

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

### AGENDA

**Meeting to be held on Tuesday, 31<sup>st</sup> January, 2023 at 5.30pm in  
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA**

#### Membership

Cllrs Ayre, Bond, Butler (Chairman), Chisnall (Vice-Chairman), Heron, Mann, McDonough, Potts, Speding, D. Trueman, Usher and M. Walker

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4.	<b>North East Ambulance Service – Performance Update 2023</b>	7
	Report of the Deputy Chief Executive and Assistant Director of Communications & Engagement - North East Ambulance Service (copy attached)	

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Information contained in this agenda can be made available in other languages and formats on request

5.	<b>Housing Conditions and Standards and the Impact on Health and Wellbeing</b>	21
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	<b>Part C – Health Substantial Variations to Service</b>	-
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	No Items	

E. WAUGH,  
Assistant Director of Law and Governance,  
City Hall,  
SUNDERLAND.

23<sup>rd</sup> January, 2023

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 3 JANUARY, 2023 at 5:30pm.**

**Present:-**

Councillor Butler in the Chair

Councillors Ayre, Bond, Chisnall, Mann, McDonough, Speding, D. Trueman, and Usher

**Also in attendance:-**

Ms. Debbie Burnicle – Chairman, Sunderland Healthwatch

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

Ms. Gerry Taylor – Executive Director Health, Housing and Communities, Sunderland City Council

Mr. Scott Watson - Director of Place (Sunderland), North East and North Cumbria Integrated Care Board

**Apologies for Absence**

Apologies for absence were given on behalf of Councillors Heron, Potts and M. Walker and on behalf of Andrea Hetherington.

**Minutes of the last meeting of the Committee held on 29<sup>th</sup> November, 2022**

Subject to the inclusion of Councillors Mann and McDonough in the attendance, it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 1<sup>st</sup> November, 2022 (copies circulated) be confirmed and signed as a correct record.

**Declarations of Interest (including Whipping Declarations)**

Councillor Butler made an open declaration as he may have a professional interest in items on the agenda as an employee of North Cumbria Integrated Care Services.

**NHS North East and North Cumbria Integrated Care Board Performance Report**

The Director of Place (Sunderland) – North East and North Cumbria Integrated Care Board submitted a report which provided the Committee with an update on the performance of the Integrated Care Board and in particular Sunderland.

(for copy report – see original minutes)

Mr. Scott Watson, Director of Place took Members through the presentation which covered a number of key performance issues, including:-

- Urgent Care;
- Planned Care;
- Cancer; and
- Mental Health

(for copy presentation – see original minutes)

Mr. Watson advised that the data set out within the agenda was reported with a four-week lag and, where possible, he gave a more up to date context on the current systems, challenges and pressures.

The Chairman thanked Mr. Watson for his informative report and invited questions and comments from the Committee.

Councillor McDonough referred to the lack of GP appointments, despite being informed at previous meetings that there were plans and strategies being put in place to make progress. He also referred to GP's who had contracts to only work two or three days a week and asked if there was a contracting issue; or if the contracts being given were too generous to GP's. In closing, he spoke of reinforcing the message to residents that the GP practice may not be the most appropriate place to go and offer alternatives and asked how partners could look to push that message further as this may be having a knock on effect on presentations at A&E departments, etc.

Mr. Watson advised that these issues were not only being experienced in Sunderland and that the entire country was seeing an increased pressure on services. In relation to GP access, he advised that GP's were seeing more patients than they ever had before and that there was now enhanced access in the city as they had increased out of hour clinics so patients should be able to get access to a GP. Therefore, he would not agree with comments that the lack of GP access may be the cause as to why patients were presenting at the emergency departments.

Mr. Watson went on to inform the Committee that they had carried out some survey work; which he would submit to a future meeting; which showed that for the most part the general public's access to GP's was seen as quite good; and the narrative that patients presenting at A&E was due to them not being able to get an appointment at their GP was not substantiated by the findings of the report; which had been independently commissioned via Healthwatch.

In relation to GP contracts, Mr. Watson explained that GP's worked to a national standard contract which was negotiated separately with the government and he felt that they GP's working incredibly hard. It was down to personal choice if they

decided to work less than a five day week and this could be due to other commitments they may have.

With regards to better communications, Mr. Watson commented that it was a valid point and they had tried numerous different ways to target different groups of residents such as through social media, radio and social marketing targeting demographics. The reality was that as a population, people understood that the A&E departments were always open and may present there as a default, and how that was resolved he genuinely did not know; it was not through want of trying through numerous communication campaigns and they would continue.

The Chairman advised the Committee of the GP Access report, which was available on the Sunderland Healthwatch website, which may assuage some of the concerns raised in relation to GP access.

Councillor Mann raised her concerns in relation to the targets for ambulance response times for a category 2 patient, e.g. stroke victims, which was set at 18 minutes but was actually taking over one hour, and commented that this could have utterly tragic consequence and effects for patients. She also referred to the new 59 minutes standard for handover's which was being implemented to help alleviate ambulance delays as she had been made aware of residents who had sat at the urgent care or the accident and emergency departments for hours.

In response to a further query from Councillor Mann in relation to the waiting list for orthopaedics, Mr. Watson advised that the information provided in the presentation could be broken down by speciality but by far in Sunderland the long waits were in orthopaedics; with the extreme long waiters being patients who required complex spinal surgery. When asked if patients from outside the area were included, he advised that the bulk of the patients treated in Sunderland Royal Hospital were Sunderland residents, with a small number from South Tyneside and North East Durham (Seaham/Murton) with it being their local general hospital.

Mr. Watson went on to comment that they hoped that the figures would improve as more work was provided periodically through the year through the independent sector providers such as Spire, Washington or Nuffield, Teesside, and explained that these alternative providers would only be accessed following discussions with patients that they were happy to use these services.

Councillor Mann also raised referrals to the physiotherapy service and asked if there was a shortage of therapists as the wait seemed to be getting longer; she had been advised by residents that there was a four to five month wait for their first appointment. Mr. Watson commented that this was beyond what he would expect for general access physiotherapy but explained that he could look into this further.

Councillor Butler asked if there was any data collected on the number of more complex patients who, having had such a long wait for treatment, had then chosen not to go ahead with the complex surgery. Mr. Watson commented that figures should be available and that this was not uncommon. Part of the Waiting Well Initiative when contacting patients was to have discussions with them as to whether they felt they still required the surgery.

Councillor Speding commented that in the past industrial organisations had undertaken annual health checks on staff which may have been able to help with the early diagnosis of some illnesses, and asked if there was anything similar that was undertaken in the present day? Ms. Taylor advised that the Committee had previously considered an item on the Wellbeing at Work Programme which the Council supports, working with employers in the city to encourage, advise and support them as to how they support the wellbeing of their staff on a preventative basis and giving awards to those businesses that got involved at varying levels.

Councillor Chisnall commented that at her employment, every month, through their Health and Safety department, they were contacted to carry out a DSE assessment to make sure they were sitting correctly and also checking up on the mental health of staff, offering support; but it was a lot more online than face to face.

Councillor Butler also commented that he was aware that there some sectors who offered access to convalescence support but that they usually relied on charitable organisations to help provide that model of care.

Councillor Mann also commented that she was aware of a number of organisations in the city who worked with the Council and Public Health to help support their staff but in different ways than it may have been in the industrial settings in the past. They tend to offer mental health and counselling support, on site gym facilities, etc. and more preventative support to their staff.

Councillor Bond referred to the urgent care figures and commented that for some patients you would need to add both the wait for the ambulance and also the wait to be treat at A&E to get a true idea of how long a patient had actually waited to be seen. He commented that it was not just CoVid that had caused these issues as it had been obvious over the last ten years that delays were increasing and staff were becoming demotivated with the lack of support they were getting and were therefore leaving to take up other work.

When asked how long patients were waiting to be triaged, Mr. Watson commented that there had been a new set of A&E performance indicators; one of which was time to assessment; but a decision had been taken that these would not be implemented and they would keep the four hour current standard. He was fairly sure the hospital would hold the information on the time taken for a patient to be first seen; and would monitor it, but he could understand the argument that the whole pathway should be measured.

The Chairman commented that resources were continually redirected in the NHS so it constantly felt like they were firefighting and up against it with a workforce that were worth their weight in gold and should be looked after more.

In response to a query from Councillor Ayre regarding services to compliment GP's and free them up, Mr. Watson advised that in a lot of GP practices they had a number of skilled professionals so that patients could be directed to the most appropriate practitioner for their needs; i.e. a practice nurse or pharmacist, instead of a GP.

Councillor Ayre also referred to the handover from ambulance to the emergency department and commented that any system would require an extra team to support

it. Mr. Watson explained that the new 59 minute standard would require additional nursing staff brought in from other wards to support it or in some circumstances they could look at one ambulance crew looking after two patients to allow the other crew to get back on the road. It was felt that it was better to commit the additional resource and have the handover occur, then leave the unknown risk out in the community unable to get an ambulance.

In response to comments from Councillor Butler regarding first contact practitioners, Mr. Watson advised that the NHS planning guidance had been published on 23<sup>rd</sup> December and one of the issues raised was the direct referral into community services; so that patients could self-refer to services such as physiotherapy or speech and language services, etc. without first having to be referred through a GP.

Councillor Bond asked how many GP and nurse vacancies there were in the city and Mr. Watson advised that this was information he did not have to hand but he could provide it to be circulated to the Committee.

Councillor Mann referred to her own GP practice and how they were very keen to upskill and train staff within their practice to keep staff, and it would be great to know that was happening across the city. Councillor Butler commented that it was a good point to make as health professionals need protected learning time and whilst they were under so much pressure it was very difficult to implement and was a further challenge in the workforce.

In closing, Mr. Cummings advised he had circulated the link to the Healthwatch report and the previous report on Better Health at Work to Members of the Committee for their information.

The Chairman thanked Mr. Watson for his very informative report and commented that the Committee appreciated the work that all of the services were providing under the extreme pressures they were facing, and it was:-

2. RESOLVED that the content of the report and presentation be received and noted.

## **Work Programme 2022/2023**

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report (copy circulated) which attached the current work programme for the year and also provided an update on a number of potential topics, as raised by Members, for the Committee's consideration.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising that the report included a number of potential topics to consider along with a draft Scrutiny Work Programme for 2022/23. He informed the Committee that the work programme was a 'living' document and could continue to incorporate emerging issues as and when they arose throughout the forthcoming year.

Members having considered the report and update, it was:-

3. RESOLVED that the work programme, including amendments, and the update on topics for review during 2022/23, be received and noted.

### **Notice of Key Decisions**

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 21 December, 2022.

(for copy report – see original minutes)

Mr Cummings, Scrutiny Officer, having advised that if any further Members wished to receive further information on any of the items contained in the notice they should contact him directly, it was:-

4. RESOLVED that the Notice of Key Decisions be received and noted.

The Chairman then closed the meeting having thanked everyone for their participation.

(Signed) M. BUTLER,  
Chairman.



**NORTH EAST AMBULANCE SERVICE – PERFORMANCE UPDATE 2023**

**REPORT OF THE DEPUTY CHIEF EXECUTIVE AND ASSISTANT DIRECTOR OF  
COMMUNICATIONS & ENGAGEMENT – NORTH EAST AMBULANCE SERVICE**

**1. PURPOSE OF THE REPORT**

- 1.1 The presentation attached, for Members' information, provides an overview of activity and performance for the North East Ambulance Service.

**2. BACKGROUND**

- 2.1 The North East Ambulance Service presentation covers a wide range of issues including:

- Demand and Performance;
- Response Times Performance;
- Hospital Performance;
- Trust Capacity.

- 2.2 The Chief Operating Officer and the Assistant Director of Communications and Engagement will be in attendance to provide the update and answer any questions from Members.

**3. RECOMMENDATION**

- 3.1 That the Health and Wellbeing Scrutiny Committee notes and comments on the content of the presentation and performance information provided.

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**Contact Officers:** Mark Cotton  
Assistant Director of Communications & Engagement

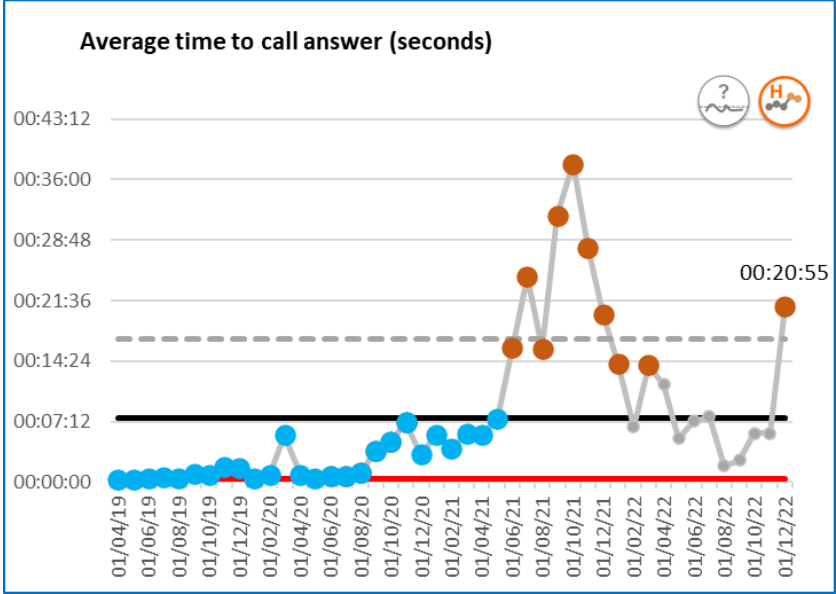
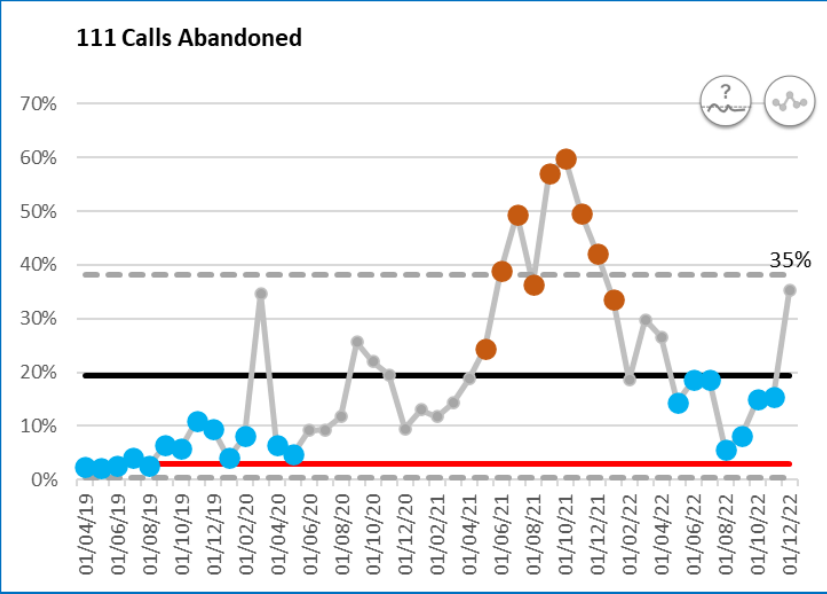
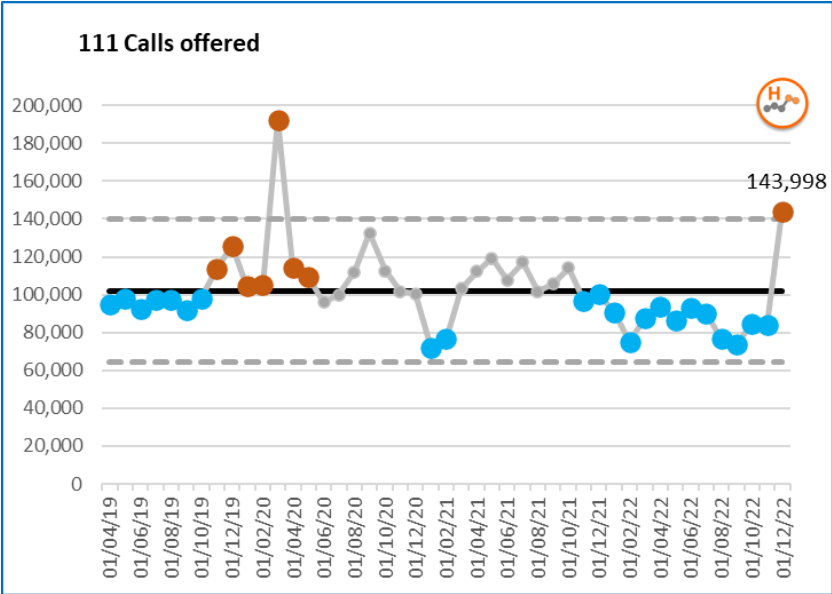




# Performance update to Sunderland health & wellbeing scrutiny committee

January 2023

# 111 Demand & Performance

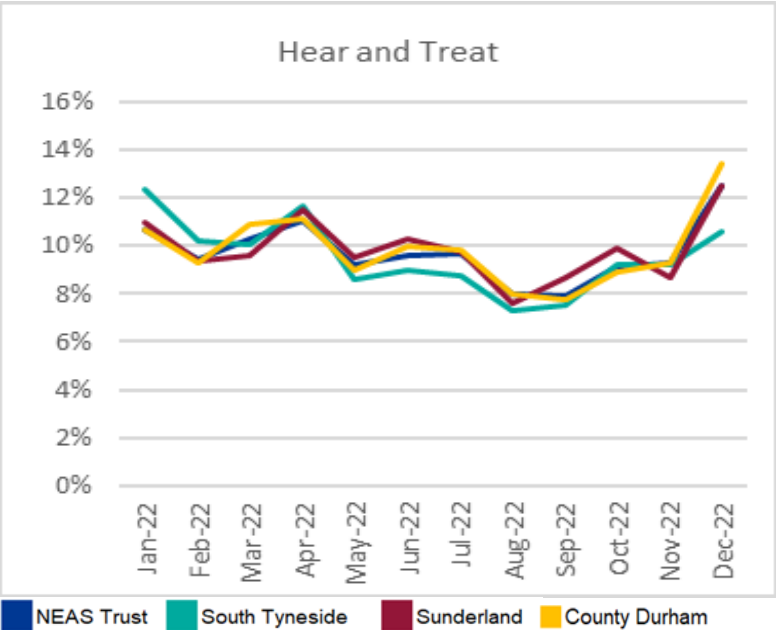
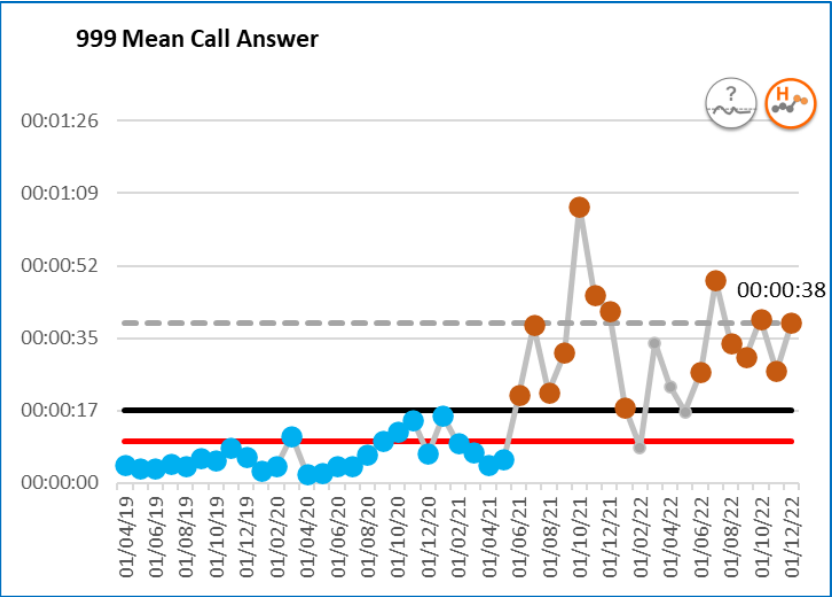
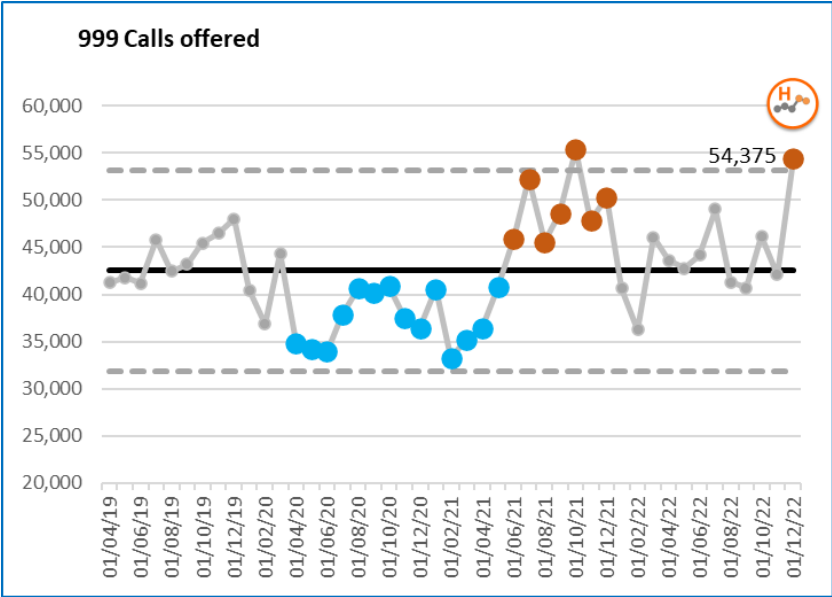




# 111 Outcomes

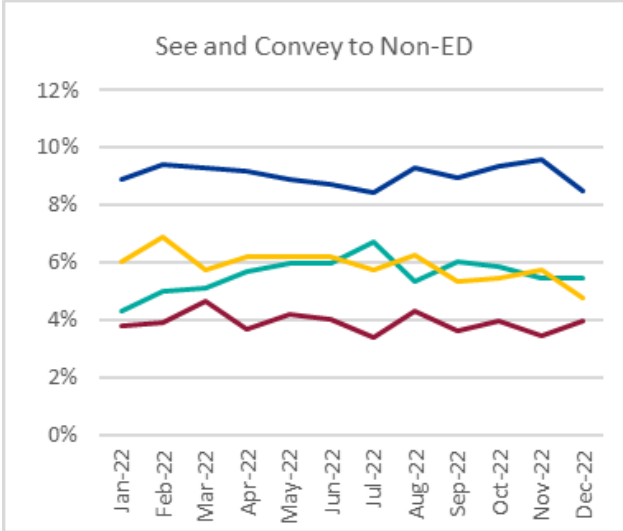
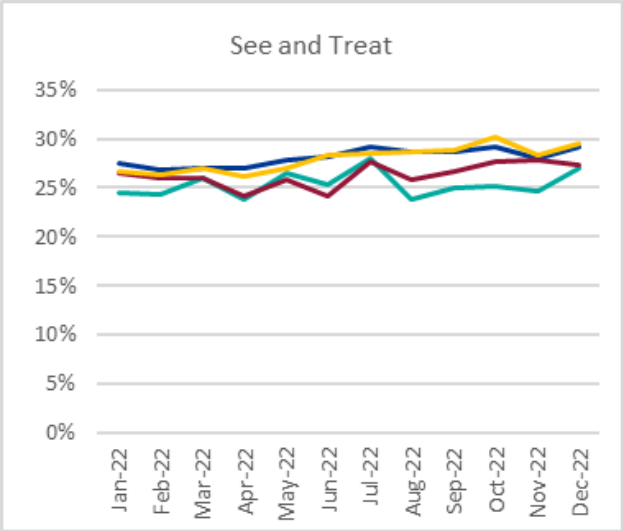
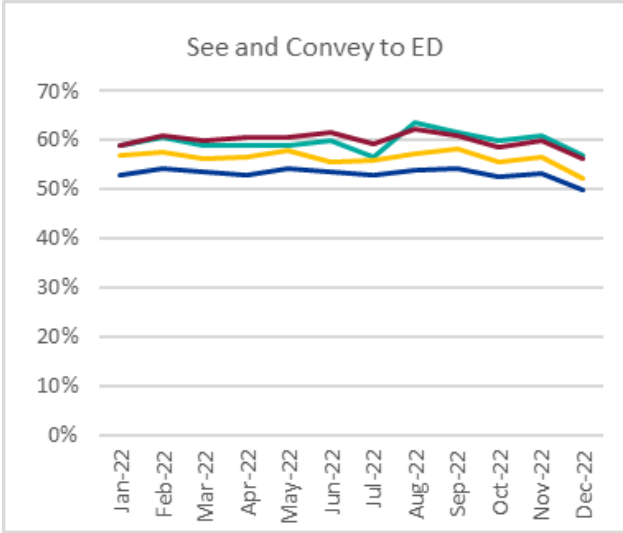
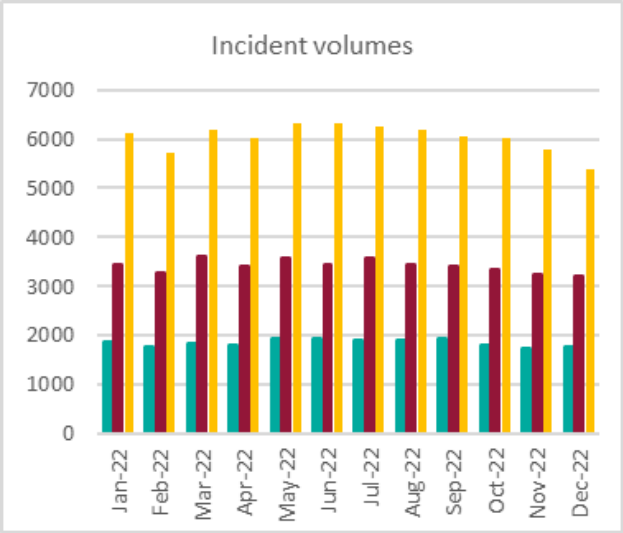
Outcome %	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Ambulance response	15.4%	16.3%	16.7%	18.1%	17.6%	18.3%	18.0%	17.9%	15.9%
Attend an ETC	10.9%	12.4%	11.5%	11.6%	12.0%	11.8%	12.0%	11.9%	9.6%
Attend a Type 1 or 2 ED	3.0%	3.1%	3.0%	2.7%	3.0%	2.8%	3.2%	2.9%	3.0%
Contact primary care services	33.1%	33.0%	32.6%	32.4%	31.5%	30.7%	32.6%	33.0%	35.4%
Contact primary care services - bookable	33.1%	33.0%	32.6%	32.4%	31.4%	30.7%	32.6%	33.0%	35.3%
Contact primary care services - non-bookable	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Speak to primary care services	10.7%	9.4%	9.9%	9.1%	8.4%	9.1%	9.9%	9.4%	14.3%
Speak to primary care services - bookable	10.0%	8.8%	9.3%	8.6%	7.7%	8.4%	9.4%	8.8%	13.8%
Speak to primary care services - non-bookable	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
Contact or speak to a dental practitioner	11.6%	11.6%	11.3%	11.2%	13.2%	12.5%	11.1%	10.8%	7.2%
Contact or speak to a pharmacist	0.3%	0.2%	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%
Repeat prescription medication	2.5%	2.1%	2.8%	1.9%	2.5%	2.2%	1.6%	1.5%	1.1%
Contact or speak to another service	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%
Self-care	5.6%	4.8%	5.4%	5.9%	5.0%	5.3%	5.4%	5.3%	5.4%
Self-care at the end of clinical input	4.5%	3.7%	4.2%	4.5%	3.8%	4.0%	4.1%	4.0%	4.1%
Other outcome	9.7%	10.0%	9.2%	9.3%	9.3%	9.6%	8.9%	9.9%	10.7%

# 999 Demand & Performance

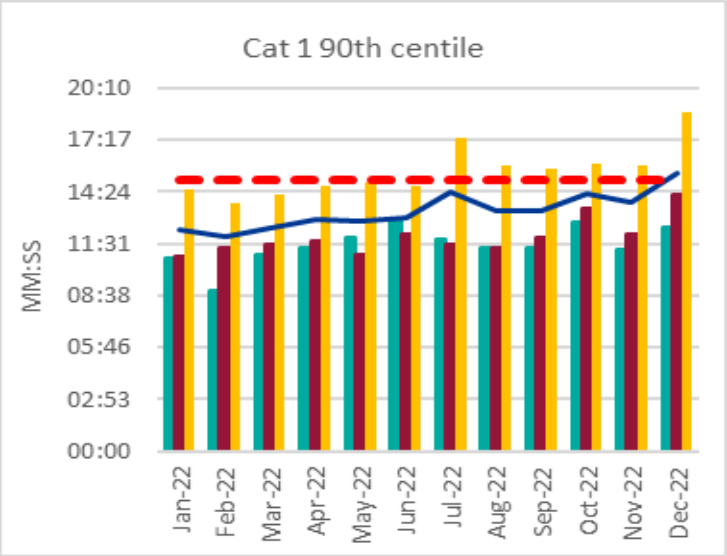
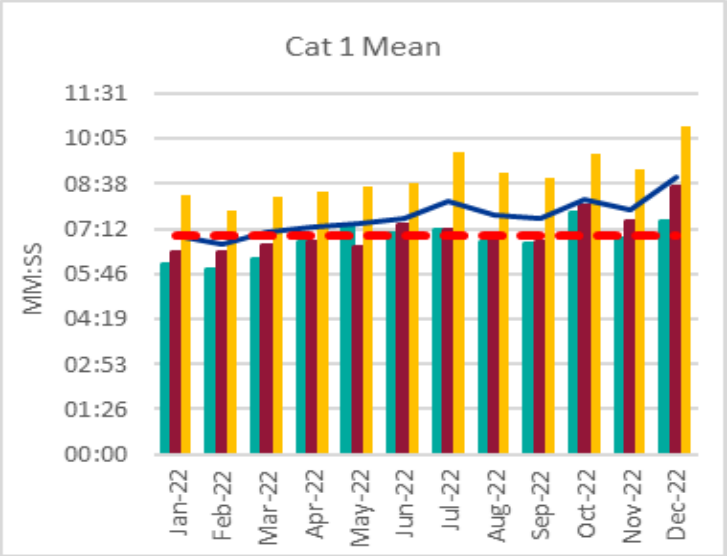


# 999 Incident volume & outcome rates

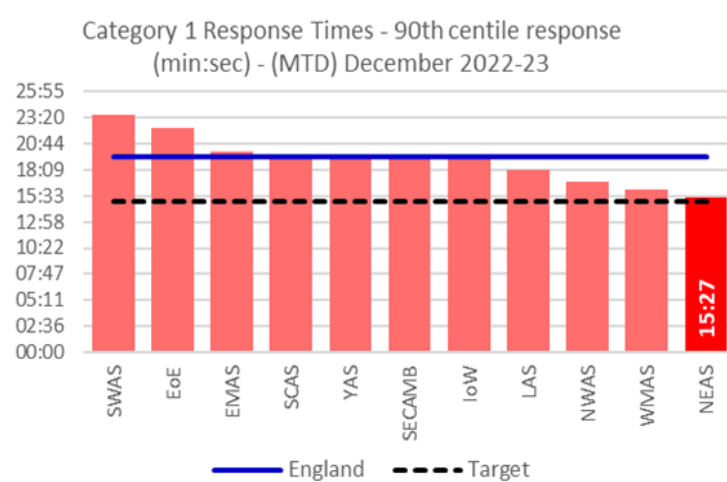
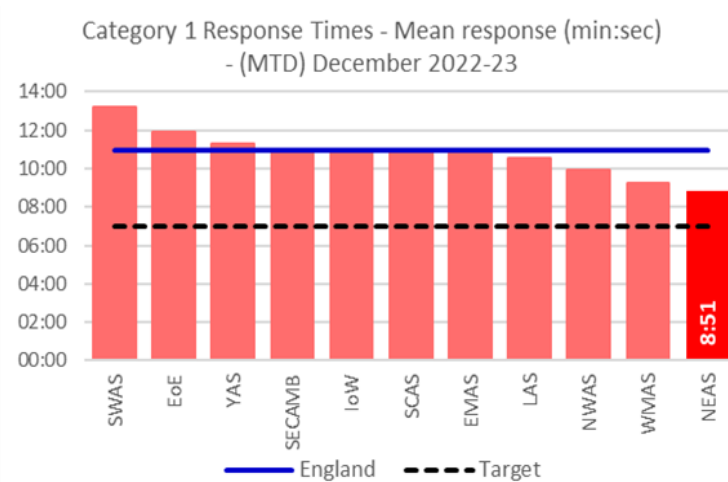
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# ARP Response times Category 1

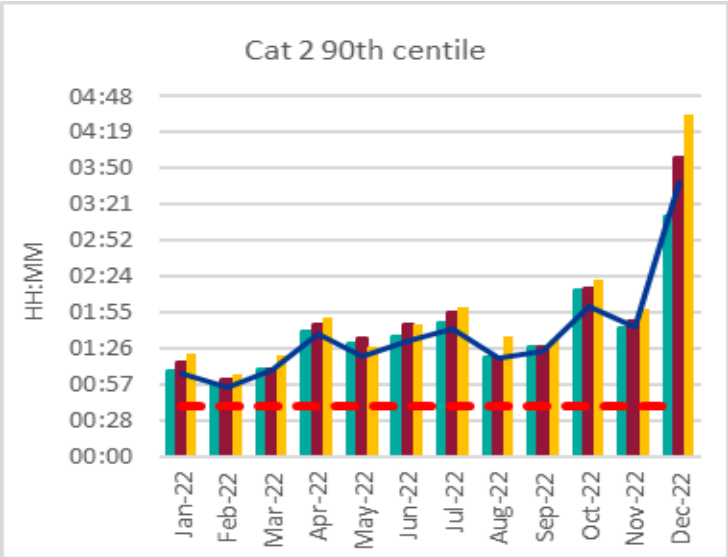
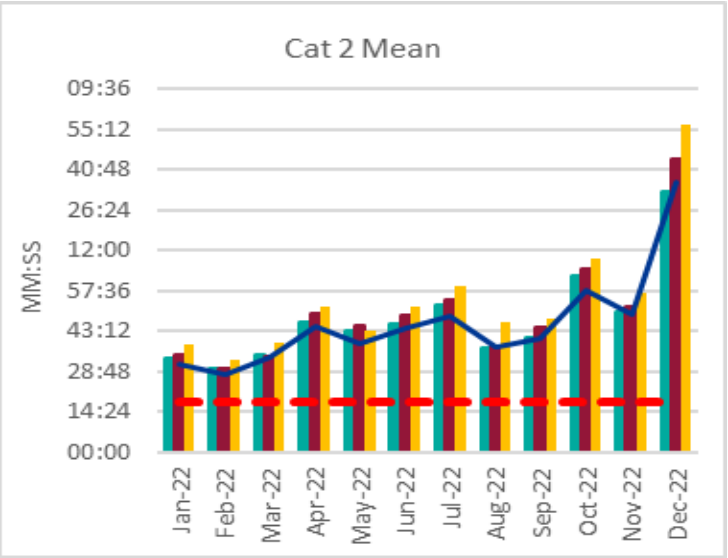


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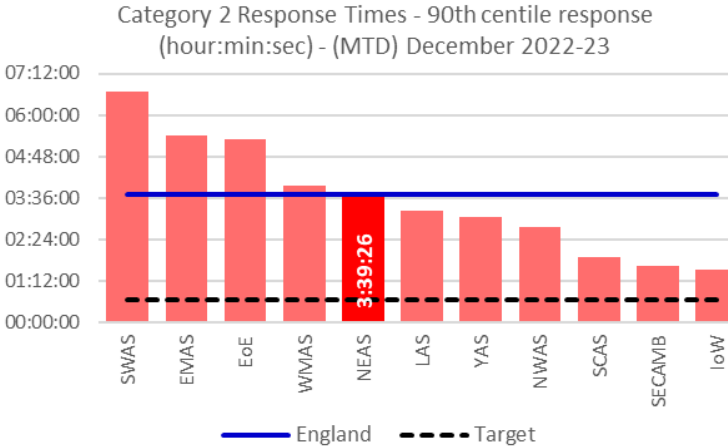
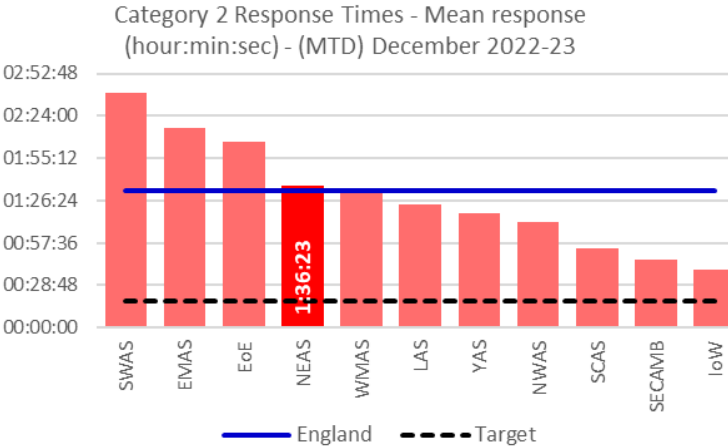




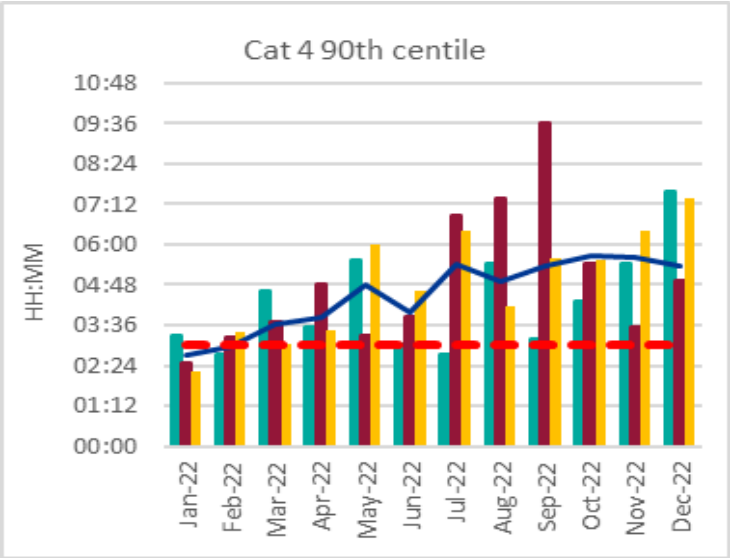
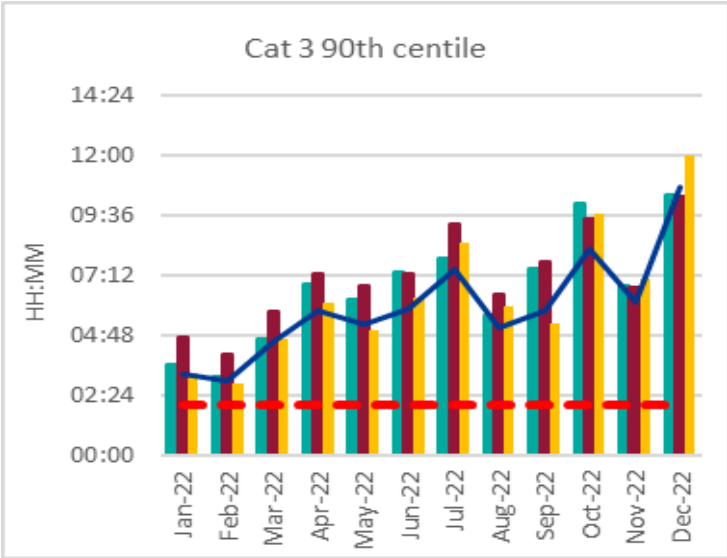
# ARP Response times Category 2



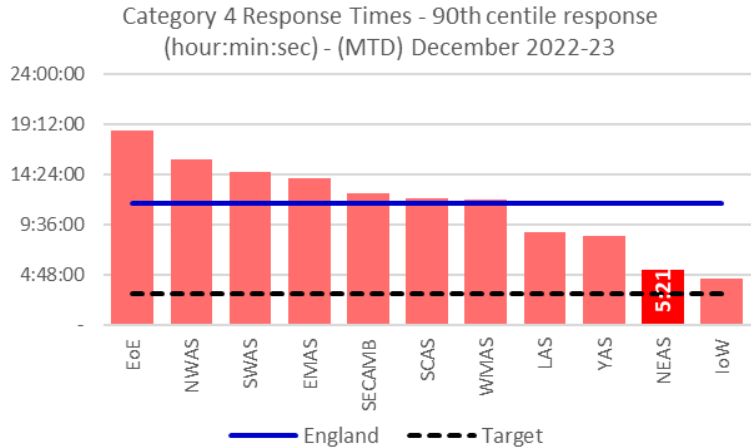
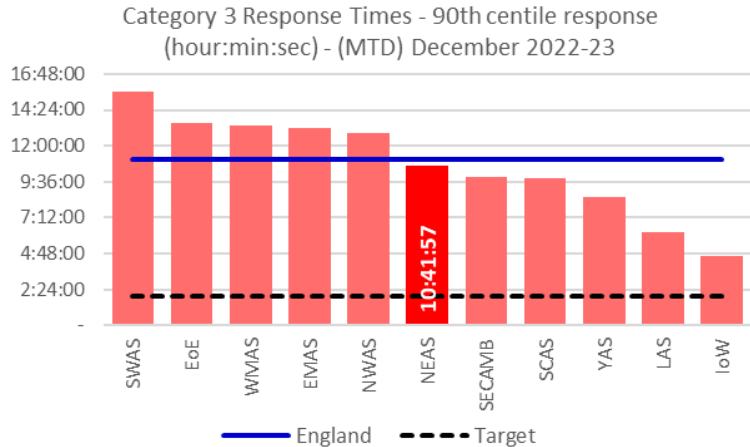
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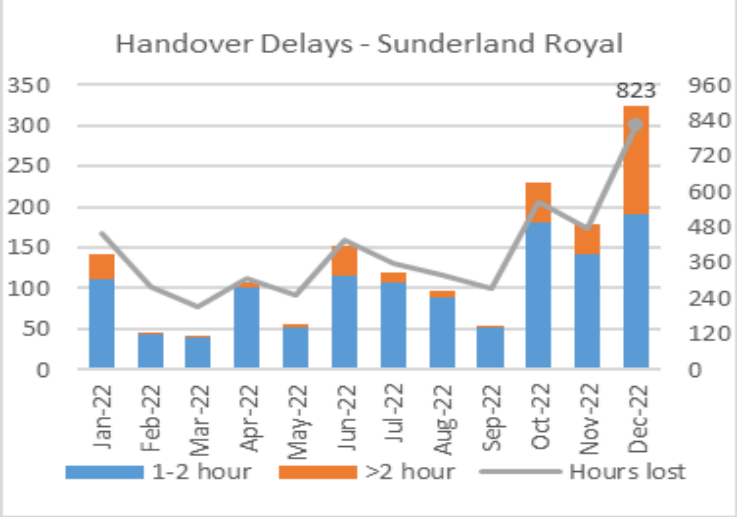
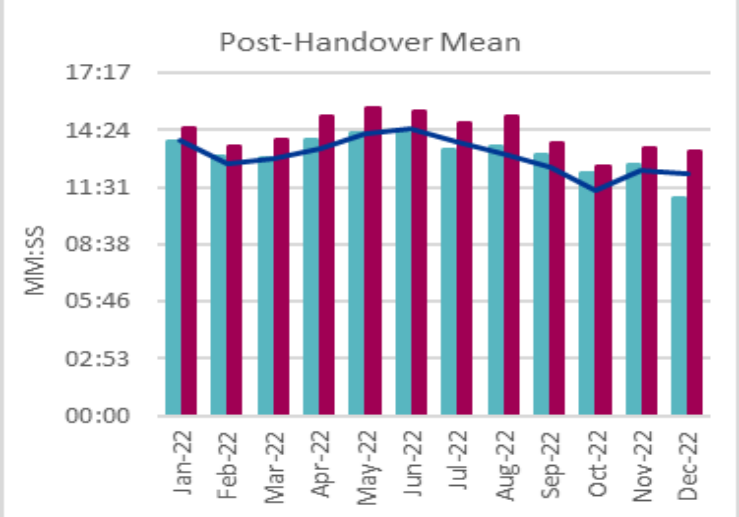
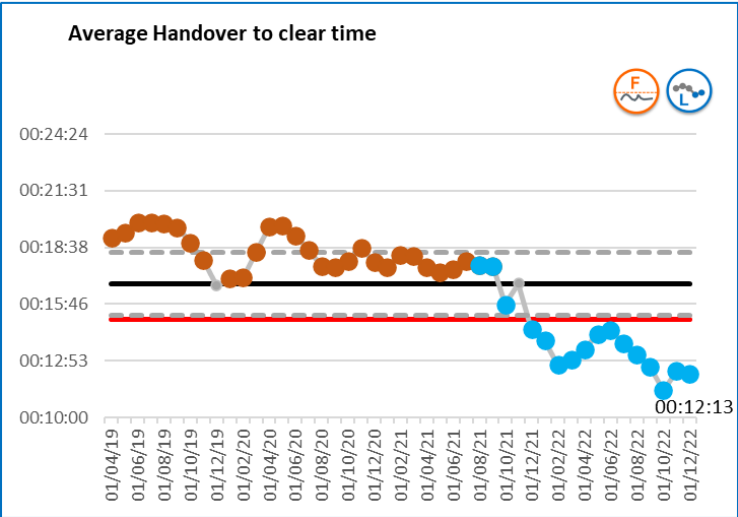
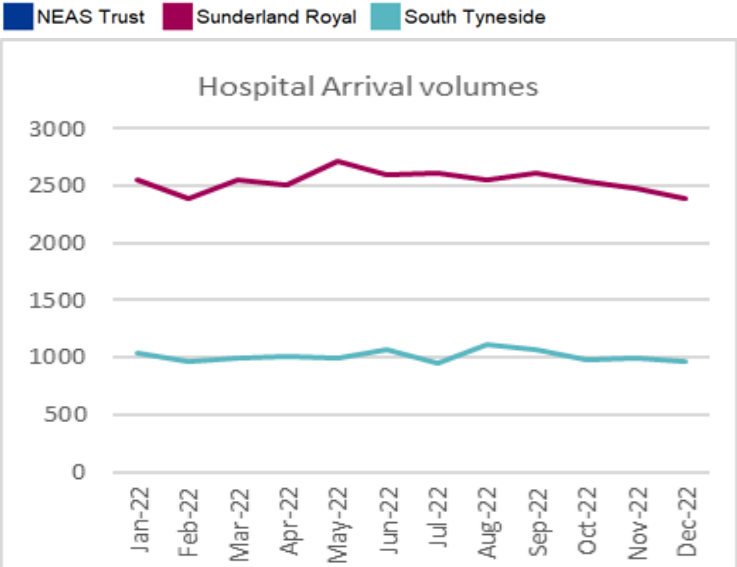
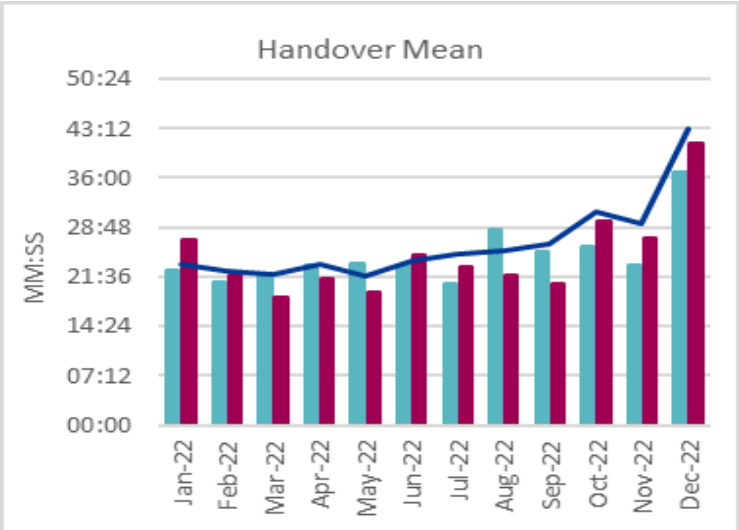
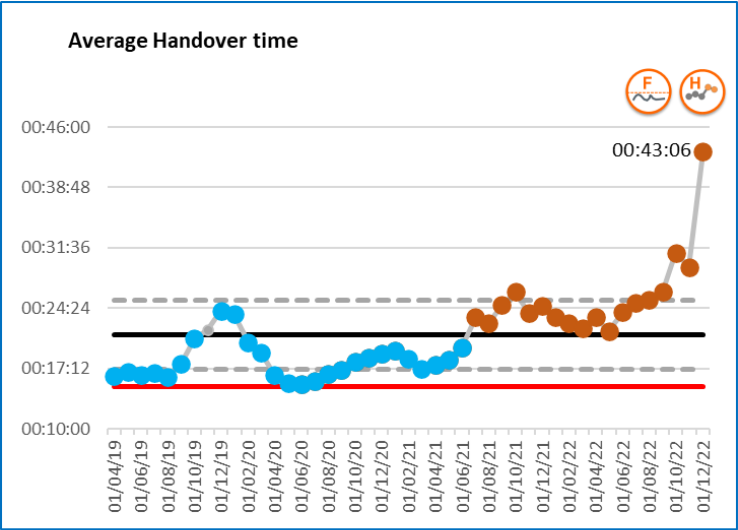
# ARP Response times Category 3 & 4



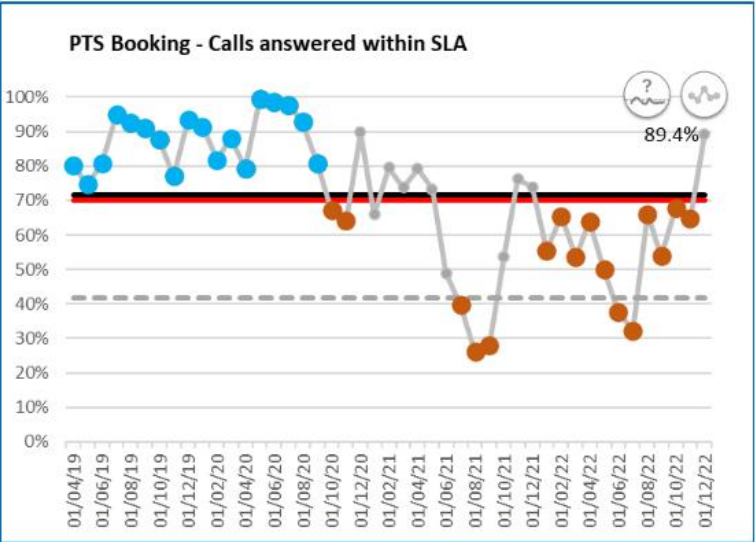
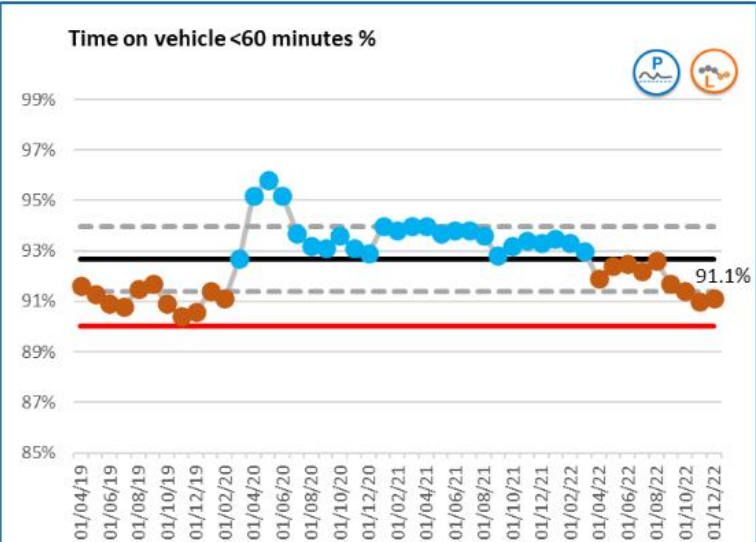
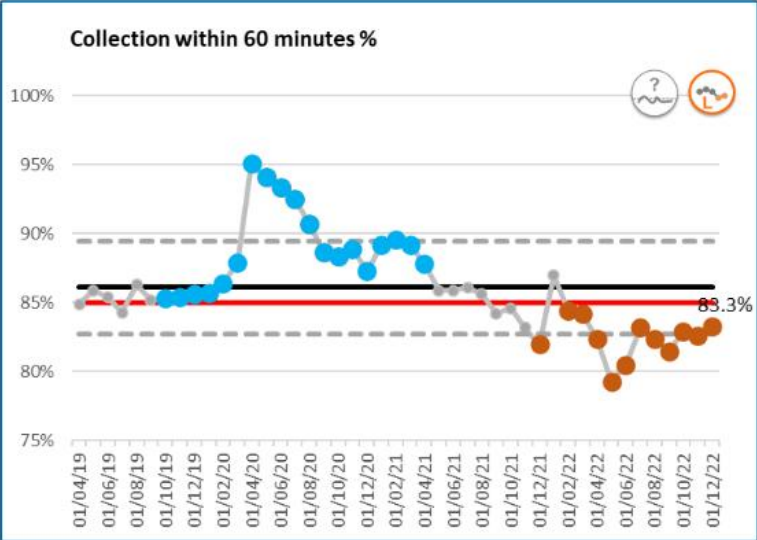
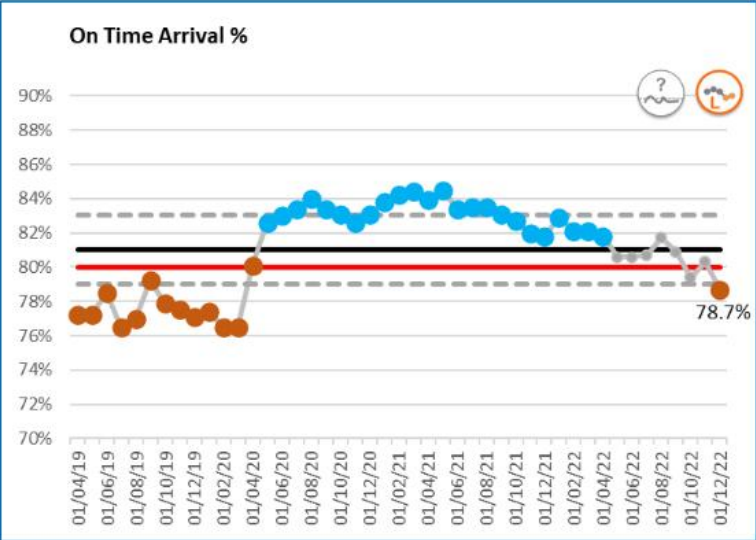
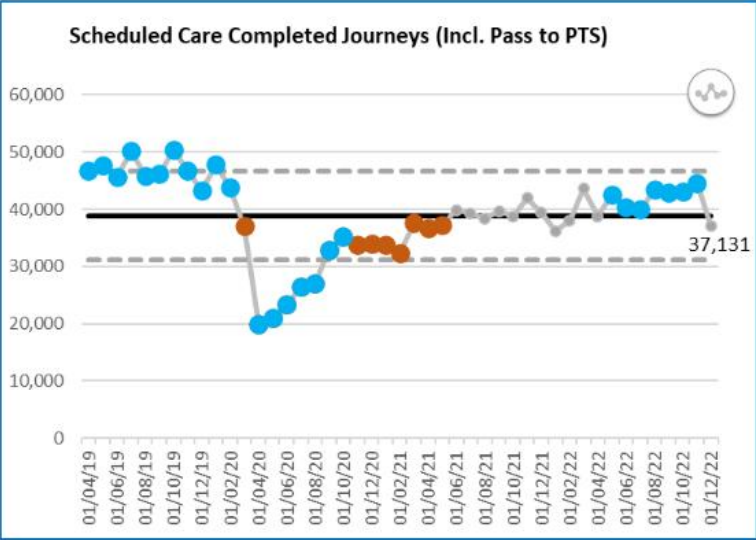
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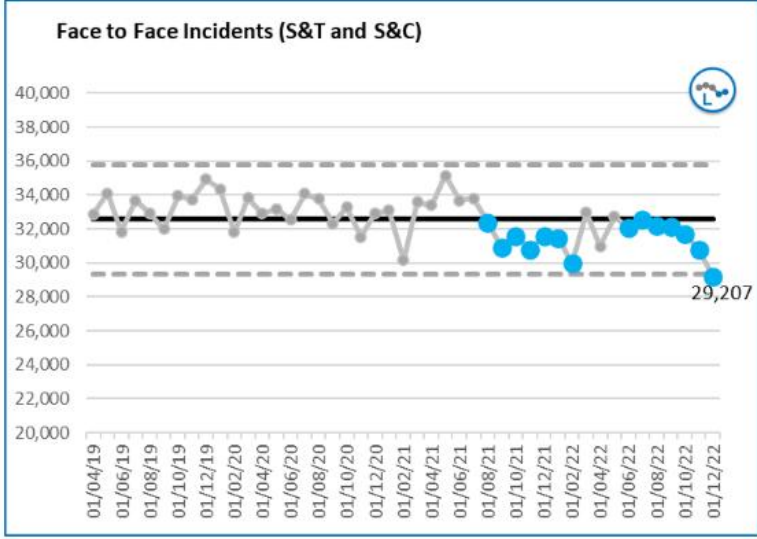
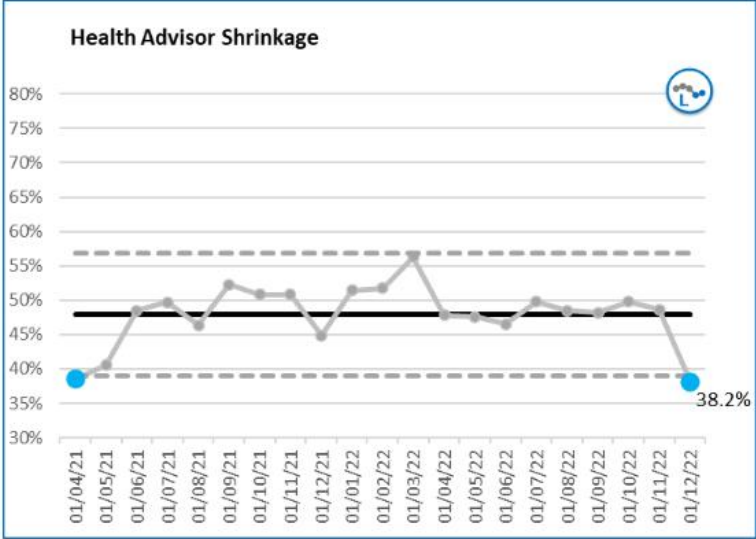
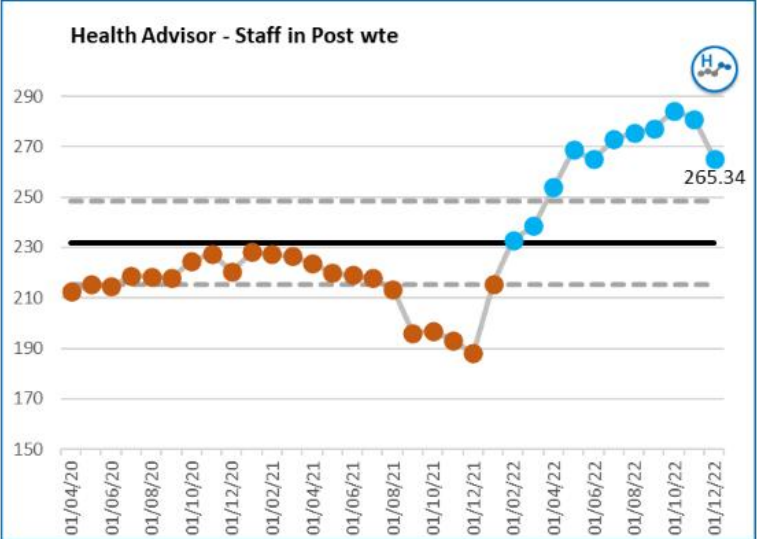
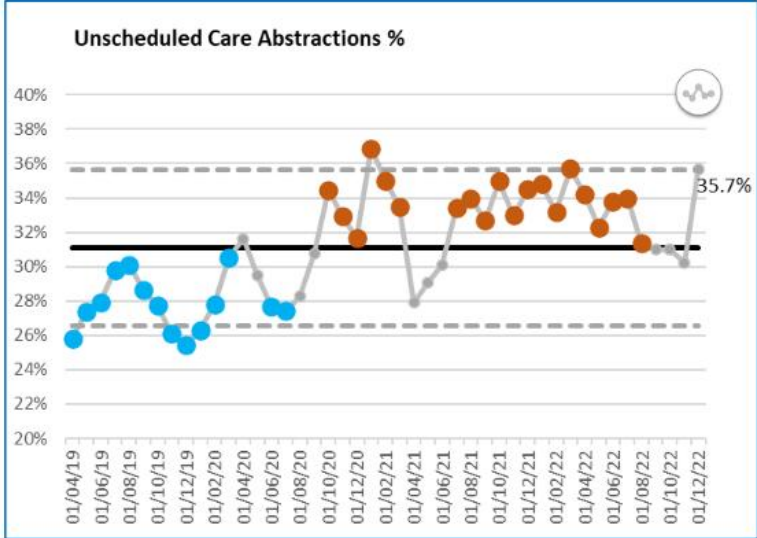
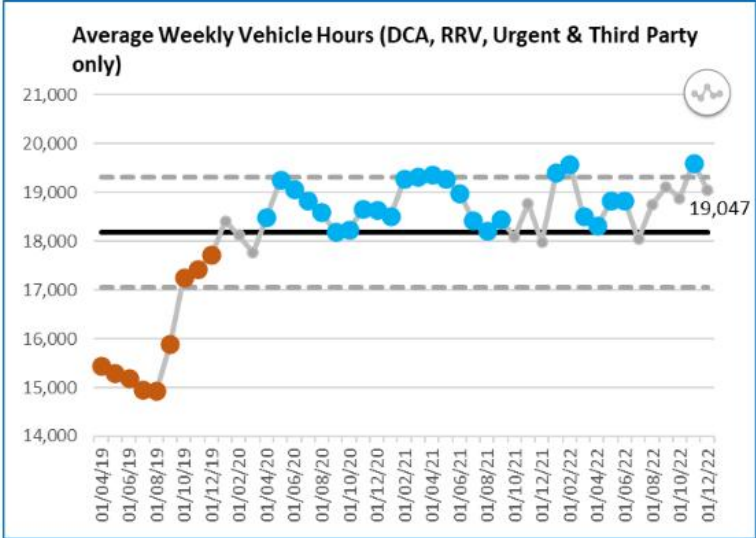
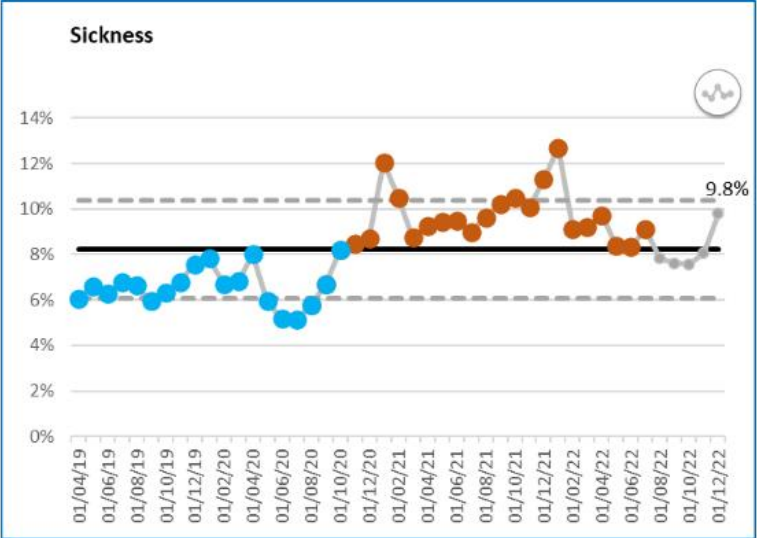
# Hospital Performance



# PTS Demand & Performance



# Trust Capacity & F2F incident demand







## North East Ambulance Service

Bernicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY



## HOUSING CONDITIONS AND STANDARDS AND THE IMPACT ON HEALTH AND WELLBEING

### REPORT OF THE ASSISTANT DIRECTOR OF HOUSING AND COMMUNITIES

#### 1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an overview of the importance of housing conditions and standards on the health and wellbeing of residents. The report also provides information on some of the work being undertaken in Sunderland to improve housing conditions.

#### 2. BACKGROUND

- 2.1 Housing is becoming increasingly important to health in light of urban growth, ageing populations and climate change. The World Health Organisation notes that improved housing conditions can save lives, prevent disease, increase quality of life and reduce poverty.
- 2.2 The causal relationships between poor housing and health outcomes are widely accepted with evidence of negative health effects from within the home of damp and mould, cold indoor temperatures, and overcrowding. These effects can also impact on the mental health of residents through lack of personal space and poor living conditions.
- 2.3 The recent Covid-19 pandemic and the resultant enforced lockdowns and social distancing measures of the population have also played a part in highlighting the importance of good housing and decent living conditions.

#### 3. CURRENT POSITION

- 3.1 A presentation is attached at **appendix one** of this report and covers a number of topics including:
- English Housing Survey;
  - A Fairer Private Rented Sector – White Paper;
  - Sunderland Testbed;
  - Mould and Damp Homes – Sunderland Response; and
  - Wider Initiatives and Programmes in Sunderland.
- 3.2 The Assistant Director of Housing and Communities will be in attendance at the meeting to provide the update on performance and answer any questions that Members of the Committee may have.

## **4 RECOMMENDATION**

- 4.1 The Health and Wellbeing Scrutiny Committee are asked to note and comment on the presentation.
- 

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07554 414 878  
[nigel.cummings@sunderland.gov.uk](mailto:nigel.cummings@sunderland.gov.uk)



# Housing conditions and standards and the impact on health and wellbeing

**Health and Wellbeing Scrutiny Committee**

*31<sup>st</sup> January 2023*



# Marmot review

- Focus around fuel poverty, cold homes and inequalities highlighted that thousand will die and millions of children will suffer from 'humanitarian crisis' of fuel poverty with thousands of lives lost and millions of children's development blighted'
- The review highlighted that 'Warm homes, nutritious food and a stable job are vital building blocks for health
- Also, the effect of cold homes on mental and physical illness, living on a low income does much damage. If we are constantly worrying about making ends meet it puts a strain on our bodies, resulting in increased stress, with effects on the heart and blood vessels and a disordered immune system.
- This type of living environment will mean thousands of people will die earlier than they should, and, in addition to lung damage in children, the toxic stress can permanently affect their brain development.

**Marmot Review report – 'Fair Society, Healthy Lives'** - The Marmot Review into health inequalities in England was published on 11 February 2010.

It proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities



# The English Housing Survey

- Commissioned by the Department for Levelling Up, Housing and Communities (DLUHC)
- Found that almost a quarter of private rented properties, or almost 1m homes, fall short on standards around cold, damp, disrepair, noise, or lack of basic amenities
- Similar poor standards were recorded for around 2m owner-occupied homes, representing 13% of the total, and 380,000 social rented homes, around 10% of the total
- Housing Secretary Michael Gove said landlords must "get a grip" and make improvements
- Shadow housing secretary Lisa Nandy said that the "scale of the crisis has been obvious for years, and yet ministers failed to take the urgent action required".



# 2021 Census

## **“More than 700,000 people in England and Wales lack central heating, says ONS”**

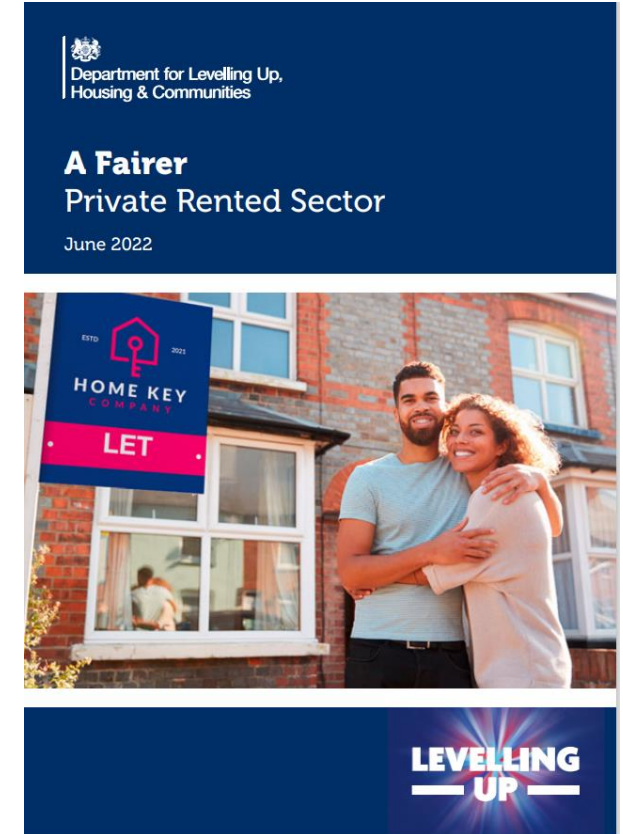
- One in 10 are elderly and ill - the ONS reports that among those living without central heating in England, 68,100 are aged 65 and over with long-term health conditions
- Official data highlights the conditions being suffered by those who live in 4m homes that the government rates as “non-decent” for failing to meet basic standards
- Charities lobbying for the rights of elderly people have warned that cold homes could cause 10,000 unnecessary deaths this winter
- London has the largest number of households without central heating (76,190), followed by the rest of the south-east (49,875), the south-west (42,550) and the north-west (47,710). There are a further 15,496 homes in Wales without central heating
- One in five (21.5%) of excess deaths in England are related to cold homes, with the UK as a whole said to have among the oldest and poorest quality housing stock in western Europe





# A Fairer Private Rented Sector – White Paper

- Most private landlords take their responsibilities seriously, provide housing of a reasonable standard, and treat their tenants fairly
- However, it is wrong that a fifth of private tenants in England are spending a third of their income on housing that is non-decent.
- Category 1 hazards – those that present the highest risk of serious harm or death – exist in 12% of properties, posing an immediate risk to tenants' health and safety.
- This means some 1.6 million people are living in dangerously low-quality homes, in a state of disrepair, with cold, damp, and mould, and without functioning bathrooms and kitchens.
- Yet private landlords who rent out non-decent properties will receive an estimated £3 billion from the state in housing related welfare



# A Fairer Private Rented Sector – White Paper

- Poor-quality housing hold people back and prevent neighbourhoods from thriving
- Damp, and cold homes can make people ill, and cause respiratory conditions.
- Children in cold homes are twice as likely to suffer from respiratory problems such as asthma and bronchitis.
- Homes that overheat in hot summers similarly affect people's health. In the PRS alone, this costs the NHS around £340 million a year.
- Illness, caused or exacerbated by living in a non-decent home, makes it harder for children to engage and achieve well in school, and adults are less productive at work
- There is geographical disparity with the highest rates of non-decent homes in Yorkshire and the Humber, the West Midlands and the North West.
- Visibly dilapidated houses undermine pride in place and create the conditions for crime, drug use, and antisocial behaviour

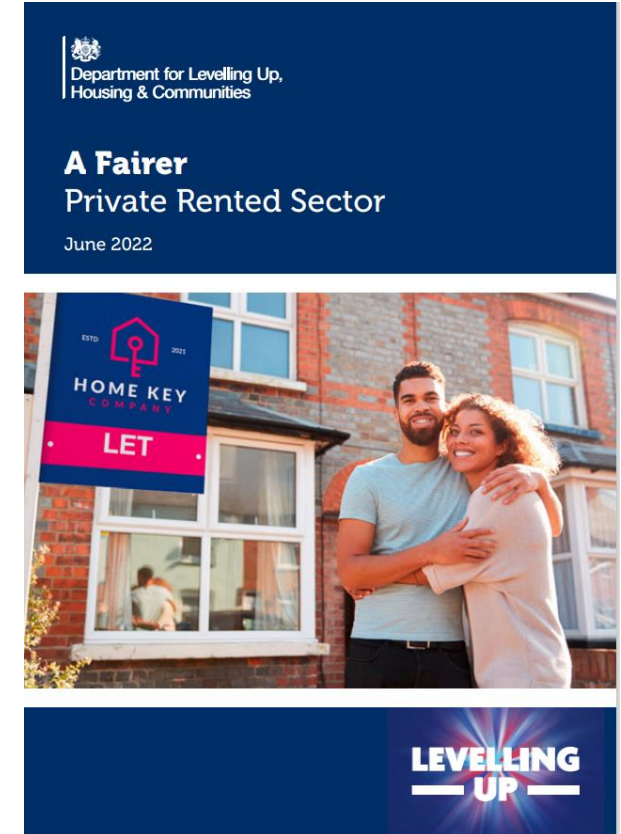


# A Fairer Private Rented Sector – White Paper

## The ambition within the White Paper

Committed to delivering a fairer, more secure, and higher quality Private Rented Sector. By;

1. All tenants should have access to a good quality, safe and secure home
2. All tenants should be able to treat their house as their home and be empowered to challenge poor practice.
3. All landlords should have information on how to comply with their responsibilities and be able to repossess their properties when necessary.
4. Landlords and tenants should be supported by a system that enables effective resolution of issues.
5. Local councils should have strong and effective enforcement tools to crack down on poor practice



# A Fairer Private Rented Sector – White Paper

## 12-point plan of action developed

### key aspects affecting property standards and health include:

- To halve the number of non-decent rented homes by 2030 and require privately rented homes to meet the Decent Homes Standard for the first time
- To accelerate quality improvements in the areas that need it most. To run pilot schemes with a selection of local councils to explore different ways of enforcing standards and work with landlords to speed up adoption of the Decent Homes Standard
- Introduce a new Property Portal to make sure that tenants, landlords and local councils have the information they need. The portal will provide a single ‘front door’ for landlords to understand their responsibilities, tenants will be able to access information about their landlord’s compliance, and local councils will have access to better data to crack down on criminal landlords
- Strengthen local councils’ enforcement powers and ability to crack down on criminal landlords by seeking to increase investigative powers and strengthening the fine regime for serious offences

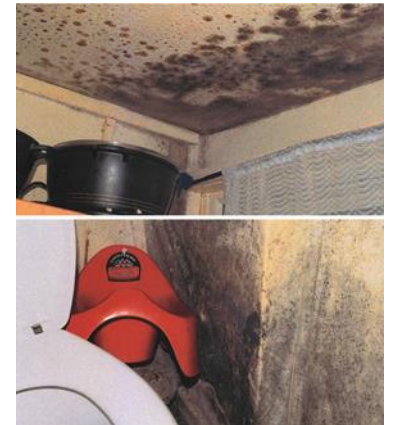




# Awaab Ishak

“Mould in Rochdale flat caused boy's death”, coroner rules

- Awaab died from a respiratory condition caused by exposure to mould in his home
- Awaab's father repeatedly raised the issue with Rochdale Boroughwide Housing (RBH) but no action was taken
- Coroner said landlord were not "proactive" and asked:
  - "How in the UK in 2020 does a two-year-old child die as a result of exposure to mould?"

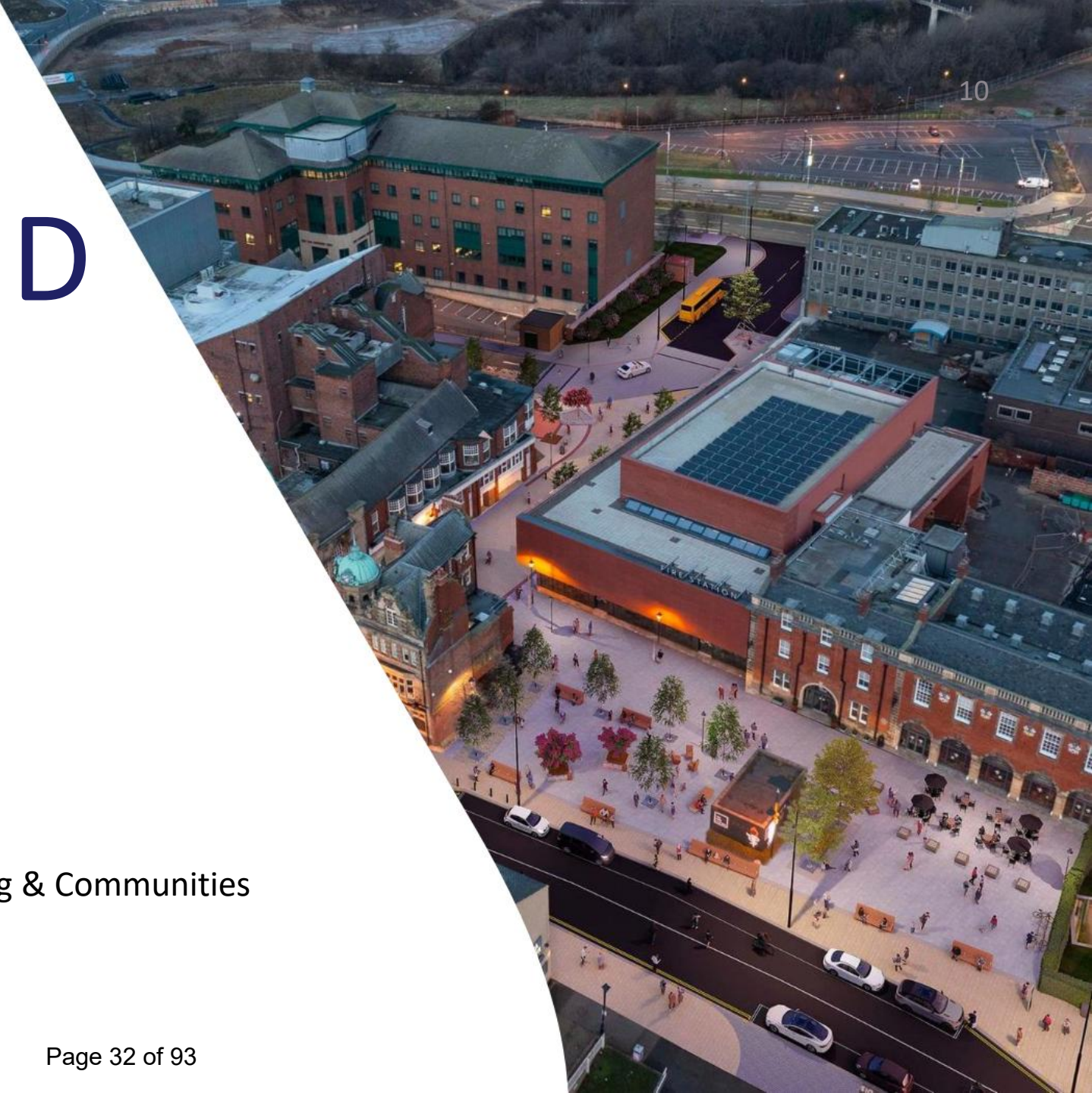




# SUNDERLAND TESTBED



**Graham Scanlon** Assistant Director of Housing & Communities  
**Dave Young** - Senior Business Manager





# FIVE TESTBEDS ACROSS THE UK

- **Sunderland:** Addressing cold and damp housing conditions.
- **Northern Ireland:** Reducing social isolation and loneliness.
- **Essex:** Improving efficiencies and communication in care provision.
- **Leeds:** Tackling root causes of loss of independence in ageing communities.
- **Brighton:** Reducing health inequalities and building resilience in carers.







# SUNDERLAND TESTBED OVERVIEW

Sunderland's 'Homes for Healthy Ageing Programme' was commissioned and ran on behalf of the **City's Ageing Well Board** which is made up of health, housing, social care and voluntary sector providers.

The programme:

- Created seven **testbeds** opportunities for SME's to think about the Sunderland Challenge **and demonstrate innovative approaches** to how the challenge may be met.
- Focused its efforts on **delivering replicable, impactful solutions** to move forward Sunderland's healthy ageing agenda and share any successful findings with other local authorities experiencing the same challenge as Sunderland.





# SUNDERLAND'S CHALLENGE

Sunderland organisations took on a challenge that **spans the boundaries of health, housing, social care and community.**

Putting homes at the heart of the healthy ageing challenge.

Sunderland focusing on **cold, poor air quality in the home environment & fuel poverty**



**COLD, POOR AIR QUALITY AND FUEL POVERTY**



# ASSOCIATING FACTORS

Changing demographics and population forecasts predict an ageing population will increase demand upon the city's services.



It is predicted that the number of residents aged 65 and over will increase by more than 22% to 66,300 by 2030. That equates to nearly a quarter of the city's residents being 65 plus.



Households in Sunderland headed by someone aged 60 and over is expected to increase by 27.6%. The proportion aged 75 and over is expected to increase by 43.3% and the proportion aged 85 and over is expected to increase by 55.5%



In the Northeast overall, one in five excess winter deaths can be attributed to cold homes.



# SUNDERLAND'S TESTBED



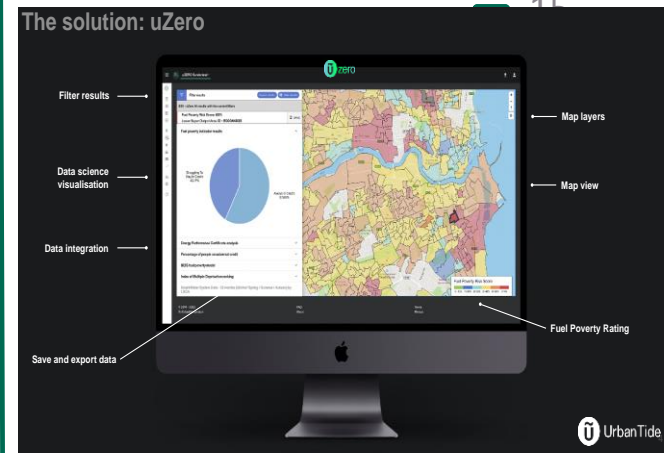
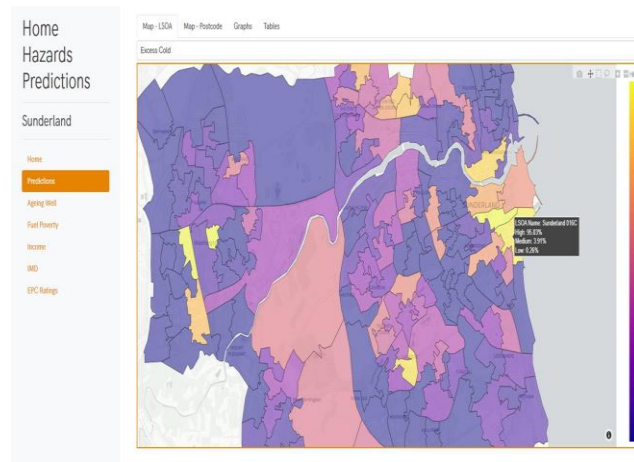
SORA

GARDARICA

Bays



AIREX





# SUNDERLAND'S TESTBED

Sunderland focused on cold, poor air quality in the home environment & fuel poverty and shared its outcome at its final showcase event in City Hall



Sunderland will deliver a final showcase in London on 9<sup>th</sup> February on the testbed process and its findings to promote healthy homes for all

This will include a panel session which will include by Graham Scanlon Assistant Director of Housing & Communities with an audience that will consist of other Local Authorities, Housing Providers and Ministers



The significant links between cold, mould, fuel poverty and health outcomes emphasises the need for this topic to be treated as a priority by all

# Mould and Damp Homes – Sunderland response

- Letter received from DLUHC requesting details on the Private Sector and associated activity and actions in relation to poor quality private sector stock in the city
  - Environmental Health Team responded to DLUHC
- Letter received from the Regulator of Social Housing (RSH) regarding the Council stock and asking for clarification
  - All Council stock is in good condition and exceeds decent Homes
  - All RP’s have to respond to the RSH and this includes RPs active in the city
- Letter to all Registered Providers operating within the City from Director of Public Health and Chair of Health and Well Being Board
  - 10 responses received
  - All explain their position and approaches to their stock with regards to managing and dealing with mould and damp
  - Council action plan developed

Responses Received

RP
Gentoo
Believe Housing
North Star
Sanctuary
Thirteen
Bernicia
Karbon
Accent
Changing Lives
Anchor



# Mould and Damp Homes – Sunderland response

## Action Plan – key activity

- Housing Ombudsman Service – 12 Key Recommendations to be implemented actions within Council service
- Checklist to be issued to all RP partners to complete quarterly confirming compliance against each area
- All RPs to discuss regularly issues within the RP Strategic Network Group meetings
- Development of a Comms Plan to target Private Landlords – provision of advice and support
- Development and publish of checklist for Private Landlords and Accredited Landlord to support understanding of Decent Homes standards and wider compliance areas
- Development of a “reporting in” process for private sector tenants or other concerned service professionals in relation to property conditions (MECC / SPOC)
- Wider awareness programme for owner occupiers and points of advice and support



# Wider initiatives and programmes in Sunderland

- ECO Flex 4
- Creation of hardship fund - £100,000 to plug the gap where criteria on ECO Flex 4 fails to support residents
- Partnership with Utilita
- Household Support Fund
- Welfare Advice Services
- Warm Spaces
- Cost of Living Team and Action Plan
- Council Housing specification – High quality homes





# Council tackling poor quality properties

## Standards before





# Council refurbishment standards

## Standards after





# QUESTIONS

**Health and Wellbeing Scrutiny Committee**

*31<sup>st</sup> January 2023*



**SUNDERLAND CITY COUNCIL DRAFT ALCOHOL STRATEGY****Report of Executive Director of Health, Housing and Communities****1.0 Purpose of the Report**

- 1.1 The purpose of the report is to request endorsement from Health and Wellbeing Scrutiny Committee on the Sunderland City Council Alcohol Strategy: Calling Time: It's Time To Rethink Drink including the strategy objectives and next steps within the report.

**2.0 Background**

- 2.1 Alcohol is a complex issue within Sunderland and causes significant harm to our communities. No single approach will be successful in isolation; therefore it requires commitment and contributions from a range of partners across the city. Alcohol remains one of the key drivers of health inequalities and one of the key causes of premature death.

**3.0 Sunderland City Council Alcohol Strategy: Calling Time: It's Time To Rethink Drink**

- 3.1 Alcohol use has health and social consequences borne by individuals, their families, and the wider community and impacts upon a range of frontline services including the Council, NHS, Police, Ambulance, Licensing and Social Care. It impacts upon the workplace, through lost productivity and absenteeism and on education, through non-attendance and disruption.
- 3.2 The majority of Sunderland's alcohol-related harm outcomes remain higher than the England average, these are highlighted in our alcohol Joint Strategic Needs Assessment (JSNA). Sunderland has a number of outcomes which are in the worst top ten in the country, this includes alcohol related hospital admission rates which are the third highest in England, under 18's admission episodes and alcohol specific mortality.
- 3.3 Covid-19 has impacted on drinking levels. Alcohol consumption increased during lockdown. In March 2020, nationally sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic. Although those from affluent backgrounds were more likely to drink and drink at high levels, there was a greater impact from alcohol related diseases on those from lower income backgrounds.
- 3.4 The strategy has been developed via the Sunderland Drug and Alcohol Harm Reduction Group, partners including Northumbria Police, Wear Recovery (our adult substance misuse and alcohol treatment provider), South Tyneside and

Sunderland Foundation Trust, Youth Drug and Alcohol Project (YDAP), Lived experience representatives, Balance North East, Gentoo and NERAF. The draft strategy has also been to various Boards for consultation across Sunderland such as Safer Partnership, Living Well Delivery Board, Health and Care Alliance.

3.5 There are a number of key priorities in the strategy, these are:

- Promote an alcohol-free pregnancy
- Promote an alcohol-free childhood
- Create a culture where people drink less alcohol
- Reduce availability of cheap alcohol
- Promote the responsible sale of alcohol
- Reduce the harms that alcohol currently causes

3.6 We will adopt a universal proportionalism approach ensuring resources and services are allocated proportionately to population need. We will continue to focus on delivering our Healthy City Plan, using local data and intelligence to inform our work, and building on the community response to the pandemic to ensure diverse and under-represented groups' voices and experiences are heard.

3.7 In order to mitigate the impact of alcohol harms, we have agreed the following objectives and next steps:

#### **Objective One: Prevention and early intervention**

- Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.
- Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.
- Promote harm reduction messages for the reduction of alcohol intake.
- Increase early identification and support for those affected by alcohol harms across the life course.
- Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development.

#### **Next Steps**

- Ensure alcohol brief intervention training is embedded in relevant council frontline services and within NHS frontline service such as the midwifery services.
- Ensure professionals supporting parents with substance misuse and alcohol related issues receive effective training.
- Raise awareness of the dangers of alcohol during pregnancy by promoting the Superbabies Campaign
- Embed an alcohol in pregnancy local maternity system pathway and screening tool at local level through STSFT Maternity Services, supported by the Best Start in Life action plan.

- Contribute to the developing model for Social Prescribing and scope how we can best support the system to prevent alcohol harm and signposting to the Aspire service.
- Through the Better Health at Work programme, support employers to develop their own organisational policies around alcohol.
- Support our local Street Pastors scheme via funding a volunteer recruitment drive to support an expansion of the service to deliver targeted support to vulnerable groups
- Contribute to future updates of the Statement of Licensing Policy and ensure that relevant health data is used when developing the policy.
- Expansion of the community outreach element of the Youth Drug and Alcohol Project to allow early identification of under 18's needing support.
- Continue to work with City Development to consider the impact of alcohol in the design and regeneration of our city centre.
- Continue to work with Balance North-East to support regional approaches to advocate change, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support an alcohol-free childhood.
- Develop effective alcohol messaging in risk taking education packages are agreed amongst partners to ensure a consistent harm reduction offer in educational settings. Ensure this is without alcohol industry intervention.

**Objective Two: Providing specialist interventions to promote a quality treatment and recovery system**

- Ensure that individuals, families/carers, and wider partners have access to high quality information on support and treatment options.
- Provide effective and quality specialist treatment and recovery services in Sunderland.
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Work with partners and STSFT to develop our hospital Alcohol Care Team.

**Next Steps**

- Promotion of In-Patient Detoxification referral pathways amongst partners
- Exploration of regional opportunities for In Patient Detoxification and Residential Rehabilitation providers.
- Continue to monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Evaluate the projects funded via the Substance Misuse Treatment and Recovery Grant and use these findings to continue to develop effective and sustainable projects for the future funding periods.
- Establish a partnership Substance Misuse Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.

- Develop effective pathways and information sharing protocols to link criminal justice enforcements requirements with housing and treatment and recovery services.
- Continue to effectively communicate the effects of alcohol related harms so individuals can make informed choices about their alcohol consumption, with a focus on the effects of drinking at home.
- Integrate alcohol specialist advice and support into wider health and care system and NHS multi-disciplinary team processes.

### **Objective Three: Protecting children, young people and families from alcohol related harm**

- Contribute to the effective safeguarding of children, young people and adults where substance misuse and is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.
- Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.
- Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.

#### **Next Steps**

- Applying a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. This will involve working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.
- Commission a HRB Survey for young people in Sunderland in 2023, use the results of this survey to identify future initiatives and projects to reduce alcohol harm amongst children and young people.
- Continue to work with Sunderland Safeguarding Partnership and develop effective children, young people and families affected by alcohol harms.
- Ensure effective pathways between services supporting those experiencing alcohol related harms.

## **4.0 Recommendation**

- 4.1 Health and Wellbeing Scrutiny Committee is requested to endorse the draft Sunderland City Council Alcohol Strategy including the strategy objectives and next steps within the report.

Appendix one: Sunderland City Council Alcohol Strategy

## Calling Time: It's time to rethink drink

### Sunderland Alcohol Strategy

The Sunderland Healthy City Plan (2020-2030) is our Health and Wellbeing Board's refreshed joint Health and Wellbeing Strategy. The vision for our Healthy City Plan is:

**"Everyone in Sunderland will have healthy, happy lives,  
with no one left behind"**

The Healthy City Plan supports the delivery of the overarching City Plan (2019-2030). Its vision is "By 2030 Sunderland will be a connected, international city with opportunities for all." The plan sets out three key themes:

- A dynamic smart city
- A healthy smart city
- A vibrant smart city

The Health City Plan focuses on tackling the social determinants, 'the causes of the causes' of poor health throughout the life course – starting well, living well and ageing well and addressing inequalities for key vulnerable populations. The priorities in the plan are:

**Starting Well:** giving every child the best start in life; and enabling children, young people and families to maximise their capabilities and have control over their lives.

**Living Well:** creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; and strengthening the role and impact of prevention.

**Ageing Well:** strengthening the role and impact of prevention for older people.

This evidence-based alcohol strategy (referred to as 'the strategy') shows that alcohol causes significant harm to our residents and we need to focus on prevention. We will adopt a universal proportionalism approach ensuring resources and services are allocated proportionately to population need. The shared values and behaviours of the Healthy City Plan underpin this strategy and will guide our approach to strategy implementation. These shared values and behaviours are:

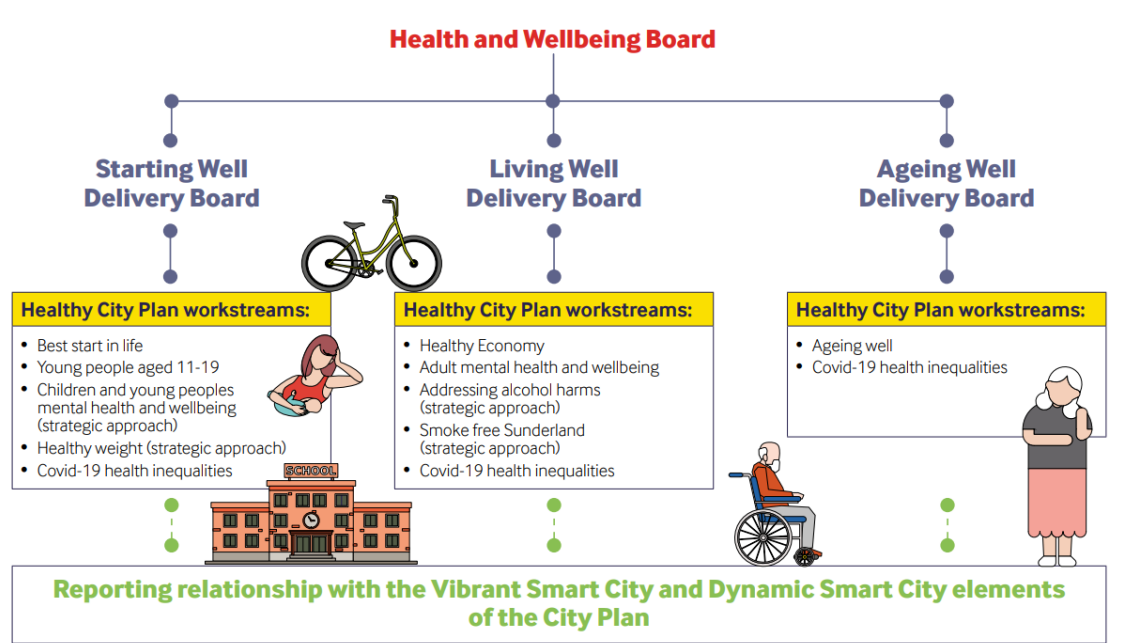
- **Focusing on prevention** – helping people to stay healthy, happy and independent
- **Tackling health inequalities** - challenging and taking action to address inequalities and the social determinants of health
- **Equity** – ensuring fair access to services dependent on need
- **Building on community assets** – recognising individual and community strengths that can be built upon to support good health and independence
- **Working collaboratively** - everyone playing their part, sharing responsibility and working alongside communities and individuals
- **Being led by intelligence** – using data and intelligence to shape responses

The Strategy will support the delivery of the Healthy City Plan through:

- Promoting and supporting an integrated system encompassing prevention, treatment and recovery
- Ensuring access to the highest quality treatment for all residents



- Supporting families and carers exposed to alcohol harms within the home
- Ensuring clear and effective pathways are in place to support residents help themselves and make access easy



The Sunderland Drug and Alcohol Harm Partnership leads the strategic approach on alcohol issues, providing assurance to the Safer Sunderland Partnership and the Health and Wellbeing Board on strategies in place to deliver the Drug and Alcohol Action Plan. The Living Well Delivery Board will be the forum by which the Drug and Alcohol Partnership reports progress to the Health and Wellbeing Board.

## Achievements – Healthy City Plan

Objective one	Objective two	Objective three
<b>Prevention and early intervention</b>	<b>Providing specialist interventions to promote a quality treatment and recovery system</b>	<b>Protecting children, young people and families from alcohol related harm</b>
Additional investment into a new early intervention alcohol service via Wear Recovery called Aspire.	Continue to invest in a fully integrated specialist substance misuse and alcohol treatment and recovery service. The service offers a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals.	Continued investment in the Youth Drug and Alcohol Project (YDAP) which offers specialist help, advice and support on substance misuse and alcohol to under 18's in Sunderland. The service focusing on three key components, universal training on health harms, targeted brief intervention, and specialist individual services for more complex and serious cases.

Public Health voice in all licensing applications through Public Health representation at the Responsible Authority Group	Implemented the Changing Futures programme to support individuals with multiple and complex needs.	Adopted a Healthy Settings approach which aims to influence the environment in which young people live and learn. This 'whole systems approach' provides support on key issues and challenges educational establishments may be facing around risk taking behaviour.
Introduced a Responsible Retailers Scheme whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children.	Implement an Integrated Individual Placement and Support (IPS) within existing treatment services, IPS provides intensive support to those in treatment and/or recovery to access employment.	Promoted an Alcohol-Free School approach which supports a standardised approach to school-based alcohol policies and procedures. Participating educational settings must ensure they have up to date drug and alcohol and safeguarding policy available in paper copy and electronic format that is accessible to parents, carers and students. The policy will also support an alcohol-free school approach.
Continued to embed alcohol brief intervention training as part of the Sunderland Health Champion Programme to allow further awareness raising across Sunderland.	Supported the expansion of the Alcohol Care Team within South Tyneside and Sunderland Foundation Trust.	Commissioned a Health-Related Behaviour Survey (2021) in primary and secondary educational settings across Sunderland with the aim of gaining a better understanding of the health and wellbeing of young people in Sunderland.
Taken a population health management approach through the alcohol Joint Strategic Needs Assessment which is published on the council webpage.	Utilised the Substance Misuse Treatment and Recovery Grant to fund a specialist post co-located within the council housing team to support those experiencing alcohol harms and homelessness.	Continued to support the Southwick Raising Aspirations Altogether (SARA) and Hetton Aspirations Linking Opportunities (HALO) projects which focus on helping vulnerable young people and families in our community by bringing key partners together in a whole systems approach.

Worked with the local authority 7 to continue to commission BALANCE and promote alcohol harm reduction campaigns specific to Sunderland.	Utilised the Substance Misuse Treatment and Recovery Grant to fund a specialist post co-located within Northumbria Police City Centre Neighbourhood team for offenders with complex needs to support them into their treatment journey.	Adopted a model of implied consent for young people attending A&E for drug and alcohol related conditions, they will be referred directly to treatment to support their recovery journey and prevent repeat admissions.
Utilised the Better Health at Work Award and the Sunderland Workplace Health Alliance to ensure workforces have the skills and awareness to identify alcohol related harms and available support.	Utilised the Substance Misuse Treatment and Recovery Grant to fund a specialist post within NERAF to support those experiencing drug and alcohol related harms and a specific carers support group.	Applied a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. The approach involves working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.
Completed a full review of our community alcohol treatment services, the outcomes are informing this strategy and associated action plans.	Formalised agreed information sharing protocols between key partners.	Commissioned a service to support parents, families and carers of those who experiencing issues with substance misuse and/or alcohol.
Completed a review of alcohol related training for professional via the ICS Alcohol Studies Advisory Group.	Adopted a trauma informed care approach within the treatment and recovery system.	Delivered alcohol brief intervention training to health champions across Sunderland with the aim of disseminating across their communities and making every contact count.

### What are the strategy governance arrangements?

The Sunderland Drug and Alcohol Partnership (referred to as 'the Partnership') will oversee the Strategy. The Partnership comprises of key stakeholders who work together to tackle alcohol and drug related harms. The Partnership is chaired by the chair of the Sunderland

Health and Wellbeing Board and Cabinet Member for the Healthy City Portfolio. The governance to the Sunderland Health and Wellbeing Board is via the Living Well Delivery Board. The Executive Director for Health, Housing and Communities chairs the Living Well Delivery Board, they hold the statutory position of Director of Public Health on the Health and Wellbeing Board.

A specific strategy implementation group will be formed to oversee the implementation of the alcohol action plan, this will encourage a range of partnership collaborations.

### **What key outcomes will we measure?**

Key performance indicators include the following Government outcomes:

- A reduction in alcohol related violent crime
- An increase in treatment capacity by 20%
- An increase in residential rehabilitation opportunities to 2% of treatment capacity
- A treatment place for every offender
- A reduction in the number of alcohol-related deaths
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- A reduction in alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- A reduction in alcohol related under 18 hospital admissions
- A reduction in alcohol related mortalities in under 25s
- A reduction in alcohol related accident and emergency attendances
- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people “binge drinking”
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed
- A reduction in the number of homeless presentations from clients with an alcohol dependency
- A reduction in number of alcohol units consumed by pregnant women

### **Our Ambition**

Our ambition is clear, we want Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. We want the city to be a good place to do business where businesses operate responsibly; so, they don't impact negatively on each other, or on residents and visitors. We want to create the conditions for economic growth while achieving the best possible health and wellbeing for Sunderland.

Our priorities are to: **(INFOGRAPHIC)**

- Promote an alcohol-free pregnancy
- Promote an alcohol-free childhood
- Create a culture where people drink less alcohol
- Reduce availability of cheap alcohol
- Promote the responsible sale of alcohol
- Reduce the harms that alcohol currently causes

Our strategy uses a life course approach to alcohol harm reduction, recognising that risks accumulate throughout a person's life and as such, it will be a mixture of universal and targeted action.<sup>1</sup>

Our objectives are: **(INFOGRAPHIC)**

- Prevention and early intervention
- Provide specialist interventions to promote a quality treatment and recovery system
- Protect children, young people and families from alcohol related harm

## Addressing Alcohol Harms

Alcohol is a complex issue within our society and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city. Alcohol remains one of the key drivers of health inequalities and one of the key causes of premature death.

Alcohol use has health and social consequences borne by individuals, their families, and the wider community and impacts upon a range of frontline services including the Council, NHS, Police, Ambulance, Licensing and Social Care. It impacts upon the workplace, through lost productivity and absenteeism and on education, through non-attendance and disruption.

The Chief Medical Officer (CMO) guidelines for men and women states that:

**“To keep health risks from alcohol to a low level it is safest not to drinking more than 14 units a week on a regular basis. If you do drink as much as 14 units per week, it is best to spread this evenly over three days or more.”<sup>2</sup>**

According to our Sunderland Adult Lifestyle Survey in 2017, 22% of adults exceed the current recommended safe limits for alcohol consumption.

The majority of Sunderland's alcohol-related harm outcomes remain higher than the England average, these are highlighted in our alcohol JSNA.<sup>3</sup> Sunderland has a number of outcomes which are in the top ten in the country, this includes alcohol related hospital admission rates which are the third highest in England, under 18's admission episodes and alcohol specific mortality.

## Gambling

The North-East region has the highest rates of participation in, and harm from gambling. Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk: 1.6% of non-drinkers gambling at elevated risk levels compared to 10.0% of people who consume over 50 units per week.

## Exploitation

The latest domestic abuse guidance produced by the government in 2021 referred to alcohol being used for control and coercion purposes as well as exploitation. Analysis of

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<sup>1</sup> <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf)

<sup>3</sup> <https://www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment>

safeguarding adult reviews (SAR) published in England in 2017 in which alcohol was identified as being a significant factor in the person's life and/or death found that most of the individuals had experienced some form of exploitation in their lifetime. Tragically three of the 11 deaths that were examined had been caused by injury due to physical abuse. Alcohol also features heavily in the exploitation of young people and is highlighted as an example of a 'gift' that may be given in order to facilitate grooming/exploitation offences. Exploitation can take many forms one of which is sexual exploitation. New analysis of police-recorded crime data from October 2022 shows that the number of child sexual exploitation crimes has increased by 10% within the last year.

### **Violence against women and girls and Domestic Abuse**

The Office of National Statistics data shows that violence against women and girls can lead to significant and long-lasting impacts such as mental health issues, suicide attempts and homelessness. The latest domestic abuse guidance produced by the government referred to an evaluation of a programme focusing on high-risk, high-harm perpetrators, that showed one fifth of service users had misused alcohol. It also referred to a 2022 Home Office report summarising 127 Domestic Homicide Reviews (DHRs) that found alcohol and drug use was noted as a perpetrator vulnerability in around a third of cases. The World Health Organisation also highlighted alcohol as a risk factor to intimate partner and sexual violence. The WHO 2013 study into intimate partner violence also showed that the victim was twice as likely to experience alcohol related issues. In Sunderland the commissioned domestic abuse support service, Wearside Women in Need, had 120 clients who were experiencing alcohol related issues. This was from October 2021- October 2022.

### **Mental health**

The relationship between mental health and alcohol is complex. Data collected from over 72,000 people in alcohol treatment in 2019 showed that more than half (55%) expressed a need for help with their mental health, and four in five (79%) of those said they were receiving some support. Academic evidence suggests that the proportions of people in the alcohol treatment system with co-occurring mental ill-health is likely to be higher. The issues surrounding dual diagnosis is widespread and known however this continues to be an issue for those accessing substance misuse treatment and recovery who are experiencing mental ill-health.

### **Criminal justice**

A joint PHE/MoJ study in 2017 on the impact of community-based treatment on re-offending found that, overall, there was a reduction of 44% in the number of people who were recorded as re-offending in the two years following the start of treatment and a reduction of 33% in the number of offences. Alcohol only users showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively). The correlation between crime and alcohol has been recognised with the target within the Substance Misuse Treatment and Recovery Grant to ensure there is a treatment place for every offender. This has also been recognised within our Healthy City plan.

### **Homelessness**

Sunderland City Council undertook phase one of a homelessness health needs audit (HNA) in late 2022. This included desktop research into the homeless population of Sunderland. Phase two will study the findings of a questionnaire developed by our partners Homeless Link, which will be completed by residents with lived experience of homelessness. The questionnaire will focus on whether support needs are being met and treated. Full results of



the homelessness health needs audit will be published in April 2023. Key findings of phase one of the HNA in relation to alcohol include:

- In 2022, 12.6% of those presenting as homeless or threatened with homelessness to Sunderland City Council had alcohol dependency needs.
- In 2022, 17.0% had drug dependency needs.

## Impact of Covid-19

Covid-19 has impacted on drinking levels. Alcohol consumption increased during lockdown. In March 2020, nationally sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic. Although those from affluent backgrounds were more likely to drink and drink at high levels, there was a greater impact from alcohol related diseases on those from lower income backgrounds.<sup>4</sup>

The Annual Director of Public Health Report (2021/22), *Same Boats, Different Storms* focuses on the impact that the pandemic has had on the wider determinants of health and health inequalities in Sunderland. The report highlights some of those key challenges and sets out the great work happening across the city to try to mitigate the effects of the pandemic. The recommendations set out in the report around tackling alcohol harms will help direct our work and form the objectives of future work.

The Public Health England report<sup>5</sup> which collated data on alcohol consumption and alcohol-related harm in England throughout the coronavirus (COVID-19) pandemic and compares it to data from previous years found that people were more likely to report increasing their alcohol consumption during the pandemic. For example, between March 2020 and March 2021, there was a 58.6% increase in the proportion of respondents drinking at increasing risk and higher risk levels. Importantly, this data shows a step-change around the time the pandemic began, where the prevalence of increasing risk and higher risk drinking increased and then continued to be higher than previous years throughout the pandemic year.

The report also highlighted that:

- Between 2019 and 2020 (before and during the pandemic), volume sales in the off-trade increased by 25.0%. This increase was consistent and sustained for most of 2020. We saw increases for all product types, with the largest relative increase for beer (+31.2%), followed by spirits (+26.2%), wine (+19.5%), and cider (+17.6%)
- The heaviest buying quintile increased their purchasing by 5.3 million litres of alcohol (+14.3%)
- Over 8.4 million people were now drinking at higher risk, up from 4.8 million in February
- Sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic
- Alcohol's effects on mental health are particularly concerning during lockdown
- One in 14 (7%) survey respondents felt that alcohol had made the tension in their household worse since lockdown

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<sup>4</sup> [Watershed moment to tackle widening health inequalities as a result of COVID-19 | Imperial News | Imperial College London](#)

<sup>5</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1002627/Alcohol\\_and\\_COVID\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf)

- During the first month of lockdown the proportion of people drinking four or more times a week increased as did binge drinking
- In 2020, when the pandemic began, England saw a 20% increase in total alcohol-specific deaths compared to 2019 (6,983 compared to 5,819). There were higher rates from May 2020 onwards and a third of deaths occurred in England's most deprived communities

## The wider cost of alcohol harm<sup>6</sup>

### National picture

Whilst the safe use of alcohol continues to play an important role in the social, economic and cultural aspect of society, changing drinking patterns and rates of consumption has meant that harmful use of alcohol is having damaging effects on disease and long-term health conditions, high risk behaviour, mental health disorders and unsafe sexual behavior.

### In England: (INFOGRAPHIC)

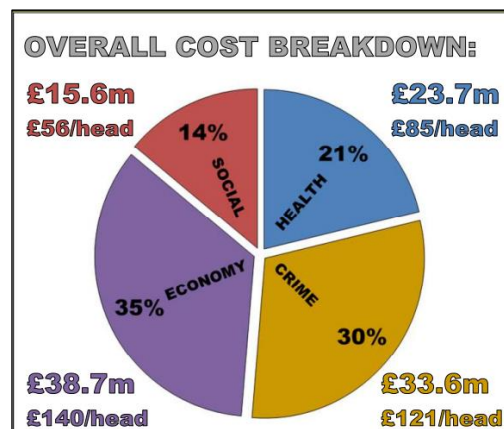
- Alcohol harm costs society £21 billion a year<sup>7</sup>
- NHS costs equate to £3.5 billion (equal to £120 for every taxpayer)<sup>8</sup>
- Alcohol is a causal factor in over 200 medical conditions<sup>9</sup>
- 1.6 million people have some level of alcohol dependence<sup>10</sup>

### Local impact

In 2015/16, the overall cost of alcohol harm in Sunderland was estimated to be £111.6million, which is the equivalent of £403 per head of population. The North-East cost per head was estimated at £386, and England at £363.

These Sunderland 'harm' costs can be broken down into:

- 35% wider economy (38.7m), with an estimated 1,026 potential years of working life lost due to alcohol
- 30% crime and disorder (33.6m), with an estimated 24,400 alcohol related crimes
- 21% Local NHS services (23.7m), with an estimated 6,805 alcohol related admissions
- 14% social services (15.6m), with an estimated £12.4m cost to children social services



It should be noted that these costs do not take into account the health and social consequences suffered by individuals, their families, and the wider community.

Balance and the Northeast Ambulance Service published a new report in November 2022 titled, Fuel to the fire – alcohol's impact on the Northeast Ambulance Service following the

<sup>6</sup> Balance North East

<sup>7</sup> <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>

<sup>8</sup> <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>

<sup>9</sup> <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

<sup>10</sup> <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

pandemic. The report illustrates the extent of pressures faced by the ambulance service as a result of alcohol-related call-outs in recent months. The key findings from the report are:

- 1 in 3 NEAS employees (30%) state that 50% or more of the incidences they dealt with over the Christmas period 2021 involved alcohol.
- Almost half of NEAS employees (47%) state that over 75% of call-outs for assaults were related to alcohol.
- 68% of NEAS employees state that over 50% of call-outs for domestic violence were related to alcohol.
- 93% of NEAS employees agree that dealing with alcohol-related call-outs places an avoidable demand on time and resources.
- Private residences pose the highest fear of risk of harm from members of the public, with 45% stating this to be most risky, followed by on street locations.
- 40% of NEAS employees have received threat of injury from patients or members of the public at least six times, and 1 in 3 have received an actual injury or verbal abuse on as many occasions.
- 38% of NEAS employees have been subjected to sexual harassment / assault whilst on duty from people under the influence of alcohol.
- Many incidences of abuse and injury go un-reported with 36% of NEAS employees stating that they did not report any incidences to the police.

## Alcohol and Health

Alcohol is often associated with positive aspects of life, but many people drink at levels that harm their own health and impact negatively on those around them.

In England and Scotland 24% of adults regularly drink over the Chief Medical Officer's low-risk guidelines, and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (over 8 units for men and over 6 units for women).<sup>11</sup>

Alcohol misuse contributes to 200 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cancer, cardiovascular disease, depression and liver disease.<sup>12</sup>

Evidence shows that harmful use of alcohol disproportionately affects the most vulnerable groups in society - those in the lowest income bracket and those experiencing the highest levels of deprivation.<sup>13</sup>

In England in 2020/21, there were 1,500 hospital admissions related to alcohol consumption per 100,000, lower than Sunderland which had a rate of 2,401 per 100,000 which equates to 6,660.<sup>14</sup>

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<sup>11</sup>

[www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits)

<sup>12</sup> [https://www.who.int/news-room/fact-](https://www.who.int/news-room/fact-sheets/detail/alcohol#:~:text=The%20harmful%20use%20of%20alcohol,represents%205.3%25%20of%20all%20deaths.)

[sheets/detail/alcohol#:~:text=The%20harmful%20use%20of%20alcohol,represents%205.3%25%20of%20all%20deaths.](https://www.who.int/news-room/fact-sheets/detail/alcohol#:~:text=The%20harmful%20use%20of%20alcohol,represents%205.3%25%20of%20all%20deaths.)

<sup>13</sup> <https://www.alcohol-focus-scotland.org.uk/news/poverty-linked-to-increased-harm-from-alcohol/>

<sup>14</sup> <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/ati/401/are/E08000024/iid/93765/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages.<sup>15</sup>

Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost.

Data recorded in the Sunderland Adult Lifestyle survey in 2017 found that:<sup>16</sup> (INFOGRAPHIC)

- The proportion of adults aged 18 years and over who drink alcohol is 66.4%
- Men are more likely to drink alcohol than women. Men aged 45-64 and women aged 35-54 are most likely to drink alcohol
- There is also a socio-economic gradient with adults in managerial and professional occupations being most likely to drink alcohol and those who have never worked or who are long term unemployed being least likely to drink alcohol
- Overall, 33.6% of adults are abstinent, 44.8% of adults are lower risk drinkers (i.e., they drink up to 14 units of alcohol per week), 16.7% of adults are increasing risk drinkers (i.e., they drink more than 14 units and up to 35 units of alcohol per week), and 5.0% of adults are higher risk drinkers (i.e., they drink in excess of 35 units of alcohol per week)
- 21.6% of adults exceed the current recommended safe limits for alcohol consumption
- At ward level, the highest rates of drinking above the recommended safe limits are seen in Washington South, Washington East, St Michael's and St Chad's
- Additionally, 26.3% of adults binge drink (i.e., they drink more than 6 units of alcohol on their heaviest drinking day in a typical week). Men are more likely to binge drink than women. Contrary to the commonly portrayed image, binge drinking is not confined to young adults; men aged 35-64 and women aged 35-54 are most likely to binge drink. At ward level, the highest rates of binge drinking are seen in Washington West, Ryhope, Washington East and Fulwell

Data from the Public Health Profiles and Local Alcohol Profile for England<sup>17</sup> demonstrates that in Sunderland: (INFOGRAPHIC)

- Rise in admissions for alcohol specific conditions between 2014/15 (752 per 100,000) and 2019/20 (1,171 per 100,000). Admissions in 2020/21, were at a similar level to the previous year at 1,160 per 100,000
- Admission episodes for alcoholic liver disease (Broad) have fallen from the previous year from 303.4 per 100,000 in 2019/20 to 281.5 per 100,000 in 2020/21. This is above the North-East (208.4) and England (128.3)<sup>18</sup>
- Alcohol-related mortality for 2020 was 52.1 per 100,000, a marginal increase from 51.2 in 2019 and above the North-East (49.0) and England (37.8) averages. (In 2020 the indicator uses a new set of attributable fractions so differ from those originally published)
- Mortality from chronic liver disease was 22.4 per 100,000 in 2017-2019, the second highest in the North-East (after South Tyneside at 23), higher than the North-East average (18.7) statistically significantly higher than England (12.2)<sup>19</sup>

### Ward level alcohol-specific hospital admissions

<sup>15</sup> [www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review](https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review)

<sup>16</sup> [https://www.sunderland.gov.uk/media/20673/ALS-2017-Profile-Drinking-Alcohol/pdf/ALS\\_2017\\_Profile\\_-\\_Drinking\\_Alcohol.pdf?m=636746789084470000](https://www.sunderland.gov.uk/media/20673/ALS-2017-Profile-Drinking-Alcohol/pdf/ALS_2017_Profile_-_Drinking_Alcohol.pdf?m=636746789084470000)

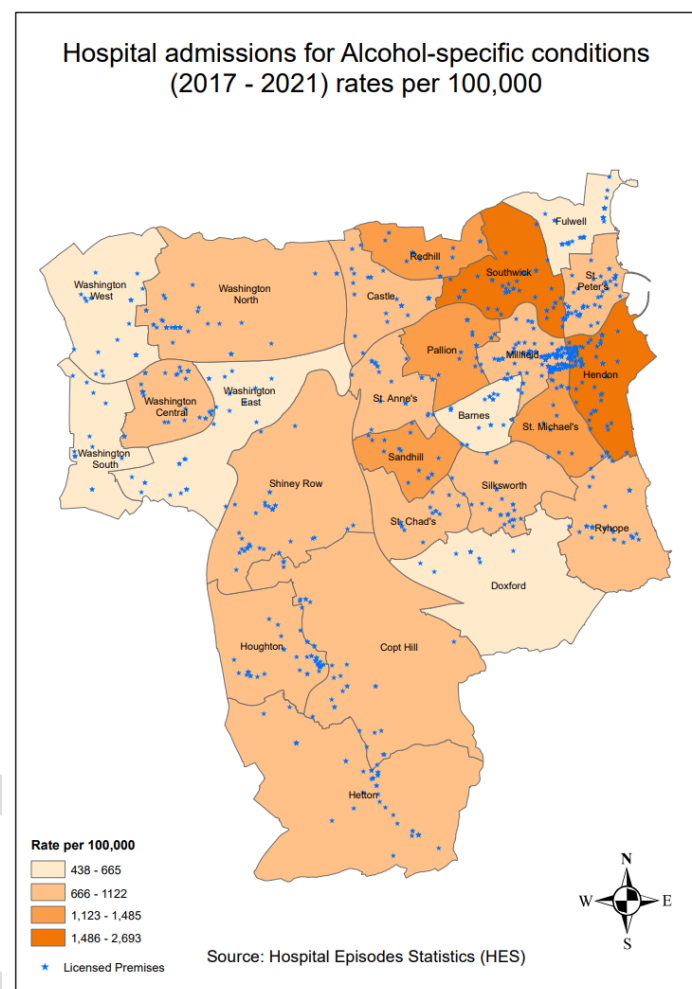
<sup>17</sup> <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

<sup>18</sup> [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk/profile/local-alcohol-profiles)

<sup>19</sup> [Public health profiles - OHID \(phe.org.uk\)](https://fingertips.phe.org.uk/profile/local-alcohol-profiles)

Southwick and Hendon wards had the highest rates of alcohol-specific hospital admissions during the 5-year period: 2017-2021. The ward index of multiple deprivation rankings in 2019 show that Hendon was the most deprived ward in Sunderland with a ranking of 55.8, and Southwick was the third most deprived ward with a ranking of 48.5, (behind Redhill at 49.2)

The Sunderland average deprivation ranking is 30.6, and the England average 21.7.



Five of the six wards with the highest admissions shown in the map are Hendon, Southwick, Redhill, Pallion and Sandhill are all in the 5 most deprived areas in Sunderland, this demonstrates the link between deprivation and alcohol related harms.

### Hospital admissions for alcohol-specific conditions<sup>20</sup>

During the 10-year period: 2010/11 to 2020/21, the rate of hospital admissions for alcohol specific-conditions has risen slightly from 1,119 per 100,000 to 1,160, this is a 3.6% increase. During the same period:

- The male rate rose from 1633 to 1664, a 1.9% increase.
- The female rate rose from 640 to 694 an 8.4% increase.

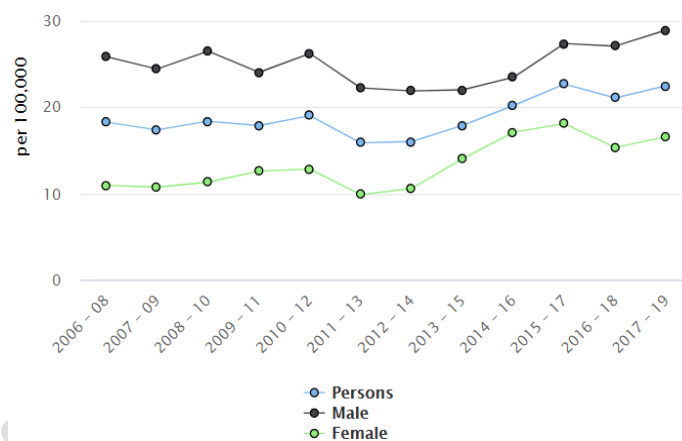
<sup>20</sup>[https://fingertips.phe.org.uk/search/alcohol%20specific%20conditions#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0\\_ine-ao-0\\_ine-pt-1\\_ine-ct-146\\_ine-yo-1:2020:-1:-1](https://fingertips.phe.org.uk/search/alcohol%20specific%20conditions#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-pt-1_ine-ct-146_ine-yo-1:2020:-1:-1)

The England and North-East rates at 2020/21 were: England 587, a 5.8% increase over the 10 -year period, and the North-East, 904, a 6% increase. Within the North-East, the Sunderland rate at 1,160 per 100,000 is the second highest out of the 12 local authorities, behind the South Tyneside rate at 1,173.

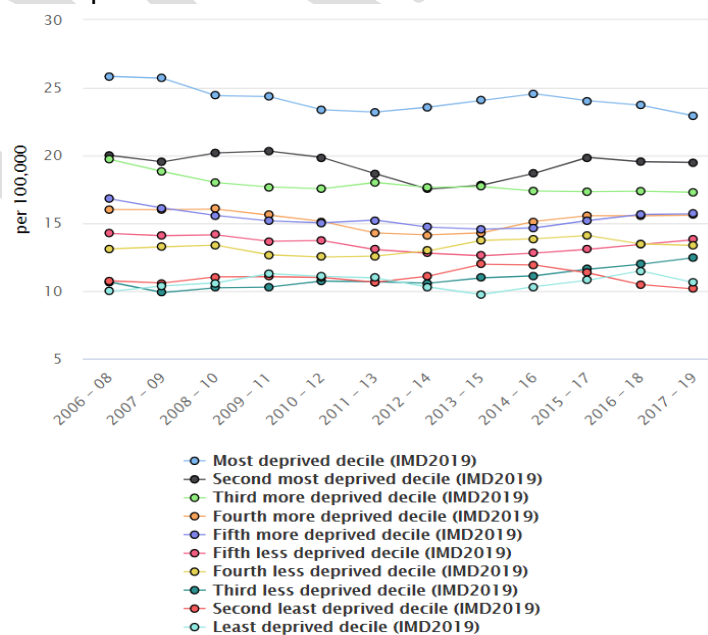
### Mortality from chronic liver disease<sup>21</sup>

In 2020, the rate per 100,000 of chronic liver disease in Sunderland was 25.4 having risen from 20.3 in 2018 (North-East rate in 2020 was 21.6, and the England rate 13.7). The Sunderland rate is significantly higher than the England rate.

The individual rates by gender below, show the inequalities between men and woman for chronic liver disease. The male rate (during 2017-19) was 28.9, the female rate 16.6.



At a national level, inequalities of deprivation, shows that the most and second most deprived areas have the highest rates of mortality from chronic liver disease, and that the least and second least deprived areas have the lowest rates.



<sup>21</sup> PHOF (OHID)

<https://fingertips.phe.org.uk/search/chronic%20liver%20disease#page/4/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/91381/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

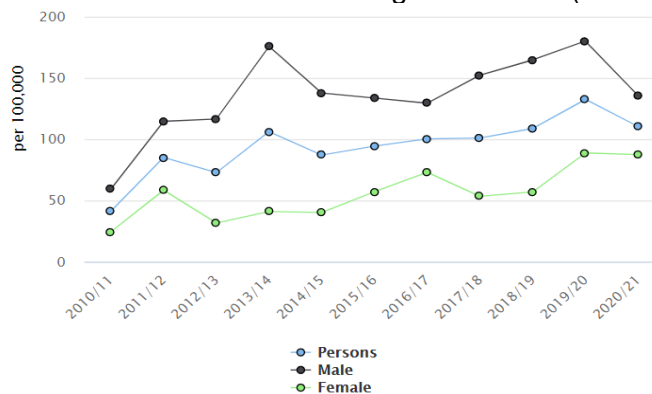


### Hospital admissions for alcoholic liver disease<sup>22</sup>

During the 10-year period: 2010/11 to 2020/21, the rate of alcoholic liver disease has risen from 41.4 per 100,000 to 110.3, this is a 166% rise (or 69 percentage points).

During the same period:

- The male rate rose from 59.2 to 135.5, a 129% rise (or 76 percentage points).
- The female rate rose from 24.4 to 87.4 a large 258% rise (or 63 percentage points).



## Children and Young People

### An alcohol-free childhood

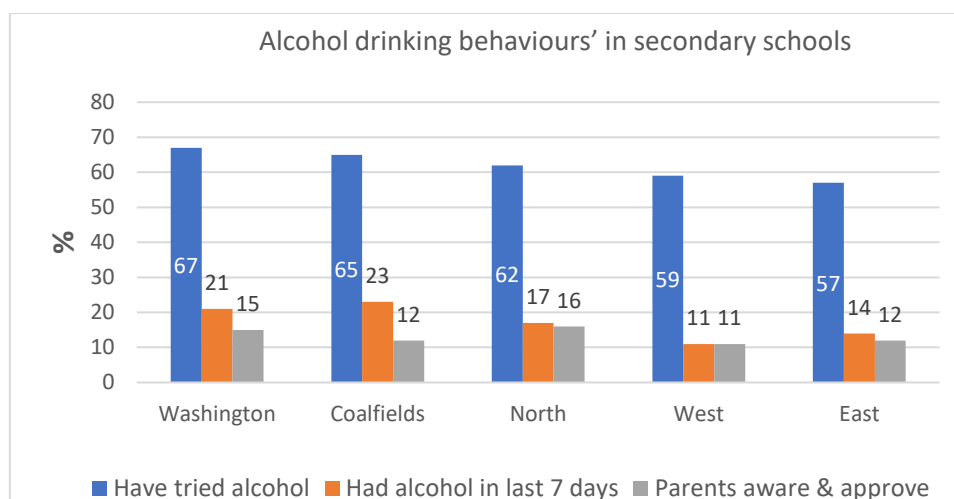
CMO guidance states that children who start drinking alcohol from a young age are more likely to develop alcohol problems into adolescence and adulthood. The CMO guidance recommends to children and parents that an alcohol-free childhood is the healthiest and best option.

Nationally alcohol consumption in young people is decreasing, but within the North-East the level of alcohol use remains higher than the England average. In Sunderland the Health Related Behaviours (HRB) Survey is carried out with primary and secondary pupils to assess young people's attitudes and behaviours to health and lifestyle.

According to the latest HRB survey held in 2021, around two thirds of all secondary school pupils have tried alcohol. Almost a quarter had alcohol within the last 7 days. More than 10% of parents were aware their child had alcohol and approved.

<sup>22</sup>

<https://fingertips.phe.org.uk/search/alcohol%20liver%20disease#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/90929/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0 ine-ao-0 ine-vo-1 ine-yo-1:2020:-1:-1 ine-ct-114 ine-pt-1>



During the 3-year pooled period: 2018/19 to 2020/21, the Sunderland rate of hospital admissions for alcohol specific-conditions for under 18s was 76 per 100,000 (a reduction from 2014/15 to 2016/17 when the figure was 95.7 per 100,000), however this is still significantly above the England (29.3) and North-East (52.0) averages. The female admission rate is higher in both Sunderland and England, with Sunderland females having a 38.1 higher rate than males, and England a 13.3 higher female rate than males.

For comparison, the England female rate was 36.1, compared to Sunderland females at 94.4, and Sunderland males at 58.9, compared to England males at 22.8 (female rates falling from 107.7 to 94.4, and male rates falling from 84.4 to 58.9, this is in line with the England trend which also shows reductions in persons, females, and males overall).

## Alcohol and healthcare

South Tyneside and Sunderland Foundation Trust (STSFT) Health and Wellbeing Strategy for 2020-2023 has 6 key themes, one of which is the reduction of alcohol harms. There is a partnership working group established for each theme. The overall aim of this working group is to reduce the harmful impacts of alcohol on our communities and services with three clear objectives:

- Embed routine identification and support offer to all patients
- Further develop strong links between STSFT, Community Service providers and the wider system for adults and young people
- Play a leading role regionally and nationally through the development of the regions first alcohol care team and a strong advocacy role

STSFT alcohol care team (ACT) provides a help and support to those who are admitted to hospital due to alcohol related issues or harm or those who are identified as requiring alcohol related support via screening in hospital.

Within Sunderland Royal Hospital they have adopted a model of implied consent for Young People attending A&E for alcohol related conditions, so they are referred directly to support via the Youth Drug and Alcohol Project (YDAP).

## Community Action

Sunderland City Council strives to harness the passion and commitment we see within our communities to improve neighbourhoods in which we live. Community development

approaches are often focused on strengthening and mobilising capacity within a community and helping communities to improve their health themselves, while involving communities in creating programmes of services.

We have a recovery community who now support others on their recovery journeys and ensure a lived experience voice is heard in service planning, design and delivery.

During 2019 the Council launched its resident engagement strategy, Let's Talk Sunderland, and asked residents what they liked about their neighbourhood, what they'd like to change and how they could become more involved within their community. The council received an excellent response from residents of all ages and communities. The residents of Sunderland love their neighbourhoods and their city, however, they feel it could be better cared for, with more enforcement against those who don't care about the city. They value the strong community spirit, and they want to support vulnerable communities, including improving financial wellbeing.

Significant investment is ongoing across Sunderland creating an exciting and vibrant, healthy and dynamic city for everyone. The Council continues to:

- Promote and grow volunteering opportunities through the volunteer platform
- Promote and support community projects through Crowdfund Sunderland
- Seek opportunities and external funding to respond to 'left-behind' communities - working in partnership with the North-East Funding Network to continue to support and develop the five Area Voluntary and Community Sector (VCS) Networks
- Increase capacity within the city to support the VCS through the co-creation of a VCS alliance and implementation of targeted and dedicated additional community development support across the five geographical areas in the city
- Encourage active resident participation in local decision-making - online Council meetings and wider resident consultation and involvement through Let's Talk Sunderland

Within Sunderland we are supporting the Southwick Raising Aspirations Altogether (SARA) and Hetton Aspirations Linking Opportunities (HALO) projects which focus on helping vulnerable young people and families in our community by bringing key partners together in a whole systems approach. Alongside these community projects we also have the Sunderland Street Pastors who are volunteers from across the church network who offer support to the those within the night-time economy with the overall aim of preventing harm.

Targeted work is taking place across our communities aimed at specifically helping vulnerable groups such as the work of the Sunderland Street Pastors who work with the Police to keep people safe in the City Centre.

Organisations are also working in partnership to develop and implement a model for social prescribing across the city and further develop our Sunderland Health Champion model. This will include delivery of core Making Every Contact Count (MECC) training for cohorts of frontline staff and wider relevant partners across the city including those participating in warm spaces, which will provide an effective opportunity for the delivery of alcohol brief intervention training and advice.

The warm spaces initiative will operate until April 2023, as well as providing vital support for residents over the winter the model provides a test-bed for the effectiveness of physical Community Support Hubs within which we can deliver our vision for social prescribing.

## **Balance Perception Survey 2021**

The Balance Perception Survey 2021 provided an up-to-date detailed snapshot of local residents' behaviours and attitudes in relation to alcohol. The survey highlighted the following:

**(INFOGRAPHIC)**

**Awareness of guideline**

- 54% of adults believe they do not know what the guidelines are for men
- This is significantly higher than the North-East average, where 41% feel that they do not know

**Binge Drinking**

- 1 in 4 North-East adults binge drink at least weekly but 90% believe they drink 'responsibly', this pattern is mirrored in Sunderland

**COVID-19**

- Since the start of Covid, 1 in 5 North-East drinkers are drinking more units on a typical drinking day, the figure for Sunderland is 12%

**Drinking behaviour**

- 42% of people are drinking at increasing and higher risk levels

## **Alcohol Control**

### **Availability, Affordability and Use**

The past 10 years have seen a decline in the number of people drinking in pubs and clubs. Many people prefer to drink at home, buying cheaper alcohol from off-sales businesses, particularly supermarkets.

### **Licensing**

The Section 182 Licensing Act 2003 guidance document was revised in 2018 and sets out how licensing authorities should carry out their function under the 2003 Licensing Act. It is a key document for promoting best practice, ensuring consistent application of licensing powers across England and Wales and for promoting fairness, equal treatment and proportionality. There is a clear focus on the four licensing objectives, which are:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

In 2005 when the Licensing Act came into force Sunderland had 621 licensed premises. As of 2022 these numbers have reduced, Sunderland currently has 437 premises, including clubs, licensed to sell alcohol, of which: **(INFOGRAPHIC)**

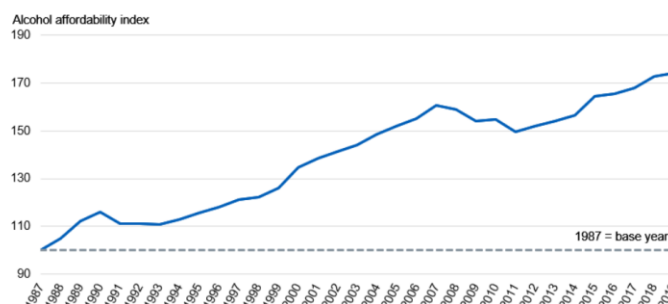
On sales only	<b>104</b>
Off sales only	<b>332</b>
On and off sales	<b>228</b>

This includes 39 Pavement Licences issued under the Business and Planning Act. However, although there has been a reduction in premises licenses across the city, there has been an increase in 24-hour licences. Before the introduction of the Licensing Act there were no 24-hour licenses but now Sunderland has 15 licenses to sell alcohol 24 hours a day.

## Average weekly expenditure on alcohol

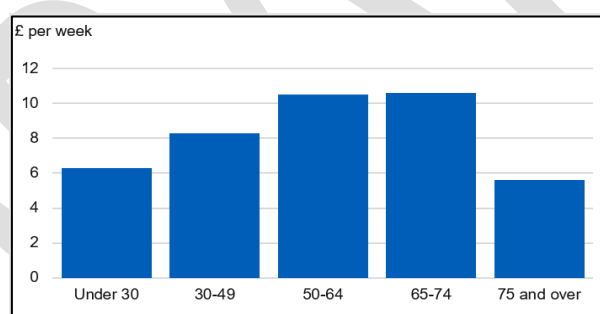
From 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was in 1987.<sup>23</sup>

**Figure x – National Alcohol Affordability Index 1987-2019<sup>24</sup>**



Average weekly household expenditure on alcohol was £8.70 in 2017/18. People in the 65-74 age group spent the most, with an average of £10.60 a week. The lowest weekly expenditure was by those aged 75 or over with an average of £5.60.<sup>25</sup>

**Figure x – National spend per week on alcohol per age group<sup>26</sup>**



## Minimum Unit Price (MUP)

Alcohol is now more affordable than it was in the 80s. Implementing minimum unit price is a targeted measure which ensures that tax increases are passed on to the consumer and improves the health of the heaviest drinkers and there is strong evidence that minimum unit price for alcohol works as a policy. Recent research in relation to alcohol sales in Scotland showed MUP was associated with a 3% net reduction in total per adult alcohol sales. Local authorities across the North-East are working with Balance to ask Government to take action on alcohol to tackle price, promotion and availability.

## Statement of Licensing Policy

There is a statutory requirement for Sunderland's Licensing Policy in relation to the Licensing Act 2003 to be renewed in 2022. The purpose of this policy is to ensure that decision making by the Council is consistent with the provisions of the Licensing Act and

<sup>23</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

<sup>24</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

<sup>25</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

<sup>26</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

guidance from the Secretary of State. Where appropriate the Council can deviate from this guidance if there is good reason and to do so can be justified.

### Reasonable retailers' scheme

Sunderland has adopted a responsible retailer scheme that ensures retailers are committed to do everything they can to prevent age-restricted products such as alcohol from reaching children and young people. Our licensing and trading standard teams provide support and advice on important trading legislation concerning the responsible sale of alcohol and guidance on the avoidance of illicit alcohol.

## Alcohol and Crime

Alcohol is implicated in an enormous amount of crime and disorder, and the effects on victims can be devastating. Government statistics show that alcohol is a factor in 39% of violent crime in England. Since 2019 the number of alcohol related incidents and crimes have been increasing throughout Sunderland, however we can see there has been a reduction in 2022.

### Incidents

Sunderland	2019	2020	2021	2022	Total
Houghton	265	236	226	170	897
Sunderland Central	540	507	678	630	2,355
Sunderland East	119	187	163	134	603
Sunderland North	271	364	366	323	1,324
Sunderland South	140	145	110	89	484
Sunderland West	249	231	199	164	843
Washington	251	273	314	234	1,072
Total	1,835	1,943	2,056	1,744	7,578

### Crimes

Sunderland	2019	2020	2021	2022	Total
Houghton	48	30	25	31	134
Sunderland Central	93	82	144	153	472
Sunderland East	24	27	35	17	103
Sunderland North	53	56	61	60	230
Sunderland South	15	19	16	7	57
Sunderland West	73	49	39	26	187
Washington	34	36	49	34	153
Total	340	299	369	328	1,336

We can also see from the data below the number of Police custody records where the person was recorded as alcohol dependant and was detained at either Southwick or the Stadium of Light.

Year	Count
2019	784
2020	400
2021	586
2022	562
Total	2,332



Further information from Northumbria Police shows that:

- Much of the rise in alcohol related incidents and crime from 2019 to 2021 can be attributed to the re-opening of the night time economy (NTE), with the city centres consistently identified as hotspots.
- During 2022 almost half of the top 10 hotspot areas are in the city centre and linked to the NTE.
- Almost a third of the serious violence related offences were domestic related during 2021. With assaults occasioning actual bodily harm being the primary offence type in Sunderland during 2022 where alcohol is involved.

### **Cardiff Model, Alcohol-related assaults<sup>27</sup>**

Of the alcohol-related assaults presenting to Sunderland Royal hospital during 2021- 2022, the three highest percentages for location of assaults were: Millfield, St. Michael's, and Hendon. Hendon has the highest deprivation rating in the city, and Millfield is in the top half of the most deprived wards. St Michael's is where the majority of the night-time economy occurs and has a high concentration of pubs in and around the area.

## **Alcohol Treatment**

Individuals achieving completion of an alcohol treatment programme demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, improved parenting skills and improved psychological health. It will also reduce the harms to others caused by dependent drinking.

### **Wear Recovery**

The adult substance misuse service, Wear Recovery<sup>28</sup>, provides information, advice, treatment, and support across different locations. They have hubs in the city centre, Washington and Houghton le Spring.

#### **(INFOGRAPHIC)**

- In 2021/ 22 in Sunderland, 649 adults were in treatment at specialist alcohol misuse services
- Of the people starting treatment in 2021/ 22, 64% said they had a problem with alcohol, and 72% of these said it was their only problem substance
- 68% of people starting alcohol treatment in 2021/ 22 self-referred, with 5.8% being referred by a GP, 6.5% by hospitals and 4.7% from criminal justice
- The average age group for people in alcohol treatment is 50-54, 60% of people in alcohol treatment are male, and 95.4% are white British
- 7.3% of new presentations to treatment had a housing problem
- 40.2% people in alcohol treatment in 2021/22 in England were parents living with dependent children
- 80% of people in alcohol treatment also need mental health treatment, with 30% of them not receiving any mental health treatment
- 15.4% of people successfully completed alcohol treatment in 2021/22

### **Youth Drug and Alcohol Project (YDAP)**

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<sup>27</sup> Source: Sunderland Royal hospital

<sup>28</sup> <https://www.changegrowlive.org/sunderland/alcohol>

To support young people and parents/ carers a preventative approach through healthy schools is being implemented. Sunderland has the Young People Drug and Alcohol **Project** (YDAP) who offer specialist help, advice and support on alcohol and drug related matters for young people, parents and professionals.

Reports from the national drug treatment monitoring system (NDTMS), show that during April 2021 and March 2022, Sunderland had 30 clients under the age of 18 in structured treatment for alcohol use, this accounted for 39% of all in treatment that year. This is a slight fall from the previous 12 months when 36 (40%) were in structured treatment for alcohol use.

## Leadership and Advocacy

International evidence shows that effective alcohol policy encompasses a range of interventions aimed at the whole population, with particular targeting of high risk groups.

The World Health Organisation (WHO) recommends these effective policies to reduce the harmful use of alcohol:

- Raise taxes on alcohol
- Restrict access to retailed alcohol
- Enforce bans on alcohol advertising
- Enforce drink-driving laws (breath testing)
- Offer brief advice for hazardous drinking

Local leadership across all partners can provide opportunity for implementing prevention strategies to reduce alcohol harms, this can be achieved through a number of partnerships in Sunderland, including the Health and Wellbeing Board and the Living Well Delivery Board.

The Health and Wellbeing Board signed the alcohol declaration which specifically commits the Board to drive the evidence-based action across the system and protect the community from harm.

The Board have also supported a number of effective policies such as MUP and restricting alcohol advertng locally.

### Sunderland Drug and Alcohol Partnership

A Sunderland Alcohol Partnership has been established, sponsored and Chaired by a HWBB Board Member, the Partnership feeds into the Living Well Delivery Board, it provides leadership as well as engaging partners to address alcohol harms across the city.

### CLear Assessment

In May 2019, Sunderland carried out a **CLear** self-assessment, which is an evidence-based improvement model developed by Public Health England to stimulate discussion with partners for improving outcomes through effective collaborative working. **CLear** represents the three linked domains of the model which are:

- ❖ **Challenge** - how local services deliver interventions
- ❖ **Leadership** - how strategic leadership is supporting actions to reduce alcohol harm
- ❖ **Results** – data used locally to evidence outcomes

The Partnership held a CLear workshop, and the Public Health England (PHE) CLear self-assessment tool was completed. Good practice as well as some areas of improvement were identified. Using the PHE evidence review, the findings from the CLear self-assessment and

local data from both the Adult Lifestyle Survey and the HRB Survey, a draft strategy and alcohol action plan was developed. This provided a local framework to prevent and minimise alcohol-related harms among individuals, families and communities.

The assessment in Sunderland demonstrated that improvement in partnership working was needed around system working and whilst there was a great deal of positive work being carried out by partners, it was not co-ordinated to achieve maximum potential outcomes.

## **Local Approaches**

Many of the local approaches have been described throughout this strategy however, a number are listed below.

### **Substance Misuse Recovery Grant**

The Substance Misuse Treatment and Recovery Grant has been awarded to local authorities to develop the quality and capacity of substance misuse and alcohol treatment and recovery services. The grant is to be used collaboratively to meet the ambitious targets outlined in the Government's 10-year drug plan 'From Harm to Hope'. This includes increasing treatment capacity by 20%, reducing drug and alcohol related deaths, ensuring there is a treatment place available for every offender and offering residential rehabilitation opportunities to 2% of the treatment population.

### **Individual Placement and Support**

Specialist support for adults in the substance misuse and alcohol treatment and recovery system to access employment. IPS offers intensive, individually tailored support to help individuals choose and obtain appropriate employment, with ongoing support for the employer and employee to help ensure sustainability. This programme is now operational in Sunderland and already assisting our residents accessing treatment services.

### **Changing Futures**

This programme offers intensive support to individuals with complex needs, including alcohol harms. The aim is to work in partnership across local areas to test innovative approaches and drive lasting change across the whole system to provide better outcomes for adults experiencing multiple disadvantage. This programme is now operational in Sunderland and already helping our residents who are experiencing multiple disadvantage and have complex needs.

### **Drug Test on Arrest**

Utilising Police drug testing on arrest for individuals accessing the custody system. This is a powerful tool for identifying offenders with substance and alcohol related issues and allows an effective pathway from police custody into the substance misuse and alcohol treatment and recovery system.

### **NERAF (Northern Engagement into Recovery from Addiction)**

Expansion of the services offered by NERAF to those experiencing substance and alcohol related harm and their family and carers. The Substance Misuse Treatment and Recovery Grant has allowed the service to increase the support they offer to the residents of Sunderland. This includes funding a specialist carers support group.

### **Joint Strategic Needs Assessment (JSNA)**

The Joint Strategic Needs Assessment (JSNA) assessment examines the effect of alcohol on health and wellbeing, highlighting harms and trends from Healthy Lifestyles surveys along with hospital admission and treatment data. The Alcohol JSNA can be found at

<https://www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment>

### **Balance North-East**

Along with 6 Local Authorities across the North-East, the Council commissions Balance whose aim is to have healthier people living in safer communities across the North-East. This is achieved by three key areas of activity:

- **Educating and informing:** giving information and support to allow understanding of alcohol related harms
- **Sharing best practice:** looking at successful projects or ways of working that is having a positive impact – and sharing them
- **Calling on Government for change:** asking them to adopt those measures which robust, international evidence tells us will reduce the harm caused by alcohol misuse

### **Alcohol harm reduction campaigns**

Continue to support and develop local and regional alcohol campaigns.

**“The effectiveness of alcohol harm reduction campaigns may be improved by directly communicating alcohol’s long-term harms to the general adult population of drinkers along with drinking guidelines.”**

*MA Wakefield et al., “Features of alcohol harm reduction advertisements that most motivate reduced drinking among adults: an advertisement response study”*

Through the campaigns we will:

- raise awareness of harms
- encourage people to reduce consumption
- bring alcohol and tobacco closer together in public consciousness
- build support for advocacy goals

## **THE WAY FORWARD**

### **Objective One**

#### **Prevention and early intervention**

- Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.
- Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.
- Promote harm reduction messages for the reduction of alcohol intake.
- Increase early identification and support for those affected by alcohol harms across the life course.
- Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development.

#### **What we will do next**

- Ensure alcohol brief intervention training is embedded in relevant council frontline services and within NHS frontline service such as the midwifery services.
- Ensure professionals supporting parents with substance misuse and alcohol related issues receive effective training.

- Raise awareness of the dangers of alcohol during pregnancy by promoting the Superbabies Campaign
- Embed an alcohol in pregnancy local maternity system pathway and screening tool at local level through STSFT Maternity Services, supported by the Best Start in Life action plan.
- Contribute to the developing model for Social Prescribing and scope how we can best support the system to prevent alcohol harm and signposting to the Aspire service.
- Through the Better Health at Work programme, support employers to develop their own organisational policies around alcohol.
- Support our local Street Pastors scheme via funding a volunteer recruitment drive to support an expansion of the service to deliver targeted support to vulnerable groups
- Contribute to future updates of the Statement of Licensing Policy and ensure that relevant health data is used when developing the policy.
- Expansion of the community outreach element of the Youth Drug and Alcohol Project to allow early identification of under 18's needing support.
- Continue to work with City Development to consider the impact of alcohol in the design and regeneration of our city centre.
- Continue to work with Balance North-East to support regional approaches to advocate change, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support an alcohol-free childhood.
- Develop effective alcohol messaging in risk taking education packages are agreed amongst partners to ensure a consistent harm reduction offer in educational settings. Ensure this is without alcohol industry intervention.

## **Objective Two**

### **Providing specialist interventions to promote a quality treatment and recovery system**

- Ensure that individuals, families/carers, and wider partners have access to high quality information on support and treatment options.
- Provide effective and quality specialist treatment and recovery services in Sunderland.
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Work with partners and STSFT to develop our hospital Alcohol Care Team.

### **What we will do next.**

- Promotion of In-Patient Detoxification referral pathways amongst partners
- Exploration of regional opportunities for In Patient Detoxification and Residential Rehabilitation providers.
- Continue to monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Evaluate the projects funded via the Substance Misuse Treatment and Recovery Grant and use these findings to continue to develop effective and sustainable projects for the future funding periods.
- Establish a partnership Substance Misuse Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.
- Develop effective pathways and information sharing protocols to link criminal justice enforcements requirements with housing and treatment and recovery services.

- Continue to effectively communicate the effects of alcohol related harms so individuals can make informed choices about their alcohol consumption, with a focus on the effects of drinking at home.
- Integrate alcohol specialist advice and support into wider health and care system and NHS multi-disciplinary team processes.

**Objective Three: Protecting children, young people and families from alcohol related harm**

- Contribute to the effective safeguarding of children, young people and adults where substance misuse and is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.
- Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.
- Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.

**What we will do next.**

- Applying a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. This will involve working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.
- Commission a HRB Survey for young people in Sunderland in 2023, use the results of this survey to identify future initiatives and projects to reduce alcohol harm amongst children and young people.
- Continue to work with Sunderland Safeguarding Partnership and develop effective children, young people and families affected by alcohol harms.
- Ensure effective pathways between services supporting those experiencing alcohol related harms.



**WORK PROGRAMME 2022/23**

**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT  
COORDINATOR**

**1. Purpose of the Report**

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2022-23 Council year.
- 1.2 The report also provides an update on a number of potential topics as raised by Members, for the Committee's consideration.

**2. Background**

- 2.1 The work programme is a living document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.
- 2.2 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.3 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).

**3. WORK PROGRAMME UPDATE**

- 3.1 The Health and Wellbeing Scrutiny Committee raised a number of issues at its work programme development session and a number of these issues have now been programmed into the Committee's work programme for 2022/23.
- 3.2 A number of topics were considered for review and an update on each of these has been provided below for information and further discussion:

Potential Task and Finish work programme items	
Challenges of Adult Social Care in Sunderland (Sunderland City Council)	The Committee is to look at the challenges of adult social care in Sunderland and this is the first task and finish working group that is to be established. Terms of reference and scope of the work have been submitted to the Committee for agreement.  <i>This work is now underway.</i>

Alcohol Strategy (Sunderland City Council)	<p>An opportunity to look at the development of the strategy and ensure it has the right focus and how impact of the strategy will be monitored and measured.</p> <p><i>A report on this is scheduled for 31 January 2023 meeting.</i></p>
Adult Mental Health Strategy (Sunderland CCG & CNTW)	<p>To look at the progress on the Adult Mental Health Strategy for the City and look to include input from service providers. Potential to look at this from a neighbourhood perspective and how services are accessed.</p> <p><i>A report on this is now expected at 28 February 23 Meeting.</i></p>
GP Access in Sunderland	<p>To understand the role of primary care- raising awareness of the new roles and multidisciplinary teams that now make up General Practice (the different roles and what each does) which can offer alternative appropriate appointments for patients to a GP appointment</p> <ul style="list-style-type: none"> <li>• Access to GP appointments- Face to face / Telephone/ Virtual</li> <li>• Out of Hours provision- to include GP Extended Access and out of hours GP service</li> <li>• Patient experience of using GP and Primary care services</li> </ul> <p><i>A report on this is now expected at 28 March 23 Committee Meeting.</i></p>

#### **4. Recommendations**

##### **4.1 That the Health and Wellbeing Scrutiny Committee:**

- (a) notes and comments on the work programme of the committee, including amendments: and
- (b) notes the update on topics for review during 2022/23.

#### **5. Background Papers**

##### **5.1 Scrutiny Agendas and Minutes**

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# HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2022-23

REASON FOR INCLUSION		5 JULY 22 D/L:24 JUNE 22	27 SEPTEMBER 22 D/L:2 SEPT 22	4 OCTOBER 22 D/L: 23 SEPT 22	1 NOVEMBER 22 D/L: 21 OCT 22	29 NOVEMBER 22 D/L: 19 NOV 22	3 JANUARY 23 D/L: 23 DEC 23	31 JANUARY 23 D/L: 20 JAN 23	28 FEBRUARY 23 D/L: 17 FEB 23	28 MARCH 23 D/L: 17 MAR 23
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Public Health – Annual Report (Gerry Taylor)  Dental Services Update (NHS Improvement)	Task and Finish Working (Nigel Cummings)	Winter Planning (ATB/ICB)  SSAB Annual Report (Sunderland Safeguarding Adults Board)  Social Care Health Check (Graham King/Ann Dingwall)	Elective Surgery – Update (NHS FT)  Integrated Care System Update (Scott Watson – ICB)	Health Protection Arrangements incl. Flu Immunisation Update (Public Health)  Maternity Services Assurance Update (NHS FT)	ICB Sunderland Update (Scott Watson)	North East Ambulance Service Update (Mark Cotton)  Housing Conditions and Standards & the impact on Health and Wellbeing (Graham Scanlon)  Alcohol Strategy (Gerry Taylor)	MH Strategy Update (Sunderland ICB)  Annual Report (Nigel Cummings)	GP Access Review Update (Sunderland ICB)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23	Notice of Key Decisions  Work Programme 22-23

## **NOTICE OF KEY DECISIONS**

### **REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR**

#### **1. PURPOSE OF THE REPORT**

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 4 January 2023.

#### **2. BACKGROUND INFORMATION**

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 4 January 2023 is attached marked **Appendix 1**.

#### **3. CURRENT POSITION**

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

#### **4. RECOMMENDATION**

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 4 January 2023 at the Scrutiny Committee meeting.

#### **5. BACKGROUND PAPERS**

- Cabinet Agenda

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Contact Officer : Nigel Cummings, Scrutiny Officer  
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The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
221123/755	To seek approval to increase housing rents for Sunderland City Council tenants with effect from 3 April 2023.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221201/757	To approve the Third Capital Review 2022/2023 (including Treasury Management).	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221201/758	To approve the Third Revenue Review 2022/2023.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221201/759	To approve the Council Tax Base 2023/2024.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221201/760	To approve the Local Council Tax Support Scheme 2023-2024.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221201/761	To approve the Revenue Budget 2023/2024 to 2026/2027 – Update and Provisional Local Government Finance Settlement	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



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221206/762	To approve the purchase of the property; 1 Nookside, Sunderland.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221207/763	To consider the Homes England Compliance Audit Report - Provider's Acknowledgement of Report.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221212/764	To approve a scheme of external and internal refurbishment works to Washington and Houghton Le Spring Library.	Cabinet	Y	19 January 2023 (published on the Notice dated 21 December 2022).	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220207/691	To approve the acquisition of strategic sites in the Commercial Road Area.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220621/720	To approve funding options in respect of development at Nile and Villiers Street Sunnyside.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220712/722	To seek agreement to the proposed development strategy of the Council's Self and Custom Build Sites.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220719/723	To seek approval for the acquisition of Property at Crowtree Road and to grant a lease of the former Crowtree Leisure Centre	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220725/725	To approve the Electric Vehicle Infrastructure Delivery Plan	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221121/734	To provide an update and to seek approval for the change in delivery approach in respect of the Sunderland Heat Network.	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220822/736	To update Cabinet on progress of the New Wear Footbridge ("the Scheme") and seek approval to award the main works contract for the Scheme.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221018/746	To consider the acquisition of land and buildings at Cowies Way, Sunderland.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221018/747	To consider a disposal of land at Silksworth Road, Sunderland.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



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221026/748	To provide an update on the disposal of the former Civic Centre site	Cabinet	N	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221101/750	To consider the outcome of the review of the governance and contract arrangements for Together for Children Sunderland Limited and approve the recommended next steps.	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221110/753	To seek approval for the Disposal of an Industrial Property in Washington.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221123/754	To seek approval to procure a contractor and negotiate and enter into a build contract for the delivery of 13 one bed apartments at James William Street.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221130/756	To seek approval to procure a contractor and, negotiate and enter into a build contract in the delivery of 55 nos. bungalows and apartments for over 55s at land at St Luke Road.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221212/765	To endorse the North East Bus Service Improvement Plan Enhanced Partnership and Scheme and to delegate to the Executive Director of City Development any last minute changes to the Plan and Scheme that arise through the consultation process.	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221215/766	To seek approval of a framework of Tree Planting and Maintenance approved contractors.	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221216/767	To seek approval to acquire St. Cuthbert's Methodist Church and associated land to enable the build of 6 specialist supported bungalows and approval to procure a contractor and enter into a build contract for the delivery of the bungalows.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221216/768	To seek approval to acquire the former Halfway House Public House and, negotiate and enter into a build contract with Bright Ideas in the delivery of 8nos. 1-bed apartments for supported accommodation.	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221220/769	To approve the 2023 Siglion Business Plan	Cabinet	Y	2 February 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221220/770	To approve the carrying out of a procurement exercise in order to establish a framework for ground investigation works and geotechnical services.  To delegate authority to the Executive Director of City Services in consultation with the Portfolio Holder to conclude the contractual arrangements.	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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221221/771	To consider the details of the City Plan Assurance Process.	Cabinet	Y	2 February 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including the procurement of consultants and contractors.	Cabinet	Y	During the period 19 January to 31 March 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
221006/744	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	16 March to 30 June 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



**Note;** Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team City Hall, Plater Way, Sunderland, or by email to [committees@sunderland.gov.uk](mailto:committees@sunderland.gov.uk)

**\*Other documents relevant to the matter may be submitted to the decision maker and requests for details of these documents should be submitted to Governance Services at the address given above.**

**Who will decide;**

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader & Clean Green City; Councillor Paul Stewart - Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Kelly Chequer – Healthy City; Councillor Linda Williams – Vibrant City; Councillor Kevin Johnston – Dynamic City.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,  
Assistant Director of Law and Governance

4 January 2023