

# 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.

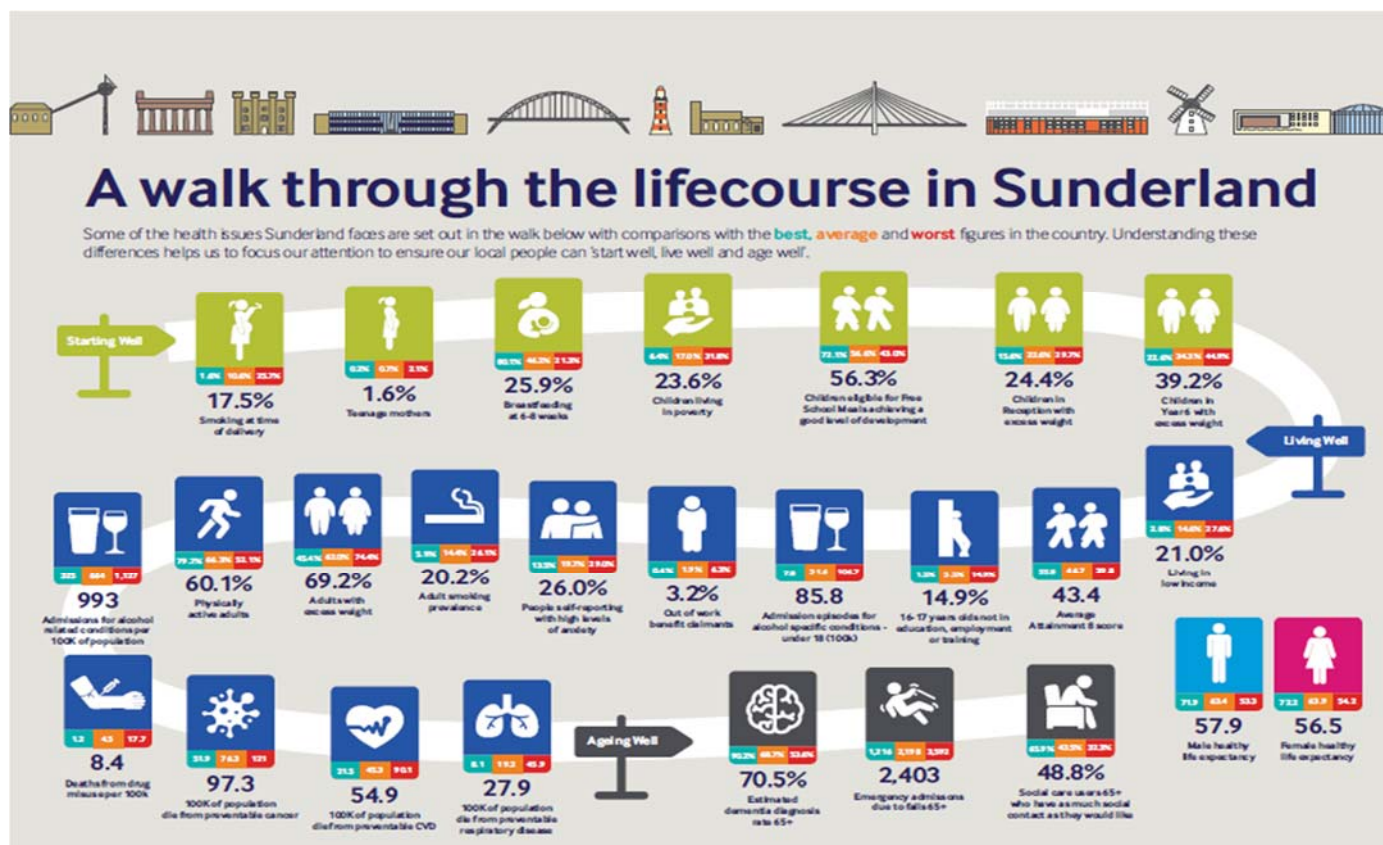
## What makes us healthy?



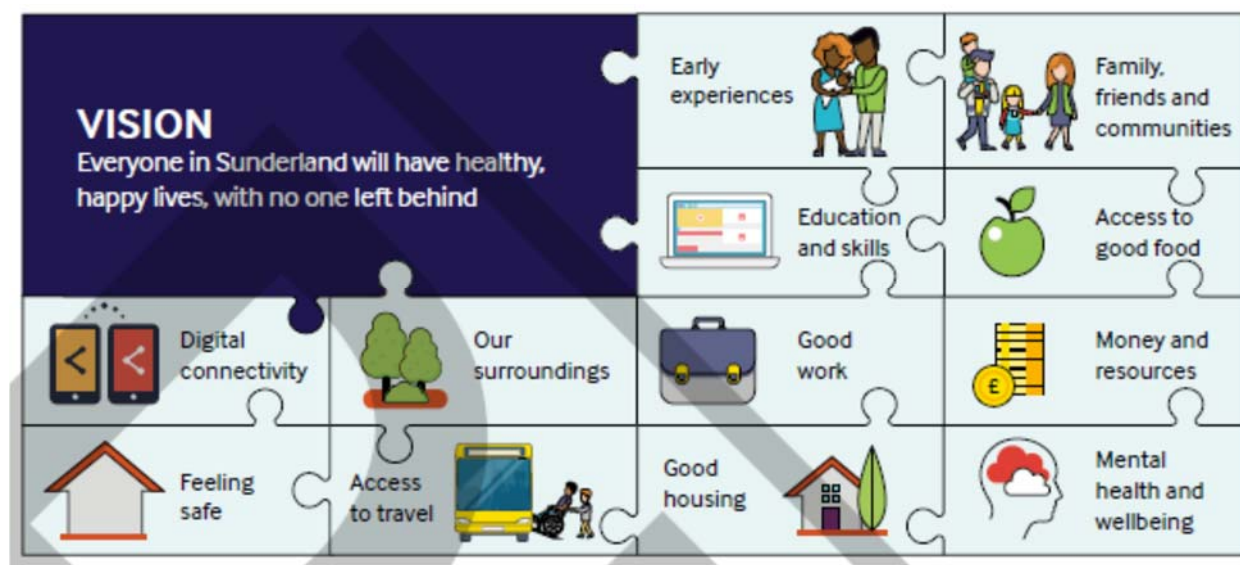
# A whole city approach to health and happiness

## 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.

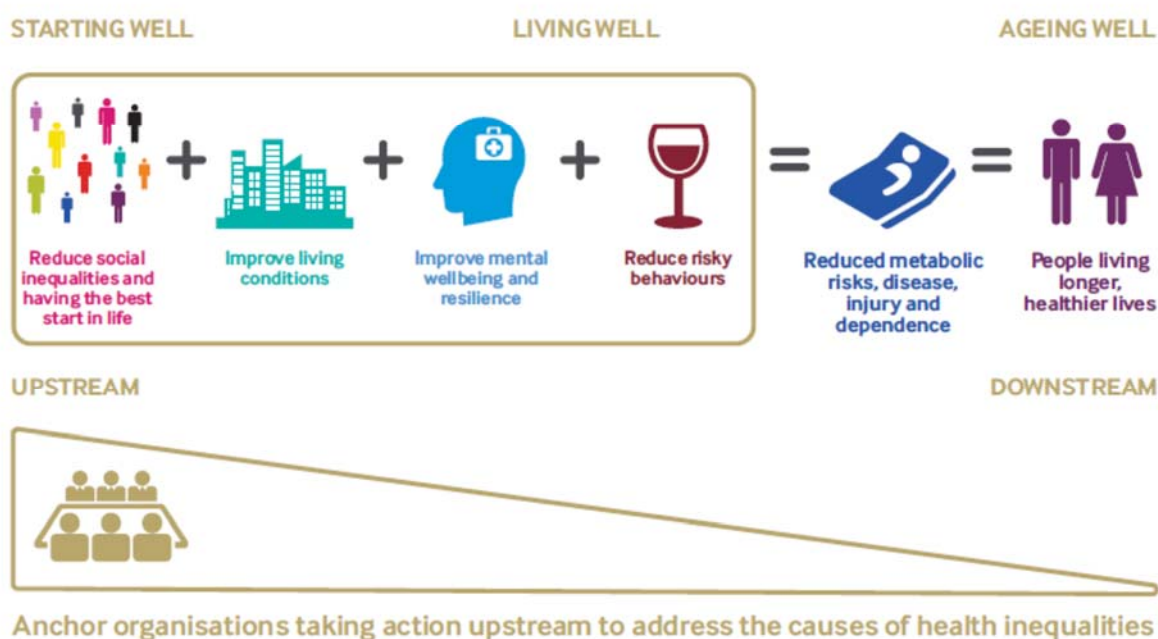
# Our approach to improving health and happiness

## 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**

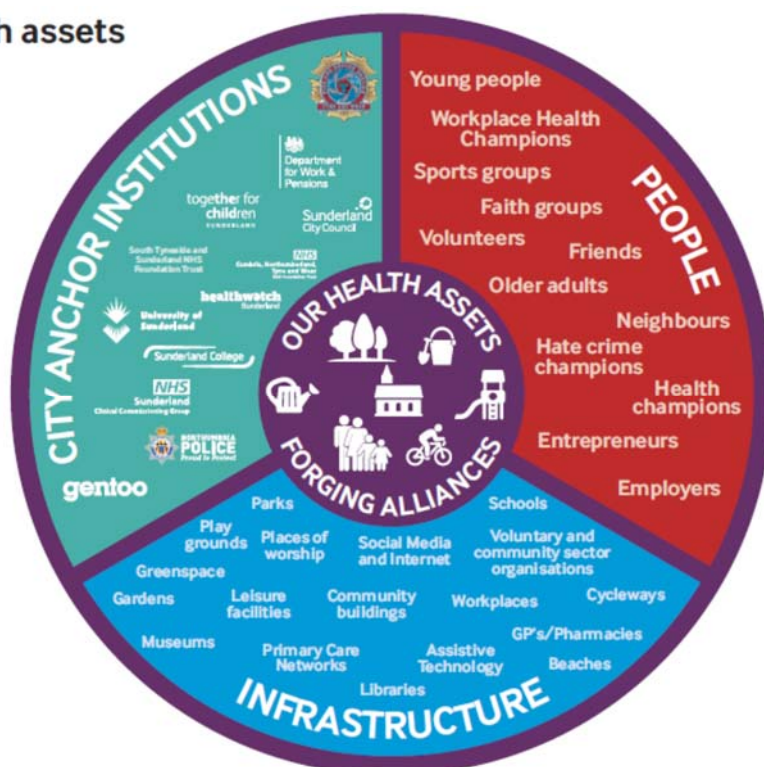
Community assets are the collective resources which individuals and communities have at their disposal to improve the quality of community life. In Sunderland we have a wealth of community assets - our people, our infrastructure and our city anchor organisations. From beautiful sandy beaches, parks and 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><b>Smoking at time of delivery (SATOD)</b></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"><li>• 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.</li><li>• 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.</li><li>• The regional Local Maternity Systems Tobacco Dependency Pathway will be embedded in local practice.</li></ul>

<p><b>Breastfeeding continuation</b></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 <b>and can help prevent obesity later in life. It also promotes positive attachment.</b></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"> <li>• Key agencies will achieve UNICEF Baby Friendly accreditation, with Maternity Services and Health Visiting Services reaching level 2 as a minimum.</li> <li>• A regional breastfeeding touchpoint pathway will be implemented.</li> <li>• 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.</li> <li>• Behavioural insights work will be implemented with a focus on increasing breastfeeding rates through the use of digital support.</li> </ul>
<p><b>Narrowing the school readiness gap between children eligible for Free School Meals (FSM) and those not eligible for FSM.</b></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"> <li>• An integrated developmental review process at 2 years old will be implemented, carried out jointly by Health Visitors and Early Years settings.</li> <li>• 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.</li> <li>• Increased take-up of early education places for disadvantaged two-year olds.</li> </ul>

## 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?
<b>Sexual health including teenage pregnancy</b>  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.  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	<ul style="list-style-type: none"><li>• A dedicated Relationships and Sex Education post will be established to work with schools and embed consistent, evidence-based relationships and sex education.</li><li>• The sexual health offer will be enhanced to include pregnancy options advice and direct access to a Young People's Contraception Nurse.</li><li>• 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</li></ul>

<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"> <li>• The teenage pregnancy pathway will be reviewed and promoted to ensure early identification and intervention of teenage conceptions.</li> <li>• More schools will sign up to and achieve the Relationship and Sex Education Charter Mark, as part of the Sunderland Healthy Schools Award.</li> </ul>
<p><b>Emotional health and wellbeing</b></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"> <li>• 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.</li> <li>• 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"> <li>• Thriving - prevention and mental health promotion</li> <li>• Getting advice - advice and signposting</li> <li>• Getting help - focused goal-based input</li> <li>• Getting more help - more extensive and specialised goal-based help</li> <li>• Getting risk support – where CYP have not benefitted from or are unable to use help, but are still in contact with services</li> </ul> </li> <li>• 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.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Children, young people and their families will have improved access to information, advice and support services.</li> </ul>
<p><b>Drugs and alcohol</b></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"> <li>• 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.</li> <li>• A model of implied consent will be adopted so that all young people attending A&amp;E for drug and alcohol related conditions will be referred directly into treatment to support their recovery journey and prevent repeat admissions.</li> <li>• Work will be undertaken with Balance and young people to lobby alcohol companies to change their branding.</li> <li>• Explore ways to reduce accessibility of alcohol and proxy purchasing.</li> <li>• 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.</li> </ul>

**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?
<b>Adult smoking prevalence rate</b>  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"><li>• All city anchor institutions will be smoke free by 2025.</li><li>• A multi-channel local media campaign focusing on quitting will be delivered; this will enhance and amplify the regional and national work.</li><li>• We will work with the NHS including secondary care to implement a smoke free NHS supporting patients and staff to become smoke free.</li><li>• The Health and Wellbeing Board signs up to a “Roadmap to a smoke free 2030.”</li></ul>

	<ul style="list-style-type: none"> <li>• A Smoke-free Families programme will be developed.</li> </ul>
<p><b>Smoking prevalence among routine and manual workers</b></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"> <li>• More employers will sign up to the Better Health at Work Award, and through this will support their staff to stop smoking.</li> <li>• Specialist Stop Smoking Service will work with local businesses to develop an evidence-based model to deliver a local stop smoking in workplaces.</li> <li>• Increased opportunities to reduce smoking in high prevalence localities across Sunderland.</li> </ul>
<p><b>Smoking prevalence among young people</b></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"> <li>• There will be increased awareness of smoking harms amongst children and young people through greater access to advice and information.</li> <li>• There will be increased provision of Stop Smoking Services within youth organisations and schools to reduce the amount of young people who smoke.</li> </ul>

## 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 11<sup>th</sup> 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><b>Reducing alcohol harms</b></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"><li>• The Tier Two Alcohol Service will be implemented as part of the new adult Substance Misuse Service.</li><li>• Integrated care pathways for alcohol users will be developed between community and secondary care services as part of the new alcohol care team developments.</li><li>• The Sunderland Statement of Licencing Policy (SLOP) will follow the evidence base set out in Public Health England's Alcohol Evidence Review.</li><li>• A Responsible Retailers scheme will be introduced whereby retailers are committed to do everything they can to</li></ul>

<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"> <li>• More people will be aware of alcohol related harms and will be enabled to make informed choices about their alcohol consumption</li> </ul>
<p><b>Reducing alcohol related violent crimes</b></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"> <li>• All elements of alcohol-related offending will be addressed through a wide range of intelligence-led enforcement activity.</li> <li>• There will be increased provision of early intervention and treatment services for those involved in crime, disorder or antisocial behaviour.</li> <li>• Everyone in Sunderland involved in crime, disorder or antisocial behaviour is able to access early interventions and treatment.</li> </ul>
<p><b>Reducing alcohol harms in under 18-year olds</b></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><b>Healthy weight for children and young people</b></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"> <li>• A pilot for the provision of Healthy Start vitamins will be undertaken and the positive aspects of the pilot rolled out across the city.</li> <li>• Change4Life Sunderland will deliver preventative services within communities and tailored lifestyle support for children, young people and families in areas of greatest need.</li> <li>• 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.</li> </ul>
<p><b>Healthy weight for families and adults</b></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"> <li>• Public Health campaigns will support people to manage their own healthy weight.</li> <li>• 'This mum moves' programme, which supports women to be active and have a healthy diet during and after pregnancy, will be promoted.</li> <li>• Those with long term conditions will be supported to sustain their health through participating in physical activity programmes.</li> <li>• Healthy weight interventions will be co-produced with our communities.</li> </ul>
<p><b>Influence the environment to support a healthy weight</b></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"> <li>• Commitment to the Food Active Local Authority Declaration on Healthy Weight. This includes the development of a city-wide Healthy Weight Plan.</li> <li>• Consult with partners and prioritise 5 commitments from the Healthy Weight Declaration for 2020-22.</li> </ul>

	<ul style="list-style-type: none"> <li>• Implement the Hot Food Takeaway guidance in the local plan.</li> <li>• 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.</li> <li>• Increased number of allotment plots and edible community gardens.</li> <li>• Increased opportunities for people to be more active.</li> </ul>
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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><b>Workplace Health: employers' role in improving employee's health</b></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"><li>• More employers will be supported to have healthy workplaces through:<ul style="list-style-type: none"><li>– The Better Health at Work Award (BHAWA), achieving Gold, Silver and Bronze awards</li><li>– The Sunderland Workplace Health Alliance and by implementing the Alliance Charter.</li></ul></li><li>• 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.</li><li>• 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.</li></ul>

	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Healthy labour-force: the health of those in work and seeking work</b></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"> <li>• 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.</li> <li>• Businesses will be encouraged to become Disability Confident employers and leaders and sign up to the Mental Health at Work commitments.</li> <li>• There will be an annual programme of learning days providing training and development opportunities and pathways into work for vulnerable people.</li> <li>• 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.</li> </ul>
<p><b>Employment in the health and social care sector: understanding and tackling recruitment issues and wider workforce opportunities</b></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"> <li>• 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.</li> <li>• Apprenticeships in the health and social care sector will be maximised through the apprenticeship levy.</li> <li>• More opportunities will be created for vulnerable people to gain employment in the health and social care sector.</li> </ul>

	<ul style="list-style-type: none"><li>• Careers advice in schools will clearly signal pathways into health and social care.</li></ul>
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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><b>Prevention of poor mental health and the promotion of positive emotional health and wellbeing.</b></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"> <li>• Regional and national mental health and wellbeing resources and programmes will be actively promoted.</li> <li>• Anchor organisations across the city will deliver positive emotional health and wellbeing messages.</li> <li>• Positive emotional health and wellbeing messages will be co-produced with communities.</li> </ul>
<p><b>Reducing stigma and discrimination associated with poor mental health</b></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"> <li>- Find work</li> <li>- Be in a steady, long-term relationship</li> <li>- Live in decent housing</li> <li>- Be socially included in mainstream society.</li> </ul> <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"> <li>• Messages regarding mental health and wellbeing stigma and discrimination will be actively promoted.</li> <li>• Anti-stigma and discrimination programmes, promoting a city-wide approach, will be developed.</li> <li>• There will be a reduction in suicide achieved by working with local and regional suicide prevention networks and groups.</li> </ul>
<p><b>Supporting people with poor mental health to improve their physical health</b></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"> <li>• People with SMI will be identified and supported to manage their mental and physical health needs through strengthened partnership working across the system.</li> <li>• Support for mental health service users will be embedded within commissioned services.</li> </ul>
<p><b>Young people's mental health and emotional wellbeing</b></p>	<ul style="list-style-type: none"> <li>• The detail relating to this priority is presented in the section on Young People aged 11-19.</li> </ul>

## **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

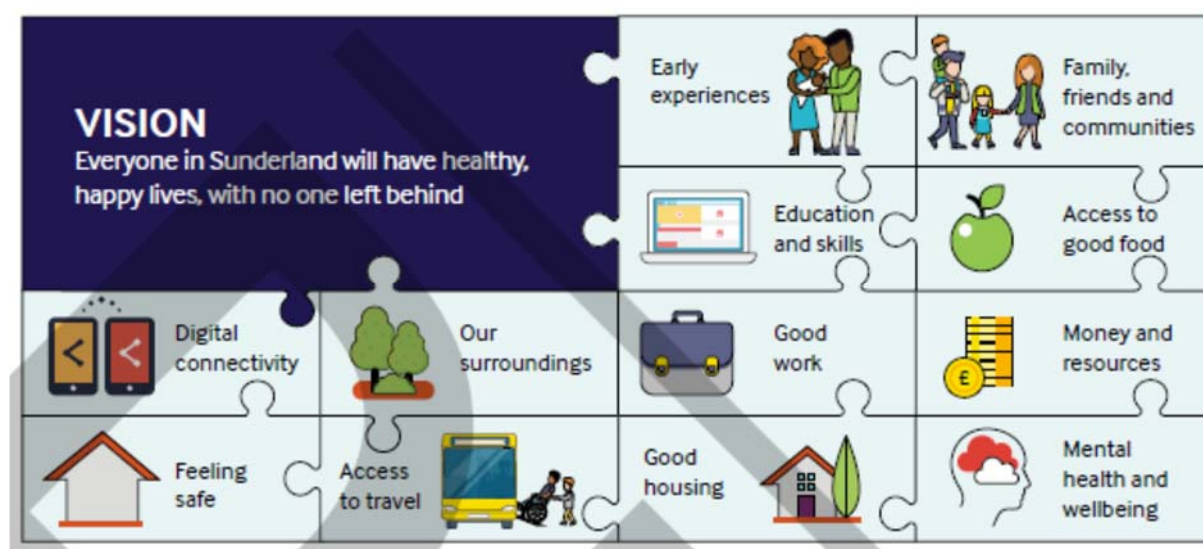
#### VIBRANT CITY


- Sunderland Vibrancy Strategy
- Safer Sunderland Strategy




\* to be developed

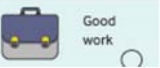


## ANNEX 1




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



	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.
<ul style="list-style-type: none"> <li>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%.</li> </ul>	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>Family, friends and communities</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.
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	<ul style="list-style-type: none"> <li>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.</li> </ul>

<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<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"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>

<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<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"> <li>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.</li> </ul>	<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
	<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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. <a href="http://www.gosmarter.co.uk/">http://www.gosmarter.co.uk/</a></li> </ul>
	<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"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The Better Care Fund has provided funding to make necessary adaptations to Sunderland properties for disabled people.</li> </ul>
	<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"> <li>• Kooth, an online counselling and support service, is available to all young people in Sunderland.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	