Sunderland Healthy City Plan
2020 – 2030

(Published March 2021)
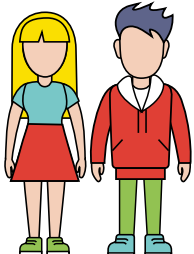
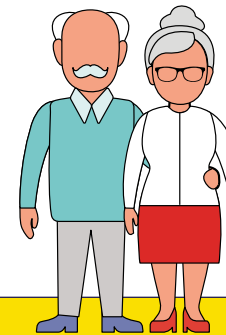# CONTENTS

OUR PLAN

Our vision: Everyone in Sunderland will have healthy, happy lives, with no one left behind		
Starting Well Laying the foundations for a healthy life from pre-conception to young adulthood	**Living Well** Ensuring people have the opportunity to live a healthy life	**Ageing Well** Ensuring people have the opportunity to live a healthy old age
Our priorities		
• Give every child the best start in life • Enable all children, young people and families to maximise their capabilities and have control over their lives	• Create fair employment and good work for all • Ensure a healthy standard of living for all • Create and develop healthy and sustainable places and communities • Strengthen the role and impact of prevention	• Strengthen the role and impact of prevention for older people
We will have		
• High quality services for all children and families, with targeted additional support to proportionately meet different families' needs • Reduced inequalities from birth, through to reduced inequalities in school readiness and educational attainment • All young people with the knowledge and tools to make healthy choices	• Increased fairness, with reduced health inequalities across the life course through a relentless focus on the causes of the causes of poor health • Tackled barriers to good health and wellbeing and reduced the scale and impact of alcohol harms, tobacco and unhealthy weight throughout the life course • More employers supporting employee health and wellbeing, including more real living wage employers • More vulnerable people entering and sustaining employment	• Tackled barriers to good health and wellbeing for older people and reduced the scale and impact of preventable disease, injury and dependence • Overcome recruitment challenges in the health and social care sector • Age friendly communities and age friendly services

Starting Well Laying the foundations for a healthy life from pre-conception to young adulthood	**Living Well** Ensuring people have the opportunity to live a healthy life	**Ageing Well** Ensuring people have the opportunity to live a healthy old age
Key outcome measures will include		
⬇ smoking at the time of delivery ⬆ breastfeeding continuation ⬇ school readiness gap, between children eligible for free school meals (FSM) and non-FSM ⬇ childhood obesity rates ⬆ young people's emotional health and wellbeing ⬇ teenage pregnancy ⬇ young smokers ⬇ hospital admissions for alcohol specific conditions ⬆ young people progressing into sustainable education, employment or training	⬆ healthy life expectancy ⬇ children aged under 16 in low income families ⬇ households that experience fuel poverty ⬇ the inequality gap narrowed, specifically for tobacco, obesity, physical activity, unhealthy nutrition and alcohol harms ⬆ people aged 16-64 in employment ⬇ employment gap between the population and for people with long term health conditions, those accessing secondary mental health services or have a learning disability	⬇ rates of social isolation ⬆ emotional health and wellbeing across the life course ⬇ emergency hospital admissions due to falls ⬇ mortality rate from causes considered preventable
Our shared values and behaviours		
• **Focusing on prevention** – helping people to stay healthy, happy and independent • **Tackling health inequalities** – challenging and taking action to address inequalities and the social determinants of health • **Equity** – ensuring fair 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		

OUR PLAN

ACKNOWLEDGEMENT

| City Plan priorities contributing to a healthy place	
Vibrant Smart City	**Dynamic Smart City**
We will have	
• More resilient people • More people feeling safe in their homes and neighbourhoods • More residents participating in their communities • More people visiting Sunderland and more residents informing and participating in cultural events, programmes and activities • Cleaner and more attractive city and neighbourhoods	• A lower carbon city with greater digital connectivity for all • More and better jobs • More local people with better qualifications and skills • A stronger city centre with more businesses, housing and cultural opportunities • More and better housing • A city with great transport and travel links
Key outcome measures will include	
• More resilient and resourceful families able to respond to challenges and achieve the best possible outcomes for their children • More people enjoy independent lives • Launch a new domestic abuse services model • Households maximising their income and having improved financial wellbeing • More opportunities for volunteering and social action • Improved community wealth, including increasing connections and participation within communities and drawing on existing assets All communities feeling safe and being able to access and benefit from cleaner and more attractive city and neighbourhoods	• More employers paying the real living wage • More local people benefitting from a stronger local economy • More and better housing, to meet the current and future needs of all residents • More people walking and cycling as a means of travel • Better walking and cycling routes linking communities • Better transport links • Key housing sites delivered

Councillor Dr Geoff Walker
Chair of Sunderland Health and Wellbeing Board
May 2019 - January 2021

FOREWORD

The Healthy City Plan is our refreshed Joint Health and Wellbeing Strategy, informed by insight and intelligence gained through our Joint Strategic Needs Assessment. It supports the delivery of the City Plan and its vision "By 2030, Sunderland will be a connected, international city with opportunities for all", addressing the interlinked challenges that exist between good health and other key issues in the city.

Although great developments are underway in the city, this Healthy City Plan was finalised during unprecedented times locally, nationally and globally. We already recognised that good health is fundamental to residents fulfilling their potential, that social inequalities result in health inequalities, and that Sunderland faces challenges in terms of economic deprivation. However, the Covid-19 pandemic crystallised the importance of these issues as it shone a spotlight on the impact of poverty and inequality on health outcomes. As this plan is agreed, the full impact of the virus and the scale of the associated economic shock is yet to be fully realised; but we know the impacts have fallen heavier on those already experiencing inequality. The importance of the response to and recovery from the pandemic cannot be overstated when working to reduce health inequalities. This Healthy City Plan is aligned with our Covid-19 Health Inequalities Strategy, which in turn recognises that our City Plan ambitions to create a dynamic, healthy and vibrant smart city will have a significant impact on the issues, or the social determinants, that influence good health.

Our approach focuses on tackling the social determinants, 'the causes of the causes' of poor health throughout the life course – starting well, living well, ageing well and addressing inequalities for key vulnerable populations. Sunderland has much to offer with great neighbourhoods, infrastructure and most importantly great people. Together, these assets can help to support good health, wellbeing and happiness but addressing health inequalities requires a whole system approach, so we must all make it part of our business.
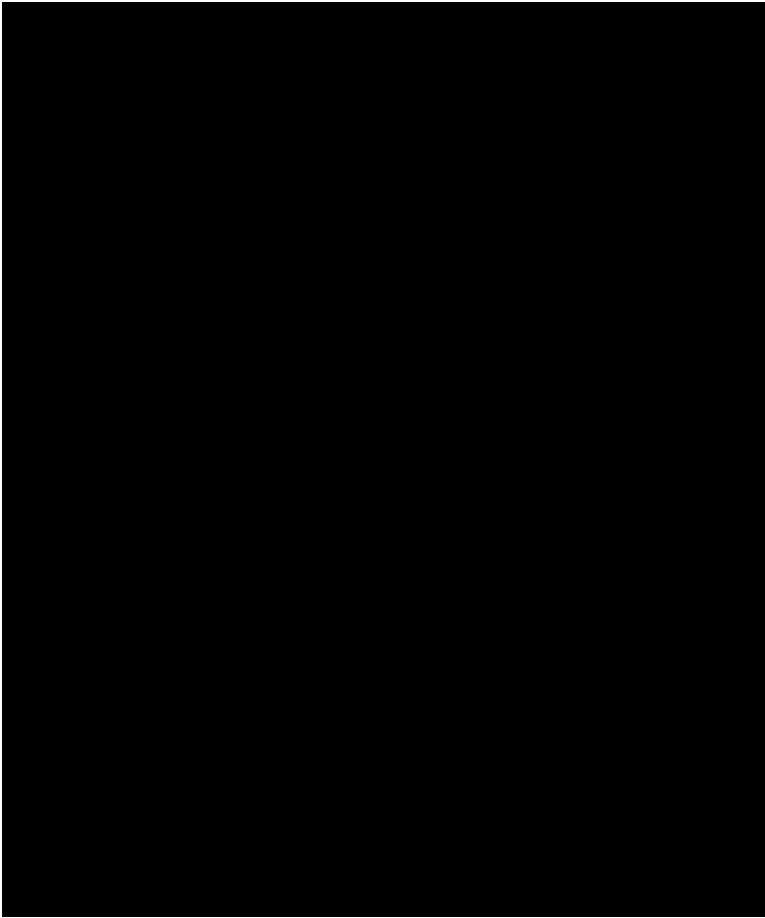
Councillor TBC
Chair of Sunderland Health and Wellbeing Board
Sunderland City Council Cabinet Member and Healthy City Portfolio Holder

Large public sector organisations, our 'anchor organisations', are well positioned to positively influence the social determinants of good health, for example, widening access to good jobs; using their purchasing and commissioning power to improve social value; leading carbon reduction; and as local partners working with others across the city. We will be adopting a 'health in all policies' approach which will promote collaboration across the public sector, help us all to consider the health implications of the work we do and the decisions we make and ultimately, influence the social determinants of health to reduce health inequalities.

A relentless focus on 'the causes of the causes' of poor health will increase fairness and reduce health inequalities across the life course. Together we have a real opportunity to build back fairer and make a difference to the health and wellbeing of everyone in our city. In this plan we set out a case for change, where the responsibility for the health and wellbeing of our residents goes beyond the health and social care system, with all organisations in the city playing a role in preventing ill health and supporting all our residents to help themselves to be healthy. In turn, residents' engagement in the five ways to wellbeing and access to healthier lifestyles will bring mutual benefits in communities, enhanced health and happiness and a reduction of health inequalities.

We have already had some successes that provide good foundations for our health ambitions. However, we must now scale up and accelerate change and improvement for the decade ahead if we are to make long-lasting health improvements, particularly as Covid-19 has both shone a light on and increased health inequalities. Our Board is committed to leading this change and harnessing the wealth of assets that exists across the city and within neighbourhoods to support people to have resilience and live healthy and happy lives, with no one left behind.

Vice Chair of Sunderland Health and Wellbeing Board
Executive GP and Clinical Chair Sunderland Clinical Commissioning Group

Our 2030 vision for health and wellbeing
in Sunderland is:

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

The following shared values and behaviours will guide our approach:

- **Focusing on prevention** – helping people to stay healthy, happy and independent
- **Tackling health inequalities** – challenging and taking action to address inequalities and the social determinants of health
- **Equity** – ensuring fair 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

OUR UNDERSTANDING OF WHAT MAKES US HEALTHY AND HAPPY

Good health is determined by a complex interaction between individual characteristics, behaviours and the physical, social and economic environment. Here we explore the relationship between social determinants and health inequalities; the impact of healthy behaviours on our health; and key factors for health and happiness.

What makes us healthy and happy?

15% Health and social care	**Services aimed at preventing and treating illness and help with day-to-day living due to illness or disability**	
40% Healthy Behaviours	**What we eat and drink** **Whether we are physically active** **Whether we smoke and how much** **Whether we use drugs or misuse alcohol** **Sexual behaviour**	
45% Social determinants	**Circumstances in which we are born** **Where we live and our physical environment** **What we got from our education** **Whether we are employed and what our income is** **Being safe and secure** **Having positive relationships**	

(McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) The case for more active policy attention to health promotion. Health Affairs 21 (2) pp.78-93)

Social determinants and health inequalities

Social determinants have the greatest impact on our physical and mental health. These are the core elements into which we are born, how we grow up, where we live and the homes we live in, if and where we work and how much money we have to spend. Poverty and social inequalities are major drivers of poor health, with significant social inequalities remaining both between Sunderland and the rest of the country and within the city itself; we are likely to see an increase in the numbers of people experiencing social inequalities in the city in light of Covid-19.

Health inequalities are documented between population groups across at least four overlapping dimensions. Action on health inequalities requires equity - access to services dependent on need and preferences to improve the lives of those with the worst health outcomes, fastest.

Equality and diversity
e.g., age, sex, race, religion, sexual orientation, disability, pregnancy and maternity

Socio-economic/ deprivation
e.g., unemployed, low income, deprivation

Geography
e.g., urban, rural
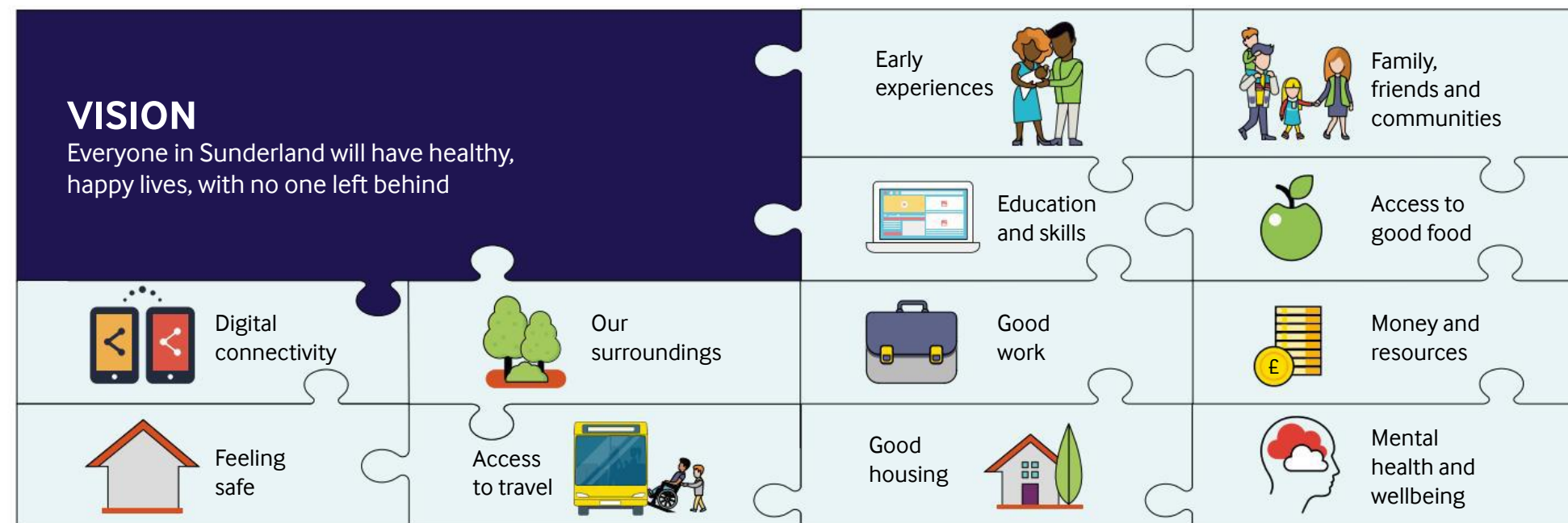
Inclusion health and vulnerable groups
e.g., homeless people, gypsy, roma and travellers, sex workers, vulnerable migrants, people leaving prison

Access to Healthy Behaviours

Our own behaviours also play a major role in how healthy we are. We can all take some responsibility for looking after our own health, such as not smoking or drinking too much alcohol, eating a healthy diet and regularly exercising. Unfortunately, because of health inequalities many people don't have the same opportunities to be as healthy as others; unhealthy behaviours are correlated with social determinants in people's lives. Poor health behaviours are often thought of as the causes of illness, poor mental health and an ageing population with more years in poor health. Although poor health behaviours do cause ill health, social determinants are often the causes of these poor health behaviours – the causes of the causes. The infographic on the following page demonstrates how a person's opportunity for health and happiness is influenced by factors outside of the health and social care system.

Key factors for health and happiness

In reflecting on the six Marmot objectives we consider the following factors to be key to taking a preventative approach to improving health and happiness and reducing health inequalities.

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

- Early experiences
- Family, friends and communities
- Education and skills
- Access to good food
- Digital connectivity
- Our surroundings
- Good work
- Money and resources
- Feeling safe
- Access to travel
- Good housing
- Mental health and wellbeing

The Sunderland population

60,600 residents are aged 0-19 **(22%)**

Almost **124,400** houses in Sunderland

60% owner occupied   **13%** privately rented

54,800 residents are aged 65+ (20%)

277,700 people live in Sunderland

56.5 years is the healthy life expectancy for women

8.5 years difference in life expectancy between the most and least deprived women

57.9 years is the healthy life expectancy for men

11.5 years difference in life expectancy between the most and least deprived men

70% of 16-24 year olds are in employment and **21%** of households are workless

62,900 **(23%)** residents live in the 10% most deprived areas in the country. **27%** of 0-15 year olds live in these areas.

20,000 Sunderland University students

Key health challenges in Sunderland

Summary points:

- Our key health challenges are informed by our Joint Strategic Needs Assessment (JSNA)
- Social determinants and poverty set a pattern of poor lifestyle behaviours that compound poor health
- We must take a preventative approach to poor health and tackle the social determinants, whilst supporting people to have positive behaviours

Our 'Walk through the key life course challenges in Sunderland' is informed by our Joint Strategic Needs Assessment. By following a life course journey of Starting Well, Living Well and Ageing Well it is easy to see where the key health challenges are for the city. Many of these health challenges are compounded by the overlapping dimensions of health inequalities, resulting in some significant variations in life chances within the city.

Sadly, the social determinants of health and poverty set a pattern of lifestyle behaviours that increase the risk of and compound ill health - and this accumulates across the life course.
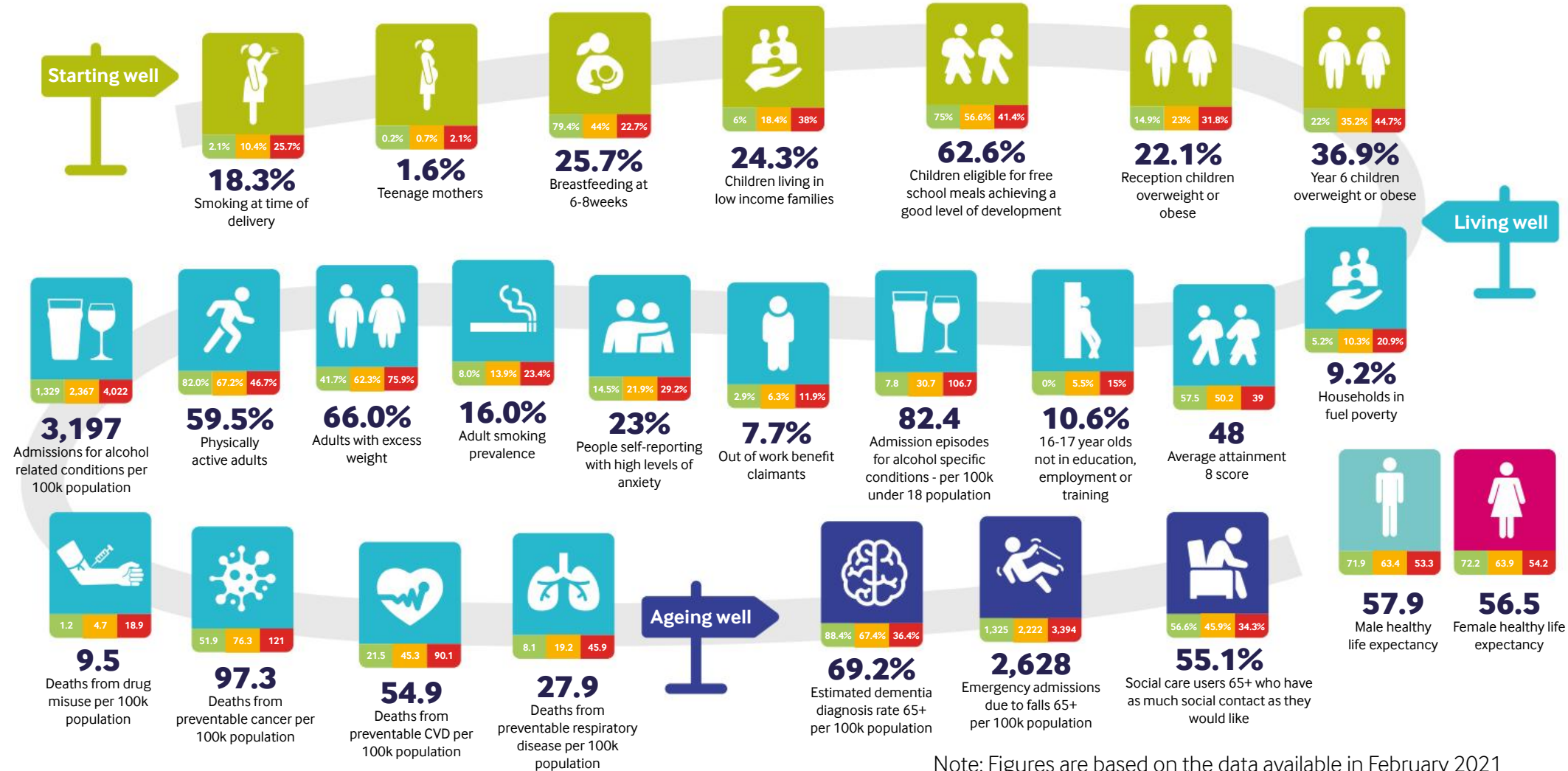
## Walk through the life course challenges in Sunderland

Starting well

2.1% 10.4% 25.7%	0.2% 0.7% 2.1%	79.4% 44% 22.7%	6% 18.4% 38%	75% 56.6% 41.4%	14.9% 23% 31.8%	22% 35.2% 44.7%	
18.3% Smoking at time of delivery	**1.6%** Teenage mothers	**25.7%** Breastfeeding at 6-8weeks	**24.3%** Children living in low income families	**62.6%** Children eligible for free school meals achieving a good level of development	**22.1%** Reception children overweight or obese	**36.9%** Year 6 children overweight or obese	

Living well

1,329 2,367 4,022	82.0% 67.2% 46.7%	41.7% 62.3% 75.9%	8.0% 13.9% 23.4%	14.5% 21.9% 29.2%	2.9% 6.3% 11.9%	7.8 30.7 106.7	0% 5.5% 15%	57.5 50.2 39	5.2% 10.3% 20.9%
3,197 Admissions for alcohol related conditions per 100k population	**59.5%** Physically active adults	**66.0%** Adults with excess weight	**16.0%** Adult smoking prevalence	**23%** People self-reporting with high levels of anxiety	**7.7%** Out of work benefit claimants	**82.4** Admission episodes for alcohol specific conditions - per 100k under 18 population	**10.6%** 16-17 year olds not in education, employment or training	**48** Average attainment 8 score	**9.2%** Households in fuel poverty

Ageing well

1.2 4.7 18.9	51.9 76.3 121	21.5 45.3 90.1	8.1 19.2 45.9	88.4% 67.4% 36.4%	1,325 2,222 3,394	56.6% 45.9% 34.3%	71.9 63.4 53.3	72.2 63.9 54.2
9.5 Deaths from drug misuse per 100k population	**97.3** Deaths from preventable cancer per 100k population	**54.9** Deaths from preventable CVD per 100k population	**27.9** Deaths from preventable respiratory disease per 100k population	**69.2%** Estimated dementia diagnosis rate 65+ per 100k population	**2,628** Emergency admissions due to falls 65+ per 100k population	**55.1%** Social care users 65+ who have as much social contact as they would like	**57.9** Male healthy life expectancy	**56.5** Female healthy life expectancy

Note: Figures are based on the data available in February 2021
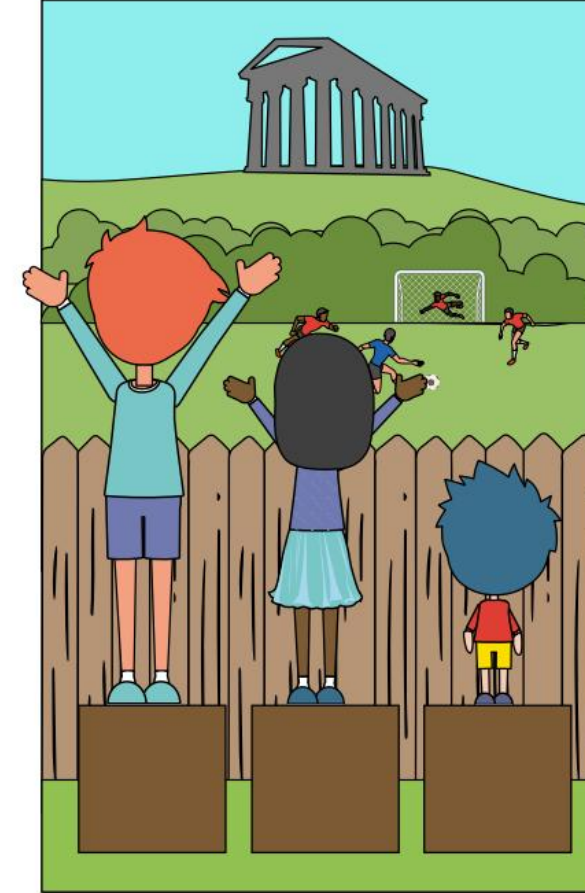
OUR APPROACH

Summary points:

- We will adopt a life course approach to reducing health inequalities and preventing poor health
- Starting well is essential for enabling future generations to be healthy
- A whole system approach to understanding health inequalities and their causes is needed
- Our City Plan will have the greatest impact on people's lives in relation to social determinants of health
- Encouraging activity that builds on our assets and supports resilience and mental wellbeing is important
- We will build on the city's assets — our people, our neighbourhoods, our infrastructure
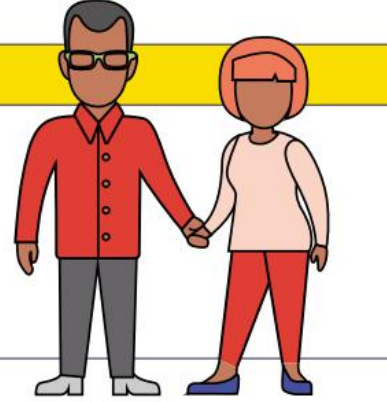
We believe the most effective way to achieve our ambitions is to focus on a life course approach, recognising people of all ages can be affected by poor health and wellbeing and the social determinants of health. In adopting a life course approach we have applied the six policy objectives set out in the 'Marmot Review: Fair Society, Healthy Lives' (2010) and subsequent 'Health Equity in England: the Marmot Review' (2020) and 'Build back Fairer: The Covid-19 Marmot Review' (2020), as a framework to help deliver our vision where Everyone in Sunderland will have healthy, happy lives, with no one left behind. The six Marmot objectives are:

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

We strive to be a 'Marmot City' and are fully committed to these six policy objectives. We are determined to address inequalities; we know this will be challenging because of the complexity of peoples' lives, but this is something we should aspire to. To achieve our ambition we need everyone to play their part. Real success will come from us working together with our communities to build on all our assets and maximise what we already have in place. We will encourage equitable place-based approaches that are directed and influenced by peoples' needs. This is different to equality of treatment, where everyone receives the same support.
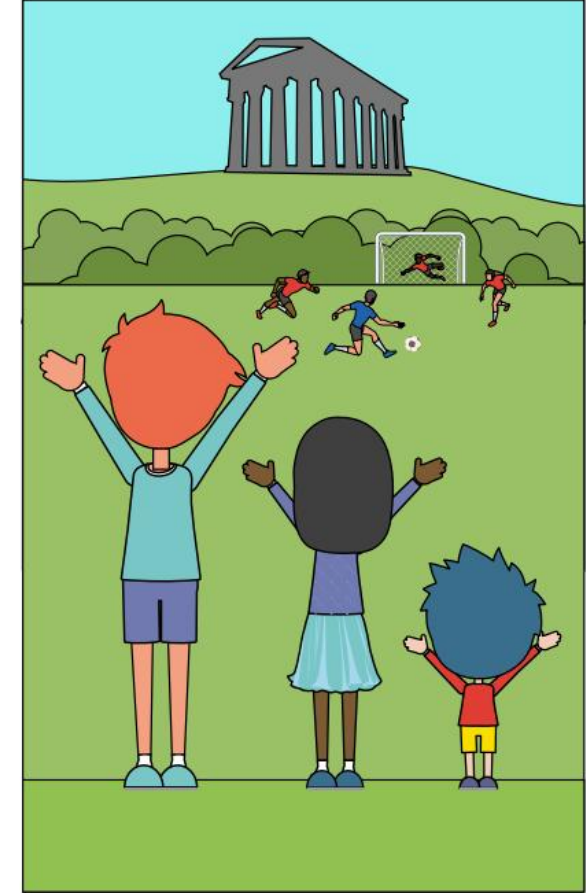

Equality
everyone has received
the same support
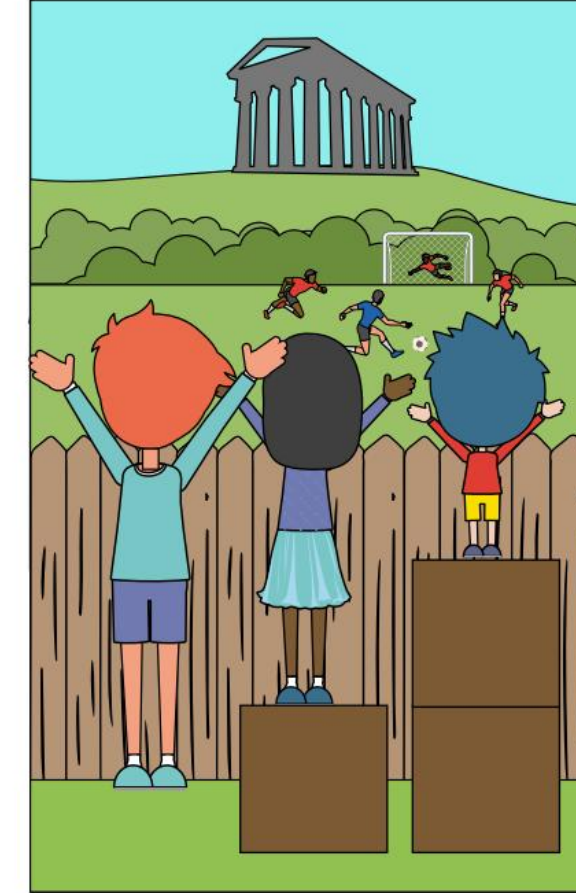
Equity
the support has been
tailored to need

Inequality addressed
systemic barriers removed

OUR APPROACH

Inequalities and Prevention Framework

Action to reduce health inequalities must start before birth and be followed through the life of the child, ensuring equity in access to services dependent on need and preferences. Only by reducing early disadvantage can we create a fairer city and improve outcomes throughout life. Starting well begins in the family context, so we also recognise the importance of improving the lives and health of people who are already working age and beyond. More than ever before we need services and activities that promote the health, wellbeing and independence of older people and, in so doing, prevent or delay the need for more intensive or institutional care. Such approaches will make a significant contribution to ameliorating health inequalities.

Our framework opposite sets out our approach for reducing health inequalities and preventing poor health. It demonstrates our desire to have a much greater focus on understanding particular inequalities for different groups of people, and putting protective measures in place early in the life course to address inequalities to help people maintain or improve their health before it is compromised. This will take a whole system approach to better understand health inequalities, their causes and identify collective action. This contrasts with the traditional role of the health and social care system which focuses on treatment of poor health once it has already materialised. A preventative life course approach involves addressing the social determinants of health but can also include promoting positive behavioural choices and encouraging activity that supports resilience and mental wellbeing. Often multiple actions are needed to address any single issue.

Framework for reducing health inequalities and preventing poor health

STARTING WELL

LIVING WELL

AGEING WELL
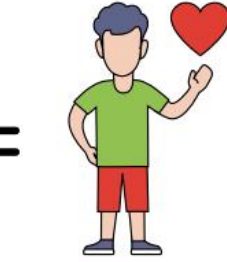
Reduce social inequalities and have the best start in life + Improve living conditions + Improve mental wellbeing and resilience + Reduce risky behaviours = Reduced metabolic risks, disease, injury and dependence = People living longer, healthier lives

UPSTREAM PREVENTION

DOWNSTREAM INTERVENTION

Anchor organisations taking action upstream to address the causes of health inequalities

Building on our assets to support improvement

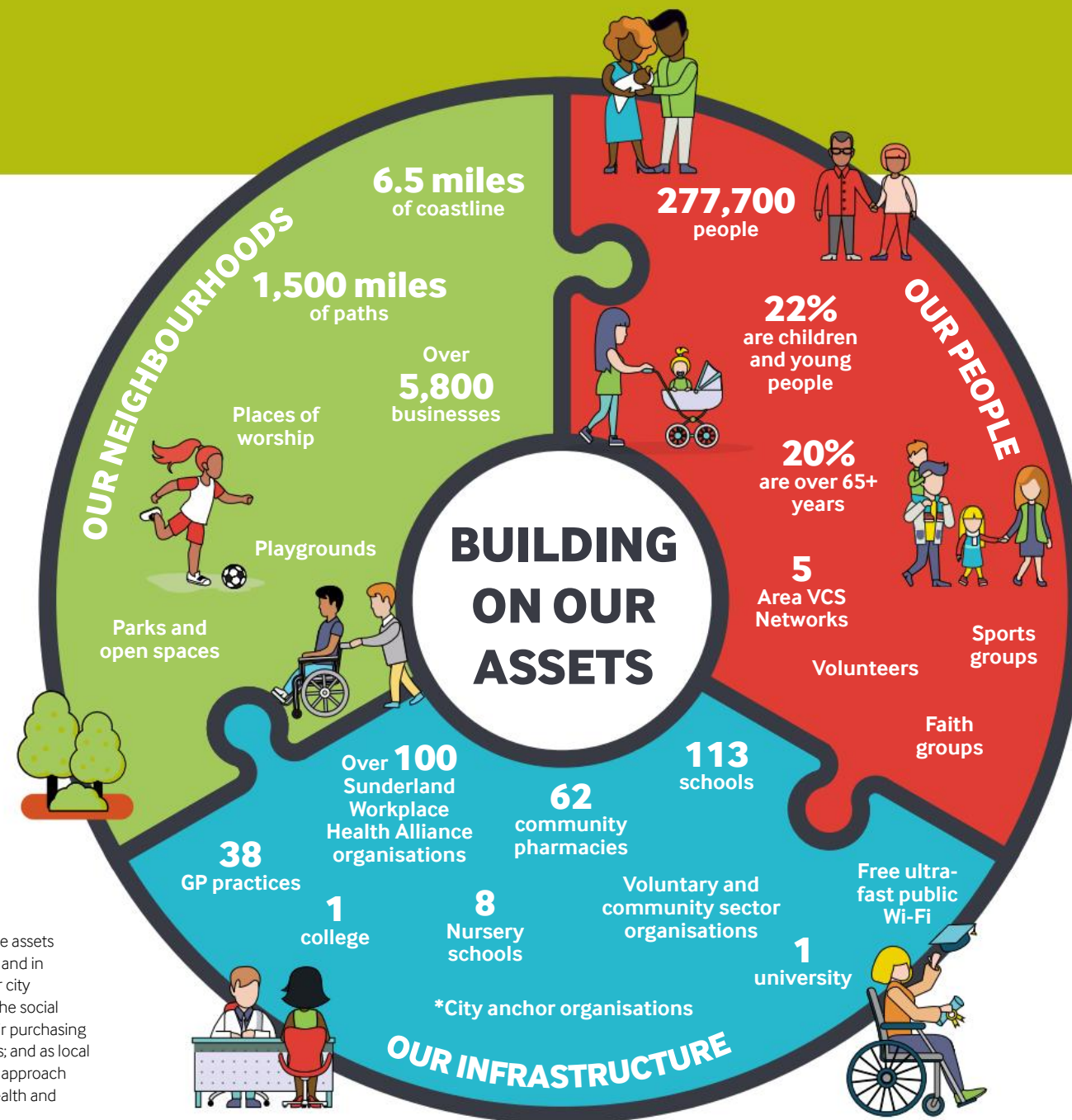We have many assets in Sunderland that can support and protect health, some of these are set out here.

All these assets can contribute to positive health, but it is our people that are our greatest asset, holding a wealth of skills, knowledge and passion to bring about positive change within their communities. The importance of colleagues, friends, neighbours and communities supporting one another cannot be underestimated in the pursuit of a healthy city.

*Anchor organisations refers to large, public sector organisations with sizeable assets that could be used to support community wealth building and development, and in doing so, advance the welfare of local people. The size, scale and reach of our city anchor organisations means they are well positioned to positively influence the social determinants of health, for example, widening access to good jobs; using their purchasing and commissioning power to improve social value; leading carbon reductions; and as local partners working with others across the city. Through a "health in all policies" approach we can help different sectors of different organisations to understand that health and inequalities is everyone's business.

BUILDING ON OUR ASSETS

OUR NEIGHBOURHOODS
- 6.5 miles of coastline
- 1,500 miles of paths
- Over 5,800 businesses
- Places of worship
- Playgrounds
- Parks and open spaces

OUR PEOPLE
- 277,700 people
- 22% are children and young people
- 20% are over 65+ years
- 5 Area VCS Networks
- Sports groups
- Volunteers
- Faith groups

OUR INFRASTRUCTURE
- Over 100 Sunderland Workplace Health Alliance organisations
- 62 community pharmacies
- 113 schools
- 38 GP practices
- 1 college
- 8 Nursery schools
- Voluntary and community sector organisations
- Free ultra-fast public Wi-Fi
- 1 university
- *City anchor organisations

OUR GOVERNANCE

Our work is set in the context of our City Plan with its ambitions to create a Dynamic, Healthy and Vibrant Smart City. We recognise that the interaction between these three themes will have a great impact on people's lives in relation to the social determinants of health. The partnership City Board has reviewed the City Plan to ensure it is responding to the impacts of the pandemic, in both the short and long term. We recognise that all the City Plan themes have an inextricable link to the Healthy City Plan vision.

The Health and Wellbeing Board will have strategic oversight of the Healthy City Plan, and will provide assurance to the City Board on progress being made to deliver the Healthy City Plan.

Three delivery boards will be established to oversee the delivery of the Healthy City Plan: starting, living and ageing well. Between the three delivery boards they will have oversight of the six Marmot objectives and Healthy City Plan workstreams, of which there are currently eight. The delivery boards will provide challenge and support to reducing health inequalities and addressing the social determinants of health.

All of our City Plan ambitions will contribute to a Healthy City. By 2030 we will have:

A Dynamic Smart City

A Vibrant Smart City

A Healthy Smart City

Reduced health inequalities enabling more people to live healthier longer lives

A stronger city centre with more businesses, housing and cultural opportunities

Cleaner and more attractive city and neighbourhoods

More residents informing and participating in cultural events, programmes and activities

More residents participating in their communities

More people feeling safe in their homes and neighbourhoods

Access to equitable opportunities and life chances

More local people with better qualifications and skills

More and better housing

More and better jobs

Cleaner and more attractive city and neighbourhoods

More resilient people

More people visiting Sunderland

A lower carbon city with greater digital connectivity for all

A city with great transport and travel links

People enjoying independent lives

BUSINESS

SCHOOL

CINEMA

BUSINESS

MUSEUM

LIBRARY

FAMILY SUPPORT CENTRE

NURSING HOME

UNIVERSITY

HOSPITAL

PHARMACY
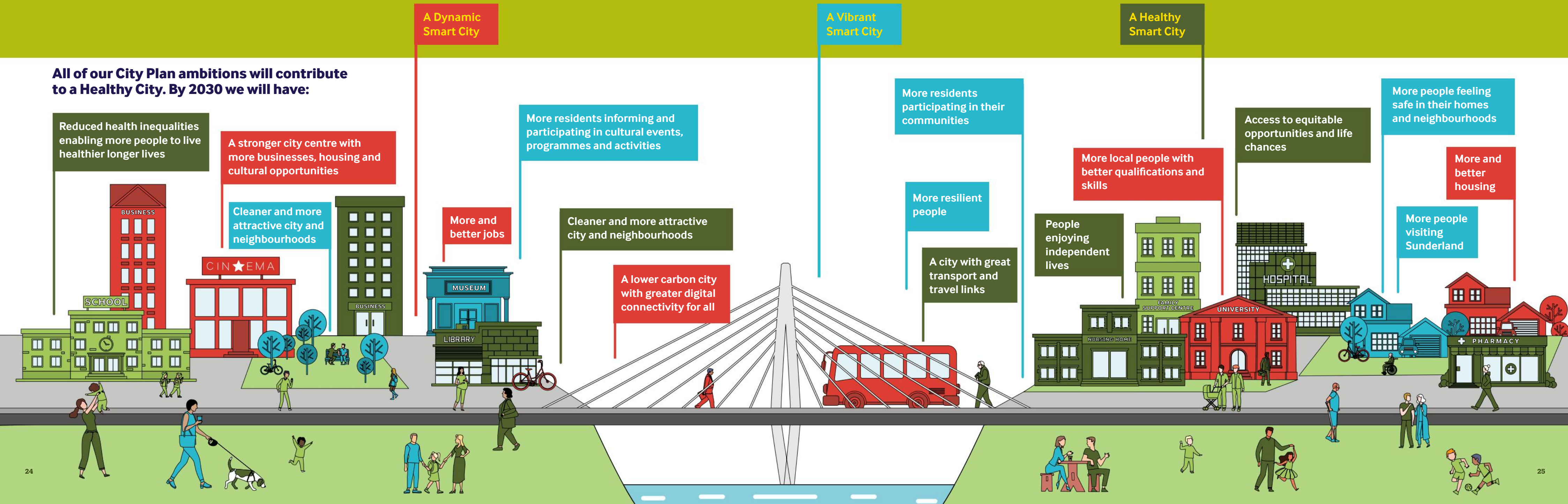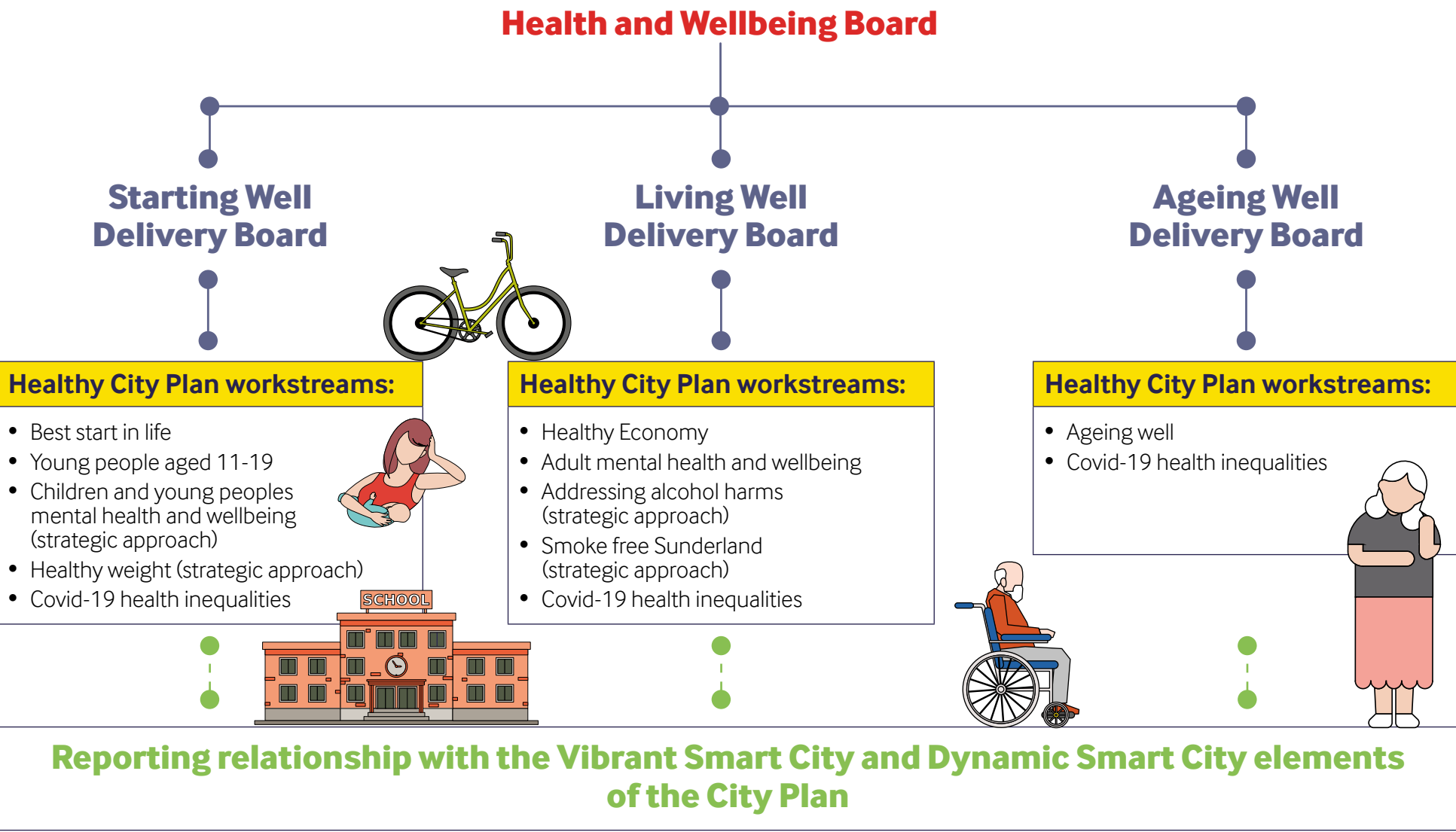
OUR GOVERNANCE

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 through the Vibrant Smart City and Dynamic Smart City elements of the City Plan are maximising opportunities to reduce health inequalities and address the social determinants of health. There will be a relationship from such activity into the delivery boards, allowing a two-way relationship . The delivery boards will take a 'health in all policies' approach in the planning, implementation and evaluation of activity that contributes to health and wellbeing. The three delivery boards will also have oversight of the appropriate elements of the Sunderland Covid-19 Health Inequalities Strategy. The boards will ensure we take every opportunity to mitigate the impact that Covid-19 has had on our communities.

These governance arrangements will sit alongside the wider Health and Wellbeing Board governance arrangements, namely the Health Protection Board and emerging place-based integration arrangements.

Health and Wellbeing Board

Starting Well Delivery Board

Healthy City Plan workstreams:

- Best start in life
- Young people aged 11-19
- Children and young peoples mental health and wellbeing (strategic approach)
- Healthy weight (strategic approach)
- Covid-19 health inequalities

Living Well Delivery Board

Healthy City Plan workstreams:

- Healthy Economy
- Adult mental health and wellbeing
- Addressing alcohol harms (strategic approach)
- Smoke free Sunderland (strategic approach)
- Covid-19 health inequalities

Ageing Well Delivery Board

Healthy City Plan workstreams:

- Ageing well
- Covid-19 health inequalities

Reporting relationship with the Vibrant Smart City and Dynamic Smart City elements of the City Plan
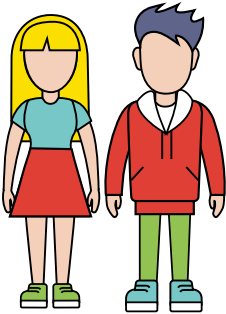
OUR PERFORMANCE FRAMEWORK

The following performance indicator dashboard with up-to-date figures at February 2021, will be used to help the Health and Wellbeing Board and its delivery boards monitor progress and understand the impact of the Covid-19 pandemic on health. The Health and Wellbeing Board in consultation with the people of Sunderland will set ambitious targets. Further performance measures to improve the workstreams of the Healthy City Plan sit behind this overarching framework. Performance data, including the detail for each priority, will be updated periodically and published on the council's website.

| PERFORMANCE INDICATOR DASHBOARD				
INDICATOR	PERIOD	SUNDERLAND	REGION	ENGLAND
Male healthy life expectancy at birth	2016-18	57.9	59.4	63.4
Female healthy life expectancy at birth	2016-18	56.5	59.7	63.9
Male life expectancy at birth	2017-19	77.0	78.0	79.8
Female life expectancy at birth	2017-19	81.4	81.8	83.4
Inequality in life expectancy at birth (male)	2017-19	11.0	12.2	9.4
Inequality in life expectancy at birth (female)	2017-19	8.7	9.7	7.6
STARTING WELL				
Smoking status of mothers at time of delivery	2019/20	18.3%	15.2%	10.4%
Breastfeeding continuation - prevalence at 6-8 weeks after giving birth (current method)	2019/20	25.7%	34.4%	44.0%
Children eligible for free school meals achieving a good level of development at the end of Reception	2018/19	62.6%	57.7%	56.5%
Proportion of children aged 4-5 years (end of Reception) classified as overweight or obese	2019/20	22.1%	24.8%	23.0%
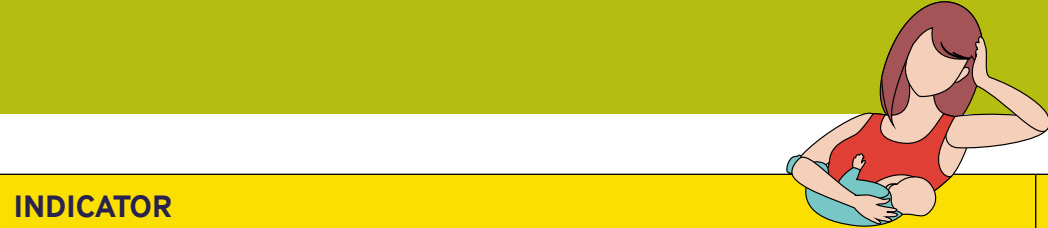
INDICATOR	PERIOD	SUNDERLAND	REGION	ENGLAND
STARTING WELL				
Year 6 prevalence of overweight (including obesity)	2019/20	36.9%	37.5%	35.2%
Hospital admissions for alcohol specific conditions in under 18s (per 100k population)	17/18-19/20	82.4	55.4	30.7
Proportion of children in low income families aged under 16	2018/19	24.0%	23.8%	18.4%
Teenage pregnancy (under 18 conception rate) per 1,000 of the under 18 population	2018	29.0	24.9	16.7
Hospital admissions for mental health conditions in under 18 year olds (per 100k population)	2018/19	183.3	105.7	88.3
% of school pupils with social, emotional and mental health needs (School age)	2018	3.08%	2.77%	2.39%
Proportion of 16/17 year olds not in education, employment or training (NEET)	2019	10.6%	5.9%	5.5%

OUR PERFORMANCE FRAMEWORK

INDICATOR	PERIOD	SUNDERLAND	REGION	ENGLAND
LIVING WELL				
Proportion of the population aged 16-64 qualified to at least NVQ Level 4 or higher	2019	27.4%	31.9%	33.0%
Admission episodes for alcohol-related conditions (Broad measure) per 100k population	2018/19	3197	2927	2367
Prevalence of smoking among persons aged 18 and over	2019	16.0%	15.3%	13.9%
Smoking prevalence in routine and manual workers	2019	25.7%	24.3%	23.2%
Percentage of adults aged 18 and over classified as overweight or obese	2018/19	66.0%	64.9%	62.3%
Proportion of people aged 16 and over with a high anxiety score according to a self-reported wellbeing indicator	2019/20	23.0%	23.6%	21.9%
Percentage of people aged 16-64 in employment	2019/20	70.3%	71.1%	76.2%
Percentage of out of work benefit claimants (% is number of claimants as a proportion of resident population of area aged 16-64)	Dec-20	7.7%	7.1%	6.3%

INDICATOR	PERIOD	SUNDERLAND	REGION	ENGLAND
LIVING WELL				
Gap in employment between those with a long-term health condition and the overall employment rate	2019/20	15.3%	14.2%	10.6%
Gap in employment between those in secondary mental health services and the overall employment rate	2019/20	61.2%	61.1%	67.2%
Gap in employment between those with a learning disability and the overall employment rate	2019/20	66.7%	66.0%	70.6%
Percentage of households that experience fuel poverty	2018	9.2%	9.5%	10.3%
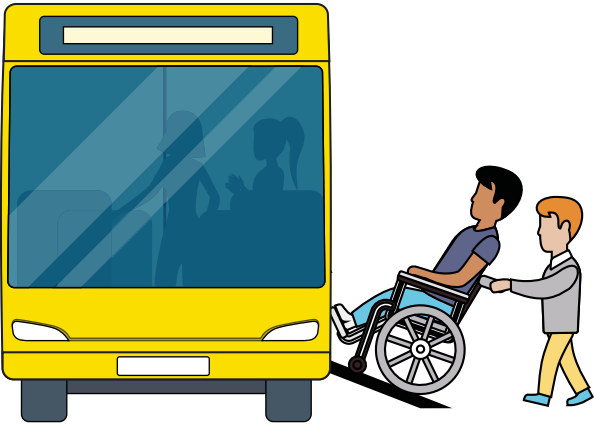
OUR PERFORMANCE FRAMEWORK

INDICATOR	PERIOD	SUNDERLAND	REGION	ENGLAND
AGEING WELL				
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2019/20	55.1	49.9	45.9
Emergency hospital admissions due to falls in people aged 65 and over	2019/20	2628	2412	2222
Mortality rate from causes considered preventable per 100k population	2016-18	232.6	223.9	180.8
Hip fractures in people aged 65 and over per 100k	2019/20	664	635	572
Estimated dementia diagnosis rate (aged 65 and over)	2020	69.2%	73.3%	67.4%
Excess winter deaths index (age 85+)	Aug 18 - Jul 19	16.3%	16.7%	18.2%