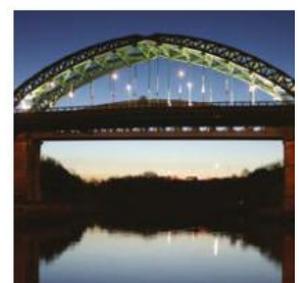


# Health and Wellbeing Strategy

2020-2023



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# Foreword

South Tyneside and Sunderland NHS Foundation Trust is committed to meeting the aims of the NHS Long Term Plan. We will be putting prevention at the core of our work.

As such, I am very proud to launch our first Health and Wellbeing strategy. This plan sets out some of our Health and Wellbeing goals and the steps we will take to make them happen.

Giving great care to local people will always be our number one aim. But, the NHS is changing and we want to go further than ever before in helping patient's lead healthy lives. We also want to reduce the impact of ill health on local people and on our services.

This is not the start of the journey for our Trust. Work such as our Path to Excellence and plans around Quality and Inclusion have helped us to focus more on prevention. The staff networks we have set up will also help to make sure we are inclusive in this work. Our Health and Wellbeing Strategy will support these projects and others.

To make real progress on the prevention agenda we cannot act alone. As such, this strategy fits in with the plans of our partners. These include the Health and Wellbeing strategies for South Tyneside and Sunderland. This helps us support a 'place based approach' that makes clear a patient's journey does not start and end in our Trust. Our Trust is a key part of our communities and we have a vital role to play in the health and wellbeing of our local people.

2020 has been the toughest year for the NHS and this includes our Trust. Now, more than ever, it is important for us to think about how we best serve our local people. A greater focus on prevention is not an extra thing to do. It also isn't the role of a single team or group. Rather, it must become part of business as usual for the Trust and for all of us working within it. I hope you will join me in supporting this plan as the next step in our journey to being a Trust that leads the way on prevention.



**Ken Bremner MBE**  
Chief Executive  
South Tyneside and Sunderland  
NHS Foundation Trust



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# Introduction

Our Health and Wellbeing Strategy will help us to improve and protect the health of staff and patients.

We want to focus more on preventing poor health and the impact it has on people. But, prevention can mean different things at different times. Because of this, we often split it into primary, secondary and tertiary prevention.

The NHS has a role to play in all three and exists to;

- Improve our health and wellbeing.
- Support us to keep mentally and physically well.
- Help us to get better when we are ill.
- When we cannot fully recover, to stay as well as we can to the end of our lives.

The table below gives some examples of prevention to help show how we, and our partners, are already involved.

	Description	Examples
<b>Primary prevention</b>	Seeking to avoid or reduce the chances of disease or risk factors	<ul style="list-style-type: none"> <li>• Car seat belts</li> <li>• Smoking ban</li> <li>• Minimum Unit Alcohol pricing</li> <li>• Increased condom use</li> <li>• Childhood immunisation</li> </ul>
<b>Secondary prevention</b>	Identify disease and risk factors early then reduce their impact and the development of disease	<ul style="list-style-type: none"> <li>• Screening programmes</li> <li>• Medication (e.g. statins)</li> <li>• Smoking cessation</li> <li>• Referral to alcohol treatment services</li> </ul>
<b>Tertiary prevention</b>	Achieve the best quality of life when living with disease	<ul style="list-style-type: none"> <li>• Cardiac rehabilitation</li> <li>• Improved self care</li> <li>• Home adaptations</li> </ul>

Prevention also means preventing health inequalities. These are **unfair** and **avoidable** differences in health. Because of them, some local children can expect to live up to 11 years less than their classmates. This unfairness is also the main reason why some groups of patients have better outcomes than others.

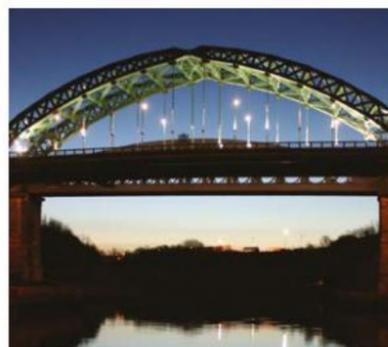
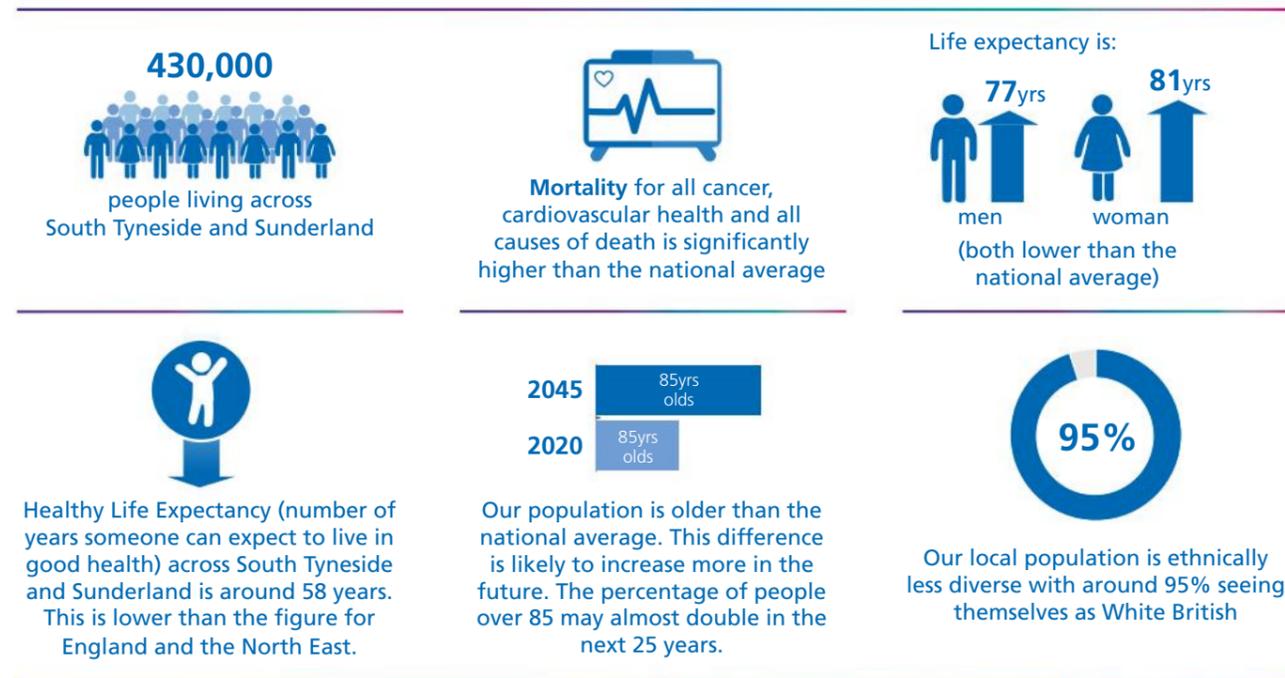
The following health profile shows that there are many challenges to good health. But, we also have many local strengths; including our staff. By working with partners and local communities on this plan we can help to protect and improve health as well as reducing unfair differences in health.

This plan aims to reduce health inequalities for local people. We want to make the things we do fairer for local people. The COVID-19 pandemic has highlighted these unfair differences. But these issues are long standing and will take time and effort to tackle. Our Trust will play a leading role in doing this.

# Local profile



## Our current local facts and figures 2020...



## Our Trust's facts and figures...

Over **8000 staff** who are part of our community plus over **1 million** opportunities to impact positively on the health of our patients.



# STSFT Health and Wellbeing Priorities

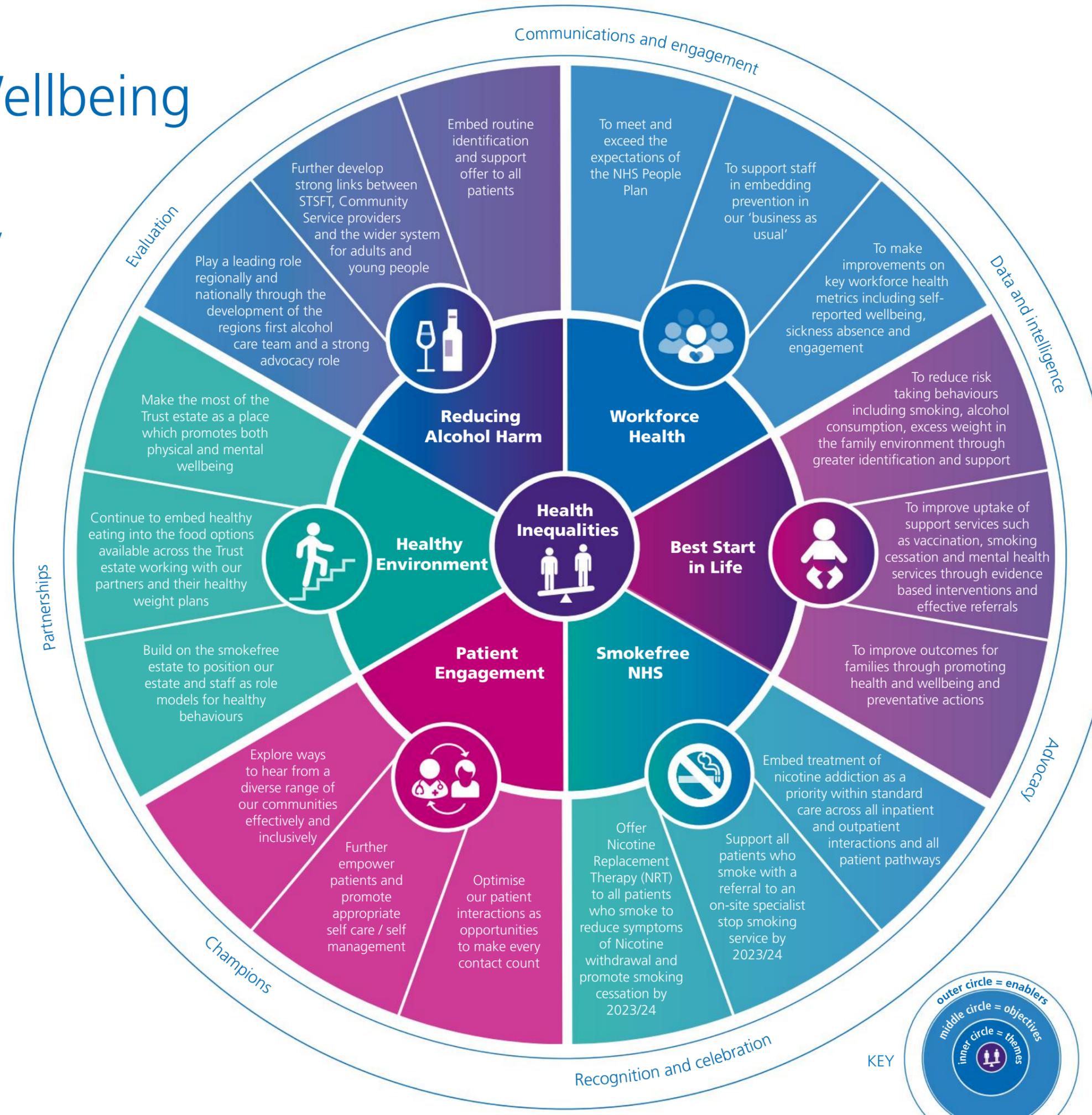
Our Health and Wellbeing strategy has six key themes. They are based on the health of local communities and the plans of our partners. We believe that these are areas where we can have a positive impact.

Our work to improve health and wellbeing will go beyond these areas but we want to have some key areas of focus. The six themes are;

- **Workforce Health**
- **Best Start in Life**
- **Smokefree NHS**
- **Patient Engagement**
- **Healthy Environment**
- **Reducing Alcohol Harms**

We will also have a theme which aims to reduce health inequalities. Each theme will need to show that it is also tackling unfairness in that area. We will collect data and set targets that help us understand how we are doing. This includes data to understand if we are making things fairer.

The image opposite shows how our themes fit together. Reducing health inequalities is at the core of our work. Also shown are key 'enablers' which will help us deliver our plans. The following pages give more detail on our themes.



# Health Inequalities...



**Aim:** To systematically embed the reduction of health inequalities in our way of working.

## Context:

Health inequalities are unfair and avoidable differences in health between different groups. These differences are a result of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health. They affect how we think, feel and act. This shapes our health and wellbeing. Examples where health inequalities are known to exist include;

- Social and economic factors such as low income, poor housing and lack of green space.
- Factors such as age, sex and race. As well as sexual orientation and disability.
- At risk groups in society including migrants; homeless people; and sex workers.
- Geography such as in access to services between urban and rural areas.

Inequalities are found in access, experience and outcomes. We have the chance to reduce them in the services we provide.

## Profile:

Many health outcomes in South Tyneside and Sunderland are worse than the rest of England. These differences are not set in stone. We can help to reduce them and make things fairer.

Local life expectancy is lower than the national average. Local people often live more of their lives in poor health too. In some local areas, people can expect to be in good health for just 50 years. Unfair differences in health exist between local people and the national average. They also exist within our own neighbourhoods.

COVID-19 has shown that different groups experience health and disease in different ways. COVID-19 has affected us all. Groups who already suffer many health and social inequalities have been hit hardest.

Health Inequalities	<b>Executive Lead: Peter Sutton, Executive Director for Business Development and Planning</b>	
<b>Aim</b>	To systematically embed the reduction of health inequalities in our way of working	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Improve use of intelligence to understand health inequalities in relation to the services we provide</li> <li>• Take action to reduce avoidable health inequalities in the services provided by the Trust</li> <li>• Promote a culture whereby reducing health inequalities is prioritised and scrutiny is on a par with safety and finance</li> </ul>	
<b>Indicators</b>	Trust inequalities dashboard established. Annual improvement in data collection of ethnicity. Health inequalities update provided to executive and board annually (to include reductions in health inequalities and financial impact). Intelligence led interventions aimed at reducing inequalities delivered and evaluated. Annual increase in number of staff completing Trust prevention training. Health Inequalities considered in all Trust business cases. Workforce reporting to include data on potential inequalities.	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Development of a Trust dashboard relating to inequalities (utilise existing and emerging tools such as the Public Health England tool)</li> <li>• Mortality review pilot to consider inequalities and opportunities for action</li> <li>• Review trust data and agree a plan for embedding measures of inequality as standard</li> <li>• Embed consideration of health inequalities in Trust processes such as business cases</li> <li>• Develop reporting mechanisms around inequalities in staff sickness</li> <li>• Health Equity Audits undertaken in target areas such as provision of support to stop smoking</li> </ul>	
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>• Group Chair: Consultant in Public Health</li> <li>• Prevention Programme Lead</li> <li>• Inclusion Lead</li> <li>• South Tyneside CCG Lead</li> <li>• Sunderland CCG Lead</li> </ul>	<ul style="list-style-type: none"> <li>• South Tyneside Local Authority Lead</li> <li>• Sunderland Local Authority Lead</li> <li>• STSFT Prevention Analyst</li> <li>• PHE inequalities Lead</li> <li>• STSFT Operational Lead</li> <li>• Communications Representative</li> </ul>

# Workforce Health...



**Aim:** To improve the health and wellbeing of our workforce and become the 'employer of choice' in the North East.

### Context:

Workforce health is a priority for the whole NHS. The Long Term Plan and the NHS People Plan stress that our people are our greatest asset. Looking after the health of our staff helps them and the communities we serve.

We know that our staff work hard to deliver great care and put patients' needs first. We also know that more staff take time off due to sickness than other sectors in the UK. We want to provide an environment and a culture that is supportive and inclusive.

Making STSFT the 'employer of choice' in the region is an aim of the Trust. This plan will support that goal becoming a reality.

### Profile:

Staff report stress and mental health issues as a major concern. Many of our staff are not physically active. One in four do less than an hours activity per week. Two thirds of staff drink less than the advised two litres of water daily.

Staff would like to see a 'healthier' food offer at our sites. Staff have also made clear that they value being listened to. We know that recognition for hard work is important.



Workforce		Executive Lead: Kath Griffin, Executive Director for Human Resources
<b>Aim</b>	To improve the health and wellbeing of our workforce and become the 'employer of choice' in the North East.	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To meet and exceed the expectations of the NHS People Plan</li> <li>To support staff in embedding prevention in our 'business as usual'</li> <li>To make improvements on key workforce health metrics including self-reported wellbeing, sickness absence and engagement</li> </ul>	
<b>Indicators</b>	Reduction in the rise of sickness absence (days lost and average length of time per episode). Improved staff physical and mental wellbeing (evidenced by bi-annual survey feedback). Improved staff engagement (evidenced by annual increase in staff survey completion). Annual increase in staff reporting that the Trust takes positive action on health and wellbeing. Increased uptake of staff psychological support services. Annual increase in number of staff completing Trust prevention training. Improved workforce culture as measured by regular cultural surveys. Annual increase in membership of the staff prevention network. Continued progress through Better Health at Work Award scheme. Tenfold increase in the numbers of staff offered support to stop smoking.	
<b>Actions</b>	<ul style="list-style-type: none"> <li>Develop an action plan to meet the proposed metrics from the NHS People Plan</li> <li>Continue to provide and develop workforce support around physical health (including management of long term conditions), mental health and wellbeing (including access to support services such as counselling and financial advice) as well as welfare (including health and safety assessments and training)</li> <li>Establish a psychologically led staff support service to replace our current Employee Assistance Programme (EAP). This would support the organisation to have a more compassionate and inclusive culture with increased focus on a preventative approach to staff health</li> <li>Develop reporting mechanisms around inequalities in staff sickness</li> <li>Develop 'prevention in secondary care' training package for STSFT utilising STSFT staff. In addition staff Health and Wellbeing information and support to be covered the e-handbook</li> <li>Continue to deliver and evaluate targeted health promotion activities</li> <li>Establish a prevention network to engage with staff around Health and Wellbeing</li> <li>Undertake an bi-annual workforce health needs assessment to inform action (Better Health at Work Award)</li> <li>Review existing support and encouragement offered to staff around inactivity, alcohol consumption, smoking cessation, screening and wider determinants of health such as financial insecurity</li> </ul>	
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>Group Chair: Deputy Director of Human Resources &amp; Organisational Development</li> <li>Head of Occupational Health and Wellbeing</li> <li>Public Health Consultant</li> <li>Occupational Health MSK and Wellbeing Manager</li> <li>Head of Facilities, Health &amp; Safety</li> <li>Communications Representative</li> <li>Equality, Diversity and Inclusion Lead</li> </ul>	<ul style="list-style-type: none"> <li>Directorate Manager</li> <li>Matron</li> <li>Staff Governor</li> <li>Freedom to Speak up Ambassador</li> <li>Staff Side Representative</li> <li>Consultant Representative</li> <li>Staff Network Chairs</li> </ul>

# Best Start in Life...



**Aim: To play a leading role in the wider system effort in supporting children and families have a positive and healthy start in life.**

### Context:

Giving children the best start in life is a goal across South Tyneside and Sunderland. It is an key way to improve the health of our population. Much of our development (physical, emotional and educational) takes place in our early years.

What happens early in life (starting in the womb) has a lifelong effect on health and well-being. A child's start in life affects things including obesity, heart disease and mental health.

### Profile:

Rates of smoking in pregnancy are high with one in six pregnant women smoking. Alcohol consumption in homes with children in is also high. Rates of breastfeeding are very low in local mothers.

Many women are overweight and not physically active when they are pregnant. Too many local women still suffer mental health problems before and after childbirth.



<b>Best Start in Life</b>	<b>Executive Lead: Melanie Johnson, Executive Director for Nursing, Midwifery and Allied Health Professionals</b>	
<b>Aim</b>	To play a leading role in the wider system effort in supporting children and families have a positive and healthy start in life.	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To reduce risk taking behaviours including smoking, alcohol consumption, excess weight in the family environment through greater identification and support</li> <li>To improve uptake of support services such as vaccination, smoking cessation and mental health services through evidence based interventions and effective referrals</li> <li>To improve outcomes for families through promoting health and wellbeing and preventative actions</li> </ul>	
<b>Indicators</b>	<p>UNICEF baby friendly accreditation achieved at all our sites.</p> <p>Annual increase in the percentage of pregnant women who smoke making a quit attempt.</p> <p>Percentage of mothers smoking at time of delivery below the regional average.</p> <p>Annual increase in the percentage of smokefree households amongst pregnant women.</p> <p>Annual increase in the percentage of women achieving a healthy weight in pregnancy.</p> <p>Breastfeeding initiation to exceed the regional average.</p> <p>Annual reduction in alcohol consumed by pregnant women.</p> <p>Annual increase in number of staff completing Trust prevention training.</p> <p>Annual increase in vaccination in pregnancy uptake.</p> <p>Successful implementation of screening and referral for mental health during pregnancy.</p>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>Take a leadership role in delivering system wide plans such as the Local Maternity System and Best Start in life Action Plans</li> <li>Develop a measure for recording physical activity levels in pregnant women</li> <li>Ensure robust and evidence-based systems are in place to support the identification, in pregnancy and postpartum, of behaviours that can harm health</li> <li>Continue to promote and support pregnant women and their families around staying healthy. This could include the promotion of vaccinations, maintaining a healthy weight, positive mental health and tackling the risks from smoking and drinking alcohol</li> <li>Register our intent to implement UNICEF baby friendly accreditation across our sites and continue to promote the benefits of breastfeeding</li> </ul>	
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>Chair: Group to Project Lead</li> <li>Head of Maternity</li> <li>Public Health Midwife</li> <li>Local Maternity System Lead</li> <li>Consultant Paediatrician</li> <li>Consultant in Public Health</li> </ul>	<ul style="list-style-type: none"> <li>Public Health Practitioner Sunderland and South Tyneside</li> <li>Health Visitor</li> <li>Community Midwife</li> <li>Alcohol specialist midwife</li> <li>Communications Representative</li> </ul>

# Smokefree NHS...



**Aim:** To create a smokefree culture where smoking is seen as a long term condition and addressing tobacco addiction is 'business as usual'.

### Context:

Smoking is the single biggest cause of ill health and death in our communities. One in two smokers will die from a smoking related illness. Smoking costs the NHS in the North East over £127 million a year.

The impact of smoking is not the same for everyone. It accounts for half the difference in life expectancy between the most and the least well off. Giving brief advice and nicotine replacement therapy (NRT) are highly cost effective interventions.

### Profile:

One in six adults locally is a smoker. In routine and manual workers this number is one in four. Each year we provide care to thousands of smokers. Many of them are given NRT and over 400 were given support to stop smoking.

Hundreds of our staff have had brief advice training around tobacco. 80% of staff feel they have a role to play in helping the Trust become smokefree.



Smokefree NHS	Executive Lead: Sean Fenwick, Director of Operations
<b>Aim</b>	To create a smokefree culture where smoking is seen as a long term condition and addressing tobacco addiction is 'business as usual'.
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Embed treatment of nicotine addiction as a priority within standard care across all inpatient and outpatient interactions and all patient pathways</li> <li>• Support all patients who smoke with a referral to an on-site specialist stop smoking service by 2023/24.</li> <li>• Offer Nicotine Replacement Therapy (NRT) to all patients who smoke to reduce symptoms of Nicotine withdrawal and promote smoking cessation by 2023/24</li> </ul>
<b>Indicators</b>	<p>Achieve over 90% identification of inpatient smokers.                      Achieve over 90% identification of outpatient smokers.                      Less than 20% of patients opting out of support offered via referral.                      80% of smokers provided inpatient Nicotine Replacement Therapy.                      50% of smokers provided Nicotine Replacement Therapy as part of discharge.                      Successful implementation of NICE Public Health Guidance (PH48).                      Annual increase in number of staff completing Trust prevention training.                      Annual increase in % staff identifying tobacco control as part of their role.                      Actions agreed for reduction of inequalities in quit attempts/success (year on year reduction in inequality).</p>
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Continue to embed the smokefree policy through awareness raising, training and enforcement</li> <li>• Comprehensive programme of engagement around the role of staff in supporting a treating tobacco addiction approach</li> <li>• Further embed the treatment of tobacco dependency in clinical pathways</li> <li>• Streamline reporting of inpatient smoking status into a single report</li> <li>• Revise the staff smoking cessation offer to increase quit attempts</li> <li>• Work with smoking services and commissioners to manage increased demand on services</li> </ul>
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>• Group Chair: Prevention Programme Lead</li> <li>• Consultant in Public Health</li> <li>• Public Health Practitioner South Tyneside</li> <li>• Public Health Midwife</li> <li>• Public Health Practitioner Sunderland</li> <li>• Communications Representative</li> <li>• Respiratory Nurse Practitioner</li> <li>• Emergency Care Consultant</li> <li>• Smoke Free NHS Strategic Manager (FRESH)</li> <li>• Pharmacist</li> <li>• Wellbeing Practitioner</li> <li>• Cardiology Nurse Practitioner</li> <li>• Specialist Stop Smoking Service Lead</li> </ul>



# ➔ Patient Engagement...



**Aim:** To continue to develop services with our communities aimed at providing the right service at the right time in the right way.

### Context:

People have better experiences and improved health and wellbeing when they are involved in their own care. As such, we will keep listening to our communities and involve them in the way we work. We will aim to do this for all groups, including those who are not always heard.

We will continue to give patients the best care possible while we help them be 'active' in their care. This often means asking 'what matters to them' and not just 'what's the matter with them'.

### Profile:

As a Trust, we have a number of ways to hear from patients and carers. Their views affect the way we work. We also carry out patient surveys and feedback to staff to help us improve patient experience.

We are working to involve patients more in their own care. The use of Patient Activation Measures (PAMs) is an example of this. This approach helps our patients be involved at a level which is right for them. This theme will support the work of the Trusts Quality Strategy.



Patient Engagement		Executive Lead: Liz Davies, Director of Communications
<b>Aim</b>	To continue to develop services with our communities aimed at providing the right service at the right time in the right way	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Explore ways to hear from a diverse range of our communities effectively and inclusively</li> <li>• Further empower patients and promote appropriate self-management</li> <li>• Optimise our patient interactions as opportunities to make every contact count</li> </ul>	
<b>Indicators</b>	All patient and staff materials to mirror our local reading age. Patient feedback available by measures of inequality e.g. deprivation. Annual increase in number of staff completing Trust prevention training. Increased community involvement in Trust approaches to reducing health inequalities. Improved response rate to the NHS friends and family test. Improved response rate to the NHS annual patient survey.	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Map and consolidate existing patient engagement activity</li> <li>• Support and learn from existing areas of work such as the TOPIC project and use of Patient Activation Measures (PAMS)</li> <li>• Explore how best to hear the voice of our communities in different ways that focus on being inclusive and reducing health inequalities</li> <li>• Involve patients in STSFT prevention staff training resource</li> <li>• Reading age assessment process agreed</li> <li>• Develop ways of including measures of inequality in patient experience data</li> </ul>	
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>• Chair: Consultant in Public Health</li> <li>• Patient Representation</li> <li>• PAMS Project Lead</li> <li>• Clinical Psychologist</li> <li>• Young Persons Group Lead</li> </ul>	<ul style="list-style-type: none"> <li>• Equity, Diversity &amp; Inclusion Lead</li> <li>• Lead from TOPIC project</li> <li>• CCG patient engagement leads</li> <li>• Communications Representative</li> </ul>



# Healthy Environment...



**Aim: To make STSFT a healthy environment which promotes health and wellbeing for patients, visitors and staff.**

**Context:**

The places around us have an impact on our health. The World Health Organisation wants hospitals to be 'health promoting'.

To do this they need to support physical activity and positive wellbeing. They also need to be places which are dementia and disability friendly.

We want our Trust to be a place that supports a healthy life. Asking all patients if they smoke and then giving advice and support is an example of this. We know that these steps are good for staff, patients and the wider community.

**Profile:**

A third of local adults are not physically active enough. Two thirds of local adults are overweight or obese. Around a quarter of our year 6 pupils are obese.

Data on the mental health of our residents is limited. But, we do know that one in four people will suffer with a mental health condition at some stage. Locally, rates of depression and people coming to hospital due to self-harm are high.



Healthy Environment		Executive Lead: Steve Jamieson, Director of Estates
<b>Aim</b>	To make STSFT a healthy environment which promotes health and wellbeing for patients, visitors and staff	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Make the most of the Trust estate as a place which promotes both physical and mental wellbeing</li> <li>• Continue to embed healthy eating into the food options available across the Trust estate working with our partners and their healthy weight plans</li> <li>• Build on the smokefree estate to position our estate and staff as role models for healthy behaviours</li> </ul>	
<b>Indicators</b>	Positive staff and patient feedback regarding Trust food offer and environment. Annual increase in levels of active travel in staff and patients. Dietary information available on selected menu choices every day in Trust restaurants. 80% of staff undertaking over 60 minutes of exercise per week. Annual increase in staff reporting that the Trust takes positive action on health and wellbeing. Annual increase in number of staff completing Trust prevention training. Annual increase uptake of cycle to work scheme. Annual increase in the use of Trust staff gym. An improved supported walking environment.	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Walk and cycle leader training offered annually to staff</li> <li>• Review staff uptake of active travel, exercise classes and gym facilities to inform actions</li> <li>• Conduct an assessment of estate walkability to inform improvements in signage, safety and promotion</li> <li>• Utilise in house expertise (dietetics, psychology, estates) to review the food offer in canteens, shops and vending machines and support agreed actions</li> <li>• Promote designated reflective quiet spaces inside and outside Trust buildings</li> <li>• Apply a behavioural insights approach to restaurant layout and promotion</li> </ul>	
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>• Group Chair: Public Health Registrar</li> <li>• Catering Lead</li> <li>• Dietician input</li> <li>• Estates Lead</li> <li>• Consultant in Public Health</li> <li>• Occupational Health Representative</li> </ul>	<ul style="list-style-type: none"> <li>• CCG healthy weight/mental health leads</li> <li>• Tyne and Wear Sport</li> <li>• Bicycle User Group Lead</li> <li>• Physical Activity Leads (Local Authorities)</li> <li>• Communications Representative</li> </ul>



# Reducing Alcohol Harm...



**Aim:** To reduce the harmful impacts of alcohol on our communities and services.

### Context:

Alcohol plays a direct role in over 60 diseases. This includes some cancers, heart and liver disease, as well as depression. For many, alcohol can be part of a healthy life. But, there are over 10 million people in England who drink at harmful levels.

In people aged 15 to 49; alcohol is the main risk factor for ill health, disability and early death. Since 1980, alcohol has become much cheaper for most people. In this time, alcohol sales in England and Wales have gone up by 42%. The North East suffers the highest levels of harm from alcohol.

### Profile:

More people come to our hospitals due to alcohol than almost anywhere else in the country. This is true for adults and young people locally. Alcohol misuse costs the North East over £1.3 billion a year. Alcohol is also a factor in more than half of all violent crime.

To cut down on alcohol harms we need to challenge the stigma around how much we drink. We will also need to talk about how much we drink more often with our colleagues and patients.



Reducing Alcohol Harm		Executive Lead: Shaz Wahid, Medical Director
<b>Aim</b>	To reduce the harmful impacts of alcohol on our communities and services	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Embed routine identification and support offer to all patients</li> <li>• Further develop strong links between STSFT, Community Service providers and the wider system for adults and young people</li> <li>• Play a leading role regionally and nationally through the development of the regions first alcohol care team and a strong advocacy role</li> </ul>	
<b>Indicators</b>	Annual increase in % of patients screened for alcohol use. Annual increase in % of patients referred for support around alcohol use. Number of patients engaged per month by the Alcohol Care Team. Annual reduction in avoidable alcohol-related hospital admissions by reducing severe health risk among dependent drinkers. Annual reduction in alcohol admissions in under 18s. Reduction in average length of stay for alcohol related admissions. Successful implementation of an alcohol care team as per the national specification (indicators to be confirmed). Annual increase in number of staff completing Trust prevention training. Annual increase in % staff identifying reducing alcohol harm as part of their role.	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Provide appropriate, timely and meaningful education and support for those attending or being admitted with alcohol-related problems</li> <li>• Facilitate joined-up alcohol care between secondary, primary and community care providers</li> <li>• Embed alcohol screening as a mandatory inpatient question supported by evidence based brief advice to patients</li> <li>• Analysis of the impact of screening for alcohol harms to inform cost benefit assessment and address potential gaps in provision</li> <li>• Develop and recruit Alcohol Care Team (ACT) and agree patient pathways to ensure the team is effective</li> <li>• Programme of staff engagement around our role in tackling alcohol harms in low, medium and high rise drinkers</li> </ul>	
<b>Subgroup membership</b>	<ul style="list-style-type: none"> <li>• Group Chair: Prevention Programme Lead</li> <li>• Public Health Consultant</li> <li>• Public Health Strategic Manager South Tyneside Local Authority</li> <li>• Public Health Specialist Sunderland Local Authority</li> <li>• Consultant Gastroenterologist</li> <li>• Emergency Care Consultant</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate Manager</li> <li>• Liver Nurse Specialist</li> <li>• Community Alcohol Service Sunderland</li> <li>• Community Alcohol Services South Tyneside</li> <li>• Children and Young People Services Leads</li> <li>• Communications Representative</li> </ul>

# Enablers

There are a number of enablers which will help us achieve the ambitions of this plan. They will apply to all the health and wellbeing themes.

Enablers	
Communications and engagement	<ul style="list-style-type: none"> <li>Structured campaigns aligned to the HWB themes aimed at increasing awareness and supporting positive behaviour change. Patient facing communications to pay regard to existing inequalities and tailor messaging.</li> </ul>
Data and intelligence	<ul style="list-style-type: none"> <li>Continuing development of a population approach to data which can inform our planning, delivery and outcomes along with the systematic consideration of health inequalities.</li> </ul>
Advocacy	<ul style="list-style-type: none"> <li>Use our position as a system leader effectively to push for change and further support the prevention agenda (example - Minimum Unit Pricing).</li> </ul>
Recognition and celebration	<ul style="list-style-type: none"> <li>Annual celebration event to include awards for staff that have made a significant contribution to furthering the Trust's work on prevention.</li> </ul>
Champions	<ul style="list-style-type: none"> <li>Establishment of a Trust prevention network and the development a 'champion' role description to build capacity and skills.</li> </ul>
Partnerships	<ul style="list-style-type: none"> <li>Continue to play an active role in local, regional and national forums working closely with our partners across the system (ensuring our work contributes to 'the bigger picture').</li> </ul>
Evaluation and research	<ul style="list-style-type: none"> <li>Evaluation training for staff to ensure an evaluation of HWB strategy and themes in addition to developing our portfolio Public Health research.</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>Development of a tiered prevention training approach to equip staff with the skills, motivation and confidence to embed prevention activities in 'business as usual'.</li> </ul>

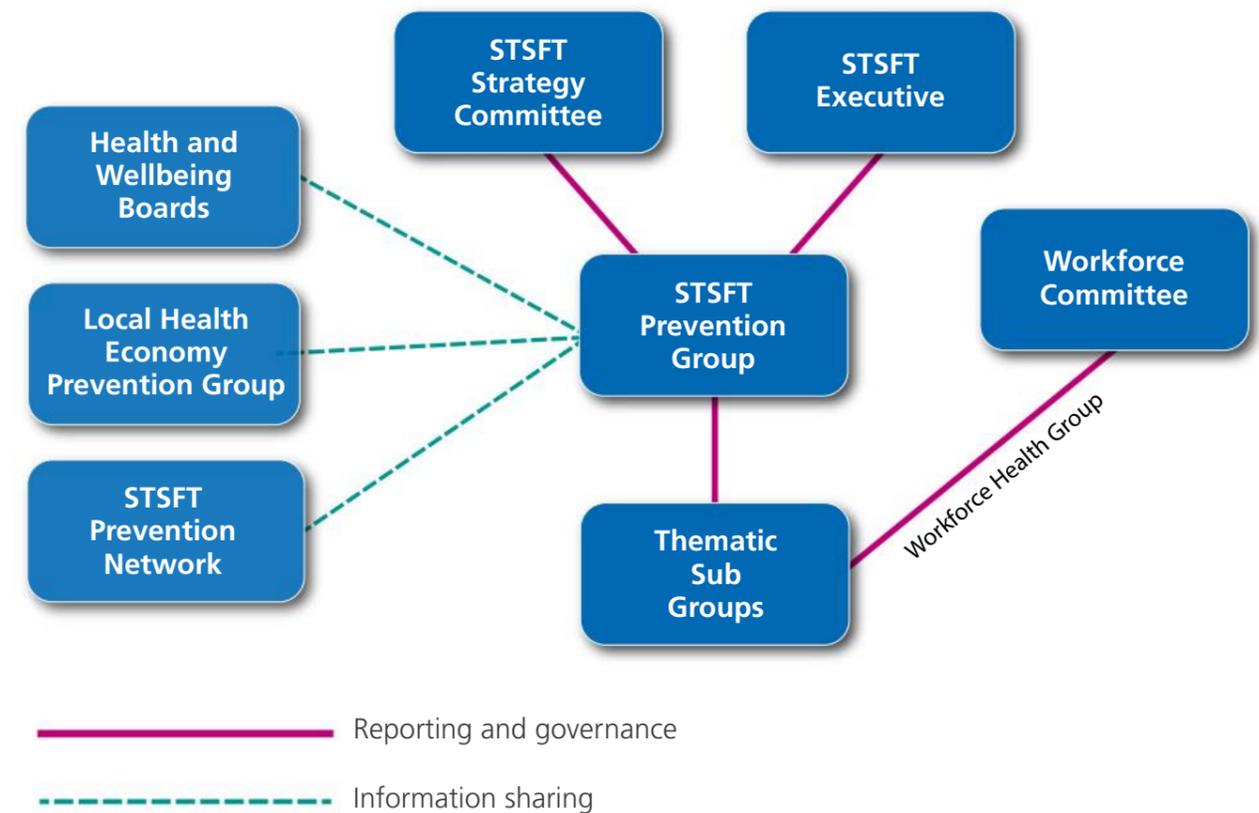
# Governance

The STSFT Prevention Group will oversee this strategy. This group is supported by a working group for each of the themes. The Trusts Consultant in Public Health chairs the group. The Executive Lead is the Medical Director.

The STSFT Prevention Network will also link in to the group. This a growing group of staff involved in the prevention agenda.

The Prevention group will report to the STSFT Strategy committee and Executive Board. This

will happen via meeting minutes and face to face (or virtual) updates. The Trust Non-Executive Directors will receive an annual update. Partners will also receive a regular update via the Health and Wellbeing Steering Groups.



# Get in touch; get involved

For more information about this strategy or to get involved in the prevention work STSFT is developing please contact the Prevention Team at [stsft.prevention@nhs.net](mailto:stsft.prevention@nhs.net)

## Useful Links

### NHS Long Term Plan

<https://www.longtermplan.nhs.uk/online-version/>

### Local Health and Wellbeing Plans

South Tyneside Health and Wellbeing Strategy:

<https://www.southtyneside.gov.uk/article/58747/Health-and-Wellbeing-Strategy>

Sunderland Health and Wellbeing Strategy:

[https://www.sunderlandpartnership.org.uk/sites/default/files/files/page/health\\_and\\_wellbeing\\_strategy.pdf](https://www.sunderlandpartnership.org.uk/sites/default/files/files/page/health_and_wellbeing_strategy.pdf)

### Health Inequalities

The Marmot Report - 10 years on:

<http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

### Workforce Health

NHS People Plan 2020:

<https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

### Best Start in Life

PHE Guidance- Best Start in Life (2016): <https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

### Patient Engagement

Kings Fund- Patient Engagement Webpage:

[https://www.kingsfund.org.uk/topics/patient-involvement?gclid=EAlaIQobChMI56f1946-6wIVCbTtCh3PHA9OEAAAYASAAEgK9IPD\\_BwE](https://www.kingsfund.org.uk/topics/patient-involvement?gclid=EAlaIQobChMI56f1946-6wIVCbTtCh3PHA9OEAAAYASAAEgK9IPD_BwE)

### Healthy Environment

PHE Active Hospitals Case Study:

<https://www.gov.uk/government/case-studies/active-hospitals>

### Reducing Alcohol Harms

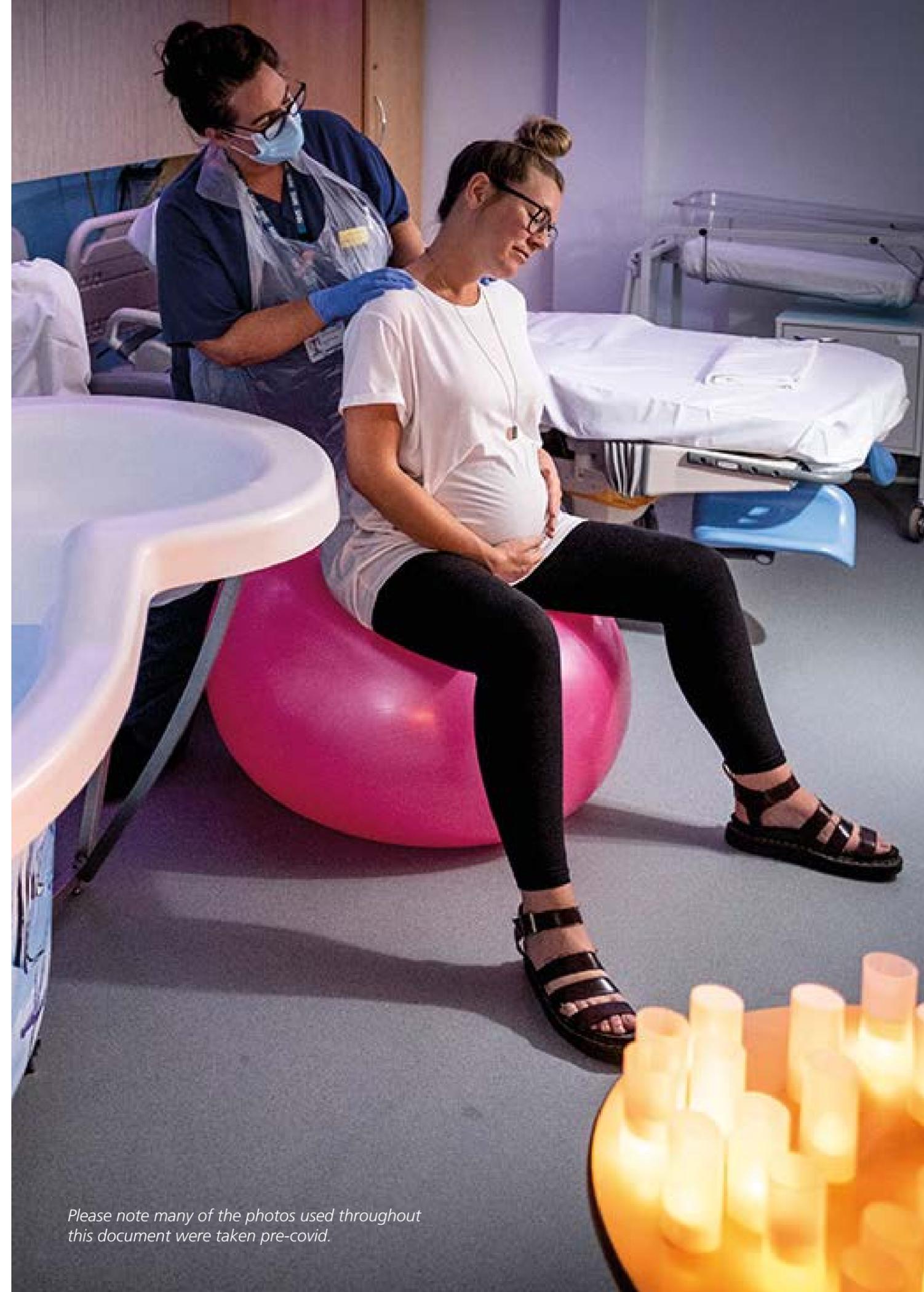
North East Regional Alcohol Programme (Balance):

<http://www.balancenortheast.co.uk/>

### Smokefree NHS

North East Regional Tobacco Control Programme (FRESH):

<http://www.freshne.com/>



Please note many of the photos used throughout this document were taken pre-covid.



[www.stsft.nhs.uk](http://www.stsft.nhs.uk)



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