and/or individuals not having any concerns or complaints about their care.

  "Proud we have an NHS. Any dealing I've had with has been fantastic"

"Used lots of services, not had any negative experiences - always good care and efficient. Only negative would be cancelled eye appointments but tiny issue"

- **The staff who work within the NHS** (20%) – a large proportion of individuals highly praised the staff who work within the NHS with words such as 'dedicated', 'brilliant' and 'amazing' being used to describe them. Additional comments were made about staff going 'above and beyond' and continuing to deliver excellent patient care despite the challenging circumstances.

"The people do one hell of a job- I can't fault them"

"Our workers in the NHS as they are not recognised"

In addition, individuals felt proud of **the work that the NHS achieves / everything about the NHS** (16%), **the care received from specialist services and/or teams** (10%) as well as the **care received from GP practices** (10%). However, these were identified to a slightly lesser extent.

What are you most proud of? (n=335)	**% of responses**
Standard of care provided or experienced (general comments)	27%
The staff	20%
Work that the NHS achieves / everything	16%
Care from specialist services	10%
Care received from GP practice	10%
Provides a free service for all	6%
NHS there when needed / couldn't do without it	4%
None	3%
Range of services provided / support available	3%
Other	7%

From the perspective of staff, 55% felt that **teamwork and the support they receive from their managers and/or rest of the team** was the best thing about their job.

"I work with a well-motivated team (nurses/support staff), who adapt and learn new skills"

Other key themes identified in relation to what staff like about their job and where they work were:

- **Being able to help others and provide good patient care** (18%)
- **Having job satisfaction** (14%)

- **Engaging with patients** (14%)
- **Working in a great location with good facilities** (14%).

6.3 What improvements would they like to see?

Individuals suggested a wide variety of improvements which are listed in the table below, however the key ones were:

- **Improved access to GP services** (18%) – individuals felt that having more GPs within practices as well as more GP practices, more efficient appointment booking systems and longer opening hours of practices (including weekend opening) would help individuals to book an appointment when they need one.

"Being able to make a speedy appointment with GP"

"GP practices - more of or else open over the weekend"

- **Staffing levels** (10%) – many noted how it is imperative that the workforce is increased particularly the numbers of clinical staff. Comments reinforced the need to employ more front-line staff instead of management/senior staff, the importance of reinstating nursing bursaries and the need to address staff retention.

"Less management and more staff providing the service first-hand"

"The impossible!! More clinical staff at every level"

- **Reduced waiting times for hospital appointments and procedures** (9%).

"Waiting times in hospitals too long plus for GP's"

What improvements would you like to see? (n=308)	% of responses
Access to GP	18%
Staffing levels	10%
Waiting times for hospital appointments/procedures	9%
Staff attitude and training	6%
Keeping / more local services	6%
Travel and transport	6%
Mental health support services	6%
Investment / appropriate funding	6%
NHS staff salary / working conditions (Inc. better staff recognition)	4%

More joined-up, integrated services	4%
More efficient use of resources available within communities / more services within the community	4%
Staff restructuring (i.e. less managers, more effective leadership_	3%
More preventative health care	3%
Waiting times at A&E	2%
Continuity of care	2%
Use of informatics/IT e.g. central patient record	2%
Repeat prescription service - scheduling / ordering / delivery	2%
Internal communication	2%
Care for the elderly (Inc. dementia services)	2%
Comment about bad experience	2%
Food (Inc. more dietary options)	2%
Other	20%

Improved staffing was also identified most frequently by staff themselves (40%). Respondents emphasised the need to improve workforce numbers whilst addressing retention problems.

"Employ more nurses if possible"

"To hire more staff, as staffing levels are poor"

"Encourage government spend more on recruitment, without staff there is poor service."

Other key areas for improvement identified by staff, included:

- **Improved communication** (21%) I.e. better communication from management and between different services
- **Eradication of staff parking charges / free staff parking** (16%)
- **Flexi-working to improve work/life balance** (14%)
- **Increased pay** (14%)
- **Improved patient / staff safety** (12%) (Including steps to address staff locking up buildings late at night & prevention of harassment from staff and members of the public)
- **Better management / more effective leadership** (12%) (Including better training for managers / those in a position of authority).

6.4 What concerns them most about the future?

The greatest concern for individuals in this area is the **closure / movement of services** (21%), with many commenting negatively on the changes that have resulted from Phase One of Path to Excellence.

"Child services being moved a big concern"

"Unhappy about nor consultant maternity unit at South Tyneside District Hospital"

"Stroke unit access - ambulance too long to Sunderland"

The Path to Excellence programme has created uncertainty about the future of services within South Tyneside as well as concern as to whether South Tyneside District Hospital will close.

"Any future movements of services"

"Concerns about South Tyneside hospital closing"

"Merging services at Bishop Auckland may mean that patients will not get the rehab that they need. No room on wards"

Other negative comments were made about the closure of walk-in / urgent care centres, St Clare's Hospice, mental health services and the future for the emergency surgery department at Sunderland Royal Hospital.

"Unhappy with the closure of the walk in centre"

Other concerns identified to a slightly lesser extent included:

- **GP access** (13%)
- **Staffing levels and overworked staff** (11%)
- **Travel and transport** (11%)
- **Future / privatisation of the NHS** (11%)
- **Lack of funding and investment** (10%).

What concerns you the most? (n=380)	**% of responses**
Closure / movement of services	21%
GP access	13%
Staffing / overworked staff	11%

Travel and transport	11%
Future / privatisation of the NHS	11%
Lack of funding and investment	10%
Waiting times for hospital appointments / procedures / A&E	5%
Increasing demands on system	4%
Comment about bad experience	3%
Staff and patients not being listened to	3%
Inappropriate diagnosis / patient has to push to be treated	2%
Infection control / cleanliness	2%
Staff attitude and training	2%
Patient education / more preventative work required	2%
NHS staff pay and working conditions	2%
Lack of integrated services	1%
Inappropriate use of services / lack of knowledge	1%
Inadequate mental health services	1%
Use of A&E (behaviour of drunks, prioritisation of certain groups)	1%
Continuity of care	1%
Prescriptions (rising costs and re-ordering difficulties)	1%
Other	7%

7 Findings – North of Tyne and Gateshead ICP

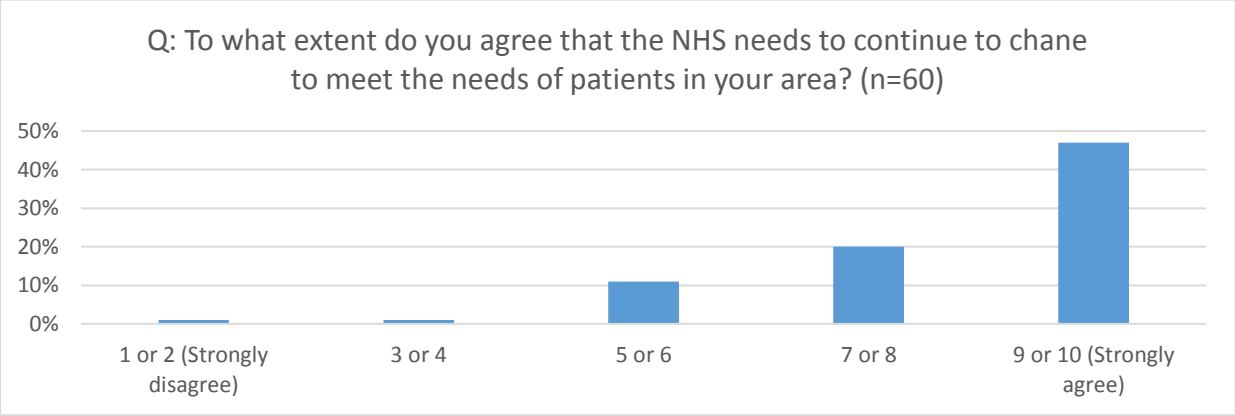
In total, 197 responses to the key engagement questions were collected from individuals who attended events in the North of Tyne and Gateshead ICP area or responded to the survey. Demographic information was only collected for those who completed the survey, a breakdown of this is included within the Appendix.

Note: It is more than likely that a small number of the individuals who attended the roadshow events in this ICP area might have actually lived outside of the area. However, due to the thematic nature of responses it is unlikely that this would significantly affect the findings.

Note: Within this section, responses from the different engagement methods were amalgamated to provide most robust answers to the engagement questions.

7.1 Attitude to change

Approximately two thirds agree that the NHS needs to continue to change to meet the needs of people in their area (47% strongly agree & 20% agree). In contrast, just 1% strongly disagree and 1% disagree. Most individuals responded to this question as a NHS staff member (46%), whilst 27% responded as a member of the public and a further 14% as a patient currently receiving NHS treatment.



7.2 What are individuals most proud of?

Individuals within this area are most proud of:

- **The care received from specialist services and/or teams** (28%) – individuals specifically praised the care they received or was provided by the child immunisations team, the oncology department at Hexham, the palliative care team, transplantation and genetics, the falls prevention clinic as well as the urology and dermatology departments.

- **The high standard of care provided and/or experienced** (25%) – comments were made with regard to NHS services delivering quality medical care, with some noting that their area has some of the 'best services' in the country.

- **The staff who work within the NHS** (23%) – individuals noted how staff always strive to deliver the best patient care despite the challenges that they face. Words such as 'excellent', 'caring', empathetic' and 'supportive' were used to describe them.

"That we have some of the best services in the country on our doorsteps"

"An excellent local hospital with national and internationally recognised services. A huge number of dedicated staff who are committed to the local NHS"

"The right level of care is given to the right patient in need"

"Staff going the extra mile despite the NHS, and the North East, being among the most neglected areas in the UK"

What are you most proud of? (n=69)	% of responses
Care from specialist services	28%
Standard of care provided or experienced (general comments)	25%
The staff	23%
Care received from GP practice	16%
Provides a free service for all	7%
Other	7%
Work that the NHS achieves / everything	4%
Range of services provided / support available	4%
NHS there when needed / couldn't do without it	3%

7.3 What improvements would they like to see?

Individuals suggested a wide variety of improvements which are categorised in the table below, however those that were suggested most frequently were:

- **Improved access to GP services** (14%)
- **Shorter waiting times for hospital appointments and procedure**s (8%)
- **Improved access and availability of mental health support services** (8%)
- **More joined-up / integrated services** (8%) – comments related to the need for less silo working of NHS services, GPs getting more involved and becoming part of the wider NHS, providers and commissioners making decisions regarding service improvement together as well as establishing seamless links with the care sector.

"GP appointments being easier to get at a time/day required without having to ring on the day, hard when working full time"

"Significant extra spend on mental health support services"

"Less organisation tribalism, more cohesion from all organisations in the system to work together to make the best decisions for the health of our population"

"Better links to community care and more partnership working across health and social care"

What improvements would you like to see? (n=154)	**% of responses**
Access to GP	14%
Waiting times for hospital appointments/procedures	8%
Mental health support services	8%
More joined-up, integrated services	8%
Investment / appropriate funding	6%
Staff attitude and training	5%
Keeping / more local services	5%
More efficient use of resources available within communities	5%
Staffing levels	4%
Travel and transport	4%
More preventative health care	3%
Waiting times at A&E	3%
Appointment systems (Inc. better administration, scheduling & less cancellations)	3%
Reduced medicines waste	3%
External communication (e.g. text reminders, appointment letters)	3%
Longer GP appointments / appointment flexibility	3%
NHS staff salary / working conditions (Inc. better staff recognition)	2%
Staff restructuring (i.e. less managers, more effective leadership)	2%
Care for the elderly (Inc. dementia services)	2%
Ambulance waiting times	2%
Use of informatics/IT e.g. central patient record	2%
Other	21%

7.4 What concerns them most about the future?

Despite a smaller number of responses being collected for this question, individual's main concerns regarding the future of NHS services were:

- **Staffing and overworked staff** (31%)
- **The lack of funding and investment in services** (31%)
- **The increasing demands placed on the system** due to the ageing population and rising patient expectations (22%).

"Staffing levels and ability to deliver prompt treatment"

"Chronic health conditions of an aging population"

"Unrealistic expectations of patients and families, as well as staff at times"

What concerns you the most? (n=45)	% of responses
Staffing / overworked staff	31%
Lack of funding and investment	31%
Increasing demands on system	22%
Future / privatisation of the NHS	11%
Lack of integrated services	11%
Inadequate mental health services	7%
Closure / movement of services	4%
GP access	4%
Travel and transport	4%
Patient education / more preventative work required	4%
Other	18%

8 Findings – Path to Excellence

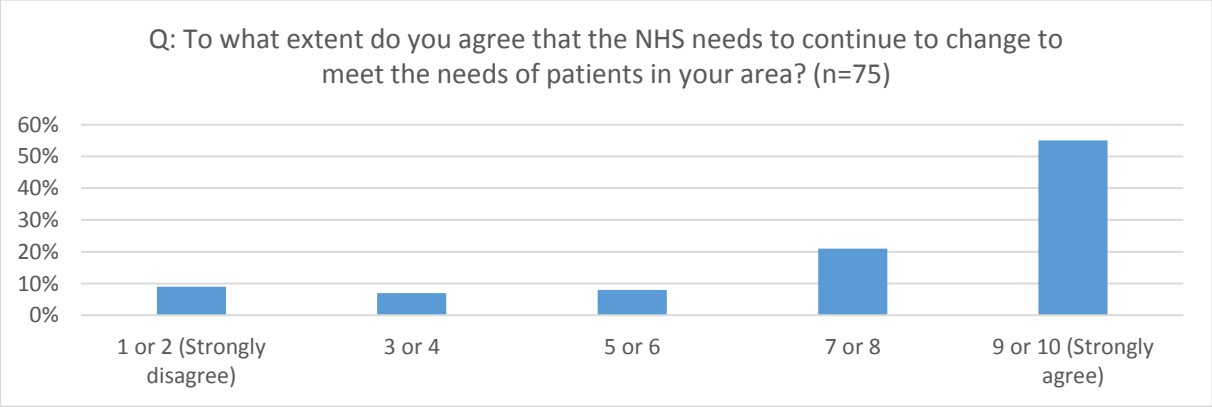
In total, 955 responses to the key engagement questions were collected from individuals who either attended events in the Path to Excellence geographical area or responded to the survey. Demographic information was only collected for those who completed the survey, a breakdown of this is included within the Appendix.

Note: It is more than likely that a small number of the individuals who attended the roadshow events in this ICP area might have actually lived outside of the area. However, due to the thematic nature of responses it is unlikely that this would significantly affect the findings.

Note: Within this section, responses from the different engagement methods were amalgamated to provide most robust answers to the engagement questions.

8.1 Attitude to change

Approximately three quarters agree that the NHS needs to continue to change to meet the needs of patients in their area (55% strongly agree & 21% agree). In contrast, 9% strongly disagree and 7% disagree. Most individuals responded to this question on behalf of a member of the public (37%), a NHS staff member (32%) or a patient currently receiving NHS treatment (14%).



8.2 What are individuals most proud of?

Individuals within the Path to Excellence geographical area are most proud of:

- **The high standard of care provided and/or experienced** (27%) – many individuals positively commented upon the care that is provided by NHS services and/or the care and treatment they have received in terms of the efficiency in which they were dealt with, receiving an excellent / good service and/or not having any concerns or complaints.

- **The staff who work within the NHS** (19%) – many made positive comments about staff describing them as ‘fantastic’, ‘amazing’, ‘dedicated’ and ‘friendly’. Additional comments referred to staff going ‘above and beyond’ and ‘doing the best they can’ despite the challenging circumstances.

- **The work that the NHS achieves / everything about the NHS** (17%) – a large proportion of individuals made positive comments about what the NHS achieves and/or everything about the NHS.

"Lots of hospital stays over the years - all good! Can't fault it!"

"The people do one hell of a job- I can't fault them"

"Overall, I think it's good - Champion! No complaints"

"Proud to have it and to have worked in it"

What are you most proud of? (n=313)	% of responses
Standard of care provided or experienced (general comments)	27%
The staff	19%
Work that the NHS achieves / everything	17%
Care from specialist services	10%
Care received from GP practice	9%
Provides a free service for all	6%
Other	6%
NHS there when needed / couldn't do without it	4%
Range of services provided / support available	3%
None	2%

From the perspective of staff, 55% felt that **teamwork and the support they receive from their managers and/or rest of the team** was the best thing about their job.

"I work with a well-motivated team (nurses/support staff), who adapt and learn new skills"

"The trust is very supportive and I work as part of a great, friendly, supportive team"

Other key themes identified in relation to what staff like about their job and where they work were:

- **Being able to help others and provide good patient care** (18%)
- **Having job satisfaction** (14%)
- **Engaging with patients** (14%)
- **Working in a great location with good facilities** (14%).

What is good about your job and where you work? (n=44)	% of responses
Teamwork / support from management and/or team	55%
Being able to help others / provide good patient care	18%
Job satisfaction	14%
Engaging with patients	14%
Great location with good facilities / environment	14%
None/other comment	14%
Local	11%
Rewarding / feeling valued	9%
Close integration of departments and services with good communication	9%
Career / development opportunities	7%
Day-to-day variation in job role	7%
Good shift pattern / flexibility	7%
Employee benefits	5%
Structure	5%
Run by NHS Trust (not a private provider)	2%

8.3 What improvements would they like to see?

Individuals suggested a wide variety of improvements which are categorised in the table below, however three key factors emerged:

- **Improved access to GP services** (18%) – suggestions included greater availability of appointments through longer and weekend opening hours, more GPs within practices and/or making it easier for patients to contact their GP practice to ultimately help individuals book an appointment when they require one.

"Improve access to GP appointments to help reduce waiting times. I was told I would have to wait to see a GP to get my results. I'm concerned about getting an appointment"

"Better access to GP appointments I still wait 3 weeks"

- **Staffing levels** (10%) – many comments were made in relation to the need to improve staffing, specifically the numbers of nurses, surgeons, consultants and auxiliaries. Additional comments referred to the need to employ more front-line staff instead of management/senior staff, the importance of reinstating nursing bursaries and the need to improve staff retention.

"More staff in the NHS please. Why did they get rid of nursing bursaries?"

- **Waiting times for hospital appointments and procedures** (9%).

"I would like to see waiting time going down and when you been refer to hospital from my GP Service"

What improvements would you like to see? (n=286)	% of responses
Access to GP	18%
Staffing levels	10%
Waiting times for hospital appointments/procedures	9%
Investment / appropriate funding	6%
Staff attitude and training	6%
Travel and transport	6%
Mental health support services	6%
Keeping / more local services	5%
NHS staff salary / working conditions (Inc. better staff recognition)	4%
More joined-up, integrated services	4%
More efficient use of resources available within communities	3%
Staff restructuring (i.e. less managers, more effective leadership)	3%
More preventative health care	3%
Continuity of care	2%
Waiting times at A&E	2%
Repeat prescription service - scheduling / ordering / delivery	2%
Care for the elderly (Inc. dementia services)	2%
Comment about bad experience	2%
Food (Inc. more dietary options)	2%
Internal communication	1%
More up-to-date services	1%
Appointment systems (Inc. better administration, scheduling & less cancellations)	1%
Cleanliness	1%
Reduced medicines waste	1%
External communication (e.g. text reminders, appointment letters)	1%
More transparent communication regarding consultation	1%
Other	11%

Improved staffing was also identified most frequently by staff themselves (40%). Respondents emphasised the need to improve workforce numbers whilst addressing retention problems.

"Employ more nurses if possible"

"To hire more staff, as staffing levels are poor"

"Encourage government spend more on recruitment, without staff there is poor service."

Other key areas for improvement identified by staff, included:

- **Improved communication** (21%) I.e. better communication from management and between different services
- **Eradication of staff parking charges / free staff parking** (16%)
- **Flexi-working to improve work/life balance** (14%)
- **Increased pay** (14%)
- **Improved patient / staff safety** (12%) (Including steps to address staff locking up buildings late at night & prevention of harassment from staff and members of the public)
- **Better management / more effective leadership** (12%) (Including better training for managers / those in a position of authority).

What can we do to make it better? (n=43)	% of responses
Improved staffing	40%
Improved communication	21%
Eradication of staff parking charges	16%
Flexi-working	14%
Increased pay	14%
Improved patient/staff safety	12%
Better management	12%
None / other	9%
Greater recognition of staff /treat staff like individuals not numbers	9%
Greater integration and collaboration (e.g. community wellbeing service & hospital / primary & secondary care)	9%

Improved funding and investment in resources and workforce	9%
Better use of IT/informatics	7%
Keep staff more up-to-date with changes / listen to staff	7%
More clinics	5%
Reopen/longer opening hours of Urgent Care Centre/Walk-in centres	5%
Improved access to mental health services	5%
Stop closing / moving services from South Tyneside	5%
Stop privatisation of NHS services	5%
Education (e.g. greater promotion of non-clinical services & most appropriate service to use for different conditions)	5%
More efficient transfer of patients by ambulance staff	2%
Improved GP access	2%
Local teams adopting their own interpretation of national local standards	2%
More care provision in the community	2%
Free university places for medical, nursing & social care students	2%
Clearer pathways for patient treatment	2%

8.4 What concerns them most about the future?

The greatest concern for individuals in this area is the **closure / movement of services** (22%), a large proportion of which commented negatively upon the movement of services that have resulted from Phase One of Path to Excellence. A perception existed among many that the merger of Trusts will result in the closure of South Tyneside District Hospital.

Others commented negatively on the closure of local walk-in centres / drop-in services and St Clare's Hospice in South Tyneside. In addition, a small number raised concern about the future of Ward 6 at Bishop Auckland and the emergency surgery department at Sunderland Royal Hospital.

"Concerned about children's A&E closing at night at South Tyneside District Hospital"

"Drip away from South Shields - no hospital left eventually"

"Everything seems to be going to Sunderland"

"Big concerns about potential changes at STDH - moving services from STDH to SRH - particularly A&E"

Other concerns identified, but to a slightly lesser extent, were:

- **GP access** (13%)

- **Future / privatisation of the NHS** (12%) – individuals raised concern about the impact that Brexit and changes in government will have on the NHS and whether the NHS will still provide a free service.

- **Travel and transport** (11%) – concerns related to parking difficulties at hospitals, public transport services to and from hospitals, the implications of travelling a further distance to receive care as well as the impact of the closure / movement of services on ambulance services.

- **Staffing levels** (10%).

"Climate emergency and how the NHS is mitigating/adapting to its implications"

"Leaving EU - what will happen to the NHS? Privatisation"

"Private companies making lots of money from parking - they must to look in to it"

"When drop-in centre was here (Bunny Hill) people didn't have to travel to hospital - difficult / barrier for people with children and the elderly"

What concerns you the most? (n=357)	**% of responses**
Closure / movement of services	22%
GP access	13%
Future / privatisation of the NHS	12%
Travel and transport	11%
Staffing / overworked staff	10%
Waiting times for hospital appointments / procedures / A&E	5%
Increasing demands on system	3%
Comment about bad experience	3%
Staff and patients not being listened to	3%
Inappropriate diagnosis / patient has to push to be treated	2%
Infection control / cleanliness	2%
Staff attitude and training	2%
Patient education / more preventative work required	1%
NHS staff pay and working conditions	1%
Lack of integrated services	1%

Use of A&E (behaviour of drunks, prioritisation of certain groups)	1%
Continuity of care	1%
Prescriptions (rising costs and re-ordering difficulties)	1%
Lack of funding and investment	1%
Inappropriate use of services / lack of knowledge	1%
Inadequate mental health services	1%
Other	7%

9 Appendix

9.1 Demographics - ICS region

Age (n=157)					
18-24					1%
25-34					4%
35-44					16%
45-54					31%
55-64					27%
65-74					13%
75+					9%
Gender (n=157)					
Male					25%
Female					75%
Gender matches that registered at birth (n=157)					
Yes					100%
Postcode (n=168)					
CA1	1%	NE1	2%	SR1	1%
CA2	1%	NE3	5%	SR2	3%
CA5	1%	NE4	1%	SR3	1%
CA10	1%	NE5	1%	SR4	1%
CA14	1%	NE6	1%	SR5	1%
CA28	1%	NE7	1%	SR6	1%
DH1	4%	NE10	1%	SR7	1%
DH2	1%	NE11	1%	SR8	3%
DH3	2%	NE12	1%	TS1	1%
DH4	1%	NE13	2%	TS4	1%
DH6	2%	NE16	2%	TS7	1%
DH7	3%	NE22	1%	TS9	1%
DH8	1%	NE23	1%	TS10	2%
DH9	2%	NE24	1%	TS12	1%
DL1	4%	NE25	1%	TS15	1%
DL2	1%	NE26	1%	TS17	1%
DL3	2%	NE29	1%	TS18	1%
DL4	1%	NE31	1%	TS19	1%
DL5	2%	NE33	2%	TS20	1%
DL12	1%	NE34	2%	TS21	1%
DL13	2%	NE36	1%	Other	2%
DL14	3%	NE37	1%		
DL15	2%	NE38	1%		
DL16	1%	NE39	1%		
DL17	1%	NE40	1%		
		NE42	1%		
		NE43	1%		
		NE45	1%		
		NE61	2%		
		NE63	1%		
		NE64	1%		

	NE66	1%	
	NE66	1%	
Sexual orientation (n=147)			
Heterosexual or straight			3%
Gay woman or lesbian			1%
Gay man			1%
Pregnant or have been in the last two years (n=156)			
Yes			1%
No			99%
Marital status (n=155)			
Married			11%
Single			10%
Divorced or civil partnership dissolved			7%
Cohabiting			5%
Widowed or surviving partner from civil partnership			1%
In a civil partnership			1%
Separated			1%
Race / ethnicity (n=156)			
White: British			3%
White: Irish			2%
White: European			1%
Other			1%
Asian/British Asian: Chinese			1%
Black/Black British: Indian			1%
Religious beliefs (n=135)			
Christianity			36%
No religion			3%
Other			1%
Buddhist			1%
Disability, long-term illness or health condition (n=157)			
None			20%
A long standing illness or health condition			13%
A mental health difficulty			12%
A physical impairment or mobility issue			1%
A social / communication impairment			2%
A specific learning difficulty			2%
Blind or have a visual impairment uncorrected by glasses			4%
Deaf or have a hearing impairment			4%
An impairment, health condition or learning difference not listed			4%
Caring responsibilities (n=157)			
None			3%
Primary carer of a child or children (under 2 years)			20%
Primary care of a child or children (between 2 and 18 years)			1%
Primary carer of a disabled child or children			6%
Primary carer or assistant for a disabled adult (18+ years)			10%
Primary carer or assistant for an older person or people			11%
Secondary carer			11%
UK Armed Forces (n=159)			
Currently serving			6%
Used to serve			6%

Member of a current or former serviceman or woman's immediate family / household	6%

9.2 Demographics - Tees Valley ICP

Age (n=31)	
25-34	6%
35-44	13%
45-54	26%
55-64	29%
65-74	16%
75+	10%
Gender (n=30)	
Male	17%
Female	83%
Gender matches that registered at birth (n=31)	
Yes	100%
Postcode (n=36)	
DL1	31%
DL3	11%
DH9	6%
TS1	3%
TS4	3%
TS7	3%
TS9	3%
TS10	11%
TS12	3%
TS15	3%
TS17	6%
TS18	6%
TS19	6%
TS20	3%
TS21	6%
Sexual orientation (n=28)	
Heterosexual or straight	96%
Gay woman or lesbian	4%
Pregnant or have been in the last two years (n=31)	
Yes	3%
No	97%
Marital status (n=30)	
Married	53%
Divorced or civil partnership dissolved	30%
Cohabiting	7%
Widowed or surviving partner from civil partnership	7%
In a civil partnership	3%
Race / ethnicity (n=29)	
White: British	93%
White: Irish	7%
Religious beliefs (n=29)	
Christianity	52%
No religion	38%
Other	10%

Disability, long-term illness or health condition (n=31)	
None	61%
A long standing illness or health condition	16%
A mental health difficulty	13%
A physical impairment or mobility issue	13%
Deaf or have a hearing impairment	6%
An impairment, health condition or learning difference not listed	6%
Caring responsibilities (n=31)	
None	48%
Primary carer of a child or children (under 2 years)	6%
Primary care of a child or children (between 2 and 18 years)	16%
Primary carer of a disabled child or children	3%
Primary carer or assistant for a disabled adult (18+ years)	6%
Primary carer or assistant for an older person or people	10%
Secondary carer	10%
UK Armed Forces (n=31)	
Currently serving	0%
Used to serve	3%
Member of a current or former serviceman or woman’s immediate family / household	10%

9.3 Demographics – Durham, South Tyneside and Sunderland ICP

Age (n=72)				
18-24				1%
25-34				4%
35-44				15%
45-54				29%
55-64				25%
65-74				13%
75+				13%
Gender (n=73)				
Male				25%
Female				75%
Gender matches that registered at birth (n=71)				
Yes				100%
Postcode (n=94)				
DH1	11%	NE31	5%	
DH2	1%	NE32	1%	
DH3	1%	NE33	5%	
DH4	2%	NE34	5%	
DH6	4%	NE36	1%	
DH7	5%	NE37	1%	
DH9	6%	NE38	1%	
DL2	1%	SR1	1%	
DL4	1%	SR2	5%	
DL5	4%	SR3	1%	
DL13	3%	SR4	2%	
DL15	4%	SR5	5%	
DL16	2%	SR6	4%	
DL17	2%	SR7	1%	
		SR8	5%	
Sexual orientation (n=70)				
Heterosexual or straight				97%
Gay woman or lesbian				1%
Other				1%
Pregnant or have been in the last two years (n=73)				
Yes				1%
Marital status (n=73)				
Married				70%
Single				12%
Divorced or civil partnership dissolved				3%
Cohabiting				8%
Widowed or surviving partner from civil partnership				5%
Separated				1%
Race / ethnicity (n=76)				
White: British				93%
White: Irish				3%
White: European				1%
Other				1%

Asian/British Asian: Chinese	1%
Religious beliefs (n=69)	
Christianity	74%
No religion	23%
Other	3%
Disability, long-term illness or health condition (n=70)	
None	61%
A long standing illness or health condition	26%
A mental health difficulty	16%
A physical impairment or mobility issue	11%
A social / communication impairment	1%
A specific learning difficulty	3%
Blind or have a visual impairment uncorrected by glasses	1%
Deaf or have a hearing impairment	4%
An impairment, health condition or learning difference not listed	3%
Caring responsibilities (n=70)	
None	70%
Primary carer of a child or children (under 2 years)	10%
Primary care of a child or children (between 2 and 18 years)	0
Primary carer of a disabled child or children	1%
Primary carer or assistant for a disabled adult (18+ years)	1%
Primary carer or assistant for an older person or people	11%
Secondary carer	10%
UK Armed Forces (n=76)	
Currently serving	1%
Used to serve	8%
Member of a current or former serviceman or woman’s immediate family / household	4%

9.4 Demographics – North of Tyne and Gateshead ICP

Age (n=45)				
25-34				4%
35-44				18%
45-54				36%
55-64				29%
65-74				9%
75+				4%
Gender (n=45)				
Male				29%
Female				71%
Gender matches that registered at birth (n=44)				
Yes				100%
Postcode (n=60)				
NE1	5%	NE29	2%	
NE3	15%	NE40	2%	
NE4	2%	NE42	2%	
NE5	2%	NE43	2%	
NE6	2%	NE45	2%	
NE7	2%	NE46	2%	
NE10	2%	NE47	2%	
NE11	2%	NE61	7%	
NE12	3%	NE63	3%	
NE13	5%	NE64	2%	
NE16	7%	NE65	7%	
NE22	3%	NE66	2%	
NE24	2%	TD14	2%	
NE25	3%	TD15	8%	
NE26	2%			
Sexual orientation (n=42)				
Heterosexual or straight				93%
Gay woman or lesbian				5%
Gay man				2%
Pregnant or have been in the last two years (n=44)				
No				100%
Marital status (n=43)				
Married				70%
Single				14%
Divorced or civil partnership dissolved				7%
Cohabiting				9%
Race / ethnicity (n=43)				
White: British				93%
White: European				5%
Asian/British Asian: Indian				2%
Religious beliefs (n=43)				
Christianity				53%
No religion				44%
Buddhist				2%
Disability, long-term illness or health condition (n=43)				

None	74%
A long standing illness or health condition	16%
A mental health difficulty	7%
A physical impairment or mobility issue	7%
Blind or have a visual impairment uncorrected by glasses	2%
Deaf or have a hearing impairment	2%
An impairment, health condition or learning difference not listed	5%
Caring responsibilities (n=43)	
None	47%
Primary carer of a child or children (under 2 years)	2%
Primary care of a child or children (between 2 and 18 years)	35%
Primary carer or assistant for a disabled adult (18+ years)	14%
Primary carer or assistant for an older person or people	9%
Secondary carer	12%
UK Armed Forces (n=44)	
Currently serving	0
Used to serve	5%
Member of a current or former serviceman or woman's immediate family / household	7%

9.5 Demographics – Path to Excellence

Age (n=51)			
25-34			4%
35-44			22%
45-54			29%
55-64			25%
65-74			12%
75+			8%
Gender (n=51)			
Male			18%
Female			82%
Gender matches that registered at birth (n=49)			
Yes			100%
Postcode (n=75)			
DH1	13%	SR1	1%
DH2	1%	SR2	7%
DH3	4%	SR3	1%
DH4	3%	SR4	3%
DH6	5%	SR5	7%
DH7	7%	SR6	5%
DH8	1%	SR7	1%
DL17	3%	SR8	7%
NE12	3%	TS21	3%
NE31	7%		
NE32	1%		
NE33	7%		
NE34	7%		
NE36	1%		
NE37	1%		
NE38	1%		
Sexual orientation (n=48)			
Heterosexual or straight			94%
Gay woman or lesbian			4%
Other			2%
Pregnant or have been in the last two years (n=51)			
No			100%
Marital status (n=51)			
Married			65%
Single			12%
Divorced or civil partnership dissolved			8%
Cohabiting			8%
Widowed or surviving partner from civil partnership			6%
Separated			2%
Race / ethnicity (n=51)			
White: British			91%
White: Irish			4%
White: European			2%
Other			2%
Asian/British Asian: Chinese			2%

Religious beliefs (n=47)	
Christianity	70%
No religion	28%
Other	2%
Disability, long-term illness or health condition (n=51)	
None	57%
A long standing illness or health condition	25%
A mental health difficulty	20%
A physical impairment or mobility issue	8%
A social / communication impairment	2%
A specific learning difficulty	4%
Blind or have a visual impairment uncorrected by glasses	2%
Deaf or have a hearing impairment	6%
An impairment, health condition or learning difference not listed	4%
Caring responsibilities (n=51)	
None	55%
Primary carer of a child or children (under 2 years)	0
Primary care of a child or children (between 2 and 18 years)	10%
Primary carer of a disabled child or children	0
Primary carer or assistant for a disabled adult (18+ years)	2%
Primary carer or assistant for an older person or people	7%
Secondary carer	10%
UK Armed Forces (n=53)	
Currently serving	2%
Used to serve	11%
Member of a current or former serviceman or woman’s immediate family / household	6%

Item No. 13

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2020**

CHILDREN'S INTEGRATED COMMISSIONING UPDATE

Report of the Director of Corporate and Commercial Services at Together for Children

1.0 Purpose of the Report

1.1 The purpose of this report is to update the Health and Wellbeing Board regarding the progress made in relation to the children's integrated commissioning work between Sunderland Clinical Commissioning Group (SCCG), Together for Children (TfC) and Sunderland City Council.

2.0 Background

2.1 In July 2019, TfC and SCCG established a children's integrated commissioning function consisting of two Strategic Commissioning Managers and supported by a team of Commissioning Specialists. The team is hosted and managed by TfC.

2.2 The work of the children's integrated commissioning function is overseen by the Children's Integrated Commissioning Group (CICG). This group meets regularly and is chaired by the Director of Corporate and Commercial Services at TfC. This group has representation from SCCG, TfC, Sunderland City Council including public health and adult services, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (as commissioners of specialised services).

2.3 The CICG has agreed a statement of intent: "*Shaping Sunderland's future together*", which has previously been brought to the Health and Wellbeing Board for information. The CICG agreed the following priorities for action within the statement:

- Children's mental health and emotional wellbeing,
- Children with Special Educational Needs and Disabilities (SEND) - Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act) and;
- Children's placements.

3.0 Progress Update

Mental health and emotional wellbeing

3.1 The Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–2020 has been updated in line with NHS England requirements. Priorities for 2020/21 have been identified to ensure compliance with the NHS Long Term Plan, and tackle system issues in Sunderland. This plan has been shared with the Board.

3.2 A deep dive into waiting times for children with mental health has commenced. The deep dive is being undertaken by an external consultant working with SCCG and the North of England Commissioning Support Unit. The aims of the deep dive are to:

- understand what is causing long waiting times for services
- set out projected demand for the next 5 and 10 years (so we can understand demand and can measure the impact of reform and commissioning work)
- develop a fit for purpose analytical CYP MH&W dashboard, which includes data for both children who are looked after and children who have special educational needs and disabilities (SEND)
- provide recommendations as to how the waiting times can be reduced in a sustainable way.

3.3 The deep dive is due to be completed by the end of March 2020, at which point actions will be identified, including re-commissioning where appropriate, and these actions will then be regularly reported and monitored through the CAMHS partnership and CICG.

3.4 Two three-day events have been held to design a single point of access into children and young people's mental health services. These events were attended by organisations from across the city including SCCG, TfC, public health, NHS providers, general practice, third sector providers, the Sunderland Parent Carer Forum and parent carers. The outputs of these events will be compiled into a report, and cross checked with the findings from the deep dive exercise before agreement to any recommendations are approved.

3.5 A multi-agency audit of the Autism Spectrum Disorder pathway against NICE guidance is underway (and will include the findings of the deep dive due to be completed by end March 2020) as a requirement for the SEND inspection. The audit will be used to inform a gap analysis and options appraisal for the CICG.

3.6 £200,000 of SCCG non-recurrent funding has been allocated to providers (including the third sector) to support children and young people's wellbeing. Funding has been allocated to waiting list initiatives, improving the wellbeing information website, delivering additional Friends and Mental Health 1st Aid training to secondary schools and improving counselling spaces in secondary schools.

3.7 The Kooth online counselling service which has been commissioned via non-recurrent funding until July 2020 and is currently being evaluated. If the service evaluates well, funding will be sought to continue the service. The evaluation includes feedback from young people, families and professionals.

3.8 NHS England has announced the next wave of Trailblazer bids, with a deadline of 16/03/20. The children's integrated commissioning function is leading on the writing of a bid for submission by the deadline.

4.0 Special Educational Needs and Disabilities (SEND)

4.1 An integrated SEND Strategic Commissioning Group has been established to support the delivery of this priority and develop the SEND Strategic Commissioning

Plan. The Group is chaired by the Strategic Commissioning Manager working across TfC and SCCG. Membership includes parent carers and managers, commissioners and clinicians from health, education, social care and provider services.

4.2 A key aim of the group is to improve outcomes for children and young people with SEND and their families by ensuring the sufficiency of high-quality education, health and social care provision in Sunderland. This will be achieved through the integrated analysis, planning, delivery and review of services and support.

4.3 The SEND Strategic Commissioning Plan 2020-23 has been drafted to provide a roadmap to personalised, integrated support that delivers positive outcomes for children and young people with SEND. The plan assesses our current position and sets out required actions in relation to:

- How we work together to plan and commission services;
- How we understand the needs of our SEND population;
- What our commissioning priorities are; and
- How we will know if we are making a difference.

4.4 We recognise that currently, much of the data relating to SEND is gathered in silos. Scoping has commenced with colleagues from North East Commissioning Support (NECS) to develop a comprehensive data dashboard for Sunderland. The intention is that this would bring together datasets from across primary care, secondary care, mental health and community health services and match this with education and social care data using NHS numbers across the cohort of children and young people with SEND aged 0-25.

4.5 To support the development of the data dashboard, a mapping exercise is underway to articulate the service, resource and investment profile across the SEND cohort. Completion of this mapping in relation to health services is proving to be a complex exercise, as there are challenges with disaggregating spend and performance data for contracts which are not SEND specific.

4.6 A workshop has taken place to improve local decision-making pathways in relation to NHS Continuing Care processes for children with complex health needs. A revised pathway is being trialled and further work is planned to inform joint commissioning in relation to eligible children where commissioned services are unable to provide health interventions and support at an individual child level.

5.0 Individual placements

5.1 A working group has been established to review and increase local residential and educational capacity to meet the needs of children and young people with the most complex needs. This cohort includes children who require residential placements but are often placed at significant distance from Sunderland due to a lack of local sufficiency. A site at Nook Lodge has been identified for a fifth TfC children's home. Discussions are also underway to scope out options for a specialist provision for young people who are discharged from Tier 4 hospitals and secure units.

6.0 Recommendation

6.1 The Health and Wellbeing Board is recommended to:

- Note the update on progress to date within the Children's Commissioning arena since establishing the joint arrangements in July 2020.
- Receive update reports on progress.

Item No. 14

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2020

ALL TOGETHER BETTER (ATB) SUNDERLAND UPDATE REPORT

Report of Managing Director, All Together Better Sunderland

1.0 Purpose of the Report

1.1 The purpose of this report is to provide an update to the Board on the development and progress of All Together Better Sunderland during 2019 - 2020.

1.2 Members are requested to note the progress made and the continued support of NHS Sunderland Clinical Commissioning Group (CCG) Governing Body. It is the intention to further develop ATB as the integrated placed based approach for community health and care services for Sunderland.

2.0 Background

2.1 Since being awarded NHS 'vanguard' status in 2015, Sunderland has been at the forefront of developing new models of care. A significant amount of work has already taken place, through All Together Better (ATB), to begin to integrate services and improve the way care is delivered.

2.2 On 1 April 2019, ATB Sunderland formally came into operation as an 'alliance' of providers (including GPs in their role as providers) and commissioners working together to join-up community health and care services across Sunderland and improve health outcomes for people living across the City.

2.3 ATB Sunderland now has formal delegated responsibility for Sunderland Clinical Commissioning Group's (CCG) £240million budget for 'out of hospital' care, including all learning disability and mental health beds.

2.4 Through the alliancing approach, ATB Sunderland aims to build upon the success of the 'out of hospital' NHS vanguard programme by improving the health of local people, providing better care and ensuring clinically and financially sustainable services.

2.5 Working together as an alliance means that all partners are equal in standing and focussed on working across organisational boundaries to do what is best for the person and for the whole health and care system.

3.0 Key Developments

3.1 During 2019/20, ATB Sunderland published its first operational plan setting out its vision, values and an agreed set of clear expectations and behaviours which all partners are signed up to and which underpin the new alliancing way of working:

People-centred

- Care and support organised around the person
- Outstanding, safe and compassionate care
- High quality, responsive and effective community services.

Integrity

- Acting with honesty and transparency
- Deliver what we said we will deliver
- Respect and embrace difference.

Collaborative

- Working together as one team dedicated to meeting peoples' needs
- Clinical leadership guides our thinking
- Listening and learning from each other.

Quality and safety

- Quality and safety are implicit in our vision and values and our underpinning governance framework will enable quality and safety to be at the heart of everything we do.

3.2 Work throughout 2019/20 has focussed on developing governance and partnership arrangements that facilitate closer working at both a local neighbourhood level and across the wider City of Sunderland. Three key transformational priorities have also been further refined and agreed:

1. Improving health outcomes and reducing inequality
2. Enhanced integrated primary care services
3. The transformation of care and support services.

3.3 Underpinning these are clear plans for delivery which are organised under four programmes of activity each with a senior responsible officer and senior responsible clinician from across the ATB Sunderland partner organisations:

1. General practice
2. Mental health, learning disabilities and autism
3. Enhanced primary and community care
4. Intermediate and urgent care.

3.4 Since April 2019, ATB Sunderland has successfully:

- Established a shared vision, objectives, care and business models
- Published a system-wide plan on a page and annual operational plan
- Identified and begun to implement an ambitious system-wide transformation programme
- Developed governance arrangements
- Established capacity through staff alignment and commitment of resource from all partners
- Developed the ATB architecture and ways of working

- Matured the way we operate at Executive and Programme level
- Secured premises to facilitate collaborative working (with Sunderland CCG's support)
- Developed our communications and engagement strategy
- Aligned the Better Care Fund to the delivery of ATB
- Explored collaborative ways of working with Together for Children.

3.6 The work taking place through ATB Sunderland is in line with the ambitions outlined in the NHS Long Term Plan and the Integrated Care System (ICS) across the North East and North Cumbria. ATB Sunderland is represented at the Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP) which forms part of the region's ICS.

3.7 Key documents such as the Operation Plan and further information can be found on the ATB website at https://atbsunderland.org.uk/

4.0 Key highlights and achievements

Recovery at Home (RaH) Service

4.1 From November 2018 the RaH service continues to provide a 24/7 Nurse and GP home visiting across the city with no significant issues reported. The service continues to provide patient care in their own home avoiding hospital admission.

Sunderland Extended Access Service (SEAS)

4.2 The full SEAS service has successfully been in place from 1 August 2019 with the addition of minor injury provision within Houghton and Washington sites. The service continues to work with local practices across the city to ensure a consistent offer of extended access appointments provided by practices to patients, as well as the 111 service and is currently working towards offering 4,000 GP appointments per month

Urgent Care Centre Configuration

4.3 In line with the UC strategy Houghton and Washington Urgent Care Centres (UCCs) were safely and successfully changed in August 2019 and Bunny Hill on 29th November 2019 with no significant issues reported.

Urgent Treatment Centre (UTC) Implementation

4.4 Pallion UCC changed on 29 November 2019 with successful delivery of the UTC from 1 December 2019 with no significant issues. The service currently performs at 96% to see, treat and manage patients within the four-hour standard. This has been a great achievement for the service to ensure successful mobilisation of the new service whilst ensuring patients are seen, treated and managed within the service quality standards.

Healthcare App Pilot - Luscii

4.5 Sunderland is the first place in the country to pilot a new healthcare app that allows patients with debilitating breathing problems to monitor their vital signs and visually consult with healthcare professionals, from the comfort of their own home.

4.6 All Together Better Sunderland has identified the Luscii platform, which enables patients with breathing difficulties to manage their condition, monitor their vital signs, socially connect with their community and speak to their medical team via chat or video technology. The platform has already proved to be an enormous success in The Netherlands, where it is used by almost 50% of hospitals to support patients remotely and prevent hospitalisation.

4.7 Sunderland is the first in the country to pilot this new healthcare innovation, as part of its aim to deliver better and more responsive community based health and care services and tackle health inequalities.

4.8 The Luscii app, which was developed by Amsterdam based Luscii healthtech BV and has never before been used in England, is designed specifically for those with long-term progressive diseases, such as COPD and chronic heart failure. The technology, which is supported by Apple as part of their global Apple Mobility Program, gives a range of health and social care professionals quick virtual access to patients so they can monitor their condition and ensure that all aspects of their care – from rehabilitation to more specialised care – is co-ordinated with the patient able to stay independent and in their own home. The app also allows patients to access a range of resources to help them monitor their condition under the watchful eye of health professionals and book virtual appointments that will assist them with their recovery.

4.8 The pilot will initially support 50 patients in Sunderland who are under the care of All Together Better's Recovery at Home Service. Each patient will receive an iPad pre-installed with the easy to use Luscii iOS app and be trained on how to measure and input important health readings, such as blood pressure and heart rate along with how they are feeling generally. The readings are then monitored daily by health professionals, who can message or video call the patient should they have any concerns and asses if further treatment is required.

4.9 The technology is building on Sunderland's aspirations to be a healthcare innovator and will create a blueprint for the future care of patients with long-term conditions and support them to manage their health effectively at home and retain their independence. It will also allow health professionals to track patient's readings remotely, have regular check-ups by video call and intervene at an early stage if needed to prevent them falling ill and requiring further hospital admission.

4.10 In addition, the iPads will be used to support patient's general health and wellbeing, giving them the option to download a range of apps that can

support them with a range of things like healthy eating, stopping smoking and connecting with others to reduce social isolation and loneliness.

5.0 Next steps for ATB Sunderland

5.1 In January 2020, Sunderland CCG Governing Body agreed to support ATB's continuing journey by formalising the commissioner commitment to agree delegated responsibility for the out of hospital budget over a longer time period. This will provide the stability needed and a more realistic timeframe for transformational change to take place over the next five years as the alliancing way of working continues to be embedded.

5.2 Work is also taking place with Sunderland CCG to agree more efficient decision making arrangements for 2020/21 to enable real devolution of ownership of issues rather than duplicating multiple discussions.

5.3 It is anticipated that a formal report on the next steps for ATB will be presented to the Sunderland CCG Governing Body at its meeting on 24 March 2020.

6.0 Recommendations

6.1 The Health and Wellbeing Board is recommended to:

- Receive and note the contents of the development and progress of All Together Better Sunderland during 2019 -2020

- Note the continued support of NHS Sunderland Clinical Commissioning Group (CCG) Governing Body, with the intention for an ATB Next Steps paper to be presented at its meeting on 24 March 2020.

Item No. 15

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2020

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Policy Manager, Sunderland City Council

1.0 Purpose of the Report

1.1 To present to the Board the forward plan of its business for 2020.

2.0 Background

2.1 The Board agreed at its meeting in March 2019 that a new forward plan should be prepared that outlines anticipated Board business across all its meetings for the year ahead, including development sessions. The plan necessarily incorporates the agreed new quarterly meeting frequency.

3.0 The forward plan

3.1 The forward plan is attached as appendix 1. 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 – Draft Forward Plan (Note: subject to change. Last updated 11.03.20)

JANUARY 2020	3 FEBRUARY 2020 12pm-4pm **Development Session** • Healthy City Plan development / balance scorecard (?) • Review HWBB membership • Discussion on specific priorities (e.g. Healthy Weight Declaration) Separate meeting: • Governance arrangements for integrated health and social care	20 MARCH 2020 **9.30am** **(NOTE TIME CHANGE)** **Public Meeting** • Draft Healthy City Plan for consultation • Update on specific HWBB priorities • PNA – sign-off to go ahead with refresh • PNA – completed version (2021) • All Together Better update • Care Home Life – What its really like (Healthwatch) • Update on Path to Excellence scenario development process	APRIL 2020 **Development Session (to be confirmed)** • Healthy City Plan development (?)	MAY 2020	JUNE 2020 **Public Meeting** • Update on specific HWBB priorities • NHS Operational Plan • HealthWatch Annual Report • Health Protection Assurance Report • Governance arrangements for Better Care Fund • ICS MOU • Draft Healthy City Plan for consultation (TBC)
JULY 2020 **Development session** • Developing the Healthy City Plan balanced scorecard • Update on specific HWBB priorities • Social prescribing	**AUGUST 2020**	**SEPTEMBER 2020** **Public Meeting** • Health City Plan for approval (TBC) • Update on specific HWBB priorities • JSNA • PNA progress update (for approval March 2021) • Review HWBB membership • Path to Excellence • Public Health campaigns • All Together Better update • Children's Integrated Commissioning update	**OCTOBER 2020** **Development Session** • DPH Annual Report – draft recommendations • Update on HWBB priorities	**NOVEMBER 2020**	**DECEMBER 2020** **Public Meeting** • DPH Annual Report • Winter Plan (A&E Delivery Board) • SSCB Annual Report • SSAB Annual Report • Children and Young People's Mental Health and Wellbeing Transformation Plan (2021 onwards) • Update on specific HWBB priorities