

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held on Thursday 22 June 2023 at 12.00pm in Mayor's Parlour 2, City Hall, Plater Way, Sunderland, SR1 3AA

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1.	Welcome	
2.	Apologies for Absence	
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4.	Minutes and Action Log of the Meeting of the Board held on 17 March 2023 (attached).	1
	ITEMS FOR DECISION AND DISCUSSION	
5.	Sunderland Ageing Well Ambassadors Annual Report 2021/2022 Report of the Director of Adult Services/Chief Operating Officer of Sunderland Care and Support Limited (attached).	15
6.	Sunderland Place Plan and North East and North Cumbria Joint Forward Plan Report of the NENC ICB Place Director for Sunderland (attached).	29
7.	Sunderland's 2023/2024 and 2024/2025 Better Care Fund Submission Report of the Assistant Director of Integrated Commissioning (attached).	67
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9. Healthy City Plan: Performance Overview 97

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

10. Health and Wellbeing Delivery Boards Assurance Update 117

Joint report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and the Director of Adult Services/Chief Operating Officer of Sunderland Care and Support Ltd (attached).

ITEMS FOR INFORMATION

11. Health and Wellbeing Board Forward Plan 133

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

12. Dates and Times of Meetings -

The schedule of meetings for 2023/2024 is as follows: -

Thursday 28 September 2023 at 12.00pm

Thursday 7 December 2023 at 12.00pm

Thursday 14 March 2024 at 12.00pm

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

ELAINE WAUGH
Assistant Director of Law and Governance

City Hall, Sunderland

14 June 2023

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 17 March 2023

Meeting held in the Council Chamber, City Hall

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Professor Yitka Graham	-	University of Sunderland
Graham King	-	Director of Adult Services
Dr Tracey Lucas	-	ICB Representative
Gerry Taylor	-	Executive Director of Health, Housing and Communities, Sunderland City Council
Dr Martin Weatherhead	-	All Together Better
Paul Weddle	-	Vice-Chair, Healthwatch Sunderland

In Attendance:

Philip Foster	-	All Together Better
Karen Davison	-	Together for Children
Graham Scanlon	-	Assistant Director, Housing and Communities, Sunderland City Council
Scott Watson	-	NENC ICB Place Director for Sunderland
Wendy Thompson	-	NENC ICB
Julie Parker-Walton	-	Public Health Consultant, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Liz Highmore	-	Observer
Gillian Kelly	-	Governance Services, Sunderland City Council

HW42. Welcome

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

HW43. Apologies

Apologies for absence were received from Councillor McDonough, Ken Bremner, Lucy Caplan and Jill Colbert.

HW44. Declarations of Interest

There were no declarations of interest.

HW45. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 9 December 2022 were agreed as a correct record.

Jane Hibberd advised that with regard to the Board membership, the representatives from the ICB going forward would be Scott Watson, Dr Tracey Lucas and Dr Robin Hudson. Dr Lucas had agreed to remain as Vice-Chair of the Board.

HW46. Sunderland Alcohol Strategy: “Calling time: It’s time to rethink drink”

The Executive Director of Health, Housing and Communities submitted a report requesting endorsement of the Sunderland Alcohol Strategy: Calling Time: It’s Time to Rethink Drink.

Julie Parker-Walton was in attendance to talk to the report and in doing so explained that the strategy had previously been to the Health and Wellbeing Board and other partnerships for consultation and this was the final version of the document to be endorsed by the Board. The strategy was a high-level document and a more detailed action plan would sit below this.

The Chair commended the strategy as an excellent piece of work and thanked everyone for their input during the very positive engagement and consultation exercises. She was pleased to see the report coming to the Board with updated detail.

Councillor Farthing referred to one of the priorities being to ‘promote an alcohol-free pregnancy and commented that there did not seem to be a measure indicated for that. It was very important to get these preventative messages out to the mothers of Sunderland. There was also more awareness of foetal alcohol syndrome and it had been suggested that the numbers of children affected by this in Sunderland were much higher than previously thought.

Gerry Taylor noted that this was an area of great concern in Sunderland and was linked to the emphasis put on the Alcohol Strategy. The detail was still to be worked up and it was acknowledged that good data on this was lacking.

Dr Weatherhead commented that he had been part of the drug related deaths panel which had been gathering data for a number of years and asked how alcohol fitted in with this. He also queried what would be done to ensure that the strategy was launched and embedded; he noted that patients in his practice reported that it was difficult to get into inpatient detox programmes.

Julie highlighted that a member of her team was co-ordinating the data on alcohol related deaths provided by the hospital and it was key to get that information right. With regard to inpatient detox, there was a lot going on around the region to fund services and whereas there was an issue with provision around the country, in comparison to last year, there was much more being provided in the local area. There was a lack of beds nationally but local provision was being championed across the North East.

The Chair noted that statistical updates were provided at the Alcohol Partnership and it also received information on drug related deaths but these items needed to be kept on the agenda.

Dr Lucas referred to the priorities of the strategy including prevention and treating those in crisis but asked about the people who were in the middle, cruising along but drinking at harmful levels and only surfacing when in extremis. She asked if Public Health would have a campaign targeting those who fell in between the two priorities.

Julie said that it had been recognised that more work was needed on this and Gerry stated that the difficult element was getting it across in a helpful way. It could be difficult to equate what was a safe amount to drink to actual drinks and consideration needed to be given to how Public Health might communicate and engage with that cohort of people.

Prof. Graham like the use of 'Rethink' and noted that there was an observable impact of Covid and potential impact of the Cost-of-Living crisis on negative health behaviours. Gerry advised that all strategies were being viewed through a cost-of-living lens and a Financial Wellbeing Strategy was currently being developed which would link to all health strategies.

Councillor Farthing commented that a healthy weight could be difficult to maintain when someone consumed alcohol and people did not always appreciate the calories which were in alcohol; this was why the prevention and education agenda was so important, along with minimum pricing legislation. The Chair agreed that all partners needed to keep campaigning.

Having considered the report, it was: -

RESOLVED that: -

- (i) the Sunderland Alcohol Strategy: Calling Time: It's Time to Rethink Drink be endorsed;
- (ii) it be agreed to engage in the delivery of the strategy through the Sunderland Drug and Alcohol Harm Reduction Group; and

- (iii) progress updates on the delivery of the strategy be received via the Living Well Delivery Board.

HW47. Homelessness Reduction and Sleeping Rough Strategy 2023 - 2028

The Executive Director of Health, Housing and Communities submitted a report providing information around the adoption of the Homelessness Reduction and Sleeping Rough Strategy 2023 – 2028.

Graham Scanlon, Assistant Director of Housing, was in attendance to talk to the report and in doing so explained that the Council had adopted its first Homelessness Strategy in 2019, however the Covid pandemic had prevented the aims and priorities of the strategy from being fully applied and implemented.

A lot of detail from the 2019 strategy was still relevant and alongside the learning from the pandemic, the process of reviewing the new Homelessness and Sleeping Rough Strategy had been a positive collaboration from partners and stakeholders. The document set out the strategic direction to: prevent homelessness; provide assistance and advice to those threatened with homelessness; and to enable move on to independent living to reduce instances of repeat homelessness.

A health needs assessment had been conducted to support the drafting of the Housing Strategy for Sunderland 2023-2030 and the Homelessness and Rough Sleeping Strategy 2023-2028. Understanding the health and support needs of the communities affected by homelessness was vital to a strategy that aimed to help people in the city.

Graham Scanlon emphasised the importance of making sure that the momentum was built up for the strategy on the ground and that Members were aware of issues across the city. There were a range of pathways into the strategy and it was intended to consult at the end of the year about future pathway delivery and outcomes from the strategy would be reported to the Council's Cabinet.

Councillor Miller commented that Shelter had issued a communication a few days ago which was in relation to a new tool to understand issues being experienced by an individual long before they reached crisis point. There was also a longitudinal study in Scotland providing a lot of data and Councillor Miller also highlighted the need to have representatives with homelessness experience on the relevant working groups.

Graham Scanlon stated that the Council had engaged with Shelter and was aware of the tool which would be built into the strategy. He would ask the team to look at the Scottish study and agreed that it was important to understand lived experience in relation to the strategy.

Graham King commended the work and made particular reference to the Homelessness Officer in hospital. People were aware of lack of access to mental health support being an issue, it was not just this but the support in accessing mental

health services. Graham Scanlon added that there was a separate pathway on mental health support which was it was hoped would develop recommendations.

Dr Lucas queried whether the route for GPs to refer patients for homelessness support would be through social prescribing and noted that there were mental health prescribers in all primary care networks.

Graham Scanlon stated that there was GP representation on working groups and his team had expanded to provide more flexibility in dealing with acute homelessness matters, hopefully before they reached crisis stage. Moving forward it was envisaged that there would be mini hubs with professionals at hand to offer some basic advice, education and support.

The Chair was pleased to see the inclusion of safe access for victims of violence and abuse as one of the priorities and also welcomed the health needs assessment as part of the strategy. She went on to say that ill health could contribute to and cause homelessness and there was an acknowledgement in the strategy around access to services. It was also important to capture the learning from dual diagnosis needs.

The Chair appreciated the real ambition to involve those with lived experience and also to reference the cost-of-living crisis. Trauma informed practice was being included and it was now key to embed this and put it into practice.

Dr Weatherhead agreed that it was an excellent strategy and noted that GPs often saw patients at the point where everything else had failed; successful approaches and strategies needed to be more publicised.

Graham Scanlan said that the team were doing a great job and but starting to see a range of different things happening such as private landlords selling properties and Section 21 notices being issued. Mortgage repossessions were now coming forward and there was a need to understand the different ways that homelessness manifested in the community.

Upon consideration of the document it was: -

RESOLVED that: -

- (i) the contents of the report be noted;
- (ii) the delivery of the Homelessness Reduction and Sleeping Rough Strategy be supported; and
- (iii) updates on the delivery of the strategy be received via the Living Well Delivery Board.

HW48. Improving Access in General Practice

The North East and North Cumbria Integrated Care Board Place Director for Sunderland submitted a report to update the Health and Wellbeing Board on the

work that was being carried out by the ICB primary care team to improve access to general practice in Sunderland.

Wendy Thompson was in attendance to present the report and the Board were advised that this was an ongoing piece of work and that access to GP services had been highlighted as a key national NHS objective. The ICB was working closely with Healthwatch and GP practices to understand how services were being delivered and it had been noted that the number of appointments delivered by practices had almost doubled when compared to pre-pandemic levels.

In August and September 2022, the ICB and Healthwatch launched a survey to gather people's experiences of accessing their GP practice and there were 1261 responses which led to the development of a number of actions. These included the production of a patient communication plan for Sunderland, training for staff with regard to sign posting and new roles and services in primary care, digital support, triage pilots and a capacity and demand Service Level Agreement.

The next phase of the project would be to evaluate the various pilots underway and identify areas which had worked. A patient communication exercise would also be carried out in the coming months to highlight the different roles available in general practice and the most appropriate use of services.

Gerry Taylor was interested in the greater number of appointments which were available and asked if that was a change in administrative approach or differences in the presentation of patients. Wendy advised that it was a mixture, prior to the pandemic it may have been related to how appointments were recorded; there was now greater access to telephone appointments and multiple bookings for one person were counted separately.

Dr Lucas commented that what Wendy said was correct and that despite the reduction in workforce, GPs and advanced practitioners had doubled their appointment capacity. It was important in relation to the new access strategy that there was not too much focus on counting and recording. She advised that her practice was running an access pilot with the aim of reducing the 8.00am rush for appointments and promoting the e-consultation process. This was levelling things out in terms of demand and had seen a huge cultural change in the last four weeks.

Gerry queried if there were differences in terms of presentation and patient need and Dr Weatherhead stated that people were older and sicker and were presenting with more issues and twice as often as they may have done in the past. He noted that some of the statistics about increases in appointments was uncovering hidden work. Dr Weatherhead also highlighted that 70% of applicants to study medicine were from overseas and the UK was training doctors who did not want to work in the country and if they did, they were not opting to become GPs.

Councillor Farthing queried whether staff in practices could be given more leeway in being able to refer patients to a pharmacist for example. Dr Lucas explained that some medications had to be kept on acute prescriptions because of the need for monitoring.

The Chair highlighted that the Board had asked for this report because the patient perspective was challenging and there were questions on the future access strategy. Dr Lucas commented that between 98 and 99% of patients contacting their GP would be seen within two weeks and Wendy noted that Sunderland was in a better position than other areas, however it was not known what the Primary Care Recovery Plan would look like as yet.

Having thanked Wendy for the report, it was: -

RESOLVED that: -

- (i) the content of the report be noted; and
- (ii) further progress updates be received in future.

HW49. North East and North Cumbria Integrated Care Board: Sunderland Place Plan

The ICB Director for Place (Sunderland) submitted a report updating the Board on the proposed Place Plan for Sunderland and associated governance arrangements.

Scott Watson was in attendance to talk to the report and advised that the Sunderland Place Plan was a standalone document which would form part of the larger Joint Forward Plan (JFP). The JFP was a statutory document setting out how Integrated Care Boards would arrange and/or provide NHS services to meet their population's physical and mental health needs.

Scott highlighted that golden threads from the Healthy City Plan ran through to the Sunderland Place Plan and a lot of time had been spent working with partners in the system in developing it. Appendix 1 of the report set out the work done so far and Appendix 2 provided the latest iteration of the plan and an opportunity for comment.

There were four key priority areas with a range of objectives and goals and these read across from the Integrated Care Strategy: -

- strengthening primary and community care
- supporting people to live well
- ensuring the best start in life for children and young people
- transforming mental health, Learning Disability and autism services

The Place Plan had to be submitted to the ICB on 17 March and all 14 plans in the North East and North Cumbria would then be moderated for quality and triangulated with thematic plans before the publication of the Joint Forward Plan on 30 June 2023. The next steps would include a development session on 8 June to review the final version of the Plan.

Gerry made an observation linking back to the previous item and that there were a couple of priority areas relating to issues Dr Weatherhead had raised and that

maybe GP colleagues could have a look at those parts of the Plan. Scott advised that the GP programme of All Together Better should pick this up.

Julie Parker-Walton referred to the conversation about the Alcohol Strategy and that there were maybe some key things to look at in the primary care element and also the wider determinants such as fuel poverty and housing. Scott accepted this was a good point, well made and noted that it would be useful to draw everything together with all plans and strategies contributing to the Healthy City Plan.

Councillor Farthing commented that from a children's perspective, the key issue was ensuring inclusivity for SEND and a regional plan would cover some of the families and children on the outskirts of areas. There was a need to make sure schools were more inclusive and there were not enough places at special schools for those requiring placements.

Scott advised that there would be a moderation exercise to make sure that there was an overlap in plans and the outskirts were not missed.

Graham King made reference to the priorities and whilst he felt that too many were not workable, he was struck that there was not a priority for ageing well, although he could see it across other priorities. He was pleased to see the references to carers in the city. Scott agreed that the inference was that ageing was covered in other areas but he would have that conversation with Graham over the next few weeks.

Karen Davison noted that the key deliverables in relation to Children and Young People included demand and capacity in children's mental health services but there was nothing specific about waiting lists and how these would be addressed.

Scott advised that there should be a reference to the Children's Commissioner's report and there would be a focus on reducing waiting times. He noted that the ICB absolutely did not recognise the waiting times published in the report or that Sunderland was the worst in the country, however it was acknowledged that there waiting times were nowhere near where they would want them to be.

The Chair added that she had met with Scott about this matter and it would come forward to the Starting Well Delivery Board.

Scott highlighted that there was a lot of process to go through prior to the Joint Forward Plan submission on 30 June but there was a lot of opportunity to feed back on the Place Plan and inclusions and edits from other colleagues would be flagged to the Board for comments.

The Chair suggested that Board Members take away the draft Place Plan and review the content in advance of the development session on 8 June. Feedback was to be submitted to Lisa Jones, Assistant Director of Integrated Commissioning at Sunderland City Council.

Accordingly, the Board RESOLVED that: -

- (i) the proposed Sunderland Place Plan be approved;

- (ii) the timescales for publication and future oversight arrangements set out in sections 3.3 and 4.2 be noted; and
- (iii) the final ICS Joint 5 Year Forward Plan, incorporating the Sunderland Place Plan (final) be received ahead of publication on 30 June.

HW50. Health Inequalities Funding Allocation across the North East and North Cumbria ICS

The Executive Director of Health, Housing and Communities submitted a report providing a brief overview of the programmes approved by the ICB Executive, a summary of related work programmes already underway and highlighting how this would benefit the residents of Sunderland.

Julie Parker-Walton directed Members to the breakdown of funding allocations for the period 2022/2023 to 2024/2025 and the local context for the Reducing Inequalities Delivery Group. Julie highlighted the programmes which were currently being supported and underway in Sunderland which included the Waiting Well Programme, supporting people with multiple and complex health and healthcare needs, the Deep End GP practices network, Healthy Communities and Social Prescribing and Poverty Proofing Clinical Pathways.

The Chair was pleased to see the wide range of programmes being delivered and noted that she had recently received a good presentation on weight management services. Dr Lucas commented that there seemed to be a raft of things springing up in relation to private obesity management and she was pleased to see this was being embedded and available to all.

The Board RESOLVED that: -

- (i) the agreed proposals in relation to the allocation of the Health Inequalities funding across the North East and North Cumbria ICB be noted;
- (ii) the progress of related work programmes already underway and potential integration be noted;
- (iii) the funding allocations for Sunderland be noted; and
- (iv) progress updates be received via the Living Well Delivery Board and wider assurance reporting.

HW51. Health and Wellbeing Delivery Boards Assurance Update

The Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services submitted a joint report providing the Health and Wellbeing Board with assurance that the work of the Delivery Boards was progressing in line with their agreed terms of reference, a summary of the key points discussed at their recent meetings, acknowledgement that Board

development sessions were taking place and an update on the Healthy City Plan grant available to the Delivery Boards.

The Delivery Boards met on a quarterly basis to have oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. An update report would be presented to each meeting of the Health and Wellbeing Board setting out what had been discussed and key issues to take forward.

The Starting Well Delivery Board had discussed the new family hubs and noted that Sunderland had received trailblazer status. Karen Davison advised that the final letter in relation to the Joint Targeted Area Inspection had been published by Ofsted the previous day and they were extremely pleased with the outcome of partnership working.

The Ageing Well Delivery Board had received the annual report from the Ageing Well Ambassadors of which there were now well over 100. Graham King suggested that an abridged version of the report may be brought to a future Health and Wellbeing Board meeting.

The Living Well Delivery Board had also been asked to support a bid from Sunderland to develop research capacity focusing on inequalities. The Council and the University were working together to pull together a proposal which was looking to include social prescribing, Smart City and what digital services could bring. Gerry Taylor suggested that it might be useful to have some support in principle from the Health and Wellbeing Board in the form of a letter from the Chair.

Dr Weatherhead stated that, as co-clinical lead of the Deep End Network, they would definitely be investing in social prescribing. All of their work was being evaluated and there might be some co-terminosity with this project. Prof. Graham added that there was a funded PhD student working with the Alliance on health inequalities and this would provide evidence to support decision-making.

Board Members were reminded that there was a £1.75m grant available to support the delivery of the Healthy City Plan and the delivery boards had begun to identify the following projects which had been approved subject to conditions: -

- PlayZones - £200,000
- Thompson Park Interactive Play - £55,527
- Elemore Park - £240,000
- Physical Activity Opportunities - £130,000
- Tackling Inequalities – Access to Services and Recruitment (STSFT) - £94,000
- Cycling and Walking for Health - £39,000
- Carers Support Offer - £10,000
- Sunderland Falls Prevention Programme - £200,000 (maximum)
- Ageing Well Sunderland Reporters - £9,900

The Board therefore RESOLVED that: -

- (i) the meeting summaries from the recent meetings of the delivery boards be noted;

- (ii) it be assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference;
- (iii) the projects allocated the Healthy City Plan grant be noted; and
- (iv) a letter of support be provided from the Health and Wellbeing Board for the bid for research funding for health inequalities.

HW52. Covid-19 and Flu in Sunderland – Update

The Executive Director of Health, Housing and Communities submitted a report providing an update on the Covid-19 and flu situation in Sunderland.

Gerry reported that the ICB had provided some funding to support improvement in healthcare inequalities in vaccination programmes and in Sunderland this would be used to undertake behavioural insights with health and social care workers for the purposes of increasing vaccine uptake in the next winter vaccination programme.

The Board were informed that the ONS data for Covid prevalence would be stopped, there may be some new surveillance mechanisms in the future however data was reducing all of the time. It was proposed to cease providing a Covid update altogether and information on immunisations would be fed in from the Health Protection Board.

RESOLVED that the update noted.

HW53. Health and Wellbeing Board Forward Plan

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

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

RESOLVED that the Forward Plan be received for information.

HW54. Provisional Dates and Times of Future Meetings

The dates and times for future meetings, subject to approval at Annual Council, were as follows: -

Thursday 22 June 2023 at 12.00pm

Thursday 28 September 2023 at 12.00pm

Thursday 7 December 2023 at 12.00pm

Thursday 14 March 2024 at 12.00pm

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

(Signed) K CHEQUER
Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
09/12/22				
HW37.	Work to identify gaps which can be highlighted to delivery boards with a view to supporting projects with the Healthy City Plan grant	Gerry Taylor Jane Hibberd Sheila Rundle	March 2023	Discussions held at Delivery Boards in February 2023. Reviewed progress in delivering the Sunderland Healthy City Plan Implementation Plan. Action closed.
HW38.	The current cost-of-living crisis to be reflected in the Healthy City Plan performance overview	Gerry Taylor Sheila Rundle	June 2023	See Healthy City Plan performance update in June 2023, proposing to add an additional indicator on “Food Insecurity – percentage of local authority population living in areas at highest risk of food insecurity.” Action closed.
17/03/23				
HW46.	Progress updates on the Sunderland Alcohol Strategy to be received via the Living Well Delivery Board	Jane Hibberd	June 2023	Added to the Living Well Delivery Board forward plan. Action closed.

HW47.	Progress updates on the delivery of the Homelessness Reduction and Sleeping Rough Strategy be received via the Living Well Delivery Board	Jane Hibberd	June 2023	Added to the Living Well Delivery Board forward plan. Action closed.
HW49.	Progress updates on the allocation of Health Inequalities funding be received via the Living Well Delivery Board	Jane Hibberd	June 2023	Added to the Living Well Delivery Board forward plan for September 2023. Action closed.
HW50.	Letter of support to be provided by the Chair on behalf of the Board for a bid to the NIHR for a Health Determinants Research Collaborative.	Gerry Taylor Jane Hibberd	April 2023	Complete. Action closed.
HW54.	Schedule of meetings for the Board for 2023/2024 and membership to be agreed by Council on 17 May 2023.	Gillian Kelly Jane Hibberd	May 2023	Complete. Action closed.

SUNDERLAND HEALTH AND WELLBEING BOARD

22 June 2023

SUNDERLAND AGEING WELL AMBASSADORS ANNUAL REPORT 2021/22

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

1.0 Purpose of the Report

1.1 The purpose of the report is to:

- i. provide the Health and Wellbeing Board with an overview of activity conducted by Sunderland Ageing Well Ambassadors throughout 2021/22; and
- ii. encourage Health and Wellbeing Board partner organisations to promote the role of Ageing Well Ambassadors to their workforce.

2.0 Background

2.1 In 2021 a conference took place for Sunderland residents aged 50+, Sunderland City Council and city partners are committed to supporting the wellbeing of people who are ageing well and taking steps to ensure they can continue to live happy, independent, and fulfilling lives.

2.2 One way we are looking to achieve this is through the launch of Sunderland's Ageing Well Ambassadors Programme. We recruited 20 Ageing Well Ambassadors. In 2021, these volunteers are adults of any age who take action to help raise awareness and spread the Age Friendly message to others. They are people from organisations, businesses or communities who want to help make Sunderland an Age Friendly city.

2.3 The ambassadors support our Healthy City Plan vision:

“Everyone in Sunderland will have healthy, happy lives, with no one left behind”

We recognise that our people make our city what it is, they are our greatest assets. We want to be sure we're doing everything we can to enable our Ageing Well Ambassadors to know their knowledge, skills and strengths are valued. We want our Ambassadors to feel valued and rewarded for their contribution and feel connected to the organisations and the services they provide. We know that being connected and having a sense of belonging is an influencing factor to improving health and wellbeing.

2.4 Sunderland Ageing Well Ambassadors programme progress to date:

- Designed role description and branding

- Held an Ageing Well event on 21 October 2022, to launch the Ambassadors programme
- Held five area-based events March 2022 to recruit more ambassadors and find out from local people what's important to them.
- Recruited 107 Ambassadors, 76% women, 21% men.
- 99% White British
- Disability: 51% none, 6% prefer not to say and 43% have a physical or mental health condition or illness lasting or expecting to last 12 months or more.
- Areas of the city ambassadors are from: 11% Coalfields, 15% Washington, 21% North, 2% West and 33% East
- Held 10 face to face and online meetings with Ambassadors
- Consulted on 23 activities surveys, research, and other key developments in the city.

3.0 Next steps

3.1 Achieving our vision will take time but we are committed to:

- Identifying priorities on an annual basis
- Assessing and evaluating the effects of our activities and how we are making a difference
- Listening and responding to the ambitions and ideas generated by our ambassadors and our ageing well community

3.2 Ambitions for Ambassadors Programme in 2023/24 are as follows:

- To develop my generation comms, a Sunderland newsroom of people ageing well to tackle ageism stereotypes
- Ensure services are informed by the views of ambassadors and any new developments in the city
- Develop partnerships with the University, NHS and other key partners
- Continue to recruit more ambassadors targeting more priority communities to get involved
- Set up a WhatsApp group for faster communication and for those not using digital platforms
- Look at designing age friendly training with ambassadors for key services across city partners to raise awareness of ageism and ensure age friendly services and neighbourhoods.
- Plan an ageing well event for the New Year to award ambassadors with a certificate for their commitment to our city
- Work closely with the SMART city communications lead, to promote digital inclusion.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to:

- i. note and comment on the content of the Sunderland Ageing Well Ambassadors Annual Report 2021/22; and
- ii. promote the role of Ageing Well Ambassadors across the workforce of Health and Wellbeing Board partner organisations.



Sunderland Report

2021–22



Introduction



In 2021 a conference took place for Sunderland residents aged 50+, Sunderland City Council and city partners are committed to supporting the wellbeing of people who are ageing well and taking steps to ensure they can continue to live happy, independent, and fulfilling lives.

One way we have done this is through Sunderland's Ageing Well Ambassadors Programme. We recruited 20 Ageing Well Ambassador's last year, these volunteers are adults of any age who take action to help raise awareness and spread the Age Friendly message to others. They are people from organisations, businesses or communities who want to help make Sunderland an Age Friendly city.

Ambassadors are acting as the voice of Sunderland's older residents, informing services and investment in the city to ensure residents of all ages lead fulfilling lives. They also promote Age Friendly Sunderland within their workplace, sports team, place of worship, with family and friends or anywhere in their community.

Sunderland is recognised as being Age-friendly and forms part of the UK network of Age-friendly Communities, which is made up of over 40 cities, towns, districts, and counties working together to share learning and promote Age-friendly practices.

Our Age-friendly plan for Sunderland is based on three themes



1. Developing

Age-friendly neighbourhoods supporting Sunderland residents to live healthier lives for longer



2. Creating

Age-friendly services and enabling residents to live in their homes for as long as they want to



3. Promoting

Age Equality and empowering older residents to have their say on the things that matter to them

As part of this, we want to ensure people who are ageing well feel confident in having their say on issues affecting them, in their community.

Our Vision

“Everyone in Sunderland will have healthy, happy lives, with no one left behind”

Our people make our city what it is, they are our best assets. It's very important to us that they feel valued and rewarded for their contribution. It's important, that you feel connected to the organisations and the services they provide.

We know that being connected and having a sense of belonging is an influencing factor to improving health and wellbeing. We want to be sure we're doing everything we can to enable our Ageing well Ambassadors to know their knowledge, skills and strengths are valued.

Principles of Ageing Well Ambassadors programme

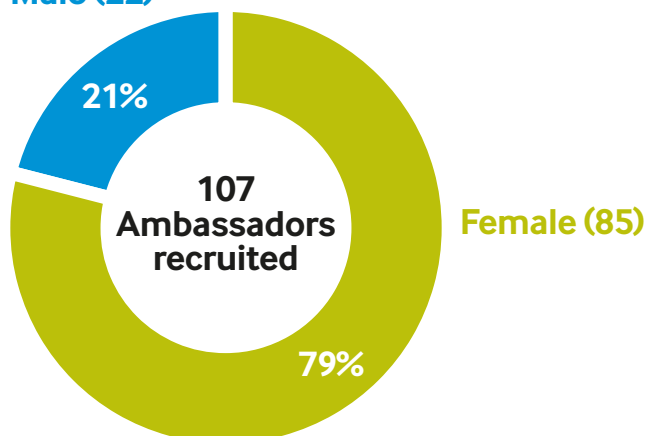


- Ambassadors will be co-designers with partners across the city on developments and ideas to make our city age friendly
- The focus of interventions is on the strengths and aspirations of the people we work with
- Communities and social environments are seen as being full of resources and assets
- Service providers collaborate with the people they work with recognising that their work is driven by local people
- Interventions are based on self-determination
- There is a commitment to empowerment
- Problems are seen as the result of interaction between individuals, organisations or structures rather than deficits within individuals, organisations or structures

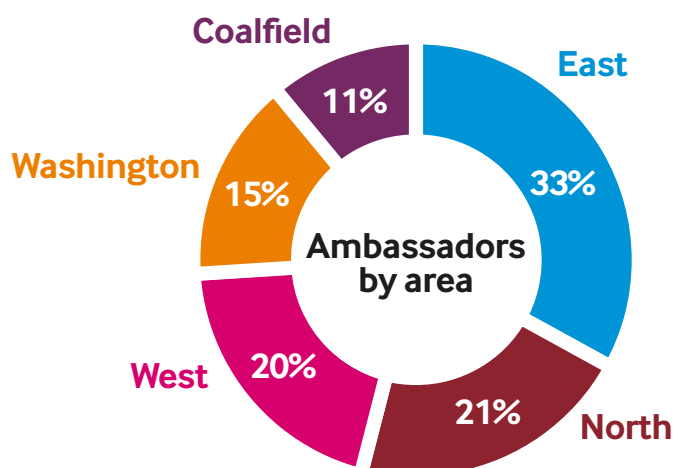
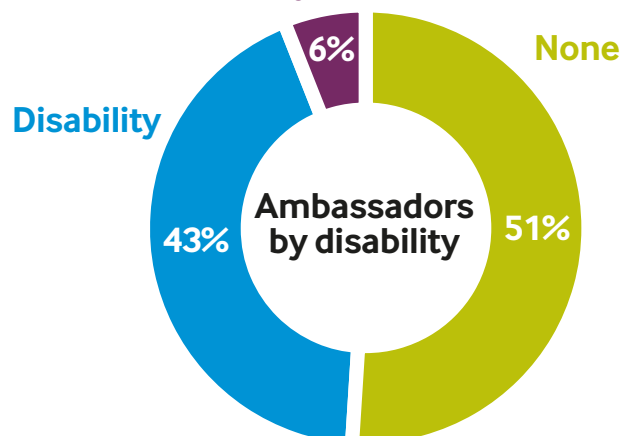


Key outcomes of the programme 2021–22

Male (22)



Didn't say



Designed role description and branding



Held an Ageing well event October 2021, to launch the Ambassadors programme



Held five area-based events March 2022 to recruit more ambassadors and find out from local people what's important to them



Held 10 face to face and online meetings with Ambassadors



Consulted on 23 activities surveys, research, and other key developments in the city

Achieving our vision will take time but our plan



We'll identify priorities on a yearly basis



We'll assess and evaluate the effects of our activities and how we are making a difference



We'll listen and respond to the ambitions and ideas generated by our ambassadors and our ageing well community

Ambitions for Ambassadors Programme 2023–24



To develop my generation comms; Sunderland newsroom of people ageing well to tackle ageism stereotypes



Ensure services informed by the views of ambassadors and any new developments in the city



Develop partnerships with the University, NHS and other key partners



Continue to recruit more ambassadors targeting more priority communities to get involved



Set up a WhatsApp group for faster communication and for those not using digital platforms



Look at designing Age friendly training with ambassadors for key services across the city NHS, TWFS, etc raise awareness of ageism and ensuring age friendly services and neighbourhoods



Plan ageing well event for New year to award ambassadors with a certificate for their commitment to our city



Work closely with SMART city comms lead, to promote digital inclusion



Want to get involved?

Find out more about how our ageing well programme or how to become an Ageing Well Ambassador visit:
www.sunderland.gov.uk/ageing-well



SUNDERLAND HEALTH AND WELLBEING BOARD**22 June 2023****SUNDERLAND PLACE PLAN AND NORTH EAST AND NORTH CUMBRIA JOINT FORWARD PLAN****Report of the NENC ICB Place Director for Sunderland****1.0 Purpose of the Report**

- 1.1 To present the Health and Wellbeing Board (HWB) with the proposed final Sunderland Place Plan 2023/24 – 2028/29 for review and approval. The plan will form part of the North East and North Cumbria Integrated Care Board's (NENC ICB) Joint Forward Plan.
- 1.2 To advise the HWB on the proposed timeline for the publication of the NENC ICB's, Joint Forward Plan and associated consultation process.

2.0 Background

- 2.1 Each of the Local Authority areas across the North East and North Cumbria Integrated Care Board (NENC ICB), are required to pull together a plan for place that will set out place-based priorities for health and care integration over the next 1-5 years.
- 2.2 The place plan will form part of the NENC ICB's and partner NHS Trust's statutory [Joint Forward Plan](#) arrangement, which represents one overarching document that covers the NENC ICB area and includes actions plans for:
 - The four goals of the Integrated Care Partnership's (ICP's), Integrated Care Strategy ([Better Health and Wellbeing for All](#)):
 - Healthier lives
 - Fairer outcomes
 - Best start in life
 - Improving health and care services
 - Each of the enablers identified within the ICP strategy:
 - A skilled, compassionate and sufficient workforce
 - Working together to strengthen neighbourhoods and place
 - Innovating with improved technology, data, equipment, research and estates
 - Making the best use of resources.
 - Local Authority (or group of Local Authority) Place Plans
 - Service areas
- 2.3 In March 2023, Sunderland's Joint Consultative Forum - which evolved into the Sunderland Place Committee on 19 May 2023 – agreed a draft plan which was presented to the Health and Wellbeing Board on 17 March 2023. The

draft plan was subsequently reviewed by the NENC ICB to support further improvement of the plan, ahead of final submission on 26 May 2023.

- 2.4 Alongside the development of Place Plans, the NENC ICB published a draft Joint Forward Plan, which was subsequently rescinded pending further improvement. A final draft version of the Joint Forward Plan is expected to be published on 14 June 2023.
- 2.5 This report includes a brief overview of the changes that has been applied to the draft Place Plan, alongside a copy of the final Place Plan that was submitted to the ICB on 26 May 2023 (Appendix 1). The report additionally includes a timetable of the updated Joint Forward Plan consultation and publication process.

3.0 Summary of Changes to the Sunderland Place Plan

- 3.1 Following review at the Health and Wellbeing Board (17 March 2023) and participation in an NENC-ICB Place Plan Improvement session (18 April 2023), the following high-level changes were made to the draft Sunderland Place Plan:
 - The scope of the plan was refined to include ICB-specific actions and deliverables in relation the Integrated Care Strategy and Healthy City Plan. This would enable the Place Plan to add additional value, by creating increased accountability within the ICB for delivering on ICB-related elements of the respective plans.
 - 'Ageing Well' has been added to the prioritisation framework of the Sunderland Place Plan. Whilst ageing well objectives and actions formed part of the draft Place Plan, the lack of explicit mention of 'ageing well' within the prioritisation framework, risked the older person's agenda being lost in the wider content of the plan. As such, ageing well has been added under priority 2 - *'Enabling people to live and age well'*.
 - Compliance with the planning and policy framework of the Better Care Fund has been added as a key objective within priority 1 of the Place Plan (*'Strengthening Primary and Community Care'*). This was included in recognition of the importance of agreeing a robust and impactful BCF plan for place and to ensure there was clear linkages between the BCF and Place Plan without duplicating key actions and deliverables.
 - A fifth priority has been added to the Place Plan prioritisation framework to increase visibility and action on key system enablers. The new priority ("Delivering place-shaping innovation and sustainability through investment in critical system enablers") will help fill a current gap within place-based governance arrangements to develop system-wide approaches to: workforce, integrated commissioning (including community co-production), digital and technological innovation, research and intelligence, financial sustainability and estates.
- 3.2 The proposed final version of the Place Plan can be found in Appendix 1.

4.0 The North East and North Cumbria Joint Forward Plan

- 4.1 A revised version of the NENC Joint Forward Plan (JFP) will be published on 14 June 2023. A verbal update of the plan will be presented to the HWB on 22 June 2023, with a HWB development session planned for 3 August 2023 to formally review and respond to the JFP consultation process. A high-level timetable of the JFP publication and consultation process has been outlined below for information:

Date	Action
14 June 2023	Draft overarching JFP shared with stakeholders for feedback
21 June 2023	ICP meeting to consider the draft JFP
27 June 2023	ICB Board to approve to the JFP for publication as final draft
July and August 2023	Stakeholder feedback, including HWBs and NHS Trusts
September 2023	Final JFP Published

5.0 Recommendations

- 5.1 The Health and Wellbeing Board is recommended to:
- Review and approve the proposed final Sunderland Place Plan, subject to agreement on proposed changes.
 - Note the timetable for the Joint Forward Plan development process and respond to the request for stakeholder feedback via the planned HWB development session on 3 August 2023.



North East & North Cumbria

Programme/Workstream plan:	Sunderland Place Plan
Submitted by: [Name, Job Title]	Scott Watson, Director of Place (Sunderland)
Date:	May 2023
<p>Summary: Please outline the scope of the plan, the longer-term ambition, and what you plan to achieve. Also summarise the key deliverables and impact in support of the NENC ICP Health and Care Strategy and national guidance where relevant, e.g. the NHS long term plan. ** no more than 500 words**)</p>	
<p>The Sunderland Place Plan has been co-produced with local system-partners to create a clear and compelling document that consolidates national, regional and local ambitions for health and care integration, with specific alignment to the NHS Long-term Plan, NENC Integrated Care Strategy (‘Better Health and Wellbeing for All’) and the Health and Wellbeing Strategy for Sunderland (‘Sunderland’s Healthy City Plan’). The overarching vision for this plan reflects Sunderland’s ambition to ensure that:</p> <p style="text-align: center;"><i>“Everyone in Sunderland will have healthy, happy lives, with no one left behind”</i></p> <p>The plan sets a clear direction of travel for our partnership, supporting a progressive approach to integration that builds on both existing strengths, and fertile areas of opportunity to integrate services in a way that supports the strategic aims of the ICB, including:</p>	

- Improved quality and equity of care
- Prioritisation of prevention
- A clear focus on reducing health inequalities
- More sustainable and innovative use of resource.

Priorities

Sunderland's priorities are:

- **Strengthening primary and community care**
- **Enabling people to live and age well**
- **Ensuring the best start in life for children and young people**
- **Transforming mental health, learning disability and autism services**
- **Delivering place-shaping innovation and sustainability through investment in critical system-enablers**

These priorities are supported by an overarching policy objective to **prioritise NHS action on prevention and tackling of inequalities, with a specific focus on delivering Core20Plus5**. This has been included as an over-arching policy objective to ensure prevention and a determined focus on tackling inequalities is considered across all priority areas in-line with the **NHS Long-Term Plan** and **Better Health and Wellbeing for All Strategy**. This will additionally support a more systematic approach to prevention and inequalities with key system partners, as set out within Sunderland's **Healthy City Plan**.

Key Deliverables

As a result of delivering on Sunderland's Place Plan, Sunderland residents and health and care system can expect:

- More streamlined access to **community-centred** and **asset-based care** that places **equal value on mental and physical health**.
- Increased access to **proactive and personalised care**, effectively managed through multi-disciplinary team working that puts the patient at the centre.

- A joint-up, community-led approach to the prioritising of **prevention, tackling health inequalities** and influencing the **wider determinants of health**.
- A **skilled, compassionate and sufficient health and care workforce** that benefits from inclusive and diverse employment opportunities, strong system leadership, dynamic learning and development opportunities, and improved access to workplace health and wellbeing.
- Improved use of **digital technology, integrated commissioning, research and intelligence, and integrated estates**, in the delivery and development of sustainable health and care innovation.

Partnership working – please describe how partners have been engaged in developing the plan, the partnership working structure and where applicable the current governance, and how this might further mature or strengthen, e.g. ICS work streams or place based committees.

Sunderland's Place Plan has been co-produced with a wide range of multi-sector partners with a shared ambition to deliver on Sunderland's vision for health and wellbeing. The plan was developed with the support and leadership of **Sunderland's Health and Wellbeing Board**, and benefits from input across health, social care, public health, housing and the voluntary and community sector.

Leadership and oversight of Sunderland's Place Plan will be provided by the newly-establish **Sunderland Place-Committee**, which will meet monthly 'in-common' with the **Sunderland Health and Care Partnership Board** to provide strategic oversight of key deliverables that require shared delegations and joint exercising of functions with Local Authority partners. The leadership function is supported both strategically and operationally by two **collaboratives** for both adults and children's health and care integration, as set out in fig 1 (below). Each priority area has been assigned to a transformational group within the adult and children's collaborative arrangement, to ensure there is operational oversight of each priority area.

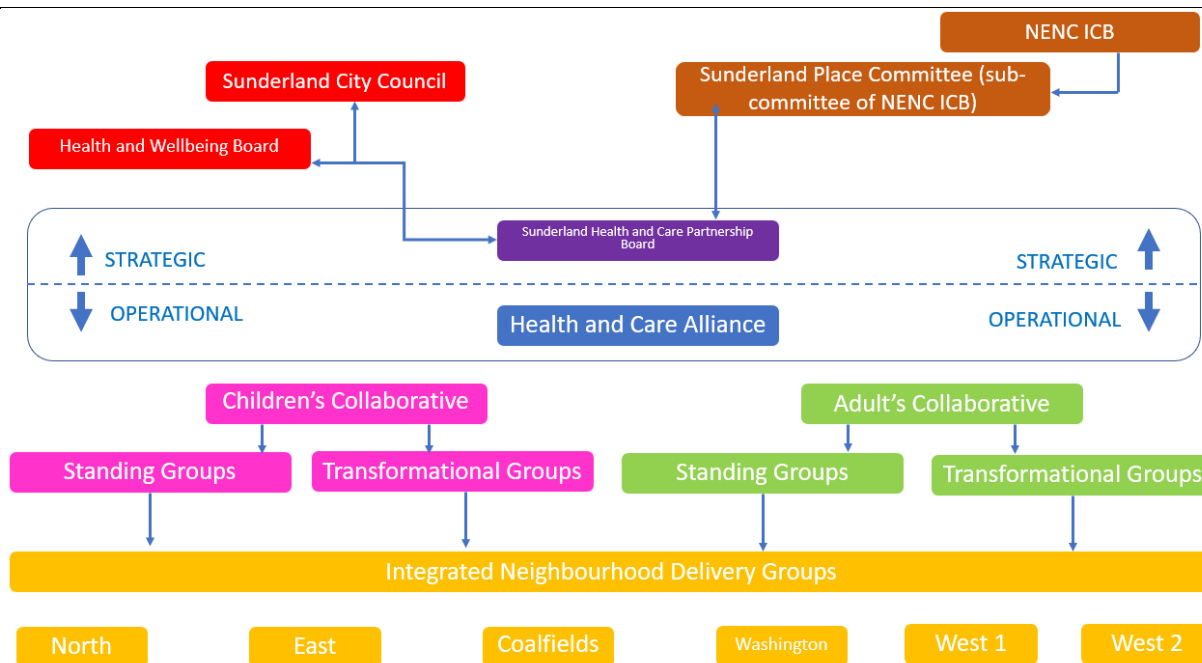


Fig 1.1: Sunderland's Place-based Governance Model

The Sunderland Place-Committee will lead on the oversight of the Sunderland Place Plan, which is supported by a Place Committee work programme that includes:

- monthly and quarterly reviews of Place Plan deliverables and KPIs (respectively)
- periodic 'deep dive' reviews of priority themes – applying a person, place and population lens to each priority area in order to strengthen action on community co-production and asset-based development
- annual Place Plan refresh
- associated learning and development opportunities

Alongside place-level governance, Sunderland's Place Plan will be supported by strategic ICP and ICB sub-committee arrangements to support system-level working and promote increased place-level assurance as set out below:

Priority	ICB Sub-Committee Alignment	Strategic ICP
Priority 1: Strengthening primary and community care	<ul style="list-style-type: none"> • Primary Care Strategy and Delivery • Medicines Optimisation • Healthier and Fairer Advisory Group <ul style="list-style-type: none"> ○ Health Care Inequalities 	Central Area ICP
Priority 2: Enabling people to live and age well	<ul style="list-style-type: none"> • Healthier and Fairer Advisory Group <ul style="list-style-type: none"> ○ Health Care Inequalities ○ Prevention 	
Priority 3: Ensuring the best start in life for children and young people	<ul style="list-style-type: none"> • Healthier and Fairer Advisory Group <ul style="list-style-type: none"> ○ Health Care Inequalities ○ Prevention • Mental Health Learning Disabilities and Autism 	
Priority 4: Transforming mental health, learning disability and autism services	<ul style="list-style-type: none"> • Mental Health Learning Disabilities and Autism • Healthier and Fairer Advisory Group <ul style="list-style-type: none"> ○ Health Care Inequalities 	
Priority 5: Delivering place-shaping innovation and sustainability through investment in critical system enablers	<ul style="list-style-type: none"> • Research and Innovation Steering Group • Healthier and Fairer Advisory Group <ul style="list-style-type: none"> ○ NHS support to broader social economic disparities ○ Population Health Management (enabling programme) ○ Community Asset-Based Approach (enabling programme) ○ Workforce Development (enabling programme) 	

Key stakeholders - please list the groups/types of stakeholders that are important in jointly developing and delivering the plan.

Strategic Planning and Delivery Partners	Assurance/Accountability	Wider Stakeholders
NENC ICB Executive	NENC ICB Executive (and respective sub-committees)	Members
All Together Better Executive	Sunderland Health and Wellbeing Board	Care Homes
Sunderland City Council	Sunderland Cabinet	Schools, colleges and further education
Sunderland Care and Support	Safer Sunderland Partnership	Housing Providers
Together for Children	Carers Strategy Board	North-East Combined Authority
Sunderland Voluntary Sector Alliance	Patient participation Group	Media/press
South Tyneside and Sunderland NHS Foundation Trust		
Cumbria, Northumbria and Tyne and Wear Mental Health Trust		
GP Practices and Primary Care Networks		
Lead Members/Portfolio Leads		
Sunderland Health Watch		
Sunderland University		

Priority 1 – Strengthening Primary and Community Care

Why is change needed?

Better integration and coordination of care is a key priority within NENC Integrated Care Strategy ('**Better Health and Wellbeing for All**'). A determined focus on neighbourhood integration - that builds on the development of primary care networks to ensure services are organised around the needs and voices of people and communities - is critical in transforming population health outcomes, reducing inequalities, and promoting sustainable and effective use of resource in the face of a growing ageing population and increased prevalence of multi-morbidity and psycho-social complexity.

Through a stronger and more integrated primary and community care offer, Sunderland residents will benefit from key deliverables outlined in section 1, as part of a localised approach to the implementation of the [Fuller Stocktake](#) recommendations and national delivery plan for [recovering access to primary care](#) and key elements of the [recovering urgent and emergency care services](#) plan. This will be heavily supported by Sunderland's **Better Care Fund** plan and associated trajectories for reducing preventable admissions, better managing the transfers of care and promoting improved integration between health and housing.

A strengthened primary and community care system will bring care closer to home and reduce preventable and avoidable demand within elective, emergency and long-term care provision, enabling people to stay healthier, happier and more independent for longer.

As with the totality of the Sunderland Place Plan, action on strengthening primary and community care will be underpinned by a determined focus on prevention and tackling health inequalities - ensuring variation in demands and outcomes are systematically addressed through place-level action to increase service capacity and choice, and new opportunities to promote self-directed care. This will be supported by cross-cutting enabling priorities outlined in priority 5 of the Sunderland Place Plan.

Objectives –	
Objective 1	Implement an integrated and equitable model of personalised care with a specific focus on embedding the Sunderland ' Links for Life ' Social Prescribing model across the City.
Objective 2	Support local implementation the ' Delivery Plan for Recovering Urgent and Emergency Care Services ', with a specific focus on building equitable community-based capacity through integrated neighbourhood teams and co-location of Urgent Treatment Centre (UTC) with GP Out of Hours (OOH)
Objective 3	To develop and implement local plans to support the national ' Delivery Plan for Recovering Primary Care ', and the recommendations of the Fuller Stocktake, to support improved access and experience of general practice for our citizens.
Objective 4	Support the successful achievement of the Sunderland Better Care Fund priority metrics, with a specific focus on implementing high impact change approaches for: managing the transfers of care, preventing avoidable admissions and strengthening the links between health and housing
Objective 5	Engage with the public, patients, clinicians and pharmacy professionals across Sunderland to reduce the inappropriate use of medicines and overprescribing to support sustainable approaches to medicines optimisation , including driving targeted medicines actions in health inequalities improvement via Core20Plu5 approach
	Goals – These should be the measure, in numbers, of an improvement to deliver the objective. The description of the goal means the definition of what is being measured, for example 'improve waiting times for X service', or 'improve the dementia diagnosis rate' or 'reduce inappropriate prescribing of antibiotics'. Where are you now is the most recent baseline. The target is the numerical level you want to achieve, 5% improvement or 10% reduction. When you aim to get there is simply the date you intend to achieve the target. Using the mental health objective above the goal might be 'increase the number of mental health school support teams from (x) number to (y) number by the end of 2025/26.

	Description of Goal	What is being measured?	Where are you now? Baseline, with a date.	What is the target? Number or percentage	When do you aim to get there? A date
Goal 1 – Personalised Care	Improved access into social prescribing support	Percentage of patients referred into a Social Prescribing Service	Baseline to be conformed in 2023/23	10% year-on-year increase in access	Annual increase in access to be observed each year
Goal 2 – Recovering Urgent and Emergency Care	Reduced number of preventable admissions	Indirectly standardised number of emergency admissions for specified Ambulatory Care Sensitive Conditions per registered patients	271 per 100,000 (average 21/22)	TBC	2025/26
Goal 3 – Recovering Primary Care	Improved access into GP practices	Percentage of patients accessing appointments, with a suitable clinician, in a timeframe that best fits their needs	Baseline to be established 2023/24	>95%	2025/26

Goal 4 – Delivering BCF ambitions	Discharge to usual place of residence	Percentage of people, who are discharged from acute hospital to their normal place of residence	89.2%	91%	2024/25
Goal 5 – Medicines Optimisation	Reduction in antibiotic prescribing	Percentage reduction in antibiotic prescribing	Baseline TBC	Target to be set regionally	Target to be set regionally

Initiatives – Key deliverables. Please list the key improvements you intend to deliver, and indicate whether this will be in Q1, 2, 3 or 4 of 2023/24 or in subsequent years. This should be a tangible milestone, using the mental health example above under objectives a milestone might be roll out of mental health school support teams in x and y Place in 2024/25. As far as possible please avoid process measures, like we will agree terms of reference for our sub group, these are important but we are looking for genuine deliverables.

		23/24				24/25	25/26	27/28	28/29
Item	Deliverable description	Q1	Q2	Q3	Q4				
1.1.1	Personalised Care: Implementation of the digital community supported self management platform for social prescribing and wider community-based referrals								
1.1.2	Personalised Care: Successful implementation of Phase 2 of Sunderland's Links for Life Social Prescribing model								
1.1.3	Personalised Care: Successful implementation of Phase 2 of Sunderland's 'Links for Life' Social Prescribing model								
2.1.1	Recovering Urgent and Community Care: Implementation of integrated UTC/OOH model of delivery								
2.1.2	Recovering Urgent and Community Care: Implementation of new in-hours GP model within recovery at home service								

2.1.3	Recovering Urgent and Community Care: Implementation of new community bed-based model for discharge								
2.1.4	Recovering Urgent and Community Care: Implementation of transfer of care hub								
3.1.1	Recovering Primary Care: Agree alternative delivery model for same day access hub, at-scale provision of services and improved continuity of ongoing care								
3.1.2	Recovering Primary Care: Local implementation of Primary Care Recovery Plan (placeholder subject to development via regional working group)								
3.1.3	Recovering Primary Care: Implement approach to increase GP to Pharmacy Consultation Service								
3.1.4	Recovering Primary Care: Roll-out of communication toolkit to support patients to access and navigate primary care locally								
4.1.1	Better Care Fund: Obtain annual Health and Wellbeing Board sign-off of Sunderland's BCF plan								
4.1.2	Better Care Fund: Agree (and annually renegotiate) a section 75 partnership arrangement with Sunderland City Council to underpin pooled budget and joint delegations within the Sunderland BCF (2023/24-2024/25)								
5.1.1	Medicines Optimisation: Implement the NENC ICS Transformative Outcomes-Based Programme for Medicines								

Priority 2 – Enabling People to Live and Age Well

Why is change needed?

Supporting people to achieve a fairer, longer and healthier life are key commitments within the ‘**Better Health and Wellbeing for All Strategy**’ and ‘**Sunderland’s Healthy City Plan**’. Sunderland has both lower life expectancy and lower healthier life expectancy at birth, than the England average, with high levels of inter- and intra-area variations associated with deprivation, protected characteristics, geography and social exclusionary factors (e.g. homelessness; vulnerable migrants; Gypsy, Roma and traveller communities; sex workers; those with addictions, and people involved in the criminal justice system).

The UK population is anticipated to grow to over 74 million by 2039, with an increased proportion of older people. Sunderland’s JSNA demonstrates that long-standing health issues translate into Sunderland residents living shorter lives with more years in poorer health than other parts of the country. Preventable deaths (including cardiovascular, respiratory, cancer and excess winter deaths), alongside social isolation and fuel poverty, are unequally distributed across Sunderland, requiring more **proportionate-universalist** approaches to prevention, early intervention and screening.

The ICB has a unique role to play in regard to focused action on **secondary** and **tertiary prevention** - maximising opportunities to support early identification and health promoting intervention to address key contributors of poorer health outcomes, such as tobacco, alcohol, substance misuse, unhealthy weight and delayed diagnosis. Using the **Core20Plus5** framework, alongside specific action on **dementia diagnosis, frailty** and **palliative and end of life care**, Sunderland aims to support more **personalised** and **anticipatory care** approaches to reduce avoidable demand and - more crucially - support people to remain healthier and more independent for longer.

Improved integration of care supported by asset-based community development and underpinned by collaborative action on tackling wider determinants and prioritised prevention, will not only support people to live healthier, happier and more independent lives, but will reciprocally support inclusive and sustainable economic growth across Sunderland.

Objectives –	
Objective 1	Implement the ambitions of the national Palliative and End of Life Care Framework
Objective 2	Implement anticipatory care across integrated neighbourhood teams with an initial focus on frailty and those aged 65 years and over
Objective 3	Undertake a population health management approach to improve prevention, screening, diagnosis and treatment of cardio-vascular and respiratory disease, cancer and type 2 diabetes with a specific focus on Core20Plus5 population groups
Objective 4	Develop and implement a High-Frequency User (HFU) strategy for people with multiple complexity, underpinned by a comprehensive, multi-disciplinary personalised care approach.
Objective 5	Identify the core impacts of the cost-of-living crisis on health and care outcomes and implement a local action plan aligned to Sunderland's Financial Wellbeing Strategy

Goals					
	Description of Goal	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Goal 1: Palliative and End of Life Care	Improved quality of palliative and end of life care provision	Percentage of outcomes within the palliative and end of life framework scoring a level 4 or above	TBC	100% Level 5	2025/26

Goal 2.1: Anticipatory Care	Reduction in length of hospital stays as a result of improved access to anticipatory care	Percentage point reduction in patients with weighted average hospital stay of 14+ days	11.59%	9%	2025/26
Goal 2.2: Anticipatory Care	Reduction in falls admissions as a result of improved access to anticipatory care	Emergency hospital admissions due to falls in people aged 65 and over	2,710	2,100	2025/26
Goal 3.1 CVD	Reducing preventable CVD mortality	Reduction in under-75 mortality rate from cardiovascular disease considered preventable	34.6	30	2025/26
Goal 3.2 Respiratory	Reducing preventable respiratory related mortality	Reduction in under-75 mortality rate from respiratory disease considered preventable	33.5 per 100,00	TBC per 100,000	2026/27
Goal 3.3 Cancer	Increase in early cancer diagnosis	Increase the percentage of people diagnosed at the early stages of cancer (stage 1 and 2) to the	51.6%	>75%	2027/28

		national target of 75% by 2028			
Goal 3.4 Cancer	Reduction in cancer mortality considered preventable	Under 75 mortality from cancer considered preventable	73.7 per 100,000	TBC per 100,000	2026/27
Goal 3.4 -Diabetes	Reduction in undiagnosed Diabetes	Estimated prevalence of undiagnosed diabetes in Sunderland as a proportion of overall prevalence	Est 17% (3,476)	<10%	2027/28
Goal 4 High Frequency Users	Reduction in emergency hospital admissions for alcohol related conditions	Admission episodes for alcohol-related conditions	840 per 100,000	TBC per 100,000	2026/27
Goal 5: Cost-of-Living	Number of poverty proofed Core20Plus5 pathways	Number of Core20Plus5 clinical domain pathways that have been update inline with Sunderland's Financial Wellbeing recommendations	0	5	2025/26

Initiatives – Key deliverables.

		23/24				24/25	25/26	27/28	28/29
Item	Deliverable description	Q1	Q2	Q3	Q4				
1.1	Palliative and End of Life Care – Undertake a self-assessment against the national palliative and end of life care ambitions and develop a cross-system improvement plan								
1.2	Palliative and End of Life Care – Achievement against each of the national and end of life care ambitions measuring level 4 (partially achieving) or higher								
1.3	Palliative and End of Life Care - Achievement against each of the national and end of life care ambitions measuring level 5 (fully achieving)								
2.1	Anticipatory care - Finalise the Anticipatory Care Model in each PCN / Neighbourhood area								
2.2	Anticipatory care - Implementation of the new Ageing Well Team in STSFT								
2.3	Anticipatory care - Implementation of Ageing Well Model across partners								
3.1	Cardiovascular Disease – Align CVD Prevent tool to NHS Health Check programme to support more targeted approach to screening								
3.2	Cardiovascular Disease – Implement revised lifestyle intervention pathways for patients with a 20% risk of cardiovascular disease incidence within next 10 years								
3.3	Cardiovascular Disease – Implement in-reach cardiovascular screening to substance and alcohol services								
3.4	Respiratory Disease – Delivery of a whole-system approach to the Targeted Lung Health Check programme, with a clear focus on reaching Core20Plus5 population groups								
3.5	Respiratory Disease – Implement in-reach lung check screening and substance and alcohol services								
3.6	Early Cancer Diagnosis – implement GP direct access to diagnostic imaging								

3.7	Early Cancer Diagnosis – Achieve compliance with NICE guidelines (NG12) across all practices								
3.8	Early Cancer Diagnosis – Increase cultural competence of practitioners who have contact with patients to increase uptake of screening in BaME communities								
3.9	Diabetes - Implement integrated diabetes service in general practice								
3.10	Diabetes – Implement an effective weight management service for T2D patients								
4.1	High Frequency Users - Develop a personalise care model to support those with complex, intermediate and low level needs								
4.2	High Frequency Users - Develop and implement a HFU Strategy to sit alongside the health and care social prescribing strategy								
5.1	Cost-of-Living – Work with Public Health to poverty proof CVD screening, diagnosis and treatment pathways via ICS Health Inequalities funding								
5.2	Cost-of-Living – Work with Public Health to poverty proof lung-health check programme via ICS Health Inequalities funding								

Priority 3: Enabling the Best Start in Life for Children and Young People

Why is change needed?

Ensuring all children and young people are given the opportunity to flourish and reach their potential is a key goal within the NENC Integrated Care Strategy ('**Better Health and Wellbeing for All**') and Sunderland's '**Healthy City Plan**'. Adversity in childhood can lead to long-term and/or life-long adverse health outcomes, with the first 1,001 days in particular, (pregnancy to age 2) identified as a critical time for development.

Specific health challenges identified within Goal 3 (Best Start in Life) of the NENC **Better Health and Wellbeing for All Strategy**, identified the need to strengthen the **voice of the child** within health and care planning and delivery. Priority 5 identifies some specific actions related to the way in which children and young people's services are commissioned – supporting more child and young person centred approaches and creating new opportunities to involve children and young people in co-producing services.

Increased demand for children and young people's **mental health support**, **Special Educational Needs and/or Disability (SEND)** provision and **therapeutic pathways** (speech and language and occupational therapy), are experienced against the backdrop of high-levels of deprivation, risk-taking behaviour and adverse childhood experiences, that collectively impact on the volume and complexity of met and unmet demand across the City - supporting the case for improved integration of primary and community care to better support the needs of children and young people.

Objectives	
Objective 1	Ensure children and young people have timely and equitable access to effective mental ill-health prevention, early intervention and support through system-wide roll-out of Sunderland's Thrive model , with a determined focus on Core20Plus populations
Objective 2	Support the development of a health-promoting family hub offer through effective alignment of health care resource that addresses the 5 clinical areas of health inequalities outlined in the Core20Plus5 framework
Objective 3	Contribute to improved provision of SEND support through personalised and tailored care that promotes greater choice and control over packages of care and ensures children in transition to adult services have a clear progression pathway.
Objective 4	Support improved integration, capacity building and needs-led pathways into neurodevelopmental support.
Objective 5	Reduce avoidable, unplanned hospital admissions and A&E attendance in children and young people with a strong focus on targeted prevention and early intervention of Core20Plus5 clinical domains.

Goals					
	Description of Goal	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Goal 1.1 Mental Health	Improved access into mental health support for children and young people	Reduction in average waiting times for children and young people entering treatment (defined as two contacts with CYPMHS)	80 days	<30 days	2025/26

Goal 1.2 Mental Health	Reduction in adverse mental health outcomes for children and young people	Reduction in in-patient admissions rate (per 100,000) for mental health conditions in under 18 year olds	118 per 100,000	TBC	2025/26
Goal 2 Family Hub	Increased access to health support through family hub provision	Number of families accessing health-related support through family hubs	Baseline TBC	10% year-on-year improvement in access	Annual increase in access to be observed each year
Goal 3 SEND	Improved access to therapies for children and young people with SEND	% of children and young people with a SEND reporting improved access into therapies provision	Baseline TBC	85%	2025/26
Goal 4 Neurodevelopmental	Improved access to neurodevelopmental support	% of children and young people referred for neurodevelopmental assessment seen within 3 months of referral	Baseline TBC	>95-100%	2025/26
Goal 5 Unplanned Admissions	Reduction in unplanned hospital admissions	Indirectly standardised rate of emergency admissions for specified Ambulatory Care Sensitive Conditions per	TBC	TBC	2025/26

		registered patients <18 years			
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Initiatives – Key deliverables.

		23/24				24/25	25/26	27/28	28/29
Item	Deliverable description	Q1	Q2	Q3	Q4				
1.1	Mental Health Implement findings from mental health services review and pilot programmes to support full roll-out of Sunderland's Thrive programme								
1.2	Mental Health Roll-out and evaluate digital support pilot for 'Getting Help' element of the Thrive programme								
1.3	Mental Health Pilot and review findings of social prescribing support within the 'Getting Help' element of the Thrive programme								
2.1	Family Hub Scope and implement potential health offer to support Sunderland's Family Hub development, based on 5 clinical areas of health inequalities (Core20Plus5)								
3.1	SEND Undertake a full review of SEND equipment and therapies provision and implement a need-led support offer through joint commissioning arrangements								
4.1	Neurodevelopmental Undertake a full review of neurodevelopmental pathways and implement a revised integrated, needs-led model based on recommendations								
5.1	Avoidable Admissions Roll-out regional Tobacco Dependency Pathways across maternity services								
5.2	Avoidable Admissions Establish a Care, Education and Treatment Review panel for Sunderland								
5.3	Avoidable Admissions Develop and implement a Core20Plus5 action plan for the 5 clinical area of child health inequalities								

Priority 4: Transforming mental health, learning disability and autism services

Why is change needed?

With demand for mental health services continually increasing, establishing place-based, multidisciplinary teams focused on prevention and tackling variations in mental health outcomes, is a critical component of health and care integration. As highlighted within the NENC Integrated Care Strategy ('**Better Health and Wellbeing for All**'), poor mental health is associated with reduced life expectancy and increased chances of physical illness, alongside adverse mental health outcomes which are currently impacted by long waiting lists and operational pressures.

The **Sunderland Adult Mental Health Strategy** published in 2021 encapsulates our vision to making '**Everyone's mental health matter**'. We have committed to empower people by supporting individuals, families, and communities to improve and maintain mental and physical health, so they can lead fulfilling and healthy lives. This will be achieved via three main priorities:

- **An ounce of prevention is better than a pound of care:** Strengthening and promoting lifelong mental health and wellbeing with a focus on prevention.
- **Right Response, Right Time, Right Place:** Ensuring there is appropriate and timely access to flexible and inclusive mental health care services for all, focussing on the whole person.
- **Working with you on what matters to you:** Delivering care designed around the individual, without barriers across teams, services, and organisations.

In addition to the above, people with **learning disability** and/or **autism** are on average likely to die at a younger age, and experience poorer health outcomes. Strengthening community support and reducing reliance on specialist inpatient care is key to ensuring people with a learning disability and/or autism are supported to live a happy, healthy and independent lives, and to maximise their potential for employment and educational opportunities.

Objectives	
Objective 1	Develop and deliver a community mental health transformation program with a determined focus on prevention and timely access to intervention for those from Core20Plus5 population groups
Objective 2	Ensure collaborative delivery of the Sunderland Adult Mental Health Strategy , through increased provision of timely, person-centred and prevention-focused care
Objective 3	Review dementia pathways and data recording to support improved dementia diagnosis rate.
Objective 4	Improved uptake of physical health checks and targeted screening programmes for those with Severe Mental Illness (SMI)
Objective 5	Transform the community provision for adults with Learning Disability and/or Autism to prevent crisis, avoid admissions and support the achievement of a happy, healthy and independent life

Goals					
	Description of Goal	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Goal 1.1: Community Mental Health Transformation	Improved access into community mental health services for adults and older adults	Number of adults and older adults supported by community mental health services	Baseline TBC	5% year-on-year increase	Annual 5% increase from 2024/25 – 2028/29
Goal 1.2: Mental Health Hubs	Improved access to low-level community	Number of adults and older adults	Baseline TBC	5% year-on-year increase	Annual 5% increase from 2024/25 to 2028/29

	mental health support through mental health hubs	accessing mental health hub support			
Goal 2.1: Mental Health Strategy	Reduction in hospital admissions for intentional self-harm	Directly aged standardised rate of emergency hospital admissions for intentional self-harm	183 per 100,000	TBC	2025/26
Goal 3: Dementia	Improved dementia diagnosis rate	Estimated dementia diagnosis rate (aged 65 years and over)	60.5%	66.7%	2024/25
Goal 4.1: Health of people on SMI register	Improved physical health of people on SMI register	Percentage of patients on SMI register with an up-to-date health check	TBC	>75%	2024/25
Goal 5: Learning Disability and Autism	Improved physical health of people with learning disabilities	Percentage of patients on learning disabilities register with an up-to-date health check	35.3% (2019/20)	>75%	2024/25
Goal 5: Learning Disability and Autism	Improved physical health of people with autism	Percentage of patients with autisms with an up-to-date health check	Baseline to be established in 2024/25	>75%	2025/26

Initiatives – Key deliverables									
		23/24				24/25	25/26	27/28	28/29
Item	Deliverable description	Q1	Q2	Q3	Q4				
1.1	Community Mental Health Hubs: Pilot the implementation of three community mental health hubs								
1.2	Community Mental Health Transformation: Implement neighbourhood mental health MDT pilot								
1.3	Community Mental Health Transformation: Review findings from community mental health hub and neighbourhood MDT pilot and make recommendations for future commissioning of community provision								
1.4	Community Mental Health Transformation: Support the implementation of the concordat in Sunderland to create a resilient community and supportive preventative activity.								
2.1	Mental Health Strategy: Implement and publish a mental health dashboard which demonstrates the delivery of the strategy								
2.2	Mental Health Strategy: Further develop mental health ARRS roles to maximise primary care outcomes and ensure patients access the most appropriate service to meet their needs								
2.3	Mental Health Strategy: Support delivery of the Sunderland Suicide Prevention Action Group (SPAG) action plan to maximise preventative opportunities and reduce the number of attempted and completed suicides								
3.1	Dementia Diagnosis: Undertake review of dementia pathways and data recording and extracting mechanisms to support development of a dementia diagnosis improvement plan								
4.1	SMI and Learning Disability Health Checks: Implement a system-wide approach to increase engagement with and access to annual SMI health checks								
4.2	SMI and Learning Disability Health Checks: Implementation of a Quality Framework for annual health checks for people with a learning disability, delivering the national expectations.								

5.1	Learning Disability and Autism: Deliver an annual health check program for patients with autism								
5.2	Learning Disability and Autism: Develop and implement an autism strategy for Sunderland								

Priority 5: *Delivering place-shaping innovation and sustainability through investment in critical system-enablers*

Why is change needed?

Investment in key system enablers, including **workforce capacity and development; integrated commissioning infrastructure; digital and tech innovation; research and intelligence**; and future-proofed **estates**, are critical success factors in delivering sustainable, evidence-based and innovative solutions to best meet the current and future health and care needs of Sunderland's residents. Prioritisation of enabling infrastructure within Sunderland's Place Plan, additionally creates opportunities to nurture the place-shaping potential of localised health and care partnerships, helping to create new social, economic and environmental value for Sunderland and maximising use of the Sunderland pound.

In 2023/24 Sunderland will additionally develop its **community-led, co-production** approach to health and care commissioning, creating new opportunities for people, place and communities to become more meaningfully involved across the commissioning cycle. In addition, key actions to develop the role of the **voluntary and community sector** will be leveraged through the newly established Sunderland Voluntary Sector Alliance, creating a more coherent and sustainable strategy for community-led provision.

Increased accountability and oversight of Sunderland's implementation of the enabling objectives within the **NHS Long-Term Plan**, Integrated Care Strategy ('**Better Health and Wellbeing for All**') and thematic areas of the **NENC Joint Forward Plan**, will additionally support a more coordinated, learning approach that can leverage the potential of joint-system resource to move further, faster on key enabling strategies that support improved health and care outcomes and more efficient system-level working. This includes extracting maximum **health value** from NHS investment and ensuring **financial balance**, through increased investment in prevention and more strategic integrated commissioning approaches that harness the potential of pooled-budget arrangements in furthering ambitions for population health management.

Objectives	
Objective 1	Build a skilled, compassionate and sufficient health and care workforce
Objective 2	Synthesise the NENC ICB Digital Strategy and Sunderland Smart City Plan objectives to create a place-shaping digital innovation approach
Objective 3	Create an integrated commissioning infrastructure that promotes, transformational, community and intelligence-led commissioning, including development of a Sunderland s75 Partnership Board and Children and Adult Collaboratives
Objective 4	Increase Sunderland's health and care research intensity through local implementation of the ICS research strategy
Objective 5	Maximise opportunities for health and care estates to further Sunderland's ambition for integrated care closer to home
Objective 6	Maximise health value from NHS investment and ensuring financial balance through a full review of current investment portfolio and applying an allocative efficiency approach to longer-term financial planning.

Goals					
	Description of Goal	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
Goal 1.1 Workforce	Reduction in health and care workforce vacancy rate across Sunderland	Health and care vacancy rate in Sunderland	Baseline TBC	50% reduction	2030

Goal 1.2 Workforce	Percentage of ARRS workforce investment maximised across Sunderland PCNs	% of ARRS budget utilised	Baseline TBC	>98%	2024/25
Goal 2.1 Digital and Technology	Using digital capabilities to improve GP access through implementation of the 'Modern General Practice Access' approach	Percentage of patients who know how their request will be handled on the same day as request being made	n/a	100%	2025/26
Goal 2.2 Digital and Technology	Using technology-enabled care to increase the proportion of older people living independently at home following discharge from hospital	Reduction in the rate of long-term support needs of older people (aged 65 years and over) met by admission to residential and nursing care homes, per 100,000 population	1170.1	TBC	2025/26
Goal 3 Integrated Community-Led Commissioning	Increased integration of health and care commissioning to support person, place and population-centred care across Sunderland	Increased proportion of Sunderland ICB funding invested in a pooled budget with one or more partners	Baseline to be established in 2023/24	Target TBC	2025/26

Goal 4 Research and Intelligence	Develop a community asset-based research programme to support the development of a sustainable, strengths-based approach to improve plus population access to health screening	Percentage improvement in residents with substance and/or alcohol addiction accessing NHS Health Checks	TBC	50% improvement	2025/26
Goal 5 Estates	Improved patient access and experience as a result of person-centred estates provision	Percentage of patients rating access to services good or above	TBC	>90%	2027/28
Goal 6 Financial Balance	Achieving financial balance in a way that delivers allocative efficiency	Percentage of efficiency targets achieved	£tbc	30% (£tbc)	2024/25

Initiatives – Key deliverables

		23/24				24/25	25/26	27/28	28/29
Item	Deliverable description	Q1	Q2	Q3	Q4				
1.1	Workforce: Development of a joint workforce strategy across health and care that encompasses joint training and development opportunities to support improved retention and career progression								
1.2	Workforce: Develop (and annually renegotiate) an annual work programme for Sunderland Place Committee that supports effective place-based leadership and embeds a culture of compassion, inclusion and collaboration across the local health and care system								
2.1	Digital and Tech: All practices moved over from analogue to digital telephony								
2.2	Digital and Tech: All practices completing digital tools and care navigation training for Modern General Practice Access								
2.3	Digital and Tech: Complete two home monitoring pilots and make recommendations for future commissioning of Lily and Guardian technology to support more proactive and independent care.								
2.4	Digital and Tech: Undertake an options appraisal of LUSCII and alternative technical products to support long-term roll-out of tech-enabled virtual ward and home first approach across Sunderland								
3.1	Integrated Community-Led Commissioning: Mobilisation and implementation of adult refreshed adult collaborative, based on All Together Better alliance model								
3.2	Integrated Community-Led Commissioning: Mobilisation and implementation of a children's collaborative arrangement								
3.3	Integrated Community-Led Commissioning: Sign-off a s75 partnership arrangement between the ICB and LA for all elements of pooled and aligned health and care integration, including the development of a formal partnership board arrangement to meet in common with the Sunderland Place Committee								

3.4	Integrated Community-Led Commissioning Roll-out community-led commissioning development programme (via Collaborate for Social Action) to create a system-wide approach to improved community co-production, including patient and public involvement and VCSE development								
4.1	Research and Intelligence: Conduct a 2-year asset-based research programme with NENC ARC to develop a strengths-based, trauma informed approach to Plus Population commissioning								
4.2	Research and Intelligence: Publish a joint Population Health Intelligence Strategy and delivery plan with Local Authority								
5.1	Estates: Develop a local estates strategy utilising SHAPE to support improved integration of health and care estates based on population health approaches								
6.1	Financial Balance: Undertake a review of current investment and identify a robust efficiency plan that delivers long-term financial sustainability								
6.2	Financial Balance: Undertake a review of pooled budget arrangements and identify opportunities for risk sharing system-level pressures through s75 arrangements								

Enablers – what do you need in place in order for you to deliver your plan

1. Process – operational models that will require change as a result of this plan being delivered
2. Workforce
3. Research and Innovation
4. Digital technology and Data
5. Estates.
6. Finance

Risks – Please summarise the key risks specific to your action plan, and how these might be mitigated.

Risks	Mitigations

SUNDERLAND HEALTH AND WELLBEING BOARD

22 June 2023

SUNDERLAND'S 2023/24 AND 2024/25 BETTER CARE FUND SUBMISSION

Report of Assistant Director for Integrated Commissioning

1.0 Purpose of the Report

- 1.1 To provide the Sunderland Health and Wellbeing Board (HWB) with an overview of Sunderland's Better Care Fund (BCF) submission for 2023/24 and 2024/25.
- 1.2 To seek agreement from the HWB on the proposed content of BCF planning documentation in-line with the national requirements for approval.

2.0 Background

- 2.1 The BCF is a national integration transformation programme that aims to support improved transformation of local health and care provision through better integration of NHS and Local Authority-funded health and care services.
- 2.2 The BCF is supported by a [policy](#) and [planning](#) framework, which sets out national expectations for Integrated Care Boards (previously Clinical Commissioning Groups) and Local Authorities, to guide the annual BCF planning process and to ensure minimum levels of investment are protected within local planning arrangements.
- 2.3 The 2023-25 BCF planning round marks some key changes in agreeing BCF plans, this includes:
 - an earlier BCF planning round (2023-25 submission is in June, compared to September as in previous years). This has the potential to enable closer alignment with ICB and Local Authority priority and operational planning processes, and supports a forward planning approach.
 - a two-year planning framework (compared to one-year previously), supporting a longer planning and implementation period that can better support key areas of transformation.
 - the mainstreaming of the [Adult Social Care Discharge Fund](#) (ASCDF), (first released in December 2022), that is provided to both Local Authorities and ICBs to support an optimal reduction in delayed discharges.
- 2.4 The over-arching vision of the BCF complements the [Healthy City Plan](#), and is set out as per the below:

“To support people to live healthy, happy and dignified lives, through joining-up of health, social care and housing services seamlessly around the person”.

- 2.5 This vision is underpinned by two policy objectives:
- **Objective 1:** Enable people to stay well, safe and independent at home for longer.
 - **Objective 2:** Provide the right care at the right time in the right place.
- 2.6 Within these objectives are key priorities that include: improving discharge; reducing pressures on urgent and emergency care and social care; and supporting intermediate care, unpaid carers and housing adaptation schemes.
- 2.7 As with previous BCFs, HWBs are required to sign-off BCF plans at place, ensuring the proposed plans meet the BCF ambitions (as set out in 2.5 to 2.6) and four national conditions stipulated within the BCF policy and planning requirements, these are:
- **National Condition 1:** Plans must be jointly agreed by the ICB and Local Authority, ensuring appropriate ICB and Local Authority Chief Executive sign-off prior to the HWB sign-off process.
 - **National Condition 2:** Areas must agree how they will commission support that will enable people to stay well, safe and independent for longer, in-line with objective 1 (see section 2.5)
 - **National Condition 3:** Areas must agree how they will commission support to ensure that people receive the right care at the right time, in-line with objective 2 (see section 2.5).
 - **National Condition 4:** Maintain the NHS financial contribution to adult social care and NHS commissioned out of hospital services.
- 2.8 In addition to the minimum NHS contribution (national condition 4), Local Authority grant funding, received through the Improved Better Care Fund and Disabled Facilities Grant, and the additional ASCDF funds outlined in section 2.3, must be pooled into the BCF and be underpinned by an agreed Section 75 Partnership arrangement. Sunderland's 2023-25 BCF anticipated investment profile is outlined in section 4.1 (subject to confirmation of grant funding), and this will sit alongside 'additional contributions' made at the discretion of ICB and Local Authorities, to further support BCF ambitions (see section 4.2-4.3). It should be noted that additional contributions are not subject to the BCF national conditions, enabling broader areas of transformation to form part of the BCF, without the limitations of the policy and planning requirements.
- 2.9 The BCF is nationally monitored in several ways that include oversight of assumptions built-into financial models, reporting on actual vs planned spend, and reporting against metric outlined in table 1. The metrics represent proxy measures of impact, to assess the effectiveness of the BCF in delivering on the two policy objectives.

Metrics 2023-24

Metric	Detail
Admissions to residential care homes	Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
Avoidable admissions to hospital	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
Falls <i>*New*</i>	Emergency Hospital Admissions due to falls in people over 65.
Discharge to usual place of residence	Improving the proportion of people discharged home, based on data on discharge to their usual place of residence.
Reablement/rehabilitation	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

Table 1. BCF Metric 2023/24

3.0 The 2023/25 Better Care Fund Planning Round

3.1 A high-level summary of the 2023-25 BCF submission timetable is provided in table 2, below.

BCF planning requirements published	5 April
Optional draft BCF planning submission (including intermediate care capacity and demand plan) submitted to BCM and copied to the BCF team (england.bettercarefundteam@nhs.net)	19 May
BCF planning submission (including intermediate care and short term care capacity and demand plan; and discharge spending plan) from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net	28 June
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	28 June – 28 July
Regionally moderated assurance outcomes sent to BCF team	28 July
Cross-regional calibration	3 August
Approval letters issued giving formal permission to spend (NHS minimum)	3 September
All section 75 agreements to be signed and in place	31 October

Table 2: 2023/24 BCF planning round timetable.

3.2 In order to ensure that the Sunderland BCF plan maximises the opportunity of a two-year planning framework to improve health and care outcomes, and support improved integration, Sunderland partners have taken the opportunity to embed further assurance processes into its planning approach, this includes:

- Undertaking self-assessments against four high impact change models that are aligned to BCF policy objectives. These include:
 - [Managing transfers of care](#)
 - [Reducing preventable admissions to hospital and long-term care](#)

- [Improving health and wellbeing through housing](#)
- [Home First: Discharge to Assess and homelessness](#)
- Undertaking a rapid stocktake of BCF schemes to ensure BCF expenditure plans are appropriately aligned to local priorities and areas of transformation, whilst also providing greater detail of investment to support national and local impact reporting.

3.3 This is in addition to mandated demand and capacity assessments for intermediate care (including rehabilitation and reablement services), and other short-term services lasting up to 6 weeks (including all other short-term domiciliary services). This element of planning is in place to ensure there is a joint understanding of the demand for health and social care services, and that there is a comprehensive picture of capacity in order to provide assurance that commissioned activity is commensurate with appropriate and timely levels of support that promote increased independence.

3.4 As a further element of the 2023-25 BCF planning process, Sunderland partners have synthesised relevant priorities and actions within wider place-based strategies, in order to strengthen the role of the BCF in catalysing key areas of transformation, and to support more effective streamlining of governance processes within Sunderland's place-based integration model (see section 4.11 and 4.12)

4.0 Sunderland's 2023-25 BCF Submission

Better Care Fund Investment Plans

4.1 The grant allocations to be directly pooled into the minimum BCF income pot are outlined below (based on confirmed and estimated allocations, inline, with BCF guidance). These amounts reflect the requirements of national condition 4.

BCF Funding Contributions	23/24	Est 24/25
Improved Better Care Fund (iBCF)	£18,683,789	£18,683,789
Disabled Facilities Grant	£4,055,399	£4,055,399
Minimum NHS contribution	£29,126,100	£30,774,637
Adult Social Care Discharge Funding	£2,619,438	£4,446,712
Sub-Total (awaiting confirmation of additional contribution, see 4.2)	£50,429,328	£57,960,537

Table 3. BCF Funding 2023-25

4.2 ICB and Local Authority finance leads are currently reviewing historic BCF scheme contributions to sift-out superfluous elements of ICB and LA *additional* spend (2022/23 baseline of additional spend was £137,363,750 and £78,276,008 from NHS and LA, respectively). This is to ensure that Sunderland's BCF is focused on investment that is more closely aligned to the BCF policy objectives and achievement of the associated metrics.

4.3 The financial stocktake exercise will additionally identify areas of spend that relate to prevention activity and action on health inequalities, as set out within the high impact change model for reducing preventable admissions and [Core20PLUS5](#) framework. This will include identifying the proportion of investment that reflects:

- Infrastructure investment in population health management approaches to identify those most at risk of admission, including Core20Plus populations.
- Provision of targeted and tailored support for those identified as most at risk.
- Proactive multi-disciplinary working, including personalised care and social prescribing.
- Enabling interventions that facilitate supported self-management through education and empowerment.
- Coordinated and rapid response to crises in the community.
- Targeted activity to support early intervention and prevention of four of the five clinical domains of the Core20Plus5 (i.e. chronic respiratory disease, early cancer diagnosis, severe mental illness and hypertension case-finding).

Better Care Fund Metrics

4.4 All BCF metrics (see table 1) will be underpinned by improved or static trajectories that will challenge performance over the 2-year planning period. Targets against key metrics are still being finalised and will be presented separately at the HWB in June 2023. Current agreed metrics are outlined below for reference.

4.5 Target trajectories for **avoidable emergency admissions** equate to an ambitious 3% reduction in avoidable emergency rates (see figure 1 for avoidable emergency admission trends from 2019-2023).

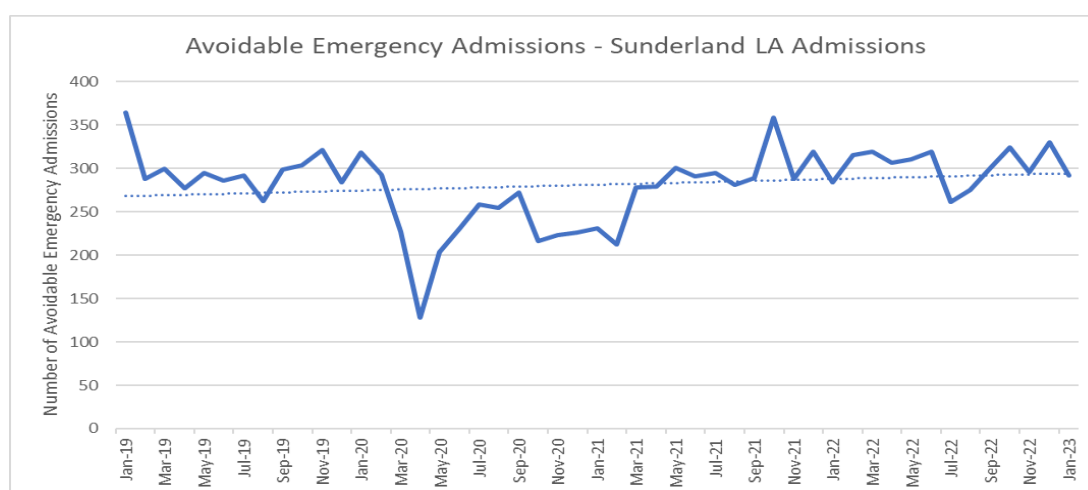


Figure 1: Avoidable emergency admissions data, Sunderland 2019-2023

4.6 The rationale for the target trajectory for avoidable emergency admissions is based on the anticipated impact of:

- the implementation of the Falls Strategy (to be published in the Summer - HWB agenda item for September)
- the roll-out and expansion of virtual wards scheme
- the implementation of Urgent Crises Response and Same Day Emergency Care
- targeted and tailored support for high intensity users of care
- further development of Community Integrated Teams.

4.7 Target trajectories for **the proportion of patients discharged to their Usual Place of Residence**, have been proposed at 92% by quarter 4 2023/24. Trend data for discharge to usual place of residence (fig 2), demonstrates a significant gap between Sunderland and the England average following the COVID-19 pandemic. As such, target trajectories reflect an ambition to close the gap and resume rates in-line with pre-pandemic levels. Rationale to support this projection includes the implementation of the Discharge to Assess model and reconfiguration of community bed-based model to a home-first approach.

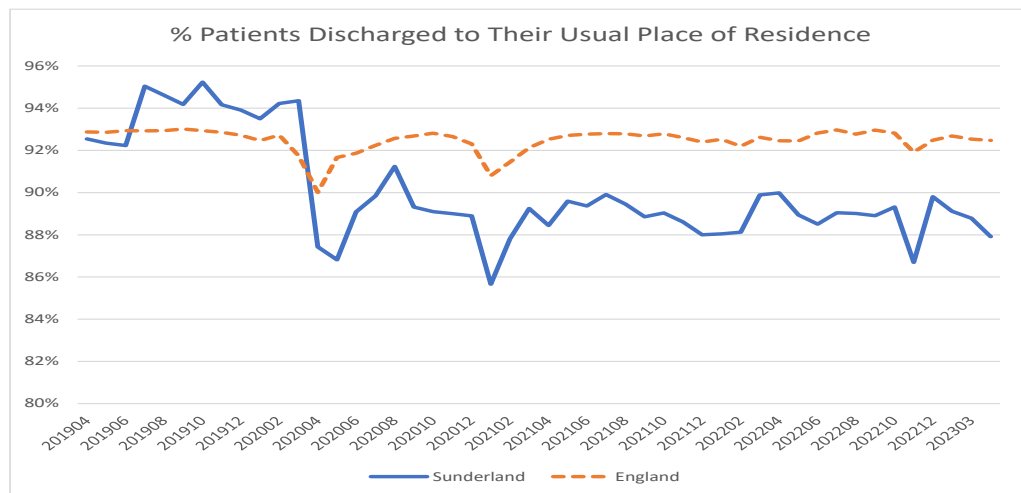


Figure 2. Sunderland and England's Discharge to Usual Place of Residence rate

4.8 The **emergency admissions due to falls in those aged over-65** metric, was introduced in the 2023/24 planning round. A static trajectory is proposed for Sunderland, enabling time for the anticipated impacts and benefits of the Sunderland Falls Strategy to be realised following its Summer 2023 launch. Current admission rates for falls in those aged over-65 have been highlighted in figure 3 below for reference.

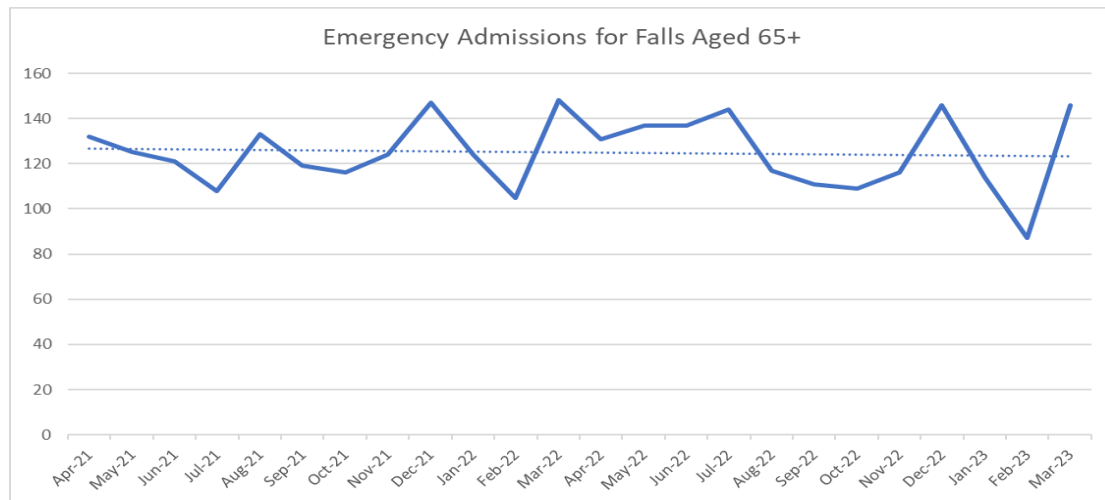


Figure 3: Sunderland's emergency admission for falls in those aged 65 and over 2021-23

- 4.9 As outlined in section 4.4, finalised metrics will be presented separately at the June HWB, with rationale for proposed target trajectories reflecting the BCF narrative plan (described in 4.10, below).

Better Care Fund Narrative Plan

- 4.10 A key element of the BCF planning framework is submission of a narrative plan that succinctly describes how identified investment will impact on the overarching policy objectives and associated metrics of the BCF - including transformational action being undertaken to implement the high impact change models identified in section 3.2. This will include:
- a summary of the strategic approach to integration of health, social care and home adaptations to support improved health and wellbeing outcomes. The strategic approach will reflect relevant priorities within the Healthy City Plan, Sunderland Place Plan and Integrated Care Strategy ([Better Health and Wellbeing for All](#)) – creating a clear rationale that is consistent with existing strategic planning frameworks. This will additionally build on the development work identified in section 3.2 and 3.3.
 - plans for addressing key areas for development that have been identified within the Year-End BCF Review Submission for 2022/23 (see appendix 1) and the high impact change assessments (section 3.2).
 - the approach to supporting unpaid carers, including key actions within the Sunderland Carers Strategy.
 - the approach to further join-up commissioning across health and care, including, section 75 development work being undertaken in collaboration with Hill Dickinson LLP; development of a joint commissioning strategy; and key actions identified within Sunderland's Market Sustainability Plan.
 - the approach to supporting equality and tackling health inequalities, as described in section 4.3.
- 4.11 In addition, the narrative plan will describe the proposed governance arrangements for the BCF, which will include:

- appropriate arrangements for overseeing national BCF reporting and monitoring, including:
 - Quarterly reporting on spend and activity data
 - Minimum monthly reporting of performance data
 - Monthly reporting on hospital discharge capacity
 - Fortnightly reporting on spend and activity data in relation to discharge
- Local monitoring and management of the BCF section 75 agreement, which will include:
 - Quarterly performance and financial reporting via the Sunderland Partnership Board and Place Committee
 - Risk/issue management
 - Quarterly reporting to the Health and Wellbeing Board
 - Any other partner obligations stipulated within the section 75 agreement, which will include monitoring of key deliverables identified within the BCF planning narrative.

4.12 To support the above, it is proposed that the BCF-monitoring and accountability arrangements are built-into the place-based governance model, as identified in table 3, below. This reflects Sunderland's place-based governance model for health and care integration, supporting more streamlined and consistent reporting arrangements (see Appendix 2).

Place Board/Committee/Forum	Role
Cabinet/ICB Executive	BCF/s75 sign-off and agreed schemes of reservation and delegation
Health and Wellbeing Board	BCF assurance and sign-off
Place Committee	Agreeing NHS-related elements of the BCF prior to ICB Executive
LA Chief Executive (via ICB Place Committee)	Agreeing LA-related elements of the BCF prior to Cabinet
Sunderland Partnership Board (meeting in common with Sunderland Place Committee)	Oversight of s75 Partnership Arrangement as detailed in section 4.11
Adult Collaborative	Oversight of national reporting requirements of the BCF(as detailed in section 4.11) and managing deliverables in-line with schemes of delegation

Table 3. Sunderland BCF governance: role of respective boards and functions at place

5.0 Recommendations

5.1 The Board is recommended to:

- Note the process followed in developing the 2023/25 BCF Plan and key points from the plan.

- ii. Note the content of the accompanying BCF presentation, including the proposed funding profile, target trajectories and high-level narrative plan.
- iii. Review and sign off the 2023/25 Sunderland BCF plan
- iv. Agree to submit the plan as per the national deadline of 28 June 2023.

Better Care Fund 2022-23 End of Year Template

1. Guidance

[illegible]

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Sunderland	
Completed by:	Darren Lough	
E-mail:	darren.lough@sunderlandcareandsupport.com	
Contact number:	07500552087	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Sat 20/05/2023	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board:

Sunderland

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board:

Sunderland

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,123.0	On track to meet target	Increased demand for urgent care services and the impact of industrial action throughout the healthcare sector. Increased acuity of patients and lack of hospital beds impacting on flow.	Expected performance of 1,056 for the 2022/23 year due to lower than expected number of emergency admissions in Q4 linked to increased use of Same Day Emergency Care and other initiatives to
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.0%	Not on track to meet target	Increased beds in the community to help facilitate flow, impacting on discharges to usual place of residence but aiding system flow. Increased acuity of patients.	Despite the pressures in the system, discharges to usual place of residence was maintained throughout Q4 but lower than plan. Discharging patients from hospital to assess their strengths and identify care and
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	978	Not on track to meet target	The planned performance has not been met for this metric due to a range of challenges including the complexity of customers existing a hospital discharge pathway, the need to support the NHS in facilitating	Supporting providers with recruitment challenges using technology. Implementation of community DP grants Managing demand against a backdrop of workforce challenges.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	79.7%	On track to meet target	The planned performance is expected to be met. We have reinstated reablement@home in the last year and this has supported the improvement in the performance. We continue to face	Reinstatement of reablement @ home and effective use of Therapies in supporting a wider reablement approach.

Checklist
Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Sunderland

Income			
	2022-23		
Disabled Facilities Grant	£4,055,399		
Improved Better Care Fund	£18,683,789		
NHS Minimum Fund	£27,565,872		
Minimum Sub Total		£50,305,060	
	Planned		
NHS Additional Funding	£137,363,750		
LA Additional Funding	£78,276,008		
Additional Sub Total		£215,639,758	
	Actual		
Do you wish to change your additional actual NHS funding?	Yes	£139,626,191	
Do you wish to change your additional actual LA funding?	Yes	£82,334,592	
			£221,960,783
	Planned 22-23	Actual 22-23	
Total BCF Pooled Fund	£265,944,818	£272,265,843	
ASC Discharge Fund			
	Planned		
LA Plan Spend	£1,306,481		
ICB Plan Spend	£1,372,261		
ASC Discharge Fund Total		£2,678,742	
	Actual		
Do you wish to change your additional actual LA funding?	No		
Do you wish to change your additional actual ICB funding?	No		
			£2,678,742
	Planned 22-23	Actual 22-23	
BCF + Discharge Fund	£268,623,560	£274,944,585	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	LA Contribution has increased to meet pressures in Packages of Care.		

Expenditure	
	2022-23
Plan	£265,944,818
Do you wish to change your actual BCF expenditure?	Yes
Actual	£272,238,763
	ASC Discharge Fund
Plan	£2,678,742
Do you wish to change your actual BCF expenditure?	Yes
Actual	£2,643,552
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	LA actual includes DFG spend of £894,253 brought forward from 21/22 and there is a DFG underspend of £550,523 to be carried forward to 23/24. This has been profiled into expected activity and as such, is not expected to reoccur in subsequent years.

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Sunderland

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF arrangements in Sunderland continued to enable us to maintain the strong partnership working in the City and afford us opportunity to build on successes and address challenges collectively.
2. Our BCF schemes were implemented as planned in 2022-23	Neither agree nor disagree	Work was delivered as expected within planned schemes, although these have been adjusted throughout the period along with the finance to support key areas identified as a priority linked to changing demand and the need to support key areas that could support out of hospital discharge including intermediate bed based services, and supporting sustainability in
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	The BCF plan continues to support our local integration and offers us further opportunity in the coming years, including: the expansion of shared care records with providers; scaling-up of assistive technology across the system building upon a falls prevention strategy and targeted frailty approach.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	3. Integrated electronic records and sharing across the system with service users	We continue to build upon our success in implementing and using a shared care record across the system. We are now working with providers to support them to implement a digital social care record which will contribute to the expansion of the shared care record, supporting more person-centred and coordinated care and delivering improved patient experience and service effectiveness.
Success 2	2. Strong, system-wide governance and systems leadership	Strong system-wide governance continues in Sunderland, supporting effective use of resource and improved coordination of care. Local governance arrangements include an established surge group which provides senior-leadership support to the system during times of significant pressure, ensuring the best use of local resources and helping to eliminate duplication, reduce delays and improve service user flow.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	We continue to face workforce challenges across the system impacting available resource across the Health and Social Care market which in turn creates challenges in flow. Residents continue to present with more complex needs, now exacerbated by the cost of living crisis and the associated impact on people's ability to keep themselves safe and well.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Whilst the provider market in Sunderland remains high-performing and good quality, the impact of Covid and workforce issues within the provider market has seen challenges in capacity to meet presenting need - particularly in the homecare market within the City. Strong and positive relationships continue with the market to seek innovative ways of addressing these challenges including: development of direct payment/personal health budget grants; support for recruitment; enabling tech developments; increased use of data and reporting; and financial support

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other

Checklist

Complete:

Yes

Yes

Yes

Yes

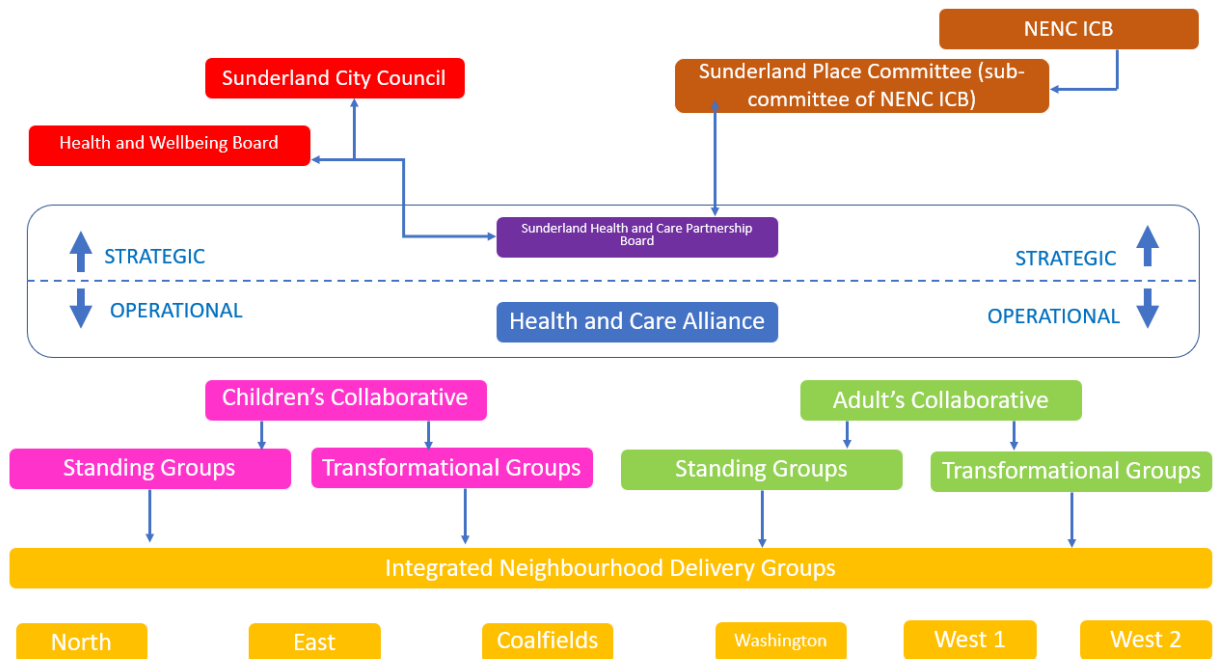
Yes

Yes

Yes

[illegible]

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



SUNDERLAND HEALTH AND WELLBEING BOARD

22 June 2023

BRIEFING ON THE 2023 HEWITT REVIEW OF INTEGRATED CARE SYSTEMS

Report of the Assistant Director for Integrated Commissioning

1.0 Purpose of the Report

- 1.1 To provide the Health and Wellbeing Board (HWB) with a high-level overview of [The Hewitt Review: an independent review of integrated care systems](#). The report will additionally consider Sunderland's position in relation to the review findings and proposed recommendations for improved integration of care.

2.0 Background

- 2.1 The Hewitt Review was published on 4 April 2023. High-level objectives of the review included an assessment of how the leadership, governance and regulation of integrated care systems (ICSs) could be optimised to deliver a self-supporting system that delivers sustainable health and care transformation. Key drivers for change noted within the report included:

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

- 2.2 The review made recommendations across four specific areas of opportunity, that included:

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

- 2.3 These recommendations are built on six proposed principles, that set out ways of working across the system to harness widespread support for change, these included:

- **Collaboration** – particularly through Place Partnerships that build on the work of the Health and Wellbeing Board (HWB) and emerging Provider Collaboratives to support subsidiarity within the ICS.

- **A limited number of shared priorities** that build on the public's immediate priorities outlined in section 2.1 and supported by associated ICB accountability arrangements.
- **Giving local leaders space and time to lead** - recognising the detrimental impact of complex, short-term funding arrangements on long-term planning and change.
- **Proportionate whole-system support and intervention** that is commensurate with size, scale and maturity of individual ICS's.
- **Balancing freedom with accountability**, by building on current local accountability arrangements (such as Health Overview and Scrutiny Committees, local government, ICPs, Health Watch, foundation trust governors and patient and public involvement groups), alongside strengthening the new role of NHS England and the Care Quality Commissioning (CQC) in overseeing the ICB and ICS, respectively.
- **Enabling timely, relevant, high-quality and transparent data** through integrated data collection and interoperable digital systems.

3.0 **Hewitt Review Recommendations and Implications on Sunderland's Place-Based Partnership Arrangements**

- 3.1 This briefing will consider the principles and recommendations of the review – assessing for potential implications on the development of Sunderland's place-based health and care system, including the role of the HWB in supporting the transformation of health and care services.

4.0 **A Shift in Focus from Illness to Promoting Health**

- 4.1 Through the 4 strategic purposes of the ICS¹ and the new statutory ICS framework, the review highlights the potential for integration reforms to maximise the NHS contribution to social, environment and economic objectives and the creation of thriving places that are supported by more active citizen engagement and a greater emphasis on wider determinants within NHS policy.

- 4.2 The review additionally emphasises the importance of:

- upstream investment in preventative services and interventions
- embedding health promotion at every stage
- embedding population health management
- harnessing the potential of data to support prevention, and
- empowering people to manage their own health.

- 4.3 In translating these priorities into practice, the review makes nine recommendations, as per the below:

¹ These are: improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and, supporting broader social and economic development

- A 1% increase, over the next 5 years, in NHS budget contribution to investment in prevention at an ICS-level.
- Creation of a cross-government mission for health improvement, including the development and delivery of a National Health Improvement Strategy, and potentially supported by the publication of a Department of Health and Social Care's shared outcomes framework.
- Establishment of a national Integrated Care Partnership Forum to support a two-way exchange between Integrated Care Partnerships (ICPs) and relevant government departments.
- Establishment of a cross-sector Health, Wellbeing and Care Assembly to support the shift to a new focus on prevention, population health and health inequalities.
- Development of a minimum data sharing standards framework to improve interoperability and data sharing across organisational barriers.
- Implementation of the proposed reform of Control of Patient Information regulations to support joint planning between NHS and local authorities through appropriate access to patient information.
- Including ICS leadership within NHS England's Data Alliance and Partnership Board arrangements.
- Strengthening the role of the NHS App to support greater patient access to health and care information and generate new innovation in the use of technology to better meet the diversity and complexity of health and care needs.
- Developing a longer-term ambition to establish Citizen Health Accounts to support people to proactively manage their own health and care.

Implications for Sunderland

- 4.4 Sunderland's Place Plan includes an overarching policy objective to prioritise prevention and tackle inequalities across all areas of local NHS investment. This will provide a key lever for ensuring that place-level implementation of integration reforms, supports a determined shift in focus from 'ill-health' to 'health promotion', and builds on priority action within the Healthy City Plan and Integrated Care Strategy ([Better Health and Wellbeing for All](#)).
- 4.5 System-level leadership and oversight of the plan through the Place Committee arrangement, will additionally create opportunities to join-up approaches to prevention and tackling of wider determinants on a place-footprint, whilst working through the new Healthier and Fairer ICB Sub-Committee and Central Area ICP arrangement to create broader system-level support and learning opportunities.
- 4.6 As part of the 2023/24-2024/25 Better Care Fund (BCF) planning process, minimum pooled budget allocations are being recodified to support the establishment of a local baseline of BCF investment against key integration schemes, including establishing a baseline of BCF investment in prevention-

related activity. This will support local monitoring of joint system-investment in prevention within the BCF, ensuring there is clear and transparent baseline that can be built-on to evidence a shift toward improved focus on prevention.

- 4.7 In addition to the above, the revised version of Sunderland's Place Plan prioritisation framework, included a fifth priority to, '*deliver place-shaping innovation and sustainability through investment in critical system enablers.*' This included more innovative use of shared system resource to support improved data and digital innovations, that can be used to accelerate improvements in joint-planning of both services and care, including new ways of supporting more proactive and personalised care.

5.0 System Governance, Accountability and Regulation

- 5.1 The review makes 15 recommendations in relation to how governance, accountability and regulation, can collectively support a 'self-improving system' approach that supports increased system and place-level autonomy. Recommendations include:

- Establishing an explicit 'system-level' role for Health Overview and Scrutiny Committees, with built-in support from the Department of Health and Social Care to develop this arrangement.
- Enabling the ICS to identify locally developed priorities and targets and self-select metrics for measuring these, in a way that carries equal weight with any nationally imposed target and prioritisation frameworks.
- Enabling ICBs to be the first point of support for providers facing difficulties, in line with the NHS operating framework. This includes ensuring that NHS England works '*with and through*' ICBs as the default arrangement - supporting more localised improvement approaches that contribute to shared local priorities.
- Ensuring NHS England and CQC work together to create complementary and mutually reinforcing improvement arrangements.
- Establishing a national peer review offer for systems to support continuous system learning.
- Co-designing and developing a pathway toward ICB maturity (to take effect from April 2024), in order to support a model of delivery that balances autonomy with accountability.
- Establishing a High Accountability and Responsibility Partnership (HARP), involving ICS-leaders alongside partners within the department of Health and Social Care, Department of Levelling-up and Communities and NHS England, to be in operation by April 2024. The proposed HARP would have the potential to support a move toward reduced targets and reporting arrangements, with increased financial freedom and use of the public estate.
- Ensuring balance between national, regional and system-level resource, with a larger shift toward systems. There is also a recommendation to reconsider the 10% cut in NHS Running Cost Allowance (RCA) before the Budget 2024.

- Reviewing and reducing the burden of approval processes for ICB, foundation trust and trust salaries - ensuring there is the right capability and governance to fulfil statutory functions at all times, without unnecessary appointment delays.
- Ensuring ICS engagement in the development of the new NHS England operating framework - supporting the codesign of the next evolution of NHS England regions.
- Developing a strong system leadership support offer, built-on strong partnership working between NHS England, the Local Government Association, NHS Confederation and NHS Providers.
- Implementing the [Messenger Review](#) call, for systems to create collaborative behaviours through strong collaborative leadership development and cultures.
- Reducing the number of priorities set within the Mandate to the NHS, with a similar reduction in the number of national targets, which should not include more than 10 national priorities.
- Establishing a common approach to co-production work between NHS England and ICBs.
- Emboldening the role of CQC to provide clear and transparent ratings on the quality of services within the ICS, as well as assessment of the level of maturity and effectiveness of each ICS, including its leadership and progress in shifting emphasis and resources toward prevention, population health and tackling health inequalities.
- Enabling consistent access to high-quality, automated and accurate data across ICSs, Department of Health and Social Care, NHS England and the CQC,

Implications for Sunderland

- 5.2 The emphasis on increased autonomy supported by improved accountability arrangements and a firm embedding of the principle of subsidiarity, aligns well with local ambitions to better integrate health and care provision around the needs of Sunderland's population. This would be supported by the recommendation to review the proposed cuts to the RCA, which would enable a greater period of stability ahead of longer-term transformation.
- 5.3 The Hewitt Review highlights the expectation on the ICS, to define a clear role for 'place' level partnerships, whilst also pointing to the variation in size and architecture of 'place-level' arrangements nationally. For areas such as Sunderland, that forms part of the largest ICS/ICB arrangement, a clear definition and role for 'place' - and its relationship with the wider system (including Provider Collaboratives) - will be critical in establishing the appropriate leadership and accountability arrangements that promote maturity and transformation.
- 5.4 In section 3.19 of the review, there is a recognition that some place partnerships continue to '*look up*' to the ICB for permission and instruction, at the expense of '*looking out*' to communities and neighbourhoods they serve. The role of local accountability arrangements, including Health Overview and

Scrutiny and patient and public involvement forums, together with the Health and Wellbeing Board and place-level governance arrangements (see Appendix 1), will therefore be critical in ensuring that Sunderland benefits from the 'promise of system' outlined within the review.

6.0 Unlocking the Potential of Primary and Social Care and Building a Sustainable, Skilled Workforce

6.1 The review highlights the importance of flexible decision-making and joined-up national policy approaches for primary and social care, to improve community health outcomes and overall system performance. This includes removing organisational boundaries to greater workforce integration and training, in order to support a determined focus on prevention and early intervention.

6.2 Specific recommendations within the review include:

- Creating a national partnership group to develop a new framework for GP primary care contracts. This would entail NHS England and the Department of Health and Social Care working together to remove barriers that currently stifle innovation and opportunity within the GP partnership model.
- Development of a social care workforce strategy that complements the NHS workforce plan. This additionally includes a recommendation to pool/align training and development budgets within the NHS and social care to create shared training opportunities that accelerate ambitions around multi-disciplinary, multi-organisational neighbourhood teams and support more system-wide recruitment and career progression opportunities (for example, through a 'passport' type approach to workforce portability).
- Reform the processes and guidance around the delegation of healthcare tasks to support service improvement and enable closer alignment of different aspects of a person's care.
- Work with the trade unions to resolve salary issues that prevent competitive recruitment of critical specialist roles (such as, data science and system engineering) through the current NHS Agenda for Change framework.

Implications for Sunderland

6.3 The Place Plan for Sunderland has identified primary and community care integration as a key priority for place. This is supported by a local delivery plan to support local implementation of the national and regional delivery plan for [recovering access to primary care](#) and embedding the recommendations of the [Fuller stocktake report](#).

6.4 Whilst wider decisions around primary care provision will take place through regional ICB sub-committee arrangements, the Sunderland Place Committee will have influence at place-level, and the HWB will additionally need to

consider how it can evolve to maximise the potential of place to strengthen the role of primary care locally. This will include harnessing new ICB responsibilities for the combined commissioning of community pharmacy, optometry and dentistry, to achieve accessible, high quality and integrated services as outlined in the review.

- 6.5 Improved workforce integration creates a unique opportunity to both transform care and develop new and innovative solutions to address the ongoing challenges of recruitment and retention within the health and care sector. Within the Sunderland Place Plan, the introduction of a fifth priority to build critical system infrastructure, includes a commitment to a more joined-up approach to workforce strategy over a 5-year transformational period.
- 6.6 In addition, the continued development of multi-disciplinary team working through integrated personalised and anticipatory care approaches in Sunderland, continues to be a priority – supporting the acceleration of more proactive prevention and early intervention approaches across health and care, as described in the review.
- 6.7 A further consideration for Sunderland in relation to workforce development (as well as wider public services reform), is the future role of the North East Combined Authority in catalysing workforce transformation and addressing skills shortages within the system through its devolution deal.

7.0 Resetting the approach to finance

- 7.1 This area of recommendation reflects a shift in thinking of health and care as a 'cost', to one in which it is considered a '*creation of health value*'. This includes generating increased health value through 'allocative efficiency', such as increased investment in primary and secondary prevention, and through more balanced investment in primary and community care compared to acute-based provision. It additionally considers the opportunity to increase value-for-money through technical efficiencies, such as estates optimisation and the introduction of sustainable and efficient paper-light processes.
- 7.2 Within the review, there is wider consideration of funding allocation processes, financial accountability, increased flexibility for intra-system funding arrangements and more innovative use of capital expenditure, culminating in seven recommendations in this priority area. These are:
- Development of a cross-system approach to financial reporting that would increase public accountability, without creating unnecessary bureaucracy.
 - Increasing financial freedoms and flexibility through a reduction/cessation of small in-year funding pots; local determination of service allocations and payment mechanisms; and, development of national guidance around inter system allocations.
 - Aligned budget and grant allocation across social care, public health and the NHS to enable more joined-up, longer-term planning.

- Widening the scope of the section 75 arrangements to include previously excluded functions (such as the full range of primary care services), and review regulations to increase simplicity and expand the range of organisations who can be party to a section 75 agreement.
- Development of improvement tools and resources to build NHS England capability to support improved productivity, as well as address financial and quality challenges and/or opportunities.
- Developing innovation in practice through national and international learning and development opportunities that draw on good practice and support the development of better outcomes through a culture of research and innovation.
- Conducting a cross-system review of the NHS capital regime with specific consideration of developing a 10-year NHS capital plan with improved system delegations that are commensurate with system maturity. The review recommendations should seek to be implemented from 2024.

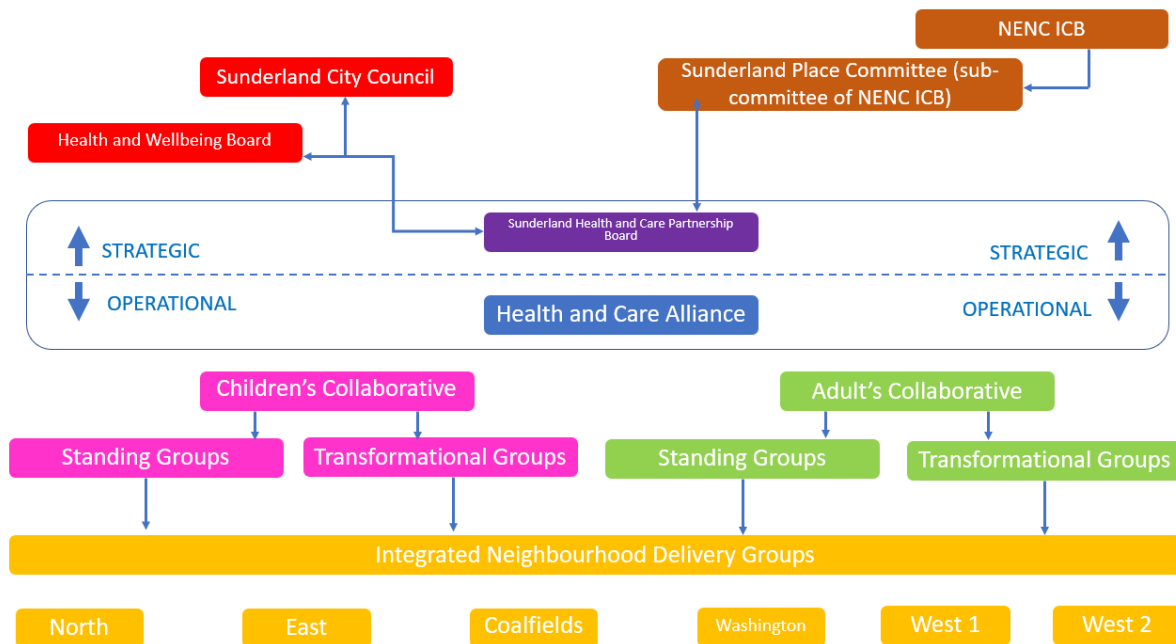
Implications for Sunderland

- 7.3 Whilst much of the recommendations outlined in the review relate to national decision-making and policy, the Sunderland Place Plan has identified a number of actions to support improved financial sustainability and innovation. This includes undertaking an efficiency review to identify savings opportunities (including invest to save schemes) and baselining current investment against high-level impact via the BCF planning process.
- 7.4 In addition, local action to increase research intensity across place-based partnerships, forms part the Sunderland Place Plan. Creating new opportunities to invest in research and innovation that delivers increased health value within Sunderland's investment approach. This includes an ICS-funded research project through the North East and North Cumbria Applied Research Collaboration (NENC ARC), to develop evidence-based tools for assessing the relative cost-utility of service redesign and commissioning options for tackling inequalities.

8.0 Recommendations

- 8.1 It is recommended that the Health and Wellbeing Board:
- Review and consider the national recommendations outlined in the Hewitt Review, with specific consideration of how recommendations align to Sunderland's approach to:
 - Shifting focus from illness to health improvement
 - System governance and accountability
 - Maximising the potential of primary and social care
 - Financial management and efficiencies
 - Review the operations of the Health and Wellbeing Board in-light of health and care reforms, ensuring the operational effectiveness of the board within the new integrated care system context.

Appendix 1: Sunderland's Place-Based Governance Model



HEALTH AND WELLBEING BOARD

22 June 2023

HEALTHY CITY PLAN: PERFORMANCE OVERVIEW

Report of the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report**2.0**

- 1.1 The purpose of this report is to present the Health and Wellbeing Board with an update on the Healthy City Plan performance framework. The report presents a range of key indicators that have been selected to provide a summary of health and the wider determinants of health for people of all ages in Sunderland. Full details of each indicator are shown within the appendices to the report.

2.0 Background

- 2.1 The Healthy City Plan 2020-2030 includes a performance indicator dashboard for the starting, living and ageing well delivery boards. This is the fourth six-monthly update on the performance dashboard since the Healthy City Plan was agreed in March 2021. The Health and Wellbeing Board receives six-monthly performance updates on these dashboards to its June and December meetings; over the longer-term providing assurance that work is progressing to achieve the aspirations of the Healthy City Plan.
- 2.2 Overall, it should be noted that many of the indicators included here use data impacted by the Covid-19 pandemic. As such, the wider effects of the pandemic are not yet clearly understood.

3.0 Starting Well - Summary of Current Position

- 3.1 The following key updates to indicators since the last report are noted:
- Uptake and maintenance of breastfeeding has increased to 31.4% in quarter 2 2022/23 although is still significantly lower than the England average of 49.1%. A priority of the Best Start in Life Working Group is to promote a culture of breastfeeding. Actions are in place to address this in relation to the 0-19 service and maternity achieving UNICEF Baby Friendly accreditation, ensuring consistent advice and support is provided to women who choose to breastfeed and identifying barriers to breastfeeding in Sunderland using the results of the Infant Feeding Research Project.
 - The rolling annual rate of teenage conceptions published 28th November 2022 for quarter 2 2021/2022 (to September 2021) was 27.4 per 1,000 population, an increase on the previous reporting period. Although the Sunderland rates have increased from 25.1 to 27.4 the England average has stayed the same over the last two quarters at 12.8 and the regional rate has dropped from 19.8 to 19.5. A revised and focused action plan is being

developed based on feedback from the teenage pregnancy action group.

- Data released for the 2021/22 period shows the percentage of children receiving free school meals who achieved a good level of development at the end of Reception was 52.8%. This compares to the NE average of 48.7% and an England average of 49.1%.
- The rate of hospital admissions for mental health conditions amongst under 18-year-olds per 100,000 population is 129.6 for Sunderland (2021/22). During the same period, the rate for the North East is 128.6 and for England is 99.8. The Sunderland rate has increased over the past two years by 9.6%, while the North East has increased by 37% and England by 14.1%.
- The percentage of school pupils with social, emotional, and mental health needs was reported as 3.6% for the 2021/22 period. This compares to 3.3% for the North East and 3% for England. Sunderland has risen just slightly by 0.2% points over the previous year.
- Latest data published in December 2022 (for the academic year 2021/22) shows that 45% of children in Year 6 were overweight (including obese). This is a deterioration from 36.9%, recorded in 2019/20. Overall, average prevalence in 2021/22 in the North East was 40.9% and in England 37.8%. Latest data published in December 2022 (for the academic year 2021/22) shows that 25.3% of children in reception year were overweight (including obese). This is a deterioration from 22.1%, recorded in 2019/20. Overall, average prevalence in 2021/22 in the North East was 24.9% and in England 22.3%. A prevention approach supports the maintaining a healthy weight agenda. Change 4 Life Sunderland continue to offer a varied programme to primary schools from assemblies to 6-week programmes, using NCMP data for a targeted approach. A Belly Bugs pilot intervention to Y3 pupils in several schools is in process, supported by school catering services. The Sunderland Healthy Schools Award includes the Great Active Charter Mark and the new Food & Nutrition Charter Mark, which now has 5 settings accredited at bronze level. The Holiday Activity and Food programme also supports access to physical activity and nutrition through the school holidays. The Starting Well Delivery Board is looking at how to address this with key partners.
- In 2021/22, 26.8% of children under the age of 16 in Sunderland were living in relative low-income families. This is higher than both England (19.9%) and the wider North East (25.8%).

4.0 Living Well - Summary of Current Position

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

- The most recently published rate of admissions for alcohol related hospital conditions in Sunderland was 2,668 per 100,000 people during 2021/22. This is higher than both the North East (2,323) and England (1,734). Sunderland's new Alcohol Strategy takes a life course approach to alcohol harm reduction. Priorities include promoting an alcohol free pregnancy, reducing the

availability of cheap alcohol, promoting the responsible sale of alcohol and reducing the harms that alcohol currently causes.

- The prevalence of smoking amongst adults was 15.2% in 2021, based on the latest estimates which were published in December 2022. This represents a fall from the previous year's corrected figure of 18.2%. In respect of overall smoking prevalence (all adults) the City Plan aspiration to reduce smoking prevalence to 5% is now for the year 2030/31 (previous aspiration 5% by December 2025) in line with the national target and the Khan Report.
- The prevalence of smoking amongst adults (18-64 years) in routine and manual occupations stood at 28.9%, for the latest published year (2020). This is higher than the North East (26.1%) and England (24.5%). Targeted work with those working in routine and manual occupations continues to be a priority for Sunderland's Smokefree Partnership, and will be reflected in the refreshed Action Plan from 2023.
- The overall employment rate is 72% for Sunderland, which has risen to slightly above the North East rate of 71.3%.
- Latest data for 2021/22 shows a gap of 65.6% for those with a learning disability from the overall employment rate. This is a marginal increase of 0.1% compared to 2020/21. The gap calculated for the North East was also 65.6%, while for England there was a larger gap of 70.6%.
- The percentage of the population aged 16-64 with an NVQ level 4 qualification has decreased from the previous year to 24.7%. The figure for Sunderland remains below regional and national levels, which are 34.4% and 43.5% respectively. An update on employment and skills is scheduled for a future meeting of the Living Well Delivery Board.
- Self-reported wellbeing - people with a high anxiety score. Latest data released for 2021/22 shows that 22.1% of respondents reported a high anxiety score, which is a reduction from 28.6% the previous year. This compares to 22.6% across England and 22.2% across the North East.
- The suicide rate has fallen slightly to 14.2 per 100,000 (2019-21) from 14.4 per 100,000 for the previous three year period (2018-20). However this is above the North East (13.0) and England (10.4) rate. The suicide prevention action plan is currently being refreshed, to ensure priorities continue to be evidence based and address local priorities.
- A new measure on food insecurity is now published by the Office for Health Improvement and Disparities: 'Food Insecurity – percentage of local authority population living in areas at highest risk of food insecurity.' The figure for Sunderland is 44%, which is the fourth highest in the North East. It is recommended that this indicator be included in the next Living Well performance report and then reviewed for usefulness.

5.0 Ageing Well - Summary of Current Position

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

- Emergency hospital admissions due to falls aged 65 and over per 100,000 population have fallen in 2021/22 to 2,710 per 100,000, from 3,164 in 2020/21. The Sunderland rate is above the region (2,531 per 100,000) and England (2,100 per 100,000).
- Social isolation: the percentage of adult social care users who have as much social contact as they would like (18+ years) is 44.2% in 2021/22. This is a fall from the previous recorded figure in 2019/20 of 55.1% in 2019/20. The indicator was not updated in 2020/21 due to the impact of Covid19. Warm spaces across the city are supporting isolated residents, and interviews carried out with attendees have highlighted the importance of addressing social isolation, bringing people together and supporting more integrated communities. There are 122 ageing well ambassadors who reach the ageing well population, especially isolated people and people who do not use technology. Ageing well reporters are being recruited and trained as part of the new We'ar Shining the Light news team, to share positive stories of later life and cover reports on local arts, culture, sports and nostalgia.
- Hip fractures in people aged 65 and over (per 100,000 population) were 644 in 2021/22. This represents a slight decrease compared to the 2020/21 period when the rate was 656 (per 100,000 population).
- Latest data covering the period August 2020 to July 2021 shows an excess winter deaths (winter mortality) index amongst those age 85 and over of 17.5% for Sunderland. This compares with 28.6% for the North East, and the figure for Sunderland is significantly better than the figure of 42.8% for England.
- Mortality from all causes considered preventable is no longer being updated. A new indicator on Under 75 mortality from all causes has replaced this, using new definitions on avoidable and preventable mortality, agreed in 2019. Sunderland had a rate of 273.6 (per 100,000), which is statistically significantly higher than the regional rate of 228.2 and the England rate of 183.2 (per 100,000).



Across all the indicators there are a range of inequalities – geography, equality protected characteristics, socio-economic and other vulnerable groups.


6.0 Recommendations




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

Appendix 1 – Starting and Developing Well Indicators




HWBB Dashboard - Starting & Developing Well

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
<p>Women who smoke at time of delivery (national measure)</p> 	14% (annual)	10% (annual)	2021/22	<p>The annual figure for the percentage of women smoking at the time of delivery in Sunderland during 2021/22 is 14.0%. This is a reduction on the figure of 15.1% reported in 2020/21. However, it remains above the North East and Yorkshire figure of 12.1% and above the England figure of 9.1%.</p> <p>Please note, quarterly rates tend to fluctuate significantly due to the relatively small numbers of individuals being measured and depending upon the particular cohort of pregnant women. The annual rate is therefore a more robust measure to monitor, with quarterly rates being helpful as a guide to monitor trends over the year.</p> <p>Reducing the rates of tobacco dependency in pregnant women is a high priority for the Sunderland Smokefree Partnership and within the Best Start in Life work stream, and partners are working closely together to embed the Treating Tobacco Dependency pathway as part of the NHS Long Term Plan.</p> <p>(The percentage of women smoking at the time of delivery for quarter 3 2022/23 was 14.3%; this is an increase from 11.7% the previous quarter and represents 89 women smokers at time of delivery of 621 maternities.)</p>
<p>Under 18 alcohol admissions per 100,000</p> 	76	55.4	2020/21	<p>The rate of alcohol related hospital admissions amongst under 18s for the 3-year period from 2018/19-20/21 is 76.0 per 100,000 in Sunderland. This represents a reduction from 82.4 in the previous reporting period (2017/18- 2019/20). Under 18s admission rates remain above both the regional (52.0) and England (29.3) average.</p> <p>The rate of 76 per 100,000 in the most recent reporting period continues the downward trend which has been seen since the reporting period of 2013/14 - 2015/16, when the rate was 115.1. This represents a reduction of 63 people over the same time period.</p> <p>As part of the substance misuse treatment and recovery grant a post has been funded within the Youth Drug and Alcohol Project (YDAP) for 22/23 to increase referrals of young people into</p>







Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				<p>treatment. This is being expanded and an additional assertive outreach post is being funded for 23/24.</p> <p>A model of implied consent has been adopted for young people attending A&E for drug and alcohol related conditions; they will be referred directly to YDAP to support their recovery journey and prevent repeat admissions</p> <p>Work is being undertaken with Northumbria Police and the Violence Reduction Unit to apply a Focused Deterrence Model to target young people who are disproportionately responsible for serious and violence related crime. The approach involves working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.</p>
<p>% of infants being breastfed at 6-8 weeks (prevalence)</p> 	31.4%	27%	Q2 2022/23	<p>Latest available data for Quarter 2 of 2022/23 shows the percentage of infants being breastfed at 6-8 weeks in Sunderland was 31.4%. This is a 1.3 percentage point increase from the previously available data from Q1. The North East figure for Quarter 2 was 35.8% and the England figure is 49.1%.</p> <p>Latest local (unvalidated) data from the health visiting service shows that breastfeeding prevalence at 6-8 weeks was 34.3% for the month of March 2023. The provider has been undertaking work to ensure any data quality issues are addressed, so the indication is that the rates being reported in Sunderland should soon start to show an improvement.</p> <p>In April 2023 the 0-19 Public Health Service were assessed for UNICEF UK Baby Friendly Initiative level 3 status, with good feedback received overall.</p> <p>Latest official reported <i>annual</i> data (21/22) shows that breastfeeding prevalence in Sunderland was 27.6%. The North East figure was 35.7%, and for England 49.2%.</p> <p>For info: Latest official reported <i>annual</i> data (21/22) shows that breastfeeding <i>initiation</i> (baby's first feed breastmilk) in Sunderland was 48.6%, so it is important that maternity services are able to increase this to help drive an increase in breastfeeding initiation. The local maternity services no longer have UNICEF UK Baby Friendly Initiative accreditation but have committed to achieving this and are working towards level 1 status, with a new infant feeding co-ordinator now in post supporting this work. The North East figure was 63.9%, and for England 71.7%.</p>



Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				A priority of the Best Start in Life Working Group is to promote a culture of breastfeeding. Actions are being taken to address this in relation to the 0-19 service and maternity achieving UNICEF Baby Friendly accreditation, ensuring consistent advice and support is provided to women who choose to breastfeed and identifying barriers to breastfeeding in Sunderland using the results of the Infant Feeding Research Project.
Prevalence of children in Year 6 living with overweight (incl. obesity) 	45%	36.7%	2021/22	<p>Latest data published in December 2022 (for the academic year 2021/22) shows that 45% of children in Year 6 were overweight (including obese). This is a deterioration from 36.9%, recorded in 2019/20. Overall, average prevalence in 2021/22 in the North East was 40.9% and in England 37.8%, meaning that Sunderland prevalence is significantly higher than the England average and higher than the North East average.</p> <p>This Sunderland prevalence is the highest on record since 2006/07 and is currently the highest in the North East.</p> <p>A prevention approach supports the maintaining a healthy weight agenda. Change 4 Life Sunderland continue to offer a varied programme to primary schools from assemblies to 6-week programmes, using NCMP data for a targeted approach. A Belly Bugs pilot intervention to Y3 pupils in several schools is in process, supported by school catering services. The Sunderland Healthy Schools Award includes the Great Active Charter Mark and the new Food & Nutrition Charter Mark, which now has 5 settings accredited at bronze level. The Holiday Activity and Food programme also supports access to physical activity and nutrition through the school holidays.</p>
Prevalence of children in Reception living with overweight (incl. obesity) 	25.3%	22.1%	2021/22	<p>Latest data published in December 2022 (for the academic year 2021/22) shows that 25.3% of children in reception year were overweight (including obese). This is a deterioration from 22.1%, recorded in 2019/20. Overall, average prevalence in 2021/22 in the North East was 24.9% and in England 22.3%, meaning Sunderland prevalence is significantly higher than the England average and higher than the North East average.</p>
Teenage pregnancy (under 18 conceptions rate per 1,000) rolling year 	27.4	23.4	Q2 2021/22	<p>The rolling annual rate of teenage conceptions published 28th November 2022 for quarter 2 2021/2022 (to September 2021) was 27.4 per 1,000 population, an increase on the previous reporting period. The impact of Covid and local intelligence around an increase in teenage conceptions, is starting to appear in the published data, fluctuating quarter to quarter.</p> <p>Although the Sunderland rates have increased from 25.1 to 27.4 the England average has stayed the same over the last two quarters at 12.8 and the regional figure has dropped from 19.8 to 19.5.</p> <p>A revised and focused action plan is being developed based on feedback from the teenage pregnancy action group.</p> <p>The children and young people's enhanced offer in Sexual health services is at full complement - access to contraception and pregnancy options advice.</p>




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				<p>Increasing access to LARC within Primary Care is progressing with 2 PCN localities identified to be part of a pilot in support of this agenda.</p> <p>The programme of work in place to support this area of work includes:</p> <ul style="list-style-type: none"> • ongoing offer of the C-Card for young people (from age 13) • provision of sexual health advice and support, including pregnancy testing, access to condoms and emergency contraception via the school nursing service • provision of targeted sessions delivered in schools, via the school nursing service and the sexual health promotion team (within the specialist sexual health service) • provision of access to free emergency contraception through a number of pharmacies in Sunderland and via the specialist sexual health service • provision of access to free long-acting contraception via some primary care services in Sunderland and via the specialist sexual health service; work is ongoing with primary care networks to establish a 'hub' approach to provision of LARC in primary care, to widen choice for point of access • when statutory relationships and sex education and health education (RSHE- was introduced, dedicated resource was put in place for 2 years, to support schools in implementing this and ensure quality assurance of the work being delivered • Brook is providing outreach and educational provision in Sunderland, for young people aged 11-18, with a focus on promoting healthy relationships and an understanding of acceptable behaviours and attitudes in relation to relationships and sexual health, alongside pregnancy choices • a Young Person's contraceptive nurse is established within the specialist sexual health service, providing an in-clinic and outreach-based model, ensuring young people can access contraception easily - especially in emergency situations. An options advisor is also part of this model.
<p>Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception</p> <p>(Not possible to compare with previous period)</p>	52.8%		2021/22	<p>Data released for the 2021/22 period shows the percentage of children receiving free school meals who achieved a good level of development at the end of Reception was 52.8%. This compares favourably to the NE average of 48.7% and an England average of 49.1%.</p> <p>This is the first publication since the 2021 to 2022 EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. It is therefore not possible to directly compare 2021 to 2022 assessment outcomes with earlier years. It is also the first release since the publication of the 2018 to 2019 statistics, as the 2019 to 2020 and 2021 to 2022 data collections were cancelled due to coronavirus (COVID19).</p>






Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Proportion of children in relative low-income families aged under 16 	26.8%		2021/22	<p>In 2021/22, 26.8% of children under the age of 16 in Sunderland were living in relative low-income families. This is higher than both England (19.9%) and the wider North East (25.8%).</p> <p>Over the past 5 years, the Sunderland rate has increased by 3.5 percentage points, whilst England increased by 1.9 and the North East by 2.9.</p> <p>However, the Sunderland and North East proportions have fallen over the past 2 years, whereas England saw a rise.</p>
Hospital admissions for mental health conditions under 18-year-olds (per 100k population) 	129.6		2021/22	<p>The rate of hospital admissions for mental health conditions amongst under 18-year-olds per 100,000 population is 129.6 for Sunderland (2021/22). During the same period, the rate for the North East is 128.6 and for England is 99.8. The Sunderland rate has increased over the past two years by 9.6%, while the North East has increased by 37% and England by 14.1%.</p>
% School pupils with social, emotional & mental health needs 	3.6%		2021/22	<p>The percentage of school pupils with social, emotional and mental health needs was reported as 3.6% for the 2021/22 period. This compares to 3.3% for the North East and 3% for England. Sunderland has risen just slightly by 0.2% points over the previous year.</p>




Appendix 2 – Living Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Healthy Life Expectancy at Birth - Female 	56.87		2020/21	Most recent data released on 4 March 2022 relates to the 2018-20. This shows that the healthy life expectancy for females in Sunderland was calculated at 56.9 years. This is lower than both the North-East value of 59.7 years and the England value of 63.9 years. Compared to the previous period, this represented a decrease of 0.4 years for Sunderland. The North East increased by 0.7 years compared to the previous period, whilst England as a whole also increased (by 0.4 years).
Healthy Life Expectancy at Birth - Male 	56.1		2020/21	Most recent data released on 4 March 2022 relates to the 2018-2020. This shows that the healthy life expectancy for males in Sunderland was calculated at 56.1 years. This is lower than both the North-East value of 59.1 years and the England value of 63.1 years. Compared to the previous period, this represented a decrease of 1.4 years for Sunderland. The North East has decreased by 0.3 years since the previous period, and England as a whole decreased (by 0.1 years).
Life expectancy at birth (Males) 	76.6		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for males in Sunderland was calculated at 76.6 years. This is lower than both the North-East value of 77.6 years and the England value of 79.4 years. Compared to the previous period, this represented a decrease of 0.4 years. The North East and England as a whole also decreased (both by 0.4 years).
Life expectancy at birth (Female) 	80.9		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for females in Sunderland was calculated at 80.9 years. This is lower than both the North-East value of 81.5 years and the England value of 83.1 years. Compared to the previous period, this represented a decrease of 0.5 years. The North East and England as a whole also decreased (both by 0.3 years).
Inequality in life expectancy at birth (male) 	11.3		2019/20	Latest data released for the period 2018-20 shows the inequality in life expectancy that may be experienced by males in the most deprived areas of Sunderland as 11.3 years. This measure has remained at or slightly above 11 years for the previous 4 reporting periods after reaching a comparative low of 9.5 years in the 2011-13 period. It compares to an England wide average of 9.7 years and a North East wide average of 12.5 years.
Inequality in life expectancy at birth (female) 	9.6		2019/20	Latest data released in February 2022 for the period 2018-20 shows the inequality in life expectancy that may be experienced by females in the most deprived areas of Sunderland as 9.6 years. This measure has remained at or slightly above 8 years for the last 5 reporting periods after reaching a comparative low of 6.9 years in the 2010-12 period. It compares to an England wide average of 7.9 years and a North East wide average of 10.0 years.



Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Admission episodes for alcohol-related conditions (Broad) (Persons) 	2,668		2021/22	<p>The most recently published rate of alcohol related hospital admissions in Sunderland was 2,668 per 100,000 people during 2021/22. This is higher than both the North East (2,323) and England (1,734).</p> <p>Reducing alcohol harms continues to be a priority of the Health and Wellbeing Board and Sunderland Drug and Alcohol Partnership, which includes a wide range of partner organisations. Sunderland's new alcohol strategy was endorsed by the Health and Wellbeing Board in March 2023. It includes priorities around promoting an alcohol-free pregnancy, promoting an alcohol-free childhood, creating a culture where people drink less alcohol, reducing availability of cheap alcohol, and promoting the responsible sale of alcohol.</p> <p>The strategy uses a life course approach to alcohol harm reduction, recognising that risks accumulate throughout a person's life and as such, it will be a mixture of universal and targeted action. The objectives are around prevention and early intervention; providing specialist interventions to promote a quality treatment and recovery system; and protect children, young people and families from alcohol related harm. An action plan to support the strategy and delivery of the priorities will be developed with the Sunderland Drug and Alcohol Partnership by September 2023.</p> <p>Significant investment has also been made into services which support residents with alcohol via the substance misuse recovery grant; this includes additional investment in the alcohol care team in Sunderland Royal, adult substance misuse provider, and NERAF.</p> <p>Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. The official population estimates for mid-2012 to mid-2020 will be revised to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published, the updated back series for this indicator will be published.</p>
Proportion of adults who are overweight or obese 	69.1%	66%	2020/21	<p>Latest data for 2020/21 reports 69.1% adults in Sunderland are overweight or obese. This is lower than the previous figure of 73.5%, and marginally below the North East (67.7%) but above the England (63.5%) average.</p> <p>Active Sunderland deliver a number of sport festivals, events and a weekly walking programme to inspire people to become more active.</p> <p>In 2021 Sunderland secured funding to deliver a Tier 2 Adult Weight Management Service. The programme started in August 2021 and funding was available until December 2022. The</p>




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				programme was evaluated and public health funding has been agreed to continue for a further 2 years, targeted at 3 geographical areas each year, where need is greatest (people will be able to access from across the City).
Smoking prevalence 	15.2%	13%	2020/21	<p>The prevalence of smoking amongst adults was 15.2% in 2021, based on the latest estimates which were published in December 2022. This is higher than both the North East (14.8%) and England (13.0%), but represents a fall from the previous year's corrected figure of 18.2%.</p> <p>Tobacco control continues to be a priority of the Health and Wellbeing Board and Sunderland Smokefree Partnership, which includes a wide range of partner organisations. They are continuing to work together to drive their ambitions to move towards a society free from tobacco, supporting smokers to quit and young people not to start. An action plan refresh is planned for 2023 to support these ambitions.</p> <p>The Specialist Stop Smoking Service continues to provide high-quality, evidence-based specialist support to smokers to quit and acts as a single point of contact for all stop smoking services in Sunderland. From April 2023 there will be a renewed focus on targeting high prevalence priority groups and a lead practitioner approach will be introduced to strengthen leadership across the system and support key partners within the NHS, Children's Services and beyond.</p> <p>In respect of overall Smoking prevalence (all adults) the City Plan aspiration to reduce smoking prevalence to 5% is now for the year 2030/31 (previous aspiration 5% by December 2025). This is in line with national guidance and the Khan Report.</p>
Overall employment rate 	72%	71.5%	Q2 2022/23	<p>The latest figures relating to Oct 2021 - September 2022 show that Sunderland's employment rate at 72%, has increased compared with the same period in the previous year (at 66%). The Sunderland rate has risen to slightly above the North-East rate of 71.3%. The numbers of people in employment for those aged 16 and over is 122,600.</p> <p>N.B. Figures are recorded as at publication and figures for the period may be adjusted in subsequent publications.</p>
Claimant Count 	5.6%	7.2%	February 2022	Data released in March 2022 shows the claimant count in February 2022 decreased to 5.6% (down from 5.7% in January) and compares to a rate of 7.8% for the same period in the previous year.

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Self-reported wellbeing - people with a high anxiety score 	22.1%		2021/22	Latest data released in February 2023 for 2021/22 shows that 22.1% of respondents reported scoring between 6-10 in relation to the question of 'Overall, how anxious did you feel yesterday?' This compares to 22.6% across England and 22.2% across the North East. It represents a fall from 28.6% the previous year.
Smoking prevalence in adults in routine and manual occupations (18-64) current smokers 	28.9%		2020/21	<p>Latest data for the calendar year 2020 shows the prevalence of smoking amongst adults (18-64) in routine and manual occupations at 28.9%. This is higher than the North East of 26.1% and across England of 24.5%. Data for Sunderland for 2020 represents an increase in the prevalence of smoking amongst this group from 25.7%.</p> <p>N.B. This figure has been revised due to changes in the methodology for recording that took place during the pandemic.</p> <p>Targeted work with those working in routine and manual occupations continues to be a priority for Sunderland's Smokefree Partnership, which will be reflected in the refreshed Action Plan from 2023.</p>
Gap in the employment rate between those with a long-term health condition and the overall employment rate 	12.7		2021/22	<p>Latest data for 2021/22 shows a gap of 12.7% for those with a long-term health conditions from the overall employment rate. This is a decrease of 0.5% in comparison with 2020/21.</p> <p>The current position in Sunderland compares to a gap of 9.9% across England and 13.8% across the North East.</p>
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	61.8		2020/21	Latest data for 2020/21 indicates a gap of 61.8% for those in contact with secondary mental health conditions from the overall employment rate. This has increased by 0.6% compared to 2019/20. It is higher than the gap of 60.2% for the North East, but smaller than the gap for England (66.1%).
Gap in the employment rate between those with a learning disability and the overall employment rate 	65.6		2021/22	Latest data for 2021/22 shows a gap of 65.6% for those with a learning disability from the overall employment rate. This is a marginal increase of 0.1% compared to 2020/21. The gap calculated for the wider North East was also 65.6%, while for England there was a wider gap of 70.6%.

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
<p>The % of households in Sunderland considered to be fuel poor</p> 	14.6%		2020/21	<p>Data released in April 2022 covers the 2020 period and estimates that 14.6% of households in Sunderland are fuel poor (18,513 of 127,030 households). This is a small decrease of 0.7% compared to data covering 2019. Across the wider North East, it is estimated that 14.4% of households are fuel poor. This also represents a decrease from 2019 (0.4%). The West Midlands are estimated to have the highest levels in England at 17.8%, whilst the South East has the lowest at 8.6%.</p> <p>Within the North East, Middlesbrough and Newcastle have the highest estimated levels at 16.8% and North Tyneside has the lowest at 12.4%.</p>
<p>% of the population aged 16-64 with an NVQ Level 4 qualification</p> 	24.7%		2021/22	<p>Data released April 2022 relates to calendar year 2021. The latest performance data for Sunderland shows that the proportion of residents qualified to at least NVQ Level 4 is 24.7% (42,500 in number). This is a decrease on the previous year's figure 2019 of 28.7% (adjusted in the latest release). The city figure remains below the regional and national levels which now stand at 34.4% and 43.5% respectively. Data is calculated from the Annual Population Survey (APS). This is a sample based survey and thus subject to sampling variations. For example, the confidence interval (which gives the range in which the true population value is likely to fall) for 2013 was 2.6%, thus the actual figure was likely to fall between 21.7% and 26.9%. The % is a proportion of resident population of the area aged 16-64. Level NVQ4 equivalent and above includes HND, Degree and High Degree level qualifications or equivalent.</p>
<p>Suicide Rate (persons) per 100,000</p> 	14.2		2021/22	<p>The suicide prevention action plan is currently being refreshed, to ensure priorities continue to be evidence based and address local priorities. The Public Health Practitioner post for Public Mental Health has been successfully appointed to and the new post holder started in May 2023.</p> <p>The Public Mental Health Concordat for Sunderland was endorsed and signed off by OHID in January 2023; this framework and action plan will support work to improve mental health wellbeing, which will contribute to the suicide prevention agenda.</p> <p>A new programme of suicide prevention training (A Life Worth Living) has been commissioned, with the contract awarded for 4 years from 1st December 2022. This training is available to people who live and work in Sunderland and is provided by Washington Mind.</p> <p>Signage on bridges has been updated and additionally further Samaritans signage has been erected at key points on both sides of Wearmouth Bridge, promoting the helpline number and the message 'Talk to us, we'll listen'.</p>

Appendix 3 – Ageing Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Emergency hospital admissions due to falls aged 65 and over per 100,000 population 	2,710		2021/22	<p>Latest data for the period 2021/22 shows that the rate of emergency hospital admissions due to falls in people aged 65 and over was 2,710 per 100,000. This represents a fall of 14% compared to the rate of 3,164 per 100,000 in 2020/21. The Sunderland rate is above the region (2,531 per 100,000) and England (2,100 per 100,000). This is a fall from the previous recorded figure of 3,164.</p> <p>N.B. Following Census 2021 ONS is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. The official population estimates for mid-2012 to mid-2020 will be revised to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published the updated back series for this indicator will be published.</p>
Social isolation: % of adult social care users who have as much social contact as they would like (18+ years) 	44.2		2021/22	<p>Latest data released in February 2023 for 2021/22 shows 44.2% of adult social care users reported having as much social contact as they would like. This is higher than both the wider North East (41.6%) and England (40.6%), but represents a fall from 55.1% for the previous recorded data in 2019/20.</p> <p>The Covid-19 impact from March 2020 onwards has had an effect on adult social care data collections, processing and quality assurance. The 2020 to 2021 Adult Social Care survey was voluntary for councils to participate. As only 18 councils participated, this indicator has not been updated for 2020 to 2021 in the profile.</p>
Under 75 Mortality rate from causes considered preventable (per 100,000 population) (Not possible to compare with previous period)	273.6		2021	<p>Data for 2021 released in March 2023 showed that Sunderland had an under 75 mortality rate from all causes considered preventable of 273.6, statistically significantly higher than the regional rate of 228.2 and the England rate of 183.2.</p> <p>This is a new mortality indicator and previous data is not available. With advances in medical technology and wider public health interventions, deaths from conditions previously not preventable may have since become preventable. This means the preventable mortality definition requires review and, if appropriate, revisions. In 2017, an Organisation for Economic Co operation and Development (OECD) working group was set up to review the definitions of avoidable and preventable mortality used internationally with a remit to create a harmonised definition. The group proposed a new definition of avoidable and preventable mortality and in 2019, the ONS ran a public consultation to review this definition. As a result of the consultation, it was agreed the ONS would implement the new international avoidable and preventable mortality definition to ensure statistics were comparable.</p>

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Hip fractures in people aged 65 and over (per 100,000 population) 	644		2021/22	<p>Data covering the period 2021/22 provides a rate of 644 hip fractures in people aged 65 and over (per 100,000) in Sunderland. It represents a slight decrease compared to the 2020/21 period when the rate was 656. This compares to a rate of 612 for the wider North East and 551 for England as a whole.</p> <p>Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. The official population estimates for mid-2012 to mid-2020 will be revised, to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published, the updated back series for this indicator will be published.</p>
Estimated dementia diagnosis rate (aged 65 and over) 	60.5%		2021/22	<p>Latest data for 2021/22 indicates that 60.5% of those aged 65 and over who are estimated to have dementia have been diagnosed. Across the wider North East, this is reported as 66.6% whilst for England as a whole it is 62.0%.</p>
Winter mortality (previously known as Excess winter deaths) index (age 85+) 	17.5%		2020/21	<p>Latest data covering the period August 2020 to July 2021 shows an excess winter deaths (winter mortality) index amongst those age 85 and over of 17.5% for Sunderland. This compares with 28.6% for the North East, and the figure for Sunderland is significantly better than the figure of 42.8% for England.</p> <p>It represents an increase from 1.1% during the previous 2019/20 period. However, figures for 2019/20 have recently been revised to include Covid-19 deaths. The scale of Covid-19 deaths during non-winter months has fundamentally disturbed the data-time series, so 2019/20 deaths should be interpreted with caution.</p>

Data as at 1 May 2023

SUNDERLAND HEALTH AND WELLBEING BOARD

22 June 2023

HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

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

1.0 Purpose of the Report

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

2.0 Background

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

3.0 Update from the Starting Well Delivery Board – met 11 May 2023

3.1 Vice Chair nominations

The Chief Officer of the former CCG previously held the position of Vice Chair of the Delivery Board. Nominations were invited from members.

3.2 Family Hubs and trailblazer

Sunderland is one of 75 Local Authorities to benefit from a share of £300m government investment up to 2025. Whilst the Family Hub Model

encompasses up to age 25, the government funding is only applicable to the first 1001 days.

Following the success of our application to take part in the Family Hubs programme, Sunderland was further selected as one of only 14 other Local Authorities to become a 'trailblazer'. As a trailblazer we will be given the opportunity to make further ambitious changes and improvements to our services and will be a forerunner in establishing best practice for the benefits of our communities and other Local Authority areas. Delivery plans were developed in partnership with local partners and were signed off by the DfE and DHSC in January 2023.

Family hubs are being rolled out in five locations across Sunderland making use of existing Family Centres which are The Rainbow Family Centre in Washington, Bunny Hill Family Centre in Hylton Castle, Thorney Close Family Centre and the Coalfield Family Centre in Hetton. Another Hub is planned for a refurbished building in Hendon. By mid-June the Coalfields Family Hub, Rainbow Family Hub and Bunnyhill Family Hub will all be open.

Workstreams have been established to take forward the programme's key areas of focus:

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

Each workstream is moving forward with their action plans. There is close working with regional colleagues through the North-East Family Hub Forum, providing an opportunity to share good practice and support one another.

Sunderland were one of 14 trailblazers selected and awarded additional funding to go further and faster in delivering some, or all, of the Start for Life services funded by the Family Hubs and Start for Life programme – perinatal mental health and parent-infant relationships, infant feeding, and parenting support. Sunderland Trailblazer funding has been used to support the recruitment of Peer Support Roles, one in each Family Hub to support the three key areas of focus.

One of the main challenges has been the delay in the sign-off of Year 1 delivery plans and subsequent receipt of funds. Whilst this is now resolved for Year 1 and spending is underway, this will undoubtedly impact on Year 2. Due to staffing recruitment challenges across all partners the approach is to look at alternative ways of delivery, including building on skill mix models already in place in Sunderland.

As part of the Trailblazer roll out, Dame Andrea Leadsom visited Sunderland

(Coalfield) on the 11 May 2023 to see the breadth of the offer available within the Family Hub setting. Ministers are keen for the hard evidence of the successes and will want to understand the qualitative impacts, including how accessible families find the Family Hubs; at present there is no detail of what evidence they will require.

3.3 Breastfeeding initiation and UNICEF accreditation

There is now a Dedicated Infant Lead Midwifery postholder who is driving forward the UNICEF Baby Friendly accreditation, the intention is to achieve level one by the end of 2023. The neonatal unit has achieved level one and is aiming to achieve level 2 by the end of September.

The uptake and maintenance of breastfeeding has increased although is still significantly lower than the England average. [See separate performance report agenda item].

3.4 Joint Targeted Area Inspection (JTAI) action plan

The JTAI action plan is focused on five key areas for improvement:

1. Communication with and involvement of all partners in meetings and in decisions about next steps to help children.
2. Increased staffing capacity to allow the consistent involvement of health practitioners across the spectrum of early help services.
3. Consideration and analysis of children's ethnic identity, cultural heritage and diverse needs in referrals, assessments, and plans.
4. Timeliness of early help assessments and plans.
5. The quality and effectiveness of the LSP's multi-agency audits.

The plan will be submitted by 23 June 2023. The Delivery Board will likely request the use of Healthy City Plan Grant monies to support the delivery of the plan priorities; precise proposals will be developed.

3.5 Starting Well Performance Dashboard

See separate agenda item on Healthy City Plan performance dashboard.

There was discussion on a number of performance indicators, including breastfeeding (see above) and healthy child weight. There was agreement to undertake some focused work outside of the Delivery Board on healthy child weight, reflecting that we need to do more and quickly, starting with reviewing the data to understand where the issues are and how we can take a targeted approach, for example, how clusters of foster carers through the Mockingbird programme could play a greater role in the healthy weight agenda. There are evidence based programmes, such as the HENRY, that are working well in other areas with parents and carers to support healthy lifestyles. The Delivery Board would like to explore all opportunities and will start to progress the work with the Healthy Weight Alliance. This will be discussed further at the next meeting.

3.6 Prevention Workstream Update

The Delivery Board received a report on the prevention work in targeted youth services. Sunderland's three-year Youth Justice Plan 2021-24 put prevention as a key activity for the service and the report details the current initiatives in the Youth Offending Service (YOS) and some brief information on how the service is starting to embed a more preventative approach in the Youth Drug and Alcohol Project (YDAP). The report described the various initiatives and highlighted emerging themes, issues and best practice.

There are a number of exciting initiatives that, whilst in their early stages, show promising signs of having a positive impact. It has also proved beneficial having a number of schemes being implemented together since there can be cross over between them. For example, young people seen by staff during Safer Transport sessions have been picked up through Divert or Turnaround and the young people have recognised the workers which helps promote engagement. The challenge with all of the initiatives is in collecting data and evidencing positive outcomes for the young people.

3.7 Update from DFE workshop: Children missing from education/Elective home education (EHE)

Together for Children participated in a voluntary workshop on children missing in education and elective home educated children (EHEC). In the last year there has been a 50% increase in EHEC, we need to understand why this is happening in Sunderland. In the last 12 months there has only been 2 school attendance orders in Sunderland across a school age population of 37,000. Anecdotally, many EHEC parents say school was not meeting the needs of their child, especially children with SEND and mental health issues. There was acknowledgement that we need to be supporting parents and carers to make the best decision for their child, whether they remain in statutory education or EHEC.

3.8 Forward plan

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

3.9 Key issues

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

A children and young people's JSNA is under development, it will assess current and future needs and inform future commissioning. From this work it is

hoped the Board will have a greater understanding of what it is like to be a child or young person in Sunderland and how services can support their needs.

4.0 Update from the Living Well Delivery Board – met 10 May 2023

4.1 Low carbon and healthy activity

The Delivery Board received a presentation in May 2022 on the low carbon agenda, this meeting provided an update on this hugely ambitious agenda where we are seeking to be carbon neutral as a council by 2030 and as a city by 2040. The bulk of our current emissions as a city are domestic (37%) and transport (33%). There are seven strategic priorities, the first being about our behaviour which underpins the other strategic priorities:

- SP1 - Our behaviour
- SP2 - Policies and operational practices
- SP3 - An energy efficient build environment
- SP4 - Renewable energy generation and storage
- SP5 - Low carbon and active travel
- SP6 - Green economy
- SP7 - Consumption and waste.

The potential impact of behaviour change on achieving the city-wide carbon target is significant. Active travel choices, sustainable food, green spaces, air quality, fuel poverty and associated health outcomes are linked themes across Low Carbon and Health and Wellbeing agendas. The presentation outlined a selection of key actions in the Low Carbon Action Plan which are aligned with living well objectives, for example, the recent Good Food Summit and commitment to establish a Sunderland Food Partnership; embedding carbon reduction considerations in the Integrated Impact Assessment Tool and Community Wealth Building Charter; a number of schemes supporting low income households to improve energy efficiency; adoption of the Local Cycling and Walking Infrastructure Plan that enables investment into scheme delivery; Active Travel Fund cycleway schemes; city-wide EV infrastructure and roadmap; and the water refill scheme.

There was a broad discussion on this agenda item, recognising the significant synergy between low carbon and health priorities. The order we do things influences behaviours, such as incorporating cycle lanes and EV charging points into new housing estates from the outset. The Integrated Impact Assessment process may be useful to support this and there are opportunities to make further links to the social prescribing agenda. There was acknowledgement of a retrofit training skills shortage to bring homes up to standard that will be explored further between the local authority, College and providers. The learning from the work on health literacy is transferrable to low carbon literacy, with the opportunity to work with STSFT to explore how communications can be made as simple and relevant as possible for people. In addition, there are opportunities to align communications and engagement with the work on physical activity, considering how these different agendas can be brought together.

4.2 Adult Mental Health Strategy

The Adult Mental Health Strategy for Sunderland was approved in June 2021. The strategy has an outcomes dashboard that takes into account key outcomes from the All Together Better Outcomes Framework, nationally published data sources and data extracted from local data sources. The dashboard focuses on six key outcomes:

- More people with better mental health
- Fewer people who suffer from avoidable harm
- Increased recovery for more people with mental health problems
- A positive experience of care and support
- Fewer people who experience stigma and discrimination
- Better physical health in those people with mental health problems.

A number of key indicators have been impacted by the COVID-19 pandemic either through direct impact on the patients or in terms of the data submissions. Due to data availability at a national level, the full impact of pandemic is not yet visible in the outcomes but for some, it is clear that the impact is significant at a local, regional and national level.

The prevalence of depression, anxiety, dementia, substance misuse and severe mental health continue to increase, further work needs to be undertaken to understand why. It must be noted however that the registered population has increased by 1.8% over the past 18 months which will impact on the number of patients recorded on these registers within general practice. Access to Talking Therapies (previously Improving Access to Psychological Therapies (IAPT)) remains lower than the Long Term Plan expectation for Sunderland but this is consistent with the regional and national position. The number of health checks carried out in general practices for those who have a serious mental health condition has increased significantly for 2022/23 and remains strong comparatively.

Discussion took place with regards to triaging people in Sunderland to ensure they are accessing the most appropriate therapies. In terms of dashboard development, there are some quality aspects to be addressed and ensuring we can evidence equitable approaches will be incorporated into the dashboard. Membership of the Delivery Board provides an opportunity to involve a broad range of partners in the delivery of the Adult Mental Health Strategy, from physical health to skills, employment and other social determinants. An update on the delivery of the strategy will be brought to a future meeting.

4.3 Supporting people into employment: Recovery Connections – Individual Placement Support

Recovery Connections is referred to as Sunderland Employment Connections in the city. Individual Placement Support (IPS) is available to anyone who is in structured substance misuse recovery treatment, no one is excluded from

the service. Employment is used as part of the recovery process. The approach is a proven success with people being 50% more likely to gain work. The focus is on paid employment from the offset, with targeted support for the individual, seeking to ensure individual preferences and sustainable job goals. Benefits advice is provided. The individual's recovery is always the priority, with zero exclusions. Participants can access in work support for up to four months, this may involve a regular call, or perhaps engagement with employers to make reasonable adjustments.

Since the service was launched in November 2022 there have been 65 referrals: 42 active, 25 people participating in IPS, 12 job starts (all still in employment) and 35 interviews arranged. Employer engagement in Sunderland has been very positive. The feedback from participants indicates the programme helps to counteract their nerves and address stigma. The IPS programme has filled a gap, providing the support to build individuals' confidence, have positive job outcomes and liaise with the employer when needed.

The Delivery Board welcomed the opportunity to hear such positive stories, hearing how this model has been so effective in supporting people back into employment. Employers on the Delivery Board were invited to share their details if they could be part of the programme. Whilst the IPS Steering Group is led by OHID and is specific to substance misuse there are opportunities for local collaboration with the mental health IPS through the ATB Programme 2.

4.4 Healthy City Plan (HCP) Grant proposals

The Delivery Board considered a request for Healthy City Plan Grant (see section 7 of this report). The request for funding was supported by the Delivery Board.

4.5 Living Well Performance Dashboard

See separate agenda item on Healthy City Plan performance dashboard.

4.6 Forward Plan

The Delivery Board has a detailed forward plan. Proposed agenda items for the next meeting include: Director of Public Health Annual Report; Sunderland Reducing Inequalities Delivery Group, including ICS health inequalities funding, social prescribing and MECC strategic approach; Joint Strategic Needs Assessment (JSNA) annual refresh; Suicide Prevention Action Plan and HCP Grant progress updates.

4.7 Research bid

At the last meeting it was agreed the Board would provide a letter of support to the Health and Care Research (NIHR) for a Health Determinants Research Collaborative (HDRC). The Expression of Interest from Sunderland was successful and we have been invited to submit a detailed proposal (Stage 2 of

the application process) by 26 July 2023. The aim of the HDRC is to develop local capacity for research on wider determinants of health and health inequalities. If successful, the HDRC contract will provide funding of up to £5 million over 5 years.

4.8 Key issues

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

5.0 Update from the Ageing Well Delivery Board – met 16 May 2023

5.1 Better Care Fund

A presentation was made to the Delivery Board - see separate agenda item.

The five metrics for 2023/24 were discussed, including the new falls metric.

Metric	Detail
Admissions to residential care homes	Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
Avoidable admissions to hospital	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
Falls *New*	Emergency Hospital Admissions due to falls in people over 65.
Discharge to usual place of residence	Improving the proportion of people discharged home, based on data on discharge to their usual place of residence.
Reablement/rehabilitation	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

The Delivery Board started to explore how it could be influencing the Better Care Fund (BCF) narrative for the next two-year funding period. For example, as we seek to reduce the number of people who are in residential care, particularly the elderly and those with long-term conditions, the Delivery Board could play a role in reimagining what care should look like in future including what sort of homes and technology we need to support independent living.

The importance of keeping people out of acute environments for as long as possible was discussed, recognising the physical, psychological and functional decline challenges associated with deconditioning. Whilst a high impact change model is being developed by Public Health Consultants in the Council and Foundation Trust a shared system leadership approach is essential, including engagement beyond key BCF partners.

The Delivery Board recognised the associated cultural issues and the need for workforce training and capacity building to support people with their health and social care needs in a much more person-centred way at scale. It was

proposed that the Delivery Board develop some vignettes on how people may wish to live their lives in the future, including housing and leisure.

5.2 Update on the strength and balance programme and We'ar shining a light

The strength and balance programme is operating in the five areas of the city, focusing on the 50+ years population. There has been positive feedback from participants on improving fitness. Exit strategies for participants have been discussed with the providers, with the intention of making sure people are signposted to the broad offer of activities that are available in the city. It was acknowledged that the pricing point of activities needs to be right to achieve lasting active participation and impact.

"We'ar shining a light" was launched in April 2023, there are now eighteen community reporters who are all passionate about sharing stories of ageing well. All of the reporters have been trained in writing, photography, getting peoples stories and the associated evidence.

In addition, the city now has 130 Ageing Well Ambassadors who are a fabulous source of intelligence and a great group to engage to get older people's insights.

5.3 Falls Prevention Strategy

See separate agenda item.

5.4 Ageing Well Performance Dashboard

See separate agenda item on Healthy City Plan performance dashboard.

Discussion took place on developing a broader set of indicators to complement the high-level performance dashboard. The broader indicator set could include older peoples' insights from the Residents Survey, annual carers customer survey, what it is like to grow old in the city and associated inequalities. These additional indicators will help to build up a picture of ageing well in the city and can be monitored over time.

As part of the financial wellbeing project there are many conversations taking place with older people in community settings to understand challenges and aspirations. These insights, along with the broader set of indicators can be brought to a future meeting. In addition, there is opportunity to gain broader insights by asking additional questions.

5.5 Priorities discussion

Initial discussion reflected on our Healthy City Plan 'key areas for improvement' of developing age friendly neighbourhoods, age friendly services and promoting age equality, and what more we can be doing to influence age friendly considerations. Some of the challenges discussed

related to ensuring the voices of disabled people and older people in the planning of inclusive physical environments. Sunderland Older People's Council will be undertaking an audit of the city centre later in the summer, the findings of which can be shared with the Delivery Board.

There is opportunity for the Delivery Board to influence broader priorities, including what is in the future City Plan. In addition, where we already have Healthy City Plan priorities the Delivery Board may wish to shine a light on how these priorities are being addressed for older people and carers, for example, fair employment and good work for all and alcohol harms. Given healthy life expectancy is only 56 years and there are high levels of economic inactivity, staying well and staying healthy for longer is incredibly important.

The Delivery Board will be invited to share their views via a survey on current and future priorities for ageing well.

5.6 Cost of Living Crisis – use of warm spaces

An update was provided on the engagement work that has taken place with communities in the Warm Spaces (January to March 2023) to gain insights of lived experiences. On average twice as many women have been attending the facilities compared to men, with predominantly older people attending (55+ years). The main reason for attending the facilities has been to connect with others and socialise. Word of mouth has been important for advertising and for disseminating information and advice. The spaces are proving to be a great way to get messages out, people are more likely to read information and ask further questions from someone they trust in the community setting.

How we refer to social prescribing in the city is changing to “Links for Life Sunderland”, as will the nature of the spaces as they increasingly become welcoming and vibrant spaces for the communities they serve. The council and wider partners have an enabling role to play, but the offer needs to be perceived to be community driven. Discussion took place with regards to not over professionalising the venues, people are going there to socialise, we shouldn't force things on them, the venues need to be seen as a community resource.

The plan is to develop a consistent approach to community engagement across the council. At present the Council's Housing and Community Resilience Service is reviewing its communications with residents to ensure what is communicated is clear, can be understood by the majority of people and has been considered from a cost-of-living perspective.

Work is progressing between Gentoo and the Council's housing service to provide a comprehensive and coordinated range of activities in a collaborative way, including supporting people through the cost-of-living crisis. As the work progresses the detail will be shared with the Delivery Board.

5.7 Forward Plan

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

5.8 Key issues

- How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, reducing the need for residential care, addressing digital exclusion and raising awareness of the early intervention and prevention opportunities across the city that support ageing well.
- Ensuring we use all available data to identify frailty to target support.
- Working in partnership to try and mitigate the impacts of the cost-of-living crisis on older people.

6.0 Health and Wellbeing Board Development Sessions

- 6.1 For the purposes of public record the Health and Wellbeing Board hasn't held development sessions since the last assurance report. A development session is planned for August to discuss the proposed final ICS Joint 5 Year Forward Plan prior to its publication.

7.0 Healthy City Plan Grant

Background

- 7.1 Health and Wellbeing Board members will recall that there is £1.75m grant available to support the delivery of the Healthy City Plan. [£50k of this resource has been earmarked for behavioural insights work, health equity audits and other activity to inform the key priorities and work streams within the Healthy City Plan].
- 7.2 All proposals for the Healthy City Plan Grant must seek the support of the relevant Delivery Board prior to submitting the Application Request Form.
- 7.3 The following criteria are applied when considering approvals of proposed activity:
- activity aiming to deliver the largest sustainable gains against performance indicators set out in the Healthy City Plan;
 - activity targeted at those communities facing the highest levels of deprivation or health inequality across the city; and
 - activity targeted at population groups most impacted during the COVID-19 pandemic from a health and wellbeing perspective.
- 7.4 Activity should also support the Healthy City Plan's shared values and behaviours, these being:

- **Focusing on prevention** – helping people to stay healthy, happy and independent
- **Tackling health inequalities** – challenging and taking action to address the inequalities and social determinants of health
- **Equity** – ensuring fairness in access to services dependent on need
- **Building on community assets** – recognising individual and community strengths that can be built upon to support good health and independence
- **Working collaboratively** – everyone playing their part, sharing responsibility and working alongside communities and individuals
- **Being led by intelligence** – using data and intelligence to shape responses.

Governance

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

Grant awarded projects

- 7.8 Since the last assurance update one further project has been approved Healthy City Plan Grant: Defibrillation and Community First Responders. Below is an overview of all the projects that have been approved funding, some subject to additional conditions.

Starting Well Projects

Approved	Project Name	Project Summary	Amount Approved
February 2023	PlayZones	<p>The design, build and activation plan of five PlayZones across the city.</p> <p>The initial pilot location has been identified within Southwick ward. The remaining four locations are yet to be determined but will</p>	£200,000

		focus on specific wards with the intention to have a PlayZone in each locality of the city.	
February 2023	Thompson Park Interactive Play	Purchase, installation and ongoing maintenance for 5 years of interactive play equipment at Thompson Park.	£55,527
	TOTAL		£255,527

Living Well Projects

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

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

Ageing Well Projects

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

		issues that matter to them (e.g. isolation, mental health, memory).	
	TOTAL		£219,900

*Funding subject to additional conditions

7.9 A total of £1,068,465 of the grant has been awarded to date. The remaining grant allocation to be awarded is **£631,535**.

8.0 Recommendations

8.1 The Health and Wellbeing Board is recommended to:

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

SUNDERLAND HEALTH AND WELLBEING BOARD

22 June 2023

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Manager - Policy, Sunderland City Council

1.0 Purpose of the Report

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

2.0 Background

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

3.0 The forward plan

- 3.1 The forward plan is attached as appendix one. The plan is not fixed for the whole year and may be changed at any time, with items being added or removed as circumstances change and to suit the Board's needs.
- 3.2 Members of the Board are encouraged to put forward items for future meeting agenda's either at Board meetings or by contacting the Council's Senior Policy Manager.

4.0 Recommendation

- 4.1 The Health and Wellbeing Board is recommended to receive the forward plan for information.

Sunderland Health and Wellbeing Board – Forward Plan

(Note: subject to change. Last updated 7.6.23)

<p style="text-align: center;">22 JUNE 2023</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • Sunderland Ageing Well Ambassadors Annual Report • Sunderland Place Plan and NENC Joint Forward Plan • Better Care Fund • Briefing on the 2023 Hewitt review of ICSs • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance, including update on Healthy City Plan Grant 	<p style="text-align: center;">28 SEPTEMBER 2023</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • Falls Strategy for Sunderland (2023-2026) • JSNA refresh • Health Protection Assurance • Winter planning and winter vaccinations • SSAB Annual Report • Sunderland Health Watch Annual Report • Director of Public Health Annual Report • Path to Excellence (TBC) • Sunderland Place Plan highlight report, including Better Care Fund • Delivery Boards Assurance, including update on Healthy City Plan Grant
<p style="text-align: center;">7 DECEMBER 2023</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • SSCP Annual Report • Healthy City Plan – 6 monthly performance report • Sunderland Healthwatch update • ICS draft Joint Forward Plan • Sunderland Place Plan highlight report, including Better Care Fund (section 75 agreement sign off) • Delivery Boards Assurance, including update on Healthy City Plan Grant 	<p style="text-align: center;">14 MARCH 2024</p> <p>Public Meeting</p> <ul style="list-style-type: none"> • Improving access in General Practice • Sunderland Healthwatch update • ICS final Joint Forward Plan • Sunderland Place Plan highlight report • Delivery Boards Assurance, including update on Healthy City Plan Grant and Healthy City Plan Implementation Plan
<p>Additional key dates to note for future Board meetings: Pharmaceutical needs assessment (PNA) – In place until July 2025 Joint Forward Plan (draft in December / final in March / any updates) Improving access in General Practice (previous update March 2023)</p> <p>Potential development sessions: Place joint governance arrangements and what tools are appropriate to provide assurance on respective duties, including the PSED. Social prescribing Behavioural insights Health literacy</p>	

