SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held on Friday 10 December 2021 at 12.00pm in the Council Chamber, Sunderland Civic Centre

For further information and assistance, please contact by Teams or Email:
Gillian Kelly, Principal Governance Services Officer gillian.kelly@sunderland.gov.uk
Tel: 07919 509178

9.	**Sunderland Winter/Covid-19 Resilience Plan 2021/2022** Report of the Managing Director of All Together Better (ATB) and C&C Chair and the ATB System Command and Control Management Lead (attached).	69
10.	**Sunderland 2021/2022 Better Care Fund Submission** Joint report of the Executive Director of Neighbourhoods and the Sunderland CCG Accountable Officer (attached).	87
11.	**Health and Wellbeing Delivery Boards Assurance Update** Joint report of the Chief Executive of Together for Children, Executive Director of Public Health and Integrated Commissioning and the Executive Director of Neighbourhoods (attached).	129
12.	**Sunderland Safeguarding Children Partnership (SSCP) Annual Report** Report of the Sunderland Safeguarding Children Partnership Statutory Partners (attached).	137
	ITEMS FOR INFORMATION	
13.	**Health and Wellbeing Board Forward Plan** Report of the Senior Policy Manager, Sunderland City Council (attached).	155
14.	**Dates and Times of Future Meetings** The next meeting will take place on Friday 18 March 2022 at 12.00pm in the City Hall, Sunderland.	-

ELAINE WAUGH
Assistant Director of Law and Governance

Civic Centre,
Sunderland

2 December 2021

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 1 October 2021

Meeting held in the Council Chamber, Sunderland Civic Centre

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Dominic McDonough	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Fiona Brown	-	Executive Directors of Neighbourhoods, Sunderland City Council
David Chandler	-	Chief Officer, Sunderland CCG
Dr John Dean	-	Chair, Healthwatch Sunderland
Dr Yitka Graham	-	University of Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Patrick Melia	-	Chief Executive, Sunderland City Council
Chief Superintendent Sarah Pitt	-	Safer Sunderland Partnership

In Attendance:

Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Kath Bailey	-	Public Health Specialist, Sunderland City Council
Julie Parker-Walton	-	Public Health Specialist, Sunderland City Council
Jane Wheeler	-	Service Manager Early Help, Together for Children
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Chris Binding	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW18. Welcome

Councillor Chequer welcomed everyone to the meeting and highlighted that many Board Members had come to the meeting directly from the launch of the Ageing Well Ambassadors programme.

The Chair announced that Ralph Saelzer had stepped down as chair of the Sunderland Workplace Health Alliance. Ralph had chaired the Alliance since its inception in November 2014 and Councillor Chequer asked the Board to join her in expressing thanks to Ralph for his contribution and wishing him well for the future. In the interim period, Lucy Caplan would attend the Health and Wellbeing Board to represent the Workplace Health Alliance.

HW19. Apologies

Apologies for absence were received from Gerry Taylor, Jill Colbert, Ken Bremner, Dr Ian Pattison, Lucy Caplan and Philip Foster.

HW20. Declarations of Interest

Councillor McDonough declared an interest in item 5 as an employee of If U Care Share Foundation.

HW21. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 25 June 2021 were agreed as a correct record.

HW22. Sunderland Joint Needs Assessment (JSNA) 2021/2022

The Executive Director of Public Health and Integrated Commissioning submitted a report presenting the draft Sunderland Joint Strategic Needs Assessment (JSNA) and Kath Bailey was in attendance to deliver a presentation.

The development of a JSNA was a statutory requirement and local authorities and CCGs had equal and joint duties to produce JSNAs and Joint Health and Wellbeing Strategies through the Health and Wellbeing Board. The draft JSNA had been presented at the Starting Well, Living Well and Ageing Well Delivery Boards for feedback and to identify officers who could help to develop the next iteration of the JSNA.

The Covid pandemic had magnified some of the challenges faced by the city and it was highlighted that residents lived shorter lives and had a greater time in poor health than the national average. The JSNA included consideration of the social determinants of health and data showed that, when compared to the average figures, more people lived in deprived areas, average income was lower, fuel poverty was

greater, levels of employment were lower, more people were in receipt of out of work benefits and there were lower levels of educational qualifications.
Kath stated that those least able to cope had been the most affected by the Covid pandemic and this had exacerbated existing health inequalities. Previous improvements in life expectancy had seen a dramatic fall in 2020, food poverty had increased significantly and it was anticipated that there would be an increased demand for mental health services over the next five years.

The JSNA Assessment had found the following: -

- Inequalities in the city had a significant impact on health
- Poverty levels within the city continue to have an impact
- Children and young people in the city faced significant challenges and inequalities across the social gradient of health
- Smoking, diet, alcohol and physical activity led to poor health outcomes for the city
- More people in the city are living with and prematurely dying from serious diseases than elsewhere in the country
- The ageing population in the city had a significant effect on local services
- People in the city have poor mental wellbeing and this also impacted on physical health
- The full impacts of the Covid-19 pandemic on the social determinants of health were not yet realised and understood.

The Chair commented that some of the information in the report was stark and hard-hitting. Councillor McDonough noted that the assessment was very in depth and he highlighted the survey of secondary school pupils who were worrying about their mental health and queried the differences between males and females and whether this could skew the position.

Kath explained that the survey was relying on self-reported measures and traditionally the North East population wanted to ‘tough it out’. It was also noted that people were not always happy to talk about their feelings, however it was planned to carry out the school survey again so there would be more figures available for comparison.

Councillor McDonough went on to ask how people might be encouraged to talk more and if they did not, would this make it more difficult for resources to get where they were needed. Kath said that there was more of a focus on this than ever before and there was more resource in the system with detailed work taking place on a Mental Health Strategy for the city. Schools were inevitably talking about this more than ever and it was important to make sure that mental health was adequately prioritised.

The Chair highlighted that colleagues on the Living Well Delivery Board were taking such things forward and she was confident that Public Health and commissioning partners would not hold back on any service delivery. David Chandler endorsed that there were more resources in schools, including the Kooth app, and as part of the Mental Health Investment Standard, investment had to be made every year and in the last year the greater proportion had been skewed towards children and young people. Spending on mental health was benchmarked and Sunderland compared

well to other local authorities in the North East; this showed the importance of place-based services in the Integrated Care System (ICS).

Fiona Brown suggested that people could also be looked at as a resource and what they could bring to the city. Kath said that the Ageing Well Delivery Board had been talking about life experience and how this could be brought in. This was something which should be part of the JSNA and the more soft intelligence which was available, the better.

Fiona also asked if anything was being done to record the impacts of Covid and Kath advised that there was a multitude of research taking place nationally and this would have to be unpicked for the regional position. Some of this was delayed data but there would be a lot to learn regarding the impact of Covid on life chances.

With regard to the cycle of poverty identified in the assessment, Councillor Miller asked if Sunderland had looked at the approach of other authorities and Kath confirmed that examples of good practice were examined and information from other areas was always useful.

John Dean asked how issues would be prioritised and commented that messages through schools around alcohol and smoking could be effective for young people. Kath said that there was no easy answer and there continued to be discussions about targeting resources. Public Health had reached out to schools and there was a programme of work and Jane Wheeler highlighted that there was a preventative offer in Sunderland schools which also include younger children.

Councillor Farthing referred to poverty leading to many issues including stress which in turn may lead to taking health risks to deal with this. She felt that beginning with children was the best approach, particularly in relation to mental health, and she queried if the disparity between male and female reporting of mental health issues was reflected in the waiting lists of CNTW. As chair of the Best Start in Life working group, Councillor Farthing noted that they were targeting smoking in pregnancy and smoking in families with young children to prevent children taking up smoking.

David Chandler highlighted that there had been some projects carried out in relation to this a few years ago and £750,000 had been allocated to the Health City Plan to pump prime projects and channel resources into areas of concern. The waiting time for children and young people’s mental health treatment was very much on the CCG agenda.

Dr Graham commented that to hear some of the things in the JSNA verbalised made it hit harder. She felt it was helpful to include social isolation as a separate point and the impact of this and its effect on more unhealthy behaviours should be considered. Kath agreed that this was an important issue to get to grips with.

Jane Hibberd added that social isolation was one of the key performance measures for the Board and the Ageing Well Delivery Board were taking that forward, recognising that it was something that went through the life course for many people.

Dr Lucas referred to the Public Health data showing that 73.5% of adults in Sunderland were classed as overweight or obese; there were a large number of hospital admissions and concerns related to this but it was unclear what happened between a person becoming obese and then requiring treatment and what was being done at school level. Julie Parker-Walton indicated that there had been a programme for children which provided Tier 2 intervention with a referral from a GP practice. Work with Everyone Active on a social prescribing model was just getting off the ground and work would be taking place with the CCG to link the tiers. Jane Wheeler added that there were workstreams in schools about growing their own food and holiday activities on nutrition for children receiving free school meals.

The overarching JSNA would be finalised following feedback from the Board. An infographic summary and film to support the JSNA was under development and these documents would be published on the Council website and circulated to key partners.

The Chair re-emphasised the importance of the JSNA for all partners in the city and it was RESOLVED that: -

(i) the findings of the draft Sunderland JSNA be noted;

(ii) it be agreed that the Executive Director of Public Health and Integrated Commissioning be delegated to finalise the JSNA;

(iii) consideration to be given to whether there were any specific additional topics which needed to be included in this iteration of the JSNA or any topics for development over the next year;

(iv) these findings be taken into account when considering the commissioning plans of all partners;

(v) these findings be taken into account when developing plans for the Delivery Boards and workstreams identified as priorities by the Board; and

(vi) the continual refresh of the JSNA to ensure emerging needs and challenges are widely understood across the city be supported.

HW23. Developing Our Approach to Improving Health and Reducing Health Inequalities

The Executive Director of Public Health and Integrated Commissioning submitted a report providing an overview of the Health Inequalities priority within the Healthy City Plan, describing a systemwide approach to improving health and reducing health inequalities and seeking commitment from partner organisations to help further develop the city's approach to reducing health inequalities.

The Healthy City Plan set out the context for Sunderland's health ambitions but it was acknowledged that work must scale up and accelerate change and improvement for the decade ahead. The Marmot report from December 2020

highlighted how the pandemic had not only increased existing inequalities but had caused new ones to emerge.

The Covid-19 Health Inequalities Strategy set out Sunderland's response to Covid-19 and the impact on health inequalities and this also formed one of the nine workstreams of the Healthy City Plan Implementation Plan. A systemwide approach to this was required and the Council had identified four priority areas for action: -

- Better understanding of the population
- Asset based community development – 'residents as participants'
- Economic Activity – skills, aspirations and wealth building
- Health in All Policies approach

The Living Well Delivery Board was supporting working together on these priority areas and a sector wide and consistent approach to tackling health inequalities in the city would be developed, recognising the need to work at both an Integrated Care System (ICS) and at a place level to make a difference.

Councillor Farthing referred to social prescribing and that without pump priming the voluntary sector this would not work successfully. She also highlighted the large piece of work which had been undertaken to develop Health Impact Assessments a number of years ago and that this had taken a long time to become embedded. She felt that this was the way forward and was pleased that work was ongoing with the LGA on this.

Julie Parker-Walton advised that there had been some meetings about developing social prescribing for Sunderland and with All Together Better and other partners, working with the voluntary and community sector to build on the work done during the pandemic. The Council was chairing the social prescribing meeting but it was recognised that this partnership needed to be broadened out to ensure that it was able to meet the 'asks' of the voluntary and community sector.

David Chandler commented that the NHS and other areas were dependent on the voluntary sector and social prescribing was at the forefront of minds and how it could be ensured that the right things were in place to be signposted to. Julie highlighted that she was running a workshop on this with the GP Alliance shortly.

Jane Hibberd noted that Health Impact Assessments (HIAs) had perhaps not always been at the forefront of Council decision-making and this had been identified as a key area for improvement in the Healthy City Plan. An approach to integrated impact assessments in the Council was being discussed. The development session on 'making health everyone's business' was to be rolled out to the next level of the Council and there would be training to support the development of the approach.

Councillor Miller commented that residents in the city felt the inequalities and viewed themselves as hard done to. She was aware that voluntary and community groups were stretched and queried how their work would be funded going forward. Julie said that she would raise that point.

Dr Graham highlighted the ambiguity and complexity of social prescribing and noted that the University was the academic partner of the Academy for Social Prescribing, which was trying to build up a reservoir of evidence for the approach. There were some partnerships with the CCG and Veterans in Crisis but the point about sustainability was well made and the infrastructure had to be correct.

John Dean asked if social prescribing would be based on giving people advice in the GP surgery as he understood there had been a pilot in this vein. Julie Parker-Walton commented that there was a model for GP practices but there was a question of how good practice in Sunderland could be brought together and made understandable, systematic and clear.

Dr Graham provided an example of a structure medication review in a Community Pharmacy where it was found that the individual was struggling with debt and the pharmacist was able to refer them to the Citizen's Advice Bureau. It was this type of evidence of successful interventions which needed to be built up to show the potential of the approach.

Councillor McDonough commented that he found the document a bit woolly but noted the reference to working with businesses and employers and asked what more could be done for in work health.

Julie Parker-Walton said that there was the Better Health at Work Award and the Sunderland Workplace Health Alliance to champion healthy workplaces. There was a lot going on through Public Health and also other areas of the Council and the links that had been generated with businesses through the pandemic were being carried on.

Councillor Farthing commented that there was still a Healthy Economy Working Group and the Business Investment Team had helped bring more employers into that group. Julie added that the Workplace Health Alliance had gone from strength to strength in recent years and had been focused on engaging more small and medium enterprises. The Alliance did produce an annual report which could be shared with the Board.

Following consideration of the report, it was RESOLVED: -

(i) the contents of the report be noted;

(ii) it be agreed to support the development of a systemwide approach to reducing health inequalities; and

(iii) to commit to individual partner organisations' involvement in developing the city's approach further.

HW24. The North East and North Cumbria Integrated Care System and Integrated Place Based Arrangements

The Executive Director of Public Health and Integrated Commissioning and the Chief Officer of Sunderland CCG submitted a joint report providing the Board with an overview of the preparations by the North East North Cumbria Integrated Care System (NENC ICS) to take on its statutory responsibilities from April 2022 and an overview on the development of integrated place-based arrangements.

David Chandler advised that the NENC ICS would be a very large, new statutory body from April 2022 and the first steps would be to work out how it would operate in reality. A number of key documents had been published during August and September to support ICSs and a Sunderland Integrated Care Executive had been established to lead and support the transition to the new place-based arrangements. A Transition Steering Group had also been established to support the Executive and to lead, monitor and report progress across the following key workstreams: -

- Governance
- Finance
- Provider collaborative/partnerships
- Commissioning development and Business Intelligence
- Leadership (clinical and professional) and people

Councillor Miller felt that there were still questions about finance, especially as CCGs were able to direct where patients were to go and she also had concerns about prescriptions and medication accessibility.

David advised that the CCG worked on the principle of patient choice and this would not be eroded but the financial arrangements would become clearer over time. The ICS would be looking at reducing waiting lists over the next year or two; he emphasised that there should not be any difference felt by patients as the North East and Cumbria had always worked together to avoid a ‘postcode lottery’ scenario.

Councillor Farthing asked what the backlog would mean for preventative work and David offered reassurance that prevention would be a key platform of the ICS and there would be no moving of resources from that to clear backlogs as separate funding would be received to address the backlog. The NHS was back open for business and probably the busiest it had ever been. It was also highlighted that the NHS would be looking at support for people who were on existing waiting lists.

The Chair asked if David could expand on timings and how partnership board arrangements would be agreed. David confirmed that everyone was working towards December as the arrangements had to be in place by 1 April 2022. The proposals would have to go to the CCG Governing Body, the Council’s Cabinet and the Health and Wellbeing Board for endorsement.

RESOLVED that: -

(i) the report be received and noted;

(ii) the progress made to date be supported; and

(iii) an updated position be received at the next Board meeting.

HW25. Covid-19 in Sunderland – Update

The Executive Director of Public Health and Integrated Commissioning submitted a report providing an update on the Covid-19 situation in Sunderland.

Kath Bailey delivered a presentation to the Board and in doing so highlighted the developments in the situation since the last report. Sunderland was currently averaging 135 new cases a day, however underneath this there were very different patterns in adults and children; adults were holding steady or declining but infections in school age children were high and rising. However there were relatively low hospital admissions with a few patients in the ICU.

There was not a great deal for Public Health to enforce following the relaxation of rules but there was still a legal requirement to isolate after a positive PCR test.

Kath referred to the Autumn and Winter Plan and noted that services were anticipating a challenging winter period with the impact of other seasonal respiratory diseases adding to the Covid-19 situation.

The progress of the Vaccination Programme and equity of coverage was highlighted in the presentation and Kath advised that the Public Health Team continued to review and attempt different strategies to ensure that the maximum number of residents were vaccinated. The Local Outbreak Management Plan had been refreshed and updated during September and local testing arrangements continued to be developed and updated.

As cases rose rapidly over the summer, some contact tracing had been handed back to the national team but as of 23 August it had been requested that all case follow up for Sunderland be taken on by the local team. There had been changes to arrangements for educational settings with the emphasis being on keeping as many young people as possible in school.

The Chair referred to the Government approach to winter pressures and asked what the local plan would be. David Chandler stated that the NHS was currently planning for this but in reality, services were already experiencing winter levels. The ATB Winter Plan would be considered by the CCG Governing Body the following week and this would identify the additional resource and capacity needed. There were Silver and Gold Commands in place to manage the system and all sectors were expecting a hard winter.

Dr Lucas commented that the surge process was highly effective and was a proper partnership approach including all providers of health and social care in Sunderland. In and out of hospital services were also working very closely together. Dr Lucas highlighted that GPs were about to start delivering flu vaccinations and it was very important for patients to attend for these jabs.

RESOLVED that the update and the presentation be noted.

HW26. Health and Wellbeing Board Delivery Boards Assurance Update

The Executive Director of Public Health and Integrated Commissioning submitted a report providing the Health and Wellbeing Board with assurance that the work of the Delivery Boards was progressing in line with their agreed terms of reference and providing a summary of the key points discussed at their recent meetings.
The Delivery Boards would meet on a quarterly basis to have oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. An update report would be presented to each meeting of the Health and Wellbeing Board setting out what had been discussed and key issues to take forward.

The Board therefore RESOLVED that: -

(i) the meeting summaries from the recent meetings of the delivery boards be noted;

(ii) it is assured that the work of the Delivery Boards was progressing in line with their agreed terms of reference;

(iii) specific agenda items from the Delivery Boards be received for discussion; and

(iv) it be agreed to receive quarterly assurance updates from the Delivery Boards on an ongoing basis.

HW27. Sunderland Safeguarding Adults Board (SSAB) 2020/2021

The Independent Chair of Sunderland Safeguarding Adults Board had submitted the annual report of the Board as required by the Care Act. The work of Sunderland Safeguarding Adults Board had focused on four strategic priorities: -

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

The Board was very much a partnership and the annual report included some case studies which highlighted positive aspects. It was noted that there had been a dip in referrals at the beginning of the pandemic but these had now been at ‘normal’ levels for some time. An emerging area was an increase in self-neglect and this was a priority for the Board moving forward. The priorities had been reviewed and agreed for 2021 as follows: -

- Prevention
- Local Areas of Risk (Self-Neglect; Mental Capacity; Homelessness; Complex Adults Risk Management (CARM) – at Risk/Vulnerable/Complex Cases

(including Substance Misuse); Domestic Abuse; Suicide Prevention (particularly in the light of the effects of Covid-19))
- Transitions; Exploitation; Learning from Safeguarding Adult Reviews (SARs) and Local Safeguarding Children Practice Reviews (LSCPRs)

The Board RESOLVED that the content of the Safeguarding Adults Board Annual Report 2020/2021 be noted.

HW28. Health and Wellbeing Board Forward Plan

The Senior Policy Manager submitted a report presenting the forward plan of business for 2021/2022.

Members of the Board were encouraged to put forward items for future meeting agendas either at Board meetings or by contacting the Council's Senior Policy Manager.

RESOLVED that the Forward Plan be received for information.

HW29. Dates and Time of Next Meetings

The Board noted the schedule of meetings for 2021/2022: -

Friday 10 December 2021
Friday 18 March 2022

All meetings were to start at 12.00pm, venues to be confirmed.

(Signed) K CHEQUER
Chair

Item No. 4b

HEALTH AND WELLBEING BOARD ACTION LOG				
Board Meeting ID	**Action**	**Responsible**	**Timescale**	**Completed/Action Taken**
11/12/20				
HW35.	Health and Wellbeing Board to sign up to the Prevention Concordat for Better Mental Health for All	Jane Hibberd Julie Parker-Walton	Revised timescale April 2022	A number of scheduled actions will lead to the sign up of the Concordat.
25/06/21				
HW7.	Regular 'for information' reporting to be provided to the Health and Wellbeing Board on the deployment of the Healthy City Grant	David Chandler Gerry Taylor		Added to the forward plan as a 'for information' agenda item from March 2022. Two requests received from the Ageing Well Delivery Board (Nov. 21)
01/10/21				
HW24.	Receive an update on ICS and Integrated Place-Based Arrangements and note that an extraordinary meeting of the Health and Wellbeing Board may be required to agree the arrangements.	David Chandler	December 2021	Agenda item for December 2021. Action closed.

HW26/1.	Health and Wellbeing Board to receive specific agenda items from the Delivery Boards for discussion	Jane Hibberd	Ongoing	Communicated with Delivery Boards and items will come forward e.g. Children and Young People Health Related Behaviour Survey to the December 2021 meeting. Action closed.
HW26/2.	Health and Wellbeing Board to receive quarterly assurance updates from the Delivery Boards on an ongoing basis	Jane Hibberd	Ongoing	Incorporated into the forward plan. Action closed.

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

THE NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM AND INTEGRATED PLACE-BASED PARTNERSHIP ARRANGEMENTS

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

1.0 Purpose of the Report

1.1 The purpose of this report is to:

a) Apprise the Board of the preparations by the North East and North Cumbria Integrated Care System to take up its statutory responsibilities from April 2022.
b) Provide an updated position regarding the development of integrated place-based arrangements.

2.0 Background

2.1 Integrated Care Systems (ICSs) have been designed to bring together providers and commissioners of NHS services with their local authorities and other partners across larger geographical areas in order to collectively plan health and care services to meet the needs of their population.

2.2 As reported previously, if passed, the Health and Care Bill would introduce a major change to the organisation of the NHS. The proposed legislation would place ICSs on a statutory footing. Under this legislation each ICS would be a statutory body made up of two parts: an integrated care board (ICB) and an integrated partnership (ICP).

a. ICBs will take on the commissioning functions of clinical commissioning groups, as well as some of NHS England's commissioning functions and be accountable to NHSE for NHS spending and performance.
b. ICPs will bring together a wider range of partners to develop a plan to address the broader health, public health and social care needs of the local population.

ICSs would replace clinical commissioning groups (CCGs), currently responsible for planning, commissioning and funding NHS services from 1st April 2022.

2.3 Figure 1 shows the passage of the Bill through Parliament.

Figure 1

Health and Care Bill - Parliamentary Bills - UK Parliament - last updated 14 November 2021

2.4 Sunderland is part of the North East and North Cumbria Integrated Care System (NENC ICS), a regional partnership of 13 local authorities, 8 CCGs, 12 NHS Foundation Trusts and wider partners working together to improve the health of the 3.1 million people it serves. The 8 CCGs in the 13 places covered by the NENC ICS will no longer exist after 31st March 2022. From 1st April 2022 the NENC ICB would be responsible for the commissioning and oversight of most NHS services and accountable for NHS spend and performance. Sunderland CCG functions, and staff, would transfer to the NENC ICB.

2.5 This report provides an update to the Board on progress made in relation to the establishment of the ICB (section 3) and place-based partnership arrangements (section 4) since its last meeting on 1st October 2021.

3.0 North East North Cumbria Integrated Care System

Key Appointments

3.1 Interviews took place in October 2021 for the NENC designate ICB chief executive. Sam Allen, chief executive of Sussex Partnership NHS Foundation Trust, has been appointed and is to take up the role at the end of January 2022. Appointments to other key ICB posts, including a chief finance officer (director of finance), medical director and executive chief nurse (director of nursing), are expected before the end of March 2022.

Joint Management Executive (renamed Design Groups)

3.2 As reported to the Board in October, a series of meetings with executive representatives from the NHS and Local Authorities across the North East and North Cumbria ICS have been taking place during October and November 2021 chaired by Sir Liam Donaldson, the NENC designate chair. Main areas of focus for the sessions and discussion have included:

- Place-based partnerships – functions, resources and governance.
- Integrated Care Board – size and composition.

- Integrated Care Partnership – size and composition.
- NENC ICB draft constitution for approval by the Governing Bodies of the 8 CCGs across the North East and North Cumbria prior to ratification by NHS England.
- Proposed NENC ICS operating model.

3.3 The range of statutory duties (proposed in legislation) of the new NENC ICB would require it to operate strategically and to delegate key commissioning functions to place (e.g. Sunderland), acknowledging the primacy of place in planning, developing and delivering high quality care, improving population health and well-being and reducing health inequalities. The Joint Management Executive Group (JMEG) meetings have supported the development of a proposed approach by the NENC ICS in respect of which commissioning functions could be delegated to place and which could be retained by the ICB.

NENC ICB Operating Model

3.4 The NENC ICS has to arrange for commissioning functions to be undertaken and decisions to be made by or with place-based partnership arrangements through an appropriate arrangement. The NENC ICS is developing its own operating model which sets out the governance arrangements of place-based partnership, including the functions it reserves to discharge and which to confer down to place. It is important therefore that place-based partnership arrangements are established across all 13 places of the NENC ICS to enable and support the delegation of functions, including NHS monies, from the NENC ICB to places.

3.5 The NENC ICS is proposing a phased approach to devolution of power from the ICB to each place building on current place-based arrangements, where appropriate, to ensure stability and continuity because changes cannot be introduced before the ICB has assumed its legal status. The NENC ICS Governance Work Stream is developing the detail of how this would operate at place.

Once the ICB is in its statutory form Sunderland would have the opportunity (post April 2022) to propose a longer term governance model, possibly drawn from the list of options of national guidance referenced in October's report to the Board, and more devolved power from the ICB.

Draft Constitution

3.6 ICSs must publish their own constitution setting out their governance and leadership arrangements for formal approval by NHS England and NHS Improvement before the end of March 2022. Engagement on the draft NENC ICB constitution has taken place through the JEMG meetings and was shared with CCG Governing Bodies in November for comment.

4.0 Sunderland's Integrated Place-Based Arrangements

4.1 Figure 2 illustrates Sunderland's current place-based arrangements.

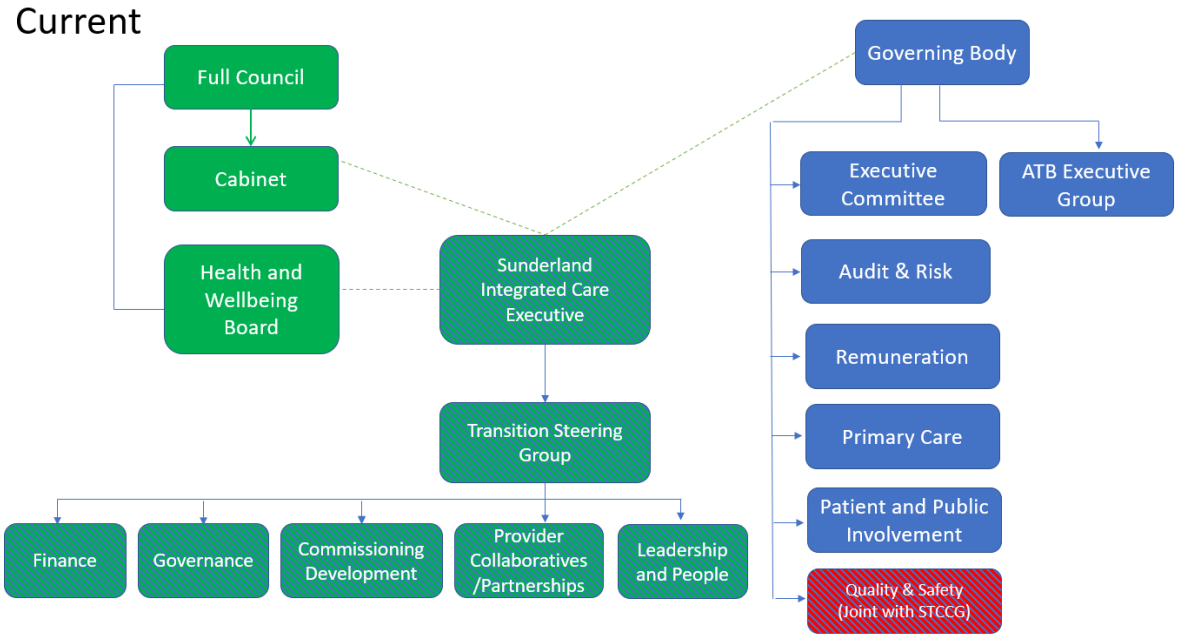


Figure 2

A Sunderland Integrated Care Executive (the 'Executive') has been established with chief executive representation from key partners across the Sunderland system including from Sunderland City Council, Sunderland CCG and NHS provider organisations. The Executive has agreed terms of reference and meets monthly. As reported previously, the Executive will lead and support the transition to new place-based arrangements within Sunderland resulting from the establishment of the NENC ICS as a statutory body from April 2022 and the transfer of NHS functions from the CCG to the ICS following the close-down of Sunderland CCG.

4.2 As reported to the Board in October, a Transition Steering Group was established in September and has continued to meet regularly to support the Executive to develop its place-based arrangements within the context of the emerging North East and North Cumbria Integrated Care System (NENC ICS). The TSG is a time-limited, partnership group with Executive Leads from Sunderland City Council, Sunderland CCG, South Tyneside and Sunderland NHS FT with involvement of wider partners.

4.3 The TGS oversees progress across five workstreams to deliver the place-based partnership arrangements, including the future form of integrated commissioning.

a. Governance

The Governance Group are developing a proposal for a phased approach to new place-based partnership arrangements in Sunderland starting with an interim approach from 1st April 2022 as well as a longer term, future arrangement. The Executive were asked in December to support this proposal and the Council's Cabinet and CCG Governing Body will be asked to approve in January 2022.

b. Finance

National guidance, relating to financial delegation from integrated care boards once statutory bodies, has not been issued but it is expected that the financial arrangements would flow out of the governance arrangements.

c. Commissioning development and business intelligence

This workstream is looking at how to improve health and care by working differently as a system (commissioners and providers) in relation to how we can integrate our commissioning and commission differently in three areas initially within the context of the existing, local collaborative approach between providers and commissioners and the national shift to provider collaboratives to drive improvements in care. The three areas of focus are: learning disabilities and autism; local GP contracts for services commissioned by Public Health; and adult mental health. Current partnership agreements (for example the Better Care Fund and section 75 agreements), which enable Health and Social Care partners to work together to commission services and integrate care, are in the scope of the Group.

d. Provider partnerships

There is a strong history in Sunderland of providers working together. Provider partnerships are part of the overall proposed place-based arrangements which are developing. Within the context of the evolving place-based governance arrangements providers are developing a phased approach building on existing collaboration.

e. Leadership (clinical and professional) and people

A draft vision and objectives have been developed for consideration by the Executive in December. A high-level action plan has also been developed to support the development of system leadership across Sunderland in the immediate (next 6 months), medium (next 12 months) and long term.

4.4 There has been engagement on the developing partnership arrangements with:

- The Executive (10th November 2021 and 8th December 2021)
- Sunderland City Council's Joint Leadership Team (18th November 2021)
- Sunderland CCG's Governing Body ((30th November 2021)
- Sunderland Clinical Leaders Group (14th December 2021)

5.0 Next steps

- To engage with the Health and Wellbeing Scrutiny Committee on 5th January 2022 on the proposed place-based governance arrangements.
- To seek approval from CCG Governing Body and Council Cabinet in January 2022 of the proposed Sunderland place-based governance arrangements.
- To seek support and endorsement for the proposed place-based governance arrangements from statutory NHS provider partners, e.g South Tyneside and Sunderland NHS FT and Cumbria and Northumberland NHS FT, subject to Governing Body and Council Cabinet approval.

6.0 Recommendations

6.1 The Health and wellbeing Board is recommended to:

- receive the report;
- support the progress to date; and
- receive an updated position at the next Board meeting.

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

HEALTH RELATED BEHAVIOUR SURVEY FINDINGS – ACADEMIC YEAR 2020/21

Report of the Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

1.1 The purpose of the report is to share an overview of the findings of the recent Health Related Behaviour Survey conducted in the summer term of 2021.

1.2 The published survey along with a supporting presentation is appended to this report.

2.0 Background

2.1 The Health Related Behaviour Survey (HRBS) provides an excellent baseline for schools about the health-related behaviour of their children and young people. It provides ideal needs analysis for Healthy School work and strong evaluation of existing Relationship, Sex, Health and Education programme (RSHE).

2.2 In 2020/21 we had the highest number of schools and pupils participate in the survey since it commenced in Sunderland in 2006 with 5726 young people participating, 28 primary schools and 18 secondary schools took part in the survey.

2.3 The survey methodology is a school-based questionnaire developed by the Schools Health Education Unit (SHEU) at Exeter University, which has over 30 years' experience in this field of work. The quality of the data collected is considered very robust and the history of its use by individual schools, local authorities and health bodies is extensive.

2.4 The survey is targeted at specific year groups, providing a rich source of data at key points of development for children and young people across a range of themes. Trend data analysis from the local sample and comparison with the wider SHEU sample is also provided for core questions.

2.5 This year public health included Covid related questions in an attempt to understand the impact Covid-19 has had on our children and young people as well as inform any planning and delivery around Covid recovery.

2.6 All pupils in Year 4 and Year 6 are surveyed across the following themes:

- you and your home
- the food you eat
- your money
- bullies
- stranger danger
- leisure time
- feelings
- hygiene
- smoking
- alcohol
- growing up
- health

2.7 Approximately 100 pupils (4 classes/forms) from each of Year 8 and Year 10 are asked to complete the questionnaire. Themes covered in the survey are:

- personal background
- drugs
- hygiene
- medication
- dental
- relationships
- mental wellbeing
- HIV
- sexual health
- leisure and money
- nutrition
- exercise

2.8 The survey results are processed by SHEU and each school participating in the survey will receive (free of charge):

- their own school results in tabular form;
- a report containing a summary of key aspects of the data; and
- guidance on using the data.

2.9 Sunderland City Council receive the combined results of all schools, with national comparisons for core questions which are shared with other teams and services as appropriate to support a greater understanding of local health needs, influence commissioning intentions and inform service planning.

2.10 If school and pupil participation is at a sufficient level additional ward level analysis is available on some of the themes covered in the survey, to provide further insight in relation to health inequalities. This academic year it was only available for secondary schools at ward level.

3.0 Summary of Primary School Key Findings (figures in brackets show 2019 data for comparison)

- 40% (45%) of pupils spent time doing homework on the evening before the survey.
- 80% (85%) of pupils said that they have lessons/assemblies about bullying and how it makes people feel
- 12% (12%) of pupils reported that they felt afraid to go to school because of bullying, ‘often’ or ‘very often’. 27% (24%) said ‘sometimes’
- 28% (29%) of pupils had high self-esteem scores
- 19% (20%) of pupils had eaten 5 or more portions of fruit and vegetables on the day before the survey. 16% (15%) had eaten none

- 18% (14%) had a tooth removed
- 42% (40%) of Year 6 boys and 30% (30%) of Year 6 girls reported that they took part in hard exercise on at least 5 occasions in the previous week
- 26% (26%) of pupils reported that they had been approached by an adult who scared or made them upset.

3.2 COVID-19 (Year 6 only questions)

When asked about worries, the following were selected as 'quite a lot' or 'a lot':

- catching COVID-19 yourself (27%); this was highest in Sunderland North 32%
- having enough money in my family (29%); this was highest in Sunderland North 35%
- having enough food to eat (24%); this was highest in Sunderland North 33%
- being lonely or not getting enough help (21%); this was highest in Sunderland North and Coalfields 23%
- not understanding my school work (33%); this was highest in Washington 36%

3.3 Additional Covid related data:

- 41% of pupils said that having to stay at home more has improved their relationship with their family
- 69% said they have found easy ways of communicating with people (such as video calls)
- 25% said they have generally felt happier than before but 29% said they have generally felt sadder than before
- 59% said that they followed the rules about not going into other people's homes. 84% said they were careful when they coughed or sneezed
- 55% said they had been looking after themselves by being active, 52% said they had been keeping busy with hobbies, learning new skills etc.

4.0 Summary of Secondary School Key Findings (figures in brackets show 2019 data for comparison)

- 28% (30%) of pupils had high self-esteem scores
- 18% (18%) of pupils said their friends were their main source of information about relationships and sexual health. 31% (35%) said their parents were, 20% (19%) said school lessons. 28% (27%) of Year 10 boys said the Internet was
- 28% (37%) of Sunderland secondary pupils are 'fairly sure' or 'certain' that they know someone who takes drugs
- 55% (52%) of pupils said they don't drink alcohol/don't intend to drink alcohol
- 75% (74%) of pupils said they don't smoke/don't intend to smoke
- 64% (65%) of pupils said they enjoyed physical activities 'quite a lot' or 'a lot'

- 36% (33%) of Year 10 girls said that they have been asked to meet someone who they don't know in person with 8% (5%) said they actually met up with them.

4.2 COVID-19

When asked about worries, the following were selected as 'quite a lot' or 'a lot':

- catching COVID-19 yourself (15%); this was highest in Washington locality 21% (30% at a ward level Washington Central)
- having enough money in my family (19%); this was highest in Washington locality 24% (ward level 33% St Chads, 30% Washington Central and 29% Washington North)
- having enough food to eat (15%); this was highest in Sunderland North 16% (ward level 23% Washington Central and Millfield)
- being lonely or not getting enough help (20%); this was highest in Washington locality 23% (ward level Washington Central 28% and 29% Washington West)
- not understanding my school work (34%). This was highest in Sunderland East 39% (ward level 46% Millfield and 47% Ryhope)

4.3 Additional Covid related data:

- 44% of pupils said that having to stay at home more has improved their relationship with their family
- 64% said they have found easy ways of communicating with people (such as video calls)
- 19% said they have generally felt happier than before but 31% said they have generally felt sadder than before
- 45% said that they followed the rules about not going into other people's homes. 69% said they were careful when they coughed or sneezed
- 41% said they had been looking after themselves by being active, 48% said they had been keeping busy with hobbies, learning new skills etc.

5.0 Actions to date

5.1 The schools have received their individual reports, which in some instances confirmed issues already prevalent in school, particularly in relation to drugs and mental health. Schools are offered support via the healthy settings approach to be able to respond to the identified need. School health profiles are also updated using this information to enhance the support from Growing Healthy Sunderland (school nursing services).

5.2 The report has been shared with relevant stakeholders as well as being presented at key groups including Starting Well Delivery Board, Teenage Pregnancy Action Group and Healthy Weight Alliance.

6.0 Priorities

6.1 Update relevant Joint Strategic Needs Assessments to include the appropriate data.

6.2 Develop a communication toolkit that will support the delivery of social norms messages e.g. 85% of year 10 have not had sex, 55% of young people don't drink alcohol.

6.3 Review Condom Card provision to ensure equitable spread in areas of highest need. The Condom Card scheme provides confidential sexual health advice and free condoms to anyone aged 13-24 years. This will also consider a planned refresh of the health equity audit on the Condom Card scheme.

6.4 Ensure the school health profiles are updated and the full health offer is available.

6.5 Continue to share the intelligence as it is crucial to refine the city's offer to young people, particularly those who are not accessing services currently.

6.6 Consider National Child Measurement Programme (NCMP) output data for 2021.

7.0 Recommendations

7.1 The Health and Wellbeing Board is recommended to:

i. receive the update, published report and presentation on the findings of the health-related behaviour survey;

ii. endorse the key priorities identified; and

iii. endorse the ongoing work of sharing information with key stakeholders to inform and influence our approaches and plans to improve the health and wellbeing of children and young people in Sunderland.

Supporting the Health of Young People in Sunderland

A summary report of the Health Related Behaviour Survey 2021

These results were collected from a sample of primary pupils aged 8 to 11 and secondary pupils aged 12 to 15 in Sunderland in the summer term 2021. This work was co-ordinated by Sunderland City Councils Public Health Team as a way of collecting robust information about young people's lifestyles and will be used to inform the Health City Plan and work to improve health outcomes for Children and Young People in Sunderland.

Teachers were informed on how to collect the most reliable data and then pupils completed a version of the questionnaire appropriate for their age group.

Year 4 and 6 pupils completed the primary version of the questionnaire. Pupils in Years 8 and 10 completed the secondary version of the questionnaire. All were undertaken anonymously.

Schools were given the choice of using online or paper-based questionnaires.

COVID-19

Comparisons have been made between the Sunderland 2021 results and the previous 2019 sample as it provides an interesting 'before and after' view of young people in Sunderland with regard to COVID-19. Shown as (%) through the report are the figures for 2019. In 2021 a total of 5726 pupils took part in 28 primary schools and 18 secondary schools in Sunderland.

Cross-phase links

Many of the questions in each version of the questionnaire are identical or very similar. Some of the results of these questions are presented on pages 6 and 7 of this document, so that behaviour can be seen across the age range.

5726 young people were involved in the survey:

School Year	Year 4	Year 6	Year 8	Year 10	Total
Age	8-9	10-11	12-13	14-15	
Boys	483	489	887	829	2688
Girls	540	469	855	898	2762
Total	1023	964*	1901*	1838*	5726*

*276 pupils didn't select male or female.

A selection of statistically significant differences between the 2021 and pre-COVID-19, 2019 results have been shown on page 7.

For more details please contact The Schools Health Education Unit Tel. (01392 667272).

Topics include

- Citizenship
- COVID-19
- Drugs, Alcohol and Tobacco
- Emotional Health and Wellbeing
- Healthy Eating
- Leisure
- Physical Activity
- Puberty and Growing Up
- Safety
- School
- Relationships and sexual health

Sunderland City Council

SHEU

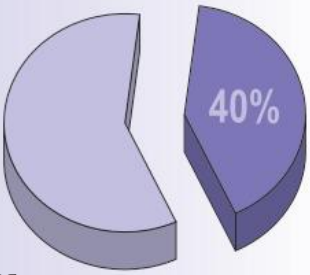
Sunderland primary school pupils in Year 4 and Year 6 (ages 8 - 11)

CITIZENSHIP

Background

- 89% (90%) of pupils described themselves as White UK. 4% (4%) described themselves as Asian, 2% (2%) as Mixed.
- 91% (90%) have at least one brother or sister. 36% (39%) were the first child of the family.

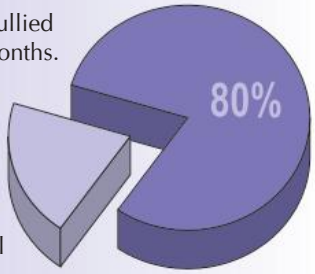
SCHOOL



- **40% (45%) of pupils spent time doing homework on the evening before the survey.**
- 40% (45%) of pupils read a book for pleasure the night before.
- 96% (94%) of pupils said they spent time chatting/talking during school playtimes. 88% (87%) said they played running/skipping games/tag and 64% (59%) played ball games. 22% (34%) said they read quietly.

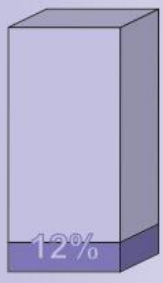
EMOTIONAL HEALTH & WELLBEING

Bullying

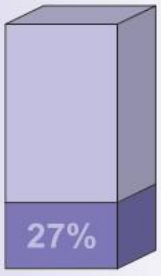


- 26% (29%) said they had been bullied at or near school in the last 12 months.
- **80% (85%) of pupils said that they have lessons/assemblies about bullying and how it makes people feel**.
- 87% (88%) of pupils said that they know who to go to in school if they are being bullied.
- 14% (11%) said if they had a bullying problem they would keep it to themselves.
- Of those pupils who said that they had been bullied in the month prior to the survey, 32% (34%) said it happened outside at playtime/lunchtime and 24% (24%) said in a classroom at playtime/lunchtime. 9%(12%) reported being bullied during a lesson.

- **12% (12%) of pupils reported that they felt afraid to go to school because of bullying, 'often' or 'very often'. 27% (24%) said 'sometimes'.**

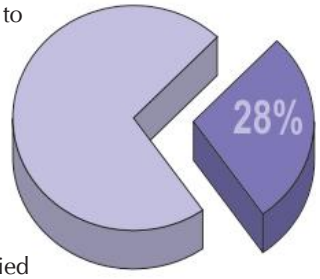


Often/very often



Sometimes

- 30% (24%) of pupils reported that they thought they were bullied because of the way they looked. 22% (18%) said because of their size or weight.
- 7% (10%) thought they were bullied because of their race, colour or religion.
- 4% (4%) of pupils reported that they thought others might fear going to school because of them.

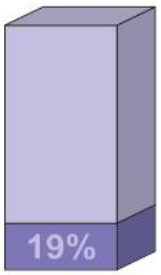


- **28% (29%) of pupils had high self-esteem scores.**
- Not including worries around COVID, 78% (78%) of pupils said they worried about at least one of the items listed in the questionnaire. 32% (39%) worried about SATs/tests, 29% (32%) about family problems and 29% (33%) about crime.
- 21% (17%) of pupils worried about how their body changes as they grow up.
- 24% (21%) of pupils worried about health problems.
- 40% (35%) of Year 6 boys and 46% (42%) of Year 6 girls would like to lose weight.

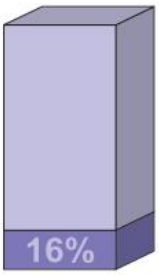
HEALTHY EATING

- 5% (4%) of pupils had nothing to eat or drink for breakfast on the day of the survey. 35% (37%) of pupils had cereal.
- 50% (52%) of pupils said that they had a drink at breakfast time.
- 28% (25%) of pupils have chips/roast potatoes, 39% (29%) crisps and 34% (32%) sweets and chocolates 'on most days'.
- 47% (46%) eat fresh fruit, 48% (48%) dairy produce and 33% (34%) vegetables 'on most days'.

- **19% (20%) of pupils had eaten 5 or more portions of fruit and vegetables on the day before the survey. 16% (15%) had eaten none.**



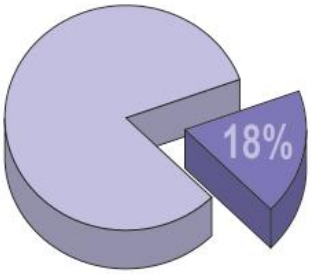
5+portions



None

Dentist

- 75% (75%) of pupils described cleaned their teeth at least twice the day before; 4% (4%) said none at all.
- 74% (71%) had a check up on their last visit to the dentist, 25% (26%) had fillings and **18% (14%) had a tooth removed.**



DRUGS, ALCOHOL AND TOBACCO

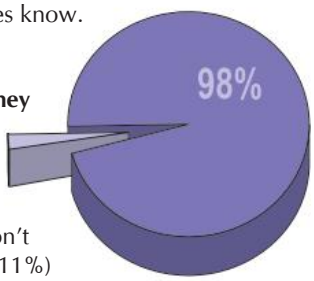
Drugs

- 46% (58%) of Year 6 pupils reported that their parents had talked with them about illegal drugs. 65% (42%) said their teachers had.
- 12% (13%) of Year 6 pupils said that they know someone personally who uses drugs, not as medicines.
- 1% (2%) of Year 6 pupils said that they had been offered cannabis, and 1% (1%) said other drugs.

Alcohol

- 2% (2%) of Year 6 pupils said they had an alcoholic drink (more than just a sip) in the week before the survey.
- When asked what they had, >1% (>1%) said they had cider, >1% (>1%) said spirits, and 1% (>1%) said beer.
- 91% (90%) of pupils said they do not drink alcohol, 7% (8%) said their parents always know if they do, 2% (1%) said their parents usually/sometimes know.

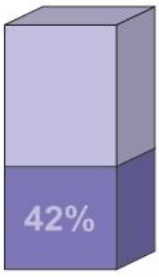
Tobacco



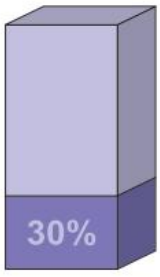
- **98% (97%) of Year 6 pupils said they have never smoked at all.**
- 0% (0%) of pupils had smoked during the last seven days.
- 87% (89%) of pupils think they won't smoke when they are older, 13% (11%) said maybe or yes they will.

LEISURE AND PHYSICAL ACTIVITY

- 63% (60%) of pupils said they spent time watching television after school on the day before the survey, 55% (53%) listened to music and 61% (55%) played with friends.
- 84% (80%) of Year 6 boys and 46% (38%) of Year 6 girls played computer games the night before.
- 59% (65%) of pupils considered themselves 'fit' or 'very fit', 10% (10%) said they were 'unfit' or 'very unfit'.
- **42% (40%) of Year 6 boys and 30% (30%) of Year 6 girls reported that they took part in hard exercise on at least 5 occasions in the previous week.**



Year 6 Boys



Year 6 Girls

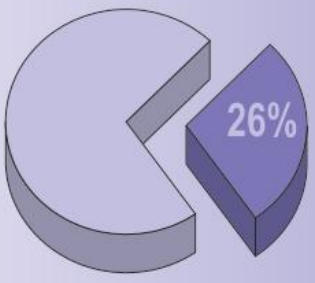
- **The top five physical activities in 2019 for Year 6 were:**

Boys	2021	2019	Girls	2021	2019
Running (races or tag)	72%	70%	Running (races or tag)	59%	57%
Football	65%	69%	Going for walks	66%	54%
Going for walks	59%	52%	Dancing/gymnastics	33%	49%
Keep-fit	46%	46%	Keep-fit	44%	45%
Bike riding	46%	40%	Swimming	21%	35%

The table shows the proportion of pupils taking part in the activity at least weekly. 2019 top 5 have been used for 2021 comparison to see any COVID-19 effect

SAFETY

- 27% (32%) of pupils reported that they had an accident in the last twelve months that was treated by a doctor or at a hospital.
- 14% (11%) of pupils said they never did anything to avoid sunburn, 22% (30%) said 'whenever possible'.
- 84% (83%) of pupils reported owning a bike, however, 42% (41%) of pupils said they 'never or almost never' wear a safety helmet when cycling.



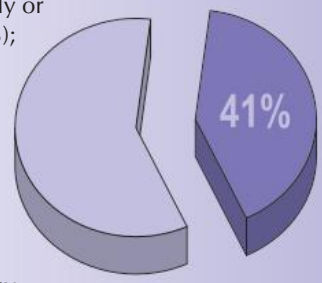
- **26% (26%) of pupils reported that they had been approached by an adult who scared or made them upset.**
- 12% (11%) of pupils knew the person.
- When asked what they did when this happened, 14% (14%) ran or walked away, 10% (11%) told an adult straight away and 8% (8%) told an adult afterwards. 7% (6%) said they kept it to themselves.
- 47% (48%) of pupils said that when a friend wants them to do something they don't want to do, they can 'usually or always say no'. 20% (20%) said that can 'rarely' or 'never say no'.

PUBERTY AND GROWING UP

- 78% (80%) of Year 6 pupils said their parents had talked with them about how their body changes as they grow up.
- 63% (64%) of Year 6 pupils said their teachers had talked with them about how their body changes as they grow up.
- 69% (76%) said that they felt they knew enough about how their body changes as they grow up.

COVID-19 (Year 6 only questions)

- 19% of pupils did all of their lessons in school during the last lockdown; 63% did them all at home.
- 9% said they 'never' have anywhere quiet to do schoolwork at home. 66% had a device they could use all of the time at home for doing school work, 12% said some of the time but 2% said 'never'.
- When asked about worries, the following were selected as 'quite a lot' or 'a lot': catching COVID-19 yourself (27%); having enough money in my family (29%); having enough food to eat (24%); being lonely or not getting enough help (21%); not understanding my school work (33%).



- **41% of pupils said that having to stay at home more has improved their relationship with their family.**
- 69% said they have found easy ways of communicating with people (such as video calls).
- 25% said they have generally felt happier than before but 29% said they have generally felt sadder than before.
- 59% said that they followed the rules about not going into other people's homes. 84% said they were careful when they coughed or sneezed.
- 55% said they had been looking after themselves by being active, 52% said they had been keeping busy with hobbies, learning new skills etc.

Sunderland secondary school pupils in Year 8 and Year 10 (ages 12 - 15)

CITIZENSHIP AND SCHOOL

- 91% (93%) of pupils described themselves as white.
- 60% (58%) live with mother and father together, 16% (17%) said 'mainly or only with mum'.
- 50% (55%) of pupils reported that they enjoyed at least half of their lessons.
- 75% (80%) said they thought it was important to go to school regularly. 23% (26%) said that they felt their views and opinions were listened to in school.

EMOTIONAL HEALTH AND WELLBEING

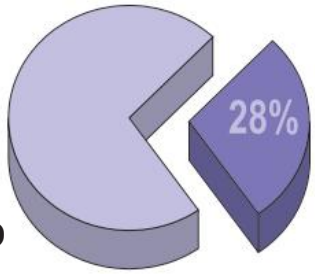
- 50% (57%) of pupils reported that, in general, they were 'quite a lot' or 'very much' happy with their life.
- **The main worries for Year 8 pupils included:**

	Boys		Girls
Future opportunities	32%	The way you look	63%
Exams & tests	26%	Exams & tests	57%
Physical health	26%	Future opportunities	50%
Mental health	24%	Mental health	48%
The way you look	21%	Problems with friends	39%

- **These changed to the following for Year 10 pupils:**

	Boys		Girls
Future opportunities	46%	Exams & tests	71%
Exams & tests	44%	The way you look	69%
Mental health	32%	Future opportunities	62%
Physical health	28%	Mental health	59%
The way you look	26%	Physical health	41%

- 31% (31%) of pupils reported a fear of going to school at least sometimes because of bullying.
- 32% (37%) said they had been bullied at school in the past 12 months.
- **28% (30%) of pupils had high self-esteem scores.**

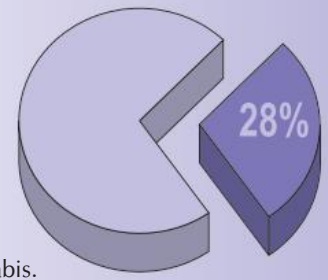


RELATIONSHIPS AND SEXUAL HEALTH

- When a friend wants them to do something they don't want to do, 67% (70%) of pupils said they could 'usually or always' say 'no'. 10% (9%) said they were 'rarely' or 'never' able to say 'no'.
- 18% (18%) of pupils said their friends were their main source of information about relationships and sexual health. 31% (35%) said their parents were, 20% (19%) said school lessons. 28% (27%) of Year 10 boys said the Internet was.
- Year 10 pupils were asked a number of questions around their attitudes towards sex. 32% (31%) agreed that young people should wait until they are 16 before having sex. 25% (26%) disagreed with this.
- 67% (71%) agreed that if a girl is on the pill, a condom should still be used for sexual intercourse.
- 64% (71%) of Year 10 boys and 80% (81%) of Year 10 girls agreed that a condom should always be used for sexual intercourse to protect against sexually transmitted infections.
- 15% (17%) of Year 10 pupils said they have had sexual intercourse, 8% (12%) of pupils preferred not to answer.
- 44% (59%) of pupils [67% (75%) of Year 10)] have heard of the C-Card Scheme, 5% (9%) of pupils said that they have accessed the C-card Scheme.
- 30% (47%) of pupils [41% (64%) of Year 10] said that they know where to get condoms free of charge.

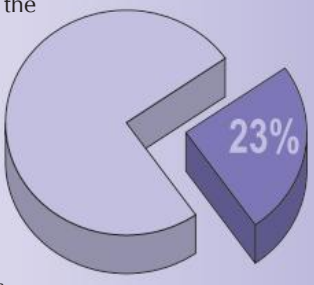
DRUGS, ALCOHOL & TOBACCO

Drugs

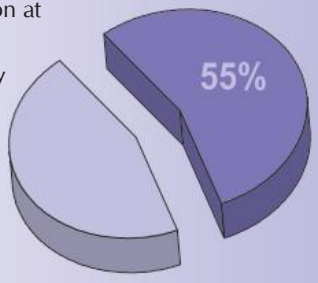


- **28% (37%) of Sunderland secondary pupils are 'fairly sure' or 'certain' that they know someone who takes drugs.**
- 25% (32%) of Year 10 boys and 28% (28%) of Year 10 girls have been offered cannabis.
- 3% (3%) reported taking an illegal drug in the last month, 6% (6%) said they had taken an illegal drug in the last year. 10% (13%) of Year 10 pupils had taken cannabis at some point.
- 4% (9%) of Year 10 boys and 8% (9%) of Year 10 girls have taken an illegal drug and alcohol on the same occasion.

Alcohol

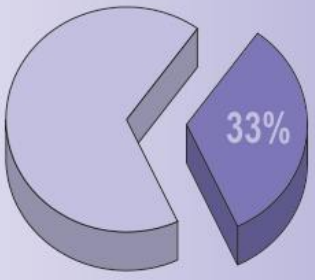


- 9% (12%) of Year 8 and 26% (26%) of Year 10 pupils said that they have drunk alcohol in the last 7 days.
- 25% (23%) of pupils said that they usually drink with their parents.
- **23% (30%) of Year 10 pupils said they usually drink with a large group of friends.**
- Boys: 8% (6%) of Year 8 boys and 21% (20%) of Year 10 boys drank one or more unit of alcohol in the seven days before the survey.
- Girls: 10% (10%) of Year 8 girls and 30% (23%) of Year 10 girls drank one or more unit of alcohol in the seven days before the survey.
- 8% (9%) of pupils got drunk on at least one day last week.



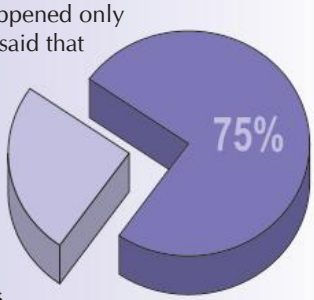
- **55% (52%) of pupils said they don't drink alcohol/don't intend to drink alcohol.** 9% (11%) said their parents disapprove of them drinking alcohol, 6% (9%) said their parents weren't aware that they drank alcohol.
- 17% (17%) of Year 8 and 36% (32%) of Year 10 pupils said that their parents know they drink alcohol and either don't comment or approve of their drinking alcohol.

Tobacco



- Boys: 1% (0%) of Year 8 boys and 5% (13%) of Year 10 boys reported that they smoke occasionally or regularly.
- Girls: 3% (6%) of Year 8 girls and 12% (15%) of Year 10 girls reported that they smoke occasionally or regularly.
- **33% (37%) of pupils said that their parents/carers smoke.**

- 63% (58%) of pupils said that no-one ever smokes at home. 27% (31%) said if smoking happened it was only outside. 7% (8%) said that smoking happened only in certain rooms but 3% (3%) said that smokers could smoke anywhere in their home.



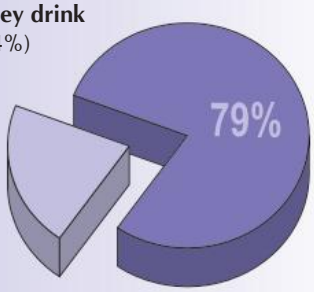
- **75% (74%) of pupils said they don't smoke/don't intend to smoke.**

E-Cigarettes

- When asked about e-cigarettes 13% (8%) said that they have never heard of them, 66% (61%) said that they have never used one.
- 16% (23%) said that they have tried using an e-cigarette. 5% (8%) of pupils reported that they used one at least 'occasionally'.

HEALTHY EATING

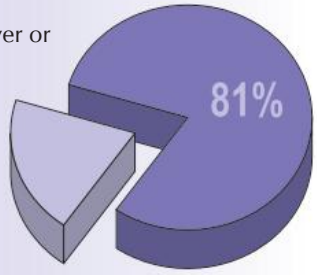
- 23% (20%) of Year 10 girls had nothing to eat or drink for breakfast on the day of the survey. It is interesting that 65% (63%) of Year 10 girls say that they would like to lose weight. 18% (26%) of the Year 10 girls also reported having no lunch on the day before the survey.
- 13% (14%) of pupils said they 'never' considered their health when choosing what to eat, 15% (15%) said they did 'very often' or 'always'.
- 29% (27%) of pupils said they ate sweets and chocolates 'on most days'. 32% (26%) said they ate crisps 'on most days'.
- 10% (11%) ate salads, 38% (39%) fresh fruit and 39% (35%) vegetables 'on most days'.
- 13% (17%) said they had 5 or more portions of fruit and vegetables the day before, 14% (15%) said 'none'.
- **79% (79%) of pupils said they drink water 'on most days',** 5% (4%) said 'rarely or never'.



- 1% (1%) of pupils went home for lunch the day before, 1% (3%) bought their lunch from a takeaway or shop.

SAFETY

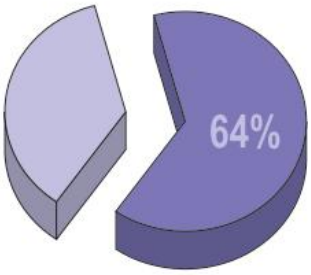
- 24% (35%) said they were treated for an accident by a doctor or at a hospital within the last year. 10% (17%) were due to sporting injuries.
- 31% (29%) of pupils rated the safety of their area, when going out after dark, as 'poor' or 'very poor'. 5% (6%) said this about going out during the day.
- 75% (70%) of pupils rated their safety at school as 'good' or 'very good', 70% (70%) said this about their journey to and from school.
- 7% (9%) said they had been the victim of violence or aggression in the area where they lived in the past 12 months.
- 64% (66%) of pupils said they 'never or almost never' wear a safety helmet when cycling; 19% (16%) said 'whenever possible'.



- **81% (79%) of pupils said that they have been told how to stay safe online,** 55% (58%) of pupils said that they always follow the advice they have been given.
- 28% (25%) of pupils said that they had received a hurtful, nasty or scary message or picture online.
- 21% (19%) of pupils [36% (33%) of Year 10 girls] said that they have been asked to meet someone who they don't know in person. 5% (4%) of pupils [8% (5%) of Year 10 girls] said they they actually met up with them.

PHYSICAL ACTIVITY

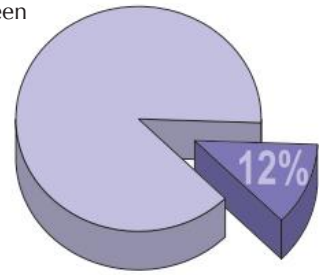
- **64% (65%) of pupils said they enjoyed physical activities 'quite a lot' or 'a lot'.**



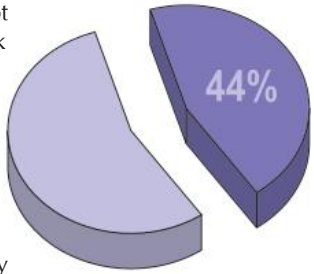
- The top 2 reasons given by secondary pupils for doing physical activity were 'Because I want to be physically fit' 51% (51%) and 'Because it's fun' 48% (49%).
- 49% (53%) of boys and 47% (57%) of girls walked/scooted to school on the day of the survey. 37% (31%) of boys and 40% (34%) of girls travelled to school by car.
- 30% (32%) of the Year 10 boys exercised enough to breathe harder and faster on at least 5 occasions in the previous week compared with 14% (11%) of the Year 10 girls.

COVID-19

- 77% of pupils know someone personally who has caught/been diagnosed with COVID-19.
- **88% said that their household had been able to get enough food for everyone (everyday/almost every day); 12% didn't say this.**



- 10% of pupils did all of their lessons in school during the last lockdown; 76% did them all at home.
- 6% said they 'never' have anywhere quiet to do schoolwork at home. 71% had a device they could use all of the time at home for doing school work, 13% said some of the time but 2% said 'never'.
- When asked about worries, the following were selected as 'quite a lot' or 'a lot': catching COVID-19 yourself (15%); having enough money in my family (19%); having enough food to eat (15%); being lonely or not getting enough help (20%); not understanding my school work (34%).
- **44% of pupils said that having to stay at home more has improved their relationship with their family**.



- 64% said they have found easy ways of communicating with people (such as video calls).
- 19% said they have generally felt happier than before but 31% said they have generally felt sadder than before.
- 45% said that they followed the rules about not going into other people's homes. 69% said they were careful when they coughed or sneezed.
- 41% said they had been looking after themselves by being active, 48% said they had been keeping busy with hobbies, learning new skills etc..

Pyramid data: Questions included in both the primary and secondary versions of the 2021 questionnaire

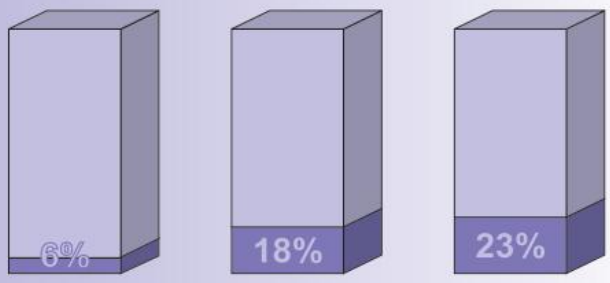
Cross-phase data

The following is a selection of data relating to the set of questions found in the primary and secondary versions of the questionnaire. It is always interesting to see how young people change as they grow up.

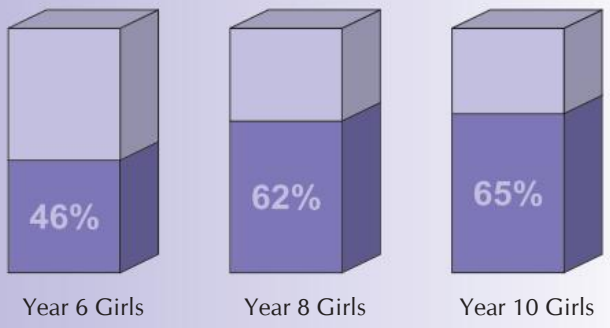
HEALTHY EATING

What did you eat or drink before coming to school today?

- **There is an upward trend in the number of girls who report having 'nothing at all' for breakfast, 6% of Year 6 girls, 18% of Year 8 girls and 23% of Year 10 girls.**



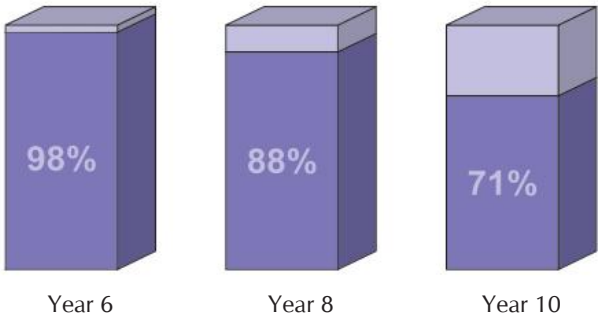
- The proportion of primary and secondary pupils eating crisps and sweets and chocolates 'on most days' decreases across age groups: 34% of primary pupils eating sweets compares with 29% in the secondary phase.
- The proportion of pupils who eat fresh fruit 'on most days' decreases as they get older: 47% in the primary and 38% in the secondary sample.
- Secondary school pupils are similarly less likely to say that they had 5 or more portions of fruit and vegetables the day before, compared with primary aged pupils who said the same; 13% vs. 19%.
- **46% of Year 6 girls said they would like to lose weight, this rises to 62% of Year 8 and 65% of Year 10 girls.**



TOBACCO

Did you smoke last week?

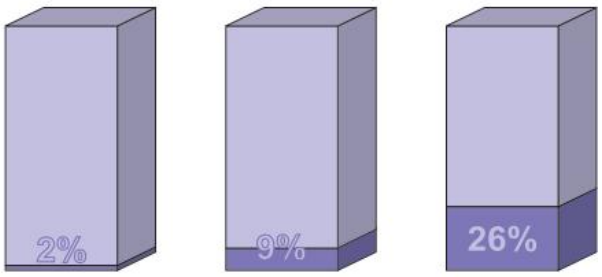
- 0% of the primary pupils smoked a cigarette in the week before the survey. 2% of Year 8 pupils and 10% of Year 10 pupils said they had smoked at least one cigarette in the week before the survey.
- **98% of Year 6 pupils said that they had 'never smoked at all'. 88% of Year 8 and 71% of Year 10 pupils said the same.**



ALCOHOL

Have you had an alcoholic drink in the week before the survey?

- **2% of the Year 6 pupils had an alcoholic drink in the week before the survey. 9% of Year 8 pupils and 26% of Year 10 pupils said they had drunk alcohol in the week before the survey.**



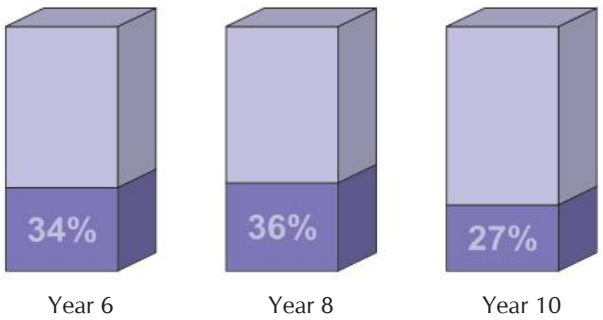
ILLEGAL DRUGS

- 12% of Year 6 pupils said that they knew someone personally who used drugs (not as medicines). 15% said this in Year 8 and in Year 10 it had risen sharply to 40%.
- 1% of Year 6 pupils and 16% of secondary pupils said that they had been offered cannabis. 1% of Year 6 pupils had been offered other drugs. 5% of secondary pupils had been offered cocaine, 4% said they had been offered ecstasy.

EMOTIONAL HEALTH & WELLBEING

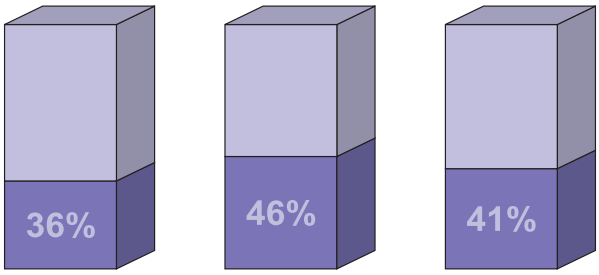
Are you ever afraid of going to school because of bullying?

- **34% of Year 6 pupils said they felt afraid of going to school at least sometimes. 36% of Year 8 pupils and 27% of Year 10 pupils said that they feel afraid of going to school because of bullying at least sometimes.**



Self-esteem

- **Self-esteem usually appears to increase with age. 36% of Year 6 boys recorded levels of high self-esteem. In Year 8 this increased to 46% for boys but it has fallen to 41% for 10 boys who recorded levels in the highest bracket.**



Year 6 Boys Year 8 Boys Year 10 Boys

- A clear gender difference is apparent with fewer girls recording levels of high self-esteem compared with boys, for example, 41% of Year 10 boys compared with 20% of Year 10 girls.

How much do you worry about problems?

- The proportions of pupils who said they worried 'quite a lot' or 'a lot' about at least one of the problems listed in the questionnaires were: 78% of primary aged pupils, 78% of Year 8 pupils and 85% of Year 10 pupils.
- 29% of primary aged pupils worried about crime. 12% of secondary pupils said the same. 7% of secondary pupils said that they had been the victims of violence or aggression in the area where they lived in the past 12 months.

PHYSICAL ACTIVITIES

- A clear gender difference becomes apparent as pupils get older, with fewer girls saying they consider themselves fit.
- 38% of primary pupils said that they exercised hard at least 5 times in the previous week, only 22% of secondary pupils said the same, again there were gender differences with the boys being more active than the girls. **Girls figures are: Year 6 – 30%), Year 8 – 18%) and Year 10 – 14%).**

Statistically significant differences for primary pupils comparing pre-COVID-19 results with those in 2021	2021	2019	% point difference	
Washed their hands before lunch on the day before the survey.	81%	57%	+24%	↑
Go swimming at least 'once a week'.	24%	41%	- 17%	↓
Year 6 pupils said that a School Nurse has talked with them about how their body changes as they grow up.	27%	50%	- 23%	↓
Year 6 pupils responded their teacher has talked with them about illegal drugs in school lessons.	65%	42%	+23%	↑
Can get water from the canteen/dinner room at school.	29%	41%	- 12%	↓
Do something to avoid sunburn 'usually' or 'whenever possible'.	49%	60%	- 11%	↓
Go for walks at least 'once a week'.	57%	47%	+10%	↑
Went to the dentist to have tooth removed/taken out.	18%	14%	+4%	↑
Worry 'quite a lot' or 'a lot' about SATs/tests.	32%	39%	- 7%	↓
Have been 'picked on' or bullied because of the way they look.	30%	24%	+6%	↑

Statistically significant differences for secondary pupils comparing pre-COVID-19 results with those in 2021	2021	2019	% point difference	
Have visited the doctor in the last 6 months.	47%	71%	- 24%	↓
Think 0-10% of people in their class at school smoke regularly.	66%	49%	+17%	↑
Know where they can get condoms free of charge.	30%	47%	- 17%	↓
Have been to the hospital due to a serious accident or injury at least once in the last 12 months.	24%	35%	- 11%	↓
Think more than half of the pupils in their class at school smoke regularly.	5%	11%	- 6%	↓
Think 0-10% of people in their class drink alcohol regularly.	47%	36%	+11%	↑
Chat online to people who they don't know.	39%	28%	+11%	↑
Are 'fairly sure' or 'certain' that they know someone personally who uses drugs listed in the questionnaire.	28%	37%	- 9%	↓
'Usually' or 'always' talk to someone when they have a problem that worries them or are feeling stressed.	29%	38%	- 9%	↓
Of year 10 pupils responded that they are straight/heterosexual.	77%	87%	- 10%	↓
Didn't have anything for breakfast before lessons on the day of the survey.	18%	14%	+4%	↑
Exercised enough to breathe harder and faster at least three times last week.	58%	63%	- 5%	↓
Have smoked cigarettes in the past or smoke now.	20%	24%	- 4%	↓
Eat vegetables 'on most days'.	39%	35%	+4%	↑
Of pupils responded that their parents/carers smoke.	33%	37%	- 4%	↓
Had at least 5 portions of fruit and vegetables to eat on the day before the survey.	14%	17%	- 3%	↓

KEY: ↑ Good news
↑ Not such good news
↓ Neutral change

The Way Forward – over to you

This work was funded by public health in Sunderland.

We are grateful to the teachers, schools, and young people for their time and contributions to this survey. As a result of their work we have excellent data to be used by all key agencies that support the health needs of young people in Sunderland. The information gathered from this survey will be used by school, public health, Sunderland City Council and local health services to compare adolescent health behaviour to national statistics, prioritising areas of action to develop evidence based programmes, interventions and services.

The findings will be shared with range of multi-agency partnerships focusing on children and young people including the Health and Wellbeing Board and the Starting Well Delivery Board. The report will also be shared with Headteachers, School Nurses, Elected Members and other providers supporting young people. The data will be used by these groups to assess effectiveness of current provision, highlighting any unmet need or gaps in provision, with a view to inform service review and delivery. The results of the survey will also we used to further enhance our Healthy Settings work with schools, so that we can address inequalities promote inclusion and encourage participation, by providing accessible services and equipping young people with the skills to make informed decisions.

Our thanks go to the staff and pupils who took part in the survey:

PRIMARIES

Academy 360
Albany Village Primary School
Barmston Village Primary School
Bexhill Academy
Broadway Junior School
Christ's College
East Rainton Primary School
Eppleton Academy Primary School
Gillas Lane Primary Academy
Hetton Primary School
Hill View Junior Academy
Hudson Road Primary School
Hylton Castle Primary School
Lambton Primary School
Marlborough Primary School
Newbottle Primary Academy
Plains Farm Academy
Richard Avenue Primary School
Rickleton Primary School
Ryhope Junior School
South Hylton Primary Academy
Southwick Community Primary School
St Anne's RC VA Primary School
St Bede's RC VA Primary School
Town End Academy
Usworth Colliery Primary School
Wessington Primary School
Willow Fields Community Primary School

SECONDARIES

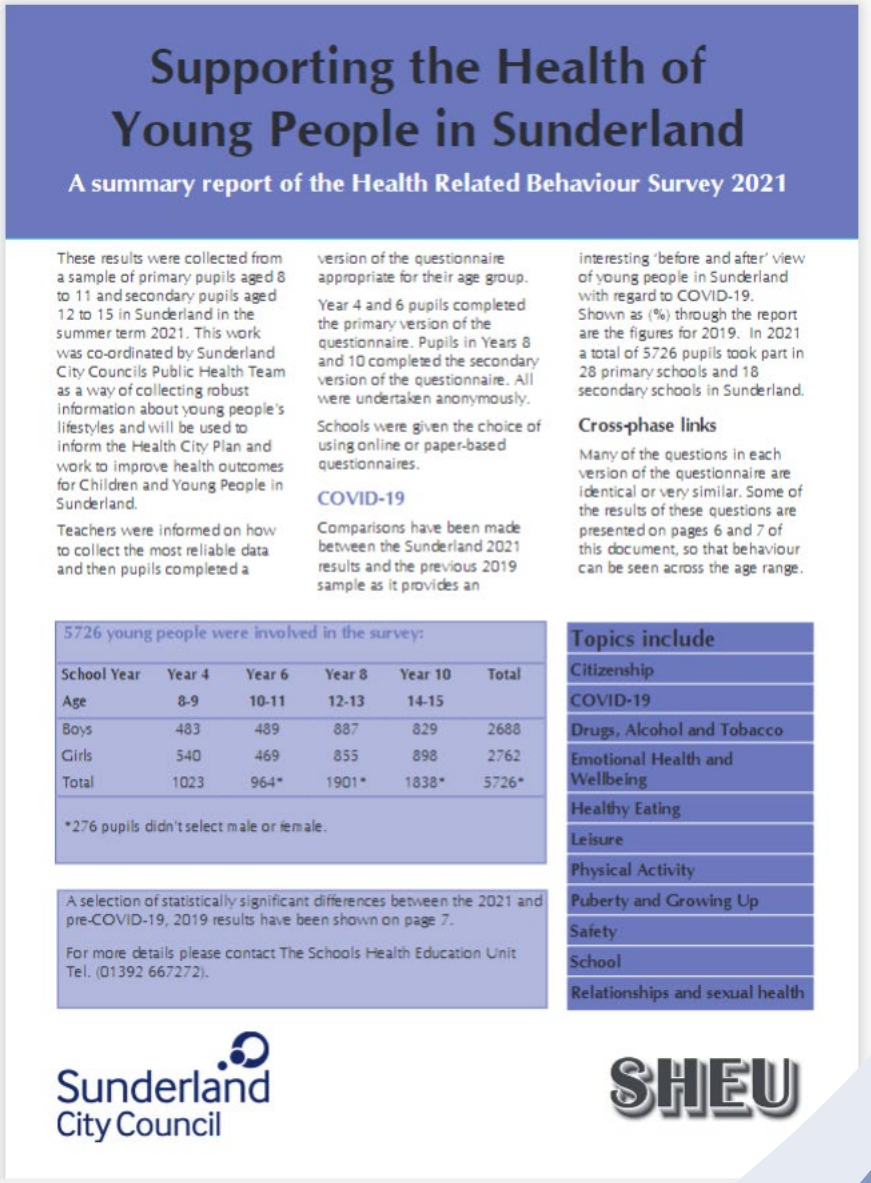
Academy 360
Biddick Academy
Castle View Enterprise Academy
Christ's College
Farringdon Academy
Hetton School
Kepier
Monkwearmouth Academy
Oxclose Community Academy
Red House Academy
Sandhill View Academy
Southmoor Academy
St Aidan's Catholic Academy
St Anthony's Girls' Catholic Academy
St Robert of Newminster RC School
Thornhill Academy
Venerable Bede CE Academy
Washington Academy

For more information about the survey please contact:

Laura Cassidy
Public Health Practitioner – Risk Taking
Public Health and Joint Commissioning
Sunderland City Council
Civic Centre (Room 3.103)
Burdon Road
Sunderland
SR2 7DN
Tel: 0191 5615608
Laura.cassidy@sunderland.gov.uk

Sunderland City Council

SHEU



Supporting the Health of Young People in Sunderland

A summary report of the Health Related Behaviour Survey 2021

These results were collected from a sample of primary pupils aged 8 to 11 and secondary pupils aged 12 to 15 in Sunderland in the summer term 2021. This work was co-ordinated by Sunderland City Councils Public Health Team as a way of collecting robust information about young people's lifestyles and will be used to inform the Health City Plan and work to improve health outcomes for Children and Young People in Sunderland.

Teachers were informed on how to collect the most reliable data and then pupils completed a version of the questionnaire appropriate for their age group.

Year 4 and 6 pupils completed the primary version of the questionnaire. Pupils in Years 8 and 10 completed the secondary version of the questionnaire. All were undertaken anonymously.

Schools were given the choice of using online or paper-based questionnaires.

COVID-19

Comparisons have been made between the Sunderland 2021 results and the previous 2019 sample as it provides an interesting 'before and after' view of young people in Sunderland with regard to COVID-19. Shown as (%) through the report are the figures for 2019. In 2021 a total of 5726 pupils took part in 28 primary schools and 18 secondary schools in Sunderland.

Cross-phase links

Many of the questions in each version of the questionnaire are identical or very similar. Some of the results of these questions are presented on pages 6 and 7 of this document, so that behaviour can be seen across the age range.

5726 young people were involved in the survey:

School Year	Year 4	Year 6	Year 8	Year 10	Total
Age	8-9	10-11	12-13	14-15	
Boys	483	489	887	829	2688
Girls	540	469	855	898	2762
Total	1023	964*	1901*	1838*	5726*

*276 pupils didn't select male or female.

A selection of statistically significant differences between the 2021 and pre-COVID-19, 2019 results have been shown on page 7.

For more details please contact The Schools Health Education Unit Tel. (01392 667272).

Topics include

- Citizenship
- COVID-19
- Drugs, Alcohol and Tobacco
- Emotional Health and Wellbeing
- Healthy Eating
- Leisure
- Physical Activity
- Puberty and Growing Up
- Safety
- School
- Relationships and sexual health

Sunderland City Council

SHEU

Health Related Behaviour Survey 2020/21

Health and Wellbeing Board Scrutiny

10th December 2021

Wendy Mitchell, Public Health Lead

Context

- The health related behaviour survey is a way of collecting information from children and young people about their own health and behaviours.
- It is carried out within the academic year with children in Primary school aged 8 to 11 years and children in Secondary school aged 12 to 15 years.
- The summer of 2021 saw an increase in participation with 5726 participants across 28 primary schools and all secondary schools.

5726 young people were involved in the survey:

School Year	Year 4	Year 6	Year 8	Year 10	Total
Age	8-9	10-11	12-13	14-15	
Boys	483	489	887	829	2688
Girls	540	469	855	898	2762
Total	1023	964*	1901*	1838*	5726*

*276 pupils didn't select male or female.

Comparisons between 2019 and 2021 – Primary

Statistically significant differences for primary pupils comparing pre-COVID-19 results with those in 2021	2021	2019	% point difference	
Washed their hands before lunch on the day before the survey.	81%	57%	+24%	↑
Go swimming at least 'once a week'.	24%	41%	- 17%	↓
Year 6 pupils said that a School Nurse has talked with them about how their body changes as they grow up.	27%	50%	- 23%	↓
Year 6 pupils responded their teacher has talked with them about illegal drugs in school lessons.	65%	42%	+23%	↑
Can get water from the canteen/dinner room at school.	29%	41%	- 12%	↓
Do something to avoid sunburn 'usually' or 'whenever possible'.	49%	60%	- 11%	↓
Go for walks at least 'once a week'.	57%	47%	+10%	↑
Went to the dentist to have tooth removed/taken out.	18%	14%	+4%	↑
Worry 'quite a lot' or 'a lot' about SATs/tests.	32%	39%	- 7%	↓
Have been 'picked on' or bullied because of the way they look.	30%	24%	+6%	↑

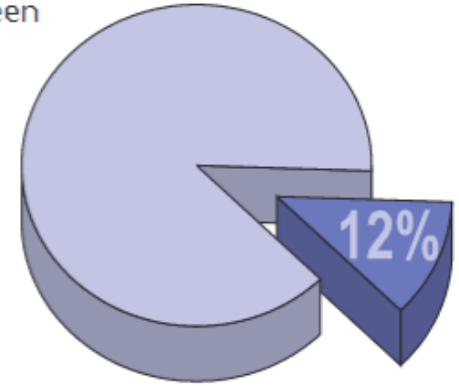
Comparisons between 2019 and 2021 – Secondary

Statistically significant differences for secondary pupils comparing pre-COVID-19 results with those in 2021	2021	2019	% point difference	
Have visited the doctor in the last 6 months.	47%	71%	- 24%	↓
Think 0-10% of people in their class at school smoke regularly.	66%	49%	+17%	↑
Know where they can get condoms free of charge.	30%	47%	- 17%	↓
Have been to the hospital due to a serious accident or injury at least once in the last 12 months.	24%	35%	- 11%	↓
Think more than half of the pupils in their class at school smoke regularly.	5%	11%	- 6%	↓
Think 0-10% of people in their class drink alcohol regularly.	47%	36%	+11%	↑
Chat online to people who they don't know.	39%	28%	+11%	↑
Are 'fairly sure' or 'certain' that they know someone personally who uses drugs listed in the questionnaire.	28%	37%	- 9%	↓
'Usually' or 'always' talk to someone when they have a problem that worries them or are feeling stressed.	29%	38%	- 9%	↓
Of year 10 pupils responded that they are straight/heterosexual.	77%	87%	- 10%	↓
Didn't have anything for breakfast before lessons on the day of the survey.	18%	14%	+4%	↑
Exercised enough to breathe harder and faster at least three times last week.	58%	63%	- 5%	↓
Have smoked cigarettes in the past or smoke now.	20%	24%	- 4%	↓
Eat vegetables 'on most days'.	39%	35%	+4%	↑
Of pupils responded that their parents/carers smoke.	33%	37%	- 4%	↓
Had at least 5 portions of fruit and vegetables to eat on the day before the survey.	14%	17%	- 3%	↓

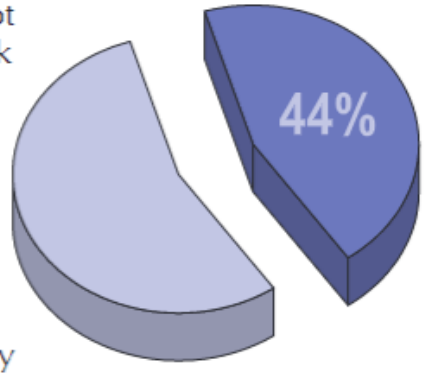
COVID-19

COVID-19

- 77% of pupils know someone personally who has caught/been diagnosed with COVID-19.
- **88% said that their household had been able to get enough food for everyone (everyday/almost every day); 12% didn't say this.**

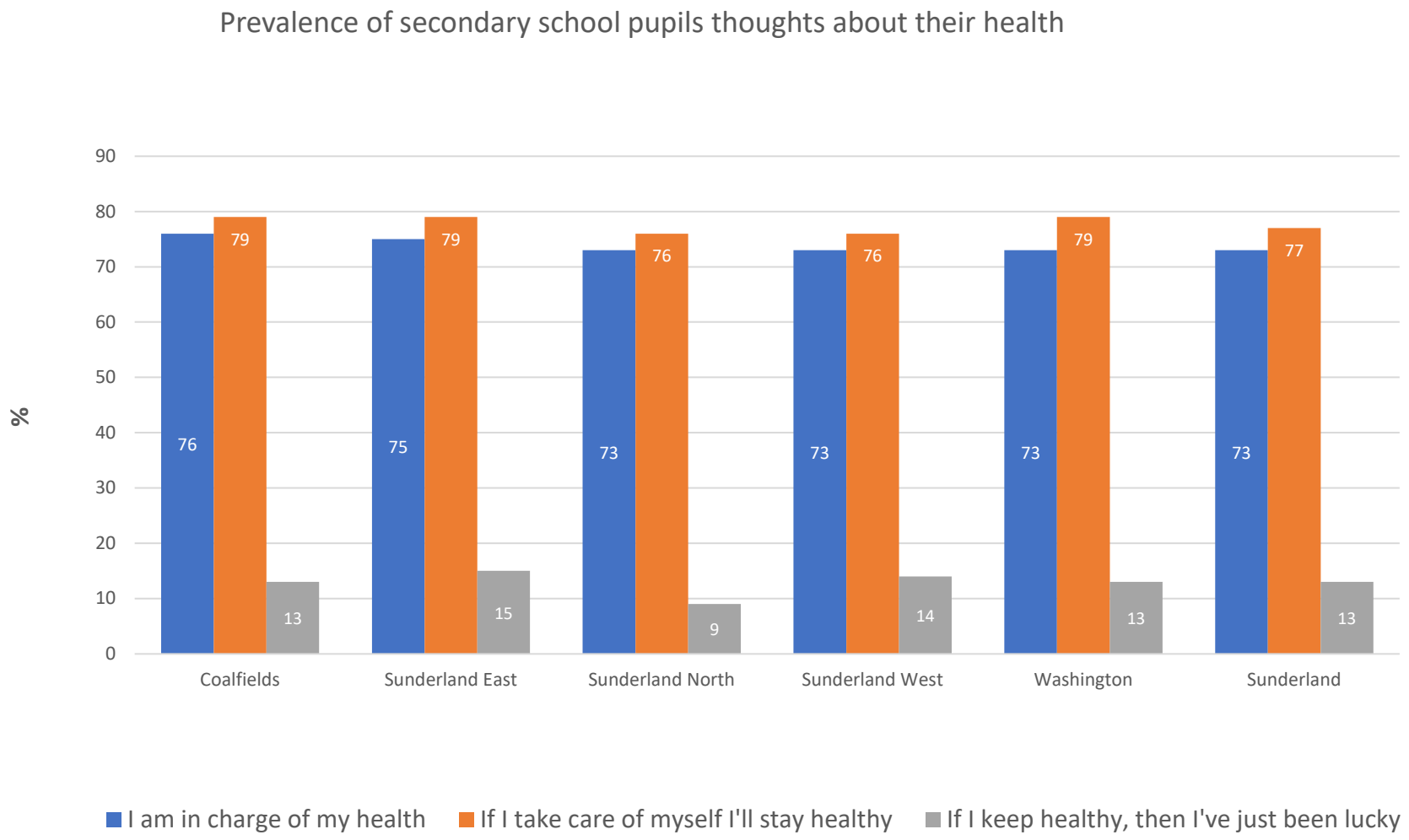


- 10% of pupils did all of their lessons in school during the last lockdown; 76% did them all at home.
- 6% said they 'never' have anywhere quiet to do schoolwork at home. 71% had a device they could use all of the time at home for doing school work, 13% said some of the time but 2% said 'never'.
- When asked about worries, the following were selected as 'quite a lot' or 'a lot': catching COVID-19 yourself (15%); having enough money in my family (19%); having enough food to eat (15%); being lonely or not getting enough help (20%); not understanding my school work (34%).
- **44% of pupils said that having to stay at home more has improved their relationship with their family.**



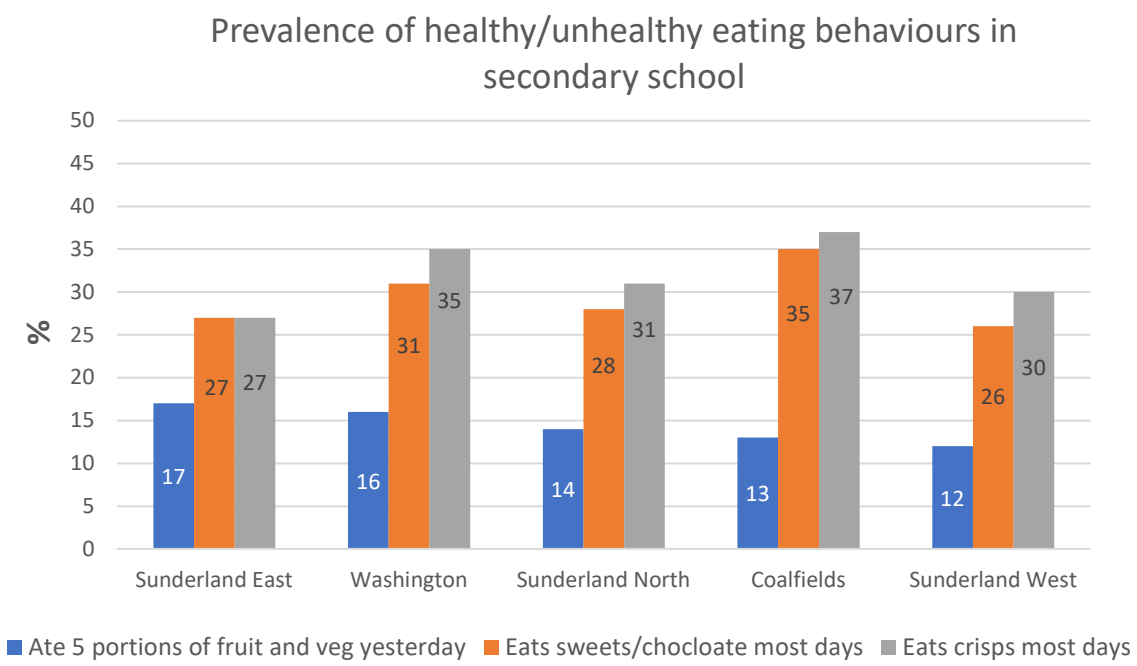
- 64% said they have found easy ways of communicating with people (such as video calls).
- 19% said they have generally felt happier than before but 31% said they have generally felt sadder than before.
- 45% said that they followed the rules about not going into other people's homes. 69% said they were careful when they coughed or sneezed.
- 41% said they had been looking after themselves by being active, 48% said they had been keeping busy with hobbies, learning new skills etc..

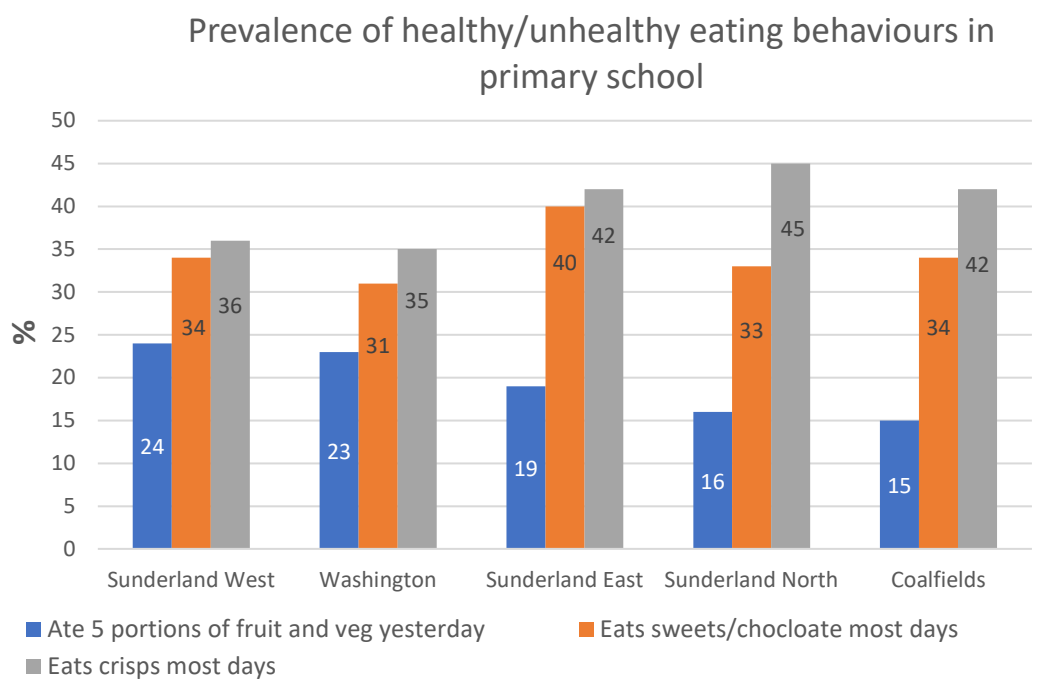
Health Locus of Control (HLOC)



Over three quarters of secondary school pupils understood the importance of looking after their own health

Healthy/Unhealthy eating behaviours

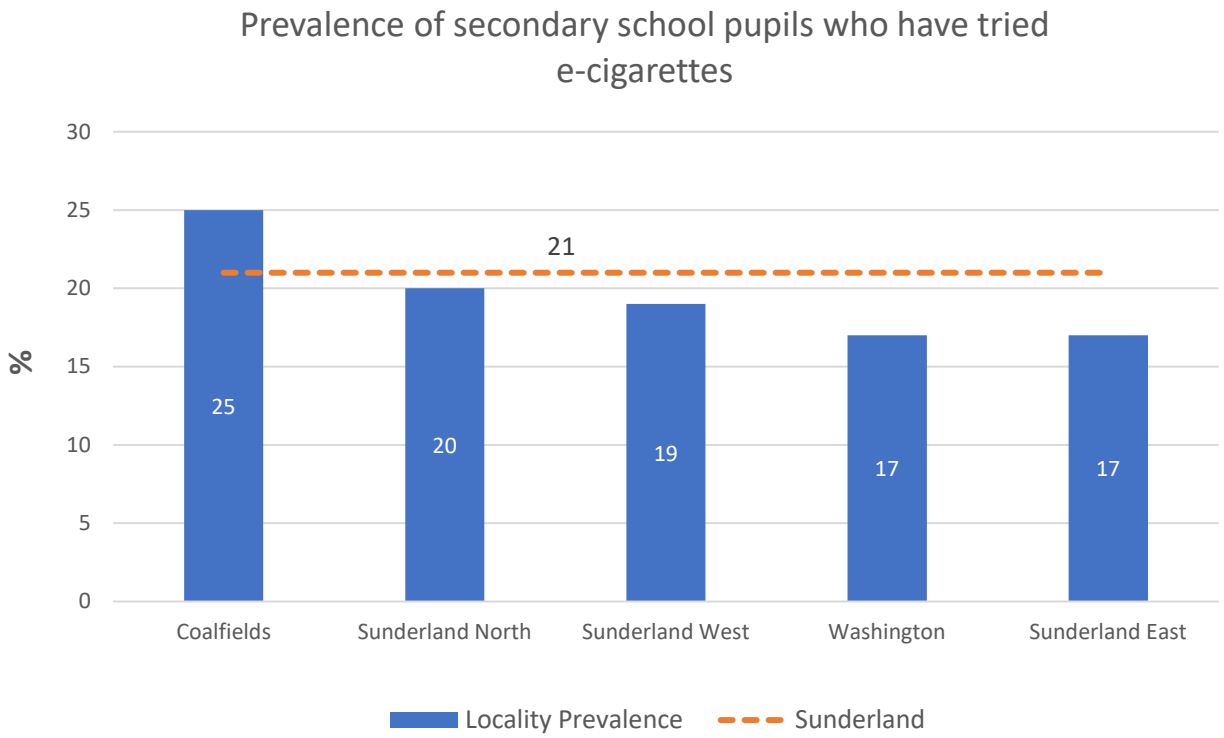




Primary school children tend to eat more portions of fruit and veg each day, they also however tend to eat more sweets and crisps

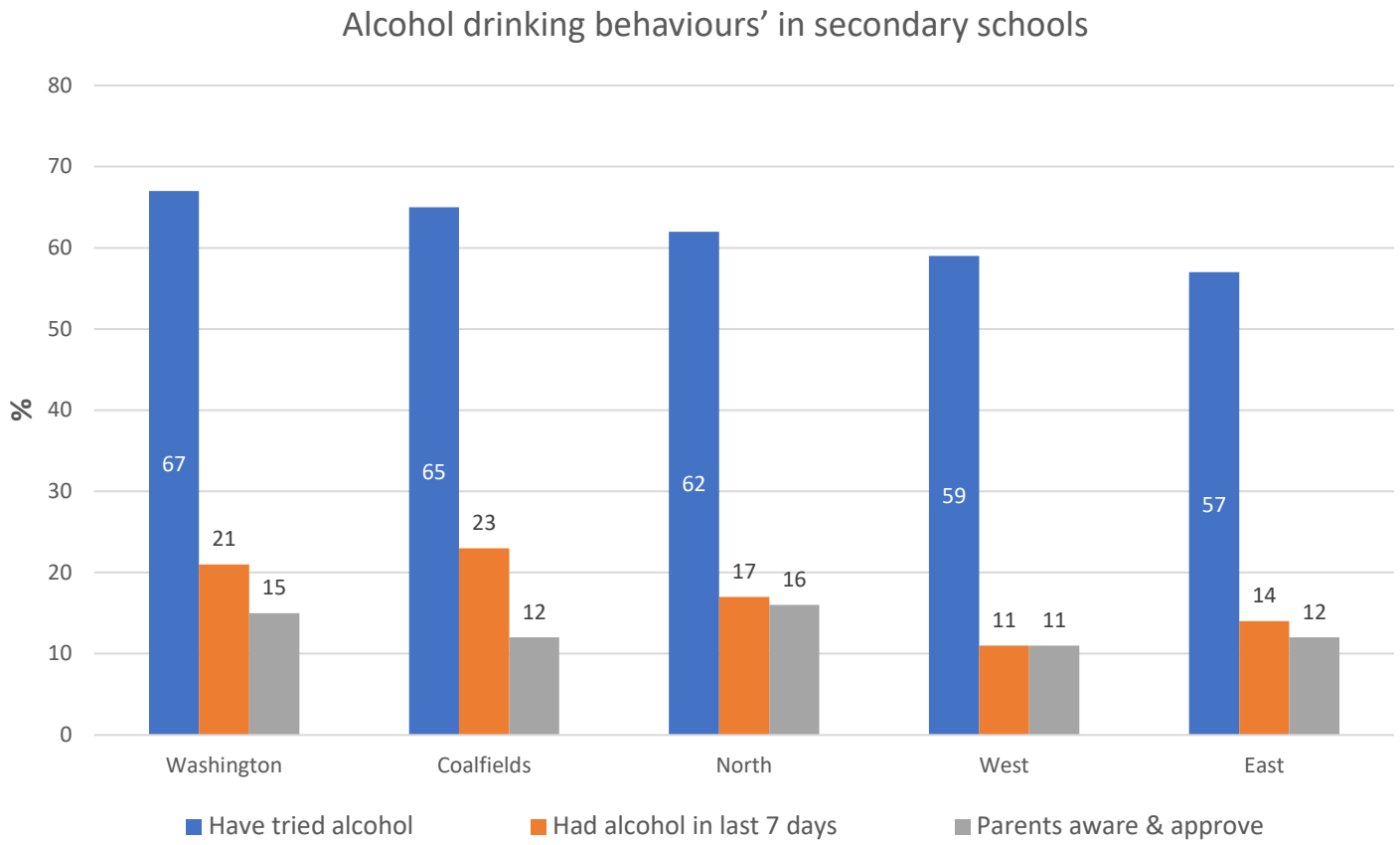
E-cigarettes

Secondary school pupils and e-cigarettes



E-cigarette use is highest in the Coalfields locality at 25%. It is higher than the Sunderland average at 21%

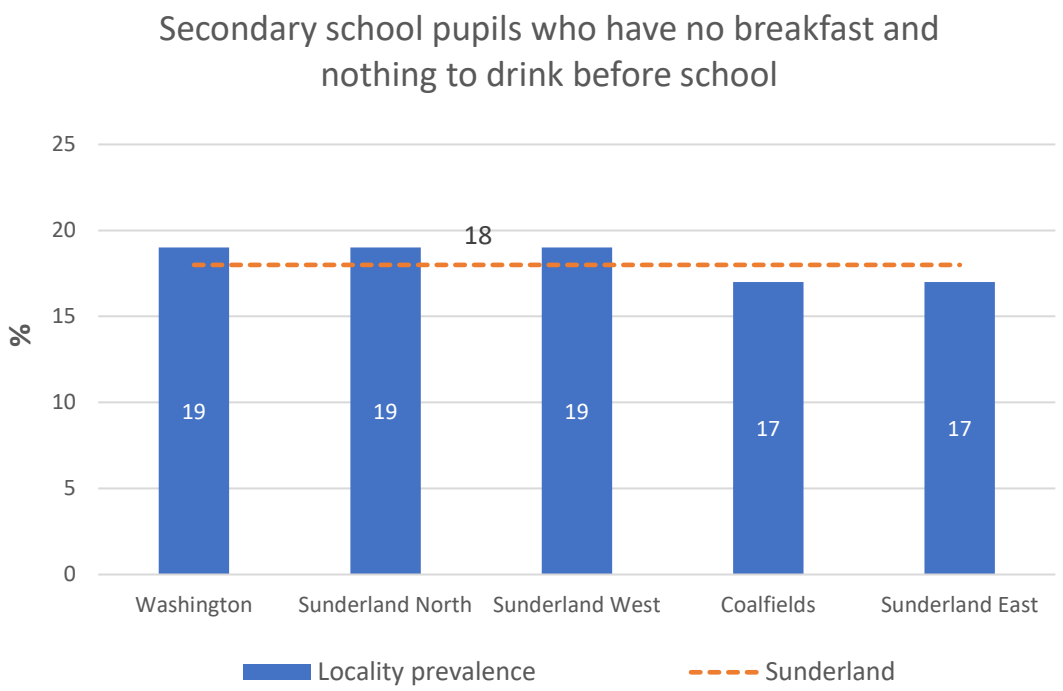
Drinking Prevalence in Secondary Schools

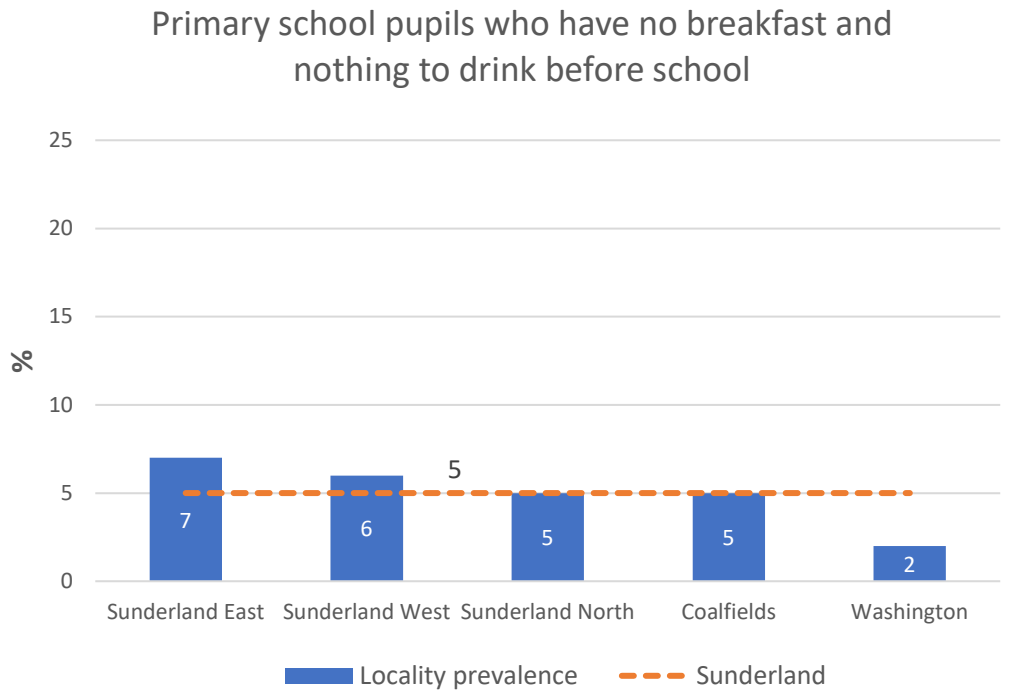


Washington pupils were slightly more likely to have tried alcohol
with almost around two thirds of *all* secondary school pupils having tried alcohol

Healthy Eating – start to the day

Primary and secondary schools and breakfast:



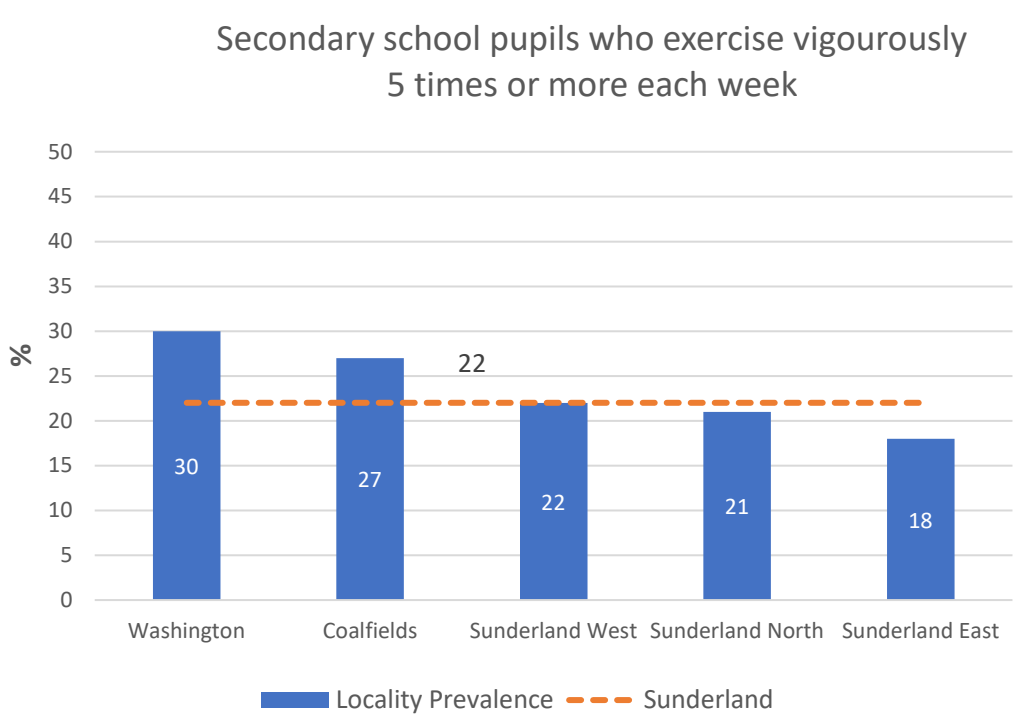


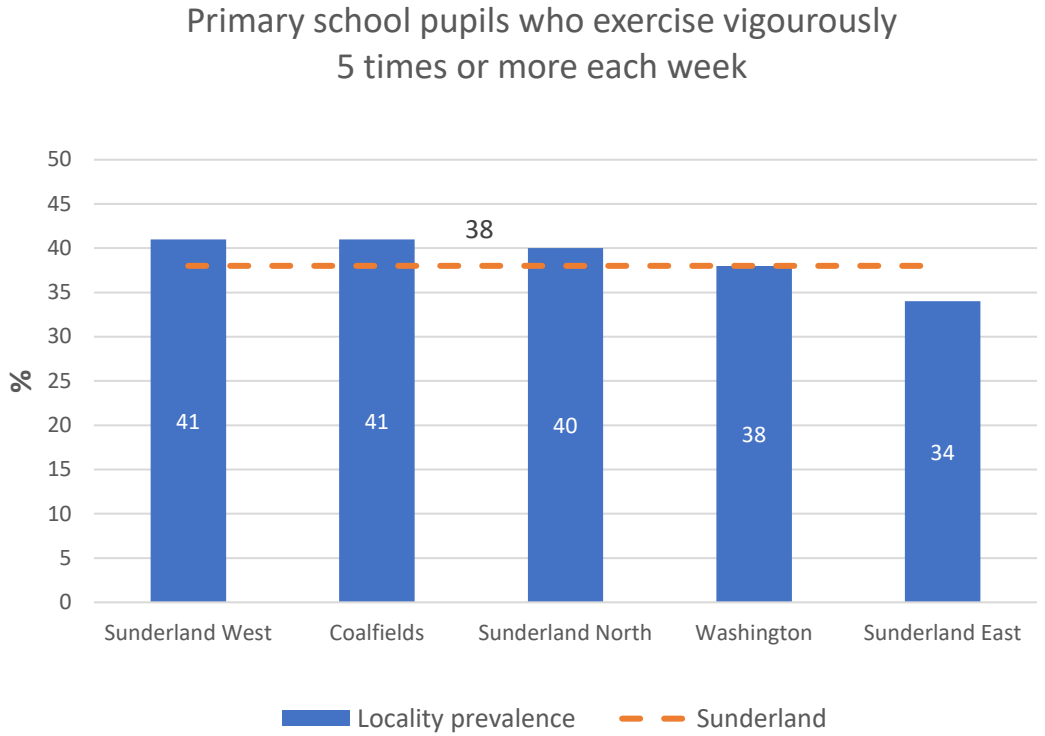
Secondary school pupils are *generally* around 3 times more likely to skip breakfast than primary school pupils

The biggest difference is seen in Washington, were primary misses breakfast the least, and in secondary (one of) the most

Physical Activity

Primary and secondary schools and exercise:

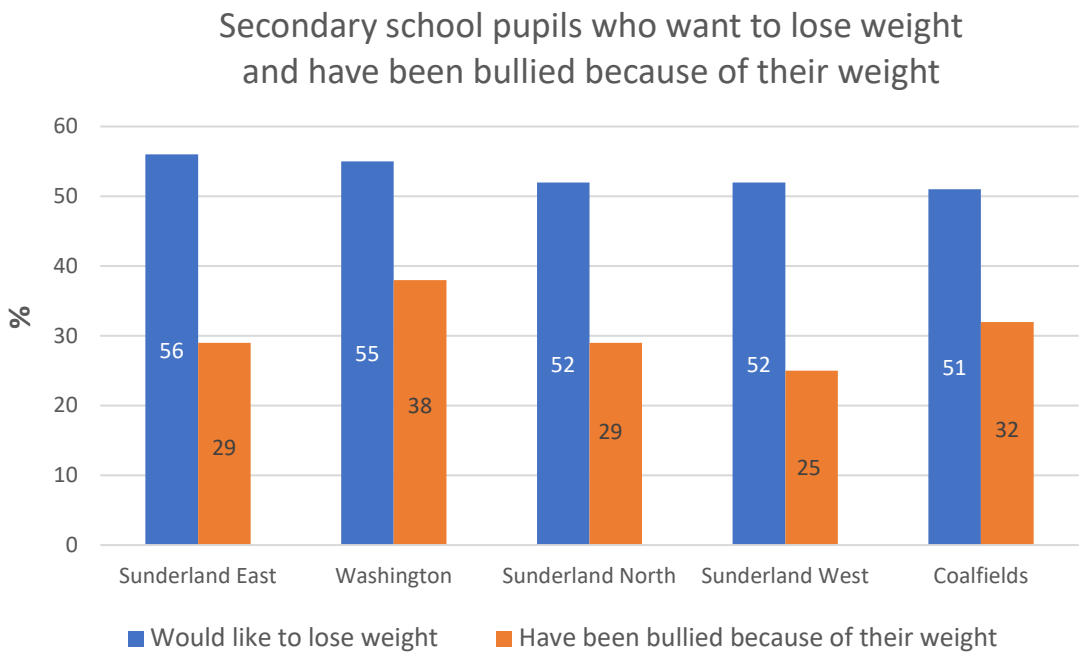


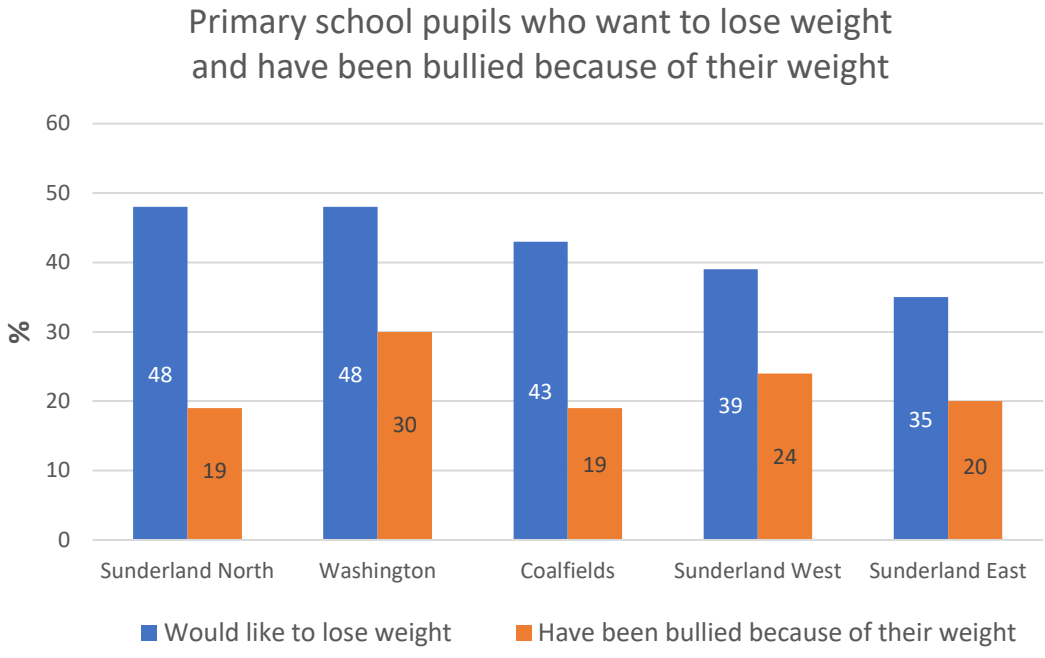


Physical exercise is more prevalent in primary school pupils than in secondary, with 38% of primary pupils exercising 5 times a week or more compared to only 22% of secondary pupils.

Healthy Weight

Primary and secondary school pupils and their weight:

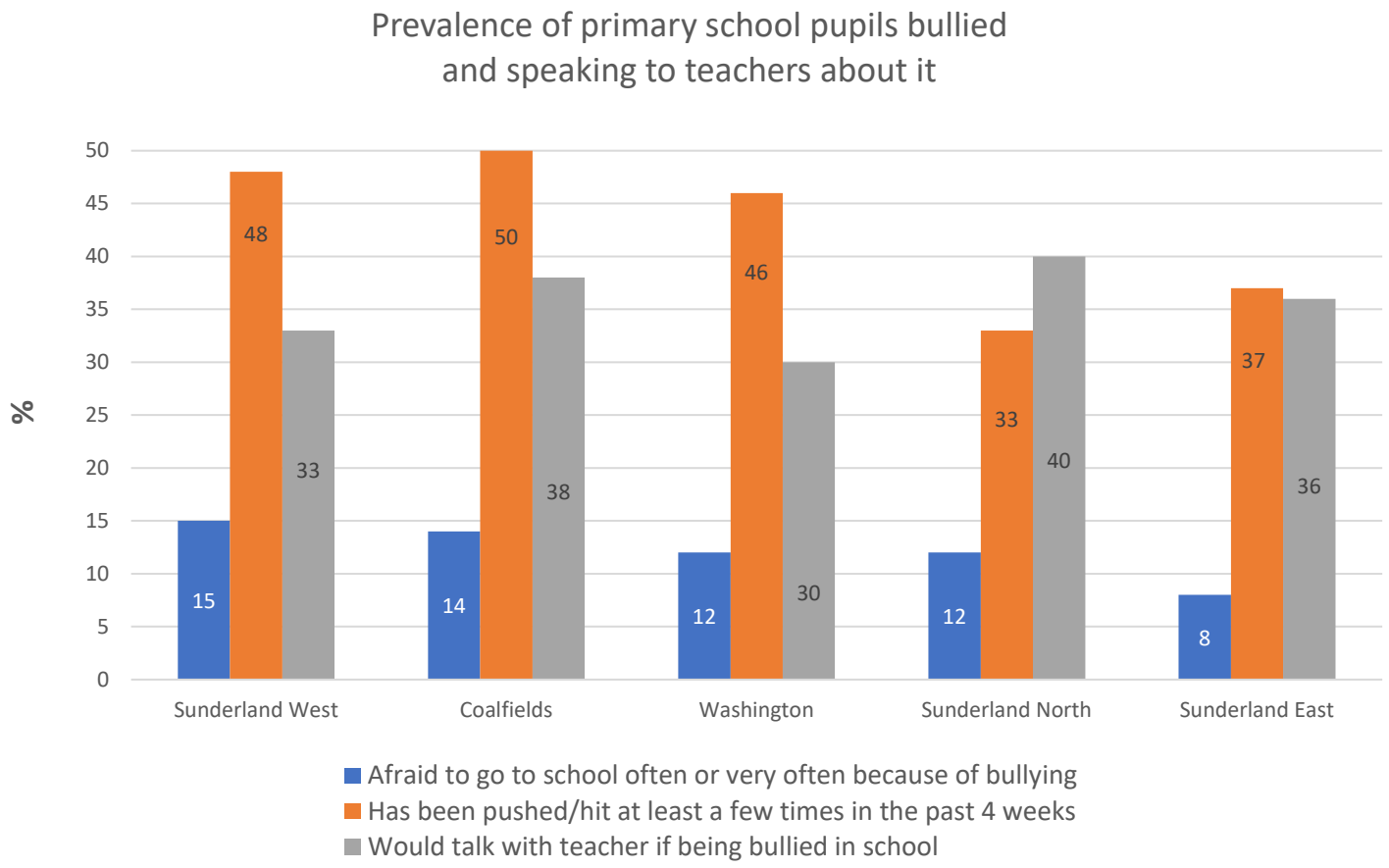




More than half of secondary school pupils would like to lose weight, and almost two thirds have been bullied because of their weight

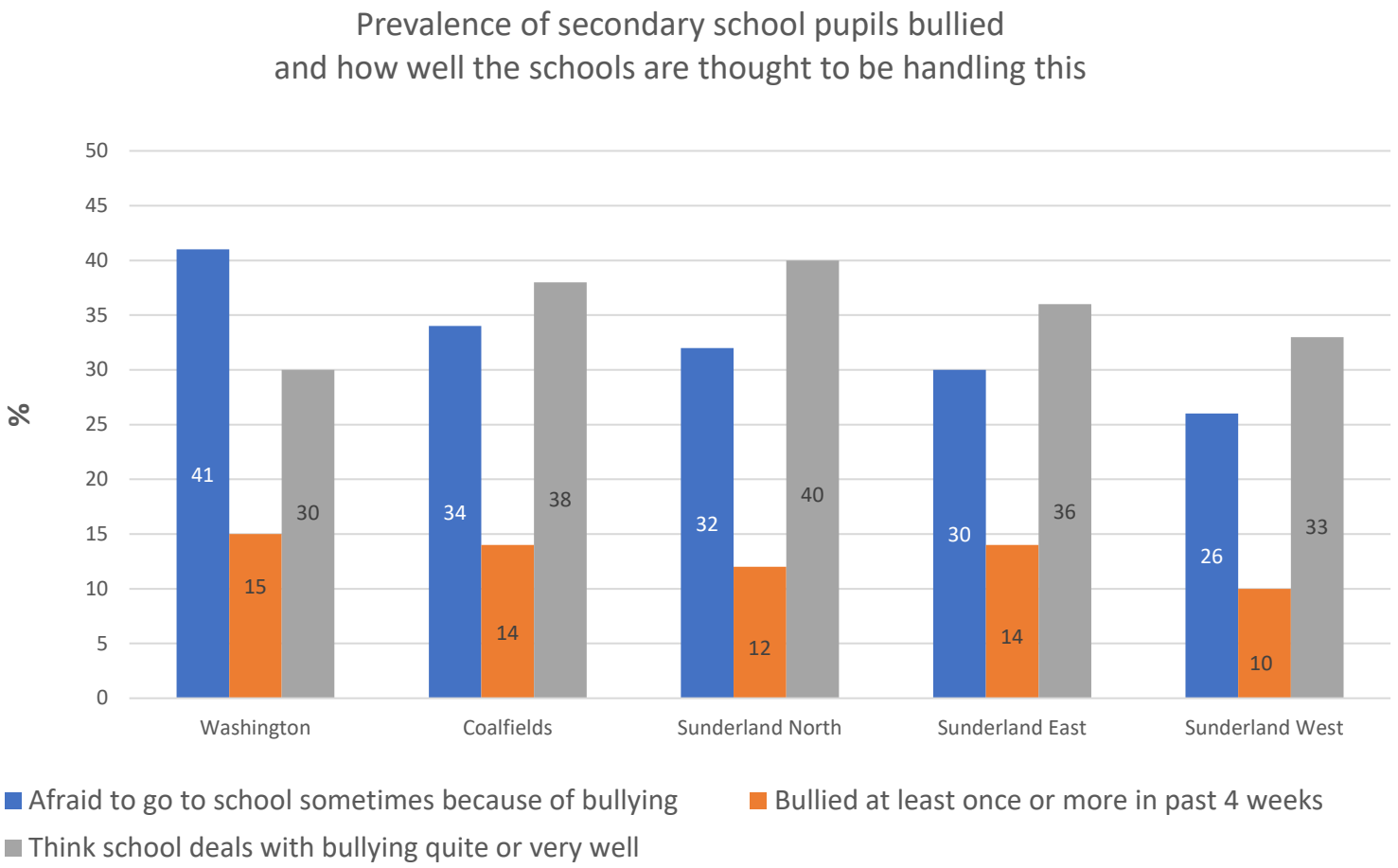
Staying Safe

Primary school pupils and bullying:



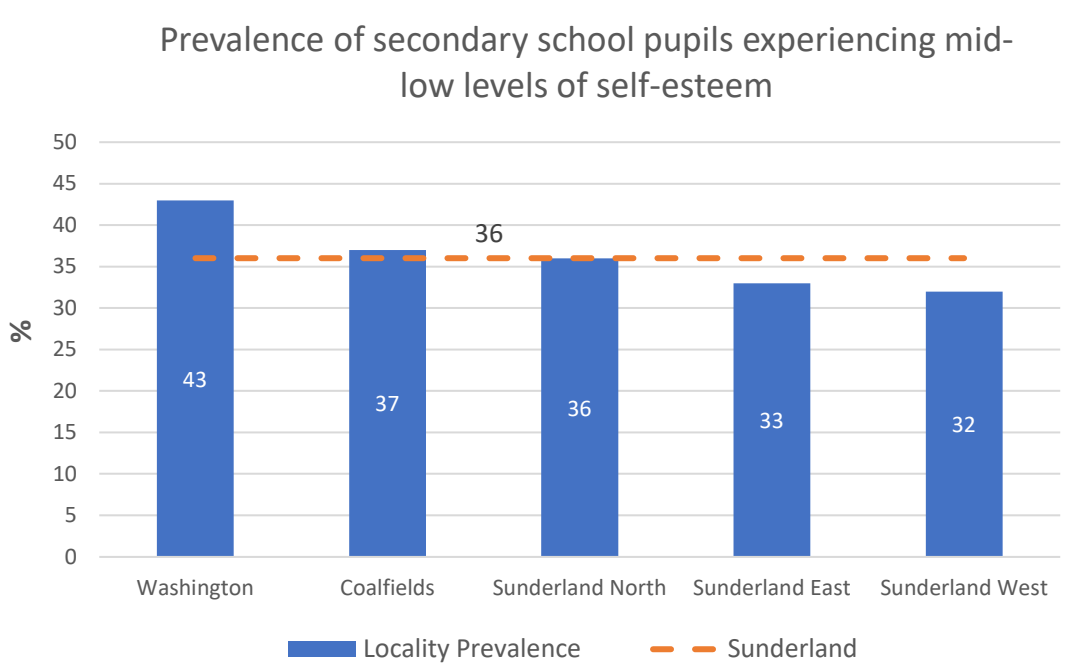
Staying Safe

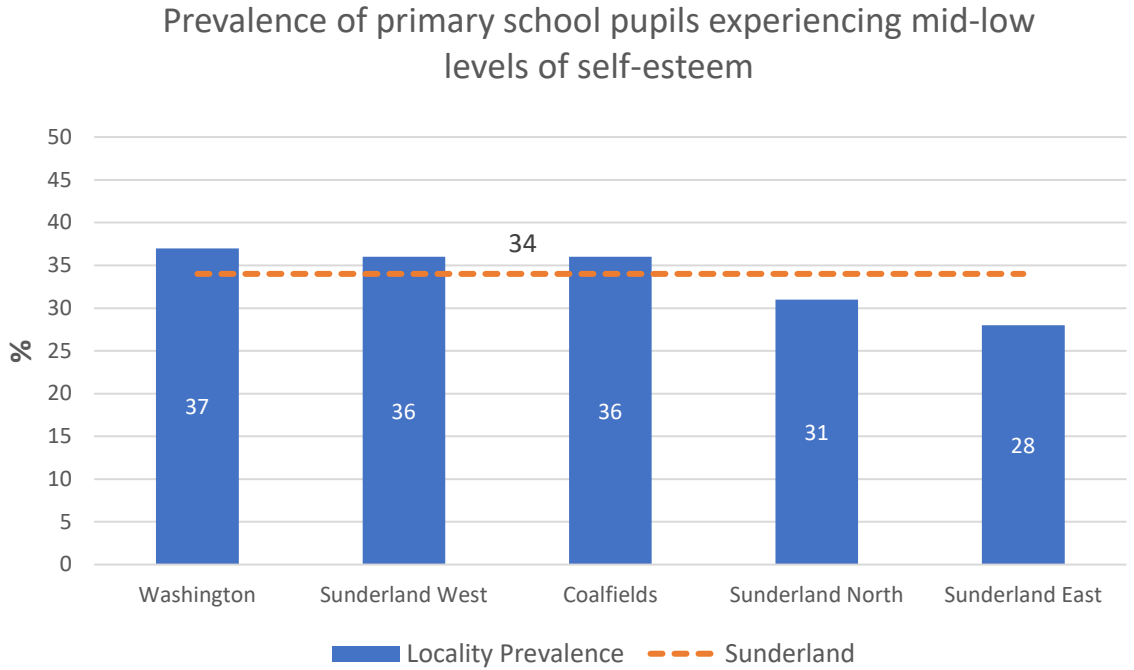
Secondary school pupils and bullying:



Mental Wellbeing

Primary and secondary school pupils and self esteem:

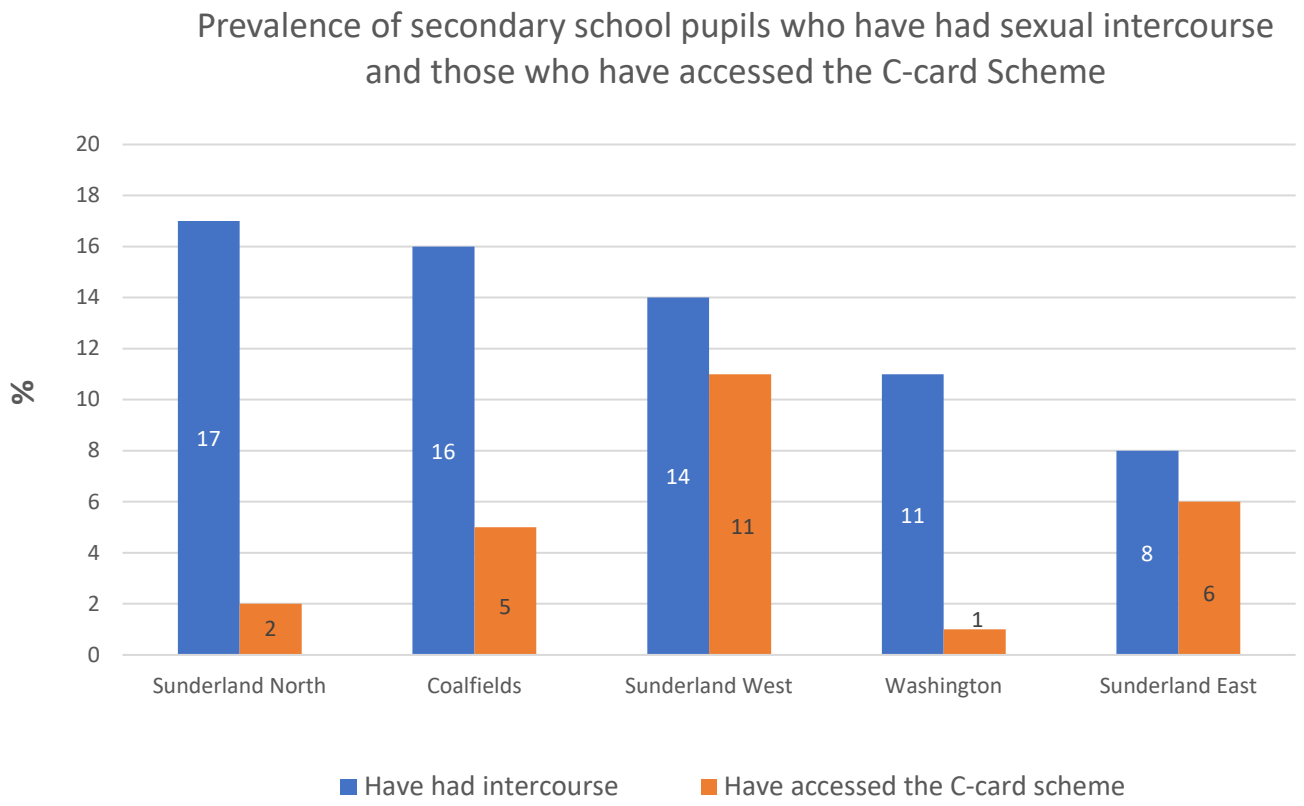




Over two thirds of all school pupils stated they have mid to low self-esteem with the highest levels in both primary and secondary schools in Washington

Sexual Health

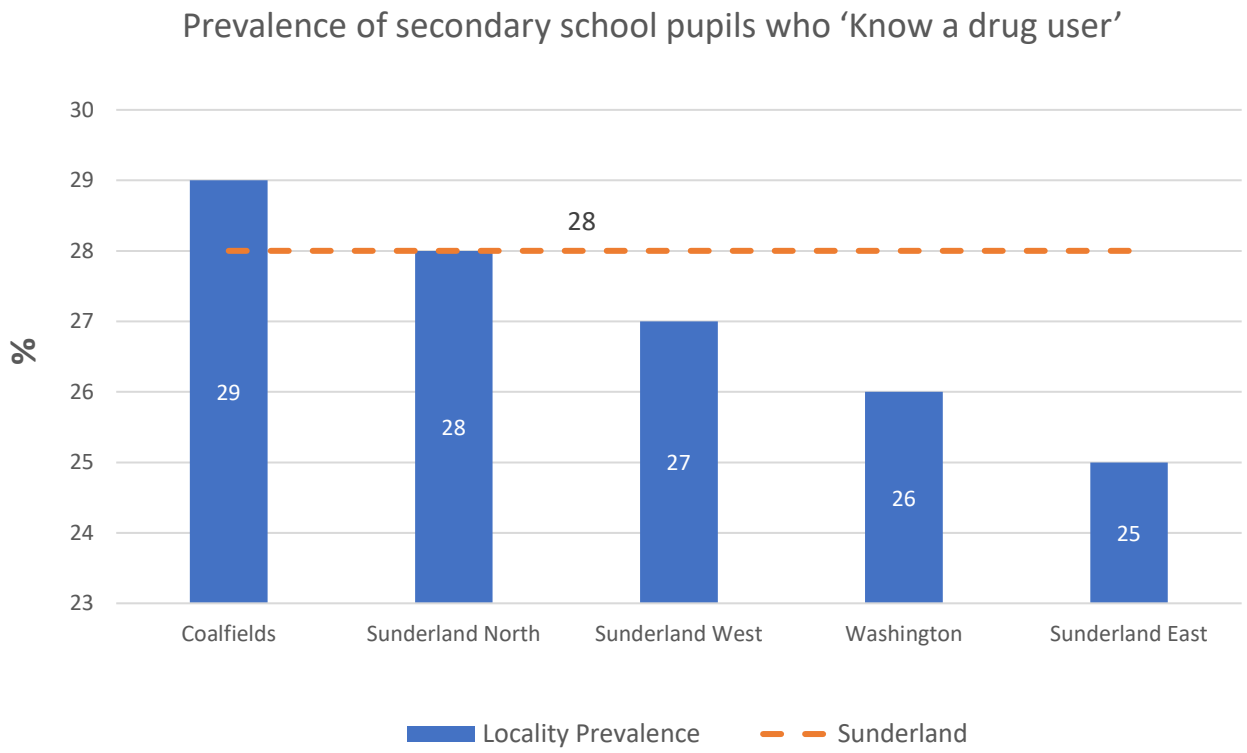
Secondary school pupils who have sexual intercourse, and those who have accessed the C-card scheme



Sunderland North pupils show the highest levels of sexual activity, but show a very low comparative use of the C-card scheme

Drugs

Secondary school pupils and drugs



Almost 1 in 3 Coalfields secondary school pupils said they ‘know a drug user’

At least 1 in 4 of *all* secondary school pupils said they know a drug user

Priorities

- Develop a communication toolkit that will support the delivery of social norms messages e.g. 85% of year 10 have not had sex, 55% of young people don't drink alcohol
- Review C Card provision to ensure equitable spread in areas of highest need
- Ensure the school health profiles are updated and the full health offer is available
- Share the intelligence as it is crucial to refine our offer to young people, particularly those who are not accessing services currently
- Consider NCMP output data for 2021
- Update relevant JSNA's to inform strategic approaches

Recommendations

- Receive the update, published report and presentation on the findings of the health related behaviour survey.

- Endorse the key priorities identified.

- Endorse the ongoing work of sharing information with key stakeholders to inform and influence our approaches and plans to improve the health and wellbeing of children and young people in Sunderland.

Item No. 7

HEALTH AND WELLBEING BOARD **10 December 2021**

HEALTHY CITY PLAN: PERFORMANCE OVERVIEW

Report of the Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

1.1 The purpose of this report is to present the Health and Wellbeing Board with an update on the Healthy City Plan performance framework. The report presents a range of key indicators that have been selected to provide a summary of health and the wider determinants of health for people of all ages in Sunderland. Full details of each indicator are shown within the appendices to the report.

2.0 Background

2.1 The Healthy City Plan 2020-2030 includes a performance indicator dashboard for the starting, living and ageing well delivery boards. This is the first six-monthly update on the performance dashboard since the Healthy City Plan was agreed in March 2021. The Health and Wellbeing Board will now receive six-monthly performance updates on these dashboards to its June and December meetings; over the longer-term providing assurance that work is progressing to achieve the aspirations of the Healthy City Plan.

2.2 Overall, it should be noted that many of the indicators included here use data prior to or in the early stages of the Covid-19 pandemic. As such, the wider effects of the pandemic are not yet clearly understood.

3.0 Starting Well - Summary of Current Position

3.1 The following key points are noted:

- Smoking at Time of Delivery has reduced in the most recent reporting year, though prevalence remains comparatively higher.
- Alcohol related hospital admissions amongst those under 18 in Sunderland have reduced slightly, though also remain at a comparatively high level.
- Uptake and maintenance of breastfeeding has declined, creating a wider disparity with the wider North East and England.
- Positive progress has been made in reducing childhood obesity at reception and year 6 with reductions against both indicators. Initial indications are that the Covid-19 pandemic has exerted a negative effect on childhood obesity at national, regional and local levels.
- Latest data indicates that teenage conceptions have continued to reduce, though some local intelligence has suggested an increase in conceptions may emerge as data progresses.
- Development levels amongst children eligible for free school meals continues to increase.

- The proportion of children living in low-income families has continued to increase in Sunderland at a faster rate than both the wider North East and England.
- In the short term, hospital admissions amongst under 18s for mental health conditions have reduced slightly, though remain well above the wider North East and England.
- The percentage of school pupils with social, emotional & mental health needs has remained stable over the last 2 reporting periods, though is slightly above the North East and England.
- Across each of the indicators there are a range of inequalities relating to geography, protected characteristics, socio-economic background and other vulnerabilities.

4.0 Living Well - Summary of Current Position

4.1 The following key points are noted:

- Life expectancy data has been recently refreshed and now includes the initial 9 months of the Covid-19 pandemic. It shows that life expectancy fell by 0.5 years for females and 0.4 years for males.
- Earlier data relating describing Healthy Life Expectancy showed an increase for females (0.8 years) and a decrease for males (0.4 years). Inequality in life expectancy amongst those in the most deprived areas of Sunderland has remained high at 11 years for males and around 9 years for females.
- New data describing alcohol-related hospital admissions has been provided for 2019/20. This gives a lower rate than the previous calculations used, so is not currently comparable with earlier data points. It does, however, remain higher than the wider North East and England.
- The proportion of adults who are overweight or obese has increased during 2019/20.
- Prevalence of smoking in adults has decreased to 16% in 2019. The proportion of people in routine and manual occupations who smoke has decreased to 25.7%.
- The overall employment rate in Sunderland decreased during the earlier period of the Covid-19 pandemic, though those claiming benefits has been decreasing in recent months.
- Sunderland residents reporting feelings of high anxiety reduced during 2019/20.
- The gap in employment rate between people in contact with secondary mental health services or people with learning disabilities in Sunderland compares favourably with both national and regional levels. For those with long term conditions, the gap is greater than that seen nationally and regionally.
- Sunderland has seen increasing levels of households identified as being in fuel poverty. Notably data pre-dates the increases in utility prices being experienced currently.
- The percentage of working aged people in Sunderland with at least level 4 NVQ qualifications increased during 2020.

- Across each of the indicators there are a range of inequalities relating to geography, protected characteristics, socio-economic background and other vulnerabilities.

5.0 Ageing Well - Summary of Current Position

- Emergency hospital admissions due to falls in people aged 65 and over has increased and remains comparatively high.
- There has been a rise in the proportion of users of adult social care who feel that they have as much social contact as they would like. This compares favourably both to the wider North East and England as a whole.
- Mortality from causes considered preventable has decreased slightly, continuing a long-standing trend. However, there remains an inequality in comparison to England as a whole.
- The rate of hip fractures amongst those aged 65 or over has risen following a number of years of decreases.
- The estimated proportion of people with dementia who are diagnosed dropped rapidly during 2020/21. This has been seen at both national and regional levels and is likely to be due to limitations in access to services during the early stages of the Covid-19 pandemic.
- The index of excess winter deaths has increased slightly over the last two reporting periods, though remains significantly lower than the highest levels seen previously.
- Across each of the indicators there are a range of inequalities relating to geography, protected characteristics, socio-economic background and other vulnerabilities.

6.0 Recommendations

6.1 It is recommended that the Health and Wellbeing Board:

- Notes the contents of the report; and
- Agree to receive six-monthly performance updates on the Healthy City Plan performance dashboard.

Appendix 1 – Starting and Developing Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Women who smoke at time of delivery (national measure) 	15.1%	10%	2020/21	The annual figure for the percentage of women smoking at the time of delivery in Sunderland during 2020/21 is 15.1%. This is a reduction on the figure of 18.3% reported in 2019/20. However, it remains above the North East figure of 13.3% and above the England figure of 9.6%. The Best Start in Life Working Group has smoking at the time of delivery as a priority in its action plan.
Under 18 alcohol admissions per 100,000 	82.4	70	2019/20	The rate of alcohol related hospital admissions amongst under 18s for the 3 year period from 2017-2020 is 82.4 per 100,000 in Sunderland. This represents a reduction from 85.8 in the previous reporting period (2016/17- 2018/19). Work is ongoing in partnership with Balance (the regional alcohol office) to improve and de-normalise attitudes towards young people and drinking as it is noted that it is often seen as socially acceptable for parents to provide their children with alcohol. The messages provided via this work support the Chief Medical officer's guideline that children should be alcohol free before the age of 15 and promote that to maximise health and wellbeing outcomes, young people should remain alcohol free to the age of 18.
% of infants being breastfed at 6-8 weeks (prevalence) 	24.2%		Q4 2019/20	There is currently no data available for the quarterly periods in 2020/21, though the next data update is expected during December 2021. Most recent experimental statistics show that the percentage of infants being breastfed at 6-8 weeks in Sunderland was 24.2% for quarter 4 of 2019-20. This is a 0.4% percentage point decrease from the same quarter in the previous year. The North East figure for the same period was 30.5% whilst across England it was 47.9%, demonstrating a significant disparity in Sunderland. A priority of the Best Start in Life Working Group is to promote a culture of breastfeeding and has actions in relation to the 0-19 service and maternity achieving UNICEF Baby Friendly accreditation, ensuring consistent advice and support is provided to women who choose to breastfeed and identifying barriers to breastfeeding in Sunderland using the results of the Infant Feeding Research Project.
Prevalence of overweight (incl. obese) among children in Year 6 	36.9%		2019/20	Latest data published in October 2020 for the 2019/20 academic year, shows the prevalence of overweight (including obese) children in year 6 in Sunderland was 36.9%, this is an improvement from 39.2% recorded in the previous year, a drop in % for 2 years running (40.9% in 2017/18).

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				Sunderland's prevalence is however still higher than the NE average of 37.5% and the England average of 35.2%.
Prevalence of overweight (including obese) among children in Reception 	22.1%		2019/20	Data for the academic year 2019/20 shows that 22.1% of children in reception year were overweight (including obese). This is a further improvement from 24.4%, recorded in the previous year (2018/19). Overall, average prevalence in the North East was 24.8% and in England 23.0%, indicating that Sunderland has a similar prevalence in Reception.
Teenage pregnancy (under 18 conceptions rate per 1,000) rolling year 	18.2	24.6	Q1 2020/21	The rolling annual rate of conceptions published 20th September 2021 for quarter 1 2020/2021 (to June) was 18.2 per 1,000 population. This represents an ongoing downward trend. However, it should be noted that the local intelligence has indicated an increase in teenage conceptions which will not yet be seen in published data. For the same period the rate in England was 14.0 per 1,000 and across the North East was 19.4 per 1,000. Since 1998 Sunderland has seen a 61% decline (the NE region saw a 60% decline) in its annual under 18 conception rate with the gap with England decreasing in the last quarter of 2019. The Teenage Pregnancy Action Group continues to meet regularly and has scheduled a refresh of its action plan early 2022 aligned to the national framework. Key pieces of work recently implemented to support this agenda include: • Support to schools around a co-ordinated offer to Relationships and Sex Education in line with the statutory guidance. This is through a Co-ordinator post siting in TfC Early Help Team. • Prevention Offer – Led by Public Health the Sunderland Prevention Offer for children and young people provides information on universal and targeted services available in the city that can offer early intervention or specialist support to reduce or prevent problems or issues from getting worse and bring in the right support at the right time to meet young people's needs. Themes of the Offer are: • Theme 1 Staying Safe and Personal Development • Theme 2 Mental Health and Wellbeing • Theme 3 Drugs, Alcohol and Smoking • Theme 4 Maintaining a Healthy Weight • Outreach (Brook) – Healthy Relationships

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				• Reinstating the enhanced offer for young people within Sexual Health Services
Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception 	62.6%		2018/19	Data released in February 2020 for the 2018/19 period shows the percentage of children receiving free school meals who achieved a good level of development at the end of Reception was 62.6%. This compares to the NE average of 57.7% and an England average of 56.5% and represents an ongoing increase that has been taking place since reporting began in 2012/13.
Proportion of children in relative low-income families aged under 16 	27.3%		2019/20	In 2019/20, 27.3% if children under the age of 16 in Sunderland were living in low-income families. This is higher than both England (19.1%) and the wider North East (26.8%). Over the past 6 years, the Sunderland rate has increased by 8.4% whilst England increased by 3.9% and the North East by 9.3%.
Hospital admissions for mental health conditions under 18-year-olds (per 100k population) 	164.1		2019/20	The rate of hospital admissions for mental health conditions amongst under 18-year-olds per 100,000 population is 164.1 for Sunderland (2019/20). During the same period the rate for the North East is 101.5 and for England it is 89.5. Though the Sunderland rate represents a slight decrease competed to 2018/19, most recent years have seen increases.
Percentage of school pupils with social, emotional & mental health needs 	3.18%		2019/20	The percentage of school pupils with social, emotional and mental health needs was reported as 3.18% for the 2019/20 period. This compares to 3.03% for the North East and 2.7% for England. This has remained stable over the last 2 reporting periods.

Appendix 2 – Living Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Healthy Life Expectancy at Birth - Female 	57.3		2019/20	Most recent data released in January 2021 relates to the 2017-2019 period. This shows that the healthy life expectancy for females in Sunderland was calculated at 57.3 years. This is lower than both the North-East value of 59.0 years and the England value of 63.5 years. Compared to the previous period, this represented an increase 0.8 years. The North East decreased by 0.7 years compared to the previous period, whilst England as a whole also decreased (by 0.4 years).
Healthy Life Expectancy at Birth – Male 	57.5		2019/20	Most recent data released in January 2021 relates to the 2017-2019 period. This shows that the healthy life expectancy for males in Sunderland was calculated at 57.5 years. This is lower than both the North-East value of 59.4 years and the England value of 63.2 years. Compared to the previous period, this represented a decrease of 0.4 years. The North East remained at the same value as the previous period, whilst England as a whole also decreased (by 0.2 years).
Life expectancy at birth (Males) 	76.6		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for males in Sunderland was calculated at 76.6 years. This is lower than both the North-East value of 77.6 years and the England value of 79.4 years. Compared to the previous period, this represented a decrease of 0.4 years. The North East and England as a whole also decreased (both by 0.4 years).
Life expectancy at birth (Female) 	80.9		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for females in Sunderland was calculated at 80.9 years. This is lower than both the North-East value of 81.5 years and the England value of 83.1 years. Compared to the previous period, this represented a decrease of 0.5 years. The North East and England as a whole also decreased (both by 0.3 years).
Inequality in life expectancy at birth (male) 	11		2018/19	Latest data released in February 2021 for the period 2017-19 shows the inequality in life expectancy that may be experienced by males in the most deprived areas of Sunderland is 11 years. This measure has remained at or slightly above 11 years for the last 4 reporting periods after reaching a comparative low of 9.5 years in the 2011-13 period. It compares to an England wide average of 9.4 years and a North East wide average of 12.2 years.
Inequality in life expectancy at birth (female) 	8.7		2018/19	Latest data released in February 2021 for the period 2017-19 shows the inequality in life expectancy that may be experienced by females in the most deprived areas of Sunderland as 8.7 years. This measure has remained at or slightly above 8 years for the last 5 reporting periods after reaching a comparative low of 6.9 years in the 2010-12 period. It compares to an England wide average of 7.6 years and a North East wide average of 9.7 years.

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Admission episodes for alcohol-related conditions (Broad) (Persons)	2,602	2,850	2019/20	The most recently published rate of alcohol related hospital admissions in Sunderland was 2,602 per 100,000 people during 2019/20). This is higher than both the North East (2,288) and England (1,815). Please note - This indicator uses a new set of attributable fractions and therefore is not comparable to previous data.
Proportion of adults who are overweight or obese 	73.5%	66%	2019/20	Latest data for 2019/20 reports 73.5% adults in Sunderland who are overweight or obese, this is higher than the previous figure of 66%, and above the North East (67.6%) and England (62.8%) average. The objectives noted below have been completed as part of the implementation of the City Plan: • Develop Healthy Weight Alliance 3-year plan • Implement opportunities to influence the local food environment The Strategic Healthy Weight Steering Group and Healthy Weight Alliance both meet on a quarterly basis. Progress is being made against key actions within the healthy weight action plan. The Healthy Weight Declaration will be formally signed in February 2022.
Smoking prevalence 	16%	15.5%	2018/19	Prevalence of smoking amongst adults has decreased from 20.2% in 2018 to 16.0% in 2019. This is based on the latest estimates which were published in July 2020. Prevalence in Sunderland continues to be higher than the North East (15.3%) and England average (13.9%). Estimates are published by the Office for Health Improvement and Disparities using data from the Annual Population Survey.
Overall employment rate 	66.1%	71.5%	Q1 2021/22	The latest figures released in October 2021 and relating to the period between July 2020 and Jun 2021 show that Sunderland's employment rate decreased to 66.1%. This compares to 71.8% for the same period in the previous year. The Sunderland rate also falls short of the North East average of 70.5%. The current employment rate for the UK is 74.4% - a slight decrease on the 74.8% recorded between April 2020 and March 2021.
Claimant Count 	6.1%	7.2%	October 2021	Data released in November 2021 shows the claimant count in October 2021 decreased to 6.1% (down from 6.3% in September) and compares to a rate of 8.1% for the same period in the previous year.

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Self-reported wellbeing - people with a high anxiety score 	23%		2019/20	Latest data released in February 2021 shows that 23% of respondents reported scoring between 6-10 in relation to the question of 'Overall, how anxious did you feel yesterday?'. This compares to 21.9% across England and 23.6% across the North East and represents a reduction of 3% compared to 2018/19.
Smoking prevalence in adults in routine and manual occupations (18-64) current smokers 	25.7%		2019/20	Latest data for the calendar year 2019 shows the prevalence of smoking amongst adults (18-64) in routine and manual occupations at 25.7%. This is significantly higher than the prevalence amongst adults as a whole (16%). It compares to prevalence rates across the North East of 24.3% and across England of 23.2%. Data for Sunderland for 2019 represents a decrease of in prevalence of smoking amongst this group of 2.2%.
Gap in the employment rate between those with a long-term health condition and the overall employment rate 	25.7		2019/20	Latest data for 2019/20 shows a gap of 15.3% for those with a long-term health conditions from the overall employment rate. This is an increase of 1.6% in comparison with 2018/19. The current position in Sunderland compares to a gap of 10.6% across England and 14.2% across the North East.
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	61.2		2019/20	Latest data for 2019/20 indicates a gap of 61.2% for those in contact with secondary mental health conditions from the overall employment rate. This has lowered by 0.8% compared to 2018/19. It is 6% lower than the gap of 67.2% calculated for England as a whole and similar to the wider North East (61.1%).
Gap in the employment rate between those with a learning disability and the overall employment rate 	66.7		2019/20	Latest data for 2019/20 shows a gap of 66.7% for those with a learning disability from the overall employment rate. This has increased by 1% compared to 2018/19. It is 3.9% lower than the gap calculated for England as a whole (70.6%) and slightly higher than the wider North East (66%).
The % of households in Sunderland considered to be fuel poor	15.3%		2019/20	Data released in April 2021 covers the 2019 period and estimates that 15.3% of households in Sunderland are fuel poor (19,290 of 126,427 households). This is an increase of 6.1% compared to data covering 2018. Across the wider North East, it is estimated that 14.8% of households are fuel

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				poor. This also represents an increase from 2018 (9.5%). The West Midlands are estimated to have the highest levels in England at 17.5%, whilst the South East has the lowest at 7.5%. Within the North East, Middlesbrough continues to have the highest estimated level at 16.5% and North Tyneside has the lowest at 12.9%.
% of the population aged 16-64 with an NVQ Level 4 qualification 	29%		2020/21	Data released in April 2021 relates to calendar year 2020. The data for Sunderland shows that the proportion of residents qualified to at least NVQ Level 4 is 29% (approximately 50,000 in number). This is an increase on the previous year's figure 2019 of 27.4%. The city figure remains below the regional and national levels and which now stand at 34.5% and 43.1% respectively. *Data is calculated from the Annual Population Survey (APS). This is a sample-based survey and thus subject to sampling variations. For example, the confidence interval (which gives an indication of the likely level of variation) for 2013 was 2.6%, thus the actual figure was likely to fall between 21.7% and 26.9%. The % is a proportion of resident population of the area aged 16-64. NVQ4 Equivalent and above includes HND, Degree and High Degree level qualifications or equivalent.

Appendix 3 – Ageing Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Emergency hospital admissions due to falls aged 65 and over 	2,628		2019/20	Latest data for the period 2019/20 shows that the rate of emergency hospital admissions due to falls in people aged 65 and over was 2,628 per 100,000. This was higher than the wider North East (2,412) and England as a whole (2,222). It also represented an increase against the previous reporting period (2018/19), when the rate was 2,403.
Social isolation: % of adult social care users who have as much social contact as they would like (18+ years) 	55.1		2019/20	Latest data released in February 2021 for 2019/20 shows 55.1% of adult social care users reported having as much social contact as they would like. This is higher that both the wider North East (49.9%) and England (45.9%) and represents an increase of 6.2% compared to 2018/19. For those aged 65 and over, 53.7% reported having as much social contact as they would like. This represents an increase of 4.9% compared to 2018/19.

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Mortality rate from causes considered preventable (2016 definition) per 100,000 population 	232.6		2017/18	Data for the period of 2016-18 provides a mortality rate from causes considered preventable (per 100,000) in Sunderland of 232.6 – this represents a slight decrease compared to the previous reporting period. It compares to a similar rate of 223.9 across the wider North East and a lower rate for England (180.8). It has continued a downward trend for a significant period following initial calculations for 2001-03 which provided a rate of 319.7.
Hip fractures in people aged 65 and over (per 100,000 population) 	664		2019/20	Data covering the period 2019/20 provides a rate of 664 hip fractures in people aged 65 and over (per 100,000) in Sunderland. This compares to a rate of 635 for the wider North East and 572 for England as a whole. It represents an increase compared to the 2018/19 period when the rate was 639. Prior to 2019/20, the rate had been decreasing over successive years since 2015/16.
Estimated dementia diagnosis rate (aged 65 and over) 	61.5%		2020/21	Latest data for 2020/21 indicates that 61.5% of those aged 65 and over who are estimated to have dementia have been diagnosed. Across the wider North East, this is reported as 66.2% whilst for England as a whole it is 61.6% for England. This represents a considerable reduction of 7.7% compared to the previous reporting period. It is noted alongside the published data that the Covid-19 pandemic is likely to have contributed to a decrease in the level of diagnoses as this trend has been seen at a local, regional and national level during 2020/21.
Excess winter deaths index (age 85+) 	19.3%		2019/20	Latest data covering the period August 2019 to July 2020 shows an excess winter deaths index amongst those age 85 and over of 19.3%. This compares with 16.9% for the North East and 20.8% for England. It represents an increase of 3% during this period compared to August 2018 to July 2020. The highest level reached by the index was 48.1% in the August 2017-July 2018 period.

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

COVID-19 IN SUNDERLAND – UPDATE

Report of the Executive Director of Public Health & 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 Public Health Consultant will provide the committee with an ongoing update of the Covid-19 situation in Sunderland. This will include a summary of the current position regarding cases and actions being taken to combat the pandemic locally.

2.2 The Health Protection Board, Outbreak Control Board and Gold Command Group are meeting, in line with the arrangements set out in the Local Outbreak Management 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 (29/11/2021), Sunderland has been seeing a relatively slow rise in the number of daily cases and has a 7-day average rate of 378.6 per 100,000.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to receive the update and presentation on the Covid-19 pandemic and comment on the information provided.

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

SUNDERLAND WINTER /COVID-19 RESILIENCE PLAN 2021/22

Presentation by the Managing Director of All Together Better (ATB) and C&C Chair, and the ATB System Command and Control Management Lead

1.0 Purpose of the Presentation

1.1 To update the Health and Wellbeing Board on system winter/Covid-19 planning in Sunderland to provide assurance on system resilience for the city by providing an overview of:

a. Learning from Covid-19 and winter 2020/21 that will support winter planning and resilience for 2021/22.
b. System winter scheme overview for 2021/22
c. Out of hospital surge protocol and processes.

2.0 Presentation

2.1 A copy of the presentation slides are included with the agenda papers. The presentation will cover:

- System resilience planning 2021/22
- Learning from Covid-19 and Winter 2020/21
- Surge protocol and processes
- Winter communications
- Next steps

3.0 Recommendation

3.1 The Health and Wellbeing Board is recommended to receive and comment on the plans that have been made for the city to ensure winter / Covid-19 resilience for 2021/22.

Sunderland C19/Winter Resilience Plan

November 2021

All Together Better

Better Health and Care for Sunderland.

Philip Foster
MD ATB and System C&C Chair

Natalie McClary
ATB System C&C Management Lead

Purpose

To update the Health & Wellbeing Board on system winter/Covid planning to provide assurance on system resilience for the city by providing an overview of:

- Learning from Covid19 and winter 20/21 that will support winter planning and resilience for 21/22.
- System winter scheme overview 21/22.
- Out of hospital surge protocol and processes.

System Resilience Planning 21/22

Purpose of Schemes

Winter funding is used to ensure safe and quality patient care is provided at times of high demand, contribute to the system achieving the E.D. four hour stand including resilience against Covid19. Every year the system considers lessons learned and tests ideas of reform, which might then lead to service change going forward.

High Level Principles of Schemes

Teams provide schemes in collaboration, as well as in alignment with recovery planning inclusive of Covid19 and urgent and intermediate care reforms via ATB Programme Four (P4).

Purpose of working in this way is to promote whole system response as well as momentum delivered throughout the pandemic.

Learning from Covid and Winter 20/21

During the initial pandemic and subsequent winter 20/21 the following areas of transformation were implemented

Area	Service
Primary Care	• Triage first method • Acute Respiratory Unit/s – Covid Assessment 'Hot Hubs' • Pulse Oximetry Service
Integrated Discharge Service	• Implementing the discharge to assess model by bringing health and social care teams together • Additional community bed provision • Additional Recovery at Home capacity • Discharge Transport
Hospital services	Hospital proactive approach to managing covid and Recovery programme
System Resilience	Vaccination Programme

System Resilience and the Winter Vaccination Programme

The winter vaccination programme is key to supporting system resilience this winter especially with Covid restrictions lifting resulting in higher Covid circulation rates and an expected resurgence of flu due to reduced immunity. Resilience to be achieved through:

- Increased vaccination rates for Flu and Covid amongst residents to prevent severe illness and hospitalisation
- Increased Health and Social Care staff vaccination rates for Flu and Covid
- Working together as a system to deliver the programme and reduce burden on individual groups

System Resilience and the Winter Vaccination Programme

Covid Programme focussing on provision for 1st and 2nd doses and booster programme for those aged 40 and over, health and social care staff and those in an ‘at risk’ category

Current vaccination uptake for the eligible population is

- 1st dose – 82.9%
- 2nd dose (of those who had a 1st dose) – 80%
- Booster (of those who have had 1st and 2nd) – 43.5%

System Resilience and the Winter Vaccination Programme

- Health and social care staff have been offered booster jabs as a priority and those health staff not jabbed need to be fully jabbed by 31 March 2022
- 87% practice staff are jabbed, reducing the number of staff needing to self-isolate and supporting reduced sickness levels due to Covid – this % will increase over next few months and we are working with STSFT to support staff vaccinations
- Community Services Nursing Team have supported the programme by vaccinating our care home patients and housebound patients with 1st, 2nd and booster doses

System Resilience and the Winter Vaccination Programme - Flu

- Current flu vaccination rates in the city are at 50.9% of the eligible population:
    - 80.3% of over 65's care home patients are vaccinated
    - Care home patients and housebound patients are being given flu and Covid vaccine in one visit to prevent need for multiple visits
    - 62% of over those aged 50 and over are vaccinated (not in care homes)
    - 31.8% of under 50s at risk are vaccinated
    - School immunisation programme is ongoing

System Resilience and the Winter Vaccination Programme - Flu

- Target for flu vaccine for health and social care workers is 100% - current STSFT staff flu vaccination rate is 44.5%
- Primary care data not yet available for staff flu vaccinations
- Community Pharmacy continues to play a vital role in supporting the vaccination programme in Sunderland

Winter Schemes 20/21

The system command and control group identified the following schemes via undertaking a number of dedicated planning sessions and use of a prioritisation matrix.

The schemes have been approved by Sunderland CCG to the total of **£2,900,432.** Mental Health Schemes sit outside of this budget to a total of **£155,567.**

Vaccination programme also sits outside of this budget and is a continued area of delivery with significant importance to Covid recovery.

An evaluation framework is in place to regularly review schemes, discuss impact and any potential changes to ensure flow across the system.

Winter Schemes 20/21

Theme	Winter Schemes
Integrated Hospital Discharge Support	• **Personal Assistants:** Recruit team of personal assistants to provide flexible support to pathway 1 discharges who need short term support services • **Homeless Officer**: Continue with funding for member of housing options team to be placed in hospital to support discharge • **Discharge System Co-ordinator**; As per national guidance appoint a 6 month temp System Co-ordinator to have oversight of multi-agency approach • **Social Work**; enhanced staff team & operating hours to support discharge pathways • **Support to Hospital wards** - Additional staff capacity for targeted hospital wards to support discharge-i.e. additional business support staff • **Short Term Care Package Support-** Recruit additional reablement staff to increase capacity for system in relation to community-based packages of care. • **Community beds-** Additional 45 community beds • **Equipment**- additional technology to support Telecare services and additional equipment for community bed services • **Additional staffing resources-** Additional community nursing & Independent Living Officers

Winter Schemes 20/21

Theme	Winter Schemes
Increased system resilience	• **Transport** -Additional 24/7 hospital discharge transport • **Primary Care-** Overspill urgent care overspill Clinic and General Practice Additional Capacity • **Primary care-** Additional Physio capacity • **Hospital staffing resource-** funding for additional front line clinical & nursing staff • **Voluntary Sector-** Schemes to support hospital discharge and support people in the community i.e. social isolation • **Ambulance service-** Schemes to reduce pressure on ambulance service and improve ambulance handovers-i.e. telecare first responder to falls, support to support patients to be managed in ED waiting room rather then waiting in an ambulance • **Community Pharmacy Scheme-** Increase utilisation of scheme whereby GPs practice refer to the pharmacist consultation service • **Mental Health services-** Support for students stopping over Xmas at University, discharge support, VCS social isolation , housing support

Surge Protocol and Processes

System partners recognise winter will be difficult, but by working together we will get through it focussing on safe, quality services.

Key system surge meetings and forums to monitor and progress winter planning and resilience:

- Daily Integrated Discharge Team (IDT) meetings to review discharge position.
- Weekly Out of Hospital Command and Control structure (senior leadership).
- C&C can be called as and when necessary and system surge protocol is in place seven days per week.
- System action plan.
- Support and recognition of all services and staff for their hard work and support to the people of Sunderland

System View/Central Info

All Together Better

Sunderland Out of Hospital Surge Highlight Report

Distribution List	Sunderland Out of Hospital Surge Group STSFT Silver Command Partner Chief Executives (Dave Chandler/Ken Bremner/Phillip Foster/Patrick Melia/Neil Obrien) ICS Assurance Forum (SBAR)		
Distribution frequency	Tuesdays and Thursdays		
Date of this Report	**16/11/2021**	**System OPEL Level of this Report**	**3**
		Surge Call Required via Protocol	**No**

Highlight Report by Exception

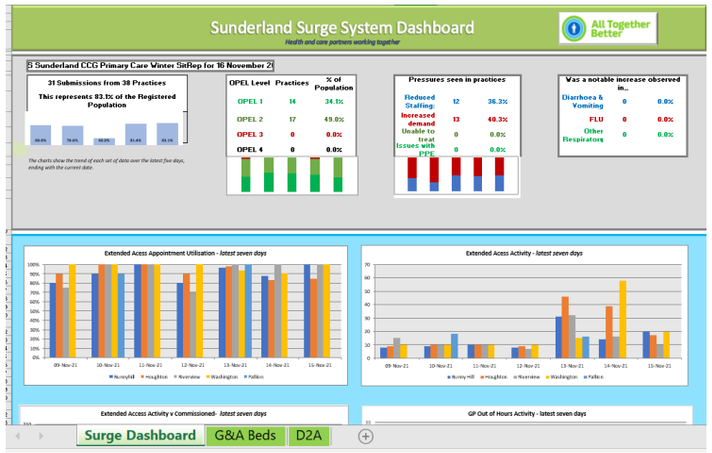
Narrative by exception for today only, weekly reporting will be via out of hospital surge and monthly reporting via LADB.

Note: Dashboard data is captured from the previous day **with the exception of primary care OPEL reporting and the Medically Optimised Patient List**. Operational teams have further detailed data for any further enquiries with information identified within the dashboard.

System Area of Flow	RAG
Front of House/Same Day Access Highlights **SRH A&E Type 1** – SRH A&E Type 1 – performance at **53.1%**, same time last week 68.1% **A&E Peads** – Performance at 73.2%, same time last week 89.3% **Primary care and SEAS** - 17 practices OPEL 2. No issues with EA reported this week, however some sessions were withdrawn at the weekend due to workforce issues. **Ambulance** - Handover delays 30-60 mins – 19, last week was 11. Handover delays over 60 mins – 2, Last week was 19 **Covid** -12 confirmed COVID-19 patients receiving oxygen at 8am. 4 inpatients diagnosed with Covid in the last 24 hours. HDU – currently 5 patients with COVID in ITU	

All Together Better

	Discharge 2 Assess and Community Highlights **Trust Bed Occupancy** - Total adult G&A % bed occupancy is currently at 90.54%% compared to 87.90% for the same day previous week. PAEDS GA beds at 76.79%, previous week was 87.90% **Community bed capacity** - capacity available with no further issues raised via IDT or D2A co-ordinator today. **Care packages** – Number of discharge packages needing to be picked up continues to slowly rise **Medically Optimised Patients with no right to reside –** *Total number of MO patients on the Sunderland site as follows: **P1 = 19** (9 planned discharges for today, 0 planned discharges for tomorrow (9 remaining patients declined an interim bed) **P2 = 5** (5 planned discharges for today, 0 tomorrow) **P3 = 21** (7 planned discharges for today, 3 planned for discharge tomorrow and 4 planned for discharge on 18.11.21) **P0** = Work ongoing to understand position *Work ongoing to validate all pathway data
Data Resource	Surge winter dashboard 202111
OOH Surge Action Plan	C&C SYSTEM ACTION PLAN 10TH
Report Authors	BI Representative: Craig Ellis ATB Surge Management Lead: Natalie McClary



Health and care partners working together.

All Together Better

Winter Communications

Health and care partners working together.

All Together Better

Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

SUNDERLAND 2021/22 BETTER CARE FUND SUBMISSION

Joint report of the Executive Director of Neighbourhoods and the Sunderland CCG Accountable Officer

1.0 Purpose of the Report

1.1 To approve the Sunderland Better Care Fund plan for 2021/22.

2.0 Background

2.1 Health and Wellbeing Boards (HWBs) are required nationally to submit annual Better Care Fund (BCF) plans. Due to the recent COVID-19 pandemic, BCF plans were not required in 2020/21, but local systems were required to agree the use of the mandatory funding streams locally and to pool these into a Section 75 agreement (S75).

2.2 Part way through 2021/22, the BCF Policy Framework was published and set out the requirement of the planning process for BCF plans in 2021/22 to be kept simple and focused on continuity this year. It set out the expectations that BCF plans would be required to be developed and submitted in November 2021, delivering the mandatory requirements set out in the Policy Framework.

2.3 The Policy Framework set out the ambition to build on progress during the COVID-19 pandemic, strengthen the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic. It also set out the requirement for local systems to provide ambitious and stretching trajectories for a number of key metrics.

2.4 BCF Plans are required to be submitted nationally on 16 November 2021 which is national deadline.

2.5 The local authority (LA) and CCG must agree a plan for their local authority area that includes agreement on use of the mandatory BCF funding streams. This plan must be signed off by the HWB.

2.6 It must be acknowledged that the 2021/22 BCF plan is required to be submitted for the full year 2021/22 in November 2021, some 8 months into the year. This requirement has been taken into account when developing the BCF plan for 2021/22.

2.7 Due to the challenging timescales around developing and submitting the Sunderland BCF plan, the initial plan was discussed with HWB Chair and CCG Accountable Officer. Within the submission reference was made to the

submission date being prior to the next formal meeting of the HWB. This was the case for a number of areas and acknowledged by NHSE. Following HWB ratification the plan will then be submitted through other local governance such as All Together Better (ATB) and the CCG Executive Committee and Governing Body.

3.0 2021/22 BCF Plan National Requirements

3.1 The BCF Policy Framework sets out the national conditions and metrics for 2021/22. These national conditions are:

1. A jointly agreed plan between health and social care commissioners, signed off by the HWB
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
3. Invest in NHS-commissioned out-of-hospital services
4. A plan for improving outcomes for people being discharged from hospital.

3.2 Locally, the minimum contributions to the BCF in 2021/22 are:

BCF Funding Contributions	2021/22
Minimum NHS (CCG) Contribution	£26,089,222
Improved Better Care Fund (iBCF)	£18,134,423
Disabled Facilities Grant (DFG)	£4,055,399
Total	**£48,279,044**

3.3 As with previous years, the actual contributions for the Sunderland BCF remain significantly higher and are outlined in section 4. The scope of the BCF remains aligned to the scope of ATB.

3.4 Systems are required to set expectations for improvements in a number of key metrics aligned to national policy direction. In 2021/22, the metrics are:

- Discharge indicator set focused on reducing long lengths of stay and discharges to a patients usual place of residence
- Avoidable admissions to hospital (ambulatory care sensitive conditions)
- Admissions to residential and care homes
- Effectiveness of reablement

3.5 The BCF plan includes a technical submission which sets out the financial income and expenditure of the BCF plan, aligned to the BCF contributions set out in section 4, a set of trajectories for the metrics and a narrative plan covering:

- Stakeholder involvement in developing the plan

- Priorities for 2021/22
- BCF plan implementation governance
- Our approach to integration and approach to supporting people to remain independent at home
- Supporting discharge
- Equality and health inequalities

3.6 A national deadline of 31st January 2022 has also been set for the agreement and sign off of local Section 75 agreements for 2021/22.

4.0 Sunderland BCF Plan Development

4.1 A BCF working group was established to coordinate and develop the Sunderland BCF plan for 2021/22. This also includes the development of the S75 agreement for 2021/22. The focus of the group was to ensure that the BCF plan was completed to national timescales, ensure engagement with key stakeholders including ATB and to begin to bring in the developments of place-based commissioning arrangements, including its priorities into the 2021/22 BCF plan, acknowledging that this and the S75 will need to develop further into 2022/23.

4.2 The ambition is to have a completed and signed S75 agreement in place for 2021/22 by 31 December 2021 with the inclusion of more detailed schedules for a number of key areas which includes the three priority areas of commissioning development between the LA and CCG. The BCF plan and S75 will signal an intent of developing our integrated commissioning arrangements and transformation plans over the coming 12 months, aligned to ATB operational plans.

4.3 As the BCF is aligned to the scope of ATB, it was key that ATB was engaged and a key stakeholder in development of the plan for 2021/22, including the development and setting of trajectories around avoidable emergency admissions and discharge. The Senior Responsible Officer (SRO) and Senior Responsible Clinician (SRC) of ATB programme 4 (P4) – Intermediate and Urgent Care alongside key transformational project leads were engaged in development of the plan. This is a key requirement set out in BCF planning guidance.

4.4 Due to the pressures in the system during 2021/22 and the requirement for local systems to ensure that discharge arrangements are secured for the long-term (as national funding will end in 2021/22), discharge is a key priority for ATB and our narrative sets out our plan for supporting discharge in Sunderland.

4.5 The narrative also describes our overall approach to integration now and as we move to new place-based commissioning arrangements in 2022/23, signalling our intent to implement the required governance arrangements to secure our future ways of working in Sunderland. Our approach to tackling

health inequalities is also detailed in the narrative, aligned to the objectives of ATB, the LA and our Healthy City Plan in Sunderland.

4.6 The financial components of the BCF are a key component of plan, ensuring delivery of the national requirements and minimum contributions. In Sunderland, we continue to exceed the minimum expectations set nationally with the scope aligned to the ATB scope of adult out of hospital NHS and social care budgets.

5.0 Sunderland BCF Plan 2021/22 Key Points

5.1 Sunderland continue to exceed the minimum contribution to the BCF with the following contributions:

BCF Funding Contributions	Minimum	Actual
Minimum NHS (CCG) Contribution	£26,089,222	£26,089,222
Improved Better Care Fund (iBCF)	£18,134,423	£18,134,423
Disabled Facilities Grant (DFG)	£4,055,399	£4,055,399
Additional LA Contribution		£67,209,027
Additional CCG Contribution		£130,147,216
Total	**£48,279,044**	**£245,635,287**

5.2 The financial components of the BCF have been agreed between the LA and CCG and signed off locally by the Chief Finance Officer (CFO) of the CCG.

5.3 All national conditions have been met and in some circumstances exceeded e.g. BCF funding contributions.

5.4 Due to the pressures building in the system linked to the COVID-19 pandemic, increased winter and surge pressures, 2021/22 continues to be an unprecedented year. At this time it is very difficult to understand the predicted impact of winter pressures on the system. The impact of this on our trajectories has been considered and the following submissions recommended:

Metric	Current Performance	Recommendation
Discharge – Reducing 14+ Day Length of Stays in Hospital	Levelled off after period of deterioration	Maintain current performance
Discharge – Reducing 14+ Day Length of Stays in Hospital	Levelled off after period of deterioration	Maintain current performance
Discharge to Normal Place of Residence	Deterioration in performance	Keep performance static
Avoidable Emergency Admissions	Deterioration in performance	Reduce the increasing trend (by 1%)
Residential Admissions	Deterioration in performance	Deliver Improvement
Reablement	Deterioration in performance	Deliver Improvement

5.5 The ambition to maintain current performance in relation to the discharge metrics is based on the increased level of acuity which is as a consequence of increased demand across the system. Patients often will need further community input from rehabilitation/short breaks/convalescence in community beds before returning to their usual place of residence. There is also a real risk that an increase in COVID over winter which is highly likely to require the need to discharge more patients to care homes and to designated settings before returning to their usual place of residence. The rationale from ATB is that if we maintain current performance, it would be an ambitious achievement during this highly pressured time.

5.6 The NHS EI regional team have reviewed the Sunderland BCF plan and they requested that we review our submissions against a number of the submitted trajectories. After reviewing the feedback and discussed with ATB, it was agreed that further adjustments would be made. The BCF plan was submitted again and has now been passed to the national NHS EI team.

5.7 The Sunderland BCF plan was signed off by the HWB Chair on 15th November 2021 and subsequently submitted to NHS EI on 16th November 2021

5.8 The BCF submissions are included in appendix one.

5.9 National moderation will take place throughout December'21 with approval letters expected 11/01/2021. During this time, formal queries may be raised by NHS EI about the plan which will require further clarification and potential resubmission. As the regional team have now accepted our revised trajectories, it is likely that no further queries will be raised.

6.0 Recommendation

6.1 The Health and Wellbeing Board is recommended to:

- Note the process followed in developing the 2021/22 BCF Plan and key points from the plan
- Approve the submissions included in appendix one
- Note the development of the 2021/22 Section 75 agreement which will be submitted to a future HWB for agreement.

Appendix

Sunderland Better Care Fund Narrative Template 2021/22

Health and Wellbeing Board(s)

Sunderland Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

The Better Care Fund in Sunderland is aligned to the scope of services in All Together Better (ATB), the alliance of commissioners and providers in Sunderland to deliver the most personalised, pro-active and joined up care possible. All providers of adult out of hospital care are a member of ATB and have signed up to a compact to work together for patients of Sunderland and in the best interests of the system. Partners include NHS trusts, social care providers, voluntary care providers, mental health providers and commissioners. All programmes with ATB have representation from all key partners who are involved in developing the plan which underpins the BCF.

The Operational Plan for ATB has been developed by ATB in conjunction with commissioners and providers and regular engagement into transformation/priorities is undertaken with all key stakeholders.

https://atbsunderland.org.uk/

ATB have an agreed communication and engagement strategy to ensure that all providers and stakeholders are engaged in the development of plans and involved in relevant transformation.

Executive Summary

Sunderland has a long history of integrating health and care services in the city through partnership working and co-production. The All Together Better collaborative has been in place since 2015 and, through the unified vision and combined efforts of both health and social care commissioners and providers, has had significant success in addressing the key challenges of promoting health and wellbeing, delivering better outcomes for patients/service users and promoting ease of access.

Locally and nationally the system is facing challenges around Covid recovery, sustainability and changing population needs.

Historically, care has been constrained by organisational and professional boundaries, resulting in reactive, fragmented and inefficient care. This often resulted in:

- People and families being moved around the system with multiple hand-offs between health and care professionals
- Different care teams assessing and diagnosing people reactively and separately, often asking the same questions and doing the same tests
- Information not always being shared or available across organisations and sectors
- Separate teams responding to people and families rather than offering proactive co-ordinated care
- Little emphasis on self-care with clear escalation routes
- Physical health needs often focussed on, with emotional needs being overlooked
- Failing to make best use of the people's own resources and resilience, or those of wider partners such as education and social networks.

To achieve our ambition for Sunderland we have developed a model of care for the local health and social care economy with six key priorities.

- **More effective prevention** – through enhancing community resources and resilience. Delivering proactive care is holistic and preventive, empowering people to play a central role in managing their own care, preventing onset or decline of care needs or conditions. Bringing health and care services together in one coordinated care response that is underpinned by prevention, self-care, early intervention, reablement and rehabilitation can avoid long term treatment and life-long service dependency.
- **Delivering integrated care more effectively** – enhanced Primary Care will be targeted towards people who have one or more long term health condition, and who depend on support, but who are not counted among the frailest in the city.
- **A locality-based, community-focused delivery model to reduce health inequalities** - All Together Better has demonstrated the importance of better co-ordination of care across teams and organisations. The multi-disciplinary approach adopted by our Community Integrated Teams (CITs) and the Recovery at Home Service, working closely with PCN's has enabled a marked shift away from reactive care to proactive care.
- **An approach to care that seeks to maintain stability and prevent escalation** to more acute levels of care with greater use of the third sector to promote this change.
- **Maintaining flow and capacity in urgent and emergency care** is vital to maintain stability within the system. Sunderland has made significant progress in developing a range of services to effectively manage pathways 0 – 3. Alongside this both acute and community health and social care staff have adapted ways of working to support the discharge to assess

model. Nevertheless, we still recognise that there is further work to do over the coming year.

- **A focus on staff well-being, recruitment and retention.** There are a number of workforce challenges in the system at the moment. Staff across the system have been tremendous in ensuring we navigated through each wave of the Covid pandemic. We recognise the impact this had upon staff and a number of well-being initiatives have been implemented. New and innovate approaches are being developed to address the recruitment challenges within adult social care and reposition the sector as somewhere that individuals can have a successful, flexible and rewarding career.

The above priorities build on those of the previous BCF with an added emphasis on embedding newly developed community services and putting in place permanent a more permanent operating model to meet the needs of the local population and ensure a smooth transition to the North-East and Cumbria ICS. To test out new approaches to provider and commissioner collaboration we have agreed to cope new approaches in three pilot areas.

- Mental health strategy integration
- Learning disabilities and autism
- Local GP Contracts

Governance

The scope of the Sunderland BCF is aligned to the scope of ATB in Sunderland with pooled funds aligned to the five programmes of ATB which are:

1 – General Practice

2 – Mental Health, Learning Disabilities and Autism

3 – Enhanced Primary and Community Care

4 – Intermediate and Urgent Care

5 – Integrated Health and Social Care

The ATB Executive Group is the pooled fund manager and is responsible for the overall integrated delivery, performance, outcomes and general oversight of adult out of hospital care. Consisting of both providers and commissioners, the executive group ensures that appropriate arrangements are in place to deliver its delegated functions effectively, efficiently and economically. It is a formally constituted group with the responsibility to:

* Lead the strategic development of the alliance

* Oversee the transformational programmes

* Ensure engagement and transparency in decision making at all times

The executive group has a terms of reference which sets out its roles and responsibilities to achieve its agreed vision and objectives of out of hospital services in Sunderland in line with an agreed scheme of delegation. The executive group meets monthly and is chaired by a GP with a Managing Director to oversee the day-to-day delivery of operational duties. The GP Chair is also a member of the HWBB. The executive group provides assurance on ATB's finance and governance systems, financial information and compliance with laws, guidance and regulations governing the NHS in so far they relate to ATB. It has an assurance and performance and outcomes framework in place to support this governance framework.

The overall responsibility for oversight of the operational and financial delivery associated with the BCF plan in Sunderland will be joint with the Council and CCG. Delivery of the BCF plan will be via the ATB executive committee which includes the BCF metrics which are aligned to ATB and included within the ATB performance and outcomes framework and transformational change programmes

Overall approach to integration

The BCF for 2021/22 continues to underpin our collaborative commissioning arrangements in Sunderland with the scope of the BCF aligned to the scope of All Together Better (ATB), all adult out of hospital care. The scope of ATB (and BCF) is organised into five key programmes and a city-wide Neighbourhood Group, focusing on developing a neighbourhood operating model.

The ATB Operating Plan for 2021/22 sets out the vision and priorities for 2021/22, aligned to the BCF. This was developed and agreed and includes priorities agreed prior to the pandemic and as a result of the pandemic e.g., discharge and crisis response and also takes into account delivery of the national planning expectations for H1 and H2 for 2021/22.

Operational%20Pla
n-3_landscape.pdf

Our approach to integrated commissioning is also developing as we transition to a new commissioning landscape from April'22. A Sunderland Integrated Care Executive has been established with Chief Executive representation from several key partners across the Sunderland system including Sunderland CCG, Sunderland City Council and NHS Provider Organisations. The Executive will lead and support the development to the transition to new place-based arrangements within Sunderland resulting from the establishment of the ICB from April'22.

In August'21, a Transition Steering Group (TSG) was formally established to put in place these arrangements as soon as possible with key workstreams in place to deliver Sunderland place-based partnership arrangements. This includes governance, finance, provider collaboration, commissioning development and business intelligence and leadership and people. Further opportunities have been identified to help improve health and care outcomes by working differently as a system (commissioners and providers). It is through working differently that we will learn and make recommendations for the future in relation to how we integrate commissioning and provision.

Three additional priorities have been agreed which are:

- Mental health strategy integration
- Learning disabilities and autism
- Local GP Contracts

As part of local and ICS assurance around delivery of national planning priorities, regular assurance is provided to the CCG and ICS around delivery at place and ICP level.

Supporting Discharge (national condition four)

ATB and SCC work alongside the Clinical Commissioning Group (CCG) to improve the level of integration between health and social care in the city with a particular focus on timely discharge from hospital to appropriate community settings. Over recent years this has afforded investment in reablement and recovery at home services, alongside other areas. Pressures in the hospital system and in particular the national Discharge to Assess mandate have resulted in significant numbers of additional people being discharged from hospital into 24 residential care or requiring significant support packages to remain in their own home post discharge.

In response several short-term support services and longer-term initiatives have been developed to meet the increased acuity of people being discharge from hospital. Examples include:

- Enhanced community therapy services to support people on a reablement pathways
- Newly created therapy team to support people in residential and nursing homes
- Increased use of personal assistants to support non-complex discharges
- Use of automated telephony post discharge for Pathway 0 patients and carers to identify and offer early interventions and proactive support post discharge where appropriate
- Use of automated telephony post reablement discharge as an early identification opportunity to intervene and offer individuals and carers proactive support
- Expanded role of VCS to support people in the community post discharge
- Significantly increased social work and nursing resource to enhance Integrated Discharge Team.
- Commissioned additional capacity in the market for bed based reablement for pathway 2 discharge
- Put in place a multi-agency Care Home Group to ensure the voice of the independent sector is heard and that providers feel better support and able to influence system decisions.
- Implemented a very senior decision making and oversight group to support rapid decision making in times of pressure and escalation. This is supported by the appointment of an independent System Co-ordinator post.
- Enhanced support for carer's who may be called upon to increase their level of support to their loved ones. This includes promoting the take up of carer assessments.
- Enhanced communication for Carers within the hospital discharge process

The additional funding available to support hospital has been invaluable to support the development of new services and expand traditional provision. Additional winter/surge funding has also been agreed across Sunderland as part of the winter plan, this includes additional support for discharge and flow through the system.

Additional winter funding has been allocated to the following schemes:

- Increased capacity and improved coordination for the Integrated Discharge Team
- Additional resources into the rapid response home support team
- Additional surge capacity for general practice
- Increased staffing and capacity into front and back of house within STSFT and the Urgent Treatment Centre
- Additional transport to aid timely discharge
- Additional palliative support to help timely discharge and prevent admissions.

The BCF through its programmes has been delivering focused projects linked to enhancing safe discharge pathways. This is being monitored through a local surge group and being operationally managed through the ATB. Further work is underway to understand the recurrent funding requirements for discharge pathways into 2022/23 and a programme of work is underway to confirm funding allocations from the CCG and LA into the pathway following the cessation of hospital discharge funding from the treasury on the 1st April 2022.

Physical health is not the only focus of our plans, we continue to utilise local and national funding to support patients who are discharged with mental health problems. ATB P2 is in the process of agreeing additional plans to utilise national funding to support mental health discharge and to support patients. This includes additional accommodation and support packs on discharge.

Disabled Facilities Grant (DFG) and wider services

In addition to a significant investment in traditional DFG's, Sunderland has a strong emphasis on the use of assistive technology in housing for citizens and staff and increasing the level of affordable homes in the city that meet the needs of vulnerable and at-risk groups. This includes more specialist accommodation, further Extra Care schemes and adapted bungalows. This is being co-ordinated through a dedicated team in the Local Authority and underpinned through a capital budget of £59m. The most recent development, Albert Place, provides a number of cat 3 bungalows to support individuals to live independently. Each bungalow is fitted with a range of smart technology and sensors that allow a blended approach to care.

Alongside Public Health, affordable warmth is a key priority for the city and a range of initiatives are in place to address this. Most recently the LA has been chosen as a Digital Catapult to test out approaches to using technology to tackle damp.

Sunderland has an ambition to be a truly smart city with no-one left behind. A recent partnership has been launched with BAI to ensure high speed connectivity is available to everyone and will facilitate the roll out of technology enabled care into people's own homes. A project is underway to look at a combined approach to telecare and planned underpinned by technology care to develop a more responsive approach to care in home settings and truly meeting the ambition of the right care, in the right place at the time the customer chooses.

Equality and health inequalities.

The BCF for 2021/22 remains aligned to the scope of All Together Better (ATB), all adult out of hospital care in Sunderland. Our collective focus remains on the people we serve, on doing the right thing, protecting the vulnerable and making sure patients have access to the right support and care when they need it. This has been further strengthened through the pandemic and recovery period and is testament to the way health and care partners across the city work together.

The pandemic has without doubt exposed health inequalities even further and we know that some parts of our communities have been negatively impacted more than others. Health inequalities are unfair and avoidable differences in health across the population and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and due to our age. These conditions influence our opportunities for good health, and how we think, feel and act. This shapes our mental health, physical health and wellbeing. Addressing health inequalities was already a priority for Sunderland, but the inequalities further exposed by COVID-19 now means we must work harder than ever to close the gaps that exist. We must make sure everyone has access to the same high-quality care.

In Sunderland we have a Healthy City Plan which underpins our approach to health inequalities and tackling the social determinants, 'the causes of causes' of poor health throughout the life course – starting well, living well, ageing well and addressing inequalities for key vulnerable populations.

https://www.sunderland.gov.uk/media/23331/Sunderland-Healthy-City-Plan-2020-2030/pdf/M0103076_HEALTHY_CITY_PLAN_2021.pdf?m=637584173389400000

In 2020/21, a number of recovery principles were agreed across Sunderland. A key principle was to ensure that any changes in service provision do not result in increased health inequalities. This has led to the development of a greater understanding and focus on population health and what it means to Sunderland. In 2021/22 we have further developed our approach to population health, segmenting our population for the key ATB outcomes, some of which are aligned to the BCF metrics for 2021/22. This includes analysis of all key outcomes (including the BCF metrics) locally by index of multiple deprivation to help address health inequalities and equality.

Sample reports that are developed by ATB on behalf of Sunderland which is segmented by PCN and also IMD, focusing attention on the need to understand and tackle health inequalities.


Outcomes%20narrative%20-June'21.doc


ATB%20System%20Outcomes%20June%


ATB%20Outcomes%20Deprivation%202(

Projects within the scope of ATB (BCF) are required to have a full project outline document to be signed off by the programme group (SRO and SRC) and ATB Executive (Including finance and contracting staff). These documents have screening tools embedded which also require sign off by leads. These include:

- Quality Impact Assessment
- Equality Impact Assessment
- Data Protection Impact Assessment
- Health Inequalities Heat Tool

POD%20Sign%20Off%20Process%20-%2

Screening tools are available to guide the project team to understand whether full impact assessments are required. Locally, a Joint Strategic Needs Assessment (JSNA) group has been established which includes the CCG, Council, Public Health, ATB and providers. This group is leading the identification and coordination of JSNAs across Sunderland which includes the approach identifying health inequalities.

The metrics developed in the Sunderland BCF plan have been supported using data through a health inequalities lens. This data will be used going forward to help shape the developments around discharge and avoidable emergency admissions. Using local data, historical actual levels for the avoidable admissions and discharge metrics have been analysed using deprivation decile to identify the impact of deprivation on patients. There is a difference in the proportion of patients discharged to their usual place of residents between the most deprived and least deprived communities, some months this is a difference of up to 6%. This will be a key part of the work going forward as we develop our integrated discharge arrangements. There is no material difference in long lengths of stay but this will be monitored closely as part of our approach to understanding the impact of health inequalities on our communities.

The BCF metrics will be monitored via established Performance and Outcomes reporting via ATB going forward and will be reported to ATB Executive Group and via ATB assurance to the CCG.

Better Care Fund Metrics

2021/22 remains a challenging year in the Sunderland system and this is replicated regionally and nationally. The urgent care system is particularly challenged and the requirement to manage both COVID and non-COVID flows, alongside a challenging elective care recovery programme provides additional complexity.

As a result of the challenges, surge arrangements have been put in place which includes senior level ATB surge arrangements. The ATB operational plan details a number of the transformational projects that have been agreed to deliver real change in the Sunderland system, some of which are already building on best practice such as crisis response.

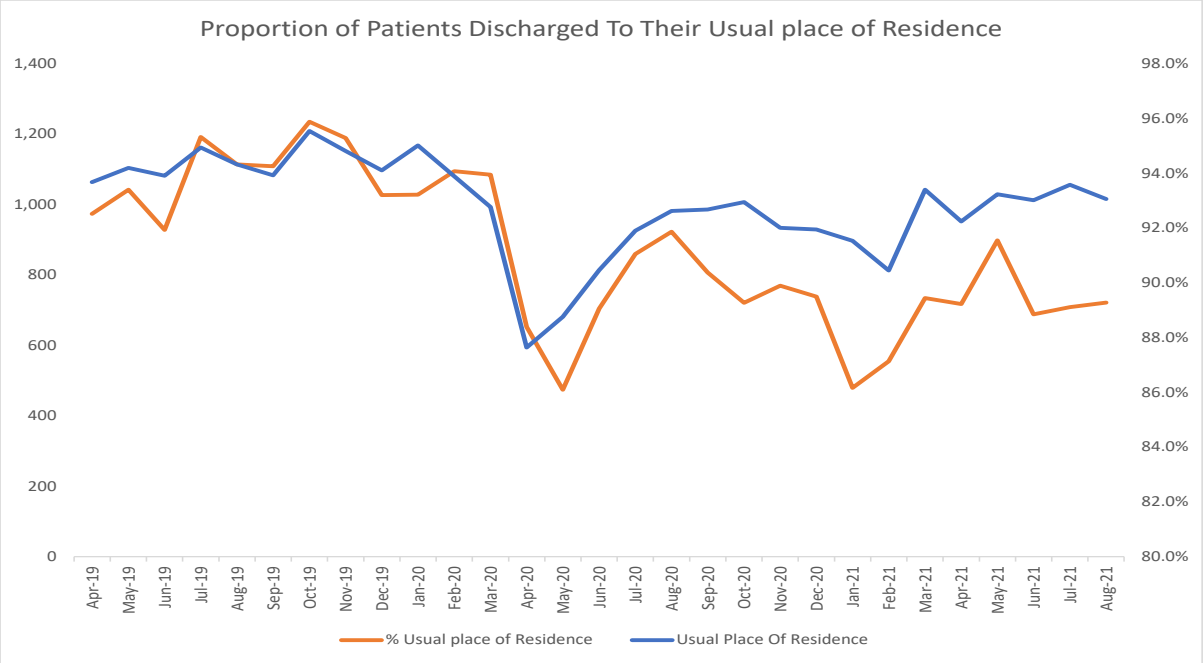
Development of the BCF trajectories has been built on the ATB approach which includes engagement with NHS Trusts, VCS and other stakeholders and where transformational projects are in place, metrics have been developed based on the plans already in place e.g., discharge.

Discharge Metrics

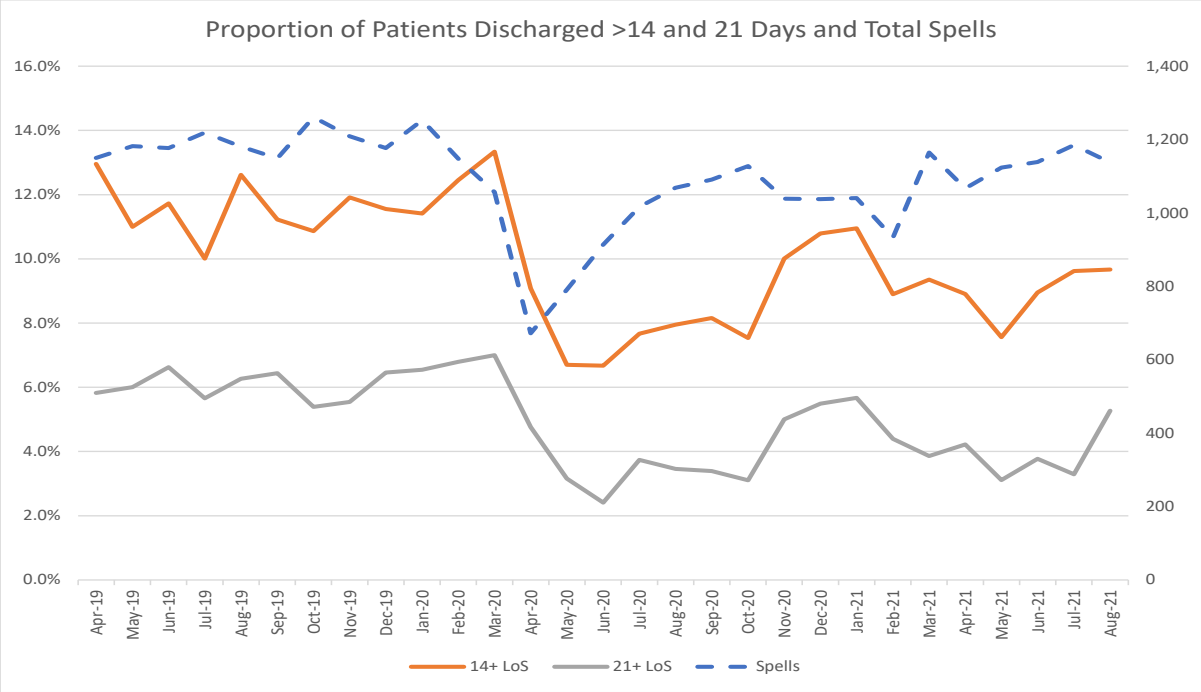
Sunderland has been a high performer in terms of discharge which included previous BCF metrics around delayed transfers of care.

Prior to the pandemic, performance against the discharge to usual place of residence metric was comparable to the England rate and in some instances higher. The impact of the pandemic clearly had an impact on the number of patients discharged to alternative destinations which was direct correlation to the national discharge policy. This is also a consequence of people coming out into the community that have higher levels of acuity which is often met with a bed-based solution in the community.

Due to the pressures we are encountering now and expected to increase over the winter period, the expectation is for the proportion of patients discharged to their usual place of residence to be maintained at current rates.



The same can be said of the number of long stay patients in hospital. Again, Sunderland historically has been a high performer and the impact of COVID had a positive impact on the number of patients in hospital >14 days, again in line with national policy direction. As the system recovers and pressures have built up, the number of patients waiting longer in hospital has increase but is not up to previous levels. Due to the significant work around discharge outlined earlier in the narrative and additional winter funding, the focus is to maintain current good performance for both 14+ and 21+ day LoS. This is based on seasonally adjusted forecasts when setting the trajectory.



Reablement

The actual for 20/21 was 61.4% and this was due to numbers of individuals dying passing away within 91 days and those being admitted to permanent care doubling in comparison to previous years. The plan for 21/22 will be to start to improve this figure to reflect a 5% increase as well as increase the actual numbers who receive reablement via the reinstatement of the recovery @ home service which has been used for short term service provision since COVID commenced to aid hospital discharge as outlined in the discharge narrative.

Residential admissions

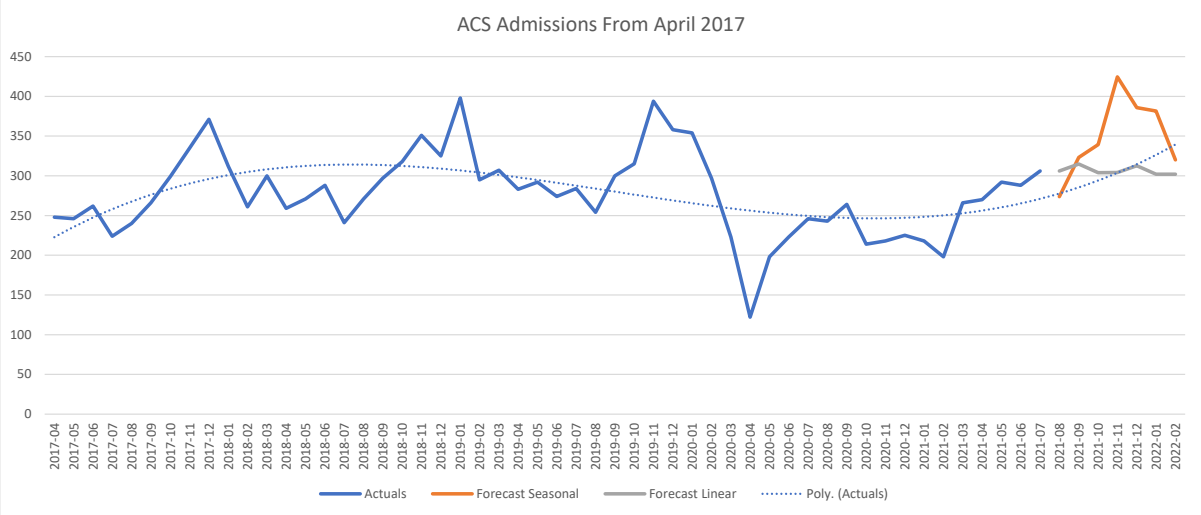
A direct impact of Covid and changes to national hospital discharge policy has seen more people discharged from hospital with much higher levels of need requiring 24-hour care. Work is ongoing via the ICP and ICS to enable greater integration of care with a focused approach around early intervention and prevention using data modelling techniques to identify individuals who present with factors that make them more vulnerable to frailty and ensuring they are engaged and supported at the earliest opportunity. The use of Per and DP are being considered and broadened to enable a more tailored and personalised approach for individuals where permanent care may previously have been considered as the only option building on successful frameworks.

Ambulatory Care Sensitive Conditions

The impact of COVID is evident on emergency admissions in Sunderland and nationally. The current trend is a concern due to the pressures across the system and we continue to work collaboratively to

manage the demands in the system. There was a significant decrease in ambulatory care sensitive conditions (and total emergency admissions) during the pandemic and there the current trend shows that the previous growing trend is continuing after the pandemic in 2021/22. Given the challenging winter thus far and the expected increase in demand in the urgent care system, it would be unrealistic to maintain current or historic levels or emergency admissions. Thus were are expecting an increase to above 2019/20 levels but to reduce the level of growth being seen.

ATB P4 priorities include national priorities around urgent and intermediate care which include the implementation of crisis services which Sunderland already has in place. Currently around 80% of contacts are seen within 2 hours but work is ongoing to implement this in line with national expectations in quarter four. This includes engagement with ED to help reduce admissions and engage with Community Integrated Teams for a proactive approach to managing care. Additional winter support and the colocation of the UTC in ED have been agreed to help manage some of the pressures in the urgent care system. Due to the increasing trend in emergency admissions both nationally and locally, the trajectory for the latter part of 2021/22 is to try and mitigate some of the growth.



Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.
The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:
- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Sunderland
Completed by:	Matt Thubron
E-mail:	Matt.Thubron@nhs.net
Contact number:	01915128488

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	David Chandler
Name:	Chief Officer and Chief Finance Officer

Has this plan been signed off by the HWB at the time of submission?	Delegated authority pending full HWB meeting
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Fri 10/12/2021

<< Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Kelly	Chequer	Cllr.Kelly.Chequer@sunderland.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	Neil	O'Brien	neilobrien@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		David	Chandler	david.chandler2@nhs.net
	Local Authority Chief Executive		Patrick	Melia	Patrick.Melia@sunderland.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Fiona	Brown	Fiona.Brown2@sunderland.gov.uk
	Better Care Fund Lead Official		Graham	King	graham.king@sunderland.gov.uk
	LA Section 151 Officer		Jon	Ritchie	jon.ritchie@sunderland.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Sunderland

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,055,399	£4,055,399	£0
Minimum CCG Contribution	£26,089,222	£26,089,222	£0
iBCF	£18,134,423	£18,134,423	£0
Additional LA Contribution	£67,209,027	£67,209,027	£0
Additional CCG Contribution	£130,147,216	£130,147,216	£0
Total	**£245,635,287**	**£245,635,287**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£7,413,817
Planned spend	£26,089,222

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£8,470,684
Planned spend	£10,285,259

Scheme Types

Assistive Technologies and Equipment	£1,809,687	(0.7%)	
Care Act Implementation Related Duties	£1,001,004	(0.4%)	
Carers Services	£92,000	(0.0%)	
Community Based Schemes	£133,117,717	(54.2%)	
DFG Related Schemes	£4,055,399	(1.7%)	
Enablers for Integration	£0	(0.0%)	
High Impact Change Model for Managing Transfer of	£276,956	(0.1%)	
Home Care or Domiciliary Care	£22,690,943	(9.2%)	
Housing Related Schemes	£0	(0.0%)	
Integrated Care Planning and Navigation	£0	(0.0%)	
Bed based intermediate Care Services	£3,891,963	(1.6%)	
Reablement in a persons own home	£6,360,301	(2.6%)	
Personalised Budgeting and Commissioning	£0	(0.0%)	
Personalised Care at Home	£0	(0.0%)	
Prevention / Early Intervention	£0	(0.0%)	
Residential Placements	£0	(0.0%)	
Other	£72,339,317	(29.4%)	!!! Please try to keep 'Other' t
Total	**£245,635,287**		

Metrics >>

Avoidable admissions

20-21 Actual	21-22 Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	851.2	1,190.0

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	LOS 14+	10.1%	10.7%
	LOS 21+	5.3%	5.8%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	0.0%	89.7%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1,148	1,068

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	70.4%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: Sunderland

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Sunderland	£4,055,399
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£4,055,399**

iBCF Contribution	Contribution
Sunderland	£18,134,423
Total iBCF Contribution	**£18,134,423**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Sunderland	£67,209,027	BCF Aligned
Total Additional Local Authority Contribution	**£67,209,027**	

CCG Minimum Contribution	Contribution
NHS Sunderland CCG	£26,089,222
Total Minimum CCG Contribution	**£26,089,222**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	Yes

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Sunderland CCG	£130,147,216	Additional contribution to the BCF to bring all adult
Total Additional CCG Contribution	**£130,147,216**	
Total CCG Contribution	**£156,236,438**	

	2021-22
Total BCF Pooled Budget	**£245,635,287**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: Sunderland

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,055,399	£4,055,399	£0
Minimum CCG Contribution	£26,089,222	£26,089,222	£0
iBCF	£18,134,423	£18,134,423	£0
Additional LA Contribution	£67,209,027	£67,209,027	£0
Additional CCG Contribution	£130,147,216	£130,147,216	£0
Total	**£245,635,287**	**£245,635,287**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,413,817	£26,089,222	£0
Adult Social Care services spend from the minimum CCG allocations	£8,470,684	£10,285,259	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
2	Mental Health, Learning Disabilities and Autism	Community Mental Health Services	Other		IAPT and Counselling	Mental Health		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£1,924,680	Existing
2	Mental Health, Learning Disabilities and	Mental Health and LD Packages	Other		Mental Health and LD Packages	Mental Health		CCG			Local Authority	Additional CCG Contribution	£12,332,548	Existing
2	Mental Health, Learning Disabilities and	Community and Acute MH Provision	Other		MH beds, IAPT, crisis and dementia	Mental Health		CCG			NHS Mental Health Provider	Additional CCG Contribution	£52,968,094	Existing
2	Mental Health, Learning Disabilities and	MH Developments	Other		LEDER	Mental Health		CCG			Private Sector	Additional CCG Contribution	£14,000	Existing
3	Enhanced Primary and Community Care	Stroke and brain Injury Rehab	Community Based Schemes	Other	Stroke and brain Injury Rehab	Community Health		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£275,289	Existing
3	Enhanced Primary and Community Care	High Intensity Users	Community Based Schemes	Other	High Intensity Users	Community Health		CCG			Local Authority	Additional CCG Contribution	£90,776	Existing
3	Enhanced Primary and Community Care	Community Therapy Provision and Long Term Conditions Rehabilitation	Community Based Schemes	Other	Community Therapy Provision and	Community Health		CCG			NHS Acute Provider	Additional CCG Contribution	£19,503,505	Existing

3	Enhanced Primary and Community Care	Community Acquired Brain Injury Service	Community Based Schemes	Other	Community Acqui	Community Health		CCG			NHS Mental Health Provider	Additional CCG Contribution	£596,113	Existing
3	Enhanced Primary and Community Care	Acute and Community Therapies	Community Based Schemes	Other	Audiology, anticoa	Community Health		CCG			Private Sector	Additional CCG Contribution	£3,064,488	Existing
3	Enhanced Primary and Community Care	Stroke Support	Community Based Schemes	Other	Stroke Support in the Community	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£43,378	Existing
3	Enhanced Primary and Community Care	Community Integrated Teams	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£1,210,569	Existing
3	Enhanced Primary and Community Care	Community Integrated Teams	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Acute Provider	Additional CCG Contribution	£3,804,419	Existing
3	Enhanced Primary and Community Care	Community Integrated Teams	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£5,458,102	Existing
3	Enhanced Primary and Community Care	Community Integrated Teams	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,192,316	Existing
4	Intermediate and Urgent care	GP Led Urgent Treatment Centre	Other		GP Led Urgent Treatment Centre	Community Health		CCG			NHS Acute Provider	Additional CCG Contribution	£1,555,707	Existing
4	Intermediate and Urgent care	Recovery at Home and GP Extended Access	Other		Recovery at Home and GP Extended Access	Community Health		CCG			Private Sector	Additional CCG Contribution	£3,508,844	Existing
4	Intermediate and Urgent care	Pharmacy Support Out of Hours	Other		Pharmacy Support Out of Hours	Community Health		CCG			Private Sector	Minimum CCG Contribution	£35,444	Existing
4	Intermediate and Urgent care	Therapies Interface	High Impact Change Model for Managing Transfer	Trusted Assessment		Community Health		CCG			NHS Acute Provider	Additional CCG Contribution	£276,956	Existing
4	Intermediate and Urgent care	GP In Hours Support to Recovery at Home	Reablement in a persons own home	Other	GP In Hours Support	Community Health		CCG			Private Sector	Additional CCG Contribution	£176,684	Existing
4	Intermediate and Urgent care	Recovery at Home	Reablement in a persons own home	Other	Recovery at Home Rapid Response and	Community Health		CCG			Local Authority	Minimum CCG Contribution	£1,099,648	Existing
4	Intermediate and Urgent care	Recovery at Home	Reablement in a persons own home	Other	Recovery at Home Rapid Response and	Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£1,463,104	Existing
4	Intermediate and Urgent care	GP In Hours Support to Recovery at Home	Reablement in a persons own home	Other	GP In Hours Support	Community Health		CCG			Private Sector	Minimum CCG Contribution	£45,000	Existing
4	Intermediate and Urgent care	Urgent Crisis Response	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			NHS Acute Provider	Additional CCG Contribution	£1,555,771	Existing
4	Intermediate and Urgent care	Urgent Crisis Response	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£2,020,094	Existing
4	Intermediate and Urgent care	Step Down Beds - ICAR Unit	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			NHS Acute Provider	Additional CCG Contribution	£2,024,093	Existing

4	Intermediate and Urgent care	Step Down Beds - Farmbrough Courth	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Local Authority	Minimum CCG Contribution	£1,867,870	Existing
5	Integrated health and Social Care	Social Focus	Community Based Schemes	Other	Age UK Social Focus	Community Health		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£46,124	Existing
5	Integrated health and Social Care	NHS Funded Nursing Care	Community Based Schemes	Other	NHS Funded Nursing Care	Continuing Care		CCG			Local Authority	Additional CCG Contribution	£3,638,178	Existing
5	Integrated health and Social Care	Community Therapies	Community Based Schemes	Other	Community Therapies	Community Health		CCG			Local Authority	Minimum CCG Contribution	£172,754	Existing
5	Integrated health and Social Care	NHS Funding for Social Care (BCF) - Mental Health	Community Based Schemes	Other	NHS Funding for Social Care (BCF)	Mental Health		CCG			Local Authority	Minimum CCG Contribution	£896,112	Existing
5	Integrated health and Social Care	NHS Funding for Social Care (BCF) - Social Care	Community Based Schemes	Other	NHS Funding for Social Care (BCF)	Social Care		CCG			Local Authority	Minimum CCG Contribution	£7,574,572	Existing
5	Integrated health and Social Care	CIT Living Well Link Workers	Community Based Schemes	Multidisciplinary teams that are supporting	Community Integrated Teams	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£165,286	Existing
5	Integrated health and Social Care	Hospital Discharge Support for Older People	Community Based Schemes	Low level support for simple hospital discharges	Hospital Discharge Support for Older	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£42,286	Existing
5	Integrated health and Social Care	Continuing Healthcare Provision	Home Care or Domiciliary Care	Other	Continuing Healthcare Provision	Continuing Care		CCG			Local Authority	Additional CCG Contribution	£22,690,943	Existing
5	Integrated health and Social Care	Care Act Funding	Care Act Implementation Related Duties	Other	Care Act Funding	Social Care		CCG			Local Authority	Additional CCG Contribution	£100,004	Existing
5	Integrated health and Social Care	Care Act Funding	Care Act Implementation Related Duties	Other	Care Act Funding	Social Care		CCG			Local Authority	Minimum CCG Contribution	£901,000	Existing
5	Integrated health and Social Care	Carers Service Support and Provision	Carers Services	Respite services	Carers Service Support and Provision	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£92,000	Existing
5	Integrated health and Social Care	Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Community Equipment Service	Social Care		CCG			Local Authority	Minimum CCG Contribution	£1,809,687	Existing
1	Disable Facilities Grant	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG Related Schemes	Social Care		LA			Local Authority	DFG	£4,055,399	Existing
2	Mental Health, Learning Disabilities and	Mental Health, Learning Disabilities and Autism	Community Based Schemes	Other	Mental Health, learning Disabilities and	Social Care		LA			Local Authority	iBCF	£147,526	Existing
2	Mental Health, Learning Disabilities and	Mental Health, Learning Disabilities and Autism	Community Based Schemes	Other	Mental Health, learning Disabilities and	Social Care		LA			Private Sector	iBCF	£2,995,974	Existing
2	Mental Health, Learning Disabilities and	Mental Health, Learning Disabilities and Autism	Community Based Schemes	Other	Mental Health, learning Disabilities and	Social Care		LA			Charity / Voluntary Sector	iBCF	£150,000	Existing
5	Integrated health and Social Care	Health and Social Care	Community Based Schemes	Other	Health and Social care	Social Care		LA			Local Authority	iBCF	£1,299,601	Existing

5	Integrated health and Social Care	Health and Social Care	Community Based Schemes	Other	Health and Social care	Social Care		LA			Private Sector	iBCF	£11,582,450	Existing
5	Integrated health and Social Care	Health and Social Care	Community Based Schemes	Other	Health and Social care	Social Care		LA			Charity / Voluntary Sector	iBCF	£150,000	Existing
4	Intermediate and Urgent Care	Intermediate and Urgent Care	Community Based Schemes	Other	Intermediate and Urgent care	Social Care		LA			Local Authority	iBCF	£1,808,872	Existing
2	Mental Health, Learning Disabilities and	Mental Health, Learning Disabilities and Autism	Community Based Schemes	Other	Mental Health, learning Disabilities and	Social Care		LA			Local Authority	Additional LA Contribution	£4,273,917	Existing
2	Mental Health, Learning Disabilities and	Mental Health, Learning Disabilities and Autism	Community Based Schemes	Other	Mental Health, learning Disabilities and	Social Care		LA			Private Sector	Additional LA Contribution	£36,142,164	Existing
2	Mental Health, Learning Disabilities and	Mental Health, Learning Disabilities and Autism	Community Based Schemes	Other	Mental Health, learning Disabilities and	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£432,875	Existing
5	Integrated health and Social Care	Health and Social Care	Community Based Schemes	Other	Health and Social care	Social Care		LA			Local Authority	Additional LA Contribution	£4,921,410	Existing
5	Integrated health and Social Care	Health and Social Care	Community Based Schemes	Other	Health and Social care	Social Care		LA			Private Sector	Additional LA Contribution	£21,345,606	Existing
5	Integrated health and Social Care	Health and Social Care	Community Based Schemes	Other	Health and Social care	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£93,055	Existing

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: Sunderland

8.1 Avoidable admissions

		19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)		Available from NHS Digital (link below) at local authority level. Please use as guideline only	851.2	1,190.0	After a period of reduction in unplanned hospital admissions during COVID, admissions have been increasing due to increased volume of patients and complexity. Same Day Emergency Care pathways are in place and are in the process of being improved which includes referrals from 111. ATB are leading this

>> link to NHS Digital webpage

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.10%	10.70%	See BCF Narrative Plan document which sets out our approach to discharge. Integrated Discharge arrangements part of the ATB Operation Plan and work has commenced to develop a new community bed model in Sunderland. During winter, this is supported by additional community beds as part of the winter plan.
	Proportion of inpatients resident for 21 days or more	5.30%	5.80%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	89.70%	See BCF Narrative Plan document which sets out our approach to discharge. Integrated Discharge arrangements part of the ATB Operation Plan and work has commenced to develop a new community bed model in Sunderland. During winter, this is supported by additional community beds as part of the winter plan.

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	1,090	1,047	1,148	1,068	A direct impact of Covid and changes to national hospital discharge policy has seen more people discharged from hospital with much higher levels of need requiring 24 hour care. Work is ongoing via the ICP and ICS to enable greater integration of care with a focused approach around earlu
	Numerator	595	574	634	600	
	Denominator	54,590	54,843	55,209	56,205	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.4%	75.0%	70.4%	Actual for 20/21 was 61.4% this was due to numbers of individuals dying passing away within 91 days and those being admitted to permanent care doubling in comparison to previous years. The plan for 21/22 will be to start to improve this figure to reflect a 5% increase as well as increase the actual numbers who receive
	Numerator	340	312	190	
	Denominator	445	416	270	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Sunderland

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Narrative pages 1 -2 and submission template.		
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes	Narrative pages 4, 5 and 6. Health inequalities and equality - pages 8 and 9		
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Narrative page 7		
NC2: Social Care Maintenance	PR4	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Income and Expenditure tabs		
NC3: NHS commissioned Out of Hospital Services	PR5	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Income and Expenditure tabs		
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes	Discharge metrics and narrative page 6		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	Income and Expenditure tabs		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes	Metrics tab and BCF narrative plan - discharge arrangements		

Item No. 11

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

Report of the Chief Executive of Together for Children, Executive Director of Public Health and Integrated Commissioning and Executive Director of Neighbourhood Services.

1.0 Purpose of the Report

1.1 The purpose of the report is to:

i. provide the Health and Wellbeing Board with assurance that the work of the Delivery Boards is progressing in line with their agreed terms of reference; and
ii. provide a summary of key points discussed at their recent meetings.

2.0 Background

2.1 The Health and Wellbeing Board has three delivery boards to provide strategic oversight of the six Marmot objectives and the nine Healthy City Plan workstreams.

2.2 The delivery boards provide challenge and support across partnership activity in order to reduce health inequalities and address the social determinants of health. To enable the Health and Wellbeing Board to fulfil its role as system leader for health and wellbeing, the delivery boards will need to be assured that activity being delivered across the three themes of the City Plan (Healthy, Vibrant and Dynamic Smart City) are maximising opportunities to reduce health inequalities and address the social determinants of health.

2.3 The third meeting of all three delivery boards took place in November 2021, having formed their membership and met for the first time in June 2021 and again in September 2021. The delivery boards are scheduled to meet on a quarterly basis and will hold additional workshops and development sessions subject to their business needs.

3.0 Update from the Starting Well Delivery Board – met 17 November 2021

3.1 David Chandler agreed as Vice Chair of the Board.

3.2 The Starting Well Delivery Board held discussions on the following items:

i. Health Related Behaviour Survey – a presentation was provided (see separate agenda item)

ii. Starting Well Performance Dashboard (see separate agenda item on Healthy City Plan Performance Overview)

iii. An update was provided on the developments and thinking around family hubs. An expression of interest will be submitted to the Department for Education for 'Family Hubs – Growing up Well: Local Area Partner (Round two)'. Capital money is available along with revenue funding for a two-year period. If the bid was successful, the hub would be set up by 2023 but there is a lot of national competition for the funding. Family hubs are now a standing agenda item on the Board's forward plan of meetings. The intention is to hold a workshop to scope out a Sunderland model for family hubs.

iv. An update was provided on the CCG funded Prevention Programme, of which there are ten partnership projects with the majority due to finish in 2023. The projects are:

1 Platform to house health related information
2 Support the establishment of the Mental Health Charter Mark
3 Increasing activity in primary school children
4 Health led secondary school assemblies
5 Reducing alcohol and substance misuse
6 Health and happiness project
7 Obesity support pathways
8 Communicating improvements in food science
9 OMEGA (Olfactory, Mindful Eating and Gardening Activities) project and access to healthy foods
10 Mindfulness

An annual update will be provided to the CCG / future governance arrangements.

v. A scoping paper on food poverty was shared with the delivery board for information only; a more detailed discussion will be held at the next meeting. The scoping report looks at how to mitigate the impact of food poverty, tackle food insecurity for Sunderland residents and improve access to nutritional and healthy food. The scoping report includes a recommendation to recruit a food coordinator post whose role will be to take forward the recommendations. Food poverty is a priority within the Healthy Weight Alliance.

vi. The delivery board has a comprehensive forward plan. Proposed agenda items for the next meeting are: food poverty; deep dive into the healthy weight workstream of the Healthy City Plan and the National Child Measurement Programme; and a maintaining a healthy weight and reducing health inequalities call for projects. The Delivery Board would like to consider fuel poverty at a future meeting.

3.3 Key issues:

The Delivery Board remain focused on Covid recovery issues, as well as the cross-cutting issues of alcohol and substance misuse harm that affect considerable numbers of children and young people.

4.0 Update from the Living Well Delivery Board – met 23 November 2021

4.1 The Living Well Delivery Board held discussions on the following items:

i. Development of the Mental Health Strategy outcomes dashboard. Delivery board members commented on the emerging dashboard. Key discussion points included sense checking the dashboard with the Healthy City Plan; and considering how the outcomes reflect children's transitions and the progress to a more preventative and equitable approach. The intention is to have a functioning dashboard in January.

ii. Deep dive workstream update: Smoke-free Sunderland

A detailed presentation was received on this Healthy City Plan workstream priority. Smoking remains the largest modifiable health behaviour contributing to early death and the largest contributor to health inequalities in the UK today. The priorities for smoke-free cut across a number of workstreams given the focus on pregnant smokers, children and young people, adults in routine and manual occupations, adults with a common mental disorder, those who live in rented accommodation, and geographical inequity and vulnerable communities. The presentation covered:

- The national and regional picture, including the work of FRESH, the regional tobacco control programme funded by the North East LA7.
- Tobacco control priorities and local partnership working, including the well-established Sunderland Smoke Free Partnership
- The Specialist Stop Smoking Service, which has had a service review undertaken and its contract extended until April 2023. The service now delivers all Very Brief Advice training and Smoking Cessation Advisor initial and refresher training to all universal providers.
- The Smoke Free action plan – achievements, areas of ongoing work and opportunities.

Specific achievements to note:

- Smoking prevalence has reduced to 16% in 2019 from 20.2% in 2018. Routine and manual smoking prevalence has shown a declining trend since 2011, reducing from 31.4% in 2011 to 25.7% in 2019.
- There is improved access to prescribed treatment through improved pharmacy contracts.
- A Responsible Retailers scheme is being delivered, including the use of tobacco enforcement dogs and support to Fresh's Keep it Out illicit tobacco campaign.
- Pathways to support quitting outlined within the NHS Long Term Plan and treating tobacco dependency pathways have begun development.

- A 3-year project with Gentoo is about to commence and will see up to 4,000 Gentoo residents being given the opportunity to access support with smoking behaviour and an E-cigarette harm reduction programme.
- Very Brief Advice has been implemented and this includes an immediate referral to the Stop Smoking Service.
- Publicity campaigns have included Stoptober, smoke-free parks, Fresh's Keep it out and highlighting the Councils endorsement of the All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021.

Future and ongoing work:

- Enhanced partnership work with Maternity Services and community groups to increase quit attempts and reduce smoking at the time of delivery.
- The Stop Smoking Service will provide smoking cessation adviser training to Children's Centre Staff to reinforce the smoke-free families and smoke-free homes messages.
- The nurses at the Nightingale Hospital are providing intervention (including referrals) to people who are receiving the Covid-19 vaccine.
- Links will be made with the Sunderland Workplace Health Alliance to discuss smoking cessation in workplaces.
- Explore approaches to smoke free school gates and how this may be incorporated into the Healthy School Charter Mark.
- The University of Sunderland will be incorporating Healthy City Plan messages into the curriculum for future health professional training.
- Further work to support the University to become smoke-free.
- A primary care network forum will be established to ensure shared learning from practitioners who provide smoking advice and support within the city.

The Delivery Board agreed that a review of the action plan for the Sunderland Smoke-free Partnership is undertaken. This will take into account any changes to the evidence base, new data being released as well as addressing priority areas in line with the priorities of the Healthy City Plan; the Smoke-free Partnership will continue to progress work in relation to the key opportunities for improvement and ongoing work outlined above; and, a Heath Equity Audit will be conducted which will help to inform future action for the Smoke-free Partnership in relation to reducing health inequity across the city.

iii. Living Well Performance Dashboard (see separate agenda item on Healthy City Plan Performance Overview). Discussion included how we compare with our statistical and geographical neighbours and whether this could be explored. Measures on the employment gap for particular groups is in the framework as a reminder that we should be seeking to reduce health inequalities.

iv. Forward Plan – the Delivery Board has a comprehensive forward plan. Proposed agenda items for the next meeting are social prescribing; an update on developing our approach to improving health and reducing health inequalities; and a deep dive discussion the healthy economy workstream priority.

4.2 Key issues:

The issues of improving health and reducing health inequalities require a partnership approach as demonstrated in the delivery board discussions on smoke free.

Continuing to learn from others including statistical and geographical neighbours.

5.0 Update from the Ageing Well Delivery Board – met 22 November 2021

5.1 The Ageing Well Delivery Board received a number of updates on its key priorities. This included:

i. Ageing Well Performance Dashboard (see separate agenda item on Healthy City Plan Performance Overview).

ii. Falls prevention – The delivery board has key indicators around hip fractures and hospital admissions following falls in its performance dashboard. Work has been progressing at a partnership level to understand the current service offer to support falls prevention. There was recognition that service users prefer the service as local as possible. The Delivery Board was supportive of a proposal to appoint a falls coordinator to provide a leadership role and oversee a city-wide strategy.

iii. Local Intelligence on potential frailty factors – since the last update further work has been done to identify people who have potential frailty factors (and are not accessing adult social care) who may be at risk and may need supporting. A range of social frailty indicators have been applied including residents: living alone over 65, in receipt of Council Tax Support, living in private rented accommodation, using equipment and/or telecare, receiving assisted bin or medical waste collections, who are carers over 65, have visual/hearing impairment and those who were advised to shield during Covid. This work will help to inform a targeted preventative approach for those over 65 years. The approach has the potential to consider frailty factors for those under 65 years of age in the longer-term given poor healthy life expectancy in the city. Work is taking place at an ICP level to take a targeted approach to make residents aware of the support framework available.

iv. There will be a national research programme evaluating Models of Support for Moderate needs in Older People (MSMOP) to understand how best to support older people with moderate social care needs and their Carers. Involvement in the research will help us ensure we have the best possible services with the available resources. It will allow identification of prevention and early intervention opportunities to enable resources to be targeted more effectively and ensure support is provided at the earliest opportunity.

v. The delivery board was supportive of a winter support funding proposal to enable delivery of community support activities and interventions. This will be

aimed at individuals identified as potentially vulnerable and at risk due to factors that indicate frailty.

vi. Ageing Well Sunderland – Communications Campaign. A film was shared involving key messages by some of our Ageing Well Ambassadors: www.sunderland.gov.uk/ageingwell. Next steps include establishing a communications partner working group and agreeing a communications delivery plan for all City partners.

vii. An all partner workshop was held on 4th November focussing on ageing well using technology to support people to live healthy longer lives. There was recognition at the workshop that 'not one size fits all' and the advice and support people receive is very personalised and person-centred. We must share the technology offers available with as many residents as possible. A key next step is to arrange area events in the New Year to promote technology to residents.

viii. Area events for Christmas - working with Everyone Active a programme of events is planned for December focusing on the Five Ways to Wellbeing. The five events (one for each areas of the city) will be hosted by Ageing Well Ambassadors and supported by the Council's Community Resilience service.

ix. The Centre for Ageing Better "Good Homes for all" report published in September 2021 by the Good Home Inquiry was shared. It warns that it's a 'now or never' moment for transforming the state of the nation's housing and is calling for a cross-government housing strategy with a ministerial champion. The report makes a number of recommendations Homes that kill: 2 million homes in England pose a serious threat to health or safety | Centre for Ageing Better (ageing-better.org.uk) There was acknowledgement from the delivery board that social tenants benefit from replacement boilers and windows so that homes are warm and safe.

x. An update on the Homes for Healthy Ageing programme was provided. The programme aims to support residents to live healthier in their own homes for 5+ years longer. The Digital Catapult launched a programme to test bed opportunities around challenges such as damp, cold and fuel poverty. Slides were shared outlining the projects that have been shortlisted for testing.

xi. Forward Plan – the Delivery Board has a detailed partnership workplan.

5.2 It is clear from the Board update that the action currently underway supports key actions required to address the Ageing Well Key issues in Sunderland:

How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, addressing digital exclusion and raising awareness of the early intervention and prevention opportunities across the city that support ageing well.

Ensuring falls prevention strategic approach has an agreed lead organisation to ensure delivery of the Falls Prevention Action Plan.

6.0 Recommendations

6.1 The Health and Wellbeing Board is recommended to:

- note the summaries from the recent meetings of the delivery boards;
- be assured that the work of the Delivery Boards is progressing in line with their agreed terms of reference;
- receive specific agenda items from the Delivery Boards for discussion; and
- receive quarterly assurance updates from the Delivery Boards on an ongoing basis.

Item No. 12

HEALTH AND WELLBEING BOARD **10 DECEMBER 2021**

SUNDERLAND SAFEGUARDING CHILDREN PARTNERSHIP (SSCP) ANNUAL REPORT 2020/21

Report of the Sunderland Safeguarding Children Partnership Statutory Partners

1. Purpose of the Report

1.1 To present the Sunderland Safeguarding Children Partnership (SSCP) Annual Report 2020-21 for information.

2. Background

2.1 This Annual Report covers a period of time when the SSCP has experienced considerable change including:

- Implementation of Multi-Agency Safeguarding Arrangements which were agreed in January 2020
- Introduction of the Independent Scrutineer
- Developing new ways of working with children and young people as a response to the Covid-19 pandemic.

2.2 The report is different to previous annual reports. It acknowledges the new partnership arrangements are still being embedded and that we are laying the foundations for stronger partnership working going forward.

2.3 The improvements the partnership has overseen are set out, and there is also a recognition of the limitations Covid has had on this.

3. Recommendation

3.1 The Health and Wellbeing Board is recommended to:

- note the content of the report and accept it as assurance of the current effectiveness of the local safeguarding children arrangements; and
- direct any queries in relation to the SSCP Annual Report to the SSCP Business Manager.

A YEAR OF CHANGE

Partners' Foreword

The last year has been one like no other for the Sunderland Safeguarding Children Partnership (SSCP), with three major areas of change.

Covid-19

The first and most obvious area is the Covid-19 pandemic. With the country in lockdown it was essential to up our game to protect our most vulnerable children, young people and families and we are proud to say that all safeguarding services did just that.

At the start of lockdown in March 2020, partners across the SSCP came together weekly, working closely to assess risk and identify those children, young people and families who were of greatest concern to ensure robust safety planning was in place for them. Together for Children operated a business as usual model throughout the pandemic, though where possible conducting socially-distanced door-step visits where this did not impact on the service to the child and family. Children's homes continued to provide face to face care throughout, even when children were Covid positive; many staff spent several weeks at a time in children's homes, providing care to our most vulnerable children during the most difficult time of the Covid lockdown, often at the expense of seeing their own children and families.

Other frontline services, including police and health services which were dominated by Covid, have all ensured that capacity in their safeguarding children teams has been protected. Many of these services have adapted their delivery models, providing telephone or video conferencing services to maintain contact. These changes were welcomed by many children, young people and families at a time when they felt particularly vulnerable and it did allow some services to see young people more quickly or more frequently than in normal times.

Sincere thanks must be conveyed to all staff across the safeguarding children workforce, who have worked tirelessly throughout the whole period with unwavering commitment and compassion to serve our community, and without whom our children would not be safeguarded as well as they have been.

For professionals, video conferencing has been invaluable and has allowed them to continue to meet and share information in order to safeguard children. Multi-agency meetings, such as strategy meetings, core groups and child protection conferences have been better attended because of the flexibilities afforded through video meetings and the removal of travel time. It is likely that this way of working will continue for many professionals and so a hybrid model where a mix of physical and remote attendance at meetings will be established.

It is essential that we harness all of these benefits going forward and ensure we are more flexible in our approach to offering services to our families.

Multi-Agency Safeguarding Arrangements

At the same time as dealing with the impacts of a global pandemic, the SSCP itself has undergone considerable change.

In September 2019 the Sunderland Safeguarding Children Board made the transition to the Sunderland Safeguarding Children Partnership and began to implement its transition plan. Between October 2020-March 2021:

- the independent chair stepped down, handing full decision making responsibilities to the three statutory safeguarding partners
- a full new business support team came in to post and is supporting partners to develop a long term strategic plan
- the new multi-agency safeguarding arrangements were implemented, with a rationalised structure and a new focus on learning
- an Independent Scrutineer was appointed to act as a critical friend to the partnership.

These new arrangements need time to bed in before we can evaluate the impact and understand if any changes are needed to improve partnership working.

Improvement journey

All of this is happening at a time when social care services for children and young people are on an exceptional improvement journey. Children's social care services receive regular Ofsted monitoring visits following the inadequate judgements of 2015 and 2018. The latest visit in March 2021, which focussed on the services' response to children and families during the pandemic, recognised the ***many*** improvements that Together for Children has made and despite the pandemic TfC continues to strive to improve even further. The contribution that partners make in helping keep children safe from harm was also recognised.

A full inspection of children's social care is expected in the summer of 2021 and the signs of a positive outcome are evident.

Next steps

During 2021-22, through our multi-agency safeguarding arrangements and business plan, we will continue to provide leadership and support across the safeguarding system, championing the voice of the child and promoting a multi-agency learning culture.

Add pictures of three safeguarding partners

Overview from Independent Scrutineer

I was appointed as Independent Scrutineer for Sunderland Safeguarding Children Partnership in November 2020. Previously independence had been provided by an Independent Chair. My appointment reflected a change in the Multi Agency Safeguarding Arrangements (MASA) for children in Sunderland in light of the revisions to Working Together to Safeguard Children 2018. The role is distinctly different from the traditional independent chair and is to provide critical challenge and appraisal of the multi-agency arrangements. Mine is a more 'hands on' approach; facilitating deep analysis of safeguarding issues bringing practitioners from different agencies together, sometimes with wider stakeholders including children and families, to explore and build better practice.

The new MASA came into effect on 5 August 2019. The Sunderland Safeguarding Children Board was replaced with a Sunderland Safeguarding Children Partnership to ensure the coordination of effective arrangements to safeguard and promote the welfare of children is equally shared by Chief Executive of Sunderland Council, the Chief Clinical Officer and Accountable Officer of Sunderland Clinical Commissioning Group and the Chief Constable of Northumbria Police.

The MASA provides a more streamlined structure with a stronger focus on learning and improvement. The development of a 'Practitioner Forum' is a welcome new addition to the functioning of the partnership by providing a vehicle to 'deep dive' into an area of concern and to develop new ways of working and improve outcomes for children, young people and families.

As this year commenced the Covid-19 pandemic had altered life in the United Kingdom beyond recognition as we were all advised to stay at home. Many shops and services were forced to close their doors. The Chancellor of the Exchequer introduced the 'Furlough' scheme to protect jobs. The Bank of England had intervened twice, finally cutting interest rates to 0.1% in an effort to prop up the fragile economy and prevent a deep recession. We saw infection rates, hospitalisation and deaths rise sharply.

The challenges to healthcare, education and social care and early help have been immense. Living and working from home with restrictions placed on our lives is difficult for anyone, however the austerity that the pandemic brings just exacerbates the pressure on those families in greatest need. The impact of a year of fragmented education will be felt for many years and is particularly acute for those making the transition to secondary school and those preparing for national examinations.

Social isolation particularly impacts on young people, affecting their mental health, making them vulnerable to online exploitation and bullying. Worryingly the rate of suicide is increasing amongst children and young people nationally, as is the demand for mental health services.

Finally, given the impact of the global pandemic, it would be remiss not to raise the issue of Domestic Abuse. Research indicates it has become more frequent and more serious during the lockdown, particularly sexual abuse. In addition to the damaging impact domestic abuse has on children living 'with it', sadly often children and young people are victims themselves.

Against this back drop the safeguarding partners in Sunderland pulled together to ensure that the most vulnerable were safeguarded. Most front line services have continued to operate largely "business as usual" and where this was unsafe or not possible, alternate methods were used to support and safeguard children and young people. Video conferencing became the norm, not just to facilitate case conferences and online lessons but to provide support and therapeutic services to children too. Schools remained open, providing services for vulnerable children and key workers' children throughout the pandemic. Social workers, early help workers and partners in the Multi Agency Safeguarding Hub worked a mixture of office and home working to ensure that social distancing measures could be observed in the workplace, they continued with home visits. Children's Homes remained open. Safeguarding Children health professionals roles were

preserved despite the increased demand to release medically qualified staff to the Covid wards. Our police officers continued to work as usual, despite high absence rates due to Covid infections and Track and Trace isolation periods.

I have discovered a real pride in Sunderland the place, a passion for safeguarding children and young people and a commitment to working together to improve outcomes. It is clear that the partnership generally but particularly Together for Children have been on an improvement journey and I have found both Children's Social Work practice and the Safeguarding Children Partnership in a far stronger place than when graded inadequate by Ofsted. Ofsted's Covid Assurance visit in March, whilst identifying some areas for improvement, was very positive about how Children's Services and the wider partnership had continued to keep children safe despite the challenges presented by the pandemic.

I have been impressed by the energetic leadership within TfC and the open and honest relationship between the Statutory Partners and the wider membership of the SSCP, which provides a firm foundation as they continue to tackle the more complex issues that require a robust partnership approach.

I have found excellent mechanisms in place to hear the voice of children and young people. The work undertaken by the inspirational Change Council (a group of cared for and care experienced children and young people) is particularly impressive. Their *Change the Language* campaign to encourage professionals to update their language to be more inclusive and less stigmatising, is to be applauded. We should all rise to their challenge.

The first Practitioner Forum which focussed on Complex Adolescence, was well planned and well attended with representation across a wide range of agencies. This new way of delving into an issue, looking at the data, listening to practitioners, and identifying what is working well and where the gaps are, provides an excellent platform to design new ways of working and commission new services. I look forward to seeing where this work stream strengthens our multi agency approach to the safeguarding of adolescents from the complex risks they face.

Despite the best efforts of front line practitioners and senior leaders we have seen greater stress on the system, with increasing referrals to social care (a significant proportion due to domestic abuse in the home and for babies under 1 year), increasing numbers of cared for children, and a rise in harmful sexual behaviour and teenage pregnancy. At the same time, we have seen a significant increase in the number of children being Electively Home Educated which is a concerning trend.

Whilst progress against the specific priorities for this year has been impacted by Covid, much has been achieved in terms of the partnership responding the emerging risks from Covid, learning through Child Safeguarding Practice Reviews, continuing to embed "Signs of Safety" and strengthening multi agency working at the front door and through the MSET process (Missing, Slavery, Exploitation and Trafficking).

New priorities have been set for the next 3 year period and Practitioner Forums are planned to lead service improvement in safeguarding vulnerable babies and tackling domestic abuse.
In addition, a joint development day with the Sunderland Safeguarding Adults Board (SSAB) identified some joint priorities where a broader approach across both safeguarding partnerships will be beneficial.

The SSCP continues to collaborate regionally and share emerging good practice through the Tyne, Wear and Northumberland Safeguarding Partnership.

Some key challenges for the coming year:-

Strategically and operationally a great focus will be on managing the health, wellbeing and safety of children, young people and families through the pandemic and beyond. It is the 'beyond' which will provide the greatest challenge to the partnership as they deal with the 'hidden harm' that is now in clear sight. To do this, the partnership will have a focus on:

- Rolling out "Signs of Safety" across the partnership
- Managing the increase in referrals to Children's Social Care
- The continued safe reduction in Cared for Children, particularly those placed out of Sunderland
- Ensuring those children being electively home educated are supported and safeguarded
- Strengthening the multi-agency approach to safeguarding vulnerable babies
- Strengthening the multi-agency approach to complex adolescence (including sexual exploitation, criminal exploitation and other harms outside the home
- Working with other partners across Sunderland to tackle domestic abuse
- Strengthening links with schools
- Ensuring accessible and effective mental health support services are available locally
- Continuing to provide high quality training and development, support and supervision for all practitioners with safeguarding responsibilities.
  .

I have highlighted some of the themes where the partnership needs to focus its efforts to strengthen both individual agency and multi-agency responses in order to continue to effectively safeguard children and young people across Sunderland.

What have we achieved in 2020-21?

The SSCP Priorities for 2020/21 were agreed as:

- Complex adolescents
- Neglect
- Mental health.

It is only fair to acknowledge, however, that as a result of the changes in the business unit specific actions were not developed and the impact of Covid meant that the overriding priority for the partnership became the need to safeguard the most vulnerable children and young people during these exceptional times.

That is not to say the partnership has not undertaken any activity to improve outcomes; more that the foundations for the future strategic direction of the partnership have been laid. Between October 2020 and March 2021:

- a revised MASA has been published which reflects the current partnership arrangements
- a new SSCP Executive has been established
- relationships with schools have been strengthened, linking in with well-established arrangements and adopting a learning focus to respond to schools' concerns and requirements
- the Practitioner Forum process is underway, which provides an opportunity for staff on the frontline to influence the improvements that are required for children and young people
- priorities for the SSCP for the 2021-2024 have been agreed and improvement plans are being developed
- the SSCP has developed a whole systems approach, linking with other partnerships wherever possible rather than developing bespoke action plans. This includes the Domestic Abuse Partnership Board and the Child and Adolescent Mental Health Services (CAMHS) Partnership.

During the period of this report, the SSCP has agreed its priorities for the three years to 2024. They were determined through:

- the wealth of data that is available to us from children's social care, our health services and the police
- intelligence from our frontline staff in relation to what they deal with on a day to day basis
- inspection reports from Ofsted, the CQC and HMICFRS
- information available on the voice of children and families
- outcomes from Serious Case Reviews, Child Safeguarding Practice Reviews and other local learning reviews
- the national safeguarding context, to understand if the same issues faced by children, and families across the country are experienced to the same extent by those in Sunderland.

The priorities agreed are:

1. Covid-19 Recovery
2. Domestic Abuse
3. Contextual safeguarding
4. Vulnerable Babies
5. Mental health of children and young people
6. Strategic safeguarding approaches.

Business plans will be developed in 2021 and progress against these will be reported in the next annual report. For domestic abuse and mental health of children and young people, links will be established with the citywide Child and Adolescent Mental Health (CAMHS) Partnership and the

Domestic Abuse Partnership Board to ensure a Whole Systems Approach is adopted and that we are not working in silos.

Responding to Covid-19

In terms of demand for services, save for the first few weeks of lockdown, referrals into children's social care have been fairly steady, hitting peaks when restrictions have been eased as would be expected. In Q4 of 2020/21, coinciding with the easing of restrictions in March 2021, referrals into the front door have been exceptionally high. As part of this, our 0-19 services have reported a 93% increase in referrals for its service for the calendar year 2020, and a further 62% increase in Q4 of 2020/21. The hospital trust has recorded increases in the numbers of referrals for unborn babies and the police have dealt with exceptionally high rates of domestic abuse.

Specific issues in Sunderland are:

- Exceptionally high number of contacts into the Initial Contact and Referral Team, particularly as we emerge from the third lockdown.

	Q1	Q2	Q3	Q4
No. of referrals to social care	671	1269	1967	2833

  This places considerable pressure on staff not only on the front door, but throughout the partnership as agencies strive to meet the needs of families

- Like nationally, we have seen a rise in referral rates for babies under 1 year. From a high in recent years of 50 in May 2019, referral rates had fallen and were at a steady rate of 31-33 each month. As society reopened after the first lockdown of March 2020, referrals for under 1s have fluctuated from May 2020 and we have seen a steady increase from November 2020 to a high of 49 in March 2021. The majority of these referrals are from health services.

- The numbers of cared for children have also increased steadily over the course of the year

	Q1	Q2	Q3	Q4
Number of cared for children at the end of the period	599	623	628	624
Rate of cared for children, per 10k of the population, at the end of the period	109.21	113.59	114.50	113.77

  There are a number of reasons for this, including at one end more young people becoming cared for, and at the other delays in the family court system as a result of lockdowns

- The impact of Covid on those suffering domestic abuse has been significant. Northumbria Police were called out to 2,236 domestic abuse case in the city between April and June 2020 (Q1) – a 14.7% rise on the same quarter in the previous year. This was the first reporting period after entering lockdown. The increase in cases for the whole year was 5.8% compared to 2019/20. The rate of incidents where a child was present rose by 15.2% in Q1 2020/21, and by 6.7% for the whole of the year compared to 2019/20. The SSCP will work closely with the Domestic Abuse & VAWG Executive Partnership to develop Sunderland's strategic approach to tackling domestic abuse

- A steep rise in the numbers of children and young people who are electively home educated is evident, which is believed to be linked to anxieties in relation to spreading Covid-19. Whilst this is not necessarily a safeguarding concern, these children are no longer as visible to universal services and therefore there are fewer opportunities to identify when these families need support. For those families who have decided to home educate, Together for Children's Early Help Service always conducts an initial home visit to check on the child's welfare and for the reasons for the decision as part of the EHE pathway. During periods of Covid lockdown in 2020 and 2021, the Early Help Service conducted additional welfare visits monthly. Because of this, some parents were supported to re-register their children with a school and others were signposted to other support services.

- As we have come out of the third lockdown, a marked increase in the number of teenage pregnancies is evident. Young parents can be vulnerable, especially if they do not have the support of their families. Pregnant teenagers receive support from the Family Nurse Partnership within the 0-19 Service. The 0-19 service also provides preventative services for young people in relation to sexual health and contraception both within the community and in schools.

- There has also been a rise in harmful sexual behaviour, particularly inappropriate sharing of images and some peer on peer physical offences. Since the easing of restrictions, 62 referrals had been made, requesting support for children and young people.

The SSCP has responded to the issues that have presented. Towards the end of 2020/21 Sunderland CCG was able to allocate an additional £100,000 non-recurrent funding to support services with Covid Recovery to safeguard and promote the welfare of our vulnerable children, young people and their families. Around 75% of this funding has been allocated to supporting young people who have experienced harmful sexual behaviour, supporting the multi-agency front door through the provision of additional business support to process referrals, and Child and Family Workers who will support social workers to deliver the support that families require.

Our Roadmap to Recovery assists us to identify emerging risks and opportunities where we can mitigate the impact of Covid-19 on children and families.

Other areas of work

A major change under the new multi-agency safeguarding arrangements is the introduction of the **Practitioner Forum**. This is a new approach to developing improvement planning and disseminating information and learning across the partnership. The first Forum began in February 2021, bringing together frontline practitioners from a whole range of agencies to discuss complex adolescents. Feedback from this first Forum is that it was a much needed exercise and practitioners found the opportunity to come together, share their own experiences and exchanges ideas for improvement extremely valuable. Four task and finish groups emerged from the practitioner forum, focussing on transitions; males; families and; data and intelligence. These task and finish groups are developing action plans which will form part of the SSCPs three-year business plan.

The implementation of **Signs of Safety** has continued in earnest. It is now a well-established model used within children's social care and in multi-agency child protection meetings. Signs of Safety is a relationship-based model of child protection practice, which focuses on what works for professionals and families in building meaningful safety for vulnerable and at-risk children. In the last annual report we reported that through Signs of Safety we had "turned the curve' on the demand into the system. Unfortunately, the impact of Covid-19 has altered that trajectory, however we are absolutely confident that through this model, children, young people and families' lives are being transformed for the better. Over the next two to three years, the focus for the partnership will be to roll out the programme so it is fully embedded into the practice of all partners.

A **pre-birth team** has been established. It is hosted by Together for Children and includes agencies from across the partnership including the midwifery team and health visiting service. This team, with such a specific focus area, is proving highly effective in helping and protecting vulnerable children either to remain safely in the care of their parents or to achieve permanence with extended family or by adoption.

Children in infancy are especially vulnerable to abuse and neglect due to their dependency on adults. In Sunderland, there have been a number of incidents, including a Serious Case Review, where babies have been seriously harmed and either died or suffered life changing injuries. Ofsted has also reported abuse of babies has increase by a fifth during Covid-19. In response to this, **ICON** is being implemented across the city. ICON is an evidence based parental programme designed to prevent abusive head trauma in infants. It consists of a series of brief interventions that reinforce the simple message making up the ICON acronym:

I Infant Crying is normal
C Comforting methods can help
O Its ok to walk away
N Never, ever shake a baby.

ICON will be launched on 12 April 2021 via social media platforms. Training will be provided via Microsoft TEAMS to partner agencies and health care providers including Midwifery, Sunderland and South Tyneside Safeguarding Team, Health Visitors and Early Years Practitioners, Perinatal Mental Health Services and Together for Children. A train the trainer model will be implemented to support dissemination of this important message across the services, and resources supplied including posters and leaflets.

Within primary care, training for GPs and their primary care team will be provided via the primary care networks. Leaflets, stickers and posters will also be delivered to each GP practice which include QR codes for direct access to the ICON website for further information.

Relevant charities and voluntary organisations will also be offered training including Wearside Women in Need, Centrepoint, and kinship carers.

Domestic Abuse Funding

In early 2021, the SSCP was awarded £39,600 from the DfE as part of the 'Multi-Agency Safeguarding: Implementing the Reforms' programme. The funding will strengthen Sunderland's multi-agency response to incidents of parental conflict, domestic abuse and domestic violence by developing a clearer understanding of the thresholds in respect of domestic violence and abuse and the interventions and support already available for families.

Working directly in schools, GP practices, housing providers and voluntary sector organisations such as the Salvation Army and youth groups, the project will be piloted in the Southwick area of the city and will be incorporated into the SARA project (Southwick Altogether Raising Aspirations), promoting a Think Family approach. The funding will:

- provide an Independent Domestic Violence Adviser (IDVA) directly into schools to train and support staff to recognise the signs of parental disharmony and conflict and to respond more appropriately to Operation Encompass alerts
- train six IDVAs to work directly into partner agencies
- feed the learning from this into revised multi-agency threshold training for all partners (strategic and operational).

The project will begin in April 2021 and feedback from the revised training package and IDVA support will be analysed in January 2022, when a plan for sustainable continuation will be developed and rolled out.

Regional working

All areas across the North East of England deal with many of the same issues and concerns. To this end, statutory partners across the region agreed to establish the Tyne, Wear and Northumberland Strategic Safeguarding Partnership to share learning and best practice and explore areas of concern that would benefit from a regional approach. Sunderland continues to be a key member of this group, and Jill Colbert, the local authority statutory safeguarding partner in Sunderland is chair of that regional partnership. Throughout the year, the partnership has:

- developed a draft common performance framework, which is to be agreed by the partnership
- commissioned research in relation to Tackling Child Exploitation
- began to explore how we can streamline work across the region in relation to Missing, Slavery, Exploitation and Trafficked (MSET)
- undertaken an exercise to commission e-learning across the region to benefit from economies of scale and provide a more accessible and user-friendly platform.

Child Safeguarding Practice Reviews

Child Safeguarding Practice Reviews (CSPR) are designed to identify improvements in systems and processes so that agencies can learn lessons and improve the way they work together to safeguard and promote the welfare of children and young people. A CSPR may be carried out when a child or young person dies or is seriously harmed and abuse or neglect is suspected or is a known factor.

In some cases, the criteria for a CSPR will not be met, however partners may conclude there is still learning for the partnership in how agencies work together to safeguard children and young people. In these cases, a local learning review will be undertaken.

The SSCP has completed one CSPR and two local learning reviews during 2020/21.

Serious Case Review – Baby Kate published in October 2020
The key features of this case related to vulnerable babies and domestic abuse. The recommendations have been incorporated into the improvement plans for these two priority areas for the SSCP and will also form part of the planning for the practitioner forums on the same areas which will take place June to September 2021 and October 2021 to January 2022 respectively.

Local learning review – Baby John, published November 2020
Similar to the review above, the key feature in this review was vulnerable babies and domestic abuse and the same approach applies as that for Baby Kate.

Local learning review – Young Person Clare, finalised in December 2020
The key feature in this review was mental health and wellbeing of young people. This review highlighted the lack of therapeutic beds available for children and young people who suffer with severe mental health difficulties and these findings have been raised with the National Child Safeguarding Practice Review Panel, recommending that a national review is undertaken to identify actions at a nationwide level.

Young people's views

There is no doubt that being in lockdown has had a significant impact on children and young people. There have been a number of surveys undertaken with children and young people throughout periods of lockdown to understand their views on the services that they have accessed and how they have coped during the pandemic.

A group of young people with special educational needs attending Sunderland College were asked about their experiences with virtual learning. The majority reported they disliked receiving their work in this way, did not like working on Zoom and missed their friends. Some could navigate the system the college used, but most were reliant on another adult to help them with reading and completing the work. One young person felt advantaged by using technology because they were able to type in the chat box to communicate and felt this was the first opportunity they had to have their voice heard.

Independent Reviewing Officers have asked Change Council (a group cared for and care experienced young people) about their experiences of online services. In the main, they liked having the option of using video calls to speak to their workers at first, but soon tired of it.

A group of cared for and care experienced children shared their experiences of lockdown. One person, who lived in a children's home, said they like isolating – it gave them time and space to themselves. On the other side of the spectrum, another young person talked about it being "the worst year of my life" as a parent had died the previous year and they could not visit their grandparents or siblings to discuss how this had affected them.

When asked about how they had spent their time, some young people talked about how isolated they had felt, others talked about how they used this time to develop new skills at home, including cooking, using technology in different ways to create a YouTube channel and developing video games as well as practicing music. Young people talked about the things they have missed, mostly to do with face to face contact or shops not being open. Some young people also talked about how they missed not seeing their parents and how they had not been able to access health services.

Generally young people didn't feel they had missed out on education – they had received online lessons and those who hadn't needed to sit exams felt that this wouldn't impact on them.

The group also discussed anxieties linked to Covid-19 and expressed concern that the vaccine wouldn't work, or that it would be harmful. They also worried the virus would continue to spread and they talked about general concerns like worrying how things will change because of the virus.

Quotes:

Covid has affected me massively. It meant I didn't have the end to secondary school that I expected and that my prom was cancelled. It also meant that I was unable to see my family and friends in person which I found upsetting. However, I have learnt a lot of new skills during lockdown such as how to cook family meals that are vegetarian and vegan. I have also matured during lockdown and I have learnt to appreciate the little things in life." (Young Person, aged 16)

Being in quarantine has allowed me to discover more about myself and what I want in life. (Young Person, aged 16)

My life in lockdown has been a big struggle because I was very isolated from my friends, didn't get to have prom and I missed school more than I thought I would. (Young person, aged 16)

Covid has had a huge impact on my life, I missed the opportunity of going to university this year and having to redo a year at college. My hospital check-ups have been delayed a lot due to Covid but

I've managed slowly but surely. However it's given me a chance to think about my future life plans and put concrete plans in place I can't wait for all this to be over so life can go back to being relatively normal again. (Young Person, aged 18)

Change the Language

In 2020, Together for Children launched the Change the Language Campaign. This campaign was created by the Change Council, a group of cared for and care experienced children and young people and it is designed to update the language we use when referring to them.

This is something that young people feel passionately about. They feel some of the language used about them is outdated, impersonal and often confusing.

As part of our commitment to hear the voices of children and young people, the SSCP has promoted the Change the Language campaign across the partnership and encourages everyone to 'change their language' and show young people we are a truly listening to them and taking on board their views.

Details about Change the Language and how young people prefer to be described can be found here.

Training

As with most things, training has been impacted by Covid-19 as people have been unable to come together. We have been able to move some of our training online, and have even delivered some face to face training in a socially distanced environment for single agencies, though by and large training has been limited.

In November 2020 the SSCP appointed a Training Officer who is making swift progress to ensure:

- the SSCP website includes Quick Guides to Safeguarding which will provide headline information into specific topics and signpost to further reading
- a regional e-learning offer is implemented to provide a comprehensive, value for money e-learning package and give consistency across the region. This will have added benefits to partners who work across local authority boundary areas. It is hoped that the regional e-learning offer will be in place by the end of 2021
- in-house training is developed or commissioned in line with our priorities
- a multi-agency team of trainers is recruited to deliver quality training across the partnership.

Looking forward to the year ahead and beyond

The SSCP has agreed its priorities for 2021-24 as being:

1. Covid-19 Recovery
2. Domestic Abuse
3. Contextual safeguarding
4. Vulnerable Babies
5. Mental health of children and young people
6. Strategic safeguarding approaches.

The rationale for focussing on these areas is set out below.

Covid-19 Recovery

Covid-19 has had a significant impact on families and services alike, and that is why Covid-19 Recovery is the first priority in our business plan. We will continue to monitor the areas identified within this annual report and identify any emerging issues so that we can respond appropriately as a partnership. Additional funding to support services has been identified and we will need to understand the impact this funding has made and whether there is a need for ongoing support. It is likely that we haven't seen the full impact of Covid-19 on children and young people as yet and that might not be fully understood for years to come. Through this priority we can ensure we are ahead of the situation and working together to ensure services can respond to the needs of families.

Domestic Abuse

Domestic abuse is of growing concern, with increases in the numbers of cases both locally and nationally. Covid has had a massive impact on the numbers of domestic abuse cases being reported and Sunderland has been significantly affected. In Q1 of 2020/21, there was a 15.2% increase in the number of incidents police attended where a child or young person was present compared to the previous year; this was the first reporting period after the nation went in to lockdown. Domestic abuse is also the main reason for contacts in to children's social care by a significant margin. Furthermore, in 2020/21 a Serious Case Review was published by the SSCP as well as a local learning review. Domestic abuse was a concerning feature in both of these reviews and will inform our improvement planning. In the coming year, as a response to the Domestic Abuse Act a local Domestic Abuse Partnership Board that will be established and the SSCP will work closely with this Board to ensure that the impact on children and families is represented and the voice of children and young people is evident in any plans and strategies.

Contextual safeguarding

Contextual safeguarding is an approach to safeguarding children to work with children and their families to keep children safe who are vulnerable to harms outside the home. Sunderland, as with many other local areas, is concerned about contextual safeguarding and is seeing an increase in the number of young people affected by harm outside the home. The data for 2020/21 shows significant rises in offences against children in relation to child sexual exploitation (CSE), peer on peer physical abuse including the inappropriate sharing of images and online grooming and young people reported to the police as missing from home. In addition, over the last three years there have been three Serious Case Reviews and/or Child Safeguarding Practice Reviews where young people have died, having been seriously harmed or their lives have been significantly affected by factors outside of their family home.

Vulnerable Babies

The welfare of unborn and infant babies in Sunderland, like nationally, is a concern. To respond to these concerns a pre-birth team, with strong partnership working to protect unborn and newborn babies and their parents, has been established in TfC with some truly outstanding examples of support. This is just part of the journey to improve the safeguarding of babies and with two Serious Case Reviews and a local learning review in recent years where babies have been involved, and rising numbers of referrals into children's social care in the year, this remains a priority for the SSCP.

Mental health of children and young people

Sunderland has consistently high numbers of children and young people referred to mental health services and is third highest across England for admission episodes for under 18 years olds in relation to mental health. Many of our most vulnerable children and young people in Sunderland require access to mental health services, including cared for and care experienced children. Ofsted recently commented that some of our *"cared for children have waited too long to access emotional and mental health support when they have needed it." (March 2021).* The SSCP has also completed a local learning during the where significant mental health difficulties was the overriding factor. Covid-19 is widely reported to have had a major impact on the mental health and wellbeing of children and young people and it is likely we have not felt the full impact of this as yet.

The SSCP will work closely with the CAMHS Partnership to ensure that the welfare of children and young people with mental health is promoted and share relevant information and intelligence in relation to safeguarding issues.

Strategic safeguarding approaches

This relates to those areas that provide strategic direction to the children's safeguarding workforce and will enable them to better support vulnerable children, young people and their families. Through this priority we will continue to build on work already underway including the roll out of Signs of Safety and promoting the Change the Language campaign developed by the Change Council. Trauma informed practice is also an area of emerging importance in how we promote the welfare of children, young people and families who require safeguarding services. The SSCP will explore ways in which we can develop a coordinated approach to this area to provide consistency in how we support families.

Business plans for each of these priorities will be developed in 2021 and progress against these will be reported in the next annual report.

PERFORMANCE INFORMATION

To be presented as an infographic on publication

The purpose of this section is to give an overview of the safeguarding landscape in Sunderland. It will be presented as an info graphic, to be developed when all indicators for inclusion are agreed

Those identified are:

Early help
No of Early Help plans – 881 compared to 838 in 19/20.
Rate of EH Plans per 10k of the population – 306 compared to 323 in 19/20

Social care
No. of CIN Plans - 2339
Rate of CIN Plans per 10k of the population - 426 compared to 409 in 19/20, 463 regional, 324 national
No of CP Plans – 414 compared with 367 in 19/20
Rate of CP Plans per 10k of the population – 75 compared with 67 in 19/20, 70 regional, 43 national
No of cared for children – 624 compared with 582 in 19/20
Rate of cared for children per 10k of the population – 114 compared with 106 in 19/20, 108 regional, 67 national
Percentage of children who become subject of a plan for second or subsequent time – 23.9% compared to 22.6% in 2020, 20.8% in NE, 22.10% England

Education
% of children permanently excluded – 0.14 19/20 compared to 0.22 – 18/19; 0.1 NE; 0.06 England
No. of children electively home education at the end of the academic year – 206 in 19/20 compared to 139 in 18/19
% of care experienced young people who are Not in Education, Employment or Training – 49% compared to 50% in 19/20, 43% NE, 39% England
16-17 year olds in Education or Training – 92.37% compared to 89.98% in 2019, 92.18% NE; 93.21% England

Mental health
No. of children referred to T2 mental health services - 2636
Average waiting time for T2 mental health services – 35 days
No. of cared for children referred to T2 mental health services - 76
Average waiting time for cared for children to T2 mental health services – 42 days
No. of children referred to T3 mental health services - 2687
No. of CYP attending A&E for self-harm – 197 compared to 299 in 19/20
No. of CYP admitted for self-harm – 88 compare to 95 in 19/20
Rate of admissions for mental health (PHF) – 164.1 in Sunderland, 101.5 regional; 89.5 national
No. of CYP attending A&E for self-harm – 197 compared to 299 in 19/20
No. of CYP admitted for self-harm – 88 compared to 95 in 19/20

Domestic Abuse

No. of domestic abuse incidents – 8434 compared to 7970 in 19/20 – equivalent to 21.5% of all force incidents
Domestic incidents with a child involved – 3484 compared to 3264 in 19/20 – equivalent to 21% of all force incidents
Arrests associated with domestic violence incidents with child involved – 881 in 20/21 compared to 813 in 19/20 – equivalent to 21.5% of all force
DV Victim age 16 or 17 – 67 20/21 compared to 86 19/20 – equivalent to 16% of all force area

Contextual safeguarding

No. of CYP attending A&E who have been assaulted - 41 – 110 in 19/20
No. of CYP admitted who have been assaulted -2 – 9 in 19/20
All children reported missing to the police as missing from home - 1,278 compared to 1399 in 19/20, equivalent to 30% of whole region
Number of Individuals missing from home – 608 compared to 412 in 19/20 – 35% of the whole region
First Time Entrants to the Youth Justice System per 100k of the population – 383.2 in 2019 compared to 311.6 in 2018, 273.8 NE; 208 England
Offences against children: CSE – 37, compared to 21 in 19/20 – 17% of whole force area
Offences against children: Modern Slavery – 14 compared to 6 in 19/20 – 46.5% of whole force area
Under 18 conception Rates per 1000 girls (15-17) – 24.3 in 2019, 21.8 NE; 15.7 England
Under 18 Hospital Admissions (Alcohol related) - rate per 100,000 – In 2017/18-2019/20 - 82.4, Sunderland; 55.4, NE; 30.7 England

Item No. 13

SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Manager - Policy, Sunderland City Council

1.0 Purpose of the Report

1.1 To present to the Board the forward plan of its business for the year ahead.

2.0 Background

2.1 The Health and Wellbeing Board has a forward plan of activity, setting out proposed agenda items for Board meetings and development sessions for the year ahead. Board meetings are held on a quarterly basis and development sessions are held as and when required.

3.0 The forward plan

3.1 The forward plan is attached as appendix one. 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.

Appendix 1

Sunderland Health and Wellbeing Board – Draft Forward Plan (Note: subject to change. Last updated 15.11.21)

SEPTEMBER 2021	OCTOBER 2021	NOVEMBER 2021	DECEMBER 2021	JANUARY 2022	FEBRUARY 2022
	Public Meeting – 1 October 2021 • JSNA • Health Inequalities • ICS and Place-based integration arrangements • Covid-19 update • Delivery Boards Assurance • SSAB Annual Report		**Public Meeting - 10 December 2021** • Children and Young People Health Related Behaviour Survey • ICS and Place-based integration arrangements • Healthy City Plan – 6 monthly performance report • Covid-19 update • Winter/Covid-19 Plan • Better Care Fund • Delivery Boards Assurance • SSCP Annual Report		

MARCH 2022	APRIL 2022	MAY 2022	JUNE 2022	JULY 2022	AUGUST 2022
Public Meeting – 19 March 2021 • Covid-19 update • Path to Excellence • ICS and Place-based integration arrangements • Delivery Boards Assurance • Director of Public Health Annual Report • Health Protection Assurance Report (TBC) • Mental Health Strategy outcomes • Update on Healthy City Plan Grant			**Public Meeting - Date to be confirmed** • Pharmaceutical needs assessment (PNA) • Covid-19 update • Path to Excellence • ICS and Place-based integration arrangements • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance, including update on falls prevention • Update on Healthy City Plan Grant		

SEPTEMBER 2022	OCTOBER 2022	NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023
Public Meeting – • Covid-19 update • JSNA • Delivery Boards Assurance • Path to Excellence			**Public Meeting - Date to be confirmed** • Covid-19 update • Winter / Covid-19 Resilience Plan • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance • SSAB Annual Report • SSCP Annual Report • Better Care Fund • Update on Healthy City Plan Grant		

Additional key dates for future Board meetings
Pharmaceutical needs assessment (PNA) – to be considered by HWB in Sept. 2022 (latest) for publication in October 2022

Potential development sessions
Further sessions on 'making health everyone's business / Health in All Policies'
Social prescribing
Behavioural insights