

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held remotely on Friday 18 September 2020 at 12.00pm

The meeting will be livestreamed for the public to view on the Council's YouTube channel, 'sunderlandgov' at: <https://youtu.be/3kn36yxxpiY>

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For further information and assistance, please contact:

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	Friday 11 December 2020 Friday 19 March 2021 All meetings to start at 12noon. Please note that dates, times and the method of holding meetings may change whilst we are continuing to respond to the Covid-19 pandemic	

ELAINE WAUGH
Assistant Director of Law and Governance

Civic Centre, Sunderland
10 September 2020

SUNDERLAND HEALTH AND WELLBEING BOARD

Thursday 25 June 2020

Meeting held remotely via MS Teams

MINUTES

Present: -

Councillor Geoff Walker (in the Chair)	- Sunderland City Council
Councillor Kelly Chequer	- Sunderland City Council
Councillor Louise Farthing	- Sunderland City Council
Councillor Shirley Leadbitter	- Sunderland City Council
Ken Bremner	- South Tyneside and Sunderland NHS Foundation Trust
Fiona Brown	- Executive Director of Neighbourhoods, Sunderland City Council
Dave Chandler	- Deputy Chief Officer, Sunderland CCG
Jill Colbert	- Chief Executive, Together for Children
Dr John Dean	- Chair, Healthwatch Sunderland
Gillian Gibson	- Director of Public Health, Sunderland City Council
Lisa Quinn	- Executive Director of Commissioning & Quality Assurance, CNTW NHS Foundation Trust
Dr Ian Pattison	- Chair, Sunderland CCG
Ralph Saelzer	- Chair, Sunderland Workplace Health Alliance

In Attendance:

Graham King	- Assistant Director of Adult Services, Sunderland City Council
Philip Foster	- Managing Director, All Together Better
Martin Weatherhead	- GP Chair, All Together Better
Penny Davison	- Senior Commissioning Manager, Sunderland CCG
Tony Alabaster	- University of Sunderland
Julie Parker-Walton	- Registered Public Health Specialist, Sunderland City Council
Jane Hibberd	- Senior Manager, Policy, Sunderland City Council
Nicola Appleby	- Senior Policy Officer, Sunderland City Council
Gillian Kelly	- Governance Services, Sunderland City Council

HW1. Welcome from the Chair

Councillor Walker welcomed everyone to the first remote meeting of the Health and Wellbeing Board and asked all present to introduce themselves for the benefit of new Members of the Board.

HW2. A Moment's Silence in Memory of those lost during the pandemic

A moment of silence was observed as a mark of respect for all those in the city who had lost family members and loved ones as a result of the Covid-19 pandemic.

HW3. Apologies

Apologies for absence were received from Professor Young and Dr Lucas.

HW4. Declarations of Interest

There were no declarations of interest.

HW5. Message of Thanks

The Chair of the Board conveyed his sincere thanks to all of the key workers and many volunteers in the city who had supported residents during the lockdown, particularly those affected by the virus, the vulnerable and the shielding.

HW6. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 13 December 2019 were agreed as a correct record.

HW7. Covid-19 Headline Reflections

The Chair introduced the presentation and in doing so commented that he had been impressed with the positive response of the city to the pandemic. The partnership between the public services and communities had been strengthened and this was something to be built on moving forward. Digital technology was also bringing the public sector and communities closer together and sector lines had been blurred but in a positive way.

He also highlighted that local businesses had stepped up to help the public sector and the community and community activism had gone viral, demonstrating real opportunities to unlock community power for the benefit of residents. The Chair referred to the significant impact which the pandemic had had on older people and emphasised the need to ensure that getting older was not something to be feared.

The presentation was in three parts: -

- Philip Foster, Managing Director of All Together Better Sunderland would provide reflections from a health and social care system;
- Jill Colbert, Chief Executive, Together for Children would give the perspective from services to children and young people; and
- Gillian Gibson, Director of Public Health, would provide a summary of the data and key next steps.

Philip Foster highlighted that Covid-19 had absorbed a huge amount of health and social care resources and had presented huge challenges but also created opportunities. It was now time to look at system recovery and reset following the first wave of the virus and this planning would take place at Integrated Care Partnership, place and organisational level.

An evaluation had been undertaken of the Sunderland system during the pandemic with a simple tool being used. People were asked what they had liked; lacked; learned; longed for; and the recovery steps.

Things which had been 'liked' included the system working, the flexibility of the workforce, innovative solutions, support for shielded patients, local response and the integrated discharge service. It was felt that timely national guidance had been lacking, as had prior notice of the detail of the national press conferences.

Learning include the ability to work as a whole system and the benefits of having a flexible and dedicated workforce. During the period, services had longed for more personal protective equipment (PPE) and clear and consistent national guidance.

Philip emphasised that Sunderland should be very proud of its response to the pandemic and that the next steps would be to safely restart services and continue to review the impact of changes and to support care homes more going forward. The Health Inequalities Strategy would be something for all partners to focus on.

Philip concluded by highlighting the 'Seven Tests for Recovery' which were being used across a number of areas in health and social care and focused on how patients and people were at the heart of this recovery, as was responding to their needs.

John Dean commented that he was aware that domiciliary staff were not being tested routinely for Covid-19 and asked if this could be addressed; he was concerned that staff could visit up to eight households per day. Philip noted that fundamental testing and tracing procedures were in place, but he would liaise with colleagues at the Council to ensure that this was operating as it should. Gillian Gibson supported this and highlighted that care homes were testing all staff and picking up asymptomatic cases, but it was recognised that there needed to be a focus on domiciliary care going forward.

Jill Colbert provided a summary of the action taken by Together for Children during the lockdown and in doing so referred to the well documented issues with PPE and

noted that it had taken some time for the Government to recognise the need for social workers to have PPE but this matter was now resolved.

Children's home provision had been stabilised to enable virtual and actual visits and the Safeguarding front door was also operating virtually. All open cases had been risk assessed and those judged to be 'Red' were still receiving physical visits. Family time had been virtual but face to face contact was being resumed.

Strong joint working had been taking place with Sunderland Care and Support in relation to contingency residential provision and sharing of resources. Together for Children was in weekly dialogue with NHS and Police colleagues regarding the oversight of safeguarding matters.

The provision of laptops and tablets for vulnerable pupils and Year 10 children was currently being rolled out. It was recognised that there had been a significant impact on children and young people not attending mainstream education for the period, however the Pupil Referral Unit had been open throughout and staff had delivered food to, and engaged with, families. Care leavers had also received dedicated support packs.

Jill highlighted that there had been a continued dialogue with the Parent Carer Forum for SEND children and it had been apparent that these parents and carers were having a difficult time as they did not receive priority for shopping etc. Together for Children was working hard to understand how it would be able to offer further help moving forward.

The real test would be in supporting the mental health and wellbeing of children and young people as the city moved into the recovery phase. There had been significant concern that children were high vectors of the virus; it was now known that this was not the case but nevertheless, young people had been heavily impacted by the measures. It was noted that designated doctors had published an article detailing the drop in child protection medicals taking place during lockdown. The Safeguarding front door had continued to be busy and it was difficult to predict how this might be impacted when children returned to school in September.

Together for Children continued to do everything possible to support the mental and emotional wellbeing of children and young people in the city.

Gillian Gibson summarised the key dates in relation to the identification of the Covid-19 virus and its progression in the United Kingdom leading to the lockdown on 23 March 2020. She presented data in relation to the cases and deaths in the North East and Cumbria up to 21 June 2020.

Gillian noted that this information was illustrating the immediate impact on health in Sunderland but there were going to be ongoing health issues in the city. People had not been able to access services which were needed and this could have a long-term impact on their physical and mental health.

Sunderland had seen the greatest impact in early April, however numbers were only released as a result of testing and the access and approach could lead to different

results. There were a number of reasons why Sunderland had high numbers of infections; research had shown that people with unhealthy behaviours were more likely to have poorer outcomes and the ONS had reported that those in the 20% most deprived communities were more than twice as likely to die from Covid-19 as those in the least deprived. Deaths were also more common amongst those living in large urban conurbations. It was highlighted that there had been very few deaths outside of hospital or care home settings.

The next steps were to fully implement the test and trace programme and there would be a local leadership role for local authorities and their partners in dealing with prevention and the consequences of outbreaks. There was an expectation that data flows would be able to improve local action, currently it was not known where in the city data related to, therefore specific targeted action was not possible.

Ralph Saelzer expressed astonishment that the Director of Public Health did not have access to the local data and queried how she was able to act sufficiently in these circumstances. Gillian stated that all directors of public health had found this to be an issue, however there was very little additional action which could have been taken through the lockdown period but the situation was different now.

Councillor Farthing commented that the national testing and tracing system was not always as reliable as local GPs would like and she felt that it was important to have postcode information so that the disease could be plotted locally. She noted that diabetes had been mentioned as an adverse condition for Covid-19 but queried if that was the disease itself or the link to obesity.

Gillian agreed that the testing was not perfect, but a positive result usually came with a high degree of confidence. Negative results could be subject to some doubt, particularly if the disease was circulating locally. It was hoped that postcode information would start to be provided within the next week or so. With regard to diabetes, there was such a big link between obesity and the condition that the two things really could not be separated.

Dr Martin Weatherhead commented that there was some interesting ONS data regarding all-cause mortality and Covid-19 mortality and South Tyneside Council had done some work to demonstrate the link between mortality and deprivation. Gillian said that some Covid deaths might be undiagnosed and it would be necessary to look at other deaths which were not directly linked but were in excess of the average expectations.

Having thanked Philip, Jill and Gillian for their presentations, the Health and Wellbeing Board RESOLVED that the contents of the presentation be noted for information.

HW8. Care Home Support Programme

Graham King, Assistant Director of Adult Services and Chief Operating Officer of Sunderland Care and Support Limited delivered a presentation on the Care Home Support Programme.

There had been a significant spread of Covid-19 in care homes, over 48% of these in Sunderland had seen two or more cases, and the North East had the highest proportion in the country. There was evidence that asymptomatic transmission was a big driver and there had been recent focus on testing of all care home staff and residents. The Government had asked that local authorities provide assurance that appropriate support was available for care homes from all statutory bodies.

Graham explained that the relationship between the local authority, Clinical Commissioning Group and care homes in Sunderland was traditionally strong and there was an extensive data collection process currently in place. Financial support for the market had been rapidly deployed to support this.

The key areas addressed in the Care Home Support Programme included: -

- Infection Protection and Control
- Testing
- Personal Protective Equipment and Equipment Supply
- Workforce Support
- NHS Clinical Support
- Community Admissions
- Addressing Short Term Financial Pressures
- Securing Alternative Accommodation
- Utilising the Capacity Tracker and Local Data Collection
- Co-ordination of Additional Staff Where Required

In common with the experience of other services, there had been learning in relation to system working, mutual aid and the use of technology. The next steps for the programme included the roll out of testing to Learning Disability and Mental Health registered services and continuing to work with the sector to support provider stability. The hospital discharge pathway would also be reviewed and a Winter Plan developed. Graham highlighted that the same approach was being taken with the rest of the market, not just the ATB partnership.

It was acknowledged that despite all of this work, there had still been a high number of deaths in care homes and this had been difficult for staff to deal with.

Councillor Farthing commented that it was important to have an understanding of how frequently people could have the disease and not show any symptoms.

John Dean said that he had seen reports that people were leaving care homes and returning to their own homes. Graham advised that under the rapid discharge scheme, a number of patients were being discharged to care homes on a temporary basis and then transferred back to their home.

With regard to asymptomatic cases, Gillian Gibson noted that it was important for people to be aware that the disease could be spread in this way; this was why people were still being asked to keep their distance. She added that there would be a renewed focus on the flu vaccination programme this year as the system could not cope with two pandemics.

The Board RESOLVED that the contents of the presentation be noted.

HW9. Draft Covid-19 Health Inequalities Strategy

The Director of Public Health submitted a report which sought to consult the Health and Wellbeing Board on the draft Sunderland Covid-19 Health Inequalities Strategy.

The Council had responsibility for improving the health of the population in Sunderland and reducing health inequalities. People living in the greatest areas of deprivation were experiencing a higher risk of exposure to Covid-19 and existing poor health would put them at risk of more severe outcomes from the virus.

Julie Parker-Walton was in attendance to deliver a presentation on the draft strategy and highlighted that among deaths where Covid-19 was listed on the death certificate, a higher proportion of these also mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia. The risk of dying was higher in males than in female, however more females had died in Sunderland of the disease. Certain professions, including care workers and people who drive passengers for a living, had been found to be at greater risk.

A number of groups had been identified as vulnerable as a result of Covid-19, for example vulnerable children, low income families, those experiencing domestic abuse and people suffering with mental illness. The aim of the Health Inequalities Strategy would be to: -

- Raise awareness of the importance of health inequalities in both the local response and recovery;
- Summarise the evidence and intelligence to date and impact on the key at risk groups;
- Follow the key principles and messages, linked to the Healthy City Plan; and
- Support local organisation and communities by including mitigating actions.

The strategic objectives were: -

1. To continue to improve health outcomes for the most disadvantaged communities who were at greater risk of Covid-19 by:
 - adopting a life course approach which identified the key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions.
2. To take every opportunity to mitigate the impact Covid-19 has had on communities by:
 - building on a Health in All Policies (HiAP) approach by systematically considering the health implications of decisions made.
3. To ensure that as the city moved into recovery, opportunities were taken to address health inequalities by:
 - using available tools to ensure that health inequalities were considered in relevant policies and services.

The Health and Wellbeing Board were asked whether the consideration of health inequalities in policies needed to be embedded, how could awareness of the agenda be raised and could the processes already in place be used to deliver on the strategic objectives.

Councillor Farthing commented that the strategy was very comprehensive; she had previously raised the issue of single parents with the Public Health team as she was particularly concerned about this group having to manage the stress of home education, working from home and getting shopping etc. The rate of domestic abuse in the city had always been high and had been increasing, Councillor Farthing suggested that it might be useful to have a dedicated session on this subject. She also raised connected carers as being a potentially vulnerable group as these tended to be older people and could have additional difficulties if they were caring for young children.

Dave Chandler welcomed the approach which was being taken and agreed that a Sunderland specific strategy was the way to go. He noted that it was lengthy document and suggested that a summarised version be produced which highlighted the priority actions. He stated that the CCG had a statutory responsibility to reduce health inequalities and would welcome more dialogue on this, potentially taking the strategy to the next CCG Executive Committee.

Councillor Chequer endorsed Councillor Farthing's comments and felt that everything possible should be done to raise the profile of domestic violence issues in the city. There had been many challenges around this during the lockdown period and these would continue when children returned to school. Councillor Chequer supported a dedicated session being held and emphasised the need to integrate domestic violence into future planning and strategy.

Gillian Gibson noted that domestic violence was being looked at as a priority and that the document would be more accessible following the engagement process for the strategy.

Ken Bremner highlighted that most statutory bodies had some form of equality impact assessment applied to their procedures and this could be widened out to assess if businesses did something similar. Raising awareness with others was of critical importance and he supported the document being distilled into three or four key messages. The Chair agreed that filtering the key messages to the population was vital.

Councillor Farthing queried if there had been any uptake in the stop smoking service and Julie said that there had been a slight increase. Some areas had seen higher numbers than ever accessing services and the campaign about smoking and Covid had worked well. It was now hoped to see people coming forward to address obesity in relation to the messages about increased risk factors for the virus.

The Health and Wellbeing Board RESOLVED that: -

- (i) the draft Sunderland Covid-19 Health Inequalities Strategy be endorsed; and

- (ii) the Board commits to addressing health inequalities in the organisations represented on the Board.

HW10. Local Outbreak Control Board

The Director of Public Health submitted a report, and a supplementary report, setting out proposed arrangements for the Sunderland Local Outbreak Control Board.

Local authorities had been tasked with developing local outbreak control plans due to their statutory responsibility for public health. The plan would focus on preventing, rapidly identifying and swiftly responding to complex cases in high risk places, locations and communities. This would allow the response to be targeted and tailored to local circumstances and supported the move towards recovery from the pandemic. The plan would be completed by the end of June 2020.

A Local Outbreak Control Board was to be established to provide political ownership, communication and engagement between key stakeholders and with communities. The governance arrangements in place to respond to the pandemic would need to be responsive and flexible and it was proposed that the Local Outbreak Control Board be constituted as a sub-group of the Health and Wellbeing Board. The Local Outbreak Control Board would recommend as appropriate, any action to be taken to the appropriate body or organisation and, as with other sub-groups, report on its activities to the Health and Wellbeing Board.

The Board therefore RESOLVED that: -

- (i) the contents of the report and the supplementary report be noted;
- (ii) it be agreed to establish a sub-group to the Health and Wellbeing Board to fulfil the role of Local Outbreak Control Board, in accordance with the following provisions: -

Membership to comprise all members of the Health and Wellbeing Board or their representative, plus the Leader and Deputy Leader of the Council;

- The Leader, or in their absence, the Deputy Leader of the Council, to chair the meetings;
- The Local Outbreak Control Board to have the flexibility to invite others' advice and opinion;
- The Local Outbreak Control Board to formulate Terms of Reference, for approval by the Chief Executive of the Council, in consultation with the Leader of the Council and Chair of the Health and Wellbeing Board;
- The Local Outbreak Control Board to make recommendations, where it considers it appropriate, for action to be taken by persons or organisations with appropriate decision-making functions and to provide information reports on its activities to the Health and Wellbeing Board;
- Subject to the matters referred to above, the Local Outbreak Control Board to have authority to regulate its own procedures.

- (iii) it be agreed that the governance arrangements to support the delivery of the Local Outbreak Control Plan should remain under review to ensure arrangements are responsive and fit for purpose, with any changes to the governance arrangements being referred to the Health and Wellbeing Board.

HW11. Status Update

The Senior Manager – Policy submitted a report providing an update on the status of the decision/discussion agenda items from the meeting of 20 March 2020, which had been cancelled.

The Board received an update on the following items: -

- Pharmaceutical Needs Assessment
- Best Start in Life
- Alcohol Harms
- Healthy Economy
- Children and Young People's Mental Health and Wellbeing Transformational Plan
- Draft Healthy City Plan
- Community Fluoridation Programme

RESOLVED that the report be received for information.

HW12. Dates and Time of Next Meetings

The Board noted the following schedule of meetings for 2020/2021: -

Friday 18 September 2020

Friday 11 December 2020

Friday 19 March 2021

All meetings were scheduled to start at 12noon. It was noted that the dates, times and method of holding meetings may change during the Covid-19 pandemic.

(Signed) G WALKER
In the Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
18/01/19				
HW54/3.	Review of Health and Wellbeing Strategy	JH	Draft - March 2020 Final - June 2020	Draft Healthy City Plan for consultation (agenda item deferred to September 2020) due to Covid-19. Healthy City Plan for approval (deferred to December 2020)
25/06/20				
HW9/1.	Consider holding a closed session on the issue of Domestic Abuse	Jill Colbert Jane Hibberd	Date to be confirmed	Added to forward plan
HW9/2.	Draft Covid-19 Health Inequalities Strategy to be considered by the CCG Executive Committee	Gillian Gibson Dave Chandler	July 2020	Complete
HW9/3.	Produce summary of the Draft Covid-19 Health Inequalities Strategy to highlight the key messages and priority actions.	Gillian Gibson Julie Parker-Walton	September 2020	Strategy is an agenda item (Sept 20)
HW10.	Local Outbreak Control Plan to be completed and governance arrangements to support the delivery of the plan established.	Gillian Gibson	June 2020	Complete

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Report of the Chair of the Health and Wellbeing Board

1.0 Purpose of the Report

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

2.0 Background

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

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

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

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

3.0 Additional membership

- 3.1 At the December 2019 meeting of the Health and Wellbeing Board it was agreed to formally extend the membership of the Board to the University of Sunderland and to also invite the Chair of the Sunderland Healthy Workplace Alliance to become a member of the Board. The Board also agreed to review its membership in March 2020 to coincide with a presentation of the draft Healthy City Plan. The disruption to business as usual caused by COVID-19 meant that this review has been put on hold.
- 3.2 However, at a time when health and social is at the forefront of social policy, it is important that the Sunderland Health and Wellbeing Board has adequate representation from this sector. It is therefore recommended that the Chair of the All Together Better Alliance is invited to be a member of the Health and Wellbeing Board to provide advice, guidance and challenge in relation to the HWBBs role in driving improvements in the health and social care sector.

4.0 Recommendations

4.1 The Health and Wellbeing Board is requested to:

- a) Formally agree to invite the Chair of the All Together Better Alliance to become a member of the Board
- b) Agree to notify the Council of the appointments at its meeting in May 2021.

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

COVID-19 IN SUNDERLAND – UPDATE

Report of the Director of Public Health

1.0 Purpose of the Report

- 1.1 To provide the Health and Wellbeing Board with an update of the Covid-19 situation in Sunderland.

2.0 Background

- 2.1 The Director of Public Health will provide the committee with an ongoing update of the Covid-19 situation in Sunderland. This will include a summary of the increase in cases that have arisen following a significant outbreak that has been linked back to an event in the Houghton/Fencehouses area on 30 August 2020.
- 2.2 Given the rapid increase in cases, the situation was escalated over the weekend of 5-6 September 2020. Governance structures including Operational, Tactical and Strategic groups have been stood up. The Health Protection Board, Outbreak Control Board and Strategic Co-ordinating Group are meeting, in line with the arrangements set out in the Covid-19 Control Plan.

3.0 Current Position

- 3.1 The Covid-19 pandemic remains a challenging and uncertain situation and the presentation will provide the opportunity for the Board to receive an up-to-date overview of the situation in Sunderland.
- 3.2 Due to the ongoing and constantly evolving nature of the Covid-19 situation, a presentation will be shared at the time of the meeting.
- 3.3 At the time of writing (10/09/2020), Sunderland has the 7th highest rate of infection in the country.

4.0 Recommendation

- 4.1 The Board is recommended to:
- Receive the update and presentation on the Covid-19 pandemic and comment on the information provided.

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

SUNDERLAND COVID-19 HEALTH INEQUALITIES STRATEGY

Report of the Director of Public Health

1.0 Purpose of the Report

1.1 The purpose of the report is to:

- seek endorsement of the Sunderland COVID-19 Health Inequalities Strategy
- commit to supporting the development of the action plan with agreed key performance indicators
- agree to monitor the key performance indicators.

2.0 Background

2.1 Under the Health and Social Care Act 2012, the Council has responsibility for improving the health of the population in Sunderland and reducing health inequalities.

2.2 People facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. According to the ONS data people from the most deprived areas of England and Wales are more likely to die with Coronavirus than those in more affluent places. The government and wider societal measures to control the spread of the virus and save lives now (including the lockdown, social distancing and cancellations to routine care) are exacting a heavier social and economic price on those already experiencing inequality.

2.3 The strategy sets out Sunderland's response to COVID-19 and the impact it has had on health inequalities. It builds on previous strategies where health inequalities have been identified including the City Plan, Sunderland Health and Wellbeing Strategy and Director of Public Health Annual Report 2019. COVID-19 Health Inequalities Strategy aims to:

- raise awareness of the importance of health inequalities in both the response to and recovery from Covid-19;
- follow the key principles set out in the Healthy City Plan and use data, intelligence and evidence to systematically understand the natural and unintended consequences that may have widened health inequalities;
- support local organisations and communities to consider how their work may impact on health inequalities as described in the Sunderland Prevention and Health Inequalities Framework;
- consider the evidence to ensure that any recommendations will prevent or mitigate health inequalities widening as part of the Covid-19 pandemic.

2.4 The strategy has three strategic objectives which are to:

1. Continue to improve health outcomes for our most disadvantaged communities who are at greater risk of COVID-19 by adopting a life-course approach which identifies the key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age and into older age.
2. Take every opportunity to mitigate the impact that COVID-19 has had on our communities by building on a Health in All Policies (HiAP) approach, systematically and explicitly considering the health implications of the decisions we make with the aim of improving the health of the population.
3. Ensure that as we move into recovery we take the opportunity to address health inequalities as part of our plans by using available tools to ensure that health inequalities are considered for every policy and service.

2.5 The strategy details a range of actions that organisations represented on the Board could take to help to mitigate the differential impact of COVID-19 on local communities and outlines a number of strategic objectives, which are to:

1. Embed the Health Inequalities Strategy as part of any response or recovery work in relation to Covid-19.
2. Develop and implement a local tool kit which will take into account any emerging evidence of the impact of COVID-19 on health inequalities. This will include evidence-based actions that can be used to address these for use by the council, partners and voluntary and community sector.
3. Review and update the strategy and supporting resources which highlight the impact of COVID-19 on health inequalities, alongside local intelligence. This strategy will therefore be a “living” document.
4. Build on previous local intelligence, relationships and resident experiences as well as information gathered as part of the city’s immediate response from volunteers, people who are shielded, our vulnerable young people and any other sources of community intelligence to inform our approach.
5. Consider how the recent enhanced interest in community and mutual aid approaches can be sustained to benefit priority communities and reduce demand on services.
6. Review social value secured through existing contracts and explore the potential to divert the social value offer where required for most vulnerable communities.
7. Progress the Marmot City principles which have been adopted by Sunderland City Council.

8. Engage with key agencies and partners to develop an action plan with agreed key performance indicators. The action plan will be monitored through the Health and Wellbeing Board.
- 2.6 The strategy will be regularly reviewed and updated along with the supporting resources about the impact of COVID-19 on health inequalities and local intelligence. The strategy should, therefore, be considered a “living” document.
- 2.7 The Sunderland COVID-19 Health Inequalities Strategy is attached to this paper and the strategy and supporting annexes can be found at www.sunderland.gov.uk/healthinequalities.

3.0 Recommendation

- 3.1 The Health and Wellbeing Board is requested to:
 - endorse the Sunderland COVID-19 Health Inequalities Strategy
 - commit to supporting the development of the action plan with agreed key performance indicators
 - monitor the action plan and key performance indicators through an update report every six months.



Sunderland Covid-19 Health Inequalities Strategy

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What the strategy sets out?

The strategy sets out Sunderland's response to Covid-19 and the impact it has had on health inequalities.

The Covid-19 Health Inequalities Strategy will:

- raise awareness of the importance of health inequalities in both the response to and recovery from Covid-19;
- follow the key principles set out in the Healthy City Plan and use data, intelligence and evidence to systematically understand the natural and unintended consequences that may have widened health inequalities;
- support local organisations and communities to consider how their work may impact on health inequalities as described in the Sunderland Prevention and Health Inequalities Framework;
- consider the evidence to ensure that any recommendations will prevent or mitigate health inequalities widening as part of the Covid-19 pandemic.

The strategy will be regularly reviewed and updated along with the supporting resources about the impact of Covid-19 on health inequalities and local intelligence. The strategy should, therefore, be considered a "living" document.

Overview of the strategy

People facing the greatest deprivation are experiencing a higher risk of exposure to Covid-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. The government and wider societal measures to control the spread of the virus and save lives now (including the lockdown, social distancing and cancellations to routine care) are exacting a heavier social and economic price on those already experiencing inequality. The consequences of this action and the economic recession that is likely to follow, risk exacerbating health inequalities now and in years to come¹.

In June 2020 Public Health England published 'Disparities in the risk and outcomes from COVID-19'² confirming the impact of Covid-19 on existing health inequalities and concluded that, in some cases, it increased them and concludes by saying it 'will be difficult to control the spread of Covid-19 unless these inequalities can be addressed.'

The recent report entitled Health Equity in England: The Marmot Review 10 Years On³, examines a decade of data to understand the worsening situation of health inequality in the UK and paints a very bleak picture of the current and future health and well-being of the people of the North East of England.

As the Marmot Review 10 Years On showed, deprived communities in England have seen vital physical and community assets lost, resources and funding reduced, community and voluntary services eroded, and public services cut over the past decade. All of this has damaged health and widened inequalities. Looking ahead to the aftermath of the pandemic, lessons from the past decade of austerity must be learned:

- people can now expect to spend more of their lives in poor health;
- improvements to life expectancy have stalled for the first time in over 100 years, and actually declined for the poorest 10% of women;
- the health gap has grown between wealthy and deprived areas;
- that place (essentially where you live) matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

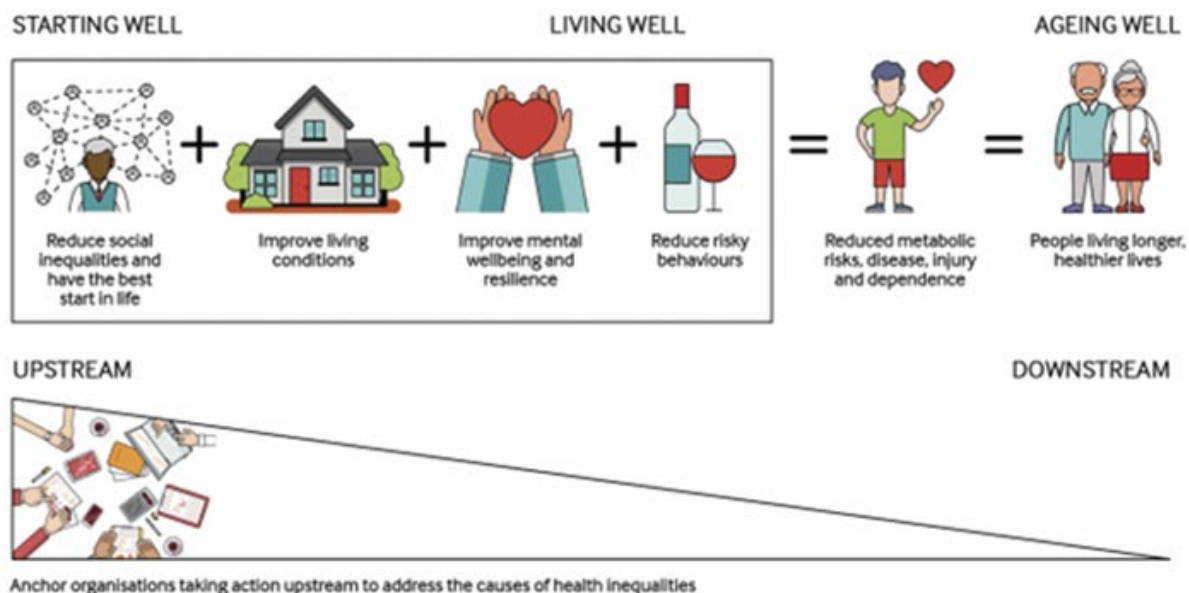
The framework for reducing health inequalities and preventing poor health developed by the Sunderland Health and Wellbeing Board produced in collaboration with partners was used in developing this strategy. The strategy adopts a life-course approach and also considers the social determinants factors as well as mental wellbeing and resilience plus reducing risky behaviours.

¹ <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities#If-section-59576-anchor>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

³ <https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-england-the-marmot-review-10-years-on>

Framework for reducing health inequalities and preventing poor health



Sunderland's Director of Public Health Report 2019⁴ shares how the health of the City's people continues to be heavily impacted by the economic and social inequalities that individuals and communities experience. The image below highlights the stark inequalities in health outcomes both between Sunderland and the rest of the country and within the city itself.



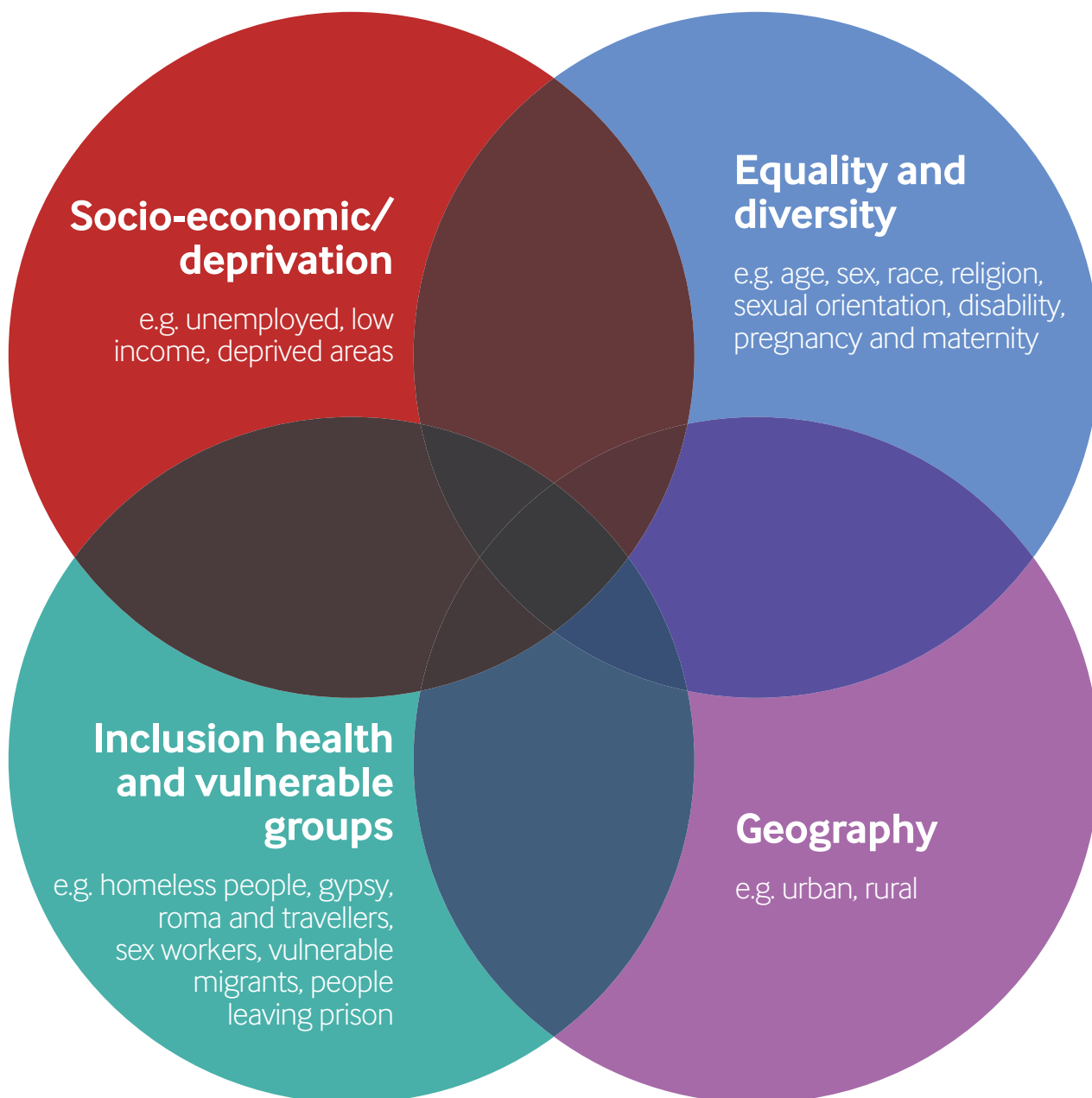
⁴ <https://www.sunderland.gov.uk/article/13881/Director-of-Public-Health-Annual-Report>

An evidenced-based approach

Recent work carried out by the Royal College of Physicians gathered evidence and examples of how to mitigate the impact of Covid-19 on inequalities⁵. The diagram below illustrates how some groups within the population may be disproportionately affected by Covid-19. As a result, there are clear reasons for giving consideration and support to those groups that experience health inequalities.

The economic and social response to Covid-19 has the potential to exacerbate these health inequalities. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford rent, bills and food and also struggle to access the services they need. This is likely to have a significant toll on both their physical and mental health.

Diagram: Overlapping dimensions of health inequalities



⁵ <https://www.rcplondon.ac.uk/news/covid-19-and-mitigating-impact-health-inequalities>

The impact of Covid-19 is likely to further exacerbate health inequalities across Sunderland. Sadly, there are many groups in society who will be hit harder by the outbreak: not only older people, those with underlying health conditions and healthcare workers but those who are vulnerable simply because they do not have the same opportunities to stay healthy.

C-WorkS

It is worth noting the significance of the establishment of C-WorkS. C-WorkS⁶ has been set up to support the collation and sharing of knowledge and intelligence across the system about the impacts of COVID-19 (and the response to this) on non-COVID morbidity and mortality. Its primary aim is to bring people and organisations who will hold different pieces of knowledge and understanding together to enable more effective, equitable and efficient ways of working across the whole region. C-WorkS will facilitate sharing of information, reduce duplication, highlight gaps and maximise the value of non-COVID, system-wide work done in this region.

⁶ https://khub.net/web/guest/welcome?p_p_state=normal&p_p_mode=view&refererPlid=47706490&saveLastPath=false&_com_liferay_login_web_portlet_LoginPortlet_mvcRenderCommandName=%2Flogin%2Flogin&p_p_id=com_liferay_login_web_portlet_LoginPortlet&p_p_lifecycle=0&_com_liferay_login_web_portlet_LoginPortlet_redirect=%2Fgroup%2Fphine-network-north-east



Coronavirus Triage Bay

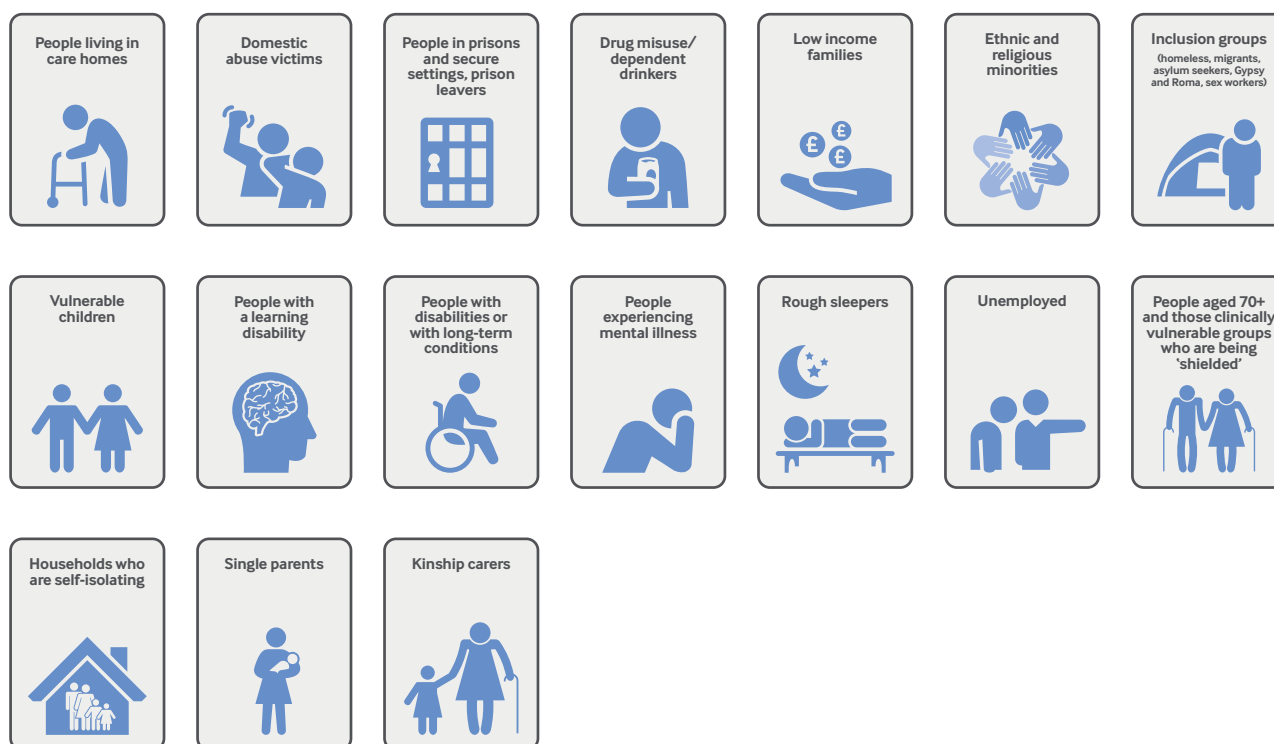
Impact of Covid-19

Public Health England 'Disparities in the risk and outcomes from COVID-19' confirms the impact of Covid-19 on existing health inequalities and in some cases, has increased them and concludes by saying 'it will be difficult to control the spread of Covid-19 unless these inequalities can be addressed.'

Groups identified as vulnerable as a result of Covid-19

Public Health England suggests several groups have been identified as vulnerable as a result of Covid-19 and the measures put in place to manage the pandemic.

Groups identified as vulnerable as a result of Covid-19



At the time of writing there is clear evidence that Covid-19 is impacting on our most deprived communities. Key risk groups include residents of care homes, people with long term conditions, those on low incomes, at risk to domestic abuse, with mental illness, vulnerable children, older people, unemployed, with physical and learning disabilities and ethnic minorities and religious groups.

Deprived communities may experience more direct and indirect impacts because they already have greater vulnerability and are likely to have a compromised ability to respond to the extra impact of Covid-19.

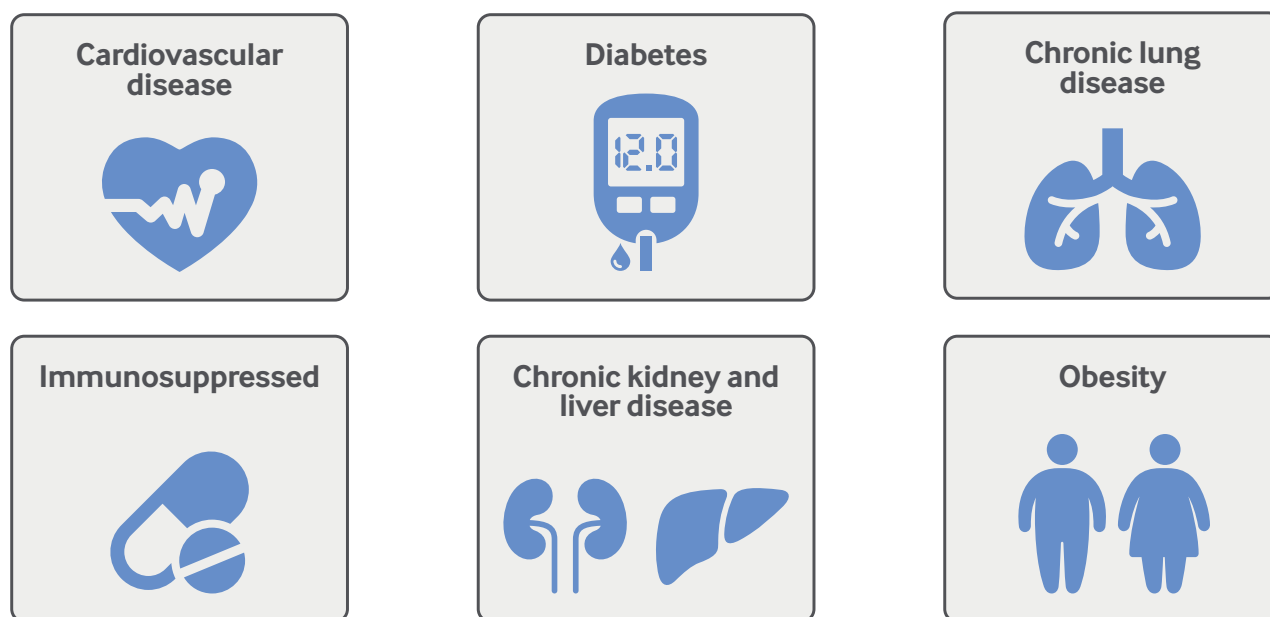
Risk factors for mortality

In Sunderland around 59% of the life expectancy gap (calculated by looking at the causes of excess deaths) between Sunderland and England is due to higher rates of death from cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic

obstructive airways disease, COPD); making some of the Sunderland population at higher risk to Covid-19⁷. ONS data indicates that people from the most deprived areas of England and Wales are more likely to die with coronavirus than those in more affluent areas.

Risk factors for mortality

At least one long term condition:



Public Health England 'Disparities in the risk and outcomes from COVID-19'⁸ confirms the impact of Covid-19 on existing health inequalities with the largest disparities being as follows:

- by age - among people already diagnosed with Covid-19, people who were 80 or older were seventy times more likely to die than those under 40;
- by sex - The risk of dying among those diagnosed with Covid-19 was higher in males than females - however in the North East females had higher diagnosis rates than in London;
- by deprivation - higher in those living in the more deprived areas than those living in the least deprived;
- by ethnic group - higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

When compared to previous years, they found a particularly high increase in all cause deaths among those in a range of:

- caring occupations including social care and nursing auxiliaries and assistants;
- people who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs;
- those working as security guards and related occupations;
- those in care homes.

⁷ <https://fingertips.phe.org.uk/indicator-list/view/7DVXEB34E2>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

Taking this evidence into account, the life expectancy gap for Sunderland and the findings from recent studies in relation to underlying health conditions and risk factors for mortality it would suggest the potential for increased susceptibility to Covid-19 within the Sunderland's population.

There are a range of other risk taking and lifestyle behaviours identified below which further contribute to "risk factors for mortality" including:





What do we want to achieve and why it is important?

There is a danger that in our response to Covid-19 we abandon our community asset-based approach to reducing health inequalities as set out in the Healthy City Plan. It is an opportunity to accelerate the approach by using and responding to local intelligence, building on relationships and resident experiences gathered as part of the City's immediate response from volunteers (existing and recruited as part of the response), shielded call themes, risk assessments on our vulnerable young people and any other sources of intelligence.

Communicating advice and guidance is an important public health tool which helps us to manage risks. In developing our prevention plans, consideration will be given to mitigating the impact of health inequalities within the City; they will also consider communities that have been adversely impacted by Covid-19 and target local communities that have been adversely impacted by Covid-19.

The strategy will inform our local Covid control arrangements through the Covid-19 Health Protection Board. The Covid-19 Health Protection Board will work with Elected Members and Community Organisations to ensure that those who are disadvantaged, particularly in relation to Covid-19, are not further disadvantaged.

A whole systems and health in all policies approach that engages the wider council and partners is required to strengthen the recovery response with key at risk populations.

Strategic objectives

Our strategic objectives are as follows:

- Continue to improve health outcomes for our most disadvantaged communities who are at greater risk of Covid-19 by adopting a life-course approach which identifies the key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age and into older age.
- Take every opportunity to mitigate the impact that Covid-19 has had on our communities by building on a Health in All Policies (HiAP) approach to policies we systematically and explicitly consider the health implications of the decisions we make with the aim of improving the health of the population.
- Ensure that as we move into recovery we take the opportunity to address health inequalities as part of our plans by using available tools to ensure that health inequalities are considered for every policy and service.

Key actions

- Following on from our strategic objectives, our key actions are as follows.
- Embed the Health Inequalities Strategy as part of any response or recovery work in relation to Covid-19.
- Develop and implement a local tool kit which will take in to account any emerging evidence of the impact of Covid-19 on health inequalities. This will include evidence-based actions that can be used to address these for use by the council, partners and voluntary and community sector.
- Review and update the strategy and supporting resources which highlight the impact of Covid-19 on health inequalities, alongside local intelligence. This strategy will therefore be a "living" document.

- Build on previous local intelligence, relationships and resident experiences as well as information gathered as part of the City's immediate response from volunteers, people who are shielded, our vulnerable young people and any other sources of community intelligence to inform our approach.
- Consider how the recent enhanced interest in community and mutual aid approaches can be sustained to benefit priority communities and reduce demand on services.
- Review social value secured through existing contracts and explore the potential to divert the social value offer where required for most vulnerable communities.
- Progress the Marmot City principles which have been adopted by Sunderland Council.
- Engage with key agencies and partners to develop an action plan with agreed key performance indicators. The action plan will be monitored through the Health and Wellbeing Board.

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

**MID YEAR REVIEW OF THE JOINT STRATEGIC NEEDS ASSESSMENT AND
HEALTH AND WELLBEING BOARD PRIORITIES**

Report of the Director of Public Health

1.0 Purpose of the Report

- 1.1 To present to the Board a mid-year review of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Board priorities including what has been achieved and any changes as a result of COVID-19.

2.0 Background

- 2.1 As previously noted the development of a JSNA is a statutory requirement. Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to produce JSNAs and Joint Health and Wellbeing Strategies (JHWSs) through the Health and Wellbeing Board. JSNA is not an end in itself, but is a continuous process of strategic assessment to support the development of local evidence-based priorities for commissioning to improve the public's health and reduce inequalities.

3.0 Mid-year review of the JSNA and Health and Wellbeing Board priorities

- 3.1 Previously articulated high-level health challenges for Sunderland include:
- Ensuring every child has the best start in life including smoking in pregnancy, breastfeeding, childhood obesity and the mental health of young people
 - Tackling the big four lifestyle risk factors – smoking, excessive alcohol use, poor diet and low levels of physical activity – including multiple unhealthy behaviours
 - Leading a collective approach to promoting healthy weight throughout the city
 - Prioritising a broad approach to improving emotional health and wellbeing
 - Addressing the health risks of people with a physical disability or a learning disability
 - Engaging with organisations and local people to identify local assets and needs to improve health.
- 3.2 Prior to COVID-19 there was significant progress made across most JSNA and Board priorities including:
- Sunderland has signed up to the Healthy Weight Declaration. An event was held in March 2020 to raise awareness with partners
 - Trailblazer funding has been secured for a mental health support team in schools. Recruitment is underway for mental health practitioners, who will

undergo university training prior to roll out in November 2021. The team will work with 8,000 children or 20 schools. The Sunderland model is utilising the healthy settings schools as a basis for the roll out.

- A Workplace Health Alliance Charter has been implemented and organisations sign up to the Charter electronically.
- A pathway has been developed so that all young people who attend A&E for alcohol related conditions are referred to the Youth Drug and Alcohol Project (YDAP) using implied consent. Information leaflets have been developed by the hospitals' Young People's Patient Group to inform young people of why they are being referred without their consent.

3.3 Newly identified priorities for Sunderland are as follows:

3.3.1 Health inequalities

The depth of health and social inequalities and the impact these have on the way people grow up, work and age are well documented. COVID-19 has highlighted and magnified these inequalities, with the majority of people dying or being severely affected by the virus having underlying health conditions and being from deprived communities. In Sunderland that has led to the development of the **COVID-19 Health Inequalities Strategy** which:

- Raises awareness of the importance of health inequalities in both the response and recovery of COVID-19
- Follows the key principles in the Healthy City Plan and uses data, intelligence and evidence to systematically understand the natural and unintended consequences that may have widened health inequalities
- Supports local organisations and communities to consider how their work may impact on health inequalities, as described in the 'Framework for reducing health inequalities and preventing poor health'
- Considers the evidence to ensure any recommendations will prevent or mitigate health inequalities widening as a result of COVID-19.

3.3.2 Ageing Well

As a nation, we are living longer and the number of people aged 65 and over in Sunderland is projected to rise by 17.1 per cent in the decade to 2026. Although we are adding years to life, healthy life expectancy in the city is well below national average and men can expect to live on average 19 years in poor health, and women around 25 years. The Health and Wellbeing Board's lifecourse approach considers the critical stages and transitions in people's lives to promote and improve health and wellbeing; a focus on ageing well provides greater visibility as to how older people are supported to maintain their independence, build resilience, make positive choices about their lives and reduce the demand on health and social care services.

4.0 Recommendations

4.1 The Board is recommended to:

- note the findings of the mid-year review of the JSNA and Board priorities
- take account of these findings when considering service review and commissioning plans of all partners.

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

AGE FRIENDLY CITY & AGEING WELL

Report of the Executive Director of Neighbourhoods

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to:

- Seek the Board's support to agree Ageing Well as an additional Board priority
- Provide examples to the Board on the ways that age friendly considerations have been implemented across a range of activity in Sunderland in relation to the World Health Organisation (WHO) Age Friendly Cities and Communities programme
- Inform the Board of emerging developments in relation to Ageing Well.

2.0 BACKGROUND

2.1 As a nation, we are living longer. In Sunderland, in the ten years between 2016 and 2026, the number of people aged 65 and over is projected to rise by 17.1 per cent from 52,500 to 61,500. As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. Others support their families by providing care to grandchildren enabling their own children to participate in the economy. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

2.2 Although we are adding years to life, healthy life expectancy describes a different picture with significant variations and marked inequalities between the least and the most deprived communities across the city. COVID-19 has magnified these inequalities, with older people and those with underlying health conditions being most significantly affected.

2.3 Ageing well has always been high on the Board's agenda. In 2015 Sunderland joined the WHO Network of Age Friendly Cities and Communities. The Board had previously baselined its position in relation to the eight WHO domains for an age-friendly city which are:

1. Outdoor spaces and building
2. Transport
3. Housing
4. Social participation
5. Communication and information
6. Respect and social inclusion
7. Health and community services
8. Civic participation and employment.

- 2.4 In practical terms, age-friendly environments are free from physical and social barriers and supported by policies, systems, services, products and technologies that:
- promote health and build and maintain physical and mental capacity across the life course
 - enable people, even when experiencing capacity loss, to continue to do the things they value.
- 2.5 Age-friendly practices help build older people's abilities to:
- meet their basic needs
 - learn, grow and make decisions
 - be mobile
 - build and maintain relationships
 - contribute.
- 2.6 In doing so, age-friendly practices:
- recognise the wide range of capacities and resources among older people
 - anticipate and respond flexibly to ageing-related needs and preferences
 - respect older people's decisions and lifestyle choices
 - reduce inequalities
 - protect those who are most vulnerable
 - promote older people's inclusion in and contribute to all areas of community life.
- 2.7 In 2015 we developed a Sunderland 'All Age Friendly' plan with ten priorities set out below:
- Provide and facilitate meaningful social connections
 - Support people with general financial information and guidance
 - Ensure that events, spaces and places cater for all ages and are accessible
 - Involve people in decision making which affects their lives
 - Encourage positive attitudes towards ageing and diversity
 - Ensure inclusive design and all age spaces and places
 - Provide lifetime housing and neighbourhoods designed to suit people of all ages and people with physical disabilities
 - Ensure the city environment incorporates the needs of young families, older people and people with disabilities
 - Ensure that all children, young people and families who need help are identified and supported as early as possible
 - Ensure that early intervention and prevention initiatives include older people
- 2.8 An Annual Review has taken place on progress against priorities and there are numerous examples of good practice shared with WHO including:
- Research was carried out on social isolation and loneliness to understand connections in Sunderland particularly with people who are ageing well.

- The Adult Social Care Service has worked in partnership with Age UK to develop its front door service
- Working in partnership with the Money and Pension Service to provide good quality information around financial planning including planning for retirement
- In December 2019, the first Ageing Well event was held where the council's new Housing Strategy and information about the council's framework around Age Friendly City was shared
- Financial wellbeing is embedded into the five Neighbourhood Investment Plans and also the Community Wealth Strategy.

2.9 It is hoped these examples provide the Board with a degree of assurance that age friendliness has been considered in the design and delivery of services and activity. Whilst these are good examples, there will be many further opportunities to embed age friendliness and healthy ageing considerations into our ways of working.

3.0 Rationale for Ageing Well becoming a Health and Wellbeing Board priority

3.1 The Board's *framework for reducing health inequalities and preventing poor health* demonstrates our commitment to implement an upstream approach to prevent poor health. We know ageing is inevitable, but how we age is not. Healthy life expectancy in the city is currently 57.9 years for men and 56.5 years for women. These are both significantly below national averages. Our lifecourse approach considers the critical stages, transitions and settings where the largest difference can be made in promoting and improving health and wellbeing. A focus on ageing well supports older people to maintain their independence, build their resilience, make positive choices about their lives and reduce the demand on social care services and NHS treatment.

3.2 Our draft Healthy City Plan refers to Starting Well, Living Well, Ageing Well. Two of the Board's existing priorities are lifecourse focussed, these being Best Start in Life and Young People 11-19 years. Whilst ageing well is embedded in our approach it is not overtly explicit and could have greater visibility.

3.3 It is recommended that the Board adopts ageing well as a priority and establishes a working group to progress the work, reporting back to the Board on the focus and progress. The Portfolio Holder for Health and Social Care will be the lead Board member for this priority.

4.0 Emerging developments

4.1 Since signing up to the WHO All Age Friendly City project, further work has been carried out in consultation with the Sunderland Older Peoples Council and local partners. They have developed an age-friendly Sunderland Model (see Appendix 1) that incorporates the eight WHO domains that contribute to an age-friendly city. The model has three key priorities for an age-friendly Sunderland, these priorities are embedded into the city's Neighbourhood Investment Plans.

4.2 Underpinning this is a [Joint Strategic Needs Assessment](#) in relation to Ageing Well, which identifies a number of recommendations for commissioning and further needs assessment work. This can be reviewed by the working group.

- 4.3 In addition to this work locally, on 3 August 2020 the WHO endorsed the [Decade of Healthy Ageing \(2020-30\) initiative](#) which will be officially launched on 1 October 2020. This is an international opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.

5.0 Recommendations

- 5.1 The Board is recommended to:

- agree Ageing Well is a Board priority
- request that a working group is convened, with the working group reporting back to the Board on its focus and progress
- agree that the Portfolio Holder for Health and Social Care is the lead Board member for this priority
- adopt the locally developed age friendly model for Sunderland.

AGE FRIENDLY CITY: The Sunderland Model

(with permission adapted from Age Friendly Mancheste)

Our three key priorities:

We began reviewing our strategy by considering the eight World Health Organisation domains that go together to make an age-friendly city. These were developed in 2006-7 following focus groups in 32 countries and form the basis of the majority of age-friendly city strategies across the globe.

Through consultation with Sunderland Older Peoples Council and local partners we have developed three key priorities for an age-friendly Sunderland, which will be embedded within our neighbourhood investment plan.

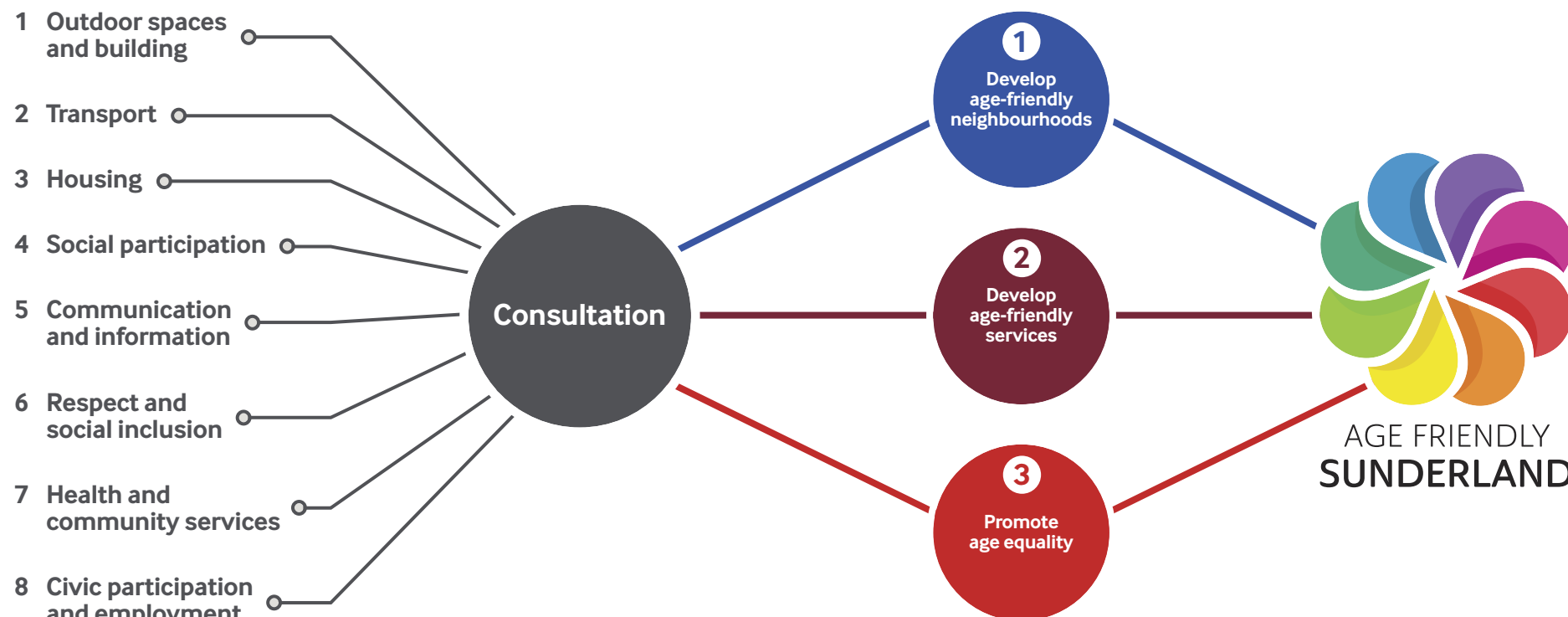
The Age-Friendly Sunderland lead and its programme sit at the centre of these priorities, acting as a catalyst and connector. This work is underpinned by the [Ageing well Joint Strategic Needs Assessment \(JSNA\)](#).

DOMAINS

- 1 Outdoor spaces and building
- 2 Transport
- 3 Housing
- 4 Social participation
- 5 Communication and information
- 6 Respect and social inclusion
- 7 Health and community services
- 8 Civic participation and employment

PRIORITIES

CONNECTOR



SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

NHS PLANNING UPDATE

Report of Deputy Chief Officer and Chief Finance Officer, Sunderland Clinical Commissioning Group

1.0 Purpose of the Report

- 1.1 To provide an update regarding the NHS planning process, setting out the national and local approach to phase 3 planning within the NHS.

2.0 Background

- 2.1 On 31 July 2020, NHS England and Improvement set out the NHS response to the third phase of COVID-19 and the priorities for the rest of 2020/21 in a letter¹ to all NHS organisations.
- 2.2 The letter was supplemented by additional guidance² on 7 August 2020. This provided further information regarding mental health planning, how services are to be restored inclusively and the actions to be taken to address the health inequalities that have become more apparent during COVID-19.
- 2.3 Integrated Care Systems (ICS) are to lead the phase 3 planning process and plan implementation. ICSs are to work with CCGs and providers to correlate activity and workforce plans.
- 2.4 Systems are required to produce a draft summary plan by 1 September 2020 to deliver the goals and ambitions set out in the July 2020 letter and the supplementary guidance summarised in three overarching priorities for the NHS for the remainder of 2020/21:
1. How to return to near-normal levels of non-COVID health activity
 2. Prepare for winter
 3. How do we do this in a way to lock in beneficial changes, support staff, address health inequalities and prevention.
- 2.5 The draft ICS summary plan consists of numerical templates (activity, performance and workforce), supported by a narrative commentary providing an explanation of the elements of the plan, how key services will be restored inclusively and how health inequalities will be tackled.

- 2.6 Current NHS financial arrangements are to extend to August and September 2020 with a move to a revised financial framework from October 2020 to March 2021. Simplified arrangements for payment and contracting will be retained but there will be a greater focus on system partnership funding.
- 2.7 Final plans are required to be submitted on 21 September 2020 by the ICS along with a local people plan aligned to the phase 3 summary plan.

3.0 National planning expectations

- 3.1 The three overarching priorities for the NHS for the remainder of 2020/21 cover a number of national expectations or “asks” for each system, covering mental health, primary and community care and secondary care.
- 3.2 The national expectations can be summarised as:
- Restore the maximum elective activity possible between now and winter including maintaining improvements in reducing the number of face to face appointments
 - Use nationally contracted independent sector (I.S.) capacity to the greatest extent
 - Restore the number of people waiting for cancer diagnosis or treatment to at least pre-COVID levels
 - Maximise diagnostic capacity
 - Restore service delivery in primary and community services, prioritising those with the greatest need
 - Address health inequalities (eight urgent actions to address health inequalities in NHS provisions and outcomes)
 - Continue to increase investment in mental health services in line with the mental health investment standard (MHIS)
 - From October 2020, move to a revised financial framework
- 3.3 Three days prior to submission of the draft plans, a letter was released by NHS England and Improvement setting out a penalty and incentive scheme aligned to planned care activity levels within secondary care. Due to the timing of the letter, the implications were not built into planning submissions. This is now being worked up at ICS level and will be factored into any future submissions.

4.0 Local phase 3 planning

- 4.1 The phase 3 planning process is being led and overseen by NHS England and Improvement for the North East and Yorkshire, supported by the North of England Commissioning Support Unit (NECS). Places are derived at place level, aggregated up to Integrated Care Partnership (ICP) and then to ICS.
- 4.2 Mental health planning is being led by the mental health ICS work stream with separate templates, again built up from place level.

- 4.3 The ICS summary plan is being built up by CCGs and providers at place, coordinated across ICPs by ICP Executive Planning Leads. The draft ICS plan will be developed from the four ICPs across the ICS, with Sunderland in the Central ICP (CICP) with South Tyneside and County Durham.
- 4.4 A CICP planning leads group has been established, led by the CICP's Executive planning lead to manage, coordinate and support the planning process to deliver the output for phase 3 – a summary plan at ICP/ICS level.
- 4.5 The CICP has established a number of work streams to support the phase 3 planning process, supported by system-wide recovery principles for in and out of hospital. This includes the development of activity and performance trajectories to be submitted and assessed against the priorities outlined in section 3.
- 4.6 Locally in Sunderland, All Together Better (ATB) has focused on development of a Sunderland plan against the actions set nationally for the NHS for phase 2 and the additional local priorities agreed by the ATB Executive Group. ATB have carried out a full review of the phase 3 implementation guidance and plans have been updated to take into account areas where phase 3 supersedes phase 2.
- 4.7 South Tyneside and Sunderland NHS Foundation Trust (STSFT) have established an Operational Recovery Group (ORG) which is focusing on recovery of elective and non-elective services, aligned to national guidance. STSFT have continued to recover and reset clinical services in line with phase 2 guidance and assessments against the national expectations in the phase 3 letter. The Senior Responsible Clinician for ATB Programme 4 is a representative of ORG, joining in and out of hospital for a coordinated approach to recovery.
- 4.8 In Sunderland, an internal bi-weekly planning group was established with membership from ATB, contracting (performance and activity), communications and engagement, finance, planning and quality and safeguarding. Weekly ATB business meetings were also established.

5.0 Draft planning submission

- 5.1 Draft plans were submitted to the ICS on 26 August 2020 ahead of the first national submissions on 1 September 2020. Activity and performance templates were submitted at place level, supported by a CICP narrative. Plans will be assessed against the national expectations with any changes expected to be made ahead of the final submission later in September 2020.
- 5.2 Due to the changes in demand into secondary care during the COVID-19 period and the impact of infection prevention and control on recovery, a number of key assumptions were made to underpin the draft submission.

- 5.3 Elective and diagnostics activity levels will be lower than the national expectations. Activity levels do not take into account the implications of secondary care penalty and incentive letter released late in August 2020.
- 5.4 For elective activity and diagnostics, Sunderland is expected not to meet the national expectations. This is the same position for all organisations across CICP. Work has commenced at ICS level to understand the implications of the penalty and incentive letter ahead of final submissions.
- 5.5 Due to the impact of COVID-19 on referrals into secondary care, assumptions have been made around the levels of referrals made over the coming months. Due to the restricted capacity available, IPC and estate issues, the waiting list is expected to increase significantly in Sunderland. Once the implications of the penalty and incentive letter have been calculated, this will be factored into final submissions but the number of patients waiting for planned care in secondary care is still expected to be high going forward.
- 5.6 Diagnostic capacity is predicted to be lower than national expectations due to pressures in radiology in STSFT.
- 5.7 A&E and non-elective activity are expected to return to near pre-COVID levels. Estates work, lead in times and the unquantifiable impact of Talk Before You Walk (TBYW) which is a national programme expected to be implemented in September 2020 are risks going forward.
- 5.8 A summary of the highlights and issues within the draft ICP submissions to NHSE/I are included within Appendix 1.

6.0 Recommendations

- 6.1 The Board is recommended to:
- note the proposed approach to phase 3 planning including priorities set for the NHS for the remainder of the year
 - note the requirement to submit a draft system level plan with a final plan expected to be submitted nationally in September 2020
 - note the impact of COVID-19 on the delivery of the national expectations at place level in Sunderland.

¹[Third phase of NHS response to COVID-19](#)

²[NHS Implementing phase 3 of the NHS response to COVID-19 pandemic, 7 August 2020](#)



Central ICP NHS Planning Update Appendix 1

Health and Wellbeing Board 18th September 2020

David Chandler, Deputy Chief Officer and CFO, NHS Sunderland CCG.

Planning 'Asks'

- Restore the maximum **elective activity** possible between now and winter including maintaining improvements in reducing the number of “face to face” appointments
- Use nationally contracted independent sector capacity to the greatest extent
- Restore the number of people waiting for **cancer** diagnosis or treatment to at least pre-pandemic levels
- Maximise diagnostic capacity
- Restore service delivery in **primary** and **community** services **prioritising** those with the **greatest need**
- Address **health inequalities** (**8 urgent actions** to **address inequalities** in NHS provisions and outcomes, *Implementing phase 3 of the NHS response to the COVID-19 pandemic*)
- Continue to increase investment in **mental health services** in line with the mental health investment standard (MHIS). CCGs are expected to achieve MHIS in 2020/21
- Current financial arrangements extend to August and September
- From October, move to a revised financial framework, with greater focus on **system partnership funding**

Planning Process

- Separate process for Mental Health co-ordinated at ICS – numerical and finance templates with commentary explaining variation against pre-COVID LTP deliverables
- ICS draft summary plan built up from 4 ICPs, each built up from place
- At place
 - SCCG internal bi-weekly planning group – membership from ATB, Contracting (performance and activity), Comms and Engagement, Finance, Planning and Quality and Safeguarding
 - Weekly ATB Business meetings
 - STSFT Operational Recovery Group attended by SRC for ATB Programme 4
- Central ICP:
 - Weekly CICIP Planning Leads Group incl NHS commissioner and provider representatives and Comms and Engagement reps from across ICP partners
 - CICIP Reset/Recovery Planning Assumptions Group – membership comprising CICIP trusts, CCGs and NECS
 - Weekly Strategic IS Oversight Group incl two ISPs, ICP trusts, CCGs and an Operational Group supported by Business Intelligence

Highlights/Issues

1st *draft* submission

- Referrals remain lower than pre-COVID levels and forecast to rise to 90% (STSFT) and 95% (CDDFT)
- Use of Advice and Guidance and the work of the CICP Clinical Pathways Group are key to recovery and reducing demand but these may impact on the achievement of the planned referral levels. The additional impact of A&G on general practice needs to be recognised
- Projected planned activity levels (OP/EL & daycase/NEL/Diagnostics) across the CICP fall short of expected levels in letter
- Hot spots for elective activity are: T&O, Urology, Head and Neck
- Activity levels don't take account of the implications of the 'Elective Incentives' letter – to be worked up at ICS level
- Cancer activity – treatment and referrals expected to be back at 19/20 levels by Q3. Ongoing pressures in Breast 2 week wait targets
- Diagnostic capacity is predicted to be lower than the expected levels due to enhanced IP cleaning measures.
 - Imaging capacity is a risk for STSFT, whilst endoscopy is an issue at CDDFT with both trusts putting in place local actions to mitigate
 - Increasing activity levels will depend on funding and workforce
- Waiting List – predicted to grow to 33,416 by March 21 which is worst case scenario. Increase of 50% on April 20.
 - Over 52 week waiters expected to increase, forecast still being worked on
- A&E attendances expected to return to pre-COVID levels – estates work lead times and unquantifiable impact of Tall Before You Walk scheme are risks
- Capacity and demand modelling for winter suggests acute bed capacity may need to increase
- Mental Health – Health Checks for individuals with a Learning Disability 55% for SCCG (67% target)

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

DRAFT HEALTHY CITY PLAN

Joint report of the Director of Public Health and Deputy Chief Officer/Chief Finance Officer of Sunderland CCG

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to share the latest draft of the Healthy City Plan with the Board and set out the arrangements for finalising the Plan.

2.0 BACKGROUND

- 2.1 The Healthy City Plan is the revised statutory Health and Wellbeing Strategy of the Health and Wellbeing Board. The first strategy, published in 2013, focussed on the social determinants of health; this second plan focusses on behavioural risk factors and improving emotional wellbeing of Sunderland residents, paying particular attention to vulnerable groups.
- 2.2 It continues to recognise the massive impact that social determinants have on people's health and wellbeing and is very clear these need to be delivered through the Dynamic and Vibrant themes of the City Plan 2019-30, for example more and better jobs and more and better housing. The Healthy City Plan is the delivery plan for the Healthy City theme of the City Plan 2019-30, prioritising improved health and wellbeing. It is also intrinsically linked to the city's Neighbourhood Investment Plans, the COVID-19 Health Inequalities Strategy and NHS national planning expectations.
- 2.3 As a strategic plan aimed at professionals and practitioners across agencies in Sunderland, the Healthy City Plan is intelligence-led, informed by:
- the city's Joint Strategic Needs Assessment
 - the outcomes of engagement with residents through Public Health locality engagement events, Patient Forums, Health Watch and Let's Talk
 - the 2019 Health Summit in the city
 - Director of Public Health Annual Report
- 2.4 Three Health and Wellbeing Board development sessions have also taken place to support the development of the plan. These development sessions have included Health and Wellbeing Board members/representatives and other key partners in the city. In May 2019 partners met to discuss future Board priorities. In October 2019 partners had the opportunity to shape our model of health and wellbeing and to develop the key principles of how we will work together across agencies to positively impact on health and wellbeing. In February 2020 partner input helped to develop the detail in the plan in relation to our key challenges; identify the successes made in improving

health in the last six years and; what we already have in place to further improve health and wellbeing over the next decade.

3.0 DRAFT HEALTHY CITY PLAN

3.1 The draft Healthy City Plan is included in Appendix 1. Whilst acknowledging the impact that social determinants can have on an individual's health and wellbeing, its areas for improvement focus on behavioural risk factors and improving the emotional wellbeing of Sunderland residents, paying particular attention to vulnerable groups.

3.2 It has been developed using a combination of text and infographics to show:

- **What makes us healthy?** – this section demonstrates that the social determinants have the greatest impact on our health and wellbeing, followed by behavioural factors. Health and social care services actually make up a very small part of what makes us healthy
- **Our key challenges** – informed by the Board's Joint Strategic Needs Assessment, our key challenges are shown as a walk through the lifecourse, from Starting Well to Living Well to Ageing Well. They show the key things where we want to see improvement either through the Healthy City Plan or with wider partners support, through the delivery of the strategic City Plan.

How improvements will be made

- **Our model of health and wellbeing** – focussing on preventing poor health and addressing social inequalities to help people live in good health for longer, this section includes the agreed *framework for reducing health inequalities and preventing poor health*
- **How we will work together** – key principles setting out how agencies will work together
- **Priorities** – key information about how health and wellbeing will be improved and the actions that will be undertaken to contribute to this, in line with the Board's seven agreed priority areas.

4.0 Next steps

4.1 Adding Ageing Well as an eighth priority for the Board has been considered under a previous agenda item. If it is agreed to adopt this priority, the Board is requested to agree that further work be undertaken to develop the ageing well section.

4.2 To finalise the draft Healthy City Plan for wider consultation, Board members are invited to provide their comments by the end of September 2020. The plan will then be shared with key partners who have been involved in the development of the plan through the development sessions in May 2019, October 2019 and February 2020. This consultation period will be open until mid-November.

- 4.3 The revised, final plan will be presented to the Board for approval in December 2020.

5.0 RECOMMENDATIONS

- 5.1 The Health and Wellbeing Board is recommended to note:

- The contents of the report
- Subject to 'Ageing Well' being agreed as a Board priority that 'Ageing Well' additions will be made to the draft plan
- Consultation with key partners will take place October to mid-November 2020 following Board member feedback by the end of September
- The proposed final Healthy City Plan will be presented to the Board in December 2020 for approval.

APPENDIX 1

SUNDERLAND HEALTHY CITY PLAN

2020 – 2030 (DRAFT FOR HWBB MEMBERS CONSIDERATION – SEPTEMBER 2020)

Foreword

Our Healthy City Plan 2020–30 is our refreshed Health and Wellbeing Strategy, informed by insight and intelligence gained through our Joint Strategic Needs Assessment. It supports the delivery of the City Plan and its vision *“By 2030, Sunderland will be a connected, international city with opportunities for all”*, addressing the interlinked challenges that exist, including a range of health outcomes that are poorer than elsewhere. Change is being delivered at pace through the City Plan, with significant investment and developments recently announced and more to come. Strong partnership working is creating the conditions – including the provision of jobs and housing, skills and social opportunities - that will impact positively on residents’ health and wellbeing.

Health is the single most important thing for us all in Sunderland and is fundamental to our residents fulfilling their massive potential throughout their lives. As the city begins to heal from the impact of the COVID-19 pandemic a robust and cooperative effort is needed to help our residents and businesses recover and grow. COVID-19 has shone a spotlight on the devastating impacts of social inequalities and how these affect our health and wellbeing. However, it has also galvanised many people to make positive changes in their lives. For example, during lockdown, more than one million people across the country have quit smoking; the numbers of people walking and cycling have increased dramatically; and many people have changed their eating habits, using fresh ingredients and spending more time cooking as a family. So, whilst there is a wide recognition that addressing inequalities is paramount to enable every resident in the city to have a good standard of life and be able to achieve their potential, there are also opportunities on which we must capitalise, using our learning to build back healthier and better lives.

The Healthy City Plan presents a real opportunity to make a difference to the health and wellbeing of everyone in our city, focussing on improving the physical, mental and emotional health and wellbeing of residents, supporting them to flourish, be happy, age well, remain independent and continue to contribute to city-life. Our analysis of data from across the city shows us there are persistent inequalities that impact on our health and wellbeing. We particularly need to ensure that children and young people, and key vulnerable populations are actively considered when developing our plans and are given the resources and skills they need to make good choices about their future.

In the plan we set out a case for change, where the responsibility for the health and wellbeing of our residents goes beyond the health and social care system. Our Board is committed to leading this change and harnessing the untapped potential that exists within the city to support people to live healthy and happy lives, with no one left behind. We recognise that organisations across the city all have a part to play in preventing ill health and supporting our residents to help themselves to be healthy.

Councillor Dr Geoff Walker – Chair of Sunderland Health and Wellbeing Board
Dr Ian Pattison – Vice Chair of Sunderland Health and Wellbeing Board

Our Vision

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

Introduction

Sunderland is a fantastic, forward-looking city with a global reputation as a welcoming and inclusive place in which to live, work, invest and play. We have a great many assets, and much to offer residents, businesses and visitors. Our coastline is superb with Blue Flag beaches; we have first class cycle routes reaching all the way to Cumbria; many beautiful parks where people can walk, exercise and play and where events such as concerts and family fun days are held. We have thousands of volunteers and hundreds of community and faith groups across the city providing activities, from toddler groups and youth activities, to supporting the elderly or the environment. These people have a passion to make a difference. Strong friendships, good neighbours and having people who go the extra mile to help one another all supports good health and wellbeing. We need to harness these assets to improve the health and wellbeing of people in the city and close the disadvantage gap within communities.

Commissioners and providers of health, social care and community services continue to work well together to improve health and wellbeing, with some notable successes in the city including:

- The establishment of the ***“All Together Better”*** Alliance, bringing together commissioners and providers to lead the delivery of integrated out of hospital services. The programme currently has four workstreams focused on General Practice; mental health, learning disability and autism; extended primary and community care; and intermediate and urgent care.
- **Shaping Sunderland’s Future** is a joint commissioning function integrating health and social care for children and young people. Its initial focus is on mental health, Special Educational Needs and Disabilities (SEND) and individual placements.
- **Community Hubs** – during the COVID-19 pandemic, partners across the city came together to establish Community Hubs in the five localities across the city. Each hub identified leads from the council, Gentoo and the GP Alliance and directly linked with agencies across the area including the Voluntary and Community Sector Network, Sunderland Care and Support, Together for Children, police and the fire service. The hubs contacted in excess of 12,500 people who were on the national shielding list or identified as being vulnerable residents to check on their welfare and provide support where needed.

There are many other successes outlined later in this plan which provide the foundations to achieve our health ambitions, but we must now scale up and accelerate change and improvement for the decade ahead if we are to make long-lasting health improvements.

There is a commitment across organisations in the city to work together to address the social determinants which contribute to poorer health outcomes, reduce health inequalities and improve health related behaviours to support people to live healthy and happy lives.

We know that across Sunderland significant health inequalities exist and people in the city are living longer with ill health. The COVID-19 pandemic has exposed these health inequalities and, in some cases, exacerbated them. Our economic and social response to the pandemic needs to take every opportunity to address health inequalities and continue to improve health outcomes for our most disadvantaged communities. Getting to grips with this and improving physical and mental health issues before they become bigger problems is key to helping people live happier, healthier lives.

The development of primary care networks is enabling new ways of working by bringing together health and other services in communities to provide better access for patients. These networks should provide the personal care valued by patients and GPs and improve collaboration between practices and others in the local health and social care system.

'The last decade has been marked by deteriorating health and widening health inequalities. People living in more deprived areas outside London have seen their life expectancy stalling, even declining for some, while it has increased in more advantaged areas [...] The increase in health inequalities in England points to social and economic conditions, many of which have shown increased inequalities, or deterioration since 2010.' (Health Equity in England: The Marmot Review 10 Years On)

Building on the existing community assets and partnership working in neighbourhoods we will focus our efforts on strengthening community resilience and social prescribing to support people with a wide range of social, emotional or practical needs because we know that health is affected by a range of factors, with many patient consultations currently for social rather than medical problems. Health and care professionals will be able to refer people to support in the community, equipping individuals with the ability to improve their health and wellbeing based on what matters to them. We will continue to implement digital technologies to support personalised approaches to self-care.

Key facts about Sunderland

The Sunderland population



53,952

people aged 65+ live in the city, accounting for just under 20% of the population. This is expected to **increase by 12.3% by 2025** to an estimated 60,600.

277,417

people live in Sunderland. This is only estimated to **increase by 0.5% by 2025**, to 278,900. The GP registered population of Sunderland is **284,387**.



56.5 years

is the healthy life expectancy in the city for women



8 years

is the inequality in life expectancy in the city for women

57.9 years

is the healthy life expectancy in the city for men

12 years

is the inequality in life expectancy in the city for men



69.3%

people aged 16-64 are in employment, **19.4%** Sunderland households are workless.

62,896

(22.7%) residents live in the 10% most deprived areas in the country. **26.8%** young people in aged 0-15 in the city live in these areas.



60,518

children and young people aged 0-19 live in the city and this is expected to **increase by 1.6% by 2025** to an estimated 61,500.



19,531

is the student population of Sunderland's only university.



There are an estimated

124,500

households

59.2%

of properties owner-occupied

127,400

dwellings

12.9%

privately rented homes

Understanding what makes us healthy and happy

Social determinants

It is social determinants that have the greatest impact on our physical and mental health. These are the core elements into which we are born, how we grow up, where we live and the homes we live in, if and where we work and how much money we have to spend. Poverty and social inequalities are major drivers of poor health, with significant social inequalities remaining both between Sunderland and the rest of the country and within the city itself; we are likely to see an increase in the numbers of people experiencing some social inequalities in the city in light of COVID-19. Specific inequalities impacting on our health are things such as whether we are male or female, if we live with a disability or are a member of a minority ethnic group, our age, whether we have a good education and have good and fair employment. These social determinants can have a huge impact on health behaviours, and ultimately our health and happiness.

Healthy Behaviours

Our own behaviours also play a major role in how healthy we are. We can all take some responsibility for looking after our own health, such as eating a healthy diet and regularly exercising. Unfortunately, because of social inequalities many people don't have the same opportunities to be as healthy as others. Unhealthy behaviours are usually not the origin of poor health but are the consequences of the social determinants in people's lives. Poor health behaviours lead to illness, poor mental health and an ageing population with more years in poor health.

The infographic below demonstrates how a person's opportunity for health is influenced by factors outside of the health and social care system.

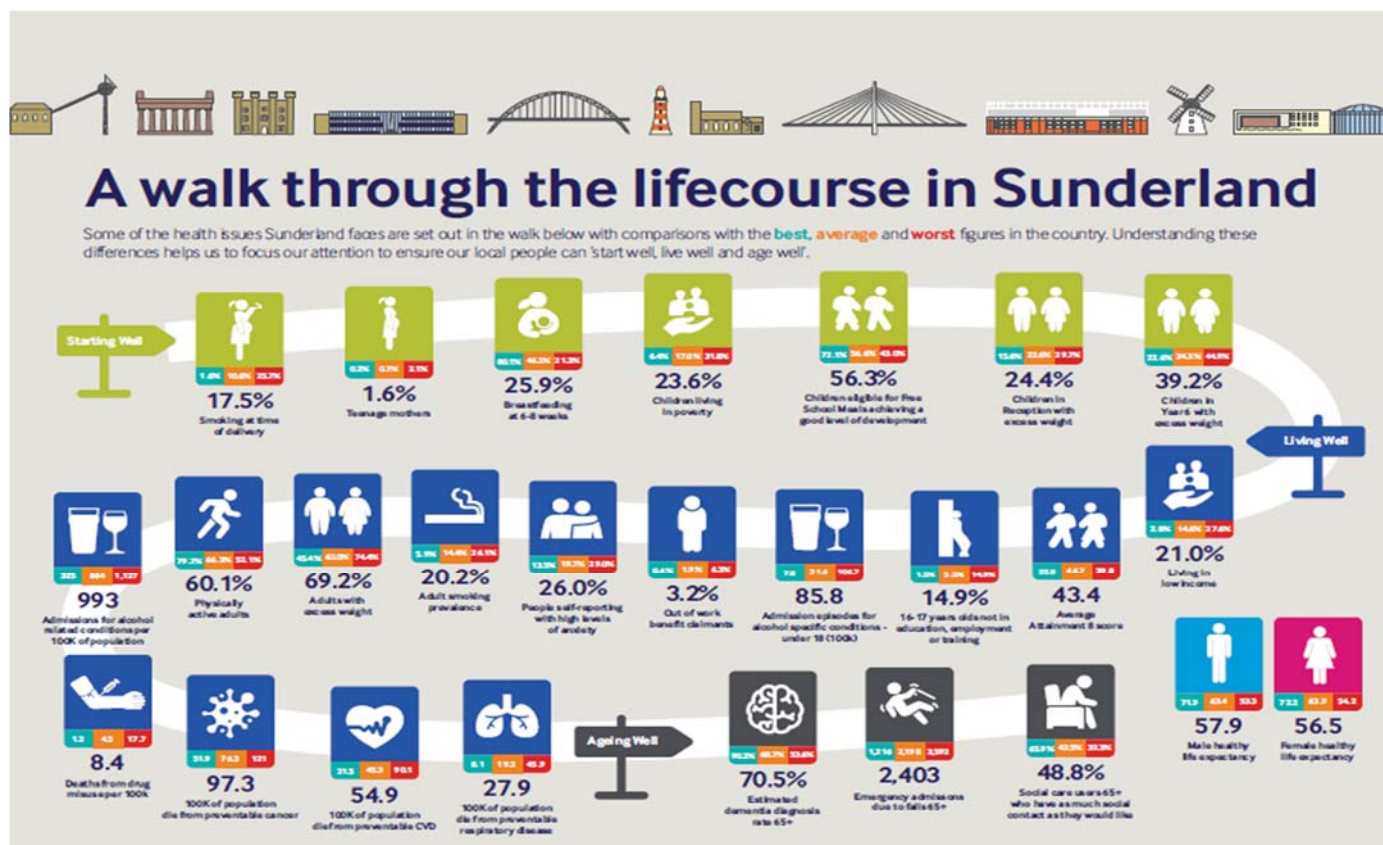
What makes us healthy?



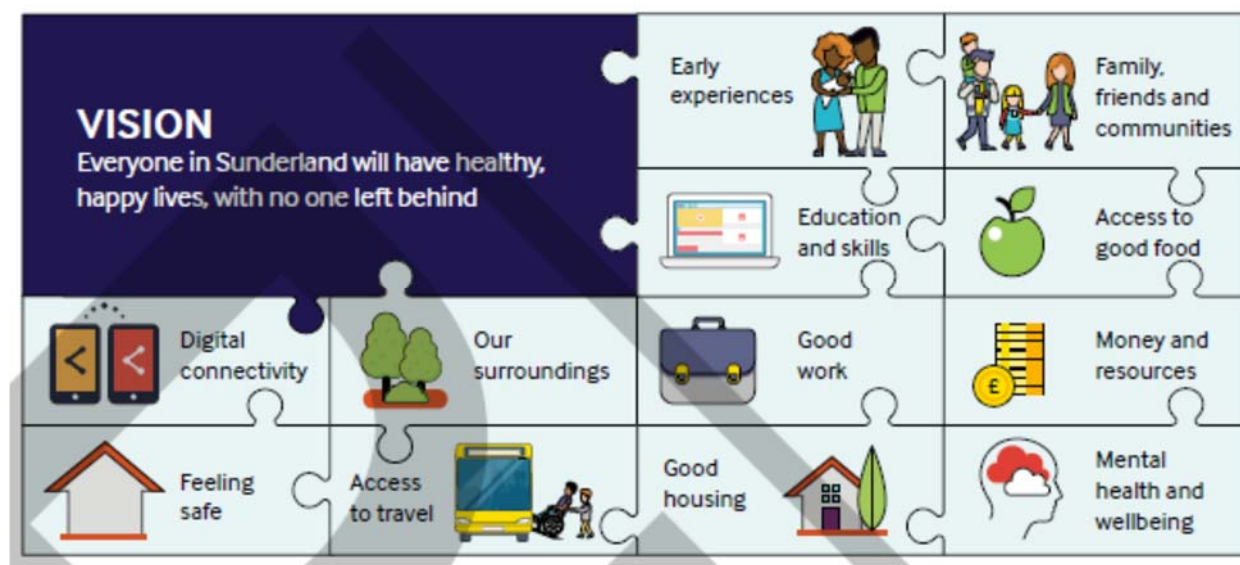
A whole city approach to health and happiness

Key challenges

Our 'Walk through the Lifecourse in Sunderland' is informed by our Joint Strategic Needs Assessment. Following a journey of Starting Well, Living Well and Ageing Well it is easy to see where the key health challenges are for the city, linked to social determinants and health behaviours.



Our City Plan with its ambitions to create a Dynamic, Healthy and Vibrant City, will have the greatest impact on people's lives in relation to social determinants.



It has never been so important for all services and agencies to work together to achieve these ambitions. Changes are already happening with modern homes and workplaces being built, access to the city is being improved and historic buildings are being restored and re-imagined for the future. The City Board will oversee these improvements.

The Health and Wellbeing Board will provide strategic support, leading the change in improving overall health outcomes in the city and helping people to improve their own health through the delivery of the ambitions set out in this Healthy City Plan.

Examples of some of the good work that is already happening around the city to improve outcomes linked to the social determinants of health are set out in annex 1.

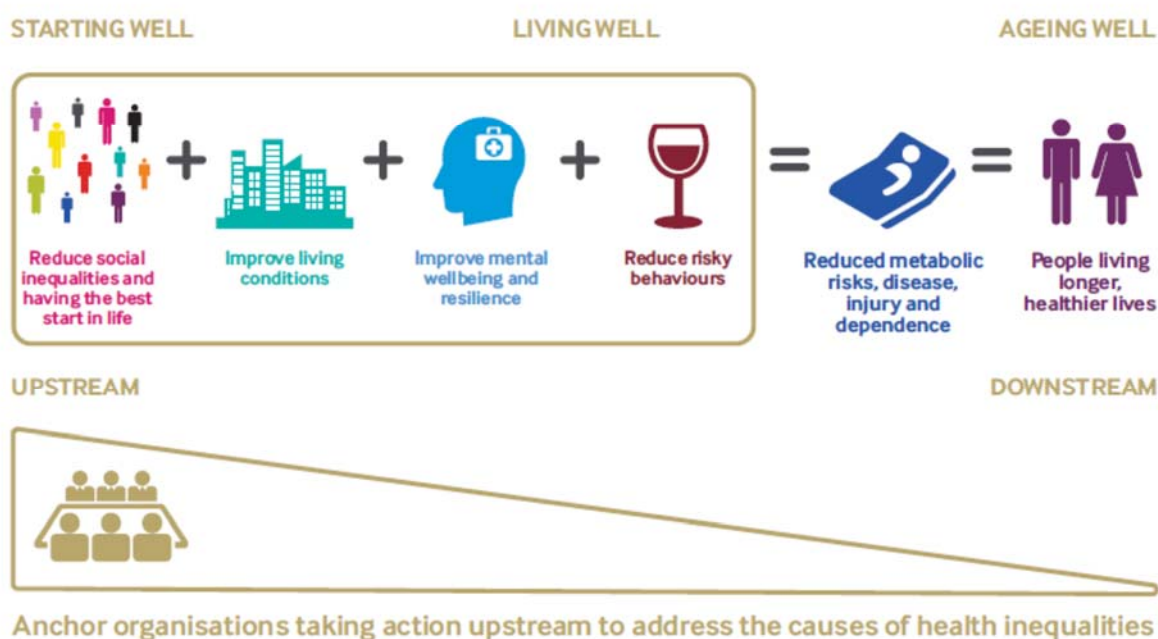
Our approach to improving health and happiness

Our model of health and wellbeing

In recognising that action to **prevent poor health** and address **health inequalities** is key to ensuring everyone has the best opportunities for good health and wellbeing, we need to think about how we do this as a system.

Our **Framework for reducing health inequalities and preventing poor health** demonstrates how we will implement this effectively through an “upstream: downstream” approach. Intervening “upstream” means that we are putting measures in place to prevent poor health developing, whereas when we focus “downstream” we are treating poor health. Often multiple actions are needed to address any single issue.

Framework for reducing health inequalities and preventing poor health



Rather than focusing on a single life stage, our life course approach considers the critical stages, transitions and settings where greatest differences can be made in promoting and improving health and wellbeing. Notwithstanding this we believe giving every child the best start in life and addressing key risk factors in adolescence provides the foundations for a preventative approach.

Adopting the life course approach means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age and into older age.

Tackling smoking through a life course approach

Midwives provide support to reduce the number of women who smoke during pregnancy and at the time of deliver. Health visitors continue to support those who quit successfully during pregnancy not to begin smoking post-partum and encourage parents of infants who do smoke to quit. Education in schools around the dangers of smoking is key so that we reduce the number of young people who smoke, and school nursing provide support to young people who wish to quit.

All GPs and health practitioners are encouraged to Make Every Contact Count and training is available to support them to implement this. Smoke free environments are key in addressing social norms in relation to smoking therefore the city has introduced smoke free public spaces including parks and the hospital and has supportive workplaces through the Sunderland Workplace Health Alliance, helping workers to quit.

The 'place' and our environment have a key role to play in supporting good health and wellbeing. So, it is important that we work closely with the City Board, anchor organisations, voluntary and community sector organisations and local residents at a city and neighbourhood level to influence everyone's work and ensure health and wellbeing is actively considered "upstream" in all organisations policies, projects and activities. Tackling the social determinants "upstream" will bring positive preventative impacts on health and wellbeing, optimising the conditions in which people are born, live and work.

Maximising our community assets to support improvement

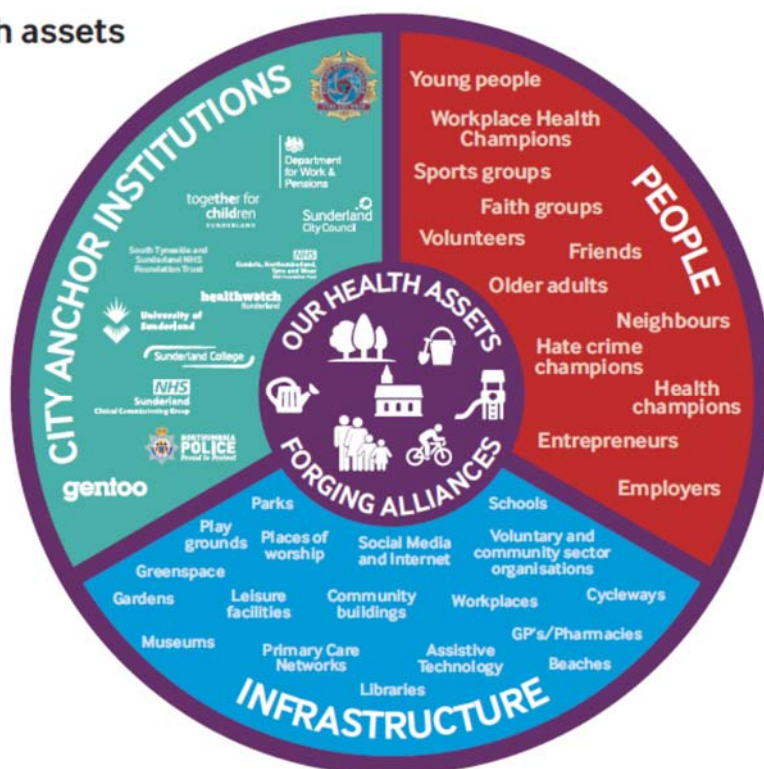
Community assets are the collective resources which individuals and communities have at their disposal to improve the quality of community life. In Sunderland we have a wealth of community assets - our people, our infrastructure and our city anchor organisations. From beautiful sandy beaches, parks and acres of countryside, to museums, galleries and sports facilities, there's lots of things people can benefit from across the city and within neighborhoods.

Our 'anchor organisations' are large, public sector organisations with sizeable assets that could be used to support community wealth building and development, and in doing so, advance the welfare of local people. The size, scale and reach of our city anchor organisations means they are well positioned to positively influence the social determinants of good health, for example, widening access to good jobs; purchasing and commissioning social value; leading carbon reductions; and as local partners working with others across the city.

A wider range of organisations, including the voluntary and community sector, private sector, media and advertising, have it within their power to help people to improve their health alongside anchor organisations. All these community assets can contribute to positive health. But it is our people that are our greatest assets, holding a wealth of skills, knowledge and passion to bring about positive change within their communities.

By acknowledging and acting on this, it is possible to harness a multitude of opportunities to help overcome many of the health challenges that exist within Sunderland.

Our health assets



How we will work together

We will:

- Respond to the needs of people in Sunderland
- Build on the strengths in our communities and help people help themselves
- Work collaboratively to improve health and reduce health inequalities
- Use research to inform our approach
- Prioritise prevention for the people of Sunderland
- Make the healthy choice the easy choice.

Health and Wellbeing Board priorities

Our Board has eight priorities which all intrinsically linked and contribute to improving health and wellbeing across the life course. Some of the priorities address social determinants, others link to healthy behaviours, whilst others are considered fundamental to achieving good health and wellbeing. Our priorities are: (to be shown as infographics)

- Best start in life
- Young people aged 11-19
- Smoke Free Sunderland
- Alcohol harms
- Healthy weight
- Healthy economy
- Mental health and wellbeing
- Ageing Well

These priorities have been selected because our Joint Strategic Needs Assessment identifies that these are all key issues for the city, for example:

- Breastfeeding rates are some of the lowest in the country, whilst smoking at the time of delivery is among the highest
- Teenage pregnancies are significantly higher in Sunderland than in other areas
- Premature deaths in Sunderland as a result of smoking and alcohol harms are some of the highest in the country
- Overweight and obesity affects some of our poorest communities.

Poor health behaviours and disadvantage are inextricably linked. People with poor health behaviours will spend more years in poor health and have a shorter life expectancy. We recognise that unhealthy behaviours are often a consequence of social determinants, but it is still important that we support our residents to look after their own health and wellbeing and that of their children.

Our Health and Wellbeing Board priorities



Note: the wording on this infographic needs to change to:
 Smoke free Sunderland
 Addressing alcohol harms
 Add ageing well under 'fundamental to good health'

BEST START IN LIFE

Data to present as infographics:

- 17.5% of women smoke at the time of delivery compared to 10.6% nationally
- 25.9% are breastfed at 6-8 weeks compared to 46.2% nationally
- 24.4% of children in Reception are overweight, compared to 22.6% nationally
- Under 18 conception rate is 29 per 1000 of the population in Sunderland compared to 16.7 nationally
- Hospital admissions due to unintentional and deliberate injuries 0-4 years – 204 per 10,000 of the population compared to 123.1 nationally
- 32.5% of five-year olds with experience of visually obvious dental decay in Sunderland, compared to 23.4% nationally
- 95.3% of two-year olds received the MMR vaccination in Sunderland compared to 90.3% nationally in 2018/19
- 62.6% of children eligible for FSM achieved GLD in 2018/19 compared to 74.4% of non-FSM children, representing a gap of 12.2 percentage points. Nationally the gap is around 17 percentage points.

Why is this important?

What happens during pregnancy and the first two years of life has a lasting impact on the health, wellbeing and attainment of a child. By giving children the best start in life they are more likely to be happy, secure, healthy and experience positive outcomes in later life. We know that for those who start from a position of disadvantage compared to their peers, the inequality gaps widen throughout their lives. We need to make sure that prevention and health improvement are recognised as being essential to giving every child the best start in life.

Key areas for improvement	What will be different?
<p>Smoking at time of delivery (SATOD)</p> <p>Smoking during pregnancy increases the risk of health problems for developing babies, including preterm birth, low birth weight and a number of birth defects. Smoking during and after pregnancy also increases the risk of sudden infant death syndrome (SIDS).</p> <p>In Sunderland more than 1 in 6 pregnant women smoke at the time they give birth compared to 1 in 10 nationally, and there are significant differences in areas of deprivation within the city where rates are considerably higher.</p>	<ul style="list-style-type: none">• All pregnant women who smoke will be supported to stop smoking with an opt-out referral and specialist treatment to overcome their addiction to nicotine, both during and after the birth of their child.• A Smoke-free pregnancy app will be in place, promoted by maternity services and stop smoking services. It will be targeted at those women and their partners who smoke and either opt out of referral at booking or who do not engage with stop smoking services following referral.• The regional Local Maternity Systems Tobacco Dependency Pathway will be embedded in local practice.

<p>Breastfeeding continuation</p> <p>Breastfeeding has many benefits for both mother and baby. Breastfeeding contains immunity-boosting antibodies that reduces the risks of babies developing allergies, eczema, digestive conditions, viruses and infections and can help prevent obesity later in life. It also promotes positive attachment.</p> <p>In Sunderland just over a quarter of babies are breastfed at 6-8 weeks compared to almost half nationally.</p>	<ul style="list-style-type: none"> • Key agencies will achieve UNICEF Baby Friendly accreditation, with Maternity Services and Health Visiting Services reaching level 2 as a minimum. • A regional breastfeeding touchpoint pathway will be implemented. • Findings and recommendations from the city's Infant Feeding research project regarding the barriers to breastfeeding for women in Sunderland will be used to enhance support services and promote the benefits of breastfeeding. • Behavioural insights work will be implemented with a focus on increasing breastfeeding rates through the use of digital support.
<p>Narrowing the school readiness gap between children eligible for Free School Meals (FSM) and those not eligible for FSM.</p> <p>One of the key inequalities that children and young people face is in education. It is well known that children from low income backgrounds tend to do less well than their more affluent peers. It is important therefore to address this issue.</p> <p>Sunderland continues to perform well with 72.6% of children achieving a Good Level of Development (GLD) at the end of Reception currently above the England average of 71.8%. Around two-thirds of children eligible for FSM achieved GLD in compared to three-quarters of non-FSM children. This is significantly higher than the national rate of 56.5% and the achievement gap in the city has reduced to just 12 percentage points.</p> <p>Nevertheless, there are significant inequalities in some areas of the city where the achievement gap is significantly higher than the average gap for the city.</p>	<ul style="list-style-type: none"> • An integrated developmental review process at 2 years old will be implemented, carried out jointly by Health Visitors and Early Years settings. • A workforce development programme will be rolled out for all health visitors and other relevant early years practitioners in '<i>Reducing the word gap</i>' speech and language and communication training. • Increased take-up of early education places for disadvantaged two-year olds.

YOUNG PEOPLE AGED 11-19

Data to present as infographics:

- Under 18 conception rate is 29 per 1000 of the population in Sunderland compared to 16.7 nationally
- HPV vaccination coverage - 12-13 year olds is 93.8% in 2018/19 compared to 88% nationally
- Chlamydia new diagnosis rate in 15-24 years olds was 1651 per 100,000 of the population in 2018 compared to 1975 nationally. Target is for diagnosis rate to be between 1900-2300 per 100,000 of the population to move nearer to the England average
- 100.4 young people per 100,000 of the 15-24 years population were admitted to hospital due to substance misuse in the two years 2016/17-2018/19 compared to the north east region of 117.8 and England average of 83.1.
- Under 18 admissions for alcohol related conditions is 85.8 per 100,000 of the population compared to 31.3 nationally.
- 16-17 year olds who are NEET or whose status is not known – 14.9% compared to 5.5% nationally
- Children age 10-18 years in the youth justice system – 6.2 per 1,000 of the population in Sunderland compared to 4.5 nationally
- Hospital admissions for mental health conditions for under 18-year olds – 183.3 per 100k of the population compared to 88.3 nationally
- Hospital admissions as a result of self-harm for 10-14-year olds – 329.3 per 100k of the population compared to 226.3 nationally in 2018/19
- Hospital admissions as a result of self-harm for 15-19 year olds – 834.6 per 100k of the population compared to 659.5 nationally in 2018/19
- Smoking prevalence at age 15 – current smokers 11.6% / 8.2%

Why is this important?

As well as providing children with the best start in life, it is important to support young people to be healthy throughout their lives, providing them with the knowledge and the tools to be able to make healthy choices. We know that as young people approach their teenage years and throughout these years, many engage in risk taking behaviour such as smoking, drinking alcohol, using illegal substances and sexual activities. It is important to take a preventative approach in these areas to help young people make good choices now so that they can take these positive behaviours through to adulthood.

Key areas for improvement	What will be different?
<p>Sexual health including teenage pregnancy</p> <p>Teenage pregnancy does not always lead to poor outcomes, however it is strongly associated with factors such as disadvantage in educational attainment, unemployment and engagement in unhealthy behaviours such as smoking and alcohol misuse.</p> <p>Teenage pregnancy is significantly more common in Sunderland than in England as a whole. There has been a good reduction in Sunderland in the under 18 conception</p>	<ul style="list-style-type: none"> • A dedicated Relationships and Sex Education post will be established to work with schools and embed consistent, evidence-based relationships and sex education. • The sexual health offer will be enhanced to include pregnancy options advice and direct access to a Young People's Contraception Nurse. • Outreach and educational services will be delivered to boys and young men aged 11-18 through one-to-one and group-based sessions. These will

<p>rate from 34.6 per 1000 of the population to 25.7. However, this is still significantly higher than the national rate of 17.8, and some areas within the city experience teenage pregnancy rates higher than the Sunderland average.</p> <p>Sunderland has twice as many teenage mothers as the England average.</p>	<p>promote healthy relationships and an understanding of acceptable behaviours and attitudes in relation to relationships and sexual health.</p> <ul style="list-style-type: none"> • The teenage pregnancy pathway will be reviewed and promoted to ensure early identification and intervention of teenage conceptions. • More schools will sign up to and achieve the Relationship and Sex Education Charter Mark, as part of the Sunderland Healthy Schools Award.
<p>Emotional health and wellbeing</p> <p>The emotional health and wellbeing of children is a leading priority when trying to improve self-efficacy and the health of our local population, reduce health inequalities, and reduce demand now and in the future for health and social care services.</p> <p>There are some significant challenges in Sunderland, not least that our inpatient admission rates for mental health disorders for young people are significantly higher than regional and national averages and the access rate for treatment falls short of national expectations. Average waiting times for children and young people with significant mental health concerns to access a service is more than double that of the South of Tyne area.</p>	<ul style="list-style-type: none"> • A Child and Adolescent Mental Health Services (CAMHS) Joint Strategic Needs Assessment will be produced to assess current and future needs and inform future commissioning. • A new children and young people's mental health service model will be implemented, based on the i-THRIVE needs led framework. which includes: <ul style="list-style-type: none"> • Thriving - prevention and mental health promotion • Getting advice - advice and signposting • Getting help - focused goal-based input • Getting more help - more extensive and specialised goal-based help • Getting risk support – where CYP have not benefitted from or are unable to use help, but are still in contact with services • A CAMHS Trailblazer project will be implemented from November 2021. A mental health support team will deliver the project to 8,000 children (or 20 schools) to improve mental health and wellbeing for children, young people and their families. The impact of this is expected to be a reduction in referrals for high-need mental health services. • More schools will sign up to and achieve the Mental Health Charter Mark and the Anti-Bullying Charter Mark, as part of the Sunderland Healthy Schools Award.

	<ul style="list-style-type: none"> Professionals working with children and young people will have access to a wider range of emotional health and wellbeing training and resources to support the integration of emotional health and wellbeing into day to day practice. Children, young people and their families will have improved access to information, advice and support services.
<p>Drugs and alcohol</p> <p>Many young people will experiment with alcohol or drugs at some point during adolescence. Using drugs or alcohol can lead young people to taking risks or engaging in behaviour they wouldn't ordinarily. However for some it becomes a problem that impacts negatively on their lives. It is important that young people develop healthy opinions and attitudes towards drugs and alcohol by understanding the harms they can cause.</p> <p>Young people in Sunderland are more likely to drink alcohol than most other parts of the country. They perceive alcohol as a normal part of their lives. Such normalisation reduces young peoples' resilience to alcohol and evidence shows they can suffer the associated harms of alcohol misuse from any early age.</p>	<ul style="list-style-type: none"> Develop and deliver a young person specific Drug and Alcohol training offer to frontline practitioners working with young people to ensure early identification of young people at risk of drug and alcohol misuse and provide interventions at the appropriate level. A model of implied consent will be adopted so that all young people attending A&E for drug and alcohol related conditions will be referred directly into treatment to support their recovery journey and prevent repeat admissions. Work will be undertaken with Balance and young people to lobby alcohol companies to change their branding. Explore ways to reduce accessibility of alcohol and proxy purchasing. As part of the broader Alcohol-Free Childhood agenda, all schools will be encouraged to sign up to an alcohol-free school pledge, which will support a standardised approach to school-based alcohol policies.

NB Information relating to smoking prevalence in young people is presented in the section on Smoke Free Sunderland.

SMOKE FREE SUNDERLAND

Data to present as infographics:

- Smoking prevalence in adults age 18+ 16% in 2019 compared to 13.9% nationally.
- Smoking prevalence in routine and manual occupations age 18-64 25.7%, 23.2% nationally.
- Smoking prevalence in adults with serious mental illness is 45.6% in Sunderland compared to 40.5% nationally
- Smoking status at time of delivery is 17.5% in Sunderland compared to 10.6% nationally
- Smoking prevalence at age 15 – current smokers is 11.6% in Sunderland compared to 8.2% nationally
- Smoking attributable mortality is 371.8 per 100k in Sunderland compared to 250.2 per 100k nationally
- Smoking attributable hospital admissions is 3036 per 100k in Sunderland compared to 1612 per 100k nationally
- Under 75 mortality rate from Cardio-Vascular Disease considered preventable is 54.9 per 100k in Sunderland compared to 45.3 per 100k nationally
- Under 75 mortality rate from respiratory disease considered preventable is 27.9 per 100k in Sunderland compared to 19.2 per 100k nationally

Why is this important?

We are signed up to the ambition to reduce local smoking prevalence to 5% by 2025. This is a challenging target for the city, and one that we are committed to. 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. There are high numbers of people in the city with Cardiovascular and Respiratory Diseases considered preventable, in which smoking is strongly linked as the cause. Lung cancer registrations are also very high.

We know that in Sunderland there are a number of key groups that are more likely to smoke than others. These are young people; people from LGBT communities; those affected by substance misuse; those with long term conditions; BME groups; routine and manual workers; those with poor mental health; and people with complex needs.

Key areas for improvement	What will be different?
Adult smoking prevalence rate Considerable progress has been made over the last seven years with smoking prevalence dropping from a high of 24.6% to 16%. Nevertheless, smoking continues to be the greatest contributor to premature death in the city and there is still much to do to ensure we reach the target of 5% prevalence by 2025.	<ul style="list-style-type: none">• All city anchor institutions will be smoke free by 2025.• A multi-channel local media campaign focusing on quitting will be delivered; this will enhance and amplify the regional and national work.• We will work with the NHS including secondary care to implement a smoke free NHS supporting patients and staff to become smoke free.• The Health and Wellbeing Board signs up to a “Roadmap to a smoke free 2030.”

	<ul style="list-style-type: none"> • A Smoke-free Families programme will be developed.
<p>Smoking prevalence among routine and manual workers</p> <p>Smoking prevalence in routine and manual occupations age 18-64 is 25.7% in Sunderland compared to 23.3% nationally. There was a 2.8 percentage points reduction in 2019.</p>	<ul style="list-style-type: none"> • More employers will sign up to the Better Health at Work Award, and through this will support their staff to stop smoking. • Specialist Stop Smoking Service will work with local businesses to develop an evidence-based model to deliver a local stop smoking in workplaces. • Increased opportunities to reduce smoking in high prevalence localities across Sunderland.
<p>Smoking prevalence among young people</p> <p>The latest WAY Survey showed that young people aged 15 are more likely to smoke in Sunderland than nationally. 11.6% of the age 15 population currently smoke, compared to 8.2% nationally; and 8.9% of 15 year olds are regular smokers compared to 5.5% nationally.</p>	<ul style="list-style-type: none"> • There will be increased awareness of smoking harms amongst children and young people through greater access to advice and information. • There will be increased provision of Stop Smoking Services within youth organisations and schools to reduce the amount of young people who smoke.

ADDRESSING ALCOHOL HARMS

Data to present as infographics:

- Under 18 admissions for alcohol related conditions is 85.8 per 100,000 of the population compared to 31.3 nationally. Sunderland is third highest in the country in relation to this indicator
- 63% amongst adults compared to 80% across England
- 28.9% of adults drink more than 14 units per week compared to 25.7% nationally
- One in 20 adults regularly drinks more than 35 units of alcohol per week
- 2.08% of the adult population are dependent drinkers compared to 1.39% nationally (Sunderland is the 11th highest local authority area in terms of dependent drinkers)
- 14.7% of adults abstain from drinking compared to 15.5% nationally
- 3197 admissions for alcohol related conditions per 100,000 of the population, compared to 2367 nationally
- 1087 admissions for alcohol specific conditions per 100,000 of the population, compared to 626 nationally
- Alcohol related mortality is 57.6 per 100,000 of the population compared to 46.5 nationally
- Alcohol specific mortality is 18 per 100,000 of the population compared to 10.8 nationally

Why is this important?

The harms caused by alcohol is another key driver of health inequality in the city and places a significant burden across our whole system, costing every resident around £403 per year. Addressing alcohol harms requires the commitment and contributions from all agencies across the city to work together to have a positive impact on outcomes.

The prevalence of drinking alcohol in Sunderland has decreased over a number of years and is now lower than the national average. However, more adults in Sunderland who do drink exceed the recommended 14 units of alcohol a week and more adults fall into the higher risk category.

The CLear Alcohol self-assessment has informed our key areas for improvement and a detailed plan of action for the Sunderland Alcohol Partnership.

Key areas for improvement	What will be different?
<p>Reducing alcohol harms</p> <p>Sunderland residents experience significant health problems because of alcohol and have some of the highest rates in England for alcohol-related hospital admissions, premature deaths and ill health caused by alcohol.</p> <p>The impact of harmful drinking and alcohol dependence is greater for those in the lowest income bracket and experiencing the highest levels of deprivation. People living in more deprived areas of Sunderland also have higher standardised rates of alcohol related hospital admissions</p> <p>Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol</p>	<ul style="list-style-type: none">• The Tier Two Alcohol Service will be implemented as part of the new adult Substance Misuse Service.• Integrated care pathways for alcohol users will be developed between community and secondary care services as part of the new alcohol care team developments.• The Sunderland Statement of Licencing Policy (SLOP) will follow the evidence base set out in Public Health England's Alcohol Evidence Review.• A Responsible Retailers scheme will be introduced whereby retailers are committed to do everything they can to

<p>misuse are more likely to have physical, psychological and behavioural problems.</p>	<p>prevent age restricted products reaching children.</p> <ul style="list-style-type: none"> • More people will be aware of alcohol related harms and will be enabled to make informed choices about their alcohol consumption
<p>Reducing alcohol related violent crimes</p> <p>Crime and disorder linked to alcohol costs Sunderland an estimated £34m per annum. There were 3460 alcohol related crimes recorded in 2018, with assault and common assault being the highest.</p>	<ul style="list-style-type: none"> • All elements of alcohol-related offending will be addressed through a wide range of intelligence-led enforcement activity. • There will be increased provision of early intervention and treatment services for those involved in crime, disorder or antisocial behaviour. • Everyone in Sunderland involved in crime, disorder or antisocial behaviour is able to access early interventions and treatment.
<p>Reducing alcohol harms in under 18-year olds</p>	<p>The detail around this priority is presented in the section on Young People aged 11-19</p>

HEALTHY WEIGHT

Data to present as infographics:

- 24.4% of children in Reception are **overweight**, compared to 22.6% nationally
- 11.5% of children in Reception are **obese** compared to 9.7% nationally
- 39.2% of children in Year 6 are **overweight**, compared to 34.3% nationally
- 24.8% of children in Year 6 are **obese** compared to 20.2% nationally
- 69.2% of adults are overweight (including obese) compared to 62% nationally
- 44.4% of young people aged 15 reported they ate 5 portions of fruit and veg per day compared to 52.4% nationally
- 54.5% of the adult population are eating the recommended 5-a-day on a usual day compared to 54.8% nationally
- 15.6% of young people aged 15 are physically active for at least one hour a day, seven days a week, compared to 13.9% nationally
- 60.1% of adults are physically active in Sunderland compared to 66.3% nationally
- 28% of adults in Sunderland are physically inactive compared to 22.2% nationally

Why is this important?

Excess weight and obesity are significant and complex societal challenges, intrinsically linked to a balance between healthy food intake and regular physical activity. Taking this into account, a whole system approach to supporting good health and wellbeing, enabling positive choices to support maintaining a healthy weight and accessing physical activity to reduce sedentary behaviour are all key components in achieving a healthy weight and reducing health inequalities.

Access to healthy and unhealthy food choices has increased but with this there is evidence to suggest that people are over-consuming foods high in fat and sugar, which are now easily accessible. As a result we see an increase in both child and adult unhealthy weight, increasing the probability of developing a range of health related problems including Type 2 diabetes, CHD, some cancers and mobility problems.

Research shows it is three times more expensive to get the energy we need from healthy foods than unhealthy foods, therefore many low-income households struggle to access a healthy diet. The impacts of poverty on diet and food choices is significant. The environment in which live, work and play such as food availability, school meals, high streets and access to green spaces all impact on a healthy weight.

Being physically active also affects weight. Physical activity helps to burn off the energy provided by the food we eat. It is recommended that adults take 150 minutes of moderate-intensity activity per week such as walking, cycling or other cardio-vascular activity demonstrating the important role that leisure facilities, parks and green spaces play in supporting people to sustain a healthy weight.

Key areas for improvement	What will be different?
<p>Healthy weight for children and young people</p> <p>When children enter primary school in Sunderland the proportion that are overweight is similar to the proportion across England. However, by the time they leave primary 1 in 4 are overweight compared to 1 in 5 nationally. So, as they grow up, inequalities are beginning to emerge. As well as the physical health risks mentioned above, being overweight can cause significant self-esteem issues. Similarly, suffering poor mental health can cause people to eat unhealthily and gain weight.</p> <p>We know that children who are overweight are more likely to be overweight as adults. We also know that children whose parents are overweight, are also likely to be overweight. It is therefore of the utmost importance to support children and families to be a healthy weight.</p>	<ul style="list-style-type: none"> • A pilot for the provision of Healthy Start vitamins will be undertaken and the positive aspects of the pilot rolled out across the city. • Change4Life Sunderland will deliver preventative services within communities and tailored lifestyle support for children, young people and families in areas of greatest need. • More schools will sign up to and achieve the Great Active Schools Charter Mark and the Food and Nutrition Charter Mark, as part of the Sunderland Healthy Schools Award.
<p>Healthy weight for families and adults</p> <p>In Sunderland around 7 in 10 adults are overweight or obese, which is higher than the national average. Overweight and obesity are significant contributors to ill health and so we need to prevent families becoming an unhealthy weight to avoid ill health.</p>	<ul style="list-style-type: none"> • Public Health campaigns will support people to manage their own healthy weight. • 'This mum moves' programme, which supports women to be active and have a healthy diet during and after pregnancy, will be promoted. • Those with long term conditions will be supported to sustain their health through participating in physical activity programmes. • Healthy weight interventions will be co-produced with our communities.
<p>Influence the environment to support a healthy weight</p> <p>We know that the environment in which we live influences food consumption and food choices. Link to whole system, healthy food city approach.</p>	<ul style="list-style-type: none"> • Commitment to the Food Active Local Authority Declaration on Healthy Weight. This includes the development of a city-wide Healthy Weight Plan. • Consult with partners and prioritise 5 commitments from the Healthy Weight Declaration for 2020-22.

	<ul style="list-style-type: none"> • Implement the Hot Food Takeaway guidance in the local plan. • Implement the healthy weight recommendation in the health inequalities strategy by working with a wide range of partners. This includes Improved access to healthy food for vulnerable groups. • Increased number of allotment plots and edible community gardens. • Increased opportunities for people to be more active.
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HEALTHY ECONOMY

Data to present as infographics:

- 13.7% gap in the employment rate between those with a long-term health condition and the overall employment rate
- 65.7% gap in the employment rate between those with a learning disability and the overall employment rate
- 62% gap in the employment rate for those in contact with secondary mental health services and the overall employment rate
- 5.4% of supported working age adults with learning disability in paid employment.
- The Office of National Statistics reported that in 2017, 131 million working days were lost to sickness and absence. Musculo-skeletal problems and mental health accounted for 32% of these.
- 94 organisations are members of the Sunderland Workplace Health Alliance of which 23 are signed up to the Sunderland Workplace Health Charter
- 16-17 year olds who are not in employment, education or training or whose status is unknown – 14.9% in Sunderland in 2018 compared to 5.5% nationally

Why is this important?

Good quality employment is a known factor of good health and wellbeing. It is widely understood that employment rates in England are at historically high levels, having increased steadily since 2011. However, it is also common for employees to experience difficult working conditions, for example, zero-hour contracts, low paid work, under-employment and limited job security. Stressful work can also be as damaging to health as being unemployed.

Developments are progressing at a pace in Sunderland to improve the city's economy, offering new and more secure employment opportunities. The Health and Wellbeing Board's focus on 'healthy economy' is to raise awareness in workplaces on the positive impacts that protecting the health and wellbeing of the workforce has on productivity and sickness levels.

Key areas for improvement	What will be different
<p>Workplace Health: employers' role in improving employee's health</p> <p>In Sunderland 136,100 people (76.2% of the population) between 16 and 64 years are eligible to work, but economic inactivity due to short-term and long-term sickness rates are significantly worse in comparison to the regional and national average.</p> <p>Raising the profile of health and wellbeing interventions in the workplace will result in business benefits, such as reduced sickness absence, improved staff morale, increased productivity and performance.</p>	<ul style="list-style-type: none">• More employers will be supported to have healthy workplaces through:<ul style="list-style-type: none">– The Better Health at Work Award (BHAWA), achieving Gold, Silver and Bronze awards– The Sunderland Workplace Health Alliance and by implementing the Alliance Charter.• Members of the BHAWA and Alliance will be able to access key services and training opportunities to support healthy workplaces and employee health and wellbeing.• There will be an online Health Needs Assessment that identifies key issues for individual organisations, helping them to establish plans to improve employee health and wellbeing.

	<ul style="list-style-type: none"> • Businesses that are members of the BHAWA and Alliance will be encouraged to have a named workplace health champion and their own health advocates. Health advocate training and lead practice sharing sessions will be provided to help build capacity across these organisations.
<p>Healthy labour-force: the health of those in work and seeking work</p> <p>Vulnerable people, such as those with learning disabilities and other disabilities, care leavers and people from disadvantaged backgrounds, can find it difficult to enter the world of work and sustain employment.</p>	<ul style="list-style-type: none"> • There will be increased opportunities for vulnerable people to access work experience, internships and paid employment. This includes people with SEND, mental health conditions, people who are long term unemployed and those in the care system. • Businesses will be encouraged to become Disability Confident employers and leaders and sign up to the Mental Health at Work commitments. • There will be an annual programme of learning days providing training and development opportunities and pathways into work for vulnerable people. • Social value opportunities that expand job opportunities for vulnerable will be maximised; a practical social value guide will be developed and shared with anchor organisations across the city.
<p>Employment in the health and social care sector: understanding and tackling recruitment issues and wider workforce opportunities</p> <p>The health sector in Sunderland regularly faces recruitment difficulties and current shortages are due to a number of factors including: the fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and high numbers of doctors and nurses leaving their jobs early.</p>	<ul style="list-style-type: none"> • Avenues into employment and training in the health and social care sector for all sections of society will be assessed and promoted, particularly for minority communities. • Apprenticeships in the health and social care sector will be maximised through the apprenticeship levy. • More opportunities will be created for vulnerable people to gain employment in the health and social care sector.

	<ul style="list-style-type: none">• Careers advice in schools will clearly signal pathways into health and social care.
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MENTAL HEALTH AND WELBEING

THE CLINICAL COMMISSIONING GROUP IS CURRENTLY REVIEWING THIS PRIORITY AREA AND CHANGES WILL BE MADE PRIOR TO WIDER PARTNER CONSULTATION

Data to present as infographics:

- 26% of people in Sunderland self-report as having high anxiety compared to 19.7% nationally
- Self reported wellbeing – people reporting with a low satisfaction score – 5.7% in Sunderland compared to 4.3% nationally
- Self reported wellbeing – people reporting with a low worthwhile score – 4.5% in Sunderland compared to 3.6% nationally
- Self reported wellbeing – people reporting with a low happiness score – 11.8% in Sunderland compared to 7.8% nationally
- 6% of adults in the population are in contact with secondary mental health services compared to 5.4% nationally
- 11.3% of people have long term mental health problems
- Depression: recorded prevalence – 12.3% in Sunderland compared to 10.7% nationally
- Estimated prevalence in common mental disorders age 16+ - 19.3% in Sunderland compared to 16.9%
- Estimated prevalence in common mental disorders age 65+ - 12.1% in Sunderland compared to 10.2%
- Suicide rates in Sunderland are 11.1 per 100,000 of the population compared to 9.6 nationally
- Hospital admissions for mental health conditions is 183.3 per 100,000 of the population in Sunderland compared to 88.3 nationally
- Emergency admissions for intentional self-harm – 181.1 per 100,000 of the population in Sunderland compared to 193.4 nationally
- Admissions episodes for mental and behavioural disorders due to use of alcohol (narrow) - 170.1 per 100,000 of the population in Sunderland compared to 75.6 nationally
- Admissions episodes for mental and behavioural disorders due to use of alcohol (broad) - 713 per 100,000 of the population in Sunderland compared to 412 nationally
- There are 44.8 ESA claimants for mental and behavioural disorders per 1,000 of the population in Sunderland compared to 27.3 nationally
- 42.4% of people with mental illness or learning disability are in employment in Sunderland compared to 48% nationally
- Smoking prevalence in adults with Serious Mental Illness – 45.6% in Sunderland compared to 40.5% nationally
- Smoking prevalence in adults with a long term mental health condition – 33.3% in Sunderland compared to 26.8% nationally
- Smoking prevalence in adults with anxiety or depression – 26.6% in Sunderland compared to 25.8% nationally

Why is this important?

Mental wellbeing is fundamental to achieving a healthy, resilient and thriving population. Mental health and wellbeing are inextricably linked as both a cause and a consequence of physical health, educational attainment, employment and productivity, relationships, community safety, community cohesion and quality of life.

Key areas for improvement	What will be different
<p>Prevention of poor mental health and the promotion of positive emotional health and wellbeing.</p> <p>Mental health is a common condition which can impact on anyone at any point throughout the life course. It is estimated that 1 in 4 people will experience some mental health issue throughout their life. Implications of common mental health conditions have consequences for the wider system e.g. NHS waiting lists and sickness absence in workplaces and the productivity.</p>	<ul style="list-style-type: none"> • Regional and national mental health and wellbeing resources and programmes will be actively promoted. • Anchor organisations across the city will deliver positive emotional health and wellbeing messages. • Positive emotional health and wellbeing messages will be co-produced with communities.
<p>Reducing stigma and discrimination associated with poor mental health</p> <p>Even though so many people are affected, there is a strong social stigma attached to mental ill health and people with mental health problems can experience discrimination in all aspects of their lives. People with mental health problems are amongst the least likely of any group with a long-term health condition or disability to:</p> <ul style="list-style-type: none"> - Find work - Be in a steady, long-term relationship - Live in decent housing - Be socially included in mainstream society. <p>Stigma and discrimination can also worsen someone's mental health problems, and delay or impede their getting help and treatment and their recovery.</p>	<ul style="list-style-type: none"> • Messages regarding mental health and wellbeing stigma and discrimination will be actively promoted. • Anti-stigma and discrimination programmes, promoting a city-wide approach, will be developed. • There will be a reduction in suicide achieved by working with local and regional suicide prevention networks and groups.
<p>Supporting people with poor mental health to improve their physical health</p> <p>People with serious mental illness (SMI) die 10-20 years earlier than the general population. Although survival is improving the gap between people with SMI and the general population is widening. The most prevalent physical health conditions include obesity, asthma, diabetes, COPD, cancer and CHD.</p>	<ul style="list-style-type: none"> • People with SMI will be identified and supported to manage their mental and physical health needs through strengthened partnership working across the system. • Support for mental health service users will be embedded within commissioned services.
<p>Young people's mental health and emotional wellbeing</p>	<ul style="list-style-type: none"> • The detail relating to this priority is presented in the section on Young People aged 11-19.

AGEING WELL

THIS PRIORITY AREA WILL BE DRAWN UP SUBJECT TO AGREEMENT OF AGEING WELL BECOMING A PRIORITY FOR THE HEALTH AND WELLBEING BOARD, AND PRIOR TO WIDER CONSULTATION

Key plans and strategies

CITY PLAN

DYNAMIC CITY

- Core Strategy and Development Plan (Local Plan)
- NE Strategic Economic Plan
- Housing Strategy
- Homelessness Strategy
- Carbon Plan*
- Skills Strategy*
- Youth Strategy*

HEALTHY CITY

- COVID-19 Health Inequalities Strategy
- Sunderland All Together Better Operational Plan
- Sunderland Clinical Commissioning Group Operational Plan
- North East and North Cumbria Integrated Care Service Strategic 5-year Plan
- Alcohol Action Plan
- Tobacco Action Plan
- Best Start in Life Action Plan
- Healthy Economy Action Plan
- Young People 11-19 Action Plan*
- Healthy Weight Action Plan*
- Mental Health and Wellbeing Action Plan*
- Ageing Well Action Plan*
- Neighbourhood Investment Plans
- Early Help Strategy

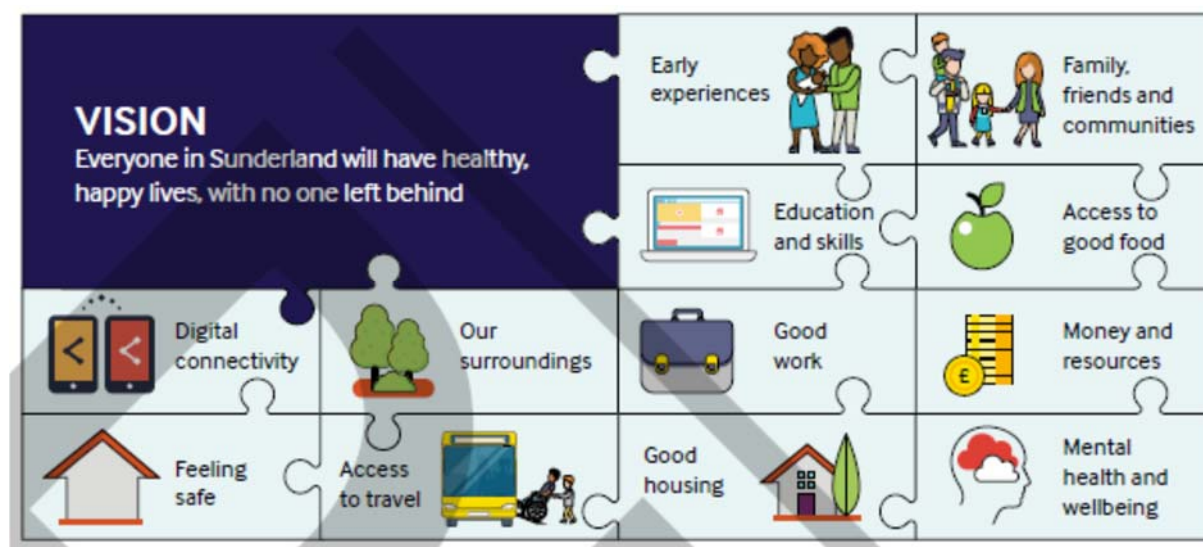
VIBRANT CITY


- Sunderland Vibrancy Strategy
- Safer Sunderland Strategy




* to be developed

ANNEX 1




EXAMPLES OF HOW THE CITY IS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH



	<p>What happens during pregnancy and the first two years of life has a lasting impact on the health, wellbeing and attainment of a child. By giving children the best start in life, and supporting them through adolescence, they are more likely to be happy, secure, healthy and experience positive outcomes in later life.</p>	
<ul style="list-style-type: none"> The Family Nurse Partnership (FNP) supports vulnerable young mums through pregnancy and the first two years of parenthood, making a real difference to the lives of the vulnerable young women who access the programme. On enrolment, only 36.4% of expectant mums were in education employment or training. By 12 months post-natal, this had risen to 50%. 	<p>Health visitors in Sunderland deliver mandatory health checks for pregnant women, babies and infants. As part of the Growing Healthy Sunderland programme the health visiting services provides an additional 3-4 month review and a school readiness review to support development.</p>	
 <p>Family, friends and communities</p>	<p>People who have positive social connections to family, friends or their community are happier and live longer, healthier lives with fewer physical and mental health problems than people who are less well connected.</p>	
<p>There are five area VCS networks in Sunderland working closely with the Council via the Community Resilience Service to develop their capacity to support delivery of health projects and services within communities. During the COVID-19 lockdown in 2020, the VCS assisted</p>		<ul style="list-style-type: none"> The city has 400 Young Health Champions in schools and over 300 community-based Health Champions, enabling passionate individuals to make a difference to health in their school or workplace, community and social networks.

<p>thousands of people who needed additional support with shopping, befriending, collecting prescriptions and dog walking via the council's volunteer platform.</p>	
	<p>Good education and skills provide the foundations for people to access good work and feel empowered and valued. One of the City Plan commitments is 'more people with better qualifications and skills,' the focus is on tackling the barriers for those least able to access employment and ensure that residents benefit from a stronger economy.</p>
<ul style="list-style-type: none"> The city's Work Discovery Sunderland Programme provides young people with practical insights into the many career options available to them post-16, offering interactive activities and learning experiences delivered by businesses from across the region. 	<ul style="list-style-type: none"> A new School of Medicine at the University of Sunderland opened in September 2019, with established partnerships with hospital trusts, mental health trusts, community services and GP practices.
	<p>Poor diet is one of the biggest risk factors for preventable ill health in Sunderland with high levels of overweight and obese children and adults. Many factors make it hard for people to eat healthy food. Research shows it is much more expensive per calorie to buy healthier foods (such as fruit and vegetables) compared to foods high in fat or sugar. Healthy food needs to be affordable and available. The healthy choice should be the easy choice.</p>
<ul style="list-style-type: none"> The Local Plan includes a new Hot Food Takeaway Policy which can restrict the number of hot food takeaways in areas of the city which suffer from poor health or have high levels of obesity and are close to schools. 	<ul style="list-style-type: none"> Sunderland Foodbank and other independent foodbanks have supported over 10,000 people in the last year, and numbers increased significantly during the COVID-19 lockdown period. The foodbanks work with advice providers to help tackle underlying and recurring issues of those accessing services.
	<p>Digital technology can provide easy ways for people to engage with services and with each other but can also create social exclusion with those who are not engaging effectively with the digital world at risk of being left behind.</p>
<ul style="list-style-type: none"> Through the Assistive Technologies Scheme, Sunderland is a national exemplar for the use of assistive technology in people's homes. Smart plugs and medication management boxes support daily living, providing reminders to take medication, eat and 	<ul style="list-style-type: none"> All GP practices in Sunderland are now live with the e-consult system, meaning greater electronic access for patients, such as booking appointments and ordering prescriptions.

<p>drink regularly and send an alert to family members if elderly relatives are unsafe.</p>	
	<p>Health is influenced by how surroundings make people feel and the opportunities they provide. Good places, spaces and buildings enable people to be more physically active, feel safe and secure, use facilities and services, and socialise and play.</p>
<ul style="list-style-type: none"> Smoke free zones have been introduced in all parks across the city. This restricts where smoking can occur and protecting children from seeing people light up. 	<ul style="list-style-type: none"> The city has five Green Flag status parks, and Roker and Seaburn beaches both have international Blue Flag status. Fixed play facilities are being enhanced across the city, with inclusive play equipment as part of this.
	<p>The core attributes of good work include fair pay, job security, good working conditions, a good work-life balance and training and progression opportunities. Good work is vital for people's health and wellbeing, but conditions and access to employment varies drastically. One of the City Plan commitments is to create more and better jobs, including increasing well-paid jobs, including supporting those people who are currently economically inactive to gain employment.</p>
<ul style="list-style-type: none"> The Sunderland Workplace Health Alliance is a group of over 100 companies who aim to work collaboratively to improve health and wellbeing in workplaces across the city, this includes helping their employees to make healthier lifestyle choices. 	<p>An Apprenticeship Levy Transfer Scheme has been introduced to enable employers in the city to apply to cover the training and assessment costs to start new apprenticeships and develop their workforce.</p>
	<p>Inadequate income can cause poor health because it is more difficult to avoid stress and feel in control, buy essentials, adopt healthy behaviours and feel supported by a financial safety net.</p>
<ul style="list-style-type: none"> Our local advice providers helped residents gain an extra £877k in 2019. Most of this comes from additional welfare benefit payments and one-off payments. This means that residents have more money in their pockets to spend on essentials including food and fuel. 	<ul style="list-style-type: none"> Our specialist Welfare Rights Team won 80% of the tribunals they provided representation at, which is above the national average of 70% and a much greater success rate than unrepresented cases.
	<p>Feeling safe, stable and secure is central to our health and wellbeing. People who feel unsafe are more likely to have poorer mental health outcomes. Women are less likely to feel safe in their communities compared to men, and the city's most deprived communities are more likely to suffer the effects of crime.</p>

<ul style="list-style-type: none"> Over 350 people have recently been trained to be Hate Crime Champions, educating peers and colleagues about what constitutes a hate crime, how to report it and how victims can access support. 	<ul style="list-style-type: none"> The BIG Perpetrators Programme supported male perpetrators to help reduce their propensity for committing domestic abuse and increase the safety of women and children. In 2019-20, 36 men developed enhanced motivation to change their behaviour and female partners of the men reported an improved relationship based on increased respect and effective communication.
	<p>Integrated public transport and active travel, such as walking and cycling, has the potential to generate large population health benefits. Our City Plan commitment is to support people to move around the city with ease through improved transport routes. This will enable access to key employment sites and encourage active travel within the city, maximising cycle and walkways.</p>
<ul style="list-style-type: none"> A draft Local Cycling and Walking Investment Plan has been developed which improves walking and cycling opportunities across the whole of the city. This makes active travel the natural choice for shorter journeys, or as part of longer journeys, for all ages. 	<ul style="list-style-type: none"> Go Smarter to Work is promoted across the city. This initiative encourages active and sustainable travel, providing electronic cycling maps and journey planners on the website to help plan walking and cycling journeys. http://www.gosmarter.co.uk/
	<p>Our employment affects the kind of home we can afford to live in. A healthy home is affordable, warm and stable: somewhere safe that meets the diverse needs of the people living there and helps them to connect to community, work and services.</p>
<ul style="list-style-type: none"> Our Housing Strategy sets out a clear direction to offer more choice in housing by developing new homes and improving existing homes and neighbourhoods; this includes more affordable housing. 	<ul style="list-style-type: none"> The Better Care Fund has provided funding to make necessary adaptations to Sunderland properties for disabled people.
	<p>Good mental health allows children and young people to develop the resilience to cope with issues in adult life. Mental health is a determinant and consequence of physical health and vice versa. One in four adults are likely to experience a mental health condition in any given year. Some people experiencing poor mental health can develop unhelpful coping mechanisms that impact upon both physical and mental health. The social determinants of health and</p>

	social inequalities are as relevant in public mental health as they are in public physical health.	
<ul style="list-style-type: none"> • Kooth, an online counselling and support service, is available to all young people in Sunderland. 	<ul style="list-style-type: none"> • A LIFE Worth Living suicide prevention training is a community approach to suicide prevention and intervention, with more than 2,500 people across Sunderland taking part in the training. Many organisations across the city have also become Time to Change employers, and many have Mental Health First Aiders in the workplace to support employees and customers. 	

SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

HEALTHY ECONOMY ACTION PLANS

Report of the Chairman and Chief Executive of South Tyneside and Sunderland NHS Foundation Trust

1.0 Purpose of the Report

- 1.1 Healthy Economy is one of the Board's seven priorities and the Board has received a number of updates about the progress made on its behalf by the Healthy Economy Working Group.
- 1.2 The Working Group has prepared a Healthy Economy action plan (appendix 1) for the Board's consideration.

2.0 Background

- 2.1 As previously reported the Working Group has been developing a programme of activity that will tackle three workstreams:
- Workplace health - employers' role in improving employee's health
 - Healthy labour-force - the health of those in work and seeking work
 - Employment in the health and social care sector - understanding and tackling recruitment issues and wider workforce opportunities.
- 2.2 Unfortunately, due to the lockdown imposed by the Coronavirus, the Board's meeting scheduled for March was cancelled just days before it was due to place. Consequently, the Board did not receive the Working Group's report which included the Workplace Health action plan.

During the lockdown period further progress has been made and action plans developed for the two remaining workstreams. All three plans have been combined into a single Healthy Economy action plan.

3.0 Addressing the Healthy Economy Action Plan

- 3.1 The overarching aim of the '**Workplace Health**' workstream is to raise the profile of health and wellbeing in the workplace which will result in business benefits such as reduced sickness absence, improved staff morale, and increased productivity and performance.

Evidence shows that employers that invest in appropriate workplace health initiatives to support their employees have the potential to see a significant return on investment, typically ranging from £2 to £34 for every £1 spent.

The action plan includes two significant programmes through which these objectives are to be achieved - the Better Health at Work Award and

Workplace Health Alliance. The plan also requires the Board to take forward a number of actions itself in order to advance workplace health across the city and demonstrate leadership in this area.

- 3.2 The **‘healthy labour-force’** workstream has considered how to get more unemployed people into work as well as those on long-term sickness due to both mental and physical health issues. Although there are a number of initiatives across partner organisations, the focus of the action plan has now homed in on vulnerable young people and their access into work, in particular those with Special Education Needs and/or Disabilities (SEND) or who are Not in Education, Employment or Training (NEET), with a view to co-ordinating effort across partners to develop pathways into employment for this cohort.

Nationally, people with the most severe forms of SEND can find it difficult to enter the world of work, with an employment rate as low as 7%. However, a government trial of supported internships resulted in 36% of students with SEND gaining paid employment.

Recommendations from the NDTI Commissioner (National Development Team for Inclusion – guide for mental health) include the need for work experience, apprenticeships and internships for young people with SEND. The NDTI also suggests the need for a local employment strategy that supports employment pathways, and the need for partnership working across education, health and social care to ensure effective use of resources.

- 3.3 The **‘Employment in the health and social care sector’** workstream has considered the challenges that employers face in addressing workforce shortages across a huge variety of roles in the sector.

According to a recent Health Foundation report published in 2019, the number of people employed by NHS providers in England this decade has grown at just half the rate of the 2000s, despite growing need. As a result, the NHS reports a workforce shortage of around 100,000 staff.

The issues in social care are even more significant with growing concern about the outlook for the sector. Workforce shortages stand at around 122,000, with a quarter of staff on zero-hours contracts.

Research indicates that the number of nurses has grown at just one-third the rate of both doctors and clinical support staff in the past five years. Within nursing, the number of nurses working in community and mental health services in 2019 remains below 2014 levels. Also, while the Government set a 2015 target for 5,000 additional GPs by 2020, the actual number of qualified permanent GPs has fallen. As a result, the number of patients per GP continues to grow, from 2,120 to 2,180 in 2018.

In Sunderland, the sector represents around 14% of jobs in the city and regularly faces recruitment difficulties. While skills shortages are apparent at a national level too, the North East suffers due to peripherality and the

perception that employment and particularly high value employment is more readily available in the South. Graduate retention in the North East is 55% compared to 92% in Northern Ireland which has the highest retention rate in the UK and 39% in the East Midlands which is the lowest. Regional NHS providers cite that it is difficult to attract Consultants, GPs etc to the North East.

A 2019 report by Skills for Care into the adult social care sector in the North East found the adult social care sector was growing. In the North East region during 2018 there were around 650 organisations across 1,950 care providing locations, with a workforce of around 87,000 jobs.

Given the impact of the ongoing pandemic on the economy and significant number of job losses, the action plan seeks to remind people across all sections of society that there are many employment opportunities in the health and social care sector which would fit a range of skill levels.

4.0 Recommendations:

4.1 The Health and Wellbeing Board is recommended to:

- Receive the update report on the Healthy Economy priority
- Note the Healthy Economy action plan
- Recognise the role that all Board member organisations can play in supporting implementation of the action plan
- Receive a progress report annually from the Healthy Economy Working Group, including key objectives for the year ahead.

APPENDIX 1 – HEALTHY ECONOMY ACTION PLAN

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &		Update
Workplace Health						
1	Support evidence-based local healthy workplace schemes which encourage employer-led workplace health activity.	Ongoing public health initiatives to support businesses on Health, work and wellbeing.	Gillian Gibson	Provision of Workplace health Schemes, namely Better Health at Work Award and Workplace Health Alliance.		
		Workplace Health Alliance Action plan to be supported and SME businesses encouraged to become members.	Yusuf Meah Gary Barnfather	Workplace Health Alliance governance strengthened, and action plan established.	30 businesses signed up to the Sunderland Workplace Health Alliance membership annually.	
		The regional and local Better Health at Work Award Scheme supported with all anchor organisations enrolled.	Yusuf Meah Healthy Workplace Coordinator (PCP/SCC)	15 anchor businesses signed up and successful on the bronze level of the Better Health at Work award Scheme annually.	25 anchor organisations continuing and successfully awarded on the Better Health at Work award silver, gold and continuing excellence level.	
2	Leadership buy in to workplace health from the Health and Wellbeing Board and Dynamic City Board.	All members of the HWBB to ensure a named lead from their organisation has overall responsibility for their organisation's employee health and wellbeing.	Ken Bremner	Number of named leads and organisation.		
		All members of the HWBB to sign up to the Workplace Health Alliance Charter.		Number of HWBB members signed up to the Workplace Health Alliance.	Number of HWBB members who have implemented the Workplace Health Alliance Charter.	
		All members of the HWBB which have over 250		Number of HWBB members signed up to the	Number of HWB members successfully	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &		Update
		employees to sign up to the Better Health at Work Award		Better Health at Work Award Scheme.	achieved Better Health at Work Award.	
		Dynamic City Board to establish a plan to engage SMEs about health and wellbeing.	Catherine Auld	Number of businesses enrolled to the Workplace Health Alliance.		
3	Establish baseline of health and wellbeing within businesses and develop remedial action plans.	Pilot an online Health Needs Assessment with 15 employers (small and large) which identifies key issues and establish plan to improve employee health and wellbeing.	Victoria Mosley Healthy Workplace Coordinator (PCP/SCC)	15 businesses completed the Health Needs Assessment.	Number of organisations implementing an action plan.	
		Identification of key health issues experienced by employees and key types of action taken by employers.	Janet Collins/Professor Ling	Improvement made by businesses in the annual Health Needs Assessment results.		
4	Develop knowledge, skills and build capacity of upper and middle tier management through a menu of opportunities via which they can facilitate change as a health and wellbeing ambassador within their workplaces.	Provide Health Advocate training to the nominated leads (and champions) of all businesses signed up to the Better Health at Work Awards and Workplace Health Alliance.	Healthy Workplace Coordinator (PCP/SCC)	12 Health Advocate training sessions annually.	Number of health advocates trained monthly.	
		Facilitate Mental Health First Aid training to the nominated leads (and champions) of all businesses signed up to the Better Health at Work Awards and Workplace Health Alliance.	Healthy Workplace Coordinator (PCP/SCC)	3 Mental Health First Aid training sessions annually.	Number of Mental Health First Aiders trained monthly by organisation.	
		Facilitate a menu of support to Businesses completing portfolios for the Better Health at Work Award.	Healthy Workplace Coordinator (PCP/SCC)	15 public sector or large businesses signed up on the bronze level of the Better Health at Work award Scheme annually.	25 public sector or large businesses continuing and on the Better Health at Work award silver, gold and continuing excellence level.	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &		Update
		Lead practice sharing sessions for all businesses signed up to the Better Health at Work Award and Workplace Health Alliance.	Yusuf Meah Healthy Workplace Coordinator (PCP/SCC)	4 Workplace Alliance network meetings.	One practice sharing event. One Better Health at Work Award celebration event.	
5	Build intelligence and future for Workplace Health in Sunderland.	Scope the impact of existing workplace health initiatives in Sunderland and recommend ways to enhance the offer to businesses.	Professor Ling	Annual evaluation of Sunderland workplace health initiatives and its impact on health and wellbeing for the local population.		
6	COVID-19 recovery taking Health Inequalities into consideration.	Work collaboratively with local businesses and the Healthy Economy working group to understand the impact of COVID-19 with the aim of supporting recovery and reducing the impact on health inequalities.	Economy Working Group members	Review of interventions supported within workplaces.		
Healthy Labour-Force: the health of those in work and seeking work						
1	Create the conditions for city anchor organisations and other businesses in Sunderland and those contracted to work in Sunderland, to offer more opportunities for more vulnerable cohorts of the population seeking work or to get back into work – work experience, internships and paid employment: <ul style="list-style-type: none">• People with SEND• People with mental health conditions	1.1 Provide briefing pack to organisations; web links on benefits to Sunderland and impact of reducing health inequalities by supporting more vulnerable cohorts into work; gain employer sign-up to supporting this agenda.	Public health and Business investment	<ul style="list-style-type: none">• Number of businesses contacted and how many access information.• Consider if a charter could be developed and number of people signed up to it.		
		1.2 Work with anchor organisations to commit to becoming a Disability Friendly employer.	People Services and Policy and Partnerships	<ul style="list-style-type: none">• Number of anchor organisations who are Disability Friendly.• Work on Sunderland City Council commitment and then work with other anchor organisations.		

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
	<ul style="list-style-type: none"> People who have been long-term unemployed Those from the care system. 			<ul style="list-style-type: none"> Consider producing an annual report showing progress made for inequalities and the economy. 	
		1.3 Work with anchor organisations to be a Mental Health Matters employer and extend into Mental Health at Work commitments; consider the Workplace Wellbeing Charter.	People Services and Policy	<ul style="list-style-type: none"> Number of anchor organisations who are Mental Health Matters employers Number who extend to Mental Health at Work commitments. 	
		1.4 Work with anchor organisations to look at recruiting locally from Sunderland and from across the 25 wards, with particular emphasis on the most deprived wards.	Policy	<ul style="list-style-type: none"> Mapping of all anchor organisations across the 25 wards Consider a collective campaign to ensure targeted employment campaigns in under-represented wards and areas of deprivation Provide information to commissioners in anchor organisations and to colleges and universities and DWP, to support their work in providing more opportunities such as training. 	
		1.5 Extend the work with anchor organisations to other businesses in Sunderland – Disability confident, Mental Health Matters, Local recruitment. 1.6 Also consider extending the reach of the Armed Forces covenant.	Policy, Public Health and Business Investment	<ul style="list-style-type: none"> Number of businesses in the city who are: <ul style="list-style-type: none"> - Disability confident - Mental Health matters - Armed forces covenant - Assessment of employees by ward. 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
		1.7 Work with DWP to ensure that long term unemployed and NEET candidates are aware of job opportunities in Sunderland.	Policy and Business Investment	<ul style="list-style-type: none"> Number of unemployed people from Sunderland applying for jobs in Sunderland. Provide information to commissioners in anchor organisations and to college and universities to support their work. 	
2	Create more opportunities for more vulnerable cohorts of the population seeking work or to get back into work – work experience, internships and paid employment.	<p>2.1 Create a programme for Sunderland – initially starting with the council and its connected companies to offer experiences for vulnerable cohorts – from work discovery to taster days, to volunteering to work experience, to internships to apprenticeships to jobs.</p> <p>2.2 Consideration of a Sunderland employee passport scheme for reasonable adjustments – looking beyond just those for disability.</p> <p>2.3 Consideration of working with the special schools and PRU in Sunderland to offer on the job workplace activities too.</p> <p>2.4 Consideration of working with learning and development institutes to offer job workplace activities too.</p>	People Services	<p>Sunderland Council being a place which is accessible, inclusive and without barriers, that prevent equal participation of vulnerable cohorts of the population.</p> <p>Data measuring initial engagement and then success for:</p> <ul style="list-style-type: none"> People with mild forms of SEND to enter/re-enter the workplace People with more severe forms of SEND to enter/re-enter the workplace People with mild forms of mental health to enter/re-enter the workplace People with more severe forms of mental health to enter/re-enter the workplace People who have come out of armed forces – veterans People who have been on long career break/having family 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
		<p>2.5 Development of an annual programme of learning days or engagement for groups of protected characteristics residents, providing training and development opportunities and pathways into work.</p> <p>2.6 Look at ways of maximising the apprenticeship levy and supporting these vulnerable groups.</p> <p>2.7 Creation of a Workforce Strategy that actively promotes the approach for inclusion and health and share with others as best practice ... creating a city of great employment and inclusion.</p>		<ul style="list-style-type: none"> • People who have been in 'looked after' system • People who have been NEET • People who have been long-term unemployed. 	
		2.8 Extend the programme to anchor organisations – share our successes and good practice and then to wider council businesses.	People Services and Partnerships	<p>Sunderland anchor organisations are places that are accessible, inclusive and without barriers, that prevent unequal participation of vulnerable cohorts of the population.</p> <p>Data measuring, initial engagement and then success for:</p> <ul style="list-style-type: none"> • People with mild forms of SEND to enter/re-enter the workplace 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
				<ul style="list-style-type: none"> • People with more severe forms of SEND to enter/re-enter the workplace • People with mild forms of mental health to enter/re-enter the workplace • People with more severe forms of mental health to enter/re-enter the workplace • People who have come out of armed forces – veterans • People who have been on long career break/having family • People who have been in 'looked after' system • People who have been NEET • People who have been long term unemployed. 	
		2.9 Extend the programme to wider Sunderland organisations including VCS and faith sector as well as big to small sized businesses – share our successes and good practice and then to wider council businesses.	People Services and Business Investment	<p>Sunderland anchor organisations are places that are accessible, inclusive and without barriers, that prevent unequal participation of vulnerable cohorts of the population.</p> <p>Data measuring initial engagement and then success for:</p> <ul style="list-style-type: none"> • People with mild forms of SEND to enter/re-enter the workplace 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
				<ul style="list-style-type: none"> • People with more severe forms of SEND to enter/re-enter the workplace • People with mild forms of mental health to enter/re-enter the workplace • People with more severe forms of mental health to enter/re-enter the workplace • People who have come out of armed forces – veterans • People who have been on long career break/having family • People who have been in Looked after system • People who have been NEET • People who have been long term unemployed. 	
3	Maximise social value opportunities and prioritise TOMS clauses in procurement that support the more vulnerable cohorts in Sunderland into work.	3.1 Sunderland Council to lead the way by including targeted social value clauses in contracts, by working with the sector with whom it has contracts and promote practical methods for either directly or indirectly expanding job opportunities that support the most vulnerable.	Procurement People Management	<p>To measure:</p> <ul style="list-style-type: none"> • Social value in contracts that directly contributes • Embedding of supporting the most vulnerable into work by organisations that the council contracts with or commissions from (wider and deeper than an equalities statement). 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
		3.2 The creation of a practical guide to be shared with other anchor organisations in the city.			
		3.3 To work with anchor organisation and share best practice and look for ways for collaboration too. 3.4 Use all opportunities to extend job opportunities for the most vulnerable.		<ul style="list-style-type: none"> To increase impact from social value clauses that directly support the most vulnerable To gain greater vfm in the city by collective bargaining and commissioning and also buying more locally, with shorter supply chains including services required under Covid-19 such as the production of PPE. 	
Increasing Employment in the Health & Social Care Sector					
1	To increase employment in the Health and Social Care Sector: - Graduates - People with disabilities - Care leavers - BME Community - Refugees - Asylum Seekers - NEETS - Unemployed - Ex service personnel / transitioning from forces.	1.1 Establish whether careers advice in schools includes guidance about opportunities in the health and social care sector.	Policy and Partnerships, TfC	<ul style="list-style-type: none"> Schools are linked to NE LEP Good Careers Guidance Benchmark Pilot NE LEP to attend future meeting of Healthy Economy Working Group. 	
		1.2 Expand current offer of Work Discovery week (WDW) to widen scope relating to health and social care sectors.	Policy and partnerships, ST&S(NHS)FT, CCG. People directorate	<ul style="list-style-type: none"> Health Sector Day included in WDW to complement Discover Nursing, Discover Health Sciences, Discover Medicine Increase focus on adult social care. 	
		1.3 Strengthen links between Schools, College and University.	TfC, Policy and Partnerships, HE, FE	<ul style="list-style-type: none"> School visits to health and social care facilities at college and nursing/medical health related course at university Already seeing increased demand for health-related degrees etc locally. A limiting factor may be organisations e.g. hospital, CCG, not having capacity to handle these 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
				numbers whilst on clinical placements/attachments.	
		1.4 Encourage take up of the apprenticeship levy.	People Management / HR across partner agencies	<ul style="list-style-type: none"> • Paper to explain process and costs • Explore opportunities linked to additional £172m funding for nursing apprenticeships. 	
		1.5 Consider how the private sector (care homes etc) can be encouraged to take advantage of the Apprenticeship Levy system.	People management, People directorate	Workshop for care homes providers to explain opportunity and process.	
		1.6 Establish how people that are suitable / are interested, in a career in the Health and Social Care sector can be identified.	TfC, DWP, Career Leaders, WDW, NHS	<ul style="list-style-type: none"> • Link to career advice in schools - NE Ambition • DWP Job coaches encourage take up of careers in Health and Social care: https://www.skillsforcare.org.uk/Careers-in-care/case-studies/Case-studies.aspx https://nationalcareers.service.gov.uk/job-categories/healthcare • Sunderland College revised curriculum to reflect Labour market intelligence - now look at Health and Social care, Public Health and Mental Health • Principal happy for colleagues to attend future meeting of Healthy Economy Working Group to update • Number of targeted recruitment / taster days for protected characteristics – BME, refugees, Armed Forces 	

	Objective	Initiative and actions	Accountable Lead	Monitoring metrics &	Update
				<ul style="list-style-type: none"> Capitalise on Step into Health programme ST&S(NHS)FT Healthy workforce strategy emphasises careers in the health and social care sector Graduate retention increases in sector via engagement in NE LEP 'Live work and stay campaign'. 	
2	Investigate whether the Teesside scheme that helps medically trained refugees to pursue careers in medicine, could be extended to Sunderland.	<p>2.1 Invite Dr Jane Metcalf to future meeting of Healthy Economy Working Group to explore opportunity with partners.</p> <p>2.2 Draft a skills questionnaire for Asylum seekers coming to Sunderland to assess their skills in order to link to employment opportunities.</p>	<p>Partnerships, NHS, University, College.</p> <p>Partnerships.</p>	<ul style="list-style-type: none"> Programme implemented in Sunderland targeting range of health professions. Number of asylum seekers linked to volunteering opportunities prior to gaining their status or employment when status is confirmed. 	
3	Create more opportunities for more vulnerable cohorts of the population to gain employment in the health and Social Care Sector.	3.1 Link to Healthy economy workstream to ensure that those out of the labour market are aware of opportunities in Health and Social Care Sector.	People/policy and partnerships/NHS /Adult Social care/HE/FE.	Survey commissioned of current and projected vacancies in the health and social care sector.	
4	Increase the number of Health professionals living and working in Sunderland.	4.1 Market the City as a great place to live with good quality of life and lower costs of living.	Communications, Policy and Partnerships, Business Investment Team, NHS, People directorate.	<ul style="list-style-type: none"> Consultants, GPs and other health professionals living in the city Number of new executive homes occupied Sunderland 'offer' for health professionals e.g. discount housing scheme, gym membership etc. 	

SUNDERLAND HEALTH AND WELLBEING BOARD

18 SEPTEMBER 2020

HEALTHWATCH SUNDERLAND ANNUAL REPORT 2019/20

Report of the Chair of Healthwatch Sunderland

1.0 Purpose of the report

- 1.1 The purpose of the report is to provide the Board with an overview of activity conducted by Healthwatch Sunderland throughout 2019/20.

2.0 Background

- 2.1 Healthwatch Sunderland is an independent champion for people who use health and social care services in the city. They engage with individuals and communities to find out what matters to them and help make sure their views shape the support they need.

- 2.2 In 2019/20 Healthwatch Sunderland:

- had 27 volunteers who provided 786 hours supporting activity
- employed 6 staff
- received £150,000 in funding
- engaged with 1,989 people who shared their health and social care stories
- signposted 1,208 people to the services they needed
- visited 177 places to gather feedback, by means of community events, meetings and stalls
- published 33 reports about the improvements people would like to see in relation to their health and social care.

3.0 Overview of Healthwatch Sunderland activity throughout 2019/20

- 3.1 Some of the activity undertaken by Healthwatch Sunderland throughout the year is set out below:

- Extensive feedback reports were provided on the Path to Excellence programme, indicating impacts on residents and the difficulties that patients were having where services have been transferred to South Tyneside
- Involvement in the North East and Cumbria Integrated Care System NHS initiative has been strengthened
- Care Home Life reports have been produced are valued by those who are considering using a care home in their area and the care providers who monitor care homes

- A feedback report has been published in relation to equipment services in Sunderland which contributed to improvements in the service
- Healthwatch Sunderland represented patients in the eConsult roll out across the city resulting in more use of telephone and video consultations by doctors, giving patients easier access to their services where appropriate.
- Healthwatch Sunderland was commissioned by All Together Better to undertake consultation and engagement with service users so their voice is evident in service changes
- During the COVID-19 lockdown period, advice was provided to the public on how to access health, social care and bereavement services via the website.
- Through the provision of advice and guidance, resident's knowledge and experience of the out of hours GP appointments service is improved
- Support was provided to over 300 individuals in the local community to share their views with the NHS on what the 10 year plan should look like locally. These findings were shared with Sunderland's Clinical Commissioning Group who now have this important feedback needed, to help inform any future changes to services they may be considering.

4.0 Recommendations

4.1 The Board is recommended to:

- note the contents of the Healthwatch Sunderland Annual Report 2019/20.



Annual Report 2019-20

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Message from our Chair



2019 / 2020 has been a very busy and productive year for Healthwatch Sunderland. We have provided extensive feedback reports on the Path to Excellence and have indicated impacts on and the difficulties that patients are having where services have been transferred to South Tyneside.

Healthwatch Sunderland, Durham and South Tyneside now have regular meetings in areas of common interest and where the services provided overlap with patients travelling between the Healthwatch areas to use Sunderland and South Tyneside hospital services. The meetings have also proved useful to strengthen our involvement in the North East and Cumbria Integrated Care System NHS initiative.

Healthwatch has continued to visit care homes around the city and our Care Home Life reports are much valued by those who are considering using a care home in their area and the care providers who monitor care homes.

As a recipient of the services provided by the equipment services team, I am pleased to say the equipment services are working well across Sunderland and believe that our feedback report in the past as contributed to this.

Our involvement in the eConsult roll out in the city as patient representatives on the programme board has helped to contribute to much more use of telephone and video consultations by doctors, giving patients easier access to their services where appropriate. With all practices in Sunderland

using eConsult it has proved invaluable during the Covid-19 crisis which impacted towards the end of the year under review, where face to face contact with the doctor has proved to be difficult because of the risk of spreading the disease. Please see page 21 for more information.

The coming year is likely to be very challenging for all of us with the spread of Covid-19 and the impact it has had on the population of Sunderland, where health and social care services have been stretched to the limit dealing with the pandemic.

We have become more involved with the All Together Better initiative which forms Sunderland's Integrated Care Plan. Healthwatch has received a grant from All Together Better to carry out consultation and engagement with the service users, so that their voice is used to feedback their views on the service changes planned, as Primary Care Networks have been formed as part of the national NHS future plans.

Towards the end of the year, the Covid-19 crisis materialised, and Healthwatch has provided advice to the public on how to access health, social care and bereavement services via its website. I look forward to a more normal situation returning soon and would like to thank all of our volunteers who have provided invaluable support to Healthwatch so that we can continue to ensure the public's voice is heard by our health and social care providers.

John Dean
Healthwatch Sunderland Chair

Our priorities

Our priorities are shaped by the concerns that the people of Sunderland raise with us across the year. Usually, our Engagement Team are out and about in the community listening to your feedback, and looking at what concerns you most.

This coming year, the health and social care scene is likely to be dominated by the Coronavirus response and how that impacts all health and social care needs for some time to come.

We have already seen some significant changes to how health and social care is delivered – some of these will be temporary, and some will stay with us for longer.

Throughout the coming year, we will be asking you to share your experiences and help inform how your health and social care services look in the future.

We are looking forward to the day when we can once again meet you in person out in the community. Until then, stay safe - and stay involved by reading our newsletter. For information on how to sign up to our newsletter please visit our website at: [Healthwatchesunderland.com](https://www.healthwatchesunderland.com)



About us

Here to make care better

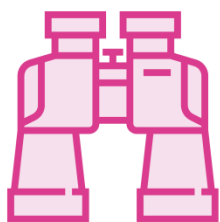
We are the independent champion for people who use health and social care services in Sunderland. We're here to find out what matters to people, and help make sure your views shape the support they need.

We listen to what people like about services, and what could be improved, and we share these views with those with the power to make change happen. We also help people find the information they need about services in their area.

Nationally and locally, we have the power to make sure that those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

“Thanks for talking to me, you are very warm and understanding.” Student, Sunderland Recovery College’





Our vision is simple

Health and care that works for you.
People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first – especially those that find it hardest to be heard.

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

Website: www.healthwatchsunderland.com

Twitter: @HWSunderland

Facebook: @HWSunderland

Highlights from our year

Find out about the ways in which we have engaged with and supported people in 2019-20.



Health and care that works for you



We have

27 volunteers

helping to carry out our work. In total, they gave up 786 hours to support us.

We employ

6 staff members

We received

£150,000 in funding

Supporting people



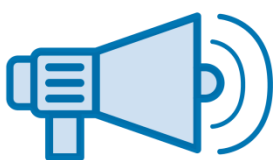
1,989 people

shared their health and social care story with us.

1,208 people

Were signposted by Healthwatch Sunderland.

Reaching out



We visited

177 places

to gather feedback, by means of community events, meetings and stalls.

Making a difference to care



We published

33 reports

about the improvements people would like to see with their health and social care.

How we've made a difference



Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in Sunderland.

Improving peoples knowledge and experience of out of hours GP appointments service

Timely access to GP appointments is one of the biggest issues we hear about when talking to local people about the provision of NHS services. Now thanks to the views shared by over 100 local people, the providers of the GP Extended Access Service (Sunderland GP Alliance), will be building on the service provided.

During this piece of work we discovered the following key findings:

- High levels of satisfaction on the treatment patients received at their appointment
- Access to appointment venues was well received by patients
- Some patients required further primary care appointments after they visited the service
- People's experience of accessing the service varied depending upon whether they made an appointment through 111 or their GP practice
- Much of the population of Sunderland are still unaware of the service and how to access it.

As a result of the work Sunderland GP Alliance have now put an action plan in place to work on the following areas:

- Work with partners in General Practice & Sunderland CCG to improve patient's awareness of The Extended Access Service
- During appointments, make sure patients are given information about The Extended Access Service to help them to use it again in the future
- Work with partners in General Practice & NHS 111 to make booking an appointment with us easier for patients
- Help receptionists direct patients to the services they may need
- Give patients at each of their five 'Hubs' information on local pharmacies that are open.

The report has also been published on our website:
www.healthwatchsunderland.com





Helping people to have a better experience of wheelchair services

Thanks to people speaking up and giving us their feedback about Sunderland Wheelchair Services, the NHS Sunderland Clinical Commissioning Group (CCG) now have first-hand information about how the service can be improved to meet the needs of the people of Sunderland.

Working with local organisations, we conducted three engagement events made up of 23 people who have accessed the service; either used the service in the past themselves, care for people who had or may need to use the service in the future.

What we found out:

- People told us that having their wheelchair is vitally important - allowing them to spend time with family and friends and stay independent
- People said that the service staff and repair response time is good
- People would like to contact the service in other ways rather than just the telephone and with a person who is patient and a good communicator
- People would like the service to use good verbal and written communication, including easy read documentation and should make other

reasonable adjustments for those people who need them

- Some people told us that current assessment waiting times are too long
- People would like the service to introduce instructions on how to get to the services premises, including bus routes and better signposting to the building
- People said the service website needs to be fully accessible and include full and up to date information about the service.

When this feedback was shared in the form of a report with the CCG they said;

"The CCG and its partners in All Together Better are committed to delivering high quality care for the residents of Sunderland. The Wheelchair Service Review is an example of our continued commitment to do that. Healthwatch provided an invaluable contribution to this by independently gaining views from service users for us, and being part of service redesign events. Working together in this way has enabled us to ensure that the service user needs are truly at the heart of the improvement work for the Wheelchair Service in Sunderland."

The report has also been published on our website:

www.healthwatchsunderland.com

We would like to say a big thank you to all who supported us to complete this work, without your support these service improvements couldn't be made.



Improving the lives of Care Home residents

Healthwatch Sunderland’s ‘Care Home Life – what it’s really like’ work had another successful year. The team visited all 47 care homes for the second year, listening to residents, relatives, friends and staff who shared with us what it’s like to live in the home, to benefit members of the public looking for the right care home for them.

The work is well established and continues to grow and develop, with this year seeing the introduction of a new good practice guide. This one of its kind piece of work has been created to help improve the life of care home residents across the whole of Sunderland.

Being in a unique position of visiting all care homes across Sunderland, the team

developed this guide as a way of highlighting to the homes managers and owners some of the best practice that the team has witnessed during the work.

The new guide has been well received from managers and staff alike, who love the idea of being able to implement tried and tested ways of working for the benefit of their residents.

Commissioning Specialist Manager Anne Wilson at Sunderland City Council, who works alongside the care home managers was also excited by the work, she said; “ I feel that the good practice guide will be a valuable tool for both existing and new care home managers in Sunderland, offering them the opportunity to further develop their own service offer based on tried and tested areas of good practice already being implemented in the City”.



Share your views with us

Are you looking for a care home in Sunderland?
We have gathered feedback from Sunderland care home residents, their relatives, friends and staff who told us what it's like to live in the care homes across the City of Sunderland.
For more information please visit our website at:
www.healthwatchesunderland.com

NHS Long Term Plan

#WhatWouldYouDo

Supported over

300

individuals in the local community to share their views with the NHS on what the 10 year plan should look like locally.

Views covered areas such as what the

NHS

in Sunderland could do to help them and their community stay well and provide better support as well as what is important to them.

Just under half of the respondents said the most important thing to live a healthy life was access to help and treatment they need, when they want it.

Just under half of the respondents said the most important thing to keeping their independence and staying healthy as they got older was being able to stay in their own home for as long as it was safe to do so.

Being involved in one of the CCGs working groups looking at new Primary Care consultation types, we carried out some focussed work on the use of technology in Primary Care. We wanted to capture some feedback from local people so that their views were heard by key decision makers and incorporated. To do this we worked in partnership with a local learning disability advocacy group and a group of volunteers and carried out two workshops.

THE RESULTS

Overall people acknowledged that the use of technology can be very useful in enhancing Primary Care. However people also said that the use of technology has to be part of the wider offer of available choices.



These findings were shared with Sunderland's Clinical Commissioning Group who now have this important feedback needed, to help inform any future changes to services they may be considering.

Helping you find the answers



Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped 1208 people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people's queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

Here are some of the areas that Healthwatch Sunderland has supported.

Case study: Hospital text appointments

At the beginning of 2020 we were working to understand and influence improvements with the South Tyneside and Sunderland Hospital Trust's appointment via text, which many members of the general public across Sunderland were telling us they were receiving. Some people told us that they have found them to be confusing and worrying.

This sparked off a piece of work here in the Healthwatch office and several meetings and communications with the Sunderland Royal Hospital Appointment Team and this is what happened as a result:

- Firstly the Trust developed a press release, which was published on their website and also appeared in the local press. This explained the system and what people should do if they don't want

to receive their appointments in this way.

- They also agreed to make changes to the text message which they send out, which will inform people over 75 years old that if they can't or don't follow the link on the text, they will receive a letter through the post with their appointment details on.

When we asked if the text could display which department the appointment is for, we were told that unfortunately they can't do this due to Data Protection rules.

We visited two of the members of the general public who first brought this to our attention when they told us their experience of receiving their hospital appointments via text. They were so pleased that changes had been made and one of the ladies said; "I am so pleased that some good came out of what we told you. It was a real worry and we're happy to have helped other people."

 **'I am so pleased that some good came out of what we told you. It was a real worry and we're happy to have helped other people'**

During our engagement work we get asked a range of questions from members of the public about health and social care services which we endeavour to do our best to get the answers they need. Below is some examples of how we have been able to help people out.



A lady asked us if it would be possible for her relative, with a terminal cancer diagnosis, to have someone travelling with her on patient transport rather than her travelling alone. We got in touch with the North East Ambulance Service on her behalf and as a result we were able to inform the lady that if her relative mentioned her support needs when booking transport this could be accommodated as in most extenuating circumstances individuals requests would be honoured.



A gentleman asked us if we could find out if he was able to have his bunion operated on, as it was causing him significant pain and distress. After speaking to the CCG we discovered he was eligible for the operation and the gentleman was able to get a referral from his GP for the procedure. He said “Thanks for helping me with information on the bunion operation, I have gone back to my GP and he has agreed to refer me for the operation, which is great.”



A lady who was finding it difficult to pay for travel costs to and from her healthcare appointments asked us if there was any support available to her. On her behalf we looked into this and were able to inform her that such help is available through the Healthcare Travel Costs Scheme, a NHS scheme where those with a low income may be eligible to claim help for help travel costs to and from appointments.



Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Sunderland is here for you.

w: www.healthwatchsunderland.com

t: 0191 5147145

e: healthwatchsunderland@pcp.uk.net

Volunteers



Our volunteers

We could not do what we do without the support of our amazing volunteers.

This year our volunteers:

- Raised awareness of the work we do at events, in the community, with health and care services.
- Visited services to make sure they are providing people with the right support.
- Helped develop our ways of working and methods of engaging with the public.
- Listened to people's experiences to help us know which areas we need to focus on.
- And much, much moremeet some of the team and hear what they get up to.

Volunteers Linda and Andrea put their volunteering experiences to good use by starring in our training video.

After successfully being selected by Healthwatch England to deliver some Enter and View training to staff and volunteers across the North East, the engagement team explored ways to make the training as exciting and engaging as possible for participants. One of the ideas we came up with was the use of short videos to exemplify good practice when carrying out Enter and View activity.

To help us create these scenarios we decided to look for people to help us star in the videos and a call was put out to our volunteers to see who would be willing to help out.

Volunteers Andrea and Linda stepped up to the challenge and despite both admitting they were slightly out of their comfort zone, both were willing to support the team.

With some words of encouragement and lots of tea and biscuits the ladies performed like true stars. The final footage taken turned out to be more than we had hoped for and will be a brilliant resource in the delivery of the training.

Thanks again to the ladies who went above and beyond in their role, you did great job and we appreciate all that you do to support us.



At Healthwatch Sunderland we are supported by 27 brilliant volunteers who help us find out what people think is working and what people would like to improve in health and social care services in their communities.

This year they donated a massive 786 volunteering hours.

Gill and June help to shape new ways for the team to engage with members of the public.

At Healthwatch Sunderland we seek and value the views and contribution of our volunteers in all aspects of our work and regularly host informal get togethers to discuss ways we can improve the work we do and the way in which we do it.

At one of our get togethers, volunteers fed back that they thought we could improve the way we engage with the public and in particular the group work we carry out in the local community. They said that they felt that sometimes the information and messages we need to get across can be overwhelming for those in attendance.

We were grateful for this valued feedback and invited two of our volunteers Gill and June to support the Engagement Team to develop a simple structure to support people to follow our discussions and enable them to go back to the information in their own time and reflect on the information given.

We have used the 'What we are going to talk about' document now at several groups with positive feedback back from attendees. One person said; "Thank you for coming today, the information you gave was clear and easy to follow. It is really beneficial to have information to take home for future use."

The document has also been shared with other local Healthwatch organisations who love the idea and are looking to adopt a similar approach when they engage with local community groups.



Volunteer with us

Would you be interested in volunteering with the team?

Then why not get in touch today.

We are looking for individuals aged 16 plus to help with our engagement work.

Our Chair

Over the past year, Healthwatch has been involved as the patient representative on the programme board for introducing eConsult.

The eConsult team included practice managers, doctors and the CCG project team.

eConsult includes an online triage to enable patients to indicate their symptoms so that the doctor is aware of their problems prior to the consultation either via the telephone or by using video. Whilst many consultations will require face to face contact for diagnosis and some patients may not be familiar with smart phones, the new approach gives patients the opportunity for increased access to GP's and more informed consultations.

Our Chair, John Dean was the patient representative on the board. The new system has been rolled out to virtually all GP practices across Sunderland with some practices already offering video consultations in addition to telephone consultations alongside face to face appointments. As the Covid-19 crisis develops this approach will enable doctors and patients to avoid risk from travelling to the surgery.



Our plans for next year



Message from our Project Lead



The year ended in a way none of us could have anticipated, with a lockdown and social isolation guidelines the country has never experienced before.

Your feedback, and particularly your appreciation of our key workers has not been dimmed by these changes - thank you for your continued involvement!

Looking ahead

Given this backdrop of the Coronavirus pandemic and the impact it is having on our health and social care services, our priorities for the year ahead will be determined throughout the year, based on your experiences that you share with us. The course of the pandemic will be a significant factor in those plans.

Looking back

It has been such a rewarding and valuable year here at Healthwatch Sunderland. Our engagement team completed a second year of Care Home Life Reports – such an important support for those making difficult decisions for themselves or loved ones.

The team were out and about more than ever, listening to what matters to you most, and sharing that information with those who can influence change. Our volunteers have given us more than we could have hoped for – getting involved in sharing direct personal experiences which have helped shape health and care plans – as well as helping us get to hear more of your health and social care experiences.

Thank you

A huge thank you to all those involved with Healthwatch Sunderland this past year.

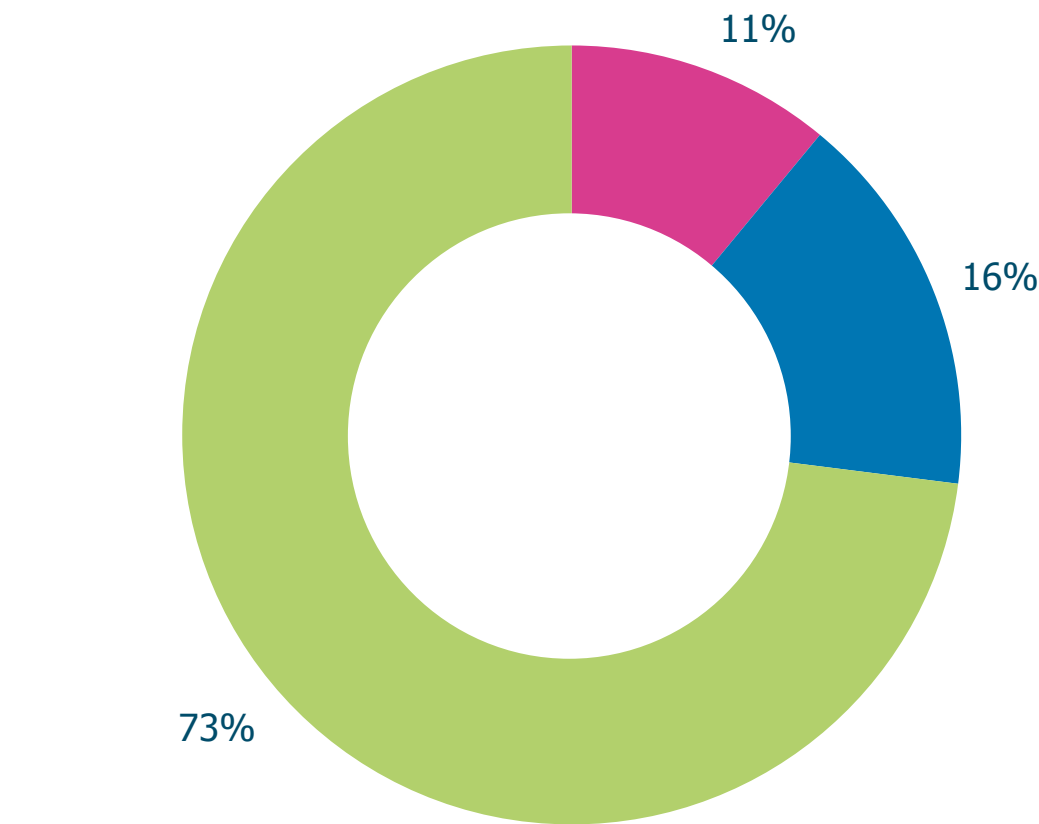
The enthusiastic and creative spirit of our intrepid team of staff and volunteers will help us through these unprecedented times, with attention to the voice of the people of Sunderland at the heart of everything we do.

Margaret Curtis
Project Lead, Healthwatch Sunderland

Finances



We are funded by our local authority under the Health and Social Care Act (2012). In 2019-20 we spent £160,239.



- How much it costs to run our Healthwatch
- Management costs
- Staff costs

Thank you

Thank you to everyone that is helping us put people at the heart of social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.



Contact us



Address and contact details of the organisation holding the local Healthwatch contract as of 31/03/2020.

Email: healthwatchsunderland@pcp.uk.net

Telephone: 0191 514 7145

Address: Healthwatch Sunderland, Room 608, Hope Street Xchange, 1-3 Hind Street, Sunderland, SR1 3QD

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SUNDERLAND HEALTH AND WELLBEING BOARD

18 September 2020

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Policy Manager, Sunderland City Council

1.0 Purpose of the Report

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

2.0 Background

- 2.1 The Board agreed at its meeting in March 2019 that a new forward plan should be prepared that outlines anticipated Board business across all its meetings for the year ahead, including development sessions. The plan necessarily incorporates the agreed new quarterly meeting frequency.

3.0 The forward plan

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

4.0 Recommendation

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

Sunderland Health and Wellbeing Board – Draft Forward Plan (Note: subject to change. Last updated 10.9.20)

JANUARY 2020	3 FEBRUARY 2020 12pm-4pm	20 MARCH 2020 <u>9.30am</u>	APRIL 2020	MAY 2020	JUNE 2020
	Development Session <ul style="list-style-type: none"> Healthy City Plan development / balance scorecard (?) Review HWBB membership Discussion on specific priorities (e.g. Healthy Weight Declaration) <p>Separate meeting:</p> <ul style="list-style-type: none"> Governance arrangements for integrated health and social care 	Public Meeting <ul style="list-style-type: none"> Draft Healthy City Plan for consultation Update on specific HWBB priorities PNA – sign-off to go ahead with refresh PNA – completed version (2021) All Together Better update Care Home Life – What its really like (Healthwatch) Update on Path to Excellence scenario development process <p>Papers produced – meeting cancelled due to COVID-19. Update provided to June 2020 meeting</p>	Development Session <ul style="list-style-type: none"> Healthy City Plan development <p>Development session cancelled due to COVID-19.</p>		Public Meeting <ul style="list-style-type: none"> COVID-19 headline reflections Care home support programme Draft COVID-19 Health Inequalities Strategy Local Outbreak Control Board Status update on reports scheduled for March 2020
JULY 2020	AUGUST 2020	SEPTEMBER 2020	OCTOBER 2020	NOVEMBER 2020	DECEMBER 2020
		Public Meeting – 18 September 2020 <ul style="list-style-type: none"> Proposal to expand membership COVID-19 in Sunderland - Update Sunderland COVID-19 Health Inequalities Strategy Mid-year review of the JSNA and HWBB priorities Age Friendly City and Ageing Well NHS Planning Update Draft Healthy City Plan for consultation Healthy Economy – action plans Health Watch Annual Report 	Development Session <ul style="list-style-type: none"> Resetting the health and social care agenda Health in all policies – introduction (Public Health) Mental health and wellbeing strategy – request for HWB to be involved (LQ) 	Development session <ul style="list-style-type: none"> DPH Annual Report draft recommendations (DPH) Developing the Healthy City Plan balanced scorecard (DPH/DC/GK) Social prescribing (MW / PF) Domestic abuse – request for HWB to be involved (TfC - JC) 	Public Meeting - 11 December 2020 <ul style="list-style-type: none"> COVID-19 Update (DPH) Health Protection Assurance Report (KB - PH) Health City Plan for approval (DPH/CCG) DPH Annual Report Review HWBB membership Update on specific HWBB priorities Winter Plan (A&E Delivery Board) / Flu Plan provision Governance arrangements for Better Care Fund SSCB Annual Report SSAB Annual Report Children and Young People's Mental Health and Wellbeing Transformation Plan (2021 onwards) Children's Integrated Commissioning Service (DB) Path to Excellence / COVID-19 learning (Dr Shaz Wahid to confirm)

Future items

Public Health campaigns (March 2021)
Pharmaceutical Needs Assessment (requirement suspended until April 2022)

Development sessions

Behavioural insights (Lorraine/Joanne)