

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held remotely on Friday 11 December 2020 at 12.00pm

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

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Verbal update from the Director of Contracting, Planning and Informatics at Sunderland CCG.	

For further information and assistance, please contact:

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15.	Dates and Times of Future Meetings	-
	Friday 19 March 2021 at 12noon.	
	Please note that dates, times and the method of holding meetings may change whilst we are continuing to respond to the Covid-19 pandemic	

ELAINE WAUGH
Assistant Director of Law and Governance

Civic Centre, Sunderland
3 December 2020

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 18 September 2020

Meeting held remotely via MS Teams

MINUTES

Present: -

Councillor Geoff Walker (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Fiona Brown	-	Executive Director of Neighbourhoods, Sunderland City Council
David Chandler	-	Deputy Chief Officer, Sunderland CCG
Jill Colbert	-	Chief Executive, Together for Children
Dr John Dean	-	Chair, Healthwatch Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Lisa Quinn	-	Executive Director of Commissioning & Quality Assurance, CNTW NHS Foundation Trust
Dr Ian Pattison	-	Chair, Sunderland CCG
Ralph Saelzer	-	Chair, Sunderland Workplace Health Alliance
Professor Michael Young	-	University of Sunderland

In Attendance:

Martin Weatherhead	-	GP Chair, All Together Better
Kath Bailey	-	Public Health Specialist, Sunderland City Council
Julie Parker-Walton	-	Registered Public Health Specialist, Sunderland City Council
Jane Hibberd	-	Senior Manager, Policy, Sunderland City Council
Nicola Appleby	-	Senior Policy Officer, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW13. Welcome from the Chair

Councillor Walker welcomed everyone to the second remote meeting of the Health and Wellbeing Board.

At this juncture Councillor Walker had to leave the meeting due to technical issues and Dr Pattison took the chair. Dr Pattison welcomed any members of the public

watching the live stream of the meeting and thanked all of the staff across the city who were continuing to work on the Covid response.

HW14. Apologies

Apologies for absence were received from Councillor Chequer, Ken Bremner and Gillian Gibson.

HW15. Declarations of Interest

There were no declarations of interest.

HW16. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 25 June 2020 were agreed as a correct record.

HW17. Proposal to Expand Membership

The Chair of the Board had submitted a report seeking approval to expand the membership of the Health and Wellbeing Board.

In the last year the Health and Wellbeing Board had invited the University of Sunderland to nominate a representative to the Board and the Chair of the Sunderland Healthy Workplace Alliance had also been invited to attend. The Board had been due to review its membership at its in meeting in March 2020 to coincide with a presentation on the draft Healthy City Plan, however this meeting had been cancelled due to the pandemic.

At the current time health and social care was at the forefront of social policy and it was recommended that the Chair of the All Together Better Alliance was invited to become a member of the Health and Wellbeing Board in order to provide advice, guidance and challenge in relation to the Health and Wellbeing Board's role in driving improvements in the health and social care sector.

Having considered the report, it was: -

RESOLVED that: -

- (i) formally agreed that the Chair of the All Together Better Alliance to be invited to become a member of the Board; and
- (ii) it be agreed that the Council be notified of the appointments at its meeting in May 2021.

HW18. Covid-19 in Sunderland – Update

The Director of Public Health submitted a report providing an update on the Covid-19 situation in Sunderland. Kath Bailey was in attendance to talk to the report and advised that there had been 530 new cases in Sunderland since 31 August and 190 between 10 and 16 September; this represented 68.5 new cases per 100,000 residents per week.

Since the report had been written, a local lockdown had been announced for the North East region and had taken effect from midnight on 18 September. Matters were moving at pace and regulations had only just been issued; the situation would be reviewed every seven days.

Prior to the announcement of the local lockdown, governance structures had been stood up in response to the rapid increase in cases and the Health Protection Board, Outbreak Control Board and Strategic Co-ordinating Group were meeting, in line with the Covid-19 Control Plan.

Councillor Walker, having been able to re-join the meeting and retake the chair, commented that the Frequently Asked Questions document from the Council's Communications team had been very useful for Elected Members to be able to direct people to.

David Chandler highlighted that 13,000 people had been asked to shield and questions were being asked about whether these people needed to do anything extra under the new restrictions. It was hoped to have additional support and guidance provided for residents in those categories.

Dr Dean commented that people were concerned that they were able to meet in a pub but not in a house and suggested that it might be useful for the link to the Frequently Asked Questions to be put on the Healthwatch website.

Councillor Farthing expressed her disappointment that the Government had not taken on the suggestion that informal childcare should be able to continue during the period of further restrictions. The Council Chief Executive would be taking this up with the Government again and impress the need for this to the Minister. Kath advised that groups were actively meeting on this topic and would keep pushing back on the childcare issue.

The Board RESOLVED that the update on the Covid-19 pandemic be received and noted.

HW19. Sunderland Covid-19 Health Inequalities Strategy

The Director of Public Health submitted a report seeking the endorsement of the Board for the Covid-19 Health Inequalities Strategy, a commitment to supporting the development of the action plan with agreed key performance indicators and agreement to monitor the key performance indicators. Julie Parker-Walton was in attendance to talk to the report.

The Council had responsibility for improving the health of the population in Sunderland and reducing health inequalities. It was clear that people facing the highest levels of deprivation were experiencing a higher risk of exposure to Covid-19 and existing poor health put them at risk of more severe outcomes if they contracted the virus. The strategy set out Sunderland's response to Covid-19 and the impact it has had on health inequalities and built on previous strategies where health inequalities had been identified.

The Covid-19 Health Inequalities Strategy aimed to: -

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

The strategy also had three strategic objectives which were to: -

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

Councillor Walker highlighted that it was important to move on to the action plan and balanced scorecard approach to the strategy. Councillor Farthing advised that she had recently attended a webinar on Health in All Policies and agreed that this was the key to moving forward although it was also important to have an understanding of what had been done in the past. She noted that a lot of time had been spent on developing Health Impact Assessments when Public Health had come back to the local authority but was unsure if these had been practically applied.

Julie Parker-Walton stated that there had been inroads made in relation to Health Impact Assessments in some areas, for example the Hot Food Takeaway policy and the impacts on planning. Kath Bailey added that a guide for developers in relation to

Health Impact Assessments had been published and there were some supportive documents included with that.

Councillor Walker commented that the HiAP webinar should be available shortly through the LGA and requested that the link be circulated to Board Members when it was available.

Having considered the report, it was: -

RESOLVED that: -

- (i) the Sunderland Covid-19 Health Inequalities Strategy be endorsed;
- (ii) the Board commit to supporting the development of the action plan with agreed key performance indicators; and
- (iii) the action plan and key performance indicators be monitored through an update report every six months.

HW20. Mid-Year Review of the Joint Strategic Needs Assessment and Health and Wellbeing Board Priorities

The Director of Public Health submitted a report presenting a mid-year review of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Board priorities including what had been achieved and any changes as a result of Covid-19.

The production of a JSNA was a statutory requirement and was an equal and joint duty of the local authority and CCG. The JSNA was a continuous process of strategic assessment to support the development of local evidence-based priorities for commissioning to improve the public's health and reduce inequalities.

The report set out the previously articulated high-level health challenges for Sunderland and highlighted that prior to Covid-19 there had been significant progress made across most JSNA and Board priorities. These included signing up to the Healthy Weight Declaration, securing trailblazer funding for a mental health support team in schools, the implementation of a Workplace Health Alliance Charter and the development of a pathway for all young people attending A&E for alcohol related conditions being referred to the Youth Drug and Alcohol Project (YDAP).

There were also some highlights in relation to key metrics such as an improvement in sustained breast-feeding rates and reductions in smoking rates to 16% in all adults and 26% in routine and manual workers. Dr Pattison asked if vaping was included in the statistics and Kath advised that the figures were from the national survey on smoking but they were taken into account in local data.

Data from the Covid Symptom Study had found that half of the population felt they had gained weight, 35% reported that they were drinking less and 21% more.

The newly identified priorities for the city were Health Inequalities and Ageing Well. The Board had already considered the Covid-19 Health Inequalities Strategy and Ageing Well was a separate agenda item.

The Board RESOLVED that: -

- (i) the findings of the mid-year review of the JSNA and Board priorities be noted; and
- (ii) these findings be taken into account when considering service review and the commissioning plans of all partners.

HW21. Age Friendly City and Ageing Well

The Executive Director of Neighbourhoods submitted a report to: -

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

Jane Hibberd presented the report and in doing so highlighted that Sunderland had joined the Network of Age Friendly Cities and Communities in 2015 and had developed a Sunderland 'All Age Friendly' plan during the same year.

The draft Healthy City Plan referred to 'Starting Well, Living Well, Ageing Well and two of the Board's existing priorities were life course focused, these being Best Start in Life and Young People 11 -19 years. Ageing Well was embedded in the Board's approach but was not overly explicit and could have greater visibility. It was therefore recommended that the Board adopt Ageing Well as a priority and establish a working group to progress the work, which would then report back to the Board on the focus and progress of the priority. The lead Board Member for the priority would be the Health and Social Care Portfolio Holder.

Working with Sunderland Older People's Council and local partners, an age-friendly Sunderland Model had been developed that incorporates the eight WHO domains which contribute to an age-friendly city. The model had three priorities for an age-friendly Sunderland and these priorities were embedded into the city's Neighbourhood Investment Plans.

The JSNA in relation to Ageing Well underpinned these priorities and identified a number of recommendations for commissioning and further needs assessment work which could be reviewed by the working group.

Councillor Farthing commented that since the Age Friendly City protocol had been adopted, people were far more aware of the dementia friendly city status for example and it was necessary to recognise that progress had been made and it would not be

beneficial to divert resources from other areas. Councillor Walker assured Councillor Farthing that it was not intended that resources would be diverted from existing programmes.

Upon consideration of the report, it was: -

RESOLVED that: -

- (i) Ageing Well be agreed as a Board priority;
- (ii) a working group be convened which would then report back to the Board on its focus and priorities;
- (iii) the Portfolio Holder for Health and Social Care be the lead Board Member for this priority; and
- (iv) the local developed age friendly model for Sunderland be adopted.

HW22. NHS Planning Update

The Deputy Chief Officer and Chief Finance Officer, Sunderland Clinical Commissioning Group submitted a report providing an update on the NHS planning process, setting out the national and local approach to phase 3 planning within the NHS.

David Chandler advised that NHS England had sent a letter and guidance on the NHS response to the third phase of Covid-19 prior to the escalation of cases in Sunderland. Every Integrated Care System (ICS) in the country had been asked to submit a recovery plan and to work with CCGs and providers to correlate activity and workforce plans.

The national expectations were summarised as: -

- restoring the maximum elective activity possible between now and winter including maintaining improvements in reducing the number of face to face appointments;
- using nationally contracted independent sector capacity to the greatest extent;
- restoring the number of people waiting for cancer diagnosis or treatment to at least pre-Covid levels;
- maximising diagnostic capacity;
- restoring service delivery in primary and community services, prioritising those with the greatest need;
- addressing health inequalities (eight urgent actions to address health inequalities in NHS provisions and outcomes);
- continuing to increase investment in mental health services in line with the mental health investment standard (MHIS); and
- from October 2020, moving to a revised financial framework.

From a Sunderland perspective, David highlighted that the national expectation was for activity to recover to 100% by October, however in Sunderland this was likely to be 90% with 100% being achieved in November.

There was more guidance and advice than ever being offered in General Practice and prior to the pandemic only 7% of appointments were not face to face, this had now increased significantly. The current waiting list for treatment was approximately 22,000 people and was expected to remain the same.

The Board were advised that cancer was, and would remain, a top clinical priority, however there were challenges in relation to breast cancer which had existed prior to Covid. In relation to the referral to treatment target, performance before, during and after the national lockdown was between 75 and 80%. Some longer waits existed in the local foundation trust for patients opting for robotic surgery which had limited capacity but better outcomes.

With reference to diagnostics, radiology remained a pressure and the service was struggling with capacity, however an additional mobile unit and consultant had been secured. More resources were planned for mental health provision.

Dr Lucas referred to the advice and guidance offered by GPs and wanted to assure the Board that things had not stopped and in fact were more responsive. Councillor Walker confirmed that his experience with his local surgery and a telephone appointment had been excellent.

Councillor Farthing commented that last year, efforts had been made to get additional funding for CAMHS which were ultimately unsuccessful and queried if these schemes were still running. She noted that information about waiting lists did not seem to be communicated to patients and it would help to reduce their anxiety if they had clarity about the plans for their surgery.

David Chandler reported that a number of pots of money had been offered last year by the NHS to enable transformation and Sunderland had eventually been successful with one of these. This year it was very difficult to identify where this money would be within the system, however guidance suggested that this would start to flow more freely and with more certainty. He noted that all patients on the waiting list would have had a clinical triage but he would take that point back to the Trust.

Accordingly, the Board RESOLVED that: -

- (i) the proposed approach to phase 3 planning, including priorities set for the NHS for the remainder of the year, be noted;
- (ii) the requirement to submit a draft system level plan with a final plan expected to be submitted nationally in September 2020 be noted; and
- (iii) the impact of Covid-19 on the delivery of the national expectations at place level in Sunderland be noted.

HW23. Draft Healthy City Plan

The Director of Public Health and the Deputy Chief Officer/Chief Finance Officer of Sunderland CCG submitted a joint report sharing the latest draft of the Healthy City Plan and the arrangements for finalising the Plan.

The Healthy City Plan was the revised statutory Health and Wellbeing Strategy of the Health and Wellbeing Board and was aimed at professionals and practitioners across agencies in the city. The Healthy City Plan was intelligence-led, informed by: -

- the city's Joint Strategic Needs Assessment
- the outcome of engagement with residents through Public Health locality engagement events, Patient Forums, Healthwatch and Let's Talk
- the 2019 Health Summit in the city
- Director of Public Health Annual Report

Three Health and Wellbeing Board development sessions had taken place to support the development of the plan and the draft Plan was attached as an appendix to the report. Whilst acknowledging the impact that social determinants could have on an individual's health and wellbeing, its areas for improvement focused on behavioural risk factors and improving the emotional wellbeing of Sunderland residents, paying particular attention to vulnerable groups.

The Board had already considered the proposal to add Ageing Well as an eighth Board priority and it was suggested that further work be done on the plan to develop this section.

Board Members were invited to provide comments on the draft Healthy City Plan by the end of September. The Plan would then be shared with key partners who had been involved in its development. The revised, final Plan would be presented to the Board for approval in December 2020.

RESOLVED that: -

- (i) the contents of the report be noted;
- (ii) 'Ageing Well' additions be made to the draft plan;
- (iii) consultation with key partners take place October to mid-November 2020 following Board Member feedback by the end of September; and
- (iv) the proposed final Healthy City Plan be presented to the Board in December 2020 for approval.

HW24. Healthy Economy Action Plans

The Chairman and Chief Executive of South Tyneside and Sunderland NHS Foundation Trust submitted a report proving an update about the progress made by

the Healthy Economy Working Group and presenting the Healthy Economy Action Plan.

The Group had developed a programme of activity around three workstreams; workplace health, healthy labour force and employment in the health and social care sector. Action plans had been developed for all three workstreams and combined into one single Healthy Economy action plan.

Ralph Saelzer commented that he was pleased to see the Workplace Health Alliance being noted as an important body in the action plan and Councillor Farthing commended officers on the work that had already been done and the results achieved.

RESOLVED that: -

- (i) the update on the Healthy Economy priority be received;
- (ii) the Healthy Economy action plan be noted;
- (iii) the role that all Board member organisations could play in supporting the implementation of the action plan be recognised; and
- (iv) a progress report be received annually from the Healthy Economy Working Group, including key objectives for the year ahead.

HW25. Healthwatch Sunderland Annual Report 2019/2020

The Chair of Healthwatch Sunderland presented the Annual Report which set out an overview of activity conducted by Healthwatch Sunderland throughout 2019/2020.

During the period, Sunderland Healthwatch had 27 volunteers, received £150,000 funding and engaged with almost 2,000 people who shared their health and social care stories. The organisation had also signposted just over 1,200 people to the services they required. Volunteers had visited 177 venues in total to gather feedback, by means of community events, meetings and stalls and published 33 reports about the improvements people would like to see in relation to their health and social care.

Healthwatch Sunderland had provided extensive feedback reports on the Path to Excellence during 2019/2020 and had strengthened their involvement in the North East and Cumbria Integrated Care System Initiative. Care Home Life reports continued to be produced and were valued by those who were considering using a care home in their area and the care providers who monitored care homes.

Healthwatch had published a report in relation to equipment services in Sunderland which had contributed to service improvement and had also represented patients in the eConsult roll out across the city and was encouraging patients to use this where possible.

All Together Better had commissioned Healthwatch to undertake consultation and engagement with service users so their voice was evident in service changes and had provided advice and guidance in relation to the out of hours GP appointments service. Support had also been provided to over 300 individuals in the community to share their views with the NHS on what the ten-year plan should look like locally and this was then shared with Sunderland CCG.

Dr Pattison commented that the annual report was a good read and that the Healthwatch website was also very good.

RESOLVED that the contents of the Healthwatch Sunderland Annual Report be noted.

HW26. Forward Plan

The Senior Policy Manager submitted a report presenting the forward plan of business for 2020.

Councillor Farthing noted that there were two development sessions planned and asked how these would work remotely. Jane Hibberd stated that this was something which still needed to be worked through but there was confidence that virtual sessions could be made to work effectively.

RESOLVED that the Forward Plan be received for information.

HW27. Dates and Time of Next Meetings

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

Friday 11 December 2020

Friday 19 March 2021

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

(Signed) G WALKER
In the Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
18/01/19				
HW54/3.	Review of Health and Wellbeing Strategy	JH	Draft - March 2020 Final - June 2020	Draft Healthy City Plan for consultation (was deferred to September 2020) due to Covid-19. Healthy City Plan paper (see agenda).
18/09/20				
HW17.	Formally invite the Chair of All Together Better to become a Member of the Board	Cllr Walker/ Jane Hibberd	September 2020	Complete
HW19/1.	Circulate link to LGA Webinar on 'Health in All Policies'	Jane Hibberd	September 2020	Complete
HW19/2.	Monitor the Covid-19 Health Inequalities Strategy action plan and key performance indicators through a six-monthly update report.	Jane Hibberd	March 2021	Added to the forward plan for March 2021
HW21.	A working group be convened on Ageing Well and Health and Social Care Portfolio Holder be the lead Board Member for this priority.	Graham King/ Jane Hibberd	October 2020	Preliminary work started. International Day for Older Persons event held on 1 st October. The focus was on

				community participation and the homes we live in. Working group to be convened in early 2021
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SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

COVID-19 IN SUNDERLAND – UPDATE

Report of the Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

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

2.0 Background

- 2.1 The Executive Director of Public Health and Integrated Commissioning will provide the Board with an ongoing update of the Covid-19 situation in Sunderland. This will include a summary of the current position regarding cases, actions taken to combat the pandemic and planned actions both locally and in concert with colleagues across the region.
- 2.2 The Health Protection Board, Outbreak Control Board and Strategic Co-ordinating Group are meeting, in line with the arrangements set out in the Covid-19 Control Plan.

3.0 Current Position

- 3.1 The Covid-19 pandemic remains a challenging and uncertain situation and the presentation will provide the opportunity for the Board to receive an up-to-date overview of the situation in Sunderland.
- 3.2 Due to the ongoing and constantly evolving nature of the Covid-19 situation, a presentation will be shared at the time of the meeting.
- 3.3 At the time of writing (29/11/2020), Sunderland has been seeing a decline in the number of daily cases and has a 7-day average rate of 187.6 per 100,000 which is the 53rd highest rate of infection in the country.

4.0 Recommendation

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

SUNDERLAND HEALTH AND WELLBEING BOARD**11 December 2020****HEALTHY ECONOMY UPDATE: WORKPLACE HEALTH****Report of the Healthy Economy Working Group****1.0 Purpose of the Report**

- 1.1 Healthy Economy is one of the Board's eight priorities and the Healthy Economy Working Group is developing a programme of activity that will tackle:
- Workplace health - employers' role in improving employee's health
 - Healthy labour-force - the health of those in work and seeking work
 - Employment in the health and social care sector - understanding and tackling recruitment issues and wider workforce opportunities.
- 1.2 This report is to raise awareness of the Workplace Health Alliance Charter and the Mental Health at Work commitment to allow discussion on ways the Board can support the recommendations proposed in section 7.
- 1.3 Covid-19 has had significant impact on workplaces. Many workplaces have had to close, others have placed staff on furlough whilst most have changed working cultures and behaviours very quickly. Paying attention to workplace health has never been more important and as businesses aim to adapt to the "new norm", it is essential city leaders keep workplace health at the forefront for a healthy economy.

2.0 Background

- 2.1 The Healthy Economy Working Group recognises the important role of employers in the city in influencing a range of outcomes – both in terms of direct action on health and action other agendas, such as maximising social value (i.e. considering economic, social and environmental wellbeing), that in turn influence health. This is acknowledged in the City Plan, the draft Healthy City Plan and other key strategies, such as the Community Wealth Building Strategy. The Community Wealth Building Strategy identifies the role of anchor organisations and key stakeholders in building community wealth through a range of areas including fair employment practices, local procurement and much more. The Healthy Economy priority of the HWBB is a relatively new strand of work that has not been pursued in the past by partners and provides great potential for change in our city.
- 2.2 Although the focus is broader than workplace health, this work strand is at an advanced stage of development due to the fact that the council's Public Health team have overseen it for a number of years. A report was provided in March 2020 to the Board on the progress of the working group at which the Workplace Health action plan was provided and approved. Development of the two other work strands (set out in section 1.1) continues and an update about their direction of travel will follow to a future meeting.

3.0 Benefits of Improved Workplace Health

- 3.1 The government's command paper *Improving lives: the future of work, health and disability* (2017) is committed over a period of 10 years to reducing health inequalities by promoting good work as a determinant of good health and advocates employers to proactively include and enable people with ill health and/or disability to access and stay in work.
- 3.2 Workplace health is about promoting and managing the health and wellbeing of staff. Workplace health interventions are activities undertaken within the workplace by an employer or others, to address any health issues staff face and action to address health and safety risks.
- 3.3 Good employment that promotes the health of employees can reduce sickness absence; improve morale, increase productivity and performance. From an employer's perspective, the benefits of a healthy workforce are clear, healthy staff are more productive, take less time off sick and do not necessarily need to retire early. However, an unhealthy workforce negatively impacts our economy and society due to lost productivity, presenteeism, reduction in income tax receipts, increases in long-term sickness, informal care giving and increased healthcare costs. Looking at the wider economy, combined costs from worklessness and sickness absence amount to over £100bn annually, so there's a strong economic case for action which ultimately benefits employee health and in turn, has a positive impact on businesses and local economies.
- 3.4 Evidence shows that employers that invest in appropriate workplace health initiatives to support the health and wellbeing of their employees have the potential to see a significant return on investment, which typically ranges from £2 to £34 for every £1 spent.
- 3.5 The overarching aim of the 'Workplace Health' work strand is to raise the profile of health and wellbeing in the workplace which will result in business benefits such as reduced sickness absence, improved staff morale, and increased productivity and performance.

The key objectives of this work strand are:

- Supporting evidence-based local healthy workplace schemes which encourage employer-led workplace health activity
 - Leadership buy in to workplace health from the HWBB and City Board
 - Establishing a baseline of health and wellbeing needs of businesses through the use of health needs assessments
 - Developing the knowledge and skills and building the capacity of upper and middle tier management through a menu of opportunities, via which they can facilitate change as a health and wellbeing ambassador within their workplaces
 - Build intelligence for future workplace health initiatives in Sunderland.
- 3.6 The action plan for this work strand includes two significant programmes through which these objectives are to be achieved - the North East Better Health at Work Awards and Sunderland Workplace Health Alliance. The plan also requires the

Board to take forward a number of actions itself in order to advance workplace health across the city and demonstrate leadership in this area.

4.0 North East Better Health at Work Award

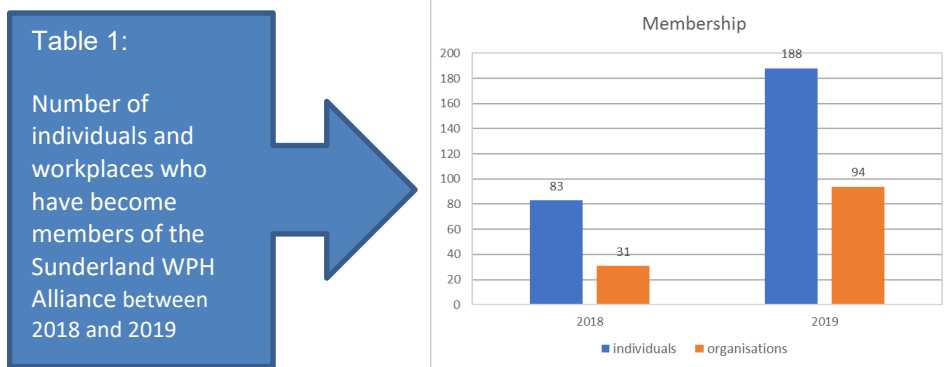
- 4.1 The Better Health at Work Award (BHAWA) recognises the efforts of local employers in addressing health issues within the workplace. It is endorsed by Public Health England as an exemplar of good practice. The award scheme is free, flexible and open to all employers.
- 4.2 For those organisations that already promote healthy lifestyles and consider the health of their employees, the Award recognises their achievements and helps them move forward in a supported way via a structured and tiered approach to workplace health.
- 4.3 The Award has five levels, each with appropriate criteria to support the compilation of an Award Portfolio. These are summarised as follows:
 - Bronze - lays a firm foundation to build a healthier workplace;
 - Silver - builds upon the basics of the Bronze level and rewards organisations that take a more holistic view of the workplace;
 - Gold - builds upon the Silver level and requires companies to look outside their own organisation and promote health within the wider community;
 - Continuing Excellence - recognises the importance of organisations sustaining the progress they have made during their participation in the award and encourages them to use their experience to support others.
 - Ambassador status – recognises the exemplar role of an organisation which is used as a role model to other business as an outstanding employer supporting health and wellbeing.
- 4.4 Sunderland currently has 38 businesses on the BHAWA (Appendix 1). The health interventions carried out by these businesses reaches a total of 22,924 employees.
- 4.5 Regionally there are only three Local Authorities who have reached the highest level of the Award and given Ambassador status. Sunderland City Council is one of them. There are three Sunderland based organisations who have reached this status, they are Sunderland City Council, Sunderland College and Pentland Brands (formerly Berghaus).

5.0 Workplace Health Alliance and Alliance Charter

- 5.1 Sunderland Workplace Health Alliance is a network of local businesses (Appendix 2) which aims to work collaboratively to improve health and wellbeing within Sunderland workplaces. The purpose is to engage with a wider range of workplaces than just those participating in the Better Health at Work Award. Whilst the Award is popular, many organisations that are committed to improving workplace health do not wish to undertake the process of building the portfolio of evidence that is required for the Award.
- 5.2 For those organisations that have not previously considered promoting health or struggle to promote health at work, the Alliance provides collective support to improve health within the workplace including increased access to health information and

health interventions - which can provide early identification of health problems and access to health services where required. The Alliance has a steering group and a two-year action plan (2020/22), this encompasses leadership, communication and marketing, building capacity, addressing behaviour change and promoting prevention.

- 5.3 During 2018/2019, Public Health and the council's Business Investment Team began working together to raise positive awareness among businesses of the support available to improve the health of their workforce. A particular focus was to target private sector Small Medium Enterprises (SMEs) who despite employing the majority of people in the city were not accessing support in the same way as large companies, education bodies and the public sector. There are any number of reasons for this, but they're thought to centre on a lack of resources in SMEs, particularly the absence of a dedicated HR function. HR is traditionally the team seen by business leaders as best equipped not just to lead on engagement with the public and voluntary bodies who deliver workplace health support, but also to manage its subsequent roll out within the business.
- 5.4 As a result of this, our messaging to SMEs was refined to emphasise the 'easy in easy out' nature of support via the Alliance, and eight new SMEs have joined as a result. We continue to work hard to deepen their engagement with the group and further refine the service offering for the benefit of them as well as future SME members.
- 5.5 During 2019/2020, following engagement with workplaces there has been high interest from Sunderland businesses to join the Sunderland Workplace Health Alliance resulting in a significant increase as shown in table 1 below.



- 5.6 With over 90 workplaces on the Workplace Health Alliance, each member will have different reasons in their attendance, but the Alliance expects to measure its impact. General attendance of Alliance meetings is a step forward to address workplace health challenges and the achieved learning will reach many thousand employees across the city. However, to support members on a granular level and provide bespoke intervention which includes training and onsite support, the Alliance asks members to demonstrate their commitment to workplace health by formally signing up to the Sunderland Workplace Health Alliance Charter (see Appendix 3). As part of this the member receives:

- One to one support to identify the key health and wellbeing challenges faced by the organisation and staff
- Bespoke support, tools and techniques to help address challenges successfully
- Capacity building training and workshops to better equip the business and its staff to meet health and wellbeing challenges arising in the future

5.7 The Board is asked to support the Sunderland Workplace HealthAlliance Charter by committing to it on an individual organisational level and discuss ways wider city leaders and anchor organisations can be encouraged to support it.

6.0 Mental Health at Work Commitment

- 6.1 One in six workers experience problems such as anxiety, low mood and stress at work. The Stevenson/Farmer review (2017), Thriving at Work, highlighted that an estimated 300,000 people lose their jobs each year due to mental ill health. This has knock on impacts for society and the economy.
- 6.2 Analysis by Deloitte (2020) shows that there is a demonstrable cost to employers and investing in supporting mental health at work is good for business and productivity. Poor mental health costs the UK economy between £74 billion and £99 billion a year, because employers are less productive, less effective, or off sick.
- 6.3 Given the impact of Covid-19, paying attention to workplace mental health is ever more important and workplaces need to be more proactive rather than reactive. It is to be expected that mental health issues within the workplace will continue to rise over the coming months.
- 6.4 Surveys with Sunderland workplaces in 2019 and 2020 highlighted Mental Health to be the key contributing factor to sickness, presentism and absence and the need for employers to start looking more closely at the crucial role they play in supporting the wellbeing of their staff.
- 6.5 As part of World Mental Health Day 2020, the Sunderland Workplace Health Alliance launched its mental health at work commitment campaign encouraging business leaders to sign up. The Mental Health at Work Commitment has been developed with the knowledge and expertise of mental health charities, leading employers and trade organisations.
- 6.6 The Commitment provides a framework for employers who recognise the importance of promoting staff wellbeing. This framework sets out six clear standards based on what best practice has shown is needed to make a difference and better equip employers to create an environment where employees can thrive. These six standards are:
1. Prioritise mental health in the workplace by developing and delivering a systematic programme of activity
 2. Proactively ensure work design and organisational culture drive positive mental health outcomes
 3. Promote an open culture around mental health
 4. Increase organisational confidence and capability
 5. Provide mental health tools and support

6. Increase transparency and accountability through internal and external reporting

6.7 Employers who sign the commitment will lead the way in implementing each standard for their employees. Along with each standard are ideas to get employers thinking and tools to get started—all aiming to make it easier for organisations big and small to implement each standard and drive change.

6.8 Knowing the challenges of health inequalities in Sunderland and given the impact of Covid-19, it is to be expected that health issues within Sunderland workplace will rise and continue to rise over the months ahead. Many people face uncertainties surrounding their job, people have been furloughed, suffered financially or had a major change to their usual working arrangement, such as working from home rather than an office. Any one factor, or a combination, of these things can lead to health issues which employers may need to support their employees with.

7.0 Recommendations

7.1 The Health and Wellbeing Board is recommended to:

- Consider the role of anchor organisations in improving health and wellbeing and reducing health inequalities by using the Social Value Act (2013) to embed workplace health in all commissioning and procurement resulting in wider social, economic and environmental benefits.
- Support a focus on engaging local SMEs in the workplace health agenda.
- Endorse support for the Sunderland Workplace Health Alliance Charter on a Board and an individual organisational level.
- Endorse support to the Mental Health at Work Commitment and as individual organisations sign up to the commitment.
- Encourage partner organisations to participate in the Better Health at Work Award, ideally starting this process in 2021.

Appendix 1 - Better Health at Work Award Businesses

Company	Number of Employees
Adient Seating UK Ltd	273
Asset 55 Ltd.	17
Barbara Priestman Academy	72
Barclays	1800
Clearly Drinks	107
Direct Business Solutions	53
DWP – Visiting	25
DWP Debt Centre Washington	527
DWP Wearview House	700
EDF Energy	972
Fast Flow	242
Foundation of Light	140
Gentoo	1114
Grundfos Manufacturing Ltd	134
Hays Travel	458
Hillary's Blinds	481
HMRC PCS ULR - Signpost to Learning	3500
Kasai UK Ltd	312
Npower	2301
Oxclose Community Nursery School	16
Pentland Brands	101
Pentland Distribution	81
Portland Academy	94
South Tyneside and Sunderland NHS Foundation Trust	8306
Springboard	79
Stagecoach Sunderland	305
Sunderland Carers Centre	27
Sunderland CCG	155
Sunderland City Council	4279
Sunderland College (Education Partnership NE)	718
Sunderland Job Centre	156
Together for Children	820
TSB	446
Tritility	60
University of Sunderland	1333
Vantec Europe Ltd.	873
Washington Mind	22
WISE Academies	203

Appendix 2 – Sunderland Workplace Health Alliance members

Adient	NE BIC
Age UK (Essence Service)	NE Counselling
All Together Better	NECCA
Anchor	North East Counselling Service
Asda Warehouse Washington	Newcastle College
Asset FiftyFive	
Bae Systems	NICE Network
Barclays	Nike
Be Wellbeing	Nissan
Pentland Brands (Formerly Berghaus)	Npower
Body Confidence	NTL World
Broadway Junior School	CNTW NHS FT
Calsonic Kansei	Ocado
Sunderland CCG	Our Minds Work
Changing Lives	Oxclose Nursery
Cirrus Environmental	Pioneering Care Partnership
South Tyneside and Sunderland NHS Foundation Trust	Penshaw View
Clearly Drinks	Pentland
Crystal Care	Posture Team
Digital Furniture	Public Health England
Durham Police	Ride Electric Bike
DWP Debt Centre Washington	RNIB
DWP Wearview House	DWP Job Centre Plus
EDF	Rocket Medical
Everyone Active	Saggezza
Fast Flow	Sunderland City Council
Federation of Small Businesses	Hetton School
Forget me Knot Wellbeing CIC	Simon West Interiors
Foundation of Light	Snop
Gambling Counselling Services (GCS) Partners	South Tyneside and Sunderland NHS Foundation Trust
Gentoo	Specialist Stop Smoking Service
Gestamp	Springboard
Go Smarter Travel	Station Taxis
Grace House	Sunderland Care & Support
Groundwork NE	Sunderland Carers
Grundfos	Sunderland College
Hays Travel	Sunderland Counselling
Healing Sunderland	Sunderland Headlight
HMRC Signpost to Learning	Sunderland Mind
Hyperdrive	Sunderland Software City
Impact North east	Sunderland University
Impeller	The Chamber
Inflo Software	Together for Children
Ingeus	Tombola
International Community Organisation of Sunderland	Training in Care

Kasai Group	Tritility
Knight Frank	RISE (Previously Tyne and Wear Sport)
Leighton	UK Independent Medical
Liebherr	Uplift Associates
Lighthouse Therapy Group	Vantec
Lorraine Reid	VCAS
Medintu	Washington Mind
Melanoma Me	WISE Academies
Mental Health Matters	MINTH
MICC Ltd	Moving On Tyne and Wear (MOTW)
NAC Group	
Those highlighted are also part of the North East Better Health at Work Award programme	

Appendix 3 - Workplace Health Charter



Sunderland Workplace Health Alliance
Sunderland City Council – Public
Health
Burdon Road
Sunderland
SR2 7DN
Tel: 0191 5611976

Hello

Signing the Sunderland Workplace Health Alliance Charter

As a key organisation in Sunderland you already know that looking after the health of your workforce is good for them and good for you, making a huge difference to your organisation's productivity, profitability and staff morale.

Workplace health policies and interventions are activities undertaken by employers to address key health and wellbeing issues faced by staff and employers. Evidence shows that investing in appropriate workplace health initiatives has the potential to deliver a significant return on investment, which typically ranges from £2 to £34 for every £1 spent. Universal wellness programmes can be expected to show a financial return over two to three years, whereas more targeted interventions are likely to show a quicker return on investment.

We're asking all Sunderland workplaces to demonstrate their commitment to workplace health by formally signing up to the Workplace Health Alliance Charter. The benefits are support from Sunderland City Council's Workplace Health team to work with you to improve the health and wellbeing of your staff, making you an exemplar employer.

As part of this you will receive;

- One to one support to identify the key health and wellbeing challenges faced by your organisation and staff
- Bespoke support, tools and techniques to help you address challenges successfully
- Capacity building training and workshops to better equip you and your staff to meet health and wellbeing challenges arising in the future

I invite you to sign up to the Workplace Health Charter to improve the health and wellbeing of your employees. If there are any queries prior to sign up please contact the Workplace Alliance on 0191 561 1976 or WorkplaceHealth@sunderland.gov.uk.

I look forward working with you on this important matter.

Ralph Saelzer
Chair – Sunderland Workplace Health Alliance
Managing Director - Liebherr-Sunderland Works Ltd

Supported by
Sunderland
City Council



SUNDERLAND WORKPLACE HEALTH CHARTER

We will work to improve the health and wellbeing of our employees by:

- **Identifying a named health advocate in the organisation, and once a year, establish for internal use, the key health issues affecting staff and the organisation**
- **Create an annual plan setting out your priorities for workplace health policies and interventions**
- **Commit to creating a healthy workplace environment**
- **Provide health information and support to staff**
- **Actively contribute to meetings of the Sunderland Workplace Health Alliance**
- **Take part in networking, best practice and information sharing with other companies in Sunderland**

I/we agree to an assessment of workplace health by a Workplace Health Co-ordinator working in partnership with a health advocate from within my organisation.

I will allow access to relevant information on a confidential basis to the Workplace Health Coordinator who will support us.

I agree to the use of non-confidential information and photographs to publicise good practice.

Signed

Print Name

Company

Position

(e.g. Owner/CEO/Senior Manager)

Date

HEALTHY CITY PLAN

Report of the Executive Director of Public Health and Integrated Commissioning and Deputy Chief Officer/Chief Finance Officer of Sunderland CCG

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to:
- update the Board on the proposed changes to the Healthy City Plan before the plan is finalised,
 - share the draft performance framework for the Healthy City Plan with the Board, and
 - seek endorsement to delegate approval of the Healthy City Plan to the Chair of the Board, in consultation with the Executive Director of Public Health and Integrated Commissioning and the Deputy Chief Officer/Chief Finance Officer of Sunderland CCG.

2.0 BACKGROUND

- 2.1 The Healthy City Plan is the revised statutory Health and Wellbeing Strategy of the Health and Wellbeing Board. The draft Healthy City Plan was developed in partnership, with an aim to seek Board approval in June 2020. Due to the Covid-19 pandemic work was delayed, and a draft Healthy City Plan was presented to the Board in September 2020, with a view to seeking approval of a final version in December 2020.
- 2.3 Since the plan was drafted the lead officers for the plan in both the CCG and Council have changed, providing an opportunity for reflection and challenge on the current draft of the plan. The city context has also been affected by the Covid-19 pandemic, both in terms of the direct health impacts and wider socio-economic impacts. Therefore, it is important that we pause and reflect on the draft plan to ensure it references the current context.
- 2.4 A CCG Executive Development Session was held in November 2020 to discuss and review the plan; this was a welcomed opportunity to reflect on the changes that need to be made to the plan before it is finalised.

3.0 HEALTHY CITY PLAN REFLECTIONS

- 3.1 The draft Healthy City Plan is intelligence led, informed by a wealth of data and insights. Our intelligence led approach will ensure we continue to understand the massive impact that social determinants have on people's

health and wellbeing whilst seeking to address behavioural risk factors and supporting good mental health and wellbeing.

- 3.2 The Board's eight priorities remain relevant within the context of Covid-19, these priorities being: smoke free Sunderland, addressing alcohol harms, healthy weight, best start in life, young people aged 11-19, healthy economy, ageing well and mental health and wellbeing. Some of the key messages within the plan will be strengthened to reflect the impacts of the pandemic on Covid-19 related inequalities. Specifically, the relevance of the new Covid-19 Health Inequalities Strategy will be made more explicit, as will the links with the reviewed City Plan and associated strategies.
- 3.3 The Healthy City Plan is a key plan supporting the delivery of the City Plan and is intrinsically linked to the Dynamic and Vibrant themes. Now, more than ever before issues relating to the economy and our communities, such as employment and education are a vital part of our response to achieving our vision that "Everyone in Sunderland will have healthy, happy lives, with no-one left behind."
- 3.4 Clarity on new ways of working and what will be done differently to achieve our aspirations is essential if we are to achieve the desired change. A true assets-based approach with sufficient scale and pace is essential – everyone has a role to play in delivering the ambitions we set out in this plan – our residents and communities, employers and the wealth of wider assets in the city.

4.0 NEXT STEPS

- 4.1 The current draft of the Healthy City Plan will be refreshed to:
- Draw explicit links to other key strategies such as the Covid-19 Health Inequalities Strategy and a range of strategies within the Vibrant and Dynamic themes of the City Plan.
 - Emphasise the impact of Covid-19 on the social and economic factors that contribute to poor health, recognising for some people Covid-19 will have exacerbated existing inequalities.
 - Be more explicit on how we will work differently (for example, taking an asset-based approach, building on the strengths within communities, championing a 'health in all policies' approach and strengthening the role that employers and anchor institutions can play in the city).
 - Append the Healthy City Plan performance framework as an annex to the plan (see appendix 1).
 - Clarify the arrangements for implementation of the plan, namely the structure and responsibility for delivering the plan and how the board will have oversight of delivery, impact and outcomes.
- 4.2 Once the Healthy City Plan is adopted, we must ensure that it remains a live and relevant. It is important to acknowledge that there is a rapidly moving social and economic landscape at present and the Healthy City Plan must be responsive to this. The working groups supporting each of the Health and Wellbeing Board priorities will remain responsive to data and intelligence, as

this will be key in ensuring the plan remains relevant over its ten-year life span. The working groups will need to ensure that the work they undertake is responsive to the specific needs and inequalities in localities and across the city by being intelligence led.

- 4.3 Following review of the draft Healthy City Plan as outlined above, it is proposed that a final draft be circulated to the Board and working groups, with delegation given to the Chair of the Board in consultation with the Executive Director of Public Health and Integrated Commissioning and the Deputy Chief Officer/Chief Finance Officer of SCCG for approval on behalf of the Board. This delegation will allow a final draft of the Healthy City Plan to go to full Council for approval with the reviewed City Plan in March 2021.
- 4.4 The associated governance arrangements for the Healthy City Plan will be presented to the Board in March 2021.
- 4.5 A public facing summary of the Plan will be developed once the plan is finalised.

5.0 RECOMMENDATIONS

- 5.1 The Health and Wellbeing Board is recommended to:
 - note the update report;
 - delegate final approval of the Healthy City Plan to the Chair of the Health and Wellbeing Board in consultation with the Executive Director of Public Health and Integrated Commissioning and the Deputy Chief Officer/Chief Finance Officer of SCCG;
 - receive the approved plan for information at the March 2021 Board meeting, along with associated governance arrangements.

HWBB - PERFORMANCE INDICATOR DASHBOARD

INDICATOR	GOVERNANCE	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT*	RAG Trend	Corporate measure
			CURRENT	PREVIOUS					
Male healthy life expectancy at birth	HWBB	2016-18	57.9		59.4	63.4	n/a		✓
Female healthy life expectancy at birth	HWBB	2016-18	56.5		59.7	63.9	n/a		✓
Male life expectancy at birth	HWBB	2016-18	77.2		77.9	79.6	n/a		✓
Female life expectancy at birth	HWBB	2016-18	81.4		81.7	83.2	n/a		✓
Inequality in life expectancy at birth (male)	HWBB	2016-18	11.5		11.8	9.5	n/a		✗
Inequality in life expectancy at birth (female)	HWBB	2016-18	8.5		9.3	7.5	n/a		✗
STARTING WELL									
Smoking status of mothers at time of delivery	BSIL	2018/19	18.3%	17.5%	15.7%	10.6%	↔		✓
Breastfeeding continuation - prevalence at 6-8 weeks after giving birth (current method)	BSIL	2018/19	25.9%	24.6%	33.6%	46.2%	n/a		✓
Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception	BSIL	2018/19	62.6%	56.3%	57.7%	56.5%	↑		✗
Proportion of children aged 4-5 years (end of Reception) classified as overweight or obese	Healthy weight	2018/19	24.4%	25.5%	24.3%	22.6%	↔		✓
Proportion of children aged 10-11 (Year 6) classified as overweight or obese	Healthy weight	2018/19	39.2%	40.9%	37.5%	34.3%	↔		✓
Hospital admissions for alcohol specific conditions in under 18s (per 100k population)	Alcohol	16/17-18/19	85.8	92.6	60.0	31.6	n/a		✓
Smoking prevalence at age 15- current smokers	Tobacco	2014/15	11.6%		10.1%	8.2%	n/a	n/a	✗
Proportion of children in low income families aged under 16	Wider determinant	2019	24.3%	23.3%		19.7%	n/a	n/a	-
Teenage pregnancy (under 18 conception rate) per 1,000 of the under 18 population	Young people 11-19	2018	29.0	25.7	24.9	16.7	↔		✓
Hospital admissions for mental health conditions in under 18 year olds (per 100k population)	Young people 11-19	2018/19	183.3	159.8	105.7	88.3	↔		✗
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	Young people 11-19	2018	3.08%	3.10%	2.77%	2.39%	n/a		✗
Proportion of 16/17 year olds not in education, employment or training (NEET)	Wider determinant	2018	14.9%	9.4%	6.5%	5.5%	n/a		-
LIVING WELL									
Proportion of the population aged 16-64 qualified to at least NVQ Level 4 or higher	Wider determinant	2019	27.4%	25.0%	31.9%	33.0%	↑		✓
Admission episodes for alcohol-related conditions (Broad measure) per 100k population	Alcohol	2018/19	3197	3012	2927	2367	↑		✓
Prevalence of smoking among persons aged 18 and over	Tobacco	2019	16.0%	20.2%	15.3%	13.9%	n/a		✓
Smoking prevalence in routine and manual workers	Tobacco	2019	25.7%	28.5%	24.3%	23.2%	n/a		✗
Percentage of adults aged 18 and over classified as overweight or obese	Healthy weight	2018/19	66.0%	69.2%	64.9%	62.3%	n/a		✓
Proportion of people aged 16 and over with a high anxiety score according to a self-reported wellbeing indicator	Mental health and wellbeing	2018/19	26.0%	21.2%	20.2%	19.7%	n/a		✓
Percentage of people aged 16-64 in employment	Wider determinant	2018/19	70.0%	71.8%	71.1%	75.6%	↑		✓
Gap in employment between those with a long-term health condition and the overall employment rate	Healthy Economy	2018/19	13.7%	14.3%	14.1%	11.5%	↓		✗
Gap in employment between those in secondary mental health services and the overall employment rate	Healthy Economy	2018/19	62.0%	64.8%	62.1%	67.6%	n/a		✗
Gap in employment between those with a learning disability and the overall employment rate	Healthy Economy	2018/19	65.7%	66.4%	65.9%	69.7%	n/a		✗
Percentage of households that experience fuel poverty	Wider determinant	2018	9.2%	12.6%	9.5%	10.3%	↔		✓

AGEING WELL									
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	Mental health and wellbeing	2018/19	48.8	52.5%	49.3	45.9	n/a		✖
Emergency hospital admissions due to falls in people aged 65 and over	Ageing well	2018/19	2403	2364	2378	2198	↔		✓
Mortality rate from causes considered preventable per 100k population	Ageing well	2016-18	232.6	234.7	223.9	180.8	n/a		✖
Hip fractures in people aged 65 and over per 100k	Ageing well	2018/19	639	691	616	558	↔		✖
Estimated dementia diagnosis rate (aged 65 and over)	Ageing well	2020	69.2%	70.5%	73.3%	67.4%	n/a		✖
Excess winter deaths index (age 85+)	Ageing well	Aug 17 - Jul 18	48.1%	28.9%	45.8%	41.1%	n/a		✖

DOT - Direction of Travel*	
↔	No change
↑	Increasing, getting worse
↗	Increasing, getting better
↓	Decreasing, getting worse
↘	Decreasing, getting better
n/a	Trend not identified/no trend

RAG Trend	
	Getting better
	Relatively stable
	Getting worse

*Direction of Travel is determined by the trend of the last five years (PHE tool).

BEST START IN LIFE

INDICATOR*	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT (PHE)
		CURRENT	PREVIOUS			
Under 18 conception rate per 1,000 of the female population age 15-17 (teenage pregnancy)	2018	29.0	25.7	24.9	16.7	↔
Smoking status of mothers at time of delivery	2019/20	18.3%	17.5%	15.7%	10.6%	↔
Breastfeeding continuation - prevalence at 6-8 weeks after giving birth (current method)	2018/19	25.9%	24.6%	33.6%	46.2%	n/a
Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception	2018/19	62.6%	56.3%	57.7%	56.5%	↑
Population vaccination coverage - MMR for one dose (2 years old)	2018/19	95.3%	92.7%	94.5%	90.3%	↓
Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years	2018/19	204.0	201.5	166.9	123.1	↔
Percentage of five year olds with experience of visually obvious dental decay	2019/20	32.5%	28.4%	23.3%	23.4%	n/a
Proportion of children aged 4-5 years (end of reception) classified as overweight or obese	2018/19	24.4%	25.5%	24.3%	22.6%	↔

SOURCE - Public Health Profile
Sexual and Reproductive Health Local Tobacco Control Child and Maternal Health Child and Maternal Health Child and Maternal Health Child and Maternal Health Child and Maternal Health Child and Maternal Health

**Suggested indicators - decision of which indicators to monitor lies with the working group*

YOUNG PEOPLE 11-19

INDICATOR*	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT (PHE)	SOURCE (Public Health Profile)
		CURRENT	PREVIOUS				
Under 18 conception rate per 1,000 female population aged 15-17 (teenage pregnancy)	2018	29.0	25.7	24.9	16.7	↔	Sexual and Reproductive Health - Teenage pregnancy
Children in the Youth Justice System aged 10-18 years old	2017/18	6.2%	7.6%	6.1%	4.5%	↓	Wider Determinants of Health
HPV vaccination coverage in 12-13 year olds	2018/19	93.8%	84.7%	86.3%	88.0%	↔	Child and Maternal Health - Young people
Chlamydia detection rate per 100k population aged 15-24	2019	1,791	1,704	1,869	2,043	↔	Sexual and Reproductive Health
Smoking prevalence at age 15- current smokers	2014/15	11.6%		10.1%	8.2%	n/a	Child and Maternal Health - Young people
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2018	3.08%	3.10%	2.77%	2.39%	n/a	Children and Young People's Mental Health and Wellbeing
Hospital admissions as a result of self-harm in 10-14 year olds (per 100k population)	2018/19	329.3	257.0	227.3	226.3	↓	Child and Maternal Health - Young people
Hospital admissions as a result of self-harm in 15-19 year olds (per 100k population)	2018/19	834.6	596.1	831.5	659.5	↔	Child and Maternal Health - Young people
Hospital admissions for mental health conditions in under 18 year olds (per 100k population)	2018/19	183.3	159.8	105.7	88.3	↔	Crisis Care
Hospital admissions for alcohol specific conditions in under 18s (per 100k population)	16/17-18/19	85.8	92.6	60.0	31.6	n/a	Child and Maternal Health - Young people
Hospital admissions due to substance misuse in 15-24 year olds (per 100k population)	16/17-18/19	100.4	99.1	117.8	83.1	n/a	Child and Maternal Health - Young people
Proportion of 16-17 year olds not in education, employment or training (NEET), or activity is unknown	2018	14.9%	9.4%	6.5%	5.5%	n/a	Child and Maternal Health - Young people

*Suggested indicators - decision of which indicators to monitor lies with the working group

SMOKE FREE SUNDERLAND

INDICATOR	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT
		CURRENT	PREVIOUS			
Women who smoke at time of delivery	2018/19	18.3%	17.5%	15.7%	10.6%	↔
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2018/19	33.3%	27.9%	25.4%	26.8%	n/a
Smoking prevalence in adults (18+) - current smokers	2019	16.0%	20.2%	15.3%	13.9%	n/a
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers	2019	25.7%	28.5%	24.3%	23.2%	n/a
Smokers that have successfully quit at 4 weeks (CO validated) per 100k aged 16+	2018/19	1915	2096	2250	1326	n/a
Smoking attributable hospital admissions per 100k of the population age 35+	2018/19	3,036	2,914	2,346	1,612	↔
Smoking attributable mortality (per 100k population)	2016-18	371.8	386.8	327.9	250.2	n/a

SOURCE
Child and Maternal Health
Local Tobacco Control
Local Tobacco Control
Local Tobacco Control
Local Tobacco Control
Local Tobacco Control
Local Tobacco Control

**Suggested indicators - decision of which indicators to monitor lies with the working group*

ADDRESSING ALCOHOL HARMS

INDICATOR	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT
		CURRENT	PREVIOUS			
Hospital admissions for alcohol specific conditions in under 18s (per 100k population)	16/17-18/19	85.8	92.6	60.0	31.6	n/a
Percentage of adults consuming more than 14 units of alcohol in an average week	2011-2014	28.9%	n/a	30.3%	25.7%	n/a
Percentage of dependent drinkers	2011-2014	2.1%	n/a	1.7%	1.4%	n/a
Hospital admission episodes for mental and behavioural disorders due to use of alcohol per 100k population (broad)	2018/19	713	666	573	412	↑
Hospital episodes for alcohol-related unintentional injuries per 100k population (narrow)	2018/19	146.9	144.2	175.2	152.5	↔
Hospital admissions for alcohol-related conditions per 100k population (broad)	2018/19	3,197	3,012	2,927	2,367	↑
Hospital admissions for alcohol-specific conditions per 100k population	2018/19	1,078	984	909	626	↑
Mortality from chronic liver disease (per 100k population)	2016-2018	20.7	22.2	17.8	12.1	n/a
Alcohol related mortality (per 100k population)	2018	57.6	67.8	57.1	46.5	↔
Alcohol specific mortality (per 100k population)	2016-2018	18.0	21.4	15.7	10.8	n/a

SOURCE (Public Health profile)
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile
Local Alcohol Profile

**Suggested indicators - decision of which indicators to monitor lies with the working group*

HEALTHY WEIGHT

INDICATOR	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT
		CURRENT	PREVIOUS			
Percentage of physically active children and young people	2018/19	45.0%	32.3%	45.5%	46.8%	n/a
Percentage who eat 5 or more portions of fruit and veg per day at age 15	2014/15	44.4%	n/a	46.8%	52.4%	n/a
Prevalence of overweight (including obese) children in Reception	2018/19	24.4%	25.5%	24.3%	22.6%	↔
Prevalence of overweight (including obese) children at the end of Year 6	2018/19	39.2%	40.9%	37.5%	34.3%	↔
Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day'	2018/19	49.5%	54.5%	53.9%	54.6%	n/a
Percentage of physically active adults (18+)	2018/19	59.5%	60.1%	64.9%	67.2%	n/a
Percentage of physically inactive adults (18+)	2018/19	28.7%	28.0%	23.8%	21.4%	n/a
Percentage of adults walking for travel at least three days per week	2017/18	20.1%	16.3%	19.3%	23.1%	n/a
Percentage of adults cycling for travel at least three days per week	2017/18	2.6%	0.7%	1.7%	3.2%	n/a
Percentage of adults (18+) classified as overweight or obese	2018/19	66.0%	69.2%	64.9%	62.3%	n/a

SOURCE (Public Health profile)
Physical Activity
Child and Maternal Health
Child and Maternal Health
Child and Maternal Health
Public Health Outcomes
Physical Activity
Physical Activity
Physical Activity
Public Health Outcomes

**Suggested indicators - decision of which indicators to monitor lies with the working group*

HEALTHY ECONOMY

INDICATOR	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT
		CURRENT	PREVIOUS			
Proportion of 16/17 year olds not in education, employment or training (NEET)	2018	14.9%	9.4%	6.5%	5.5%	n/a
Gap in employment between those with a long-term health condition and the overall employment rate	2018/19	13.7%	14.3%	14.1%	11.5%	↓
Gap in employment between those in secondary mental health services and the overall employment rate	2018/19	62.0%	64.8%	62.1%	67.6%	n/a
Proportion of supported working age adults with a learning disability in paid employment	2018/19	3.9%	5.4%	5.2%	5.9%	↔
Gap in employment between those with a learning disability and the overall employment rate	2018/19	65.7%	66.4%	65.9%	69.7%	n/a

SOURCE (Public Health profile)
Wider Determinants of Health
Wider Determinants of Health
Wider Determinants of Health
Learning Disability Profile
Learning Disability Profile

**Suggested indicators - decision of which indicators to monitor lies with the working group*

MENTAL HEALTH AND WELLBEING

INDICATOR	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT
		CURRENT	PREVIOUS			
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2018	3.08%	3.10%	2.77%	2.39%	n/a
Hospital admissions for mental health conditions in under 18 year olds (per 100k population)	2018/19	183.3	159.8	105.7	88.3	↔
Proportion of people aged 16 and over with a high anxiety score according to a self-reported wellbeing indicator	2018/19	26.0%	21.2%	20.2%	19.7%	n/a
Estimated prevalence of common mental disorders: % population aged 16 and over	2017	19.3%	n/a	n/a	16.9%	n/a
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2018	44.8%	42.8%	36.4%	27.3%	n/a
Smoking prevalence in adults with anxiety or depression (18+) - current smokers	2016/17	26.6%	31.4%	26.0%	25.8%	n/a
Proportion of adults in contact with secondary mental health services	2014/15	6.0%	5.7%	5.5%	5.4%	n/a
Hospital admissions for mental and behavioural disorders due to use of alcohol per 100k population (narrow)	2018/19	170.1	164.5	119.8	75.6	↔
Suicide rate per 100k population	2017-19	12.4	11.1	11.6	10.1	n/a
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2018/19	48.8	52.5%	49.3	45.9	n/a
Estimated prevalence of common mental disorders: % population aged 65 and over	2017	12.1%	n/a	n/a	10.2%	n/a

SOURCE (Public Health profile)
Children and Young People's Mental Health and Wellbeing
Children and Young People's Mental Health and Wellbeing
Public Health Outcomes
Common Mental Health Disorders
Mental Health and Wellbeing JSNA
Mental Health and Wellbeing JSNA
Mental Health and Wellbeing JSNA
Mental Health and Wellbeing JSNA
Mental Health and Wellbeing JSNA
Productive Healthy Ageing
Common Mental Health Disorders

**Suggested indicators - decision of which indicators to monitor lies with the working group*

AGEING WELL

INDICATOR	PERIOD	SUNDERLAND		REGION	ENGLAND	DOT
		CURRENT	PREVIOUS			
Percentage of households in fuel poverty	2018	9.2%	12.6%	9.5%	10.3%	↔
Percentage of people aged 65+ receiving winter fuel payments	2018/19	97.4%	96.8%	96.6%	96.6%	↑
Social isolation: percentage of adult social care users who have as much social contact as they would like (65+)	2018/19	48.8%	49.6%	48.4%	43.5%	↔
Percentage of adult social care users satisfied with care and support services (65+)	2018/19	67.6%	74.0%	63.2%	61.8%	n/a
Percentage of adult social care users who feels they have control over their daily lives (65+)	2018/19	72.5%	78.6%	76.7%	74.4%	↔
Estimated prevalence of common mental disorders: % population aged 65 and over	2017	12.1%	n/a	11.3%	10.2%	n/a
Estimated dementia diagnosis rate in people aged 65 and over	2020	69.2%	70.5%	73.3%	67.4%	n/a
Emergency hospital admissions due to falls in people aged 65 and over (per 100k population)	2018/19	2,403	2,364	2,378	2,198	↔
Emergency hospital admissions due to falls in people aged 80 and over (per 100k population)	2018/19	5,931	5,796	5,728	5,543	↔
Hip fractures in people aged 65 and over	2018/19	639	691	616	558	↔
Care homes beds per 100 people aged 75+	2020	10.4	10.6	11.0	9.6	↔
Excess winter deaths (85+)	2017/18	48.1%	28.9%	45.8%	41.1%	n/a

SOURCE (Public Health profile)
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing
Productive Healthy Ageing

**Suggested indicators - decision of which indicators to monitor lies with the working group*

SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

UPDATE ON THE EMERGING MENTAL HEALTH STRATEGY

Verbal update from Director of Contracting, Planning and Informatics at Sunderland CCG

1.0 Purpose of the update

- 1.1 Board members will be provided with an update of the progress being made on the development of the CCG's mental health strategy. The update will include the outcome of the pre-engagement work, an update on the engagement work undertaken to date, emerging themes and next steps.

2.0 Recommendation

- 2.1 The Board is recommended to:

Note the update on the emerging mental health strategy.

SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

UPDATE ON THE PATH TO EXCELLENCE

Report of Dr Shaz Wahid, Executive Medical Director STSFT and Chair of Clinical Service Review Group

1.0 Purpose of the Report

- 1.1 This report updates the Board on the status of Path to Excellence Programme, the learning from COVID-19 and the impact on the Programme.

2.0 Background

- 2.1 The Path to Excellence Programme is one of the 3 pillars of transformation for the local health economy, focusing on in-hospital transformation; alongside system-wide work on Out of Hospital care and on Prevention.

The programme aims to create outstanding future services, which offer high quality, safe patient care and clinical excellence for every resident of South Tyneside and Sunderland. The programme is in 2 phases:

Phase 1 – considered stroke care, maternity and gynaecology services and acute paediatrics

Phase 2 – considers how we look after people in an emergency or who have an urgent healthcare need in Medicine and Surgical specialties and how we provide planned care.

- 2.2 A temporary 6 month pause on the programme was introduced in April 2020 due to the global pandemic COVID-19. This involved introducing a pause to the final step of implementation of the paediatric model (Phase 1) and the design work associated with working ideas for Medicine, Emergency Care and Surgery in Phase 2. Work recommenced from October 2020.

3.0 Update on Current position

3.1 Phase 1

3.1.1 Stroke Services

Changes to Stroke pathways were made in December 2016; centralising all acute in-patient stroke care at Sunderland Royal Hospital (SRH) in a dedicated stroke unit. Since then we have seen significant improvements in performance against national standards and best practice recommendations (Sentinel Stroke National Audit Programme - SSNAP), which demonstrate improvements in clinical care, leading to improved clinic outcomes. Overall,

our acute stroke services are now rated at level A (April-June 2020), the highest level available in the NHS, prior to changes stroke services in South Tyneside were rated at level E and in Sunderland level D.

3.1.2 Obstetrics and Gynaecology

In August 2019 changes were implemented to Obstetric and Gynaecology services with the opening of a new midwifery-led birthing centre (MLBC) at South Tyneside District Hospital (STDH) and centralisation of consultant led births and in-patient gynaecology at SRH.

The workforce changes have facilitated an increase in the hours of consultant presence on the delivery suite unit at Sunderland, exceeding the Royal College recommendations and have considerably reduced the pre-existing reliance on temporary and less reliable agency medical staff.

The first year has seen overall number of births within the range expected, with some fluctuations in birth rates. The MLBC has seen 220 births in its first year, which is significantly better than many free standing midwifery led units across the country. This number is expected to grow.

There were 20 women transferred during labour or just after giving birth from the MLBC to delivery suite at Sunderland, a transfer rate of just under 10%, which again is significantly better than reported levels (20-30%) across other parts of the country. All transfers were undertaken by a Category 1 ambulance with an average transfer time of 15 minutes and no adverse outcome for mums or babies.

Following a pause due to COVID-19, work to further develop the maternity services offered has re-commenced, including work with the local Maternity Voices Partnership and Best Start in life Partnership groups.

3.1.3 Acute Paediatrics

On 5 August 2019 a new model of emergency paediatric care came into operation in South Tyneside; closing the Special Care Baby Unit (SCBU) at STDH and transferring staff to the neonatal unit at SRH, and closing the Paediatric Emergency Department at STDH overnight (10pm-8am).

Nurses from SCBU have transferred to Sunderland to allow available cot capacity to be used effectively and to improve compliance with the required British Association of Perinatal Medicine (BAPM) standards for nurse staffing in a neonatal unit. There have been no concerns regarding demand and capacity associated with the change.

The overnight closure of the paediatric emergency department (PED) at STDH was supported by a robust public communication plan, this has meant that there have been very few incidents of paediatric patients self-presenting to South Tyneside during the hours of closure; where patients did attend they

were diverted by the adult emergency department (ED) to the Sunderland PED in accordance with the agreed algorithms.

The impact of the changes on demand at Sunderland has been difficult to interpret; complicated initially by the changes in urgent care provision in Sunderland and latterly by the reduction in ED presentations associated with the COVID-19 pandemic.

Work to implement the second phase of the paediatric model; development of a nurse-led urgent care centre for children at STDH has now recommenced following a pause due to the pandemic. A provisional implementation date of August 2021 has been agreed and regular updates on progress will be made to Clinical Service Review group.

3.2 Phase 2

3.2.1 Impact of COVID-19

In April 2020 the Path to Excellence programme was paused in response COVID -19 and the impact on clinical and managerial capacity. Plans to reset the programme commenced in October 2020, informed by a situational analysis which reported:

- The reasons for the programme are more relevant as a consequence of the pandemic, and accelerate the need for transformation.
- The pandemic had brought many positive working solutions with new ways of working established extremely quickly, i.e. introduction of 'virtual' out-patient appointments.
- The original programme objectives remain valid, and should be extended to include the ability to manage COVID-19 (or similar) and objectives around addressing health inequalities; which have been exposed during the pandemic.
- There is a need to work closely with staff to understand their experiences of the pandemic, as well as closer working with community and primary care partners.
- Given the on-going response to COVID-19 and recovery of elective activity, staff and clinical capacity is likely to be an issue in relation to the delivery timescale of the programme.
- Work is needed to understand the current state. While the original data may still be valid, there is a view that the situation has changed significantly and public and staff views may have changed as a result of this.

3.2.2 Phase 2 Reset

The 'pause' in the programme and the level of change across the system has meant there is a significant amount of rework to do and work is underway to:

- Update the pre-consultation business case to reflect the 'current state.'
- Refresh the case for change, to include any learning from COVID-19, changes to policy and organisational change.
- Validate the previous 'working ideas' against the original 'long list' with clinical teams.
- Further refine working ideas using recommendations from the Clinical Senate (interim report), the Interim Integrated Impact Assessment, alongside stakeholder, staff and public feedback.
- Remodel the working ideas against refreshed activity and workforce data.
- Re-engage with staff, public and stakeholders.

COVID -19 and the requirements for social distancing means that new ways of working are being developed both in supporting the clinically led work stream meetings and taking forward stakeholder and public engagement.

4.0 Recommendation(s)

4.1 The Board is recommended to:

- Note the update on Path to Excellence Phase 1 and Phase 2

SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

HEALTH PROTECTION ASSURANCE 2020

Report of the Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

- 1.1 This report provides a summary overview of health protection arrangements and some relevant activity across the City of Sunderland during 2020. The report supports the Director of Public Health's statutory remit to provide assurance to the Sunderland Health and Wellbeing Board and Sunderland City Council in relation to health protection of the local population.
- 1.2 The report outlines the local position on health protection issues and priorities covering prevention, surveillance and control and recommends that the Board:
- Consider the information provided
 - Note that the Executive Director of Public Health & Integrated Commissioning is satisfied that the Health Protection Assurance arrangements in Sunderland are adequate to deal with the various aspects of health protection.
 - Agree that we maintain a local Health Protection Board with a broad health protection remit once we reach the end of the pandemic.

2.0 Background

- 2.1 The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Executive Director of Public Health & Integrated Commissioning for Sunderland is responsible for the discharge of the local authority's public health functions.
- 2.2 Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
- Prevention - screening, vaccination and immunisation schemes to prevent the incidence of diseases;
 - Surveillance – systems of disease notification or measurement of exposures, identifying outbreaks and incidents;
 - Control – management of individual cases of certain diseases to reduce the risk of spread;
 - Emergency Preparedness, Resilience and Response (EPRR) – arrangements to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care including

extreme weather, a large or complex outbreak of an infectious disease, a major transport accident or a terror attack.

- 2.3 Timely, accurate and authoritative communication is a vital element of all health protection arrangements. Good communication demonstrates accountability and provides confidence, especially when responding to an incident. It underpins all prevention, surveillance and control activities.
- 2.4 During 2020, there has necessarily been a major focus on health protection work in response to the COVID-19 pandemic. Capacity has been diverted away from other work and towards responding to the pandemic.
- 2.5 Some routine health protection programmes were paused or subject to delays to protect people from COVID-19 and allow NHS staff to support critical services. Whilst programmes are restarting, it will be some time before we see the full impact of this and can respond to this.
- 2.6 Responsibilities for aspects of health protection are distributed across the health system as follows:
- NHS England is responsible for the commissioning of screening, and vaccination and immunisation schemes.
 - Public Health England's Health Protection Teams are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Sunderland has an identified link Consultant in Health Protection.
 - The Executive Director of Public Health & Integrated Commissioning is responsible for co-ordinating the Council's contribution to health protection issues and providing a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.
- 2.7 During the COVID-19 pandemic, Public Health England's regional Health Protection Team has been significantly overstretched. Whilst clear joint working arrangements had been agreed and set out in the local COVID-19 Control Plan, a number of functions that had previously been provided by the Health Protection Team have been passed to the local authority public health team. This has had an impact on the local team's capacity to progress work on other priorities and issues.
- 2.8 In August 2020, the Secretary of State for Health announced that Public Health England would be abolished. A National Institute for Health Protection will be established from 1 April 2021 to bring together health protection functions within a single agency responsible for protecting people from external threats to this country's health. Successor arrangements for the health improvement and healthcare public health elements of PHE's remit have yet to be set out. All PHE staff are expected to have transitioned to new arrangements by 1 October 2021.

3.0 Assurance Arrangements

- 3.1 A range of groups and information flows are in place to support normal health protection arrangements and provide assurance to the Executive Director of Public Health & Integrated Commissioning that the health protection system is functioning as it should. These include:
- A regional Programme Board for each screening and immunisation programme;
 - A Healthcare Associated Infections (HCAI) Improvement Group which operates across Sunderland and South Tyneside;
 - An Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland;
 - The Northumbria Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur;
 - The North East Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning;
 - A range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards and by PHE's Fingertips resources.
- 3.2 Some of these groups ceased meeting regularly during the first wave of the pandemic and the flow of regular surveillance reports was interrupted.
- 3.3 The response to the first wave was strongly managed at national level with regular COBR meetings. At local level partners convened their local C4 (command, control, co-ordination and communication) structures including Strategic (Gold), Tactical (Silver) and Operational (Bronze) groups that they use for emergency response. Over the summer months partners returned business as usual operation supported by their Recovery groups.
- 3.4 On 19 September 2020 Northumbria Local Resilience Forum (LRF) declared a major incident as we moved into the second wave of the pandemic. Once again local partners stood up their local C4 structures. These arrangements continue at the current time.
- 3.5 Additional governance and assurance arrangements were put in place specifically for the pandemic. These arrangements were set out in the [COVID-19 Control Plan](#) which was published on 30 June 2020 and include:
- A Health Protection Board – an expert group drawn from partner agencies which works to prevent, identify and contain outbreaks to protect the health of the public in Sunderland against COVID-19; and
 - A Local Outbreak Control Board – a leadership group drawn from partner agencies which provides challenge, facilitates political ownership, supports public engagement and communications and

supports delivery of the COVID-19 Control Plan through resource deployment and co-ordination.

- 3.6 Working across agencies during the pandemic has demonstrated the benefit of having an expert group focussed on health protection issues in terms of swift communication, co-ordination and action. For this reason, we are recommending that we maintain a local Health Protection Board with a broad health protection remit once we reach the end of the pandemic.

4.0 Summary of issues

Vaccination and Immunisation schemes

- 4.1 In general, Sunderland performs well in relation to the uptake of vaccination and immunisation programmes. The position had fully recovered from the previously identified (2017/18) serious incident related to the routine childhood immunisation programme so that coverage for this programme was amongst the highest in England in 2019/20.

- By 12 months of age, 98.8% of children in Sunderland had been immunised against diphtheria, tetanus, pertussis (whooping cough), polio (inactivated polio vaccine), and Haemophilus influenza type b (an important cause of childhood meningitis and pneumonia), compared to 92.8% across England (Quarter 1 2020/21 data).
- By 24 months of age, 98.1% of children in Sunderland had received one dose of measles, mumps and rubella (MMR) vaccine, compared to 91.0% across England (Quarter 1 2020/21 data).
- By 5 years old, population vaccination coverage for two doses of MMR was 96.7%, above the England average of 86.9% (Quarter 1 2020/21 data).
- By 5 years old, population vaccination coverage for the DTaP/IPV booster was 97.0%, above the England average of 85.6%, (Quarter 1 2020/21 data).

Routine childhood and routine adult vaccination and immunisation programmes have operated throughout the pandemic.

- 4.2 The COVID-19 pandemic created some challenges for vaccination programmes that are delivered in the school setting (Meningitis ACWY, Teenage Booster and HPV). Good cross system working has enabled delivery solutions to be found, but inevitably some young people will have vaccinations deferred until next academic year.
- 4.3 High priority has been given to the seasonal flu immunisation programme for the 2020/21 winter season. We are anticipating the co-circulation of COVID-19 and flu which could significantly increase demand on the healthcare system. Flu immunisation is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. We are making rapid progress in delivery of the programme this season with all vulnerable groups, except pregnant women, showing high

uptake than at the same point last year. Year 7 children (aged 11-12) have been added to the programme this year and from 1 December, the programme has been expanded to include adults aged 50-64 who are not at clinical risk.

- 4.4 Work is also underway to prepare for the implementation of a COVID-19 vaccination programme to roll out when we have a vaccine(s) that have been approved by the regulator.

Cancer screening programmes

- 4.5 In general, Sunderland performs well in relation to the coverage of cancer screening programmes. However, in wave 1 of the COVID-19 pandemic, NHS Providers were instructed to cease more preventative activities to allow them focus on treating people with the virus whilst maintaining critical functions. As a consequence, cancer screening services were paused in March 2020.

- 4.6 NHS England is currently working with providers to ensure return to business as usual operation, meeting all programme standards, while working within the limits of the national and local impacts of COVID-19:

- Invitations for cervical screening recommenced during June 2020, though laboratory capacity and problems with access to reagents was affecting turn-around times. Colposcopy throughput is slower than it was pre-COVID-19.
- FIT screening for bowel cancer recommenced in July 2020, though bowel scope screening is still paused.
- Recommencement of breast screening from August 2020, initially targeted to those at greater risk. Clinic throughput is slower than it was pre-COVID-19.

Non-cancer screening programmes

- 4.7 In general, Sunderland performs well in relation to the coverage of non-cancer screening programmes. Whilst antenatal and newborn screening programmes operated throughout the pandemic, though with enhanced infection prevention and control measures in place, Abdominal Aortic Aneurysm (AAA) and diabetic eye screening were paused in March 2020.

- 4.8 NHS England is currently working with providers to ensure return to business as usual operation, meeting all programme standards, while working within the limits of the national and local impacts of COVID-19:

- AAA screening has recommenced, the 2019/20 cohort has been caught up and from October 2020 screening has started for the 2020/21 cohort.
- Diabetic eye screening recommenced in July 2020, initially focussed on higher risk patients and it is expected that routine invitations will commence from December 2020.

Surveillance

- 4.9 Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions. The COVID-19 pandemic has underlined the importance of good surveillance data to be able to quickly identify and rapidly respond to cases, clusters and outbreaks.
- 4.10 Surveillance processes draw data from a wide range of sources and while that continues to allow the immediate response, flow of regular surveillance reports across partners was interrupted in some cases. It will be some time before we see the full impact of this and can respond to this.
- 4.11 The HCAI Improvement Group monitors health care associated infections on a monthly basis and continues to work in line with the whole system action plan focussed on:
- Reducing gram negative bloodstream infections;
 - Reducing catheter associated urinary tract infections;
 - Reducing the number of specific drug-resistant infections;
 - Reducing inappropriate antibiotic prescribing in healthcare; and
 - Maintaining surveillance and infection control practices for MRSA, MSSA and C. difficile.
- 4.12 Surveillance of sexually transmitted infections has continued, but we are aware that levels of activity within some preventive services may have reduced during the pandemic. In Sunderland, rates of diagnoses of STI amongst people accessing sexual health services are generally similar to or lower than the England average. Data for 2019 shows that:
- 1,743 new sexually transmitted infections (STIs) were diagnosed in Sunderland residents giving a rate of 628 per 100,000 population. This is lower than the North East rate of 641 per 100,000, significantly lower than the England rate of 816 per 100,000 and benchmarks favourably with statistical neighbours.
 - There were 154 diagnosed HIV cases amongst people aged 15-59 years in Sunderland giving a rate of 0.97 per 1,000 persons aged 15-59. This is lower than the North East rate of 1.16 per 1,000 persons aged 15-59 years and the England rate of 2.39 per 1,000 persons aged 15-59, and benchmarks relatively favourably with statistical neighbours.
 - Despite 75.3% of eligible attendees at specialist sexual health services being tested for HIV, data for 2017-2019 shows that 60.9% of HIV diagnoses made for people from Sunderland are made late (i.e., when the immune system has already been damaged so that the CD4 count is less than 350 cells per mm³ within three months of diagnosis). This is higher than the position for the North East of 42.5% late diagnoses and the position for England of 43.1% late diagnoses and benchmarks poorly when compared to statistical neighbours.

Control

- 4.13 A number of organisms can cause gastro-intestinal infection including bacteria, viruses and parasites. The majority of the work on gastrointestinal infections relates to individual sporadic cases of infection.
- 4.14 The latest surveillance report covering April to June 2020 shows that levels of gastrointestinal infections were lower than for the same period in the previous year. We know that COVID-19 restrictions have had an impact on the sorts of activities that people could undertake during this period. We are advised that both testing and health-seeking behaviour of residents is likely to have changed in the context of a national lockdown.
- 4.15 Tuberculosis (TB) is an infection that can be caught by breathing in bacteria from someone who has infectious TB, although prolonged exposure is required for airborne spread. People who live in areas with high levels of social deprivation are most vulnerable to developing TB. These include those who are homeless, live in poor housing, live in poverty or are drug users.
- 4.16 Between 2017 and 2019, the three-year average incidence of TB in Sunderland was 3.7 per 100,000 population, or an average of 10 cases per year, a relatively small number of cases of TB. Rates of TB notifications are similar to the North East average of 3.9 per 100,000 and significantly better than the England average of 8.6 per 100,000. Due to the low incidence of TB, our relevant TB Control Board covers the whole of the North East and the Yorkshire and the Humber regions.
- 4.17 We do not at present have our customary summary of the full range of outbreaks by setting that we would usually include in an annual report.

5.0 Conclusions

- 5.1 During 2020, there has necessarily been a major focus on health protection work in response to the COVID-19 pandemic. Capacity has been diverted away from other work and towards responding to the pandemic. This means that we are not able, at this stage, to provide as full a picture as we would wish. It is likely to be some time before the full impact of the COVID-19 pandemic on health protection activities and outcomes will be understood.
- 5.2 Where there have been interruptions to specific services, this occurred from an initially strong position and plans have been put in place to return to business as usual as quickly as possible.
- 5.3 Overall the Executive Director of Public Health & Integrated Commissioning is satisfied that the Health Protection Assurance arrangements in Sunderland are adequate to deal with the various aspects of health protection. She will keep the arrangements under review and will seek to make improvements as and when necessary.

6.0 Recommendations

6.1 The Board is recommended to:

- Consider the information provided
- Note that the Executive Director of Public Health & Integrated Commissioning is satisfied that the Health Protection Assurance arrangements in Sunderland are adequate to deal with the various aspects of health protection.
- Agree that we maintain a local Health Protection Board with a broad health protection remit once we reach the end of the pandemic.

Gerry Taylor
Executive Director of Public Health &
Integrated Commissioning

Kath Bailey
Public Health Specialist

HEALTH AND WELLBEING BOARD

11 December 2020

SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Report of the Chair of the Safeguarding Adults Board

1. Purpose of the Report

- 1.1. It is a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.
- 1.2. The annual report, attached for members' information, highlights the current work of Sunderland Safeguarding Adults Board (SSAB) during the year 2019-20.

2. Background

- 2.1. The workings of the Board and its current sub-committees, and importantly what they have achieved, are shown within the body of the report and also the links the Board has with other strategic partnerships within the city.
- 2.2. The work of SSAB focuses on four strategic priorities, as identified in its Strategic Delivery Plan 2019-24:
 - Prevention
 - Making Safeguarding Personal (MSP)/ User Engagement
 - Partnership (including regional collaboration)
 - Key local areas of risk (self-neglect, mental capacity and exploitation)

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

- 2.3 The report highlights significant progress against its strategic priorities through the work of the SSAB and its Sub Committees, and through the training offer the SSAB commissions. It also features the Key Achievements; Good Practice, Partnership Working and Making Safeguarding Personal activity undertaken by the SSAB's statutory partners. It highlights the work done to develop SSAB resources such as the '7-Minute Briefings' on a range of safeguarding adults topics, and sets out the future direction of travel for the Board with regard to further work on SSAB's Multi-Agency Safeguarding Adults Procedures; further development of the SSAB website; work to develop a local process for managing the most complex safeguarding adults cases, and notes that SSAB will be participating in National Safeguarding Week 16th – 22nd November 2020.

3. Recommendation

- 3.1** The Health and Wellbeing Board is asked to:
Note the content of the Safeguarding Adults Board Annual Report 2019-20.



Annual Report

2019-2020



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Foreword

by the Independent Chair of SSAB



Sir Paul Ennals
Independent Chair, Sunderland SAB

This is my final annual report as Chair. It has been a privilege and a pleasure to have worked with partners across Sunderland, and to have witnessed the regular improvements in the quality of services made available to vulnerable adults from all partners within the borough. I have been Independent Chair for 3 years now, and it is normal good practice to limit the number of years a Chair stays in one place.

We have made real progress in improving the way in which we monitor performance data from all partners. Data can become a drain, whereas it is meant to be a tool to help us understand what is happening – and I believe we are now using it as a highly useful tool.

We have been making progress on prevention. We have improved the accessibility of much of the information we make available to people in the community, and our Safeguarding Week activities have been expanding each year.

As we came to the end of the year, all seemed smooth. Then out of a clear blue sky came Covid-19. Although it appeared in Sunderland at the very end of the year that this report covers, it is relevant to discuss what we learnt from it in this report. In the crisis that hit our borough and our nation, our true nature was revealed, and the partnership within Sunderland proved itself to be extremely strong.

CONTINUED ON NEXT PAGE...

Foreword

by the Independent Chair of SSAB, continued...

Covid 19 hit Sunderland hard. There are high levels of deprivation within the borough, and an age profile which has higher than the average proportion of elderly people, and these factors meant we suffered high levels of infection - and deaths - in care homes, and in the wider community. The partnerships in Sunderland responded with speed and effectiveness as the extent of the pandemic became clear, and partners set up systems for supporting care homes within the borough well before the Government came to realise the full extent of the crisis. The crisis brought out the best in partners. Services adapted very rapidly to the new challenges, communications were fast and efficient, and partnership working flourished. Some of the new ways of working - using video systems for meetings, for example - have proved to be more efficient than the old ways. As I write, preparations are in hand for the possible second wave in the autumn or winter, and whilst none of us can feel relaxed about what is to come, I feel enriched by having seen the quality of the joint working that has been evident here.

Our communities may have been changed by this pandemic. It has been heartening to see the way in which volunteers have come forward to support vulnerable people in their homes. Many people have reported they have had more personal contact, calls, and offers of help during these last months than in the year beforehand. Preventative safeguarding work may be as simple as making sure that every vulnerable person living on their own can count on a personal contact from a friendly supportive person regularly. Building stronger local community hubs, as we have seen happen, might just prove to be a game-changer in improving the safety of vulnerable people across Sunderland.

Foreword

As ever, warm thanks are due to our central team - to Pam Weightman and Amy Paulsen.

As I leave Sunderland Safeguarding Adults Board this autumn, I feel confident in the strength of the partnership, the quality of the services in place, and the engagement of the wider community with our work. It has been an honour and a joy to work with you all.



Sir Paul Ennals
Independent Chair, Sunderland SAB

Sunderland Safeguarding Adults Board

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

- [Sunderland City Council](#)
 - [Northumbria Police](#)
 - [Sunderland Clinical Commissioning Group](#)
 - [South Tyneside & Sunderland NHS Foundation Trust](#)
 - [Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust](#)
 - [Healthwatch Sunderland](#)
- SSAB works closely with other statutory partnerships in Sunderland, including:
- [Sunderland Health and Wellbeing Board \(HWBB\)](#) - responsible for producing the [Joint Strategic Needs Assessment \(JSNA\)](#) and HWBB Strategy. A 'Framework of Cooperation' is in place between SSAB, HWBB and Sunderland Safeguarding Children Partnership, setting out the role and remit of each Board/Partnership and their interrelationship with each other.
 - [Safer Sunderland Partnership \(SSP\)](#) - SSP and SSAB work in collaboration on cross-cutting themes, including domestic abuse, violence against women and girls, sexual exploitation, migration/asylum and modern day slavery. SSAB receives updates regarding Domestic Homicide Review activity.
 - [Sunderland Safeguarding Children Partnership \(SSCP\)](#) - SSAB and SSCP have worked jointly on a range of common workstreams, and also hold, or contribute towards, learning events highlighting both safeguarding children and adults issues.

Our Vision

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

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

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

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

Strategic Delivery Plan

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

SSAB has established four strategic priorities detailed in the Plan:

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

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

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

Strategic Delivery Plan:

Progress and Achievements

Prevention

- The SSAB Prevention Strategy was completed & published on SSAB website
- Successful local safeguarding adults campaign in line with National Safeguarding Adults Week, including messages on SSAB's Twitter page and networking and footfall events across the partnership to promote safeguarding adults messages
- Continued production of the SSAB quarterly newsletter

Making Safeguarding Personal (MSP)/user engagement

- Promoted the easy read Safeguarding Adults Guide on the SSAB website & with partners
- Development of easy read SSAB Annual Report 2018-19 by self-advocates from Sunderland People First; this has been published on the SSAB website
- Safeguarding adults operational model continues to have MSP at its heart, meaning the figures for meeting MSP targets in 2019-20 have been consistently high

Partnership (including regional collaboration)

- Annual Safeguarding Conference held in collaboration with South Tyneside and Sunderland NHS Foundation Trust, Sunderland and South Tyneside CCGs, SSCP and South Tyneside Safeguarding Children and Adults Boards
- Founding partner in Framework for commissioning Independent Authors for Safeguarding Adult Reviews, Domestic Homicide Reviews & Children's Safeguarding Practice Reviews, covering all 12 North East Local Authorities

Key local areas of risk

- Revision of SSAB's Self-Neglect & Clean Homes Guidance completed & was re-launched
- How To Assess Mental Capacity training course commissioned for another year and delivered to multi-agency staff
- Exploitation of adults at risk & vulnerable children was a key theme of the annual Safeguarding Conference held on 3rd March 2020

The Work of SSAB and its Sub-Committees

Governance

- Meeting frequency: quarterly for sub-committees and twice yearly for Board
- Governance documents reviewed and refreshed
- After a successful launch in 2018-19, the quarterly newsletter continues to be published & distributed to a wide range of stakeholders
- SSAB's Assurance Framework plan refreshed
- Continued interface with Domestic Homicide Review process
- Continued involvement with Domestic Abuse Strategic Project Group
- Continued interface with LeDeR (Learning Disabilities Mortality Review)

Quality Assurance

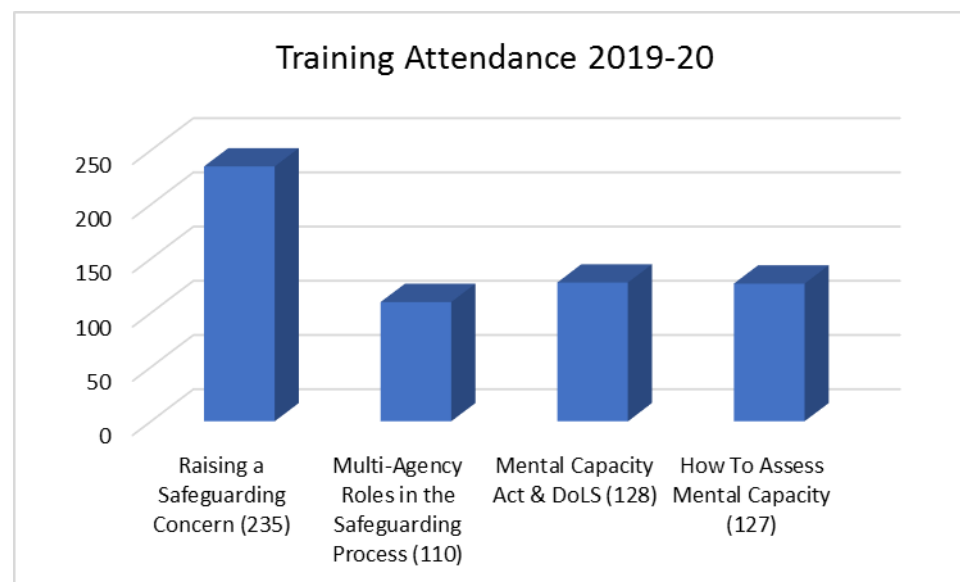
- Case file themed audits and in-depth performance data audits carried out, including: Partner Agencies Safeguarding Adults Policies; Self-Neglect (one as a single-agency themed audit working with SSAB, the other a case file audit); Desired Outcomes (under Making Safeguarding Personal)
- Assurance exercises undertaken with partners regarding Advocacy Services and Response to Self-Neglect cases.
- Developed a new Quality Assurance Framework for the SSAB, based on the regional version, then undertook an assurance exercise with partners using it, resulting in an action plan to improve communications
- Supported Safer Internet Day on 5th February 2020
- Held National Safeguarding Week events, which included footfall/information events, & posts on the SSAB Twitter profile
- Further progressed revision of the SSAB Multi-Agency Safeguarding Adults Procedures
- Refreshed the Quality Assurance Sub Committee Work Programme
- Refreshed the SSAB Communications & Engagement Activity Plan
- Produced an easy read version of the SSAB Annual Report 2018-19 with Sunderland People First self-advocacy group
- Agreed the audit themes for 2020-21, based on outcomes from audits and performance data trends

Learning and Improvement in Practice

- Examined the upcoming changes from DoLS to Liberty Protection Safeguards (LPS) and the potential implications of this
- Signed off the 'Eva' SAR Action Plan and passed it over to the Quality Assurance Sub Committee to consider for any audit themes
- Revised a range of documents, including: Safeguarding Adult Review (SAR) Protocol; SAR Independent Panel Chair and Author Induction Pack; SSAB Self-Neglect Guidance; SSAB Training Strategy
- Considered 2 cases for possible scoping as potential SARs

Training

- Commissioned a new CPD-accredited Safeguarding Adults e-learning package from Social Care Institute for Excellence (SCIE)
- Continued commissioning of multi-agency safeguarding adults training, delivering 52 training sessions across the year
- This continues to be well received & to result in an improvement in the number and quality of safeguarding concerns being raised, as well as the contribution of partner agency attendees at safeguarding meetings, delivering upon the key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability



Statutory Partners' Contribution to Safeguarding

Key Achievements

SSAB partners continue to support the safeguarding adults agenda, meeting key statutory responsibilities and contributing to the work of the sub-committees and Board. Partners have proactively engaged in local and national safeguarding campaigns, and continue to share good practice and learning. Partners also undertake regular governance and assurance activities.

South Tyneside and Sunderland NHS Foundation Trust

- Taking a collaborative approach to adult and children's safeguarding agenda, STSFT safeguarding team are now one team over two sites
- To ensure that a responsive safeguarding culture is embedded throughout the organisation, and that this be reflected in the numbers of concerns being acted upon by staff, Datix (IT system) incident reporting as a means to generate & send safeguarding referrals is now embedded into all areas
- To ensure that effective work continues with key partners, information sharing & support for Multi-Agency Safeguarding Hub (MASH) is in place
- The Trust has an established hospital IDVA/DAHA to support staff to recognise and respond to Domestic Abuse. There were a total of 106 IDVA/DAHA referrals across the Trust in the 2019-20 reporting period.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

The Patient Safety trust Clinical Police Liaison Lead nurse is now embedded as part of the SAPP team, which further enhancing multi-agency working with police colleagues/partners. Northumbria Police Harm Reduction team is working closely with our community services regarding those individuals who have complex risk issues who do not meet the threshold of statutory processes. These individuals may be adults at risk of harm or pose a risk of harm. The Clinical Police Liaison Lead is supporting this work.

Sunderland Clinical Commissioning Group (CCG)

- Agreed funding to support the development of the Adult Multi-Agency Safeguarding Hub (MASH), with health staff co-located in an integrated MASH team
- Provided grant funding to support the development of a Trauma-Informed Recovery Unit for women with complex needs
- Continued to support development of the Domestic Abuse Advocate (IDVA) in a Primary Care pilot, securing funding to deliver the service for a further year

Sunderland City Council

- Reviewed and updated the Adult Safeguarding procedures for the SSAB Website
- Further development and embedding of the adult Multi-Agency Safeguarding Hub (MASH) with key adult social care, health and police partners including the appointment of a Health Navigator.
- Live testing of the Safeguarding Adults Concern (SAC) form procedure, contents and format, and transition of the form to a Safeguarding Portal to allow online referrals
- A key priority for the Adult Safeguarding Team is to raise awareness and empower staff to recognise the signs and symptoms of abuse. The Team want all staff to feel informed and confident to access the team for support and advice. The Safeguarding Adult Team does this by continuing to provide advice, training and support to staff, in line with our statutory duties.
- Safeguarding Adults Team identified Leads within the team for key specialist areas such as Modern-Day Slavery, Prevent & Domestic Abuse
- Safeguarding Adults Team dealt with an additional 558 SAC's over the same period for 2018/19

Northumbria Police

The priority of the Northumbria Police Safeguarding Department places our vulnerable victims and their respective needs at the centre of our service delivery, focussing upon early intervention and prevention to attempt to reduce the number of future victims.

In 2019, the Northumbria MASHs have been recognised for best practice by the MASH National Police Chief Council's Lead for MASH's during a national MASH workshop.

Statutory Partners' Contribution to Safeguarding

Good Practice

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

Sunderland Clinical Commissioning Group (CCG)

During 2019 the CCG Safeguarding Team have led work with GPs and primary care staff to improve how safeguarding information is recorded. This has led to significant improvements in recording systems and consistency across all GP practices in Sunderland.

Sunderland City Council

Sunderland continues to deal with a number of referrals under the Prevent Agenda and has a well-established Channel Panel—it is a nationally recognised example of exceptional good practice for the Home Office Channel Team in the Office for Security and Counter-Terrorism, Prevent.

The Adult Safeguarding Team maintain involvement in local and regional forums for Prevent to ensure Sunderland is informed of and engaged in continual practice development including review of the training requirement and transition from a local e-learning to the national e-learning package for the Prevent agenda as well as attendance at the North East Channel Regional Engagement Workshop to provide input into the review and content of the updated national Prevent Duty Guidance.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

The SAPP team now has a dedicated Case Review Officer to support the Trust in its commitment attendance at statutory meetings as panel members and write Individual Management Reviews in respect of:

- Safeguarding Adult Reviews – Adults
- Domestic Homicide Reviews (adults)
- Appreciative Inquiries / Local Learning events

South Tyneside and Sunderland NHS Foundation Trust

- Rigorous programme of safeguarding audits undertaken throughout 2019-20, to monitor safeguarding practice across the Trust, e.g. compliance with routine & selective enquiry, MSP, self-neglect and MCA/DoLS.
- Safeguarding training compliance achieved & maintained throughout 2019-20 (98% for Adult Level 1 and 97% for Adult Level 2). The Trust has also exceeded NHS England's 85% compliance target for WRAP Prevent training (Basic Prevent Awareness training (BPAT) - 98%, full WRAP—97.4%)
- ‘Hot topic’ sessions and DHR/SAR Briefing & Safeguarding Awareness Sessions held across the Trust, with special guest speakers invited to present. This included ‘A Life Worth Living’ (Suicide Prevention) & ‘Understanding Self-Harm’. September continues to be when ‘Safetember’ is hosted; a local campaign to raise awareness of safeguarding issues.
- Safeguarding learning from SARs/DHRs & CSPRs has also been cascaded to all departments via an electronic briefing paper. Learning has also been made available via ‘7-Minute Briefings’ available on the Trust intranet site.

Statutory Partners' Contribution to Safeguarding

Good Practice, continued...

Northumbria Police

The embedding of the strategic objective “Safeguarding is everyone’s Business” in the Safeguarding department provides an effective reactive response capability with an ability to identify emerging vulnerability and an ability to respond effectively and efficiently with partners to provide better outcomes for children and adults.

The strategic priorities for Safeguarding are to:

- Protect the vulnerable
- Place the victim at the heart of our processes
- Support victims
- Deliver an outstanding service
- Prevent crime
- Reduce future demand through early intervention
- Meet future demand

We will deliver on these priorities by building and maintaining effective multi-agency partnerships, increasing awareness of Safeguarding, and ensuring capacity and capability of resources and supporting wellbeing.

The public and professional awareness of vulnerability within our communities has increased. Correspondingly, Northumbria Police places vulnerable victims at the heart of our service. Combining these factors increases demand in order to meet this challenge, we have invested to secure resources at authorised structure level.

Northumbria Police

Northumbria Police Safeguarding Department provides an intervention and investigation response in the following areas; MASH (Multi Agency Safeguarding Hubs), CAP (Child, Adult Protection), RIT (Rape Investigation Team), MOSOVO (Management of Sexual Offenders and Violent Offenders), High Risk Domestic Abuse victims, Harmful Practices (including Forced Genital Mutilation, Honour-Based Abuse and Forced Marriage), Missing Persons and Mental Health.

The public and professional awareness of vulnerability within our communities has increased. Correspondingly, Northumbria Police places vulnerable victims at the heart of our service. Combining these factors increases demand in order to meet this challenge, we have invested to secure resources at authorised structure level.

Statutory Partners' Contribution to Safeguarding

Working with Partners

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

Sunderland Clinical Commissioning Group (CCG)

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

- Commissioned arrangements for information sharing via STSFT and CNTW which has led to improved reporting and information sharing for MAPPA & MARAC
- Representing the CCG and regional health colleagues at the Regional CONTEST Board
- Working with regional colleagues and the Police and Crime Commissioner to secure funding for a region-wide Violence Reduction Unit (VRU)

South Tyneside and Sunderland NHS Foundation Trust

- STSFT safeguarding team embraces the importance of working with partner agencies and is an active member of local partnerships ensuring representation and contribution across all meetings & groups, multi-agency training and contributing to single/multi-agency audits to improve outcomes for adults
- In March 2020, the STSFT Safeguarding Team along with Sunderland and South Tyneside's Safeguarding Adults Boards, CSPs, and Sunderland and South Tyneside CCGs organised a multi-agency Safeguarding Conference. The conference focus was upon trauma-informed care. This featured a number of external speakers and was well attended. The event evaluated very well with positive feedback.

Sunderland City Council

- Safeguarding Adults Team works closely with colleagues in other organisations, including health, social care, Police, voluntary and private sector, to safeguard & protect the people of Sunderland.
- Safeguarding Adults Team, as a key member agency of the Multi Agency Safeguarding Hub (MASH), supported the triaging of 3200 cases between 01.04.19 – 31.03.20
- Health Navigator recruited to MASH process to provide advice and guidance regarding pathways into hospital & community-based primary & secondary care.
- Safeguarding Adults Team introduced Complex Case Reviews to identify risk management plans for high-risk vulnerable adults not engaging with services.
- Safeguarding Adults Team produces data for Strategic Commissioning Group and CQC to highlight those service providers where quality of care is to be assessed as a result of the number of safeguarding concerns made.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

- There is a dedicated SAPP Practitioner for PREVENT related concerns. The SAPP Lead provides an additional level of safeguarding and mental health input to those individuals who have been referred due to concerns and may have mental health problems and/or learning difficulties and who are at risk of radicalisation. The role also incorporates and promotes best practice from other CNTW established mental health services.
- Developed the role of a CNTW MASH worker within the Sunderland MASH. This has worked very well and is being evaluated over time

Statutory Partners' Contribution to Safeguarding

Working with Partners, continued...

Northumbria Police

Our continued support to resource and work within Multi Agency Safeguarding Hubs (MASH) ensures that problems are identified at an early stage following submission of an adult concern notice. An additional 6 staff have been recruited in to the MASH. Referrals are subject to multi-agency triage within the MASH arrangements for adults which enables partners to come together and work collaboratively to safeguard adults experiencing abuse or neglect as well as adopt a wider early help and information sharing approach to prevention. Increase in safeguarding referrals is attributable to internal training and communications to improve both the number and quality of referrals into the MASH. It is likely this demand will continue to increase as officers improve recognition of the signs of neglect, abuse and all forms of exploitation.

Multi-agency discussion during triage in the MASH ensures a coordinated, proportionate and least intrusive approach to adult safeguarding concerns is taken.

We actively engage with the Sunderland Safeguarding Adults Board to ensure our policies and service delivery are open to scrutiny and that we uphold our statutory responsibility with representation on the Board to hold all agencies involved in safeguarding adults to account.

Our engagement in Safeguarding Adults Review meetings and DHR's ensures any issues around standards of service are fully addressed and learning is taken from cases.

Northumbria Police

Our partnership work with CNTW in support of persons with Mental Health issues has been celebrated as best practice by the NPCC National Lead, having a strong focus on lessons learnt and continuous improvement in all areas of Mental Health. Our capability has been improved with the recruitment of a Mental Health Sergeant into a newly developed post and she will assist in driving forward our response to mental health with a focus on training and partnership working.

We have taken part in national discussions around missing adults and are working with partners to develop a joint protocol in respect of vulnerable missing adults.

We are a key partner to the multi-agency Northumbria Violence Reduction Unit, with a Police Chief Inspector embedded within the project as project manager and the chair of the multi-agency Northumbria Serious Violence Reduction Board being the Police and Crime Commissioner.

Established in 2019, this is a public health approach to tackling serious violence and identifying key drivers which cause people to become victims or perpetrators of serious violence. We hope this will have a positive effect on tackling knife crime and domestic homicides.

Statutory Partners' Contribution to Safeguarding

Making Safeguarding Personal (MSP)

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

Sunderland Clinical Commissioning Group (CCG)

The CCG has promoted Making Safeguarding Personal through training it has provided to practitioners during 2019. The work undertaken by the Domestic Abuse Advocate which is funded by the CCG continues to promote a victim focussed approach. Practical advice provided by the team continues to promote the core principles of MSP.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

All policies include the Making Safeguarding Personal principles.

South Tyneside and Sunderland Foundation Trust

- The Safeguarding Champions forum continues to be held quarterly and delivered by Named professionals. Specific safeguarding topics and updates are provided by the safeguarding team. All information presented is sent via email to all champions so learning can be cascaded. MSP has been featured in these sessions.
- STSFT Safeguarding Team produces a bi-monthly newsletter which provides updates on legislation, training, supervision and key themes. This is sent to all staff, with electronic copy on the intranet. MSP has been featured in the newsletter.

Sunderland City Council

Case Example 1: AA is a historically known substance misuser. He was referred into Safeguarding Adults Team by Adult Social Care and Police due to significant risks of harm by a known associate. AA had his own tenancy but would be visited by a known associate who vandalised his home and assaulted him. AA was at significant risk which severely affected his mental health.

A number of Safeguarding Adults Meetings were held to address these concerns, and were attended by multi-agency partners involved in the case, along with AA and his sister. AA expressed his desired outcome which was to feel safe and to be able to be well enough to visit his family. The outcome was AA moved into supported accommodation and with encouragement he pressed charges against the known associate.

AA continues to reside at the supported accommodation. He has engaged well with staff there and has taken part in programmes to improve his mental health and wellbeing. He has improved his diet and personal hygiene. Due to the significant changes he has achieved with the support of services, AA is now in a position where he is able to visit his family

Case Example 2: Provider service referral for a young female employee CC who was subject to family coercion to enter an arranged marriage against her will. t Safeguarding Adults Team led on application to High Court of Justice and the obtaining & granting of a Forced Marriage Protection Order to prevent the arranged marriage going ahead. Partners involved to safeguard CC included, the Safeguarding Adults Team, the Provider Service, Police, Adult Social Care, Legal Services, Home Office Modern Day Slavery Unit and National Forced Marriage Unit.

Statutory Partners' Contribution to Safeguarding

Making Safeguarding Personal (MSP), continued...

Northumbria Police

We ensure victim focused investigations are delivered and take the views of victims to the heart of our decision making. Our policy and procedures incorporate Making Safeguarding Personal and we adhere to the Victims Code of Practice to ensure that the views of victims are taken in to account when decisions are made regarding safeguarding and investigation.

Victim personal impact statements presented at Court ensures victims' views are known to Courts prior to any offender being sentenced.

We support the National Vulnerability Action Plan and we are reviewing how the plan may be implemented to develop coordinated, effective and evidence-based responses to protect vulnerable people.

In 2019 Northumbria Police formed Harm Reduction units led by a Chief Inspector, enabling a problem solving approach to supporting victims including vulnerable adults, working closely with adult safeguarding and mental health services.

Each area command has introduced a Harm Reduction unit which is vulnerability-focused. These units have Missing From Home Coordinators working within them and they have focused heavily on the response to Missing.

We have recruited a further 4 missing from home coordinators in 2020 which is great news for police and partners as it means we can concentrate on multi agency problem solving for repeat missing persons, including vulnerable adults, with a focus on prevention and safeguarding.

The Stalking Protection Act 2019 was introduced in January 2020, which gives police new powers to protect victims of stalking.

Northumbria Police

The Act introduces a new civil Stalking Protection Order (SPO) which can be sought by the police. The new order closes the gap in the existing protective order regime.

Northumbria Police has led on successful Domestic Abuse campaigns which have increased awareness of Domestic Abuse and increased reporting. For example, following a Clare's law external media campaign in 2019 we saw a subsequent spike in requests for disclosure.

Case study - Mental health demand

Northumbria Police took part in the 24 hour national mental health demand snapshot on 12th November 2019. This 24 hour data capture showed that Northumbria Police dealt with 1105 incidents in the 24 hour period, with 77 being assessed as a Mental Health Related Incident. This was 7% of our overall policing incident demand.

In addition we dealt with 33 Missing Person reports of which 10 had a mental health flag. There were also 68 arrests that day of which 40 had a mental health flag. It can be seen from these figures that Mental Health is a cross-cutting issue across all areas of policing.

Mental health issues create complex demand across a range of partner services with a wide variety of causative factors requiring a multi-agency partnership response.

Case study – raising awareness of vulnerable adults

In December 2019 a successful media campaign was launched by Northumbria Police with the objective of education in relation to elder abuse. The campaign reached 136,000 people on social media channels alone. This campaign was supported by face to face inputs by our Community Engagement Teams. Feedback indicated that the campaign was positively received.

2019-20 in Figures



3191
Concerns received
35% of cases progressed to an enquiry:
26% Section 42
9% other



Desired Outcomes

Of those with a completed Enquiry, 84% of individuals or individuals' representatives were asked what their desired outcomes were, of these 78% expressed a desired outcome. 97% were either fully or partly achieved



Primary support Reason

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



Mental Capacity

In 32% of completed cases the client was identified to lack mental capacity, with the majority being supported by friends and family. 100% of these individuals were supported.



Main Location of Abuse

Individuals' own homes: 47%
Residential/nursing homes: 35%
Alleged perpetrator's home: 6%
Concerns raised in a health setting continues to be low at 6%



Main categories of Abuse

Physical abuse: 27%
Neglect: 23%
Psychological abuse: 12%
Self-neglect: 11%
Financial abuse: 13%



Age/Gender

Females account for 60% of all concerns raised, with 49% of these being aged 75+. Males account for 40% of all concerns raised, with 51% of these being aged 18 - 64

Learning Lessons

In 2019-20 the Learning and Improvement in Practice sub-committee oversaw the production of a range of 7-Minute Briefing documents on the following subjects, all related to key safeguarding adults themes, some of which have featured in SARs conducted by SSAB over the last few years:

- Domestic Abuse
- What To Do if you Suspect Adult Abuse or Neglect
- Female Genital Mutilation (FGM)
- Prevent Strategy (tackling radicalisation & extremism)
- Safeguarding Adult Review (SAR) Criteria
- Trafficking & Modern Day Slavery
- Self-Neglect
- Sexual Abuse

Once finalised, these 7-Minute Briefings were published on the SSAB website to enable professionals and public to benefit from the knowledge within them, and also shared directly with safeguarding adults leads in SSAB partner agencies, for dissemination within their organisations and networks.

What does 2020-21 Hold?

- Consideration of the impact of COVID-19 on the working practices and activity of SSAB partners, to ensure good practice and innovation are not lost going forward; e.g. better use of technology to support safeguarding adults work; more streamlined use of resources
- Final revision and launch of SSAB's Multi-Agency Safeguarding Adults Procedures, streamlining them and making them easier to navigate and more accessible to professionals and public
- Ongoing development of the SSAB website, to include a greater breadth of safeguarding resources
- Ongoing work to expand the work already achieved to address the process for managing the most complex safeguarding adults cases, to ensure a comprehensive multi-agency response that gains positive outcomes for individuals, in line with Making Safeguarding Personal principles
- SSAB will be participating in the National Safeguarding Week in November 2020, with SSAB partners undertaking a range of safeguarding adults awareness-raising activities

SUNDERLAND SAFEGUARDING CHILDREN PARTNERSHIP (SSCP) ANNUAL REPORT 2019/20

REPORT OF THE INDEPENDENT CHAIR OF THE SSCP

1. Purpose of the Report

- 1.1 To present the SSCP Annual Report 2019-20; this is a statutory requirement under section 14A of the Children Act 2004.

2. Background

- 2.1 This Annual Report covers a period of time when the Local Safeguarding Children Board ended, and the Sunderland Safeguarding Children Partnership (SSCP) began on 5 August 2019. This change was required by statute in line with the implementation of the Children and Social Work Act 2017.
- 2.2 Future annual reports will be the responsibility of the three safeguarding partners: Sunderland City Council, Sunderland CCG and Northumbria Police.

3. Achievements, risks and assurances

Achievements

- 3.1 The achievements of the SSCB/SSCP throughout the 2019/20 year are noted within the report, though it is useful to highlight some of these. The partnership has:
- Developed and published multi-agency safeguarding arrangements for the SSCP; implemented an interim structure for the operational arrangements of the partnership and developed a more streamlined structure from October 2020 onwards.
 - Implemented Operation Endeavour, a joint operation between SSCP, Northumbria Police and the Police and Crimes Commissioner to safeguard children and young people at risk of harm from going missing.
 - Influenced regional safeguarding developments by:
 - contributing to the development of a safeguarding children procedure manual covering the North and South of Tyne
 - leading the implementation of the regional Missing, Sexual Exploitation and Trafficking (MSET) Framework.

Risks

- 3.2 The SSCP has identified the following areas as service priorities for the coming year:
- Complex Adolescents
 - Neglect
 - Mental Health.
- 3.3 It is these areas that present the greatest risk to the safety of children and young people if we do not strengthen process, practice and partnership working, provide evidence based interventions and mitigate impacts.

Assurance

- 3.4 During the last 12 months, the SSCP has contributed to the development of a new regional performance scorecard. This will allow us to identify safeguarding concerns at a regional level and implement improvements in collaboration with other local authorities and safeguarding partners across the North and South of Tyne local authorities.

4. Recommendation

- 4.1 Health and Wellbeing Board is asked to:
- note the content of the report and accept it as assurance of the current effectiveness of the local safeguarding children arrangements.



SSCP
SUNDERLAND
SAFEGUARDING CHILDREN
PARTNERSHIP

Annual Report

April 2019–March 2020

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Foreword

This is my final annual report as Chair. For the first half of the year I chaired the Sunderland Safeguarding Children Board; from September 2019 we became the Sunderland Safeguarding Children's Partnership (SSCP). Just one small change of name, but larger changes in structure and purpose, in response to the Government's legislation. The statutory responsibilities for overseeing safeguarding rest now equally between the three "Statutory Partners" – the Council, the Clinical Commissioning Group and the Police.

Sunderland retains a clear focus on the needs of children and families within the borough, but there is a greater concentration on shared working across the Northumbria region, to exchange best practice, support each other, and provide a continuity of service and approach across the region. Plans have been developed and followed to develop this new way of working, with a greater attention to improving the quality of direct practice that professionals of all agencies demonstrate in their work with children and families.

The Board's work covered its normal broad spread. Our attention the previous year had been on the very high demand for child protection services, and we commissioned work to explore whether we could "turn the curve". We focussed heavily on strengthening the multi-agency working of the Integrated Care and Referral Team (ICRT), and saw significant progress within a dedicated team.

We have overseen the partnership's introduction of "Signs of Safety" – a strength-based approach to working with children and families which is already bringing real benefits to all. The data suggests that we have indeed "turned the curve" on the demand into the system – whilst the level of initial contacts remains high (probably as a result of improved recording), the number of referrals has reduced, as has the figure for Children in

Need and the number of Child Protection Plans. Rates of children looked after remain high, but at least we have flattened that particular curve.

Then out of a clear blue sky came Covid-19. Although it appeared in Sunderland at the very end of the year that this report covers, it is relevant to discuss what we learnt from it in this report. In the crisis that hit our borough and our nation, our true nature was revealed, and the partnership within Sunderland proved itself to be extremely strong.

Covid-19 hit Sunderland hard. There are high levels of deprivation within the borough, and an age profile which has higher than the average proportion of elderly people; these factors meant we suffered high levels of infection and deaths. But it brought out the best in partners. Services adapted very rapidly to the new challenges, communications were fast and efficient, and partnership working flourished. Some of the new ways of working – using video systems for meetings, for example – have proved to be more efficient than the old ways. Schools remained open to support vulnerable children and the children of key workers.

Before this, though, the Board oversaw a year of progress and achievement. Early Help Services have continued to expand and improve. We have shone a light on access to mental health services, attracting an increase in funding and a reduction in waiting times, despite seeing a continuing rise in demand. Our consultations with children and young people have become firmly established: in this year we held a Children's Safeguarding Conference in June 2019 and a Young Person Safeguarding Conference in January 2020. We engaged with 96 children and 72 young people during these two events and some of these children and young people had additional needs.

We undertook rapid review meetings following serious child safeguarding incident notifications being made by the local authority. These rapid reviews led to decisions to convene two learning reviews and two Child Safeguarding Practice Reviews. The Child Safeguarding Practice Review Panel has agreed with each of the SSCP's decisions. This is more review work than we have had for a time, and it will be important that we adopt a proportionate approach to these. Looking through the rear view mirror is a vital part of driving safely, but looking ahead, and planning for what is to come, are even more important.

As ever warm thanks are due to our central team – to Lynne Thomas, the Board Manager for many years who sadly left us in June, and her excellent team. The change in safeguarding arrangements brings a complete change in the staffing of the unit, ready to adapt to the new expectations of partners. The team was set up at a time of real challenge to services in Sunderland. It feels a bit strange to look back now, from a position of a strong and healthy partnership, and recall some of the stresses of those early days.

It is never possible to give a total assurance that all children in Sunderland are safe. As we discovered this year, situations can change in an instant. But the services in Sunderland provided by all partners continue to improve. The pandemic tested the strength of our partnership, and it was proven to be strong. Working with children and families in Sunderland can be challenging – there's no doubting that. But morale is good across the partnership, and the people of Sunderland have much to be proud of and grateful for within their local services.

As I leave Sunderland Safeguarding Children Partnership this autumn, I feel confident in the strength of the partnership, the quality of the services in place, and the engagement of the wider community with our work. It has been an honour and a joy to work with you all over the last three years.

Sir Paul Ennals Independent Chair

Sunderland Safeguarding Children Board

Introduction

This Annual Report covers a period of time when the Sunderland Safeguarding Children Board ended, and the Sunderland Safeguarding Children Partnership (SSCP) started on 5 August 2019. This change was required by statute in line with the implementation of the Children and Social Work Act 2017.

Local Safeguarding Children Boards (LSCBs) have a statutory responsibility to publish an annual report¹. The three Safeguarding Partners² are also required to publish an Annual Report which includes:

- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national Child Safeguarding Practice Reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision.

The report will be published on the [SSCP Website](#)

¹ The LSCB Annual Report must evaluate the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services.

² The three Safeguarding Partners are Sunderland City Council, Sunderland Clinical Commissioning Group and Northumbria Police

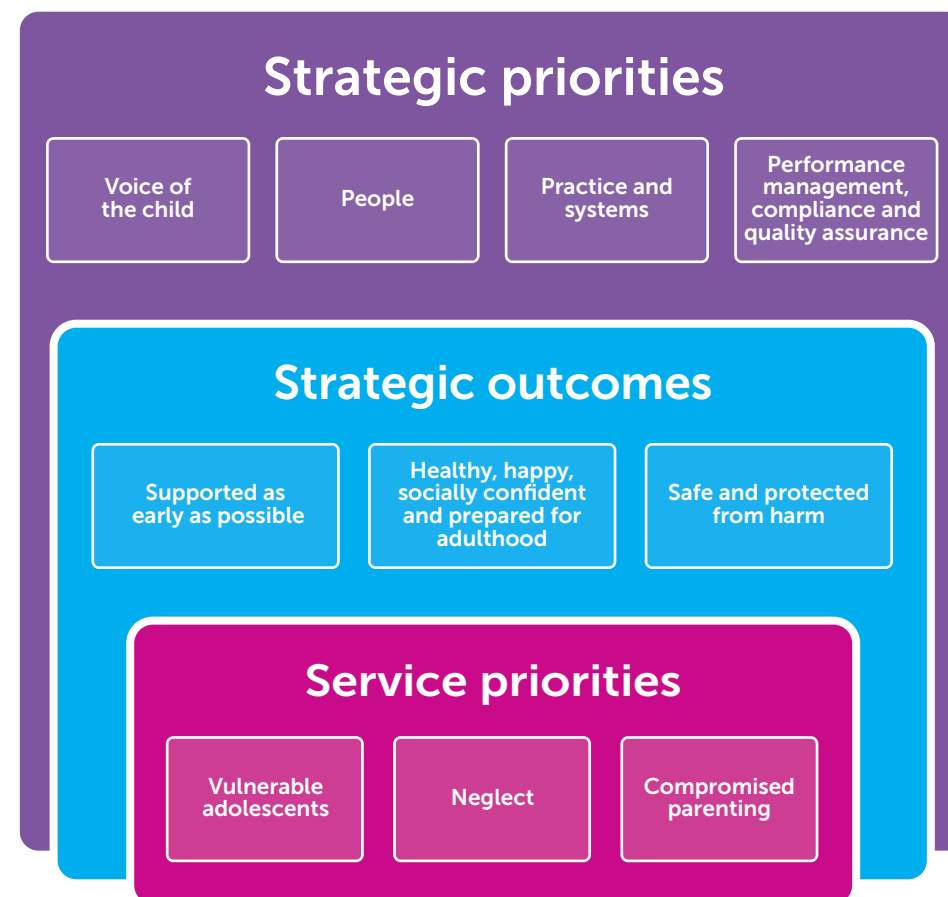
Multi Agency Safeguarding Arrangements

Many local organisations and agencies have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. The responsibility for this join-up locally rests with the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

The three safeguarding partners must agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. The Children and Social Work Act 2017 removed the statutory basis of LSCBs and required the statutory safeguarding partners (local authorities, Police and Clinical Commissioning Groups) in an area to agree their multi-agency safeguarding arrangements (MASA).

The SSCB arrangements transitioned into the Sunderland Safeguarding Children Partnership (SSCP) in 2019. Interim arrangements and plan, covering the period September 2019–September 2020, were put in place; the plan can be found [here](#) and the Strategic Priorities for the partnership and the SSCP Structure for the same period are included in Figure 1 and Figure 2 respectively.

Figure 1: SSCP Priorities for 2019–20



The multi-agency safeguarding arrangements for 2020–21 are being developed with a more streamlined structure already agreed:

SSCP Executive Board

A new Executive will be established comprising Chief Executives (or equivalent) from the three statutory partners and the Independent Scrutineer. Through bi-annual meetings, the group will seek assurance that system improvements have made a difference to outcomes for children and young people in Sunderland.

Sunderland Safeguarding Partnership Board

A streamlined Board will be established bringing together key senior officers of the three statutory partners, wider partners and the Independent Scrutineer. Meeting at least three times per annum, the remit of the Partnership Board is to receive updates on the work of the SSCP sub-groups and report activity and progress to the Executive.

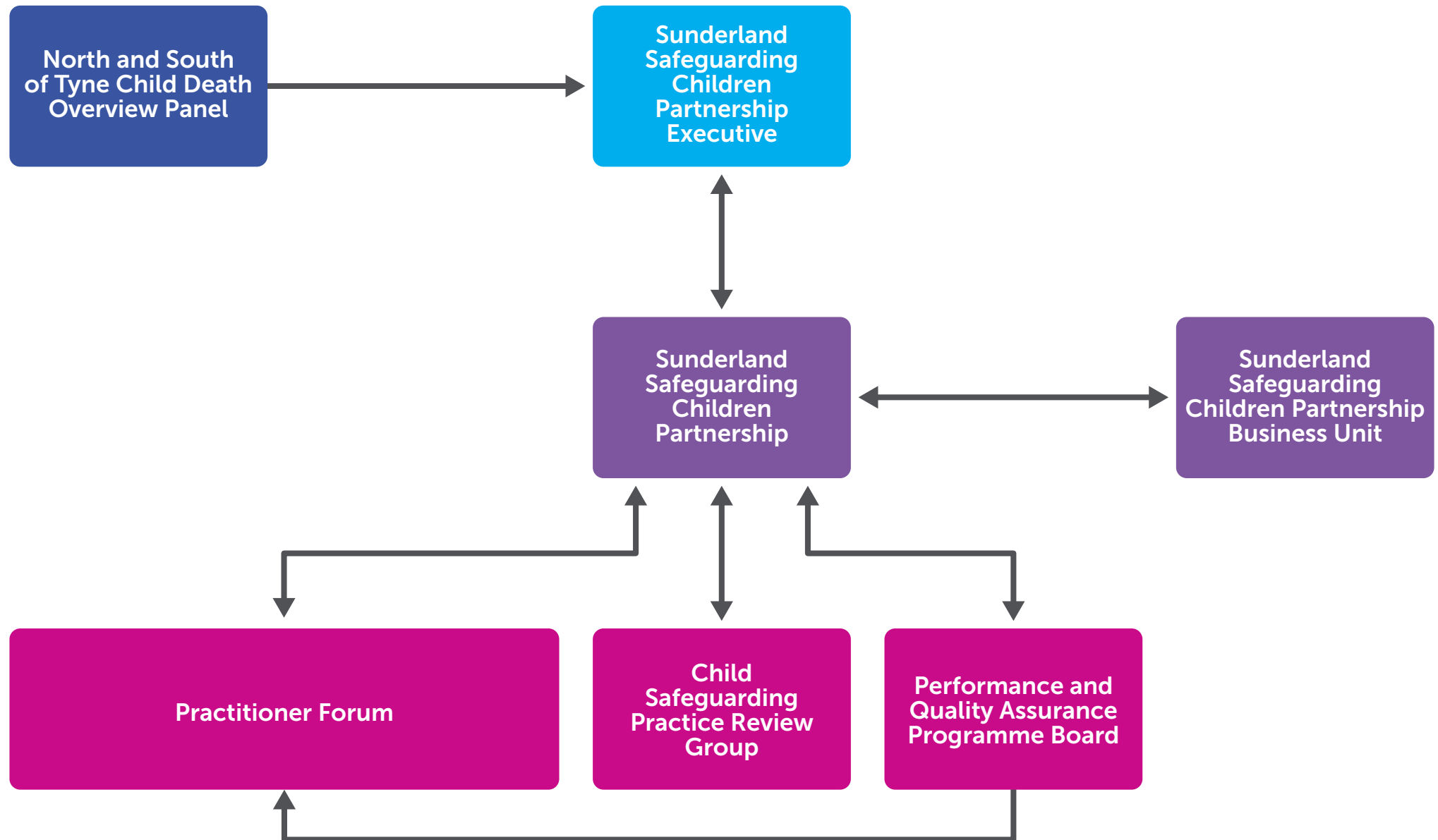
A practice-based approach will be taken to the overall work of the partnership at a local level. A 'learning hub' model will be developed focussing on thematic safeguarding priorities for the city to evidence impact for front line practice. This will not be a static model and could engage a wide range of partners at several different levels based on particular themes. The learning from the 'Bexley model' implemented in 2018 will inform the development of our approach. The SSCP structure from October 2020 is included at Figure 3.

Child Death Reviews

The Act also removed the statutory responsibility for the Child Death Review (CDR) process from LSCBs and gave it to local authorities and Clinical Commissioning Groups, who are known as the Child Death Review Partners.

As the CDR arrangements were robust under the three LSCBs, it was agreed by the Safeguarding Partners for the three areas to retain these arrangements within the LSCP structure. It was also agreed that the South of Tyne Child Death Overview Panel (CDOP) would combine with the North of Tyne CDOP from April 2020 to comply with the statutory guidance to review at least 60 child deaths per year. The Annual (South of Tyne) CDOP report can be found [here](#).

Figure 3:
SSCP Structure – October 2020





What have we achieved?

What we said we would do	How we said we would do this	How do we know we have done it	Did we make a difference?
Implement the Sunderland multi agency safeguarding arrangements plan	<ul style="list-style-type: none"> Review the work of the SSCP Review the support arrangements to the SSCP Implement the requirements of the Children and Social Work Act 2017 and Working Together 2018 	<ul style="list-style-type: none"> Safeguarding Partners consulted with the partnership agencies³, relevant agencies and the SSCP Independent Chair Options appraisal presented for decision making Raised awareness of changes to multi agency safeguarding arrangements 	<p>YES</p> <ul style="list-style-type: none"> Agreed plan in place that meets statutory requirements
Strengthen regional work and maximise the use of resources	<ul style="list-style-type: none"> Implement the Business Manager Collaboration Plan Implement Early Adopter regional work 	<ul style="list-style-type: none"> Safeguarding Partner attendance at Early Adopter work North and South of Tyne CDOP established Shared training pack developed based on learning from regional reviews Regional multi-agency scorecard, dataset and reporting templates agreed for implementation in 2020 	<ul style="list-style-type: none"> Training pack used to inform 2019-2020 training offer Learning from practice is embedded into future training for the workforce Shared learning undertaken across the region

³ Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider may be required to safeguard and promote the welfare of children with regard to local need

What we said we would do	How we said we would do this	How do we know we have done it	Did we make a difference?
<p>Evaluate the impact of Operation Encompass to safeguard and promote the welfare of children and young people</p>	<ul style="list-style-type: none"> Audit to be undertaken to evaluate the process and the outcomes for children and young people 	<ul style="list-style-type: none"> Audit planned and held in 2019 – sample of 30 children impacted on by domestic abuse Audit findings reported to P&QAPB in 2019 with clear actions for improvement 	<p>Further work is required</p> <ul style="list-style-type: none"> Quality of child concern notifications is variable due to some challenges of identifying which school the child attends when there has been domestic abuse Quality of school support and engagement with the child is variable. Some schools are excellent at supporting children
<p>Implement Operation Endeavour</p>	<ul style="list-style-type: none"> Deliver briefing sessions on the model Developed robust recording templates for schools Established evaluation process to understand impact 	<ul style="list-style-type: none"> Model implemented on 05/11/19 as planned Briefing sessions delivered Audit planned for 2020-2021 	<p>YES</p> <p>Section 175 Audit findings –</p> <ul style="list-style-type: none"> Full participation. All notices in term time responded to with actions and evaluations. Those out of term time recorded as information Staff are aware that the school is involved in Operation Endeavour all staff have had refresher training - notifications are received and appropriate actions have been taken

Work of the SSCP Groups and Programme Boards

Executive Group – comprising the three safeguarding partners, the Chairs of the two programme boards and the Independent Chair. The purpose of this group is to address: cross-cutting issues arising between the two Programme Boards; any hurdles in delivering the Business Plan on time; and some small-scale multi-agency issues that do not warrant consideration by the full Partnership but need collaborative resolution.

Work Task	Outcome
Monitored and challenged the work of the SSCP Strategic Integrated Contact and Referral Team (ICRT) Group to improve multi agency working	<ul style="list-style-type: none"> Assurance provided that improvements in multi-agency practice were achieved and maintained Improved understanding of the reasons for the high level of referrals made
Produced the options appraisal report for the new model for the SSCP	Multi agency partners contributed to the new way of working
Agreed the SSP Business Plan 2019-20	Plan in place for the strategic work
Overseen development of multi-agency safeguarding arrangements (MASA) plan for Sunderland	MASA plan in place as per statutory requirements

Performance and Quality Assurance Programme Board (P&QAPB) – a multi-agency strategic programme group that leads, oversees and progresses the programme of activity related to the delivery of the Partnership's functions in relation to monitoring and evaluating the effectiveness of multi-agency practice in respect of safeguarding children in Sunderland on behalf of the SSCP.

Work Task	Outcome
Contributed feedback to a regional Section 11 Audit Tool that was undertaken in 2019-20	Assurance provided that all partner agencies are compliant with their statutory safeguarding children duties under Section 11 Children Act 2004
Contributed feedback to a regional Section 175 Audit Tool that was undertaken in 2019-20	Assurance provided that schools and education providers in Sunderland are compliant with their statutory duties under Section 175 of the Education Act 2002
Produced and reported on quarterly multi-agency performance reports to the SSCP Board	Provided assurance to the SSCP Board on multi-agency practice
Highlighted performance issues for further exploration such as discrepancies in missing from home and care data	Identified areas for improvement in multi-agency practice for resolution by agencies
Audited multi-agency practice around children with disabilities, MSET Framework and the work of the MSET Operational Group, and neglect etc.	Assurance provided in respect of some areas of multi-agency practice and identified actions required in other areas

Learning and Workforce Development Programme Board (L&WDPB) – responsible for leading, co-ordinating and evaluating workforce competence and multi-agency workforce development and improvement, needs analysis and learning activity in line with the SSCB priorities.

Work Task	Outcome
Contributed to the development of a safeguarding children procedure manual covering the North and South of Tyne	<ul style="list-style-type: none"> Assurance provided that partnership members who cover the North and South of Tyne, practice within one shared safeguarding procedure manual Children and their families will be subject to the same guidance and procedures across the six areas
Oversaw the implementation of the new regional Missing, Slavery, Exploitation and Trafficking (MSET) Framework	<ul style="list-style-type: none"> Regional Framework localised, implemented and embedded across the workforce Face to face training delivered with positive feedback received from multi-agency partners on the quality and impact of the training The new model has led to a significant reduction in the number of cases referred to the MSET Operational Group which appears appropriate The MSET Operational Group is focussing on those young people who are at most risk and in most need

Work Task	Outcome
Oversaw learning reviews into referred cases	Learning identified from practice that was added to training courses and disseminated through 7-minute briefings
Practical sessions held for partners to raise the awareness of the online safeguarding procedure manual	Staff are aware of how to access the online safeguarding procedure manual

Learning from practice, serious case reviews, child safeguarding practice reviews and audits

The SSCP has undertaken four rapid review meetings following serious child safeguarding incident notifications being made by the local authority. These rapid reviews led to decisions to convene two learning reviews and two Child Safeguarding Practice Reviews. The Child Safeguarding Practice Review Panel has agreed with each of the SSCP's decisions.

The Learning Reviews have led to the development of a 7-minute briefing and quick guide on safeguarding babies and the MSET Framework. The findings of audits have led to a planned review of the regional MSET Framework in 2020, changes needed to recording the outcome of school's support to children through Operation Encompass to better understand the outcome of the activity for the child, deliver further Operation Encompass briefings for schools and undertake assurance work that children's records are being appropriately read coded by their GP. There has been a delay in progressing some of these actions due to the Covid-19 pandemic and lockdown. Work that can be progressed has been moved on during the lockdown.

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

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

Workforce Development and Training

The SSCP has delivered a number of safeguarding children courses during 2019–20. These courses are all evaluated, and the recorded impact of some of these courses is outlined overleaf.

Training courses - evaluation and impact

MSET	Thresholds	Sandstories	Vulnerable Babies
I will use this training to help me identify victims of MSET	Identifying how children are vulnerable	A greater awareness of what Disguised Compliance is and looks like	I will have more understanding of the roles other agencies involved dealing with difficult situations involving at risk children
Educate our young people on risk and how to keep them safe from harm	What to do should you discover bruising on a child	Remain focused on the child always	During assessment with families and if an infant presents with a bruise/mark.
I can use this daily as we look after vulnerable young people	Identify key areas on body of where children are most likely to be abused	Work with families on strengths then staff families will work with staff	Interaction and practical exercises worked well Group work was good
I will be more aware what to look out for surrounding MSET, I can also feedback to colleagues on the process of the new framework	I will be more vigilant when recording all aspects of the young people's care and anything which could build up a picture of any issues which could be happening in their lives. I would then report any patterns that I see to my manager and to the social worker who would ultimately make any decisions	Useful when in Supervision and using reflective practice	Identifying marks on infants The different areas of the body when may be common for injury, accidental and non-accidental. Development of infants

Data and performance in Sunderland

During 2019–20 the SSCP, through the Performance and Quality Assurance Programme Board (PQAPB), has overseen the review and reporting of the local performance framework (69 measures) and contributed to the development of a regional Performance Scorecard to be used in 2020–21. Whilst the SSCP dataset is comprehensive, the PQAPB reports to the Partnership Board on a by-exception basis to ensure a focussed approach to identifying where improvement is required. Key areas of focus during 2019–20 can be seen in the tables below and the accompanying mitigation/narrative.

Locally our data is provided from Together for Children (including Education and Youth Drug and Alcohol Services), Northumbria Police, Safe Lives, health agencies and the council (Public Health and Housing). Local data and performance has been used to influence the SSCP audit activity, for example, reviewing and supporting a refresh of our MSET arrangements.

During 2019–20 the “front door” for children’s services has undergone transformation with social workers, nurses, police, early help, education and domestic abuse staff working collaboratively as the Initial Contact and Referral Team (ICRT) – our children’s multi-agency safeguarding hub (MASH). This has led to improved communication, recording, reporting and timelier, more appropriate responses to children and their families. Better recording has resulted in almost 10,000 more contacts this year and reduced rates of re-referrals.

Whilst rates of children requiring statutory intervention in Sunderland remain high, they have reduced during 2019–20 with rates of Children in Need now being lower than the north-east and statistical neighbour averages for 2018–19; this is as a result of families being better supported by Early Help practitioners.

Measure	2016–17	2017–18	2018–19	2019–20	NE	Stat N/bours	National
No. of contacts received CSC	22,522	27,856	25,965	35,619	N/Ava	N/Ava	N/Ava
Total No. of referrals received to CSC	4,228	4,665	4,480	3,612	34,680	2,892	650,930
Rate of Child In Need (CIN) (per 10k)	536.1	532.5	463	412.6	445.10	436.55	334.2
Rate of Children subject to a Child Protection Plan (CPP) (per 10k)	78.3	90.9	85.0	67.8	63.1	56.22	43.7
Rate of children looked after (per 10k)	98.3	106.4	109.8	108.1	95.0	99.8	64.0

The PQAPB has received regular updates from the Child and Adolescent Mental Health Services (CAMHS) Transformation Board due to local performance indicating that Sunderland children and young people were waiting longer for mental health support than previously. To support children and young people with their emotional and mental wellbeing, the KOOTH digital platform has been commissioned which enables them to receive confidential mental health support and advice.

In early Spring, Covid-19 hit Sunderland. As well as the physical impact of the virus, it is widely reported that lockdown has affected the mental health and wellbeing of many people, including children and young people. Lockdown also brought out the best in partners: services adapted very rapidly to the new challenges, communications were fast and efficient, and partnership working flourished. It is anticipated that as children and young people return to school in September there will be a surge in demand for mental health support and the enthusiasm partners found during lockdown must be harnessed to develop new ways of working to meet any increased demand. Going forward, the SSCP will analyse how Covid-19 impacted on children and young people's mental

health and how services responded to this. These findings will feed into the planned re-design of services in 2021.

Measure	16–17	17–18	18–19	19–20
Number of children receiving CYPS	3,194	2,468	4,043	3,922
Average waiting time for CYPS service (days)	71	118	105	137

Engagement with children and young people

The SSCP now holds annual safeguarding conferences to improve and strengthen our engagement with our children and young people. The purpose of these conferences is two-fold: firstly to seek their views to inform our future work; and secondly to provide workshops on issues they have previously identified as being the key safeguarding issues that concern them.

A Children's Safeguarding Conference was held in June 2019 and a Young Person Safeguarding Conference in January 2020. We engaged with 96 children and 72 young people during these two events, some of whom had additional needs.

Working with local partners, including statutory and voluntary groups and charities, we delivered workshops on mental health, community safety and online safety. The purpose of these workshops was to raise awareness and provide training in relation to safeguarding and promoting the welfare of our children and young people. The workshops were developed based on feedback from our children and young people about what the key safeguarding issues were for them, which demonstrates that we are listening and supporting them to strengthen their resilience.

Facilitators also shared relevant information with them e.g. community police arrangements, trading standards concerns around counterfeit equipment.

Feedback from the children and young people indicates that the sessions were useful, enjoyable and supported children and young people to safeguard themselves.

Safeguarding Partners and Relevant Agencies

Evaluation of Section 11 and Section 175 Audit Tools identify clear methods of engagement with children, young people and their families. This includes seeking their views and feedback on safeguarding issues as highlighted above, but also to develop services and improve practice.

Schools and Education providers

Young people have also participated in:

- School Councils
- Students representatives meeting with Headteachers
- Student voice surveys
- Termly Parents Forum meeting
- Social media to share messages and request feedback
- Active School Council with elected members.



Strategic Priorities 2020–2021

Figure 4: SSCP Priorities for 2020–21





SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

CHILDREN'S INTEGRATED COMMISSIONING UPDATE

Report of the Head of Integration for Children's Commissioning

1.0 Purpose of the Report

- 1.1 The purpose of this report is to update the Health and Wellbeing Board regarding the work of the Sunderland Children's Integrated Commissioning Team.

2.0 Background

- 2.1 In July 2019, Together for Children (TfC) and Sunderland Clinical Commissioning Group (SCCG) established a children's integrated commissioning function consisting of two strategic commissioning managers and supported by a team of commissioning specialists. The team is hosted and managed by TfC. This team now includes Kimm Lawson, the new Head of Integration for Children's Commissioning.
- 2.2 The work of the Children's Integrated Commissioning Function is overseen by the Sunderland Children's Integrated Commissioning Group (SCICG). This group meets regularly and is chaired by Kimm Lawson, the Head of Integration for Children's Commissioning. This group has representation from SCCG, TfC, Sunderland City Council including public health and adult services, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (as commissioners of specialised services).
- 2.3 The Shaping Our Future Together Integrated Commissioning Strategy (previously shared with the board) outlines the SCICG priorities:
- Children's mental health and emotional wellbeing
 - Children with Special Educational Needs and Disabilities (SEND)
 - Children's placements.

3.0 Children and Young People's Mental Health Transformational Plan

- 3.1 Due to Covid-19, NHS England have not requested the updated Children and Young People's Mental Health Transformational Plan which had been signed off by CCG and the HWBB earlier this year. NHS England is also yet to confirm any arrangements for a new plan from 2021.

4.0 Update of the 2019/20 priorities as set out in the Children and Young People's Mental Health Transformational Plan

4.1 The outputs from the single point of access workshops held early in 2020 and the findings of the deep dive work were considered by the Sunderland Children's Integrated Commissioning Group and the Clinical Commissioning Group in July. It was agreed to undertake a service redesign project to:

- produce a Children and Young People (CYP) Mental Health (MH) service model for commissioned children and young people's mental health services in Sunderland, based on the i-THRIVE needs led framework:
 - Thriving - prevention and mental health promotion
 - Getting advice - advice and signposting
 - Getting help - focused goal-based input
 - Getting more help - more extensive and specialised goal-based help
 - Getting risk support – where CYP have not benefitted from or are unable to use help, but are still in contact with services
- implement the new CYP MH service model, improving access to the right service at the right time to meet individual needs.

4.2 The new CYP MH service model will incorporate the reform of the Autistic Spectrum Disorder pathway and Attention Deficit Hyperactivity Disorder pathway.

4.3 Co-production will be undertaken for the mental health service redesign project; with children and young people, parents/carers, practitioners, and other groups.

4.4 The design of the new CYP MH service model for Sunderland is due to be completed by the end of February 2021.

4.5 The collation phase of the project plan is underway, bringing together existing local information (funding, workforce etc.), national information (e.g. NICE Guidance, models and best practice).

5.0 Mental Health Support Team

5.1 Mental Health Support Teams (MHSTs) are a key component of NHS England's national transformation programme. The MHSTs are intended to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The MHSTs will act as a link with local children and young people's mental health services and be supervised by NHS staff.

- 5.2 Although previous bids for MHST funding were unsuccessful, a third bid to deliver two Mental Health Support Teams (MHST) in schools was submitted in March 2020. NHS England awarded funding for 1 MHST. Sunderland will be able to apply for further funding in subsequent waves.
- 5.3 The MHST consists of qualified clinical staff and Education Mental Health Practitioners (EMHPs), which is a new role within the CYP MH workforce. Each MHST is required to have four EMHPs who will undertake 12 months training at Northumbria University. Whilst undertaking this training, the EMHPs will work into schools to achieve their competencies, and will be supervised by the qualified clinical staff.
- 5.4 Building on the success of the MHSTs in South Tyneside, South Tyneside and Sunderland NHS Foundation Trust are providing the MHST in Sunderland. The four EMHPs have been recruited, and recruitment has commenced for the other clinicians who will make up the MHST. As well as supervising the EMHPs, the qualified clinical staff will deliver interventions to children and young people, families and carers, and support schools to deliver the whole school mental health approach. These staff will deliver 1:1 mental health support as well as group work, including assemblies.
- 5.5 Recruitment of the schools to host the EMHPs from January 2021 is underway. Schools have been enthusiastic in wanting to work with the MHST. Working with Public Health, the Healthy Setting Schools were identified as being in the best position to support the mobilisation of the first MHST as the Healthy Setting Schools have already demonstrated they have embedded approaches to promoting health, including the appointment of school mental health leads. Healthy Setting Schools were invited to take part and work is currently underway to identify those schools that meet the NHS England / Department for Education requirements to host the EMHPs.
- 5.6 The MHST will be fully operational from November 2021. From November 2021 the MHST will support schools covering approximately 8,000 pupils. Engagement with schools to sign up sufficient coverage is ongoing, and will be concluded by summer 2021.

We will consider the benefits of applying for further MHST funding in future waves.

6.0 Kooth online counselling service

- 6.1 Following a positive evaluation from young people who had used the Kooth online counselling service and schools, Kooth has been contracted for another 12 months to July 2021. Increased activity has been purchased to help manage the impact of any potential surge in activity during winter. Usage of Kooth reduced during the first lockdown, which is in line with national findings that the use of Kooth reduces during school holidays. Kooth is now re-engaging with schools and other settings in Sunderland, for example food banks, to promote the service.

- 6.2 Ongoing commissioning arrangements will be included in the service redesign project.

7.0 Additional training provision

- 7.1 Due to Covid-19, providers have been unable to deliver the anticipated training into schools and to staff at the Sunderland Carers Centre. Providers are liaising with the national organisations that design the training to receive online training materials. Consideration will need to be given to the availability of staff to undertake training, and therefore this training provision will be rolled forward.

8.0 Effective delivery of early interventions

- 8.1 The work around the effective delivery of early interventions into schools, including the continued roll out of the Mental Health Charter Mark (MHCM) has been paused due to Covid-19. However the Thriving and Coping Group continue to engage informally with schools who express an interest in the MHCM, and will recommence sign up of schools to the charter mark as soon as possible.

6.0 Impact of Covid-19 on children and young people's mental health services

- 6.1 During the second Covid-19 lockdown all children and young people's mental health providers continue to deliver services, including accepting referrals, and undertaking assessments and treatment. All providers are delivering a mix of online and face to face interventions, the latter being undertaken according to clinical need. This way of working is maximising clinical time.
- 6.2 Positive feedback continues to be received from children, young people and families regarding the delivery of online interventions. South Tyneside and Sunderland NHS Foundation Trust (STSFT), who deliver the Community Child and Adolescent Mental Health Service, report that clinical outcomes are comparable for both online and face to face interventions.
- 6.3 Referrals during the first Covid-19 lockdown reduced considerably, however providers are now reporting that referrals have returned to expected levels for the time of year.

7.0 Referrals and waiting times

- 7.1 Referrals into children and young people's mental health services reduced during the first lockdown but have risen during September. The comparison of referrals this year to last year by month is set out in chart 1 below.

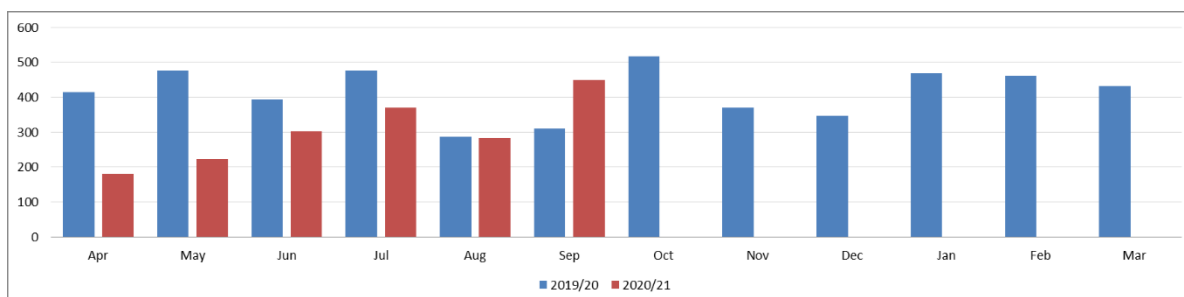


Chart 1: referrals into the Children and Young People's Service and the Community Child and Adolescent Mental Health Service.

7.2 Waiting times to treatment (i.e. to second appointment) have reduced, see chart 2 below.

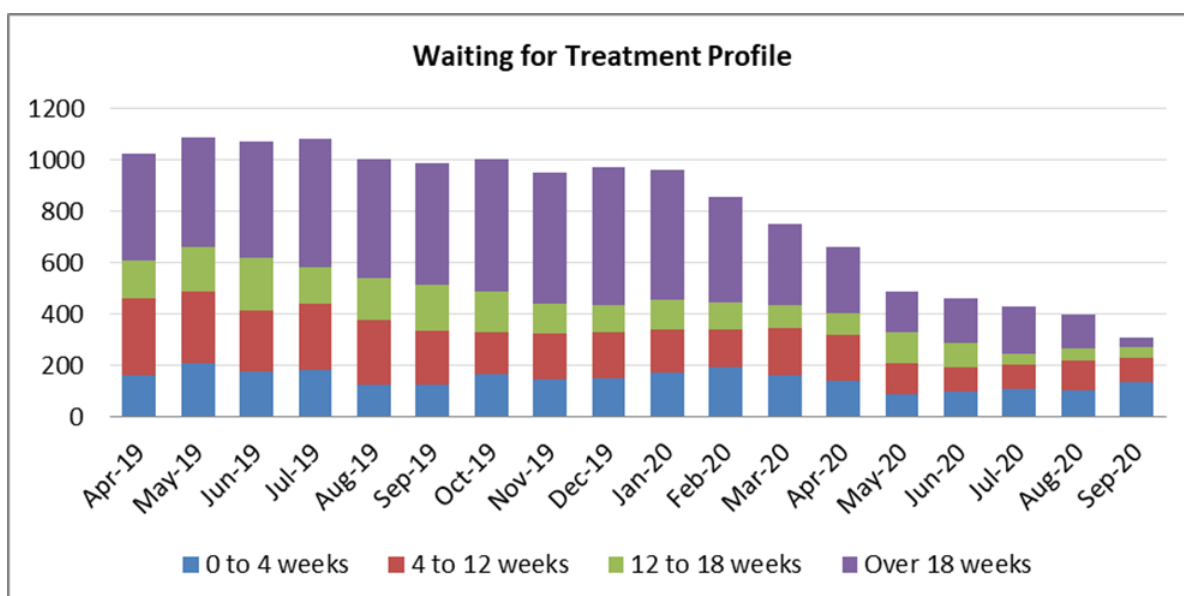


Chart 2: Waiting times for treatment across the Children and Young People's Service and the Community Child and Adolescent Mental Health Service.

7.3 Chart 3 below sets out the current caseloads across CYPS and CCAMHS

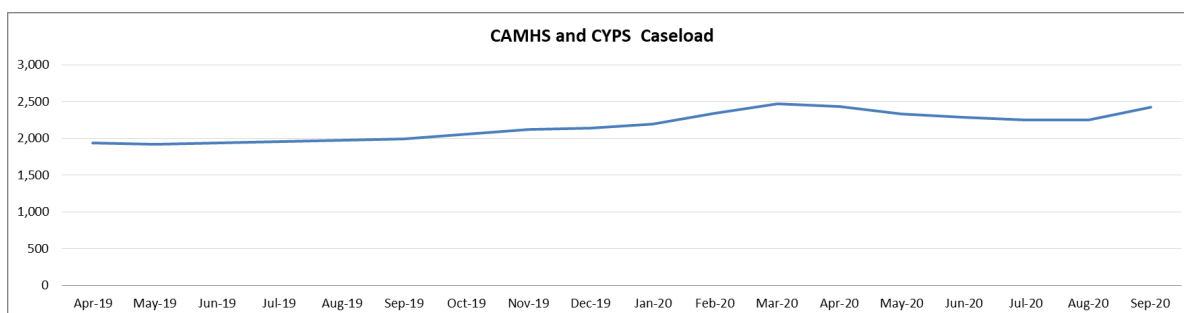


Chart 3: caseloads across the Children and Young People's Service and the Community Child and Adolescent Mental Health Service.

- 7.4 Undertaking Autism Spectrum Disorder assessments for younger children remains an issue as the assessment requires the practitioner to be in close proximity to the child and it is not possible to wear a face mask. Regional discussions are underway as to how to undertake these assessments and different approaches are being trialled. The Children and Young People's Service is providing support for other mental health issues e.g. anxiety while the child is awaiting the assessment where there is no alternative to carrying this out face to face. These children will remain in the service for longer than pre Covid-19.

8.0 Services for Children with Special Educational Needs and Disabilities (SEND)

- 8.1 Work is underway to progress the 16 key priority areas for action identified in the SEND Strategic Commissioning Plan (see appendix 1).

9.0 Joint dataset and performance framework

- 9.1 The SEND Strategic Commissioning Group is developing a set of key performance indicators and an outcomes framework which reflect the SEND Strategic Commissioning Plan priorities. An initial dataset is expected to be in place by early 2021.
- 9.2 The proposed model is informed by an analysis of findings from the 12 joint area SEND inspections undertaken by Ofsted and the Care Quality Commission (CQC) to date. The proposed framework will centre on outcome statements which place the lived experience of children and young people with SEND at the heart of our success measures.

10.0 Designated Medical Officer / Designated Clinical Officer

- 10.1 The Designated Medical Officer (DMO) or Designated Clinical Officer (DCO) acts as a strategic and operational lead for the Education, Health and Care Plan pathway in accordance with the Children's and Families Act 2014. This key role ensures that SCCG and TfC meet their statutory duties for children and young people, aged 0-25 years, with SEND. The role is currently hosted by South Tyneside and Sunderland NHS Foundation Trust and is undertaken by a Consultant Paediatrician, as a DMO, who will retire in November 2020.
- 10.2 Following extensive discussions, STSFT have been unable to identify a replacement DMO; SCCG have therefore agreed additional funding to recruit a full-time DCO. The new DCO will sit within the integrated commissioning function to ensure that resources are sufficient to meet our responsibilities for children with SEND in coordinating and improving health planning and practice within Sunderland. The post is currently out to advert, with interviews due to take place before the end of November. SEND and Integrated Commissioning colleagues will work together with health professionals in the

interim to ensure that health advice continues to be included in education, health and care (EHC) assessments and plans.

11.0 Personalised support for disabled children and young people

- 11.1 The current pandemic has impacted on short break support available for families with disabled children. With some services unable to deliver support due to government restrictions and capacity issues, the integrated commissioning service has worked in partnership with children's social care and early help colleagues to deliver sessions to disabled children over school holidays. Costs have been minimal and feedback from families has been very positive.
- 11.2 A small grants fund has been developed in partnership with the Sunderland Parent Carer Forum to offer families the flexibility to purchase their own short breaks, in lieu of more formal support. Learning from these new developments will be reflected in the review of commissioned short break services, with a focus on redesigning a model which offers families more choice and control over their support.

12.0 Residential placements

- 12.1 There were a total of 46 young people placed in externally commissioned residential provision as at 31 October 2020; this includes one secure welfare placement and one unregulated placement. The total number of placements has remained relatively consistent (45-49) this quarter.
- 12.2 67% of placements are located within the NE12 geographical area. Of the 42 provisions that have received an Ofsted inspection, 50% are judged outstanding and 50% are judged as good

13.0 Independent Fostering Agency (IFA) placements

- 13.1 There were a total of 83 children placed with Independent Fostering Agency (IFA) foster carers as at 31 October 2020, including 50 children who were part of sibling groups placed together. The total number of placements has remained relatively consistent this quarter.
- 13.2 There continues to be a shortage of foster carers who are able to meet the needs of older children, larger sibling groups and children with disabilities or more complex needs. Regular provider forums are held with IFAs on the NE7 framework to support with plans to address these gaps and understand recruitment and retention activity.

14.0 Supported accommodation placements

- 14.1 There were a total of 40 young people placed in externally commissioned supported accommodation placements as at 31 October 2020. Young people

are placed with a total of 11 providers, including 3 providers who are part of block contract arrangements.

- 14.2 A tender for the provision of local supported accommodation has been published and evaluated in this quarter, with a contract start date originally scheduled for early November. Contracts with existing providers were subsequently extended for two months to allow for further consideration of the submitted tenders. Providers will be notified of the outcome of the tender on 20 November 2020.

15.0 Quality monitoring and assurance

- 15.1 There has recently been an increase in significant concerns in relation to a small number of provisions with previously good quality ratings, possibly as a result of the impact of the current pandemic on staffing and the reduction in face-to-face visits to settings during lockdown. All NE12 local authorities, with the exception of Northumberland, have agreed a new regional quality monitoring approach to pool resources and provide greater oversight of emerging issues within provisions. A single QA toolkit was launched on 1 November with a yearly cycle of monitoring visits, self-assessments and annual conversations now in place for all residential, fostering, supported accommodation and education placements.
- 15.2 The first tranche of QA activity is focussed on supported accommodation providers and will be completed by 10 December 2020. The resource implications in relation to this activity will be closely monitored to determine whether the benefits of a regional approach are matched by the impact on service capacity.

16.0 Impact of Covid-19

- 16.1 Going forward, we will continue to capture and share learning and best practice on how children's health, care and education services have adapted and innovated in response to Covid-19, whilst continuing to provide high levels of support for children and families. Innovations and key learning from this time will be used to inform future commissioning, including: practical, workforce, technological and operational changes; the opportunities and challenges of virtual working; the impact on children and families; and how and where this innovation could be extended beyond the pandemic.

17.0 Recommendation

- 17.1 The Health and Wellbeing Board is asked to:
- Note the contents of this report
 - Receive six monthly update reports

SEND Strategic Commissioning Plan 2020-23:

**a roadmap to integrated
commissioning for children and
young people with Special
Educational Needs and Disabilities in
Sunderland**

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Introduction

This strategic commissioning plan supports **Shaping Sunderland's Future Together: Integrated Strategic Commissioning Strategy Statement of Intent for 0 – 25 year olds in Sunderland**. It is informed by that strategy's vision to “deliver inclusive, needs based, outcome focussed care for 0 – 25 year olds and their families” and builds on the strategic priorities set out in Sunderland's SEND Strategy: **Working together for children, young people and families 2019 – 2022**, with clear read-across to associated strategic plans, including the **Sunderland Children and Young People's Mental Health and Wellbeing Transformational Plan**.

The plan has been developed in partnership with children with special educational needs and disabilities (SEND) and their families. It is owned by Together for Children (TfC), Sunderland Clinical Commissioning Group (SCCG) and Sunderland City Council. It addresses the commissioning of services and support for children and young people aged 0 to 25 with SEN or disabilities, both with and without Education Health and Care (EHC) plans to ensure we are meeting our commissioning responsibilities as set out in the Children and Families Act 2014, SEND Code of Practice 2014 and Equality Act 2010.

Our aim in developing this plan is to provide a roadmap to personalised, integrated support that delivers positive outcomes for children and young people. This will involve bringing together support across education, health and social care from early childhood through to adult life and improving planning for transition points such as between early years, school and college, between children's and adult social care services, or between children's and adult health services.

Strategic objectives

The objectives of the plan are to:

- ensure that there is sufficient education, health and social care provision to meet demand in relation to the identified needs of children and young people with special educational needs (SEND) and their families;
- ensure the needs of children and young people with SEND are met through high quality, relevant commissioned services which deliver positive outcomes, offer value for money and are focussed on support which intervenes early to prevent needs escalating, wherever possible;
- improve the effectiveness of integrated commissioning arrangements.

Integrated commissioning for SEND is a cycle of continuous improvement; the Code of Practice is clear that partners may need to shift the focus of their activity as the needs of the local population change and delivery of services improves. As such, this strategic plan will be regularly monitored and reviewed to ensure that it

addresses changing needs and that services continue to improve outcomes for children and young people with SEND.

Our approach to integrated commissioning

The commissioning cycle has been adapted and included in the SEND Code of Practice as the basis for joint commissioning:



This cycle frames our approach to integrated commissioning and has been used to develop our key priorities as set out in our plan below.



How do we work together to plan and commission services for children with SEND?

Working with partners

Our approach: Having worked collaboratively in delivering children's services across Sunderland, we are working to transform this learning into a more formal arrangement. In July 2019, SCCG and TfC created an integrated children's commissioning function. This transformation is not just about the realignment of resources and structural re-organisation, but it is about the potential that true integration can bring in reducing silo working, facilitating more effective decision making, eradicating any overlapping or duplication of investment, and seizing opportunities for joint ventures. The new function will provide economies of scale combined with integrated delivery around individuals and families as set out in our and statement of intent 'Shaping our future together'.

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

Our governance arrangements have been further strengthened by the development of a SEND Strategic Commissioning Group which is tasked with driving the delivery of the SEND Strategic Commissioning Plan. The group has established links with other relevant groups, including the CAHMs partnership and the SEND Strategic Partnership to inform intelligence, planning and integrated commissioning.

Working with children and young people

Our approach: As noted in our Children and Young People's Plan, Sunderland has always had a strong culture of participation and engagement of children and young people in specific activities. We know that we must find innovative ways to ensure the voice of children and young people with SEND is consistently listened to when we design and evaluate services as well as when we are

“Nothing about us
without us”

working with them to meet their individual wishes, aspirations and needs. We have appointed a SEND Participation and Engagement Officer who is skilled in using innovative engagement tools so that children with a range of communication preferences can participate.

Impact: In the summer of 2019 we undertook a programme of engagement activities to encourage children and young people with EHC plans to share their experiences of their daily lives: their schools and colleges; support networks; social activities; health and wellbeing; and hopes for the future. 63 children participated, including some children who communicate in ways other than speech. One of the themes they highlighted was the importance of youth clubs in preventing social isolation and their sadness the difficulty with accessing provision over the summer holidays. As a result, we are working with one of our short breaks providers to reshape the service and extend availability over summer.

Working with parents and carers

Our approach: Our partnership with the Sunderland Parent Carer Forum is strong and the forum is involved in all that we do. They are involved at a strategic level in implementing the SEND reforms and seek the views of a wide range of parents so that we can use this valuable information to help to improve provision together. Parent carers are key members of the SEND Integrated Commissioning Group and the SEND Strategic Partnership. Our terms of reference ensure that meetings and events take place at times when parents of school-aged children can attend.

Impact: In order to make our Local Offer easier for families to access, Sunderland Parent Carer Forum have been commissioned to redesign and maintain the website in a family focussed way. The Forum has run a series of events to discuss what families want to change. The Forum are our lead partners in procuring a digital partner to build a Local Offer site focused on delivering the outcomes of this consultation. Parents, children and young people will work alongside digital partner to create the new Local Offer format and to help manage the content. The original site will continue until the completion of new offer which will be designed and built by Summer 2020.

Working with providers

Our approach: Developing services delivered by the external market is a key element of our integrated commissioning strategy. Achieving market change is not a quick or challenge-free process; if we want to ensure value for money, we need to manage down costs wherever possible and manage up outcomes for children. We are developing strong relationships with providers to ensure that they are part of this journey to define and introduce new models of service with lower cost and

higher impact, which may require them to restructure individual services or business models.

Impact: In response to an identified gap in educational provision for our most complex KS4 pupils, we have worked in partnership with a local charitable organisation, Hope Spring, to develop an innovative yet cost-effective solution. Hope Spring have now opened a 12-place school on a former residential home site which delivers an evidence-based therapeutic model for young people who are at risk of, or have already been, excluded from school or from alternative provisions.

Working across geographical boundaries

Our approach: We recognise that in order for us to have the best opportunity to shape and drive the market, we need to collaborate regionally on procurement solutions. The Strategic Children's Commissioning Group has been established as a subgroup of the Directors of Children's Services group to address the shared concern about the adverse market conditions for services for some of the most vulnerable children across the region. The group is developing a collaborative commissioning strategy, including a focus on growing internal resources and developing the external provider market.

Impact: The NE12 is the result of a collaborative procurement exercise on behalf of the North East Procurement Organisation (NEPO), its Member Authorities and their Clinical Commissioning Groups. Providers are appointed to a Flexible Procurement Agreement for delivery of placements for children and young people at independent special schools and colleges, residential children's homes and residential short break services.

Whilst the prevailing market forces mean that there are continuing challenges with the engagement of all providers in this solution, some efficiencies have been generated through the operation of a shared process for contract management; using our collective resources means that we can more effectively share monitoring data and assess how well contracted services are having a positive impact for individual children.

What we need to do next:

- 1. Embed governance arrangements for integrated commissioning of SEND:**
 - Ensure there is sufficient senior leadership and management across key agencies to support integrated commissioning of SEND and help overcome blockages.
 - Further consideration of the appointment of a Designated Clinical Officer for SEND within the CCG to complement the DMO role currently undertaken by a Consultant Paediatrician.

2. Strengthen coproduction with families:

- Agree our integrated procedure for all children and young people with SEND and their parents and carers to be fully involved in creating and monitoring the services we provide, which sets out how we will work together from the start to the end of any commissioning activity.
- Create a participation group for children with special educational needs and/or disabilities or ensure that this cohort can meaningfully be included in existing groups.
- Develop a toolkit to support good participation and coproduction which will be available to partners and families as part of our Local Offer.
- Develop a process for all services and teams working with children, young people and young adults with SEND to complete an annual participation audit with a focus on improving participation.
- Review processes for the assessment and coproduction of EHC plans.

3. Engage with providers and regional partners:

- Work with providers to develop a local market which promotes sufficiency, diversity and sustainability.
- Produce a SEND market position statement which sets how the market will need to change to deliver the new strategic approach to integration, including promoting personalisation and the roll out of personal budgets.
- Work collaboratively with the Children's Strategic Commissioning Group to develop a regional / subregional approach to the SEND commissioning which identifies synergies and opportunities for improving provision by working across geographical boundaries.

Outcomes:

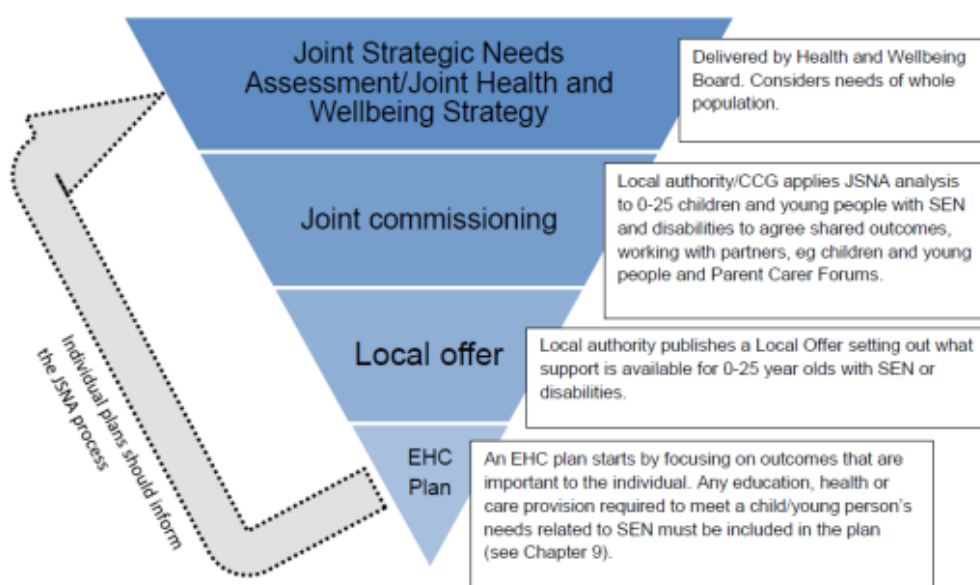
- **Clear and established processes in place for partners to work together strategically to plan, commission and fund services jointly for young people with SEND in Sunderland**
- **Children and young people with SEND and their families are provided with opportunities to influence decision making and work in partnership with leaders to plan, review and evaluate service delivery.**
- **Children and young people with SEND and their families are actively involved in the assessment process and the production of their EHC Plans. They have co-ownership of both the process and the decisions taken about how their needs will be met**



How do we understand the needs of our children and young people with SEND?

SEND Joint Strategic Needs Assessment (JSNA)

The [SEND Joint Strategic Needs Assessment](#) (JSNA) brings together a wealth of data and information to understand the needs of children and young people with special educational needs and/or disabilities in Sunderland. It is a live document and should be continually updated as new data and needs are identified. The JSNA was produced in January 2019; a review is currently underway. As stated in the SEND Code of Practice, there is a clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans. The importance of the JSNA in informing SEND commissioning is outlined below:



Other data sources which we use to determine needs and demand and which will inform the review of the JSNA include:

- a. [PHE child and maternal health statistics](#);
- b. [GP practice QOF registers of learning disability](#);
- c. **Provider contracts and performance measures**;

- d. [TfC's disabled children's register;](#)
- e. [QOF national prevalence data on key conditions;](#)
- f. [Schools census;](#)
- g. [Annual special educational needs survey;](#)
- h. [Child in need census;](#)
- i. Engagement with the [Sunderland Parent Carer Forum](#) and with children, young people and their families;
- j. Feedback from GP practice members and from commissioned providers;
- k. Learning from analysis of EHC plans;
- l. Research projects, for example [the University of Sunderland's commissioned research around the prevalence of SEND in the city among children and young people aged 3-16;](#)
- m. [Data outlining the diagnoses and health needs of children assessed in Sunderland Paediatric Disability Service's clinics;](#)
- n. National initiatives to support local areas to understand their data relating to children and young people with SEND, such as the [Council for Disabled Children's SEND data dashboard.](#)

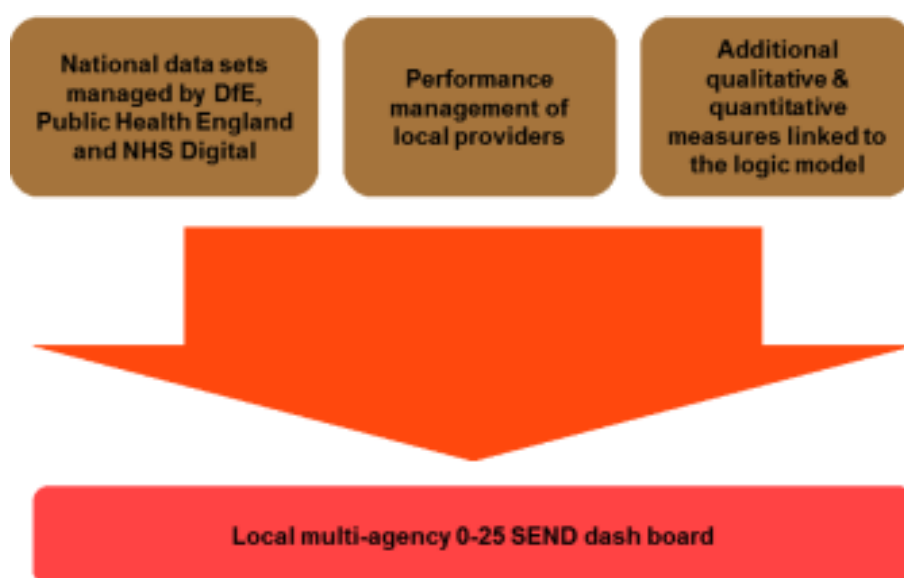
We recognise that currently, much of this data is gathered in silos; health, education and social care data is held in different places, captured by different parts of the system and used to provide assurance to individual agencies.

Scoping has commenced with colleagues from North East Commissioning Support (NECS) to develop a comprehensive data dashboard for Sunderland. The intention is that this would bring together datasets from across primary care, secondary care, mental health and community health services and match this with education and social care data using NHS numbers across the cohort of children and young people with SEND aged 0-25.

This work will be further strengthened by a research proposal from the University of Sunderland which builds on the successful work undertaken by Dr Karen Horridge in developing a paediatric dataset. The project will explore information governance of datasets and how challenges in sharing data could be overcome to improve information flow and aid understanding of childhood disability and trends.

Provision and service mapping

The development of a multi-agency 0-25 SEND dashboard for Sunderland will draw from a range of national and local data sets. However, we recognise that additional local qualitative and quantitative measures will be required in order to support the measurement of progress against the priorities identified in the SEND Strategic Commissioning Plan and associated strategies.



To support this, the SEND Integrated Commissioning Group is undertaking a mapping exercise to capture intelligence relating to existing commissioning arrangements. This will articulate: what support is available to, and how it is accessed by, children with SEND; who is accountable for the provision; how it is commissioned or provided; service contracts and expiry dates; measures of success; and any subsequent gaps in provision or areas for improvement.

This evidence base will be further enhanced by the roll-out of provision mapping across all education providers in Sunderland; from January 2020, individual education settings are required to submit details of costed SEND provision at an individual child-level to facilitate accurate provision costing and inform an understanding of outcomes and impact.

What we need to do next:

4. Develop a joint data set for children and young people with SEND aged 0-25:

- Identify datasets in scope and agree reporting outputs.
- Identify a lead for collating data to populate the SEND dashboard.
- Develop Comprehensive Information Sharing Agreement between partners

that sets out what information can be shared, with who, how to share securely and the legal basis for sharing.

- Develop and pilot the revised dataset.

5. Scope needs, data and related intelligence across partners

- Revise SEND JSNA.
- Complete service mapping exercise to identify the service, resources and investment profile across the SEND cohort.
- Review initial data from provision mapping across educational settings.

6. Develop baseline position

- Complete a gap analysis; map needs against existing provision to determine gaps and take this as the baseline from which to build a shared understanding of current and future needs to inform commissioning intentions and procurement planning.

Outcomes:

- **All partners are confident in sharing information appropriately, safely and legally.**
- **Systematic and timely information and data sharing across agencies.**
- **Datasets enhanced and consolidated to inform commissioning decisions and judgements about the adequacy and sufficiency of provision.**
- **Reduced duplication**
- **Needs mapped against existing provision as a baseline.**
- **Partners have a shared understanding of current and future needs.**
- **Commissioning decisions are based on evidenced needs.**



Key issues from our needs analysis

Our analysis of needs has highlighted a number of emerging key issues and challenges to inform our commissioning priorities, including:

- a. A 5-year consecutive rise in the number of children and young people aged 1-18 with an identified Special Educational Need (SEN) in Sunderland. In 2014/15, the number of children recorded as having an identified SEN was 5,099 (12.38% of the child population). In contrast, the number of children with an identified SEN in 2018/19 was 6,603 (approximately 15.94% of the child population), representing an increase of 3.56% over 5 years.
- b. An upward trend in the number of children diagnosed with autism spectrum disorder (ASD); from 710 children in 2014/15 to 1,198 children in 2018/19.
- c. An upward trend in the number of children with social, emotional and mental health (SEMH) needs; from 1,075 children in 2014/15 to 1,356 children in 2018/19.
- d. Increasing demand for EHC needs assessments; the percentage increase in requests between January 2014 and January 2018 was 21.95% and between January 2018 and January 2019 was 27% (from 311 to 396).
- e. Resource challenges in assessing, planning and reviewing EHC needs in a timely manner.
- f. Increase in exclusions of children with SEND (and a significant rise in exclusions of children with autism). In Sunderland, 128 (76%) of the 169 primary pupils who received fixed term exclusions in 2017-18 were receiving SEND support.
- g. A high proportion of children and young people with mental health needs (1 in 10) and evidence that mental health services for children with SEND are difficult to access.
- h. High demand for places in our special schools and units; 48.5% of children with EHCPs in Sunderland are placed in a special school compared with the NE average of 43.2% and national average of 34.8% (Jan 2018).
- i. Increasing demand for Speech and Language Therapy (SALT), Occupational Therapy (OT), and physiotherapy services, with provision fragmented across partners and providers.

- j. A lack of clarity relating to decision-making pathways and panel processes for some joint-funding arrangements for children with complex needs.
- k. A low number of children (3.78%) who have requested personal budgets as part of their EHC plan (60 out of a total of 1588 plans).
- l. Demand for social and leisure opportunities which meet the changing needs and preferences of young people with SEND.
- m. A lack of cohesion in support for young people transitioning from children's to adults' services.

As a result, we have identified key priorities which will form the basis of our integrated commissioning intentions for the planning and delivery of services.

What we need to do next – our commissioning intentions:

7. **Build capacity in local education provision:**

- Review the level of school places to meet current and expected need within designated provision or special schools to reduce the number of pupils who are being placed out of area for their education.
- Revise agreements for commissioned special school places to ensure a clear service offer.
- Develop more effective and innovative ways to use high needs funding in mainstream schools.
- Review support services to schools to ensure consistency and clear pathways, including:
 - Autism Outreach
 - Language and Learning
 - Physical Disability
 - Behaviour Support
 - Sensory Services
 - Educational Psychology
- Examine alternative provision models for children with SEND.

8. **Develop new models to meet demand in relation to our SEMH and ASD cohorts:**

- Expand Additional Resource Base provision for children with SEMH needs.
- Work in partnership with Hope Spring to explore the potential expansion of the therapeutic education model for children with complex SEMH needs.
- Work in partnership with the Prosper Learning Trust to deliver specialist autism provision with integrated therapeutic support for up to 96 children aged 5-16 at the new Harry Watts Academy.
- Fully implement and review the ASD diagnostic pathway.

9. **Align pathways into services, including points of access and initial referral processes:**

- Review systems and processes in relation to EHC needs assessment to ensure they are clear and fit for purpose.
- Ensure referral pathways and provision for SEND in Health, Education and

Care is available on the Local Offer website.

- Support the CAMHS Partnership to design a Single Point of Access (SPoA) into mental health services.
- Develop a specialist diagnostic pathway to assess children and young people for foetal alcohol spectrum disorder (FASD).
- Review the Multi-Agency Preparing for Adulthood Protocol and Pathway for young people with SEND to ensure smooth, well-coordinated transitions.

10. Deliver high quality and timely commissioned services which are targeted to the needs of children with SEND:

- Agree key performance indicators, outcome measures and revised service specifications, putting in place contract variations where necessary, to formally recognise NHS Foundation Trust providers' contractual obligations in respect of:
 - Compliance with the SEND Code of Practice (2015) and Children and Families Act 2014
 - Provision of a named SEND contact for the provider organisation and clarity about the DMO role
 - Representation at the SEND Strategic Commissioning Group and SEND Strategic Partnership, if requested, including reporting of any service delivery updates and improvement actions.
- Ensure review of wheelchair and equipment services is resulting in accessible services which deliver required outcomes.
- Develop clear offer of preventative support for children with SEND in 0-19 and early help services.

11. Review and redesign the short breaks offer:

- Agree joint commissioning arrangements to expand the availability of short break provision during summer holidays.
- Work with regional partners to revise the service specification and recommission specialist short break provision for children with life-limiting conditions.
- Revise the service specification for overnight short breaks at Grace House to ensure children are assessed and introduced to the service in a timely way.
- Revise the short breaks statement to reflect the new offer.

12. Increase personalisation, including the uptake of personal budgets and integrated personal commissioning:

- Review the use of personal health budgets for children in receipt of continuing care funding and consider the extension of personal health budgets to a wider group of children and young people who have complex health needs and wheelchair users.
- Explore the development of social prescribing to support an asset focused, person-centred thinking and planning approach to understanding families' skills and knowledge, resilience, finances, social networks and involvement in community activities.
- Consider the viability of having a ring-fenced integrated budget for personalisation through top-slicing funding from existing budget lines and

block contracts across health, education and social care.

13. Improve NHS Continuing Care processes and arrangements for the joint assessment, commissioning and procurement of services for children with complex needs:

- Identify trends and themes to inform joint commissioning in relation to children eligible for NHS Continuing Care where commissioned services are unable to provide health interventions and support at an individual child level.

Outcomes:

- **There are enough local school places to meet the needs of children and young people with SEND which supports them to do well at school.**
- **Children with SEMH needs and ASD are supported to achieve good outcomes by services that have a good understanding of their specific needs.**
- **Children and young people and their parents and carers have access to the help and support they need so that they feel prepared when they move from one provider to another, or into adult services.**
- **Children and young people receive the right services, in the right place, at the right time and as close to their homes as possible.**
- **Children and young people are able to spend quality time away from their main carers; parents and carers are able to take a break from their caring responsibilities.**
- **Services are tailored to individual need, provide greater choice and control over packages of care and ensure children in transition to adult services have a clear pathway of care.**

How will we know if we are making a difference?

We know that driving improvements in SEND services through integrated commissioning is not something that can be done and delivered once: it's an ever ongoing, iterative process and a journey that relies on the continuing support and commitment of everyone involved. We must work with providers and partners across the local area to continuously improve services and generate innovative ways of coordinating and delivering high quality, child-centred and cost-effective support to children with SEND.

Joint review is an essential part of our approach to integrated commissioning to build our evidence base of:

- how services are performing, including efficiency, productivity and value for money
- the contribution service are making to achieving better outcomes for children with SEND in Sunderland
- the impact of our strategic commissioning plan: is anyone better off?

What we need to do next:

14. **Develop an outcomes framework for joint commissioning:**

- Identify the existing outcome tools that services use to assess the difference that services have made in improving outcomes for children and young people.
- Agree the model for measuring and achieving outcomes from commissioned services.
- Ensure service contracts and specifications clearly articulate reporting and performance monitoring requirements in relation to outcomes for children and young people on a SEND support plan or an EHC plan.

15. **Develop processes for joint review of SEND services:**

- Establish a joint audit programme for EHC Plans and reviews with mechanisms for ensuring:
 - outcomes are collectively understood
 - funding responsibilities are clear
 - management oversight is clear and effective
 - families are involved in the process
 - findings are shared with partners and providers and used to identify gaps in provision and inform commissioning decisions.
- Agree responsibilities and methodologies for undertaking quality assurance activities with commissioned services, including visits to educational and clinical settings, where appropriate.

16. Revise, remodel and review:

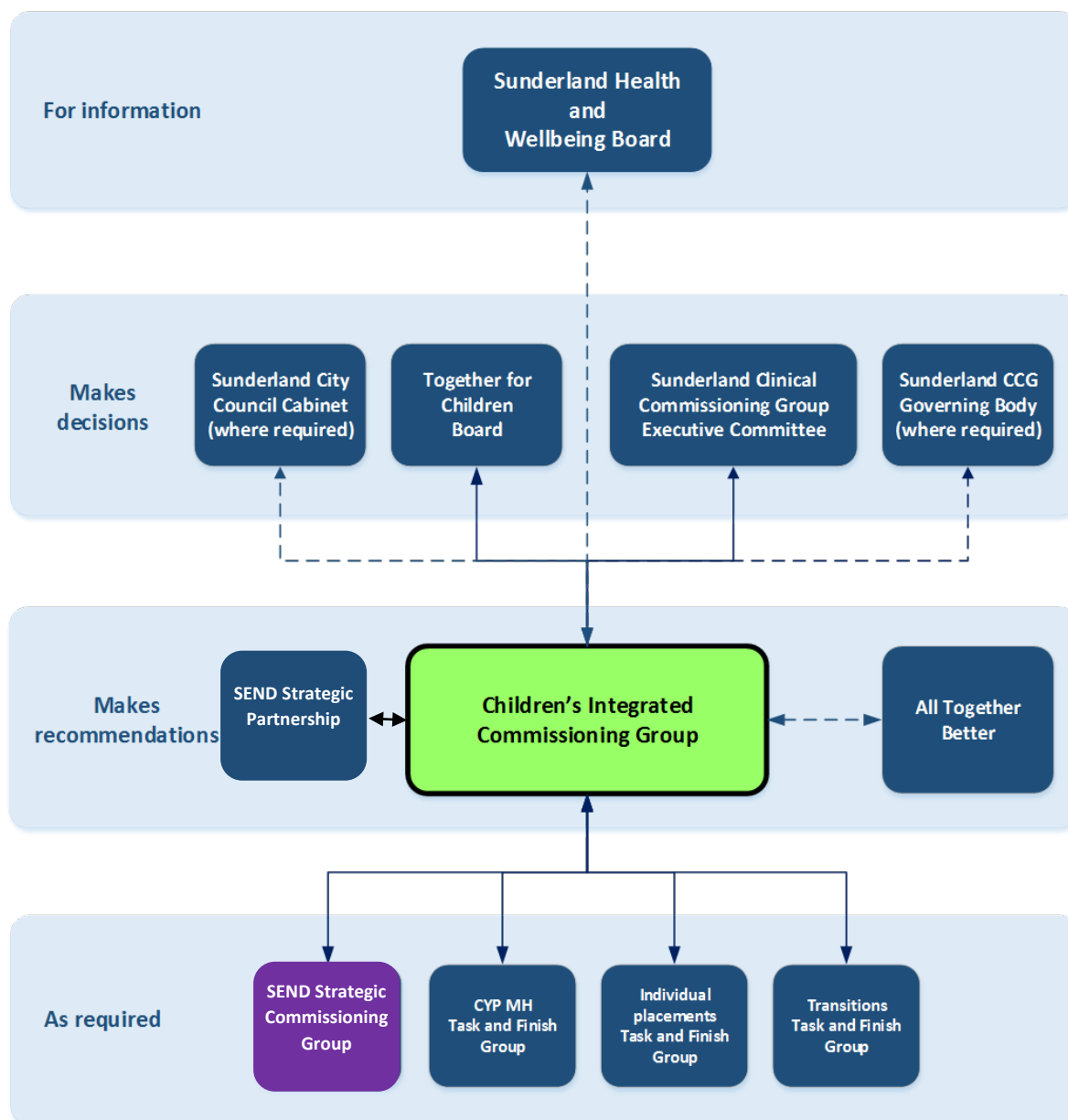
- Developing coproduction processes for reviewing, redesigning and recommissioning SEND services with and full stakeholder engagement.
- Produce a methodology for decommissioning services and mitigating any potential negative impact on children and families.
- Agree new or revised strategic priorities and activities to address changes in the needs of the local SEND population.

Outcomes:

- **Joint commissioning activities in our local area have had a demonstrable effect on improving outcomes for young people with SEND.**
- **All services have processes in place to monitor progress of outcomes as an individual, operational and strategic level.**
- **Outcome monitoring informs planning and joint commissioning.**
- **Services are designed to address changes in the needs of the local SEND population.**

Appendix 1: Governance Structure

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



Appendix 2: Reference Documents

- [Children and Families Act 2014](#)
- Department for Education [Special educational needs and disability code of practice: 0 to 25 years 2015](#)
- Department of Health [National Framework for Children and Young People's Continuing Care 2016](#)
- LGA and NHS Clinical Commissioners [Integrated Commissioning for Better Outcomes: a commissioning framework](#) 2018
- Shaping Sunderland's Future Together: Integrated Strategic Commissioning Strategy Statement of Intent for 0–25 year olds in Sunderland
- [Sunderland Children and Young People's Mental Health and Wellbeing Transformational Plan](#)
- Sunderland Partnership [Joint Health and Wellbeing Strategy](#)
- Sunderland SEND Joint Area Inspection Self- Evaluation December 2019
- Sunderland SEND Joint Area Inspection Action Plan December 2019
- [Sunderland SEND Joint Strategic Needs Assessment](#)
- Sunderland SEND Strategy: Working together for children, young people and families 2019 – 2022

SUNDERLAND HEALTH AND WELLBEING BOARD

11 December 2020

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Policy Manager, Sunderland City Council

1.0 Purpose of the Report

- 1.1 To present to the Board the forward plan of its business for 2020/21.

2.0 Background

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

3.0 The forward plan

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

4.0 Recommendation

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

JANUARY 2020	3 FEBRUARY 2020 12pm-4pm	20 MARCH 2020 9.30am	APRIL 2020	MAY 2020	JUNE 2020
	Development Session <ul style="list-style-type: none"> Healthy City Plan development Review HWBB membership Discussion on specific priorities (e.g. Healthy Weight Declaration) <p>Separate meeting:</p> <ul style="list-style-type: none"> Governance arrangements for integrated health and social care 	Public Meeting <ul style="list-style-type: none"> Draft Healthy City Plan for consultation Update on specific HWBB priorities PNA – sign-off to go ahead with refresh PNA – completed version (2021) All Together Better update Care Home Life – What its really like (Healthwatch) Update on Path to Excellence scenario development process <p>Papers produced – meeting cancelled due to COVID-19. Update provided to June 2020 meeting</p>	Development Session <ul style="list-style-type: none"> Healthy City Plan development <p>Development session cancelled due to COVID-19.</p>		Public Meeting <ul style="list-style-type: none"> COVID-19 headline reflections Care home support programme Draft COVID-19 Health Inequalities Strategy Local Outbreak Control Board Status update on reports scheduled for March 2020
JULY 2020	AUGUST 2020	SEPTEMBER 2020	OCTOBER 2020	NOVEMBER 2020	DECEMBER 2020
		Public Meeting – 18 September 2020 <ul style="list-style-type: none"> Proposal to expand membership COVID-19 in Sunderland - Update Sunderland COVID-19 Health Inequalities Strategy Mid-year review of the JSNA and HWBB priorities Age Friendly City and Ageing Well NHS Planning Update Draft Healthy City Plan for consultation Healthy Economy – action plans Health Watch Annual Report 	Development Session <ul style="list-style-type: none"> Resetting the health and social care agenda (re-schedule to January 2021) Mental health and wellbeing strategy – request for HWB to be involved (DC) 	Development session <ul style="list-style-type: none"> Developing the Healthy City Plan balanced scorecard (DPH/DC/GK) 	Public Meeting - 11 December 2020 <ul style="list-style-type: none"> COVID-19 Update (DPH) Update on specific HWBB priorities - Workplace health (KB,YM,RS) Health City Plan update (DPH/CCG) Update on specific HWBB priorities – emerging mental health strategy (SW) Path to Excellence update (SW) Health Protection Assurance Report (KB - PH) SSCP Annual Report (JC) SSAB Annual Report (GK) Children's Integrated Commissioning Service (DB)
JANUARY 2021	FEBRUARY 2021	20 MARCH 2021	APRIL 2021	MAY 2021	JUNE 2021
Development Session <ul style="list-style-type: none"> Healthy City Plan governance arrangements Health in all policies – introduction (Public Health) 	Development Session <ul style="list-style-type: none"> Social prescribing (ATB) Resetting the health and social care agenda 	Public Meeting – 19 March 2021 <ul style="list-style-type: none"> COVID-19 Update (DPH) Healthy City Plan and governance Monitor the Covid-19 Health Inequalities Strategy action plan and key performance indicators (six-monthly update) Update on specific HWB priorities PNA – sign-off to go ahead with refresh All Together Better update Public Health campaigns Children and Young People's Mental Health and Wellbeing Transformation Plan (TBC) 			Date to be set at Full Council in May 2021 <ul style="list-style-type: none"> COVID-19 Update (DPH) Update on specific HWBB priorities NHS Operational Plan Health Watch Annual Report Health Protection Assurance Report

Future items

Pharmaceutical Needs Assessment (requirement suspended until April 2022)

Development sessions

- Behavioural insights (LH/JHu)
- DPH Annual Report draft recommendations (DPH)
- Domestic abuse – request for HWB to be involved (TfC - JC)
- LGA When Worlds Collide – separate workshops for local government and NHS to explore organisational differences (LGA facilitated)