PRIORITY TITLE Best Possible Health and Wellbeing for Sunderland - people live longer and we see a reduction in health inequalities				
ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:				
1. Disease	✓ 2. Risk Factors	✓ 3. Wider Determinants		
CHARACTERISTICS:				
TIME:				
SHORT TERM X	MEDIUM TERM	LONG TERM		
INEQUALITIES: LEAST		MOST		
X				
LIFE COURSE: OLDER		YOUNGER		
X		TOONGER		
PREVENTION:	CECOND A DV	DDIA 44 DV		
TERTIARY	SECONDARY X	PRIMARY X		
STRATEGY OBJECTIVES:				
1. Promote Understanding	2. Best Start in Life	3. Responsibility for Self and Ot		
4. Able to Contribute	5. Long Term Conditions	6. Recover from III Health or Cri		
ADDITIONAL GOALS/PRINCIPLES:				
1. Strengthen Community Asset	2. Prevention	✓ 3. Early Intervention		
4. Equity and Fairness	5. Promote Independence/Self	✓ 6. Joint Working		
7. Wider Determinants	8. Lifecourse			
INTERVENTIONS - WHAT CAN WE DO?	METRICS - LINKS TO	OTHER INDICATORS?		

Programme of interventions to be agreed, but could include:

- * Making an alcohol declaration
- * Education
- * Development of the early evening and night-time economy
- * Enforcement, focussed on under age sales
- * Continue to advocate for minimum unit pricing
- * Reduce availability through better licensing of premises and the use of cumulative impact
- * Prevent and tackle crime associated with alcohol misuse
- * Advice and information to support behaviour change
- * Commissioned alcohol treatment services which seek to improve access to both brief advice and active interventions through a range of community providers
- * Use contracts and contacts to "make every contact count"

The following metrics are proposed:

- * Life Expectancy at birth for males
- * Life Expectancy at birth for females
- * Healthy Life Expectancy at birth for males
- * Healthy Life Expectancy at birth for females
- * Slope Index of Inequality applied to Life Expectancy at birth for males
- * Slope Index of Inequality applied to Life Expectancy at birth for females
- * Age-standardised rate of mortality from causes considered preventable per 100,000 population for males
- * Age-standardised rate of mortality from causes considered preventable per 100,000 population for females

improve access to both brief advice and active interventions

* Use contracts and contacts to "make every contact count"

through a range of community providers

PRIORITY TITLE Best Start in Life						
ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:						
1. Disease		2. Risk Fac	ctors		\checkmark	3. Wider Determinants
CHARACTERISTICS:						
TIME:		MEDI				LONG TERM
SHORT TERM		IVIEDI	DIUM TE	EKIVI		LONG TERM X
INEQUALITIES: LEAST						MOST X
LIFE COURSE: OLDER						YOUNGER
						X
PREVENTION: TERTIARY		SEC	CONDA	.RY		PRIMARY
						X
STRATEGY OBJECTIVES:						
✓ 1. Promote Understanding	\checkmark	2. Best Sta	art in Li	ife	\checkmark	3. Responsibility for Self and Ot
✓ 4. Able to Contribute	5. Long Term Conditions			nditions		6. Recover from III Health or Cri
ADDITIONAL GOALS/PRINCIPLES:						
1. Strengthen Community Asset	✓ 2. Prevention ✓				\checkmark	3. Early Intervention
4. Equity and Fairness	\checkmark	✓ 5. Promote Independence/Self ✓			\checkmark	6. Joint Working
✓ 7. Wider Determinants		8. Lifecour	rse			
INTERVENTIONS - WHAT CAN WE DO? METRICS - LINKS TO OTHER INDICATORS?						
Programme of interventions to be agreed, but could include: * Making an alcohol declaration * Education * Development of the early evening and night-time economy * Enforcement, focussed on under age sales * Continue to advocate for minimum unit pricing * Reduce availability through better licensing of premises and the use of cumulative impact * Prevent and tackle crime associated with alcohol misuse * Advice and information to support behaviour change * Commissioned alcohol treatment services which seek to			k 0 k 5	The following metrics are proposed: * School Readiness: % of children achieving a good level of development at the end of Reception * Pupil absence: % of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence) * Prevalence of smoking at delivery		

PRIORITY TITLE Tackling Smoking					
ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:					
1. Disease	2. Risk Factors 3. Wider Determ	ninants			
CHARACTERISTICS:					
TIME: SHORT TERM	MEDIUM TERM	LONG TERM			
Х	Х	X			
INEQUALITIES: LEAST		MOST			
		X			
LIFE COURSE: OLDER		YOUNGER			
X		X			
PREVENTION: TERTIARY	SECONDARY	PRIMARY			
	X	Х			
STRATEGY OBJECTIVES:					
1. Promote Understanding	2. Best Start in Life 3. Responsibility	for Self and Ot			
4. Able to Contribute	5. Long Term Conditions 6. Recover from	Ill Health or Cri			
ADDITIONAL GOALS/PRINCIPLES:					
1. Strengthen Community Asset	2. Prevention 3. Early Interven	ition			
4. Equity and Fairness	5. Promote Independence/Self 6. Joint Working	; •			
7. Wider Determinants	✓ 8. Life course				
INTERVENTIONS - WHAT CAN WE DO? METRICS - LINKS TO OTHER INDICATORS?					
Programme of interventions to be agreed, but * Making an alcohol declaration * Education * Development of the early evening and night * Enforcement, focussed on under age sales * Continue to advocate for minimum unit price * Reduce availability through better licensing the use of cumulative impact * Prevent and tackle crime associated with al * Advice and information to support behavior * Commissioned alcohol treatment services with through a range of community providers * Use contracts and contacts to "make every"	* Smoking Prevalence in adults * Local cost of smoking icing g of premises and clochol misuse our change which seek to ve interventions * Smoking Prevalence in adults * Local cost of smoking * Local cost of smoking				

PRIORITY TITLE Alcohol					
ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:					
1. Disease	\checkmark	2. Risk Factors			3. Wider Determinants
CHARACTERISTICS:					
TIME: SHORT TERM		MEDIUM TER	M		LONG TERM
		X			X
INEQUALITIES: LEAST					MOST
			Х		
LIFE COURSE: OLDER					YOUNGER
X		Х			X
PREVENTION: TERTIARY		SECONDAR '	(PRIMARY
		X			X
STRATEGY OBJECTIVES:					
1. Promote Understanding		2. Best Start in Life	2	\checkmark	3. Responsibility for Self and Ot
✓ 4. Able to Contribute	\checkmark	5. Long Term Conditions			6. Recover from III Health or Cri
ADDITIONAL GOALS/PRINCIPLES:					
1. Strengthen Community Asset	\checkmark	2. Prevention			3. Early Intervention
4. Equity and Fairness	\checkmark	5. Promote Independence/Self			6. Joint Working
7. Wider Determinants	\checkmark	8. Life course			
INTERVENTIONS - WHAT CAN WE DO? METRICS - LINKS TO OTHER INDICATORS?					
Programme of interventions to be agreed, but could include: * Making an alcohol declaration * Education * Development of the early evening and night-time economy The following metrics are proposed: * Rate of alcohol related admissions to hospital per 100,000 population (narrow definition) * % of increasing risk drinkers (20-50 units per week for male					

- * Enforcement, focussed on under age sales
- * Continue to advocate for minimum unit pricing
- * Reduce availability through better licensing of premises and the use of cumulative impact
- * Prevent and tackle crime associated with alcohol misuse
- * Advice and information to support behaviour change
- * Commissioned alcohol treatment services which seek to improve access to both brief advice and active interventions through a range of community providers
- * Use contracts and contacts to "make every contact count"

- * % of increasing risk drinkers (20-50 units per week for males, 15-35 units per week for females)
- * % of higher risk drinkers (> 50 units per week for males, > 35 units per week for females)
- * Alcohol related recorded crime per 1,000 population