

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 13 December 2019 at 12.00pm

A buffet lunch will be available at the start of the meeting.

ITEM	PAGE
1. Apologies for Absence	
2. Declarations of Interest	
3. Minutes of the Meeting of the Board held on 20 September 2019 and Action Log (attached).	1
ITEMS FOR DECISION	
4. Tobacco Priority Update	17
Report of the Sunderland Smokefree Partnership (copy attached).	
5. Membership of the Health and Wellbeing Board	33
Report of the Chair of the Health and Wellbeing Board (copy attached).	
ITEMS FOR DISCUSSION	
6. Alcohol Harms Priority Update	35
Report of the Sunderland Alcohol Partnership (copy attached).	
7. Best Start in Life Priority Update	49
Report of the Best Start in Life Working Group (copy attached).	

For further information and assistance, please contact:

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8.	Director of Public Health's Annual Report 2019	63
	Report of the Director of Public Health (copy attached).	
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	Report of the Chief Officer, Sunderland CCG (copy attached).	
10.	Sunderland Safeguarding Children's Board (SSCB) Annual Report 2018/2019	69
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11.	Sunderland Safeguarding Adults Board (SSAB) Annual Report 2018/2019	101
	Report of the Independent Chair of the Sunderland Safeguarding Adults Board (copy attached).	
12.	Healthy Economy Priority Update	115
	Report of Ken Bremner, Chairman and Chief Executive of South Tyneside and Sunderland NHS Foundation Trust in behalf of the Healthy Economy Working Group (copy attached).	
13.	Shaping Sunderland's Future Together – Statement of Intent: Integrated Strategic Commissioning for 0-25 year olds in Sunderland	123
	Joint report of the Chief Officer, Sunderland CCG and the Chief Executive of Together for Children (copy attached).	
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	ITEMS FOR INFORMATION	
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16. Date and Time of the Next Meeting

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The Board is asked to note that the next meetings will take place on **Friday 20 March 2020** at **9.30am** in Committee Room 1, Sunderland Civic Centre.

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

ELAINE WAUGH
Assistant Director of Law and Governance

Civic Centre
Sunderland

5 December 2019

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 20 September 2019

MINUTES

Present:

Gillian Gibson (in the Chair)	-	Director of Public Health
Councillor Kelly Chequer	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Fiona Brown	-	Executive Director, Neighbourhoods
Dr John Dean	-	Healthwatch Sunderland
Dave Gallagher	-	Chief Officer, Sunderland CCG
Lisa Quinn	-	NTW NHS Foundation Trust
Professor Michael Young	-	University of Sunderland

In Attendance:

Ailsa Rutter	-	Director of Fresh
Karen Davison	-	Together for Children
Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Peter Sutton	-	South Tyneside and Sunderland Health Care Group
Penny Davison	-	Sunderland CCG
Helen Steadman	-	Sunderland CCG
Julie Parker-Walton	-	Public Health Specialist, Sunderland City Council
Jane Hibberd	-	Senior Manager, Policy, Sunderland City Council
Jessica May	-	Senior Manager, Partnerships, Sunderland City Council
Nicola Appleby	-	Senior Policy Officer, Sunderland City Council
Yusuf Meah	-	Public Health Practitioner, Sunderland City Council
Chris Binding	-	Local Democracy Reporting Service
	-	
Gillian Kelly	-	Governance Services, Sunderland City Council

Gillian Gibson welcomed all those present to the meeting and particularly welcomed Professor Michael Young to his first meeting of the Health and Wellbeing Board.

Professor Young emphasised how important health programmes of study were for the university and that these made up 50% of all applications. The medical school had opened during this week and a donation had been received from Helen

McCardle Care to the nursing school which would enable a focus on nursing and care moving forward.

HW14. Apologies

Apologies for absence were received from Councillor Walker, Ken Bremner, Jill Colbert and Dr Ian Pattison.

HW15. Declarations of Interest

There were no declarations of interest.

HW16. Tobacco Priority Update

The Sunderland Smoke Free Partnership submitted a report providing an update on the Tobacco priority work being undertaken within the city.

Ailsa Rutter, Director of Fresh (Smoke Free North East) was in attendance to deliver a presentation. Ailsa gave an overview of the background to tobacco control, principles and intervention. North East smoking prevalence had reduced from 29% in 2005 to 16% in 2018 and the vision from North East health and wellbeing boards was to reduce this to 5% across the region by 2025. In Sunderland in 2008, adult smoking prevalence was 32.4% and it had reduced to 20.2% in 2018.

Smoking remained the leading cause of premature death in the city and for every death it was estimated that another 20 people were suffering from serious illnesses attributable to smoking. If the current rate of decline in smoking prevalence continued, it was possible that the 'Smokefree Generation' target would be reached. However, smoking-related inequalities were widening and it was unlikely that the Government's aim to reduce smoking in pregnancy to 6% by 2022 would be achieved.

The All Party Parliamentary Group on Smoking and Health had developed a report on 'Delivering the vision of a 'Smokefree Generation' which focused on what central Government could do to deliver the vision as an integral element in an effective national prevention strategy. There were a number of recommendations within the report including a mandatory levy on the tobacco industry to support costs of tobacco control measures and increase the age of sale of tobacco to 21.

Areas which had regional tobacco programmes had some of the biggest levels of decline in smoking rates and despite challenging local circumstances, local authorities had fought hard to maintain support for smokers. Now was a good opportunity to review local strategies in light of the NHS Long Term Plan, Integrated Care Systems and the Prevention Green Paper.

Ailsa stated that if 50% of smokers made an annual quit attempt then prevalence could be reduced to 5% by 2029. To achieve local prevalence reduction targets the

key actions would be: to increase the number of quit attempts; to increase the success of smokers' quit attempts and prevent relapse; and reduce uptake.

Yusuf Meah and Julie Parker-Walton went on to talk about the local challenges in relation to smoking and tobacco and asked Board members to identify any gaps or make suggestions.

Particular areas of challenge were in relation to routine and manual workers, young people and adults and smoking in pregnancy. There was a need to get more people into services as they were three times more likely to quit smoking if they were accessing support. An evidence based approach was used to approach work in the city and the CLear self-assessment tool had helped to identify key gaps. A first draft of a Sunderland Smoke Free Action Plan had been completed and the Board were asked to consider what was the ambition for smokers in Sunderland and how partners could support this.

Through the JSNA there was intelligence available on the position within the city and the assets available. The Annual Lifestyle Survey in 2017 also provided some of the information needed to address the challenge and there was data available on quit rates at ward level.

Examples of case studies across the country were provided, showing what each partner could do to contribute. Questions to be asked were: -

- What is being done to increase the number of quits?
- How can you make the most of professional relationships? and
- How integrated is the tobacco control strategy?

The Health and Wellbeing Board was asked to consider how it might influence the work being carried out in the city.

Councillor Farthing commented that in the past there had been an issue with children copying parents and that she understood that 'candy sticks' were still on sale. It was also highlighted that the largest displays at Newcastle Airport were for duty free tobacco. Councillor Farthing referred to illicit tobacco being on sale in areas with high smoking prevalence and whether there might be some joint sweeps carried out by Trading Standards and HMRC.

Ailsa stated that illicit tobacco sales were driven by the industry and there was new team in Trading Standards which would look at supply and demand; 10% of the overall North East market was illicit sales. The UK approach was one of the world's best and tax gaps were monitored on a yearly basis.

Councillor Farthing shared that the Youth Council had spoken about the availability of drugs in schools and tobacco reduction needed to be modelled against the alternatives which were available. The Youth Council and Change Council group of young people in care might be useful groups to talk to moving forward. Julie Parker-Walton advised that Young Inspectors were working with Trading Standards and the Alcohol Free Childhood campaign.

Professor Young asked about the scope of the work and if this included tobacco gateway activities such as vaping or cannabis use. Ailsa Rutter said that there was currently no evidence of vaping acting as a gateway and Fresh supported the position of Public Health England on this. Youth vaping rates were 1-2% and the majority of vapers were smokers who were trying to quit.

Julie Parker-Walton highlighted that the specialist stop smoking service would help people to quit vaping too and her view was one of the biggest things which could be done was to prevent adults from smoking around children.

Regarding manual workers, Councillor Farthing asked if Council workers had been targeted. Fiona Brown and Gillian Gibson said that this had been picked up and that the Workplace Health Alliance did look at this area.

The Board were asked to agree to the Tobacco Control Plan being finalised and brought back to the Board for approval and it was suggested that something should be arranged for all partners to sign up to the plan together. Gillian Gibson added that a Health and Wellbeing Board response to the Prevention Green Paper would be developed and circulated to Board Members. Individual organisations were also encouraged to respond to the consultation.

RESOLVED that the Sunderland Smoke Free Partnership be asked to finalise a tobacco control action plan, with associated outcome and process KPIs, and this be brought to the December Board meeting for approval.

HW17. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 21 June 2019 and the Action Log were agreed as a correct record.

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

HW18. Joint Strategic Needs Assessment (JSNA) 2019/2020

The Director of Public Health submitted a report providing the strategic level summary of the health needs across Sunderland and also delivered a presentation on working together to improve health.

Gillian Gibson advised that, when looking at the health of Sunderland, the reason that averages in the city were worse than the England average was due to health inequalities. The presentation looked at what made Sunderland different and what was preventable; one in five deaths were considered preventable and alcohol and tobacco cost services £200m a year.

Through the 2019/2020 assessment, the following high level challenges were identified: -

- Inequalities, both in relation to socio-economic position and protected characteristics
- Poverty and Worklessness
- Children and Young People
- Behavioural risk factors
- Prevention of chronic diseases
- Ageing population and chronic disease
- Mental wellbeing

These issues were being taken forward by working groups, with All Together Better (ATB) Sunderland and the A&E Delivery Board working on the ageing population and chronic disease and the Mental Health Board on mental wellbeing.

Councillor Farthing commented that the Health and Wellbeing Board had reminded ATB that children and well as older people needed to be considered and there was a need to be careful not to push back on this. Dave Gallagher noted that ATB were having discussions with Jill Colbert at the present time.

Fiona Brown highlighted that there was information available down to ward level and that the Step Up Sunderland app would help to look at physical inactivity. Councillor Farthing acknowledged the disparities within wards and said that local knowledge would help to drill down into issues.

Councillor Chequer referred to the partnership with Everyone Active and that access to leisure facilities was through them and was being underutilised. She also queried how Step Up Sunderland could be moved to the next stage.

Fiona Brown said that there was a need to understand what made people go into certain centres and not others, for example Hetton and Houghton were very well used. Julie added that in relation the identification of effective interventions, these needed to be analysed through different wards.

Having considered the report, it was: -

RESOLVED that: -

- (i) the findings of the strategic level summary of health needs be noted;
- (ii) these findings be taken into account when the commissioning plans of all partners were considered;
- (iii) these findings be taken into account when developing plans for the workstreams identified as Board priorities; and
- (iv) the findings be taken into account in the refresh of the Health and Wellbeing Strategy.

HW19. Future of the Children's Strategic Partnership

The Chief Officer of Sunderland Clinical Commissioning Group and the Chief Executive of Together for Children submitted a joint report asking the Board to consider the future of the Children's Strategic Partnership and how this aligned to the new priorities of the Health and Wellbeing Board.

The Children's Strategic Partnership had been established in response to the Ofsted inspection of 2015 which recommended that the local authority "work(ed) with the partners to ensure that there was a single, clear, up to date multi-agency strategic plan to shape services for children and young people in Sunderland and against which progress (could) be measured". This group then went on to develop the Children and Young People's Plan which identified six priorities and had an action plan to deliver on these priorities.

Dave Gallagher advised that some partnership mapping work had been carried out in relation to the 2018/2019 action plan and it was found that the majority of actions had been completed and where they had not, they were being taken forward by other groups. The one exception to this was the Voice of Children and Young People which it was proposed to be managed in other ways with the Health and Wellbeing Board being recommended to include a section on engagement with communities being provided as part of the update reports from each priority group. Efforts should also be made to ensure that children and young people were included in appropriate conferences and events.

Dave Gallagher stated that consideration had been given to whether this was the right time to disband the Children's Strategic Partnership and it was acknowledged that the partnership had made many positive changes for children and young people and had strengthened partnership working. However, it was recognised that officers needed to use their time effectively and not duplicate effort. Discussions had taken place with other local authorities which were graded good or outstanding for Children's Services and they had more streamlined arrangements with partners.

Councillor Farthing said that she was content that there were other bodies which would look at the issues in the action plan but noted that the Children's Strategic Partnership had pulled things together and moved progress on. She did have concerns that some partners were slow in picking up early help matters. Karen Davison agreed that prevention and early help had received a good push through the partnership and was unsure where that would come from now.

The Board RESOLVED that: -

- (i) it be agreed that the Children's Strategic Partnership be disbanded and any outstanding work picked up by the services and/or partnerships identified in Appendix 1 of the report;
- (ii) information be requested about engagement work carried out by each of its priority groups; and

- (iii) it be ensured that children and young people were invited to key city debating events, including the State of the City Debate on 29 October 2019 and the People's Powerhouse event on 19 November 2019.

HW20. Developing the Healthy City Plan in the context of the Integrated Care Partnerships and Systems and the Better Care Fund Agreement 2019/2020

The Chief Officer of Sunderland CCG and the Executive Director of Neighbourhoods at Sunderland City Council submitted a joint report providing an update on the progress so far in relation to the development of an Integrated Care System (ICS) and Integrated Care Partnerships (ICPs) in North Cumbria and the North East. The report also considered where the focus of the Sunderland Health and Wellbeing Board should be in relation to this and provided an update on the proposed arrangements for the Better Care Fund for 2019/2020 and how this aligned to All Together Better in Sunderland.

Dave Gallagher delivered a PowerPoint presentation and in doing so advised that ICS status had now been formally recognised by NHS England and Improvement (NHSE/I) and a Memorandum of Understanding would be issued setting out the responsibilities of the system. The ICS would provide a mechanism to build consensus on those issues which needed to be tackled at scale.

The development of the ICS and four ICPs within it would provide the background for the delivery of the NHS Long Term Plan and this would be set out within the ICS Five Year Strategic Plan. The focus was on improving health and the six key themes would be: -

- Population health and prevention
- Optimising health services
- Mental health
- Learning disabilities and autism
- Digital care
- Workforce

There would also be four individual ICP summary plans. Sunderland sat in the County Durham, South Tyneside and Sunderland ICP and the priorities for the ICP were: -

- Shorter planned waits for care, e.g. orthopaedics, cardiology
- Cancer treatment standards, e.g. Urology
- Urgent and emergency care, e.g. A&E waiting times
- Develop robust and sustainable services, e.g. dermatology, breast cancer services
- Priorities for operational efficiencies, e.g. same day emergency care.

Graham King went on to talk about the Better Care Fund (BCF) in the context of the emerging ICS and ICPs and the All Together Better Alliance (ATB). The Better Care

Fund was a programme across the NHS and local government which sought to joint up health and care services and the programme ambition was to see strong, sustainable local health and care systems.

The mandatory components of the Better Care Fund were a minimum NHS contribution of £23.706m, £3.574m Disabled Facilities Grant, £16.567m grant allocation for adult social care and £1.568m Winter Pressures grant funding. The total minimum Sunderland pot was £45.415m; there was an opportunity to add income and expenditure beyond that minimum with an overall pool potential of £226.712m.

The Better Care Fund was now aligned with All Together Better to streamline governance arrangements and have one programme of reform in the city. The proposal was for the BCF schemes to mirror programmes within ATB. There were four national metrics for the BCF, namely: -

- Delayed Transfer of Care
- Non-elective Hospital Admission
- Admissions to Residential Homes
- Effectiveness of Reablement Services

The draft template for the BCF was to be submitted by 24 September and this would be moderated and assured by 30 October. Approval letters would be issued on 18 November and S75 agreements should be signed and in place by 15 December 2019.

The Board were then provided with an update on the progress of ATB. The operational plan was now in place and the CCG Governing Body had set out its expectations of ATB. All partner organisations were committed to align system resource and capacity to support ATB priorities.

Key business cases for improvements in services had been improved, these included Dermatology, treatment rooms and wound care hubs and high intensity users. A range of other transformation projects were underway with business cases in development including social prescribing, pharmacy, podiatry and frailty.

ATB offered a fantastic opportunity to collaborate together to improve the overall health and wellbeing of the people of Sunderland and it was keen to develop a shared vision for an Integrated Neighbourhood Operating Model which would complement Primary Care Networks, Local Neighbourhood Plans, support Clinical Directors in their role and align health and social care services around neighbourhoods.

The Board therefore RESOLVED that: -

- (i) the progress within the ICP and ICS and their areas of focus in delivering the NHS Long Term Plan be noted;
- (ii) the development of a single cohesive plan for all health and social care in Sunderland as the Health City Plan be supported;

- (iii) the progress by All Together Better be noted;
- (iv) the alignment of the Better Care Fund and All Together Better be agreed;
- (v) the submission of the initial planning template for the Better Care Fund be agreed; and
- (vi) the development of a Section 75 agreement by December 2019 to underpin the BCF and meet national planning requirements be agreed.

HW21. The Path to Excellence

The Board received a presentation from Peter Sutton, Executive Director of Strategy and Business Development, South Tyneside and Sunderland Health Care Group, providing an update on the Path to Excellence.

In Phase 1 of the programme, changes to Acute Stroke Services were centralised permanently from February 2018 and this had resulted in significant improvements in care for patients in Sunderland and South Tyneside. The new maternity model had been implemented on 5 August 2019 and centralised high risk care in Sunderland with a midwifery led birthing centre at South Tyneside. There had been no significant issues with the new model and there had been excellent feedback from patients and staff.

The new paediatrics model was also implemented on 5 August which saw the paediatric emergency department at South Tyneside closing each evening at 10.00pm and reopening at 8.00am the next day. There had been no significant issues with this new model but it would continue to be monitored.

The last six months had been spent sharing the revised Phase 2 case for change including draft working ideas for potential changes to services. This was part of a period of enhanced pre-consultation engagement but was not a period of formal public consultation.

The hospital services involved in Phase 2 were: -

- emergency care and acute medicine
- emergency surgery and planned operations
- planned care and outpatients
- clinical support services

Public and patient engagement would continue throughout the autumn and winter to help shape the final scenarios which would be subject to future public consultation. A more detailed update on the scenario development process would be given to the Health and Wellbeing Board in December 2019.

Fiona Brown commented that improved performance was borne out by data but queried whether there were any softer measures such as patient view. Peter stated

that there was some fantastic information on timings in getting people back home so there was soft information supporting the outcomes. Peter also said that there were some positive measures in relation to maternity services which could be put out.

Councillor Farthing asked if there was any measure of people taking medication after they had a major health incident such as stroke or heart attack. Peter said that this was looked at as part of patient activation and patients were asked how likely they were to take advice and their medication.

RESOLVED that the progress of the Path to Excellence be noted.

HW22. Public Health Campaigns

The Director of Public Health submitted a report setting out information about confirmed public health campaigns which would take place during 2019/2020.

The Public Health England social marketing calendar for 2019/2020 was presented for the information of Board Members and the planned campaigns from Fresh and Balance were also set out within the report.

RESOLVED that the report be received for information.

HW23. Health and Wellbeing Forward Plan

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

The forward plan was not fixed for the year and could be changed at any time with items being added or removed as circumstances changed and to suit the Board's needs. Members of the Board were encouraged to put forward items for future meetings either at Board meetings or by contacting the Council's policy team.

RESOLVED that the Forward Plan be noted.

HW24. Dates and Time of Next Meetings

The Board noted the following schedule of meetings for 2019/2020: -

Friday 13 December 2019

Friday 20 March 2020

All meetings to start at 12noon.

(Signed) G GIBSON
In the Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
21/09/18				
HW26.	Implement all of the recommendations from the Membership and Governance Review and include these within the Action Log and Forward Plan (see Appendix)	All	Fully implemented by December 2019	Ongoing
18/01/19				
HW54/3.	Review of Health and Wellbeing Strategy	JH	December 2019 Revised dates on forward plan: March 2020 June 2020	Draft Healthy City Plan for consultation Healthy City Plan for approval
21/06/19				
HW5/2.	Six month update to be received on All Together Better	Philip Foster	December 2019	Complete – September 2019

20/09/19				
HW16.	Health and Wellbeing Board response to the Prevention Green Paper to be developed and circulated to Board Members	GG	December 2019	Complete – October 2019
HW21.	Update on the Path to Excellence scenario development process to be presented to be presented to the Board.	Peter Sutton (Patrick Garner and Liz Davies)	December 2019	Added to forward plan for March 2020, as still under development in December 2019.

GOVERNANCE REVIEW IMPLEMENTATION PLAN

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

				<p>HWBB Development session</p> <p>HWBB public meeting</p>	<p>Membership review incorporated into the forward plan, aligned with the development of the Healthy City Plan.</p> <p>February 2020</p> <p>March 2020</p>
3.1	<p>Establish working groups for the Board's current priorities of tobacco, alcohol and healthy economy.</p> <ul style="list-style-type: none"> • The HWBB agrees a Board lead for each priority • Each priority has named lead officers • The Board sets out clarity on the broad objectives of the working groups based on local/national targets as well as key outcomes to achieve • All Board member organisations provide high level representation to the working groups that will also draw upon a wider pool of key contributing organisations and patient/resident input 	<p>Gillian Gibson (Tobacco)</p> <p>Dave Gallagher (Alcohol)</p> <p>Ken Bremner (Healthy Economy)</p>	<p>Julie Parker-Walton and Trading Standards (Tobacco)</p> <p>Julie Parker-Walton and trading Standards (Alcohol)</p> <p>Jessica May, Andrew Perkin</p>	<p>Working Groups established by December 2018</p> <p>Proposed focus brought to the Board in January 2019</p> <p>Working Groups develop action plans within the first six months of their operation.</p>	<p>Working groups have been established and are providing updates to the HWBB.</p> <p>The four additional priorities that have been agreed by the Board in June 2019 have named Board leads and named Public Health Officer support.</p> <p>Work on each of the priorities is being led by the relevant Board lead. Reports are being brought</p>

	<ul style="list-style-type: none"> • The working groups set out their proposed focus, for discussion and agreement with the Board • The working groups develop action plans over the course of the first six months of their operation • The working groups report back to the Board with action plans, progress reports and performance information and outcomes. 		and Yusuf Meah (Healthy Economy)		<p>to the Board for discussion and approval.</p> <p>Close this action and incorporate priority updates into the HWBB forward plan.</p>
3.4	Review the Health and Social Care Integration Board status and purpose and report back to the November 2018 Health and Wellbeing Board with recommendations moving forward	Fiona Brown and Dave Gallagher	Graham King and Ian Holliday	November 2018 (Revised date March 2020)	<p>The future of the Integration Board will be reviewed in conjunction with the governance arrangements for the Better Care Fund.</p> <p>Close this action - a review of governance arrangements for integrated health and social care has been added to the forward plan: HWBB Development session (Feb 2020) and Board meeting (March 2020).</p>

HEALTH AND WELLBEING BOARD

13 December 2019

TOBACCO PRIORITY UPDATE

Report of the Sunderland Smokefree Partnership

1.0 Purpose of the Report

- 1.1 Tobacco is one of the Board's seven priorities.
- 1.2 The Sunderland Smokefree Partnership presented a Walk the Wall session to the Board in September 2019, where it was agreed the final tobacco control action plan would be submitted to the Board for approval.
- 1.3 This report sets out the eight key strands of work that will form the basis of action planning for 2019-2024, along with key performance indicators that will be used to measure progress on this priority, and a high-level action plan for the year ahead.

2.0 Background

- 2.1 Tobacco control is a complex issue and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners and stakeholders across the city.
- 2.2 Smoking remains the key driver of health inequalities with around half the difference in life expectancy between the most and least affluent groups due to smoking.
- 2.3 The Board endorsed the North East local authorities' ambition to reduce the adult smoking prevalence to 5% by 2025. Whilst a rate of 5% by 2025 may seem ambitious based on the 2019 prevalence, such a target will support 'Making Smoking History' and facilitate a collective approach to reduce tobacco related harm.
- 2.4 ASH (Action on Smoking and Health), in their 'Brief guide for local authority members and officers and their partners on Health and Wellbeing Boards', suggests an ambitious measurable target is reducing smoking prevalence to below 5% in all socio-economic groups by 2029.
- 2.5 In 2018, the Government published the new Tobacco Control Delivery Plan for 2017 to 2022, which set out the vision for tobacco control for England. The delivery plan includes actions to improve collaborative working for national agencies and provides leadership and direction for local tobacco control plans. The Sunderland Smokefree Partnership Action plan is aligned to this.

3.0 Local picture

- 3.1 Between 2014 and 2016 there were 1,868 deaths in persons aged 35 and over in Sunderland that were attributable to smoking; this gives a rate of smoking

attributable mortality that is 1.5 times the England rate. Over the same time period, smoking resulted in 8,964 years of life lost in Sunderland.

3.2 National Annual Population survey (APS) 2018

Adult Smoking prevalence - Considerable progress has been made over the last six years from 24.6% to 20.2%, however Sunderland is higher than the North-East Region (16.2%) and England (14.4%). Sunderland has approximately 45,000 people currently smoking.

Routine and manual workers – Considerable progress has been made over the last four years with a reduction from 33% to 28.5%, however Sunderland is higher than the England average of 25.4%.

Smoking at time of delivery (SATOD) - In 2018/19, 450 women in Sunderland were recorded as smokers at the time they gave birth; this equates to 17.5% of pregnant women compared to the England average of 10.6%. SATOD has seen a decrease in comparison to the previous years but remains the third highest regionally.

Gender difference - Male prevalence is higher than females, and there has not been any significant change in the past 5 years.

3.4 **Smokers at age 15** - According to the Sunderland Health Related Behaviour Survey, 11.6% of 15 years olds say that they smoke compared to 8.7% nationally. Of these, 8.9% say they smoke regularly and 2.7% smoke occasionally. Among 16 to 17-year olds this rises to 18.7% in Sunderland and 14.7% across England.

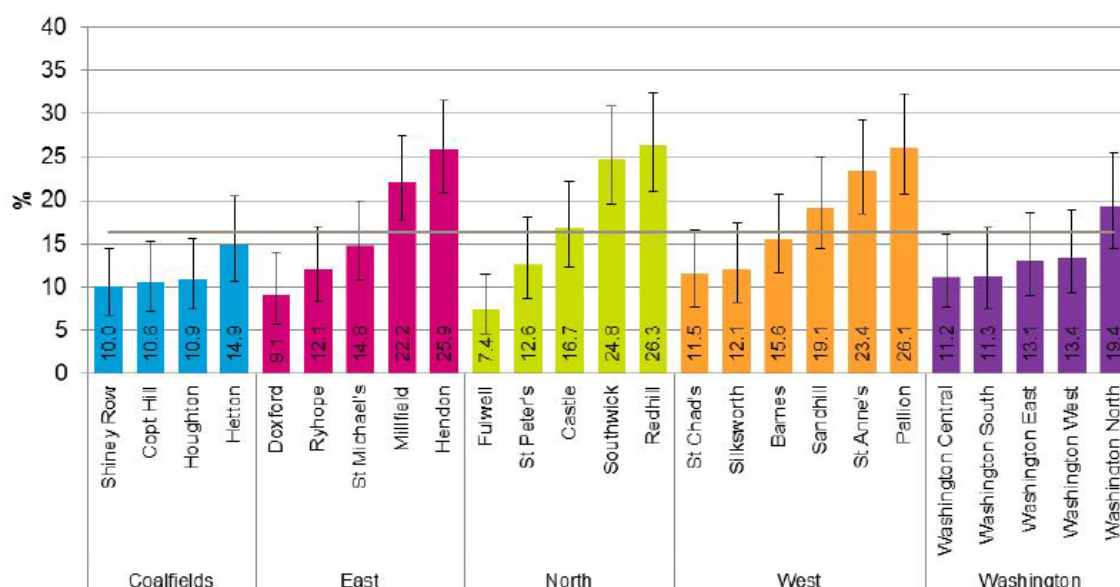
3.5 **Quit attempts** - The national expectation is that 5% of smokers should access local stop smoking services to set a quit date to stop smoking each year. This has been modelled against local figures (2246) to give a target of 187 people setting a quit date which is stretched to 218 per month

Currently in England only 30% of smokers make at least one quit attempt every year. At this rate it is estimated England will get to 5% smoking prevalence by 2043. If 50% of smokers made an annual quit attempt, England could get to 5% smoking prevalence by 2029.

3.6 **Number of smokers setting a quit date** – Based on the past 4 years, average conversion in Sunderland between those who set a quit date and those who successfully quit at 4 weeks is positive at approximately 50%. This is above national performance which stands at 42%.

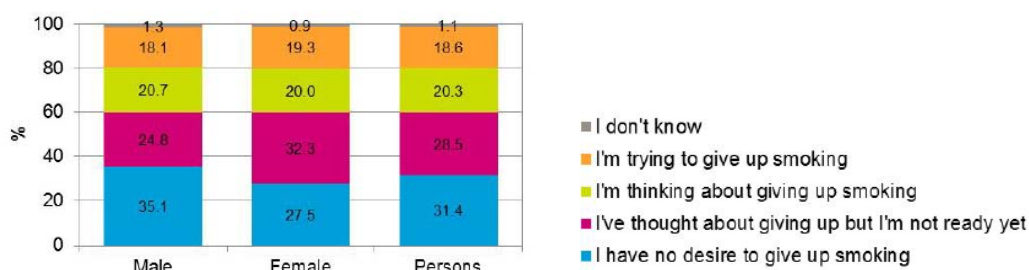
3.7 **Socio economic groups** - According to the Sunderland Adult Lifestyle Survey (ALS) carried out in 2017, smoking prevalence is higher in adult males and younger age groups. The highest smoking prevalence is seen in males aged 25-34 (33.3%) and females aged 25-34 (25.7%), and in young people renting flats in high density social housing (Mosaic® groups). The ALS also highlighted adults with a learning disability significantly higher smoking prevalence (26.7%) reported than the Sunderland average.

A recent needs assessment carried out in Sunderland has identified that smoking prevalence is distributed unevenly within the local population by geographical location and a range of other factors. There is a strong correlation between smoking prevalence and the level of deprivation; the more deprived the area, the higher the smoking prevalence. Sunderland has twenty-five electoral wards where smoking prevalence is above the Sunderland average. These are: Hendon, Millfield, Pallion, Redhill, Southwick, Sandhill, St Annes, Washington North and Castle.



Other key groups that have a high prevalence of smoking compared to national data include: pregnant women and partners, young people, Lesbian Gay Bi-Sexual and Transgender (LGBT), those affected by substance misuse, those with long term conditions, BAME groups, routine and manual workers and those with complex needs.

The majority of smokers (67.5%) want to quit and a fifth of smokers (20.3%) are actively trying to stop. Some smokers need support and encouragement to feel ready to quit or to make a quit attempt. Sunderland NHS Stop Smoking Services facilitate this support and are available throughout the city.



4.0 Priority Update – Tobacco

- 4.1 To develop the Sunderland Tobacco Control Action Plan, in March 2019 the Sunderland Smokefree Partnership held a workshop to complete the Public Health England CLeaR Tobacco self-assessment tool. Areas of improvement identified

through the self-assessment have been combined with actions from national tobacco control delivery plan.

- 4.2 In July 2019, the Smokefree Partnership reviewed the areas identified area as good practice and combined these with areas of improvement to formulate the action plan. The action plan has been structured around the eight key strands of work in Fresh's annual delivery plan. These are:

1: Developing Infrastructure, Skills and Capacity - This covers strategic planning, advocacy, evidence-based approaches, whole system partnership, review and evaluation, capacity building, regional and national linkage.

2: Reducing Exposure to Secondhand Smoke - This covers legislation, enforcement, life course harm minimisation, monitoring of young people exposure, smokefree settings, partnership with those working with children and families.

3: Helping smokers to stop - This covers the commissioning of evidence-based Stop Smoking Services, supporting those with highest smoking prevalence, support the implementation of Smokefree NHS with clear pathways for secondary and primary care easing the smoker's journey to quit, maximise opportunities to address health inequalities, raising awareness of the harms of smoking, collaboration between schools and wider partners.

4: Media, Communications and Education - This covers amplifying national and regional media campaigns locally through PR, heighten public awareness, increase public awareness of home fire safety particularly in relation to smoking materials and targeting house fire hotspot areas.

5: Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children

6: Tobacco Regulation

7: Reducing Tobacco Promotion - These cover collection of intelligence on the availability and supply of illicit tobacco, maintain focus on reducing access to tobacco for young people, heighten public awareness on illicit tobacco, enforce tobacco advertising and brand sharing regulations and monitor national developments around NICE guidance on tobacco harm reduction.

8: Research, monitoring and evaluation - This section ensures tobacco control interventions are targeted to have greatest impact on reducing health inequalities and will enable the collation of intelligence to keep the Joint Strategic Needs Assessment up to date and published.

- 4.3 From August to October 2019, it was identified that further co-production was needed with key partners. Key partners were identified and engaged with, and it was agreed which key indicators would be allocated to them. Key organisations were appointed as leads in the action plan with a responsibility to provide updates on a quarterly basis.

- 4.4 In September 2019 a Walk the Wall session with the Board was carried out which discussed the current challenges and existing evidence. The Board explored any additional support that could be provided by members.
- 4.5 The October 2019 meeting of the Smokefree Partnership adopted a co-production approach to developing the action plan. This has helped to ensure partners understand how their contribution is integral to achieving the ambition of reducing the smoking prevalence to 5% by 2025.

5.0 Sunderland Smokefree Action Plan

- 5.1 The Sunderland Smokefree action plan will focus on specified groups with high smoking prevalence and will identify areas across the system to maximise opportunities to support local people to stop smoking. A high-level version of this action plan accompanies this report (appendix 1).
- 5.2 The action plan will support 'Making Smoking History' and facilitate a collective approach to reduce tobacco related harm by shifting the social norms of tobacco use to make it less accessible, less affordable and less attractive.
- 5.3 A whole system partnership approach to encourage smokers to make an annual quit attempt is pivotal in the success of reaching a 5% prevalence in Sunderland. The delivery of the action plan will support this key aim.
- 5.4 Smoking prevalence is high amongst key inequality groups and the action plan has taken this in to consideration by ensuring this priority is threaded across all areas of the plan.

6.0 Recommendations

- 6.1 The Board is recommended to:
- Support the focus of the Sunderland Smokefree Partnerships work being on the eight key strands of work, set-out in section 4.2 of this report
 - Agree the Sunderland Smokefree Partnership action plan (appendix 1)
 - Receive an update report annually from the Sunderland Smokefree Partnership, including progress on the indicators set-out in section 3 of this report, and key actions for the year ahead.



Smokefree Sunderland Partnership Action Plan

Refreshed December 2019

(High Level Plan)

“Moving towards a society free from tobacco, supporting smokers to quit and young people not to start.”

Key Strand One: Developing Infrastructure, Skills and Capacity (Lead – Public health)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
1.1 Ensure an evidence-based approach for tobacco control is in place locally via annual tobacco action plan	Monitor progress against the action plan and update annually	All	Annually by end of Qtr. 1 each year	
1.2 Review Clear self-assessment recommendations on an on-going basis	Arrange a Peer Review of the CLear Tobacco self-assessment	SCC –(JPW) All members	July 21	
1.3 Promote and deliver brief intervention level 1 training through the Sunderland Health Champions Programme to adults and children	Arrange Brief Intervention (BI) training dates and promote training through different media/ events.	SCC– (KEM)	Qtr. Report numbers attended.	
1.4 Commit to national, regional and local commitments that support Tobacco Control	Sign up to the Local Government Declaration for Tobacco Control	SCC (JPW/ YM)	By December 19	
	Support a levy on the tobacco industry through expected government consultation.	SCC (JPW/ YM)	TBC	

Key Strand Two: Reducing Exposure to Secondhand Smoke – (Lead - Trading Standards, TfC, O to 19 Service)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
2.1 Trading Standards enforcement of existing legislation	Share outcomes of smoking compliance visits/investigations demonstrating appropriate enforcement action has been implemented.	SCC (CG/LB)	Qtr. report of no. /outcome of visits	
2.2 Local delivery of smokefree family messages and training	Ensure a training programme for Smokefree Families is available	SCC (KEM)	April 2020	
	Sunderland College, 0-19 services, TFC to promote smokefree messages in educational programmes	College (NW) SCC – (LC)	Qtr. update	
	Ensure best start in life initiatives, including maternity, deliver Smokefree family messages and all staff are Brief Intervention (BI) trained in the relation to the harms of second harm smoke exposure	SCC (WM, JH), Maternity (CAG)	Qtr. update	
2.3 Explore smokefree areas	Support all anchor organisations – starting with partners in the Smokefree Partnership – to implement smoke free policies in their settings.	SCC – (YM)	on going	
2.4 Work with HWBB Best Start in Life Partnership to ensure that reducing smoking and secondhand smoke is being promoted in household where there are young children	Ensure that all practitioners working with families of young children receive and deliver information on smoke free homes to parents/carers	SCC - (KLG)	June 20	

Key Strand Three: Helping smokers to stop (Lead Sunderland Specialist NHS Stop Smoking Service)

Objective	Initiatives and Actions	Accountable Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
3.1 Support the local implementation of Smoking in Pregnancy pathway	Review the effectiveness of the Smoking in Pregnancy pathway and implement any changes required.	SSSS – (GK)	April 2020	
3.2 Support the implementation of NHS Smokefree with clear pathways for secondary and primary care to maximise opportunities and address health inequalities.	ST&CHS FT and CNTW to establish pathway to ensure a seamless stop smoking journey for inpatient and outpatient patients covering maternity, respiratory, cancer, elective surgery	SRH (AD), SSSS – (GK) - SCC (YM)	Dec 19	
3.3 Working with schools to ensure they support smokefree agenda	Ensure relevant staff in the 0-19 service are trained in level 2 stop smoking including Very Brief Advice	SSSS (GK)	By March 20	
	Increase provision of Stop Smoking Services within youth organisations and schools using a targeted approach	0-19 service – (DJ/SF/KLG)	By March 20	
3.4 Target identified areas with high rates of smoking	Work collaboratively with VCS organisations, SCC, TfC, CCG to educate and inform priority wards of the harms of smoking. The target wards are Redhill, Pallion, Hendon, Southwick, St Anne's, and Millfield wards	SSSS/SCC (GK, AP, LD)	Report by qtrs. Qtr. Report	
	All public sector organisations, Workplace Health Alliance organisations and Better Workplace Health Award businesses are supported to implement smokefree work spaces and Smokefree policies.	SSSS (GK) PCP (CH)	Sept 19 onwards	

Key Strand Four: Media, Communications and Education (Lead SCC Comms and Fresh)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
4.1 Amplify national and regional media campaigns locally through PR (e.g. FRESH campaigns, Stoptober).	Promote national and regional tobacco reduction campaigns across a range of media	SCC - (LD) Fresh (AL)	Qtr. report	
	Develop clear messages about tobacco harms to increase quits by working with key partners including VCS, businesses and public sector organisations	SCC - (LD) SSSS (GK)	Qtr. report	
4.2 Enhance existing comms and marketing highlighting the harms of smoking and discuss tobacco control issues with the media	Map existing communications channels and consider wider opportunities, ways to cascade materials locally so it's reaching grassroot communities.	SCC (LD)	Jan 20	
4.3 To increase public awareness of home fire safety particularly in relation to smoking materials, targeting house fire hotspot areas	Carry out 3000 home safety check visits to higher risk premise, advising the public on how to reduce fire risks, and providing brief advice on smoking as required	TWFS – (KB)	Qtr. reports	

Key Strand Five: Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children (Lead: Trading Standards)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
5.1 To collect intelligence on the availability and supply of illicit tobacco	Undertake inspection visits to retail premises searching for illicit tobacco products.	SCC – (LB,CG)	Qtr. Report	
	Collect local intelligence on illicit tobacco sources in Sunderland, targeting activity to hotspot areas, working in partnership with HMRC, Northumbria Police and Borders Agency.	SCC – (LB,CG)	Qtr. Report	
5.2 Maintain focus on reducing access to tobacco for young people (e.g. test sales)	Carry out test purchase exercises of cigarettes from retailers and report findings.	SCC – (LB,CG)	Qtr. data on number of visits	
5.3 To heighten public awareness of illicit tobacco	Engage citywide partners in the Keep It Out campaign and raise awareness of the harms of illicit tobacco	SCC – (LD)	Qtr. report	

Key Strand 6: Tobacco Regulation (Lead: Trading Standards, Public Health)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
6.1 To enforce tobacco advertising and brand sharing regulations	Carry out visits to retailers for compliance with statutory (under 18) notices.	SCC – (CG/LB)	Qtr. report	
	Carry out product warning label compliance visits to tobacco retailers	SCC – (CG/LB)	Qtr. report	
6.2 Advocate around importance of tobacco taxation/ price	Continue to advocate tobacco control issues as they arise	SCC – (CG, LB, JPW, YM)	Ad hoc	
6.3 Develop policies around electronic cigarettes that support the overall smokefree vision.	Develop a policy that clearly sets out the Smokefree Partnership's position on vaping, taking in to account national guidance	SCC – (YM) (JH)	March 2020	

Key Strand 7: Reducing Tobacco Promotion (Lead: Trading Standard, Environmental Health)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
7.1 Develop local guidelines setting out how we will work with the tobacco industry	Establish clear guidelines on ways the partnership will work with the Tobacco industry adhering to Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control (FCTC).	SCC – (MD)	June 20	
7.2 To continue focus around compliance with Point of Sale in shops	Brief retailers on the measures to remove Point of Sale advertising	SCC – (MD)	March 2020	

Key Strand 8: Research, monitoring and evaluation (Lead: Public health)

Objective	Initiatives and Actions	Lead	Monitoring metrics & Timeframe	September 2019 to March 2020
8.1 Collate data and intelligence on key smoking related data sources and keep JSNA up to date.	JSNA is kept up to date and published.	SCC – (YM)	Annual	
	Information on smoking from Health Related Behaviour Survey/ Adult Lifestyle Survey to inform practice.	SCC (LC)	Annual	
8.2 Ensure Tobacco education is made accessible	Develop a baseline of tobacco education delivered in secondary schools, colleges and University	SCC PH – (LC, YM)		
	Engage with schools, colleges and University to support priorities identified through their health profiles	SCC PH – (YM/LC)		
8.3 To achieve zero fire deaths and reduce accidental dwelling fires and resultant injuries caused by smoking related materials	Produce and analyse data on dwelling fires caused by smoking materials and use to target hotspot areas.	TWFS (KB)	Monthly data analysis, Qtr. and annual reports	

Abbreviation List

Organisations and Groups		Personnel
SCC	Sunderland City Council	YM – Yusuf Meah
PH	Public Health	JPW – Julie Parker-Walton
FRESH	North East Office for Tobacco Control	WM – Wendy Mitchell
SSSS	Specialist NHS Stop Smoking Service	LC – Laura Cassidy
SSS	NHS Stop Smoking Service	KLG – Karen Lightfoot-Gencli
TfC	Together for Children	JH – Joanne Hunt
TWFS	Tyne and Wear Fire Service	LD – Louise Darby
VCS	Voluntary Community Sector	GK – Gillian Kelly
CCG	Clinical Commissioning Group	MD – Marion Dixon
0-19 Service	0-19 services	KEM – Kayleigh Eckersley-Morris
EH	Environmental Health	AP – Allison Patterson
TS	Trading Standards	AD – Allyson Duncan
SRH	Sunderland Royal Hospital	DJ – Diane Jones
UoS	University of Sunderland	SF – Suzanne Fraser
College	Sunderland College	RM – Rachel McDonald
PCP	Pioneering care Partnership	LS – Lisa Surtees
GH	Grace House	AL – Andy Lloyd
ICOS	International Community Organisation Sunderland	NW – Nicola Warburton
HDFT	Harrogate Foundation Trust	CG – Catherine Green
YA	Youth Almighty	LB – Laura Brooks
SNCBC	Sunderland North Community Business Centre	JS – Jamie Scott
		MR – Marie Roberts
		KB – Kevin Burns
		CAG – Claire Adams-Graham
		SM – Shivam Maini
		CH – Craig Hodgson

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Report of the Chair of the Health and Wellbeing Board

1.0 Purpose of the Report

- 1.1 To seek the Board's approval to expand the membership of the Health and Wellbeing Board.

2.0 Background

- 2.1 The Health and Social Care Act 2012 directs statutory membership of the Health and Wellbeing Board. Section 194(8) and 194(9) of the Act allow for additional membership as follows:

(8) The Health and Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate.

(9) At any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under section (2)(g), consult the Health and Wellbeing Board.

- 2.2 The Health and Wellbeing Board is also a committee of the council, and as such is governed by the council constitution. This means that appointing additional members to the Board must be agreed by the Council.

3.0 Additional membership

- 3.1 At a meeting of the Sunderland Partnership on 17 June 2019, it was suggested that a representative of University of Sunderland be invited to join the Health and Wellbeing Board; Prof. Michael Young attended his first meeting in September 2019. More recently it has been suggested the Chair of the Sunderland Healthy Workplace Alliance is invited to become a member of the Board. The current Chair is Ralph Saelzer, Managing Director of Liebherr Works (Sunderland) Ltd. Both of these agencies can considerably add value to the work of the Board.
- 3.2 The membership of the Board is scheduled for review March 2020 to coincide with the development of the Healthy City Plan. This presents an opportunity to consider whether the Board would like other partners to become members of the Board.

4.0 Recommendations

4.1 The Health and Wellbeing Board is requested to:

- a) Formally agree the University of Sunderland as a member of the Board
- b) Agree to invite the Chair of the Sunderland Healthy Workplace Alliance to become a member of the Board
- c) Agree to notify the Council of the appointments at its meeting in May 2020.

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

ALCOHOL HARMS PRIORITY UPDATE

Report of the Sunderland Alcohol Partnership

1.0 Purpose of the Report

1.1 To provide the Board with a progress update on:

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

2.0 Background

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

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

2.3 The Board signed the Alcohol Declaration in 2015. The declaration gave clear commitment to address alcohol harms in Sunderland. Building on this commitment, our draft alcohol action plan, attached at Appendix 1, details what the Sunderland Alcohol Partnership has committed to and will work together on to tackle this challenge.

3.0 Using the evidence to address alcohol harms

3.1 In December 2016, Public Health England (PHE) published a report that examined the health, social and economic impact of alcohol, and the effectiveness of actions in reducing its harms. The review provides national and local policy makers with the latest evidence to identify those policies which will best prevent and reduce alcohol-related harm. It details policies that impact directly on the environment in which alcohol is sold and marketed, including its price, availability and advertising, along with policies directed at people most at risk.

3.2 The report stated that in England, the harm caused by alcohol is determined by levels of consumption at both the individual and population-level. Levels are heavily influenced by:

- a. **how easy it is to purchase or consume alcohol (availability).** This can be addressed through policies such as Statement of Licensing Policy (SOLP), if we sufficiently reduce the hours during which alcohol is available for sale, particularly late night on-trade sale.
- b. **social norms surrounding its consumption (acceptability).** This can be addressed through regulating the marketing and reduce the exposure of alcohol to children. Also delivering brief interventions at drinkers who are already at risk and specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption.
- c. **how cheap alcohol is (affordability).** Most effective, and cost-effective, approaches to prevention can be addressed through policies that reduce the affordability. One of the measures within the evidence review is price regulation through the implementation minimum unit price (MUP). This is a highly targeted measure which ensures tax increases are passed on to the consumer and improves the health of the heaviest drinkers.

4.0 Developing the Sunderland Alcohol Action Plan

- 4.1 In May 2019, the Sunderland Alcohol Partnership held a CLear workshop, and the Public Health England (PHE) CLear self-assessment tool was completed. Good practice as well as some areas of improvement were identified. Using the PHE evidence review, the findings from the CLear self assessment and local data from both the Adult Lifestyle Survey and the Health-Related Behaviour Survey, a draft alcohol action plan was developed. This provides a local framework to prevent and minimise alcohol-related harms among individuals, families and communities. The draft alcohol action plan has six key themes:
 1. Developing an infrastructure and providing leadership and advocacy for addressing alcohol harms.
 2. Increase knowledge and understanding of alcohol and its related harms, to enable individuals to make informed choices about their alcohol consumption.
 3. Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with local businesses to address alcohol harm.
 4. Provision of brief intervention, early help and effective alcohol recovery services for those that need them.
 5. Protect children, young people and families from alcohol related harm.
 6. Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing.
- 4.2 The draft alcohol action plan was discussed at the October Alcohol Partnership and then circulated to key partners for consultation.

5.0 Recommendations

5.1 The Board is recommended to:

- receive the update report on the priority addressing alcohol harms;
- support the introduction of minimum unit price in England and write to Westminster urging that minimum unit price is introduced without delay;
- ask the Sunderland Alcohol Partnership to finalise the alcohol action plan, with associated outcome and process KPIs, and bring the final action plan to the March meeting of the Board for approval.

Sunderland Health and Wellbeing Board Priority - Addressing Alcohol Harms –

Draft Alcohol Partnership Action Plan

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

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

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

The plan has the following six key themes:

- Theme One** Develop an infrastructure and provide leadership and advocacy for addressing alcohol harms
- Theme Two** Increase knowledge and understanding of alcohol and its related harms, to enable individuals to make informed choices about their alcohol consumption
- Theme Three** Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with local businesses to address alcohol harm
- Theme Four** Provision of brief intervention, early help and effective alcohol recovery services for those that need them
- Theme Five** Protect children, young people and families from alcohol related harm
- Theme Six** Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing

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

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

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

Key areas include supporting local strategic plans, leadership and advocacy of the partnership.

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

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

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

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

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

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

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

brief intervention training is in corporate processes including induction and core training programme.		
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Theme Three: Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with local businesses to address alcohol harm

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

Priority actions	By	Accountable Lead
We will have better partnership working within the Responsible Authorities and develop a joined-up approach. Responsible authorities within the Licensing Act 2003 include police, fire authorities, health and safety authorities, local planning authorities, environmental health, bodies responsible for protecting children from harm and any licensing authorities (other than the relevant licensing authority) in whose area a premise is situated.	**	Licensing (SCC)
We will ensure that we contribute to future updates of the Sunderland Statement of Licencing Policy (SLOP) which will be closely integrated with the City Plan and follow the evidence base set out in Public Health England's Alcohol Evidence Review.	**	Licensing (SCC)
We will develop a local responsible retailing scheme which facilitates legal compliance and promotes best practice.	**	Trading Standards (SCC)
We will develop strategies to reduce and control the availability of cheap, high risk alcohol products at retail premises across the city.	**	Trading Standards (SCC)
* <i>We will work with front line partners such as the Street Pastors who offer a presence in Sunderland City Centre on a weekend to offer targeted support to vulnerable groups.</i>	**	Harm Reduction Unit (Northumbria Police)
	**	Salvation Army
We will offer vulnerability training to a wide range of night time economy staff such as door supervisors, bar staff and Street Pastors	**	Harm Reduction Unit (Northumbria Police)
* <i>We will introduce a Best Bar None scheme for licensed premises in Sunderland City Centre.</i>	**	Sunderland BID

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

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

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

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

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

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

Priority actions	By	Accountable Lead
We will advocate and contribute to local and national alcohol harm policies/ consultations that aim to reduce children's exposure to alcohol marketing.	On going	Health and Wellbeing Board Executive Lead

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

We will take a coordinated approach to the access and delivery of the young people's treatment service with improved and clear pathways into treatment.	March 20	Public Health (SCC)
We will take a coordinated approach to training, advice and guidance that will be provided to partners agencies regarding Identification and Brief Advice (IBA) for young people and alcohol to support staff to identify when a referral to YDAP is required.	March 20	YDAP (Together for Children) Public Health (SCC)
We will ensure more robust and standardised assessment and recording of levels of alcohol consumption in pregnant women through the utilisation of the Local Maternity Systems (LMS) regional tool which will be monitored through the Best Start in Life HWB Working Group.	August 20	South Tyneside and Sunderland NHS Foundation Trust
We will raise awareness of the impact of alcohol use on unborn babies during pregnancy via an evidence-based campaign which promotes the Chief Medical Officers Guidance around alcohol during pregnancy.	November 20	Public Health (SCC)
We will continue to support the regional approach to the alcohol free childhood vision and raise awareness within our population around the role of parents/ carers of their alcohol use and the impact this may have on children.	November 20 On going June 20	Public Health (SCC) Growing Healthy Sunderland (HDFT) In new adult substance misuse service from June 20
We will improve awareness and identification of parental alcohol misuse and its impact on children, working within established protocols.	**	South Tyneside and Sunderland NHS Foundation Trust
<i>* We will ensure that safeguarding issues for children are identified and responded to by both the young people and adult alcohol treatment services, and that safeguarding services / stronger families refer parents who are using substances to the adult treatment service as way of protecting the child/ young person.</i>	**	Wear Recovery (CNTW)
<i>* We will develop a coordinated response to alcohol where it features within situations of domestic abuse, Child Sexual Exploitation (CSE), children missing from home, care or education, violent crime committed against or by young people.</i>	**	*

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

We will be proactive in the identification of new and emerging trends in harmful alcohol misuse through our children's and young people service.	**	Together for Children (YDAP)
We will develop effective partnerships that seek to share intelligence and use this to reduce the supply of alcohol to young people under the age of 18 years.	**	Trading Standard (SCC)
<i>* We will ensure that Safeguarding Services and Public Health are strongly represented on the Responsible Authority Group around the four licensing objectives; crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm.</i>	**	Sunderland Safeguarding and Public Health (SCC)
We will continue to deliver young people health champions programme which includes the alcohol-free childhood vision and consistent messages around alcohol within secondary schools.	July 20 In line with academic year	Public Health (SCC)
We will work in partnership with Balance to develop and implement an alcohol free childhood pledge for education settings to reduce children and young peoples to exposure alcohol.	July 20 In line with academic year	Public Health (SCC)
We will work with young people to educate and inform them about illegal and illicit substances so they can deliver messages to their peers and increase the local intelligence around this area which will inform Trading Standards and Northumbria Police.	July 20 In line with academic year.	Public Health (SCC) Trading Standards (SCC)

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

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

Priority actions	By	Accountable Lead
We will ensure that Responsible Authorities work together to deal with Licensing Act matters maximise the powers available to them to ensure alcohol is sold responsibly.	**	Licensing (SCC)

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

We will use tools and powers available to effectively to identify and address the needs of communities and the night-time economy in relation to alcohol-related crime and antisocial behaviour.	**	Harm Reduction Unit (Northumbria Police)
We will ensure that the criminal justice system has integrated support and services for offenders with alcohol misuse issues to reduce reoffending.	**	Harm Reduction Unit (Northumbria Police)
	**	National Probation Service
	**	Northumbria Community Rehabilitation Company
	On going	Wear Recovery (CNTW)
We will carry out a wide range of intelligence-led enforcement activity that seeks to address all elements of alcohol related offending.	**	Harm Reduction Unit (Northumbria Police)
	**	Trading Standards (SCC)
We will ensure that young people involved in crime, disorder or antisocial behaviour are able to access early interventions and treatment.	**	Harm Reduction Unit (Northumbria Police)
	**	YDAP (Together for Children)
We will ensure that Licensing Act powers and tools are used effectively to tackle problems of alcohol related harm and the illegal and irresponsible sale of alcohol by licensed premises.	**	Licensing (SCC)
	**	Harm Reduction Unit (Northumbria Police)
	**	Trading Standards (SCC)

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

We will develop an approach to carry out targeted enforcement activity which is intelligence-led and based on a wide range of information sources.	**	Harm Reduction Unit (Northumbria Police)
	**	Trading Standards, (SCC)
We will develop and implement a campaign aimed at licence holders to not serve alcohol to people who are already drunk.	**	Trading Standards (SCC)
* <i>We will ensure that all relevant partners with regards to offenders who have identified alcohol misuse issues causing their offending, utilising the widest range of tactics and enforcement powers to reduce offenders alcohol misuse.</i>	** ** ** November 19	Harm Reduction Unit (Northumbria Police) National Probation Service Northumbria Community Rehabilitation Company Wear Recovery (CNTW)
* <i>We will develop a protocol to identify repeat presenters at Accident and Emergency who whilst under the influence of alcohol cause issues for hospital staff, patients and their families.</i>	**	Harm Reduction Unit (Northumbria Police) and South Tyneside and Sunderland NHS Foundation Trust

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

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

Key performance indicators including Government outcomes and may include:

- Alcohol related violent crime
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- Alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- Number of people in treatment where alcohol is identified as a primary substance
- Number of people in recovery services where alcohol was identified as their primary substance
- Alcohol related under 18 hospital admissions
- Alcohol related mortalities in under 25s
- Alcohol related accident and emergency attendances
- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people “binge drinking”
- A reduction in the number of alcohol-related deaths
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed

* Action currently being reviewed by the accountable lead(s)

** Dates currently being reviewed by the accountable lead(s)

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

BEST START IN LIFE PRIORITY UPDATE

Report of the Best Start in Life Working Group

1.0 Purpose of the Report

1.1 To provide the Health and Wellbeing Board with a progress update on the Board's priority of Best Start in Life (BSIL), including:

- the BSIL working group
- draft action plan
- BSIL area profiles
- funding and research opportunities.

2.0 Background

2.1 What happens in pregnancy and early childhood can have a lifelong impact, both physically and emotionally. The Marmot Review¹ identified best start in life as being 'crucial to reducing health inequalities across the life course'. As such families should be supported to have a healthy pregnancy, provide sensitive and responsive care in the first years of life and provide nurturing and supportive environments for children to grow up in².

2.2 Supporting good maternal health and providing positive early experiences is vital to ensuring children are ready to learn, ready for school and have good life chances.

2.3 Positive early experiences are influenced by factors such as sensitive, attuned parenting; effects of socio-economic status and the impact of high-quality early education and care.

2.4 Parents have a significant influence on the early development and learning of a child, and therefore it is important families are supported to provide children with the foundations for good health and develop their readiness to learn and be ready for school.

2.5 Early years services can improve the health outcomes of babies and children, including:

- early cognitive and non-cognitive development
- social development
- children's readiness for school
- later educational outcomes.

¹ The Marmot Review: Fair Society, Healthy Lives (2010)

² The 1001 Critical Days: the importance of the conception to age two period (2014).

- 2.6 In early 2019 Public Health led a programme of sector-led improvement work for BSIL, using a framework which had been developed through the sector-led improvement work sponsored by the regional Directors of Public Health. This culminated in a workshop in May 2019, which brought together a broad range of partners and stakeholders to understand the local context in which they work, identified need, local performance and key issues. Through the workshop and findings of the sector led improvement work key priorities were identified, which have provided a foundation for developing a programme of work under the Health and Wellbeing Board thematic priority of BSIL.

3.0 Key Areas of Progress

- 3.1 The first meeting of the BSIL working group was held in September 2019, where the terms of reference were agreed. A schedule of bi-monthly meetings has been established, each with a thematic focus to provide an opportunity for more in-depth discussion of identified priorities, led by relevant partners. The November meeting focused on the issue of school readiness.
- 3.2 A Joint Strategic Needs Assessment for BSIL has been produced and shared with partners for consultation and final agreement. This will be published in December 2019.
- 3.3 A draft action plan (Appendix One) has been developed, detailing high level actions against 10 key priorities:
- Partners work collaboratively to ensure every child gets the best start in life
 - Make use of data and intelligence to understand local needs
 - Promote healthy pregnancy messages
 - Improve outcomes for perinatal mental health
 - Reduce the prevalence of alcohol consumption in pregnancy
 - Reduce the prevalence of smoking in pregnancy
 - Promote a culture of breastfeeding
 - Promote healthy eating for infants and young children
 - Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities
 - Ensure every child is supported in their development to be school-ready.
- 3.4 The draft action plan identifies the importance of ensuring the implementation of the Local Maternity System (LMS) Prevention Plan in Sunderland, which underpins efforts to support healthy pregnancies and best start in life. Whilst work continues to be delivered through the regional approach to delivering the LMS Prevention workstream, oversight through the BSIL working group provides opportunities to ensure the alignment of priorities, local actions and engagement across the system.
- 3.5 Public health has developed BSIL area profiles, providing data to support an understanding of health outcomes for pregnancy and early childhood at a ward and/or locality level. The purpose of the profiles is to ensure that in addition to monitoring progress at a Sunderland level there is an understanding of the health

inequalities which exist at a ward or locality level. This will support partners and services to effectively target provision at geographical areas or specific cohorts of the population, for the purpose of reducing inequalities and accelerating the pace of change.

3.6 The BSIL area profiles will be further refined going forward when ward level data can be accessed for outcomes including smoking in pregnancy, breastfeeding and immunisation. The profiles cover 8 indicators, which are important for supporting the best start in life for all children. These are:

- Smoking in pregnancy
- Breastfeeding continuation
- Childhood obesity (reception year)
- Under 18 teenage conceptions
- Unintentional and deliberate injuries (0-4 years old)
- Dental caries (0-5 years old)
- MMR immunisations
- School readiness.

3.7 An expression of interest has been submitted to participate in the Local Government Association Behavioural Insights Programme, to support work on breastfeeding. If successful the focus of the work would be on increasing the number of women who use the Breastfeeding Friend tool, which is available through the Start4Life programme and provides 24/7 breastfeeding advice through online support.

3.8 There is an opportunity to submit an expression of interest to be a delivery site for This Mum Moves, as part of phase 3 of the project. The initiative aims to support pregnant women and new mothers to stay active by providing healthcare professionals (specifically midwives and health visitors) with training and resources to facilitate the delivery of clear, consistent and confident messages regarding physical activity in pregnancy, as part of routine care. Public health is working with South Tyneside and Sunderland NHS Foundation Trust and Harrogate and District NHS Foundation Trust to take this forward.

4.0 Recommendations

4.1 The Board is recommended to:

- Receive the update report on the priority Best Start in Life
- Ask the Best Start in Life working group to finalise the action plan and bring this to the March meeting of the Board for approval.

DRAFT ACTION PLAN: BEST START IN LIFE WORKING GROUP

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

3. Promote healthy pregnancy messages						
3.1 Healthy pregnancy messages promoted to those of child-bearing age, pregnant women and their families.	<p>Review the availability of resources and identify gaps.</p> <p>Identified resources utilised and new resources sourced to address any gaps.</p> <p>Healthy pregnancy messages promoted widely by key agencies</p>	<p>December 2019</p> <p>By March 2020</p>	<p>Public Health CCG Maternity Service 0-19 Public Health Service Primary Care Together for Children</p>	JH		
3.2 Ensure a joined-up approach with key partners to provide support and advice to pregnant women identified as overweight or obese	Implementation of NICE guidance locally.	Review March 2020	<p>CCG Maternity Service Obs & Gynae Primary Care</p>	RM		
3.4 Assess the availability of accessible and suitable physical activities for pregnant and post-natal women	Physical activity opportunities for pregnant and post-natal women reviewed.	June 2020	<p>Public Health Leisure Services</p>	JH		
3.5 Ensure the Local Maternity Systems (LMS) Prevention Plan is implemented in Sunderland to support healthy pregnancies and best start in life.	Implementation of the LMS prevention plan monitored through the LMS STSFT Maternity Prevention Action Plan	Review March 2020	<p>CCG Maternity Service Public Health 0-19 Public Health Service</p>	CAG		

4. Improve Outcomes for Perinatal Mental Health						
4.1 Increase awareness of mental health conditions in pregnant women and women with a child up to one years old amongst healthcare professionals and others working with families.	Health professionals and services working with families receive information about perinatal mental health, perinatal mental health services and other support available	Review April 2020	Perinatal Mental Health Service IAPT ALL	JR/MS		
4.2 Support families in the earlier identification of those experiencing mental health issues during pregnancy and the postnatal period	Increase in the number of people accessing services for mental health support at an earlier stage of gestation or during postnatal period.	Review progress April 2020	Maternity Service CCG Perinatal Mental Health Service, IAPT 0-19 Public Health Service Primary Care	SF/CAG		
4.3 Ensure healthcare professionals working with pregnant and postnatal women have received high quality and evidence-based training in perinatal mental health	All new staff receive dedicated evidence-based training and receive regular updates at least annually. Ensure the provision of listening visits in response to identified need, in line with best practice guidance.	Review progress April 2020	Maternity Service 0-19 Public Health Service Primary Care Perinatal Mental Health Service, IAPT Together for Children	SF/CAG AC		

4.4 Monitor the effectiveness of the expansion of perinatal mental health service provision via the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020	Numbers of people accessing support from the perinatal mental health service in Sunderland	March 2020	CAMHS strategy group	RM		
5. Reduce the prevalence of alcohol consumption in pregnancy						
5.1 Increase knowledge and understanding of the prevalence of alcohol consumption in Sunderland – ensure more robust recording of levels of alcohol consumption in pregnant women	Recording of alcohol consumption prevalence established through the utilisation of the regional tool	Review progress August 2020	Maternity Service CCG Public Health	SF/CAG		
5.2 Ensure there are clear pathways and robust links between services providing support to pregnant women (including maternity and health visiting services) and the drug and alcohol treatment services	Pathways established and link officers identified	Review progress August 2020	Public Health Maternity Service CCG Substance Misuse Service	LH SF/CAG		
6. Reduce the prevalence of smoking in pregnancy						
6.1 Ensure all pregnant women and those within the household who smoke are referred to specialist stop smoking services in line with NICE guidance and the local enhanced offer	Number of women accessing the Specialist Stop Smoking Service	Review progress March 2020	Maternity Service 0-19 Public Health Service SSSS Public Health CCG Primary Care	SF/CAG		

APPENDIX ONE

6.2 Increase the number of women accessing stop smoking services, setting a quit date and quitting	Number of women setting a quit date Quit rate of pregnant women Smoking at Time of Delivery (SATOD)	Review progress March 2020	Specialist Stop Smoking Service Public Health CCG	GK		
6.3 Implement an incentive scheme to encourage pregnant women to stop smoking and increase quit rates	Number of women setting a quit date Quit rate of pregnant women Number of women accessing incentive scheme and quit rate for those accessing the incentive scheme Smoking at Time of Delivery rates improved	March 2020	CCG Public Health	RM		
6.4 Increase the monitoring of smoking status antenatally and post-natal by piloting the use of CO monitors by health visitors during core visits	Increase the number of women accessing the Specialist Stop Smoking Service during pregnant and during post-natal period	Review progress June 2020	0-19 Public Health Service Public Health	AC		
7. Promote a culture of breastfeeding						
7.1 Key agencies to achieve UNICEF Baby Friendly accreditation, with Maternity Services and Health Visiting Services reaching level 2 as a minimum	Health Visiting Service and Maternity Services achieve UNICEF Baby Friendly accreditation	September 2020	Maternity Service 0-19 Public Health Service CCG	SF/CAG AC		

APPENDIX ONE

	Other organisations who come into contact with pregnant women and families commit to undertaking UNICEF Baby Friendly accreditation		Public Health			
7.2 Ensure seamless and consistent advice and support is provided to women who choose to breastfeed	Health Visiting Service and Maternity Services achieving UNICEF Baby Friendly accreditation Wider health and social workforce access UNICEF training, including GP's, practice nurses, ward nurses, Children's Centre staff	Review progress September 2020	Maternity Services 0-19 Public Health Service CCG Public Health	SF/CAG AC		
7.3 Work with the Local Maternity Systems (LMS) to establish a regional breastfeeding touchpoint pathway	Regional breastfeeding pathway developed and established.	Review progress March 2020	Maternity Services CCG Public Health	CAG		
7.4 Establish and / or promote local breastfeeding friendly places	Breastfeeding friendly venues are promoted through the use of social media and apps	September 2020	0-19 Public Health Service Maternity Service Public Health	AC		
7.5 Identify barriers to breastfeeding for women in Sunderland and establish reasons why women stop breastfeeding using the results the Infant Feeding Research Project	PAR Research completed and findings disseminated	March 2020	Public Health	JH		

8. Promote healthy eating for infants and young children						
8.1 Ensure all families that are eligible for the Healthy Start Programme are encouraged to apply and utilise the benefits of the programme	Increase take up of Healthy Start Programme in Sunderland	Review March 2020	Maternity Service 0-19 Public Health Service Together for Children	CAG/ AC		
8.2 Undertake a pilot to provide the initial supply of Healthy Start Vitamins by the 0-19 service, using FNP clients initially	Increase take up Healthy Start Vitamins in Sunderland	August 2020	Public Health FNP 0-19 Public Health Service	JH		
8.3 Increase the promotion of Healthy Start Vitamins via the registrars and food banks	Increase take up Healthy Start Vitamins in Sunderland	December 2019	Public Health	JH		
8.4 Undertake an audit of weaning advice given and courses currently available in Sunderland	Audit completed and recommendations for action agreed	September 2020	Together for Children Public Health 0-19 Public Health Service	CK		
8.5 Consider targeted approaches to promote healthy eating and physical activity e.g. cooking skills, linking with community cafes, projects with early years settings	Potential projects agreed.	Review March 2020	CCG Public Health Together for Children 0-19 Public Health Service	RM		

APPENDIX ONE

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

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

References

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

SUNDERLAND HEALTH AND WELLBEING BOARD 13 December 2019

DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2019

Report of the Director of Public Health, Sunderland City Council

1.0 Purpose of the Report

- 1.1 To present the findings of the Director of Public Health's Annual Report to members of the Health and Wellbeing Board.

2.0 Background

- 2.1 The Health and Social Care Act, 2012 states that "The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority." In addition, "The local authority must publish the report."
- 2.2 The Director of Public Health's Annual Report is also the core document that is built upon to produce the Joint Strategic Needs Assessment.

3.0 Production of the 2019 Report

- 3.1 The report presents the findings of a series of engagement and learning activities that have taken place during the Autumn of 2019, including a residents' survey, a series of workshops and two conferences, all under the banner of "Working together to improve our health".
- 3.2 This work has enabled us to gain the views of as many residents and stakeholders as possible. Given the scale of some of the inequalities experienced by the population, it's of key importance that local people are aware of these issues and can be involved in developing ways to influence them.
- 3.3 We started by producing a survey asking people how they feel about their own health, what helps or hinders them in keeping healthy and seeking their views on what they have done, or would like to do, to improve health. Around 600 people responded, ranging from age 13 to 86, with the average age of 49. 74% were residents, with the remainder working or volunteering in the city. Key information from the survey is used throughout the report.
- 3.4 Alongside the survey, a series of five workshops took place with one in each of the Sunderland's localities:
- 3.5 Key public health data for each locality was presented, with workshop discussions about ways to improve health and engage effectively with

communities about health. In total, 12 focus groups took place involving a total of 53 participants, 77% were resident in Sunderland. Information from these sessions has been thematically analysed and used to inform the content of the report.

- 3.6 Following this, a conference of the Sunderland Workplace Health Alliance took place on 16 October 2019 with 77 attendees from 46 businesses and organisations. Workshops were used to gain views on how to improve health at work, with outputs included in the report. We also engaged with the Health and Wellbeing Board through a development session and the council's corporate strategic management team.
- 3.7 Finally, the Sunderland Health Summit entitled *Working together to improve our health* took place on 04 November 2019. 170 delegates attended, ranging from residents, senior public sector and business leaders, representatives of the voluntary and community sector and elected members. Presentations covered Sunderland's City Plan; Population Health in Sunderland; Involving Children and Young People; Workplace Health; Helping Children and Young People Achieve Their Potential; and Making Good Food Affordable, Accessible and Appealing. Again, the output from this event has been used throughout this report.

4.0 Overview of the 2019 Report

- 4.1 The report provides an overview of the health of people in Sunderland and discusses the influences on population health. It also identifies the key themes that have been identified from the engagement activities described above.
- 4.2 An inequalities and prevention framework has been developed for the city in response to the stark inequalities in health outcomes both between Sunderland and the rest of the country and within the city itself. The causes vary in how immediately they impact on health and can be thought of as having either an "upstream" or "downstream" effect. Intervening "upstream" means that we are preventing poor health developing, whereas when we focus "downstream" we are less likely to impact on peoples' health in the long term. The framework consists of a number of domains including social inequalities, the role of "anchor institutions", people's living conditions, their mental wellbeing and resilience, unhealthy behaviours and poor health. This was a key focus of the Health and Wellbeing Board development session and will be taken forward through the delivery of the emerging Healthy City Plan.
- 4.3 The issue of mental wellbeing came up frequently throughout our engagement activities. Residents who completed our survey predominantly felt that they take care of their own health. However, those that didn't indicated that there are often many pressures on their

mental wellbeing. For example, one resident said that the thing which would help most to improve their health was, “Less stress at work and at home, lots of demands on my time. No solution to that.” (East Area Resident). The five ways to wellbeing is highlighted as a practical approach to understand and improve mental wellbeing for individuals and communities.

- 4.4 Another key theme was good quality employment and healthy workplaces. Good quality employment should enable people to have greater choice about how they live their lives and support them to be healthy. Participants consistently identified that for Sunderland to be a really healthy place, it must offer good quality employment. They also noted that having a good job provides many tools that are needed to help people live healthy lives like social connections, a sense of purpose and resources. Again, this was highlighted in the responses to the survey with one person responding to the question on what would help them improve their health as follows. “Being happier at work - miserable job and bullying encourages me to drink, smoke, stay up late, sleeplessness, and lack of motivation to exercise. I know this because my lifestyle was much healthier when I had a nicer job.” (East Area Resident). Some of our engagement activities also identified how we can work together to address these issues and the findings are detailed in the report.
- 4.5 The importance of making good food affordable, accessible and appealing was also highlighted as an important issue to tackle to improve health in the city. Poor diet is no longer commonly characterised by a lack of food, but access to food that leads to excess weight and a wide range of health problems that result from it. That said, there is an issue of food poverty throughout the country with food banks are a common and enduring presence; in Sunderland we have a network of food banks to help those that need them. A range of solutions to some of the issues relating to a healthy diet were identified through our engagement activities from education, community initiatives and broader policies such as those relating to hot food takeaways.
- 4.6 The core purpose of this report has been to involve communities in Sunderland in thinking about how the health of the local population can be improved. To prepare it, a range of different methods were used to reach people and actively listen to them. In doing so, we have also learned a great deal about the importance of involvement and engagement in reducing health inequalities. We know that some communities are not receiving and responding to health messages, and we see prevalence of some unhealthy behaviours varying dramatically from area to area in the city. In some cases, people told us they may want to be involved, but feel excluded: “[you can] feel a bit outside looking in when you are from another country or feel isolated. [You need to be] inspired by others – meet people through people – need an introduction.” (East Area Resident). Commonly, people also recognised the need to make involvement meaningful for children and

young people, for example via co-design activities. Attendees at the Health Summit were asked to consider how the children and young people can best be involved: “Bringing young people together. Listening to their voices and being involved [in] the systems [so they are part of decision making].” Additionally, *Let’s Talk Sunderland* is an opportunity for individuals, communities and anchor institutions to come together to improve health in the city.

5.0 Next steps

- 5.1 The 2019 report will be published on the council website and will be circulated to key partners in the city.

6.0 Recommendations

- 6.1 It is recommended that the Board:
- Note the findings of the Director of Public Health’s Annual Report.

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

WINTER PLAN 2019/20

Report of the Chief Officer Sunderland CCG

1.0 Purpose of the Report

- 1.1 The Winter Plan for Sunderland 2019/20 involving Health and Social Care providers and commissioners, is currently being finalised under the auspices of the A&E Delivery Board and will be presented to the Board.

2.0 Recommendations

- 2.1 The Board is invited to consider the presentation of the Winter Plan and comment where appropriate.

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

**SUNDERLAND SAFEGUARDING CHILDREN BOARD (SSCB) ANNUAL REPORT
2018-19**

**REPORT OF THE INDEPENDENT CHAIR OF THE SUNDERLAND
SAFEGUARDING CHILDREN BOARD**

1.0 Purpose of the Report

The purpose of this report is to present the SSCB Annual Report 2018-19 to the Sunderland Health and Wellbeing Board. This is a statutory requirement under section 14A of the Children Act 2004.

2.0 Achievements, risks and assurances

Local Safeguarding Children Board Independent Chairs must publish an [annual report](#) on the effectiveness of child safeguarding and promoting the welfare of children in their local area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

Achievements

The achievements of the SSCB throughout the 2018/19 year are noted within the report, though it is useful to highlight some of these to the Health and Wellbeing Board. These include:

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

Risks

The SSCP has identified the following areas as service priorities for the coming year:

- Vulnerable Adolescents
- Neglect and Poverty
- Compromised Parenting

It is these areas that present the greatest risk to the safety of children and young people if we do not strengthen process, practice and partnership working, provide evidence based interventions and mitigate impacts.

Assurance

During the last 12 months, the SSCB has developed a new and improved multi-agency performance scorecard and partners have signed up to a timeline for analysis and narrative submission; this has improved partners' response to undertaking professional challenge across the partnership.

This will be the final SSCB Annual Report as under the Children and Social Work Act 2018 LSCBs ceased to exist from 29th September 2019. The Sunderland Safeguarding Children Partnership (SSCP) replaced the SSCB on 5th August 2020. The safeguarding partners (Sunderland Local Authority, Sunderland Clinical Commissioning Group and Northumbria Police) must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the multi-agency safeguarding arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

Recommendation

The Health and Wellbeing Board is asked to:

- Note the content of the report and accept it as assurance of the current effectiveness of the local safeguarding children arrangements.



SSCB ANNUAL REPORT

April 2018 – March 2019

**Safeguarding and promoting the
welfare of children and young people
in Sunderland**

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1. Foreword by Independent Chair

It has been a privilege to have chaired Sunderland's Safeguarding Children Board (SSCB) for my second year. The Board brings together representatives from all the agencies which work to keep children safe in Sunderland. 2018-19 saw the Board settle comfortably into our new more streamlined arrangements; with strong senior engagement of all partners in strategic discussions at the Board, and ever-increasing levels of collaborative working within the Programme Boards.

It is important for us to have a clear picture of how safe children are within Sunderland, and we gather our information in a variety of ways. We have boosted our consultation directly with children this year, who have expressed clearly the areas where they continue to have anxieties. They do not always feel safe on the streets; they are concerned about online safety, and they want support in developing healthy relationships.

We also undertake regular multi-agency audits in areas of potential concern, set out in section 7, which allows us to dive deep into topics that may have been highlighted from our performance data or from individual case reviews.

We have been strengthening our analysis of performance data from across the agencies. The data shown in section 7 highlights how the levels of child protection activity tend to be high in Sunderland – we receive more referrals than many comparable areas, place more children on child protection plans, and look after more children. Data, however, is always fallible – the gap between Sunderland's data and those of our comparator authorities is not as wide as it appears, since our data shows some rises in our numbers in the last year, whilst not yet capturing mainly larger rises in our comparators.

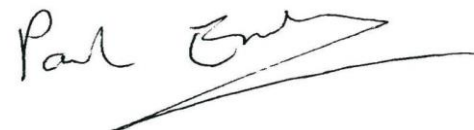
Throughout the year TFC has been the subject of monitoring visits from Ofsted, to check on progress since the very critical inspection of 2015. Each report has been broadly positive, and the Board has worked with TFC to take forward any new issues identified by Ofsted. We have also contributed to the Improvement Board that was established to oversee progress, which has

been chaired by a Commissioner, Nick Whitfield, appointed by the Department for Education. The Improvement Board has charted steady positive progress, and a "deep dive" study commissioned by the Improvement Board was very positive about the work of the SSCB.

I reported last year on Ofsted's re-inspection of TFC, which reported in July 2018. That report showed improvement in 3 out of 5 of the areas monitored – adoption performance in particular was graded as "good". However, the overall grading just failed to lift children's services over the bar, and the overall grading remained as "inadequate". Amongst other things this report highlighted the potential difference between positive judgements made during 5 monitoring visits, and more critical judgements within a full inspection. During the course of 2018-19, the monitoring visits have produced a variety of conclusions, all of which the Board reviews. Together for Children has a Quality Improvement Committee on which I sit. As Chapter 14 of this report sets out, other partners who have also been inspected during the year have largely received positive reports.

Boards across the country have been responding to the recent Children and Social Work Act, changing the legal requirements for safeguarding. Our new arrangements, which take effect from August 2019, are now published; on the surface, much of the structure remains the same, but increasingly we are working closely with partners across the Northumbria region to ensure that safeguarding practice is as consistent and efficient as possible.

The mood is positive in Sunderland, despite the many challenges we all face. We are blessed to be supported by a strong Business Unit, very ably led by Lynne Thomas and supported by Nicola Morrow, Paul Jarps, Natasha Kerr and Vivien Turner, to whom we offer warm thanks.



Sir Paul Ennals



2. Introduction

Local Safeguarding Children Boards (LSCBs) have a statutory responsibility to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services.¹ The report is published to give the public assurance about how effective the safeguarding children arrangements are in the local area. In Sunderland the Annual Report is published on the [SSCB website](#).

Over the last year the SSCB has continued to strengthen the arrangements that were implemented following the full review of the SSCB in 2017. The new arrangements were established to achieve compliance with the requirements of the Children and Social Work Act 2017 and the anticipated Working Together 2018.

Board meetings are now quarterly as are the SSCB Executive Group and both Programme Boards. The Chair is a member of the Children's Strategic Partnership and the Quality Improvement Committee established following the inspection of Together for Children – Sunderland (TfC) in April-May 2018. Regular meetings are held between the SSCB Chair and the Director of Children's Services, agency Chief Executives including the Chief Executive of the Local Authority, and the Chair of the Together for Children – Sunderland² Board. The Lead Member for Children³ is a Participatory Observer of the SSCB Board as required by statute.

In line with the new Board arrangements and the requirements of the Children and Social Work Act 2017 the SSCB is strengthening its engagement with schools and education bodies through the development of a Safeguarding Education Forum. Consultation with these bodies has identified a commitment from schools and education

bodies to strengthen their safeguarding children practice and engagement with the Board.

Following the publication of [Working Together 2018](#), the SSCB has reviewed and published its proposed multiagency safeguarding arrangements that will go live in 2019, including its proposed new plans for undertaking child practice reviews. The Plan includes proposals for further collaboration across the Northumbria area. The current SSCB arrangements will transition into the Sunderland Safeguarding Children Partnership (SSCP). The new arrangements and plan can be found [here](#).



¹ This is a statutory requirement under [section 14A of the Children Act 2004](#).

² [Together for Children – Sunderland](#) are commissioned by Sunderland Local Authority to deliver children's services on their behalf

³ [Lead member for Children](#)

3.1 Local Data

Sunderland is a city on the North East coast of England. The main built-up area of Sunderland historically developed around coal and shipbuilding industries and the Port. Outside the urban core lie two distinct sub areas. The south and west of the city known as the Coalfield area reflects the dominant industrial heritage. The second is Washington, a new town which has been part of the Sunderland district since 1974.

The child population in Sunderland is set out below with a comparison to regional and national figures:



Measure	Local	Regional	National
Live Births (2017)	2,903	27,488	646,794
Children aged 0-4 Years (2017)	15,100 (5.4%)	146,100 (5.5%)	3,384,900 (6.1%)
Children aged 0-19 years (2017)	60,600 (21.9%)	592,800 (22.4%)	13,169,100 (23.7%)
School children from minority ethnic groups (2018)	3,277 (8.3%)	42,598 (11.3%)	2,544,753 (32.3%)
School pupils with social, emotional and mental health needs (2018)	1,239 (3.1%)	10,707 (2.8%)	193,657 (2.4%)
Children living in poverty aged under 16 years	23.6%	22.6%	17%
Life expectancy at birth (2015-2017) BOYS	77.0	77.9	79.6
Life expectancy at birth (2015-2017) GIRLS	81.3	81.6	83.1

3.2 Baseline Information – Safeguarding and promoting the welfare of children



Rate of referrals per 10,000 of the population

Sunderland – 856.80

North East – 601.70

Statistical Neighbour – 582.07

England – 552.50

Rate of Child in Need (CIN) per 10,000 of the population

Sunderland – 532.50

North East – 460.20

Statistical Neighbour – 443.74

England – 341.00

Rate of Child Protection Plans (CPP) per 10,000 of the population

Sunderland – 106.00

North East – 95.00

Statistical Neighbour – 99.80

England – 64.00

Rate of Children Looked After (CLA) per 10,000 of the population

Sunderland – 90.90

North East – 65.70

Statistical Neighbour – 60.60

England – 45.30

* Sunderland data 2018/2019. Statistical Neighbour, North East and National Data and National data as of October 2018 – via the Local Authority Interactive tool (LAIT)

3.3 Inspection outcomes and performance of Agencies in Sunderland and across the region (where relevant)

Agency	Inspectorate	Date of Inspection	Type of Inspection	Outcome
Together for Children - Sunderland	Ofsted	Apr- May 2018	Single Inspection	Inadequate
		Sep-18	Fostering	Good
		Sep-18	Adoption	Good
		Sep-18	Children's Home: CR	Outstanding
		Oct-18	Children's Home: MV	Outstanding
		Jun-18	Children's Home: RR	Good
	Care Quality Commission (CQC)	July-18	Support Services for Disabled Children	Good
Northumbria Police	HMICFRS	January 2019	Post Inspection Review - January 2019	Requires Improvement
City Hospitals	CQC	17 th April 2018	Quality of Care	Good
Northumberland Tyne and Wear Foundation Trust	Care Quality Commission (CQC)	16th April 2018	Quality of Care	Outstanding
Harrogate and District Foundation Trust	Care Quality Commission (CQC)	6th Nov to 9th Nov 2018	Use of Resources	Good

* Note the newly formed South Tyneside and Sunderland NHS Foundation Trust (formerly South Tyneside Foundation Trust and City Hospitals Sunderland Foundation Trust) were not inspected under the new agency

General Practice



Education

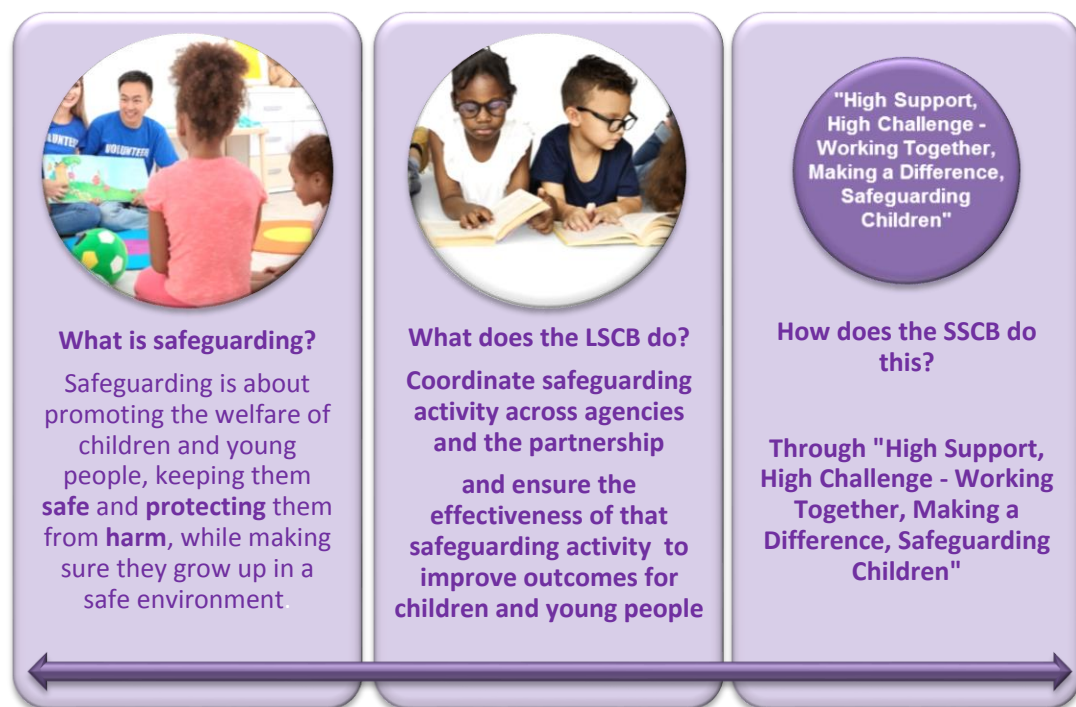
- 90% of the schools in Sunderland are rated as good or outstanding by Ofsted
- 202 children / young people were electively home educated in 2017/2018 – a rise of 40%
- 24.5 % of schools in Sunderland have rated themselves as fully compliant within the SSCB Section 157/175 Audit with 75.5% of schools rating themselves as partially compliant



4. Governance and Structure

Sunderland Safeguarding Children Board

Each local authority has been required to have an LSCB which is a statutory partnership established under [Section 13 of the Children Act 2004](#) and it works in line with previous statutory guidance '[Working Together to Safeguard Children 2015](#)'.



The Sunderland Safeguarding Children Board (SSCB) is chaired by an independent person and meets quarterly. The SSCB is supported by the [SSCB Business Unit](#).

The functions of the LSCB are:

- To develop policies and procedures for safeguarding and promoting the welfare of children in the local area
- To communicate and raise awareness of the need to safeguard and promote the welfare of children
- To monitor and evaluate the effectiveness of what is done by the local authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve
- To participate in the planning of services for children in the area of the authority
- To undertake reviews of serious cases and advising the local authority and their Board partners on lessons to be learned

The SSCB governance arrangements are set out in the SSCB Constitution. All Board and SSCB Group members are required to attend an SSCB induction session to ensure that they understand their roles, responsibilities and functions in undertaking work on behalf of the SSCB and their requirement to undertake all of their day to day functions with a focus on safeguarding and promoting the welfare of children and young people in Sunderland.

The SSCB, through the Chair and other Board members, is an active Children's Strategic Partnership Member, and has contributed significantly to the development of the Children and Young People's Plan for Sunderland.

4.1 The Children and Social Work Act 2017

The Children and Social Work Act 2017 removed the requirement for LSCBs, instead requiring local areas to have a Multi-Agency Safeguarding Partnership (MASA) led by the 3 Safeguarding Partners.

A “Safeguarding Partner” in relation to our local authority area is defined under the Children Act 2004 (as amended by the [Children and Social Work Act, 2017](#)) as:

- City of Sunderland Council
- NHS Sunderland Clinical Commissioning Group
- Northumbria Police

The Government published new guidance in 2018 that set out how local areas should work to replace Local Safeguarding Children Boards (LSCBs) with new safeguarding children partnership arrangements.

Working Together to Safeguard Children 2018 requires that as local safeguarding partners we set out arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs.

Our Safeguarding Plan sets out our intention to work together, and with, wider partners to safeguard and promote positive outcomes for children and young people. The new Sunderland MASA Plan was published on 24th June 2019 and is available [here](#).

The Act also places a duty on new [Child Death Review \(CDR\) partners](#) to review the deaths of children normally resident in the local area. The CDR partners are the Sunderland City Council and Sunderland Clinical Commissioning Group.

It is anticipated that the key focus of the revised safeguarding arrangements will be based on a dual “Think Family” basis where there will be a stronger connection between strategic and operational safeguarding functions that better aligns with safeguarding practice within the Partnership, demonstrating compliance, overview and evidencing impact for children and families.



4.2 Working across Partnerships and LSCBs

The SSCB works with a number of other Sunderland partnerships as set out below:

- [Children's Strategic Partnership \(CSP\)](#)
- The [Health and Wellbeing Board](#) (HWBB)
- The [Safer Sunderland Partnership \(SSP\)](#)
- Sunderland [Domestic Violence Partnership \(SDVP\)](#)
- Sunderland [Safeguarding Adult Board](#) (SAB)

Examples of this partnership working include:

Worked with the CSP, SSP and other partnerships to develop a local Domestic Abuse dataset and have started to develop a city wide commissioning strategy to tackle Domestic Abuse

Engaged with Safer Sunderland Partnership through the Missing, Sexually Exploited and Trafficked (MSET) Operational Group and the Vulnerable Adolescent Strategic Project Group (VASPG) to implement a new MSET model to improve outcomes for children impacted by MSET issues

Further collaborative working will be progressed with the Adult Safeguarding Board and other relevant partnerships in Sunderland. The more we progress towards a joint collaborative model the more we can add more substance and evidence to the 'Think Family' approach. In addition, we will be evidencing maximising the use of partner's time, commitment and wider understanding of safeguarding across the life course.

Sunderland is moving towards developing an integrated approach to safeguarding, bringing together the work of the 3 key partnerships (the Safeguarding Children Partnership, the Safeguarding Adults Board and the Safer Sunderland Partnership).

Each Partnership will have its own relevant structure sitting beneath their Board/Partnership as appropriate with key checkpoints built in to evaluate how effectively this model is working in achieving each arrangements' statutory functions. Reporting will be into the HWBB and its constituent partnerships as appropriate.

By the end of the September 2020 it is intended that the work of the 3 Boards will also be more integrated, perhaps through all the Boards meeting quarterly on the same day and structured in such a way that supports key shared safeguarding issues being discussed and addressed once rather than three separate times. This arrangement will be supported by a local integrated safeguarding hub approach across the relevant support staff.

The Chairs and Business Managers of the 3 Partnerships will meet quarterly within the new City Safeguarding Group, with a remit of ensuring effective coordination between the 3 Boards, agreement as to how to oversee cross-cutting safeguarding issues (such as domestic abuse, modern day slavery, serious violence etc), and resolution of any escalated issues.

The SSCB will continue to provide “**high challenge** and **high support**” to these partnerships where appropriate.

4.3 Cross Boundary LSCB work



The SSCB has worked with Gateshead, Newcastle, North Tyneside, Northumberland and South Tyneside LSCBs to strengthen regional and sub regional work.

The LSCB Business Managers for Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland have produced the following in 2018-2019:

Data set and scorecard which can be amended as needed for local issues. This will allow for better cross region benchmarking etc

Standardised section 11 audit tool and process - analysis will also take place across the region thus freeing up local resources

Sharing learning from learning and serious case reviews and shared approach to the dissemination of learning through a corporate 7 minute briefing template etc.

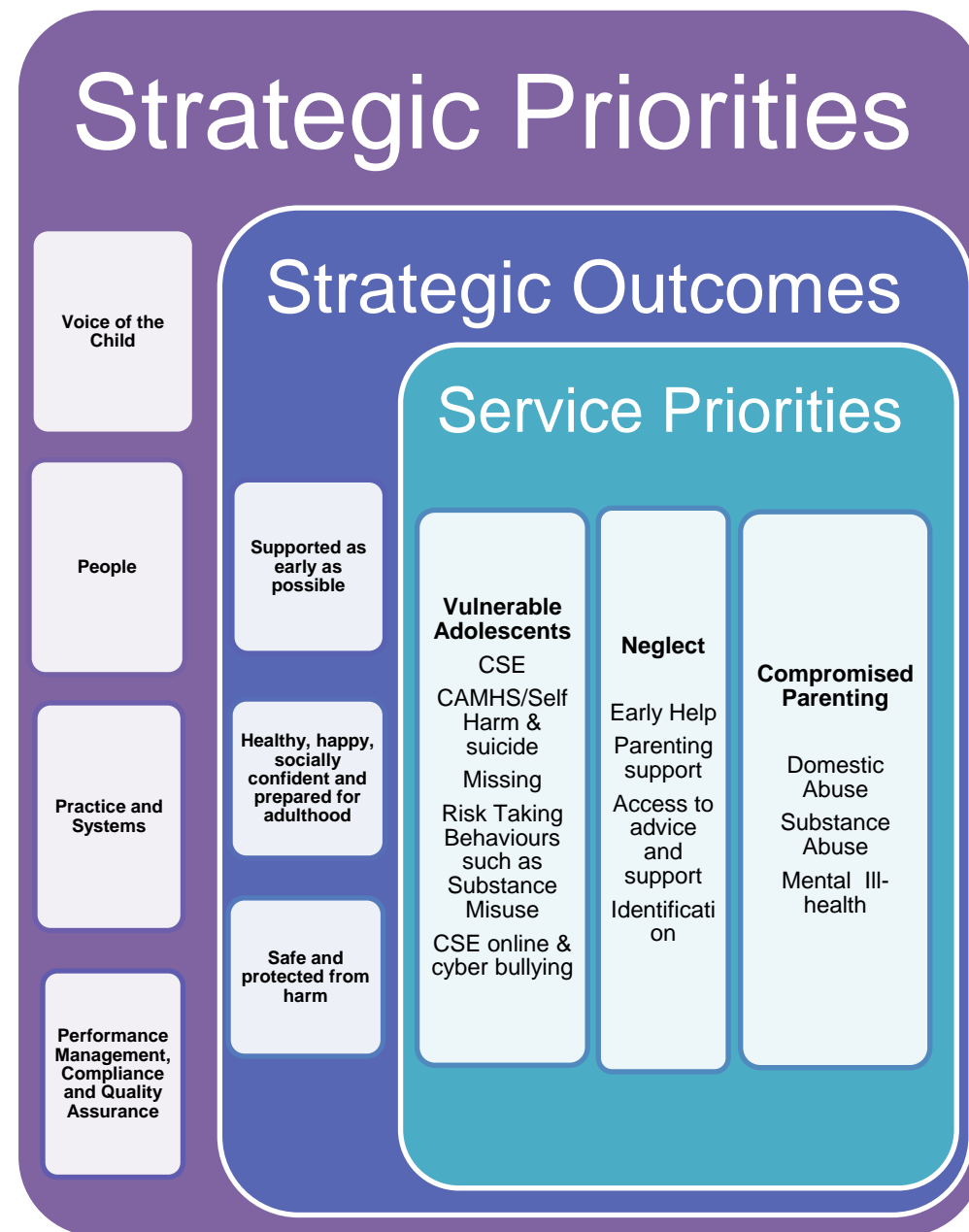
Safeguarding Training

PAN Safeguarding Children Procedures

The six areas were Early Adopters as part of the [DfE Early Adopters Programme](#). This programme is exploring which key safeguarding functions can be more effectively undertaken across a wider footprint, and which functions need to retain a place-based focus at local authority level.

During 2019-2020, further work will be completed on integrating functions across the Northumbria Police Force footprint, and a wider structure review will be undertaken in the spring of 2020.

5. SSCB Strategic and Business Plan 2019 - 2020 progress



The SSCB Strategic Plan sets out the Board's identified strategic and business priorities to inform its work. The SSCB Business Plan 2018-2019 was also in place until all tasks were achieved by quarter 2 of 2019 – 2020.

Achievements and progress on delivering the SSCB Business Plan 2018-19

- Launched new SSCB [Guide to Our Thresholds of Need](#) in November 2018 to assist practitioners in identifying a child's level of needs and indicate what the most appropriate referral pathway is to assess and meet those needs. Multi-Agency Workshop sessions have been delivered to embed the Guidance.
- Introduced [Safeguarding Staff Engagement Forums](#) for frontline staff on issues such as Domestic Abuse.
- Implemented a SSCB Workforce Development and Training Strategy, Competency-Based Framework for the Workforce and standards for a core curriculum for safeguarding children training
- Reviewed the increasing demand for safeguarding and child protection services and undertook work to safely turn the curve
- Undertook Interim Snapshot Evaluation of the MSET Operational Group – See Impact below

Impact – “Police research, whilst single agency and based purely on whether MSET has led to a reduction in further crime, tends to demonstrate that despite areas for improvement, MSET plays an effective part of the safeguarding process, and combined with the expertise and range of supportive services embedded within the victim hubs, results in the obtaining of disclosures from young people that otherwise may not have been achieved - It appears that the involvement of MSET Operational Group does lead to positive outcomes for young people “– January 2019

6. Progress on the SSCB Service Priorities 2019-2020

Service Priority 1 – Vulnerable Adolescents

What do we mean by Vulnerable Adolescents?

- “Young people whose resilience and ability to manage their own emotional and social behaviour, relationships and environment is compromised by, for example, family context, neglect, and other risk factors, and whose behaviour creates harm to themselves and to others”
- This "Risk Taking Behaviour" includes activity such as drug and alcohol use and going missing etc

Vulnerable Adolescents

- 92.6 per 100,000 for admission episodes for alcohol specific conditions for under 18's compared to a National Rate of 32.9
- 154.6 per 10,000 for hospital admissions caused by injuries in children under 15 compared to a National Rate of 96.4
- 159.8 per 100,000 hospital admissions for mental health conditions compared to a National Rate of 84.7

The Vulnerable Adolescent Strategic Project Group (VASPG) has continued into 2018-2019. The VASPG analyses the SSCB Performance Scorecard measures linked to its agenda and provides challenge and scrutiny which informs the performance report submitted to the Board.

A full review of the MSET Operational Group has been undertaken to better focus the Group on measuring impact and outcomes. The operational group is responsible for ensuring the effectiveness of multi-agency working to safeguard and promote the welfare of those children and young people who have been identified as medium/high risk on the Child Sexual Exploitation Screening Tool. The Group also provides

advice, learning, signposting and additional support to those frontline workers responsible for medium/high risk young person. The SSCB [MSET Operational Group Escalation policy](#) has been strengthened following a review of its application.

MSET Risk Assessments

- In 2018/2019 566 risk assessments forms were submitted to pre-MSET for consideration of which 37 were discussed at MSET Operational Group (25 males:12 females)

Together for Children - Sunderland commission Barnardos to undertake Return Home Interviews for children who go missing from home or care. Regular reports from Barnardos are received into VASPG following a concern raised by the SSCB highlighting barriers to service effectiveness such as difficulty engaging, sharing of intelligence and instances where groups of young people are missing together.

Return Home Interviews (RHIs)

- Were completed in 92% of cases where they had been offered

Missing Episodes

- 1038 missing episodes were reported to police for 322 individuals, a reduction of 19%
- Missing episodes are categorised using the following classifications: High, Medium, Low and Not at Risk
- The biggest increase in 2018-2019 was seen in the Low Risk category with a rise of 321% from 28 to 118 missing episodes being classed as Low Risk

Service Priority 2 – Neglect and Poverty

What is Poverty?

- Relative poverty generally means that a person can't afford an "ordinary living pattern"—they're excluded from the activities and opportunities that the average person enjoys
- A household is in relative poverty (also called relative **low** income) if its income is below 60% of the median household income

What is Neglect?

- Child neglect is a failure to look after a child and could result in poor health or development
- Children (including unborn babies), need food, water, shelter, warmth, protection and health care to grow and develop
- Children need their parents or carers to love and care for them
- Neglect can also include physical abuse, emotional abuse and sexual abuse

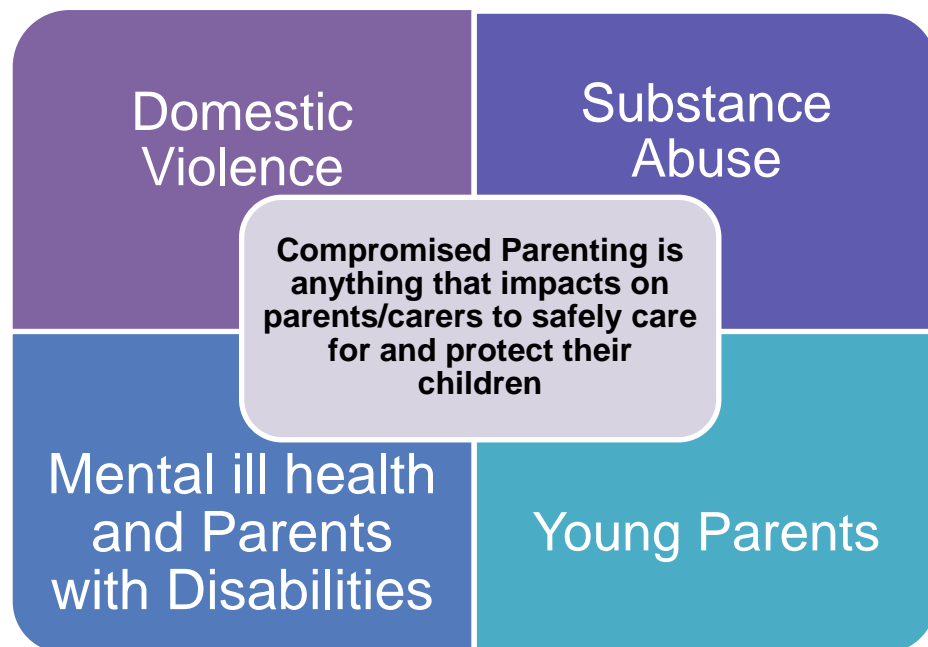
Neglect

- Continues to be the most frequent reason for children to be placed on a child protection plan in 2018-2019 (56.6%)

Work to tackle Neglect and Poverty

- Developed and launched the SSCB Neglect Toolkit in conjunction with the Children's Strategic Partnership, to ensure that children impacted on by neglect, receive assistance to minimise the impact as early as possible

Service Priority 3 – Compromised Parenting



Compromised Parenting

- 3216 Domestic Abuse incidents reported with a child present, an 8% rise from 2017-2018
- 2895 Operation Encompass referrals in 2018-2019
- 31.9 per 100,000 under 18 conceptions compared to a National Rate of 18.8
- Suicide rate of 10.6 per 100,000 compared to a National Rate of 9.6
- 966 per 100,000 admissions for alcohol related conditions compared to a National Rate of 632
- 119 substance misuse treatment starts with a child living in the household

What have we achieved?

- Initiated a whole city approach to Domestic Abuse through the establishment of the SSCB led Domestic Abuse Strategic Project Group (DASPG). During 2017-2018 the Group has:
- Supported streamlined working and reduced silo working across partnerships through a collective approach
- Benchmarked Sunderland against the Violence against Women and Girls National Statement of Expectations and developed a plan to improve our collective response to children, young people, adults and families impacted on by domestic abuse
- Consulted with professionals and providers to inform future work and a commissioning strategy
- Planned engagement and consultation sessions with frontline staff and providers to seek their views to inform the work of the Group
- Operation Encompass: The Next Step is a collaboration between Northumbria Police and Northumbria OPCC, Operation Encompass, and Barnardos. Its vision is to build on the very successful Operation Encompass initiative, to provide enhanced support to children and families affected by domestic abuse, and to staff within schools, to enable appropriate support and safeguarding within the safe school environment.
- **IMPACT - in 2018-2019 there have been 2895 Operation Encompass referrals made. All schools in Sunderland are signed up to Operation Encompass. Feedback from schools is positive and they feel it strengthens their ability to safeguard children**

7. Performance Monitoring and Quality Assurance

During the past 12 months the Performance & Quality Assurance Programme Board has embedded the systems and processes that the SSCB need to consider, to monitor and evaluate the effectiveness of multiagency practice in respect of safeguarding and promote the welfare of children and young people in Sunderland.

Where gaps are identified, implications for the SSCB are considered and any agreed actions and risks are escalated to the SSCB and monitored through the SSCB Risk Register.

The Performance and Quality Assurance Programme Board has;

- Implemented the Single Agency Audit Monitor – to provide a level of assurance to the Programme Board as to the actions for agencies following Inspection outcomes
- Contributed to the development of a regional performance dataset and templates
- Supported the collation of Domestic Abuse and Violence Against Women and Girls data for Domestic Abuse Strategic Project Group (DASPG)
- Overview of a set of key performance indicators in relation to 'Demand' on services within Sunderland
- Drafted new Exception report format to Board which is more visually effective

Whilst the SSCB dataset is comprehensive the SSCB Performance Reports to the Board highlight exceptions only

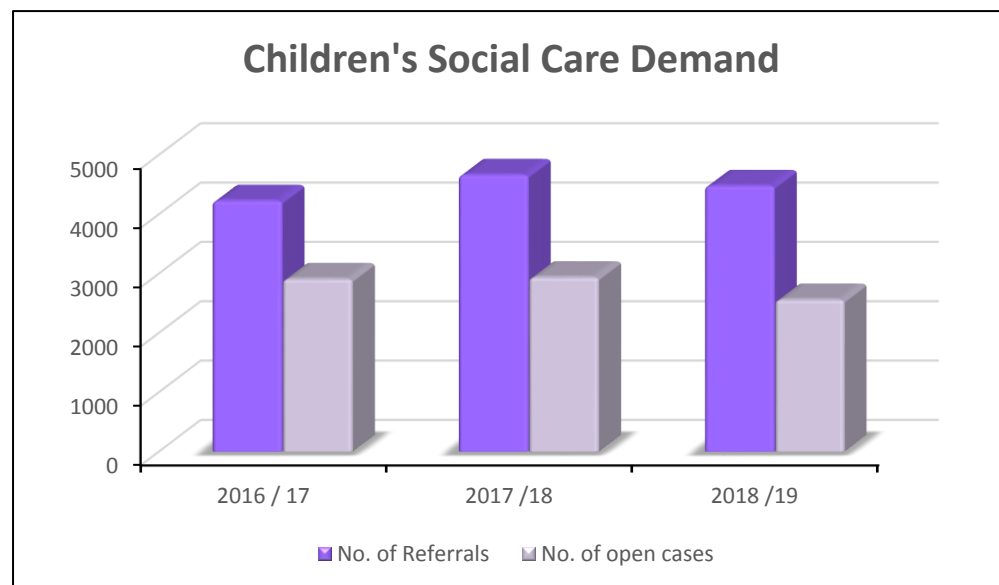
Impact - To ensure a focussed approach to identifying good performance and areas where improvement is required

Quality Assurance

- Ensure that schools are meeting their statutory obligations regarding safeguarding and promoting the welfare of children
- Carry out multi-agency audits and identify lessons to be learned and make recommendations which are compiled into a Learning and Improvement Matrix - shared with the Learning and Workforce Development Programme Board
- Multi-agency audit reports to inform the SSCB of the quality of work being undertaken and its impact on outcomes for individual children and young people
- The SSCB Data Scorecard has been streamlined to ensure that performance reporting and analysis is aligned to the SSCB Strategic and Service priorities

Impact - The Audit Cycle and Learning and Improvement Matrix has led to improvements in the appropriateness of referrals from key agencies such as health agencies and in the quality of responses to referrals by Children's Services however the quality of assessments and plans need to be improved

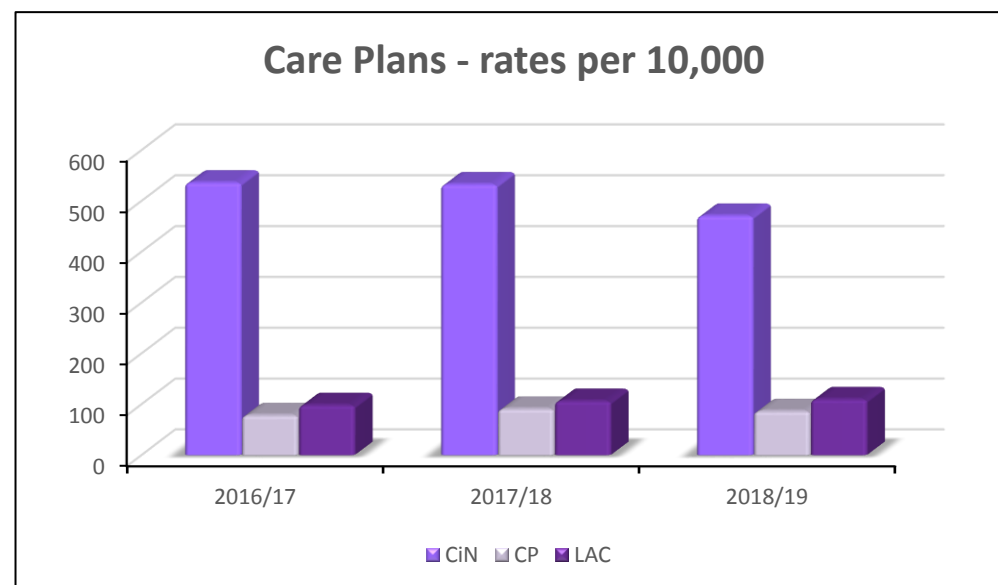
Performance:



2018-2019 saw a reduction in the number of referrals received by Together for Children by 4% to 4480. The number of open cases to social care also saw a reduction of 13% compared to 2017/2018. Northumbria Police are the highest referring agency into TfC at 29.9%

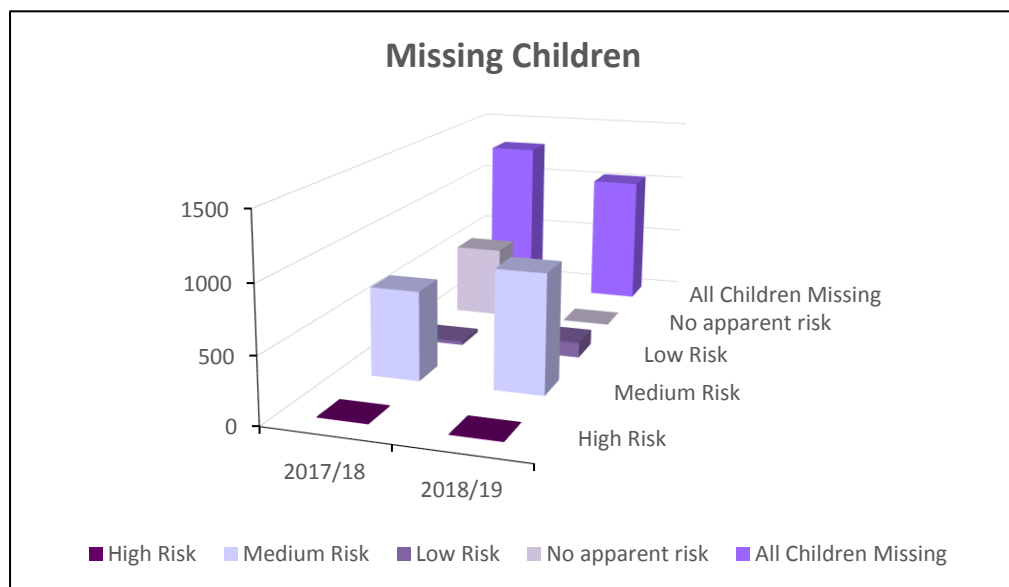
% of all referrals to CSC from different agencies:

Individual (self, relative, carer/acquaintance)	7.5%
Education (schools/early years and other providers)	19.5%
Health (G.P, Health visitors, School Nurses, Other Primary Health Care Services)	18.7%
LA Services	10.8%
Other Service	7.2%
Police	29.9%
Other	6.4%



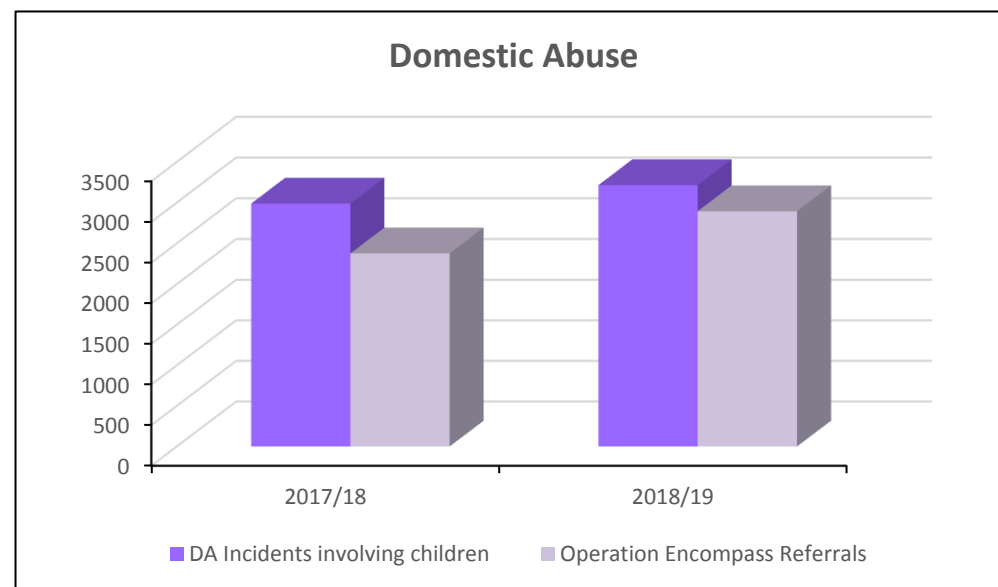
The rates of Children in Need (CIN), Child Protection Plan (CPP) and Looked after Children (LAC) remain higher than statistical neighbour and national averages. The rate of CiN has seen a significant rate decrease of 61.9 and the rate of CPP has decreased by 4.6. However, the rate of LAC has seen a rate increase of 3.4, continuing a trend of yearly rate increases.

Further analysis of performance across Demand Indicators will be carried out in October 2019 when the statistical neighbour, north east and national data is updated and available via the Local Authority Interactive tool (LAIT).



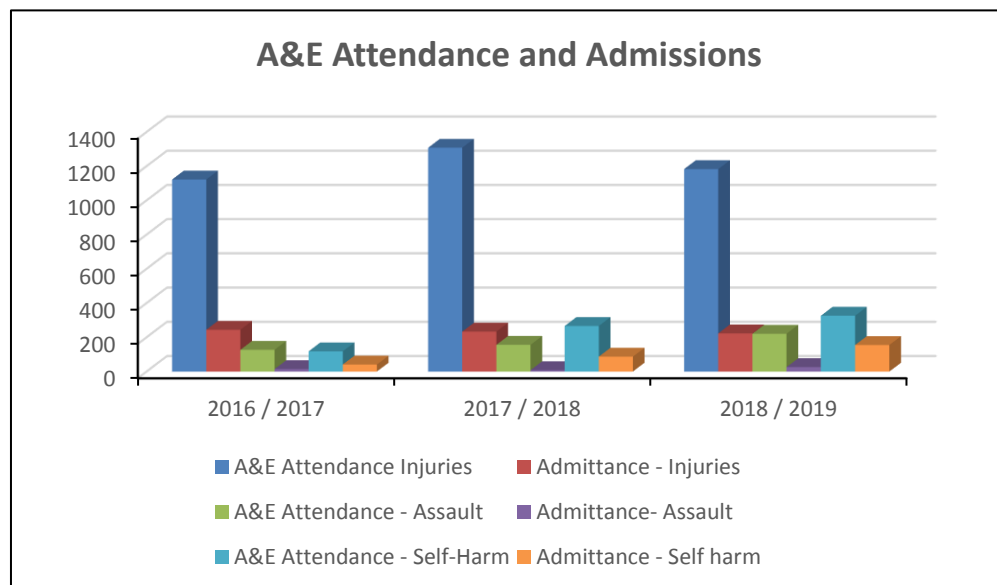
2018/2019 saw the first full year of data using the risk categories of high, medium, low and no apparent risk (previously absent). This equated to significant changes to the categories used.

	2017/18	2018/19	Change (Volume)	% change
All children reported missing	1288	1038	-250	-19%
High	7	5	-2	-29%
Medium	688	911	223	32%
Low	28	118	90	321%
Individuals	293	322	29	10%



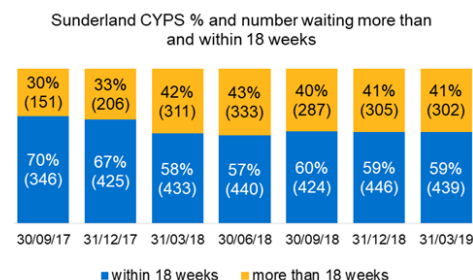
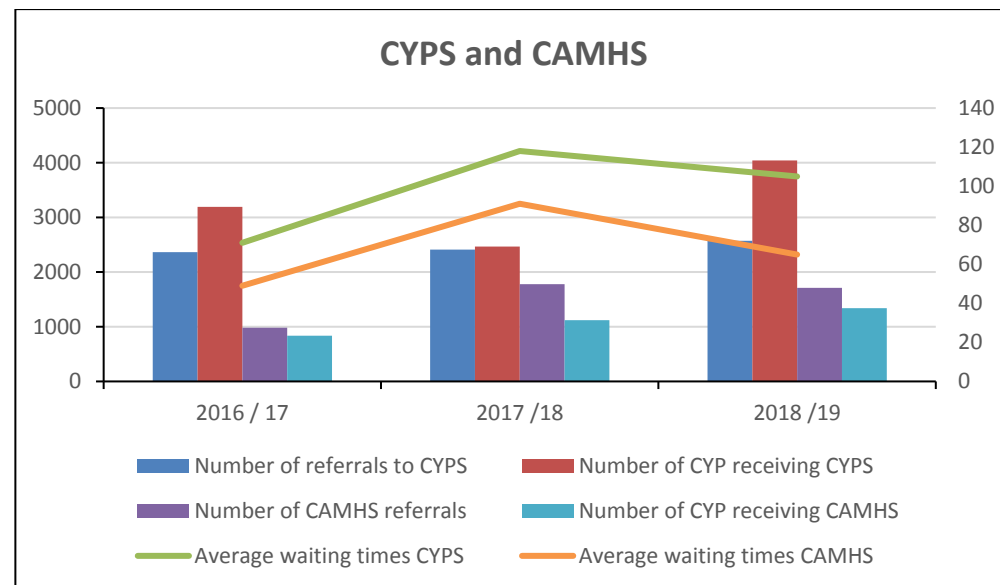
The number of Domestic Abuse (DA) incidents recorded with a child present saw an 8% increase, this is in line with the overall Northumbria Police force increase of 7%. Arrests associated with DA have increased by 16% which is in line with the overall force increase of 20%.

A few projects are currently being undertaken in the city which are fed into the Domestic Abuse Strategic Project Group (DASPG) which include: Change that Lasts, the Pause Project, the Family Nurse Partnership Adapt Model, Reducing Parental Conflict, Operation Encompass – the next steps and the Early Adopters DA bid. A DRAFT Sunderland's Violence Against Women and Girls (VAWG) Needs Assessment 2019 has been written and shared with the group. The Needs Assessment highlights the economic and social costs of domestic abuse which equated to around **£315,000,000** per annum in Sunderland.



2018 / 2019 saw a reduction of the number of children and young people attending A&E and subsequently being admitted for unintentional and deliberate injuries. However, the numbers of children and young people attending A&E for assault and self-harm have increased significantly by 41% and 22.5%. The severity of the injury due to assault or self-harm have seen the admission rate for both increase by 225% (18) and 78% (68).

Work undertaken by P&QA PB was undertaken regarding possible correlation between waiting times for mental health services and the number of children and young people attending A&E for self-harm. Two audits identified no correlation and good practice by both TfC and NTW NHS Foundation Trust and the other practitioners involved with the young people. The Safer Sunderland Partnership (SSP) have been asked to investigate trends and analysis in relation to the increase and severity in the number of assaults.



The level of demand for both Children and Young People Service (CYPS) and Child and Adolescent Mental Health Services (CAMHS) remain high. Referral rates for both services have remained stable and the number of children and young people receiving CYPS rose by 63.8% in 2018 / 2019. However, the waiting times for CYPS service continues to be over 100 days.

In quarter 3 and 4 of 2018 / 2019 there was a significant reduction in the waiting times for the CAMHS Service to 14 days. The number of children receiving a CAMHS service increased by 19%. The improvement in service delivery is the result of recruitment to a number of key posts and new service offers in place such as online counselling.

Multi-agency Audits

The Performance & Quality Assurance Programme Board (P& QA PB) received updates on several formal audit processes in addition to looking to partners and other Boards for assurance across the SSCB priorities. This enables the Board to identify where improvements can be made, to identify good practice and to be assured about safeguarding across the city.

The SSCB partially implemented its Multi-Agency Audit Cycle 2018-2019 completing 5 Multi-Agency Audits:

- Section 175 / 157 (of the Education Act 2002) Audit
- SSCB Missing, Sexually Exploited and Trafficked Operational Group (MSET) Minutes
- Emotional Wellbeing
- Mystery Shopper – Serious Case Review
- Mystery Shopper – Guide to our Thresholds

2018 - 2019 also saw the further development of the Single Agency Audit Plan which has enabled the SSCB Audit Cycle to align with single agency plans, avoid duplication and enable multi-agency themes to be brought to the Programme Board's attention. In 2018 - 2019 reports from Together for Children were discussed in relation to the following audits:

- Step up - step down procedures between Children's Social Care and Early Help
- Re-referrals to Children's Social Care

The Emotional Resilience Audit found examples of good practice by both TfC Children's Social Care and NTW NHS Foundation Trust but also the other practitioners involved with the young people

In fulfilling their Statutory function, the Board is required to ensure that schools, about their duty under either Section 157 / 175 of the Education Act 2002, are meeting their statutory obligations regarding safeguarding and promoting the welfare of children. One of the methods by which this task is executed is by asking schools to self-evaluate under a framework of benchmarks and then sharing results with the Board – commonly known as the “Section 157/175 Audit”. This audit provides schools with an opportunity to reflect upon their own safeguarding practice and procedures.

The Section 175 / 157 audit conducted in 2018/19 saw 108 / 118 schools made a return of the self-assessment audit tool equating to a 92% return rate.

The self-assessment rates made by the schools in November 2018 were;

- 25% fully compliant
- 63% partially compliant
- 11% partially compliant with some non-met categories
- 1% schools submitted audits completed by external companies

The learning from the 2018 Audit will be fed into the 2019-2020 Section 157/175 Audit which will be undertaken across the North and South of Tyne LSCB Areas

8. Learning and Improvement

In 2018-2019 3 cases were brought to the attention of the SSCB, where children died or were seriously harmed. The Board is undertaking a serious case review for one of these cases and undertook a learning review for another. One case is being progressed through the Child Death Review Process.

The Board developed its own hybrid model for serious case reviews which has a clear focus on the involvement of staff and families in the process. The process is challenging but supportive of staff and agencies to facilitate the most effective learning and improvement process.

Learning from local SCRs has led to the development of guidance for bruising in immobile babies, a neglect toolkit, and training delivered to support staff working with resistant, hostile and uncooperative parents. Because of learning reviews and audits, work is planned to review and update conference report templates and develop a neglect strategy. The SSCB also worked with regional colleagues to develop learning materials regarding babies.

The SSCB has also identified audit work that is required in 2019-2020 following a complaint from a family in respect of how a child protection conference was conducted.

Further evidence of the outcomes of Learning and Improvement activity can be found [here](#).



The SSCB collates the findings from learning and improvement activity into a Learning and Improvement Matrix to ensure an overarching record and response to the findings. Repeat learning/findings are monitored to ensure that if one approach to addressing findings is not successful an alternative approach can be made. This allows for a streamlined model for learning activity and measuring impact and ensures that improvements can be appropriately collated and evidenced.

Learning and Improvement Matrix

- The Learning and Improvement Matrix is a document comprising the key learning / recommendations from SSCB Multi Agency Audits, Serious Case Reviews (SCR), Learning Reviews (LR) and relevant multi-agency inspections and / or peer reviews.
- The Learning Improvement Matrix includes for each recommendation: Source of recommendation i.e. SCR, lead Programme Board / Project Groups and Lead Officer and timescale for completion
- The Matrix allows for each programme Board / Project Group to 'own' the learning recommendations specific to the Programme Board / Group. Each action is cross referenced as appropriate to the SSCB Business Plan 2017 – 2019 and the Children's Strategic Partnership (CSP) Children and Young People's Plan (CYPP) 2017 – 2020. This will aid with cross partnership working and reduce duplication on cross cutting issues

9. SSCB Policy and Procedures



Sunderland, South Tyneside and Gateshead LSCBs adopted a sub-regional approach consortium for producing safeguarding procedures for children in 2016 resulting in a strengthened, more consistent approach to safeguarding across the sub region as well as to promote a more efficient and succinct approach in terms of the procedures.

The sub regional procedures are web-enabled ensuring that they are a highly accessible tool for use by practitioners. Information to highlight the profile and use of the on-line procedures and the local resources to support front line practitioners was disseminated across all three Local Authorities. They are also highlighted within SSCB training, SSCB member induction etc.

The LSCB Business Managers across the region have made considerable progress on securing robust integrated and collaborative arrangements developing Pan Safeguarding Children Policies and Procedures ready to go live in 2019. This will ensure improved consistency across the region in terms of practice and provide some level of efficiency in relation to costs, maintenance and review.

The current SSCB procedures can be found at - <http://www.proceduresonline.com/nesubregion/>

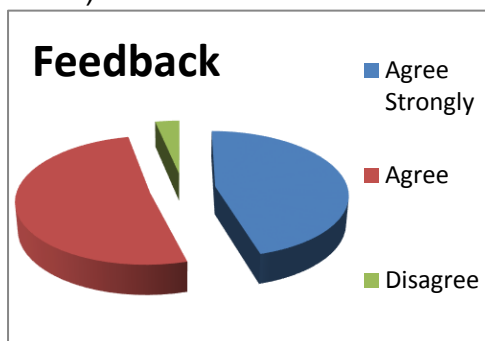
New and updated SSCB procedures and guidance in 2018 - 2019

- Dangerous Dogs and Safeguarding Children
- Child Sexual Abuse in the Family Environment
- Modern Day Slavery
- Missing, Sexually Exploited and Trafficked (MSET) Operational Group Escalation Procedure
- Forced Marriage
- E-Safety
- Child Sexual Exploitation
- Multi-Agency Risk Assessment Conference (MARAC)
- Domestic Abuse Pathways

10. Training and Workforce Development

SSCB offered 9 core courses in 2018- 2019 including SSCB Guide to Our Thresholds of Need Workshop, Missing, Sexually Exploited and Trafficked (MSET) Workshop and Modern-Day Slavery training. A total of **37 courses** were delivered in 2018/19. The courses were attended by a total of **832 staff**.

The training courses received very positive feedback with **95% of attendees** agreeing or strongly agreeing that the training improved their understanding and knowledge of the subject (see Graph 1 below).



The SSCB training was supplemented with a 'Think Family' Conference held in March 2019 at Rainton Meadows, attended by **102 partners** from Sunderland. The photograph above is of the event.

Impact – “I will use the thresholds document in family support meetings as sometimes there are conflicting opinions, so this will be useful”

E-learning Courses

SSCB provide access to a full range of e-learning courses through the Virtual College.



E learning courses available include:

- Safeguarding Children and Young People from Abuse by Sexual Exploitation
- Awareness of Domestic Abuse and Violence
- Awareness of Child Abuse and Neglect
- Safeguarding Children with Disabilities

During 2018-2019:

- **1,312** new e-Learning accounts added
- **5,193** e-Learning modules completed
- **97%** of those completing evaluations stated they would recommend the course to other people

Impact – “I liked the fact that it was multi-agency and we were expected to move around so that we could work with partner agencies we may not have worked with before. I liked using the scenarios which generated discussion”

11. Marketing, Communication and Raising Awareness

The SSCB developed a new website that went live in August 2018. The website was custom built for the LSCB and future proofed for the move to a new multi-agency safeguarding arrangement by September 2019.

The [SSCB website](#) is the main access point for safeguarding information and materials.

Since its launch the new SSCB Website has seen a significantly improved usage compared to the previous website – up 37%:

- 2,064 Individuals visited the website
- 14,374 pages were viewed in total
- 1 minute 45 seconds was the average time spent on the pages viewed
- Twitter and Facebook were the main social media channels users accessed the webpage from
- Users used the following websites to access the SSCB website:
 - Google – 444 / Bing – 110
 - Together for Children - 100
- The website is accessed mainly via desktop (72.5%) and mobile (24.6%) with tablet used the least (2.9%)
- Top ten most viewed pages within the period were:
 - Home Page – 7636 views
 - Workforce Development – 1068 views
 - E-Learning – 826 views
 - About us – 678 views
 - Training Offer – 630 views
 - How to make a referral – 494 views
 - Children and Young People's page – 422 Views
 - Publication of Reports – 340 views
 - Serious Case Reviews – 294 views
 - Contact us – 128 views

Campaigns we supported in 2018/19

- National Child Sexual Exploitation Day - March 18th 2019
- Independent Inquiry into Child Sexual Exploitation (IICSA)
- Child Safety week
- Safer Internet Day
- Young Carers Awareness Day



Independent Inquiry into Child Sexual Abuse (IICSA)

Sunderland SCB has supported the Independent Inquiry into Child Sexual Abuse (IICSA), providing the project with information on how we protect children and young people in Sunderland.

We have also promoted the Truth Project which by hearing from victims and survivors of sexual abuse as children, who were let down by organisations that should have protected them, we can help to understand how and why children were failed and find better ways to protect children in the future.

Social Media

- **Twitter:** @SunderlandSCB
- **Joined:** 29.05.2018
- **Followers:** 142 (as of 08.07.19)
- **Tweets:** 216 (as of 08.07.19)
- **Impressions** (number of times users saw a tweet): over 25k
- **Engagements** (number of times users interacted with a tweet; liked, retweeted, commented): 470



12. Engagement with Children and Young People

In October 2018 SSCB also delivered a Young Persons Conference at Bede Tower, attended by **46 young people** aged 11-18 years of age from the city. The Conference was supported by several partner agencies including Barnardo's, NSPCC and MIND. There was representation from 8 schools and education settings covering a mixed range of young people

The conference was a participation and engagement event to ensure that young people's views are at the core of shaping the agenda and determining outcomes in relation to present and future issues that directly impact on our young people.

4 Workshops were delivered by experts on – Online Safety, Emotional Resilience, Alcohol and Substance Misuse and Healthy Relationships.

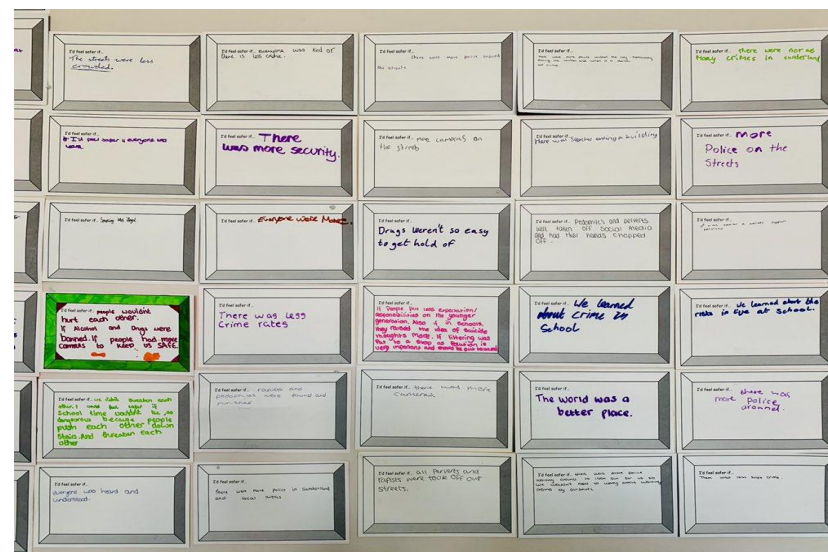
What our young people⁴ said –

Impact –

- 35 out of 38 said they would like to see more events like this
- 23 out of 25 said they felt safer after attending the Conference
- 35 out of 44 said they were more confident after attending this Conference that they would know where to go for support if they felt unsafe



A Graffiti Wall was set up for young people to add their views about why they feel safe and how they could feel safer.



⁴ Please note the number of young people varied through the day as some arrived later or had to leave earlier due to other commitments

13. Future Service Priorities

The Sunderland Safeguarding Children Board agreed the following priorities and priority actions on when to build the first MASA Business Plan for 2019 - 2020:

Vulnerable Adolescents

- CSE
- Risk Taking Behaviours such as Substance Abuse
- CAHMS/Self-harm and suicide
- Missing
- CSE online and cyber bullying

Neglect & Poverty

- Early Help
- Parenting support and the best start in life
- Access to advice and support
- Identification

Compromised Parenting

- Domestic Abuse
- Substance Abuse
- Mental ill health

14. Professional Challenge

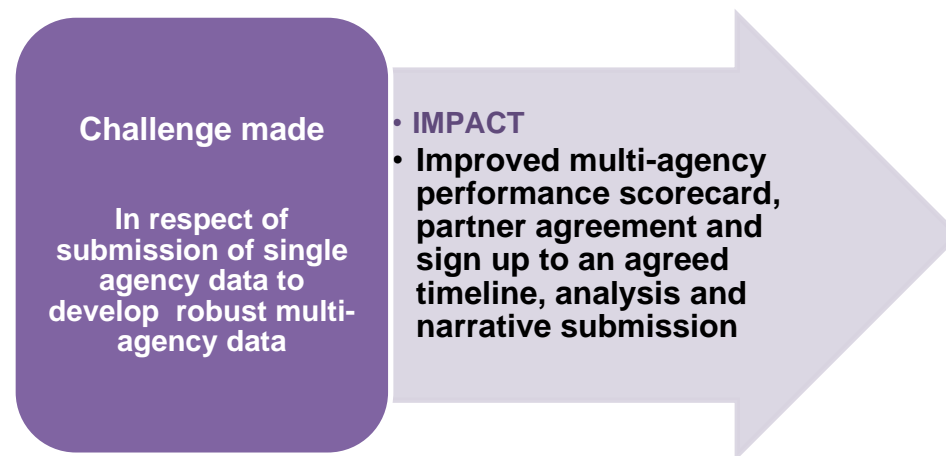
Safeguarding children is the responsibility of all professionals and volunteers working with children, young people and their families. This includes making and acting on appropriate professional challenge. The SSCB also has a responsibility to ensure that it acts as a critical friend to agencies and relevant partnerships in respect of their work to safeguard and promote the welfare of children and their families.

There has been an improved response to undertaking professional challenge across the partnership over the last year as the SSCB Resolution of Professional Differences process is being followed. Agencies report that partners are more receptive to professional challenge and there has been limited recourse to using the Board's process for professional challenge on operational activity.

The SSCB Chair uses the SSCB Mission of “high support and high challenge” to support and enable partners to take accountability and responsibility for their work and actions. The Chair's influence is demonstrated both within and outside of formal meetings and has included changes in frontline delivery, engagement with children and improved multi-agency working.

Examples of Professional Challenge

Partners have robustly challenged each other and debated about whether the criteria are met when considering cases for serious case reviews. This includes debating whether there were issues about how partners worked together.



15. How safe are children and young people in Sunderland?

It is never possible to say categorically that all children are safe. However, we can reach some conclusions through examining what external scrutiny of our services within Sunderland tells us, what public health data tells us of the overall health and wellbeing of Sunderland's children, what our own multi-agency performance data tells us, what we learn from the reviews and consultations we undertake, and what children and young people themselves tell us.

We know that 90% of Sunderland's schools are still rated good or outstanding, better than the average for local authorities, and this plays an important part in keeping children safe. Good schools are normally safe schools, and schools play a vital role in helping children learn how to keep themselves safe, as well as providing us with a great opportunity to check on how children are doing.

We know too that many of the child health indicators in Sunderland remain worrying; our rates of childhood obesity and early death are high. We have seen real reductions in rates of smoking in children, and smoking amongst expectant mothers, but the figures remain much too high. Child poverty rates remain higher than average, and the introduction of Universal Credit during the year provided new challenges to many families.

Sunderland City Hospital is rated as "good" by the Care Quality Commission; the Northumberland, Tyne and Wear Mental Health Trust (NTWMHT) is rated "outstanding"; the community child health services provided by South Tyneside Foundation Trust were rated as "good".

Northumbria Police have been subject to various inspections; overall their services in support of children and young people are well considered.

Children's Social Care Services have been provided by the new company, "Together for Children" (TFC), since April 2017. Ofsted's re-inspection of TFC reported in July 2018. That report showed improvement in 3 out of 5 of the areas monitored – adoption performance in particular was graded as "good". However, the overall grading just failed to lift children's services over the bar, and the overall grading remained as "inadequate". Separate more recent inspections of fostering services and adoption services have both been rated as good. Two of TFC's children's homes have been rated as outstanding, and the other is rated as good. The Quality Improvement Committee for TFC, on which I sit, continues to monitor all aspects of the safety of the children of Sunderland, and can point to real progress being achieved in many areas.

The safeguarding data in this report paints a complex picture. Last year I reported that all areas of child protection activity were showing rapid rises. This year we are seeing some changes. Improvements to the operation of the front door is resulting in reductions in contacts and referrals, though these are both still too high, and further work is necessary – especially with the police – to improve processes. Our rates of child protection cases, and children in care, remain very high, but the gap between ourselves and our statistical neighbours seems to be narrowing.

The new Early Help programme is bedding in, with increased support from partners. In a world where statutory budgets continue to decrease for all agencies, effective joint working is ever more necessary to reduce the flow of children and families who enter crisis. This service is now proving its worth, and partners are increasingly recognising its value.

Health data has shown a reduction in the previously exceptionally high rates of A&E attendance for injuries, but there has been a large increase in rates of self-harm, which are being investigated. Mental health data shows a significant increase in the numbers of children receiving mental health services, and a welcome reduction in waiting times.

We believe that our systems for monitoring children at risk of CSE, or missing, are increasingly robust, and the small reduction in the numbers of children identified at risk of CSE is likely now to indicate our improvements in safety, rather than simply changes in reporting.

Overall, we are seeing steady but gradual improvement in the quality of the range of child protection services – the front door, assessments, area teams and specialist services. Health services are improving too. We remain concerned about the numbers of children with mental health issues, and the time it can take for them to access effective services. The rates of domestic abuse remain high within Sunderland, though there have been important improvements made to the services available. We know that nationally there is concern about increases in Child Criminal Exploitation – whilst we have not seen firm evidence of this within Sunderland as yet, we need to ramp up our preparation.

I am required in this report to identify any areas of weakness regarding safeguarding practice within the partnership and identify the causes of such weaknesses. In common with many of my fellow Independent Chairs across the country, I conclude that the most significant safeguarding risks are due to the budget decisions of the Government. All partners have faced deep reductions in their budgets - particularly the council, but the impact on all agencies remains relentless. Government policies have made it increasingly hard for agencies to prioritise early intervention, despite the knowledge of practitioners and academics that this is the most effective way forward. The expectation of Government

that services can continue to operate at the same level as in the past, on up to 50% less funding, is naive. I give credit to partner agencies for the efforts they are all displaying in responding to these pressures, and the willingness of the partnership to work together in these challenging times.

The children and families of Sunderland are fortunate in the staff who work for the agencies who seek to keep them safe. No-one can say that children are all safe, but I can say that the partnership is doing its level best to give them all the best chance possible.



Sir Paul Ennals

Appendix 1 – SSCB Board Membership

DESIGNATION	AGENCY
SSCB Independent Chair	SSCB
Chief Executive	Sunderland City Council
Director of Children's Services	Sunderland City Council
Council Lead Member	Sunderland City Council
Chief Executive	Together for Children – Sunderland (The organisation to whom the local authority has delegated children's social care functions)
Chief Executive	Sunderland Clinical Commissioning Group
Chief Superintendent	Northumbria Police
Director of Nursing, Midwifery and AHPs	South Tyneside and Sunderland NHS Foundation Trust
Executive Director of Nursing & Patient Experience	Harrogate and District NHS Foundation Trust
Group Nurse Director	Northumberland Tyne and Wear NHS Foundation Trust
Executive Director	Gentoo

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19

**REPORT OF THE INDEPENDENT CHAIR OF THE SUNDERLAND
SAFEGUARDING ADULTS BOARD**

1.0 Purpose of the Report

- 1.1 It is a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.
- 1.2 The annual report, attached for members' information, highlights the current work of Sunderland Safeguarding Adults Board (SSAB) during 2018-19.

2.0 Background

- 2.1 The workings of the Board, its current sub-committees and importantly, what they have achieved, are shown within the body of the report. Links of Board with other strategic partnerships within the city are also demonstrated.
- 2.2 The work of SSAB focuses on four strategic priorities, as identified in its Strategic Delivery Plan 2019-24:
 - Prevention
 - Making Safeguarding Personal (MSP)/ User Engagement
 - Partnership (including regional collaboration)
 - Key local areas of risk (self-neglect, mental capacity and exploitation).
- 2.3 These priorities inform the Board's local actions to safeguard adults in Sunderland and are underpinned by the Care Act's six key principles of adult safeguarding.
- 2.4 The report highlights significant progress against its strategic priorities and provides detail of the future direction of travel for the Board with regard to continuing to develop the SSAB Prevention Strategy; further work on SSAB's Multi-Agency Safeguarding Adults Procedures; further development of the SSAB website; ongoing work to explore the potential to develop Adult Missing Sexually Exploited and Trafficked (AMSET) arrangements in Sunderland; participating in National Safeguarding Week 18-24 November 2019.

3.0 Recommendation

- 3.1 The Health and Wellbeing Board is asked to:
 - note and comment on the content of the Safeguarding Adults Board Annual Report 2018-19.

Annual Report 2018-2019



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Foreword

by the Independent Chair of SSAB



It has been a pleasure and a privilege to be Independent Chair of the Sunderland Safeguarding Adult Board for this last year. Partners understand the importance of working together in order to keep vulnerable people safe, and they have shown enthusiasm and commitment to the joint working that the Board has led.

The harsh face of austerity has been evident in the city this last year. Private providers of residential and home care have faced tight budgets, whilst statutory services from all agencies have undergone further cuts. In some other areas I

have known austerity to provoke competition and defensiveness amongst staff – but here in Sunderland I have seen a real commitment to partnership, to rethinking how services can still be provided with less, and to supporting each other at a time of difficulty. It will be important that this commitment continues, as it seems as if our country is not yet through the worst of the financial crisis.

We have streamlined the way in which the Board operates, to get the most out of the contributions of senior partners from all agencies. We are also looking to work more collaboratively with colleagues in neighbouring authorities, to seek to align some of our ways of working.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that people in Sunderland remain safe. In particular, though, my thanks are due to Amy Paulsen and Pamela Weightman for ensuring that the Board's ambitions are translated into concrete outcomes.

Sir Paul Ennals

Independent Chair, Sunderland SAB

Sunderland Safeguarding Adults Board

[Sunderland Safeguarding Adults Board \(SSAB\)](#) is a statutory body which brings together partner organisations in Sunderland to safeguard and promote the welfare of adults at risk of abuse and neglect, and is responsible for ensuring the effectiveness of what partner agencies do. SSAB has a strong focus on partnership working and has representation from the following organisations across the City:

- [Sunderland City Council](#)
- [Northumbria Police](#)
- [Sunderland Clinical Commissioning Group](#)
- [South Tyneside & Sunderland NHS Foundation Trust](#)
- [Northumberland, Tyne & Wear NHS Foundation Trust](#)
- [Healthwatch Sunderland](#)

SSAB works closely with other statutory partnerships in Sunderland, including:

- [Sunderland Health and Wellbeing Board \(HWBB\)](#) - responsible for producing the [Joint Strategic Needs Assessment \(JSNA\)](#) and HWBB Strategy. A 'Framework of Cooperation' is in place between SSAB, HWBB and Sunderland Safeguarding Children Board, setting out the role and remit of each Board and their interrelationship with each other.
- [Safer Sunderland Partnership \(SSP\)](#) - SSP and SSAB work in collaboration on cross-cutting themes, including domestic abuse, violence against women and girls, sexual exploitation, migration/asylum and modern day slavery. SSAB receives updates regarding Domestic Homicide Review activity.
- [Sunderland Safeguarding Children Board \(SSCB\)](#) - SSAB and SSCB have worked jointly on a range of common workstreams, and also hold, or contribute towards, learning events highlighting both safeguarding children and adults issues.

Our Vision

In order to improve the effectiveness of SSAB in accordance with its statutory responsibilities, the Board has the following vision:

People in Sunderland are able to live safely, free from neglect and abuse

SSAB's vision for safeguarding adults in Sunderland can only be delivered effectively through the support and engagement of a wide range of partner agencies and organisations across the city.

SSAB continues to work toward achieving its vision through the committed local partnership working between a range of organisations that comprise the membership of SSAB, the SSAB Partnership Group and Sub-Committees, continuing to work together with common objectives and commitments.

Strategic Delivery Plan

SSAB's [Strategic Delivery Plan](#) was refreshed in Autumn 2018 following a successful Board development meeting. The Plan details key focus areas for the period of 2019-2024, and identifies how SSAB will ensure its statutory responsibilities are met in accordance with the [Care Act 2014](#) and embedded in practice across the partnership. The Plan is underpinned by SSAB's Multi-Agency Memorandum of Understanding, which describes the Board's remit and governance arrangements.

SSAB has established four strategic priorities detailed in the Plan:

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

These priorities inform the Board's local actions to safeguard adults in Sunderland, and are underpinned by the Care Act's [six key principles of adult safeguarding](#).

The strategic priorities will be progressed through the work of the SSAB's Partnership Group and Learning and Improvement in Practice (LIIP) and Quality Assurance (QA) sub-committees.

Strategic Delivery Plan:

Progress and Achievements

Prevention

- Work has commenced on the development of a SSAB Prevention Strategy
- Successful safeguarding campaign 'Safetember', including launch of SSAB's Twitter page, networking and footfall events across the partnership to promote safeguarding adults messages
- Development of quarterly newsletter

Making Safeguarding Personal (MSP)/user engagement

- MSP assurance exercise undertaken with partners by the QA sub-committee
- Service-user survey conducted by Healthwatch, on behalf of SSAB. Majority of responses were positive about their experience of the safeguarding process and felt they/their relative were safer as a result
- Development of easy read safeguarding adults guide with support and input from self-advocates and service-users from Sunderland People First

Partnership (including regional collaboration)

- Annual Safeguarding Conference held in collaboration with South Tyneside and Sunderland Healthcare Group, Sunderland and South Tyneside CCGs, SSCB and South Tyneside Safeguarding Children and Adults Boards
- Safeguarding Children and Adults information leaflet revised in partnership with SSCB

Key local areas of risk

- Revision of SSAB's Self-Neglect and Clean Homes Guidance is nearing completion
- In response to findings from Safeguarding Adult Reviews and practitioner feedback 'How to Assess Mental Capacity' training course developed and launched

The Work of SSAB and its Sub-Committees

Governance

- Membership of the Board reviewed
- Meeting frequency changed to quarterly for sub-committees and twice yearly for Board
- Governance documents reviewed and refreshed
- Quarterly newsletter developed and launched
- Assurance plan refreshed
- Continued interface with domestic homicide review process
- Continued involvement with Domestic Abuse Strategic Project Group

Quality Assurance

- Case file themed audits and in-depth performance data audits carried out, including: Neglect and Acts of Omission; Making Safeguarding Personal; Capacity and Consent; Hospital Discharges; Self-Neglect; Service User Desired Outcomes and Threshold Levels
- Assurance exercise undertaken with partners regarding how MSP is built into their services and practice
- Service user survey conducted on behalf of SSAB by Healthwatch, responses showed overall, people were positive about their experience of the safeguarding process and felt that they/their relative were safer as a result
- Supported Safer Internet Day on 5th February 2019
- Developed new safeguarding adults information posters, available on the SSAB website for partners to use
- Revised safeguarding children and adults information leaflet with SSCB
- Easy Read Safeguarding Adults Guide developed, with support and input from Sunderland People First, Age UK Sunderland, Sunderland Care and Support and Sunderland Carers' Centre
- Held 'Safetember' event, which included football events, creation of the SSAB Twitter profile, coffee mornings and information stands
- Developed post-training survey regarding knowledge and practice from delegates attending SSAB's training courses

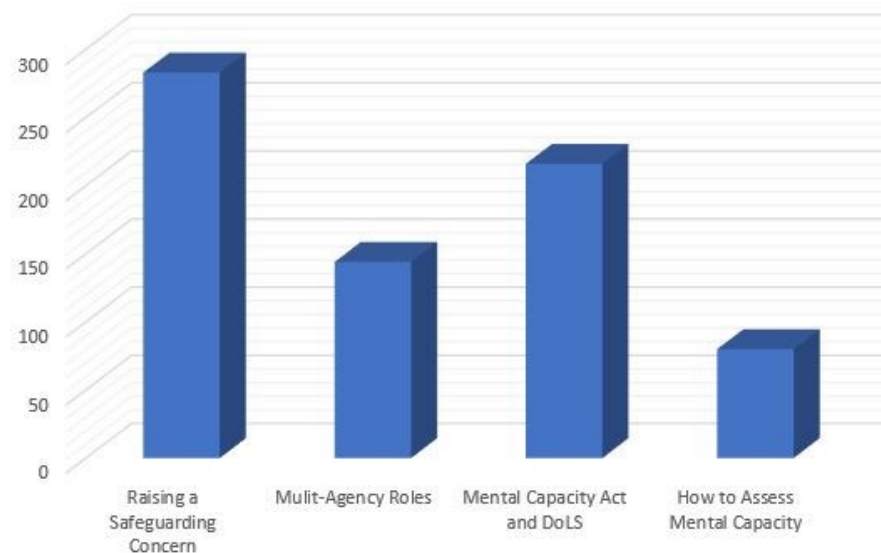
Learning and Improvement in Practice

- Developed practical 'How to Assess' mental capacity training
- Developed interface with [LeDeR](#)
- Established several task and finish groups to review practitioner guidance and SSAB governance documents
- 1 scoping meeting carried out, which did not meet the Care Act criteria for a Safeguarding Adult Review
- Published one Safeguarding Adult Review (SAR) concerning 'Eva'
- Developed and launched SAR referral form and guidance

Training

- Continued delivery of multi-agency safeguarding adults training, delivering 55 training sessions across the year
- Launched 'How to Assess Mental Capacity' training in January 2019
- Training continues to be well received and has resulted in an improvement in the number and quality of safeguarding concerns being raised, as well as the contribution of partner agency attendees at safeguarding meetings, delivering upon the key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability

Training Attendance 2018 - 19



Statutory Partners' Contribution to Safeguarding

Key Achievements

SSAB partners continue to support the safeguarding adults agenda, meeting key statutory responsibilities and contributing to the work of the sub-committees and Board. Partners, both statutory and non-statutory, have proactively engaged in local and national safeguarding campaigns, and continue to share good practice and learning. Partners also undertake regular governance and assurance activities, reporting to the Board as required, such as undertaking audits, achieving safeguarding and Prevent training compliance, and updating policies, procedures and referral pathways.

South Tyneside and Sunderland NHS Foundation Trust

- Taking a collaborative approach to adult and children's safeguarding agenda, this includes restructuring and co-location of the City Hospitals Sunderland and South Tyneside Safeguarding Team and realignment of the Safeguarding Trainer role
- Sunderland Royal Hospital and South Tyneside Hospital both have an established hospital Independent Domestic Violence Advocate (IDVA) and Domestic Abuse Health Advocate (DAHA) to support staff to recognise and respond to domestic abuse. There were 193 IDVA/DAHA referrals across the Trust in 2018/19

Northumberland, Tyne and Wear NHS Foundation Trust

The Patient Safety Trust 'Clinical Police Liaison Lead' Nurse is now part of the Safeguarding Adults and Public Protection (SAPP) Team, further enhancing multi-agency working with Police colleagues and partners. This has allowed SAPP Practitioners and the Police Liaison Lead to share knowledge, skills and experience to further enhance and strengthen public protection arrangements, both internally and externally

Sunderland Clinical Commissioning Group (CCG)

- Delivered and commissioned bespoke training for GPs and primary care staff to share learning from reviews in key areas of practice such as the Mental Capacity Act
- Developed reporting arrangements to SSAB on market management and assurance arrangements regarding commissioned providers
- Established new model and commissioning arrangements for [MARAC](#) information sharing and dissemination provided by South Tyneside and Sunderland NHS Foundation Trust working with the Police as part of the new model

Sunderland City Council

- Creation and development of an adult Multi-Agency Safeguarding Hub (MASH) with support from Northumbria Police
- Review of [Safeguarding Adults Concern \(SAC\) form](#) contents and format, and transition of form into the development of a Safeguarding Portal to allow online referrals
- Adult safeguarding as part of the supervision process is embedded and implemented for all social workers across the council and forms part of the Adult Needs Assessments questions asked during assessment to identify an adult at risk
- Key improvement actions identified for inclusion in the City's multi-agency Prevent Action Plan by completing effective benchmarking exercise against Home Office *National Prevent Self Assessment Toolkit*
- Dealt with 6 cases of modern slavery in 2018-19 and has supported them to access the [National Referral Mechanism](#)

Northumbria Police

Northumbria Police policies and procedures in relation to adult safeguarding have been rewritten and refreshed to include the Care Act.

Statutory Partners' Contribution to Safeguarding

Good Practice

Examples of good practice across the partnership include attendance at multi-agency safeguarding training and dissemination of learning throughout organisations of local reviews—including news bulletin articles, face-to-face sessions and “7 minute” briefings. Assurance of safeguarding compliance is provided through rigorous audit programmes, internal agency reporting mechanisms and regular reporting to commissioners and regulating bodies, such as the [Care Quality Commission](#).

South Tyneside and Sunderland Foundation Trust

- The Safeguarding Trainer role has been realigned across the Trust, ensuring a streamlined approach to safeguarding children and adult training content and taking a lead role in compliance monitoring. Current safeguarding training compliance is over 94% for Levels 1 and 2 safeguarding training across the Trust. The Trust has also achieved over the 85% compliance target set by NHS England for [WRAP Prevent](#) training
- SCR/SAR Briefing and Safeguarding Awareness Sessions: Quarterly “Hot Topic” awareness raising sessions arranged and held across the Trust regarding safeguarding children and adults issues, with special guest speakers invited to present. September continues to be the month when “Safetember” is hosted, a local campaign to raise awareness of safeguarding issues
- Safeguarding supervision is being implemented across the Trust

Northumberland, Tyne and Wear NHS Foundation Trust

- The Safeguarding Adult and Public Protection (SAPP) Team practitioners provide a ‘triage’ service to all safeguarding and public protection concerns raised within the trust to ensure that the person is, wherever possible, safeguarded and effective safety plans are put in place. Daily advice, supervision and support is provided to trust services

Sunderland Clinical Commissioning Group (CCG)

During 2018 the CCG Safeguarding Team have continued to support development of the Domestic Abuse Advocate (IDVA) in a Primary Care Pilot securing funding to deliver year 3 of the pilot. The CCG has also provided additional non-recurrent funding to support Specialist Domestic Abuse Services including Community IDVA Services and Services to support children who have been affected by domestic abuse.

Sunderland City Council

Sunderland has a well established [Channel](#) Panel, a current Sunderland Channel case has been identified as an example of exceptional good practice: Person A was referred due to their risk of radicalisation after being identified as accessing extremist material online and being vulnerable to developing entrenched views and inciting others into this activity. Under the Channel process, they received a support package addressing their potential for extremist radicalisation with support from mental health services, social care and housing, and therapeutic and logistical interventions designed to deflect and move them away from this path. A first for the Channel process in Sunderland was the partnership with Sunderland AFC’s Foundation of Light and their KICKS programme, which developed a support programme that engaged the individual so well they are now being considered for removal from the Channel process and managed under mainstream core business

Statutory Partners' Contribution to Safeguarding

Working with Partners

Partners continue to contribute to multi-agency working, in particular by representation at a wide range of multi-agency safeguarding for a, which includes: [MAPPA](#) (now [MOSOVO](#) - Management of Sex Offenders & Violent Offenders), [MATAC](#), [MARAC](#), [CONTEST](#) Board and [Channel](#) Panel.

Sunderland Clinical Commissioning Group (CCG)

The CCG have actively supported partnership working across a number of key areas including:

- Hate Crime and Tension Monitoring where the CCG Designated Nurse Safeguarding Adults is Vice Chair
- Representing the CCG and regional health colleagues on the NHSE North Region Modern Day Slavery (MDS) Sub Group taking forward work on behalf of the NHSE National MDS Group

Northumberland, Tyne and wear NHS Foundation Trust

- A dedicated Safeguarding and Public Protection (SAPP) Practitioner has undergone training and development over the last 12 months to provide continuity and knowledge of Prevent referrals made by Trust clinical staff, and attend Prevent/Channel Panels accordingly. Good working relationships have also been fostered with Special Branch colleagues who have the police lead for Prevent
- SAPP continue to contribute to multi-agency safeguarding hubs (MASH) for multi-agency safeguarding decision making at the point of referral, the SAPP Team provide vital support/information to assist decision making/outcomes required to safeguard

Sunderland City Council

- The development of the Adult Multi Agency Safeguarding Hub (MASH) evidences excellent partnership working, partner agencies working with the MASH include Northumbria Police, City Hospitals Sunderland, Northumberland Tyne and Wear NHS Foundation Trust, Wear Recovery, Sunderland CCG, Gentoo, Financial Safeguarding Team and Housing Options as well as the Council's own Adult Services including Adult Safeguarding, community Older Persons, physical disabilities, mental health and learning disability teams
- The council continues to be represented at the Northumbria Prevent Coordination Group, It has also led to a discussion upon a North and South Regional Prevent Hub to process Prevent referrals, with Sunderland being proposed as the possible Hub lead for the South
- Attendance at North East (north) Channel Regional Engagement Workshop to provide input into the review of the current national Prevent Duty Guidance

Northumbria Police

Referrals submitted for adults who are of concern to the police for reasons under the wider definition of Vulnerability as well as those meeting the Safeguarding threshold are now all subject to multi-agency triage within the Multi-Agency Safeguarding Hub (MASH) arrangements for adults which launched in 2018. This is an exciting opportunity for partners to come together and work collaboratively to safeguard adults experiencing abuse or neglect as well as adopt a wider early help and information sharing approach to prevention opportunities.

South Tyneside and Sunderland Foundation Trust

In March 2019, the Safeguarding Adults and Children Team along with Sunderland and South Tyneside's Safeguarding Adults and Children Boards and Sunderland and South Tyneside CCGs, organised a multi-agency "Think Family" Safeguarding Conference. This featured a number of external speakers and was well attended. The event evaluated very well with positive feedback.

Statutory Partners' Contribution to Safeguarding

Making Safeguarding Personal

Making Safeguarding Personal (MSP) has been actively embraced by partners in Sunderland since it was introduced. Partners have taken forward a significant amount of work to incorporate the principles of MSP into their policies and procedures, staff ways of working, staff communications (e.g. newsletters), and single-agency training opportunities.

Sunderland Clinical Commissioning Group (CCG)

When providing advice on the management of individual safeguarding concerns the CCG safeguarding team ensure that their approach is person-centred and ensures that there is appropriate consideration in relation to:

- The individual's consent
- The individual's desired outcomes for safeguarding
- Issues related to capacity/advocacy
- Personalised support

Making Safeguarding Personal is embedded in all of the multi-agency and single agency training provided by the CCG.

Northumbria Police

Northumbria Police policies and procedures in relation to adult safeguarding have been rewritten and refreshed to include the 6 key principles of Making Safeguarding Personal.

Sunderland City Council

- Embedded and improved Making Safeguarding Personal (MSP) principles within operational delivery. The council's Adult Safeguarding Team, with the crucial support of the Performance Team, have assisted in the development of a bespoke software package through Liquidlogic which has supported performance improvements around MSP in the safeguarding process
- The recording of questions around MSP principles, such as: was the individual or individual's representative asked what their desired outcomes were; were the desired outcomes achieved; has the adult been informed of the outcome; has the referrer been informed of the outcome; and is the adult satisfied with the outcome, has allowed analysis of how well the safeguarding journey in Sunderland is adopting a personalised approach that enables practitioners, families, teams and the SSAB to know what difference has been made
- Attendance of the adult at risk, their family or advocate at safeguarding meetings to ensure that the voice of the adult at risk is heard

Northumberland, Tyne and Wear NHS Foundation Trust

All policies have been updated to include making safeguarding personal principles

South Tyneside and Sunderland Foundation Trust

- A Safeguarding and MCA/DoLS Champions network is now firmly established within both Trusts and held quarterly. Making Safeguarding Personal has been one of the topics of discussions.
- STFT Safeguarding Team Newsletter included a feature on Making Safeguarding Personal

2018-19 in Figures



2655

Concerns received
34% of cases progressed to an enquiry:
23% S42
11% other



Desired Outcomes

84% of individuals were asked what their desired outcomes were, of these 47% expressed a desired outcome. 97% were either fully or partly achieved



Primary support Reason

Individuals with physical support needs represented almost half of all concerns received



Mental Capacity

In 45% of completed cases the client was identified to lack mental capacity. 100% of these individuals were supported.



Main Location of Abuse

Individuals' own homes: 42%
Residential/nursing homes: 40%
Alleged perpetrator's home: 6%
Concerns raised in a health setting continues to be low at 4%



Main categories of Abuse

Physical abuse: 29%
Neglect: 22%
Psychological abuse: 11%
Self-neglect: 11%
Financial abuse: 11%



Age/Gender

Females aged 85+ account for the highest number of concerns raised

Learning Lessons

In 2017 the Learning and Improvement in Practice sub-committee undertook a scoping exercise regarding information known to partner organisations in relation to 'Eva'. Whilst the exercise concluded that the specific causes of Eva's death did not indicate a strict statutory requirement to undertake a Safeguarding Adult Review (SAR), the recommendation was that a SAR should still be undertaken due to the significant learning that could be gained from the case and due to the similarities to a SAR previously published by SSAB in October 2015.

The Review involved a number of partner agencies who operate in Sunderland. A workshop involving front-line staff who had worked with Eva was held, and provided valuable insight and supported the SAR process in identifying learning and key recommendations.

The SAR resulted in a detailed multi-agency action plan, which was monitored by the Learning and Improvement in practice sub-committee before being shared with the Quality Assurance sub-committee.

The [Executive Summary](#) of the Review and an accompanying [7 Minute Briefing](#) were published in May 2018.

What does 2019-20 Hold?

- Development of a SSAB Prevention Strategy to support the Strategic Delivery Plan
- Further work on SSAB's Multi-Agency Safeguarding Adults Procedures, to streamline them and make them easier to navigate and more accessible to professionals and public
- Further development of the SSAB website, to include a greater breadth of safeguarding resources
- Ongoing work to explore the potential to develop Adult Missing Sexually Exploited and Trafficked (AMSET) arrangements in Sunderland, to build on best practice in children's MSET arrangements and AMSET arrangements in other North East localities
- SSAB will be participating in the National Safeguarding Week in November 2019, with SSAB partners undertaking a range of safeguarding adults awareness-raising activities

HEALTHY ECONOMY PRIORITY UPDATE

Report of Ken Bremner, Chairman and Chief Executive of South Tyneside and Sunderland NHS Foundation Trust on behalf of the Healthy Economy Working Group

1.0 Purpose of the Report

- 1.1 To inform the Board of the progress being made against the healthy economy priority.

2.0 Progress Update

- 2.1 The Board has previously heard that the working group is focussed upon three work strands:
- 1) Workplace Health: employers' role in improving employee's health
 - 2) Healthy labour-force: the health of those in work and seeking work
 - 3) Employment in the health and social care sector: understanding and tackling recruitment issues and wider workforce opportunities.
- 2.2 **The workplace health strand** focuses on both large and small organisations. Large organisations tend to have the resources to commit to an in-depth programme of employee health (namely the Better Health at Work Awards), whereas small and medium size enterprises (SMEs) tend to feel the burden of this commitment, so the less onerous Sunderland Workplace Health Alliance was created. In relation to employers across the city, there are 4850 (85.8%) micro organisations, 765 SME employers (11.6%) and 40 large employers.
- 2.3 Evidence shows that employers that invest in appropriate workplace health initiatives to support the health and wellbeing of their employees, have the potential to see a significant return on investment. A review of academic studies showed that the return on investment for some workplace health initiatives can range on average from £2 to £34 for every £1 spent.
- 2.4 Beyond the financial benefits, there are advantages to individuals and communities. Workplace health is an important piece in the puzzle of creating healthy, vibrant, and productive communities. Those healthy communities stand at the heart of a vital local economy that attracts new employers and industries, creates jobs, increases housing values, enhances prosperity and supports local, national, and global competitiveness.
- 2.5 The aim of this work strand is to raise the profile of health and wellbeing interventions in the workplace which will result in business benefits, such as reduced sickness absence, improved staff morale, increased productivity and performance. The key aims of this work strand are:

- Championing an evidence-based approach to health, work and wellbeing
 - Promoting a clear message on the benefits of engaging in workplace health
 - Increasing the number of organisations that promote a healthy workplace and actively engage staff in wellbeing activities through uptake of:
 - a) Better Health at Work Award for all public sector and large organisations
 - b) Sunderland Workplace Health Alliance programme for all SMEs.
- 2.6 This strand of work has progressed to a point where a draft action plan has been prepared (see appendix 1). This contains objectives, actions and metrics for lead officers from organisations across the working group.
- 2.7 **The healthy labour-force strand** is focussed on the outcomes of people with mental health issues, learning disabilities or physical disabilities, and who are less likely to be in work or good work. There are currently a range of interventions in place to try and address this through Sunderland Care and Support (SCAS) and other organisations, though the full picture of provision is unclear. Through the City Plan independence levels of people with disabilities are being monitored, however the depth of this data is still being assessed.
- 2.8 In relation to this, Sunderland College has been contacted because of the work it has undertaken and the support it has provided to 16-18 year olds that have disabilities or are looked after children etc. Some analysis of the outcomes for these cohorts (such as moving into work or attending university), will be undertaken due to anecdotal evidence from SCAS that clients are not moving on from the services they receive. Work will also be undertaken to establish how certain programmes, such as Project Choice, successfully embeds these cohorts into the city's anchor organisations.
- 2.9 The DWP has also launched a programme that focusses Jobcentre efforts on helping people with health conditions and disabilities, looking at how it engages the client group and how it can offer the widest range of provision. The lead for this work strand will monitor the progress of this programme.
- 2.10 In summary, the focus of this work strand will be upon NEETS, young people attending college, and college leavers, as well as targeted work to get these cohorts into work, encourage existing schemes and anchor organisations to do more and to co-ordinate effort.
- 2.11 One example of planned work is within Sunderland City Council, which is seeking to improve its understanding of health and wellbeing issues within its workforce, in order to support improved outcomes. The next employee survey will include questions on health behaviours, as well as questions to give a broader understanding of how organisational culture and practice impacts on employee health and wellbeing. An Employee Health and Wellbeing Steering Group has oversight of this work. Improved insight will help define key health and wellbeing challenges and future action. Learning will be shared with partners.

- 2.12 **The Employment in the health and social care sector strand** continues to investigate the Apprenticeship Levy as a means of increasing the number of people attracted to a career in health and social care. The council's Assistant Director of People Management is identifying a way forward for this, initially meeting peers from South Tyneside Council and South Tyneside and Sunderland Foundation Trust.
- 2.13 The University of Sunderland is looking to bid for European Social Fund monies (specifically skills for growth/apprenticeship levy) and proposes using the apprenticeship levy as match funding for the bid. The council has been asked to partner the University in progressing this and the council's learning and skills service has submitted a proposal focussed on health and social care delivery, aiming to deliver 210 apprenticeships over 3.5 years and matching £650,000 of levy with ESF grant.
- 2.14 The intended approach to using the levy as a lever to attract more people to the Health & Social Care sector, is to persuade organisations to make best use of their own levy funds as well as asking organisations with unused levy to passport this to other organisations. However, an organisation cannot simply passport their unused levy to another organisation, they must track the progress of each individual assisted by the levy, thereby adding a layer of complexity to the process. The council is looking at the feasibility of creating a post that will co-ordinate this work. Anecdotal evidence suggests there is little appetite amongst the business community for taking up spare council levy. Consequently, new ways of addressing this opportunity with the business community will be developed.
- 2.15 In summary, the focus of this work strand will be to develop an Apprenticeship Levy programme across the large public sector organisations in the city, with a view to utilising unspent levy as a driver to boost apprenticeship take up in the Health & Social Care sector.

3.0 Recommendations

- 3.1 The Board is recommended to:
- Receive the progress update report on the three strands of the Healthy Economy priority
 - Ask the Healthy Economy Working Group to bring finalised action plans and performance measures to a future meeting of the Board.

Draft Action Plan

	Objective	Initiative and actions	Accountable Lead	Monitoring & metrics		Update from April 2019 to March 2020
1	Support evidence-based local healthy workplace schemes which encourage employer-led workplace health activity	Ongoing public health initiatives to support businesses on Health, work and wellbeing	Gillian Gibson	Provision of Workplace health Schemes, namely Better Health at Work Award and Workplace health Alliance		
		Workplace Health Alliance Action plan to be supported and SME businesses encouraged to become members	Yusuf Meah Gary Barnfather	Workplace Health Alliance governance strengthened, and action plan established	30 businesses signed up to the Sunderland Workplace Health Alliance membership annually	
		The regional and local Better Health at Work Award Scheme supported with all anchor organisations enrolled	Yusuf Meah Healthy Workplace Coordinator (PCP/SCC)	15 anchor businesses signed up and successful on the bronze level of the Better Health at Work award Scheme annually	25 anchor organisations continuing and successfully awarded on the Better Health at Work award silver, gold and continuing excellence level	
2	Leadership buy in to workplace health from the Health and Wellbeing Board and Dynamic City Board	All members of the HWBB to ensure a named lead from their organisation has overall responsibility for their organisation's employee health and wellbeing	Ken Bremner	Number of named leads and organisation		

	Objective	Initiative and actions	Accountable Lead	Monitoring & metrics		Update from April 2019 to March 2020
		All members of the HWBB to sign up to the Workplace Health Alliance Charter		Number of HWBB members signed up to the Workplace Health Alliance	Number of HWB members who have implemented the Workplace Health Alliance Charter	
		All members of the HWBB which have over 250 employees to sign up to the Better Health at Work Award		Number of HWB members signed up to the Better Health at Work Award Scheme (BHAWA)	Number of HWB members successfully achieved Better Health at Work Award (BHAWA)	
		Dynamic City Board to establish a plan to engage SMEs on health and Wellbeing	Catherine Auld	Number of businesses enrolled on to Workplace Health Alliance		
3	Establish baseline of health and wellbeing within businesses and develop remedial action plans	Pilot an online Health Needs Assessment with 15 employers (small and large) which identifies key issues and establish plan to improve employee health and wellbeing	Healthy Workplace Coordinator (PCP/SCC)	15 businesses completed the Health Needs Assessment	Number of organisations implementing an action plan	
		Identification of key health issues experienced by employees and key types of action taken by employed	Janet Collins/ Professor Ling	Improvement made by businesses in the annual Health Needs Assessment results		
4	Develop knowledge, skills and build capacity of upper and middle tier management	Provide Health Advocate training to the nominated leads (and champions) of all businesses signed up to the BHAWA and Workplace Alliance	Healthy Workplace Coordinator (PCP/SCC)	12 Health Advocate training sessions annually	Number of health advocates trained monthly	

	Objective	Initiative and actions	Accountable Lead	Monitoring & metrics		Update from April 2019 to March 2020
	through a menu of opportunities via which they can facilitate change as a health and wellbeing ambassador within their workplaces	Facilitate Mental Health First Aid training to the nominated leads (and champions) of all businesses signed up to the BHAWA and Workplace Alliance	Healthy Workplace Coordinator (PCP/SCC)	3 Mental Health First Aid training sessions annually	Number of Mental Health First Aiders trained monthly by organisation	
		Facilitate a menu of support to Businesses completing portfolios for the Better Health at Work Award	Healthy Workplace Coordinator (PCP/SCC)	15 public sector or large businesses signed up on the bronze level of the Better Health at Work award Scheme annually	25 public sector or large businesses continuing and on the Better Health at Work award silver, gold and continuing excellence level	
		Lead practice sharing sessions for all businesses signed up to the BHAWA and Workplace Alliance	Yusuf Meah Healthy Workplace Coordinator (PCP/SCC)	4 Workplace Alliance network meetings	1 practice sharing event	
					1 BHAWA celebration event	
5	Build intelligence and future for Workplace Health in Sunderland	Scope the impact of existing workplace health initiatives in Sunderland and recommend ways to enhance the offer to businesses	Professor Ling	Annual evaluation of Sunderland workplace health initiatives and its impact on health and wellbeing for the local population.		

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

**SHAPING SUNDERLAND'S FUTURE TOGETHER - STATEMENT OF INTENT:
INTEGRATED STRATEGIC COMMISSIONING FOR 0–25 YEAR OLDS IN
SUNDERLAND****Report of David Gallagher, Chief Officer Sunderland CCG and Jill Colbert, Chief Executive, Together for Children****1.0 Purpose of the Report**

- 1.1 The purpose of this report is to present for information, the Shaping Sunderland's Future Together - Statement of intent: integrated strategic commissioning for 0-25 year olds in Sunderland.

2.0 Introduction

- 2.1 Bringing together health and social care to provide high-quality and sustainable services to improve health and wellbeing outcomes has been a policy theme for the past decade. Together for Children (TfC), Sunderland Clinical Commissioning Group (SCCG) and Sunderland City Council (SCC) have been discussing and exploring ways to work together more closely, as research shows that through integrated commissioning, there is real potential to transform outcomes for local people.
- 2.2 In July 2019, the integrated children's commissioning function was established. Since this date, much effort has gone into building strong foundations including: strengthening commissioning relationships, creating a shared vision, shared priorities and establishing strong collective leadership and governance. This has culminated in the creation of 'Shaping Sunderland's Future Together', a document which sets out the intent of the Children's Integrated Commissioning Group. The document sets out the foundations for working together and starts to articulate a vision for future arrangements and priorities for the commissioning of services for children at a local level.

3.0 Background

- 3.1 The children's integrated commissioning function was established in July 2019. This team is hosted by TfC and funded by both SCCG and TfC. The Children's Integrated Commissioning function has been established initially for 12 months (July 2019 – end June 2020) to test out ways of working across the two organisations and to establish the foundations for children's integrated commissioning.
- 3.2 The integrated commissioning function has a clear governance framework and the Children's Integrated Commissioning Group has been revitalised to oversee the work of the integrated commissioning function. The Children's Integrated Commissioning Group meets approximately every six weeks and has agreed terms of reference in place. Membership of the Children's Integrated Commissioning Group includes TfC,

SCCG, SCC and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (as specialist commissioners).

4.0 Main Issue

- 4.1 This paper introduces Shaping Sunderland's Future Together - Statement of intent: integrated strategic commissioning for 0-25 year olds in Sunderland. This document has been developed on behalf of the Children's Integrated Commissioning Group.
- 4.2 Shaping Sunderland's Future Together sets out the high level plan as to how TfC and SCCG, together with key partners, will deliver an integrated commissioning function for 0-25 year olds in Sunderland. The document sets out key terms, principles, and aspirations. The document also outlines the governance framework for children's integrated commissioning. Shaping Sunderland's Future Together sets out the agreed current priorities of the Children's Integrated Commissioning Group, which are:
- Mental health
 - Special Educational Needs and Disabilities (SEND)
 - Individual placements.
- 4.3 Shaping Sunderland's Future Together has been developed via an iterative process, working with members of the Children's Integrated Commissioning Group, including Dave Gallagher (Chief Officer, SCCG) and Jill Colbert (Chief Executive, TfC).
- 4.4 The statement of intent reflects the current point in time, and it is anticipated that there will be future iterations of the document as members of the Children's Integrated Commissioning Group work through how best to deliver, embed, and demonstrate the impact of the children's integrated commissioning function in Sunderland.
- 4.5 The statement of intent will be reviewed in summer 2020.
- 4.6 The statement of intent can be found in appendix 1.
- 4.7 Next steps are:
- Set up task and finish groups as required
 - Present the Shaping Sunderland's Future Together document at the Health and Wellbeing Board to raise the profile of the work and to highlight the governance arrangements
 - Complete, and deliver, the detail of the Children's Integrated Commissioning Group work plan.

5.0 Recommendation

- 5.1 Receive the Shaping Sunderland's Future Together - Statement of intent: integrated strategic commissioning for 0 – 25 year olds in Sunderland.
- 5.2 Invite a future report to the Board on the impact of the pilot.



SHAPING SUNDERLAND'S FUTURE TOGETHER

**Statement of intent:
Integrated strategic commissioning for
0 – 25 year olds in Sunderland**

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Shaping Sunderland's Future Together

Preface

Delivering transformational change requires services to work together in new ways, creating opportunities for different conversations and designing care around our 0 – 25 year olds, not around our services, structures and organisations.

This integrated commissioning statement of intent sets out our high level plan as to how Together for Children (TfC) and Sunderland Clinical Commissioning Group (SCCG), together with key partners, will deliver an integrated commissioning function for 0 – 25 year olds in Sunderland. This statement of intent sets out our understanding of key terms, principles, and aspirations.

Having worked collaboratively in delivering children's services across Sunderland, our next phase is to transform this learning into a more formal arrangement, which is why, in July 2019, SCCG and TfC created an integrated children's commissioning function.

The integrated commissioning function will drive improvement in the quality of our provision and outcomes for our 0 – 25 year olds, whilst managing increased demand for services and decreases in resources.

Transforming our commissioning function is not just about the realignment of resources and structural re-organisation, but it is about the potential that true integration can bring in reducing silo working, facilitating more effective decision making, eradicating any overlapping or duplication of investment, and seizing opportunities for joint ventures. The new function will provide economies of scale combined with integrated delivery around individuals and families.

Integrated commissioning will capitalise upon the opportunities to minimise the duplication generated by separate commissioning arrangements, through the creation of single contracts across both organisations, where appropriate, and one financial and performance monitoring process with the provider. We will also build an increased understanding of workforce challenges to build complementary workforces across Sunderland and capacity within our provider markets.

We have reviewed and re-invigorated our Children's Integrated Commissioning Group which will provide real opportunities for organisations and partners to ensure that the children's social care budget, the children's public health budget and the SCCG funding for children in Sunderland is used as efficiently as possible to improve the lives of our 0 – 25 year olds. We have also revised our section 75 agreement to support integrated working.

Children and young people and their families remain central to our ambition and approach and we will work with them to co-produce and co-design our services for the future. We want our systems and processes across health, education and social care to be less complex and easier for families to navigate as well as supporting our

professionals to understand service provision across the city, thus enabling more effective signposting for our families. We believe that children and young people and their families should not have to be system experts to get their needs met. Rather, that our health and social care systems should support children and young people and their families to access the services they need. In Sunderland, integrated commissioning will act as a catalyst for system and service transformation, working with families to commission the right services at the right time and in right place.

The integrated commissioning function is a new concept in Sunderland, and a new team. 'Shaping Sunderland's Future Together' is the next phase of our commissioning journey and outlines the collaborative approach we will take to transform services for 0 – 25 year olds across Sunderland. This statement of intent reflects our integrated commissioning journey, and as we test out new ways of working, our approach will adapt to our learning, knowledge and experience.

This statement of intent reflects the current point in time, and we anticipate there will be future iterations of this document as we work through how best to deliver, embed, and demonstrate the impact of, the integrated commissioning function in Sunderland. This statement of intent will be reviewed in summer 2020.

Context

Public services for 0 – 25 year olds are facing a very challenging environment, both at national and local levels.

Who this statement of intent covers

Historically, in the National Health Service (NHS), children's services are considered to be those that cover the age range 0 – 18 years. However, the statutory responsibilities of Together for Children (TfC) for care leavers and individuals with Special Educational Needs and Disabilities (SEND), covers the age range 0 – 25 years old. The NHS Long Term Plan published in 2019 sets out the requirement to have a comprehensive offer for 0 - 25 year olds that reaches across mental health services for children, young people, young adults and adults. Therefore, this statement of intent covers the 0 – 25 age range.

In this document the words 'children' and 'young people' are used interchangeably as this is an historic convention. As our work progresses this language may change.

National context

According to the Office for National Statistics (ONS) the rate of children in need has remained relatively steady since 2010, but rates of children with Child Protection Plans and Children Looked After have risen throughout that time. Over the same period, Local Authority budgets have reduced significantly and a national funding gap of £2 billion has been predicted by 2020 should current trends continue.

Almost 72% of local authority budgets are now spent on interventions for families with complex needs, as spending on prevention and youth services had been reduced by over 60%. Benefit spending on families has reduced by 11% since 2010

and is planned to reduce furtherⁱ. National research by the Joseph Rowntree Foundation in 2018 showed that 66% of children in poverty live in working households, so unemployment is no longer a good indicator of child poverty. Although spend on 4 - 16 year old's education has been maintained, resources in post 16 year old and further education will be at 1990 levels by 2020 if current trends continue. Funding has been diverted away from universal prevention and early help services towards costly services for children and families in extreme needⁱⁱ.

Mental health problems often develop early. One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%). Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Data reveals a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds, rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017. Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999ⁱⁱⁱ.

Local context

Approximately 78,177 children and young people under the age of 25 years live in Sunderland, of whom approximately 54,563 are under the age of 18 (mid 2018 population estimate). This is 20% of the total population in the area. 28,213 are male and 26,350 are female. Sunderland is relatively undiverse. The proportion of children and young people with English as an additional language in primary schools is 5.9% (nationally 21.2%) and in secondary schools is 4.8% (nationally 16.6%). Children and young people from minority ethnic groups account for 6% of all children living in the area, compared with 21% in the country, with the largest minority ethnic groups of children and young people in the area being Asian/Asian British and Mixed^{iv}.

Sunderland has high levels of deprivation, it is the fourth most deprived local authority area of 12 in the North East and the 27th most deprived local authority area out of 150 nationally. 22% of Sunderland's population live in the top 10% most deprived wards and Sunderland has the worst outcomes in the region on education and health, with the second worst on income and employment (Joint Strategic Needs Assessment of Child and Family Health 2015). Approximately 23.6% of the local authority's children aged under 16 years are living in low income families. The proportion of children entitled to free school meals in primary schools is 20% (the national average is 14%) and in secondary schools is 21% (the national average is 13%)^v.

Based on population estimates, in Sunderland we could expect to see 20,782 children, young people and adults aged 0-25 and 10,600 of compulsory school age with some form of mental health problem at any one time. 12,470 would have mild, early stage problems (6,360 compulsory school age); 5,820 would have moderately severe problems (2,300 compulsory school age); 1,660 would have complex and

severe problems (850 compulsory school age) and less than 85 would have very serious problems (around 42 compulsory school age).

There is a particularly high prevalence of children identified with social, emotional and mental health difficulties, autism and moderate learning difficulties in Sunderland compared to national averages. For social emotional mental health the Sunderland prevalence is 26.3%, and the national prevalence is 12.3%. For Autism Spectrum Disorders the Sunderland prevalence is 31.03%, and the national prevalence is 25.9%. For physical disability the Sunderland prevalence is 10.14%, and the national prevalence = 5.8%.

It is estimated that 6,588 children and young people in a school setting have a special educational need and/or disability; there were a further 244 young people aged 19-25 with an identified need or disability. (Figures include children and young adults living in Sunderland but attending a setting outside the area).

In January 2018 there were 1,120 children and young people aged 0 - 18 on roll at a Sunderland school with an Education, Health and Care Plan (EHCP) or statement, which equates to 2.7% of the pupil population. The rate of children and young people with an EHCP/statement has remained steady over the last five years. Sunderland has the third lowest proportion of children and young people with an EHCP/statement in the region and is lower than North East (3%), national (2.9%) and statistical neighbour (2.9%) averages^{vi}.

Rates of children in need in Sunderland are 443.74 per 10,000 population. This compares to a rate of 460.20 in the North East, and 341.00 across England. The rate of children subject to a child protection plan in Sunderland is 60.6 per 10,000 population. This compares to a rate of 65.7 in the North East, and 45.3 across England. The rate of children who are looked after in Sunderland is 99.8 per 10,000 population. This compares to a rate of 95.0 in the North East, and 64.0 across England^{vii}.

Our vision

*Deliver inclusive, needs based, outcome focused
care for 0 – 25 year olds and their families*

Our vision sets out what we are trying to achieve in Sunderland. Our vision is to deliver inclusive, needs based, outcome focused care for 0 – 25 year olds and their families.

This vision will be achieved through a more integrated commissioning function which will enable TfC and SCCG to work together formally and transparently in new ways, creating opportunities for different conversations. The integrated commissioning function will facilitate shared intelligence, which will enable us to design care services around our 0 – 25 year olds and their families; and not around our existing services, structures and organisations. We will seek to achieve this at the earliest possible point of intervention, reducing the need for the highest levels of intervention.

This will enable as many children and young people as possible to receive the right care and support at the right time.

Through integration we will:

- use total resources across all agencies to improve the lives of 0 - 25 year olds
- provide effective signposting for families
- ensure the right services are delivered at the right time in the right place
- ensure a good experience of services, including the transition from children's to adult services
- simplify systems and pathways
- integrate care delivery around families
- align TfC and SCCG ambitions
- reduce inequalities
- reduce silo working
- facilitate more effective decision making
- eradicate duplication of investment
- seize opportunities for joint ventures
- develop single contracts and a single contract management process where appropriate
- increase our understanding of workforce
- increase our understanding of provider markets

Our Principles

Underpinning how we will jointly commission services to meet changing local demand

We want to provide the best possible care and support for all 0 – 25 year olds in Sunderland and their families. The following key principles will underpin our integrated commissioning function:

- **Co-design and co-delivery:**
We will ensure the care and support we commission is co-designed with individuals aged up to 25, their carers and families; and with providers
- **Value for Money:**
We will ensure the care and support we commission is efficient, effective and financially sustainable. We will balance the outcomes that a service delivers against the needs of our 0 – 25 year olds, our statutory responsibilities, and the cost of delivering that service, ensuring we get best value for scarce resources.
- **Avoid duplication and waste:**
We will ensure the integrated commissioning function removes duplicate processes, duplicate investment and wasted resources wherever possible, and provides improved economies of scale.

- **Build upon what works:**

We will ensure the care and support we commission uses outcome based evidence gained through robust intelligence, and we will build upon local, regional and national best practice.

- **Safe and high quality services**

We will ensure the care and support we commission is safe and of the highest quality resources allow. Subject to statutory requirements, we will manage risk from a whole system perspective.

Our approach to integrated commissioning

Establishing the systems and processes to successfully embed integrated commissioning in Sunderland

There are a number of different integrated commissioning models in the north east of England and in other parts of the country. In Sunderland, integrated commissioning will enable TfC and SCCG to make one commissioning decision around the use of our combined resources. The approach we are taking in Sunderland is being developed by key stakeholders through the Integrated Commissioning Group.

The Integrated Commissioning Group directs the work of the newly established integrated commissioning function. The integrated commissioning function will consist of, and be supported by, members of both SCCG and TfC.

To enable the integrated commissioning function to improve outcomes for 0 – 25 year olds in Sunderland, we will:

- develop outcome focused ways of working
- interpret data to create intelligence
- proactively apply the principles outlined in this document
- proactively respond to emerging local, regional and national reforms
- establish a shared understanding of key issues and identify opportunities for integrated commissioning
- establish partnerships across education, health and social care and with young people up to the age of 25 and their families
- work together across the commissioning cycle to improve service delivery
- review services together to deliver the integrated commissioning priorities
- work together proactively and flexibly to realise the breadth of potential integrated commissioning decisions.

The commissioning cycle

The integrated commissioning function will follow the commissioning cycle, which comprises a range of activities, including:

- assessing needs (including hearing the voices of service users and wider communities)
- planning services

- procuring services (balancing in-house provision with offering opportunities to the market)
- monitoring quality.

This diagram identifies the key activities for the different stages of the commissioning cycle:



We will ensure that our processes, procedures and contracts:

- accord with the requirements set out in the Children and Families Act 2014 as well as local and national guidance
- respond to identified **macro** (population level), **meso** (cohort family level) and **micro** (individual child/young person level) intelligence
- address current and future needs
- include robust quality and performance standards, with aligned/shared performance indicators and robust contract management systems.

Over the next eight months we will work to develop our integrated processes and ways of working. We will continue to develop our financial arrangements and strengthen our governance and leadership through the Integrated Commissioning Group.

Cultural change

Integrated commissioning requires people to step outside their organisational boundaries to explore the potential and deliver the aspirations set out in this document. We will hold each other to account to model the behaviours required to bring about the cultural change that underpins the delivery of integrated commissioning.

Our integrated commissioning priorities

The development of the integrated commissioning function is key to the delivery of this statement of intent. Alongside this strategic work, the Integrated Commissioning Group has identified three current priorities:

- mental health and emotional wellbeing
- Special Educational Needs and disabilities (SEND)
- individual placements

Alongside this list there are a number of priorities that we will work together on as part of a wider partnership with adults and public health, including transitions and prevention/best start in life.

A work plan will be developed which sets out the work the integrated commissioning function will undertake for each priority.

Our governance

Our integrated commissioning vision is ambitious, as for the first time we bring together our commissioning into a single function. We need a robust architecture to deliver this statement of intent, efficiently and effectively navigating the challenges of system reform.

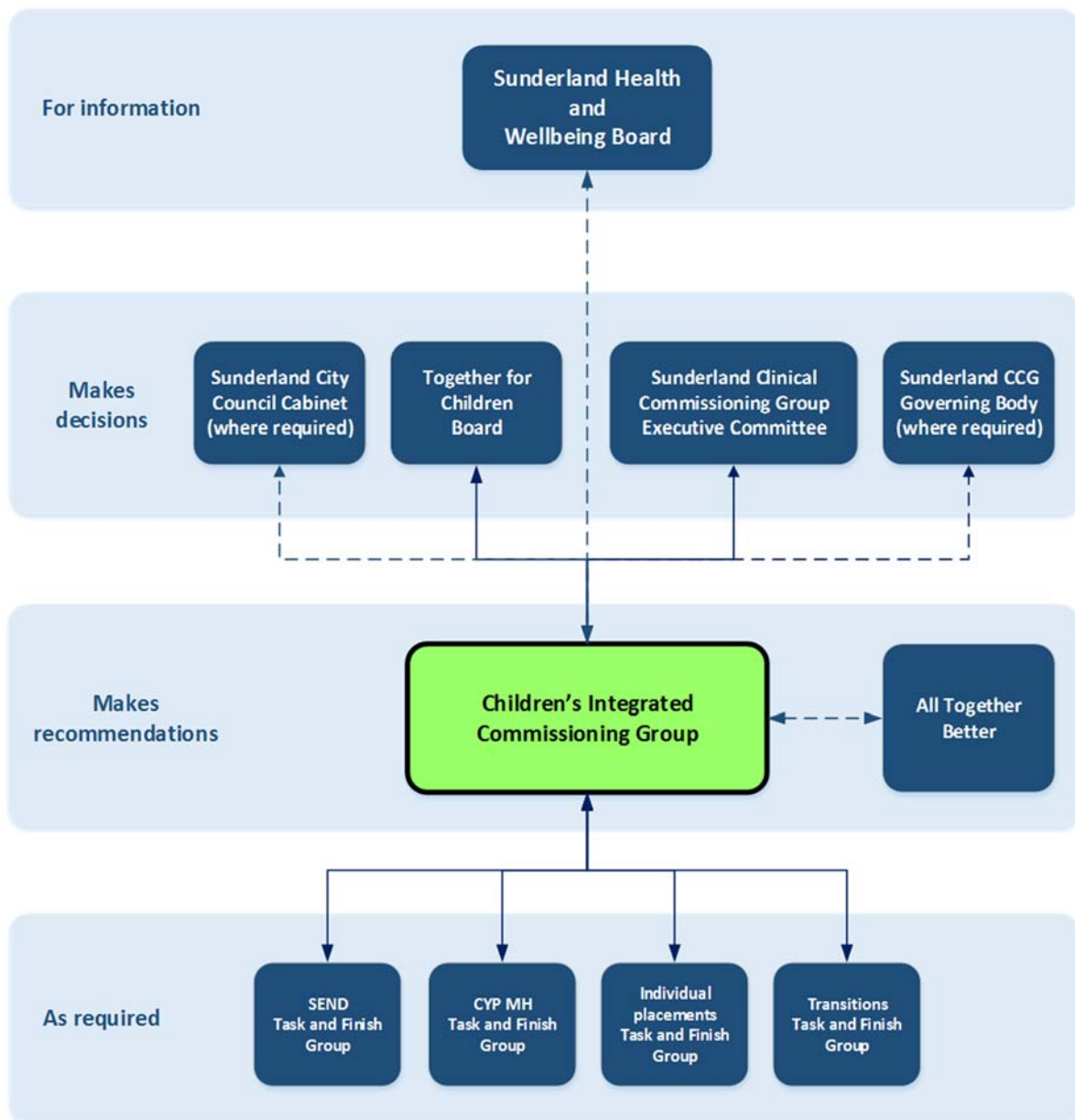
This statement of intent will be agreed via the appropriate governance frameworks at TfC, SCCG and Sunderland City Council. The statement of intent will be shared with the Sunderland Health and Wellbeing Board so that we all understand and focus on what we need to achieve, and the decisions we will need to take.

To drive this statement of intent forward and embed the integrated commissioning function, we have adopted the new reporting governance arrangements set out in the diagram below. These arrangements include:

- the Sunderland Health and Wellbeing Board
 - this group will maintain strategic oversight and ensure alignment of priorities and ownership by partners
- the Integrated Commissioning Group
 - this group has representation from SCCG, TfC, Sunderland City Council including public health and adult services, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (as commissioners of specialised services)

- this group will set the statement of intent, oversee the delivery of the statement of intent and the delivery of the priorities
- the TfC Board
 - this board will discuss and consider any recommendations arising from the Integrated Commissioning Group
- SCCG
 - The appropriate group (Executive Committee or Governing Body) will discuss and consider any recommendations arising from the Integrated Commissioning Group
- task and finish groups
 - these groups will undertake the work required to deliver the agreed priorities.

The diagram below sets out the current reporting governance arrangements for the Integrated Commissioning Group:



There are multiple other partnership and task and finish groups which will interface with the Integrated Commissioning Group, including:

- Child and Adolescent Mental Health Partnership
- SEND Strategic Partnership
- Health and Wellbeing Board sub groups, including 'Best start in life' and 'Young adults'
- Quality Surveillance Group
- Safer Sunderland Partnership
- Sunderland Safeguarding Children Partnership
- Sunderland Safeguarding Adults' Board
- Prevention Project Steering Group

The groups noted above may need to amend their terms of reference to reflect the work of the Integrated Commissioning Group and the governance structure set out above.

Our progress to date

At the time of writing this statement of intent we have created two Strategic Commissioning Manager posts for twelve months, reinvigorated the Integrated Commissioning Group and commenced budget profiling. The Integrated Commissioning Group have also agreed the key points and priorities set out in this document.

Our next steps

The next step on our integrated commissioning journey is to approve and publish this statement of intent. We will also continue to develop our integrated processes and ways of working, including responding to emerging system reform. This will include the establishment of task and finish groups to deliver the priorities set out in this document. To enable us to deliver these priorities, we will define the current resources allocated to each priority. To enable us to maintain oversight and provide assurance that this statement of intent is being delivered, we will develop an integrated commissioning work plan.

Our work plan will ensure that by summer 2020 we will have:

- embedded this statement of intent across SCCG and TfC, including a joint understanding of what we mean by integration and commissioning
- established agreed ways of working to deliver integrated commissioning
- agreed outcomes for each of our priorities
- commenced implementation of work plans

The work plan will be enabled by a shared understanding of organisational budgets and resources and where the benefits of integrating these are, and through strong connections with regional developments.

Conclusion

As our integrated commissioning function develops, responding to national, regional and local contexts, our ability to deliver improved outcomes for 0 -25 year olds and their families will be improved through the focused and targeted use of resources enabled through a shared understanding of what we want to achieve and what we are achieving. This statement of intent will evolve as we rigorously test out and establish the integrated commissioning function, and we look forward to sharing our journey, and the benefits of integrated commissioning, with communities, families and 0 - 25 year olds in Sunderland.

References

- ⁱ Together for Children Business Plan 2019-2020
- ⁱⁱ Joseph Rowntree Foundation (2019) UK Poverty: causes, costs and solutions
- ⁱⁱⁱ Mental health of children and young people in England, 2017 (2018) NHS Digital.
- ^{iv} Office for National Statistics 2019
- ^v Schools, pupils and their characteristics: January 2018 (Office for National Statistics)
- ^{vi} Joint strategic needs assessment: special educational needs and disability (SEND) (2019)
- ^{vii} Together for Children performance report August 2019

November 2019

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

2019/2020 PROCESS TO REFRESH THE CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATIONAL PLAN 2015 – 2020

Report of David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group

1.0 Purpose of the Report

- 1.1 This report sets out the proposed approach to refresh the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020.

2.0 Introduction

- 2.1 Sunderland Clinical Commissioning Group (SCCG) is required by NHS England to have a Children and Young People's Mental Health and Wellbeing Transformational Plan. NHS England requires the plan to be refreshed annually, and for the annual refresh of the plan to be signed off by SCCG and the Sunderland Health and Wellbeing Board, prior to an annual review by NHS England.
- 2.2 The existing plan was updated in 2019, and subsequently signed off by SCCG, the Children's Strategic Partnership and the Health and Wellbeing Board. Since the plan was originally written in 2015, it has been updated on multiple occasions by a variety of authors. Thus the plan has become unwieldy, disjointed and out of date. Last year an Executive Summary was written to clarify the work and priorities being led by the Child and Adolescent Mental Health (CAMH) Partnership.
- 2.3 The 2019 version of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 was shared with the Board in June 2019.

3.0 Background

- 3.1 For this year's refresh of the plan, NHS England have announced they will download a copy of each local plan on the 31st March 2020. They will then carry out a review of this downloaded plan against their Key Lines of Enquiry (KLOE).
- 3.2 The previous refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 was discussed at multiple meetings in 2019. These discussions centred around the out of date information which was in the document. The document has been added to over the years, but historical information had not been updated as this would require a rewrite of the plan. Since the plan is now in the final year of delivery it is proposed that for

the refresh, the Executive Summary is updated, and no changes are made to the main body of the existing plan.

- 3.3 The Children and Young People's Mental Health and Wellbeing Transformational Plan 2015-20 requires sign off from the Integrated Commissioning Group, the SCCG Executive Committee, and the Health and Wellbeing Board. The proposed approach set out in this paper will need to be agreed by these groups. The proposal and plan will also be shared with the Together for Children Senior Leadership Team.

3.4 **Proposed process**

- i. Update the Executive Summary, setting out the work that has been undertaken since the previous version was written (working with the CAMH Partnership)
- ii. Include the Executive Summary at the beginning of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 to form one document for NHS England to download on the 31st March
- iii. Make no amendments to the main Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020 document
- iv. Circulate the draft Executive Summary to members of the CAMH Partnership, Children's Integrated Commissioning Group, the SCCG Executive Committee, the Together for Children Senior Leadership Team, and the Sunderland Health and Wellbeing Board, for comment
- v. Use the comments received to write the final version of the Executive Summary
- vi. Share the Executive Summary at the Children's Integrated Commissioning Group, the SCCG Executive Committee, and the Sunderland Health and Wellbeing Board for sign off
- vii. Upload the document to the SCCG and TfC websites for NHS England to access

- 3.5 Timescales for this process are set out in the timeline below

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

November 2019	December 2019	January 2020	February 2020	March 2020
Child and Adolescent Mental Health Partnership commence drafting the updated Executive Summary	<p>Continue drafting Executive Summary</p> <p>Agree proposed approach at:</p> <ul style="list-style-type: none"> • SCCG Executive Committee (03/12/19) • Integrated Commissioning Group (05/12/19) • Health and Wellbeing Board (13/12/19) <p>The proposed approach will go to the Together For Children Senior Leadership Team for information (18/12/19)</p> <p>If approach agreed, share draft Executive Summary on 19/12/19, to members of the above groups for comment by 10/01/20)</p>	<p>Comments received by 9am, Friday 10/01/20</p> <p>W/c 13/01/20 – make amendments to the Executive Summary, using feedback</p>	Further discussion with the Child and Adolescent Mental Health Partnership and Children's Integrated Commissioning Group as required	<p>Sign off Executive Summary at:</p> <ul style="list-style-type: none"> • Sunderland Clinical Commissioning Group Executive Committee on 03/03/20 • Integrated Commissioning Group on 04/03/20 • Health and Wellbeing Board on 20/03/20 <p>To Together for Children SLT for information, on 25/03/20</p> <p>Upload to Sunderland CCG website w/c 26/03/20</p> <p>NHS England download document 31/03/20</p>

- 3.6 NHS England will review the plans between April and June 2020 using KLOEs produced by NHS England and Improvement national colleagues. The KLOEs will not be RAG rated but a narrative will be given. The output of the review against the KLOEs will be shared via CCG leads in July 2020 with an opportunity to comment on the narrative provided. A thematic review of plans will be discussed at the Children and Young People's Mental Health and Wellbeing Integrated Care System Partnership in September 2020 to inform the child health agenda. An event to support development of Local Transformation Plans and themes of note for further development will take place in September 2020.
- 3.7 It is envisaged that this will be the final refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020. NHS England have indicated they will require a new five year plan in 2020; details and timescales are to be confirmed.

4.0 Recommendations

- 4.1 The Board is recommended to:
- Note the proposed approach to the annual refresh of the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015–20 as set out in this paper.

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Policy Manager, Sunderland City Council

1.0 Purpose of the Report

- 1.1 To present to the Board the forward plan of its business for 2020.

2.0 Background

- 2.1 The Board agreed at its meeting in March that a new forward plan should be prepared that outlines anticipated Board business across all its meetings for the year ahead, including development sessions. The plan necessarily incorporates the agreed new quarterly meeting frequency.

3.0 The forward plan

- 3.1 The forward plan is attached as appendix 1. The plan is not fixed for the whole year and may be changed at any time, with items being added or removed as circumstances change and to suit the Board's needs.
- 3.2 Members of the Board are encouraged to put forward items for future meeting agenda's either at Board meetings or by contacting the Council's Senior Policy Manager.

4.0 Recommendation

- 4.1 The Board is recommended to:
- receive the Forward Plan for information.

Sunderland Health and Wellbeing Board – Draft Forward Plan (Note: subject to change. Last updated 4.12.19)

JANUARY 2020	3 FEBRUARY 2020 12pm-4pm Development Session <ul style="list-style-type: none"> • Healthy City Plan development • Review HWBB membership • Discussion on specific priorities (e.g. Healthy Weight Declaration) Separate meeting (date to be arranged): <ul style="list-style-type: none"> • Governance arrangements for integrated health and social care 	20 MARCH 2020 <u>9.30am</u> (NOTE TIME CHANGE) Public Meeting <ul style="list-style-type: none"> • Draft Healthy City Plan for consultation • Review HWBB membership • Update on specific HWBB priorities • Health Protection Assurance Report • PHE Health Protection Annual Report • PNA – sign-off to go ahead with refresh • PNA – completed version (2021) • All Together Better update • Care Home Life – What its really like (Healthwatch) • Governance arrangements for Better Care Fund • Update on Path to Excellence scenario development process 	APRIL 2020 Development Session <ul style="list-style-type: none"> • Developing the Healthy City Plan performance scorecard • Update on specific HWBB priorities 	MAY 2020	JUNE 2020 Public Meeting <ul style="list-style-type: none"> • Healthy City Plan for approval • Update on specific HWBB Priorities • All Together Better • NHS Operational Plan • HealthWatch Annual Report • C&YP mental health and transformational plan
JULY 2020 Development session <ul style="list-style-type: none"> • Update on HWBB priorities • Social prescribing 	AUGUST 2020	SEPTEMBER 2020 Public Meeting <ul style="list-style-type: none"> • Update on specific HWBB Priorities • JSNA • Path to Excellence • Public Health campaigns 	OCTOBER 2020 Development Session <ul style="list-style-type: none"> • DPH Annual Report – draft recommendations • Update on HWBB priorities 	NOVEMBER 2020	DECEMBER 2020 Public Meeting <ul style="list-style-type: none"> • DPH Annual Report • Winter Plan (A&E Delivery Board) • SSCB Annual Report • SSAB Annual Report • All Together Better Update • Children and Young People's Mental Health and Wellbeing Transformation Plan (2020 onwards) • Children's Integrated Strategic Commissioning • Update on specific HWBB priorities

