Sunderland Joint Strategic Needs Assessment 2021-22
October 2021 Review

Contents

1.1 Introduction

One of the statutory functions of the Health and Wellbeing Board (HWB) is to prepare Joint Strategic Needs Assessments (JSNAs), which are duties of local authorities and clinical commissioning groups (CCGs). The JSNA is the process by which the Council and CCG, working in collaboration with partners and the wider community, identify the health and wellbeing needs of the local population. It provides an insight into current and future health, wellbeing and daily living needs of local people and informs the commissioning of services and interventions to improve health and wellbeing outcomes and reduce inequalities.

The findings of the JSNA are based on:

- Consideration of the JSNA topic summaries, which identify health, social care and well-being indicators, including the results of local Lifestyle Services;
- Comparison of our local population against regional and national averages and, in some cases, statistical neighbours which helps us to understand if a particular health issue is significant; and
- A summary of local needs analysis that has been carried out, identification of effective interventions (what works) and any other rationale for action e.g., a national 'must do' or service users', carers' and public views.

This overarching JSNA provides a summary of the health needs of Sunderland and highlights relevant issues for the commissioning of services. Individual chapters of the JSNA can be accessed at: https://www.sunderland.gov.uk/article/15183/Joint-Strategic-Needs-Assessment

On 12 January 2020 the World Health Organisation (WHO) announced a novel coronavirus, SARS-CoV-2, had been identified.[1] This was first identified in Wuhan City, Hubei Province, China. The virus is now readily transmitting from person to person in the community. Build Back Fairer: The Covid-19 Marmot Review[2] describes the impacts of Covid-19 on the social determinants of health in adults focusing on employment and good work, standards of living and income, places and communities, and public health. The Covid-19 Health Inequalities Strategy[3] sets out more information on Sunderland's response to Covid-19 and the impact it has had on health inequalities locally. Covid-19 has adversely impacted life expectancy. Mortality has been directly and indirectly affected by Covid-19, with mortality potentially increased by many factors including over-stretched health services and delays in hospital treatment, fear of accessing care, undiagnosed cancer and the impacts of long Covid-19. Covid-19 is expected to have a significant effect on preventable mortality but the scale of this will become more evident over future years.

1.2 Population profile and demography

Sunderland has a population (mid-2020) of around 277,846.[4] The population has fallen from close to 300,000 in the early 1990s, due in part to outward migration of younger working age people. Recently, this fall has levelled out and the population is predicted to remain stable at around 277,000 by 2031.[5]

Compared to England, the population of Sunderland has a higher proportion of older people who use health and social care services more intensively than any other population group and may require more complex treatment due to frailty and the presence of one or more long term conditions. Deaths from Covid-19 in Sunderland mostly affected the older age groups. 19.9% of Sunderland's population are aged 65 years and older, higher than the England average (18.8%). The population aged 65 years and over is projected to rise to 24% by 2031. The proportion of the population aged 80 years and over is also projected to rise from 5.1% in 2020 to 6.5% in 2031.

Sunderland has also seen an increase in the population of people from black and minority ethnic communities, though the city is less ethnically diverse than the England average. The age distribution of people from black and minority ethnic communities is generally younger than for white communities in the city. [6] Predicted patterns of migration suggest that the increase in the ethnic diversity of the population of Sunderland is likely to continue over the next 20 years.[5]

A Census was undertaken in March 2021, and it is anticipated that more detailed demographic information will be available from 2022 onwards.

1.3 Life expectancy

Whilst average life expectancy at birth has improved over a number of years, the city continues to lag behind the England position and the people of Sunderland live, on average, shorter lives than the England average[7]. They also live, on average, a greater part of their lives with illness or disability which limits their daily activities.

Life expectancy is a barometer of the health and social determinants of health within an area, and Covid-19 has directly and indirectly impacted on life expectancy due to the very high level of excess deaths last year due to the pandemic. Provisional estimates of life expectancy at birth[1] for 2020 from Public Health England[8] suggest that compared with 2019, life expectancy at birth in England was 1.3 years lower for males and 0.9 years lower for females. In the North East, male life expectancy has fallen from 78.2 in 2019 to 76.8 in 2020, a fall of 1.4 years. For females, the fall has been from 82.0 to 80.8, a fall of 1.2 years.

[1] The average number of years a newborn would live if they experienced the regional age-specific mortality rates for 2020 throughout their life

Notably, the gap between life expectancy for Sunderland and for England has widened for both males and females between 2015-2017 and 2017-19.

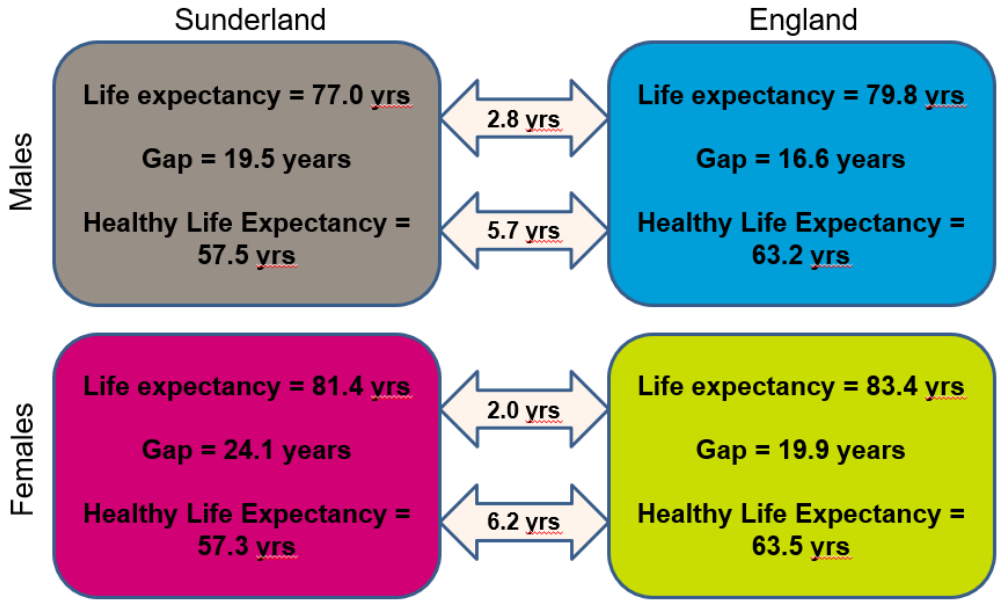


Fig 1: Gaps in Life Expectancy and Healthy Life Expectancy, Sunderland compared to England, 2017-2019 (Healthy state life expectancy, UK, 2017-2019. [9])

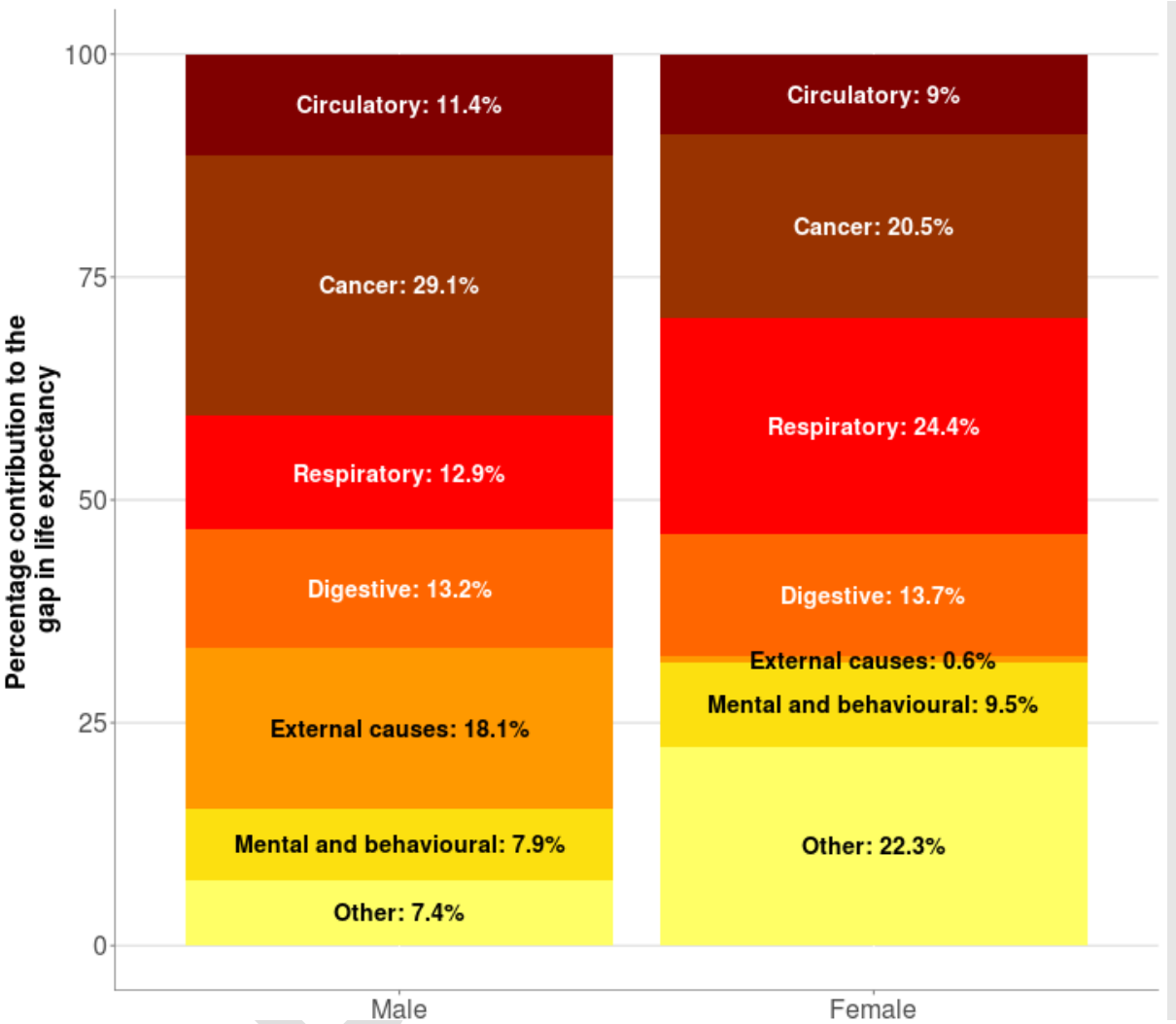
Health inequalities within Sunderland result in significant variations in mortality and life expectancy at birth between wards.

- The gap in life expectancy across wards has widened in Sunderland between 2013-2017 and 2017-2019.
- This has widened for males from 11.8 years to 12.4 years (Hendon 69.7 years compared to Fulwell 82.1 years), and for females it has widened from 9.4 years to 10.8 years (Hendon 75.9 years compared to Washington South 86.7 years).[10]

Fig 2: Differences in life expectancy by ward within Sunderland, 2015-2019

Based on published data[11], around 59%[12] of the life expectancy gap between Sunderland and England is due to higher rates of mortality from cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic obstructive airways disease); smoking is a key contributory risk factor that will impact on all three of these causes.

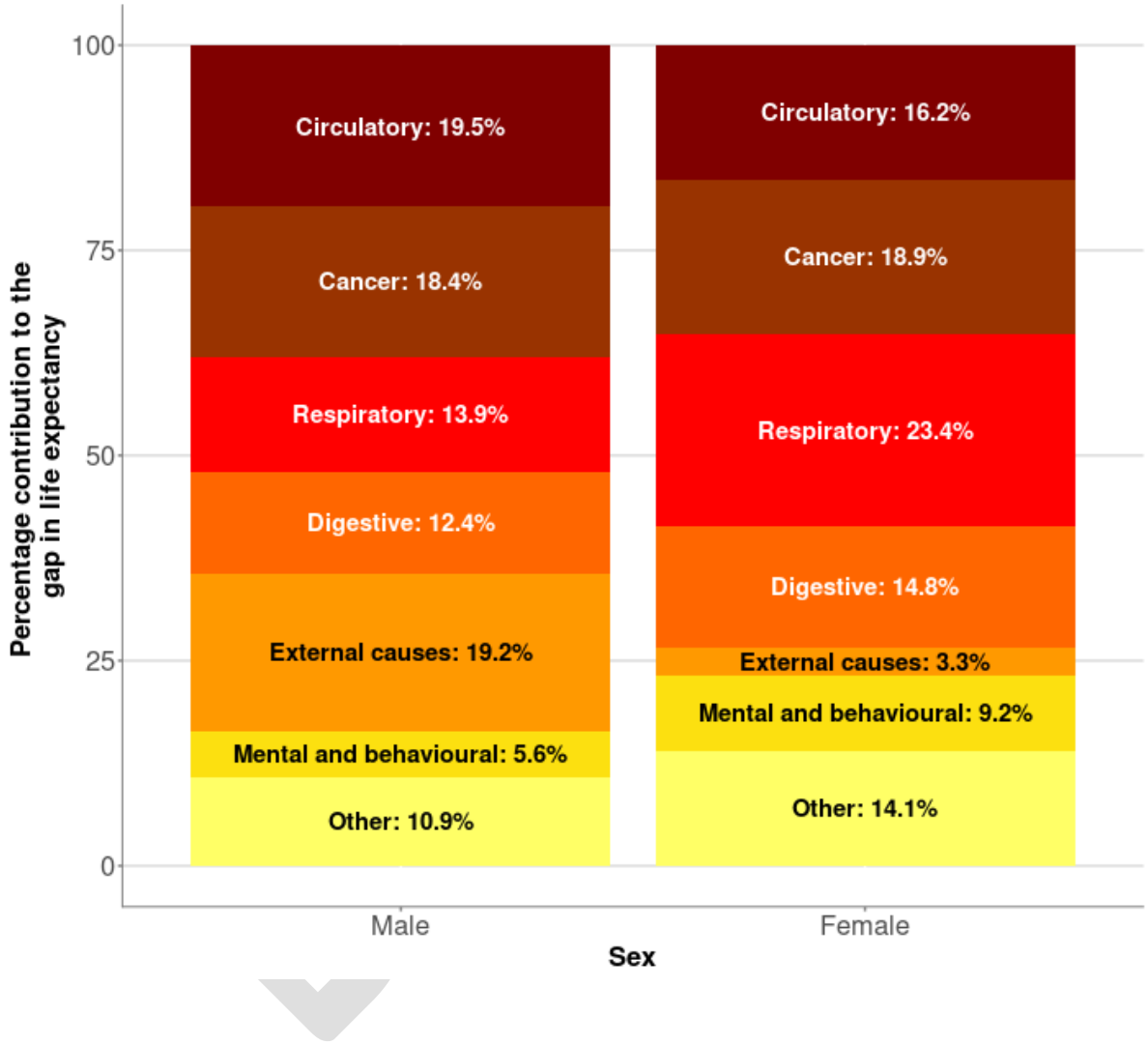
Fig 3: Gaps in Life Expectancy between Sunderland and England, by cause of death, 2015-2017



Data Source 5: The Segment Tool - Segmenting Life Expectancy Gaps by Cause of Death (Latest update, Jan 2020), Public Health England

In Sunderland, life expectancy in the most deprived quintile is lower than life expectancy in the least deprived quintile, and this gap is segmented below to show the broad causes of excess deaths. Within Sunderland, 61.2% of the life expectancy gap (excess deaths) between the most deprived quintile and least deprived quintile of Sunderland is due to circulatory, cancer and respiratory diseases.[13]

Fig 4: Gaps in Life Expectancy between the most deprived quintile and the least deprived quintile of Sunderland, by cause of death, 2015-2017



1.4 Social Determinants of Health

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. There is general consensus that the social determinants of health are more important than healthcare in ensuring a healthy population.

Figure 5: What makes us healthy[14]

The reason there are different health outcomes in different areas of the city is because health inequalities are underpinned by deprivation. There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health outcomes than those in the more affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The Index of Multiple Deprivation 2019 measures socioeconomic disadvantage across seven domains:

- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime, and;
- living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within Sunderland. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500. Seventy five (about 40%) of Sunderland's 185 Lower Super Output Areas (LSOAs) are among the most disadvantaged fifth of all areas across England, and 40.6% of the Sunderland population lives within these

super output areas.[15] This position has worsened relative to IMD2015 when 71 of Sunderland's LSOAs were among the most disadvantaged fifth of all areas across England, and 38% of the population lived within those LSOAs. The five Sunderland wards with the levels of deprivation in 2019 were: Hendon, Redhill, Southwick, Sandhill and Pallion, and deprivation levels across Sunderland are illustrated on the map below.[16]

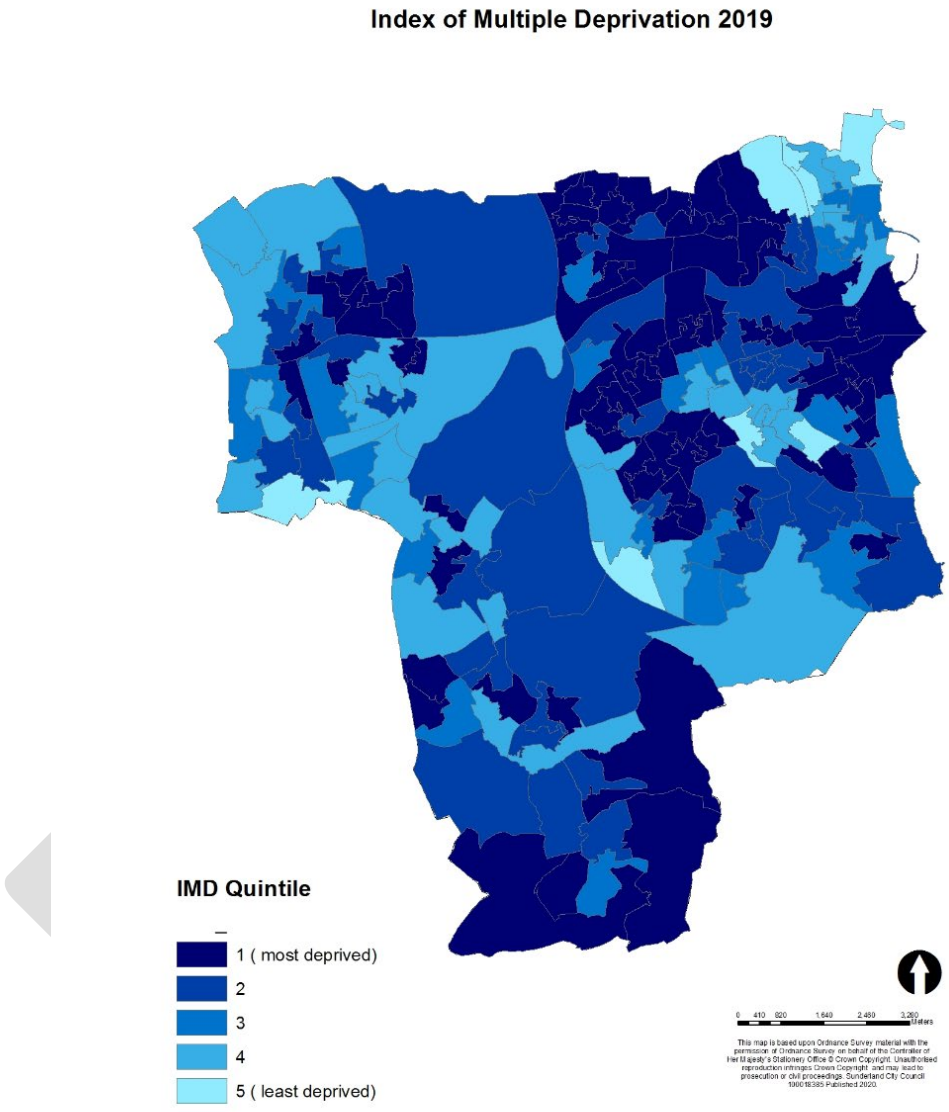


Figure 6: Index of Multiple Deprivation

Locally, work is being planned to gain more insight into equity within the social determinants of health in Sunderland, with consideration given to the areas of public life the Equality and Human Rights Commission examines to understand fairness and life chances in our country, including health.[17] This work will contribute to progressing the Equality Framework for Local Government[18] which is explicit in the expectation that organisations are working to improve outcomes. This includes reducing inequality and health inequality. The social determinants of health are

interconnected and do not exist in isolation, but some examples are set out below for Sunderland.

1.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low income households are particularly vulnerable to changes in the cost of living and suffer the social exclusion and increased health risks of poverty. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.[19] Average full-time earnings for workers who are Sunderland residents is £496.80 per week; this is below the average for the North-East (£523.50) and Great Britain (£587.20).

Child poverty:

Socioeconomic disadvantages can lead to wider health inequalities and are one of the primary risk factors linked to many maternal and infant health outcomes.

- 27.3% of children are living in low income families in Sunderland compared to 26.8% regionally and 19.1% nationally.
- Children born to teenage mothers have a 63% higher risk of living in poverty[20] Sunderland has a higher proportion of teenage mothers (1.4% compared to 1.2% in North-East and 0.7% in England) Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Detailed information on Best Start in Life and the 0-19 Full JSNA profile are available online at: Children and young people - Sunderland City Council

Food poverty:

- The Food Foundation reported that food banks were experiencing a surge in demand due to the impact of the Covid-19 crisis on household income and employment.[21] Sunderland Council undertook a Food Poverty Scoping Report which found that food poverty among children and young people has increased significantly over the pandemic. In Sunderland there has been an 18% increase in food parcels delivered to families from April to September 2020.[2]

- Covid-19 has highlighted the importance and increased need to access food and reduce food insecurity in the city. There is also an increased demand for advocacy and support to manage financial pressures on families.

[2] Sunderland Food Poverty Scoping Report. (2021).

- Data from Sunderland Foodbank (SFB) (comprising of 10 distribution centres) shows that there has been an annual increase in the average number of food parcels and minimum number of people fed in the past three years.

Financial Year	Average Monthly Food Parcels - SFB	Minimum People Fed -SFB
2018-19	223	389
2019-20	261	485
2020-21	291	579

- The data below shows the increase in support that has been required to access crisis food support during Covid-19 (from the beginning of April 2020) from either Sunderland City Council Local Welfare Provision Scheme or from the 6 Foodbanks that now provide weekly figures.

	April – Jun Q1	**July - Sept Q2**	**Oct – Dec Q3**	**Jan – March Q4**
Number of food cards issued by council	65	129	166	118
Value of food cards issued by council	£2,840	£5,805.00	£7,670.00	£5,440.00
Number of people council food cards have fed	123	263	346	256
Number of food parcels issued by council	560	152	343	370
Number of people council parcels have fed	922	244	631	655
Number of Food parcels issued by 6 local foodbanks	2379	2278	2826	2998
Number of people fed by 6 local foodbanks	4494	4101	5484	5595

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- The North East of England has the highest rates of pupils eligible for Free School Meals, with more than 26 per cent of pupils eligible. For 2020/21 Autumn Term, Sunderland had 40,694 pupils and 27.1% of them were eligible for Free School Meals.

- Public health has worked with teams across the council to shape recovery solutions, worked in partnership with Strategic Advice Services and has developed the Food Poverty scoping paper. Further work is recommended to gain greater understanding of the longer-term impact of food insecurity in the city and to inform the future planning of sustainable services.

Fuel poverty

A household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line. Fuel poverty is distinct from general poverty: not all poor households are fuel poor, and some households would not normally be considered poor but could be pushed into fuel poverty if they have high energy costs.

- In 2019, 15.3% of households in Sunderland were classed as fuel poor, which is higher than the North East figure of 14.8% and the England figure of 13.4%.[22] [23]

Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.[24]

- The excess winter deaths index (aged 85+) in Sunderland for August 2018 to July 2019 was 16.3, which was similar to the regional (16.7) and national (18.2) figures.

Older residents living in poverty

People living in more deprived areas have a greater need for health services. Those living in poverty may experience fuel poverty; living in cold homes is associated with poor health outcomes and an increased risk of morbidity.[25] People who are poorer in later life have worse health, across a wide range of physical and mental health conditions, than those who are affluent. Older people living in disadvantaged areas having less access to health care than those living in more affluent communities.

- The percentage of adults aged 60 or over living in income-deprived households (out of all adults aged 60 or over) in 2019 in Sunderland was 21.7%, which is significantly higher than the figure for England of 14.2%.

1.4.2 Employment

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

Evidence highlights that good work improves health and wellbeing, not only from an economic standpoint but also in terms of quality of life. The government's command paper *Improving lives: the future of work, health and disability* focuses on reducing health inequalities by promoting good work as a determinant of good health and advocates employers to proactively include and enable people with ill health and/or

disability to access and stay in work.[26] This has been further reinforced by the Marmot review (2010), Marmot review 10 years on (2020) and Build Back Fairer (2020).

Employment rates in Sunderland compare unfavourably to both England and the wider North East. The Employment Deprivation Domain measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

Low-income groups and part-time workers are most likely to have been furloughed due to Covid-19, and furloughed staff have experienced 20 percent wage cuts from their already low wages.[27] This is likely to push many people into poverty as many do not have sufficient savings or other means to withstand the loss of income.

- The percentage of out of work benefit claimants aged 16-64 in Sunderland in May 2021 was 7.3%, higher than the North East figure of 6.8% and the national figure of 6.0%.[28]

Unemployment rises were seen in all age groups in Sunderland but there is a larger impact on young people.

- Between March 2020 and March 2021 – the claimant count for 18-24 year olds rose by 46%, from 1,890 to 2,760 and for 25-29 year olds rose 38% from 1,280 to 1,765.

Approximately 2 million adults are not in work in the UK because of their health – this is a quarter of all people who are economically inactive (i.e. 8.3m 20.9%). Many of these people could be in work but need support; they are the 'hidden unemployed.'

- In Sunderland 136,100 people (76.2% of the population) are economically active, with 23.6% economically inactive.
- 41.6% in Sunderland who are economically inactive are on long term sick, compared with 28.8% in NE who are economically inactive. Labour Market Profile - Nomis - Official Labour Market Statistics (nomisweb.co.uk) Economic inactivity (Oct 2019-Sep 2020)

The percentage of 16-64 year olds in employment is 70.3% (2019/20), but there are stark differences in employment rates for particular groups:[29]

- gap in employment between those with long term conditions and the overall employment rate 15.3% (2019/20);
- gap in employment between those in secondary mental health services and the overall employment rate 61.2% (2019/20); and
- gap in employment between those with a learning disability and the overall employment rate 66.7% (2019/20).

1.4.3 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with life expectancy, morbidity, health behaviours, and educational attainment plays an important role in health by shaping opportunities, employment, and income.[30] Low educational attainment is correlated with poorer life outcomes and poor health. While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding one's health and provide scope for increasing social and personal resources that are vital for physical and mental health.[31]

The average levels of education, skills and qualifications in Sunderland are lower than the regional and national average:

- Although educational attainment is generally poor in Sunderland, 62.6% of children eligible for free school meals are achieving a good level of development at the end of Reception; this is higher than the region level of 57.7% and national level of 56.5% (according to 2018/19 data). However, the figure is lower than the corresponding percentage of children achieving a good level of development at the end of Reception, which is 72.6% for Sunderland, 71.8% for both the North East and England.
- Attainment 8 is the results of pupils at state-funded mainstream schools in 8 GCSE-level qualifications, measuring how well children do in key stage 4. A pupil's Attainment 8 score is calculated by adding up the points for their 8 subjects, with English and maths counted twice. A school's Attainment 8 score is the average of all of its eligible pupils' scores. In February 2021 the average attainment 8 score in Sunderland was 48, lower than that national average of 50.2 in 2019/20.[3]
- In 2019 there was a higher percent of 16/17-year-olds in Sunderland not in education, employment, or training (NEET) (10.6%) than in the region (5.9%) and in England (5.5%).
- In 2019 there was a lower percent of 16–64-year-olds in Sunderland who were qualified to at least NVQ Level 4 or higher (27.4%) compared to the region (31.9%) and in England (33%).[32]

1.4.4 Housing and Homelessness

A Strategic Housing Market Assessment (SHMA)[33] in 2020 reported the results of the 2019 Sunderland household survey which indicated that:

- 10.2% of households in Sunderland (12,675 households) were classified as households in need (including insecure tenure, overcrowding, house too difficult to maintain, unfit dwelling amenities or health or social needs – see Figure 7 below).

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- In the private rented sector, 25.9% of households are in housing need, compared to 11.7% of those in affordable housing and 6.1% of those in owner occupation.
- Over a quarter of households in need in Sunderland are single adults aged under 65 years (27.0%).
- Couples with no children represent a further 24.4% of households in need.
- The data also shows that over half, 52.1%, of lone parents with 3 or more dependent children are in housing need, compared to 26.1% of couples with 3 or more dependent children. The SHMA also examines the needs of different groups:
- Age-related housing need – this concerns the position of particular age groups in the housing market due to life events and the demand this creates for accommodation units of a certain size or affordability;
- Health-related housing need – a household's health may be a determining factor in the type of accommodation they require or the support they need to receive. For most in this group the need for specialist accommodation or support is likely to be a lifelong need;
- Life-experience related housing need – supported accommodation may be needed by those affected by life experiences which may have disadvantaged their ability to live independently. The support required here may be shorter term with the intention of promoting independence in the longer term; and
- Cultural heritage related housing need – for those from a minority ethnic background there may be cultural heritage or religion related determined needs which impact on the type of accommodation required.

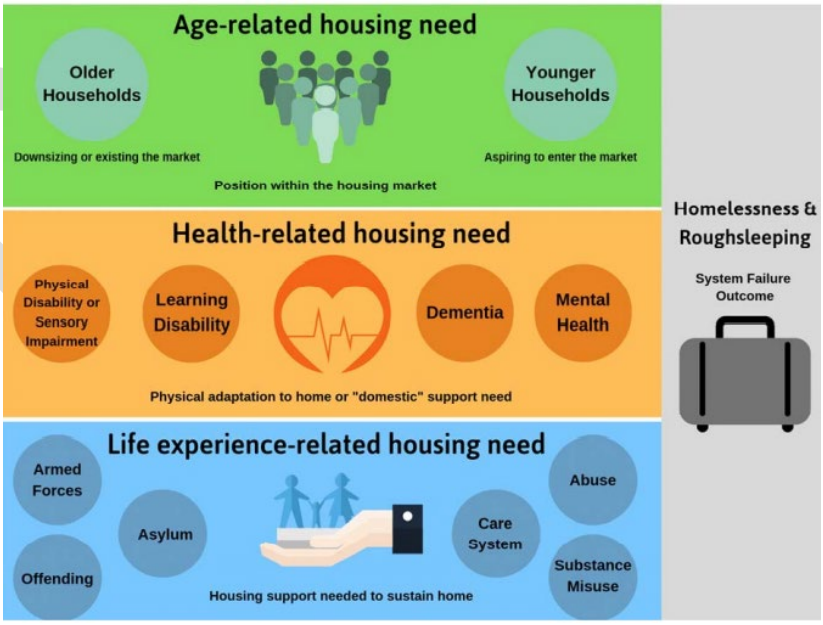

Fig 7: Housing needs of different groups

Local data shows us that there is an increasing challenge due to an increase in number of support needs presenting in those needing temporary accommodation.

With average support needs per case at 3.06 there are issues in managing cases and enabling timely and effective accommodation solutions.

The figure above also makes a link to homelessness and rough sleeping. Homelessness and rough sleeping can be a failure outcome of not providing appropriate accommodation for residents, along with an often complex interplay of one or more of the following; poverty, unemployment and life events including relationship breakdown or the end of a tenancy. These triggers are often coupled with other issues such as mental health needs or substance misuses (or both) which result in a 'tip' into homelessness. The *Sunderland rough sleeping and homelessness prevention strategy 2019-21* reports that in Sunderland, the homeless population:[34]

- Is younger, more ethnically diverse, and has a higher proportion of males than the general population;
- Has higher levels of key unhealthy behaviours (such as smoking, alcohol misuse and drug misuse) than the general population;
- Has significantly higher number of disabled people compared to the national average;
- Has high levels of both mental and physical health conditions, developing long term conditions earlier than the general population;
- Has the following top five physical health needs: joint and muscular problems, dental health, eye health, fainting and blackouts, respiratory and circulation problems;
- Has the following top five mental ill health conditions: depression, anxiety/phobia, PTSD, schizophrenia, personality disorder; and
- Access to GP services is between 1.5-2.5 times more and access to hospital services is around four times more than for the general population.

1.4.5 Crime

Crime can have a wide-ranging effect on people's health. In Sunderland, indicators relating to crime, including re-offending rates and hospital admissions for violent crime (including sexual violence) are higher than England as a whole, though comparable to the wider North-East.

- Total recorded crime in Sunderland stood at 99 per 1000 in 2020/21, above the North East (91.7) and England average (77.2).
- Hospital admissions for violence (including sexual violence) in Sunderland for 2017/18-19/20 were 71.2 per 100,000, which is similar to the regional figure of 63.4 and significantly higher than the national figure of 45.8.[35]

1.4.6 Domestic violence and abuse

Health and domestic violence and abuse (DVA) are inextricably linked. DVA has a profound and long-term impact on physical and mental health, with effects ranging from injury to stress and anxiety, as well as more severe psychological effects. It is

also a root cause of many other social problems including substance misuse, homelessness, sexual exploitation, and future involvement in criminal behaviour.

- There were 8,434 domestic abuse incidents reported to the police in 2020/21, however this is likely to be under reported. Over 40% of incidents involved children.
- Incidents of domestic abuse rose in 2020/21 from 7,969 incidents in 2019/20.
- Police recorded crime data shows an increase in offences flagged as domestic-abuse related during the Covid-19 pandemic.
- 2020/21 also saw increases in incidents involving children and an increase in the number of repeat crimes.
- Most domestic abuse survivors were female. Recorded figures show that women are significantly more likely than men to experience repeated and severe forms of abuse, including sexual violence. 73.1% of victims in Sunderland were female. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt or killed than male victims of domestic abuse.[36] Those referred to support services in Sunderland were primarily females between 21-40 years old. Many have multiple support needs including mental ill health, physical disabilities, learning disabilities, substance, and alcohol misuse.

The Domestic Abuse Act 2021 will provide improved protection for the many victims of domestic abuse (DA) as well as strengthened measures to tackle perpetrators. Key provisions include: For the first time, a new wide-ranging statutory definition of DA, incorporating abuses beyond physical violence, such as emotional abuse, coercive or controlling behaviour and economic abuse.

Evidence on the impact of Covid-19 on domestic abuse is at an early stage, and work is being undertaken nationally and locally to address domestic abuse.

The Government's VAWG strategy, Strategy to end violence against women and girls: 2016 to 2020 - GOV.UK (www.gov.uk), is currently being refreshed.

More information on community safety in Sunderland is available at: Community safety - Sunderland City Council

1.4.7 Living Environment

The quality of the built and natural environment such as air quality and the quality of green spaces also affect health.[37] Key points to note include:

- Sunderland City Council has set out ambitious targets to be a carbon neutral local authority by 2030 and is working with partners across Sunderland for the city to be carbon neutral by 2040 and deliver against the city's Low Carbon Framework.[38]
- Sunderland has a Green Infrastructure Strategy which aims to protect a range of district and inter-Green Infrastructure Corridors and assets which provide multiple benefits to people and wildlife across the city.[39]

- Sunderland prepares a Local Flood Risk Management Strategy every 5-6 years, which has the target of decreasing the number of properties at high flood risk.[40]
- Sunderland also adheres to the England Heatwave Plan, which has the target of reducing the harm to health from severe heat and heatwaves. Sunderland also adheres to the Cold Weather Plan (CWP) for England, which aims to prevent avoidable harm to health, by alerting people to the negative effects of cold weather and enabling them to prepare and respond appropriately. The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.
- All local authorities monitor local air quality and produce annual reports and updates to DEFRA. The 2019 Air Quality Report for Sunderland found that the air quality in Sunderland is good and that there has been a general decline in some of the pollutants measured. [41] In 2019, the fraction of mortality attributable to particulate air pollution was 3.7 in Sunderland, which was similar to the North East figure of 3.6 and lower than the England figure of 5.1.

1.4.8 Physical Activity

Physical activity contributes to a wide range of health benefits, including reducing the incidence of some long term conditions. It also has benefits for mental wellbeing including improved self-esteem, mood, sleep quality and energy, as well as reducing the risk of stress, depression, dementia and Alzheimer's disease. Regular physical activity can improve health outcomes irrespective of whether individuals lose weight.[42]

The Sunderland Children and Young People's Health Related Behaviour Survey collects information on health and related behaviours from primary school children aged 8 to 11 and 12 secondary pupils aged 12-15. The 2021 survey found that:

In Sunderland primary schools:
- 47% of pupils walked or scooted to school
- 10% of pupils describe themselves as 'unfit' or 'very unfit'
- 81% of pupils enjoyed physical activity at least 'quite a lot' – 83% for boys, 78% for girls
- 38% exercised enough to make them breathe harder and faster at least five times in the last week – this was 33% for girls and 42% for boys.

In Sunderland secondary schools:
- 48% of pupils walked or scooted to school
- 64% of pupils enjoyed physical activity at least 'quite a lot' – 79% for boys, 54% for girls
- 22% exercised enough to make them breathe harder and faster at least five times in the last week – this was 16% for girls and 29% for boys.

There is significant inequality in physical activity in children between boys and girls, particularly as children get older.

The Adult Lifestyle Survey (2017) suggested 19.2% of adults aged 18 and over in Sunderland are physically inactive, i.e. they report doing at least 30 minutes of moderate physical activity on 0 days in a typical week.

The UK CMOs' guidelines provide recommendations on the frequency, intensity, duration and types of physical activity at different life stages, from early to later years.[43] Benefits are accrued over time, but it is never too late to gain health benefits from taking up physical activity.

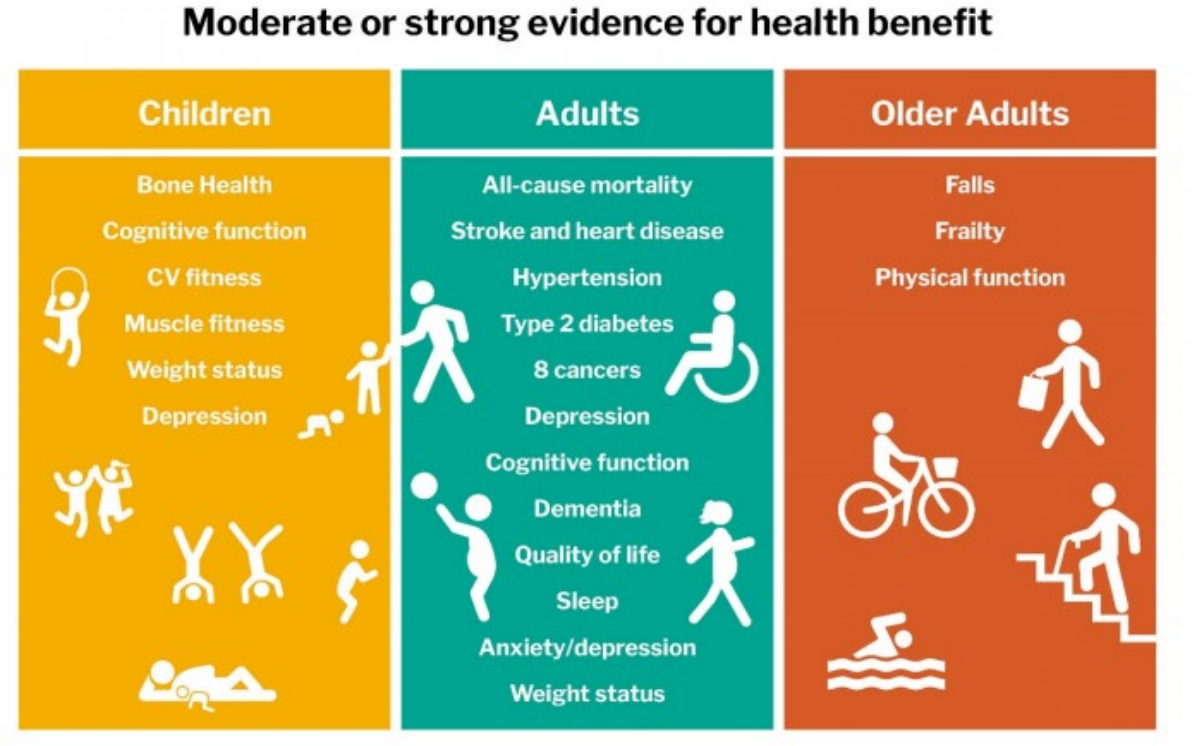

Fig 8: Moderate or strong evidence for health benefit[43]

Sunderland's Joint Strategic Needs Assessment for Healthy Weight sets out plans to undertake a whole systems approach to support a healthier environment and lifestyle. This is available at: JSNA - Healthy Weight

1.4.9 Accident Prevention

Reducing accidents and hospital admissions due to unintentional injury in the early years of life is a nationally recognised 'High Impact Area' which can make a significant difference to the safety, wellbeing and future life chances of babies and young children growing up in Sunderland. The High Impact Areas, with additional information for maternity, provide an evidence-based framework for those delivering maternal and child public health services from preconception onwards.[44] Local data for children and young people in Sunderland for 2019/20 is set out below:

- The rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years was 203.1 per 10,000, which was the 6th worst in the country, with the England average at 117.

- The rate of hospital admissions caused by injuries in children aged 0-14 years was 145.9, which is the second worst in the country, with the England average at 91.2.
- The number of children killed and seriously injured in road accidents in Sunderland in 2017-19 was 20, a rate of 13.6 per 100,000, which is similar to, but lower than the England rate of 18.

An Accident Prevention needs assessment is currently being developed for Sunderland.

- The directly standardised rate per 100,000 people of emergency hospital admissions due to falls in people aged 65 and over was 2,628 in Sunderland in 2019/20. This is significantly higher than the regional (2,412) and national (2,222) figures.
- The rate (directly age standardised rate per 100,000) of hip fractures in people aged 65 and over in 2019/20 in Sunderland was 664, which is significantly higher than the national figure (572) and higher than the regional figure (635).

1.4.10 Social isolation

There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.

- The percentage of adult social care users (aged 18+) who have as much social contact as they would like in Sunderland in 2019/20 was 55.1%, which was significantly higher than the national figure of 45.9% and higher than the regional figure of 49.9%.[45]

1.5 Health risks

1.5.1 Smoking

Smoking remains the greatest contributor to premature death and disease across Sunderland. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.[46]

Smoking during pregnancy remains high.

- In 2019/20, 448 women in Sunderland were recorded as smokers at the time of delivery; this equates to 18.3% of pregnant women compared to the England average of 10.4%.[47]
- The percentage of women recorded as smoking at time of delivery in Sunderland to the end of quarter 3 of 2020/21 is 15.5%. This represents an improvement from 18.3% the previous year. If data for the last quarter of 2020/21 is in line with the previous three quarters, then this would be the lowest percentage for the last 10 years and the biggest year on year decrease.

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%.[48] Reducing rates of pregnant women smoking is a high priority in the Best Start in Life work stream, and partners are working closely together to address the challenges in this area.

- The latest WAY Survey (2014/15) showed that young people aged 15 are more likely to smoke in Sunderland than nationally. 11.6% of the age 15 population currently smoke in Sunderland, compared to 8.2% nationally.[49]

Considerable progress has been made over the last eight years, according to the national Annual Population Survey which showed that:

- The proportion of adults that smoke in Sunderland fell between 2011 and 2019 from a high of 24.3% to 16%. This is higher than both the regional (15.3%) and national (13.9%) figures. It should be noted, though, that smoking prevalence estimates by local authority from this survey can fluctuate widely due to small sample sizes.[50] Nevertheless, smoking continues to be the greatest contributor to premature death in the city and there is still much to do to reach the target of 5% prevalence by 2025.
- Smoking prevalence remains high in routine and manual occupations age 18-64 in 2019 was 25.7% in Sunderland compared to 23.2% nationally.[51]

When compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to

smoke.[52] High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy.

- Smoking prevalence in adults with long term mental health conditions was 29.7% in 2019/20, higher than the regional (27.0%) and national figures (25.8%).

Supporting people to give up smoking will make a significant contribution to reducing health inequalities between Sunderland and England.

- In 2019/20, 45.5% of people setting a quit date had successfully quit at four weeks.[53]

The Specialist Stop Smoking Service, GP Practices and Pharmacies continue to support residents to stop smoking across the city. However, the impacts of Covid-19 on capacity within primary care and offering behavioural support face to face are presenting a challenge around offering services which are responsive to local need and demand.

Sunderland has significantly higher levels of smoking-attributable mortality and smoking-attributable hospital admissions than the England average.[54]

- Smoking remains a key risk factor for lung cancer and deaths rates due to this disease are 60% higher in Sunderland than the England average for 2017-2019.[55]

The full Tobacco JSNA is available at: Tobacco - Full Joint Strategic Needs Assessment - Sunderland City Council

1.5.2 Alcohol

Alcohol use is another major risk factor. Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost.

- Under 18's hospital admissions for alcohol specific conditions (2017/18-2019/20) were 82.4 per 100,000 for Sunderland (a reduction from 2016/17-2018/19 when the figure was 85.8 per 100,000). This is significantly above the England and North East averages. The respective figures are 55.4 for the North-East and 30.7 for England.

The Sunderland 2021 Health Related Behaviours Survey (HRBS), for secondary school pupils, it found that:

- 38% have never drunk alcohol at all
- 37% have drunk alcohol once or twice
- 19% drink alcohol occasionally (less than 1 drink a week)
- 3% drink alcohol regularly and don't want to stop

- 21% had had an alcoholic drink in the past 7 days.

These figures show very little change in each category compared to the previous survey carried out in 2019.

Data from a local lifestyle survey found that:

- The proportion of Sunderland adults aged 18 years and over who drink alcohol is 66.4%[103].
- Men are more likely to drink alcohol than women. Men aged 45-64 and women aged 35-54 are most likely to drink alcohol.
- There is also a socio-economic gradient with adults in managerial and professional occupations being most likely to drink alcohol and those who have never worked or who are long term unemployed being least likely to drink alcohol.
- Overall, 33.6% of adults are abstinent, 44.8% of adults are lower risk drinkers (i.e., they drink up to 14 units of alcohol per week), 16.7% of adults are increasing risk drinkers (i.e., they drink more than 14 units and up to 35 units of alcohol per week), and 5.0% of adults are higher risk drinkers (i.e., they drink in excess of 35 units of alcohol per week).
- In Sunderland 21.6% of adults exceed the current recommended safe limits for alcohol consumption.
- At ward level, the highest rates of drinking above the recommended safe limits are seen in Washington South, Washington East, St Michael's and St Chad's.

- Additionally, 26.3% of adults binge drink (i.e., they drink more than 6 units of alcohol on their heaviest drinking day in a typical week). Men are more likely to binge drink than women. Contrary to the commonly portrayed image, binge drinking is not confined to young adults; in Sunderland men aged 35-64 and women aged 35-54 are most likely to binge drink. At ward level, the highest rates of binge drinking are seen in Washington West, Ryhope, Washington East and Fulwell.

Covid has also impacted on drinking levels. Alcohol consumption increased during lockdown. In March 2020, nationally sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic. Although those from affluent backgrounds were more likely to drink and drink at high levels, there was a greater impact from alcohol related diseases on those from lower income backgrounds.[56]

- In Sunderland there was a rise in admissions for alcohol specific conditions between 2014/15 (752 per 100,000) and 2018/19 (1078 per 100,000) and again in 2019/20 (1171 per 100,000).[57]

The data also demonstrates:

- Admission episodes for alcoholic liver disease (Broad) have risen from 151.1 per 100,000 in 2010/11 to 228.8 per 100,000 in 2017/18, and again to 253.3

per 100,000 in 2018/19. Sunderland has the 10th highest rate in England in 2018/19.

- Alcohol-related mortality in Sunderland for 2018 was 57.6 per 100,000, a reduction from 67.8 in 2017.
- Mortality from chronic liver disease was 22.0 per 100,000 in 2017-2019, the second highest in the North-East (after South Tyneside at 22.6), higher than the North-East average (18.3) statistically significantly higher than England (12.0).
- Incidence rate of alcohol-related cancer in Sunderland is 39.43 per 100,000 for 2015-17. This is similar to the regional figure of 39.85 but higher than the England figure of 37.82 during the same period.

(Source: Public Health Profiles and LAPE- Local Alcohol Profile for England, "Fingertips")

The Alcohol JSNA for Sunderland is available at: Alcohol - Sunderland City Council

1.5.3 Substance misuse

Drug addiction leads to significant crime, health and social costs. Drug misuse is strongly associated with a range of social issues including school absenteeism, safeguarding concerns, troubled families, homelessness and unemployment. It can also lead to significant crime and disorder. Sunderland faces multiple challenges with substance misuse related harm due to several complex issues associated with poverty, unemployment, and criminal justice involvement. Substance misuse can have profound and negative effects on communities, families, and individuals, limiting the ability to work, to parent, and to function effectively in society. Evidence-based drug treatment can reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

Data from the National Drug Treatment Monitoring System (NDTMS) for the year April 2020 to March 21, shows there were 89 young people under the age of 18 in treatment during the year (a reduction of 21% from the previous year).
This figure (89) accounted for 21 females and 68 males.

- 75 (84%) were in treatment due to cannabis use
- 36 (40%) for alcohol use
- 16 (18%) for cocaine use
- 16 (18%) for ecstasy use
- 2 (2%) for crack use.

(Some of these service users are included in more than one category, so the overall percentage figure will be higher than 100%).

Of those exiting treatment during the year (40), 93% (37) successfully completed their treatment journeys; this is compared to 79% nationally.

In the 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, it was found that:

- 18% had been offered drugs, (16% for cannabis)
- 6% had taken drugs (3% during the last month, a further 2% during the last year, 1% more than a year ago)
- 80% had never smoked
- 11% had tried smoking once or twice
- 4% used to smoke but had now stopped
- 2% smoke occasionally (less than 1 cigarette a week)
- 2% smoke regularly but would like to give it up
- 2% smoke regularly and don't want to give it up.

These figures show very little change in each category compared to the previous survey carried out in 2019.

There is a significant positive correlation between higher deprivation levels and the prevalence of problematic drug users. The United Nations Office on Drugs and Crime warned of the potential for the Covid-19 crisis to worsen the drug situation and that increasing unemployment and reduced employment opportunities resulting from the pandemic were more likely to affect poorer individuals, which could consequently make them more vulnerable to drug misuse.[58]

Estimates of the prevalence of opiate and crack cocaine in over-15-year-olds, reviewed in 2019 and covering 2016/17,[59] suggest that Sunderland has:

- Prevalence of 9.2 per 1,000 population aged 15-64 opiate and/or crack cocaine users or an estimate of 1,652 people, compared to an England rate of 8.9 per 1,000;
- Prevalence of 8.3 per 1,000 population aged 15-64 opiate users or an estimate of 1,493 people, compared to an England rate of 7.4 per 1,000;
- Prevalence of 4.0 per 1,000 population aged 15-64 crack users or an estimate of 712 people, compared to an England rate of 5.1 per 1,000.

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

In the financial year 2019/20 there were 1,293 adults in effective drug treatment, of which, 840 (65%) were new treatment journeys.

During 2019/20:

- 96.3% of opiate users were retained in effective treatment, (national - 94.9%)
- 94.8% of non-opiate users, (national 84.4%)
- 94% of alcohol and non-opiate users, (national 85.6%)

The percentage of clients successfully completing treatment and not re-presenting were:

- Opiate users 4.1%, (national 5.5%)
- Non-opiate users 28.9%, (national 33.8%)
- Alcohol users 31.4%, (national 37.4%)

From 1st July 2021, Sunderland Wear Recovery Substance Misuse & Carers Services are now provided by Change Grow Live in partnership with Recovery Connections.

The Substance Misuse (drugs) JSNA is available online at: Substance Misuse (drugs) JSNA, Sunderland, 2020

1.5.4 Gambling

The Gambling Act 2005 defined gambling as betting, gaming or participating in a lottery.[60] Gambling includes a wide range of activities from arcades to lotteries and football pools to online betting. Whilst some people may experience no apparent negative consequences, for a minority of problematic gamblers, significant negative consequences can impact on their lives and the lives of those around them. These can include negative impacts on physical and mental health, relationships and finances, not just for the individual, but also for a wide range of people including their families, colleagues and wider local communities. Screening tools and signposting can help identify people with problematic gambling.

The Select Committee on the Social and Economic Impact of the Gambling Industry (2019-21) found that nationally:[61]

The young (for whom gambling is illegal) are most at risk:

- 55,000 problem gamblers are aged 11–16;
- For girls aged 11–16, the rate of problem gambling is twice that of any other female age group;
- For boys, the rate is three times the rate for adults;
- The rate of problem gambling among 11–16 year old children is twice as high as for adults; for boys alone it is three times as high.[62]

The increase in online gambling is making the problem worse.

- In 2012, 14% of people took part in online gambling;
- Seven years later, in 2019, the figure was 21%, half as many again.[62]

GamCare, a gambling support charity, has reported that online gambling is a growing issue for callers to the National Gambling Helpline. They have seen a significant impact on gambling behaviour during the Covid-19 pandemic, and it is not clear whether this will have a long-term or short-term effect.[63]

According to the Health Survey for England, 2018:[64] (definitions are in footnote 4 below[4])

- 5.4% of people aged over 16 in the north east were estimated to be at-risk gamblers (PGSI score of 1 or above). Applying this figure to the number of over-16 year olds in Sunderland (228,445) means there could be around 12,300 people at risk of gambling-related harm in Sunderland.
- The prevalence of problem gambling in the north east (according to DSM-IV or PGSI) was 0.7%, which was the second highest region after London at 1.8%. In Sunderland, this means that there are potentially 1,600 problem gamblers.
- Nationally the number of problem gamblers (according to DSM-IV, PGSI or either) was 245,634. A further 377,242 people were deemed as being moderate risk gamblers, and 1,213,830 were classed as low risk gamblers (as measured by PGSI status).
- Gambling prevalence is strongly patterned on deprivation and employment. National data also shows that there are higher gambling rates among men compared to women.[65]
- A higher percentage of BAME are problem gamblers than white/white British or mixed/other.
- Routine and manual workers are also over-represented, with 0.9% of routine and manual workers being classified as problem gamblers, compared with 0.3% of people in managerial and professional roles. 1.9% of the unemployed cohort were classified as problem gamblers, compared with 0.4% of those in employment, self-employment or government training.
- Levels of problem gambling also show a clear gradient with deprivation.
- Due to limitations in how this data is collated, it is likely these estimates are conservative, and may not reflect some of the vulnerable population groups such as homeless people and students.

Citizens Advice carried out an investigation which found that 6 to 10 people are directly affected by a single problem gambler.[66] Applying the above to the estimated figure of 1,600 problem gamblers in Sunderland could suggest that between 9,600 and 16,000 people are adversely affected by problematic gambling in Sunderland.

A revised Gambling Statement of Principles is being recommended to Sunderland Council for approval in November 2021 which sets out licensing objectives.

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[4] The Health Survey for England, 2018, measures the level of risk attached to gambling using the findings from two different measures as below:
DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, fourth version (1994). This screening instrument is based on ten diagnostic criteria ranging from 'chasing losses' to 'committing a crime to fund gambling.' A score of 3 or more is indicative of problem gambling.

PGSI: Problem Gambling Severity Index. The PGSI consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling.' Each item is assessed on a four-point scale: never=0, sometimes=1, most of the time = 2, almost always=3. A score of 1-2 is indicative of low-risk gambling, a score of 3-7 is indicative of moderate-risk gambling. A score of 8 or more is indicative of problem gambling. A score of 1 or more is indicative of at-risk gambling.

1.5.5 Healthy Weight

The latest data from the National Childhood Measurement Programme for the school year shows that in Sunderland for 2019-20:[67]

- 22.1% of Reception class children were recorded with excess weight, compared to 23.0% for England;
- 36.9% of Year 6 children were recorded with excess weight, compared to 35.2% for England;
- 10.1% of Reception class children were recorded as obese compared to 9.9% for England;
- 23.6% of Year 6 children were recorded as obese, compared to 21.0% for England;
- 3.0% of Reception class children were recorded as severely obese, compared to 2.5% for England;
- 6.1% of Year 6 children were recorded as severely obese, compared to 4.7% for England;
- 0.5% of Reception class children were recorded as underweight, compared to 0.9% for England; and
- 1.5% of Year 6 children were recorded as underweight, compared to 1.4% for England.

Based on Reception data for 2017/18 to 2019/20:

- The Hendon ward (16.7%) for obesity prevalence was significantly higher than the Sunderland average (11.0%).
- The wards with the 5 highest rates were: Hendon (16.7%), St Chad's (14.3%), Redhill (13.6%) St Anne's' (13.2%) Southwick (12.5%).

Based on Year 6 data for 2017/18 to 2019/20:

- The Sandhill ward (31.2%) for obesity prevalence was significantly higher than the Sunderland average (24.5%).
- The wards with the 5 highest rates were: Sandhill (31.2%), Pallion (29.5%), Hendon (29.3%), Washington North (29.1%), Southwick (28.6%).

Based on the 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, it was found that 64% of secondary school pupils enjoy physical activities at least 'quite a lot', this is similar to the 65% 2019 survey figure.

In Sunderland, 73.5% of adults are classified as overweight or obese, according to 2019/20 data from Public Health England, based on the Active Lives survey undertaken by Sport England. This is higher than the North East figures (67.6%) and the England figure (62.8%).[68] Men are more likely than women to be overweight and obese.[103] Men aged 65-74 and women aged 55-64 were most likely to be overweight; men and women aged 55-64 were most likely to be obese. People from routine and manual groups were most likely to be overweight, whilst people in intermediate occupations were most likely to be obese. At ward level, the highest prevalence of obesity was seen in Hetton, Castle, Redhill, Washington North and Ryhope.

The underlying causes of obesity are the ready availability of high calorie food, more sedentary lifestyles caused by a reduction in activity and manual labour, and greater use of the car as a means of transport. Obesity is associated with a range of health problems including Type 2 diabetes, cardiovascular disease and cancer.

Obesity places a burden on the healthcare system.

- In 2019/20, there were 270 admissions to hospital where the main reason for admission was recorded as obesity in Sunderland.[69] The rate of admissions, at 99 per 100,000 population and is significantly higher than the England average of 20 per 100,000. It should be noted that the North East region has significantly higher admission rates than the rest of the country (46 admissions per 100,000 population) and that South Tyneside and City Hospitals Sunderland NHS Foundation Trust hosts the regional centre for bariatric surgery and surgical weight management.

- In addition, in 2019/20, 2789 prescription items for the treatment of obesity were prescribed in primary care and dispensed within Sunderland. The rate of prescribing at 10 prescription items per 1,000 population is well above the England average of 6 per 1,000.

The Healthy Weight JSNA is available online at: Healthy Weight, Sunderland JSNA

1.5.6 Sexual Health

Good sexual health is fundamental to general wellbeing and health; it is also an important public health issue. Poor sexual health imposes social, economic, emotional and health costs. Key population groups can be identified who are more likely to experience health inequalities and have higher need for sexual health services and support. These are as follows: young people; gay, bisexual or other men who have sex with men; black and minority ethnic groups; and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

Sunderland has relatively low rates of HIV diagnosis and a relatively high uptake of HIV testing in eligible persons attending specialist sexual health services. Despite this, between 2017-2019, 60.9% of all HIV diagnoses made for people from Sunderland were made late, when their immune system had already been damaged (compared with 42.5% for the North East and 43.1% for England).[70] This is worse than the previous figure for Sunderland for 2016-18, when the percentage with late diagnosis of HIV was 55.2%.

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

The Sexual and Reproductive Health services JSNA is available at: Sexual and Reproductive Health services JSNA for Sunderland, 2018

1.5.7 Teenage conceptions

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas have the highest number of teenage maternities and are therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.[71]

- The proportion of teenage mothers (aged 12-17) in Sunderland in 2019/20 was 1.4%, which was significantly higher than the England figure of 0.7% and higher than the regional average of 1.2%.[72]

Data for 2016-2018 shows that in Sunderland, Hetton was the only ward where the teenage conception rate remains significantly above the Sunderland average. Sunderland has seen a 61% decrease in under 18 conception rates since 1998, however rates in Sunderland remain above the North-East and England average.

The North East has also seen a 61% decrease in its teenage under 18 conception rate between 1998 and 2019 (from 56.5 to 21.8. per 1,000), although it consistently has had the highest rate of all the regions in England.

Annual conception data for 2019 was published by the ONS on 5 August 2021.
Under 18 conception rates, per 1000 women aged 15-17 years:
[73]

- Sunderland 24.3
- North East 21.8
- England 15.7

Under-18 conceptions was 24.3 per 1,000 females aged 15-17 for Sunderland compared to 21.8 per 1,000 in the North East and 15.7 per 1,000 for England.

The under-16 conception rate was 6.0 per 1,000 females aged 13-15 in Sunderland in 2019, compared to 3.9 per 1,000 in the North East and 2.5 per 1,000 in England.[74] This represents 26 conceptions in 2019, compared to 20 conceptions in 2018 and 19 conceptions in 2017.

The rate of abortions per 1,000 females under-18 in Sunderland in 2020 was 7.5, which was similar to the regional figure of 7.6 and higher than the national figure of 6.8.

Young people's services and healthy settings work with schools continues to support the sexual health and wellbeing of young people, including access to relationship and sexual health advice and access to emergency contraception and long acting contraception. However, the impacts of Covid-19 on services and young people are presenting a challenge to continuing this pace of change, with some local services experiencing an increase in demand.

1.5.8 Breastfeeding

Breastfeeding rates in Sunderland are significantly lower than the England average.

- The latest published data for 2018/19 shows the percentage of babies whose first feed is breastmilk was 48% in Sunderland compared to an England average of 67.4% and a North East average of 50.6%.[75]

- Similarly, breastfeeding continuation rates, measured at 6-8 weeks, are significantly below the England average. The latest annual data from 2019/20 show a Sunderland rate of 25.7% compared to an England average of 48% and North East average of 34.4%.

Babies that are not breastfed are more likely to acquire infections such as gastroenteritis and respiratory tract infections. Hospital admission for gastroenteritis in infants aged under one year for Sunderland is significantly above the England average with a rate of 220.7 per 10,000 in 2019/20 compared to an England average of 151.4 per 10,000, but below the North East average of 272.3 per 10,000.[76]

There is growing evidence that not breastfeeding might increase the risk of obesity later in life.

1.5.9 Oral health

Oral health is about more than just an absence of disease. Oral health has an important role in the general health and wellbeing of individuals.[77] There is a widely accepted disparity between socio-economic groups in relation to oral health.[78] Tooth decay is a predominantly preventable disease. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children – for example, childhood obesity.

- The prevalence of incisor caries in three year olds in Sunderland was 4.9%, compared with 3.1% regionally and 3.4% nationally in 2019/20.[79] According to a 2018/19 dental survey, the mean number of decayed, missing or filled teeth in five year olds in Sunderland was 1.1, which was the third highest level in the north east, and higher than the national figure of 0.8.

The prevalence and severity of disease at age five can be used as a proxy indicator for the impact of early years services and programmes to improve parenting, weaning and feeding of very young children.

1.6 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. However, within Sunderland, cancer remains a significant cause of premature death and health inequalities. Cancer is the commonest cause of premature death in Sunderland with a death rate of 76.5 per 100,000 persons aged under 75 in 2017-2019. The rate of premature mortality from cancer considered preventable in the North East is 68.5 per 100,000 population aged under 75 for the same period. Both rates are significantly higher than the England average of 54.1, but not significantly different from the regional average.

Collectively, cancers account for 29.1% of the gap between Sunderland and England for male life expectancy and 20.5% of the gap between Sunderland and England for female life expectancy.

Evidence from the Centre for Cancer Prevention at Queen Mary University of London and Cancer Research UK suggested that 37% of cancers (38% in males and 36% in females) that occurred in 2015 were linked to a range of major lifestyle and other factors as follows:[80]

- Smoking (14.7%)
- Being overweight or obese (6.3%)
- Exposure to UV radiation (3.8%)
- Occupational exposures (3.7%)
- Infection (3.5%)
- Drinking alcohol (3.3%)
- Diet low in fibre (3.2%)
- Exposure to ionising radiation (1.9%)
- Diet including processed meat (1.5%)
- Air pollution (1.0%)
- Not Breastfeeding (0.7%)
- Insufficient physical activity (0.5%)
- Post-menopausal hormones (0.4%)
- Oral contraceptives (0.2%)

As cancers are caused by multiple factors acting simultaneously, the same cancers can be attributed to more than one cause and therefore summing the impacts of all risk and other factors would overestimate the total burden of cancer. In order to prevent cancer, it is therefore likely that intervening across multiple risk factors will be required.

Since combinations of factors are linked to different cancers, different proportions of different cancers are preventable. The proportion of preventable cases is high for cervical cancer (due to the link with human papilloma virus (HPV) infection), oesophageal and lung cancers (due to the link with smoking), and malignant melanoma (due to the link with ultra-violet (UV) radiation from sunlight and sunbeds). Many of the most common cancers have a large proportion of preventable cases.

Prostate cancer is a notable exception because it is not clearly linked to any preventable risk factors.

1.7 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours.[81] This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long term conditions also increases with age. People from lower socio-economic groups have increased risk of developing a long term condition; better management can help to reduce health inequalities. The Ageing Well JSNA is available online at: JSNAAgeingWell.pdf (sunderland.gov.uk).

People with long-term conditions are intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for:[82]

- 50% of all GP appointments;
- 64% of outpatient appointments;
- 70% of all inpatient bed days;
- Around 70% of the total health and care spend in England.

For all of the conditions listed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Information about how well the Sunderland health system delivers against the evidence based standards of care for these conditions can be found in published disease profiles.

1.7.1 Cardiovascular disease

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within Sunderland, cardiovascular disease remains a significant cause of premature death and health inequalities. Cardiovascular disease is the second commonest cause of premature death in Sunderland (after cancer) with a death rate of 89.0 per 100,000 persons aged under 75 in 2017-2019. The rate

of premature mortality from cardiovascular disease considered preventable is 37.9 per 100,000 persons aged under 75 for the same period (2019 definition). Both rates are significantly higher than the England average, but not significantly different from the regional average.[83]

The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is higher for Sunderland than the England average as follows:

- For coronary heart disease, recorded prevalence in Sunderland is 4.6% in 2019/20 (around 13,119 persons) compared to a prevalence of 3.1% in England;
- For stroke, recorded prevalence in Sunderland is 2.3% (around 6,500 persons) compared to a prevalence of 1.8% in England for 2019/20.

1.7.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

The recorded (diagnosed) prevalence for hypertension is higher for Sunderland than the England average as follows:

- For hypertension, recorded prevalence in Sunderland is 17.4% (around 49,498 persons) compared to a prevalence of 14.1% in England in 2019/20.[84]

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland:

- For hypertension, 27.8%[85] of the population or around 63,550 persons – this means that there could be around 14,052 persons in the population whose condition is undiagnosed.

1.7.3 Atrial Fibrillation

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. It can affect adults of any age, but it becomes more common as you get older and is more common in people with hypertension, atherosclerosis or heart valve problems. People with atrial fibrillation are at risk of blood clots forming, they therefore have an increased risk of having a stroke. Persistent atrial fibrillation may weaken the heart and in extreme cases can lead to heart failure.

The recorded (diagnosed) prevalence for atrial fibrillation is higher for Sunderland than the England average as follows:[86]

- For atrial fibrillation, recorded prevalence in Sunderland is 2.4% (around 6,945 persons) compared to a prevalence of 2.1% in England in 2019/20.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland:

- For atrial fibrillation, 2.7%[87] of the population or around 7,690 persons – this means that there could be around 745 persons in the population whose condition is undiagnosed.

1.7.4 Diabetes

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

The recorded (diagnosed) prevalence for diabetes is higher for Sunderland than the England average as follows:[88]

- For diabetes, recorded prevalence in Sunderland is 7.8% (around 18,134 persons aged 17 and over) compared to a prevalence of 7.1% in England in 2019/20.

The prevalence estimate based on the published evidence suggests that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland:[89]

- For diabetes, 9.0% of the population or around 20,798 persons aged 17 and over – this means that there could be around 2,664 persons in the population whose condition is undiagnosed.

The NHS Diabetes Prevention Programme (DPP) has collated data on people who are registered in GP practices who have non-diabetic hyperglycaemia. Non-diabetic hyperglycaemia involves blood glucose levels that are above normal levels, but not in the diabetic range. For Sunderland, 3.9% of GP practice list size (aged 17 and over) or 9,080 persons over 17 were registered as having non-diabetic hyperglycaemia.[90] Of these, 3,380 (1.5% of the total) were recently diagnosed (diagnosed between 1/1/2019 to 31/3/2020). The comparative figure for England is 4.4%, with 1.2% being recently diagnosed.

1.7.5 Chronic Kidney Disease

Chronic kidney disease is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from black and south Asian ethnic communities. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

The recorded (diagnosed) prevalence for chronic kidney disease is higher for Sunderland than the England average as follows:[91]

- For chronic kidney disease, recorded prevalence in Sunderland is 4.8% (around 11,086 persons aged 18 and over) compared to a prevalence of 4.0% in England in 2019/20.

1.7.6 Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

Within Sunderland, respiratory diseases are a significant cause of premature death and health inequalities. Respiratory disease is a common cause of premature death in Sunderland with a death rate of 45.3 per 100,000 persons aged under 75 in 2017-19.[92] The rate of premature mortality from respiratory disease considered preventable is 30.9 per 100,000 population aged under 75 for 2017-2019 (2019 definition).[93] Both rates are significantly higher than the England average but not significantly different from the regional average. Collectively, respiratory diseases account for 12.9% of the gap between Sunderland and England for male life expectancy and 24.4% of the gap between Sunderland and England for female life expectancy.[11]

The recorded (diagnosed) prevalence for COPD is higher for Sunderland than the England average as follows:

- For COPD, recorded prevalence in Sunderland is 3.5% (around 9,720 persons) compared to a prevalence of 1.9% in England in 2019/20.

1.7.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day to day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.[94]

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future. The estimated dementia diagnosis rate (aged 65 and over) for Sunderland in 2021 is 61.5%, which is similar to the north east (66.2%) and national (61.6%) position.

The recorded (diagnosed) prevalence for dementia is lower for Sunderland than the England average as follows:

- For dementia, recorded prevalence (aged 65 years and over) in Sunderland is 3.75% compared to a prevalence of 3.97% in England for 2020.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

1.8 Disability

The Equality Act 2010 defines disability as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to perform normal daily activities. Substantial means more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more, for example, a breathing condition that develops as a result of a lung infection. There are special rules about recurring or fluctuating conditions, for example, arthritis.

A progressive condition is one that gets worse over time. People with progressive conditions can be classed as disabled.

However, a person would automatically meet the disability definition under the Equality Act 2010 from the day of diagnosis with HIV infection, cancer or multiple sclerosis.[95]

1.8.1 Learning Disability

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently. They are caused by something affecting how the brain develops.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness;
- Chronic health problems;
- Epilepsy;
- Physical disabilities and sensory impairments.

The recorded prevalence of learning disability for Sunderland is as follows:

- For learning disabilities, recorded prevalence in Sunderland is 0.8% compared to a prevalence of 0.5% in England.[96]

Based on local lifestyle data[103] for Sunderland adults aged 18 years and over, we can see that people with a learning disability:

- Are significantly more likely to smoke (26.7% compared to 15.9%);
- Are significantly less likely to drink alcohol (49.1% compared to 67.0%) and less likely to binge drink (20.0% compared to 26.5%);
- Are as likely to meet the recommended 30 minutes of moderate intensity physical activity at least five times a week (38.4% compared to 39.3%);
- Are less likely to eat the recommended 5 or more portions of fruit and vegetables each day (44.8% compared to 47.6%);
- Are significantly more likely to be of excess weight (74.8% compared to 58.0%); and
- Have significantly lower average mental wellbeing scores (44.3 compared to 52.9).

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services. In Sunderland in 2018/19, 42.5% of eligible adults with a learning disability had a GP health check, which is significantly lower than the national figure of 52.3% and the regional figure of 61.8%.[97]

1.8.2 Physical Disability

Physical disabilities are physical conditions that affect a person's mobility, physical capacity, stamina, or dexterity. They are wide ranging and include musculoskeletal conditions, neuromuscular conditions and sensory impairments. People with physical impairments face many barriers to living a fulfilling and independent life. Not only do they have the practical problems of everyday life to contend with but also they have to face negative public perceptions, problems gaining access to everyday facilities and services, and prejudice. The support required for people with physical impairment may be multi-dimensional and needs to be tailored to address their specific individual needs.

Published national prevalence figures for 2019-20 for some types of physical disability are shown below and applied to the Sunderland population to estimate local prevalence[98]:

- 7.0% of persons have mobility issues – an estimated 19,439 people in Sunderland;
- 5.1% of persons have impairments affecting stamina, breathing or fatigue – an estimated 14,163 people in Sunderland;
- 3.5% of persons have impairment affecting dexterity - an estimated 9,720 people in Sunderland;
- 1.9% with hearing impairments - an estimated 5,276 people in Sunderland;
- 1.6% with visual impairments - an estimated 4,443 people in Sunderland. In 2019/20 there were 1,735 people registered with partial sight or sight impairment and 740 blind people or people with severe sight impairment.[99]

Physical disability can be caused by a wide variety of diseases, illnesses or circumstances and may impact on health in a number of ways.

1.9 Mental Health and Mental Wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”. This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long term physical illnesses suffer more complications if they also develop mental health problems.

As many of the risk factors for mental illness are linked to deprivation, it is not surprising that Sunderland experiences a relatively high burden from mental ill health, higher recorded prevalence of depression on GP systems, high levels of prescribing antidepressants, and a high burden on mortality. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. Data on mental health in children shows that:

- One in ten children aged 5-16 years nationally has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14.
- Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed.
- The percentage of school pupils with social, emotional and mental health needs (school age) in Sunderland in 2020 was 3.18%, which was higher than the north east figure of 3.03% and significantly higher than the national figure of 2.7%.[100]
- The inpatient hospital admission rate for mental health disorders per 100,000 population aged 0-17 years in Sunderland in 2018/19 was 183.3, which was significantly higher than both the national (88.3) and regional (105.7) figures.[101]

The 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, found that:

- 54% of females and 28% of males worry *quite a lot, or a lot*, about their mental health and wellbeing. Compared to the previous 2019 survey, these figures are a rise in percentage points of: 11 for females and 3 for males.

For females and males combined:

- 15% worry a *little* about everyday life aspects
- 26% worry *quite a lot*
- 55% worry *a lot*
- Only 4% worry *never or hardly never.*

When asked, 'If you wanted to share any of the problems relating to your mental health and wellbeing, to whom would you turn'?

- 38% stated family
- 13% friends
- 4% teacher/carer/ or other adult
- 2% school nurse
- A high 41% said they would keep it to themselves; this is 12 percentage points up since the 2019 survey.

Since having to stay at home due to Covid:

- 19% said they have felt happier than before
- 31% said they have felt generally sadder than before.

As part of Sunderland CCG's Community Mental Health Transformation, the CCG has led on a recent Adult Mental Health Strategy. The strategy highlights likely increase in demand for MH services over next 5 years following the impact of Covid-19. The Strategy will aim to respond to the increase and take into consideration the key highlight from across the needs assessment with added focus on prevention. Key highlights from the Strategy show:

- The majority of the general public feel able to manage their mental wellbeing through engaging in certain activities and behaviours relating to their health;
- Covid-19 pandemic has tested the resilience of individuals;
- Feelings of isolation, loneliness, anxiety, depression, fear and concern for others were common;
- The engagement with large employers showed Covid-19 has had an effect on the mental wellbeing of their workforce not only affected those who already struggle with their mental health, but those with no history, including new cohorts of younger individuals;
- There is an increase on residents seeking support for better mental health; and
- The term *Mental Health* can be perceived negatively in BAME communities and as a result can stop people getting help.

People from Sunderland report poorer outcomes for aspects of the self-reported wellbeing score than the England average, although these are not statistically significant:[102]

- 23.04% report a high anxiety score, compared to 21.94% across England;
- 13.52% report a low happiness score, compared to 8.72% across England;
- 6.5% report a low satisfaction score compared to 4.68% across England;
- 6.01% report a low worthwhile score compared to 3.81% across England.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which creates an overall score based on responses to 14 positively worded items, allows us to describe mental wellbeing in the general population. For each individual, scores are between 14 and 70 and a higher score represents better mental wellbeing. Average (mean) scores are used to compare the results of different groups. Data from the 2017 Adult Lifestyle Survey for Sunderland[103] found that:

- For Sunderland adults aged 18 years and over, the average WEMWBS score is 52.7 compared to 49.9 for England adults aged 16 years and over.[103]

- Within Sunderland men have a higher average mental wellbeing score than women. Men and women aged 25-34 have the lowest average mental wellbeing scores, whilst men and women aged 65-74 have the highest average mental wellbeing scores. There is also a socio-economic gradient with adults in managerial and professional occupations having the highest average mental wellbeing scores and those who have never worked or who are long-term unemployed having the lowest average mental wellbeing scores.

- At ward level the highest average mental wellbeing scores are seen in St Peter's, Fulwell, Ryhope and Washington West, whilst lowest average mental wellbeing scores are seen in Southwick, Hetton, St Anne's and Hendon.

The Mental Health Needs Assessment for Sunderland is available at: https://www.sunderland.gov.uk/media/24026/JSNA-Mental-Health/pdf/JSNAMentalHealth.pdf?m=637628965863100000

The Adult Mental Health Strategy is available at: Adult Mental Health Strategy - Sunderland Clinical Commissioning Group (sunderlandccg.nhs.uk)

1.10 Summary of health needs analysis

Sunderland experiences higher levels of deprivation than the national average. Social disadvantage is also associated with increased risk of a range of health conditions.

Large increases are predicted in the number of older people in Sunderland, and particularly the very elderly, populations. This has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups continue to improve, the shape and structure of health services will need to change to meet the needs of this growing population.

Sunderland has higher levels of health risk than England as a whole. This is directly linked to a range of social, economic and environmental factors. Lower household income, increased food poverty, higher employment deprivation, and lower levels of educational achievement all contribute poorer outcomes. While health behaviours contribute to the causes of non-communicable diseases, it is the social determinants of health that cause inequalities in these behaviours – the causes of the causes.[104]

The 'Build Back Fairer: the Covid-19 Marmot Review' report urges the Government to learn the lessons of the pandemic, prioritise greater equality and health, and works urgently to reduce the severity of the health crisis caused by the economic and social impacts of the pandemic and the societal response.[105] In recognising the recommendations in the 10 Years On and the Marmot 2020 reports, this JSNA assesses data that can support action to address the Marmot recommendations to:

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

Recent data from the Sunderland Adult Health and Lifestyle Survey[103] shows the number of people who engage in four lifestyle risk factors[106] (smoking, excessive alcohol use, poor diet, and low levels of physical activity):

- 13.9% of adults aged 18 and over have none of these risk factors;
- 36.8% of adults aged 18 and over have one of these risk factors;
- 35.2% of adults aged 18 and over have two of these risk factors;
- 12.1% of adults aged 18 and over have three of these risk factors;

- 1.9% of adults aged 18 and over have all four of these risk factors.

The Kings Fund report concluded that in order to improve health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours. A recent update by the Kings Fund[107] has confirmed that as the number of unhealthy lifestyle behaviours increases so does the impact on mortality, morbidity and quality of life. Whilst the evidence is still emerging, it appears that success in changing one behaviour may be related to success in changing another. It is not yet clear, though, whether changes are more effective when undertaken together or in sequence. The exception to this is in relation to stopping smoking, where evidence shows that this is more effective when delivered in sequence rather than being delivered at the same time as other behaviour change interventions.

Unhealthy behaviours continue to drive higher prevalence of long term conditions and increased rates of premature death across the city. A key challenge for the Sunderland health economy is the need to manage the high and increasing levels of long term conditions in the population, including increasing proportions of people with multiple long term conditions.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the city. This requires a targeted approach to reducing the gap in life expectancy.

1.11 Key health challenges

A summary of the high level health challenges for Sunderland is therefore as follows:

- Ensuring a system-wide understanding of the health and social determinant impacts of the Covid-19 pandemic on health outcomes and health inequalities.
- Inequalities, relating to both socio-economic position and protected characteristics, have a significant impact on the health of people in Sunderland and should be considered for all interventions and policies, recognising that socio-economic inequalities are a continuum across the population and that some people are impacted by multiple inequalities.
- Poverty levels within the city continue to have an impact and should be tackled by increasing levels of employment in good work through attracting more jobs into the city, increasing educational and skills attainment of Sunderland residents and ensuring as many people as possible are supported to stay in work, despite having a health condition.
- Responding to health protection (infectious diseases) threats requires prevention work, rapid identification and a swift response to complex cases in high risk places, locations and communities.[108]
- Children and young people in Sunderland face some significant health challenges and inequalities across the social determinants of health. Lower household income, increased food poverty, higher employment deprivation, and lower levels of educational achievement contribute to poorer outcomes including higher levels of teenage conceptions, smoking during pregnancy, unhealthy weight, alcohol related hospital admissions; low levels of breastfeeding; and poor oral health and mental health outcomes. Partners

need to work together and with children, young people and families to address these issues and build resilience.

- The four main behavioural risk factors – smoking, diet, alcohol and physical activity – lead to poor health outcomes and increase health inequalities and so programmes need to continue to be developed, in partnership with local people, to make it easier to make the healthy choice.
- There are more people in Sunderland living with, and prematurely dying from, cancer, cardiovascular disease and respiratory disease than elsewhere in the country. Partners need to be clear that primary, secondary and tertiary prevention programmes are in place that ensure that no opportunities are missed to prevent these diseases and stop them progressing.
- The ageing population as well as the high numbers of people with long term, often multiple, conditions has a significant impact on local people and services. This needs to continue to be addressed through integrated care and supporting people to self-care as well as a transparent, whole system approach to preventing service failure.
- People in Sunderland have poor mental wellbeing and suffer from a higher burden of mental ill health than the rest of England. This should be tackled through a preventative programme alongside recognition of the needs of people with poorer mental health and wellbeing and the impacts this has on their physical health.

Hyperlinks

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