

Priorities Update - Alcohol

- **Current Position**

Alcohol is a major cause of ill health; it causes and contributes to numerous health problems including obesity, liver and kidney disease; cancers of the mouth and throat, liver, laryngeal, colon and breast cancer; acute and chronic pancreatitis; heart disease; high blood pressure; depression; stroke; foetal alcohol syndrome and mental health problems such as depression and alcohol dependency.

The Public Health Outcomes Framework set out the desired outcomes and included a number of indicators relating to alcohol:

- Alcohol-related admissions to hospital
- Mortality from liver disease
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Take up of the NHS Health Check programme by those eligible (which included screening for alcohol misuse for the first time from 2013)

Progress so far: -

Sunderland Booze Debate

In October 2014, Sunderland City Council held a booze debate, where partners from across the City were invited to discuss what alcohol meant to the city, their business, their service, their family and themselves. Recommendations from the debate are below with how these have been implemented:

- Agree a vision for Sunderland and how this is delivered
This was agreed and included in the new Statement of Licensing Policy 2015
- Agree how the feedback from the day will be discussed and implemented
Feedback from the day was presented in a report back to the Adults Partnership Board on 6th January 2015, with recommendations being feedback to HWB.
- Deliver another alcohol debate in 2015
A diagnostic workshop was held on 1st February 2016 with over 40 partners attending
- Engagement with groups such as young people, students and pregnant women to gain insight into attitudes towards alcohol consumption

Further engagement work was commissioned through the Balance Perception Survey in 2015 which built on the previous Perception Survey carried out in 2013 and the local engagement work commissioned via Public Knowledge in 2013.

New Sunderland Statement of Licensing Policy (SOLP)

Sunderland City Council consulted on the SOLP in August 2015. Feedback on the consultation was received by Sunderland Health and Wellbeing Board, Director of Public Health, Sunderland Safer Partnership and Balance North East. The new SOLP was agreed and published in January 2016.

Alcohol Declaration

The Sunderland Health and Wellbeing Board signed up to this in summer 2015. In January 2016, the Alcohol Declaration was signed up to by the Sunderland Clinical Commissioning Group.

Diagnostic Alcohol Clinic

On 1st February Sunderland City Council hosted a workshop for partners to discuss the implementation of the SOLP.

• 2016 Milestones

- Through the new Sunderland Statement of Licensing Policy, Sunderland City Council and partners are reviewing its powers to influence where and when alcohol is consumed and sold through CIPs
- Trading Standards and Public Health to work with Palantir to develop an intelligence tool around alcohol harms to support licensing
- Development of a robust NHS Health Check programme specification for primary care which will include an assessment of how much alcohol someone drinks
- Through the Live Life Well service, implementation of a local delivery plan around reducing alcohol harms and training around brief intervention (BI) via the 'Have a Word' BI training programme'
- Continue to raise awareness of the Sunderland Alcohol Declaration to partners
- Continue to support the universal offer through the risk and resilience team work with schools around alcohol awareness and targeted offer through Youth Drug and Alcohol Project (YDAP) offering tier 2 provision for 10 to 18 year olds
- Continue to commission and implement the Young People Health Champions within 6 secondary schools in Sunderland with a focus on reducing alcohol harms

Outcome indicators and timescales

Outcomes indicators	Lead	Timescales
Development of Substance Misuse (including Alcohol and Drugs) Joint Strategic Needs Assessment	Public Health with Public Health Commissioners	April 2016
Develop an intelligence tool around alcohol harms to support licensing with Palantir	Palantir with Trading Standards/ Public Health	April 2016
Develop guidance around expectations from public health which will inform applicants who make applications to licensing to ensure that licenses premises operate responsibly and collaborate to reduce alcohol-related harm.	Public Health	June 16

Intelligence to be fed to the Responsible Authority Group in a systemic way to inform decision making e.g. Cardiff data, police data etc.	All Responsible Authorities	July 2016
Engagement with partners around cumulative impact policies to review the where and when alcohol is consumed and sold	Trading Standards	December 2016
Implement Every Contact Counts in commissioned services and Every Contact Counts (brief intervention) – to be agreed through CCG Operational Plan	Sunderland CCG/ Live Life Well Service	March 2017

Priorities Update - Smoking

- **Current Position**

Sunderland is working towards reducing adult smoked tobacco in Sunderland to below 5% by 2025.

Tobacco control 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. Over the past 5 years, smoking prevalence has been falling nationally, regionally and locally, but smoking remains the greatest contributor to premature death and disease across Sunderland, killing 1 in every 2 long term users.

- **Adult smoking rates** - The proportion of adults that smoke in Sunderland fell between 2010 and 2014 from 24.6% to 22.8%, this compares to 18% nationally.
- **Routine and manual workers** – Over the past 3 years smoking prevalence in routine and manual occupations has increased from 30.6% to 35.3%, this compares to 28% nationally.
- **Young people** – 11.6% of 15 years olds in Sunderland say that they smoke compared to 8.7% nationally. Among 16 to 17 years olds this rises to 18.7% in Sunderland and 14.7% across England
- **Smoking at time of delivery** - Smoking during pregnancy remains high. In the 2014/15 figures, 531 women in Sunderland were recorded as smoking at the time they gave birth; this equates to 19.4% compared to the England average of 11.4%.
- **Household poverty** – In Sunderland 23% of households are classified as in poverty compared to the official Households Below Average Income Figures. When the cost of smoking are considered 34% of households fall below the poverty threshold which shows tobacco imposes a real and substantial cost on many low-incomes households.
- **Inequalities of smoking prevalence at ward level** - the highest smoking prevalence are within the wards of Redhill, Pallion, Castle, Hendon, Washington North, Sandhill, Southwick, Millfield, St Annes and Hetton. These wards are 10 highest in Sunderland and above the Sunderland average of 22.8%. On average a smoker loses 10 years of life. More people from disadvantaged communities smoke, where smoking is more socially acceptable.

Progress so far in 2015

Sunderland Tobacco Alliance

Public Health continues to chair the Sunderland Tobacco Alliance and coordinate a multi-agency approach to the action plan which is in place until 2017.

Smoking in pregnancy

There is an offer of provision for pregnant women who smoke through maternity services and the Live Life Well service. In spite of this smoking in time of delivery rates remain high. Over the last year, using behavioural insights there has been extensive engagement to explore enhanced models of delivery to address this Public Health issue.

Implementation of the Live Life Well Model

The implementation of the integrated wellness model (now call Live Life Well) has incorporated the function of the local Stop Smoking Service, which is evidence based and meets the needs of the local population.

Northumberland Tyne and Wear Mental Health Trust Smokefree

Northumberland Tyne and Wear Mental Health Trust will go smokefree on 9th March 2016. Sunderland City Council has ensured that NTW are trained in level 2 and brief intervention, and pathways are in place between NTW and Live Life Well Service.

Young People Health Champions

Continuation of the young people health champions programme in 6 secondary schools across Sunderland, which uses a different approach to delivering the health harm messages on tobacco in schools.

Implementation of national policy changes

Supported the regulations in October 2015 on smokefree vehicles which carry children.

Smokefree Play Areas Engagement - During August 2013 the locality public health team in Sunderland carried out a survey to seek local views on whether 'Smoking should be banned in outdoor children's play areas in Sunderland'. In September 2015, a paper was presented to the HWB, where it was agreed to do further engagement around smokefree parks.

Illicit Tobacco – In 2015 an independent Illicit Tobacco North East Study was commissioned. NEMS market research, they found that 9% of all tobacco smoked in the North East is illegal, with Sunderland slightly higher than the regional average at 11%, 21% of smokers buy illegal tobacco - slightly higher than the regional average of 18%.

• 2016 Milestones

- Due to the increase in prevalence of smoking in routine and manual workers, form a task and finish group to agree a multi-agency plan to tackle this increase.
- Development of a robust NHS Health Check programme specification for primary care which will include an assessment on smoking harms
- Continue the commissioning of a holistic approach to tobacco control through the Live Life Well model, and the Live Life Well Service. The Live Life Well service target the areas of high prevalence by increasing the service provision in these areas which traditionally have low rates of access by engaging them in accessible services which they want to use.
- Continue the work with secondary schools across the City, and ensure that the health harm messages are appropriate to the needs of young people.
- Improve the current stop smoking pathway for pregnant women, and ensure they are offered appropriate support and advice, and increase provision of Stop Smoking Services within Children Centres.
- Ensure that smoking is no longer accepted as the norm, and make parks in Sunderland free from tobacco smoke.

- **Outcome indicators and timescales**

Outcomes indicators	Lead	Timescales
Development of smokefree Sunderland Joint Strategic Needs Assessment	Public Health with Public Health Commissioners	April 2016
The introduction of standardised tobacco packaging by May 2016	Trading Standards	May 2016
Feedback from engagement events around smokefree parks	Public Health	July 2016
Continue to develop and implement behavioural insights work around smoking in pregnancy pilot	SSPM	September 2016
Programme of work to reduce the trend of smoking prevalence in routine and manual occupations	Public Health	March 2017
Implement Every Contact Counts in commissioned services and brief intervention in tobacco - to be agreed through CCG Operational Plan	Sunderland CCG/ Live Life Well Service	March 2017

Priorities Update – Physical Inactivity

• Current Position

A city policy position relating to sport and physical activity was adopted by Cabinet in November 2014 and it was agreed that the Active Sunderland Board would be responsible for leading the policy implementation and reporting progress to the Health and Wellbeing Board.

The aim of the Active Sunderland Board is to develop 'All together an Active Sunderland' - a city where everyone is as active as they can be. The challenge facing the Board is to enhance the conditions and opportunities for more people to become more active, thus supporting the Health & Wellbeing Board's focus on 'physical inactivity'. Within this context the approach is to:

- To impact on the greatest number of people
- To enable children to have the best start in life
- To support people and communities that are benefiting least from being active
- To provide access to all our infrastructure, green open space, blue space as well as leisure facilities.

In September 2015 the Active Sunderland Board was formally constituted, terms of reference established and three priorities agreed the Board. The Board consists of 17 partners from all sectors which contribute to the development and delivery of sport and physical activity within the city. The priorities agreed in Year 1 were selected following local insight and intelligence work into participation levels in sport and physical activity. The progress relating to the priorities is as follows:

• 2016 Milestones

Priority 1: Improving community access in schools

The Board is working with Sport England to identify and reduce barriers to community school access. The work will showcase the benefits to schools of improving community access and being a Great Active Sunderland School - linking with the city's Education & Skills Strategy. In the next year, the Board will produce a toolkit that will assist officers in engaging with schools and develop a balanced programme of community activities.

Priority 2: Increase participation levels in women aged 18-34

A partnership has been established with Sustrans with the aim to increase participation levels in cycling of females aged 18-34. In the next year, the project will be concluded and it is anticipated that the Board will report a positive increase in participation levels in this activity and for this age range.

Priority 3: Increase participation levels in older people

Following local insight work with Age UK to better understand the needs and demands of older people, it was agreed that targeted work will aim to improve physical activity levels of people aged 50-70. In the next year and within this target group, a focus will be established for those people in the workplace.

During the local insight work, it was identified that there was a gap in the reporting of participation levels for children under 14, not only at a local level, but also a national one. Therefore, the Board have agreed to work with Public Health to utilise the data from the 2016 Health Related Behaviour Survey which includes a number of question on activity levels. It should be noted that Sport England's Active Lives Survey moving forward will start to measure under 14 activity levels beyond the school day, but not until 2017.

- **Outcome indicators and timescales**

The Active Sunderland Board has agreed to use the following measures of physical activity from the Sport England's Active People Survey (shortly to become Active Lives Survey).

1. The active population i.e. 30mins of sport and physical activity once per week (1x30mins) (14+)
2. The inactive population i.e. less than 30mins of activity per week (using PH's wider definition) (14+)

Priorities Update – Falls Prevention

The Current Position

The Out of Hospital (OOH) Board is considering Falls prevention following a recent national report about efficiencies achieved through health and social care integration and a joint focus on Fall Prevention Strategy. Up to date this has not been a priority for the OOH Board and as such the actions reflect this early stage of development. A number of partners talked about their current response to prevent falls e.g. Care Workers when visiting people at home; Telecare services, Recovery at Home service and City Hospitals Sunderland re the falls clinic they run at Galleries. Sunderland developed a Falls Strategy a few years ago, but it is timely for this to be reviewed and refreshed to ensure a coordinated response.

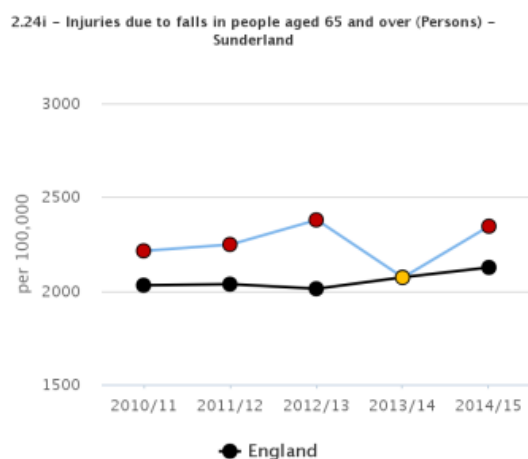
The vice chair of the community services Provider Board (Phillip Foster COO of Sunderland Care and Support who is the lead for the Recovery at Home service) has agreed to lead a group to review of the current Falls Strategy and by working with colleagues from City Hospitals Sunderland to propose action to update the approach to Falls Prevention in Sunderland

•Milestones for 2016

The next steps would be for this group to report to the April OOH Board meeting with an assessment of the current situation and suggestions for a way forward. Any agreement on actions will be reported to the HWBB. Falls will be picked up in the BCF narrative for 16-17 under the older persons workstream

•Outcome indicators and timescales

The key outcome indicator is injuries due to falls in people aged 65 and over. The trend in relation to this indicator is attached.



Timescales for improvement and a full basket of indicators will be determined and reported back to the HWBB within 6 months as part of the overall review of indicators.

Priorities Update – Sunderland as a Healthy Place

- **Current Position**

The Adults Partnership board (APB) in its recent review of priorities and key areas for action over 2016 have identified 2 key targets in relation to Sunderland as a healthy place:

Housing

The 2012 memorandum of understanding (MOU) produced by the Department of Health and the Department of Housing highlighted a number of key actions that could be pursued by local areas to improve the health of local populations. The APB requested that the MOU be reviewed to establish a partnership response for Sunderland.

All age friendly cities

The World Health Organisation made Sunderland a member of its Global Network of Age Friendly Cities and Communities in October 2015. The APB is keen to keep up the momentum on this piece of work and to develop a clear action plan for improvement against the baseline.

An Age Friendly Strategy Group has been set up and is composed of senior Council officers and the Director of Age UK Sunderland. An invitation to the Group has been extended to the CCG and membership may well change as the AF agenda gains momentum. An inaugural meeting of the Group has taken place and further meetings have been arranged with a view to refreshing a baseline of the city's age friendliness and developing an action plan.

- **2016 Milestones:**

Housing

In order to progress the issues included in the MOU Action Plan a housing task and finish group will be established. This group will identify activity that can contribute to achieving both the objectives in the MOU and local priorities in the context of reducing resources, thereby producing a local action plan focussed on local issues. Early conversations with both the Council's Access to Housing Service and Housing & Neighbourhood Renewal Team suggest that some of their existing work will complement the MOU action plan.

All age friendly cities

Key milestones are focussed on the key requirements of the WHO AF Cycle – the preparation and completion of a local AF baseline and action plan.

- AFC Officer Steering Group established (May 2016)
- WHO baseline refresh complete by Autumn 2016
- WHO action plan – draft by Autumn 2016
- Communications campaign – Phase 1 plan by Autumn 2016.

Planning

In order to influence the quality of the built environment, closer links are to be developed with planning teams, and through the Health impact assessment of the Core Strategy.

- **Outcome indicators and timescales**

Housing

The production of a Sunderland response to the MOU will be prepared within 6 months and the action plan within 1 year. ~This will be reported through the Adults Partnership Board.

All age friendly cities

In practical terms, an age friendly city adapts its structures and services to be accessible to and inclusive of residents varying needs and capacities. The WHO focus on three themes which have their own topic areas:

- Physical environment – Outdoor spaces and buildings; transportation; housing
- Social environment and culture – Respect and social inclusion; social participation; civic participation and employment
- Social environment/health and social service determinants – Communication& information; community support and health services.

The broad remit of Age Friendly City means that improvements in age friendliness will be measured according to measures associated with a specific piece of work e.g. reducing injuries due to falls in older people, rather than using a broad measure of age friendliness.

Priorities Update – Economy and Standard of Living

• Current Position

The links between economy and health and are the focus of the DpH Annual report. This has established the position in Sunderland in relation to health and a series of priorities for action. Key to this is the further development of workplace health programme and improved links with the priorities of the economic leadership board with a focus on employment and with the Education Leadership Board on their priorities of school ready, work ready, life ready.

The Adults Partnership Board (APB) in its recent review of priorities and key areas for action over 2016 has identified 2 key targets in relation to economy and standard of living:

- Fuel poverty and excess winter deaths

The APB recognised the need for a concerted approach to the issue of affordable warmth and excess winter deaths across health, social care, housing and health.

- The impact of welfare reforms

Recent discussions have highlighted there is a need to develop an intelligence approach to the impact of welfare reform. Work is underway to identify and quantify the impacts of welfare reform on specific groups in the city in order that targeted mitigating actions can be taken forward with partners - with a focus 3 priority areas of digital inclusion, financial inclusion and crisis support.

- Child and Family Poverty

Latest data (2013) shows that 22.2% of children in Sunderland live in low income families (families with income 60% or less than then national median income). This is compared to 18.1% nationally. The child and family poverty needs assessment was refreshed in January 2015. It highlighted a number of issues, but significantly that two-thirds of children living in low income families are in lone parent families. This group is also likely to be negatively affected by the forthcoming welfare reforms, and so it is important that we focus on the employability and skills of lone parents.

• 2016 Milestones

Generic milestones across all priority areas:

- Connect with Economic Leadership Board and the Sector Growth Results Groups
- Connect with the Education Leadership Board to ensure a whole systems approach
- Build a link with key business organisations in the City, including Sunderland Business Network, City Traders Association, and the Federation of Small Businesses
- Work with the business support infrastructure to promote awareness and pathways to support

Workplace health

Maintain support for employers to undertake workplace health initiatives by continuing the Health at Work Award and increasing the reach of the Sunderland Workplace Health Alliance.

Fuel Poverty and Excess Winter Deaths

- Refresh the affordable warmth group to focus on excess winter deaths
- Develop an evidence base for the impact of fuel poverty
- Develop an action plan
- Work with behavioural approach to increase take up of support measures (eg collective switching, boilers on prescription, insulation)

Welfare reform

- Establish a group to take forward action
- Map welfare reform impacts on certain groups / in areas
- Build in wider information so we can start to understand what else is impacting on specific cohorts (what info do we need , where can we get it, who is regularly looking at key data)
- Once we have intelligence/evidence of the fuller picture investigate how we can work with specific groups to do something different

Child and Family Poverty

- Connect with sector growth results group with a focus on employability for lone parents

- **Outcome indicators and timescales**

A full basket of indicators will be presented to the HWBB within 6 months.

Priorities Update - Wellbeing

- **Current Position**

THE HWBB Priority of Wellbeing is supported through work around mental health promotion, prevention of mental illness and the provision of services for people who suffer from mental illness.

A number of partnerships are in place which support work around wellbeing.

- Mental Health Programme Board
- Children's Mental Health Partnership
- New Horizons Partnership
- Suicide Prevention Action Group

An annual suicide audit is undertaken, to inform the local suicide prevention strategy. There are a range of services and programmes currently in place, which support the wellbeing priority.

- Health champions
- Wellbeing directory
- Live Life Well
- Suicide prevention training 'A Life Worth Living'
- Mental health communications e.g. 5 ways to wellbeing
- Children's Mental Health Services
- Adult Mental Health Services

- **2016 Milestones**

- Implement the local transformation plan for children and young people's mental health.
- Complete an annual suicide audit
- Suicide prevention development workshop for HWB
- Develop a basket of indicators for the HWBB
- Implement the local suicide prevention strategy

- **Outcome indicators and timescales**

Further work need to be done to complete a basket of indicators in relation to wellbeing and will be reported to the HWBB within 6 months – but in principle, key indicators from the outcomes frameworks include:

- Hospital admissions for self-harm, all age
- Hospital admissions for self-harm, age 10 -24
- Hospital stays for alcohol related harm
- Long term unemployment
- Suicide rate
- Rate of recovery for IAPT treatment

Priorities Update – Best Start in Life

- **Current Position**

It is important to give all of our children the best start in life, and addressing issues such as child poverty, smoking in pregnancy, low birth weight, breastfeeding, teenage pregnancy, child obesity and emotional wellbeing and resilience are an important part of this.

Through the commissioning responsibilities of Sunderland Clinical Commissioning Group and Sunderland City Council there are opportunities to address many of these challenges directly, through the commissioning of maternity services, children's mental health services, health visiting (including Family Nurse Partnership) and school nursing. The support provided through children centres and increasing take up of the 2 year old nursery offer also underpins the approach to best start in life. Sunderland CCG identifies implementing the local transformation plan for children and young people's mental health and improving outcomes in maternity and ensuring the best start in life as priorities for the coming year. Since October 2015 Sunderland City Council has been responsible for commissioning health visiting services, alongside school nursing, which provides an opportunity to review the 0-19 offer to ensure it meets the needs of our children, young people and families. The percentage of children who have a low birth weight, live in poverty or are obese needs to be improved. Whilst there has been improvement in recent years across outcomes such as smoking in pregnancy, teenage pregnancy and breastfeeding there is still much improvement needed, when considered against levels for England. A robust early help offer is essential to achieving the best start in life, including supporting strong parent and child attachment and supporting emotional resilience and wellbeing.

The Early Years Foundation Stage Profile data improved again in 2015. Good Level of Development scores were 5.9% this is an increase on 2014 and remain close to national figures (Sunderland 65.9. National 66.3). The challenge with the gender gap remains an issue with girls performing better than boys and support is being provided to schools to address this.

Following detailed consultation, key messages for parents are now available highlighting best start messages around breast feeding, behaviour, accident prevention and speech and language. Parents have been given Z cards and staff trained to provide proactive advice. Further work to develop social media messages through You Tube and blogs is on-going.

Encouraging parents to take up the 2 year nursery offer entitlement is a key strand of work using the behaviour change approach. Based on the latest census data, families who are eligible will receive a postcard, offering them their childcare provision voucher. In addition, key visual images are being prepared to support staff in explaining the options to parents along with the benefits of access to early years provision. The visual image work will be piloted in the West area, with rollout across the City if successful.

The Strengthening Families' process continues to provide a co-ordinated, timely response to children and their families where an additional need has been

recognised. Numbers of families accessing services continues to rise and will exceed the target of 2,000 for 2015-16

- **2016 Milestones**

- Ensure safe and sustainable services to improve outcomes in maternity and ensure the best start in life
- Review the public health 0-19 services to inform the development of a new model, which also supports early help – 2016/17.
- Implement the local transformation plan for children and young people's mental health
- Review the Best Start offer from Early Help to ensure that the most appropriate families are targeted for a service – Head of Early help September 2016
- Increase the number of families taking up the two year provision of childcare – Early Years team – December 2016.

- **Outcome indicators and timescales**

Outcomes identified in child health profile which would be updated annually as a minimum

- % of children living in poverty
- Low birth weight of all babies
- Smoking status at time of delivery
- Breastfeeding initiation
- Breastfeeding continuation at 6-8 weeks
- Uptake of 2 year old nursery offer
- % children achieving a good level of development within Early Years Foundation Stage Profile
- Under 18 conceptions
- Hospital admissions as a result of self-harm (10-24 years)

Additional outcomes will be investigated regarding the measurement of attachment and parenting skills