

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held on Monday 11 July 2022 at 12.00pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA

ITEM	PAGE
1. Welcome	
2. Apologies for Absence	
3. Declarations of Interest	
4. Minutes and Action Log of the Meeting of the Board held on 18 March 2022 (attached).	1
ITEMS FOR DECISION AND DISCUSSION	
5. Sunderland Pharmaceutical Needs Assessment (PNA) (July 2022 – July 2025)	15
Report of the Executive Director of Health, Housing and Communities (attached).	
6. Sunderland Together All Together Better Patient, Carer and Public Survey Findings and Response	199
Report of the Managing Director, All Together Better (attached).	
7. Annual Report of the Director of Public Health 2021/2022	251
Report of the Executive Director of Health, Housing and Communities (attached).	
8. Update on The North East and North Cumbria Integrated Care System (ICS) and Place-Based Arrangements	323
Joint report of the Chief Officer/Chief Finance Officer of Sunderland CCG and the Executive Director of Health, Housing and Communities (attached).	

9. Healthy City Plan: Performance Overview 325

Report of the Executive Director of Health, Housing and Communities (attached).

10. Health and Wellbeing Delivery Boards Assurance Update 339

Joint report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and the Director of Adult Services/Chief Operating Officer of Sunderland Care and Support Ltd (attached).

11. Covid-19 in Sunderland - Update 349

Report of the Executive Director of Health, Housing and Communities (attached).

ITEMS FOR INFORMATION

12. Health and Wellbeing Board Forward Plan 351

Report of the Senior Manager - Policy, Sunderland City Council (attached).

13. Dates and Times of Future Meetings -

The Board is asked to note the proposed schedule of meetings for 2022/2023: -

Friday 30 September 2022 at 12.00pm
Friday 9 December 2022 at 12.00pm
Friday 17 March 2023 at 12.00pm

ELAINE WAUGH
Assistant Director of Law and Governance

City Hall,
Sunderland

1 July 2022

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 18 March 2022

Meeting held in the Council Chamber, City Hall

MINUTES

Present: -

Councillor Kelly Chequer (in the Chair)	-	Sunderland City Council
Councillor Louise Farthing	-	Sunderland City Council
Councillor Dominic McDonough	-	Sunderland City Council
Councillor Fiona Miller	-	Sunderland City Council
Jill Colbert	-	Chief Executive, Together for Children
Dr John Dean	-	Chair, Healthwatch Sunderland
Dr Yitka Graham	-	University of Sunderland
Dr Tracey Lucas	-	Member, Sunderland CCG
Gerry Taylor	-	Executive Director of Public Health and Integrated Commissioning

In Attendance:

Graham King	-	Assistant Director of Adult Services, Sunderland City Council
Dr Neil O'Brien	-	SCCG Accountable Officer
Philip Foster	-	All Together Better
Wendy Mitchell	-	Public Health Lead, Sunderland City Council
Ben Seale	-	Public Health Lead, Sunderland City Council
Jane Hibberd	-	Senior Manager – Policy, Sunderland City Council
Nic Marko	-	Local Democracy Reporting Service
Gillian Kelly	-	Governance Services, Sunderland City Council

HW45. Welcome

Councillor Chequer welcomed everyone to the meeting and to the City Hall.

HW46. Apologies

Apologies for absence were received from Ken Bremner, Fiona Brown, David Chandler, Lisa Quinn, Chief Superintendent Pitt and Dr Martin Weatherhead.

HW47. Declarations of Interest

There were no declarations of interest.

HW48. Minutes and Matters Arising

The minutes of the meeting of the Health and Wellbeing Board held on 10 December 2021 were agreed as a correct record.

HW49. The North East and North Cumbria Integrated Care System and Integrated Place-Based Arrangements

The Executive Director of Public Health and Integrated Commissioning and Chief Officer/Chief Finance Officer of Sunderland CCG submitted a joint report to: -

- Provide an updated on the development of new place-based arrangements;
- Seek the Health and Wellbeing Board's views on the Operating Model for NHS North East and North Cumbria Integrated Care System (ICS) as part of the engagement and consultation process.

The Board had previously received reports on the development of the Integrated Care System (ICS) for the North East and Cumbria. The ICS would be a statutory body made up of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The Health and Care Bill would now enact these changes from 1 July 2022 rather than 1 April 2022 but the ICS would exist in shadow form from April.

Dr Neil O'Brien was in attendance to deliver a presentation on the work and reported that the ICS Programme Board had agreed the process for the development of the operating model setting out proposed governance arrangements and also including widescale engagement with staff, key partners and stakeholders. The draft design principles for the operating model were:

- Maximise opportunity for standardisation in the interests of efficiency
- Subsidiarity based on Principle 1 above
- Arrangements must be affordable and within running costs
- Ensure simplicity and clarity on accountabilities to the ICB.

The ICS Chief Executive had requested that the final draft of the Operating Model was considered at the Programme Board on 25 March and a draft response to the consultation was provided for Health and Wellbeing Board members.

Dr O'Brien reported that Samantha Allen had been appointed Chief Executive Designate of the North East and North Cumbria ICS and all executive director positions apart from two roles had now been filled; Dave Gallagher was the executive director covering place-based arrangements for Sunderland's part of the ICS.

It was intended that from April 2023 the place-based arrangements would be mature and in full force and the operating model consultation would look at how 'place' would fit into the larger governance structure. The Integration White Paper which had been published in February 2022 had 'place' at front and centre of developments with a clear focus on benefits and pooling of budgets.

Sunderland's Integrated Care Executive, supported by the Transition Steering Group, continued to develop the place-based arrangements and had: -

- Agreed to work towards shadow arrangements for May before 1 July 2022 implementation;
- Agreed a work programme to develop the collaborative working arrangements which would feed into the governance arrangements; and
- Agreed a memorandum of understanding which was being signed by statutory bodies.

Work was taking place across five workstreams: Commissioning development and business intelligence; Finance; Leadership, Provider Partnerships; and Governance. The next steps were: -

- Implementation of shadow governance arrangements in preparation for 1 July full implementation.
- Further work on collaborative working arrangements.
- Further consideration of the implications of the White Paper, joined up care for people, places and populations.

Gerry Taylor advised that officers had done some work on a draft response to the operating model consultation which included the confirmation of place-based primacy and also some narrative around functions and the determination of these. It supported comments about commissioning at scale but also the need to make sure there was a role for place in this. Gerry advised that she would be co-ordinating the feedback from the Board.

The Chair asked Dr O'Brien to explain his current role and he stated that he had been appointed as the Executive Medical Director of the North East and North Cumbria ICS. The structure had originally been for three executive directors of place based partnerships, however this had now been reduced to two. Dave Gallagher would take on his role from 1 April 2022 and there was likely to be a team of officers within each area. David Chandler had the chief officer role in Sunderland and there was a clear desire to ensure that the staffing resources were there.

The Chair noted that there was some nervousness around the proposals, there was a desire to retain a focus on place but it did seem to be moving away from that with such a large geography being covered by the place-based partnership. She asked about the decision-making and consultation on the change.

Dr O'Brien advised that the decision had been made by the Chair and Chief Executive designate of the ICS and the situation would be reviewed after a year and potentially changed if things were not working out as intended. The key function had

been to connect places and he believed that the executive director could be done over a large geography as it promoted further management of the resources of place.

Dr Graham highlighted that the University as a research institute served the CCG currently and there were unique place-based circumstances in Sunderland. She asked where research and partnership working would fit in to the new arrangements.

Dr O'Brien said that research and promotion would be one of the statutory functions of the Integrated Care Boards and would probably be under the portfolio of the Executive Medical Director. A lot of existing work would continue and there was a statutory requirement to promote research in the new legislation.

Councillor McDonough referred to the financial delegations and expressed concerns over the scrutiny of this. Dr O'Brien highlighted that elected officials could be part of the Integrated Care Partnership arrangements and this would include scrutiny chairs. The White Paper had also brought forward changes so that elected members could be part of Place Boards. Dr O'Brien said that it was important to note that in Sunderland the Better Care Fund arrangement meant that there was already delegation over all of that budget and in the future, places would be able to hold the ICB to account to ensure all of this was being spent on the residents of Sunderland. It was the responsibility of the ICS to delegate the budget downwards but it was recommended that was done based on the current formula.

There was still a statutory requirement to consult with the public on any significant service change and local authority scrutiny committees could call the ICB to account.

Having thanked Neil for his presentation, the Board RESOLVED that: -

- (i) the report be received;
- (ii) the progress to date be supported;
- (iii) the Board's response to the ICS Operating Model consultation be agreed; and
- (iv) an updated position be received at the next Board meeting.

HW50. Health and Wellbeing Board Delivery Boards Assurance Update

The Chief Executive of Together for Children, Executive Director of Public Health and Integrated Commissioning and Executive Director of Neighbourhoods submitted a joint report providing the Health and Wellbeing Board with assurance that the work of the Delivery Boards was progressing in line with their agreed terms of reference and providing a summary of the key points discussed at their recent meetings.

The Delivery Boards met on a quarterly basis to have oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. An update report would be presented to each meeting of the Health and Wellbeing Board setting out what had been discussed and key issues to take forward.

Jill Colbert highlighted that the Starting Well Delivery Board was focussed on the impact and legacy of the Covid pandemic and had particular concerns about oral health and access to dental care. The Board planned to do more work on food poverty and the Holiday Activities and Food Programme. It was acknowledged that there was a lot to do and this had only been increased as a result of the pandemic.

Gerry Taylor reported that the Living Well Delivery Board had a good discussion on social prescribing and had agreed a number of actions to develop this model. The Board had also looked at employment and community wealth building and would have a focus on healthy workplaces. A strategic group had been put in place for Health Inequalities and was developing the Health in All Policies approach and looking at sustainable development.

Graham King highlighted that the Ageing Well Delivery Board had been involved in some practical work such as the establishment of a Falls Coordinator post and the extension of the Handy Person service. The Board was also developing frailty indicators and were using health data to build a rich picture for this and were working on an Ageing Well communications campaign.

The Chair commented that it was clear that there was still a lot of work to do but she was pleased to hear about the Health Inequalities Advisory Group and noted that the Centre for Ageing report on the state of ageing would feed into some of the plans for the Boards.

Councillor Miller referred to the promotion of healthy eating and asked if there were any surveys or information available on what was available and the prevalence of takeaway options. Gerry advised that was currently being developed by the Public Health and Environmental Health teams and they were starting to scope who could provide the necessary information.

Councillor Farthing noted that, in relation to social prescribing, it was expected that voluntary sector organisations would provide services without central funding and organisations would be under considerable pressure moving forward due to increased costs.

Gerry Taylor advised that a process of identifying funding had begun and looking at what budget was needed and where it should be spent. Dr Graham noted that social prescribing took place over a big space and what was needed was understood but it was the scaling up of projects which was required. Some fantastic work had been done through Crowdfund Sunderland for schemes.

Councillor Miller asked if it was thought that rising fuel costs would impact on older people's movements and levels of frailty. Graham King said that affordable warmth had been an issue and did impact on excess seasonal deaths. This was an issue which needed to have a partnership approach.

The Board therefore RESOLVED that: -

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

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

HW51. Children and Young People Health Related Behaviour Survey

The Executive Director of Public Health and Integrated Commissioning submitted a report sharing an overview of the findings of the Health Related Behaviour Survey conducted in the summer term of 2021.

Wendy Mitchell was in attendance to deliver a presentation on the survey and reported that this had taken place during the 2020/2021 academic year and had 5,726 young people taking part across 28 primary schools and 18 secondary schools.

Wendy highlighted the difference in findings from 2019 to 2021 in primary schools. Some results such as an increase in hand washing and the reduction in access to structured leisure activities was expected and it was good to note the increase in the number of children walking at least once per week. However there had been an increase in tooth extractions among the young people surveyed and an increase in the number who had reported being picked on due to their looks.

Secondary schools were reporting similar trends, however points to note included an increase in young people chatting online to people they didn't know, an increase in the number of pupils saying that they had not had any breakfast before school and a decrease in those who exercised at least three times a week.

The survey included some Covid-related questions and 48% of young people reported keeping themselves busy in the pandemic with hobbies and learning new skills. The majority of pupils had a device that they could use for home study but 6% said that they did not have anywhere quiet to do their schoolwork while at home.

The following key priorities had been identified arising from the survey: -

1. Develop a communication toolkit which will support the delivery of social norms messages.
2. Review Condom Card provision to ensure equitable spread in areas of highest need.
3. Share the intelligence as it was crucial to refine the offer to young people, particularly those who were not accessing services currently.
4. Consider National Child Measurement Programme output data for 2021.
5. Ensure the school health profiles were updated and the full health offer was available.
6. Update relevant JSNA's to inform strategic approaches.

Dr Lucas referred to the review of Condom Card provision and asked if this would be tied in to Long-Acting Reversible Contraception (LARC) and whether the work would involve what a normal and healthy relationship looks like. She added that the Primary Care Network had been having a conversation about how the provision of adequate protection would mean that emergency protection was not needed.

Wendy advised that this had been discussed with regional colleagues and the higher proportion of LARC was being used by women under the age of 25 and accessing specialist services. The options available were being reviewed and ways to reduce inequality sought. There was already a substantial offer on healthy relationships and a team in Together for Children took referrals and Brook also provided services. There was an offer for the implementation of statutory relationships and sex education and there was also a conversation taking place regarding how to address the recent Ofsted report on violence towards women and girls.

Councillor Farthing commented that one of the difficulties regarding the promotion of LARC might be an increase in chlamydia and asked if there was any information on this. Wendy advised that the current data was being queried with regional colleagues as it did not seem to be completely accurate. The chlamydia screening programme was part of the Public Health offer and was an opportunistic programme directed towards young women.

John Dean noted that Reception classes were showing an improvement in the healthy weight category and the results were better than seen in other groups. Wendy said that a whole system approach had been adopted for this but it was a complex issue and results did wane as children and young people got older. It was highlighted that a recruitment process was currently underway for a Food Partnership Co-ordinator.

RESOLVED that: -

- (i) that the key priorities highlighted be agreed and endorsed to be further developed as programmes of work; and
- (ii) the Starting Well Delivery Board lead the response to the findings of the survey and delivery of the agreed programmes of work, including providing further updates on progress.

HW52. Pharmaceutical Needs Assessment

The Executive Director of Public Health and Integrated Commissioning submitted a report to: -

- remind the Health and Wellbeing Board of the statutory duty to undertake Pharmaceutical Needs Assessment (PNA) and the requirement to produce an updated and approved PNA for Sunderland for publication by 1 October 2022;
- provide an update of the work that had been undertaken by the PNA Steering Group to produce an updated PNA for Sunderland in line with this statutory duty;
- provide information about the required statutory consultation which was planned to begin in late March and finish in late May 2022;
- and seek approval for the emerging conclusions and draft recommendations set out in the consultation draft PNA and seek permission to proceed to the statutory consultation phase.

The production of the PNA had been delayed by 18 months due to the pandemic but the process had now been underway since December. The aim was to ensure that the PNA covered health needs adequately and the draft would be issued for a 60 day consultation which was currently planned for between 25 March and 24 May 2022.

The PNA had found that there were 60 community pharmacies in Sunderland, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation. There were also three distance selling pharmacies and three appliance contractors. Residents of Sunderland had good access to pharmacies and had a greater number per 100,000 population than the England average.

There were four 100 hours pharmacies out of the total of 66 in Sunderland and these provided extended and out of hours cover across the city and were open on Saturdays and Sundays. In total, 38 pharmacies opened on Saturdays and nine were open on Sundays.

Since the 2018 PNA, two 40-hour pharmacies and one 100 hour pharmacy had closed in the Sunderland area and one distance selling pharmacy had opened. There had also been a number of changes to the wider Sunderland Health System which had included development of the pharmacist role in the healthcare system.

The report set out a number of emerging conclusions including that the residents of Sunderland have good access to pharmacies and there was adequate provision of services. It was noted that there was no access to community pharmacy services during extended GP hours in the Coalfields area and this needed to be monitored. It was also highlighted that community pharmacies had made a significant contribution to the Healthy City Plan and also to the Covid pandemic response.

The emerging recommendations were: -

- Commissioners to take into account cross border issues and to consult with relevant stakeholders when they were reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
- Commissioners should consider the opportunities afforded by community pharmacy enhanced services that focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy.
- With regard to locally commissioned services, the public health team would work with the CCG/ICS to ensure that services continued to be commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.
- Patterns of provision would need to be kept under review in the event of loss of community pharmacies from the Sunderland health economy and in response to further changes in the Sunderland health system.

Councillor Farthing noted that one of the pharmacies local to her was not on the map provided and Ben Seale undertook to rectify that and ensure that there were no other omissions.

Jill Colbert referred to the early discussion on integrated arrangements and asked if consideration had been given to the role of pharmacies in integrated provision. Gerry Taylor commented that this was something which had been worked on at different times but it was always useful to go back to this.

John Dean queried how people would become aware of 100 hour pharmacy services and Ben Seale advised that these were usually flagged up on the NHS website but it might be an idea to look at some interactive mapping on the Council website. John suggested that this could also feature on the Healthwatch website.

Dr Graham commented that she always felt that pharmacies were an underutilised workforce; the public perceived the service as being transactional but there was a breadth of opportunities there. Ben noted that when the health needs of the city were mapped, it was looked at how pharmacies could feed in.

Dr Lucas added that each individual GP practice developed a knowledge base of which pharmacy could do what, when they could deliver and at what times. She felt it would be useful to have this written down somewhere.

Philip Foster commented that during the Winter Surge period, All Together Better had funded a 'Think Pharmacy First' scheme which had received good feedback. The evaluation of the scheme was still to be done but would be brought back as part of the full evaluation for the winter scheme.

The Chair referred to the situation in the Coalfields with there being no access to pharmacies during extended GP hours and whether there were any plans to change that. Ben highlighted that there was a reasonable coverage of outlets in the Coalfields and it was necessary to understand why these wider opening hours were not available. Pharmacies were dropping away from supplementary hours and there was some work to do in this area to identify why this was the case.

Having considered the report, the Board: -

RESOLVED that: -

- (i) its statutory role in relation to the pharmaceutical needs assessment and the work that has been undertaken so far to produce an updated PNA for Sunderland be noted;
- (ii) it has considered and provided broad agreement for the emerging conclusions and draft recommendations arising from the PNA process;
- (iii) it be approved that the Steering Group proceed to the statutory consultation;
and

- (iv) the final version of the PNA for Sunderland be received at the Board meeting in June 2022 for consideration of final approval.

HW53. Covid-19 in Sunderland – Update

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

Gerry Taylor delivered a presentation to the Board and in doing so provided an update on the current position with regard to infections. Sunderland was currently recording 200 cases a day and this was increasing across all age groups with the highest rise being in working age people. The numbers of patients in hospital with Covid remained steady.

The take up of vaccines had slowed recently and the largest number of unvaccinated people were in the under 50 age group. There had been a number of significant announcements made in February which included the removal of the legal requirement to self-isolate after a positive test and routine contact tracing.

Councillor Miller commented that now that self-isolation support payments had ended and testing was no longer routine, this could lead to higher rates of infection. Gerry agreed that the city might not have such a good picture moving forward; although national support was ending, some information would be promoted on the Council website directing people to the local support available.

Councillor Farthing noted that there was some anxiety amongst older people about when they would receive their fourth booster and Gerry said that she was aware that NHS colleagues were working on a schedule for delivery and she would highlight this with CCG colleagues. There was a working group offering support to vulnerable residents.

The Chair referred to access to testing for care home visitors and queried if there was anything which could be done to ensure that visiting was not stopped again as she felt it was important to keep an eye on this. Gerry said that the team were trying to find out what would be available and what could be done locally.

RESOLVED that the update and the presentation be noted.

HW54. Health Protection Board – Terms of Reference

The Executive Director of Public Health and Integrated Commissioning submitted a report to establish the Terms of Reference for a Sunderland Health Protection Board which would increase the scope of the focus of the Board to include general health protection functions in addition to Covid-19.

The Health Protection Board had been established in March 2020 to support the Council's response to the pandemic and the main purpose of the Board was to facilitate the Director of Public Health's statutory oversight and assurance role for

health protection and to provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.

The proposed Terms of Reference were attached as an appendix to the report.

The Board RESOLVED that the proposed Terms of Reference for the Sunderland Health Protection Board be agreed and accepted.

HW55. Sunderland 2021/2022 Section 75 Agreement

The Executive Director of Neighbourhoods submitted a report seeking retrospective agreement of the Section 75 for the Better Care Fund for 2021/2022.

NHS England required that all funding agreed as part of the Better Care Fund (BCF) plan must be transferred into one or more pooled funds established under Section 75 (S75) of the Care Act. The Better Care Fund for 2021/2022 was approved by the Health and Wellbeing Board in December 2021 and received national approval in January 2022.

The S75 underpins the BCF Plan and the national requirement was to have this signed off by 31 January 2022; the CCG Governing Body approved the S75 on 25 January 2022. The S75 Agreement had been developed in partnership between the CCG and Council and reflected the alignment to All Together Better arrangements and had been updated to reflect the latest information governance legislation.

Having considered the report, it was: -

RESOLVED that the Section 75 Agreement for 2021/2022 between Sunderland CCG and Sunderland City Council be approved.

HW56. Health and Wellbeing Board Forward Plan

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

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

RESOLVED that the Forward Plan be received for information.

HW57. Provisional Dates and Time of Future Meetings

The Board noted the following proposed schedule of meetings for 2022/2023: -

Friday 8 July 2022 at 12.00pm
Friday 30 September 2022 at 12.00pm
Friday 9 December 2022 at 12.00pm
Friday 17 March 2023 at 12.00pm

(Signed) K CHEQUER
Chair

HEALTH AND WELLBEING BOARD				
ACTION LOG				
Board Meeting ID	Action	Responsible	Timescale	Completed/Action Taken
11/12/20				
HW35.	Health and Wellbeing Board to sign up to the Prevention Concordat for Better Mental Health for All	Lorraine Hughes	Revised timescale October 2022	<p>This action has been postponed until October 2022 as Sunderland was successful in securing national Better Mental Health Funding until June 2022 as a response to the Covid inequalities in mental health. The expectation is for the Council to sign up to the Concordat at the end of the programme, hence the original timescale for signing the local Concordat was deferred.</p> <p>The Concordat application has been drafted and it is anticipated the Council will submit this to the Office for Health Improvement and Disparities by the end September 2022.</p>

				A number of scheduled actions will lead to the sign up of the Concordat by the Council.
10/12/21				
HW36/2.	Community Health Services survey to be brought to the Board	Philip Foster	March 2022	Deferred to June 2022 and scheduled on the agenda.
18/03/22				
HW49/1.	Health and Wellbeing Board response to Operating Model consultation to be submitted.	Gerry Taylor	March 2022	Complete.
HW49/2.	An update position on the North East and North Cumbria ICS be presented to the next meeting.	Dr Neil O'Brien	June 2022	Agenda item.
HW51.	The Starting Well Delivery Board lead the response to the findings of the Health Related Behaviour Survey and provide updates on progress.	Wendy Mitchell	March 2022	Built into the forward plan for the Starting Well Delivery Board.
HW52.	The final version of the Pharmaceutical Needs Assessment be received at the next Board meeting for approval	Ben Seale	June 2022	Agenda item.

SUNDERLAND HEALTH AND WELLBEING BOARD

11 July 2022

SUNDERLAND PHARMACEUTICAL NEEDS ASSESSMENT (JULY 2022 - JULY 2025)

Report of the Executive Director of Health, Housing and Communities

1 Purpose of the Report

- 1.1 To provide the Health and Wellbeing Board with information about the changes that have been made to the consultation draft Pharmaceutical Needs Assessment (PNA) for Sunderland since the previous meeting on 18th March 2022 and to seek approval of the final (post consultation) Sunderland PNA, in line with its statutory responsibility to agree and publish an updated PNA for Sunderland by 1 October 2022.

2. PNA process

- 2.1 One of the statutory functions of Health and Wellbeing Boards is to prepare PNAs at least every three years.
- 2.2 The consultation draft PNA, as prepared by the PNA Steering Group, was presented to the Board on 18th March 2022. At this meeting the Board agreed that the Steering Group should proceed with the statutory consultation.
- 2.3 The 60-day statutory consultation was undertaken between 21st March and 22nd May 2022.
- 2.4 In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time (and feedback was welcomed from any agency or individual):
- Sunderland Local Pharmaceutical Committee (LPC)
 - Sunderland Local Medical Committee
 - All persons on the pharmaceutical lists and all dispensing doctors list in Sunderland
 - Sunderland Clinical Commissioning Group
 - Sunderland Healthwatch
 - Change Grow Live (CGL)
 - Local NHS Foundation Trusts (including those delivering services within the Sunderland boundary):
 - South Tyneside and Sunderland NHS Foundation Trust,
 - Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
 - North East Ambulance Service NHS Foundation Trust
 - Country Durham and Darlington NHS Foundation Trust
 - The Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Northumbria Healthcare NHS Foundation Trust

- Gateshead Health NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- NHS England and NHS Improvement (NHSEI)
- Neighbouring Health and Wellbeing Boards in Durham, South Tyneside and Gateshead

2.5 Stakeholders were asked to respond to the following specific consultation questions:

- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
- Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Do you have any other comments?

2.6 In total, 8 responses to the statutory consultation were received from:

- the Local Pharmaceutical Committee;
- those currently on the pharmaceutical list in the city (4);
- NHSEI; and
- individuals (2).

In addition, the draft PNA was discussed at Sunderland Council Health and Wellbeing Scrutiny Committee on 6 April 2022.

2.7 Key themes in the feedback are shown in Appendix 1.

2.8 Changes were made to the document in relation to:

- Correction of any errors identified;
- Updates to information about commissioned services;
- Changes to organisations and the Sunderland health system described in the PNA;
- Issues identified through discussion at the Health and Wellbeing Board, Health and Wellbeing Scrutiny Committee, LPC and Healthwatch Board; and
- Feedback through the consultation process.

2.9 Issues requiring action which fall outside the scope of the PNA have been passed to relevant partners to progress.

2.10 The consultation draft PNA was well received and feedback was generally positive.

2.11 The final draft of the PNA is appended. A summary of findings is set out in section 11 and the statement of PNA is in section 12 of the document. Feedback from the statutory consultation is included as Appendix 7 of the document.

3. Recommendations

3.1 The Health and Wellbeing Board is recommended to:

- i. agree the Pharmaceutical Needs Assessment (PNA) for Sunderland (July 2022 to July 2025);
- ii. delegate authority to the Executive Director of Health, Housing and Communities to agree any further minor changes to the PNA in advance of formal publication by 1st October 2022;
- iii. receive appropriate updates through the Executive Director of Health, Housing and Communities; and
- iv. delegate authority to the Executive Director of Health, Housing and Communities to identify any changes to the need for pharmaceutical services that arise during the lifetime of the PNA and determine whether a supplementary statement needs to be issued or whether it would be proportionate to produce a new PNA.

Appendix 1: Key themes in the feedback

Appendix 2: Final Draft Sunderland PNA (July 2022 - July 2025)

Appendix 1: Key themes in the feedback

The consultation draft PNA was well received and feedback was generally positive.

In relation to service provision:

- An additional point has been added that commissioners of NHS services as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.
- Information regarding the council's weight management programmes has been added.
- It has been noted that should there be significant changes to supplementary hours, a detailed review would need to be undertaken to explore provision, with early involvement of the LPC and local community pharmacies to explore solutions.

In relation to services responding to needs:

- The PNA has been updated to reflect the information from NHSE regarding access to linguistic services.
- The long-standing lack of opening hours in the Coalfield has been reviewed and additional wording has been added to say that should there be further evidence identifying specific need in this locality then there may be an opportunity to work with Sunderland LPC and local pharmacies to review this and explore a rota for out of hours provision.
- A statement has been added that pharmacies in neighbouring areas can provide further choice of community pharmacies, particularly in terms of the Washington and Coalfields localities.
- Additional information has been added to reflect the number of new dwellings planned by locality.
- Information on partnership working on a successful marketing campaign aimed at addressing antimicrobial resistance has been included.
- A statement has been added regarding out of area dispensing, which means lost revenue to community pharmacies in Sunderland.
- A sentence has been added regarding the work that the LPC and the Sunderland COVID volunteer co-ordinator undertook to ensure that volunteers and community pharmacies worked in partnership to ensure that many vulnerable people and those individuals in isolation, could gain access to their medication.

In relation to accuracy of information:

- Maps have been reviewed and updated to reflect the correct provision of services.
- Opening and closure of distance selling pharmacies since the last PNA has been clarified.

In relation to organisational changes:

- A regional approach to the role of community pharmacy is being explored across the Integrated Care System and this has been included.
- The difference between the 5 Sunderland Council localities and the 6 PCN geographies has been clarified.

There is general broad agreement about the conclusions arising from the PNA.

Pharmaceutical Needs Assessment for Sunderland

July 2022 – July 2025

DRAFT

Contents

Executive Summary	7
1. Introduction.....	8
1.1 Background.....	8
1.2 Purpose.....	9
1.3 Pharmacy market.....	9
1.4 National context	10
1.5 Pharmacy Services NHS Overview.....	10
1.6 Community Pharmacy Contractual Framework 2019-2024.....	11
1.7 Pharmacy Integration Fund.....	12
1.8 Point of care testing	12
1.9 Working across the North East and North Cumbria	13
1.10 Sunderland strategic objectives	14
2. The Health System in Sunderland.....	15
2.1 General Practice (including extended access).....	15
2.2 GP Enhanced Services	16
2.3 Primary Care Networks	17
2.4 GP out-of-hours.....	17
2.5 Urgent Treatment Centre	18
2.6 Out of Hospital (Community) Services	18
2.7 Hospital Services	19
3. Pharmaceutical Needs Assessment process	21
3.1 PNA development group.....	21
3.2 Determination of localities	21
3.3 Assessing health needs	24
3.4 Current provision within the City.....	24
3.5 Future provision	24
3.6 Stakeholder engagement.....	25
3.7 Statutory consultation.....	25
3.8 Recommendations and update from the previous <i>PNA 2018 – 2021</i> ⁽³⁾	25
4. An overview of Health Needs in Sunderland.....	27
4.1 Introduction	27
4.2 Population profile and demography.....	28
4.3 Life expectancy	28
4.4 Wider determinants of Health.....	29

4.4.1	Income	31
4.4.2	Employment.....	31
4.4.3	Education, skills, qualifications	31
4.4.4	Housing and Homelessness	32
4.4.5	Crime	32
4.4.6	Living Environment	33
4.5	Housing and Regeneration	33
4.6	Transport.....	35
4.7	Lifestyle factors affecting health outcomes	36
4.7.1	Smoking.....	39
4.7.2	Alcohol.....	40
4.7.3	Substance misuse.....	41
4.7.4	Healthy Weight.....	42
4.7.5	Sexual Health and Teenage Pregnancy	43
4.8	Cancers.....	46
4.9	Long term conditions.....	46
4.9.1	Cardiovascular disease.....	47
4.9.2	Hypertension.....	48
4.9.3	Atrial Fibrillation	48
4.9.4	Diabetes.....	49
4.9.5	Chronic Kidney Disease.....	49
4.9.6	Respiratory	50
4.9.7	Older People.....	51
4.9.8	Dementia	53
4.10	Mental Health and Mental Wellbeing	54
4.11	Learning Disability.....	56
4.12	COVID-19 and Long COVID	57
4.13	Health Protection issues	59
4.13.1	Seasonal influenza	59
4.13.2	Antimicrobial resistance.....	59
4.13.3	Blood borne viruses.....	60
4.14	Summary of health needs analysis	60
5	Current Provision of Pharmaceutical Services	62
5.1	Overview	62
5.2	Standard contract (40 hours).....	65
5.2.1	Core hours	65
5.2.2	Supplementary hours.....	65

5.3	100 hour pharmacies	65
5.4	Pharmacy Access Scheme	66
5.5	Dispensing appliance contractors	66
5.6	Distance selling pharmacies.....	68
5.7	Dispensing Doctors	68
5.8	Hospital Pharmacy Services	69
5.9	Out of area providers of pharmaceutical services	69
6	Access to Community Pharmacy services in Sunderland	69
6.1	Number, type of pharmacies and geographical distribution	71
6.2	Dispensing activity in Sunderland	72
6.3	Access to pharmacies during pandemic.....	74
6.4	Access to pharmacies in areas of high population density.....	75
6.5	Access to pharmacies for older people	77
6.6	Access to pharmacies in areas of high deprivation	78
6.7	Access to pharmacies by opening hours.....	80
6.8	Ease of access to pharmacies	81
6.8.1	Weekday opening	81
6.8.2	Weekend opening	83
6.8.3	Opening during extended GP access and UCC opening hours	84
6.8.4	Access to pharmacies by foot and by public transport	87
6.8.5	Access to pharmacy services out of the Sunderland area	92
6.8.6	Feedback from customers regarding pharmacy opening hours	94
6.9	Improving access	95
6.9.1	Electronic prescription service	95
6.9.2	Collection and delivery services.....	95
6.10	Disability access	95
6.11	Access to Translation Services.....	96
7	Pharmaceutical Services Overview.....	97
7.1	Essential services	97
7.2	Advanced Services	98
7.2.1	Appliance use review	101
7.2.2	Community Pharmacist Consultation Service	101
7.2.3	Hepatitis C testing service	102
7.2.4	Hypertension case-finding service	102
7.2.5	New Medicine Service (NMS).....	103
7.2.6	Stoma Appliance Customisation Service (SAC)	104
7.2.7	Flu vaccination service.....	104

7.2.8	Smoking Cessation Advanced Service	104
7.2.9	Additional Advanced services set up in response to the COVID-19 Pandemic.....	104
7.2.10	COVID-19 lateral flow device distribution service	104
7.2.11	Pandemic Delivery of Medicines Service.....	105
7.3	Local Enhanced services	105
7.3.1	Covid vaccine administration (Local Enhanced Service)	105
8	Sunderland Locally Commissioned Services	106
8.1	Sunderland CCG Locally Commissioned services	106
8.1.1	Emergency supply of palliative care medicines	107
8.1.2	Fidaxomicin Supply.....	107
8.1.3	Other CCG initiatives	108
8.2	Sunderland City Council Public Health Commissioned Services	109
8.2.1	Stop smoking services (intermediate advisors).....	110
8.2.2	Nicotine replacement therapy (NRT) and varenicline vouchers (dispensing).....	113
8.2.3	Supervised consumption of opioid substitutes.....	114
8.2.4	Harm Reduction / Needle exchange scheme.....	116
8.2.5	Emergency Hormonal Contraception (EHC)	118
8.2.6	Healthy Start Vitamins	120
8.2.7	Sunderland Council Commissioned Services Summary	122
8.3	North East and North Cumbria Integrated Care System (NENC ICS) Commissioned Services	122
8.3.1	Walk-in CPCS Emergency Medicine Supply.....	122
8.3.2	Think Pharmacy First Minor Ailment Service	122
8.3.3	Urinary Tract Infection (UTI) PGD Service.....	123
8.4	Non-Commissioned Services	123
8.5	Collection and Delivery Services.....	123
8.6	Monitored Dosage Systems	124
9	Current and Future Pharmacist Role.....	125
10.	Engagement and Consultation	126
10.1	Stakeholder engagement.....	126
10.1.1	Overview of Response to the Public Survey.....	126
10.1.2	Overview of Response to Pharmaceutical Service Providers Survey.	126
10.2	Formal consultation.....	127
11	Summary of Findings.....	128
12	Statement of Pharmaceutical Needs Assessment.....	129
	Appendix 1 – GP Practice Addresses	132

Appendix 2 – Membership of Steering Committee	133
Appendix 3 - Sunderland PNA: Survey of Pharmaceutical Service Providers.....	134
Appendix 4 – Equality Impact Assessment	143
Appendix 5 - Community Engagement Questionnaire	145
Appendix 6 – Pharmacy addresses.....	153
Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Sunderland.....	161
Appendix 8 – Abbreviations.....	173
Appendix 9 – References and data sources.....	175

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Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmacy services across Sunderland and whether there are any potential gaps in service delivery. The *Health and Social Care Act 2012* ⁽¹⁾ transferred the responsibility for developing and updating PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Each Health and Wellbeing Board was required to produce and publish its first PNA by 1 April 2015. A revised assessment must be published within three years of publication or sooner in response to significant changes to the availability of pharmaceutical services, provided this would not be a disproportionate response to those changes. In March 2021, due to operational pressures associated with the COVID-19 pandemic, the Department of Health and Social Care (DHSC) announced that the requirement to publish renewed PNAs would be suspended until October 2022. The Health and Wellbeing Board has now produced an updated PNA for formal publication by the 1st October 2022 deadline.

The PNA will be used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of community pharmacy enhanced and locally commissioned services.

The public health team within Sunderland City Council oversaw the development of the PNA on behalf of the Sunderland Health and Wellbeing Board. In the process of undertaking the PNA, a steering group was established and data was sought from a number of stakeholders including NHS England, Sunderland Clinical Commissioning Group, Sunderland City Council, Sunderland Local Pharmaceutical Committee (LPC), HealthWatch and local community pharmacists. The aim was to identify issues that affect the commissioning of community pharmacy services and to identify priorities for the future provision of community pharmacy services.

A statutory consultation was undertaken 21st March 2022 to 22nd May 2022 to seek the views of statutory consultees, the public and other stakeholders on whether they agree with the contents of this PNA. Any comments and feedback obtained from the consultation are reflected in this final revised version. The PNA for Sunderland also links to the health needs identified in the Joint Strategic Needs Assessment (JSNA).

This PNA includes information on the following:

- A description of the PNA process, including the determination of localities.
- An assessment of health needs now and in the future.
- A description of community pharmacies in Sunderland.
- An assessment of current service provision and access, including any gaps.
- A consideration of possible future roles for community pharmacy.
- An assessment of the contribution of community pharmacy to the Joint Health and Wellbeing Strategy.
- Key messages from stakeholder engagement activity and statutory consultation.
- A summary of findings and the statement of the PNA.

This PNA concludes that residents of Sunderland have good access to community pharmacies, having a greater number of pharmacies per 100,000 population than the England average. Sunderland East is particularly well served which allows for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it benefits from two 100 hour pharmacies.

However, the loss of any of the 100 hour pharmacies could cause significant gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.

Sunderland Health and Wellbeing Board also wish to acknowledge the contribution that community pharmacy services have made to the COVID-19 pandemic response since March 2020.

1. Introduction

1.1 Background

The *Health Act 2009* ⁽²⁾ introduced a legal requirement for all Primary Care Trusts (PCTs) to publish a PNA by 1 February 2011. The *Health and Social Care Act 2012* ⁽¹⁾ subsequently transferred the responsibility for developing and updating the PNA to Health and Wellbeing Boards.

Each Health and Wellbeing Board was required to produce and publish its first PNA by 1 April 2015. A revised assessment must then be published within three years of publication of the previous PNA or sooner in response to significant changes to the availability of pharmaceutical services, provided this would not be a disproportionate response to those changes.

Sunderland Health and Wellbeing Board (HWB) published its current PNA in March 2018. This was due to be renewed and published by April 2021.

In March 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) in order to reduce unnecessary extra pressure on local authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the response to the COVID-19 pandemic.

Further to this, due to ongoing pressures across all sectors in managing the pandemic response, the requirement to publish renewed PNAs was suspended further until October 2022.

Therefore, in light of this announcement and following on from the publication of the *PNA for Sunderland April 2015 – March 2018* ⁽³⁾ the Health and Wellbeing Board has now produced an updated PNA for publication by 1 October 2022.

The requirements of a PNA are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾. The process of producing the PNA

followed guidance set out in the *PNA, Information Pack for Local Authority Health and Wellbeing Boards* ⁽⁷⁾, published by the Department of Health in October 2021.

The regulations as set out above, require the PNA to include a statement of the pharmaceutical services that the HWB Board has identified are not provided within its area, but which the board is satisfied:

- need to be provided in order to meet a current need,
- will need to be provided in specified circumstances in order to meet a future need,
- would, if they were provided, secure improvements or better access, or
- would, if they were provided in specified future circumstances, secure future improvements or better access.

This PNA relates to community pharmacies. Prison pharmacy and hospital pharmacy are outside the scope of the PNA.

1.2 Purpose

The PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population. It describes the health needs of the population (section 4), current pharmaceutical services provision and any gaps in that provision (sections 7 and 8). It also identifies potential new services to meet health needs and help achieve the objectives of the *Joint Health and Wellbeing Strategy* ⁽⁴⁾. It takes account of the Joint Strategic Needs Assessment (JSNA) ⁽⁵⁾ and is a strategic commissioning document which will be primarily used by NHS England and NHS Improvement in its determination as to whether to approve applications to join the pharmaceutical list under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾.

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information;
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need - these services can be commissioned by local authorities, NHS England and CCGs (see sections 7 and 8);
- Support commissioning of high quality pharmaceutical services including locally enhanced services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the *Joint Health and Wellbeing Strategy* ⁽⁴⁾;
- Facilitate opportunities for community pharmacy to make a significant contribution to the health of the population of Sunderland.

1.3 Pharmacy market

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

Under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾, a person – i.e., a pharmacist, a dispenser of appliances or, in some rural areas, a GP – who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e., internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need identified in the PNA;
- To meet a future need identified in the PNA;
- To improve current access;
- To improve future access;
- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the PNA was published.

1.4 National context

Following publication of the *NHS Five Year Forward View* ⁽¹⁰⁾ in 2014 which set out a clear direction for the NHS over the period to 2020/21 the *NHS Long Term Plan* in 2019 ⁽⁹⁾ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead.

The NHS Long Term Plan ⁽⁹⁾ acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy:

- *The NHS will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.*

1.5 Pharmacy Services NHS Overview

There are more than 11,600 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for 85-95% of their total turnover.

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing;
- Support for self-care;
- Signposting patients to other healthcare professionals;
- Participation in set public health campaigns (e.g. to promote healthy lifestyles);
- Disposal of unwanted medicines.

Key findings of *General Pharmaceutical Services in England 2015/16 - 2020/21*⁽¹¹⁾ indicated that:

- There were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened during 2020/21, while 451 closed. This is the lowest number of active contractors since 2015/16.
- 1.03 billion prescription items were dispensed by community pharmacies and appliance contractors in England in 2020/21. This is a 1.79% decrease from the number of items dispensed in 2019/20 but still a 2.35% increase in items dispensed since 2015/16.
- 964 million prescription items were dispensed via the Electronic Prescription Service (EPS) in 2020/21, 93.9% of all items dispensed in the year by community pharmacies and appliance contractors. This is an increase of 58.6 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £8.97 billion in 2020/21. This was an increase of 3.72% from £8.65 billion in 2019/20 and a six year high despite the reduction in dispensed items in 2020/21.
- 2.77 million seasonal influenza vaccines were administered by community pharmacies in 2020/21. This was a 60.9% increase from the 1.72 million vaccines administered in 2019/2020 and a 365% increase on the 595 thousand vaccines administered in 2015/16.

Over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of nationally commissioned services such as vaccine administrations and private, personal discussions regarding medicines. Many pharmacies are also commissioned to offer public health services by local authorities and the NHS.

1.6 Community Pharmacy Contractual Framework 2019-2024

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed a five year plan, the *Community Pharmacy Contractual Framework (CPCF)* ⁽⁸⁾ which describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan.

In August 2021, the Framework described how community pharmacy services would be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

The Pharmacy Quality Scheme (PQS) replaced the Quality Payments Scheme with the gateway and quality criteria changed on an annual basis, with some becoming CPCF Terms of Service requirements during 2020/21. For the 2021/22 scheme, there was a focus on priorities supporting recovery from COVID-19 which officially began on 1st September 2021.

By 2023/24, as outlined in the CPCF, the NHS and PSNC's vision that community pharmacies in England will:

- Be the preferred NHS location for treating minor health conditions;
- Take pressure off urgent care, out of hours services and GPs, reducing waiting times and offering convenient care for patients, closer to their homes;
- Become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities;
- Provide diagnostic testing on-site related to minor illness;
- Support key NHS targets such as tackling antimicrobial resistance;
- Continue to ensure patients can safely and conveniently access the medicines they need as well as doing more to improve patient and medicines safety.

1.7 Pharmacy Integration Fund

As described in the previous PNA, the Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system;
- Clinical pharmacy services into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan.

The CPCF agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment. The programme paid for via the PhIF will pilot and evaluate these services with the intention of incorporating them into the national framework depending on pilot evaluations.

1.8 Point of care testing

As part of the CPCF agreement of 2019, NHS England and NHS Improvement committed to explore point-of-care testing (POCT) by community pharmacists to help in the drive to conserve the use of antibiotics. The impact of the COVID-19 pandemic and emergence of new POCT technologies that are more robust and less prone to error have now broadened the scope for the deployment of POCT in community pharmacies. This can help to improve the quality and efficiency of the delivery of diagnostic services closer to home and support the recovery of primary care. This drive also reflects the NHS Long Term Plan focus on prevention of ill-health, making the best use of the clinical skills of pharmacists and providing more clinical services in convenient and accessible locations in the community.

Examples of NHS-commissioned POCT services that can now be delivered in community pharmacies are:

- Non-invasive blood pressure monitoring as part of the hypertension case finding and blood pressure checks;
- Urinalysis for possible urinary tract infections;
- Chlamydia screening for the under 25s;
- Carbon monoxide monitoring as part of smoking cessation services;
- COVID-19 rapid antigen testing;
- Blood glucose measurements as part of diabetes prevention services;
- Oxygen saturation using oximeters to assess people presenting with breathing difficulties;
- Peak flow measurements for patients with asthma.

1.9 Working across the North East and North Cumbria

The NHS across England is changing with the creation of 42 Integrated Care Systems (ICS) designed to support better co-ordination of health and care services, improve overall health and outcomes and reduce inequalities.

The North East and North Cumbria was one of the first health and care systems to be officially designated an ICS in 2019 – recognising a strong history and track record of working together to join up health and care and improve the health of local communities. The North East and North Cumbria ICS is the largest in the country.

From 1 July 2022, this system will be formalised (subject to parliamentary approvals) which will include the establishment of North East and North Cumbria Integrated Care Board (ICB) – a statutory NHS organisation. This replaces the previously stated target date of 1 April 2022.

The ICB will take over the responsibilities currently held by the eight Clinical Commissioning Groups (CCGs) within the region as well as some commissioning functions carried out by NHS England including dental, community pharmacy and optometry services. ICBs will be required to develop plans, working with NHS England regional commissioning teams to take on effective delegated commissioning functions from 2023/24.

The ICB will be responsible and accountable for NHS spend and performance within the system. Other functions of the ICB include promoting integration of health and care services, improving health and wellbeing and reducing health inequalities.

Local Pharmaceutical Committees (LPCs) within the North East and North Cumbria as part of a regional community pharmacy approach, have been engaged in discussions regarding representation within the ICS, exploring the role of community pharmacy within a broader regional framework. and the routes through which community pharmacy can influence and help shape the ICS in respect of the community pharmacy offer.

1.10 Sunderland strategic objectives

The Sunderland Health and Wellbeing Board brings together Sunderland City Council, Sunderland Clinical Commissioning Group and a range of partners to promote integrated working between commissioners of health services, public health and social care services to improve the health and wellbeing of local people. The Health and Wellbeing Board produces a Joint Strategic Needs Assessment (JSNA) ⁽⁵⁾ which describes the health and wellbeing of people in Sunderland and how this compares to the rest of England. The PNA forms an integral part of the JSNA, which informs the *Sunderland Healthy City Plan 2020-2030* ⁽⁴⁾

Sunderland's *Healthy City Plan 2020-2030* ⁽⁴⁾ sets out the vision for the city as follows:

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

The shared values and behaviours underpinning the plan 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 approach laid out within the plan focuses on tackling the social factors of health - 'the causes of the causes' of poor health - throughout the life course and addressing inequalities for key vulnerable populations.

The plan recognises the responsibility for health and wellbeing of residents going beyond the health and social care system, with all organisations within the city playing a role in preventing ill health and supporting residents to help themselves to be healthy.

The Health and Wellbeing Board has strategic oversight of the *Healthy City Plan 2020-2030* ⁽⁴⁾ and provides assurance to the Sunderland City Board on progress being made.

2. The Health System in Sunderland

2.1 General Practice (including extended access)

There are 38 GP Practices in Sunderland delivering primary medical services from locations across the City (Appendix 1); all are open for the same core hours of 8.00am until 6.00pm, Mondays to Fridays. A sub-contracting agreement is in place for 6.00pm to 6.30pm). Sunderland has no dispensing doctors.

The development of GP services across the City is guided by the *Commissioning Strategy for General Practice 2019-2024* ⁽¹²⁾ which aims to sustain and transform general practice in Sunderland to ensure the provision of high quality primary medical care delivering improved health outcomes for local people, now and in the future. The strategy focuses on five key objectives to:

- Support general practice to increase capacity and build its workforce;
- Improve patient access;
- Ensure a central, co-ordinating role for general practice in delivering out of hospital care;
- Support better health through prevention and increasing patients' capacity for self-care;
- Encourage new working arrangements between practices.

From September 2017, new arrangements for extended access to GP services were introduced across the City. These are provided by the Sunderland GP Alliance (SGPA) through hub locations and offer Sunderland patients pre-bookable and on the day appointments for both routine and unplanned primary care. Any patient can attend any hub location, though booking processes identify those closest to the patient's home.

Appointments are available at five hub locations across the city from 6.00pm until 8.30pm, Monday to Friday and from 9.00am until 5.30pm on Saturdays and Sundays. Hub locations are as follows:

- Houghton Health Centre, Church Street, Houghton-le-Spring, DH4 4DN (Coalfields);
- Riverview Health Centre, West Lawrence Street, Hendon, SR1 1XW (Sunderland East);
- Bunny Hill Primary Care Centre, Hylton Lane, SR5 4BW (Sunderland North);
- Pallion Health Centre, Hylton Road, SR4 7XF (Sunderland West);
- Washington Health Centre, The Galleries, NE38 7NQ (Washington).

A map of the locations of GP surgeries, the Urgent Treatment Centre and Sunderland Royal Hospital is shown at Figure 1

2.2 GP Enhanced Services

NHS England or Clinical Commissioning Groups may commission “enhanced services” from general practice. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES), National Enhanced Services (NES) or Local Enhanced Services (LES).

Enhanced services that are currently available with national specifications produced by NHS England are:

- Health checks for people with a learning disability;
- Targeted immunisation programmes;
- Long Covid;
- Weight Management.

Community pharmacies could and many do, help to deliver elements of the enhanced services by providing advice and support, helping with self-care and signposting to other services. Community pharmacies make a significant contribution to improving access to the seasonal influenza vaccine for adults aged 65 and over, adults in clinical at-risk groups, adult carers, and adult household contacts of people with a compromised immune system. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.

Sunderland CCG has implemented a single Quality Premium scheme to replace LESs and most DESs. Payments for practices under the Quality Premium are outcome based and incorporate CCG and national priorities. The scheme is reviewed annually. For 2022/23, the proposed focus areas are Cardiovascular Disease (including diabetes), Mental Health and Learning Disabilities, Cancer and Respiratory.

Sunderland CCG commissions an enhanced primary care programme which encourages GP practices to work collaboratively and at scale in localities to support effective management of patients with long term conditions. Programme delivery is led by the Sunderland GP Alliance and currently includes:

- Standardising care pathways across the city;
- Delivery of the pharmacist elements of the Enhanced Health in Care Homes DES;
- Providing ambulatory Echocardiogram (ECG) via hub and spoke arrangements to improve diagnosis of atrial fibrillation, support appropriate management and reduce the risk of stroke;
- Piloting medicines reconciliation at hub level following discharge from hospital;
- Working collaboratively with the Recovery at Home service to develop an integrated, city-wide in hours home visiting service;
- Working at scale to establish locality hubs to undertake spirometry and Fractional Exhaled Nitric Oxide (FeNo) to support the diagnosis and management of lung conditions.

2.3 Primary Care Networks

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients.

PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Sunderland PCNs represent the current localities with the exception of Sunderland West, which is split into two PCNs due to the population size of the locality.

PCNs are expected to deliver seven NHS England specifications in a phased approach:

- Extended Hours Access;
- Structured Medication Reviews and Optimisation;
- Enhanced Health in Care Homes;
- Anticipatory Care;
- Personalised Care;
- Supporting Early Cancer Diagnosis;
- CVD Prevention and Diagnosis;
- Tackling Neighbourhood Inequalities.

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

In Sunderland each PCN has a senior pharmacist who supports a team of pharmacists and pharmacy technicians that work in GP practices. The focus of these teams is to conduct structured medication reviews (SMRs), focused medication reviews, assist with patient queries regarding medications, and to implement clinical interventions relating to quality, safety and cost-effectiveness. All pharmacists and technicians discuss medication changes and issues with community pharmacists as appropriate.

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the essential, advanced and locally commissioned services as described later in this report. The senior pharmacist of each PCN team and LPC PCN representative are regularly in contact to support improvements in communication and joint ways of working with community pharmacy colleagues.

2.4 GP out-of-hours

The GP out-of-hours service provides emergency access for patients with urgent primary care needs between the hours of 6.30pm and 8.00am, Monday to Friday and on a 24-hour basis at weekends and bank holidays. Patients who need urgent primary

health care telephone the free NHS 111 service for guidance on the most appropriate service for their health needs; this includes access to the out of hours GP service, if appropriate. A home visit will be offered if a face-to-face consultation is required.

The service has the facility to provide patients with medication from a limited formulary if deemed clinically necessary after clinical assessment. However, patients are often provided with prescriptions for non-formulary/non-urgent items and are directed to local community pharmacies.

2.5 Urgent Treatment Centre

Sunderland's Urgent Treatment Centre (UTC) is located at Sunderland Royal Hospital beside the Adult Emergency Department. The service operates from 10.00am to 10.00pm, Monday to Friday and 8.00am to 10.00pm on Saturday and Sunday. Extended hours were in place until the end of March 2022, with the UTC staying open until midnight.

The UTC provides treatment for a range of minor illnesses and injuries that require urgent attention and where a patient cannot wait to be seen by their own GP. Access to these centres is supported by NHS 111.

Patients with an urgent care need telephone the free NHS 111 service to be directed to the most appropriate service for their health condition; this includes making an appointment at the UTC if appropriate. Patients can also "walk-in" to the UTC though are likely to be seen sooner at the centre if they arrange an appointment through NHS 111.

2.6 Out of Hospital (Community) Services

South Tyneside and Sunderland NHS Foundation Trust (STSFT) is the main provider of a range of community health services for the population of Sunderland. Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) provides community mental health services for Sunderland. CNTW has two main bases in the city at Hopewood Park in Ryhope (Sunderland East) and Monkwearmouth Hospital in Fulwell (Sunderland North).

Sunderland Care and Support (SCAS) is a key provider of adult social care and health services offering support to people who because of their age, illness, disability or learning difficulty need help and support to live as independently as possible at home or in the community. Together for Children provides children's services for the population of Sunderland.

All Together Better (ATB) is key in delivery of Sunderland's vision for out of hospital care. It is an alliance of commissioners and providers working together across organisational boundaries to better join up health and care services. Partners involved include:

- SCAS;
- SCC;
- SCCG;

- SGPA;
- STSFT;
- CNTW.

ATB has four programmes focused on delivering the vision of delivering better health and care to the people of Sunderland:

- Programme 1 - General Practice;
- Programme 2 - Mental Health, Learning Disabilities and Autism;
- Programme 3 - Enhanced Primary Care and Community Care;
- Programme 4 - Emergency Intermediate and Urgent Care;
- Programme 5 - Integrated Health and Social Care Services.

2.7 Hospital Services

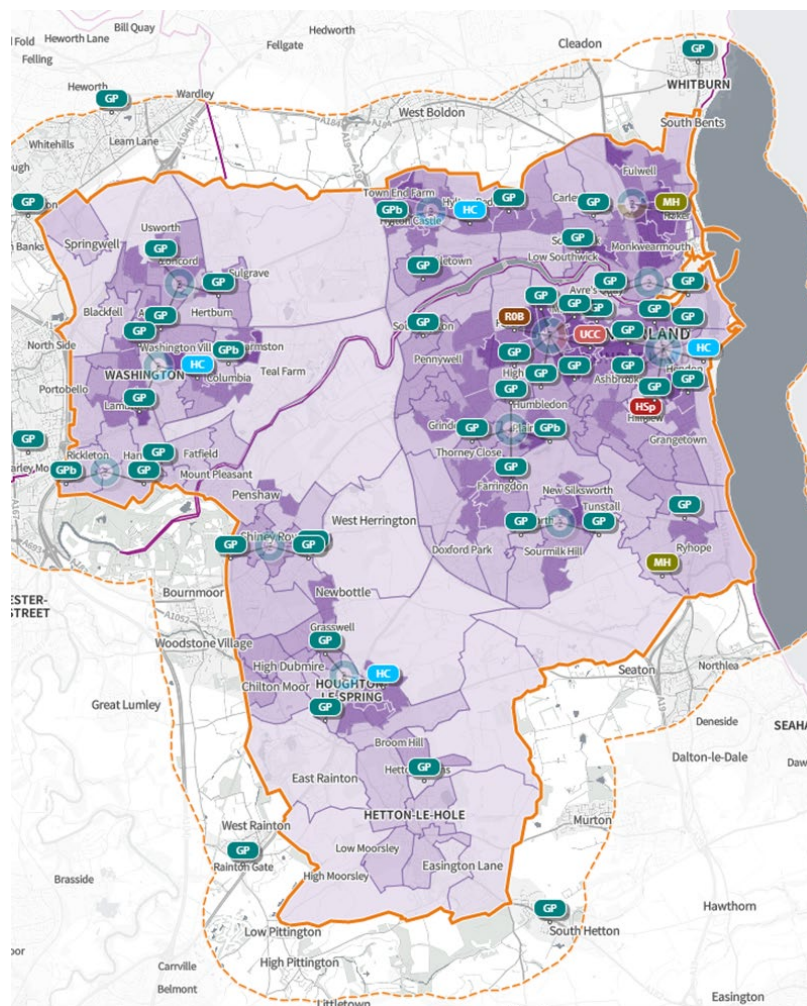
STSFT is the main provider of hospital services for the Sunderland population. Sunderland Royal Hospital is situated in the ward of Millfield (Sunderland West and bordering Sunderland East). Sunderland Eye Infirmary is located in St Michael's ward (Sunderland East).

CNTW provides inpatient mental health services for Sunderland.

The Sunderland population makes relatively high use of hospital services and the local health economy is facing a number of challenges in the face of the Covid recovery of services.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

Figure 1: Map showing the locations of GP surgeries, Extended Access Hubs (based in Health Centres) the Urgent Treatment Centre and the Sunderland Royal Hospital Site



Density Key

Population density: All

The analysis focuses on the estimated population density per km².

Sunderland's estimated population density in mid-year 2020 is 2016.75 people/km² within a range of 155 to 12716 across 184 LSOAs.

The England-wide LSOA distribution is 2 to 106716 with a mean value of 4420.91 people/km².

Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 6,513.01 to 106,716 pop/km²: 23 areas
- 4,334.01 to 6,513 pop/km²: 53 areas
- 2,578.01 to 4,334 pop/km²: 47 areas
- 747.01 to 2,578 pop/km²: 49 areas
- 2 to 747 pop/km²: 12 areas

- HC: Healthcare Centre
- GP: GP Surgery
- ROB: Sunderland Royal Hospital
- UCC: Urgent Treatment Centre
- MH: Mental Health Provider (CNTW)
- site
- HSP: Eye Infirmary

3 Pharmaceutical Needs Assessment process

3.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the Health and Wellbeing Board in regard to PNAs is the *National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾ (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The public health team within Sunderland City Council oversaw the development of this PNA on behalf of the Sunderland Health and Wellbeing Board. In the process of undertaking the PNA, a steering group was established in November 2021. The core membership of the group included representatives from the public health and communications teams at Sunderland City Council, Sunderland Clinical Commissioning Group, Sunderland Local Pharmaceutical Committee and Sunderland Healthwatch. Full membership is set out in Appendix 2.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings;
- Content of a PNA questionnaire to pharmacists in Sunderland;
- Timeline of the PNA process;
- Structure of the PNA document;
- Process and questionnaires for engagement and consultation;
- Appropriate governance, including declaration of interests, and reporting arrangements.

The group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements set out in the regulations.

3.2 Determination of localities

The *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾ state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities in its area.

In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Sunderland area was to adopt the five locality areas used by Sunderland City Council. These are as follows:

- Coalfields – covering Copt Hill, Hetton, Houghton and Shiney Row wards;
- Sunderland East – covering Doxford, Hendon, Millfield, Ryhope and St Michael's wards;
- Sunderland North – covering Castle, Fullwell, Redhill, Southwick and St Peter's wards;

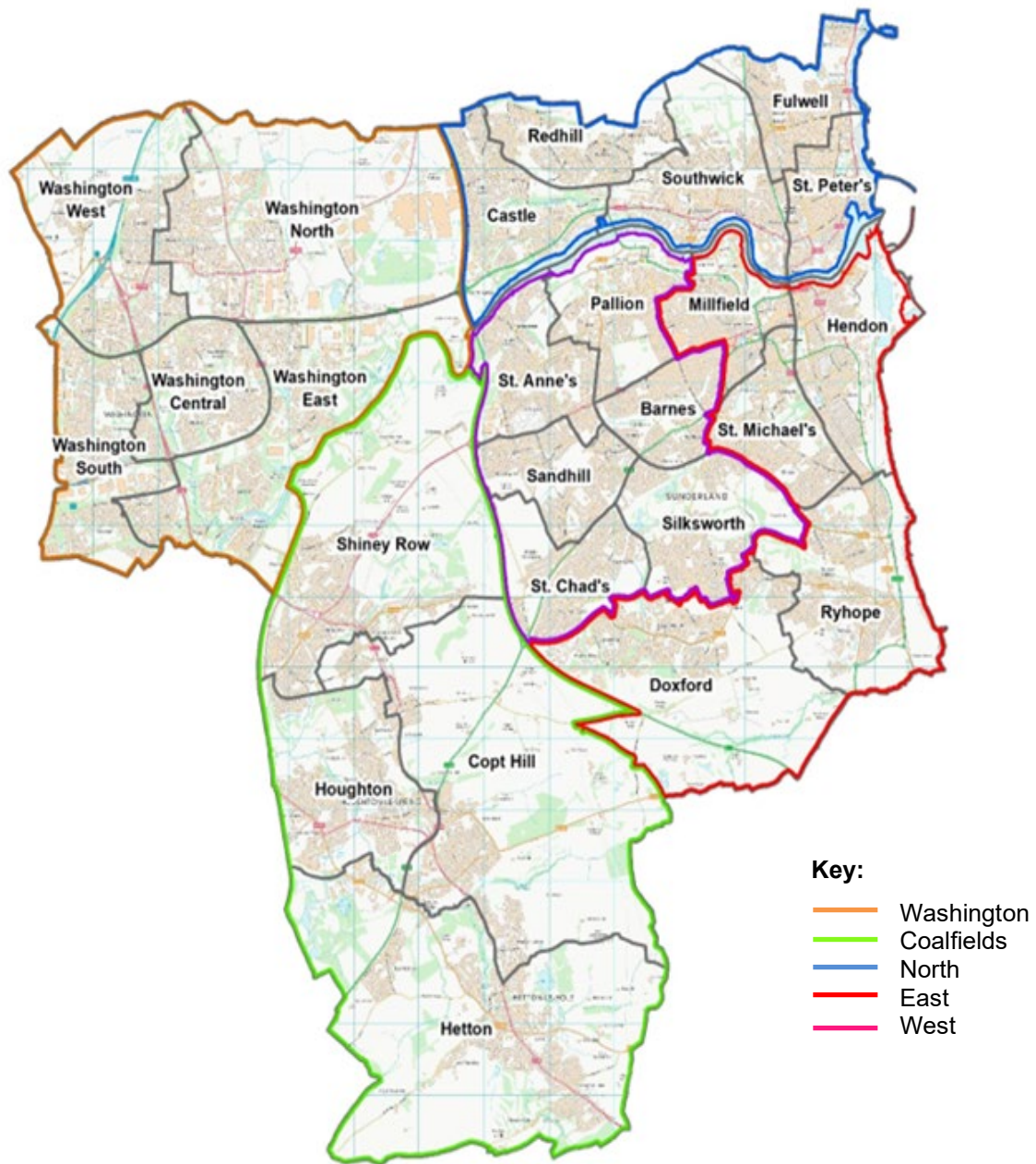
- Sunderland West – covering Barnes, Pallion, Sandhill, Silksworth, St Anne’s and St Chad’s wards; and
- Washington – covering Washington Central, Washington East, Washington North, Washington South and Washington West wards.

This approach is in line with the data available within the JSNA, although the Health and Wellbeing Board is also mindful that needs can vary between the wards in each locality and at sub-ward level.

The HWB notes however, that the Primary Care Network (PCN) geographies differ from the localities defined at Sunderland Council. Sunderland PCNs are defined as 6 geographies and therefore are not co-terminus with the localities described in this document.

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Figure 2: Map of localities used within the PNA



3.3 Assessing health needs

The *Local Government and the Public Involvement in Health Act 2007* ⁽¹³⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The *Health and Social Care Act 2012* ⁽¹⁾ transferred this duty, with effect from April 2013 to local authorities and CCGs to be exercised by Health and Wellbeing Boards.

This PNA is directly aligned to the Sunderland JSNA ⁽⁵⁾ and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.4 Current provision within the City

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline. This was based on information provided by the NHS England Sub Region, Sunderland CCG and Sunderland City Council's public health team.

The information was then supplemented using a questionnaire made available to all community pharmacies including distance selling pharmacies. The questionnaire was not sent to appliance contractors. The survey was undertaken between 17/12/2021 and 31/01/2022 (at this time there were 64 pharmacies excluding appliance contractors). A total of 32 out of 64 community pharmacy contractors responded, giving a response rate of 50%. A summary of the findings of the survey are described in section 10 with detail within Appendix 3.

3.5 Future provision

The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on how they felt community pharmacy could contribute to the strategic priorities set out in Sunderland's JSNA ⁽⁵⁾ and *Sunderland Health & Care System's Operational Plan* ⁽¹⁴⁾. Therefore, only the views of those who responded to the survey have been considered in this regard.

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2), had regard to:

- The demography of Sunderland;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services within Sunderland;
- The different needs of the localities within Sunderland;
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Boards (i.e., South Tyneside, Gateshead and County Durham);
- Any other NHS services provided in or outside of Sunderland;

- Likely changes to the demography of Sunderland and/or the risks to the health or well-being of people in Sunderland.

The *Equality Act, 2010* ⁽¹⁵⁾ requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an equality impact assessment; this is included as Appendix 4.

3.6 Stakeholder engagement

The views of the public and a range of agencies and groups were gathered in the form of a survey on Pharmacy Services. This was made available between 12/01/2022 and 01/02/2022 through Sunderland City Council's website with the survey title "Help improve your local pharmacy services". The survey was also promoted using social media and through the Healthwatch Sunderland and Sunderland Local Pharmaceutical Committee websites.

In total, 152 survey responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

3.7 Statutory consultation

The formal consultation on the draft PNA for Sunderland ran from 21st March 2022 to 22nd May 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

A total of 8 responses were received from community pharmacy providers, individual residents of Sunderland, NHSEI and Sunderland LPC. In addition, comments regarding the draft PNA raised at Sunderland Council Health and Wellbeing Scrutiny Committee were included as part of the consultation response. A detailed summary can be found in Appendix 7.

In general, the consultation draft Pharmaceutical Needs Assessment 2022 was well received and supported with feedback which was generally positive. As a result of the consultation process a number of amendments were incorporated into the final PNA document with the agreement of the PNA Steering Group.

3.8 Recommendations and update from the previous PNA 2018 – 2021 ⁽³⁾

Following development of the PNA 2018-2021, Sunderland Health and Wellbeing Board made the following statements:

- Sunderland has an adequate number of community pharmacies to meet the needs of patients who require essential services such as dispensed medicines.

- There is currently adequate provision of NHS pharmaceutical services across Sunderland.

Update since 2018 PNA:

Though the period of the current PNA has seen the closure of Lloyds branches in Hendon and Southwick Health Centre and the consolidation of two Rowlands Pharmacy branches in the Pallion area, other local provision has ensured that accessibility has been retained in these areas and additional pharmacies have not been required through market entry.

- Whilst there is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and Bank Holidays, and weekday evening and Sunday opening hours within the Coalfields locality would improve access and choice for the local population, no specific need for additional community pharmacies in the Coalfields locality has been identified through the PNA.
- The existing 100 hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.
- Loss of any of the 100 hour pharmacies could cause significant gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.
- We consider that the loss of Lloyds Pharmacy at Hendon from 13th June 2018 will produce a gap in essential pharmaceutical services at particular times on particular days and in locally commissioned services that respond to particular population health needs. We are clear that this does not require additional pharmacies through market entry. Rather we require a mechanism to explore securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.

Update since 2018 PNA:

Other local provision has ensured that accessibility has been retained in the area around Lloyds Pharmacy in Hendon. Locally commissioned services provided by Lloyds were successfully transferred to other pharmacies in the local area.

- The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development within the time period covered by this PNA, due to satisfactory cover from already existing pharmacies.
- A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines, though there is relatively low use of the new medicines service and medicines use reviews that can support the effective management of long term conditions. We would wish to encourage community pharmacies to make greater use of these advanced services in line with the Quality Payments Scheme.

- The NHS Urgent Medicine Supply Advanced Service is an important part of our local urgent care system and we would recommend that it should continue beyond September 2018; we await the findings of the evaluation of the Community Pharmacy Referral Service (CPRS) pilot.
- A range of community pharmacy enhanced services – including those focused on medicines optimisation - could effectively contribute to Sunderland’s key health challenges.
- There is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services. Other community pharmacies would be willing to provide these services if commissioned.
- With regard to locally commissioned services, the public health team should work with the CCG to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice

Update since 2018 PNA:

Locally commissioned public health services have continued to provide good coverage across Sunderland throughout the life of the current PNA, with some additional schemes being introduced to provide further choice.

- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.
- Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

4 An overview of Health Needs in Sunderland

This section includes information from the latest published *Sunderland JSNA 2021-22*⁽⁵⁾. It provides a summary of the health needs of Sunderland and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: <https://sunderland.gov.uk/> by searching for JSNA. Most data and information in this section is directly from the JSNA and where this is not the case, sources are referenced.

4.1 Introduction

Sunderland is a city located at the mouth of the River Wear along the North Sea Coast of England. It is the second largest local authority area in Tyne and Wear covering a total of 137 square kilometres. The city has an industrial heritage including both shipbuilding and coal mining. Its current economy is built on the manufacturing sector including automotive engineering, electronics and the service industry. It is home to

the UK's largest car plant and is a European centre for electric vehicle research and production.

4.2 Population profile and demography

Sunderland has a population of around 277,846 (mid-2020 estimate). The population has fallen from close to 300,000 in the early 1990s, due in part to outward migration of younger working age people. Recently, this fall has levelled out and the population is predicted to remain stable at around 277,000 by 2031.

Compared to England as a whole, the population of Sunderland has a higher proportion of older people who use health and social care services more intensively than other population groups. They may also require more complex forms of treatment due to frailty and the presence of one or more long term conditions. Deaths from COVID-19 in Sunderland have predominantly affected the older age groups.

- 19.9% of the Sunderland population are aged 65 years and older, higher than the England average (18.8%);
- The population aged 65 years and over is projected to rise to 24% by 2031. The proportion of the population aged 80 years and over is also projected to rise from 5.1% in 2020 to 6.5% in 2031. It is important to note that population projections do not yet take any impacts of COVID-19 into account.

Sunderland has also seen an increase in the population of people from black and minority ethnic communities, though the city is less ethnically diverse than the England average. The age distribution of people from black and minority ethnic communities is generally younger than the overall population the city. Predicted patterns of migration suggest that the increase in the ethnic diversity of the population of Sunderland is likely to continue over the next 20 years.

A Census was undertaken in March 2021, and it is anticipated that more detailed demographic information will be available later in 2022 and onwards.

4.3 Life expectancy

Life expectancy is a barometer of the health and social determinants of health within an area. COVID-19 has directly and indirectly impacted on life expectancy due to the high levels of excess deaths occurring during the pandemic. Life expectancy at birth for males in Sunderland is 76.6 (for 2018-20, compared with 77.6 for the north east and 79.4 for England). Life expectancy at birth for females in Sunderland is 80.9 (for 2018-20, compared with 81.5 for the North East and 83.1 for England). This represents a decrease in life expectancy of 0.4 years for males and 0.5 years for females compared to the 2017-19 monitoring period which is likely to have reflected the initial year of the pandemic.

Whilst average life expectancy at birth had improved over a number of years, the city remains behind the England position and local residents live, on average, shorter lives

than the England average. They also live, on average, a greater part of their lives with illness or disability which limits their daily activities.

Notably, the gap between life expectancy in Sunderland and England widened for both males and females between the 2015-2017 and 2017-19 monitoring periods.

Health inequalities in Sunderland result in significant variations in mortality and life expectancy at birth between the areas within it.

- The gap in life expectancy across wards has widened in Sunderland between 2013-2017 and 2017-2019.
- On average, it has widened for males from 11.8 years to 12.4 years (Hendon 69.7 years compared to Fulwell 82.1 years), and for females it from 9.4 years to 10.8 years (Hendon 75.9 years compared to Washington South 86.7 years).

4.4 Wider determinants of Health

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. Evidence suggests that the social determinants of health are more important than healthcare in ensuring a healthy population.

The reason there are different health outcomes in different areas of Sunderland is because health inequalities are strongly linked to deprivation. There is a substantial amount of evidence showing that people living in the most deprived areas have poorer health and health outcomes than those in the more affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

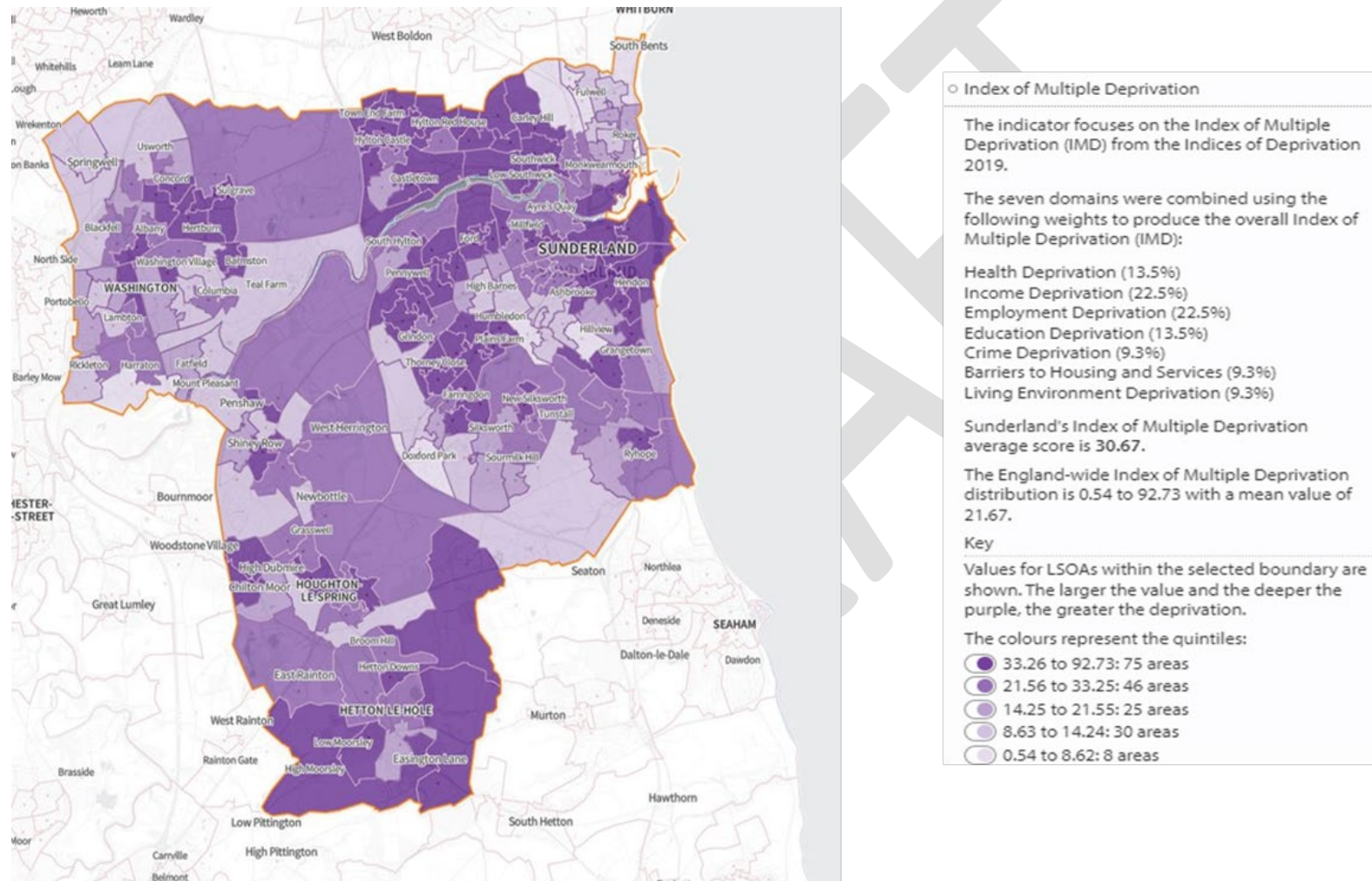
The Index of Multiple Deprivation 2019 (IMD2019) measures socioeconomic disadvantage across seven domains:

- Income;
- Employment;
- Health;
- Education;
- Barriers to housing and services;
- Crime;
- Living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within Sunderland. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500.

Seventy-five (approximately 40%) of Sunderland's 185 Lower Super Output Areas (LSOAs) are among the most disadvantaged fifth of all areas across England. 40.6% of Sunderland residents live within these areas.

Figure 3: Index of Multiple Deprivation – LSOA Sunderland, 2019



Ordnance Survey 100016969 | [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

4.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty.

- Average full-time earnings for workers who are Sunderland residents is £496.80 per week; this is below the average for the North-East (£523.50) and Great Britain (£587.20).
- 27.3% of children are living in low-income families in Sunderland compared to 26.8% regionally and 19.1% nationally.
- In Sunderland there was an 18% increase in food parcels delivered to families from April to September 2020.
- In 2019, 15.3% of households in Sunderland were classed as fuel poor, which is higher than the North East figure of 14.8% and the England figure of 13.4%.
- The percentage of adults aged 60 or over living in income-deprived households (out of all adults aged 60 or over) in 2019 in Sunderland was 21.7%, which is statistically significantly higher than the figure for England of 14.2%.

4.4.2 Employment

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

Employment rates in Sunderland compare unfavourably to both England and the wider North East.

- The percentage of out of work benefit claimants aged 16-64 in Sunderland in May 2021 was 7.3%, higher than the North East figure of 6.8% and the national figure of 6.0%.
- Between March 2020 and March 2021 – the claimant count for 18-24 year olds rose by 46%, from 1,890 to 2,760 and for 25-29 year olds rose by 38%, from 1,280 to 1,765.
- In Sunderland 136,100 people (76.2% of the population) are economically active, with 23.6% economically inactive.
- 41.6% who are economically inactive in Sunderland are identified as long-term sick, compared with 28.8% in North East as a whole.

4.4.3 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

The average levels of education, skills and qualifications in Sunderland are lower than the regional and national average:

- The percentage of all children achieving a good level of development at the end of Reception is 72.6% for Sunderland, and 71.8% for both the North East and England.
- Attainment 8 is the results of pupils at state-funded mainstream schools in 8 GCSE-level qualifications, measuring how well children do in key stage 4. In February 2021 the average attainment 8 score in Sunderland was 48, lower than the national average of 50.2 in 2019/20.
- In 2020/21, the percentage of 16/17-year-olds in Sunderland not in education, employment, or training (NEET) was a combined figure of 5.1% (NEET 4.4% and Unknown 0.6%). This was below the national average (5.5%) and the regional average (5.7%). The performance shows an improvement of 5.5 percentage points from the 2019/20 figure of 10.6%.
- In 2019 there was a lower percentage of 16–64-year-olds in Sunderland who were qualified to at least NVQ Level 4 or higher (27.4%) compared to the region (31.9%) and England (33%).

4.4.4 Housing and Homelessness

A Strategic Housing Market Assessment (SHMA) ⁽¹⁶⁾ produced in 2020 reported the results of the 2019 Sunderland household survey and indicated that:

- 10.2% of households in Sunderland (12,675 households) were classified as households in need (including insecure tenure, overcrowding, house too difficult to maintain, unfit dwelling amenities or health or social needs – see Figure 7 below).
- In the private rented sector, 25.9% of households were in housing need, compared to 11.7% of those in affordable housing and 6.1% of those in owner occupation.

4.4.5 Crime

Crime can have a wide-ranging effect on people's health. In Sunderland, indicators relating to crime, including re-offending rates and hospital admissions for violent crime (including sexual violence) are higher than England as a whole, though comparable to the wider North-East.

- Total recorded crime in Sunderland was 99 per 1000 in 2020/21, above the North East (91.7) and England average (77.2).
- Hospital admissions for violence (including sexual violence) in Sunderland for 2017/18-19/20 were 71.2 per 100,000, which is similar to the regional figure of 63.4 and significantly higher than the national figure of 45.8.

4.4.6 Living Environment

The quality of the built and natural environment such as air quality and the quality of green spaces also affects health. Key points to note for Sunderland include:

- Sunderland City Council has set out ambitious targets to be a carbon neutral local authority by 2030 and is working with partners across Sunderland for the city to deliver against its Low Carbon Framework.
- Sunderland has a Green Infrastructure Strategy which aims to protect a range of district and inter-Green Infrastructure Corridors and assets which provide multiple benefits to people and wildlife across the city.
- Sunderland prepares a Local Flood Risk Management Strategy every 5-6 years, which has the target of decreasing the number of properties at high flood risk.
- Sunderland also adheres to the England Heatwave Plan, which has the target of reducing the harm to health from severe heat and heatwaves.
- Sunderland also adheres to the Cold Weather Plan (CWP) for England, which aims to prevent avoidable harm to health, by alerting people to the negative effects of cold weather and enabling them to prepare and respond appropriately. The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.
- All local authorities monitor local air quality and produce annual reports and updates to DEFRA. The 2019 Air Quality Report for Sunderland found that the air quality in Sunderland is good and that there has been a general decline in some of the pollutants measured. In 2019, the fraction of mortality attributable to particulate air pollution was 3.7 in Sunderland, which was similar to the North East figure of 3.6 and lower than the England figure of 5.1.

4.5 Housing and Regeneration

The *Core Strategy and Development Plan 2015-2033* ⁽¹⁷⁾ was adopted by Sunderland City Council in January 2020. The Plan seeks, through the provision of new housing, to meet the needs and aspirations of existing and future residents, creating sustainable neighbourhoods in which residents want to live and work.

The largest area of growth for new homes is within South Sunderland Growth Area (SSGA). Sites within SSGA include Chapelgarth, Land North of Burdon Lane, Cherry Knowle and South Ryhope. These sites are allocated to create a new high quality, vibrant and distinctive neighbourhood. Development should deliver approximately 3000 new homes to be broadly distributed across the four sites as follows:

- Chapelgarth – approximately 750 homes;
- Land North of Burdon Lane – approximately 1,000 homes;
- Cherry Knowle – approximately 800 homes;
- South Ryhope – approximately 450 homes;

A neighbourhood centre is included within Land North of Burdon Lane to provide a focal point within the SSGA and complement nearby existing centres. This will

comprise a range of appropriate uses including shops, financial, professional and provision of medical and healthcare services. It will also include a new primary school which will also serve as a community hub. SSGA is to include new and improved public transport services and infrastructure and support the completion of the Ryhope-Doxford Link Road.

The draft *Sunderland Allocations and Designations Plan (A&D Plan)* ⁽¹⁸⁾ sets out local policies including site-specific policy designations and allocations for the development, protection and conservation of land in the city. It will allocate a range of housing sites to meet the requirements of mix, type and site size to ensure a supply of land to meet the plan period housing requirement. The Council undertook a Regulation 18 consultation on the draft A&D Plan between 18 December 2020 and 12 February 2021 and is expected to undertake a final round of consultation later in 2023 with a view to adopting the plan in 2024.

Within the A&D Plan two strategic sites are identified which will combined, deliver around 2500 homes;

- Riverside Sunderland: 1000 homes; and
- Washington Meadows: 1500 homes

Riverside Sunderland will become a new business district which will rebalance the city economy by providing modern offices, workspace and studios for a range of businesses, encouraging start-up businesses and attracting inward investment to the City Centre. In addition, four new neighbourhoods at Vaux, Farringdon Row/Ayre's Quay, Sheepfolds and Bonnersfield which connect with each other across the Wear Basin will form a new community on the river. These neighbourhoods will be highly liveable and sustainably connected communities, linked with a revitalised Riverside Park. The development of Sunderland Riverside should deliver housing, offices, shops, restaurants, cafes, business uses, a health centre, hotels, purpose-built student accommodation, a school/non-residential education/training centre and a public library.

Washington Meadows will become an example of a low carbon, sustainable development and a destination of choice for families wishing to live in Sunderland. The development will achieve high standards of sustainability, design and provide a range of supporting facilities to help foster a strong sense of community. The creation of well connected, integrated and sustainable transport links will be essential to making this a sustainable neighbourhood. It is envisaged that up to 1500 homes will be provided in the long term, with approximately 400 anticipated to be delivered by the end of the plan period of the Core Strategy and Development Plan in 2033.

Table 1: Future Housing Developments in Sunderland – Number of New Dwellings by Locality (Strategic Housing Land Availability Assessment December 2020) ⁽¹⁹⁾

Sub Area	Deliverable 1-5 years (2020/21-2024/25) (dwellings)	Developable 6-10 years (2025/26-2029/30) (dwellings)	Developable 11-15 years (2030/31-2034/35) (dwellings)	Sub Area Total Deliverable & Developable SHLAA Sites (2020-2035)
Urban Core	356	630	310	1296
Washington	422	303	30	755
Sunderland North	754	314	41	1109
Sunderland South	1697	1771	1137	4605
Coalfield	1693	803	461	2957
Total City Area	4922	3821	1979	10722

The Annual Position Statement (APS) ⁽²⁰⁾ sets out Sunderland City Council's five-year housing land supply position. The purpose of the five-year housing land supply is to provide an indication of whether there are sufficient deliverable sites available to meet the housing requirement set out in adopted strategic policies for the next 5 years. The base date of this statement is 1 April 2021 and it projects a five year housing land supply position from 1 April 2021 to 31 March 2026. The APS states Sunderland has an adjusted housing requirement of 4098 over the five-year period. This adjusted housing requirement includes a 10% buffer, with no issues identified in land supply to meet this requirement.

4.6 Transport

Improvements to public transport and accessibility across Sunderland have been identified as a strategic priority alongside reducing the adverse impact of road traffic and traffic congestion. The level of population and employment growth proposed over the next 18 years will necessitate increased investment in public transport to improve transport accessibility for all users, and the council intends to work with partners, transport operators and developers to ensure that this takes place.

Focusing on sustainable transport development aims to improve accessibility as well as helping to support other initiatives in Sunderland such as helping to improve traffic congestion, air quality, road safety and supporting increased levels of physical activity and overall health.

The council is also seeking to ensure that major new developments are located in areas with high levels of public transport accessibility, thereby reducing the need to

travel by private car, to minimise energy use and to increase opportunities for walking and cycling.

To improve connectivity and enhance the city's transport network, the council, working with its partners and utilising developer contributions will seek to deliver the following new highways schemes and initiatives:

- Sunderland Strategic Transport Corridor (remaining phases);
- Ryhope to Doxford Park Link Road;
- Central Route section of Coalfield Regeneration Route; and
- Improvements to the mainline and key junctions on the A19, including providing access to the International Advanced Manufacturing Park (IAMP);
- Improve the following transport routes and bus corridors to encourage walking and cycling and to reduce congestion:
 - A183 Chester Road;
 - A690 Durham Road;
 - A1231 Sunderland Highway (west of the A19);
 - A1018 Newcastle Road;
 - B1522 Ryhope Road;
 - Washington Road/North Hylton Road (east of A19);
 - A182 Houghton/Hetton Road.
- Improve the operating conditions for buses, in particular through securing improvements to the major bus corridors identified above; and exploring park and ride opportunities.
- Support improvements to the Metro and rail network including new stations and routes where deliverable.
- Safeguard the following disused railway alignments for future use: i) Leamside line; and ii) South Hylton to Penshaw

4.7 Lifestyle factors affecting health outcomes

In 2012, work by the *Kings Fund* ⁽²¹⁾ examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours. Local data from the 2017 Sunderland Adult Health and Lifestyle Survey indicated that the proportion of people who reported engaging in multiple lifestyle risk factors (including smoking, excessive alcohol use, poor diet, and low levels of physical activity) was as follows:

- 13.9% of adults aged 18 and over have none of these risk factors;
- 36.8% of adults aged 18 and over have one of these risk factors;
- 35.2% of adults aged 18 and over have two of these risk factors;
- 12.1% of adults aged 18 and over have three of these risk factors;
- 1.9% of adults aged 18 and over have all four of these risk factors.

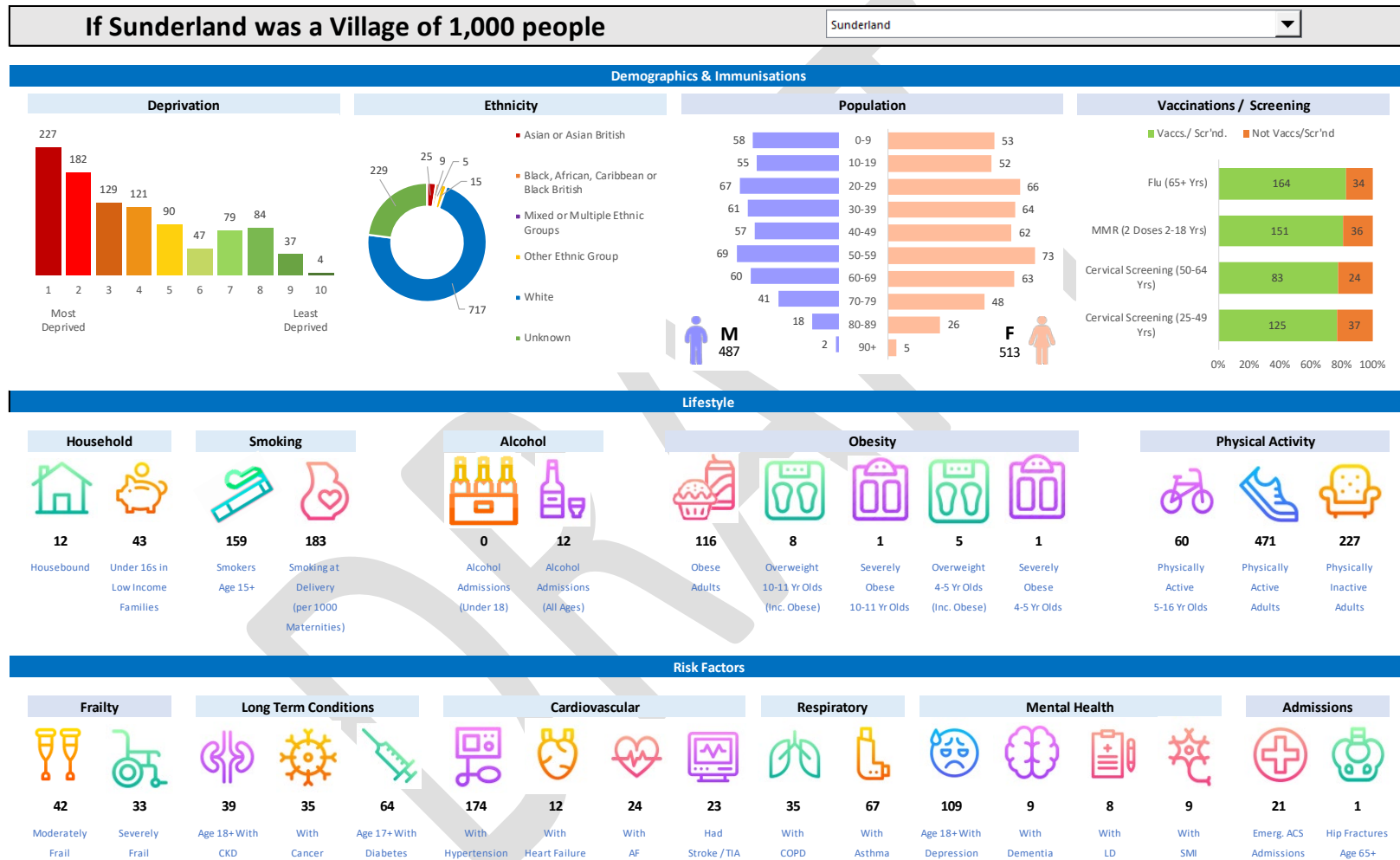
Unhealthy behaviours continue to drive higher prevalence of long term conditions and increased rates of premature death across the city. Therefore, a key challenge for the

Sunderland health economy is the need to manage the high and increasing levels of long term conditions in the population, including increasing proportions of people with multiple long term conditions.

If Sunderland was a village of 1000 people (see Figure 4):

- 409 people would be classified as deprived and 41 as affluent;
- 70% of the population would be white and we wouldn't know the ethnicity of 229 people;
- There would be slightly more females than males and 263 people would be aged 60+;
- Less than 50% of adults within the village would be considered physically active and 79 adults would be considered obese;
- 159 people would be current smokers;
- There would be 12 emergency admissions a year for alcohol related conditions;
- 43 children would be living in low-income families and only 60 children would be physically active. 15 children would be overweight or obese;
- 75 people in the village would be frail (33 of these severely frail);
- After physically inactive adults, the second health impact in the village would be hypertension (174 people);
- 109 people would be living with depression;
- 67 people would have asthma, 35 COPD and 64 people (17+) with diabetes

Figure 4: If Sunderland was a village of 1000 people



Data sources: (22), (23), (24), (25), (26), (27) and (28)

4.7.1 Smoking

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

However, the National Annual Population Survey shows progress has been made over the last eight years to reduce the prevalence of smoking in Sunderland:

- The proportion of adults that smoke in Sunderland fell between 2011 and 2019 from 24.3% to 16%. This remains higher than both the regional (15.3%) and national (13.9%) figures.
- Smoking prevalence remains high in routine and manual occupations (age 18-64) - 25.7% in Sunderland compared to 23.2% nationally.
- 11.6% of the population aged 15 currently smoke in Sunderland, compared to 8.2% nationally. Among 16 to 17 year olds this rises to 18.7% in Sunderland and 14.7% across England.

Smoking during pregnancy remains high.

- In 2019/20, 18.3% of pregnant women were recorded as being smokers at the time of delivery (compared to the England average of 10.4%).
- However, progress is being made in this area data 2020/21 shows the percentage of women recorded as smoking at time of delivery in Sunderland has decreased to 15.5%.

In Sunderland there is a strong correlation between smoking prevalence and the level of deprivation. That is, the more deprived the area, the higher the smoking prevalence. Smoking prevalence is significantly higher than the Sunderland average in Hendon, Millfield, Pallion, Redhill, Southwick and St Anne's wards.

Locally a specialist stops smoking service, GP practices and pharmacies continue to support residents to stop smoking across the city. However, the impacts of COVID-19 on capacity within primary care and the potential to offer behavioural support on a face-to-face basis has presented challenges to offering services which are responsive to local need and demand.

How pharmacies support:

- Smoking Cessation
- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation Advanced Service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle

4.7.2 Alcohol

Levels of harmful and hazardous alcohol use remain high in Sunderland. As well as being a lifestyle factor which influences health outcomes, alcohol use has social and economic consequences which affect a wide cross section of the city as well as the people misusing alcohol.

Data from the Sunderland Adult Lifestyle Survey in 2017 found that:

- The proportion of Sunderland 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).
- In Sunderland 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.
- 26.3% of adults binge drink (i.e. 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. Men aged 35-64 and women aged 35-54 are most likely to binge drink and the highest rates of binge drinking are seen in Washington West, Ryhope, Washington East and Fulwell.
- Young people continue to drink to harmful levels but there been a slight decrease in hospital specific admissions for young people under 18 years overall. However, despite this decrease, during the three-year pooled period 2016/18 (from the 152 local authorities in England), Sunderland had the third highest rate per 100,000 in England, and the second highest rate in the North East.

COVID-19 has also impacted on levels of alcohol use. In March 2020, national 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.

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.7.3 Substance misuse

Substance misuse can lead to significant crime, health and social costs. Evidence-based drug treatment can help reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

Estimates of the prevalence of opiate and crack cocaine produced in 2016/17 suggest that Sunderland has a rate of:

- 9.2 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 1652 people) compared to an England rate of 8.85 per 1,000;
- 8.32 per 1,000 population aged 15-64 opiate users (around 1493 people) compared to an England rate of 7.37 per 1,000;
- 3.97 per 1,000 population aged 15-64 crack users (around 712 people) compared to an England rate of 5.10 per 1,000.

All the above rates have increased when compared with previous prevalence estimates produced in 2014/15.

Nationally, findings from the Crime Survey for England & Wales 2018-2019 show that almost 1 in 10 (9.4%) adults (aged 16- 59) had taken an illicit drug in the previous year. Young adults (aged 16-24) were more likely to have used drugs.

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

- According to the National Drug Treatment Monitoring System (NDTMS), in 2018-2019, there were 1,865 adults receiving drug and alcohol treatment.
- Latest figures show a decline in 2018 rates of opiate drug users successfully leaving drug treatment and not representing to treatment within 6 months at 3.3% in 2018 as compared to 4.8% in 2017.
- 33% of Sunderland clients in drug treatment cited prescription-only (POM) or OTC use as part of their latest treatment journey.
- 14.3 % of new presentations to Sunderland treatment services were people living with children (own or other). A further 33.9% were parents not living with children.
- 41% of new presentations to Sunderland treatment services in 2018- 2019 were identified as having a mental health need. Of these the majority of these were attending for non-opiate and alcohol addiction.

Like other services, drug treatment services were affected by the need to protect their staff and service users in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. For example, usual levels of supervised consumption for patients using opioid substitution prescriptions were reduced in many cases from March 2020. Fewer service users were able to access inpatient detoxification for drugs.

How pharmacies support:

- Needle and syringe exchange
- Supervised administration of opiate substitutes
- Testing for blood borne diseases (e.g. Hep C)
- Brief interventions
- Signposting to support services

4.7.4 Healthy Weight

Excess weight is one of the most significant and complex public health challenges. It can undermine individual and family health and wellbeing, impact on business and education, and contribute to significant costs across health, social care and a wide range of services. In 2016, it was estimated that there were 176 deaths in persons of all ages in Sunderland that were attributable to obesity.

Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes;
- Hypertension (high blood pressure);
- Some cancers;
- Heart disease;
- Stroke;
- Liver disease.

In Sunderland, 73.5% of adults are classed as overweight (41%) or obese (29%) (2019/20 data).

Men are more likely than women to be overweight and obese. Persons from routine and manual groups were most likely to be overweight, whilst persons in intermediate occupations were most likely to be obese. At ward level, the highest prevalence of obesity is seen in Hetton, Castle, Redhill, Washington North and Ryhope.

The latest data from the National Childhood Measurement Programme for the 2019-20 school year shows that in Sunderland:

- 22.1% of Reception class children were recorded with excess weight, compared to 23.0% for England;
- 36.9% of Year 6 children were recorded with excess weight, compared to 35.2% for England;
- 10.1% of Reception class children were recorded as obese compared to 9.9% for England;
- 23.6% of Year 6 children were recorded as obese, compared to 21.0% for England;
- 3.0% of Reception class children were recorded as severely obese, compared to 2.5% for England;

- 6.1% of Year 6 children were recorded as severely obese, compared to 4.7% for England;
- 0.5% of Reception class children were recorded as underweight, compared to 0.9% for England;
- 1.5% of Year 6 children were recorded as underweight, compared to 1.4% for England.

Based on Reception data for 2017/18 to 2019/20:

- The Hendon ward figure (16.7%) for obesity prevalence was significantly higher than the Sunderland average (11.0%).
- The wards with the 5 highest rates were: Hendon (16.7%), St Chad's (14.3%), Redhill (13.6%) St Anne's (13.2%) Southwick (12.5%).

Based on Year 6 data for 2017/18 to 2019/20:

- The Sandhill ward figure (31.2%) for obesity prevalence was significantly higher than the Sunderland average (24.5%).
- The wards with the 5 highest rates were: Sandhill (31.2%), Pallion (29.5%), Hendon (29.3%), Washington North (29.1%), Southwick (28.6%).
- In 2019/20, 2,789 prescription items for the treatment of obesity were prescribed in primary care and dispensed within Sunderland.

The Change 4 Life Sunderland programme provides healthy lifestyle sessions aimed at encouraging and supporting families to eat well, move more and live longer. The programme has a particular focus on young people and their families. In addition, the Sunderland Weight Management Programme is a 12-week weight management programme which is free and available to anyone who is a Sunderland resident.

How pharmacies support:

- Healthy Lifestyle Advice - offering information, advice and support
- Referral to Sunderland Weight Management Programme
- NHS Weight Management Programme referral
- Hypertension case finding service
- Supporting annual public health campaigns

4.7.5 Sexual Health and Teenage Pregnancy

4.7.5.1 Sexual Health

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional and health costs as well as stark health inequalities. A number of key population groups can be identified for whom there are greater risks of experiencing sexual ill health

including gay, bisexual or other men who have sex with men, black and minority ethnic groups and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility. With the exception of chlamydia, the rate of diagnosis in Sunderland of most common sexually transmitted infections is similar to or below regional and national averages:

Figure 5: Sexual health indicators for Sunderland

Indicator	Period	Sunderland			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2020	→	13	4.7	8.5	12.2	147.9		0.0
Gonorrhoea diagnostic rate / 100,000	2020	↓	178	64	59	101	1,024		5
Chlamydia detection rate / 100,000 aged 15 to 24	2020	→	559	1,812	1515	1408	414		3,408
Chlamydia proportion aged 15 to 24 screened	2020	↓	3,934	12.7%	13.5%	14.3%	4.1%		36.5%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	↓	934	529	449	619	3,547		158
HIV testing coverage, total (%)	2020	↓	1,756	48.8%	39.4%	46.0%	12.0%		85.9%
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	-	13	56.5%	39.8%	42.4%	100%		0.0%
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	→	9	3.9	3.0	5.7	27.5		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	→	155	0.98	1.10	2.31	13.09		0.22
Total prescribed LARC excluding injections rate / 1,000	2020	→	1,940	38.2	28.9	34.6	4.7		74.9
Under 18s conception rate / 1,000	2019	→	100	24.3	21.8	15.7	37.1		3.9
Under 18s conceptions leading to abortion (%)	2019	→	50	50.0%	47.2%	54.7%	21.1%		93.8%
Violent crime - sexual offences per 1,000 population	2020/21	→	784	2.8	2.7*	2.3*	1.0		4.4

Data source (29)

Sunderland has relatively low rates of HIV diagnosis and a relatively high uptake of HIV testing in eligible persons attending specialist sexual health services. Despite this, 50% of all HIV diagnoses made for people from Sunderland are made late, when their immune system has already been damaged. Sunderland has relatively low rates of HIV diagnosis and a relatively high uptake of HIV testing in eligible persons attending specialist sexual health services. Despite this, between 2017-2019, 60.9% of all HIV diagnoses made for people from Sunderland were made late, when their immune system had already been damaged (compared with 42.5% for the North East and 43.1% for England). This is worse than the previous figure for Sunderland for 2016-18, when the percentage with late diagnosis of HIV was 55.2%.

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

4.7.5.2 Teenage pregnancy

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore

disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

- The proportion of teenage mothers (aged 12-17) in Sunderland in 2019/20 was 1.4%, which was significantly higher than the England figure of 0.7% and higher than the regional average of 1.2%.

Data for 2016-2018 shows that in Sunderland, Hetton was the only ward where the teenage conception rate remains significantly above the Sunderland average. Sunderland has seen a 61% decrease in under 18 conception rates since 1998, however rates in Sunderland remain above the North-East and England average.

The North East has also seen a 61% decrease in its teenage under 18 conception rates between 1998 and 2019 (from 56.5 to 21.8. per 1,000), although it consistently has had the highest rate of all the regions in England.

Annual conception data for 2019 was published by the ONS on 5 August 2021. Under 18 conception rates, per 1000 women aged 15-17 years are as follows:

- Sunderland 24.3
- North East 21.8
- England 15.7

The under-16 conception rate was 6.0 per 1,000 females aged 13-15 in Sunderland in 2019, compared to 3.9 per 1,000 in the North East and 2.5 per 1,000 in England. This represents 26 conceptions in 2019, compared to 20 conceptions in 2018 and 19 conceptions in 2017.

The rate of abortions per 1,000 females under the age of 18 in Sunderland in 2020 was 7.5, which was similar to the regional figure of 7.6 and higher than the national figure of 6.8.

Young people's services and healthy settings work with schools continue to support the sexual health and wellbeing of young people, including access to relationship and sexual health advice and access to emergency contraception and long-acting reversible contraception. However, the impacts of COVID-19 on services and young people are presenting a challenge to continuing this pace of change, with some local services experiencing an increase in demand

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

4.8 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. However, within Sunderland, cancer remains a significant cause of premature death and health inequalities.

The rate of premature mortality from cancer considered preventable in Sunderland was 76.5 per 100,000 persons aged under 75 in 2017-2019. This compares to a rate of 68.5 per 100,000 population aged under 75 in the North East 54.1 per 100,000 across England as a whole.

Collectively, cancers account for 29.1% of the gap between Sunderland and England for male life expectancy and 20.5% of the gap between Sunderland and England for female life expectancy.

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.9 Long term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The *NHS Long Term Plan* ⁽⁹⁾ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long term conditions; better management can help to reduce health inequalities.

People with long-term conditions are likely to be more intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for:

- 50% of all GP appointments;
- 64% of outpatient appointments;
- 70% of all inpatient bed days;
- Around 70% of the total health and care spend in England.

For all of the conditions discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health.

4.9.1 Cardiovascular disease

Cardiovascular disease (CVD) includes a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within Sunderland, cardiovascular disease remains a significant cause of premature death and health inequalities. Cardiovascular disease is the second most common cause of premature death in Sunderland (after cancer) with a death rate of 89.0 per 100,000 persons aged under 75 in 2017-2019. The rate of premature mortality from cardiovascular disease considered preventable is 37.9 per 100,000 persons aged under 75 for the same period (2019 definition). Both rates are significantly higher than the England average, but not significantly different from the regional average. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is higher for Sunderland than the England average as follows:

- For coronary heart disease, recorded prevalence in Sunderland is 4.6% in 2019/20 (around 13,119 persons) compared to a prevalence of 3.1% in England;
- For stroke, recorded prevalence in Sunderland is 2.3% (around 6,500 persons) compared to a prevalence of 1.8% in England for 2019/20.

How pharmacies support:

- Education and support
- New medicine service
- Discharge medicine service
- Hypertension case finding service

4.9.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

The recorded (diagnosed) prevalence for hypertension for Sunderland is 17.4% (around 49,498 persons) compared to a prevalence of 14.1% in England in 2019/20.

In terms of both diagnosed and undiagnosed disease it is more likely that around 27.8% of the population (63,550 persons) in Sunderland have hypertension. This means that there could be around 14,052 persons in the population whose condition is undiagnosed.

How pharmacies support:

- Hypertension case finding
- Medicines Optimisation
- New medicine service
- Discharge medicine service
- Hypertension case finding service

4.9.3 Atrial Fibrillation

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. It can affect adults of any age, but it becomes more common with age and is more common in people with hypertension, atherosclerosis or heart valve problems. People with atrial fibrillation are at risk of blood clots forming, they therefore have an increased risk of having a stroke. Persistent atrial fibrillation may weaken the heart and in extreme cases can lead to heart failure.

The recorded (diagnosed) prevalence for atrial fibrillation in Sunderland is 2.4% (around 6,945 persons) compared to a prevalence of 2.1% in England in 2019/20. In terms of both diagnosed and undiagnosed disease it is more likely that 2.7% of the population or around 7,690 persons in Sunderland have atrial fibrillation. This means that there could be around 745 persons in the population whose condition is undiagnosed.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Hypertension case finding service

4.9.4 Diabetes

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

The recorded (diagnosed) prevalence for diabetes in Sunderland is 7.8% (around 18,134 persons aged 17 and over) compared to a prevalence of 7.1% in England in 2019/20. The prevalence estimate based on both diagnosed and undiagnosed disease indicates that around 9.0% of the population or 20,798 persons aged 17 and over may have diabetes. This means that there could be around 2,664 persons in the population whose condition is undiagnosed.

The NHS Diabetes Prevention Programme (NDPP) has collated data on people who are registered in GP practices who have non-diabetic hyperglycaemia. Non-diabetic hyperglycaemia involves blood glucose levels that are above normal levels, but not in the diabetic range. For Sunderland, 3.9% of GP practice list size (aged 17 and over) or 9,080 persons over 17 were registered as having non-diabetic hyperglycaemia. Of these, 3,380 (1.5% of the total) were recently diagnosed (diagnosed between 1/1/2019 to 31/3/2020). The comparative figure for England is 4.4%, with 1.2% being recently diagnosed.

How pharmacies support:

- Lifestyle advice and support including low carbohydrate diet and exercise
- Healthy living advice

4.9.5 Chronic Kidney Disease

Chronic kidney disease is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from black and South Asian ethnic communities. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

The recorded (diagnosed) prevalence for chronic kidney disease in Sunderland is 4.8% (around 11,086 persons aged 18 and over) compared to a prevalence of 4.0% in England in 2019/20.

How pharmacies support:

- Hypertension case finding
- New medicine service
- Over the counter medicines advice

4.9.6 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. ⁽³⁰⁾ They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and flu, and less common diseases such as interstitial lung disease and mesothelioma.

Within Sunderland, respiratory diseases are a significant cause of premature death and health inequalities with a death rate of 45.3 per 100,000 persons aged under 75 in 2017-19. The rate of premature mortality from respiratory disease considered preventable is 30.9 per 100,000 population aged under 75 for 2017-2019 (2019 definition). Both rates are significantly higher than the England average but not significantly different from the North East average. Collectively, respiratory diseases account for 12.9% of the gap between Sunderland and England for male life expectancy and 24.4% of the gap between Sunderland and England for female life expectancy.

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

The recorded (diagnosed) prevalence for COPD is higher for Sunderland than the England average (3.5% (around 9,720 persons) for Sunderland compared to a prevalence of 1.9% in England in 2019/20.)

Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma ⁽³¹⁾. In Sunderland, acute exacerbations of asthma have seen a stepped increase in rate of incidence over the last seven years. In March 2020 the rate was 4,954 per 100,000 people, 17.5% higher than March 2019 position. Recent data has shown some decline (from a peak of 5,101.8 per 100,000 in December 2019, reaching the lowest rate to date in March 2021 with 2,353 per 100,000, increasing to 2771.8 per 100,00 in August 21) ⁽³²⁾. There is some national

research which links this to the widespread adoption of public health measures, including social distancing and wearing of face coverings ⁽³³⁾. The start of the increase after March-21 could be attributable with the easing of social distancing easing of requirement to wear face masks.

How pharmacies support:

- Advice and support
- Correct inhaler technique
- New medicine service
- Discharge medicine service

4.9.7 Older People

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia.

The UK population is projected to continue growing and will reach over 74 million by 2039. The population in the UK is ageing with 18% aged 65 and over and 2.4% aged 85 and over. People in Sunderland live shorter lives with more years in poor health. Healthy life expectancy is a measure of how many years of life a person can expect to be in good health for. Healthy life expectancy in Sunderland for men in 2015-17 was 57.7 years and for women it was 59.3 years, significantly less than England's averages of 63.4 years and 63.8 years respectively. As such, this poses significant challenges not only to the health and social care sector but also economic challenges in terms of for employability and business growth. Prevention and early intervention offer opportunities to reduce long term conditions and increase healthy life expectancy.

Some of the key challenges for Ageing well:

The *All Together Better Falls Strategy 2017* ⁽³⁴⁾ suggested Sunderland has approximately 15,700 people who are at risk of falling.

Routine and manual occupations – the proportion of people aged 60-69 who said that they did not enjoy life much of the time during the previous week was twice as high (11%) for those who had manual jobs as those in professional roles (5%). People

in lower-paid jobs and those who are unemployed are more likely to feel negative about ageing than their higher-paid peers ⁽³⁵⁾.

Unemployed people – The Centre for Ageing Better estimated in 2018 there were 1 million people aged between 50 and 64 are involuntarily out of work ⁽³⁵⁾.

Privately rented occupations - the number aged 65 and over living in privately rented housing increased from 254,000 to 414,000 between 2006 – 2007 and 2016-2017. By 2040 a third of people over 60 could be renting privately ⁽³⁵⁾.

Long term conditions – Already aged 50-54, 17% of men and 23% of women have a limiting long-term illness.

People living in fuel poverty – around 4 million UK households are in fuel poverty, unable to afford to heat their homes to the temperatures needed to stay warm and healthy. In 2016 (released 2018) fuel poverty had increased to 15.3% of households in Sunderland compared with 14% in the 2015 (2017 release). This increase throughout the has included more than half of the wards in the city.

Single occupants – across the city there are 38,096 total one-person households, within which 19,001 residents are aged 65 and over. Sunderland had a significantly higher proportion of pensioners living alone in comparison to England.

People with common mental health issues - One in six adults will have experienced a common mental health disorder in the past week according to survey data. This is likely to be an underestimate as figures only include those who are diagnosed and recorded on GP registers. Depression affects one in 5 older people living in the community and 2 in 5 living in care homes, but it is often overlooked when planning services.

People living with Dementia – Dementia has a huge economic impact on people living with the illness, their carers, and society. This study²⁰ estimates that, in England, in 2015, the total cost of providing for people with dementia was £24.2 billion of which £10.1 billion was in the form of unpaid care. The cost of social care (£10.2 billion) was three times that of health care (£3.8 billion). The cost per person depends on the severity of the dementia, with provision for a person with severe dementia costing around £46,000 per year. Alongside a focus on Dementia risk reduction, there is also a need to support people with Dementia to live well in order to reduce its impact on them, their families and carers.

Some of the key issues and gaps for creating an environment to facilitate and promote 'Ageing well' include:

- CVD prevention;
- Falls prevention;
- Digital approaches to behaviour change;
- Promotion of physical activity;
- Preventing and treating musculoskeletal conditions (MSK);
- Reducing the impact of hospital admissions;
- Reducing social isolation and loneliness;

- Home adaptations;
- Work and health;
- Dementia risk reduction.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Suitable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (Not a commissioned service but may be “suitable adjustment” to meet person’s needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

4.9.8 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer’s disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future. The estimated dementia diagnosis rate (aged 65 and over) for Sunderland in 2021 is 61.5%, which is similar to the North East (66.2%) and national (61.6%) position.

The recorded (diagnosed) prevalence for dementia is lower for Sunderland than the England average as follows:

- For dementia, recorded prevalence (aged 65 years and over) in Sunderland is 3.75% compared to a prevalence of 3.97% in England for 2020.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

How pharmacies support:

- Dementia Friends Programme
- Provision of medicine in compliance aids (Not a commissioned service but may be “suitable adjustment” to meet person’s needs)
- Repeat prescription service
- Care home advice and support
- New medicine service
- Discharge medicine service

4.10 Mental Health and Mental Wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”. This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long term physical illnesses suffer more complications if they also develop mental health problems.

As many of the risk factors for mental illness are linked to deprivation, it is not surprising that Sunderland experiences a relatively high burden from mental ill health, higher recorded prevalence of depression on GP systems, high levels of prescribing antidepressants, and a high burden on mortality. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. Data on mental health in children shows that:

- One in ten children aged 5-16 years nationally has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14.
- Self-harm is known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed.
- The percentage of school age children with social, emotional, and mental health needs in Sunderland in 2020 was 3.18%, which was higher than the north east figure of 3.03% and significantly higher than the national figure of 2.7%.
- The inpatient hospital admission rate for mental health disorders per 100,000 population aged 0-17 years in Sunderland in 2018/19 was 183.3, which was significantly higher than both the national (88.3) and regional (105.7) figures.

The 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, found that:

- 54% of females and 28% of males worry *quite a lot, or a lot*, about their mental health and wellbeing. Compared to the previous 2019 survey, these figures represent 11% for females and 3% for males.

For females and males combined:

- 15% worry a *little* about everyday life aspects
- 26% worry *quite a lot*
- 55% worry a *lot*
- Only 4% worry *never or hardly never*.

When asked, 'If you wanted to share any of the problems relating to your mental health and wellbeing, to whom would you turn'?

- 38% stated family
- 13% friends
- 4% teacher/carer/ or other adult
- 2% school nurse
- 41% said they would keep it to themselves. This is an increase of 12 percentage points up since the 2019 survey.

Since having to stay at home due to COVID-19:

- 19% said they have felt happier than before
- 31% said they have felt generally sadder than before.

As part of Sunderland CCG's Community Mental Health Transformation an Adult Mental Health Strategy has recently been produced. The strategy highlights likely increase in demand for mental health services over the next 5 years following the impact of COVID-19. The Strategy aims to respond to the increase and focus on prevention. Key highlights from the Strategy include:

- The majority of the general public feel able to manage their mental wellbeing through engaging in certain activities and behaviours relating to their health;
- The COVID-19 pandemic has tested the resilience of individuals;
- Feelings of isolation, loneliness, anxiety, depression, fear and concern for others were common;
- Engagement with large employers showed COVID-19 has had an effect on the mental wellbeing of their workforce, not only affecting those who already struggle with their mental health, but those with no history, including new cohorts of younger individuals;
- There is an increase in residents seeking support for their mental health; and
- The term *Mental Health* can be perceived negatively in BAME communities and as a result can stop people getting help.

People from Sunderland report poorer outcomes for aspects of the self-reported wellbeing score than the England average, although these are not statistically significant:

- 23.04% report a high anxiety score, compared to 21.94% across England;
- 13.52% report a low happiness score, compared to 8.72% across England;
- 6.5% report a low satisfaction score compared to 4.68% across England;
- 6.01% report a low worthwhile score compared to 3.81% across England.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which creates an overall score based on responses to 14 positively worded items, allows us to describe mental wellbeing in the general population. For each individual, scores are between 14 and 70 and a higher score represents better mental wellbeing. Average (mean) scores are used to compare the results of different groups. Data from the 2017 Adult Lifestyle Survey for Sunderland found that:

- For Sunderland adults aged 18 years and over, the average WEMWBS score is 52.7 compared to 49.9 for England adults aged 16 years and over.
- Within Sunderland men have a higher average mental wellbeing score than women. Men and women aged 25-34 have the lowest average mental wellbeing scores, whilst men and women aged 65-74 have the highest average mental wellbeing scores. There is also a socio-economic gradient with adults in managerial and professional occupations having the highest average mental wellbeing scores and those who have never worked or who are long-term unemployed having the lowest average mental wellbeing scores.
- At ward level the highest average mental wellbeing scores are seen in St Peter's, Fulwell, Ryhope and Washington West, whilst lowest average mental wellbeing scores are seen in Southwick, Hetton, St Anne's and Hendon

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.11 Learning Disability

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently. They are caused by something affecting how the brain develops.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness;
- Chronic health problems;
- Epilepsy;
- Physical disabilities and sensory impairments.

The recorded prevalence of learning disability in Sunderland is 0.8% compared to a prevalence of 0.5% in England.

Based on local lifestyle data for Sunderland adults aged 18 years and over, we can see that people with a learning disability:

- Are significantly more likely to smoke (26.7% compared to 15.9%);
- Are significantly less likely to drink alcohol (49.1% compared to 67.0%) and less likely to binge drink (20.0% compared to 26.5%);
- Are as likely to meet the recommended 30 minutes of moderate intensity physical activity at least five times a week (38.4% compared to 39.3%);
- Are less likely to eat the recommended 5 or more portions of fruit and vegetables each day (44.8% compared to 47.6%);
- Are significantly more likely to be of excess weight (74.8% compared to 58.0%); and
- Have significantly lower average mental wellbeing scores (44.3 compared to 52.9).

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services. In Sunderland in 2018/19, 42.5% of eligible adults with a learning disability had a GP health check, which is significantly lower than the national figure of 52.3% and the regional figure of 61.8%.

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment and other adjustments to support independence with medicines
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.12 COVID-19 and Long COVID

The COVID-19 pandemic has been ongoing since January 2020 and has altered how people live, work and interact. It has also exposed them to risks of severe and enduring illness in some cases. *Build Back Fairer: The Covid-19 Marmot Review* ⁽³⁶⁾ describes

the impacts of COVID-19 on the social determinants of health in adults focusing on employment and good work, standards of living and income, places and communities, and public health. The *Covid-19 Health Inequalities Strategy* ⁽³⁷⁾ sets out more information on Sunderland's response to Covid-19 and the impact it has had on health inequalities locally.

COVID-19 has adversely impacted life expectancy. Mortality has been directly and indirectly affected with increases potentially driven by many factors including over-stretched health services, delays in hospital treatment, fear of accessing care, undiagnosed conditions such as cancer and the impacts of long COVID. COVID-19 is expected to have a significant effect on preventable mortality, though the scale of this is likely to become more evident over future years. During the pandemic, many health services restricted face-to-face contacts in order to protect staff and service users, and this impacted on the types of interventions available.

As of 6th December 2021, an estimated 1.3 million people living in private household in the UK (2.0% of the population) were experiencing self-reported "long covid" (symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else). Symptoms such as fatigue, shortness of breath, loss of smell and difficulty concentrating can have a negative impact on day-to-day activities ⁽³⁸⁾. Up to 30th January 2022, there have been 83,374 diagnosed cases of Covid-19 in Sunderland which have resulted in 1,033 deaths. At that point, people may have had more than one test but were counted as a case once. Since 31st January 2022 episodes of Covid-19 have been counted individually, so a person that is re-infected may be counted on multiple occasions. A death from Covid-19 is defined as a death within 28 days of a positive Covid-19 test.

The long-term impact on the health and wellbeing of those affected, as well as on employment and other determinants of health remains to be fully understood. South Tyneside and Sunderland NHS Foundation Trust have established a Post-Covid Assessment and Management Service, which can assess and treat patients who are suffering from long term symptoms following a COVID-19 infection.

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Inhaler review and technique advice
- Repeat prescription service
- New medicine service
- Discharge medicine service
- Supply of lateral flow test kits
- Pandemic medicine delivery service (to 31/03/2022)
- Supporting the Covid vaccine programme

4.13 Health Protection issues

4.13.1 Seasonal influenza

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal influenza immunisation campaign and continued support for this remains critical in protecting the population. Most recent data relating to influenza vaccination in Sunderland indicates the following for the 2020-21 winter season ⁽³⁹⁾

- 82.8% of persons aged 65 years and over were immunised compared to 80.9% across England;
- 54.8% of individuals at risk were immunised compared to 53% across England
- 61.0% of 2-3 year olds were immunised compared to 56.7% across England

4.13.2 Antimicrobial resistance

Antimicrobial drugs are medicines that are active against a range of infections, such as those caused by bacteria (antibiotics), viruses (antivirals), fungi (antifungals) and parasites (antiparasitics). Antimicrobial resistance arises when the micro-organisms which cause infection survive exposure to a medicine that would normally kill them or stop their growth. This allows strains that are capable of surviving exposure to a particular drug to grow and spread, due to lack of competition from other strains. The result has been the emergence of 'superbugs' such as Methicillin-resistant *Staphylococcus aureus* (MRSA) and drug-resistant tuberculosis, which are difficult or impossible to treat with existing medicines.

Whilst the development of such resistance is a natural biological process, overuse of antimicrobials coupled with the lack of development of new antimicrobial drugs has left the health system with significant challenges in managing infections including for those with compromised immune systems and those undergoing surgical procedures. Antibiotic resistance is posing a particular challenge for the NHS at the current time.

Specific Therapeutic group Age-sex weightings Related Prescribing Unit (STAR-PU) is an indirectly standardised ratio that removes confounding effects of age and sex in the comparison of prescribing between different areas, as the demographic characteristics of the population may influence levels of prescribing. This method allows for more accurate comparison of prescribing. The twelve-month rolling total number of prescribed antibiotic items per STAR-PU (September 2021) for Sunderland CCG was 0.94, which was the same as the figure for Cumbria and the North East of 0.94 and higher than the figure for England of 0.71⁽⁴⁰⁾

Community pharmacies play an important role in promoting effective and efficient use of antibiotics by questioning inappropriate prescribing and in challenging public expectation and demand for antibiotics. Previous campaigns run by Public Health England have aimed to:

- Raising public awareness about the issue of antibiotic resistance and alerting them to the personal risks of inappropriate usage;
- Reducing public expectation for antibiotics, and thereby reducing demand, by increasing understanding amongst patients about why they might not be given antibiotics;
- Supporting healthcare professionals to facilitate change by boosting support for alternatives to prescriptions.

Sunderland LPC and community pharmacies in Sunderland have worked in partnership with Sunderland CCG and with the Magpie Social Marketing group on a successful marketing campaign aimed at addressing antimicrobial resistance.

4.13.3 Blood borne viruses

Community pharmacies are a key part of Sunderland's recovery focused substance misuse treatment and harm reduction system. They can support the harm reduction agenda, aimed at preventing and reducing the spread of blood borne viruses such as Hepatitis B, Hepatitis C and HIV, through:

- Provision of needle and syringe schemes;
- Advice on safe injecting, and being alert to injecting related bacterial infections;
- Provision of sharps boxes and advice on how to safely dispose of needles and other drug paraphernalia;
- Advice and signposting to specialist substance misuse services for vaccination against Hepatitis B and testing and treatment, if required, for Hepatitis C;
- Advice and signposting to specialist sexual health services for testing and treatment, if required, for HIV.

Data for 2020/2021 from the substance misuse treatment system shows that in Sunderland:

- Only 9% of eligible service users were amenable to having hepatitis B vaccination, compared to 29% across England;
- Of those amenable to hepatitis B vaccination, only 26% completed the course;
- In contrast, 20% of those eligible for a hepatitis C test received one, compared to 41% across England.

Like other services, testing and treatment for blood borne viruses were affected by the needs of services to protect service users and staff during pandemic.

4.14 Summary of health needs analysis

Community pharmacy can and does make a significant contribution to improving the health of the population and supporting a reduction in premature mortality.

Sunderland experiences higher levels of deprivation than the national average. Social disadvantage is also associated with increased risk of a range of health conditions.

The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.

Unhealthy lifestyle choices remain a key cause for increased rates preventable conditions and premature death. Both local and national data indicate that many people in Sunderland continue to follow unhealthy lifestyle behaviours when compared to England.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the city. This requires a targeted approach to reducing the gap in life expectancy.

A summary of the high-level health challenges for Sunderland is therefore as follows:

- Ensuring a system-wide understanding of the health and social determinant impacts of the COVID-19 pandemic on health outcomes and health inequalities.
- Inequalities, relating to both socio-economic position and protected characteristics, have a significant impact on the health of people in Sunderland and should be considered for all interventions and policies, recognising that socio-economic inequalities are a continuum across the population and that some people are impacted by multiple inequalities.
- Poverty levels within the city continue to have an impact and should be tackled by increasing levels of employment in good work through attracting more jobs into the city, increasing educational and skills attainment of Sunderland residents and ensuring as many people as possible are supported to stay in work, despite having a health condition.
- Responding to health protection (infectious diseases) threats requires preventative work, rapid identification and a swift response to complex cases in high risk places, locations and communities.
- Children and young people in Sunderland face some significant health challenges and inequalities across the social determinants of health. Lower household income, increased food poverty, higher deprivation, and lower levels of educational achievement contribute to poorer outcomes including higher levels of teenage conceptions, smoking during pregnancy, unhealthy weight, alcohol related hospital admissions, low levels of breastfeeding, poor oral health and poor mental health outcomes. Partners need to work together and with children, young people and families to address these issues and build resilience.
- The four main behavioural risk factors – smoking, diet, alcohol and physical activity – lead to poor health outcomes and increase health inequalities and so programmes need to continue to be developed, in partnership with local people, to make it easier to make the healthy choice.
- There are more people in Sunderland living with, and prematurely dying from, cancer, cardiovascular disease and respiratory disease than elsewhere in the country. Partners need to be clear that primary, secondary and tertiary prevention programmes are in place that ensure that no opportunities are missed to prevent these diseases and stop them progressing.
- The ageing population as well as the high numbers of people with long term, often multiple, conditions have a significant impact on local people and services. This needs to continue to be addressed through integrated care and supporting

people to self-care as well as a transparent, whole system approach to preventing service failure.

- People in Sunderland have poor mental wellbeing and suffer from a higher burden of mental ill health than the rest of England. This should be tackled through preventative programmes alongside recognition of the needs of people with poorer mental health and wellbeing and the impacts this has on their physical health.

5 Current Provision of Pharmaceutical Services

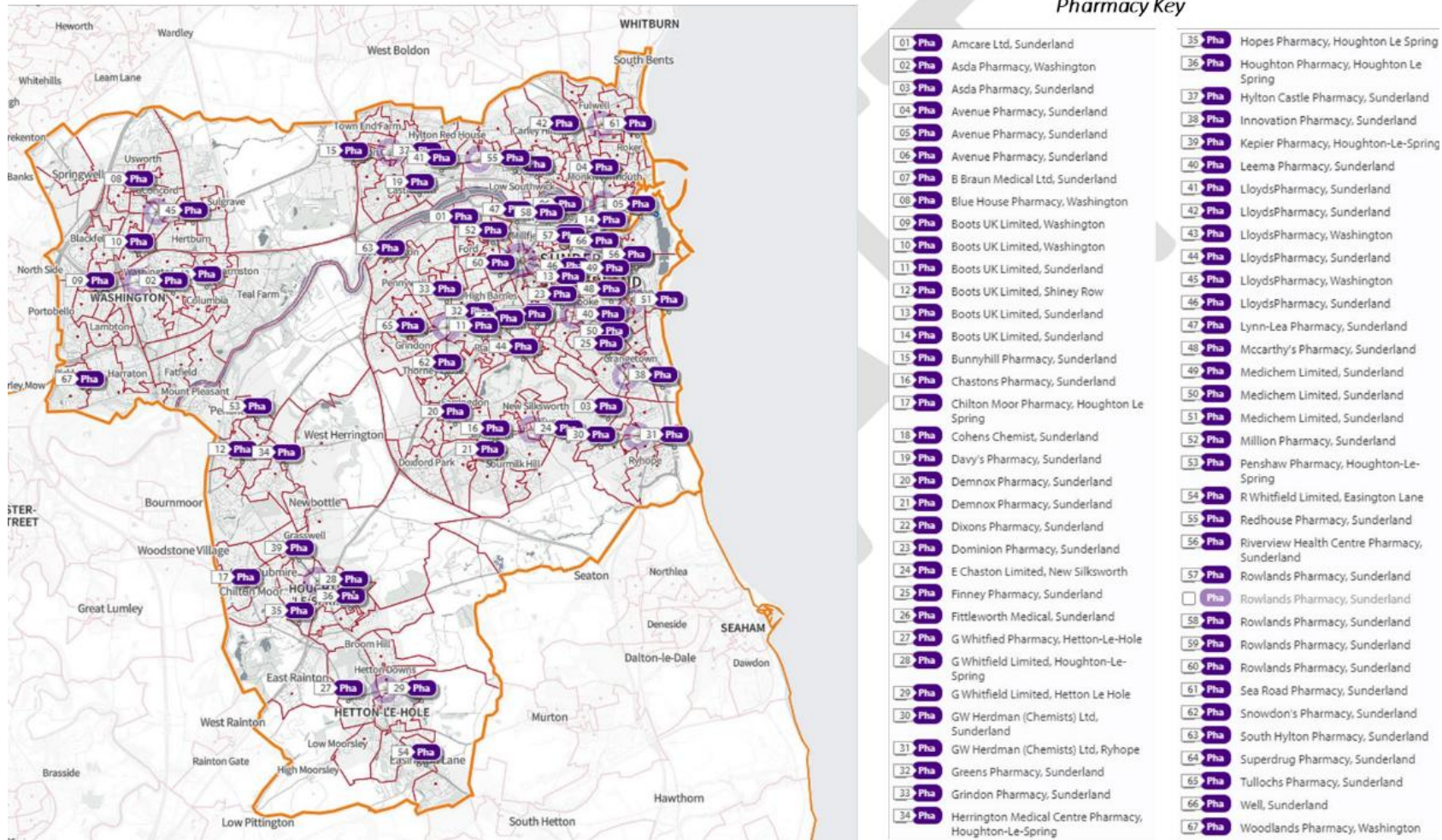
5.1 Overview

NHS England & NHS Improvement (NHSEI) is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies, which is handled locally by their North East and Yorkshire offices.

The number of pharmacies quoted within the following sections may vary due to the closure of one 40 hour pharmacy in February 2022. Therefore, the information reflects the number of pharmacies at the time the data was reported.

A table listing the current pharmacist services and key opening times is attached in appendix 6.

Figure 6: Location of essential pharmaceutical services within Sunderland



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In Sunderland, there are currently 66 community pharmacies services made up of:

- 56 standard contract (40 hour) pharmacies
- 4 100 hour pharmacy
- 3 distance selling pharmacies
- 3 appliance contractors
- No dispensing doctors' services

Based on ONS data population estimates (mid 2020), the national average number of pharmacies is 17.3 per 100,000 population in England, excluding dispensing practices; this equates to one pharmacy per 5,784 population.

With 66 community pharmacy services in Sunderland area and a population of 277,846 (based on ONS 2020 mid-year population estimates), the average number of community pharmacies is 23.8 per 100,000 people; this equates to one pharmacy per 4,210 population.

If only the 60 "high street" pharmacies are considered i.e., excluding distance selling and appliance contractors, the average number of pharmacies in Sunderland recalculates as 21.6 per 100,000 population or one pharmacy per 4,631 population.

Prescribing and data reports (ePACT2) published by NHS Business Services Authority in January 2022 indicated that a total of 8,903,747 items were prescribed by GPs in the Sunderland HWB area in 2020/21.

There has been a decrease of two 40 hour pharmacies and one 100 hour pharmacy in Sunderland since the last PNA was published. One distance selling pharmacy has closed and a further two new distance selling pharmacies have opened in the same period.

Table 2: Number of community pharmacies by type of pharmacy in Sunderland Sources: (28) and (3)

Type of Pharmacy	Number of community pharmacies		
	2014	2017	2021
Standard Pharmacy	58	58	56
Non-exempt Dispensing Appliance Contractors	3	3	3
100 hour	5	5	4
Distance selling	1	2	3
Dispensing Doctors	0	0	0
TOTAL	67	68	66

Any organisation can commission services from community pharmacies. NHS England commissions essential, advanced and enhanced pharmaceutical services (see section 7) whilst Local Authorities and CCGs commission 'locally commissioned services' (see section 8).

5.2 Standard contract (40 hours)

Figure 6 shows the current provision of essential pharmaceutical services within the Sunderland local authority boundary.

5.2.1 Core hours

Community pharmacy contractors provide Essential Services (see section 7 essential services) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100 hour pharmacy service and some may offer less than 40 hours.

Core opening hours can only be changed by first applying to NHS England and NHS Improvement and as with all applications, these may be granted or refused.

5.2.2 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change but would not be expected to fall unless there had been prior reduction in demand.

5.3 100 hour pharmacies

Previous regulation ⁽⁶⁾ provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100 hour pharmacies provide extended and out of hours cover for pharmaceutical services across the borough. The new control of entry system came into force on 1st September 2012 whereby decisions on pharmacy contract applications became based on local PNAs. This removed the 100 hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres.

There are currently four 100 hour pharmacy within Sunderland, a reduction of one 100 hour service since the previous PNA was published.

In addition, a number of community pharmacies provide extended hours including five community pharmacies that provide services for between 60 - 85 hours per week (detailed in section 6).

5.4 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by NHS England and NHS improvement in January 2022 indicated that 3 pharmacies in Sunderland were identified as being eligible for the Pharmacy Access Scheme for 2022 these are:

- Leema Pharmacy: 91 Tunstall Road, Sunderland, SR2 7RW
- R Whitfield: 93 High Street, Easington Lane, Houghton le Spring, DH5 0JR,
- Asda Pharmacy: Leechmere Road Industrial Estate, Grangetown, Sunderland, SR2 9TT

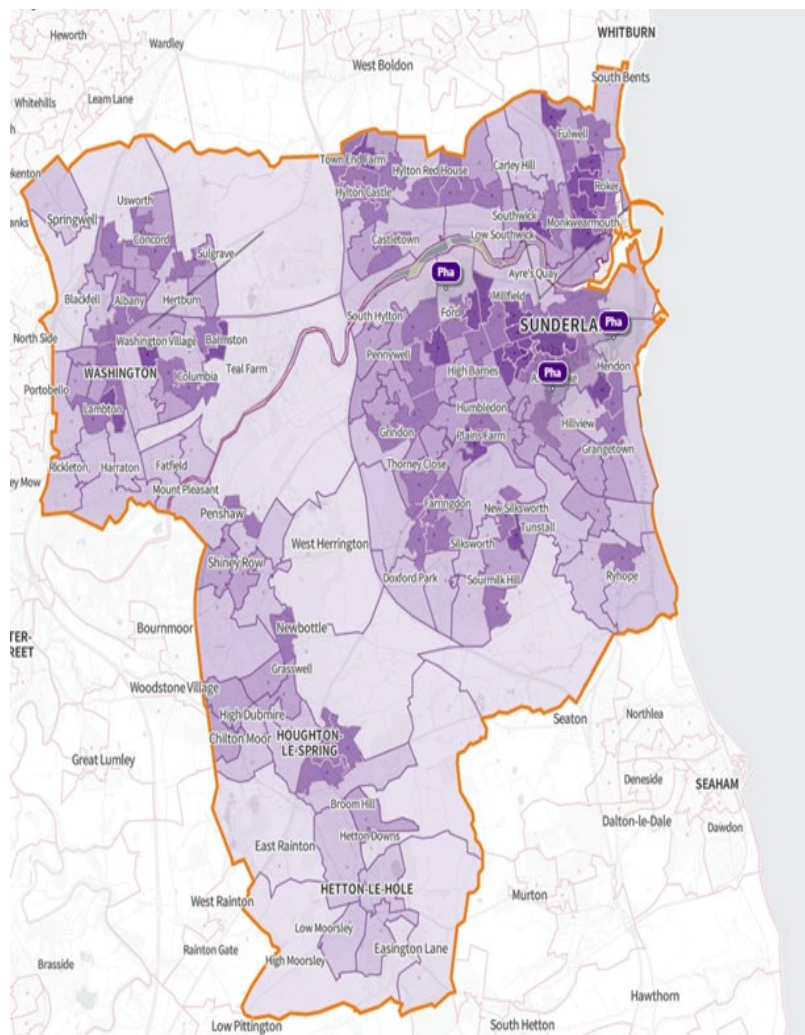
5.5 Dispensing appliance contractors

Dispensing Appliance Contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors (DAC) are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.

There have been 3 appliance contractors in Sunderland for a number of years. Locations are shown on map x below. However, 25 of the 32 (78%) the responses to the pharmacy questionnaire (appendix 3) indicated that they dispensed "all types of appliances" and a further 6 (19%) indicating that they would supply some appliances e.g. only stoma products or only dressings.

Figure 7: Location of Appliance Contractors in Sunderland



Density Key

○ Population density: All

The analysis focuses on the estimated population density per km².

Sunderland's estimated population density in mid-year 2020 is 2016.75 people/km² within a range of 155 to 12716 across 184 LSOAs.

The England-wide LSOA distribution is 2 to 106716 with a mean value of 4420.91 people/km².

Key

Values for LSOAs within the selected boundary are shown.

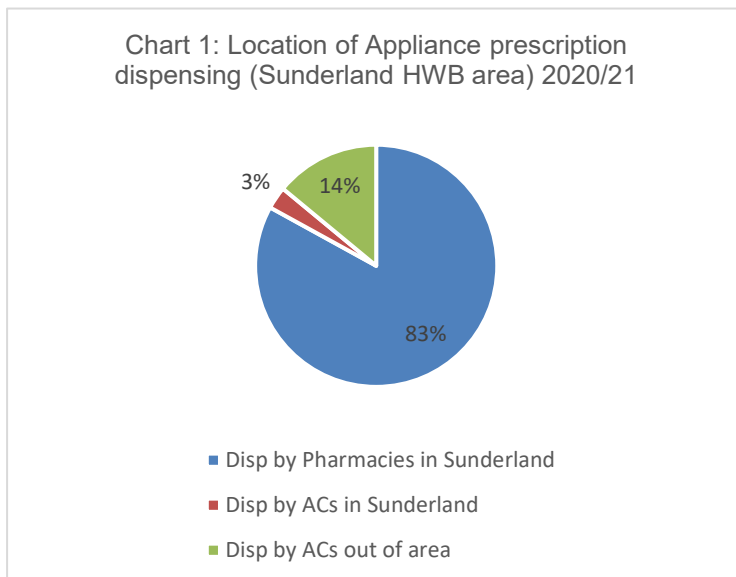
The colours represent the quintiles:

- 6,513.01 to 106,716 pop/km²: 23 areas
- 4,334.01 to 6,513 pop/km²: 53 areas
- 2,578.01 to 4,334 pop/km²: 47 areas
- 747.01 to 2,578 pop/km²: 49 areas
- 2 to 747 pop/km²: 12 areas

Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%) and none provide appliance use review.

The majority (83%) of prescriptions for appliances generated in Sunderland primary care settings were found to be dispensed by pharmacies in the Sunderland area as seen in Chart 1. However, 14% of the appliances were found to be dispensed by appliance contractors outside the locality. It is likely that these products are more specialist and therefore may not be supplied by all providers.

This pattern of supply of appliance providers was found to be consistent for the last 3 years⁽⁴¹⁾.



5.6 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations⁽⁶⁾ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential or advanced services whilst the patient is at the pharmacy premises.

As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

In the NHSEI North East and Yorkshire area, in January 2022, there were 19 distance selling pharmacies of which 3 are located in Sunderland. Previously, as identified in the PNA 2018, there were 2 distance selling pharmacies in Sunderland.

5.7 Dispensing Doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is

designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are no dispensing doctors in the Sunderland area.

5.8 Hospital Pharmacy Services

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

5.9 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of Sunderland area that provide dispensing services to the registered population of Sunderland.

Prescribing and data reports (ePACT2) published by NHS Business Services Authority ⁽⁴¹⁾ in January 2022 indicated that in 2020/21, 95.2% of the items prescribed by GP practices in Sunderland were dispensed by pharmacies in the Sunderland area and 4.8% were dispensed "out of area".

The number of prescriptions dispensed out of area has remained fairly consistent in recent years with 4.9% being dispensed out of area in 2018/19 and 4.6% in 2019/20. It is possible that the reduction in out of area dispensing in 2019/20 was accounted for by people remaining closer to home during the early phases of the COVID-19 Pandemic response.

It is important to note that although out of area dispensing averages 4.7% over the last 3 years, this still accounts for over 400,000 dispensed items which were prescribed by GPs in Sunderland but supplied by pharmacies in other localities and whilst this number may be regarded as low; it is regarded as lost revenue and an ongoing potential threat to community pharmacies within Sunderland.

6 Access to Community Pharmacy services in Sunderland

Since the last PNA 2018 ⁽³⁾ the following significant changes to pharmacy provision in Sunderland include:

- Closure of Lloyds Pharmacy Ltd, 50 Borough Road, Hendon, Sunderland, SR1 1AE;100 hour provision in June 2018:
- Closure of Lloyds Pharmacy Ltd, Southwick Health Centre, The Green, Southwick, Sunderland, SR5 2LT;40 hour provision in January 2021
- Consolidation of Rowland & Co (Retail) Ltd trading as Rowlands Pharmacy services 19, St. Luke's Terrace, Sunderland, SR4 6NQ (the remaining site)

and The Old Forge, Pallion Park, Sunderland, SR4 6QE (the closing site) from 18th February 2022

Changes to Distance Selling Pharmacies have been:

- Closure of Boots UK Ltd Pharmacy 13 Westbourne Terrace, Shiney Row, Sunderland, DH4 4QT; Distance Selling pharmacy in August 2020
- Opening of new pharmacy contractor: Finney Pharmacy, 84 Ryhope Road, Sunderland, SR2 9 QE; Distance Selling pharmacy in August 2021
- Opening of new pharmacy contractor: Dominion Pharmacy 1-1a, Whitehall Terrace, Sunderland, SR4 7SN; Distance Selling pharmacy in November 2021

There has also been some relocation of existing pharmacy services to alternative locations within the city area, generally close to previous sites with little change to service provision.

NHSEI recognised that during the pandemic, there were occasions when temporary adjustments were needed to pharmacy opening hours as workload and other pressures on community pharmacy increased. It was recognised as important that pharmacy staff stay well and rest appropriately and contractors were supported to consider steps to temporarily shorten the working day or have periods of time for staff to recover and catch up with any backlog of work.

All pharmacies, both those providing 40 and 100 hour services were required to be open at specific times during the day as defined by NHSEI and patients provided with information about how to contact the pharmacy if urgent help was required. This flexible approach to opening hours was no longer applicable by the time this PNA was carried out.

Subsequently, there have been some changes in hours of service, specifically regarding supplementary services rather than changes in core service delivery, with formal notification to NHSEI as required by the NHS Regulations.

6.1 Number, type of pharmacies and geographical distribution

Table 3: Distribution of community pharmacies, by locality

Sunderland Locality	Number of community pharmacies				
	40 hour	Distance selling	Appliance contractors	100 hour	TOTAL
Coalfields	11	0	0	0	11
East	15	1	2	1	19
North	11	1	0	1	13
West	13	1	1	0	15
Washington	6	0	0	2	8
SUNDERLAND	55	3	3	4	66

Data source: ⁽⁴²⁾

Table 4: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality

Sunderland Locality	No of community pharmacies	Mid 2020 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Coalfields	11	48,594	22.6	4,418
East	19	57,917	32.8	3,048
North	13	54,400	23.9	4,185
West	15	62,552	24.0	4,170
Washington	8	54,383	14.7	6,798
SUNDERLAND	66	277,846	23.8	4,210
ENGLAND	11,600	67,100,000	17.3	5,780

Data source ⁽²²⁾

Consideration of the number of pharmacies compared to the resident population, based on ONS 2020 mid-year population estimates for wards aggregated up to Sunderland localities is shown in Table 4. This shows that Sunderland has comparatively high provision of community pharmacies, having a greater number of pharmacies per 100,000 population than the England average.

Sunderland East is particularly well served, allowing for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it benefits from two 100 hour pharmacies enabling access on more days and for longer hours.

6.2 Dispensing activity in Sunderland

To assess the average dispensing activity levels of Sunderland community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity ⁽⁴¹⁾ was mapped to Sunderland localities using pharmacy codes and addresses.

Table 5: Average number of items prescribed by Sunderland based prescribers and dispensed per pharmacy (including Appliance contractors and distance selling pharmacies), by Sunderland locality, 2020/21

Sunderland Locality	No of community pharmacies	Number of prescription items dispensed by pharmacies	Average no. of prescription items dispensed per pharmacy
Coalfields	11	1,517,986	137,999
East	19	1,700,022	89,475
North	13	1,455,458	111,958
West	16*	1,553,408	97,088
Washington	8	1,334,338	166,792
Sunderland	67	7,561,212	112,854
England	11,600	1,030,000,000	88,793

NOTE these items are prescribed in Sunderland and dispensed in Sunderland and do not represent the total number of dispensed items by pharmacies (who may process prescriptions from other areas).

*2020/21 data with 16 pharmacies in the West Sunderland locality and therefore a total of 67 pharmacies in Sunderland

This shows that, on average, community pharmacies in Sunderland dispensed around 112,854 prescription items during 2020/21 ⁽⁴¹⁾ compared to an average of 86,711 for England ⁽⁴¹⁾. In Sunderland East where the number of pharmacies per 100,000 population is greatest, each community pharmacy dispenses on average 89,475 prescription items per year, whereas in Washington where the number of pharmacies per 100,000 population is lowest, each community pharmacy dispenses on average 166,792 prescription items per year.

Table 6: Number of prescriptions dispensed by pharmacies described as "multiples" or chains within Sunderland HWB area

	Total number of items dispensed by multiples or chains (>5 stores)	Number of prescribed in Sunderland, dispensed "in area"	% of items dispensed by multiples or chains
2018/2019	3,709,354	8,321,345	45%
2019/2020	3,825,806	8,551,857	45%
2020/2021	3,633,860	8,475,040	43%

The table above shows over the past three years, the number of pharmacies that are part of a multiple or chain of pharmacy stores [defined as having 5 or more premises]. Just over half of the pharmacy premises in Sunderland are smaller "independent" pharmacy stores.

Table 6 demonstrates that although there are a number of pharmacy providers in the Sunderland area which are part of multiples or chains, these stores account for around 45% of the dispensed items in Sunderland. This indicates that the population of Sunderland make similar use of independent pharmacies as the larger businesses.

In the Sunderland area, the majority (over 95%) of the prescriptions issued by prescribers are dispensed "in area" as demonstrated in table 5 below. In addition to this, it is important to note that 2-3% of the prescriptions dispensed by community pharmacies in the Sunderland area are prescribed by GP practices out of the Sunderland area, again demonstrating the cross-boundary activity.

Table 7: The total number of prescriptions dispensed in the Sunderland area

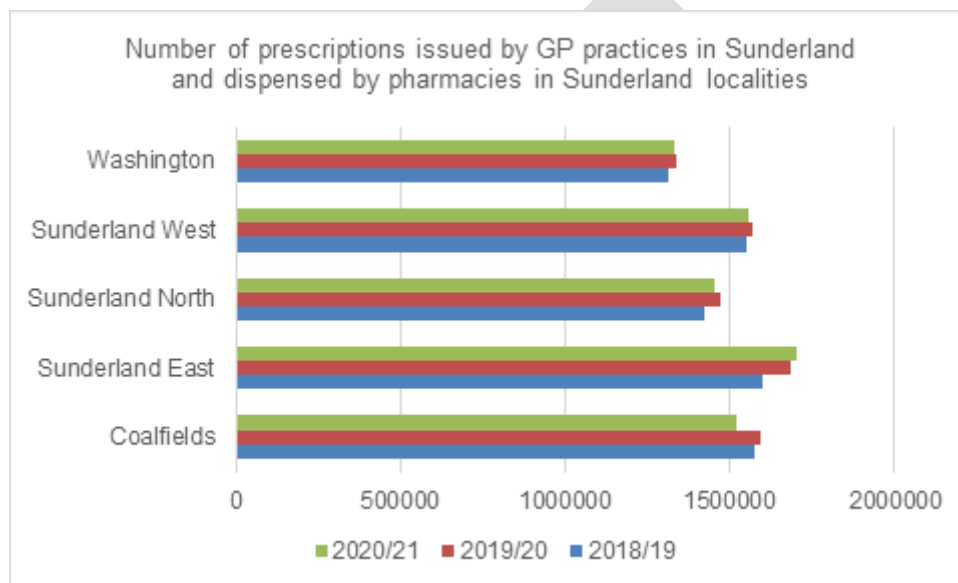
	Number prescribed in Sunderland, dispensed "in area"	In area %	Total Items "IN AREA & OUT of AREA"
2018/2019	8,321,345	95.1%	8,748,052
2019/2020	8,551,857	95.4%	8,960,010
2020/2021	8,475,040	95.2%	8,903,747

6.3 Access to pharmacies during pandemic

Consideration has been given to whether people would use their pharmacies differently during periods of restricted movement and working from home during the COVID-19 Pandemic.

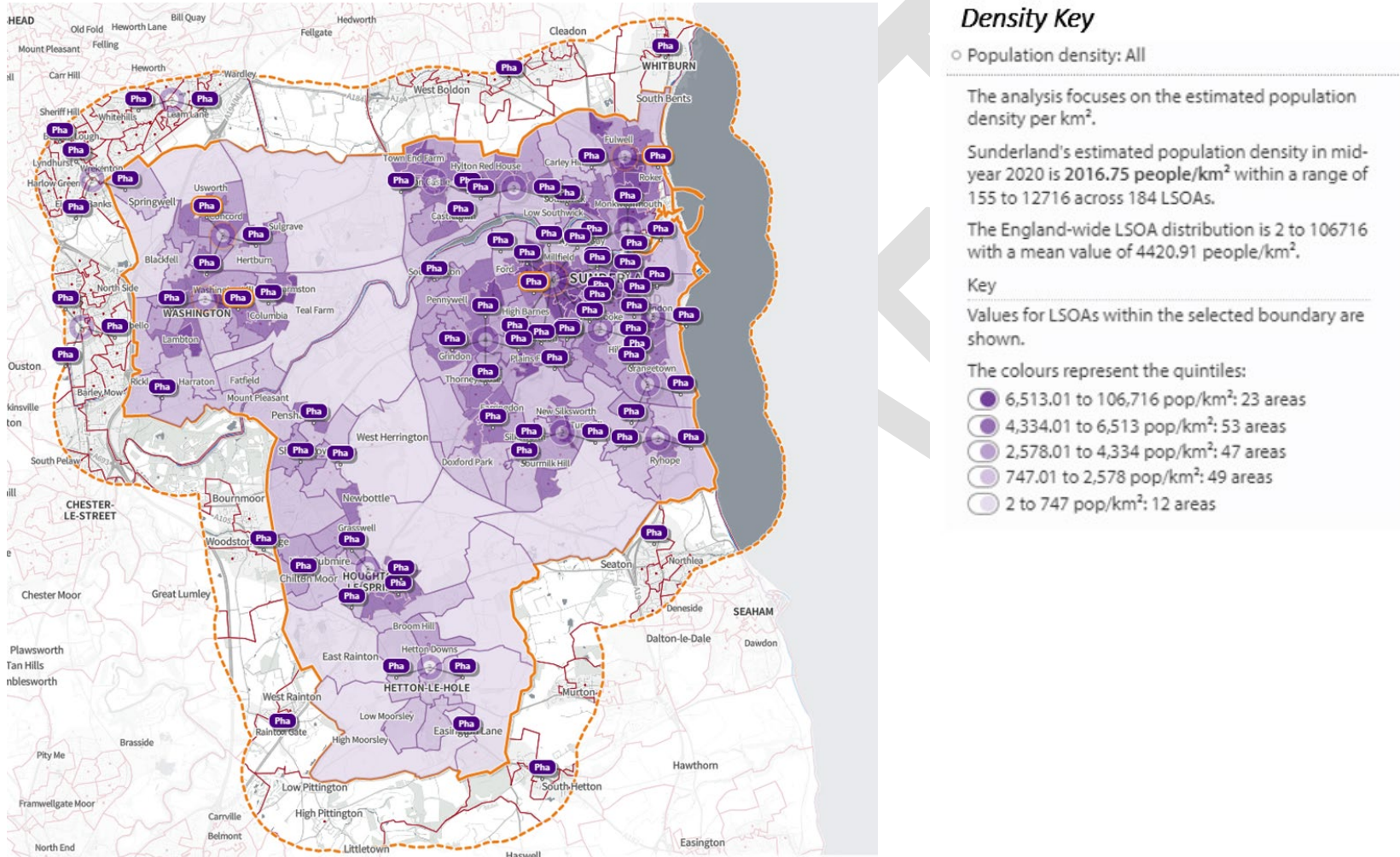
Figure 12 below indicates a similar annual trend regarding the number of items being dispensed by pharmacies in each locality over the last 3 years during suggesting that generally, people have not significantly changed their pharmacy dispensing choices during this period.

Chart 2: Number of prescriptions issued by GP practices and dispensed by pharmacies 2018/19 – 2020/21



6.4 Access to pharmacies in areas of high population density

Figure 8: Access to pharmacies in areas of high population density in Sunderland



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Figure 8 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas of high population density.

In addition, the figure demonstrates that people living on the edges of the Sunderland area are in proximity to pharmacy services in the neighbouring areas of Gateshead, South Tyneside and County Durham. On occasions, pharmacies in these areas are closer than those located within the boundaries of Sunderland.

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6.5 Access to pharmacies for older people

Figure 9: Access to pharmacies in areas with a high proportion of the population aged 65 years and over, in Sunderland

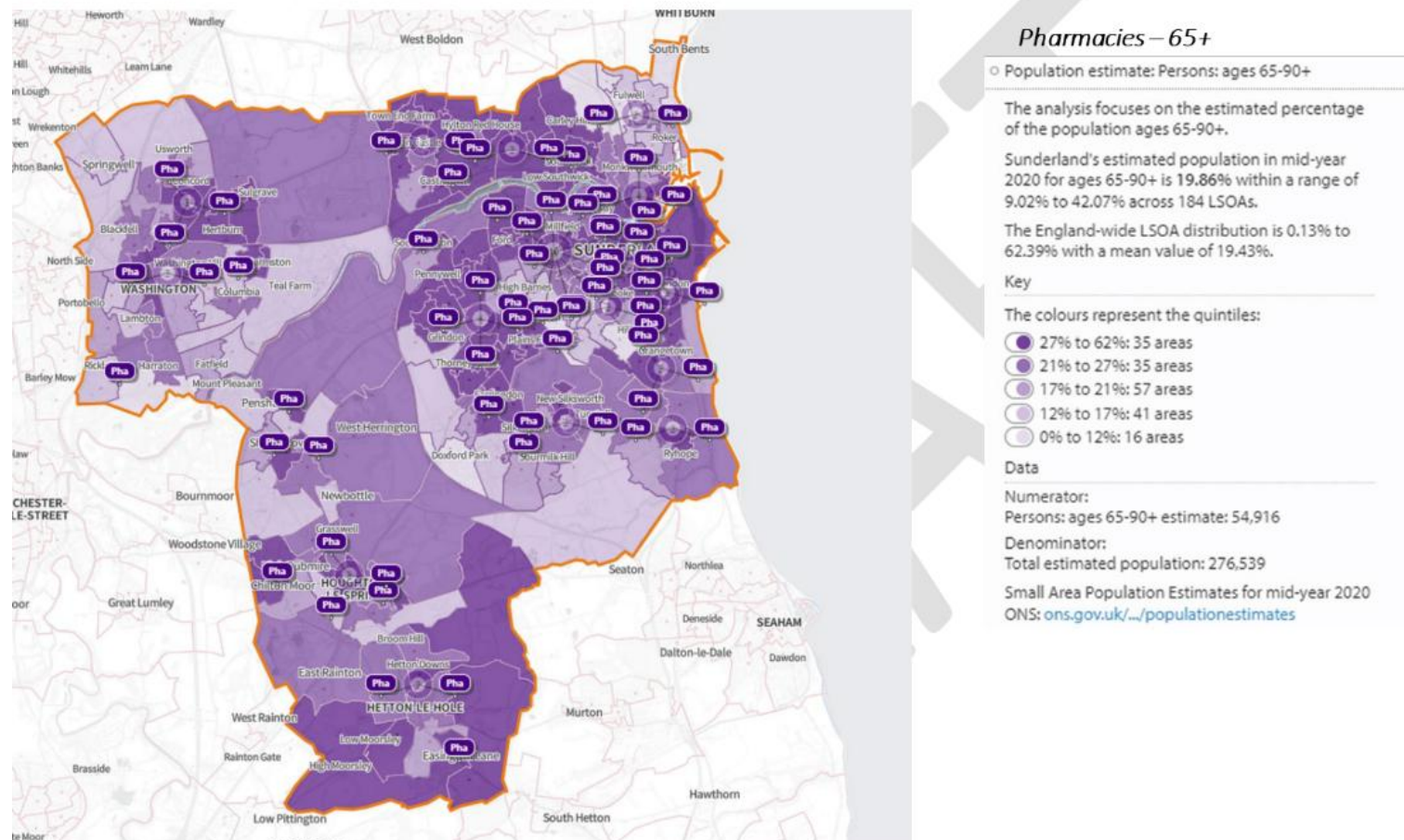
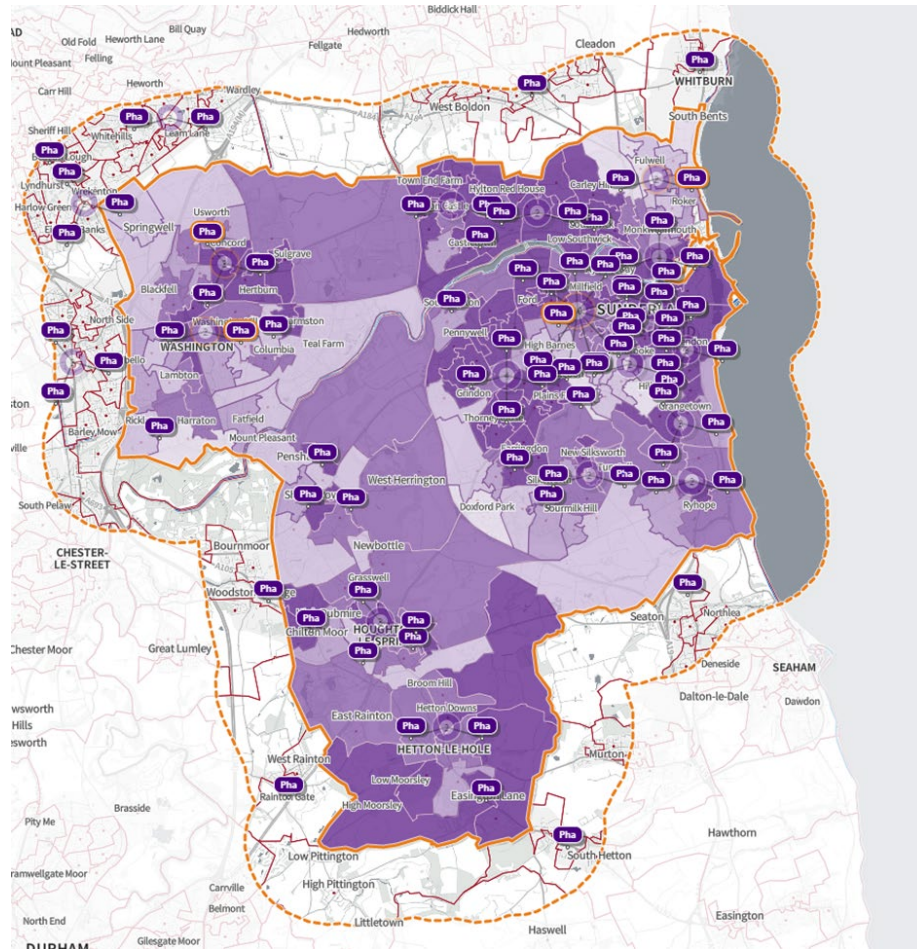


Figure 9 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with a high proportion of the population aged 65 and over.

6.6 Access to pharmacies in areas of high deprivation

Figure 10: Access to pharmacies in areas with high levels of deprivation (based on the Index of Multiple Deprivation 2019), in Sunderland



Deprivation key

Index of Multiple Deprivation

The indicator focuses on the Index of Multiple Deprivation (IMD) from the Indices of Deprivation 2019.

The seven domains were combined using the following weights to produce the overall Index of Multiple Deprivation (IMD):

- Health Deprivation (13.5%)
- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education Deprivation (13.5%)
- Crime Deprivation (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Sunderland's Index of Multiple Deprivation average score is 30.67.

The England-wide Index of Multiple Deprivation distribution is 0.54 to 92.73 with a mean value of 21.67.

Key

Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

The colours represent the quintiles:

- 33.26 to 92.73: 75 areas
- 21.56 to 33.25: 46 areas
- 14.25 to 21.55: 25 areas
- 8.63 to 14.24: 30 areas
- 0.54 to 8.62: 8 areas

Figure 10 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation. This is in line with research findings from Durham University ⁽⁴³⁾ which concluded that, across England, 89% of the population in lived within a 20 minute walk of a community pharmacy. Furthermore, there is greatest access in the most deprived areas, where 99.8% of the population live within a 20 minute walk of a community pharmacy.

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6.7 Access to pharmacies by opening hours

As described in section 5.2, community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHS England. These core hours are provided as part of essential pharmacy services. There are four 100 hour pharmacies in Sunderland, opened under the previous exemption which enabled longer opening hours, and these pharmacies must be open for at least 100 hours per week as core hours. Dispensing appliance contractors are required to open for a minimum of 30 core hours per week.

In Sunderland, all appliance contractors and 85% of pharmacies are open for more than the core contract hours.

In January 2022 community pharmacies in Sunderland (excluding 100 hour pharmacies and accounting for the consolidated pharmacy later in February 2022) provided an additional 528 supplementary hours of access to service.

Table 8 below and the charts that follow illustrate how important supplementary hours are to the provision of good access to pharmaceutical services.

There are currently:

- 34 pharmacies in Sunderland that are not 100 hour pharmacies and open on Saturday mornings;
- 11 pharmacies in Sunderland that are not 100 hour pharmacies and remain open on Saturday afternoons;
- 5 pharmacies that are not 100 hour pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

None of the dispensing appliance contractors and neither of the distance selling pharmacies open on Saturdays or Sundays.

There are four 100 hour pharmacies out of a total of 66 pharmacies in Sunderland. In addition, there are 5 pharmacies that provide significantly extended supplementary hours beyond their 40 hour core contracts. These pharmacies provide access to services on weekday evenings and both Saturdays and Sundays, one in Sunderland West, North and Washington Localities and two in Sunderland East.

The HWB board recognises that these pharmacies, often located in Shopping Centres and supermarkets, provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Sunderland. However, should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the LPC and local community pharmacies in this process would allow for local solutions to be explored.

Table 8: Distribution of the number of hours that pharmaceutical services (including Appliance Contractors) are available each week in Sunderland, 2021 compared to 2014 and 2017)

Number of hours	2014		2017		2021	
	Number	%	Number	%	Number	%
Exactly 40 hours	13	19.4	9	13.2	10	15
More than 40 and up to 45 hours	17	25.4	17	25.0	16	23
More than 45 and up to 50 hours	16	23.9	22	32.4	23	35
More than 50 and up to 55 hours	9	13.4	6	8.8	7	11
More than 55 and up to 60 hours	4	6.0	4	5.9	3	5
More than 60 and up to 80 hours	1	1.5	2	2.9	3	5
More than 80 and less than 100 hours	2	3.0	3	4.4	2	3
Exactly 100 hours	5	7.5	5	7.4	4	6

Information taken from previous PNA2018 and also: Information on commissioned community pharmacy services for Sunderland. NHS England and NHS Improvements November 2021 updated to reflect Rowlands consolidation Feb 2022.

6.8 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Sunderland, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in appendix 6 including any variations to this general overview.

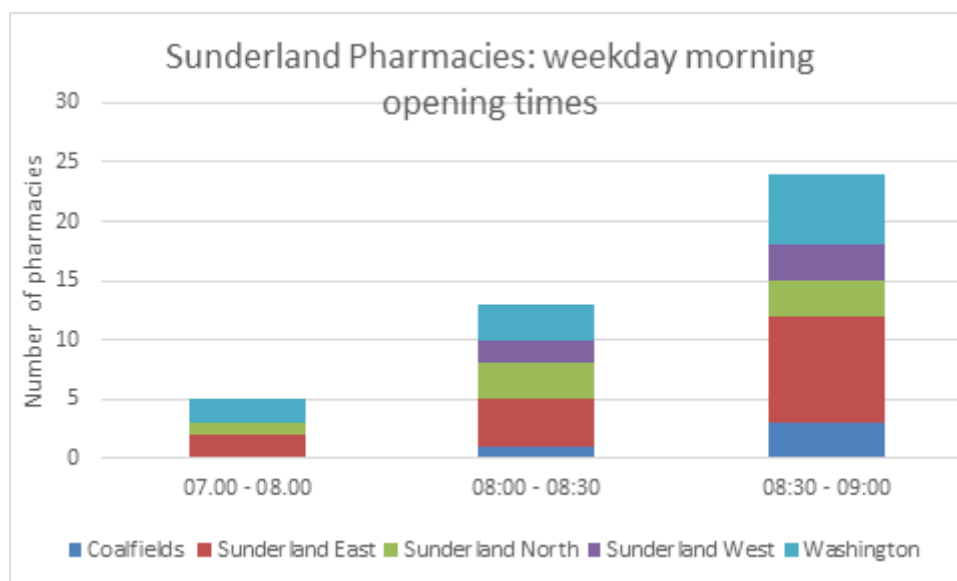
6.8.1 Weekday opening

Access to community pharmacy across Sunderland is well provided for during the hours from 9:00 am until 6:00 pm on weekdays in all localities. 40 pharmacies in Sunderland that are not 100 hour pharmacies remain open without closing for lunch time. Others vary from having a 20 minute break to closing for to 1.5 hours over lunchtime. More usually, this is a 1 hour break.

6.8.1.1 Weekday mornings

All community pharmacies in Sunderland are open from 9am on Weekday mornings. Some pharmacies offer earlier opening times, as seen in figure 15, which are generally provided as supplementary hours. Sunderland East, North and Washington have at least one pharmacy open from 7.00am and all localities have some provision from 8.00am.

Chart 3: Weekday morning opening times

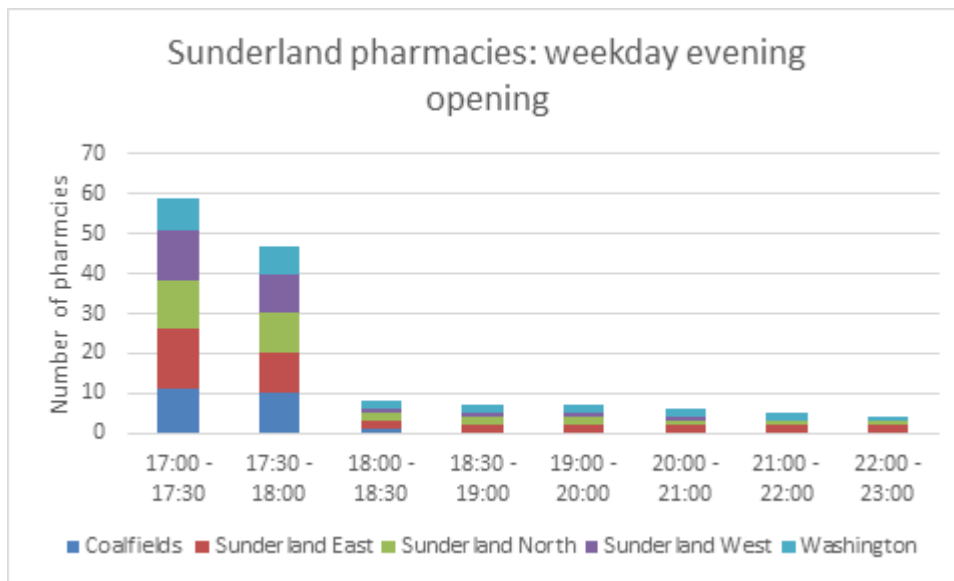


6.8.1.2 Weekday evenings

Most pharmacies remain open until between 5.30pm and 6.00pm after which there is a noticeable reduction in provision. There is some provision on weekday evenings in 4 localities. Opening until 9pm is provided as follows:

- Washington: 2 x 100 hour pharmacies and 1 pharmacy with long supplementary hours
- Sunderland East: 1 x 100 hour pharmacy and 2 pharmacies with long supplementary hours
- Sunderland North: 1 x 100 hour pharmacy and 1 with long supplementary hours
- Sunderland West: 1 x pharmacy providing supplementary hours
- Coalfields: has no provision after 6.30pm

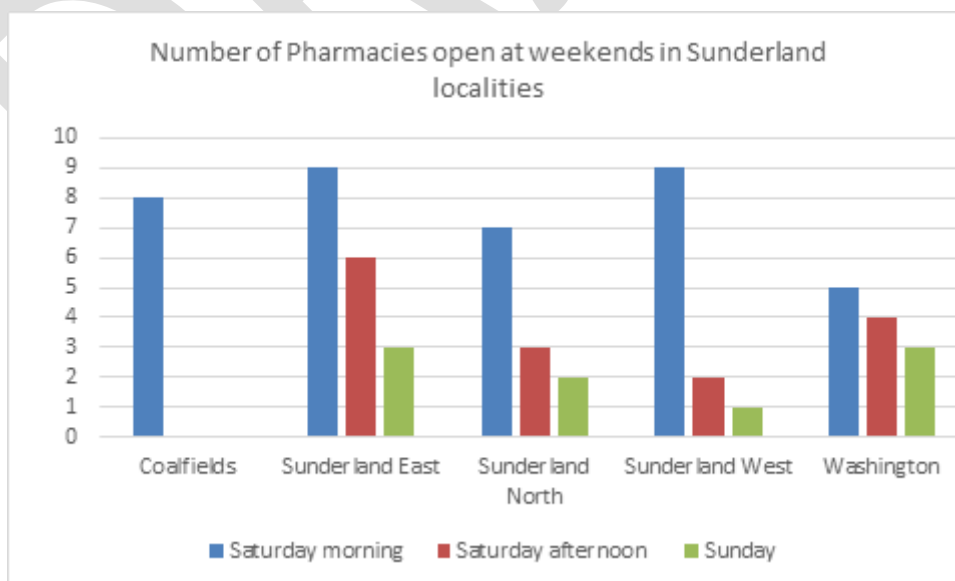
Chart 4: Weekday evening opening hours



It can be seen that there is no provision within the Coalfields area between 6.30 pm and 9.30 pm on weekday evenings. Whilst evening opening during this time within the Coalfields area would improve access and choice, no specific need for additional pharmacies to open has been identified. Taking this into account, it is considered that the community pharmacies across the city that open during weekday evening extended GP hours may also be accessed by people living in the Coalfields locality.

6.8.2 Weekend opening

Chart 5: Number of pharmacies open at weekends by locality



6.8.2.1 Saturday opening

In total, 38 pharmacies across the city open on Saturdays. All these pharmacies open on Saturday mornings, and there is access in all localities. This reduces to 15 pharmacies that remain open on Saturday afternoons, none of which are in the Coalfields area.

Given that access within the Coalfields on Saturday afternoons is entirely reliant on supplementary hours, and the flexibility linked to supplementary hours, this suggests there has not been sufficient demand to justify longer opening. Whilst it is clear from the stakeholder engagement that those working Monday to Friday value weekend opening, no specific need for additional pharmacies to open on Saturday afternoons was identified.

6.8.2.2 Sunday opening

In total, 9 pharmacies across the city open on Sundays.

- Sunderland East: provision from 8.00am until 6.00pm by 1 x 100 hour pharmacy and 2 pharmacies with long supplementary hours
- Washington: provision from 8.00am until 8.00pm by 2 x 100 hour pharmacies and 1 pharmacy with long supplementary hours
- Sunderland North: provision from 8am to 6pm by 1 x 100 hour pharmacy and 1 pharmacy with long supplementary hours
- Sunderland West; provision from 10.00am until 4.00pm by 1 pharmacy with long supplementary hours

There is no provision within the Coalfields area on Sundays.

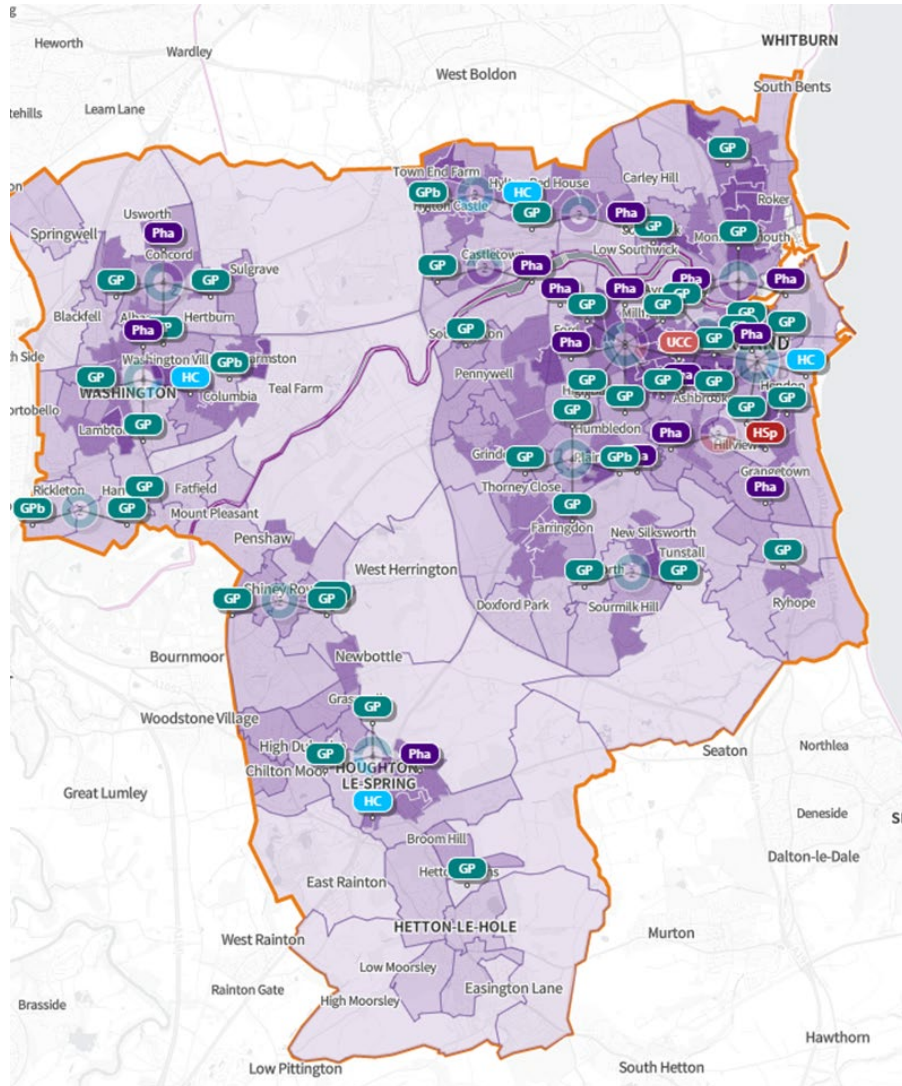
In line with the findings of the stakeholder engagement noted above, although those working Monday to Friday indicate they value weekend opening, and whilst Sunday opening within the Coalfields area would improve access and choice, no specific need for additional pharmacies to open on Sundays was highlighted.

It is important to note that the access to pharmacy services in the weekday evenings and the weekends, specifically Saturday afternoon and Sundays, is largely made via the 100 hour pharmacies and the pharmacies providing significant extended supplementary hours.

6.8.3 Opening during extended GP access and UCC opening hours

Figures 11 and 12 indicate the location of the pharmacies that provided longer hours of service provision in relation to the extended GP and urgent care centre.

Figure 11: Pharmacies Opening on Saturdays



○ Population density: All

The analysis focuses on the estimated population density per km².

Sunderland's estimated population density in mid-year 2020 is 2016.75 people/km² within a range of 155 to 12716 across 184 LSOAs.

The England-wide LSOA distribution is 2 to 106716 with a mean value of 4420.91 people/km².

Key

Values for LSOAs within the selected boundary are shown.

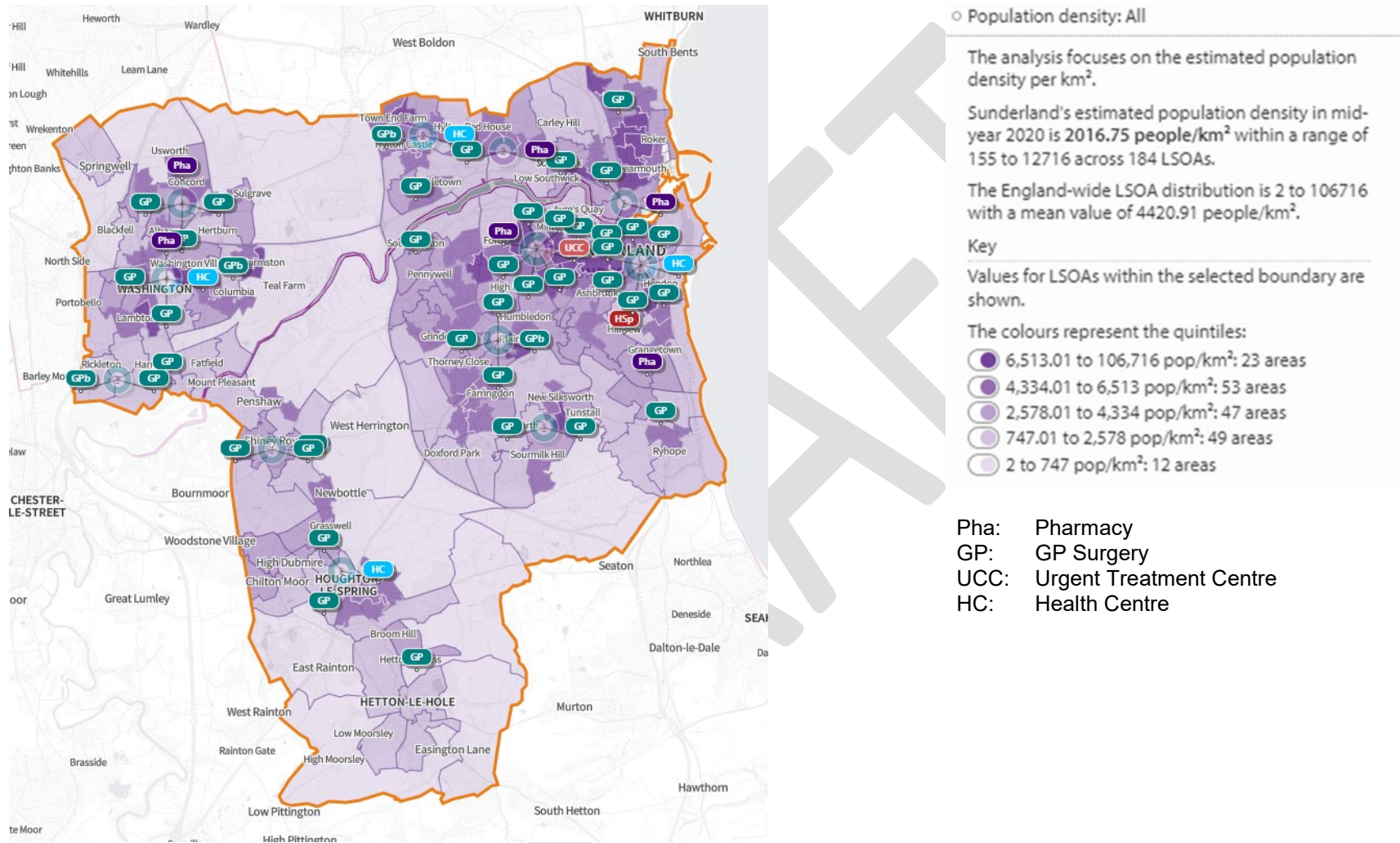
The colours represent the quintiles:

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- 4,334.01 to 6,513 pop/km²: 53 areas
- 2,578.01 to 4,334 pop/km²: 47 areas
- 747.01 to 2,578 pop/km²: 49 areas
- 2 to 747 pop/km²: 12 areas

- Pha: Pharmacy
- GP: GP Surgery
- UCC: Urgent Treatment Centre
- HC: Health Centre

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Figure 12: Pharmacies opening on Sunday



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Footnote: There are 9 pharmacies open on Sundays. Due to the scale of the map and proximity of some pharmacies, individual labels cannot be seen on the map for all pharmacies. 3 are located in Washington, 3 in East, 2 in North and 1 in West.

As seen in figures 11 and 12, on Saturdays and Sundays, GP services are provided from five health centre hubs in Washington, Coalfields, Sunderland East, North and Sunderland West.

There are 16 community pharmacies are open to 5pm, 5.30pm or 6pm each Saturday (with the GP extended access period running until 5.30pm) and 4 that remain open until 10pm (the Urgent Treatment Centre's formally commissioned hours run until 10pm).

There are no pharmacies open in the Coalfields area on Saturday afternoon or evenings.

On Sundays, there are 9 pharmacies located in Sunderland East, North and Washington that provide access during the times that the Urgent Care Centre and the Healthcare hubs are open. There is reduced opening time access in the Sunderland West area and there are no pharmacies open on Sundays in the Coalfields area.

Although there is adequate provision for accessing prescribed medicines for the majority of the Healthcare centre sites, there are no pharmacies open near the Coalfields healthcare centre sites on Sundays. It can be seen that there is no provision within the Coalfields area after 6.30 pm on weekday evenings or on Saturday afternoons or Sundays. Whilst opening during these times within the Coalfields area would improve access and choice, no specific need for additional pharmacies to open has been identified. Taking this into account, it is considered that the community pharmacies across the city that open during weekday evenings and weekends are accessible to people living in the Coalfields locality.

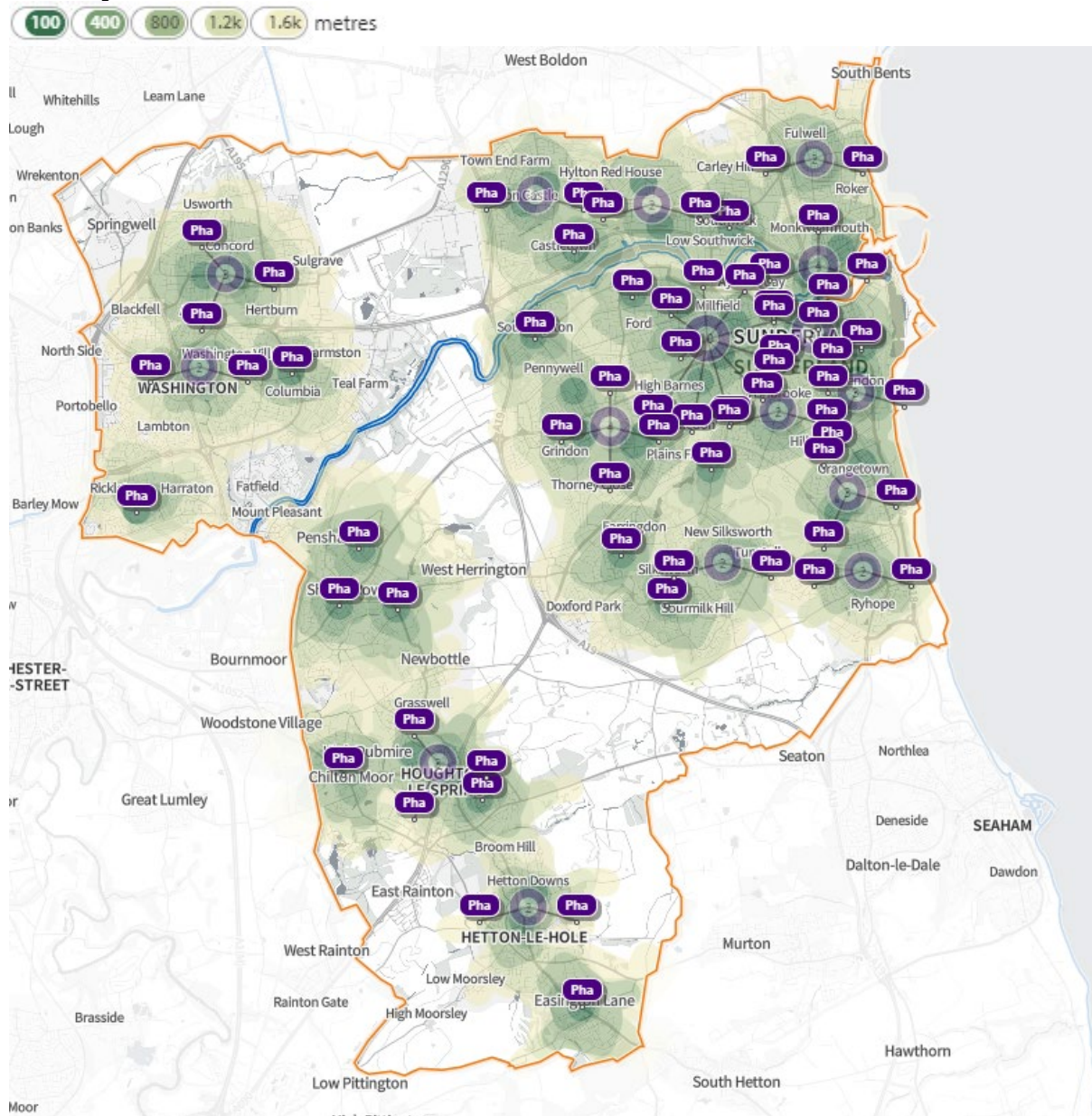
6.8.4 Access to pharmacies by foot and by public transport

The following maps demonstrate access to community pharmacies by foot and by public transport in terms of travel time and distance travelled. The denser colour of the maps indicates the proximity of the pharmacy.

Most parts of Sunderland are considered accessible by public transport, although there is lower overall provision in the semi-rural Coalfields locality. Ease of access to transport connections to the major commercial centres – such as the city centre and the Galleries - is generally linked to proximity with the major roads in the Coalfields locality (A690, A182 and A183). Specific areas of Shiney Row and Penshaw have limited access to public transport, though it takes just over 20 minutes to reach the nearest main centre, such as the Galleries in Washington, by public transport from Shiney Row once public transport is accessed.

Taking this into account, it is considered that the pharmacies across the city that open on Sundays are accessible to people living in the Coalfields locality.

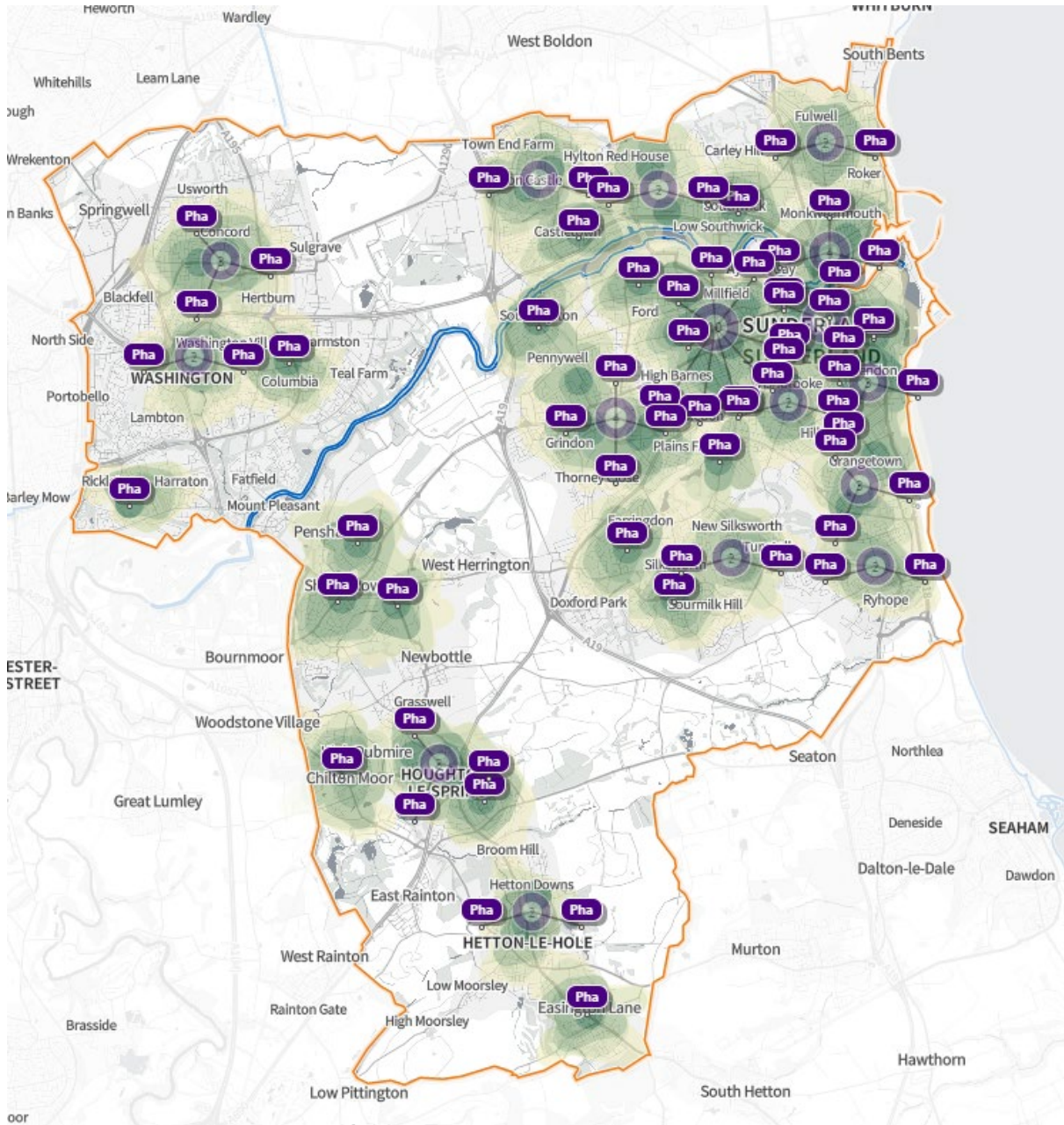
Figure 13: Access to pharmacies by foot
13a : by distance walked



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13b: by time taken to walk

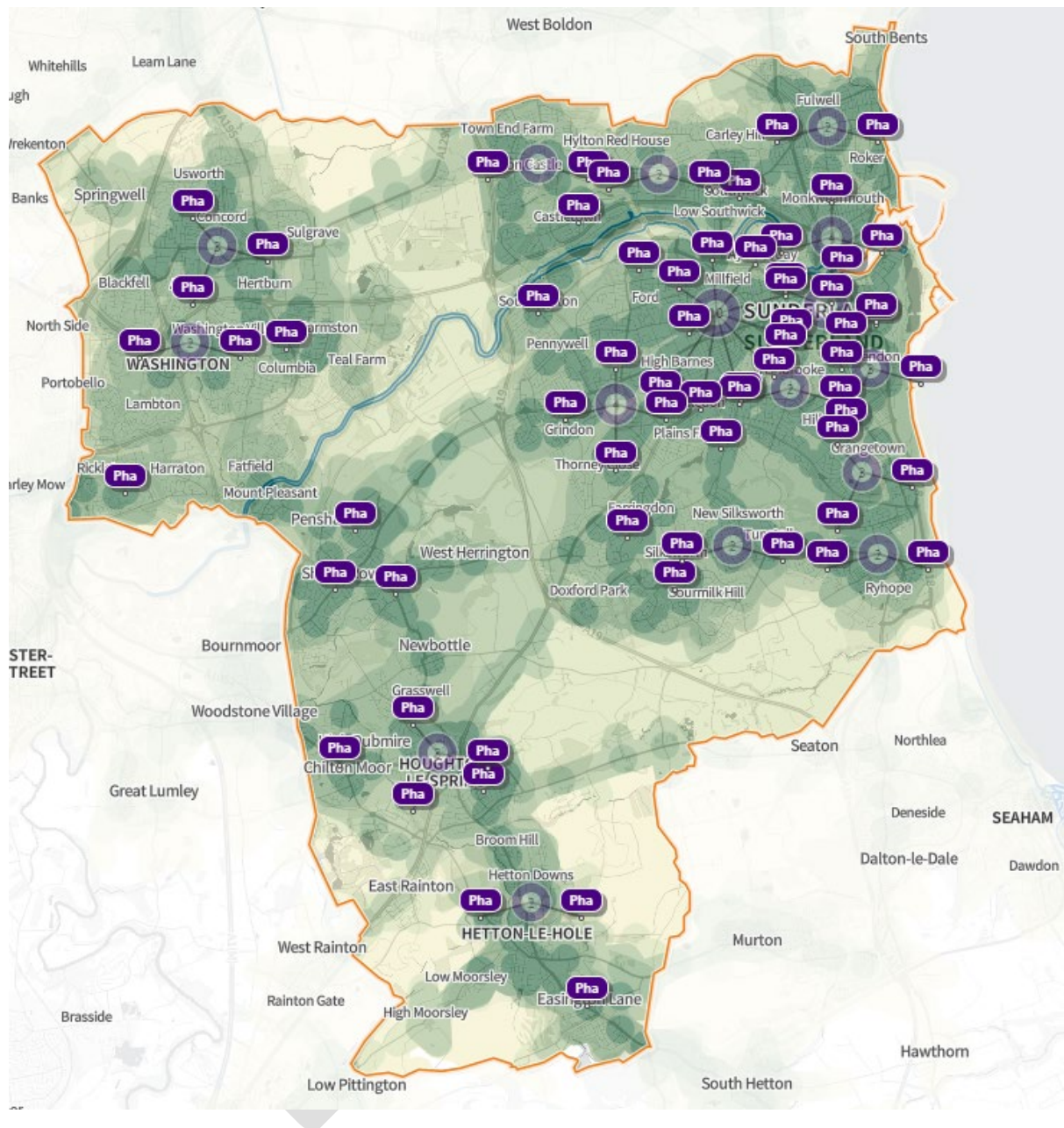
3 6 9 12 15 minutes



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Figure 14: Access to pharmacies using public transport
14a Pharmacy distance by public transport – morning weekdays

5 10 15 20 30 minutes



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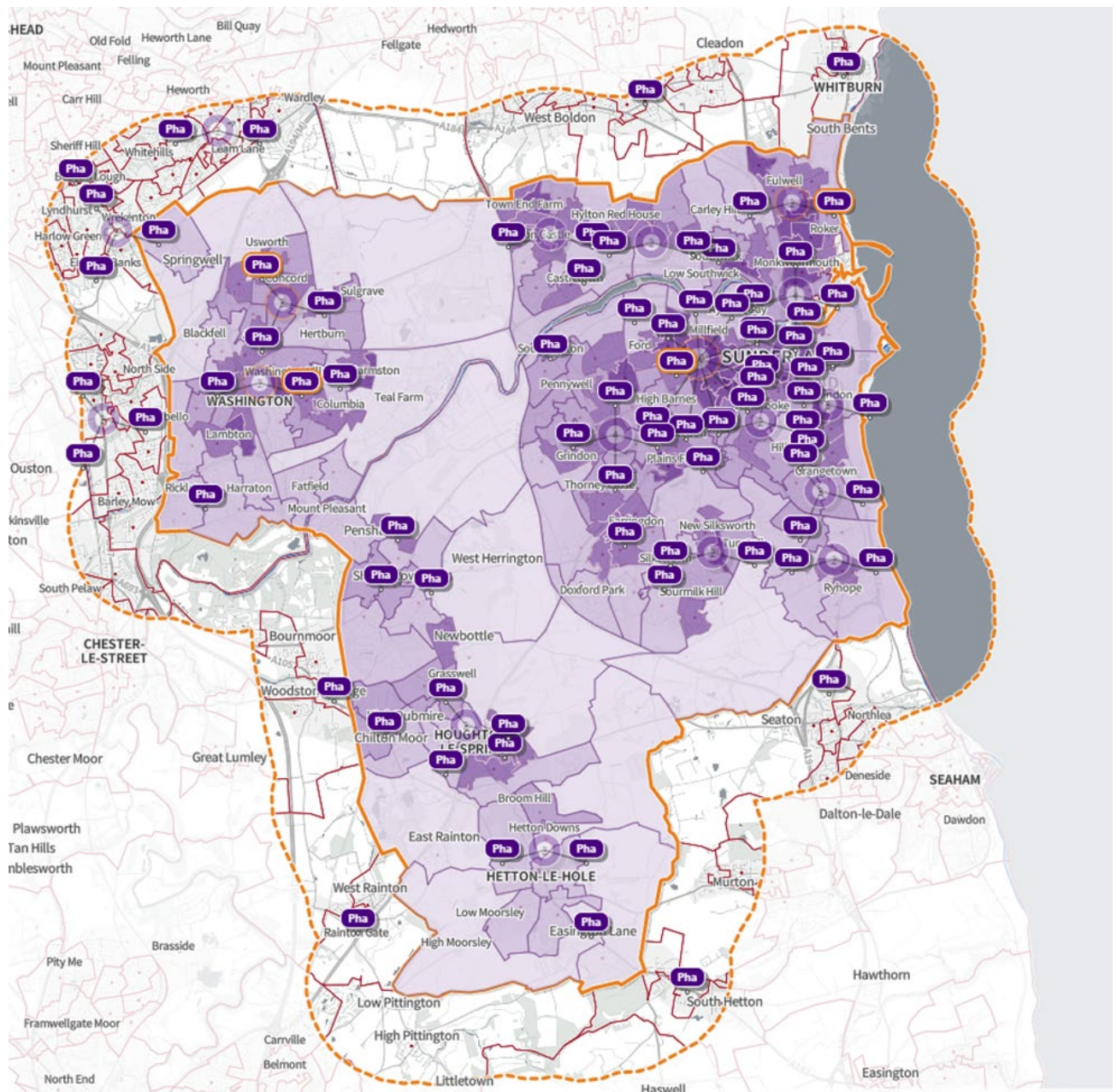
6.8.5 Access to pharmacy services out of the Sunderland area

It is important to note that pharmacy services that are out of the Sunderland area may provide additional alternatives for people to access medicines and advice.

In particular, there may be pharmacies close to residents who live on or close to the city boundaries. These maps demonstrate the population density (darker colour indicating the denser population) and pharmacy locations within the Sunderland boundaries and the neighbouring areas. This is of note in terms of the Washington and Coalfields localities in providing further choice of community pharmacies in these areas.

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Figure 15: Map population density (darker areas more densely populated) and pharmacy locations both within area and on the boundary with neighbouring areas



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 | [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

Footnote this map will be updated for the final PNA to reflect the recent consolidation of two pharmacies in the West

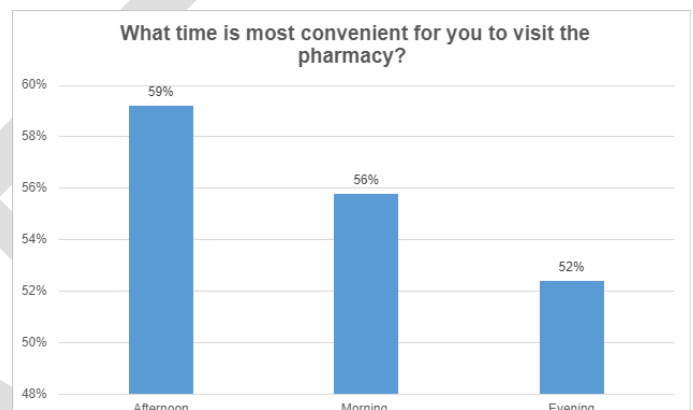
Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

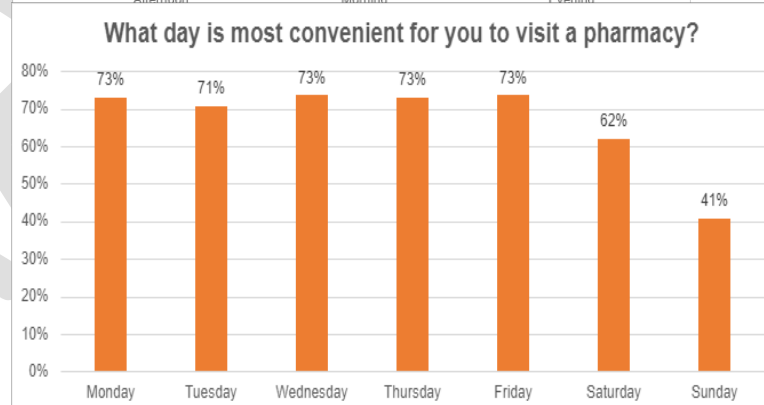
As described earlier in this report, on average about 95% of prescriptions issued in Sunderland are issued by pharmacy contractors within the city boundaries.

6.8.6 Feedback from customers regarding pharmacy opening hours

Responses from the customer questionnaires regarding access to pharmacy services indicated that most people (59%) find the afternoon more convenient to visit the pharmacy, however all times of the day were identified as convenient by over half of the respondents.

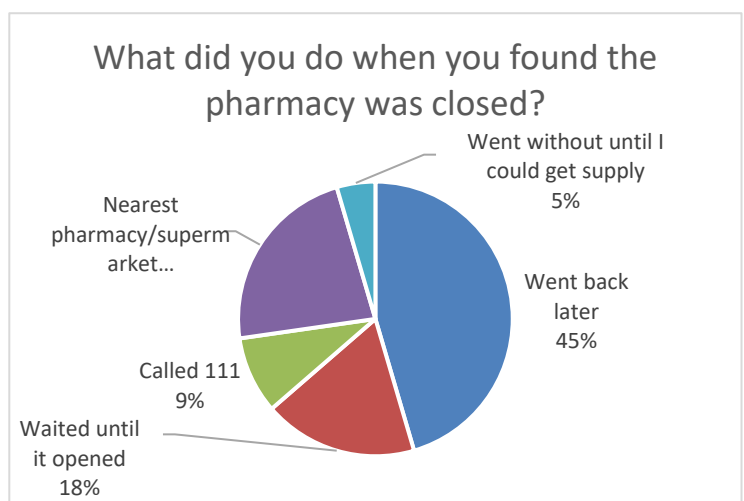


In terms of which day people find most convenient to visit a pharmacy, all of the weekdays were identified as the most convenient for a proportion of people (all weekdays scoring over 70%) with the weekends identified less commonly.



16% of respondents identified that there had been times when they had visited their pharmacy and found it was closed. This may reflect on the recent issues seen during the pandemic when pharmacies were permitted to reduce their hours in some circumstances.

Further information provided indicated that in the majority of cases people either returned at another time, went to another nearby pharmacy or waited until the pharmacy opened. A small number of respondents indicated that they contacted their NHS111 service for advice or to obtain an emergency supply of medicines or "went without" their medicines until they could obtain a supply.



6.9 Improving access

6.9.1 Electronic prescription service

Whilst the Electronic Prescription Service (EPS) was being introduced across GP and pharmacy services at the time of the previous PNA publication, it has now been implemented as part of the essential dispensing service all community pharmacies are required to provide.

EPS makes the prescribing and dispensing process more efficient and convenient for both patients and staff. Prescriptions can be sent directly from the GP's computer to the computer in the community pharmacy via a secure internet link. Eventually the paper prescription, which is currently given to the patient, will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the community pharmacy nominated by the patient. It is also used to encourage more GPs to consider using the repeat dispensing scheme if a person's medicines are stable and suitable.

During 2020/21, 97% of the prescriptions issued in Sunderland were via the electronic prescribing system. ⁽⁴¹⁾

6.9.2 Collection and delivery services

Two further services which improve access to medicines are prescription collection from the GP surgery and home delivery services. Patients are often surprised to find that these are not NHS services.

81% of responding pharmacies indicated they deliver dispensed medicines free of charge with some pharmacies charging for this service. The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and those requiring end of life care or urgent medicines.

In some cases it was reported that deliveries had to be prioritised for these groups due to the limited resources available to provide this service.

NHSEI commissioned the pandemic delivery service via community pharmacies in response to COVID-19. The service remained active until 31st March 2022 for people notified of the need to self-isolate by NHS Test and Trace in all areas of England.

It is also worth noting that Sunderland LPC worked in partnership with the Sunderland COVID volunteer co-ordinator to ensure that volunteers and community pharmacies worked in partnership to ensure that many vulnerable people and those individuals in isolation, could gain access to their medication.

6.10 Disability access

To comply with the Equality Act 2010 ⁽¹⁵⁾, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against

persons with a disability. A person is regarded as being having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers;
- Large print labels;
- Reminder charts, showing which times of day medicines are to be taken;
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSEI regulations and guidance ⁽⁴⁴⁾ almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room;
- Distinct from the general public areas of the pharmacy premises;
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

6.11 Access to Translation Services

NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

NHS England contracts with Language Empire to provide various linguistic services and all pharmacies were contacted in March 2021 by NHS England's public health team about the new arrangements from 1 April 2021 for Interpretation and Translation Services which they are able to access.

7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾ and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013* ⁽⁴⁵⁾

NHS England and NHS Improvement (NHSEI) commissions pharmaceutical services via the national community pharmacy contractual framework. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- **Essential Services:** services all community pharmacies are required to provide;
- **Advanced Services:** services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide as long as they meet the requirements set out in the directions;
- **Enhanced Services:** services that can be commissioned locally by NHS England.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSEI to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams.

7.1 Essential services

The NHS Community Pharmacy Contractual Framework (CPCF or the 'pharmacy contract') ⁽⁸⁾ states that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

As of October 2021, the essential services are:

- Dispensing of prescriptions,
- Dispensing of repeat prescriptions i.e. prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription that states the prescription interval (usually every 28 days) and the number of times it can be repeated (usually 6 times) This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in public

health campaigns when requested to do so by NHS England and NHS Improvement.

- Signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

In addition, the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). PQS is designed to support delivery of the NHS Long Term Plan and reward community pharmacies that deliver quality criteria over the three quality dimensions of clinical effectiveness, patient safety and patient experience.

7.2 Advanced Services

In addition to the essential services, the NHS Community Pharmacy Contractual Framework (CPCF) allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services as long as they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently include:

- Appliance Use Review (AUR).
- Community Pharmacy Consultation Service (CPCS).

- Hepatitis C testing Service.
- Hypertension case-finding service.
- New Medicine Service (NMS).
- Stoma Appliance Customisation Service (SAC).
- Flu vaccination service.
- Smoking Cessation Advanced Service.

Additional advanced services were also established in response to the COVID-19 pandemic including:

- C19 Lateral Flow device distribution service
- Pandemic Delivery service

In April 2021, the Medicines Use Review (MUR) and Prescription Intervention Service services were decommissioned. Until 31st December 2020, 70% of MURs had to be targeted at high-risk medicines or patients who had recently been discharged from hospital.

The NHS Discharge Medicines Service was introduced as an essential service on 1st January 2021.

Table 9: Distribution of community pharmacies providing advanced services, by locality

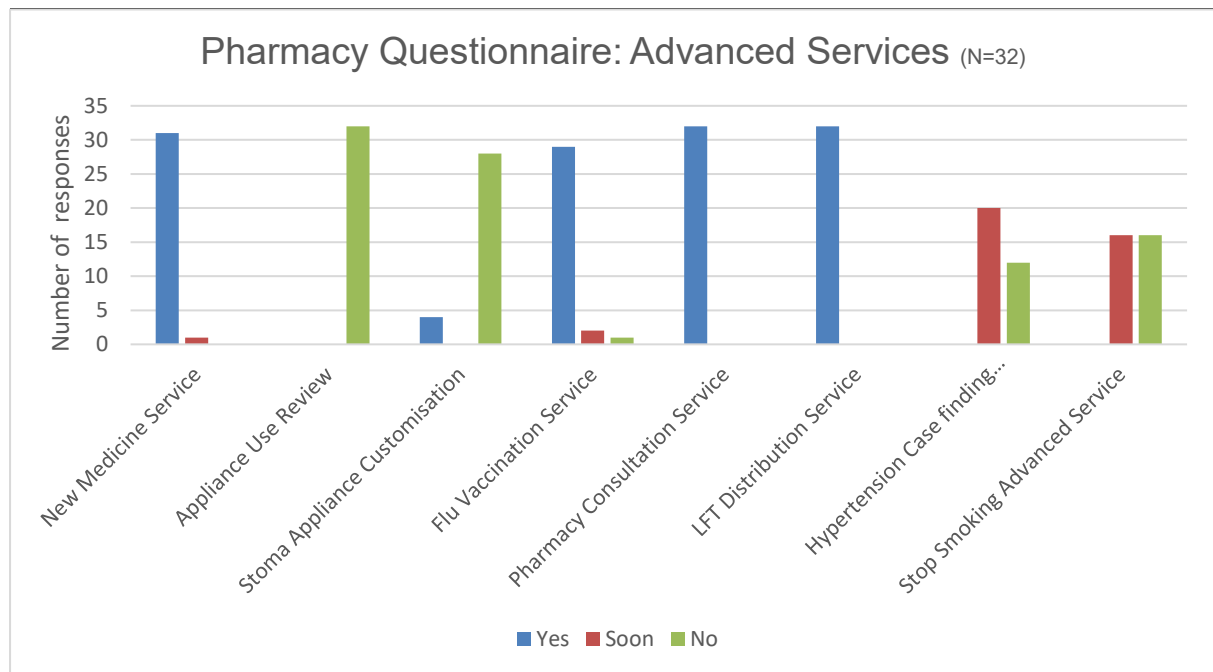
	Community Pharmacy Consultation Service (CPCS)	Hepatitis C testing Service	New Medicines Service	Flu Vaccination service	Hypertension case-finding service*	LFT
Coalfields	11	0	11	Majority of pharmacies providing this service	3	10
East	16	2	16		4	15
North	13	0	11		2	12
West	14	0	14		2	12
Washington	8	0	8		1	8
Total	62	2	60		12	57

Data Source: ⁽⁴²⁾

Table 9 shows the distribution of pharmacies across the localities of Sunderland that deliver the Advanced services. At the time of production of the PNA, some of the more recently introduced services do not have information regarding provision.

Chart 6 below, reflects responses from the 32 services that responded to the pharmacy questionnaire (further information is available in section 10 and Appendix 3) in terms of provision of Advanced Services.

Chart 6: Pharmacy Questionnaire – Advanced services



Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%) and none provide appliance use review. However almost all indicated that they provide the New Medicine Service (31/32; 96%) and the Community Pharmacy Consultation Service (32/32; 100%).

29/32; 90% of the pharmacies indicated they provided a Flu Vaccination Service, and the majority were involved in the COVID-19 Pandemic response with distribution of Lateral Flow tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

In addition, more than half of the pharmacies indicated their intention to engage with new services being introduced at the time of the survey, namely the Hypertension finding service and the Stop Smoking advanced service.

Further information regarding these services is described below.

7.2.1 Appliance use review

Appliance use reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

None of the pharmacies responding to the survey indicated that they provided appliance use review. However, this is likely to be provided by the Appliance Contractors as a specialism of the services.

7.2.2 Community Pharmacist Consultation Service

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service, which replaced the NHS Urgent Medicine Supply (NUMSAS) connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs, thus providing the opportunity for community pharmacy to play a bigger role than ever within the urgent care system. Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP. ⁽⁴⁶⁾

In January 2022, NHS England and NHS Improvement announced that community pharmacy contractors could expect to receive more referrals from NHS 111 for the Community Pharmacist Consultation Service (CPCS) following a review of the NHS Pathway algorithms.

All the pharmacies responding to the questionnaire indicated that they participate in the CPCS. This was further supported with information from NHSEI which indicated that in January 2022, there were 62 community pharmacies in Sunderland signed up to CPCS delivery, including one of the distance selling pharmacy services. However, there was no data available regarding number of type of referrals at the time of producing this PNA. However, concern has been raised during the PNA consultation process that the new CPCS and the discharge medicines services are currently under-

utilised in terms of referral to community pharmacy from healthcare services such as GP practices and secondary care services.

7.2.3 Hepatitis C testing service

The Hepatitis C testing service was launched in September 2020 and focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment as appropriate.

This service is currently being provided by 2 pharmacies (Boots at Park Lane and the 100 hour pharmacy, Million Medical Ltd at Hylton Road).

7.2.4 Hypertension case-finding service

In 2020, NHS England and NHS Improvement (NHSEI) commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24 hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSEI proposed the commissioning of a new Hypertension case-finding service, and an Advanced service was commenced in October 2021 to support the programme of identification of undiagnosed cardiovascular disease.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements;
- Provide another opportunity to promote healthy behaviours to patients.

Responses in the pharmacy questionnaire indicated that none of the pharmacies were yet providing the Hypertension case finding service, though 20 (63%) respondents indicated that they would be providing the service "soon" with 12 (37%) stating "no".

Information from NHSE in January 2022 indicated that 10 pharmacies were signed up to delivery of the Hypertension Case finding services in Sunderland (3 in Coalfields, 4 in East Sunderland, 2 in North Sunderland, 2 in West Sunderland, and 1 in Washington).

7.2.5 New Medicine Service (NMS)

In England, around 15 million people have a long-term condition (LTC) and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. Non-adherence to prescribed medicine regimens is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

The New Medicine Service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.

From 1st September 2021, the following conditions were covered by the service:

- Asthma and COPD;
- Diabetes (Type 2);
- Hypertension;
- Hypercholesterolaemia;
- Osteoporosis;
- Gout;
- Glaucoma;
- Epilepsy;
- Parkinson's disease;
- Urinary incontinence/retention;
- Heart failure;
- Acute coronary syndromes;
- Atrial fibrillation;
- Long term risks of venous thromboembolism/embolism;
- Stroke / transient ischemic attack;
- Coronary heart disease.

Previously antiplatelet/anticoagulant therapy was included in the eligibility for support by the NMS but is now included in the above list by reference to the underlying condition/reason for prescribing.

31 of the 32 respondents (97%) to the pharmacy questionnaire indicated that they were active participants in the New Medicines Service. This is supported by information from NHSEI which indicated that in January 2022 all but 4 pharmacies (2 of which were distance selling pharmacies) were signed up to provide NMS. However, during to the pandemic, submissions to NHSEI reflecting activity were temporarily ceased. These will recommence in April 2022.

In response to the customer questionnaire, 47% of respondents stated that they used their pharmacy for advice from their pharmacist e.g. about minor ailments or new medicines.

7.2.6 Stoma Appliance Customisation Service (SAC)

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%).

7.2.7 Flu vaccination service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

29/32; 90% of the pharmacies responding to the questionnaire indicated that they have been involved in the delivery of the 2021/22 Flu Vaccination Service.

7.2.8 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service commenced on the 10th March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required; in line with the NHS Long Term Plan care model for tobacco addiction.

More than half of the pharmacies indicated their intention to engage with new Stop Smoking advanced service being introduced in response to the survey.

7.2.9 Additional Advanced services set up in response to the COVID-19 Pandemic

In response to the pandemic, the majority of providers were involved in the distribution of Lateral Flow Device (LFD) tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

7.2.10 COVID-19 lateral flow device distribution service

At the end of March 2021, a new Advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it was described in communications to the public) was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community

pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside other available COVID-19 testing routes.

In the customer questionnaire, 48% of respondents stated that they had used their local pharmacy to collect lateral flow test kits.

7.2.11 Pandemic Delivery of Medicines Service

Delivery of medicines by pharmacies has not previously been a commissioned service although many pharmacies have offered this service, sometimes at a small cost to the customer.

The Pandemic Delivery of Medicines Service was initiated in response to the pandemic with the service requirements applied to clinically extremely vulnerable (CEV) patients self-isolating at home (also referred to as shielded patients). From 16th March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support during their isolation period for the delivery of their prescriptions from contractors.

At the time of producing this PNA, this service was anticipated to remain active until 31st March 2022.

It is important to note that currently, many pharmacies provide a delivery service to their customers even though this is not a commissioned service.

In the pharmacy questionnaire, 26/32; 81% of pharmacies indicated they deliver dispensed medicines free of charge. Some pharmacies indicated charging for this service. The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those requiring end of life care or urgent medicines. In some cases, deliveries had to be restricted to these groups due to the limited resources available to provide this service.

7.3 Local Enhanced services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England and NHS Improvement.

7.3.1 Covid vaccine administration (Local Enhanced Service)

Alongside vaccination centres and hospitals, Primary Care Networks, (PCN) over 600 community pharmacy sites in England supported the vaccination of patients and health and care workers against coronavirus. Through their strong relationships in local places and neighbourhoods, community pharmacies helped to tackle vaccine inequalities and improve vaccination take-up.

Delivery of this service was as a Local Enhanced Service and required the pharmacists to submit an expression of Interest application in order to become a designated site for this service delivery.

Information from NHSE January 2022, indicated that 5 pharmacies in Sunderland were providers of this enhanced services (1 in each of the Sunderland East, North and Washington localities, 2 in Sunderland West and none in the Coalfields area).

3 of the Pharmacies completing the questionnaire indicated that they currently provide the covid vaccine administration service with a further 16 willing to provide this service if commissioned to do so.

8 Sunderland Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by local authorities and clinical commissioning groups (CCGs) and local NHS England teams. As noted in the definition of enhanced services, they are not classified as enhanced services because they are not commissioned by NHS England and NHS Improvement.

It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards. These will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Health and Wellbeing Boards should therefore be aware that some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

It is important to note that during the time of this PNA, commissioning of new services by the Integrated Care System (ICS) have commenced and are included in this report.

In Sunderland, pharmacy services are currently commissioned locally by the Council's Public Health Team, Sunderland CCG, the ICS and the local NHS England and NHS Improvements (NHSEI) team.

8.1 Sunderland CCG Locally Commissioned services

At the time of preparing this PNA, Sunderland CCG commissioned the following services with Community pharmacy services:

- Emergency Supply of Palliative Care Medicines;
- Fidaxomicin Supply.

Previously Sunderland CCG commissioned a Minor Ailments scheme, however, this service was decommissioned on 29th April 2018.

A position statement⁽⁴⁷⁾ was published stating that Sunderland Clinical Commissioning Group (SCCG) supported the recommendations in the NHS England guidance for CCGs that over the counter items should not routinely be prescribed in primary care. Painkillers available over the counter such as Paracetamol, NSAIDs (oral and topical)

and Co-Codamol, were not to be prescribed for short-term use and where short-term need was identified for these items GPs should proactively recommend purchasing at a pharmacy. However, they could be prescribed for long-term conditions.

More recently, the "Think Pharmacy First" programme has been commissioned by the ICS across the Region which will further promote community pharmacy services as the first point of contact for advice and treatment of minor ailments (see ICS commissioned services section below).

8.1.1 Emergency supply of palliative care medicines

The following community pharmacies (including the four 100 hour pharmacies) hold stock of specialist medicines which may be prescribed for patients at the end of life or for palliative care:

- ASDA Pharmacy, Grangetown, SR2 9TT (Sunderland East);
- Million Pharmacy, Millfield, SR4 7XA (Sunderland East);
- Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North);
- Lloyds Pharmacy, Riverside Road, Southwick, SR5 3JG (Sunderland North);
- Lloyds Pharmacy, Silksworth, SR3 1PD (Sunderland West);
- ASDA Pharmacy, Galleries Shopping Centre, NE38 7NF (Washington).

Sunderland CCG continues to commission an on-call pharmacist service to provide access to an agreed list of palliative care medicines out-of-hours. The service is well integrated into the palliative care nursing and GP out-of-hours services and provides a mechanism for healthcare professionals to contact an on-call pharmacist via an agreed phone number. Following contact, the pharmacist will arrange for a pharmacy to be opened in order for the medicines to be dispensed. The pharmacist can also arrange for medicines to be delivered if the patient or carer cannot attend the pharmacy to collect the medicines.

In the 12 month time period from September 2020 to August 2021 there were 80 call outs for emergency supply of palliative care medicines in Sunderland using this service.

8.1.2 Fidaxomicin Supply

The purpose of this service is for a community pharmacy to stock and supply fidaxomicin or vancomycin (antibiotics), as identified following clinical assessment, for the treatment of Clostridium difficile infection in primary care.

The clinical assessment is undertaken by healthcare professionals including GP practices, on-call out of hours service provider for GP practices, District and Community Nursing, A&E departments, NHS 111 and Integrated care teams who are aware of participating community pharmacies to enable patients to be signposted prescribed medicines to be supplied.

The service aims to support the supply and delivery of fidaxomicin or vancomycin for incidents of Clostridium difficile and help prevent emergency hospital admissions.

For the 12 month time period between September 2020 and August 2021, 2 supplies of fidaxomicin had been issued from Boots at The Bridges.

Only one of the respondents in the PNA the pharmacy questionnaire indicated that they provide this service.

8.1.3 Other CCG initiatives

In addition to the CCG Community pharmacy commissioned services, there are other health care initiatives that Sunderland CCG have introduced that could impact on community pharmacy services

8.1.3.1 Anti-coagulants (INR) service

Anticoagulant medicines are commonly prescribed for people who have had a condition caused by blood clots or who are at risk of developing a blood clot such as Deep vein thrombosis, pulmonary embolism, atrial fibrillation and high or moderate risk of stroke. Anyone taking anticoagulant medicines will need to be monitored closely to check that they are on the correct dose and not at risk of excessive bleeding. The most common test for this is the international normalisation ratio (INR).

Sunderland CCG has set up a community-based initiation, stabilisation, monitoring and dosing 'One Stop Shop' anticoagulant therapy service for non-complex patients aged 16 years and over. The aim of the service is to ensure patients receive anticoagulation therapy initiation and monitoring promptly, in line with all relevant clinical guidelines.

Although not technically a CCG commissioned service with community pharmacies, this service is provided by a range of providers and companies in the Sunderland area including one community pharmacy service.

In response to the pharmacy questionnaire, 14 pharmacies indicated that they would be willing to provide if this was a commissioned service.

8.1.3.2 Cellulitis Pathway Medicines

This is not a service provided by community pharmacies but is provided by GPs referring patients to the 'Recovery at Home' service and could have an indirect effect on the demand for community pharmacy services.

8.1.3.3 Deep Vein Thrombosis Medication

This is not a service provided by community pharmacies but is provided by GPs referring patients to the 'Recovery at Home' service and could have an indirect effect on the demand for community pharmacy services.

8.1.3.4 Long Term Pain Management

The term chronic pain refers to a continuous pain that persists beyond the expected time of healing or for longer than 3 months excluding cancer related pain and pain experienced at the end of life care. Opioids are increasingly being prescribed to manage chronic pain; however, the clinical evidence shows limited effectiveness and there are patient safety concerns due to the risks associated with long-term use of opioids. Opioid prescribing in general practice is higher in the North of England when compared to other areas of the UK. Sunderland CCG is included in the national outliers in terms of the level of opioid prescribing. Sunderland CCG advises GP prescribers to achieve a reduction in prescribing for Opioids ⁽⁴⁸⁾ and also to reduce prescribing of gabapentinoids.

If a patient has chronic pain, they would not be advised to purchase these medicines but may be prescribed a smaller amount which would be reviewed. However, if during the process of reduction, it is found that a patient has intermittent pain which is manageable using medicines that are available over the counter on a 'when required basis', then the patient may be advised to seek these from a pharmacy. However, leading up to that point the GP practice will provide all necessary prescriptions and advice to facilitate the reduction process.

This is not a change of service for community pharmacies, but they may note a change in prescribing or increased referrals for over the counter medicines from local prescribers.

8.2 Sunderland City Council Public Health Commissioned Services

As part of its range of public health interventions Sunderland City Council currently commissions the following services from community pharmacies:

- Intermediate stop smoking services;
- Dispensing services for smoking cessation products such as nicotine replacement and varenicline;
- Supervised consumption of opiate substitutes;
- Harm Reduction, including needle exchange;
- Emergency hormonal contraception and C-card registration/supply;
- Healthy Start Vitamins

Table 10: provision of local authority commissioned locally commissioned services, by locality from 1st February 2022

	Intermediate stop smoking services	NRT/Varenicline Voucher Scheme	Supervised consumption	Harm Reduction/Needle exchange	Emergency hormonal contraception and C-card registration/supply	Healthy Start Vitamins
Coalfields	9	9	7	1	5	5
East	7	8	7	2	6	7
North	7	11	11	2	6	6
West	12	9	9	2	9	8
Washington	4	7	8	1	6	2
SUNDERLAND	39	49	42	8	32	28

Data Source ⁽⁴²⁾

8.2.1 Stop smoking services (intermediate advisors)

Stop Smoking services make a significant contribution to tackling health inequalities, reducing premature mortality, and increasing life expectancy by supporting smokers to give up smoking. Locally, the numbers of smokers achieving a successful 4-week quit is monitored as an interim outcome towards reducing the prevalence of smoking within the population.

Intermediate stop smoking services are delivered in Sunderland via a range of providers across community pharmacies, GP practices, community and voluntary sector organisations and the independent sector. These follow an evidence-based model of service which is supported by the local Specialist Stop Smoking Service and the Council.

The aim of these services is to provide their clients with access to stop smoking advice and pharmacological support as appropriate and in convenient locations. Intermediate stop smoking advisors are also able to provide vouchers of recommendation for nicotine replacement therapy or varenicline directly to the patient. Products can then be dispensed at a participating pharmacy (see 8.2.2).

Unfortunately, due to supply issues during 2021/22, varenicline has been largely unavailable.

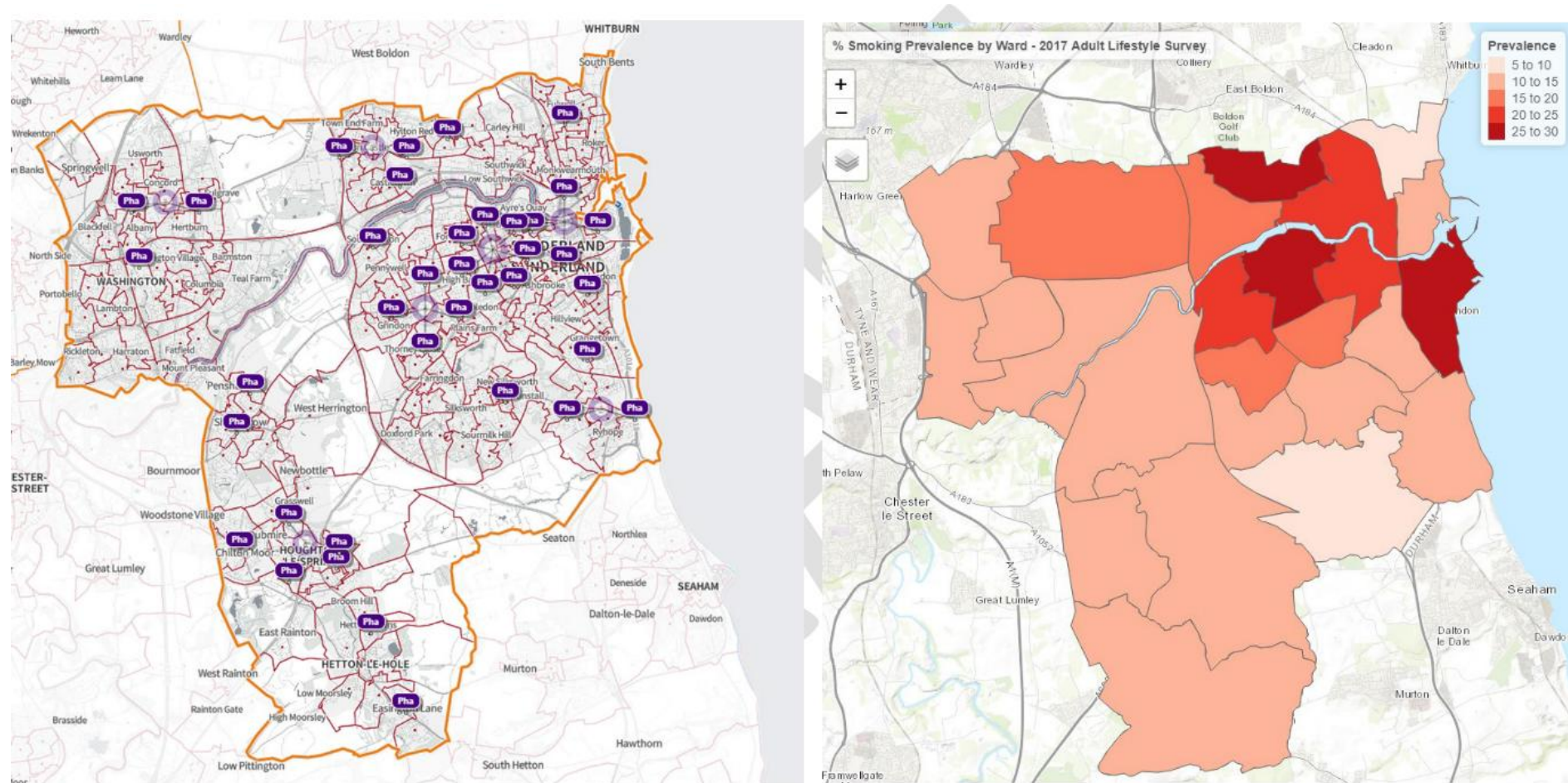
Community pharmacies continue to make a valuable contribution to the reduction in the number of smokers across Sunderland with 39 of the 60 community pharmacies

providing the intermediate stop smoking service alongside the and other forms of provision. During 2020/21, 1030 smokers in Sunderland accessed intermediate stop smoking services. This resulted in 556 successful quits. Community pharmacies supported 222 (22.6%) of these quit attempts and achieved 136 (61.3%) successful quits ⁽⁴⁹⁾.

Figure 16 shows the location of stop smoking services across the city, compared to the prevalence of smoking amongst adults aged 18 years and over. This shows that there is a good distribution and sufficient provision of stop smoking services in or near to areas with the highest prevalence of adult smoking.

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Figure 16: Location of Stop smoking service providers compared to adult smoking prevalence



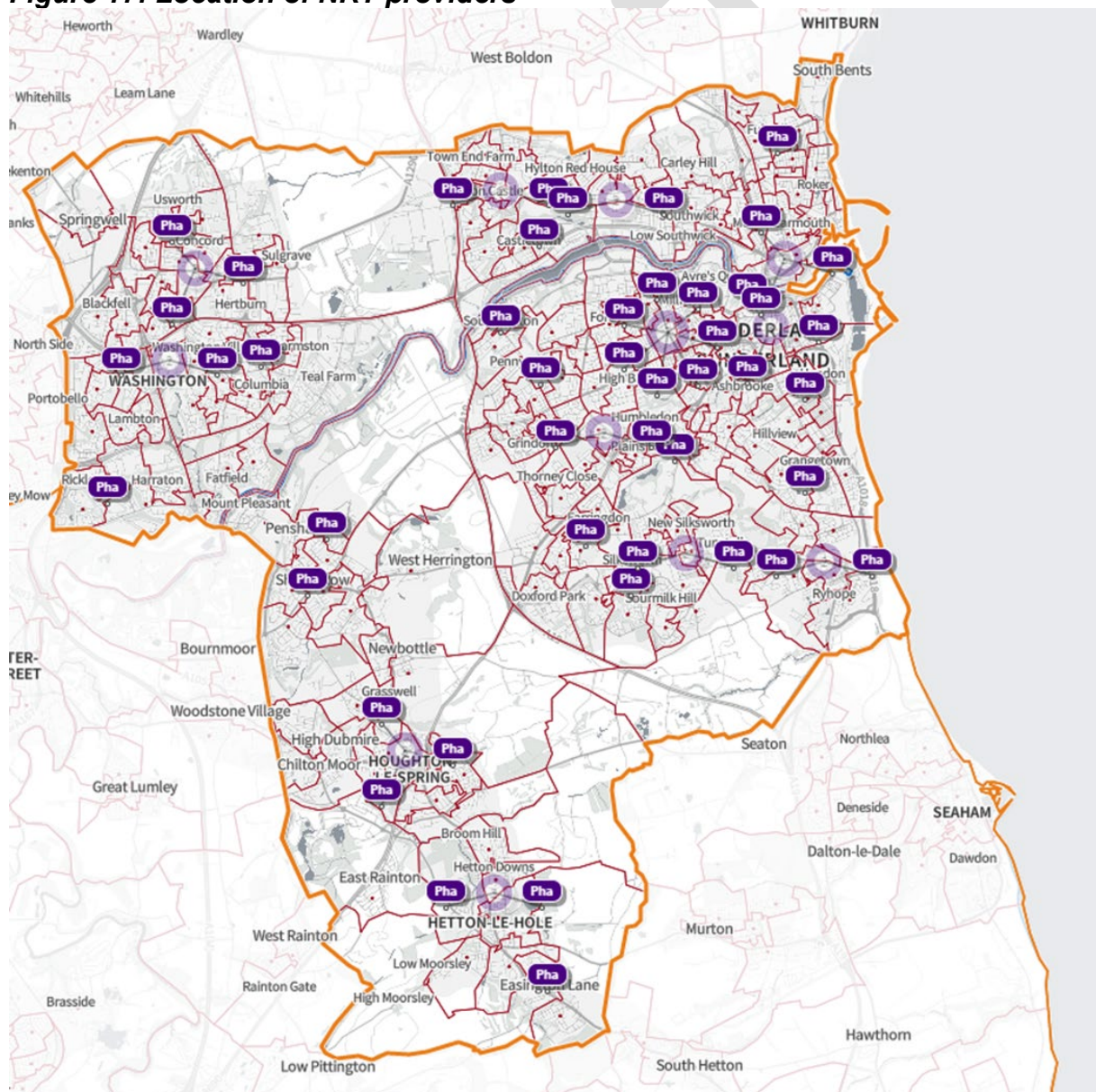
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8.2.2 Nicotine replacement therapy (NRT) and varenicline vouchers (dispensing)

Community pharmacists can dispense NRT and varenicline vouchers of recommendation provided by any intermediate stop smoking advisor or the Specialist Stop Smoking Service in Sunderland. The clinical responsibility for issuing the product and the final choice rests with the pharmacist.

The aim of this service is to complement other local stop smoking services and improve access to and choice of pharmacological stop smoking aids. 49 out of 60 pharmacies participated in the voucher schemes during 2020/21. Vouchers are provided to participating intermediate stop smoking providers via the local Specialist Stop Smoking Service.

Figure 17: Location of NRT providers



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8.2.3 Supervised consumption of opioid substitutes

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive', which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or Buprenorphine) for dependent drug users. To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacist supervises the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

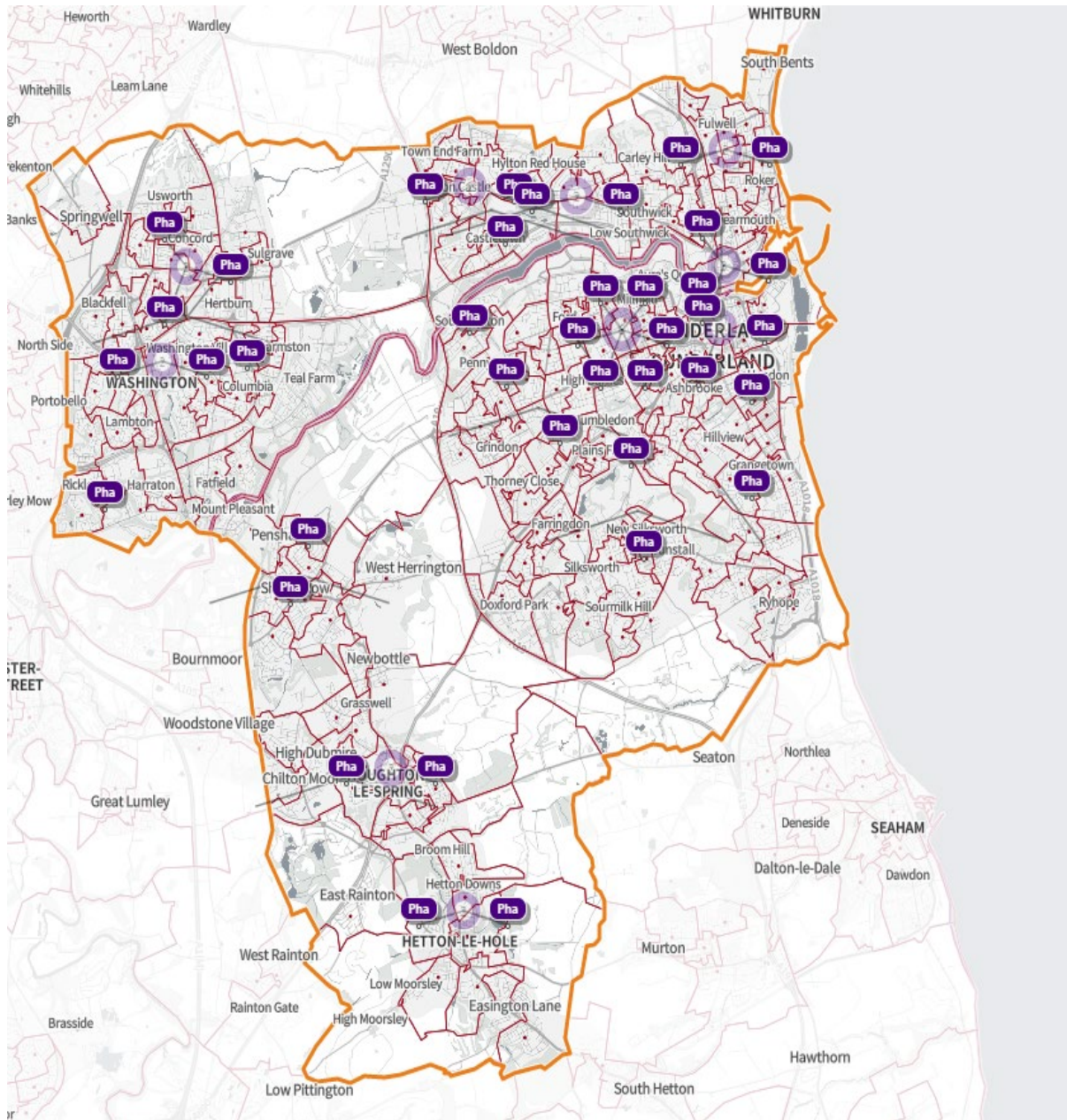
Recently, Buvidal has been introduced to the range of available opioid substitutes. It is a long-acting product that is administered sub-dermally and therefore removes the need for supervised consumption.

Within Sunderland, 42 of the 60 local community pharmacies and one community pharmacy within County Durham provided the supervised administration service during 2021/22. This includes provision in all five Sunderland localities.

During 2020/21, 1,283 registered service users made use of the service. 60.3% of instances of supervision were for prescribed methadone and 39.6% for prescribed buprenorphine. This generated between 1,500 and 2,000 interactions per month.

The most commonly used community pharmacy for supervised consumption in 2020/21 was McCarthy's Pharmacy in Hendon (2,237 interactions), followed by Blue House Pharmacy in Concord (1,783 interactions) and Boots Pharmacy in Park Lane in the centre of Sunderland (1,445 interactions). A small number of Sunderland residents make use of community pharmacies in County Durham to access this service.

Figure 18 – Supervised Consumption Pharmacies



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8.2.4 Harm Reduction / Needle exchange scheme

The aim of the harm reduction and needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment.

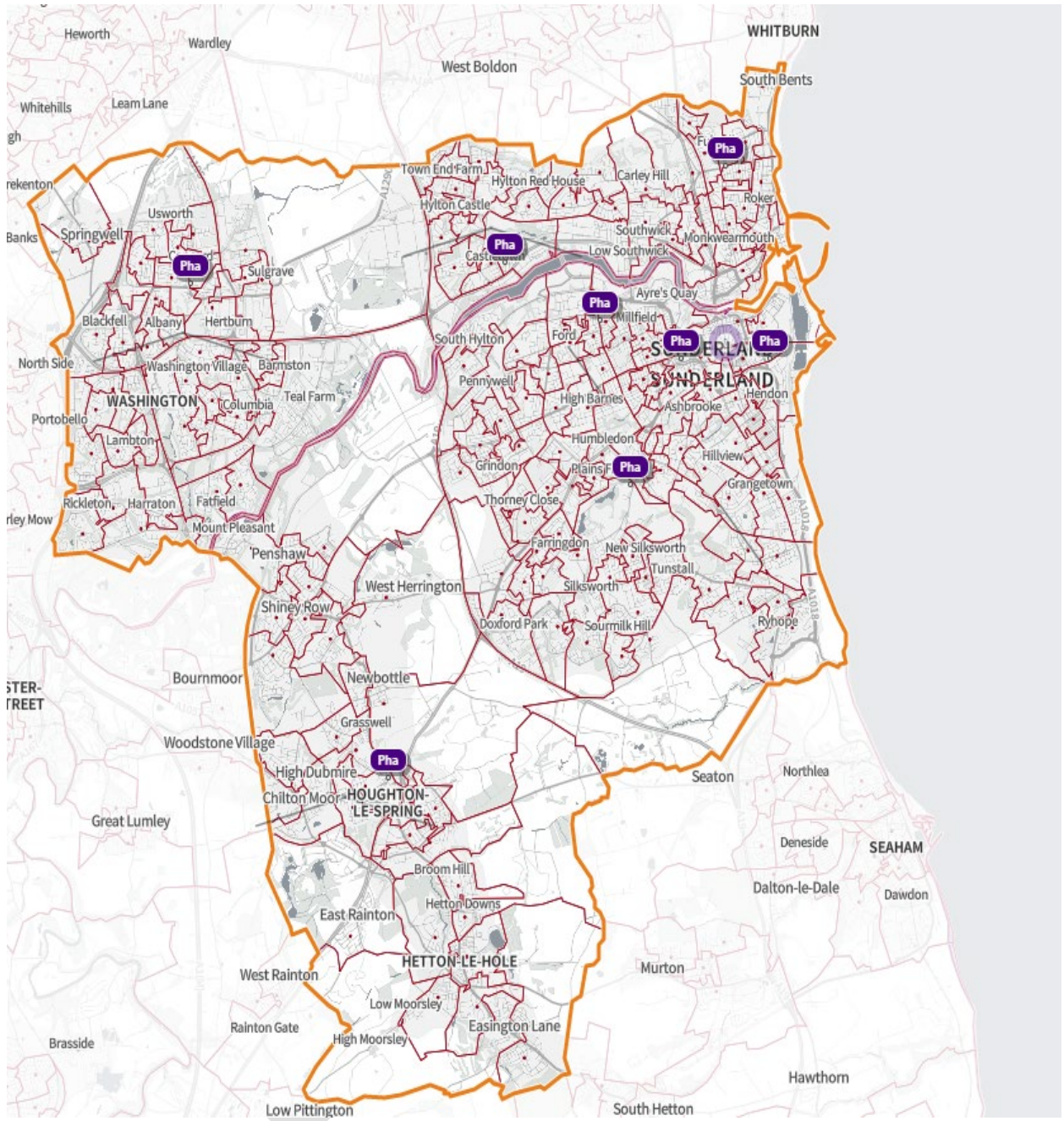
Service providers enable access to equipment, provide advice and information on its safe disposal, and distribute appropriate literature advising on harm reduction, safer sex and local services. Service users are encouraged to return used material in exchange for clean equipment.

The service is coordinated by the integrated substance misuse and harm reduction service (Wear Recovery) via 8 community pharmacies.

Current providers of the service are as follows:

- Frank Jones Chemist Ltd (Hopes Pharmacy), Houghton-le-Spring, DH4 4AR (Coalfields);
- L Rowland Ltd, Pallion, SR4 6NQ (Sunderland West);
- Riverview Health Centre Pharmacy, SR1 2HJ (Sunderland East);
- Lloyds Pharmacy, Fulwell, SR6 9BX (Sunderland North);
- Lloyds Pharmacy, Concord, NE37 2PY (Washington);
- Lloyds Pharmacy, Silksworth, SR3 1PD (Sunderland West);
- Davy Pharmacy, Castletown, SR5 3BQ (Sunderland North);
- McCarthy's Pharmacy, Hendon, SR1 1PA (Sunderland East).

Figure 19: Needle Exchange Pharmacies



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8.2.5 Emergency Hormonal Contraception (EHC)

Sunderland continues to have high rates of unintended pregnancy, particularly within those under the age of 18⁽⁵⁰⁾. Though teenage conceptions in the locality have decreased in recent years, they remain higher than other areas of the country. Easy and equitable access to emergency hormonal contraception is an important element of the local strategy to reduce teenage conceptions.

Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The service aims to improve access to emergency hormonal contraception by providing it free of charge to females aged 13 years and over in community pharmacies in Sunderland. It also helps to increase the knowledge of emergency contraception and its use, especially among young people. Whilst emergency hormonal contraception is available to purchase without prescription at community pharmacies, the retail cost means that it may be unaffordable for many in greatest need. Also, as the product is not licensed for use in for women aged under 16 years, it would not be possible for those in this age group to buy it over the counter.

Pharmacists who provide the service are specifically trained to assess the patient's suitability for emergency hormonal contraception and provide the medication under a Patient Group Direction. The patient will also be provided with support and advice and can be referred to specialist services if appropriate.

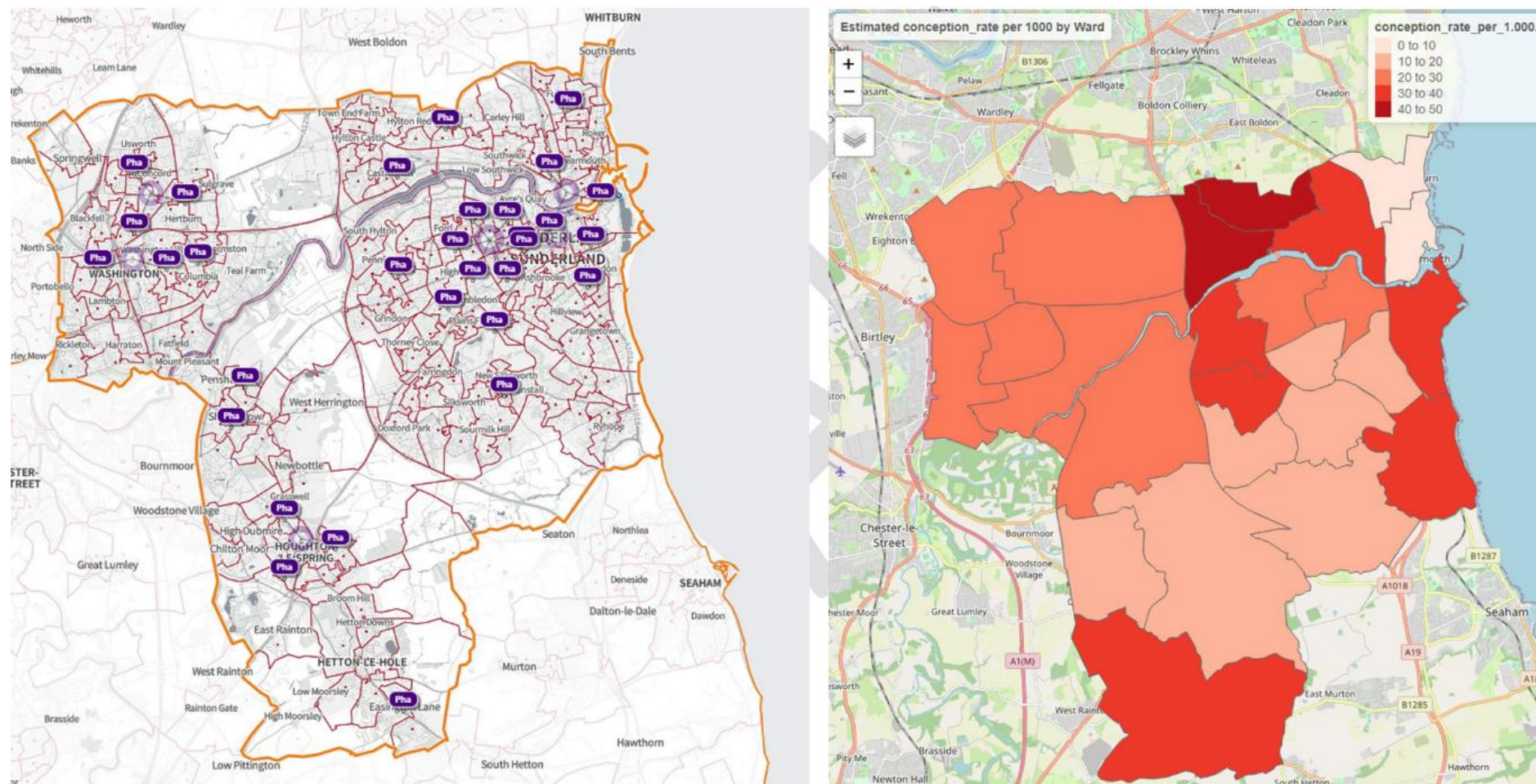
During 2021, the service has been supplemented by enabling participating community pharmacies to provide free condoms to young people who are eligible for the local "C Card" scheme. This is coordinated and supported by the local specialist sexual health service.

Within Sunderland, 32 out of 60 community pharmacies are providing emergency hormonal contraception under this scheme. This includes provision in all five Sunderland localities, including pharmacies which provide evening and weekend open hours.

Figure 26 shows the pattern of provision of emergency hormonal contraception compared to teenage conception rates. This shows that there is provision in or near to areas where teenage conception rates are high. The current coverage from the community pharmacies offers both accessibility and choice.

In total, during 2020/21 the service provided 1,234 interactions; of these 63% related to unprotected sex, 27% to condom failure, and 9% to a missed pill. Previous use of emergency contraception was reported for 61% of the interactions. Around half of the interactions were at community pharmacies at The Bridges, Park Lane and The Galleries, though activity also took place on a smaller scale via pharmacies in all localities of Sunderland.

Figure 20: Provision of emergency hormonal contraceptives compared to under 18 conception rates



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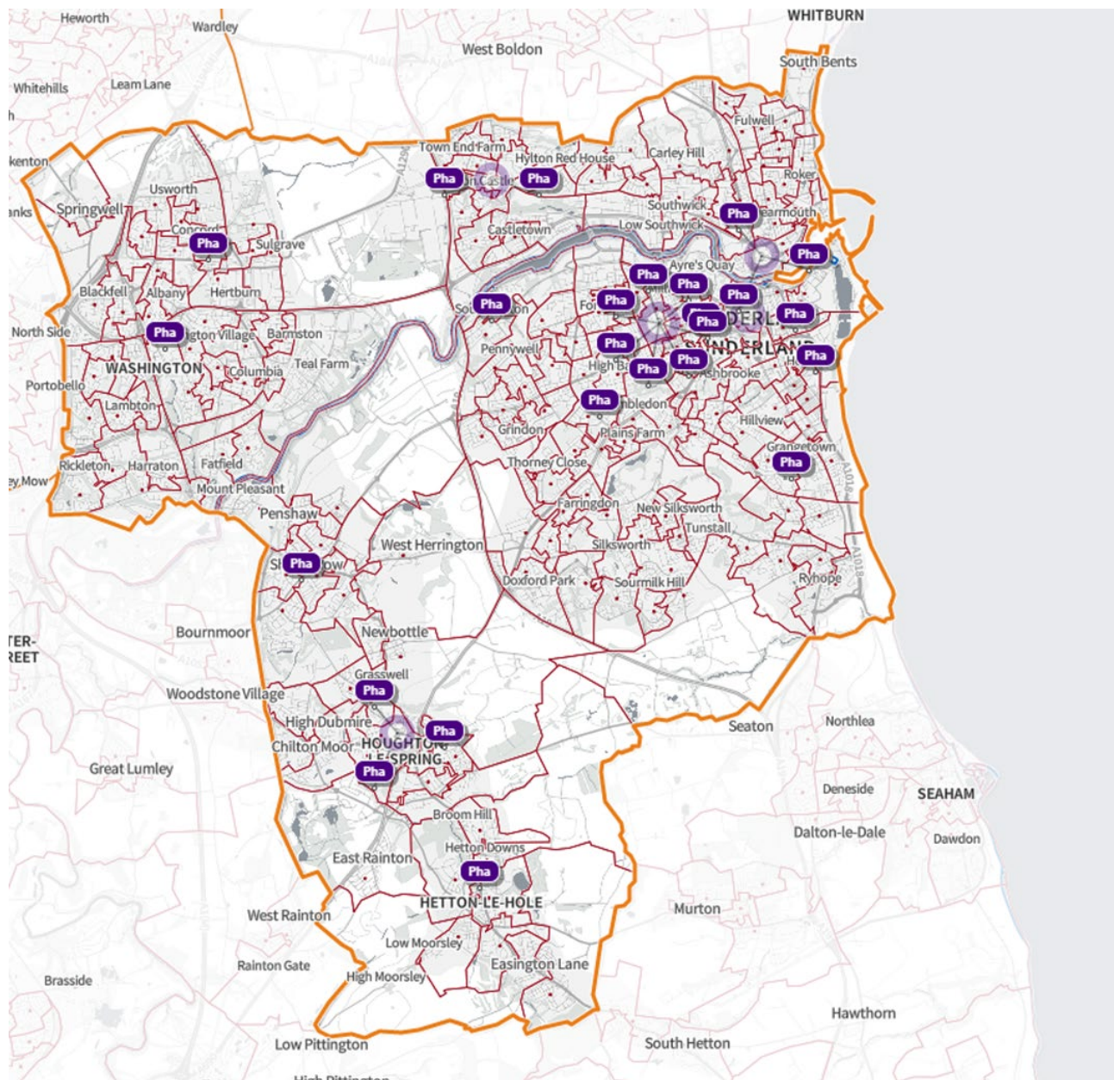
8.2.6 Healthy Start Vitamins

Healthy Start is a statutory UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low incomes. One element of the scheme is the availability of vitamin supplements for eligible women who are pregnant or who have a baby aged under 1 year (containing folic acid and vitamins C and D) and for children aged from six months to four years (containing the recommended amounts of vitamins A, C and D).

In Sunderland, provision of Healthy Start Vitamins is enabled via community pharmacies, with 28 of 60 local providers registered to take part. The Service aims to establish a clear and accessible pathway for the supply of Healthy Start Vitamins for those eligible for Healthy Start Vouchers. Community pharmacies also make Healthy Start Vitamins available on general sale for those who are not eligible to access them for free but, may benefit from them. The service runs alongside a range of targeted forms of provision and promotion, such as via the local health visiting service or within Children's Centres.

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Figure 21: Healthy Start Vitamins Pharmacy



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8.2.7 Sunderland Council Commissioned Services Summary

The current range of services commissioned by Sunderland City Council has been in place since late 2017. A range of improvements and enhancements have been made to it in subsequent years, including the provision of varenicline as well as the C Card scheme. These services remain a popular and accessible way for local residents to access interventions to protect and improve their health and the Council continues to develop its approach to offering services via community pharmacies.

8.3 North East and North Cumbria Integrated Care System (NENC ICS) Commissioned Services

In addition to the commissioned services described in this and previous PNAs, Community pharmacy services have recently been funded by the North East and North Cumbria Integrated Care System (NENC ICS) to support patients and the NHS over the winter period (2021/22). The local NHS England team and CCGs have supported commissioning of the services and has used Winter Access Funding (WAF) to support these services.

The services are:

- Walk-in CPCS emergency medicine supply
- Region Wide Think Pharmacy First Minor Ailment Service
- Urinary Tract infection (UTI) PGD service.

The first two services have commenced in December 2021 with the expectation that the UTI PGD service likely to follow early in the new year.

8.3.1 Walk-in CPCS Emergency Medicine Supply

This service is identical to the advanced service already in operation, but patients do not require a referral from NHS 111, thus reducing pressure on NHS 111.

Any patient presenting at the pharmacy for an emergency supply of repeat medicines who is unable to obtain a prescription in a timely manner, in line with the service specification, can be provided with their medication at NHS expenses.

8.3.2 Think Pharmacy First Minor Ailment Service

This service had been delivered in some of the Areas within the North East Region previously. This service has now been commissioned in the Sunderland area and is aimed at the supply of medicines made to patients who would not normally make an over-the-counter purchase. For example, patients who would go to their GP, Urgent Treatment Centre or Accident & Emergency to receive medication or a prescription because they are exempt from the prescription charges.

8.3.3 Urinary Tract Infection (UTI) PGD Service

This service will allow pharmacists to provide a three-day course of a specific antibiotic (nitrofurantoin) used to treat UTIs to women who meet specific inclusion criteria defined in the Patient Group Direction (PGD – used to enable a prescription only medicine to be supplied by specific, trained staff [pharmacists in this case] without a prescription), thus enabling them to treat more women without having to refer them to their GP for treatment.

At the time of the PNA review - this service had yet to be initiated but recruitment had commenced for the launch of the pilot service across community pharmacies in the North East and North Cumbria.

8.4 Non-Commissioned Services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, the CCG or NHS England. These services may not be aligned with the strategic priorities of the CCG or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the Pharmacist PNA questionnaire included:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems

It is worth noting that patients are often surprised to find that these are not NHS services.

8.5 Collection and Delivery Services

In the Pharmacy questionnaire, almost all (27/32; 84%) pharmacies collect prescriptions from surgeries although generally this will be significantly less than in previous PNAs with the implementation of electronic prescribing across Primary care.

With the recent exception of the Local Enhanced Medicine Delivery Service, which was established in response to the Covid Pandemic, delivery of medicines is not currently a commissioned service provided by pharmacies. However, 80% of pharmacies responding to the survey indicated that they delivered dispensed medicines free of charge, with 20% indicating that they may charge for this service.

The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those requiring end of life

care or urgent medicines. In some cases, pharmacies stated that deliveries had to be restricted to these groups due to the limited resources available to provide this service.

In terms of customers, responses regarding delivery of medicines indicated:

"that the pharmacies could delivery slots available for disabled people"

"not to make assumptions about people having access to vehicles, to collect your own meds although you have requested delivery"

"Find the home delivery service extremely helpful due ill health and age. Thank you"

29% of respondents identified that the pharmacy delivery process had been included in the changes to the way in which they use pharmacy services since the Covid Pandemic. It is unclear from the information whether these changes were short term i.e. during isolation periods or a more permanent change to accessing pharmacy supplies.

Two of the services which customers find extremely useful are the prescription collection from the surgery and home delivery services.

8.6 Monitored Dosage Systems

Pharmacies are expected to make suitable arrangements or "reasonable adjustment" for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67⁽⁴⁹⁾ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that "use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out".

All of the pharmacies responding in the survey were found to provide medicines in MDS, sometimes free of charge (84%) or chargeable (16%).

At the time of renewing the PNA, work is ongoing to establish the use of a Reasonable Adjustment Flag (RAF) feature in the NHS electronic prescribing system to enable information to be input to help enable health and care professionals to record, share and view patients' key potential reasonable adjustments or more often related

considerations across the NHS; enabling staff and services to carry out their duty to provide assessments or adjustments when relevant criteria may be fulfilled.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

9 Current and Future Pharmacist Role

Sunderland HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

The addition of the discharge medicine service and the essential services provided by community pharmacy and the advance services such as the Community Pharmacy Consultation Service, New Medicine Service and the Hypertension Case Finding service will further enhance the role of community pharmacy as being integral to the support of good medicine practice in the community.

Sunderland City Council's public health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the Sunderland health system. It is essential that community pharmacy continues to be recognised and supported to support the health needs of the population of Sunderland and that the people of Sunderland are aware of and fully utilise the services available from their Community Pharmacy services.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff and this has been further exacerbated by the demand for, and recruitment of, community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of Response to the Public Survey

An online survey was produced to enable people living in Sunderland to feed their views in to the PNA. 152 people responded to the survey and the full results of the survey can be found in appendix 5. 97% of respondents used pharmacies and of these 86% indicated they accessed a high street community pharmacy, with 10% accessing a supermarket pharmacy. Only 2% used on-line pharmacy services.

92% of respondents used Sunderland based community pharmacies and 94% of people used the same pharmacy all or most of the time, with location and opening hours being key factors in the choice of pharmacy. Generally, weekdays appeared to be more convenient to visit the pharmacy in comparison to Saturdays or Sundays. However, this may reflect the pharmacy opening hours and therefore availability of services. 48% reported using a car or taxi to get to the pharmacy, with 38% travelling on foot. 9% of respondents had their medicines delivered or collected by someone else.

The majority of respondents (86%) primarily used the pharmacy to collect dispensed medicines, with 71% using them to buy over-the-counter products. 48% of respondents had received advice from a pharmacy, 48% had used a pharmacy to collect covid testing kits and 37% used them to dispose of unwanted medicines.

In terms of ease of access to pharmacies as described, generally, people indicated that travel by foot, car or public transport was easy. Responses regarding access for disabilities indicated that respondents thought that there was adequate wheelchair access and parking facilities although 10% of people felt that provision was not adequate regarding wheelchair access and 22% regarding parking.

Most people were not aware whether the pharmacy could support patients with information in different languages or interpretation facilities.

The majority of respondents (76%) indicated that they had not changed the way they access their pharmacy services since the Covid pandemic. Of the 24% that indicated there had been changes, they described the main change as being that prescriptions are now issued electronically, the pharmacy delivering medicines and them phoning the pharmacy for advice rather than visiting in person.

10.1.2 Overview of Response to Pharmaceutical Service Providers Survey

A survey was made available via the PharmOutcomes system and circulated to all pharmacies in Sunderland, with support from the Local Pharmaceutical Committee. The full survey results can be found in Appendix 3

50% (32) of the pharmacies responded (28 40 hour pharmacies, 3 100 hour pharmacies and 1 distance selling pharmacy). With the exception of the distance

selling pharmacy, all pharmacies offered a consultation area within a closed area/room, and 27 of these included wheelchair access. 78% had handwashing facilities either in or close by to the consultation area. 78.1% of respondents dispensed all types of appliances.

Almost all of the pharmacies responding provided the new medicines service and the community pharmacy consultation service. 90% provided an influenza vaccination service, and the majority distributed lateral flow tests and provided the Pharmacy Pandemic Delivery Service of medicines to vulnerable people. However very few of the pharmacies responding provide a stoma appliance customisation service and none provided an appliance review service. More than half of respondents indicated their intention to engage with new services (the hypertension case finding service and the stop smoking advance service).

There was some variation in the provision of locally commissioned services, however it is important to note that only 50% of the community pharmacy contractors completed the questionnaire and that not all responses provided information regarding all the additional services. Therefore, although this information provides a useful insight, it does not reflect the full service delivery across the area.

84% of pharmacies stated that they collect prescriptions from surgeries and 81% deliver dispensed medicines free of charge (with some others charging for this service). The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those requiring end of life care or urgent medicines. In some cases, deliveries had to be restricted to these groups due to the limited resources available to provide this service.

Some pharmacies felt there was need for further locally commissioned services, including Covid boosters, diabetes type 2 glucose monitoring and support, blood cholesterol monitoring, funded provision of monitored dosage systems and a minor ailments scheme.

10.2 Formal consultation

The formal consultation on the draft PNA for Sunderland ran from 21st March 2022 to 22nd May 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

A total of 8 responses were received from community pharmacy providers, individual residents of Sunderland, NHSEI and Sunderland LPC. In addition, comments regarding the draft PNA raised at Sunderland Council Health and Wellbeing Scrutiny Committee were included as part of the consultation response.

In general, the consultation draft Pharmaceutical Needs Assessment 2022 was well received and supported with feedback which was generally positive. As a result of the consultation process a number of amendments were incorporated into the final PNA document with the agreement of the PNA Steering Group.

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 7.

11 Summary of Findings

There are 60 community pharmacy services in Sunderland, being delivered by 56 standard contract (40 hour) pharmacies and 4 100 hour pharmacies, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation, which patients can visit in person. In addition, there are 3 distance selling pharmacies and 3 appliance contractors. There are no dispensing doctors' services in Sunderland.

Residents of Sunderland have good access to community pharmacies, having a greater number of pharmacies per 100,000 population than the England average. Sunderland East is particularly well served which allows for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it benefits from two 100 hour pharmacies.

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies, often located in shopping centres or supermarkets are open for significantly longer. These pharmacies, along with the four 100 hour pharmacies provide extended and out of hours cover for pharmaceutical services across the city being open in weekday evenings and both Saturdays and Sundays. In total, 38 pharmacies open on Saturday mornings, with 15 remaining open on Saturday afternoons and evenings and 9 pharmacies open on Sundays, responding to the needs of the local population. Most localities have access to pharmacies in the evenings, with Sunderland West having less access on Sundays and no pharmacies being open in the weekday evenings or Saturday afternoons or any time on Sundays in the Coalfields area.

Since the 2018 PNA, two 40 hour pharmacies and one 100 hour pharmacy have closed in the Sunderland area and. One distance selling pharmacy has opened. However, there continues to be adequate pharmacy provision across the area and this does not require additional pharmacy provision through market entry.

A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In addition, it is hoped that the new advanced services such as the NHS Community Pharmacist Consultation Service and the Hypertension case-finding service will be well supported by the community pharmacy providers in the Sunderland area.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies, emergency supply of palliative care medicines, intermediate stop smoking services, dispensing service for smoking cessation products, supervised consumption of opiate substitutes, needle exchange, emergency hormonal contraception and the Healthy Start Vitamin scheme. In addition, new services including the Think Pharmacy First minor ailment service

which is aimed at the supply of medicines made to patients who would not normally make an over-the-counter purchase.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Sunderland is adequate and meets identified health needs. For some services, access and equity of provision could be improved and other community pharmacies would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the Healthy City Plan (Joint Health & Wellbeing Strategy) and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the CCG or the council, they may be fulfilling a customer generated demand.

Sunderland Health and Wellbeing Board also wish to acknowledge the contribution that Community pharmacy services have made to the recent Covid Pandemic response. The majority of pharmacies in Sunderland provided support to the local community both in terms of maintaining essential medicine services and also in the delivery of medicines to those unable to leave their homes, supplying Lateral Flow Device testing kits and in the support and administration of the covid vaccination programme.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

Since the last Sunderland PNA there have been a number of changes to the Sunderland Health System, in particular with the development of the Primary Care networks and the integrated care system. These developments have included development of the pharmacist role in the healthcare system and is it important to ensure that community pharmacy continues to integral to these developments. These changes seek to improve integration of services and provide increased hours of service. Medicine Optimisation approaches are and will continue to be used to effectively contribute to Sunderland's key health challenges.

The Sunderland economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in identification of gaps. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

12 Statement of Pharmaceutical Needs Assessment

After considering all the elements of the PNA, Sunderland Health and Wellbeing Board makes the following statement:

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report
- Sunderland has an adequate number of community pharmacies to meet the needs of patients who require essential services such as dispensed medicines.
- There is currently adequate provision of NHS pharmaceutical services across Sunderland. There is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and weekday evenings. Though these wider opening hours are not classified as part of essential services, their availability in the locality could improve access and choice for the local population. This does not highlight a specific need for additional community pharmacies in the Coalfields locality though access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Sunderland LPC and local pharmacies to review the potential of exploring an extended rota - should there be further evidence identifying specific need in this locality.
- The existing 100 hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.
- Loss of any of the 100 hour pharmacies could cause significant gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.
- In addition to the four 100 hour pharmacies, a number of other pharmacy services, located in Shopping Centres and supermarkets, provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Sunderland. Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the LPC and local community pharmacies in this process would allow for local solutions to be explored.
- The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development within the time period covered by this PNA, due to satisfactory cover from already existing pharmacies.
- A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. We would wish to encourage community pharmacies to make greater use of these advanced services and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services in particular regarding the CPCS and the discharge medicine service.
- There is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services. Other community pharmacies would be willing to provide these services if commissioned.
- With regard to locally commissioned services, the public health team should work with the CCG and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.

- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

DRAFT

Appendix 1 – GP Practice Addresses

Neighbourhoods/ Networks	Code	Practice Name	Address Line 1	Address Line 2	Address Line 3	Post Code
Coalfields	A89004	HETTON GROUP PRACTICE	Hetton Medical Centre	Franics Way	Hetton-Le-Hole	DH5 9EZ
	A89009	HERRINGTON MEDICAL CENTRE	Philadelphia Lane	Houghton-le-Spring	Tyne and Wear	DH4 4LE
	A89021	KEPIER MEDICAL PRACTICE	Leyburn Grove	Houghton-le-Spring	Tyne and Wear	DH4 5EQ
	A89023	HOUGHTON MEDICAL GROUP	Chruch Street	Houghton-le-Spring	Tyne and Wear	DH4 4DN
	A89028	GRANGEWOOD SURGERY	Chester Road	Shiney Row	Houghton-le-	DH4 4RB
	A89030	WESTBOURNE MEDICAL GROUP	Kelso Grove	Shiney Row	Houghton-le-	DH4 4RW
Sunderland East	A89001	DEERNESS PARK*	Deerness Park Medical Centre	Suffolk Street	Sunderland	SR2 8AD
	A89002	DR S M BHATE & DR H EL-SHAKANKERY	Riverview Health Centre	Borough Road	Sunderland	SR1 2HJ
	A89005	VILLETTE SURGERY	Suffolk Street	Hendon	Sunderland	SR2 8AX
	A89013	THE NEW CITY MEDICAL GROUP	Tatham Street	Sunderland	Tyne and Wear	SR1 2QB
	A89018	ASHBURN MEDICAL CENTRE	74-75 Toward Road	Sunderland	Tyne and Wear	SR2 8JG
	A89034	PARK LANE PRACTICE	1-6 City Green	Sunderland	Tyne and Wear	SR2 7BA
	A89035	SOUTHLANDS MEDICAL GROUP	Ryhope Health Centre	Black Road	Ryhope	SR2 0RX
Sunderland North	A89008	RED HOUSE MEDICAL CENTRE	127 Renfrew Road	Sunderland	Tyne and Wear	SR5 5PS
	A89015	FULWELL MEDICAL CENTRE	Ebdon Lane	Fulwell	Tyne and Wear	SR6 8DZ
	A89016	ST BEDE MEDICAL CENTRE	Lower Dundas Street	Sunderland	Tyne and Wear	SR6 0QQ
	A89019	BRIDGE VIEW MEDICAL GROUP	Southwick Health Centre	The Green	Tyne and Wear	SR5 2LT
	A89036	CASTLETOWN MEDICAL CENTRE	6 The Broadway	Castletown	Tyne and Wear	SR5 3EX
	A89040	DR GELLIA & DR BALARAMAN	Monkwearmouth Health	Dundas Street	Tyne and Wear	SR6 0AB
Sunderland West 1	A89006	WEARISIDE MEDICAL PRACTICE	Pallion Health Centre	Hylton Road	Tyne and Wear	SR4 7XF
	A89007	PALLION FAMILY PRACTICE	Pallion Health Centre	Hylton Road	Tyne and Wear	SR4 7XF
	A89017	MILLFIELD MEDICAL GROUP	Millfield Surgery	63-83 Hylton Road	Tyne and Wear	SR4 7AF
	A89020	FORGE MEDICAL PRACTICE	Pallion Park	Pallion	Tyne and Wear	SR4 6QE
	A89031	HYLTON MEDICAL GROUP	Hylton Road	Sunderland	Tyne and Wear	SR4 7ZF
	A89623	CHESTER SURGERY	215 Chester Road	Sunderland	Tyne and Wear	SR4 7TU
Sunderland West 2	A89011	VILLAGE SURGERY	Silksworth Health Centre	Silksworth	Tyne and Wear	SR3 2AN
	A89024	THE BROADWAY MEDICAL PRACTICE	Springwell Health Centre	Springwell Road	Tyne and Wear	SR3 4HG
	A89027	SPRINGWELL MEDICAL GROUP	Alderman Jack Cohen	Springwell Road H/	Tyne and Wear	SR3 4HG
	A89032	NEW SILKSWORTH MEDICAL PRACTICE	Silksworth Health Centre	Silksworth	Tyne and Wear	SR3 2AN
	A89041	HAPPY HOUSE SURGERY	Durham Road	Sunderland	Tyne and Wear	SR3 4BY
	A89614	SOUTH HYLTON SURGERY	2 Union Street	South Hylton	Tyne and Wear	SR4 0LS
Washington	A89010	DR STEPHENSON & PARTNERS	Victoria Road Health Centre	Concord	Washington	NE37 2PU
	A89012	GALLERIES MEDICAL PRACTICE	The Galleries Health Centre	Washington		NE38 7NQ
	A89022	CONCORD MEDICAL PRACTICE	The Health Centre	Victoria Road	Washington	NE37 2PU
	A89025	MONUMENT SURGERIE SUNDERLAND GP ALLIANCE MEDICAL PRACTICE*	The Galleries Health Centre	Washington		NE38 7NQ
	A89026	NEW WASHINGTON MEDICAL GROUP	The Health Centre	Victoria Road	Washington	NE37 2PU
	A89616	RICKLETON MEDICAL CENTRE	Office Row	Rickleton	Washington	NE38 9EH
	A89617	IJ HEALTHCARE (HARRATON SURGERY) *	3 Swiss Cottages	Vigo Lane	Washington	NE38 9AB

* Practice more than one site (Branch Surgery)

Appendix 2 – Membership of Steering Committee

Ben Seale, Public Health Lead (Chair), Sunderland City Council, Sunderland City Council

Sheila Rundle, Public Health Intelligence Analyst (Needs Assessment), Sunderland City Council

Geraint Morris / Mark Stephenson, Chief Officer, Sunderland LPC

Mukarrom Hussain, Community Pharmacist, Public Health Lead for Sunderland LPC

Andrew Brown, Medicines Optimisation Pharmacist, Sunderland CCG

Paul Weddle / Anna Gillingham, Healthwatch Board member, Healthwatch Sunderland

Louise Darby, Senior Communications Officer, Sunderland City Council

Jackie Nixon, Public Health Practitioner, Sunderland City Council

Linda Boshier / Ken Youngman, NHS England

Karen Holman, Business Support Officer, Sunderland City Council

Sue White, Medicine Optimisation Pharmacist, North of England Care Support Unit

Lisa Dodd, Senior Transformation and Programme Manager, North of England Care Support Unit

Donna Bradbury, Transformation and Delivery Manager, North of England Care Support Unit

Appendix 3 - Sunderland PNA: Survey of Pharmaceutical Service Providers

When We Consulted

Dates: 17 December 2021 – 31 January 2022

How We Consulted and Who Responded

A survey was built on-line using the PharmOutcomes website and circulated to all Sunderland pharmacies with support from the Local Pharmaceutical Committee Members on the PNA Steering Group.

32 (50%) of the 64 pharmacies in Sunderland responded to the survey.

Responses included representation from the following pharmacy contract type;

- 40 hour core contract services 28
- 100 hour contract 3
- Distant selling pharmacy 1

Survey Results

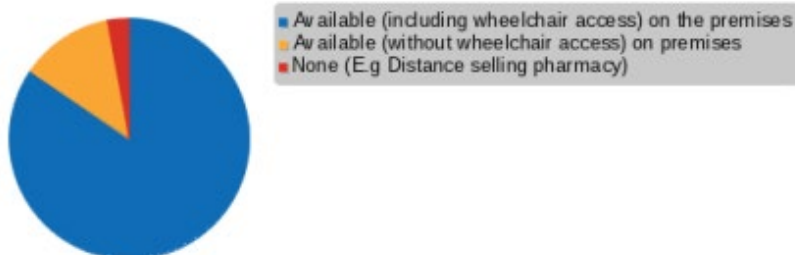
Consultation and facilities

Is there a consultation area?

Consultation Facilities

Analysis of Is there a consultation area?

On site consultation	Total
Available (including wheelchair access) on the premises	27 (84.4%)
Available (without wheelchair access) on premises	4 (12.5%)
Planned before 1st April 2023	0 (0%)
No consultation room available	0 (0%)
None, have submitted a request to NHSE&I that the premises are too small for a consultation room	0 (0%)
None, NHSE&I has approved my request that the premises are too small for a consultation room	0 (0%)
None (E.g Distance selling pharmacy)	1 (3.1%)
Other	0 (0%)



Consultation rooms must be clearly designated as a room for confidential conversations; distinct from the public areas of the pharmacy premises; and is a room where both the person

receiving the service and the person providing it can be seated together and communicate confidentially.

Most (27/32 - 84%) of the pharmacies responding to the survey indicated that they had a consultation area with wheelchair access on their premises.

A further 4(12.5%) responses indicated that there was a consultation area but not with wheelchair access.

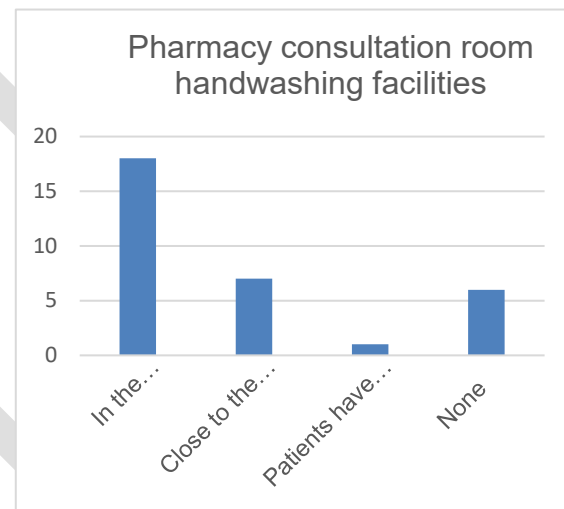
All responses indicated that the consultation areas were provided in a closed area/ room.

Note: distant selling pharmacies do not provide consultations on their premises as defined in their service provision.

In terms of consultation room hand washing facilities:

78% of pharmacies had handwashing facilities either in or close to the consultation area although 19% had no provision.

None of the pharmacies had current access to "off-site" consultation areas (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent to use) although almost half (47%) indicated that they would be willing to undertake consultations in patients home or other suitable sites.



Languages spoken (in addition to English)

The following languages spoken, in addition to English, were indicated as follows:

- Cantonese 1 store
- Urdu 1 store
- Punjabi 1 store
- Hindi 2 stores
- Gujarati 1 store
- Swahili 1 store
- Russian 1 store
- Lebanese 1 store

Services

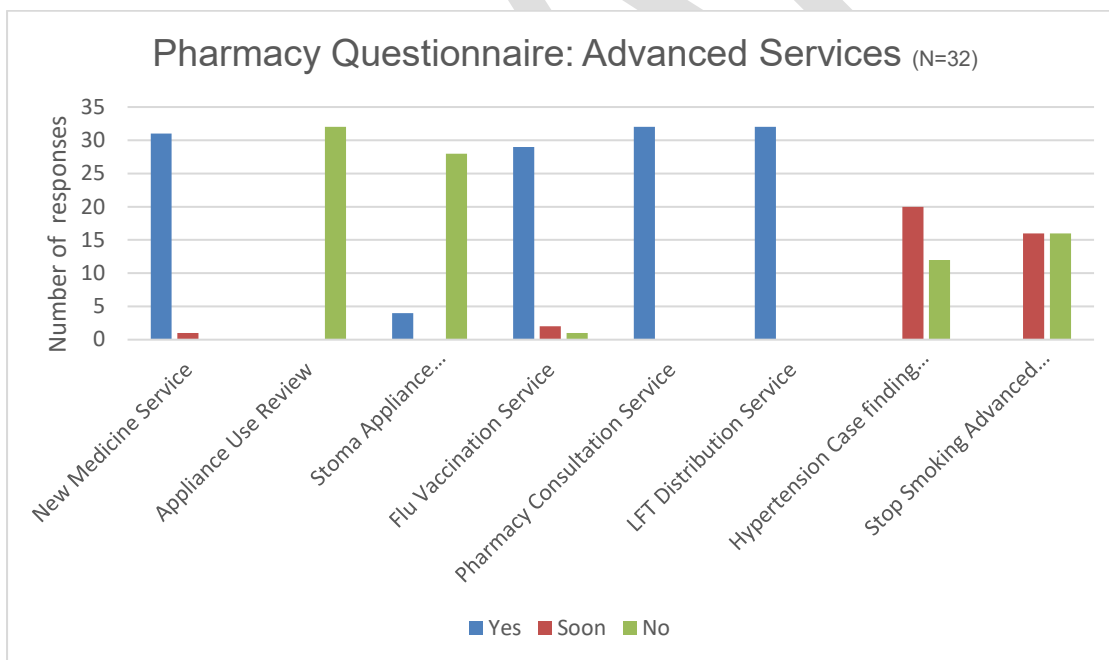
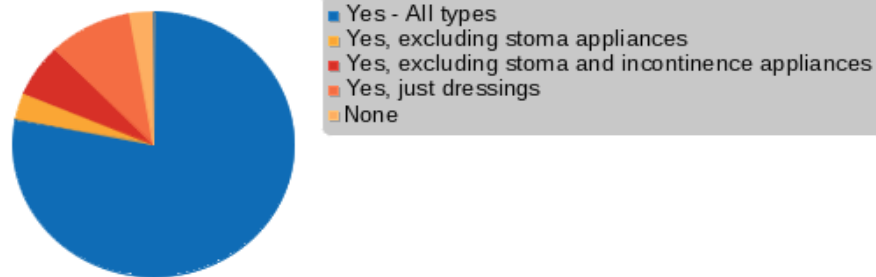
Essential services (Appliances)

Does the pharmacy dispense appliances?

Advanced Services

Analysis of Does the pharmacy dispense appliances?

Dispense appliances	Total
Yes - All types	25 (78.1%)
Yes, excluding stoma appliances	1 (3.1%)
Yes, excluding incontinence appliances	0 (0%)
Yes, excluding stoma and incontinence appliances	2 (6.3%)
Yes, just dressings	3 (9.4%)
None	1 (3.1%)
Other	0 (0%)



Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%) and none provide appliance use review. However almost all provide the New Medicine Service (31/32; 96%) and the Community Pharmacy Consultation Service (32/32; 100%).

29/32; 90% of the pharmacies provided a Flu Vaccination Service, and the majority were involved in the Covid Pandemic response with distribution of Lateral Flow tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

In addition, more than half of the pharmacies indicated their intention to engage with new services being introduced at the time of the survey, namely the Hypertension finding service and the Stop Smoking advanced service.

Locally Commissioned services

Do you provide these services?

Oversight of additional locally commissioned service provision by Community pharmacy services in Sunderland is summarised below. It is important to note that as only 50% of the community pharmacy contractors completed the questionnaire and that not all responses provided information regarding all sections regarding the additional services. Therefore, although this information provides an overview, it does not reflect the full service delivery across the area.

In addition, it is noted that some pharmacies are current providing services that other pharmacies indicate that they would be willing to provide if the service were commissioned. This suggests some variation in the knowledge of local services available to be provided across the area.

Do you provide these additional services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned	Willing to provide a private service
Anticoagulant Monitoring Service	0	0	0	12	2
Antibiotic accessibility (Specialist)	0	1	0	17	3
Anti-viral Distribution Service	0	0	0	18	3
Care Home Service	2	0	0	11	2
C Card Distribution	2	3	3	16	1
Chlamydia Testing Service	1	3	6	13	2
Chlamydia Treatment Service	0	0	0	20	3
Contraception Service	0	0	0	21	5
DVT medications	0	0	0	16	2

Do you provide these Disease Specific Medicines Management Services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned	Willing to provide a private service
Allergies	0	1	0	20	4
Alzheimer's/dementia	0	1	0	18	4
Asthma	0	1	0	22	4
CHD	0	0	0	18	4
COPD	0	1	0	21	4
Depression	0	1	0	19	4
Diabetes type I	0	1	0	19	4
Diabetes type II	0	0	0	20	4
Epilepsy	0	0	0	18	4
Heart Failure	0	1	0	19	4
Hypertension	0	1	0	21	4
Parkinson's disease	0	0	0	18	4
Emergency Hormonal Contraception Service	6	3	3	12	3
Emergency Supply Service	14	3	0	8	2
Gluten Free Food Supply Service	0	0	0	15	4
Healthy Start Vitamins	4	1	2	16	1
Home Delivery Service	10	0	0	8	3
Independent Prescribing Service	0	0	0	15	4
Language Access Service	0	0	0	11	
Medication Review Service	2	0	1	18	

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned	Willing to provide a private service
Medicines Assessment and Compliance Support Service	1	1	1	14	
Medicines Optimisation Service	0	0	1	18	
Minor Ailment Scheme	4	2	4	17	
MUR Plus/Medicines Optimisation Service	0	0	1	18	
Needle and Syringe Exchange Service	0	0	1	9	
Obesity management (adults and children)	1	0	1	19	
Not Dispensed Scheme	1	0	1	14	
On Demand Availability of Specialist Drugs Service	1	0	1	15	
Out of hours service	1	2	0	10	
Patient Group Direction Service	3	0	2	17	
Phlebotomy Service	0	0	1	12	
Prescriber Support Service	0	0	1	15	
Schools Service	0	0	1	15	

Do you provide these Screening Services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Alcohol	0	0	1	16
Cholesterol	1	0	1	17
Diabetes	1	0	1	17

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Gonorrhoea	0	0	1	17
H. pylori	0	0	1	16
HbA1C	0	0	1	16
Hepatitis	0	0	0	14
HIV	0	0	0	14

Do you provide these vaccinations?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Seasonal Influenza Vaccination Service	26	1	0	1
Childhood vaccinations	0	0	1	15
COVID-19 vaccinations	2	0	1	16
HPV	0	0	1	16
Hepatitis	0	0	1	16
Meningococcal vaccinations	0	0	1	16
Pneumococcal vaccinations	4	0	1	15
Analysis of Travel vaccines	0	0	1	16
Sharps Disposal Service	1	0	1	13

Do you provide these other locally commissioned services?

Baseline: 32 responses

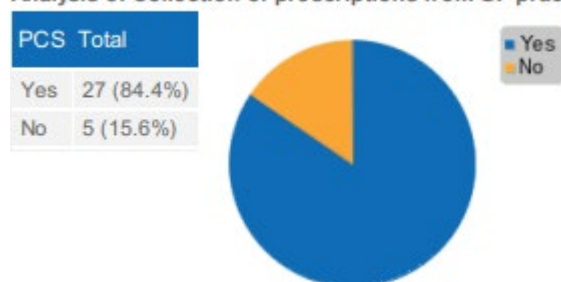
	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Stop Smoking Service (NRT Voucher)	11	5	3	6
Stop Smoking Service (Varenicline)	6	2	1	9
Supervised Administration Service	12	4	3	2
Fidaxomicin Supply	0	1	0	13

Non-commissioned services

Does the pharmacy provide any of the following?

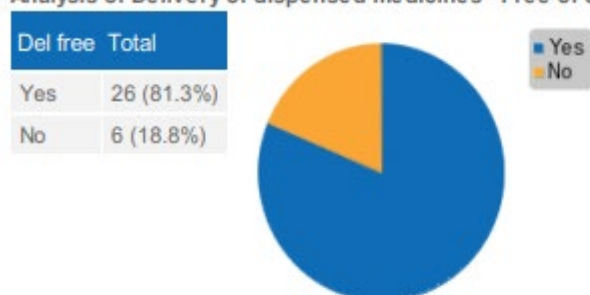
Non-commissioned services

Analysis of Collection of prescriptions from GP practices



Almost all (27/32; 84%) pharmacies collect prescriptions from surgeries although generally this will be significantly less than in previous PNAs with the implementation of electronic prescribing across Primary care.

Analysis of Delivery of dispensed medicines - Free of charge on request



26/32; 81% of pharmacies deliver dispensed medicines free of charge with some pharmacies charging for this service.

The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those

requiring end of life care or urgent medicines

In some cases, deliveries had to be restricted to these groups due to the limited resources available to provide this service.

Analysis of Monitored Dosage Systems - With charge

MonDosSys-Witcha	Total
Yes	5 (15.6%)
No	27 (84.4%)



5/32; 16% of the pharmacies indicated that they would charge for the provision of medicines in monitored dosage systems, whereas 27/32; 84% would provide these free of charge.

Is there a particular need for a locally commissioned service in your area? If so, what is the

service requirement and why?

10 pharmacies indicated that they felt that there was a need for further locally commissioned services in the area listing the following as possible service requirements:

- Covid boosters - suggested by 2 respondents
- Diabetes type 2 glucose monitoring and support
- Blood Cholesterol monitoring
- Funded provision of MDS
- Minor Ailment schemes - suggested by 7 respondents

It is of note that some of these suggestions are included in future planning for nationally and locally commissioned services, notably:

- Covid booster vaccinations: Community pharmacy local enhanced service (COVID-19 vaccination programme: phase 3 2021/22 commenced January 2022)
- Minor Ailments Scheme: Integrated Care Winter access services locally commissioned service January 2022.

Appendix 4 – Equality Impact Assessment

The PNA seeks to analyse access to pharmacy services for all sectors of the population, with an emphasis on informing activities to meet the needs of the residents of Sunderland, with particular regard to protected characteristics, as defined by the Equality Act 2010. Potential impacts are outlined below.

Characteristic	Level of Impact			Comments
	Positive	Neutral	Negative	
Age				
Children and Young People	✓			Health needs and services for children and young people specifically considered.
Adults of working age	✓			Health needs and services for adults of working age specifically considered.
Older People	✓			Health needs and services for older people specifically considered.
Disability	✓			Consideration given for access to services by people with a disability and a range of common adjustments.
Gender reassignment		✓		Neither negative or positive.
Marriage and Civil Partnership		✓		Neither negative or positive.
Pregnancy and maternity	✓			Health needs and services relating to pregnancy and maternity specifically considered e.g. emergency contraception, C Card, Healthy Start Vitamins.
Race		✓		Neither negative or positive.
Religion or belief		✓		Neither negative or positive.
Sex	✓			Pharmacies can provide opportunities to make health services more accessible.

Characteristic	Level of Impact			Comments
	Positive	Neutral	Negative	
				Health needs and services for women specifically considered e.g. emergency contraception.
Sexual Orientation		✓		Neither negative or positive.
Other				
Socio-economic status and deprivation	✓			Consideration given to the health needs and access to services for those in deprived areas.

During the EIA no negative impacts of the PNA were identified. Several positive benefits were identified including:

- Meeting access needs for those people with disabilities;
- Consideration of the health needs of people of all ages;
- Consideration of the needs and access to services for those in deprived communities;
- The possibility of improving pharmacy services for the local population;

Appendix 5 - Community Engagement Questionnaire

Survey of Pharmacy Customers/Public

When We Consulted

12/01/2022 to 01/02/2022.

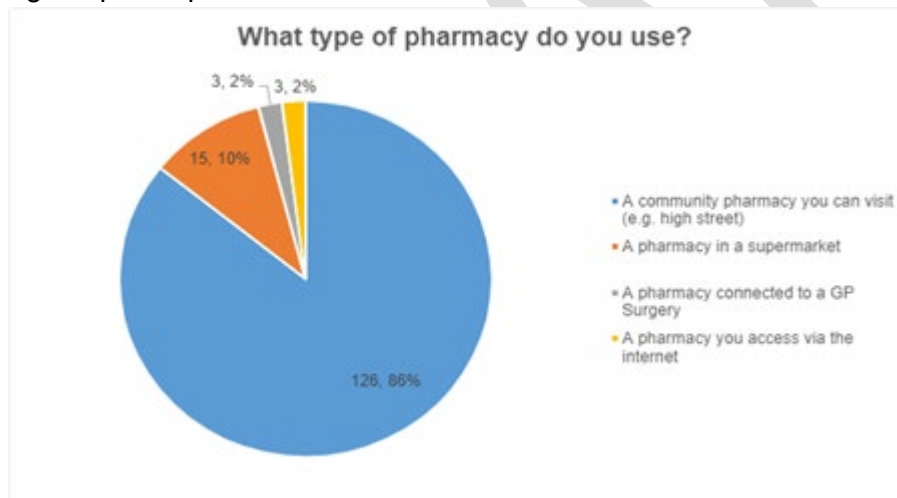
How We Consulted and Who Responded

An electronic survey was produced and initially tested via Healthwatch and other members of the PNA Steering Group. The on-line survey was then made accessible via the Council's website and promoted on behalf of Sunderland Health and Wellbeing Board by asking people living in Sunderland to help improve local pharmacy services by answering a few questions about the way they use pharmacies. It was explained that the responses would help to understand the needs of people in Sunderland and develop a comprehensive PNA for the city. The PNA will help to map out pharmacies and the services they offer and ensure they are able to meet local needs.

152 people responded to the survey.

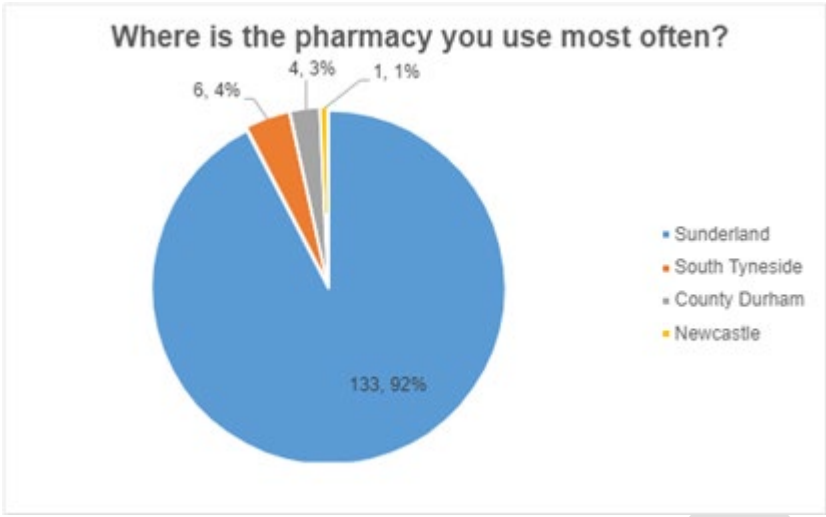
Survey Results

Most respondents (147 people, 97% respondents) stated that they do use pharmacies. Of the 5 that didn't use pharmacies, they indicated that they didn't have a need or were not on any regular prescriptions.

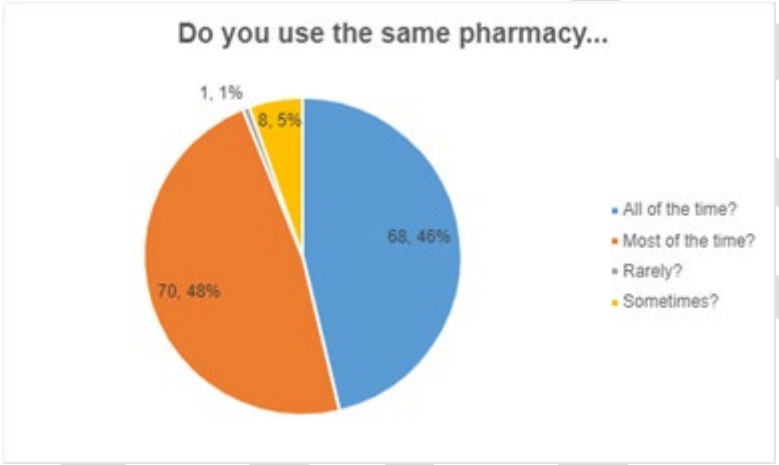


Of those that did use pharmacy services, the majority (86%) indicated that they accessed a community pharmacy on the high street or in a supermarket (10%) with only 2% indicating that they would use on-line pharmacy services.

92% of the respondents indicated that they would use Sunderland based community pharmacy services with others using pharmacies in neighbouring HWB areas.



The majority (94%) of people indicated that they used the same pharmacy all or most of the time



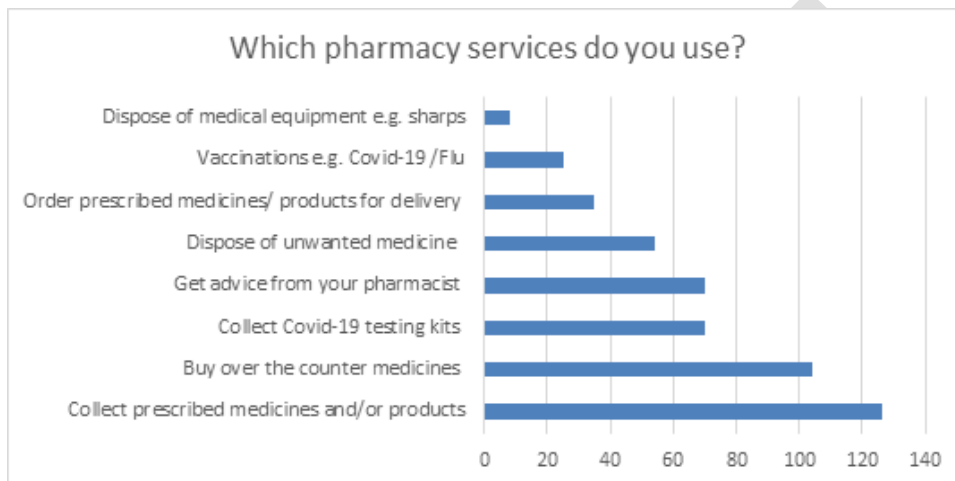
Respondents indicated that the main reason for choice of which pharmacy respondents use most often indicated that the convenience of location was the primary reason with helpful staff and convenient opening hours also featuring as key factors.



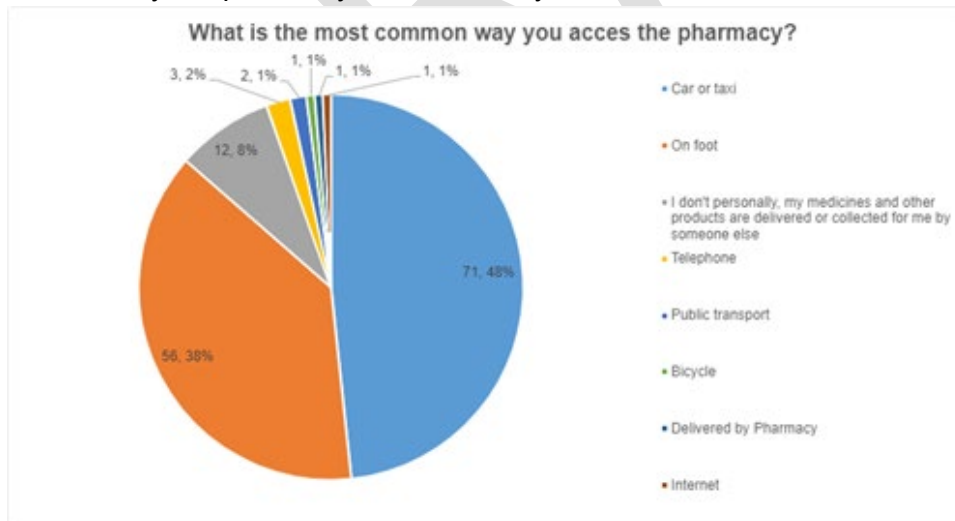
Other reasons given to the choice of pharmacy usually accessed include that the pharmacy was attached to or next to the GP practice, that the pharmacy is visited when the person does their shopping, that they work there and availability of supply of covid testing kits.

The majority (86%) of respondents indicated that they primarily used the pharmacy to collect dispensed medicines and other prescribed items and 71% to buy over-the-counter products. 48% of respondents indicated that they received advice from the pharmacy and 37% to dispose of unwanted medicines. due to the timing of the questionnaire, 48% also indicated that they used their pharmacy to access covid testing kits.

One additional comment identified that *"I've asked the pharmacy to go through new meds prescribed as the GP didn't explain what they were for and side effects. I didn't collect any of them"*



When asked how people usually travel to the pharmacy, the majority of people indicated that they travelled by car or taxi (48%) or on foot (38%) with 9% of people having their medicines delivered by the pharmacy or collected by someone else.

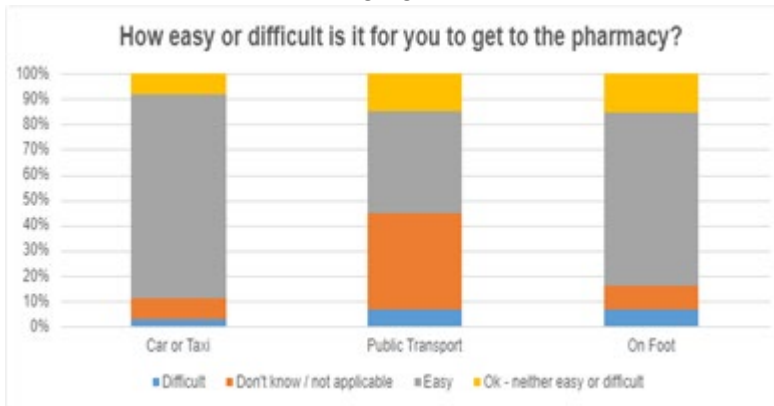


When travelling to the pharmacies:

- People generally took up to 10 minutes to walk to their pharmacies, although 2 people indicated that it took more than 20 minutes to walk.
- Those travelling by car/ taxi indicated that the journey took under 10 minutes to drive with none stating that this took more than 20 minutes
- Travel by public transport took more than 5 minutes but not more than 20 minutes.

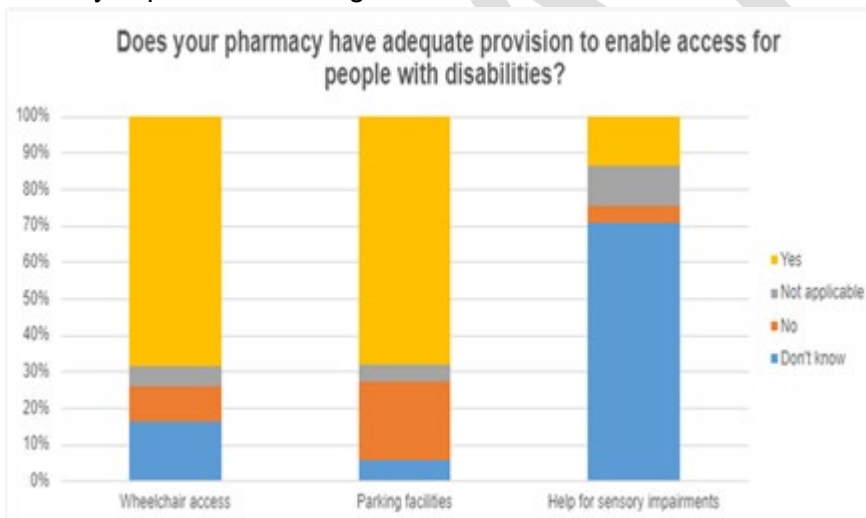
- One person indicated that they cycled to the pharmacy taking about 15 minutes.

In terms of ease of access to pharmacies as described, generally, people indicated that travel by foot, car or public transport was easy although some people did identify that all modes of transport were more challenging.

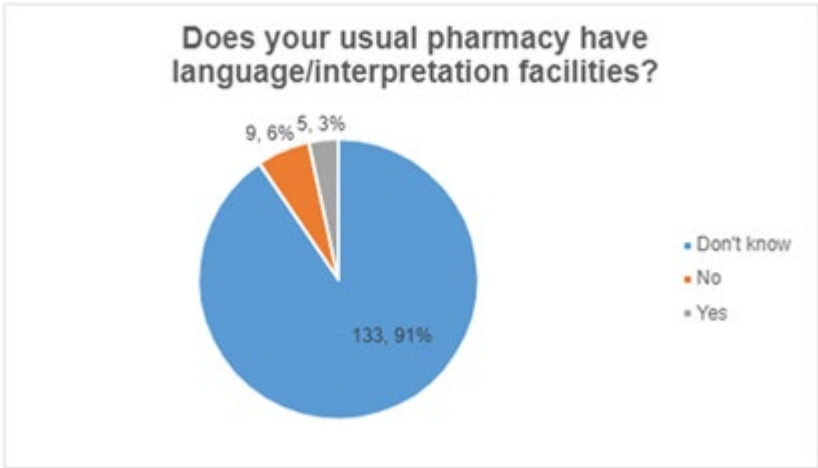


Responses regarding access for disabilities indicated that respondents thought that there was adequate wheelchair access and parking facilities although 10% people felt that provision was not adequate regarding wheelchair access and 22% regarding parking.

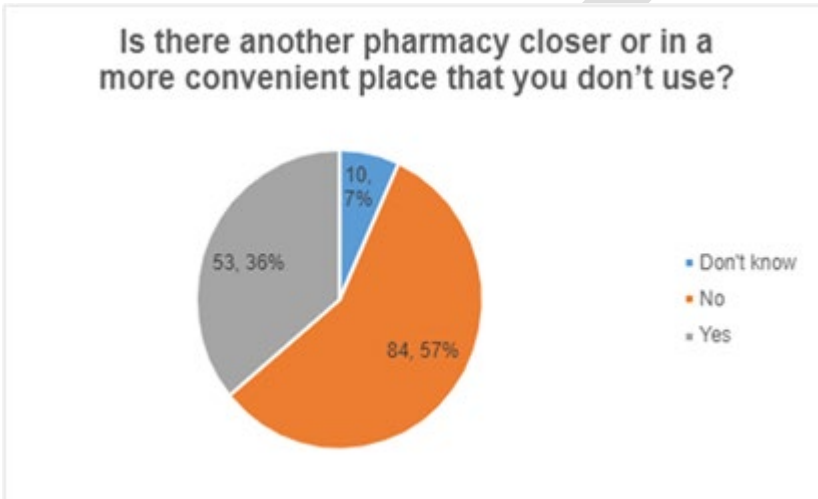
The majority (71%) of respondents did not know whether the pharmacy provided support for sensory impairment although 14% felt this was available.



Most people were not aware whether the pharmacy could support patients with information in different languages or interpretation facilities.



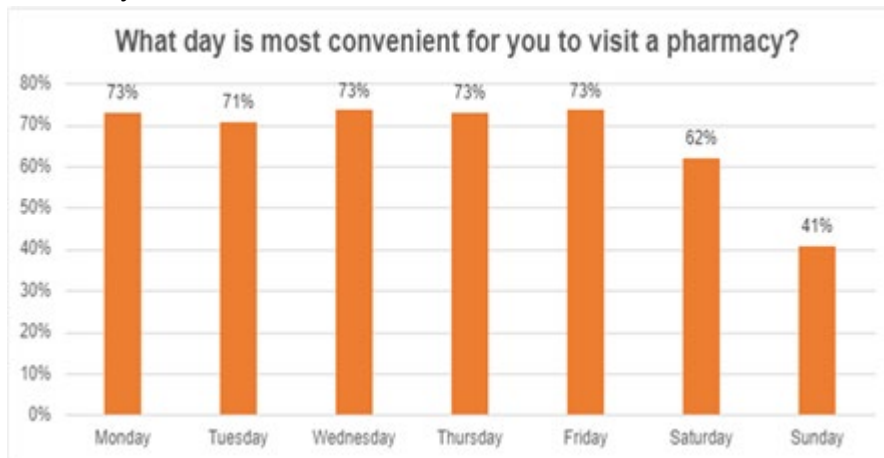
In terms of selection of which pharmacy people accessed, only 57% of people responding to the survey indicated that there was a pharmacy closer or in a more convenient place other than the one that they usually use.



In terms of times of the day to visit the pharmacy, afternoons were identified as being slightly more convenient (59%) than mornings (56%) and evenings (52%).



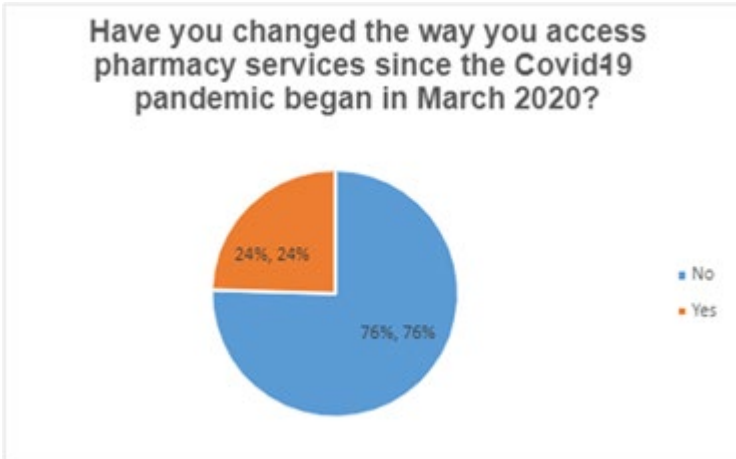
Generally, weekdays appeared to be more convenient to visit the pharmacy in comparison to Saturdays or Sundays. However, this may reflect the pharmacy opening hours and therefore availability of services.



When asked, only 16% of respondents indicated that in the last 12 months they had tried to use their local pharmacy and found it was closed. In response to finding the pharmacy was closed, the majority of people returned later with some people choosing to visit an alternative pharmacy (23%) and 9% calling NHS 111 service for further advice. Of concern was that one person indicated that they "went without until they could get a supply"



The majority of respondents (76%) indicated that they had not changed the way they access their pharmacy services since the Covid pandemic.



Of the 24% that indicated there had been changes, they described the main change as being that prescriptions are now issued electronically, the pharmacy delivering medicines and them phoning the pharmacy for advice rather than visiting in person.

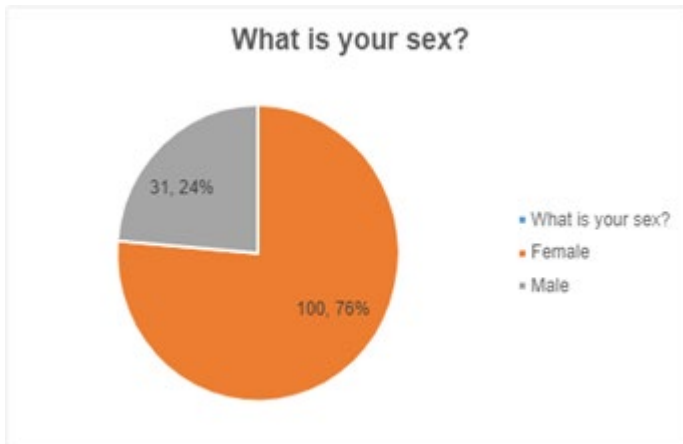


There was a mixed response in terms of whether people thought that the new ways of working as a result of covid 19 improved the service they received from pharmacies with 53% thinking that these were improvements but 17% stating "no" and 30% being unsure.

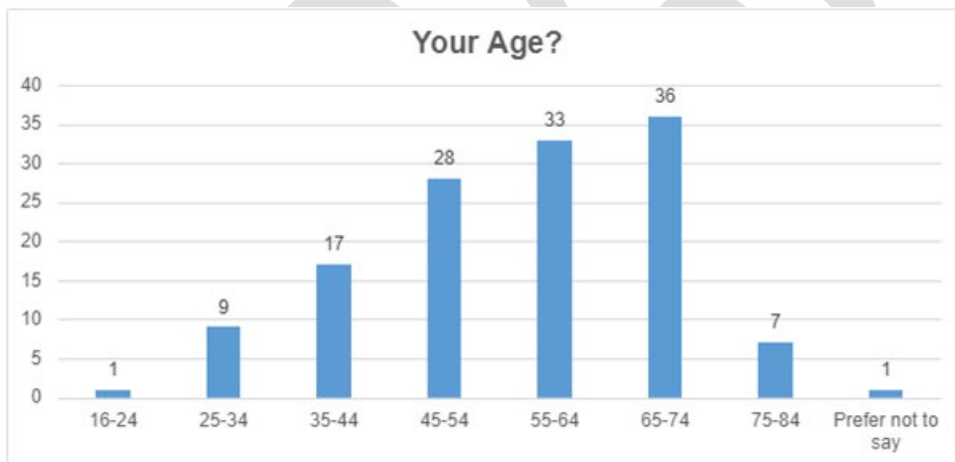
Responses were supported with the following statements:

- They are a lot more organised; they have more staff available to answer questions.
- While we are in a Pandemic, I am minimising all contacts and I have tried to get routine repeat prescriptions delivered. This was difficult to secure due to demand exceeding capacity early on but has now improved significantly.
- Praise for pharmacy staff, as they adapt to new challenges
- I am very pleased to be able to have my prescriptions sent electronically to the pharmacy.
- It is convenient to collect medication if visiting the GP but not the most convenient if picking up repeat medications. Also as pharmacy deals with so many prescriptions from all the GPs there is often long waits.

Characteristics of respondents:



Which ethnic group best describes you?	
White	126
Asian or Asian British	2
Mixed/Multiple ethnic groups	1
Other Ethnic Group	1
Prefer not to say	1



Appendix 6 – Pharmacy addresses

Locality	Pharmacy Name	Trading Name and Address	Category	Opening Hours
Coalfields	G Whitfield Limited	1a Church Street Houghton-le-Spring DH4 4DN	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
Coalfields	T.S.C. Dobbin Limited	Herrington Medical Centre Sunderland Philadelphia Lane DH4 4LE	40 Hour Pharmacy	Monday: 08:45-12:30; 13:30-18:00 Tuesday: 08:45-12:30; 13:30-18:00 Wednesday: 08:45-12:30; 13:30-18:00 Thursday: 08:45-12:30; 14:00-17:30 Friday: 08:45-12:30; 13:30-18:00 Saturday: Closed Sunday: Closed
Coalfields	Boots UK Limited	Grangewood Surgery, Chester Road Shiney Row Sunderland DH4 4RB	40 Hour Pharmacy	Monday: 08:30-13:00; 14:00-18:00 Tuesday: 08:30-13:00; 14:00-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-13:00; 14:00-18:00 Friday: 08:30-18:00 Saturday: 09:00-12:00 Sunday: Closed
Coalfields	Frank Jones (Chemist) Limited	Kepier Medical Practice Leyburn Grove Houghton-le-Spring DH4 5EQ	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed
Coalfields	R. Whitfield Limited	53 Front Street Chilton Moor Houghton-le-Spring DH4 6LP	40 Hour Pharmacy	Monday: 09:00-12:30; 14:00-18:00 Tuesday: 09:00-12:30; 14:00-18:00 Wednesday: 09:00-12:30; 14:00-18:00 Thursday: 09:00-12:30; 14:00-17:00 Friday: 09:00-12:30; 14:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
Coalfields	J S Locum Services Limited	36 Avondale Avenue Penshaw Houghton-le-Spring DH4 7QS	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00 - 13:00 Sunday: Closed

Coalfields	Core Pharma Limited	31 Queensway Houghton-le-Spring DH5 8EL	40 Hour Pharmacy	Monday: 08:00-18:30 Tuesday: 08:00-18:30 Wednesday: 08:30-19:30 Thursday: 08:30-18:30 Friday: 08:30-18:30 Saturday: 08:30-12:00 Sunday: Closed
Coalfields	G Whitfield Limited	The Health Centre Pharmacy Francis Way, Hetton le Hole Houghton-le-Spring	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
Coalfields	G Whitfield Limited	5 Front Street Hetton-le-Hole Houghton-le-Spring DH5 9PE	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-17:00 Friday: 09:00-18:00 Saturday: 09:00-13:00 Sunday: Closed
Coalfields	Frank Jones (Chemist) Limited	Hopes Pharmacy 49 Newbottle Street Houghton-le-Spring DH4 4AR	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
Coalfields	R. Whitfield Limited	93 High Street Easington Lane Houghton-le-Spring DH5 0JR	40 Hour Pharmacy	Monday: 09:00-12:30; 14:00-18:00 Tuesday: 09:00-12:30; 14:00-18:00 Wednesday: 09:00-12:30; 14:00-18:00 Thursday: 09:00-12:30; 14:00-17:00 Friday: 09:00-12:30; 14:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
East	Norchem Healthcare Limited	Mccarthy's Pharmacy Saville House 1-2 Saville Place Sunderland SR1 1PA	40 Hour Pharmacy	Monday: 08:30 - 18:00 Tuesday: 08:30 - 18:00 Wednesday: 08:30 - 18:00 Thursday: 08:30 - 18:00 Friday: 08:30 - 18:00 Saturday: 9:00 - 13:00 Sunday: Closed
East	Storeys DDR Ltd	Riverview Health Centre, Borough Road Hendon Sunderland SR1 2HJ	40 Hour Pharmacy	Mon: 09:00-17:30, Tue: 09:00-17:30, Wed: 09:00-17:30, Thu: 09:00-17:30, Fri: 09:00-17:30, Sat: closed Sun: closed
East	Superdrug Stores Plc	Superdrug Pharmacy Unit 3, 37 Walworth Way The Bridges Sunderland SR1 3LB	40 Hour Pharmacy	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: 09:00-17:30 Sunday: Closed
East	Boots UK Limited	Boots UK Limited 45 The Bridges Shopping Centre Sunderland SR1 3LF	40 Hour Pharmacy	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-20:00 Friday: 08:30-17:30 Saturday: 08:30-17:30 Sunday: 11:00-17:00

East	Boots UK Limited	Boots UK Limited Units 2-3 Park Lane Sunderland SR1 3NX	40 Hour Pharmacy	Monday: 08:00 - 17:30 Tuesday: 08:00 - 17:30 Wednesday: 08:00 - 17:30 Thursday: 08:00 - 17:30 Friday: 08:00 - 17:30 Saturday: 08:00 - 17:30 Sunday: Closed
East	G.W. Herdman (Chemists) Limited	29 Ryhope Street South Ryhope Sunderland SR2 0RP	40 Hour Pharmacy	Monday: 08:00-17:00 Tuesday: 08:00-17:00 Wednesday: 08:00-17:00 Thursday: 08:00-17:00 Friday: 08:00-17:00 Saturday: 09:00-12:00 Sunday: Closed
East	G.W. Herdman (Chemists) Limited	Ryhope Customer Service Centre Black Road, Ryhope Sunderland SR2 0RX	40 Hour Pharmacy	Monday: 08:30-13:00; 13:30-18:00 Tuesday: 08:30-13:00; 13:30-18:00 Wednesday: 08:30-13:00; 13:30-18:00 Thursday: 08:30-13:00; 13:30-18:00 Friday: 08:30-13:00; 13:30-18:00 Saturday: Closed Sunday: Closed
East	Valemed Limited	Leema Pharmacy 91 Tunstall Road Sunderland SR2 7RW	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-18:00 Sunday: Closed
East	Medichem Limited	50 Suffolk Street Hendon Sunderland SR2 8NE	40 Hour Pharmacy	Monday: 08:45-17:45 Tuesday: 08:45-17:45 Wednesday: 08:45-17:45 Thursday: 08:45-17:45 Friday: 08:45-17:45 Saturday: Closed Sunday: Closed
East	Medichem Limited	1 Laburnum Cottage Robinson Terrace Sunderland SR2 8PB	40 Hour Pharmacy	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
East	Medichem Limited	68 Vilette Road Sunderland SR2 8RW	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
East	Asda Stores Limited	Asda Pharmacy Leechmere Road Industrial Estate Grangetown Sunderland SR2 9TT	40 Hour Pharmacy	Monday: 08:00-12:30; 13:30-21:00 Tuesday: 08:00-12:30; 13:30-22:00 Wednesday: 08:00-12:30; 13:30-22:00 Thursday: 08:00-12:30; 13:30-22:00 Friday: 08:00-12:30; 13:30-22:00 Saturday: 08:00-12:30; 13:30-22:00 Sunday: 10:00-12:30; 13:30-16:00
East	Demnox Ltd	Demnox Pharmacy 1 William Doxford Centre Doxford Park Shopping Centre Sunderland SR3 2NE	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-14:00 Sunday: Closed

East	The Finney Pharma Ltd	Finney Pharmacy 84 Ryhope Road Sunderland SR2 9QE	Distance selling	Mon: 09:00-13:00; 14:00-18:00, Tue: 09:00-13:00; 14:00-18:00, Wed: 09:00-13:00; 14:00-18:00, Thu: 09:00-13:00; 14:00-18:00, Fri: 09:00-13:00; 14:00-18:00, Sat: Closed Sun: Closed
East	Noor Pharma North East Ltd	Innovation Pharmacy Unit 8b Carrmere Road Leechmere Industrial Estate Sunderland SR2 9TW	Distance selling	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-13:00 Sunday: Closed
North	Gorgemead Limited	Cohens Chemist 14 The Green Southwick Sunderland SR5 2JE	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:00 Sunday: Closed
North	Norchem Healthcare Limited	Davy's Pharmacy 2 Ethel Terrace Castletown Sunderland SR5 3BQ	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
North	Lloyds Pharmacy Limited	Lloydspharmacy Wessington Way Sunderland SR5 3JG	40 Hour Pharmacy	Monday: 08:00-20:00 Tuesday: 08:00-20:00 Wednesday: 08:00-20:00 Thursday: 08:00-20:00 Friday: 08:00-20:00 Saturday: 08:00-20:00 Sunday: 10:00-16:00
North	Avicenna Retail Ltd	Hylton Castle Pharmacy 22-23 Chiswick Square Hylton Castle Sunderland SR5 3PZ	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
North	Avicenna Retail Ltd	Bunny Hill Pharmacy Customer Service Centre Bunnyhill, Hylton Lane Sunderland SR5 4BW	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
North	G Hughes (North East) Limited	Redhouse Pharmacy 127 Renfrew Road, Red House Sunderland SR5 5PS	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
North	Avenue Pharmacy (Sunderland) Limited	Avenue Pharmacy 81 Dundas Street Sunderland SR6 0AY	40 Hour Pharmacy	Monday: 09:00-12:30; 13:30-18:00 Tuesday: 09:00-12:30; 13:30-18:00 Wednesday: 09:00-12:30; 13:30-18:00 Thursday: 09:00-12:30; 13:30-17:30 Friday: 09:00-12:30; 13:30-18:00 Saturday: Closed Sunday: Closed

North	Bestway National Chemists Limited	Well 79-80 Dundas Street Sunderland SR6 0BB	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
North	Avenue Pharmacy (Sunderland) Limited	Avenue Pharmacy 53 Lower Dundas Street Monkwearmouth Sunderland SR6 0BD	100 Hour Pharmacy	Monday: 07:00 - 22:00 Tuesday: 07:00 - 22:00 Wednesday: 07:00 - 22:00 Thursday: 07:00 - 22:00 Friday: 07:00 - 22:00 Saturday: 07:00 - 22:00 Sunday: 08:00 - 18:00
North	Avenue Pharmacy (Sunderland) Limited	Avenue Pharmacy 50 Roker Avenue Sunderland SR6 0HT	40 Hour Pharmacy	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
North	Avicenna Retail Ltd	Sea Road Pharmacy 5 Sea Road Fulwell Sunderland SR6 9BP	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 9:00-17:00 Sunday: Closed
North	Lloyds Pharmacy Limited	Lloyds Pharmacy 8 Sea Road Fulwell Sunderland SR6 9BX	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 09:00-12:00 Sunday: Closed
Washington	Lloyds Pharmacy Limited	1 Heworth Road Concord Sunderland NE37 2PY	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
Washington	Boots UK Limited	12 Arndale House Washington NE37 2SW	40 Hour Pharmacy	Monday: 08:30-12:00; 13:00-17:30 Tuesday: 08:30-12:00; 13:00-17:30 Wednesday: 08:30-12:00; 13:00-17:30 Thursday: 08:30-12:00; 13:00-17:30 Friday: 08:30-12:00; 13:00-17:30 Saturday: 08:30-12:00; 13:00-17:00 Sunday: Closed
Washington	Blue House Retail Limited	Blue House Lane Washington NE37 2TE	100 Hour Pharmacy	Monday: 07:00-22:00 Tuesday: 07:00-22:00 Wednesday: 07:00-22:00 Thursday: 07:00-22:00 Friday: 07:00-22:00 Saturday: 07:00-20:00 Sunday: 08:00-20:00

Washington	Asda Stores Limited	Washington Centre Washington NE38 7NF	100 Hour Pharmacy	Monday: 08:00-23:00 Tuesday: 07:00-23:00 Wednesday: 07:00-23:00 Thursday: 07:00-23:00 Friday: 07:00-23:00 Saturday: 07:00-22:00 Sunday: 10:00-16:00
Washington	Boots UK Limited	Unit 80 The Galleries Washington NE38 7RT	40 Hour Pharmacy	Monday: 08:00-18:00 Tuesday: 08:00-18:00 Wednesday: 08:00-18:00 Thursday: 08:00-18:00 Friday: 08:00-18:00 Saturday: 08:00-17:30 Sunday: 10:00-16:00
Washington	Lloyds Pharmacy Limited	Within the entrance to the Library, The Galleries Independence Square Washington NE38 7SS	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 10:00-14:00 Sunday: Closed
Washington	Lloyds Pharmacy Limited	Westerhope Road Barmston Sunderland NE38 8JF	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-17:30 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
Washington	J. Dinning (Woodlands) Limited	Vigo Lane, Rickleton Village Washington NE38 9EJ	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed
West	Edward Chaston Limited	Chastons Pharmacy Vane House, Vane Street New Silksworth Sunderland SR3 1EJ	40 Hour Pharmacy	Monday: 09:00-12:15; 13:45-17:30 Tuesday: 09:00-12:15; 13:45-17:30 Wednesday: 09:00-12:15; 13:45-18:00 Thursday: 09:00-12:15; 13:45-18:00 Friday: 09:00-12:15; 13:45-18:00 Saturday: 09:00-12:30 Sunday: Closed
West	Lloyds Pharmacy Limited	Lloydspharmacy Silksworth Lane Silksworth Sunderland SR3 1PD	40 Hour Pharmacy	Monday: 08:00-21:00 Tuesday: 08:00-21:00 Wednesday: 08:00-21:00 Thursday: 08:00-21:00 Friday: 08:00-21:00 Saturday: 08:00-20:00 Sunday: 10:00-16:00
West	Edward Chaston Limited	1 Silksworth Terrace New Silksworth Sunderland SR3 2AT	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
West	Norchem Healthcare Limited	Snowdon's Pharmacy 44-46 Sunningdale Road Springwell Sunderland SR3 4ES	40 Hour Pharmacy	Monday: 09:00 - 18:00 Tuesday: 09:00 - 18:00 Wednesday: 09:00 - 18:00 Thursday: 09:00 - 17:30 Friday: 09:00 - 18:00 Saturday: 09:00 - 12:30 Sunday: Closed

West	Boots UK Limited	Boots UK Limited Alderman Jack Cohen Health Centre Springwell Road Sunderland SR3 4HG	40 Hour Pharmacy	Monday: 08:15-18:15 Tuesday: 08:15-18:15 Wednesday: 08:15-18:15 Thursday: 08:15-18:15 Friday: 08:15-18:15 Saturday: Closed Sunday: Closed
West	E & C Ho Limited	South Hylton Pharmacy 1 Union Street South Hylton Sunderland SR4 0LS	40 Hour Pharmacy	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy Mill Street Sunderland SR4 7BG	40 Hour Pharmacy	Monday: 09:00-13:00; 13:20-18:00 Tuesday: 09:00-13:00; 13:20-18:00 Wednesday: 09:00-13:00; 13:20-18:00 Thursday: 09:00-13:00; 13:20-18:00 Friday: 09:00-13:00; 13:20-18:00 Saturday: Closed Sunday: Closed
West	Avicenna Retail Ltd	Greens Pharmacy 149 Chester Road Sunderland SR4 7HS	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-17:30 Friday: 09:00-18:00 Saturday: 09:00-17:30 Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy 189 Chester Road, Sunderland SR4 7JA	40 Hour Pharmacy	Monday: 09:00-13:30; 13:50-18:00 Tuesday: 09:00-13:30; 13:50-18:00 Wednesday: 09:00-13:30; 13:50-18:00 Thursday: 09:00-13:30; 13:50-18:00 Friday: 09:00-13:30; 13:50-18:00 Saturday: Closed Sunday: Closed
West	Avicenna Retail Ltd	Dixons Chemist 68 Ormonde Street Sunderland SR4 7PP	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-12:30 Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy Pallion Health Centre Hylton Road Sunderland SR4 7XA	40 Hour Pharmacy	Monday: 08:45-13:10; 13:30-18:00 Tuesday: 08:45-13:10; 13:30-18:00 Wednesday: 08:45-13:10; 13:30-18:00 Thursday: 08:45-13:10; 13:30-18:00 Friday: 08:30-13:10; 13:30-18:00 Saturday: Closed Sunday: Closed
West	Avicenna Retail Ltd	Grindon Pharmacy 17 Galashiels Road Grindon Sunderland SR4 8JJ	40 Hour Pharmacy	Monday: 09:00 - 18:00 Tuesday: 09:00 - 18:00 Wednesday: 09:00 - 18:00 Thursday: 09:00 - 18:00 Friday: 09:00 - 18:00 Saturday: 09:00 - 13:00 Sunday: Closed
West	Norchem Healthcare Limited	Tullochs Pharmacy Unit 9, Pennywell Shopping Centre Pennywell Sunderland SR4 9AS	40 Hour Pharmacy	Monday: 08:30 - 18:00 Tuesday: 08:30 - 18:00 Wednesday: 08:30 - 18:00 Thursday: 08:30 - 18:00 Friday: 08:30 - 18:00 Saturday: 09:00 - 14:00 Sunday: Closed

West	Demnox Ltd	Demnox Pharmacy 140 Allendale Road Farringdon Sunderland SR3 3DZ	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: Closed Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy 19 St Lukes Terrace Pallion Sunderland SR4 6NQ	40 Hour Pharmacy	Monday: 09:00-13:30; 13:50-17:30 Tuesday: 09:00-13:30; 13:50-17:30 Wednesday: 09:00-13:30; 13:50-17:30 Thursday: 09:00-13:30; 13:50-17:30 Friday: 09:00-13:30; 13:50-17:30 Saturday: 09:00-13:00 Sunday: Closed
West	Dominionpharm Ltd	Dominion Pharmacy 1-1a Whitehall Terrace Sunderland SR4 7SN	Distance selling	Monday: 09:00-17:00 Tuesday: 09:00-17:00 Wednesday: 09:00-17:00 Thursday: 09:00-17:00 Friday: 09:00-17:00 Saturday: Closed Sunday: Closed
West	Million Medical Ltd	Million Pharmacy 187 Hylton Road Sunderland SR4 7YE	100 Hour Pharmacy	Monday: 07:00 - 22:00 Tuesday: 07:00 - 22:00 Wednesday: 07:00 - 22:00 Thursday: 07:00 - 22:00 Friday: 07:00 - 22:00 Saturday: 07:00 - 22:00 Sunday: 08:00 - 18:00
West	Amcare Ltd	39b Pallion Way Pallion Trading Estate Sunderland SR4 6SN	Appliance Contractor	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: Closed Sunday: Closed
East	B Braun Medical Limited	Holmlands Buildings Tunstall Road Sunderland SR2 7RR	Appliance Contractor	Monday: 08:30-17:00 Tuesday: 08:30-16:30 Wednesday: 08:30-17:00 Thursday: 08:30-16:30 Friday: 08:30-17:00 Saturday: Closed Sunday: Closed
East	Fittleworth Medical Limited	Unit 7 Glaholm Road Sunderland SR1 2NX	Appliance Contractor	Monday: 09:00-17:00 Tuesday: 09:00-17:00 Wednesday: 09:00-17:00 Thursday: 09:00-17:00 Friday: 09:00-17:00 Saturday: Closed Sunday: Closed

Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Sunderland

The formal consultation on the draft PNA for Sunderland ran from 21st March 2022 to 22nd May 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Sunderland Local Pharmaceutical Committee
- Sunderland Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Sunderland
- NHS Sunderland Clinical Commissioning Group
- Sunderland Healthwatch
- Change Grow Live (CGL)
- Local NHS Foundation Trusts (including those delivering services within the Sunderland boundary):
 - South Tyneside and Sunderland NHS Foundation Trust,
 - Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
 - North East Ambulance Service NHS Foundation Trust
 - Country Durham and Darlington NHS Foundation Trust
 - The Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Northumbria Healthcare NHS Foundation Trust
 - Gateshead Health NHS Foundation Trust
 - Harrogate and District NHS Foundation Trust
- NHS England and NHS Improvement (NHSEI)
- Neighbouring HWBs in Durham, South Tyneside and Gateshead

Emails were sent to all consultees informing them of the website address which contained the draft PNA document.

Stakeholders were asked to respond to the following specific consultation questions

- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
- Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Do you have any other comments?

Findings of consultation:

In total 8 responses to the consultation were received from:

- 4 x "Those on the Pharmaceutical list in Sunderland" but provider names not recorded
- 2 x individuals
- 1 x NHSEI
- 1 x Sunderland LPC

NHSEI were in broad agreement with the PNA and wrote a letter saying they have no further comments.

There were therefore 7 responses to the individual consultation questions.

The consultation draft Pharmaceutical Needs Assessment was well received, and feedback was generally positive. A summary of the consultation feedback and the Health and Wellbeing Board response is given on the following pages, along with notes on how they have been dealt with in this final version of the PNA.

In addition, comments regarding the draft PNA raised at Sunderland Council Health and Wellbeing Scrutiny Committee have been included in the consultation responses summary.

Q1: Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Sunderland?

Consultation outcomes

86% = Yes, 14% = No

Concern was raised regarding the possibly shrinking number of pharmacies and GP practices in Sunderland, in particular in terms of accessibility for the population of Sunderland. In addition, one respondent questioned the process for consultation on market entry in terms of pharmacy premises changes and decision making.

Respondents identified the need for improved information to be made available via pharmacies including access to GP out of hours services as well as specific health needs such as healthy eating and baby care advice.

One respondent identified that decommissioned services were mentioned in the PNA.

HWB response

As described in section 3 of the PNA, Sunderland HWB has followed due process in the preparation of this PNA which considers the provision of community pharmacy services. Local community pharmacy services have been represented in the process, including members of the Local Pharmaceutical Committee (LPC) participating in the PNA Steering Group, and all community pharmacies were invited to respond to the pharmacy questionnaire (described through the document and summarised in Appendix 3) as well as all providers being invited to respond in the consultation process.

In terms of the changing provision of NHS pharmacy services, the purpose of a PNA is to reflect the needs of the population for community pharmacy services. As part of the market entry process for community pharmacy services, HWBs are informed and consulted on proposals for any significant changes to provision in the local HWB area through NHSEI. In the event of these changes in provision, the HWB must publish a supplementary statement to update the information provided on the current PNA and, in the event of the change of provision affecting the outcome of the PNA, the HWB is required to repeat the PNA review process, sooner than the 3 year statutory framework, if necessary (described in section 1.1).

The GP practice service provision is not specifically the remit of the PNA although it is considered in terms of access for the population of Sunderland to prescribed medicines as well as other services available via pharmacies.

NHS England provides statistical data to HWBs to assist in the PNA development/review process. LPCs are routinely consulted on all notifiable applications, the process for which is set down in the Regulations.

The HWB recognises the importance of good networking between healthcare providers including community pharmacy. The recently introduced advanced service, Community Pharmacy Consultation Service (CPCS) described in section 7.2.2 aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service

to meet their needs. At the time of reviewing the PNA, the majority of community pharmacies in Sunderland were registered with NHSEI to deliver this service. However, concern has been raised during the consultation process that the new CPCS and the discharge medicines services are currently under-utilised in terms of referral to community pharmacy from healthcare services such as GP practices and secondary care services.

In addition, HWB recognises the role of community pharmacies providing health living advice as part of the essential services regarding the Public Health agenda described in section 7.1.

Section 3.8 describes the key findings and recommendations of the previous PNA (2018) and therefore includes information about some services that have since been decommissioned. Section 7.2 describes these changes in more detail.

HWB actions

Addition of recommendation:

Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.

Q2: Are there any gaps in service provision (i.e. when, where and which services are available), that have not been identified in the pharmaceutical needs assessment?

Consultation outcomes

43% = Yes, 57% = No

Two respondents identified that there were possible gaps in service provision that had not been identified in the PNA and gave examples regarding access to emergency healthcare services, in particular dental treatment, contraception, physiotherapy, chiropody, podiatry and diabetes advice.

Concern was raised by one of the community pharmacy respondents that when responding to NHS111 CPCS referrals, it has been difficult to signpost / escalate the patient to out of hours GP services or arrange appointments at Pallion UTC with the only alternative left being to advise the person attends as a walk-in patient, and health care provision not always working in a "joined up" fashion.

One respondent questioned the process of commissioning services although did not give specific details regarding whether this was in terms of NHSEI or locally commissioned services.

HWB response

As discussed in response to Q1, although the PNA is focused on community pharmacy provision the HWB recognises the important role that community pharmacy plays in providing support with healthcare provision for the population of Sunderland.

These comments reinforce the recommendations of the PNA that although a reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines, we would wish to encourage community pharmacies to make greater use of these advanced services. Also, with regard to locally commissioned services, the public health team should work with the CCG and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.

The difficulty in responding to NHS111 CPCS referrals has been referred to the CCG for their consideration as part of the urgent care agenda.

HWB actions

Addition of recommendation (as per Q1 HWB action).

Q3: Does the draft pharmaceutical needs assessment reflect the needs of Sunderland's population?

Consultation outcomes

57% = Yes, 14% = No, 29% = Partially

The respondent that identified that the PNA did not reflect the needs of Sunderland's population and raised concerns about specific health needs seen in the area including stomach health, constipation, mental health and pain as well as identifying the need to support a culture of healthy living.

Of the responses identifying that the needs of Sunderland's population were partially met, one respondent identified the need to support the increasing immigrant population and also in areas of more deprivation.

A concern regarding the financial viability of providing monitored dosage systems was raised.

One response requested more clarity on provision in the Coalfields – this is covered in the response to Sunderland Council Health and Wellbeing Scrutiny Committee set out below.

HWB response

Section 4 of the PNA provides an overview of the key health needs for the population of Sunderland based on the most recently published JSNA. In addition, the PNA recognises the role of community pharmacy in promotion of a healthy living approach with the inclusion in the NHSEI essential services of the participation of community pharmacies in the public health agenda. The CPCF (Section 1.6) describes that community

pharmacies are to become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities.

In terms of supporting the changing needs of the population of Sunderland, the Pharmacy questionnaire identified that a number of pharmacies have access to staff who can provide information in a variety of languages (Section 10.1.1 and Appendix 5). NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

NHS England contracts with Language Empire to provide various linguistic services and all pharmacies were contacted in March 2021 by NHS England's public health team about the new arrangements from 1 April 2021 for Interpretation and Translation Services which they are able to access.

The HWB has considered the location of pharmacies in terms of areas of deprivation across the City and found that there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation. Furthermore, there is greatest access in the most deprived areas, where 99.8% of the population live within a 20 minute walk of a community pharmacy (section 6.6).

As described in section 8.6, the provision of monitored dosage systems is a non commissioned service although pharmacies are expected to make suitable arrangements or "reasonable adjustment" for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010.

HWB actions

The PNA has been updated to reflect the information from NHSE regarding access to linguistic services.

Q4: Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Consultation outcomes

71% = Yes, 14% = No, 14% = Partially

Respondents identified that the PNA could be used to emphasise the role community pharmacy can play in particular regarding enhanced and advanced services. Concern was raised that some of these services are currently underutilised and not well advertised to the people of Sunderland, who are therefore not fully benefiting from them. In addition, concern was raised that services such as the CPCS and the discharge medicine service are not being accessed by the healthcare services such as NHS111 or the secondary care services when people are being discharged from hospital. One respondent also identified that the NHSE Advanced New Medicine Service (NMS) does not currently benefit those with dementia or mental health issues.

The council's own weight management programme was raised by a respondent as a service that had not been mentioned in the PNA and only the NHS service had been referenced.

As seen in response to other questions in the consultation process, a need for further information for patients about services was identified and also engagement with the local pharmacy services rather than the parent provider company to gain further uptake of commissioned services.

HWB response

The HWB supports the need to ensure that all services that community pharmacies provide are publicised to ensure that people are aware of and access the services in Sunderland. In addition, the HWB supports further engagement with the community pharmacy essential service discharge medicine service by the local secondary care services in Sunderland. The PNA recognises that some of the more recently introduced advanced services such as CPCS and the hypertension case finding service are yet to become established and therefore it is anticipated that uptake and referral to these services will increase and they will become more widely utilised. This is also the case for locally commissioned services, in particular Think Pharmacy First, minor ailment service which has been recently implemented across the integrated care system.

The HWB notes that in terms of the advanced NMS, the NHSE service specification lists 16 conditions that are eligible for the service (as described in section 7.2.5) however, at the time of reviewing the PNA, this does not include dementia or mental health.

The Change 4 Life Sunderland programme provides healthy lifestyle sessions aimed at encouraging and supporting families to eat well, move more and live longer. The programme has a particular focus on young people and their families. In addition, the Sunderland Weight Management Programme is a 12-week weight management programme which is free and available to anyone who is a Sunderland resident.

NHSE clarification: As new services are being introduced, the LPCs and the local Pharmacy Integration Team work very hard to promote amongst the constituent pharmacies, but ultimately, advanced services are optional for pharmacies and it is therefore a business decision on their part as to whether they will participate.

HWB actions

Information regarding the council's weight management programmes has been added to section 4.7.

Statement added as per Q1 includes encouraging engagement with other healthcare professional teams to implement and support awareness of the commissioned services that community pharmacy can provide to Sunderland's population.

Q5: Do you agree with the conclusions of the pharmaceutical needs assessment?

Consultation outcomes

71% = Yes, 14% = No, 14% = Partially

In response to whether respondents agreed with the recommendations of the PNA, one respondent re-iterated the need to promote healthy lifestyles to the population of Sunderland.

In addition, another respondent requested that community pharmacies are included in discussions on local service provision and aspects that may impact on services when discussed at the HWB.

HWB response

The PNA has identified the crucial role that community pharmacy plays in supporting and promotion of health living and it is essential that this role is recognised when considering healthcare initiatives in Sunderland.

The PNA process has involved the LPC, representing all local community pharmacies at all stages of the process, including Steering Group membership, provider engagement and also consultation, therefore providing the opportunity to contribute at all stages.

Q6: Do you have any other comments?

Consultation outcomes

Anonymous respondents (pharmacy providers)

One respondent identified the key role of community pharmacies to help to support the people of Sunderland to be a healthy, happy community.

Another respondent requested to keep services local to meet the needs of the local population.

The defined localities within the PNA were questioned by one of the anonymous community pharmacy provider respondents stating that one particular pharmacy in the locality was allocated incorrectly and did not reflect the PCN locality boundaries.

HWB response

As the PNA is the responsibility of Sunderland Council's HWB, the Steering Group agreed to use the 5 Council localities rather than the 6 PCN geographies. The PCNs in Sunderland have been defined into 6 geographies (with the West locality being split in to 2 PCNs). The request to reallocate the localities has therefore not been actioned.

HWB action

Clarification regarding this discrepancy has been added to section 3.2.

Other Comments Received During the Consultation

Sunderland Scrutiny Board comments

The Health and Wellbeing Scrutiny Committee noted that there was no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and weekday evenings. The Committee noted that given the current expansion in terms of new build within the Coalfields area and current travelling distances to the nearest pharmacies this could be an area for further consideration in terms of out of hours provision.

HWB response to Scrutiny Board comments

We have been aware of a long standing lack of community pharmacy opening hours in the Coalfields locality, noted in the previous 2018 PNA. Opening times have been limited on weekday evenings and completely absent on Sundays and Bank Holidays. This has become even more apparent, and arguably more important, when we consider the newly introduced extended GP access hours. There is no pharmacy access in the Coalfields area during weekday evenings after 6.30 pm and no provision in this locality on Sundays with the closest open pharmacy to the Coalfields hub being over 5 miles away. We have no expectation that the market will take care of this issue, as it has not resolved it since the last PNA was published in 2018. However, we are clear that this does not require additional pharmacies through market entry. Rather this may require a mechanism to explore securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.

LPC comments

The LPC made a number of comments regarding sections within the body of the PNA, and key points include:

- Recognition of the national picture of reduction in community pharmacy provision since the last PNA.
- LPCs within the North East and North Cumbria, as part of a regional community pharmacy approach, have been engaged in discussions regarding representation within the ICS, exploring the role of community pharmacy within a broader regional framework and the routes through which community pharmacy can influence and help shape the ICS in respect of the community pharmacy offer.
- The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff and this has been further exacerbated by the demand for, and recruitment of, community pharmacists (and other staff) by PCNs. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy to fulfil these activities.

- Sunderland Local Pharmaceutical Committee is keen to continually engage with Sunderland HWB and would like to be involved in any PNA-related decision during the life-course of the PNA including engagement in any consultations linked to Supplementary Statements.
- Regarding access to services (evenings and weekends) early involvement of the LPC and local community pharmacies would allow for local solutions to be explored.

HWB response to LPC comments

The PNA has been updated to reflect feedback from the LPC as set out in the list of amendments below.

NHSEI comments

NHSE (North East and North Cumbria) note the information used by the Health and Wellbeing Board in producing the report, and the conclusions and recommendations of the Board. NHS England has no further comments to make on the draft report.

NHS England (North East and North Cumbria) looks forward to working closely with all other commissioners of local services in Sunderland to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

Amendments to Sunderland PNA following consultation process

Change	Section within PNA
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>LPCs within the North East and North Cumbria as part of a regional community pharmacy approach, have been engaged in discussions regarding representation within the ICS, exploring the role of community pharmacy within a broader regional framework. and the routes through which community pharmacy can influence and help shape the ICS in respect of the community pharmacy offer.</p>	Section 1.9
Words added to explain that there are two PCNs in the West locality (due to population size).	Section 2.3
The HWB notes however, that the Primary Care Network (PCN) geographies differ from the localities defined at Sunderland Council. Sunderland PCNs are defined and therefore are not co-terminus with the localities described in this document.	Section 3.2
Additional information added to reflect number of new dwellings planned by locality.	Section 4.5

Information regarding the council's weight management programmes has been added.	Section 4.7.4
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>Sunderland LPC and community pharmacies in Sunderland have worked in partnership with Sunderland CCG and with the Magpie Social Marketing Group on a successful marketing campaign aimed at addressing antimicrobial resistance.</p>	Section 4.13.2
Clarification of opening and closure of distance selling pharmacies since the last PNA.	Section 5
<p><i>The following statement has been added to the PNA following the LPC response regarding out of area dispensing:</i></p> <p>and whilst this number may be regarded as low, it is regarded as lost revenue and an ongoing potential threat to community pharmacies within Sunderland.</p>	Section 5.9
<p><i>The following statement has been added to the PNA following the LPC response regarding significant changes to supplementary hours:</i></p> <p>Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the LPC and local community pharmacies in this process would allow for local solutions to be explored.</p>	Section 6.7 and Section 12
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>This is of note in terms of the Washington and Coalfields localities which provide further choice of community pharmacies in these areas.</p>	Section 6.8.5
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>Sentence regarding work with LPC and Sunderland COVID volunteer co-ordinator to ensure that volunteers and community pharmacies worked in partnership to ensure that many vulnerable people and those individuals in isolation, could gain access to their medication.</p>	Section 6.9

PNA updated to reflect the information from NHSE regarding access to linguistic services.	Section 6.11
Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.	Section 12
<p><i>Added to the recommendation regarding evening and weekend opening access in Coalfields area as discussed at Steering Group and the LPC:</i></p> <p>For example, there may be an opportunity to work with Sunderland LPC and local pharmacies to review the potential of exploring an extended rota - should there be further evidence identifying specific need in this locality.</p>	Section 12

Appendix 8 – Abbreviations

APS	Annual Position Statement
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CEV	Clinically extremely vulnerable
CHD	Coronary heart disease
CNTW	Cumbria Northumberland Tyne & Wear NHS Foundation Trust
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CVD	Cardiovascular disease
CWP	Cold Weather Plan
DAC	Dispensing appliance contractors
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
EHC	Emergency Hormone Contraceptive
ePACT2	Prescribing data
EPS	Electronic Prescription Service
ERD	Electronic Repeat Dispensing
GP	General Practitioners
Hep C	Hepatitis C
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD2019	Index of Multiple Deprivation 2019
INR	International normalisation ratio
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long-term condition
MDS	Monitored Dose Systems
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal conditions
MUR	Medicines Use Review
NDPP	NHS Diabetes Prevention Programme
NDTMS	National Drug Treatment Monitoring System

NEET	Not in education, employment, or training
NENC ICS	North East & North Cumbria Integrated Care System
NES	National Enhanced Services
NHS	National Health Service
NHSEI	NHS England and NHS Improvements
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NSAID's	Non-steroidal anti-inflammatory drugs
NUMSAS	NHS Urgent Medicine Supply
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHiF	Pharmacy Integration Fund
PNA	Pharmaceutical Needs Assessment
POCT	Point of care testing
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWIDs	People who inject drugs
SAC	Stoma Appliance Customisation Service
SCAS	Sunderland Care and Support
SCC	Sunderland City Council
SCCG	Sunderland Clinical Commissioning Group
SGPA	Sunderland GP Alliance
SHMA	Strategic Housing Market Assessment
SSGA	South Sunderland Growth Area
STAR-PU	Specific Therapeutic group Age-sex weightings Related Prescribing Unit
STSFT	South Tyneside and Sunderland NHS Foundation Trust
UTC	Urgent Treatment Centre
UTI	Urinary tract infection
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale

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SUNDERLAND HEALTH AND WELLBEING BOARD

11 July 2022

SUNDERLAND ALL TOGETHER BETTER (ATB) PATIENT, CARER AND PUBLIC SURVEY

Presentation by the Managing Director of All Together Better (ATB)

1.0 Purpose of the Presentation

- 1.1 To update the Health and Wellbeing Board on the survey undertaken by Healthwatch Sunderland on behalf of All Together Better (ATB) in June/July 2021 to gather people's general experiences of using their local out of hospital care services.

2.0 Survey findings

- 2.1 A copy of the survey findings are appended to this report. Key themes/findings are:
- Community health and social care services
 - Medication and prescribing
 - Recovery at home
 - Integrated Discharge Team

3.0 Presentation

- 3.1 A presentation is appended summarising the key findings of the patient survey and how the findings are being used to inform service improvement.

4.0 Recommendation

- 4.1 The Health and Wellbeing Board is recommended to receive and comment on the survey findings.

Patient and public findings report 2021



Published November 2021

Contents

What is Healthwatch Sunderland?	3
Executive Summary	4
Who are All Together Better Sunderland?	6
Methodology	7
Findings.....	9
Community health and social care services.....	9
Medication and prescribing.....	20
Recovery at Home service	23
Integrated Discharge Team.....	26
Conclusion.....	31
Appendices.....	32
Appendix one - Participant Profiles.....	32
Appendix two - Survey	33

DRAFT

What is Healthwatch Sunderland?

Healthwatch Sunderland is the independent local champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

By speaking to Sunderland residents, we aim to understand their needs, experiences (including examples of good practice) and concerns of accessing and using local health and social care services. This intelligence allows us to speak out on their behalf to local service providers, focusing on people's concerns about current services and ensuring they are listened to and addressed by those who are running services.

We encourage and work with local services to involve Sunderland residents in the changes to health and social care provision. The ultimate aim is to get things right with health and social care services which meet the needs of the local community now and in the future.



*We champion what matters to you
and
work with others
to find ideas that work.*

*We are independent and committed
to making the
biggest difference to you.*



Executive Summary

This evaluation was carried out with the aims of discovering and understanding patient's experiences of those services provided by All Together Better Sunderland (ATB) partners.

Across June and July 2021, Healthwatch Sunderland launched a survey to gather people's general experiences of using their local out of hospital health and social care services and spoke to patients of some services on a one-to-one basis.

This report covers the feedback received from those people who engaged and had used services during 2020 and up to June / July 2021. A total of 525 surveys were received with an additional 47 one-to-one interviews undertaken by the Healthwatch Sunderland team.

The purpose of this report is to share the findings with those organisations who make up the ATB alliance to help them identify what is working well and highlight those areas that need to be improved.

Key themes/findings

Community health and social care services

People's experiences with GP practices have predominantly been good. Highest levels of satisfaction were from those patients who had accessed either a nurse practitioner or a practice nurse appointment. However, the most common complaint we heard across all feedback related to people's difficulty of getting an appointment in the first place. Many people reporting they were unable to get through on the phone. When they did get through there were very limited appointments available, especially face-to-face.

Most people were happy with pharmacy services, and we received a lot of positive comments about district nurses and community equipment services.

Medication and prescribing

268 survey respondents stated that they regularly take prescribed medication. Of these patients 50% would like a full medication review and 56% would be happy to have a remote medication review either by phone or video call. Healthcare professionals trusted the most to carry out the review were GPs and hospital specialist/consultant with pharmacists shown to be trusted the least.

Recovery at Home

People reported high levels of satisfaction for this service. Many people reported the service responsive; staff caring and professional was believed to have helped to prevent attendance at the Emergency Department or hospital admissions.

Integrated Discharge Team

Just over a third (34%) of survey respondents didn't feel involved in decisions made regarding their discharge from hospital. In addition, levels of satisfaction around the quality of support they received when leaving hospital was very mixed. Many of those who went straight home from hospital often reported that adequate support wasn't in place for them and this had a negative impact on their health and overall recovery. Whereas those who went into a care facility felt very supported and reported they felt they were making good progress due to the care they were receiving.

Next steps

The feedback from this report and the six reports that look specifically at the results related to the Primary Care Networks will be shared with ATB, to provide robust information upon which to build future service responses.

The PCN reports will focus on experiences of those who have used services based in a particular PCN or with a postcode relevant to that geographical area.

The 6 PCN areas are:

- Coalfields
- Sunderland East
- Sunderland North
- Sunderland West 1 & Sunderland West 2
- Washington

Comments received from survey respondents on specific services will also be shared with ATB.

Who are All Together Better Sunderland?

All Together Better is an alliance that began in 2015 with the aim of bringing together all providers and commissioning organisations in Sunderland to deliver the most personalised, pro-active, and joined-up care possible for people in the city.

By bringing health and social care teams together under one united vision, ATB aims to improve peoples' experiences of using health and care services and their health outcomes and supporting people to live longer with a better quality of life.

Working together as an alliance means that all partners are equal in standing and focused on working across organisations to do what is best for the person and for the whole health and care system.

Partners include:

- Sunderland Care and Support (SCAS)
- Sunderland Clinical Commissioning Group (CCG)
- Sunderland City Council
- Sunderland GP Alliance (SGPA)
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Cumbria, Northumberland, Tyne & Wear Foundation Trust (CNTW)
- Local voluntary and community sector

As we recover from the COVID-19 pandemic, ATB wanted to hear from people on matters that are the most important to them in the community where they live to ensure that community services are organised well, so people have a good experience of care. They also wanted to know what people think they do well and where they need to improve.

As an independent champion for people who use health and care services, Healthwatch Sunderland have supported ATB to carry out this work.

Methodology

Methods used in the engagement with patients and service users included a mix of surveys and one-to-one interviews. Engagement ran for a 5-week period, during June and July 2021.

Survey questions were drawn up by ATB and were designed to gather people's general experiences of using community-based health and care services specifically over the past 12 months and were grouped around four specific areas. These were:

- Community health and care services
- Medication and prescribing
- Recovery at Home
- Integrated Discharge Team

Surveys were promoted via the Healthwatch Sunderland e-newsletter, social media channels, website and via their networks and contacts within the NHS, social care, and local voluntary and community sector. Many of the organisations kindly promoted the survey on their behalf through their own networks and social media links etc.

Surveys were available to complete online using Survey Monkey or as a paper-based- version which was supplied with a self-addressed envelope. In addition, people could call Healthwatch Sunderland where staff were available to assist in completing the survey over the phone.

Healthwatch Sunderland also supported a learning disability and autism advocacy group to complete the surveys via an online workshop. The team also facilitated an online meeting with a Dementia service to ensure the survey was accessible to their service users and carers. The survey was discussed in detail to ensure both Healthwatch and participants got the most out of their survey responses.

In addition to collecting patient feedback via surveys Healthwatch Sunderland worked alongside ATB staff to carry out 47 one-to-one interviews. ATB staff were able to identify suitable patients and gained consent from them to be contacted. Healthwatch staff contacted the identified patients who had recently used or were currently using services delivered by ATB. These included:

- Recovery at Home (Nursing)
- Recovery at Home (Lusci)
- Recovery at Home (GP visits)
- Hospital discharge
- Care home stays
- Farmborough Court
- Wound Clinics
- Intermediate Care Assessment and Reablement (ICAR)

- Community Integrated Team
- Social prescribing

Healthwatch Sunderland staff carried out semi structured interview with each patient that asked questions about a specific ATB service they were currently using. Prior to interviews taking place a guide was created, to guarantee that data collected was as comparable as possible.

Due to COVID-19 lockdown measures being in place, all interviews were carried out remotely. These were in the main by phone, although a small amount of Zoom calls were also made. It is acknowledged that these remote methods are not ideal for reaching some patients who are using ATB services.

DRAFT

Findings

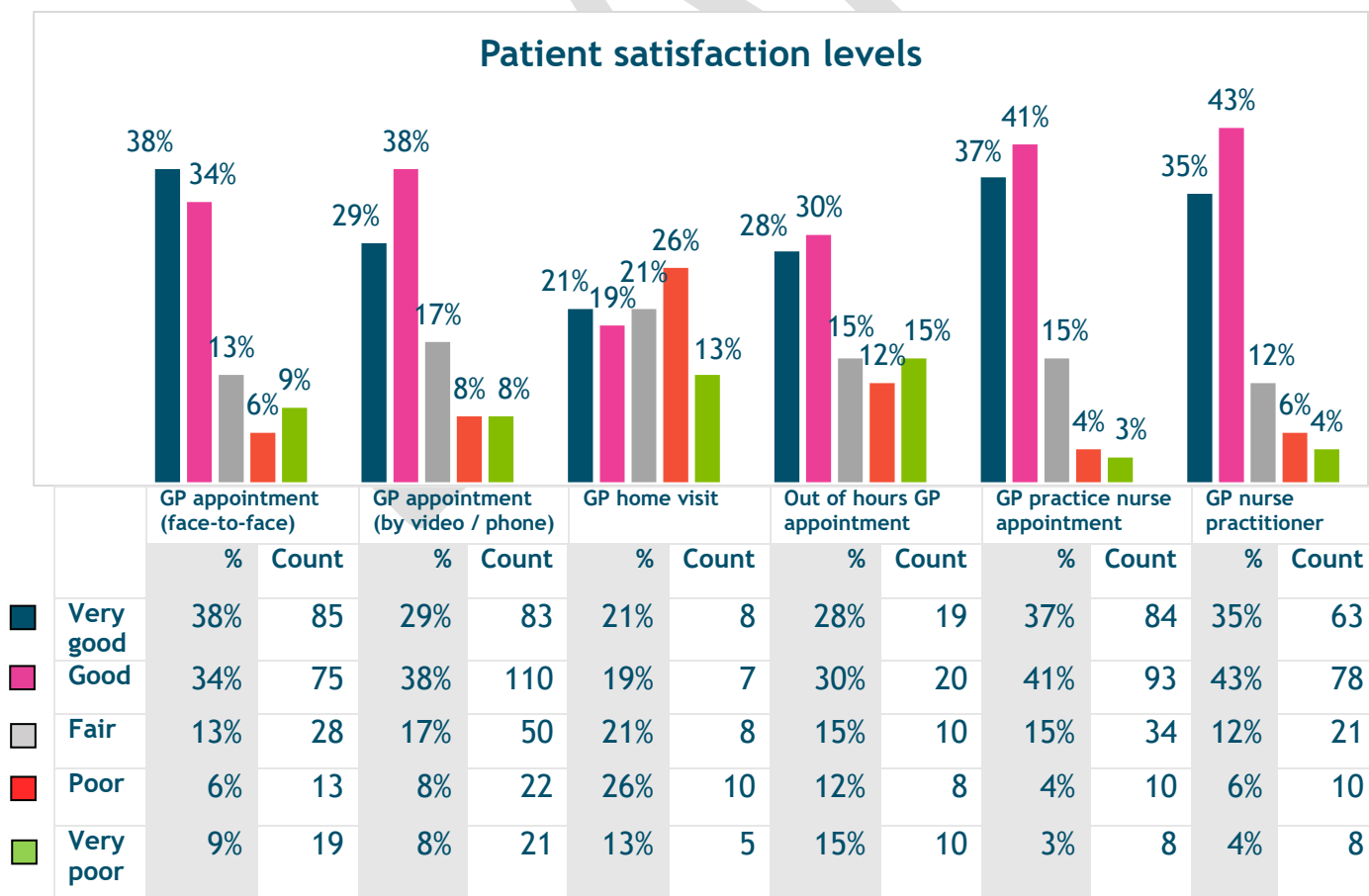
The findings of this report are based on the 525 people who responded to the questions found in the survey (see appendix 3) and the 47 people who took part in a one-to-one interview and answered questions related to a specific ATB service they are a service user or patient of. Please note that not everyone fully completed the survey, resulting in a higher number of responses to some questions compared with others.

Community health and social care services

People’s experiences of using community-based health and social care services were mixed and dependent upon which of the services they had used.

GP practices

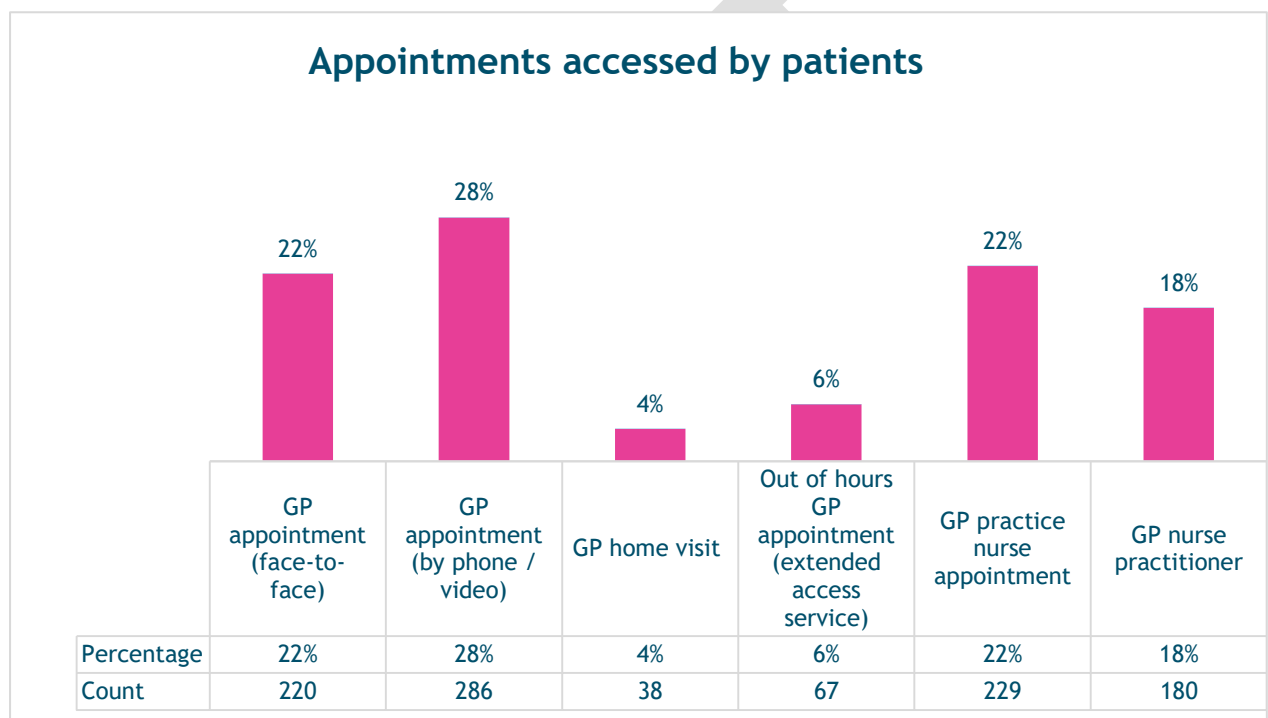
395 people stated they had used their GP over the past year. People were asked to rate their experiences of services used and were invited to give feedback on multiple appointments attended over the past 12 months. This result in 1020 pieces of feedback in total, the results of which can be seen below:



Satisfaction levels of those experiencing a GP appointment by video or phone were high, with most people rating it as either very good or good. Levels of satisfaction were also very similar with those who had accessed a GP face-to-face appointment or an appointment with the GP practice nurse or GP nurse practitioner.

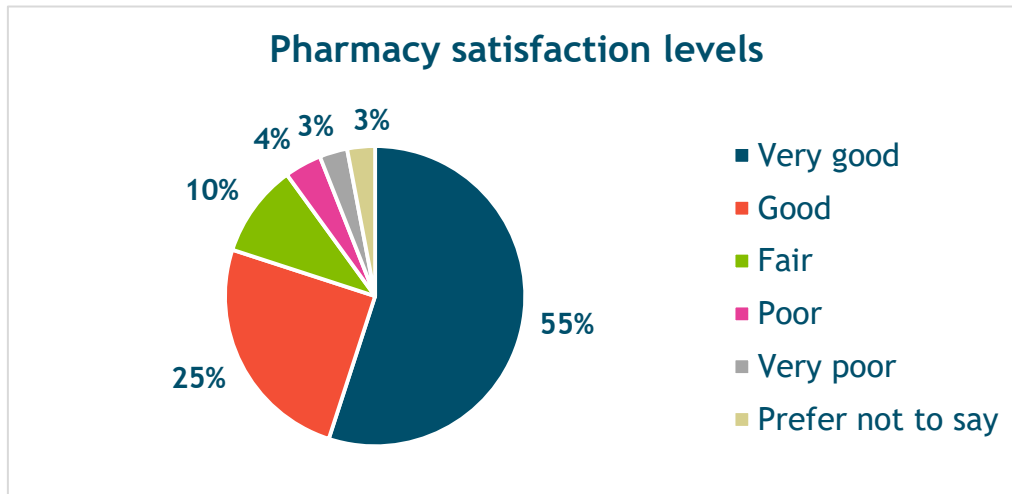
In comparison, levels of satisfaction from those who had used GP home visiting, or the extended access service were lower.

Due to the pandemic most appointments people had accessed were appointments with their GP by video or phone (28%) followed by appointments with their GP face-to-face (22%) or an appointment with their GP practice nurse (22%).



Pharmacies

People were asked if they had made use of a local pharmacy service over the past year. 365 people replied to say they had used one or more local pharmacies, with people being able to rate up to 3 pharmacies. When rating their experiences of using them, 80% of all ratings received were either very good or good.



People reported that they have, in absence of access to some services, started to use their pharmacies more over the past year.



“Have relied on pharmacy services. No issues with the services encountered.”

(Female aged 55-64)

“I have electronic prescriptions ordered online and sent virtually to the pharmacy who dispense and deliver this so quickly - well done Medichem at Vilette road - you are fantastic!”

(Female aged 45-54)

Other survey respondents commented that they have had good experiences of their pharmacies and GP practices working well together.



“GP practice and local pharmacy work well together in my experience.”

(Female aged 35-44)

“GP service and pharmacies have worked well together to deliver services.”

(Female aged 55-64)

Other services

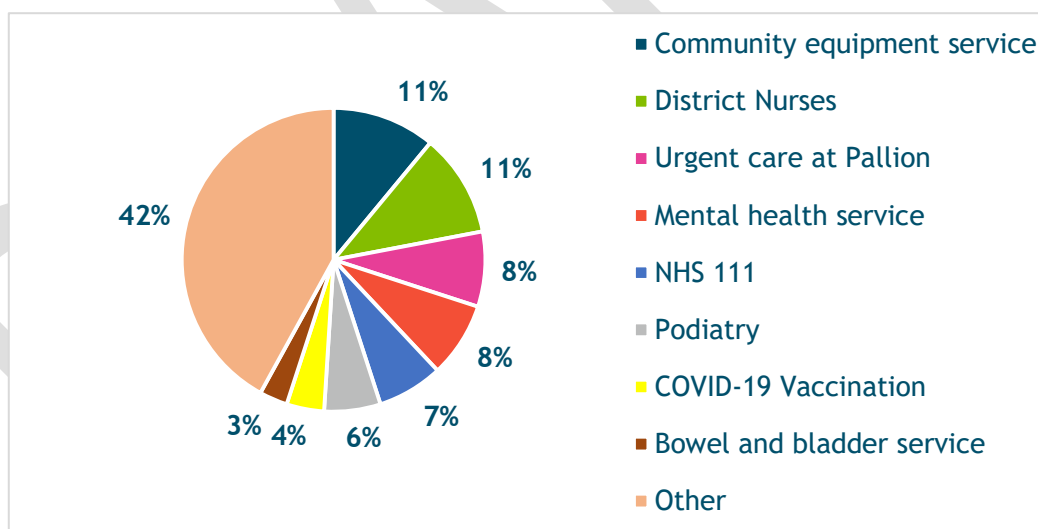
When looking at satisfaction levels of all other services, a range of responses were received. Please see the table of results below:

	Very good		Good		Fair		Poor		Very poor		Total responses
	%	Count	%	Count	%	Count	%	Count	%	Count	
NHS 111	27%	26	28%	27	23%	23	16%	16	6%	6	98
Covid 'Hot Hub' service (testing) at Houghton Primary Care Centre	30%	9	30%	9	26%	8	7%	2	7%	2	30
Urgent Treatment Centre (Pallion Health Centre)	21%	16	32%	25	25%	19	11%	8	11%	8	76
Bowel and bladder service	29%	11	35%	13	14%	5	8%	3	14%	5	37
Mental health services / talking therapies	34%	22	20%	13	8%	5	13%	9	25%	16	65
0-19 years' service (health visiting/school nursing)	31%	9	24%	7	22%	6	6%	2	17%	5	29
Community / district nursing services	33%	17	29%	15	18%	9	10%	5	10%	5	51
Community Acquired Brain Injury Service (CABIS)	14%	2	29%	4	21%	3	15%	2	21%	3	14
Community podiatry services	36%	16	27%	12	16%	7	7%	3	14%	6	44
Community dermatology service	32%	6	26%	5	16%	3	5%	1	21%	4	19
Community physiotherapy	28%	9	32%	10	9%	3	9%	3	22%	7	32
Community dietetics (speaking to a dietician about your diet / nutrition)	50%	13	19%	5	8%	2	8%	2	15%	4	26
Community speech and language therapy	58%	10	18%	3	6%	1	6%	1	12%	2	17
Community respiratory services	35%	6	6%	1	23%	4	18%	3	18%	3	17
Community end of life care services	36%	5	7%	1	14%	2	29%	4	14%	2	14
Community equipment/wheelchair services	38%	14	16%	6	19%	7	16%	6	11%	4	37
ICAR, Houghton le Spring	18%	2	27%	3	27%	3	10%	1	18%	2	11
Farmborough Court	25%	3	17%	2	25%	3	8%	1	25%	3	12
Hospital discharge service (health or social care support to go home)	19%	5	14%	4	26%	7	22%	6	19%	4	26
Urgent care nursing service	40%	10	12%	3	28%	7	4%	1	16%	4	25
Home visiting service	35%	9	19%	5	23%	6	8%	2	15%	4	26
Luscii service (remote monitoring using technology)	21%	3	30%	4	21%	3	14%	2	14%	2	14

Social prescribing practitioner - a person who supports you to access different community and voluntary sector services	19%	3	12%	2	31%	5	19%	3	19%	3	16
Wound care hub at Washington Primary Care Centre	25%	4	31%	5	13%	2	18%	3	13%	2	16
Wound care hub at Houghton Primary Care Centre	10%	1	30%	3	20%	2	10%	1	30%	3	10
Wound care hub at Riverview Health Centre	40%	7	24%	4	12%	2	6%	1	18%	3	17
Wound care hub at Silksworth Health Centre	10%	1	30%	3	30%	3	10%	1	20%	2	10
Wound care hub at Springwell Health Centre	22%	2	22%	2	22%	2	12%	1	22%	2	9
Wound care hub at Southwick Health Centre	41%	5	17%	2	17%	2	8%	1	17%	2	12

As part of the survey, people were invited to comment on the services they had used and were asked to share which they were most satisfied with:

Which of the community services that you rated in the table above were you most satisfied with?



126 responses were received and the three services that people specifically commented on most and were most satisfied with were the District Nurses, Community Equipment Services and Urgent Care at Pallion. Many people commented that they were responsive and provided good care.

 “Community district nurses, good response time and have always given good care and advice.”

(Female aged 55-64)


“Equipment/wheelchair services. They realised what I would need and delivered it promptly.” 

(Male aged 75+)

Positive opinions on the district nurse teams were also reiterated by those people who took part in the interview process. All those who spoke to the Healthwatch Sunderland team were happy with the service and gave high praise to the nurses supporting them with some commenting that their conditions were improving. No one indicated any areas of the service needed improving.


 “I have no faults whatsoever. My wounds are healing well, and they are happy with me. Everything is good, I have all the support I need.”

(Female aged 55-64)

“The nurses are brilliant - I can't complain. They are always happy and smiling, I am really pleased with the level of service I get. I can't fault the service. If it wasn't for the nurses, I wouldn't be alive, they deserve all the praise in the world.” 

(Male aged 75+)

Positive comments were also received about the Urgent Treatment Centre at Pallion.

 “Urgent treatment centre - seen within a reasonable amount of time, very professional service, made my daughter feel at ease, very good treatment, and advice.

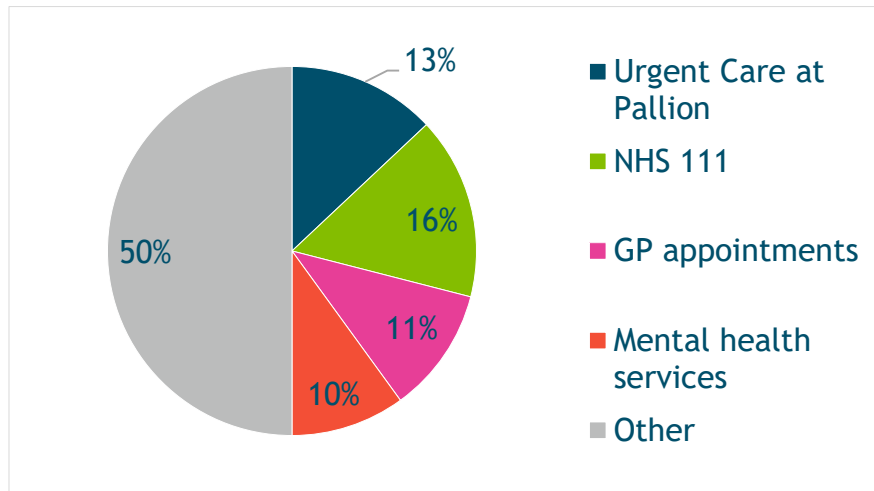
(Female aged 25-34)

“Pallion Urgent Care - able to have an x-ray - extremely quickly. Nurse was very efficient and caring.

(Female aged 45-54) 

As part of the survey, people were also invited to comment on the services they had used which they felt needed improving:

Which of these community services that you rated in the table above do you feel needs to be improved?



91 responses were received and the three services that people specifically commented on the most and were least satisfied with were Urgent Care at Pallion, NHS 111 and GP appointments.

Many people feeding back on Pallion Urgent Care, reported negatively on quality of the treatment and care received.

“Pallion walk in centre as when we used it, we waited hours and when finally seen it was like they seem to do little care and rush you out with pills.”

(Female aged 45-54)

“I ‘hurt’ my elbow, waited at A&E for ages, saw two staff members and then told I should be in Pallion Health Centre. Went to Pallion Health Centre and was sent back to A&E. I later had two operations on my elbow and had an artificial elbow fitted.”

(Female aged 65-74)

People's common concerns with the NHS 111 service were with waiting times to get through on the telephone and quality of the service received.



“NHS 111. At a time when it is so difficult to access urgent care or GP advice. After a serious fall I required advice and referral to urgent care. I called 111 and was dismayed to be in a queue with estimated wait of 40 minutes. This happened again and again. In trying to keep any A&E visits to a minimum I would expect this service could prove invaluable if staffing improved.”

(Female aged 55-64)

“NHS 111 - unnecessary escalation to emergency ambulance when actually required referral to afterhours service.”

(Female aged 45-54)

Those who felt GP practices needed improving, mainly commented on availability and access to appointments, especially the lack of available face-to-face appointments.

“GP contact has been shocking for elderly family members, waiting for an hour in queue and then cut off. I have witnessed elderly parents neglecting health issues as they feel unable to access a GP or practitioner and scared to risk hospitalisation as the prospect of not having family to visit is unbearable.”

(Female aged 55-64)

Frustrations around GP access were also one of the main areas survey respondents commented about when they told us what one thing the NHS could do to improve community services in their local area. Around 26% of all comments received stated that it was important to have access to GP appointments when needed and access to GP surgery appointments should be flexible.



“Make more appointments available for GPs. I don't want to ring up every day to see if there is space. Have never been informed of out of hours appointments, I've had to ask.”

(Male aged 65-74)

“Return the GP service to being a first line of contact, investigation and treatment. Improve its accessibility and ensure patients are seen face-to-face in a timely manner.”

(Female aged 65-74)

People also told us what they felt health or care community services could do to support their daily life. Lack of GP access was mentioned many times, as was seeking those out in the local community, who may be vulnerable such as the elderly, those with mental ill health, disabilities, or long-term health conditions. People suggested that services need to do more to identify these groups and support them in ways that will promote better health and wellbeing.

“Maybe check in on patients with lifelong conditions, to see how they are managing.”

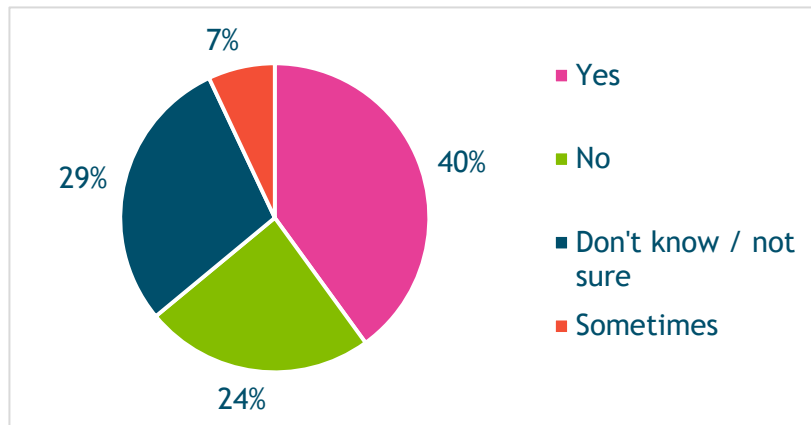
(Female aged 45-54)

“More regular reaching out to patients rather than waiting for the patient to contact them.”

(Female aged 25-34)

People’s feedback on whether they thought health and care staff work well together was mixed, with a high number of people commenting that they did and didn’t agree with this.

Do you think different health and care staff work well together in your local area?



300 responses were received to this question and whether people responded either positively or negatively, most people agreed that communication and partnership/joined up working were key factors to enable staff to work well together.

“Yes, they collaborate together and communicate to provide high quality care and support to customers/patients to remain independent as possible in their own homes.”

(Female aged 45-54)

“A recent experience of a relative indicated that communication between hospital and community services could have been much better.”

(Male aged 55-64)


“They work well, but the lack of communication is frightening.”

(Male aged 24-34)

Social prescribing

As part of the one-to-one interview process the Healthwatch Sunderland team also spoke to 4 patients, specifically asking them to feedback on their recent experience of using the social prescribing service. Patients were from the North, East, West 1 and West 2 areas of the city.

All those who had used the service gave positive feedback on their experiences. People commented that the service was supportive and that the Prescribers were knowledgeable.

 “The Social Prescriber is a really good role and has worked really well for us. The support is still ongoing and is yet to be fully resolved but we are progressing well and we would not be where we are without the Social Prescribers support.”


(Male aged 45-54, carer of social prescriber patient)

“We are very happy with the support she has received, so nothing to be improved upon. We would just like to say thanks.”

(Female aged 25-34) 

Wound care hubs

As part of the interview process the Healthwatch Sunderland team spoke to five patients who had used the wound care hubs across the city. Feedback was positive and people commonly told us that the service helps with continuity of care and they liked the proximity of the hubs location to where they lived.

 “When it was the district nurses who dressed my wounds there was no continuity of care. Now at the wound hub there is. I normally see the same nurse. The centre is only a short bus ride away from home and it takes about the same time it took me to walk to the GP practice.”

(Male aged 65-74)

“The continuity of care works well - I normally have the same two nurses, who know me, know what is wrong with me and how to care for me.”

(Female aged 55-64) 

Medication and prescribing

50% of people who regularly take medication would like a full medication review. Professionals trusted the most to carry out the review were GPs and hospital specialists/consultants.

268 people responded to say that they regularly take prescribed medication. Of these 54% stated they hadn't had any medication changes over the past 12 months. People gave reasons as to why they thought this was. Most believed this was due to either their health which had remained stable, so no changes were necessary, or because of COVID-19 restrictions they were unable to have an appointment with their GP to carry out a review.



“No change required as routine check-ups confirmed no change in the conditions.”

(Female aged 55-64)

“I think the doctors are too busy or it's not a priority to review.”

(Male aged 45-54)

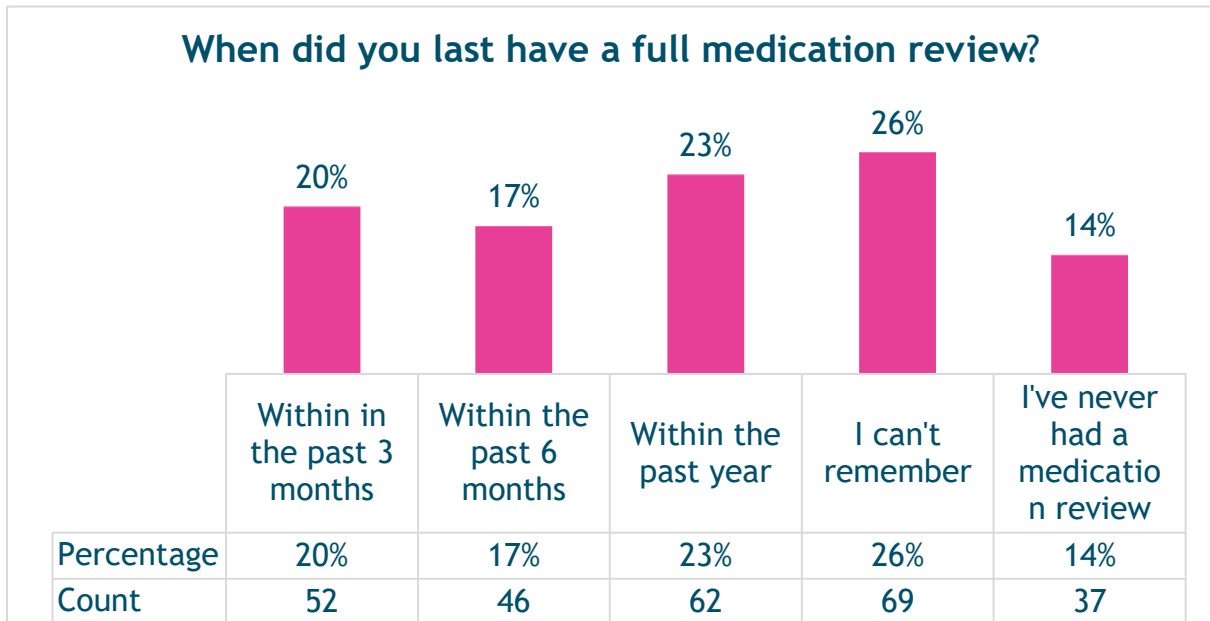
Of the 46% whose medication had changed, most cited they believed the reasons were because of changes in their medical condition/s.

“Because I had blood tests done and it was noted I may be anaemic, so a new pill was added to my list.”

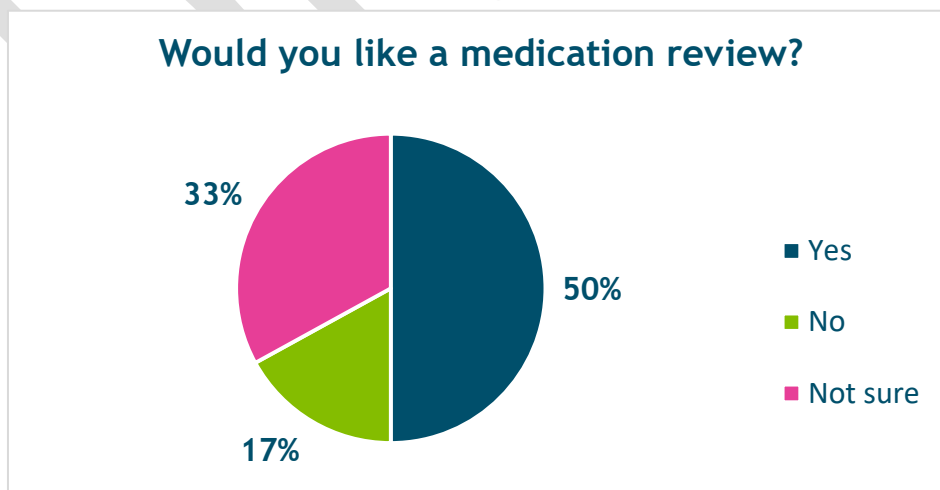
(Female aged 65-74)



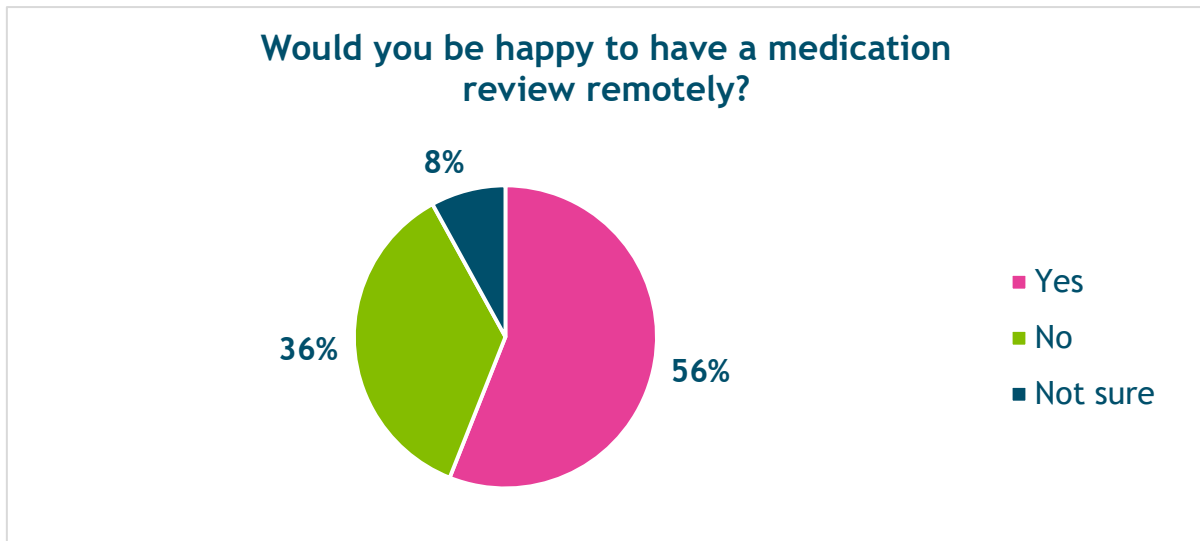
A total of 60% of those people who were taking prescribed medication, said they had received a full medication review by a professional within the past year and the remainder of people (26%) either couldn't remember when they had last had one or 14% of people had never had a medication review.



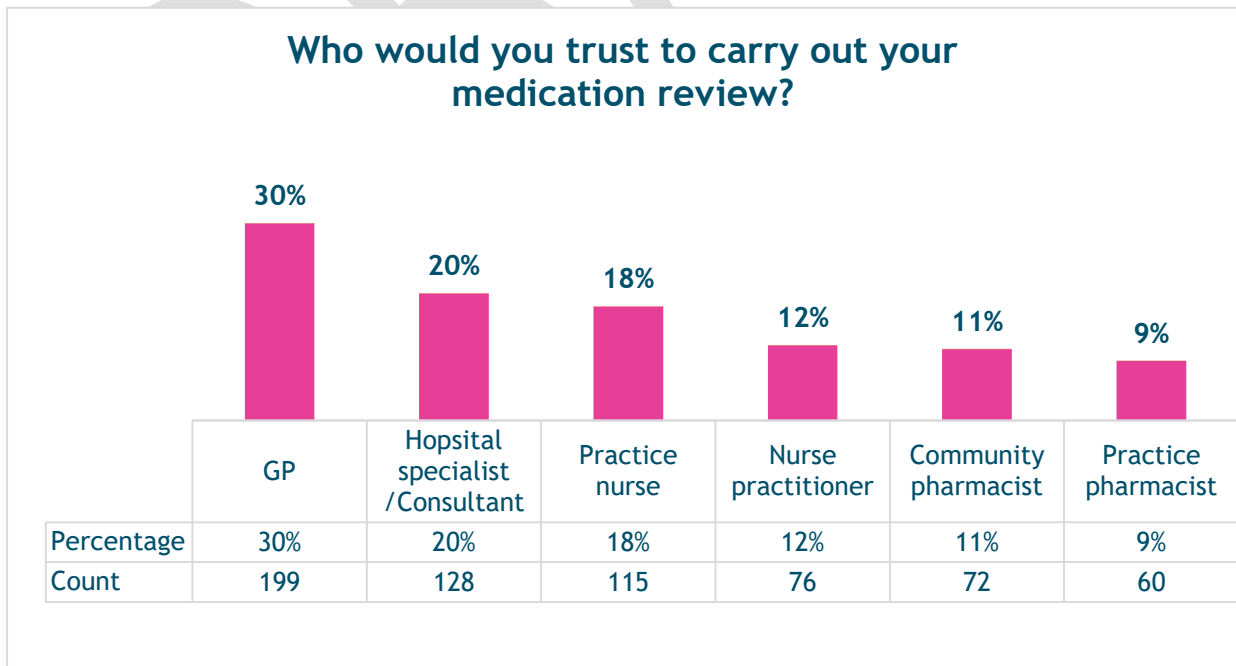
When asked if they would like a medication review the majority of people (50%) answered yes, 17% people answered no and a further 33% were unsure.



56% of people when asked, would be happy to have a remote medication review either by phone or video call.



People were asked who they would trust to carry out the review and were asked to tick all that applied. 650 responses were received with most people choosing their GP or hospital specialist/consultant. In comparison pharmacist were opted for the least.



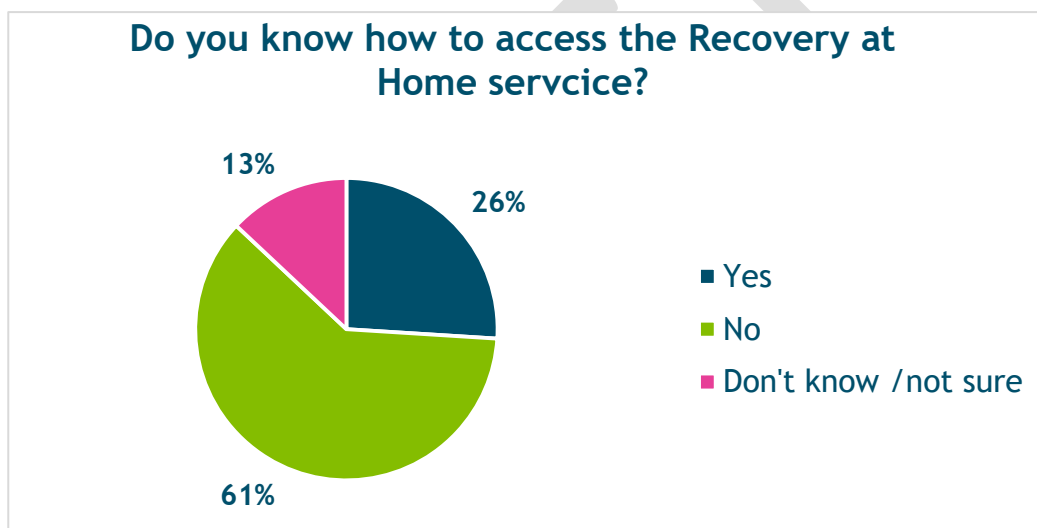
Recovery at Home service

Most people found the service responsive and helped to prevent hospital admissions.

The 'Recovery at Home' service in Sunderland operates 24 hours a day, seven days a week. The team respond quickly when people become suddenly unwell. It aims to help people stay well at home without the need to go to hospital.

374 people responded to questions in the survey on the Recovery at Home service, of these 75% of people when asked, hadn't heard of the service.

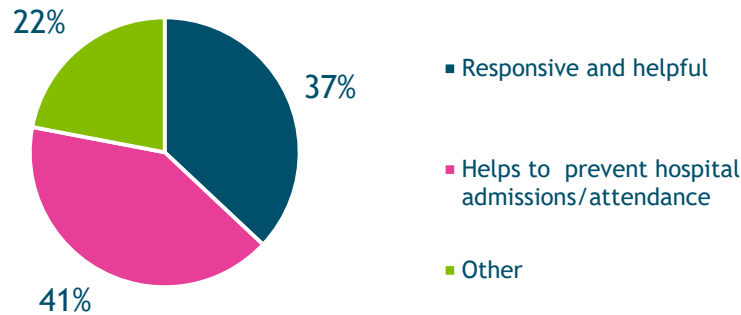
The majority of people (61%) when asked didn't know how to access the Recovery at Home service, 26% agreed that they did and a further 13% were unsure.



59 people said that they or one of their family members was using the Recovery at Home service and when asked what they thought worked well with the service many people were positive about it and gave comments linked to the following themes:

- It helped to prevent hospital admissions,
- Aids the patients to recover at home in more comfortable surroundings,
- Helps to promote people's independence,
- Is responsive and helpful.

What works well with Recovery at Home service?



“They supported my relative after discharge from hospital to regain independence. He would have let everyone run around after him, but they were great to empower him to be independent rather than rely on support.”

(Female aged 25-34)

“Responsive service and good to know it’s there for people with long term conditions when they get poorly as can be difficult to get GP practice appointment and if person already known to Recovery at Home service - it is another avenue for support without having to take a frail elderly person to A&E unnecessarily.”

(Female aged 55-64)

People who were interviewed on a one-to-one basis and were specifically asked about their experience of the Recovery at Home service, also gave positive feedback about the service. Of the 14 patients the Healthwatch Sunderland team spoke to who using of the Recovery at Home service, all but one gave positive comments. These positive comments echoed those who fed back about the service in the survey. They again said that services were responsive and helped to prevent them from going into hospital.



“This service has definitely stopped me from going into hospital so much. I was in hospital and they told me they could treat me at home, and I jumped at the chance. There is only me and my wife at home you see. They came out every day for 7 days until I was feeling better. Everything worked like clockwork. They are all really nice girls.”

(Male aged 75+)

The one negative comment related to the patient not being happy at the several hours wait for a visit from a nurse.

All five patients who a Healthwatch staff member spoke to about the Luscii service, gave positive comments. Again, the common themes were that the service had helped to prevent hospital admissions and staff were helpful and responsive. In addition, these patients also added that the service helps to provide them and their family security and reassurance.

“Using the Luscii system is definitely keeping me out of hospital. 2019 was a bad year for me and the nurses sorted out a change of medication and got me onto the Luscii programme and with more regular checks things started to look up for me. I feel I am being checked on and looked after well. I can pick up the phone at any time and know there is support available. I have the reassurance I need. My wife has also benefitted as she doesn't worry so much about me.”

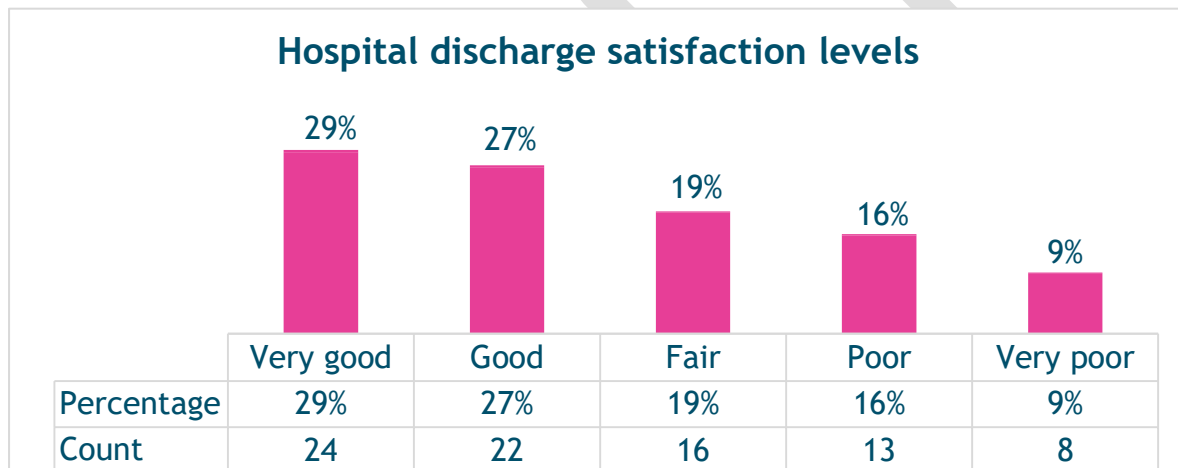
(Male aged 65-74)

Integrated Discharge Team

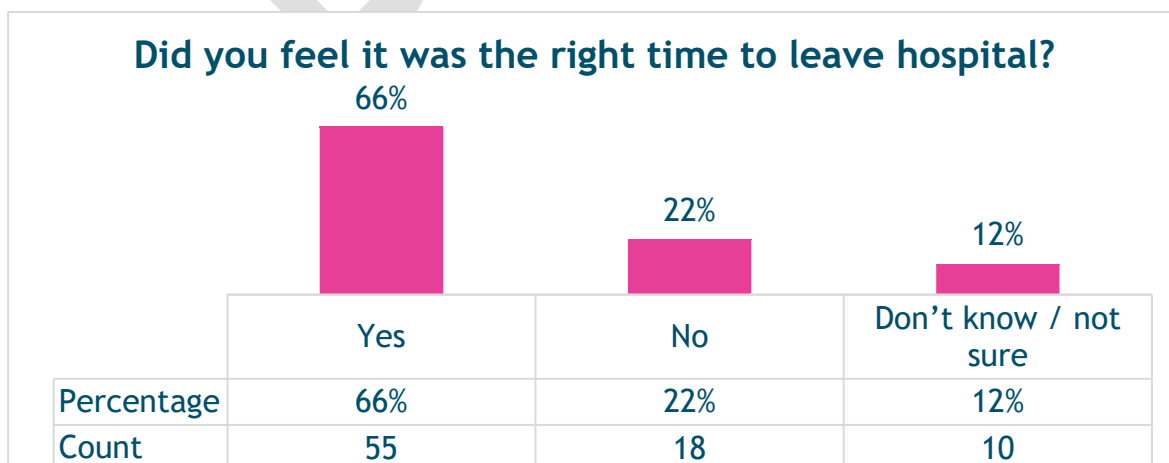
56% of people who had been in hospital rated their experience of being discharged as very good (29%) or good (27%), however 34% of people didn't feel involved in decisions made.

The 'Integrated Discharge Team' helps patients to get safely back home after a stay in hospital. People can go straight home, or to another care setting with the right support in place to help them get well.

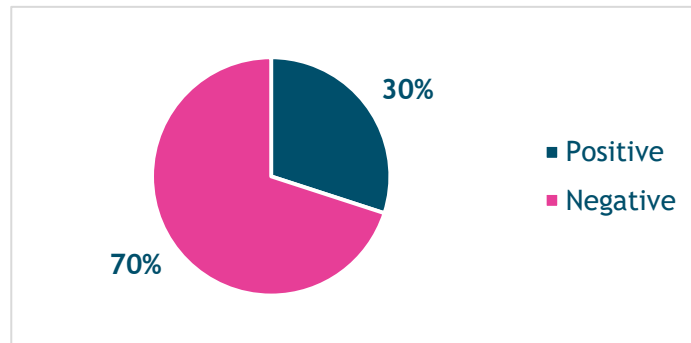
83 people completing the survey responded to say that they or a family member had been an inpatient in Sunderland Royal Hospital in the past 12 months and rated their experiences of being discharged. Of these people, 92% went straight home and the remainder went to another care facility including ICAR, a local care home or St Benedict's Hospice.



When asked if they felt they had been discharged at the right time, the majority (66%) replied they did with many commenting that they had only expected to be in hospital for a short period of time.



56 people made further comments about the timing of their discharge from hospital, these were mostly negative.



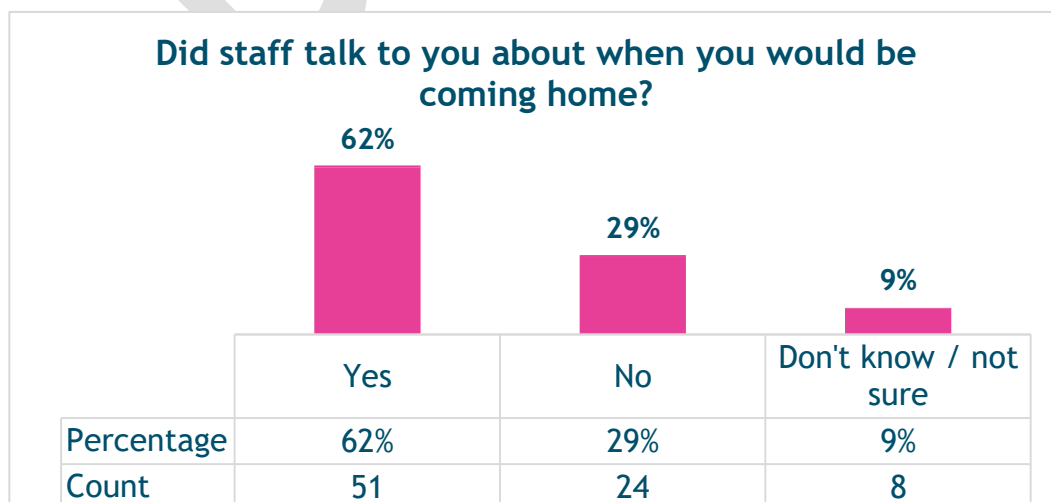
“I was in Sunderland Hospital in June 2020. On that occasion, front-line - ambulance, reception and ward staff were superb. Follow-up after discharge has been brazenly appalling. Re. Q32 What care plan??

(Male, aged 65 - 74)

“No coordination with social services. No discharge care package in place on discharge. Patient expected to look after themselves over the weekend until social services could assess the following week.

(Male, aged 45 - 54)

62% of those who had a hospital stay replied when asked, that staff had talked to them about when they would be going home. With a further 29% replying no and 9% unsure.



People were asked to provide any additional comments they wished to make. Many of the comments received about the hospital discharge process were negative and related to those who felt they or their family member had been discharged from hospital too soon.



“A loved one was discharged not because they were well but because there were no available beds.”

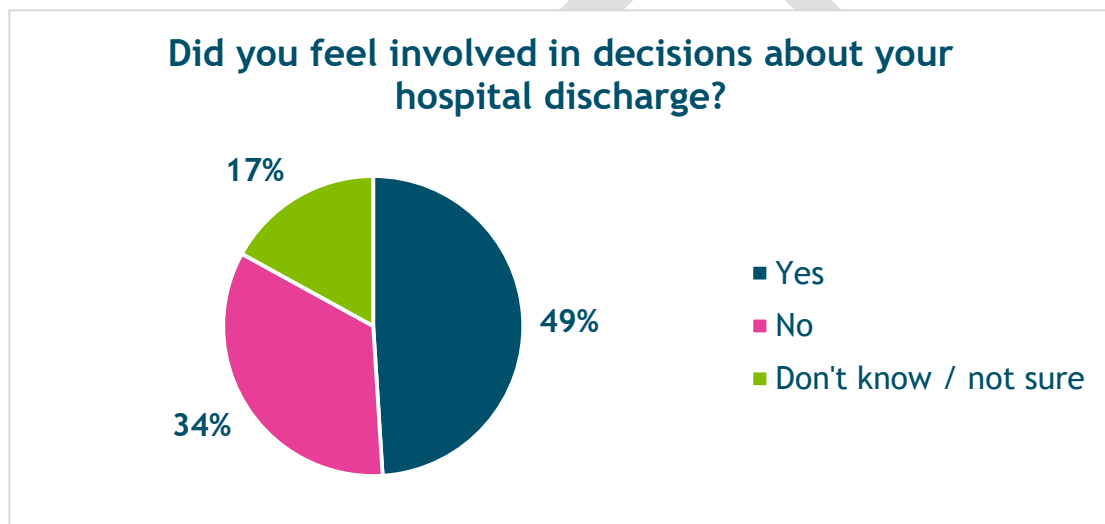
(Female, aged 25-34)

“Sent home two hours after surgery, zero after care received.”

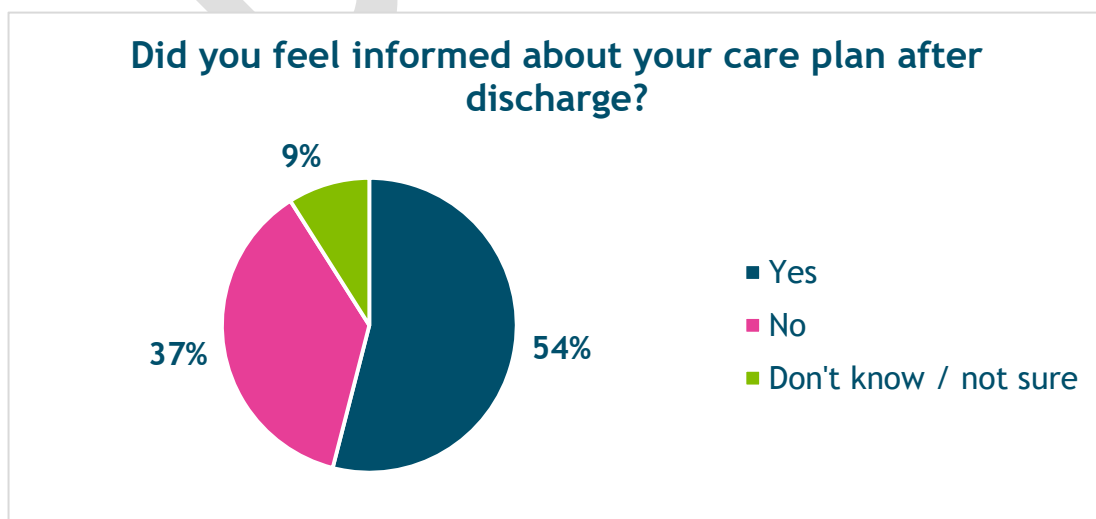
(Female, aged 35-44)



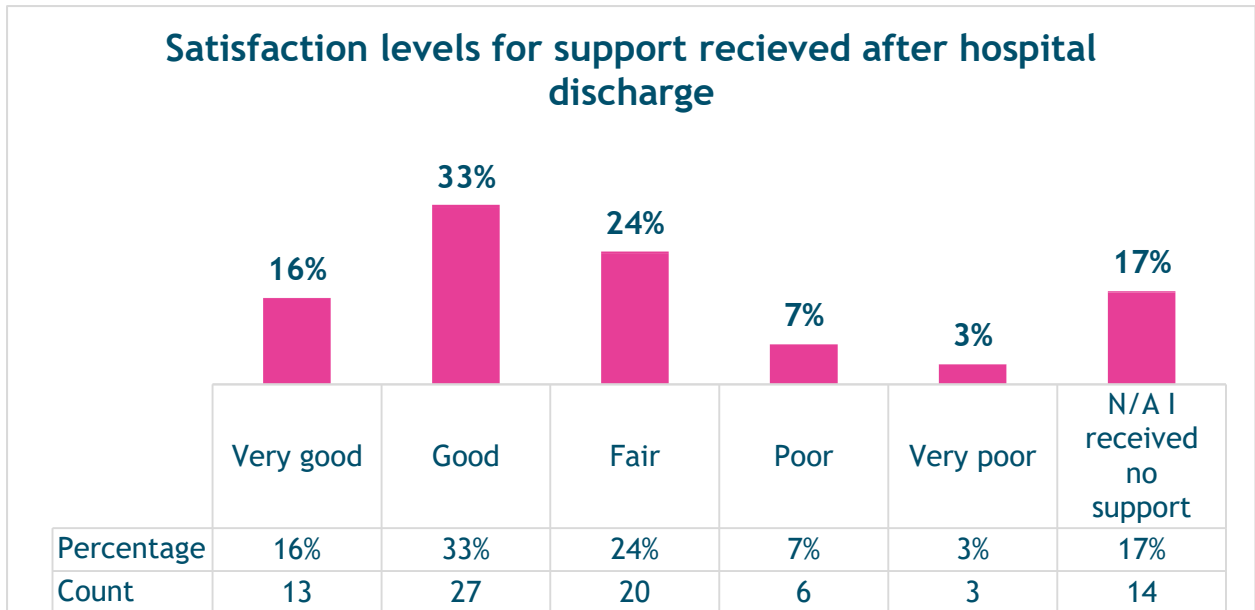
Slightly less than half of the people (49%), completing the survey stated that they had felt involved in decisions made about their discharge from hospital.



Just over half (54%) of people when asked felt involved in their care plan after discharge.



There was a mixed response when survey respondents replied about the quality of support they received when leaving hospital.



Some of the comments received included:



“Not all equipment was in place when returned home, resulting in being confined to bed for 4 weeks until some of the equipment was delivered.”

(Female aged 55-64)

“No coordination with social services. No discharge care package in place on discharge. Patient expected to look after themselves over the weekend until social services could assess the following week.”

(Male aged 45-54)

In contrast, during the interview process those 8 patients the Healthwatch team spoke to who had been discharged from hospital and were either in a local care home, Farmborough Court or ICAR, were mainly positive about their experience and the follow up care they were receiving. People commonly talked about feeling supported by the staff at these services, with many commenting that their health and condition had improved because of the care they had received.

“I am really happy here with the people, the place and the care I receive. The care is fantastic! I am being kept informed about my care and have been included in my discharge decisions. There are changes which need to be made at home before I can leave.”

(Female aged 75+, patient at Farmborough Court)

“Excellent staff, I am amazed at the attitude, bright, friendly, positive attitude towards me. I couldn’t walk but I am now walking with a frame.”

(Female aged 75+, patient at ICAR)

Despite feeling well cared for and involved in the decisions around their hospital discharge, many of these patients also commented on the impact COVID-19 had on their stay in the home or rehabilitation centre. Many told us that they had struggled with isolation due to the restrictions that were in place.

“I’ve progressed a lot since I came in here 8 days ago. I wish my wife could visit me in my room and not have to stand at the window. We understand why she can’t come in but in all 3 hospitals she could, and it makes a difference to how you feel.”

(Male aged 55-64, patient at Farmborough Court)

“I am well looked after, although I am extremely lonely due to the isolation period.”

(Male aged 75+, patient at Holy Cross)

Conclusion

The aims of this evaluation were to find out which services require improvements, what people think is working well and what is most important to them in the community where they live. Armed with this intelligence, service providers can use it to ensure that community services are organised well, ensuring people have a good experience of care.

The findings, based on feedback received has shown those areas that are working well and with the highest levels of satisfaction which are the Recovery at Home service, district nurses, pharmacies and community equipment services. People have told Healthwatch Sunderland that these service areas rank highly as they feel they offer good support, involve them, offer choices, and can be easily accessed by themselves and their family.

People expressed that they understand the pressures services have been under due to COVID-19 restrictions and have praised staff for their continued support. However, findings found that people felt least satisfied with access to face-to-face GP appointments and involvement in decisions made around the hospital discharge process and the quality of support received when leaving hospital.

Although people weren't dissatisfied with not having had a medication review over the past year, 50% of those on regular prescribed medication would value a full medication review. 30% of all ratings received for who they most trusted to carry out their medication review, were for the GP and the least number of ratings received were for the practice pharmacist (9%).

Finally, people told us what was important to them in the community in which they live. Many people commented that they would like to see more support offered to the most vulnerable in their community. It was suggested that health and care services need to be proactively seeking these individuals out and support them in ways that will promote better health and wellbeing.

Appendices

Appendix one - Participant Profiles

We gathered feedback from 525 patients and/or service users who completed the survey. Not everyone completed the section requesting their demographics as these were made optional, of those who did:

- 83% of people were completing the survey for themselves and 17% on behalf of someone else.
- 78% of survey respondents were female.
- Survey respondents lived in the following geographical areas:

Area	Count
Sunderland East	144
Sunderland West	124
Sunderland North	96
Washington	82
Coalfield	77

- 7 respondents were pregnant or had been pregnant over the past year.
- Most people were either married or single.
- 53% of people had a disability or a long-term health condition.
- The majority were heterosexual or straight with 2% identifying as Bi/bisexual, 1% as Gay/lesbian and 1% Asexual.
- 97 respondents had primary or secondary caring responsibilities for someone with a disability and/or a health condition.
- Those who shared their ethnicity were mostly White British (93%) followed by 3% who were Asian/Asian British, 1% who were Black/Black British and 1% who were mixed race.
- 31% of people stated they had no religion and most people (62%) stated they were Christians. 4% stated they were Muslim and 3% another religion.
- Ages of respondents is as follows:

How old are you?	Percentage
16-17	1%
18-24	3%
25-34	8%
35-44	13%
45-54	21%
55-64	25%
65-74	17%
75 or older	10%
Prefer not to say	2%

Appendix two - Survey



All Together Better patient and public involvement survey

Help us improve community health and care services in Sunderland

Introduction

The NHS in Sunderland is working with health and care partners as part of an alliance known as All Together Better. They want to improve health and care services. Their aim is to make sure our community services are organised well so people have a good experience of care. As an independent voice for those who use these services Healthwatch Sunderland is supporting this work and ensuring that people's views are listened to and feedback.

As we recover from the COVID-19 pandemic, All Together Better want to hear from you. Please complete their short survey. Tell us what matters most to you about health and care services in the community where you live. They would also like to know what you think they do well and where they need to improve.

Please answer this survey if you live in Sunderland and have recently used any community health and care services. This means all services outside of hospital. By recent we mean during 2020 and up to the present day.

The survey should take no longer than 5-10 minutes to complete.

Healthwatch Sunderland take your privacy seriously. The information you provide on this form will be stored electronically. Your comments will be shared with All Together Better, healthcare providers and Healthwatch England, to help them improve services. Please note the information you provide will be kept confidential, except that anonymised quotes may be used.

Section 1: Community health and care services

All Together Better want to improve health and care services in our local communities. By 'local' we mean the specific place or area in Sunderland where you and your family live. GPs and other health and care staff want to improve how they work together. We know there is always room for more improvement.

1. Are you completing this form as a carer to someone who uses services?

- No I'm completing it on behalf of myself
- Yes I'm completing it on behalf of someone I care for

2. What is your full postcode?

3. Have you recently used your GP practice?

- No
- Yes If yes please state the name of your GP practice and rate the services used below (rate all that apply)

Name of GP practice

	Very good	Good	Fair	Poor	Very poor	Prefer not to say
GP appointment (face-to-face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP appointment (by phone / video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours GP appointment (extended access service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP practice nurse appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP nurse practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Have you recently used your local pharmacy service?

Yes

No

If yes, please state the name of the pharmacy services used and rate them below (name up to 3 pharmacies used)

Name of pharmacy used	Very good	Good	Fair	Poor	Very poor	Prefer not to say
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please see a list of services below. Please rate those services recently used or if you have not used any services below go to question 8.

	Very good	Good	Fair	Poor	Very poor	Prefer not to say
NHS 111						
Covid 'Hot Hub' service (testing) at Houghton Primary Care Centre						
Urgent Treatment Centre (Pallion Health Centre)						
Bowel and bladder service						
Mental health services / talking therapies						
0-19 years service (health visiting / school nursing)						
Community / district nursing services						
Community Acquired Brain Injury Service (CABIS)						
Community podiatry services						
Community dermatology service						
Community physiotherapy						
Community dietetics (speaking to a dietician about your diet / nutrition)						
Community speech and language therapy						
Community respiratory services						

Community end of life care services						
Community equipment/wheelchair services						
Intermediate care / rehabilitation in a community hospital bed at either:						
ICAR, Houghton le Spring						
Farmborough Court						
Hospital discharge service - health or social care support to go home						
Recovery at Home service:						
Urgent care nursing service						
Home visiting service						
Luscii service (remote monitoring using technology)						
Social prescribing practitioner - a person who supports you to access different community and voluntary sector services						
Wound care hub at either:						
Washington Primary Care Centre						
Houghton Primary Care Centre						
Riverview Health Centre						
Silksworth Health Centre						
Springwell Health Centre						
Southwick Health Centre						
Other - please state below:						

6. Which of the community services that you rated above were you **most satisfied** with? Please tell us the name of the service and explain why in the box below.

7. Which of these community services that you rated above do you feel **needs to be improved**? Please tell us the name of the service and explain why in the box below.

8. Do you think different health and care staff work well together in your local area?

- Yes
- No
- Don't know / not sure

Please explain your answer above

9. If there was one thing the NHS could do to improve health and care community services in your local area, what would it be?

10. What else could health or care community services do to give you more support in your daily life?

Section 2: Medication and prescribing

11. Do you take any regular medication prescribed by your GP? (other than the contraceptive pill)?

- Yes

No (Please go to question18)

12. Has your prescribed medication changed over the past year?

Yes

No

Don't know / not sure

13. Why do you think this is?

14. When was the last time a healthcare professional did a full review of all the medicines and tablets you are taking?

Within the past 3 months

Within the past 6 months

Within the past year

I can't remember

I've never had a medication review

15. Would you like to have a medication review?

Yes

No

Don't know / not sure

16. Would you be happy to have a medication review remotely - either by telephone or video?

Yes

No

17. Who would you trust to do this? Tick all that apply

- Practice pharmacist
- GP
- Nurse practitioner
- Practice nurse
- Community pharmacist
- Hospital specialist/consultant

Section 3: Recovery at Home service

The 'Recovery at Home' service in Sunderland operates 24 hours a day, seven days a week. The team responds quickly when people become suddenly unwell. It aims to help people stay well at home without the need to go to hospital.

18. Have you heard of the 'Recovery at Home' service?

- Yes
- No
- Don't know / not sure

19. Do you know how to access the 'Recovery at Home' service?

- Yes
- No
- Don't know / not sure

20. Have you or any of your family used the 'Recovery at Home' service? (If no please go to question 23.)

- Yes
- No
- Don't know / not sure

21. If yes what works well about the 'Recovery at Home' service?

22. How could the 'Recovery at Home' service be improved?

Section 4: Integrated Discharge Team

The 'Integrated Discharge Team' helps patients to get safely back home after a stay in hospital. People can go straight home, or to another care setting with the right support in place to help them get well.

23. Have you, been an inpatient at Sunderland Royal Hospital in the past 12 months?

- Yes
- No (Please go to question 31)

24. If yes would you rate the experience when being discharged from hospital?

- Very good Good Fair Poor Very poor

25. Did you feel it was the right time for you to leave hospital?

- Yes
- No
- Don't know / not sure

Please explain your answer above

26. During your hospital stay, did staff talk to you about when you would be going home?

- Yes
- No
- Don't know / not sure

27. Did you go straight home from hospital or somewhere else?

- Straight home
- To another care facility (Please state where in the box below)

28. Did you for feel involved in decisions about your discharge from hospital?

- Yes
- No
- Don't know / not sure

29. Did you feel informed about your care plan after discharge?

- Yes
- No
- Don't know / not sure

30. How would you rate the support you received after being discharged from hospital?

- Very good
- Good

- Fair
- Poor
- Very poor
- N/A I received no support

31. Please use the box below to leave any additional comments you wish to make about your experiences of using health and care services in your local community.

Equality Monitoring Questions

We are asking these questions because we want to make sure that we have asked lots of different people for their views. You do not have to answer these questions if you do not want to but we hope you will complete them.

1. How old are you?

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> 16 - 17 | <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 65 - 74 |
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 45 - 54 | <input type="checkbox"/> 75 or older |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 55 - 64 | <input type="checkbox"/> Prefer not to say |

2. Which one of the following best describes your gender?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Male | Female | Other | Prefer not to say |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you describe your gender with another term, please provide this here:

.....

3. Are you currently pregnant or have you been pregnant in the last year?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Prefer not to say | Not applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Are you currently...?

- | | |
|---|--|
| <input type="checkbox"/> Single (never married or in a civil partnership) | <input type="checkbox"/> Separated (but still legally married or in a civil partnership) |
|---|--|

- Cohabiting Divorced or civil partnership dissolved
- Married Widowed or a surviving partner from a civil partnership
- In a civil partnership Prefer not to say

5. Do you have a disability, long-term illness or health condition?

- Yes No Prefer not to say

6. Do you have any caring responsibilities? (Please tick all that apply)

None	<input type="checkbox"/>
Primary carer of a child or children (under 2 years)	<input type="checkbox"/>
Primary carer of a child or children (between 2 and 18 years)	<input type="checkbox"/>
Primary carer of a disabled child or children	<input type="checkbox"/>
Primary carer or assistant for a disabled adult (18 years and over)	<input type="checkbox"/>
Primary carer or assistant for an older person or people (65 years and over)	<input type="checkbox"/>
Secondary carer (another person carries out main caring role)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

7. Which race or ethnicity best describes you? (Please select one box only)

White (British, Irish, European, other)	<input type="checkbox"/>
Mixed race (Black & white, Asian & white, Other)	<input type="checkbox"/>
Asian/Asian British (Bangladeshi, Chinese, Indian, Pakistani, other)	<input type="checkbox"/>
Black/ British Black (African/Caribbean/ Other)	<input type="checkbox"/>
Gypsy or Traveller	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, please state	<input type="checkbox"/>

8. Which of the following terms best describes your sexual orientation?

- Heterosexual or straight Bi/bisexual Prefer not say
- Gay / lesbian Asexual Other

If you prefer to use another term, please provide this here:

.....

9. What do you consider your religion to be? (Please select only one)

- | | | | | | |
|--------------|--------------------------|--------|--------------------------|-------------------|--------------------------|
| No religion | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christianity | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Other religion | <input type="checkbox"/> |

If you answered other, please provide your religion here:

Many thanks for completing this survey, we value your time and feedback.
Please return this survey to the address below or in the SAE provided.

CLOSING DATE FOR SURVEYS IS 11th JULY 2021

If you require this document in another format such as large print, easy-read, braille, audio, or a different language please get in touch on:

Healthwatch Sunderland, Hope Street Xchange, 1-3 Hind Street, Sunderland, SR1 3QD
0191 514 7145 www.healthwatchesunderland@pcp.uk.net

DRAFT

ATB Patient, Carer and Public Survey

Health and Wellbeing Board

March 2022

Philip Foster

Managing Director

Feedback From ATB patient survey

- Across June and July 2021, Healthwatch Sunderland undertook a survey on behalf of ATB to gather people's general experiences of using their local out of hospital care services

Almost 600 people shared their experiences by responding to a survey or taking part in interviews. The questions covered a number of areas including:

- Community health and care services, including GPs, pharmacies and community nursing teams
- Experiences of taking and being prescribed medication
- Experiences of using the City's Recovery at Home service
- Being discharged from hospital and the support received from the Integrated Discharge Team
- Excluded Mental health because of the large scale engagement that had been done for the Mental Health Strategy

Summary

- Listening to the views of patients and their families/ carers is vitally important and I'd like to thank everyone who took the time to provide their feedback
- The feedback will be used in all of our Reform and Transformation work being undertaken by ATB.

The overall feedback from patients and carers was positive with people valuing the support they have had from Community services.

- Highest rates of satisfaction in community services were with GP practices and pharmacies,
- High levels of satisfaction with the Recovery at Home service
- Some mixed view of experiences of other community services i.e. Hospital discharge

Feedback From ATB patient survey

Key highlights

- Experience with GP practices was predominately positive. Of those who responded to the survey, 72% rated their face-to-face GP appointment as very good or good and 67% of respondents rated virtual appointments as very good or good.
- There were high levels of satisfaction from patients who had an appointment with a nurse practitioner or practice nurse with 78% of respondents rating their appointment as very good or good.
- 80% of respondents rated their experience of using local pharmacies as very good or good.

Feedback From ATB patient survey

- **Recovery at Home** - People reported high levels of satisfaction for this service. Many people reported the service responsive; staff caring and professional was believed to have helped to prevent attendance at the Emergency Department or hospital admissions.
- **Hospital Discharge** - Just over a third of people didn't feel involved in decisions made regarding their discharge from hospital.
- **GP Appointment** -However, the most common complaint we heard across all feedback related to people's difficulty of getting an GP appointment. Many people reporting they were unable to get through on the phone. When they did get through there were very limited, face-to-face appointments available

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2021/22

Report of Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

- 1.1 To provide an overview of the Annual Director of Public Health Report (ADPHR) 2021/22 which describes the health and needs of the local population, focusing on issues pertinent to our communities.
- 1.2 To provide recommendations from ADPHR for continuing to improve the health and wellbeing of our population and reducing health inequalities.

2.0 Background

- 2.1 This year's ADPHR (appendix one) focuses on the impact that the pandemic has had on the wider determinants of health and health inequalities in Sunderland.
- 2.2 Everyone has been affected by the pandemic in different ways, but some groups and individuals have felt and continue to feel the biggest impacts. This report highlights some of those key challenges but it also sets out the great work happening across the city to try to mitigate the effects of the pandemic. A number of recommendations are also set out in the report to help direct our work and move forward together.

3.0 Annual Director of Public Health Report 2021/22 Same Boat, Different Storms

- 3.1 We know that those living in areas of greater deprivation already face bigger inequalities than the least deprived, and the pandemic will have exacerbated this. Sunderland is one of the 20% most deprived local authorities in England and has eight of England's so-called 'left-behind neighbourhoods'. Nationally, people living in these neighbourhoods were 46% more likely to die of Covid-19 compared to the average. In Sunderland overall, there were 20% more deaths than expected between March 2020 and March 2021; this was the highest percentage increase in the North East, and equal to London.
- 3.2 The pandemic has had lasting impacts on areas such as mental health, educational attainment, employment and pay levels and, coupled with the cost of living crisis, is pushing more people into poverty. Our communities have

shown a great deal of resilience and spirit throughout this period, but it is clear that we face many challenges in the coming years.

- 3.3 The Council and partners recognised the potential impacts of the pandemic early and worked with the local voluntary and community sector to establish Covid-19 Champions in the community, Sunderland Community Hubs, a Covid-19 Health Inequalities Strategy, and coordinated communications. Additionally, substantial work has taken place to increase vaccine uptake and equity.
- 3.4 A significant amount of work is ongoing with partners in the areas of starting well, living well and ageing well to close the health gap and reduce health inequalities – these delivery boards cover education, mental health, welfare rights, food poverty, violence against women and girls, alcohol-related harms and substance misuse, homelessness, workplace health and more.
- 3.5 We 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.
- 3.6 In order to mitigate the impact of the pandemic, we have agreed the following recommendations:
 - **Recommendation 1**

Deliver the Healthy City Plan with a focus on reducing inequalities, particularly where they have widened due to the Covid-19 pandemic
 - **Recommendation 2**

Embed a Health in All Policies approach across the council and partners, supported by an Integrated Impact Assessment approach that incorporates health, equality, socio-economic and sustainability considerations.
 - **Recommendation 3**

Build on the community response to the pandemic in order to engage the population and ensure diverse and under-represented groups' voices and experiences are heard, that the overlapping dimensions of health inequalities are understood and needs are acted upon, strengthening engagement routes built upon during the pandemic.
 - **Recommendation 4**

Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.

- **Recommendation 5**

Work with local employers who can provide employment and apprenticeship opportunities, especially to our vulnerable people and people from disadvantaged backgrounds.

- **Recommendation 6**

Continue to embed programmes which support the development of speech, language and communication skills in children so they are able to flourish and achieve their full potential.

- **Recommendation 7**

Ensure key findings from the Health-Related Behaviour Survey are used to influence and shape local programme delivery to meet the needs identified by children and young people.

- **Recommendation 8**

Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.

- **Recommendation 9**

Ensure we are responding to employee health and wellbeing needs following the intense effort of responding to the Covid-19 pandemic.

4.0 Recommendation

- 4.1 The Health and Wellbeing Board is recommended to support the recommendations contained within the Annual Director of Public Health Report 2021/22.

Appendix: Annual Director of Public Health Report (ADPHR) 2021/22



Same Storm, Different Boats

Sunderland, Covid-19 and Health Inequalities:
Redressing the Balance

Director of Public
Health Annual
Report 2021-2022

www.sunderland.gov.uk

INTRODUCTION

Welcome to my annual report for 2021-22 and my first report as the Director of Public Health for Sunderland.

My independent report gives me an opportunity to highlight important health and inequalities issues in Sunderland.

There is no escaping the fact that the past two years of our lives have been dominated by the Covid-19 pandemic and the effects of this will continue to be felt for some time.

While all of us have been affected in some way, some individuals and groups have been harder hit. Those who were already experiencing disadvantages are more likely to have been negatively impacted by the pandemic and it is likely that we will now see more people experiencing difficulties caused by the pandemic and the cost-of-living crisis.

In this report, I highlight some of the main challenges our city and people have faced but I also present the work that we're undertaking to help close the health gap and reduce inequalities. The pandemic has emphasised the huge value of working closely with our residents and partners; the problems we face are not created in isolation and they cannot be solved in isolation either.

By collaborating and drawing upon the many assets in this great city, we will make a real difference to people's lives. It is not possible to identify all of the impacts of the pandemic in this one report, so some issues may not be fully covered. We also expect to see further evidence of the impact of this pandemic in years to come, so this report is more of a beginning than the end of identifying the implications for Sunderland.

One thing that this pandemic has highlighted is the community spirit and our care for each other in Sunderland and I would like to thank everyone across the public, private, community and voluntary sectors who have protected and saved lives. I would particularly like to thank the residents of Sunderland for all that they have done throughout the pandemic – coming together to support each other and keep our essential local services going throughout exceptionally challenging times.



Gerry Taylor,
Director of Public Health, Sunderland

CONTENTS

■ SECTION 1	Health inequalities and the effects of Covid-19	p4
■ SECTION 2	Our healthy city plan	p18
■ SECTION 3	Starting well in Sunderland	p21
■ SECTION 4	Living well in Sunderland	p32
■ SECTION 5	Ageing well in Sunderland	p50
■ SECTION 6	The impact of Covid-19 on access to public health, health and adult social care and NHS services	p58
■ SECTION 7	Moving forward - Key recommendations	P63



S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Health inequalities are differences in health between people or groups of people that are avoidable – and unfair. In areas of higher deprivation, health inequalities are greater. The Covid-19 pandemic shone a light on health inequalities and showed that whilst we might all be living through the same pandemic, we experience it in different ways – we're in the same storm, but sailing different boats.

What makes us healthy?

When we ask this question, we might think of local healthcare services – as well as our own lifestyles. But although health and social care services are extremely important, they don't have the biggest impact.



S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

In 2010, Professor Sir Michael Marmot published Fair Society, Healthy Lives: The Marmot Review. The report highlighted six priority areas to help tackle health inequalities across England:

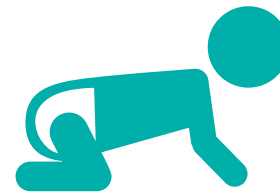
- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

In 2020, an update (Health Equity in England: The Marmot Review 10 years on) showed a worsening situation of health inequality in the UK and painted a very bleak picture of the current and future health and wellbeing of the people of the North East of England. Deprived communities had seen vital physical and community assets lost, resources and funding reduced, community and voluntary services eroded, and public services cut over the past decade. All of this has damaged health and widened inequalities and that's before the pandemic is taken into account.

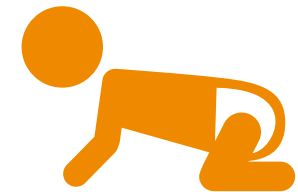
Sunderland has high levels of deprivation and we can see the impact of this when we look at healthy life expectancy for our city. Healthy life expectancy is the average number of years that an individual is expected to live in a self-assessed state of good or very good health.

Health inequalities in Sunderland are widening

- Male healthy life expectancy is **56.1 years**.
- Men will live on average **20.5 years** in poor health, compared to **16 years** in England.
- Female healthy life expectancy is **56.9 years**.
- Women will live on average **24 years** in poor health compared to **19 years** in England.



A boy born in Hendon will live **12.4 years** less than a boy born in Fulwell.



A girl born in Hendon will live **10.8 years** less than a girl born in Washington South.

Most recent data released on 4 March 2022 relates to the period 2018-20¹.

Covid-19 has affected our lives in many ways – and the inequalities that already existed are widening. We are starting to see the consequences of this, with some groups more affected than others.

Despite the huge challenges brought by the pandemic, we have seen our communities pull together and everyone working hard to address the inequalities in our city.



S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Our current position

The Sunderland population



277,846
people live
in Sunderland



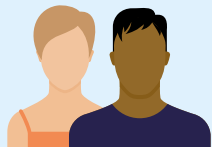
27%
Percentage of children
live in relative low
income families



56.1 years
is the healthy life
expectancy for women



9.6 years
difference in life
expectancy between
the most and least
deprived women



70%
of 16-24 year olds
are in employment



60,578
residents are aged
0-19 (**22%**)



56.9 years
is the healthy life
expectancy for men



11.3 years
difference in life
expectancy between
the most and least
deprived men



55,209
residents are
aged 65+ (**20%**)



40.6%
of residents live in the
20% most deprived
areas in the country

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

The national and regional picture

With Covid-19, we see a vicious cycle – existing inequalities led to more Covid-19 deaths, and in turn, the pandemic has widened inequalities further.

Some groups have experienced disproportionate levels of exposure and death from the virus. We have seen that, nationally, people at increased risk of dying from Covid-19 included those who had underlying health conditions, people living in more deprived areas and those in key worker roles, unable to work from home or working in cramped conditions².

Taking health conditions as an example, higher risk health conditions are associated with living in more deprived areas and being in a lower income group – in other words, social and economic inequalities contribute to poorer health.

People from ethnic minority communities had higher rates of death than the White British population during the first and second waves of the pandemic³. In the first wave, the rate of death amongst males from the Black African community was 3.7 times higher than White British males and it was 2.6 times greater for Black African females than White British females. In the second wave, the Bangladeshi community had the highest death rates – 5.0 and 4.1 times greater than for White British males and females respectively.

People living in more deprived neighbourhoods and minority ethnic communities have higher rates of diseases such as cancer, diabetes, heart disease, cardiovascular disease, and higher rates of obesity and smoking.

These factors are also linked with more severe cases of Covid-19 and higher rates of death from Covid-19⁴.

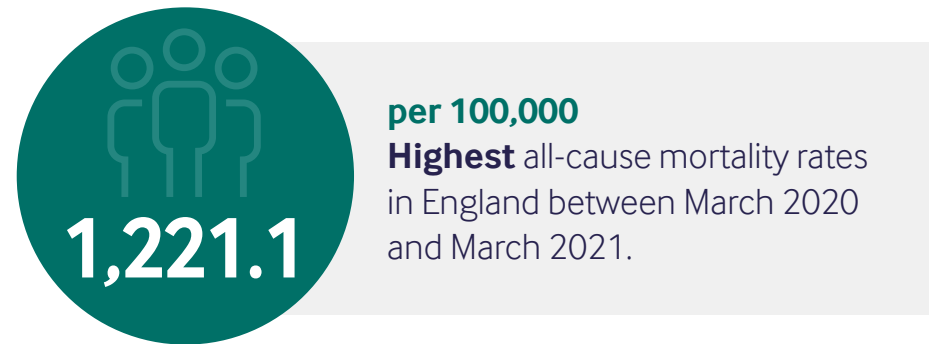
Age has been the biggest risk factor - older age groups have also been hardest hit by Covid-19 deaths compared to younger age groups.



S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

North of England

A report by the Northern Health Science Alliance (2021)⁵ has highlighted the disproportionate effect that the pandemic has had on the North of England, particularly, in the North East, where the inequalities are even more apparent. In this region, we had:



It is clear that whilst the entire country has experienced profound challenges as a result of this pandemic, the North East has been particularly vulnerable to the cycle of health inequalities.

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Sunderland and Covid-19

At the time of writing this annual report, the Covid-19 pandemic has dominated our lives for two years and the impact will be felt for many years to come. For Sunderland, current data shows:

There were

20% more deaths

than expected between March 2020 and March 2021 in Sunderland. This is the highest percentage increase in the North East – and equal to London.



There were

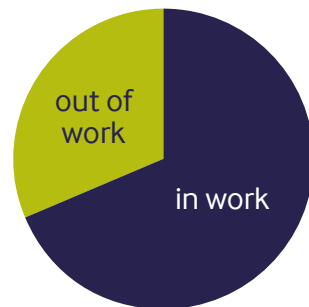
46,100 claims for employees on furlough

in Sunderland up to October 2021, according to the Coronavirus Job Retention Scheme.

The percentage of people in employment in

2020-21 was 68.8%

slightly down on recent years and a lower figure than almost all of our statistical neighbours (areas that have similar characteristics to Sunderland).



Sunderland has eight out of the 225 neighbourhoods defined nationally as 'left behind' neighbourhoods⁶. These are areas that experience a combination of social and economic deprivation. People living in left-behind neighbourhoods were 46% more likely to die of Covid-19 compared to the national average⁷.

As well as the tragedy of losing so many loved ones in our communities, there have been huge challenges for our economy, working lives, education and our long-term health. This report will look at all of these areas and what we are doing to help our city recover and prosper.

Long Covid

An estimated 1.5 million people living in private households in the UK (2.4% of the population) were experiencing self-reported 'Long Covid' (symptoms persisting for more than four weeks after the first suspected Covid-19 infection) as of 31 January 2022. Symptoms such as fatigue, shortness of breath, loss of smell and difficulty concentrating can have a negative impact on day-to-day activities.

The long-term impact on the health and wellbeing of those affected, as well as on employment and other determinants of health, remains to be seen. Colleagues at South Tyneside and Sunderland NHS Foundation Trust have established a Post-Covid Assessment and Management Service which can assess and treat patients who have long term symptoms following a Covid-19 diagnosis.

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Case study: How Long Covid affected Sunderland resident Rachael Armstrong

Rachael, 37, lives in Sunderland with her husband and three children. Since April last year, she has been living with 'Long Covid'.

After developing Covid symptoms her condition rapidly declined within days and she suffered from breathlessness, regular migraines, debilitating aches and pains as well as a lack of energy.

Through 2020 and 2021, Rachael suffered from the symptoms of Long Covid which have resulted in a dramatic change in her day-to-day life.

"Before Covid, I enjoyed things such as hiking and going to the gym. Now I struggle to even walk to the park with my son. I've never had any illness that takes over my whole body as much as Covid. Like many other people I didn't think I'd get Covid. I still can't believe I'm living day-to-day with the symptoms for what might be the rest of my life.

"The future for me is unclear. There's still so much we don't know about Long Covid but I know health professionals are continuing research on its effects to help people like me."



This virus isn't mild for everyone. It can be life-changing and it can happen to you or someone you love. I urge everyone to take this virus seriously."

Rachael from Sunderland is a mum living with the long-lasting symptoms of Long Covid.

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Coming together to respond to the pandemic

Sunderland Community Hubs

From the very first day of lockdown in 2020, our communities mobilised – supporting each other and working together to help our most vulnerable.

Elected Members, alongside officers from across the council, key partners and our Voluntary and Community Sector quickly and pragmatically established Area Community Hubs. These hubs coordinated support to our residents, ringing them to check on their welfare if they were shielding and knocking on their door if we were unable to contact them by phone. A leaflet was posted through the letterbox of every household, advising residents how to ask for help and also how to offer their help and support.

Through regular dialogue with the Voluntary and Community Sector (VCS), we were aware that many organisations were under financial pressure for a range of reasons including loss of income from activities. The council introduced a Local Support Scheme to offer funding to those organisations that were unable to access support through national arrangements and will continue to maintain contact with organisations to understand their future position, in partnership with the Sunderland VCS Alliance.

A wide range of support was provided to our communities through our Community Champions, including transport to vaccination clinics, signposting to financial information and ensuring our written communications were available in braille and multiple languages.



Over 131,000

households received information on how to access support and key public health messages.



21,613

shielding residents contacted to offer support.



1,773

Christmas meals and afternoon teas for isolated residents.



7,297

families supported.



11,437

individuals supported.



£500,000

household support funds distributed to residents in need and living in crisis.



1000's

of financial resilience checks completed by the Welfare Rights Service.



£1000's

distributed across the Sunderland Foodbank network as well as funds raised via Crowdfund Sunderland to support communities in need.

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Case study: Covid-19 Champions

The Sunderland Covid Champion Programme recognised the importance of working with our local communities to share key public health messages. More than 450 local people signed up to be a Covid Champion in Sunderland.

Through regular emails, newsletters and online meetings the council and NHS have shared information and raised awareness of topics including vaccinations, Long Covid, testing, and how to protect yourself and others.

We asked the Covid Champions what the programme has meant to them personally, how it has helped them influence others and what positive impact they believe the programme has had. It was clear that most had appreciated:

- ✓ Correct, updated, comprehensive and local information.
- ✓ Information on how they could help and support others.
- ✓ The sense of pride they got from being involved.
- ✓ The opportunity to learn.

The impact of the programme included:

- 👂 Reassuring, engaging and supporting others.
- 👂 Community spirit/bringing Sunderland together in unprecedented times.
- 👂 Helping to increase vaccination rates.
- 👂 Having the knowledge to signpost people.



The Covid Champion Programme has maximised the use of all diverse communities in a bid to reach out to each member of all communities. It has helped raise the awareness and the uptake of vaccines within the BME communities, overcoming hesitancy and unwillingness because of the initial lack of trust in the vaccine.”

Covid Champion



S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Health inequalities strategy

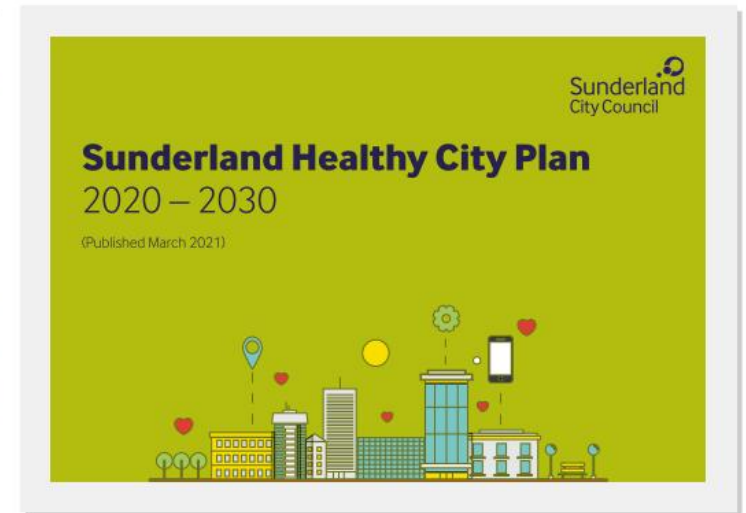
Recognising the potential impact of the pandemic on our communities, Sunderland City Council published a [Covid-19 Health Inequalities Strategy](#) in 2020. Key actions included developing a local toolkit to capture emerging evidence on the impact of Covid-19 on inequalities and working with our local communities to understand their evolving needs. The strategic actions from this paper were also embedded into the [Sunderland Healthy City Plan](#).

The pandemic encouraged new and different ways of working and highlighted the importance of our partnerships. Innovative communications, drawing upon our community assets and the use of social prescribing all formed part of our plan and will continue to underpin our work going forward.



Sunderland Covid-19 Health Inequalities Strategy

Annex one



S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Communications throughout the pandemic

A new approach to communications, engagement and social marketing was an essential part of our response to Covid-19.

Insight from our local communities helped us not only provide the information needed to stay safe but also encourage the behaviours needed to limit the spread of the virus. Continuous planning, learning, local knowledge and networks also enabled us to respond with effective communications to any localised situations.

Our efforts to ensure our local communities had the information needed at each stage of the pandemic meant we continually amplified national Covid-19 key messages and campaigns as well as using regional and local activity to connect with our residents, businesses and partners through a range of channels.

Our regional activity is perhaps best highlighted by the development and delivery of the Beat Covid NE campaign, an award-winning campaign that had a number of phases. The dynamic campaign has flexed throughout the pandemic to respond to the changing situation – at each stage, using insight to direct messages and creativity – and help the region speak with one voice through a joint partnership with the seven North East local authorities.

The campaign helped bring the region together and evaluation following the first phase showed that it helped to foster a strong sense of community, highlighted rules to help people and services in the local area, and improved understanding that there is still work to be done to beat Covid-19.



Brenda Naisby from Washington who was the Sunderland resident who featured in the campaign.

- 78% of people spoken to agreed that information was relevant to their local area.
- Half the people who saw the campaign took at least one desired action. Intent to do more to stick to the rules in future was higher among people who had seen the campaign.

The campaign went on to be recognised as best in class, winning a number of awards, including:

- Best Partnership Campaign at the Local Government Chronicle Awards.
- Best Public Sector Campaign at the PRCA Dare Awards.
- Best Public Sector Campaign at The Drum Awards..

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Vaccinations

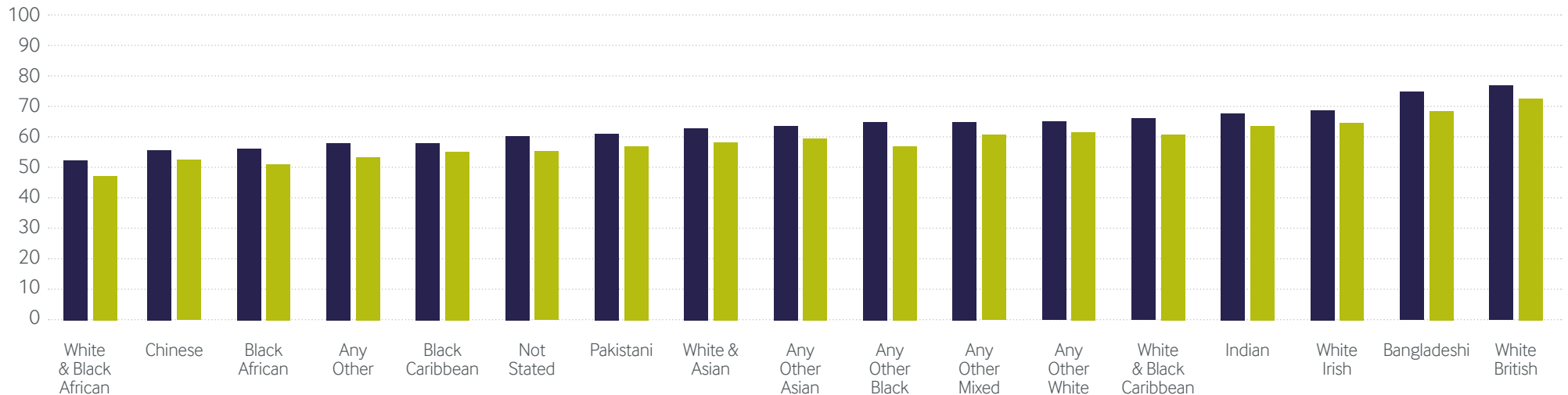
The Covid-19 vaccine is available on an ongoing basis to everyone five years old and over. A huge number of Sunderland residents have had their first, second and booster jabs to protect themselves and their loved ones. However, uptake has been lower and slower in some populations.

- **15 December 2020:** The first Covid-19 vaccine is administered in Sunderland.
- **586,000+:** The number of Covid-19 vaccines administered by April 2022.

Vaccine uptake across different ethnic communities is shown in the chart below:


Vaccine equity - by ethnicity - 29 March 2022

Age adjusted vaccine coverage (%), by ethnicity ■ 1st dose ■ 2nd dose



A higher percentage of female residents have had their vaccine compared to male residents. This is the case across all areas of the city.

We also see big differences in terms of deprivation. In our most deprived communities, 79% of residents have had their first dose compared to 95% in the least deprived areas.

Male		Female
81%	1st dose	88%
76%	2nd dose	84%
62%	Booster	66%

S1 HEALTH INEQUALITIES AND EFFECTS OF COVID-19

Increasing vaccine uptake – the barriers

In order to understand the work we needed to do to improve uptake, we looked at some of the barriers and motivators to people getting vaccinated. Some barriers included:

- **Low confidence** in the effectiveness of vaccines and safety due to the perceived speed with which the vaccine was developed, as well as a lack of trust in government and large pharmaceutical companies. Additionally, pregnant women were originally not advised to have the vaccine and that shift in direction has left some still in doubt about its safety, hence the lower uptake across maternity services. However, the vaccines have proven to be very effective and safe and pregnant women and those planning to have a baby are strongly advised to get vaccinated.
- **Lack of convenience** or physical barriers to access such as travel distance, and opening hours of vaccination centre versus the ability to get time off work.
- **Feelings of complacency** especially among young people and people who feel they are fit and healthy and do not think Covid-19 could cause them to be critically ill.

Targeted solutions

Working with our colleagues in the Clinical Commissioning Group and GP Alliance we have:

- Increased vaccine confidence through inclusive communication from trusted voices and networks (for example, community leaders and Councillors).

- Offered opportunities for people to get vaccinated across the city by identifying places and spaces that could be used for walk-in/roving clinics in order to maximise uptake across all age groups, workforces, and communities. Some of these venues have included community centres, housing estates and places of worship.
- Ensured our communication, including social media messages are non-stigmatising or judgmental but gently encourage and explain why people are strongly advised to get the vaccine and signpost them to clear and accurate information about the vaccine on trusted websites – including the Every Question Matters Campaign. Local Sunderland GP Dr. Fadi Kahlil, featured in a series of videos addressing residents' vaccine questions.
- The regional Change of Heart Campaign sought to encourage young people in Sunderland aged 19-30 to take up the vaccine and was backed by Emma, 25, a practice nurse from Sunderland.



We have lots of very nervous young people come to the vaccination hub and we're here to answer their questions. Very few seem to regret the decision once it's been taken. I'd encourage people to talk to others they know and trust, chat to healthcare professionals, and when the time is right, we're here to help."

Emma, aged 25, is a practice nurse from Sunderland



SECTION 2: OUR HEALTHY CITY PLAN



S2 OUR HEALTHY CITY PLAN

In Sunderland, we recognise that people of all ages can be affected by poor health and wellbeing. A key theme of the [Sunderland City Plan](#) is to develop a healthy smart city – tackling:

- Health inequalities.
- Improving access to opportunities.
- Helping our communities enjoy independent lives.

[The Healthy City Plan](#) was borne out of this commitment and is the refreshed statutory Joint Health and Wellbeing Strategy for the city.

Our framework for reducing health inequalities focuses on prevention throughout residents' lives. Our commitment is to:

- Improve our understanding of inequalities for different groups of people and put in place protective measures to help address inequalities.
- Support the health and wellbeing of our communities before issues arise.
- Build on the many assets we already have in Sunderland – our local services, community groups, and our open spaces and amazing coastline.

Our people are our greatest asset – a wealth of skills, knowledge and passion to bring about positive change within Sunderland will help our city thrive.



S2 OUR HEALTHY CITY PLAN

Our 2030 vision for health and wellbeing in Sunderland is:

“Everyone in Sunderland will have healthy, happy lives, with no one left behind”

STARTING WELL



UPSTREAM PREVENTION

'Downstream' interventions focus on things like individual behaviour change and treatments for illness. 'Upstream' interventions focus on the social factors that contribute to health and prevent illness such as housing, employment, education.



Anchor organisations taking action upstream to address the causes of health inequalities

DOWNSTREAM INTERVENTION

In line with our Healthy City Plan, this annual report will examine the key areas of starting well, living well and ageing well, looking at:

- The challenges brought on by the pandemic, including the impact on health inequalities;
- The work already underway to reduce inequalities; and
- The further actions needed to maintain our vision for the health and wellbeing of Sunderland.

SECTION 3: STARTING WELL IN SUNDERLAND



S3 STARTING WELL IN SUNDERLAND

Our experiences in the earliest years of our lives can have a lasting impact. From pre-conception through childhood, this is the time when action to tackle inequalities is the most effective. Positive experiences in childhood are linked to a number of long-term outcomes, including better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy⁸.

Children living in poverty in Sunderland

At a glance:

- Between 2015 and 2020, the percentage of children living in poverty in Sunderland increased from **19% to 27%** (the current England average is 19%).
- Across the city, there are huge differences:
 - In Fulwell **13% of children** are living in low income families.
 - In Hendon **42% of children** are living in low income families.
- Loss of employment/income is likely to have pushed more families into poverty – meaning more children at risk of health inequalities.
- Additional pressures during lockdowns from increased spending on food, heating and occupying children indoors.

Whilst there are not yet any official national child poverty indicators covering the period of the Covid-19 pandemic, projections suggest that the impact will be substantial. Both relative and absolute poverty are expected to have risen sharply in 2021/22. Illness due to Covid-19 and Long Covid, and job loss are the primary causes of this projected increase.

Children growing up in poverty or in the most deprived areas are at greater risk of poorer health outcomes than children from better-off families or from more affluent areas. Poverty can affect access to opportunities for many children; it is often linked to a range of challenges that impact on life chances and positive outcomes including behaviour, health and wellbeing, education and employment. A recent report, Child of the North (NHSA)⁹, highlighted two key issues:

- **Infant mortality (the death of a child before their first birthday)**
Child poverty is making a significant contribution to infant mortality rates.
- **Childhood obesity**
Childhood obesity is twice as common in the most deprived areas of England than in the least deprived areas. Children living with obesity are at increased risk of physical and mental health issues that can last into adulthood.

Sunderland	
Infant mortality (2018-2020)	Children overweight or obese (Year 6) 2019/2020
3.1 per 1000 Similar to England average	22% Similar to England average

S3 STARTING WELL IN SUNDERLAND

How are we contributing to reducing inequalities for children, young people and families?

- We are promoting the Healthy Start programme including access to Healthy Vitamins.
- We are using the Health-Related Behaviour survey results to inform future work.
- We have accessed additional funding to enhance the Change 4 Life Sunderland Programme in schools and the community.
- The Holiday Activity and Food programme is delivered through a range of local providers in school holidays and includes provisions for children who receive free school meals.
- We have launched the Food and Nutrition Charter Mark as part of the Sunderland Healthy Schools Award to support health and wellbeing.

Responding to the pandemic:

- We have increased capacity within our Strategic Advice Service and are supporting families to access and understand the welfare options available to them to ensure families are in receipt of all their entitlement.
- We have contributed funding towards the Wear Here 4 U prevention bus with outreach provision from a range of providers to support access to information and referrals for children, young people and families.

- We have provided small grants to extend our reach and engagement to meet the Healthy City Plan priorities, the health inequalities agenda and Covid-19 recovery plans.
- We have enhanced current provision to support access to some key physical activity opportunities and identified information, resources and training to support maintaining a healthy weight agenda.

Recommendations

- We will contribute to the development of the social prescribing agenda for young people.
- We will further support the maintaining a healthy weight agenda for children, young people and families by providing opportunities, such as the Change 4 Life Sunderland Programme and the Holiday Activity Food programme, to keep healthy, well and active.



S3 STARTING WELL IN SUNDERLAND

Case study: Early intervention proves positive for Sunderland family

The Healthy Child Programme includes the developmental review of children between 9-12 months. In April 2020 we visited a family in Sunderland to conduct a holistic family health needs assessment. The child's development was assessed through observation, parental reporting and use of the ages and stages questionnaire (ASQ).

In addition, health visitors analysed pre-existing factors which may impact on future outcomes for the child. Information and guidance were provided to the parents around the expected stages of developmental progression before this contact.

When the child was 17 months old, the mother contacted the service and explained some concerns regarding her child's development; she reported tip toe walking, no progression with speech sound since one year old, and the parents were very anxious. A home visit was arranged to review the child's development and support the parents. It was necessary to make onward referrals to speech and language therapy, paediatrics, audiology and the early help team to ensure the family received early intervention to support the child's needs.

In addition, the parents were signposted to support services for their own health and wellbeing. The support from the health visiting team continued and an Early Years Practitioner was allocated to visit weekly and provide guidance and strategies to parents. The team provided emotional support to the family alongside this.

As the parents returned to work following lockdown, home visits continued alongside video calls which suited the family's needs and allowed both parents to be present. Although the parents have been advised by the paediatrician that their child is too young to have an Autism Diagnostic Observation Schedule (ADOS) assessment, it is felt that a diagnosis of Autism Spectrum Disorder (ASD) is likely based on traits he is presenting with.

Following the support offered to the family from all agencies involved, the child is making progress and the parents are feeling confident and less anxious.



S3 STARTING WELL IN SUNDERLAND

Children and young people's mental wellbeing

At a glance:

- In 2020, **3.18%** of school pupils in Sunderland had social, emotional and mental health needs – this is higher than the North East figure of **3.03%** and significantly higher than the national figure of **2.7%**¹⁰.
- The Sunderland inpatient hospital admission rate for mental health disorders per **100,000 population** aged **0-17 years** in 2019/20 was **164.1**, which was significantly higher than both the national (**89.5**) and regional (**101.5**) figures¹¹.
- The rate of hospital admissions for self-harm in Sunderland among young people aged **10-24** is **411** per **100,000** (2020/21). Which is similar to the England rate.
- The wards of Sandhill and St Michael's are both above the Sunderland average in terms of self-harm amongst young people.

Mental health and emotional wellbeing are particularly important in childhood and adolescence, forming the foundations of healthy development and choices in life. Most mental health issues become apparent in the early phases of life and can have adverse and long-lasting effects. Many of the risk factors for mental illness are linked to deprivation; therefore, early intervention to prevent mental health issues in children has a positive impact on their future, resulting in improved outcomes and life expectations. Of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. There are inequalities in the mental health of young people, females, white adolescents, LGBT+ and those from lower income households have poorer mental health across most outcomes¹².

Mental health services in Sunderland continue to experience significantly higher levels of demand, particularly in children and young people's mental health services. After each lockdown, referrals to children and young people's mental health services increased significantly and throughout 2021/22, these levels have been sustained. Despite the increase in demand, waiting times remain lower than pre-pandemic levels as services focus on supporting children, young people and their families.

Health-related behaviour survey

The health-related behaviour survey (HRBS) is a questionnaire sent out every two years, targeted at specific school year groups.



5,726 young people responded to our 2020/21 health-related behaviour survey, the highest number ever.



S3 STARTING WELL IN SUNDERLAND

The results from the Sunderland Health Related Behaviours Survey (2021) in secondary school pupils show:



54% of females



28% of males

worry quite a lot, or a lot, about their mental health and wellbeing.
That's a rise of **11%** for females and **3%** for males since 2019.

This year (2021), we included questions related to Covid-19 in the survey, to understand the impact it has had on our children and young people. It is also being used to help Covid-19 recovery planning and inform the Healthy City Plan and work to improve health outcomes in Sunderland.

It is clear that the pandemic has caused a number of concerns for our young people, including anxieties about catching Covid-19, loneliness and having enough money or food.

PRIMARY (YEAR 6 ONLY QUESTIONS)

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

- catching Covid-19 yourself (**27%**).
- having enough money in my family (**29%**).
- having enough food to eat (**24%**).
- being lonely or not getting enough help (**21%**).
- not understanding my school work (**33%**).

SECONDARY

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

- catching Covid-19 yourself (**15%**).
- having enough money in my family (**19%**).
- having enough food to eat (**15%**).
- being lonely or not getting enough help (**20%**).
- not understanding my school work (**34%**).

S3 STARTING WELL IN SUNDERLAND

What are we doing to support the mental wellbeing of children and young people?

- We continue to work in partnership with organisations across Sunderland to support and improve children and young people's mental health, assess needs and engage with patients and families.
- Sunderland successfully secured funding for Mental Health Support Teams to enhance the Children and Adolescent Mental Health Service offer – by providing a targeted service to some schools that have the highest levels of health inequalities within their area. The first team went live in February 2022.

Responding to the pandemic

- We have accessed Better Mental Health funding to support children and young people's mental health.
- We have a Sunderland Prevention Offer to support professionals in education and community settings by ensuring children and young people's general health and wellbeing.
- We are supporting the development of audit schemes and promoting the Sunderland Healthy School Award including the Mental Health Charter Mark.
- The Children and Adolescent Mental Health Partnership completed a regional self-assessment for children and young people's mental health.

- The Sunderland Safeguarding Children Partnership undertook a review of self-harm and has tasked the Children and Adolescent Mental Health Partnership to undertake an exercise to better understand the prevalence of hidden self-harm.
- We have invested in additional capacity for the 0-19 Public Health Service to support emotional resilience in schools.

Recommendations

- Contribute to the development of a new way of working for the CAMHS Partnership, including a review of the Children and Young People's Joint Strategic Mental Health Needs Assessment.
- Implement the iThrive model through developing a clear strategy and action plan.
- Establish a Single Point Of Contact to access information and support for children, young people and families.



The effects of the pandemic on education

At a glance:

- The pandemic forced school closures for the vast majority of children and young people in England.
- National research in 2021¹³ suggested both primary and secondary aged pupils had experienced a learning loss in reading. Primary aged pupils also experienced a learning loss in mathematics.
- Pupils from disadvantaged backgrounds experienced greater learning losses than their more affluent peers.
- Pupils living in areas with medium and high levels of deprivation also experienced a greater loss of learning (even if they were not from a disadvantaged background).

Education is a key aspect of the wider determinants of health; inequalities in educational outcomes link with future health, income and employment. Lost learning time can therefore have a profound impact on young people and their futures. It has been estimated that current students could see 3% lower incomes over their lifetimes as a result of this pandemic and associated lockdowns¹⁴ - which in turn could link with their future health outcomes.

Emerging research suggests that the impact of this lost learning time will be felt most deeply by disadvantaged students; before the pandemic we could already see gaps in attainment between different groups. For example, children with special educational needs, children from minority ethnic backgrounds and those who receive free school meals already had lower educational outcomes than their peers¹⁵.



In the 2020/21 academic year, **pupils in Sunderland missed 2,511,358 sessions of school overall**. 95.2% of those pupils who missed a session were recorded as being absent due to Covid-19¹⁶.

The closure of schools had other impacts too. Nationally, children's physical activity reduced almost a third of children (31.3%) were classed as 'inactive' in the academic year 2019-2020 an increase of 2.4% on the previous year¹⁷.

Before the pandemic, it was estimated that 2.2 million children in England were living in households affected by domestic abuse, parental drug and/or alcohol dependency or severe parental mental health issues (or a combination of these)¹⁸.

As the country went into lockdown and schools closed to the majority of pupils, many at-risk children became 'invisible' to services. The number of children referred to children's social care services for support fell by almost a fifth between April and June 2020.

S3 STARTING WELL IN SUNDERLAND

What are we doing to support education?

- Funding was provided to deliver Launchpad for Literacy training in early years settings to support staff to identify developmental gaps in speech, language and communication as early as possible. Evidence shows that gaps within these areas of child development contribute to a widening of disadvantage with regard to social engagement, learning and academic success as children get older. Speech, language and communication skills in children has also been highlighted as a national priority of Covid-19 recovery, to support school readiness.

Responding to the pandemic

- Early Language implementer Measure training will be rolled out to the Speech and Language Therapy Service (SALT). A working group with key Starting Well colleagues will look at developing a strategy to support the most appropriate identification intervention and review for children (0-3) identified through assessment, both pre and post SALT referral.

Recommendations

- SALT will attend a professional forum to introduce the Launchpad for Literacy, which is intended for use in nursery and foundation years.
- Work together as a system to review the speech and language pathway, ensuring it considers other relevant pathways under development.
- SALT to provide Early Years staff with training to support pre-diagnosis with functional guidance. This will include support and training with visual aids to language development and communication e.g. Makaton.



S3 STARTING WELL IN SUNDERLAND

Employment opportunities for young people

At a glance:

- Lockdowns have affected the availability of employment and apprenticeships for young people in Sunderland; however, these have begun to improve as restrictions have lifted.
- The unequal impact of the pandemic on different groups of young people may affect their access to necessary learning and qualifications, which over time can impact on health outcomes.

Early in the pandemic, there was a significant impact on unemployment amongst young people due to job losses in sectors such as hospitality and fewer apprenticeship vacancies. Lack of employment and income opportunities can affect health outcomes throughout the life course.

Claimant count – five years to October 2021

Date	Aged 16-24 (persons)	Age 16-24 (as a percentage of this age group)
Oct-17	1,255	5.7
Oct-18	1,380	6.3
Oct-19	1,865	8.5
Oct-20	3,025	13.7
Oct-21	2,020	9.2

Table 1 - Source: ONS, Claimant Count (note that increases may partly reflect the roll out of Universal Credit)

Covid-19 brought significant and frequent changes in the number of apprenticeships available in Sunderland which mirrors what was happening nationally¹⁹. There was a steep reduction in the number of apprenticeships available after the first lockdown and by May 2020, there were only 10% of the number of vacancies that had been available in May 2019.

The situation fluctuated as restrictions came and went, and after being eased in early spring 2021, the number of apprenticeship vacancies grew steadily again. By October 2021, the number available was 54% higher than in October 2019.

Sunderland College reports that apprenticeship vacancies are now particularly high, especially when set against the number of applicants. Advanced manufacturing and construction are two sectors where vacancy supply is especially strong.

S3 STARTING WELL IN SUNDERLAND

What are we doing to support employment and apprenticeship opportunities for young people?

- Support existing and new businesses in the city to understand the employment market and identify talent, including young people.
- Deliver an apprentice levy transfer scheme where the council donates unspent levy funding to qualifying businesses to train new apprentices.
- Connect SMEs with an independent skills broker who can identify resources to upskill existing staff and recruit new ones, both of which may include young people.

Responding to the pandemic

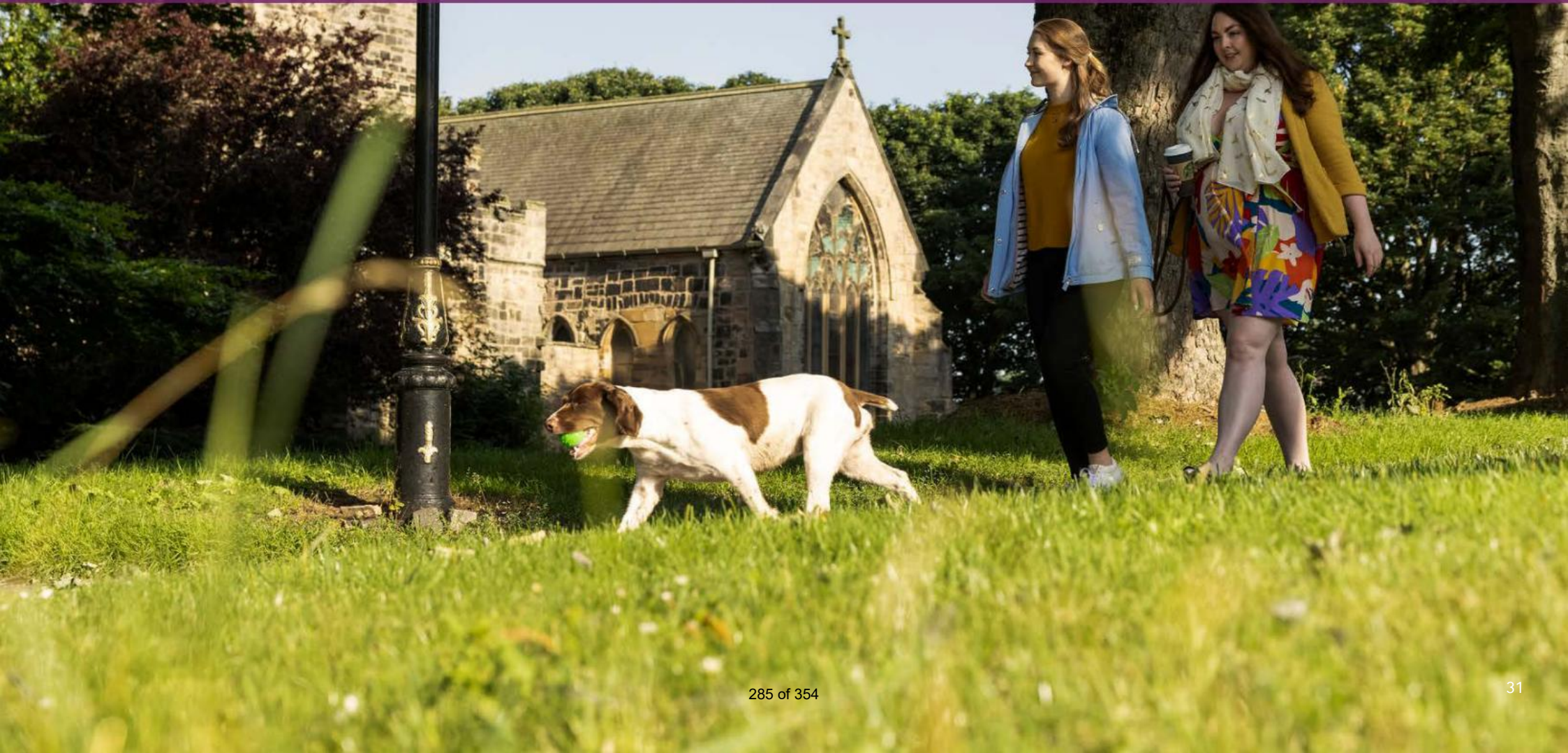
- Together for Children facilitate access and opportunities to paid work experience for care experienced young people.
- Promotion of the careers, education and training advice available from Together for Children and Sunderland Youth Voice careers teams.
- Promotion of the different apprenticeships to young people through the sharing of case studies.
- Drop-in sessions throughout National Apprenticeship Week to share what opportunities are available.

- During the City Hall construction, developers Bowmer & Kirkland (B&K) delivered on a range of social value commitments that enabled a total of 179 weeks of work experience delivered on-site, the upskilling of 37 workers, who completed a total of 257 weeks of training. Forty-one apprentices worked on the project.

Recommendations

- Sunderland City Council and partners to continue to work together to understand the skills required for the future employment opportunities in Sunderland.

SECTION 4: LIVING WELL IN SUNDERLAND



S4 LIVING WELL IN SUNDERLAND

Good quality housing and employment, strong communities and access to support when we need it are all key components to living well. When people experience inequalities in these areas, it can affect their health and wellbeing – both in the short and long term.

Unemployment is linked with poorer health outcomes but it's important to recognise that having a job in itself isn't necessarily the entire solution. In fact, the majority of those living in poverty are in households with some form of paid employment²⁰. Good quality employment is key – secure, adequate pay, and a supportive environment.

Other factors affecting the ability to live well include alcohol consumption, smoking, substance misuse – and access to services that can help us with these.

Employment and income affect our health

At a glance:

- The number of people in Sunderland in employment dropped between July 2020 and June 2021.
- Levels of pay have also fallen in this time period – coupled with the cost-of-living crisis, this could push more people into poverty.
- Within Sunderland, we see stark differences. The percentage of the working-age population claiming out of work benefits in 2019/20 ranged from **9.8%** in Hendon to **1.5%** in Fulwell.
- Nationally, it is predicted that women, people with disabilities and many ethnic minority communities will be most affected by Covid-19-related loss of earnings through reduced hours, redundancies and furlough²¹.

Good employment is good for your health – it can be rewarding, give purpose and provide an income. Unemployment, on the other hand, can cause poorer physical and mental health, a decline in living standards, and poorer education outcomes for children. The impact of the pandemic on employment and people's increased need for financial and other forms of support is clear.

Between July 2020 and June 2021 in Sunderland



70.6% of people were in some form of employment, **5.6%** reduction from the previous year.



Gross hourly and weekly pay has fallen in Sunderland since the start of the pandemic²².



People claiming Universal Credit increased from **18,122** in February 2020, to **31,028** in Jan 2022.



People claiming Job Seekers Allowance increased by a third between February 2020 and August 2020, to **2,257**.

Couples with children (11%) and single-parent households (29%) now make up around 40% of Universal Credit claimants – an increase from pre-pandemic figures.

S4 LIVING WELL IN SUNDERLAND

What are we doing to support local people and employers?

- A Project funded by West Area committee is providing targeted welfare rights support to people in financial difficulty who are outside of the benefit system.
- A new contract with Shelter to deliver free specialist and independent housing advice.
- Promoting the availability of affordable credit, working with Moneywise Credit Union to bring an ethical alternative to high-cost credit into the city.
- Encouraging workers and residents to transfer debt to lower-cost lenders to reduce the monthly repayment amount and/or alter the length of repayment arrangements.
- We are providing a Local Welfare Provision Scheme supporting people in financial difficulty with food and fuel. We spent £2.5m over winter on an Enhanced Winter Offer.
- Advocating the Workplace Health Charter enabling employers to receive bespoke support and encouraging workplaces to be self-sufficient by providing health and wellbeing training and governance planning.
- Embedding Mental Health at Work Commitment Standards so employers can follow a procedural process that supports improvement.

Responding to the pandemic

- Building on the increased engagement from employers as they identified the need to support employee health by taking a corporate approach to prevention.
- Promoting a focus on *good work*, ensuring employers demonstrate they are a compassionate and caring employer, alongside traditional health-related behaviours.

Recommendations

- Maintain strong visibility of the Alliance and the Better Health at Work Award across the city so any workplace can access support.
- Build capacity within Sunderland employers to be self-sustaining, and find evidence-based solutions to the health challenges they are experiencing in the workforce through the offer of training and development and creating links to existing provision.
- Build capacity within and empower workplaces to address health and wellbeing within their organisations following strong relationships established during the pandemic.



S4 LIVING WELL IN SUNDERLAND

Case study: Health at work

Throughout the pandemic, the council and the Workplace Health Alliance actively engaged Sunderland businesses by communicating Covid-19 guidance to support employee health and wellbeing. This played an important role in supporting businesses to be Covid-19-safe and ensured employee mental and physical health were considered during the pandemic.

There have been 13 new registrations to the Better Health at Work Award post-Covid and 14 organisations submitted for their respective level of the Award in 2020, during the strictest Covid-19 measures. In 2021, 24 organisations were expected to be successful with an Award submission which shows local employers are keen to enhance employee health.

Engagement at the Sunderland Workplace Health Alliance is also at an all-time high.



Nissan

Nissan is one of the largest employers in the city with over 6000 staff. As an organisation, Nissan has acknowledged the negative impact that Covid-19 has had on their employees' wellbeing; signing up to the Better Health at Work Award was part of their response to improving the support and care available to staff.

The Award has been embraced at every level of the organisation and their work to raise awareness of key health topics, especially mental health, is outstanding.

Key highlights include:

- 32 members of staff trained as Health Advocates.
- The entire senior management team given an introduction to the Better Health at Work Award.
- A health needs assessment conducted to identify health priorities.
- New health and wellbeing strategy launched.
- CPR and defibrillator training for 270 members of staff.
- A focus on men's health in collaboration with ManHealth.
- A structured approach adopted to Mental Health training and support for colleagues at all levels of the business.

Nissan is now working towards the silver level of the Award with some new and exciting campaigns already planned in line with their newly formed strategy. Nissan has also joined the Sunderland Workplace Health Alliance Leadership group to increase the level of support and influence they can share with other workplaces across the city of Sunderland.

S4 LIVING WELL IN SUNDERLAND

Facing up to food poverty

At a glance:

- Local data suggests food poverty in Sunderland has increased during the pandemic.
- The number of people accessing food banks and food parcels increased during the pandemic. This increase also shows a change in the profile of those accessing crisis support and services. Examples include changes in job circumstances and time lag for benefit claims as well as dual income families now accessing for food support.
- National data suggests that families from ethnic minority backgrounds, with a disability, or with a child accessing free school meals have been more likely to access food banks²³.
- There was an 18% increase in food parcels delivered to families from April to September 2020²⁴.

According to End Child Poverty, Sunderland saw one of the highest increases in child poverty from 2014/15 to 2019/20.

Local Authority	2014/15	2019/20	Increase
Sunderland	27.4%	37.6%	+10.2ppts

Table 3: Child poverty rates (Source: North East Child Poverty Commission)



289 of 354

The Food Foundation reported that food banks were experiencing a surge in demand due to the impact of the Covid-19 crisis on household income and employment. Through the council's work, we have found that food poverty among children and young people has increased significantly over the pandemic, including a rise in access to free school meals.

Data from Sunderland Foodbank (SFB), which has 10 distribution centres, shows that there was a yearly increase in the average number of food parcels and people fed in the past three years. This is also supported by data from the Sunderland City Council Local Welfare Provision Scheme.

Financial Year	Average Monthly Food Parcels -SFB	Minimum People Fed -SFB (lowest monthly figure for the year)
2018-19	223	389
2019-20	261	485
2020-21	291	579

Table 4: SFB key stats (source: Sunderland Food Poverty Scoping Document, Draft version 4, May 2021)



Sunderland foodbank has maintained its services throughout the pandemic seeing a 15% rise in use. As support measures end, we are seeing a further rise in demand, both for food and the debt advice services we support."

Sunderland Foodbank, November 2021

S4 LIVING WELL IN SUNDERLAND

What are we doing about food poverty?

- The council is addressing the 16 commitments within the [Local Authority Declaration](#) on healthy weight, one of which is to 'review how strategies, plans and infrastructures for regeneration and town planning impact on physical activity, active travel, food environment and food security'.

Responding to the pandemic

- A Food Partnership Coordinator has been appointed in 2022 to develop a public health approach to improving the food system of the city. This will include developing and implementing a food action plan with key colleagues and partners.
- We provided just over £500,000 of support to foodbanks; enabling them to stock up on provisions, provide Financial Resilience Packs and additional food vouchers.
- Taking a 'more than food' approach. This ensures food parcels are more nutritious and include fresh food as well as supporting Sunderland foodbanks to develop infrastructure and increased capacity. Increase referrals for a Financial Resilience Check for anyone accessing crisis support; over 6,600 of these have been completed in the last 22 months.
- We are identifying future arrangements for crisis food provision, as well as gaps and opportunities for development.

- The council is committed to a city-wide approach that reduces food crisis and poverty and is developing a strategy with partners and residents.

Recommendations

- Improve our understanding of the demographics of residents impacted by food poverty and ensure their experiences help shape future plans to reduce food poverty.
- Develop a Food Partnership to enable a whole city response.
- Achieve Sustainable Food Places Bronze status.
- Increase promotion of the support available for residents facing additional challenges due to the current cost of living crisis.



S4 LIVING WELL IN SUNDERLAND

Domestic abuse

At a glance:

- The number of survivors of domestic abuse in Sunderland increased in the first year of the pandemic compared to the previous 12 months.
- Sunderland has the highest rate of domestic abuse survivors in the Northumbria Police area.
- Women in poverty are more likely to experience abuse and violence than those not in poverty; women with a long-term illness or disability are also more likely to experience abuse, as are women from ethnic-minority backgrounds²⁵.

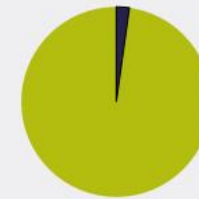
Domestic abuse is “any pattern of behaviour by a person toward another where both are over the age of 16 and are personally connected and the behaviour is abusive”²⁶.

It includes a range of different behaviours including physical or sexual abuse, controlling or coercive behaviour and psychological abuse.

Residents experience high levels of recorded domestic abuse incidents and crimes compared to other areas of the country.



4,841 recorded victims of domestic abuse in Sunderland in 2020/21



23.7 victims per **1,000** residents



Female between 18 and 55 old

Most commonly the victims who report domestic abuse

Whilst some types of crime became significantly less common during the early months of the Covid-19 pandemic, domestic abuse appears to have become more common. Following the easing of restrictions in the summer of 2020, there was an immediate increase in demand for support services for survivors and victims²⁷.

The World Health Organisation highlights that contributory factors arising from the pandemic are likely to include “stress, the disruption of social and protective networks, loss of income and decreased access to services” (WHO 2020). Locally, more work is required to realise the impacts of ‘lockdowns’ for many women experiencing domestic abuse.

In July 2021, the government published its ‘Tackling Violence Against Women and Girls strategy’ (VAWG) and a strategy is underway to set out the needs of victims and survivors of violence against women and girls in Sunderland.

S4 LIVING WELL IN SUNDERLAND

What are we doing about domestic abuse?

Sunderland's Domestic Abuse Safe Accommodation and Support Services Strategy²⁸ has now been published and sets out how the needs of victims and survivors of domestic abuse will be met in the coming years. Our priorities include:

- Increasing the availability of safe accommodation;
- Establishing a survivors' forum and a forum for children and young people – to make sure their voices and experiences influence what we do;
- Ensuring that what we do is based on what is needed; and
- Continuing to deliver quality services.

Multi-agency partnerships have been set up to advise and drive the actions set out in the strategy. Domestic abuse services have been commissioned and will offer access to support services for women and children in Sunderland.

Responding to the pandemic

- We are consulting with victims and survivors of domestic abuse and sexual violence to understand the impact of lockdowns and access to services.
- We are ensuring that as we engage with victims and survivors, we seek to understand how the Covid-19 pandemic has influenced their experiences and the types of vulnerabilities it may have exposed them to.

Recommendations

- Work with housing providers to increase the availability of safe accommodation in Sunderland.
- Consult with public and stakeholders to increase awareness of Violence Against Women and Girls (VAWG) and to ensure that the experiences of survivors inform the development of services.
- Deliver quality services to improve outcomes for adults and children who are survivors of domestic abuse and VAWG crimes.
- Develop partnership opportunities to set out a co-ordinated approach to tackling VAWG in Sunderland.



S4 LIVING WELL IN SUNDERLAND

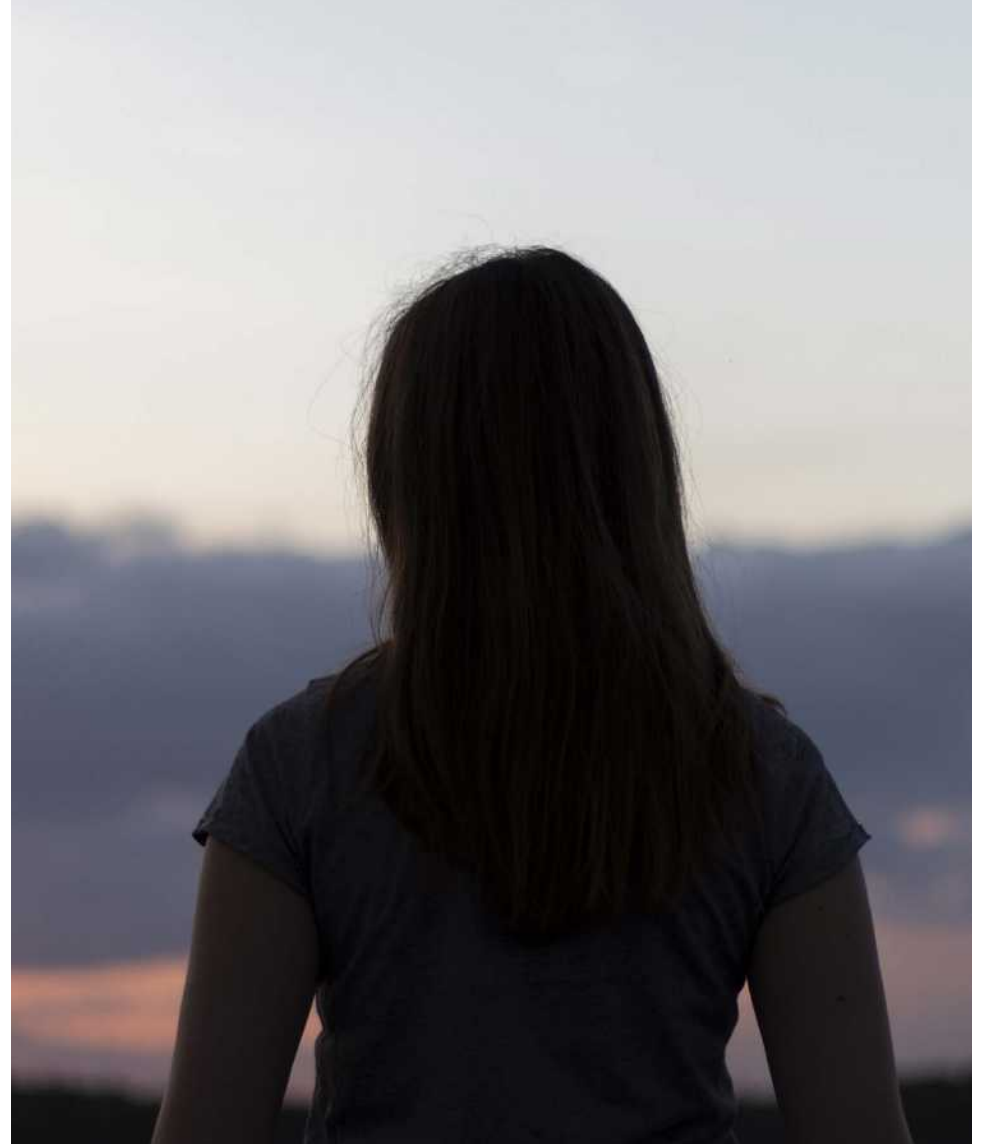
Case study: Support for women in need

The Harm Reduction Team was set up to engage in long term problem solving around some of the area's most challenging and complex issues.

Mary* is well known to the team. Between January 2019 and August 2020, Mary had 45 suicide location presentations. Tyne and Wear Fire and Rescue Service attended 13 incidents with Mary, with other services including the Coastguard, police, National Police Air Service and North East Ambulance Service also being called upon to help Mary.

Since Mary entered the Washington Hub in August 2020, there have been no further police call outs. Mary is now living in one of Wearside Women in Need's 'move on' flats and is supported on an outreach basis by recovery staff. The transition has been challenging but Mary has gained coping strategies and is self-managing.

(*name changed)



S4 LIVING WELL IN SUNDERLAND

Mental wellbeing of working-age adults

At a glance:

- The majority of adults responding to the Sunderland Mental Health Strategy Survey²⁹ reported that the pandemic has had a negative impact on their mental health.
- Regionally and locally, adults with the highest level of unmet need are; older people, those socially isolated, BAME communities and people with pre-existing mental health difficulties/ disabilities³⁰.
- Existing inequalities are likely to have worsened due to the pandemic, including access to meaningful employment for those experiencing mental ill-health and increased social isolation.

Different groups of people in Sunderland have experienced the pandemic differently, but one area of concern is the impact on mental health and how this is affecting some groups much more than others. Demand for adult mental health services has increased and in 2021/22, Sunderland agreed to implement a new model for Improving Access to Psychological Therapies (IAPT) services, ensuring that pathways are seamless across services.

We already know a range of factors increase the risk of poor mental health, including unemployment, deprivation, poor physical health, and substance misuse. These and other issues have been made worse by the pandemic - for example isolation, financial strain, increased levels of bereavement and traumatic experiences.

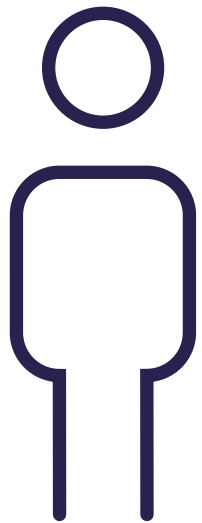
Key issues affecting adults and their mental health, as a result of Covid-19, include:



Source: Local Government Association³¹

S4 LIVING WELL IN SUNDERLAND

In the Mental Health Strategy survey of Sunderland adults, when asked about the impact of Covid-19 on their mental health:



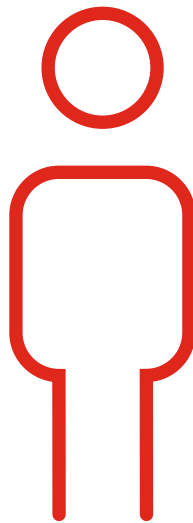
91%

of respondents said the pandemic overall had a negative impact.



44%

said not being able to see family and friends had a negative impact.



27%

said government restrictions affecting their day-to-day activities had a negative impact.

Preventing suicide

In terms of suicide, the latest figures show that the suicide rate in Sunderland has decreased but remains higher than the England average. This reduction has been achieved by significant work carried out locally to reduce prevalence.

The Sunderland Suicide Prevention Action Group, a multiagency partnership, was established to reduce the number of local suicides and has developed a two-year action plan ensuring there is strong intelligence, governance and collaboration. The attention on self-harm and rates of suicides drove a whole-system response with the support of the regional North East North Cumbria Suicide Prevention Network. This ensures intervention is targeted to those at the highest risk whilst front line services were trained on 'support on suicide' (SOS). Funding to the voluntary and community sector enabled proactive awareness of suicides and asset-based approaches.

During the pandemic, real-time intelligence on suspected suicides enabled stronger collaboration between Northumbria Police, Sunderland City Council and wider partners to proactively address risk. In January 2022 data on real-time suicides shows Sunderland has had the highest regional reduction in prevalence (15.12 per 100,000 in 2021 to 10.44 per 100,000 in 2022).

Source: NHS-Sunderland-CCG-Developing-a-mental-health-strategy-FINAL-Public-feedback-report-V3-8.6.21.pdf (sunderlandccg.nhs.uk).

S4 LIVING WELL IN SUNDERLAND

What are we doing to support the mental health of adults?

- A multiagency partnership is in place to reduce suicide and support those at risk from suicide.
- A Mental Health Strategy has been published supporting the mental health transformation work programme taking place across the city.
- A Joint Strategic Mental Health Needs Assessment has been published to ensure programmes are intelligence-led.
- Mental Health inequalities have been identified and provision targeted to key groups.
- The national prevention and promotion of better mental health is supported with key programmes across the city.
- Workplaces are supported to sign up to the Mental Health at Work commitment.
- We have recruited and are continuing to support Wellbeing Champions from the BAME Mental Health network, funded via the national Better Mental Health Fund to address inequalities.

Responding to the pandemic

- Rapid Mental Health Impact Assessments have been completed to identify improvements in addressing poor mental health risks due to Covid-19.
- We have continued to strengthen communication to residents on ways to cope during and beyond the pandemic.

- Stronger collaboration and co-production between Local Authority and NHS partners is in place to embed prevention.
- Taken a placed-based approach to address inequalities and wider determinants.
- System-wide approach to prevention and better mental health.

Recommendations

- Contribute to the development of a regional dashboard for real time data of suspected suicides and mental health to be used to monitor prevalence.
- Continue to support the Sunderland Suicide Prevention Action Group to proactively reduce suicide risks taking into account the impact of Covid-19.
- Sign up to the national Mental Health Concordat with a focus on the prevention and promotion of mental health.



S4 LIVING WELL IN SUNDERLAND

Case study: Wellbeing Champion

"I am so glad I decided to become a wellbeing champion. The training was delivered at the Sunderland Bangladesh International Centre. The centre staff had encouraged me to attend the training as a way for me to get more involved within the community.

"I have disabilities myself and suffer from mental health issues and had no support among the community so I am hoping that having wellbeing champions available in the community will make a change for the better.

"In doing the course, I have made new friends and I am ensuring I am also managing my own mental health more seriously. I am looking forward to what the next steps are for me and the community."

Kareema – Wellbeing Champion



S4 LIVING WELL IN SUNDERLAND

Alcohol-related harms

At a glance:

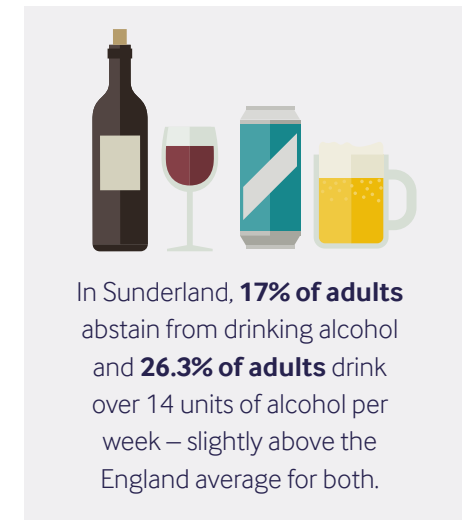
- There are signs that inequalities relating to alcohol consumption widened due to the pandemic; those who were already drinking at increasing and high-risk levels increased their consumption, while those at low risk decreased their consumption.
- People living in the most deprived areas are most affected by alcohol harms.
- In Sunderland, the alcohol-related mortality rate (deaths from alcohol-related conditions) is significantly worse than the England average.
- In 2019/20, Sunderland had almost three times as many adults admitted to hospital with alcohol liver disease than the England average and the highest rate in the North East. In under 18s, we have the highest rate in the North East for those being admitted to hospital for alcohol-specific conditions.

Whilst many low-risk drinkers in the North East reduced their drinking throughout the pandemic (or stopped altogether), it was a different story for those drinking at increasing and high-risk levels. They are more likely to have increased their alcohol consumption, how often they drink and how often they binge³². This is also true of parents who have children under the age of 18 – there are signs of increased consumption in this group since the start of the pandemic.

A consumer purchasing panel that measures off-trade volume sales also identified that between 2019 and 2020 (before and during the pandemic), volume sales increased by 25.0%. This increase was consistent and sustained for most of 2020.

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.

Despite all of the difficulties and challenges that the pandemic has brought, waiting times for those accessing alcohol treatment in Sunderland were under 3 weeks in 94% of cases³³.



We have seen a significant increase in alcohol referrals, particularly post-Covid-19. More recently we have also seen an increase in the younger adult population accessing support for alcohol dependency. We feel the increase is a direct result of the pandemic including a lack of community activities and on-site further education, which were restricted due to lockdown."



S4 LIVING WELL IN SUNDERLAND

What are we doing to tackle alcohol-related harm?

- Sunderland wide Alcohol Partnership with supporting action plan.
- New early intervention alcohol service via Wear Recovery called Aspire.
- We have adopted a model of implied consent so that all young people attending A&E for drug and alcohol related conditions will be referred directly to treatment to support their recovery journey and prevent repeat admissions.
- Introduced a Responsible Retailers scheme whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children.

Responding to the pandemic

As a result of increases in alcohol related harms we have:

- Completed a full review of our community alcohol treatment services, the outcomes will inform our wider drug and alcohol strategy and associated action plans.
- Placed more emphasis on alcohol early intervention and prevention, alongside support and treatment.

Recommendations

- To implement a multi-disciplinary combined Drug and Alcohol Partnership and associated strategy based on a local needs assessment that incorporates the impact of the pandemic on our communities.
- Establish a partnership Drug Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.
- 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.
- Continue to work with Balance North East and young people to lobby alcohol companies to change their branding, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support an alcohol-free childhood.

S4 LIVING WELL IN SUNDERLAND

Tackling homelessness

At a glance:

- The pandemic saw an increase in the number of people experiencing homelessness for the first time – loss of income and employment were key factors.
- Those who are homeless are more vulnerable to ill health, including contracting Covid-19.
- Single males are most at risk, followed by single females. Lone parents with three or more dependent children are also particularly vulnerable to homelessness.
- The pandemic combined with the cost of living crisis are likely to lead to an increase in the number of people experiencing homelessness.

Those who experience homelessness have the poorest health outcomes. There is strong evidence that the homeless population have very high levels of disease and death rates, often with multiple and complex needs including mental and physical ill-health and substance dependency. This puts them at an increased risk of consequences from pandemics³⁴.

Nationally, towards the second wave of the pandemic, there was an increase in people who were experiencing homelessness for the first time, people who have been furloughed and those who were newly unemployed³⁵.

The number of people in temporary accommodation in the North East increased by 11% in the first three months after the pandemic struck³⁶. This was due to the Government's 'Everybody In' agenda which was launched on 26th March 2020. The Government asked local authorities in England to "help make sure we get everybody in", including those who would not normally be entitled to assistance under homelessness legislation. In response, local authorities sought to ensure that people sleeping rough and in accommodation where it was difficult to self-isolate (such as shelters and assessment centres), were safely accommodated to protect them and the wider public, from the risks of Covid-19.

The research briefing Coronavirus: Support for rough sleepers (England) (2021) highlights that the Government's Everyone In initiative has been universally credited with protecting rough sleepers and saving lives during the Covid-19 emergency.

S4 LIVING WELL IN SUNDERLAND

During the previous Homelessness Strategy period (2019-21), which included the pandemic, a number of challenges were identified, including:

- 70% of cases present to the homeless service in crisis – there is a need for increased early intervention and prevention.
- Single males are the biggest number of homeless presentations, followed by single females – additional one bedroom accommodation is required.
- The need for temporary accommodation has increased more recently – some of this increased need is directly due to the impact of Covid-19.
- People present with multiple needs alongside homelessness. Having a support package attached to the accommodation is key to preventing long term, repeating issues.
- The ongoing impact of Covid-19 continues, including increasing social isolation, mental health challenges and poverty.
- Nationally, local authorities are experiencing significant budget pressures and there is a lack of sustainable long-term funding for housing and support. This especially affects those with high and complex needs.
- The government also introduced temporary protection from eviction implemented at the beginning of the pandemic; however, we are now seeing an increase of people who are at risk of losing their home as a result of either being furloughed or being made redundant.
- Increases in the cost of living will lead to difficulties in relation to food and fuel prices versus rent payments and this could be exacerbated further into 2022 with the potential removal of the current fuel price cap.

Case study: Housing uncertainty during the pandemic

A man who was at risk of homelessness due to unpaid rent was supported to get back on his feet and access much-needed financial support to keep a roof over his head.

Sunderland City Council's Homelessness Reduction Officer stepped in and connected Adam* with a Tenancy Sustainment Officer, after becoming aware that he had lost access to his home due to not paying his rent during the pandemic.

The Tenancy Sustainment Officer intervened, mediating with the landlord to get Adam back into his property, and discovered he had no benefits in place, a number of sanctions, and no means of applying for financial help. The council officer spent time assisting Adam to make an application for Universal Credit, providing back-dated information that meant he was able to secure the benefits he was entitled to. The Tenancy Sustainment Officer also discussed how he could access mental health support, arranging a doctor's appointment to enable Adam to get the help he needed. The landlord has rescinded his notice and no longer plans to evict Adam from his home.

(*name changed)



S4 LIVING WELL IN SUNDERLAND

What are we doing to tackle homelessness?

- [The Rough Sleeping and Homelessness Prevention Strategy](#) is currently under review. A multi-agency project group has been established to consider the needs of the cohort, what progress has been made to date and what the ongoing gaps in provision are.
- We have approved £7.3m capital funding to deliver new temporary and move-on accommodation.
- Approved £830,000 revenue support funding in the Mid Term Financial Plan.
- Providing four temporary supported accommodation units. Exploring opportunities for new accommodation provision.

Responding to the pandemic

- We have successfully acquired six one bedroomed properties which provide privacy and stability for guests, make it easier for them to access support and employment, and are also more accessible for women. The properties were provided for those who were rough sleepers or at risk of rough sleeping. These properties also came with support to ensure that they had access to any required services including health.
- We are preparing a bid for the Department for Levelling Up, Housing and Communities (DULHC) Rough Sleeping Accommodation Plan funding – to provide more temporary and move-on accommodation with support.

- We have established in partnership a Homeless Support Project as part of our Covid-19 response. We are providing new posts to respond to new and varied demands on service:
 - Duty to Refer Officer (DULHC funded)
 - Complex Needs Officer (DULHC funded)
 - Health Inequalities Officers (Clinical Commissioning Group funded)
 - Regional Rough Sleeper Coordinator – (Rough Sleeping Initiative (RSI) funded)
 - Tenancy Sustainment Officer – (RSI funded)

Recommendations

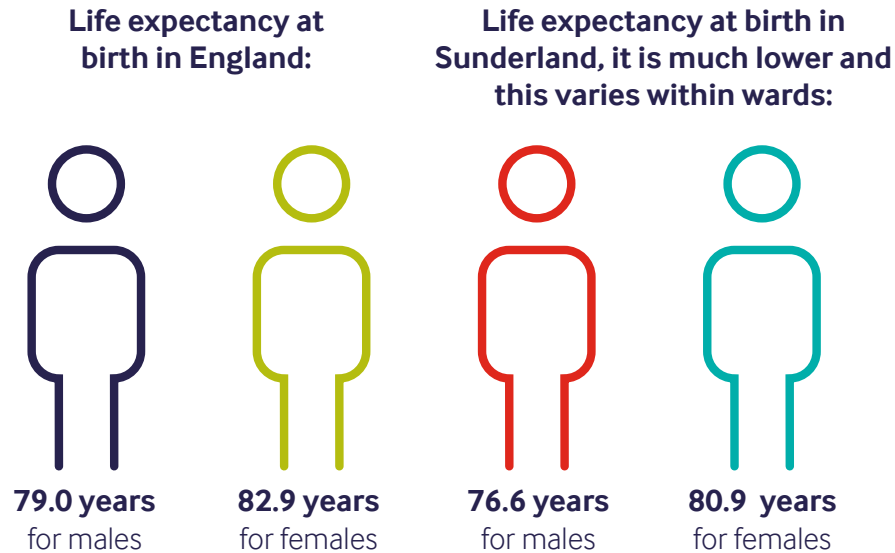
- Take a partnership approach to homelessness and complex lives, supporting people to live independently with improved health outcomes.
- Seek a reduction in those being admitted to hospital and a quicker discharge from hospital as improved accommodation and support mechanisms for complex cases are in place.
- Understand the accommodation and support requirements across the city in light of increasing risk of homelessness and reduce the reliance on inadequate hostel and exempt accommodation provision.

SECTION 5: AGEING WELL IN SUNDERLAND



S5 AGEING WELL IN SUNDERLAND

Life expectancy has reduced as a result of the pandemic³⁷, but the difference between communities remains.



It is clear that the pandemic has had a huge impact on older adults. The mortality rate increased with age and older people have experienced challenges relating to social isolation, mobility and caring needs. Access to a wide range of services significantly reduced or stopped altogether during lockdown, from health and social care to financial support. Whilst a shift to online services is welcome for some, a significant number of older people do not have access to the internet.

Social isolation and loneliness in older people in Sunderland

At a glance:

- Nationally, it's reported that many older adults have experienced increased anxiety due to the fear of catching Covid-19 as well as increased low mood³⁸.
- For older adults who were already living with a mental health condition, their usual coping strategies were reduced during lockdowns (socialising, keeping active, taking part in hobbies).
- Significant numbers of older people have lost loved ones during the pandemic and social distancing restrictions have made the grieving process more challenging for many³⁹.
- Prolonged isolation can lead to cognitive decline.
- Older people from lower socio-economic groups and from ethnic minority communities have been the worst hit by the pandemic.



S5 AGEING WELL IN SUNDERLAND

Loneliness and social isolation are a growing problem. According to the Campaign to End Loneliness, 45% of adults experienced bouts of loneliness before the pandemic. Five per cent described themselves as often or always lonely. It is an issue that does not just affect older people either, with problems reported among young adults and children.

Covid-19 has made the situation worse because of the prolonged periods of lockdown and restrictions disrupting the social networks people rely on. This is having an impact on people's health – both mental and physical. Lockdown restrictions saw a shift to online delivery of many services, some of which have continued. Whilst the number of older people using the internet continues to increase, it is estimated that only 54% of people aged 75+ used the internet in 2020⁴⁰.

Recent research on loneliness during the pandemic has three main findings:

- People who felt most lonely prior to Covid-19 in the UK now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced in the UK, in March 2020.
- Adults most at risk of being lonely have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and/or with a mental health condition.
- The impact on wellbeing from people at risk of loneliness is likely to be made worse by other economic and social factors such as job losses and health anxieties.



S5 AGEING WELL IN SUNDERLAND

What are we doing to tackle isolation and loneliness in older people?

The Ageing Well Delivery Board is collaborating on key priorities. These include:

- Understanding barriers to accessing social care support to improve early intervention, prevention, and signposting.
- 'Let's Talk Ageing Well' events and communication campaign to engage with residents across the city. SMART Sunderland to explore how technology can support the ageing well agenda.
- Events to connect communities with local services delivered by the Sunderland wellbeing network.
- Working closely with the Sunderland VCS Alliance to support delivery of activities across communities which engage residents to reduce isolation as well as improve physical and mental health.

Responding to the pandemic

The following actions were already part of our plan, but the pace of delivery has increased:

- Identifying those aged over 65 years who have frailty risk factors.
- Delivering an Ageing Well Ambassador programme and ageing well communication campaign.

- Sunderland Pre-Frailty/Loneliness locality group has been set up to look at providing community-based services which address the causes of loneliness and isolation, thereby preventing future frailty. The group is bringing together health partners with the voluntary and community sector via the voluntary sector alliance.
- System-wide approach to prevention and better mental health.

Recommendations

- Maintain strong visibility of the Sunderland Ageing Well Ambassadors recruiting more local people to influence the future direction of the Ageing Well Board.
- Evaluate the pilot projects currently being delivered by the Sunderland Ageing Well Board and Sunderland Pre-Frailty/Loneliness locality group, to secure funding to support targeted delivery across the city.
- Evaluate the Let's Talk Ageing Well events, receiving key information back from residents to develop and improve service pathways and local community commissioning.
- Further develop the Social Prescribing Pathways to implement a Sunderland system which supports residents to self-refer and improve the wider determinants of health to enable all residents to age well.

S5 AGEING WELL IN SUNDERLAND

Case study: Older person's case study (Age UK)

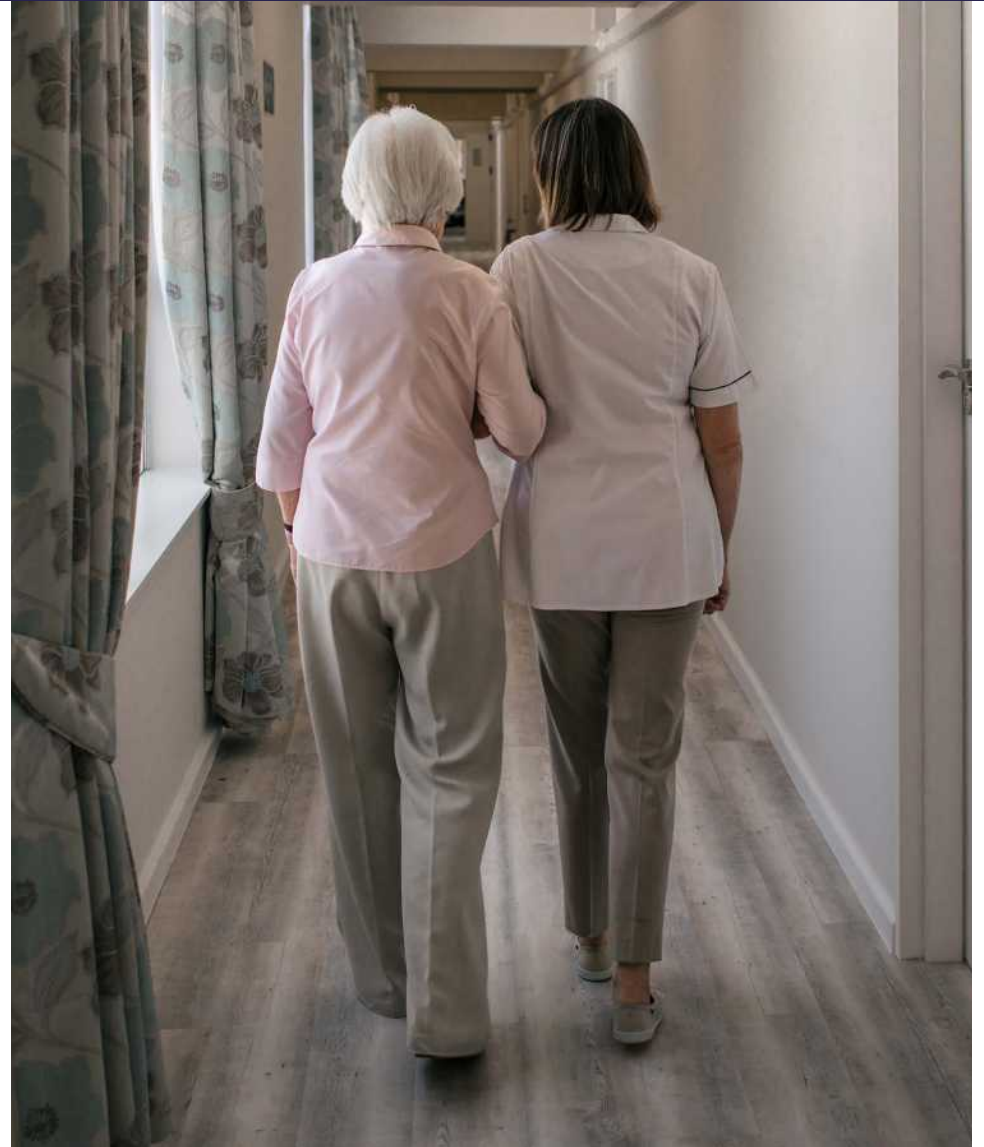
Elizabeth* is a 92-year-old widow with mixed dementia. At the beginning of the pandemic, she was quite active and independent and supported by the Living Well Link (LWL) service. LWL helped Elizabeth every week with her shopping and organised wellbeing telephone calls. However, after 12 weeks of lockdown, Elizabeth had lost her confidence and there was a decline in her mobility. She was afraid and unwilling to leave the house, her dementia had worsened and there was a frailty that had not been there before the pandemic.

Due to the decline in Elizabeth's independence, Age UK Sunderland raised a Safeguarding Adult Concern. Elizabeth eventually received a package of care with carers to assist with meal preparation, medication and shopping support.

Over the next 18 months, Elizabeth struggled to maintain independence and manage her home experiencing a number of falls. After one particular fall, Elizabeth was taken into hospital and it was decided that she would be placed into a respite bed within a care home and that she will remain in care.

Elizabeth now enjoys chatting with the care team and other residents, all her needs are being met and she is comforted and supported during her episodes of confusion. It is clear that the pandemic had a significant impact on Elizabeth's mental health and wellbeing. The LWL service is pleased that Elizabeth is now receiving the care and support she needs.

(*Name changed)



S5 AGEING WELL IN SUNDERLAND

Reducing the impact of falls in Sunderland

At a glance:

- Sunderland already had the highest rate of hospital admissions due to falls in the North East at the start of the pandemic.
- Reduced activity throughout the pandemic is likely to have affected older people's mobility and balance even further⁴¹.
- Research from Age UK suggests that 31% of people from more disadvantaged backgrounds can't walk as far since the start of the pandemic compared to 21% of those from the least disadvantaged backgrounds.

The latest data (2019/20) shows that the rate of emergency hospital admissions due to falls in people aged 65 in Sunderland was higher than the wider North East and England as a whole. The same can be said for the rates of hip fractures in Sunderland. The number of hospital admissions and hip fractures have increased since the previous year - prior to 2019/20, the rate of hip fractures had been decreasing.

Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing, and independence of older people.

The total annual cost of fragility fractures to the UK has been estimated at

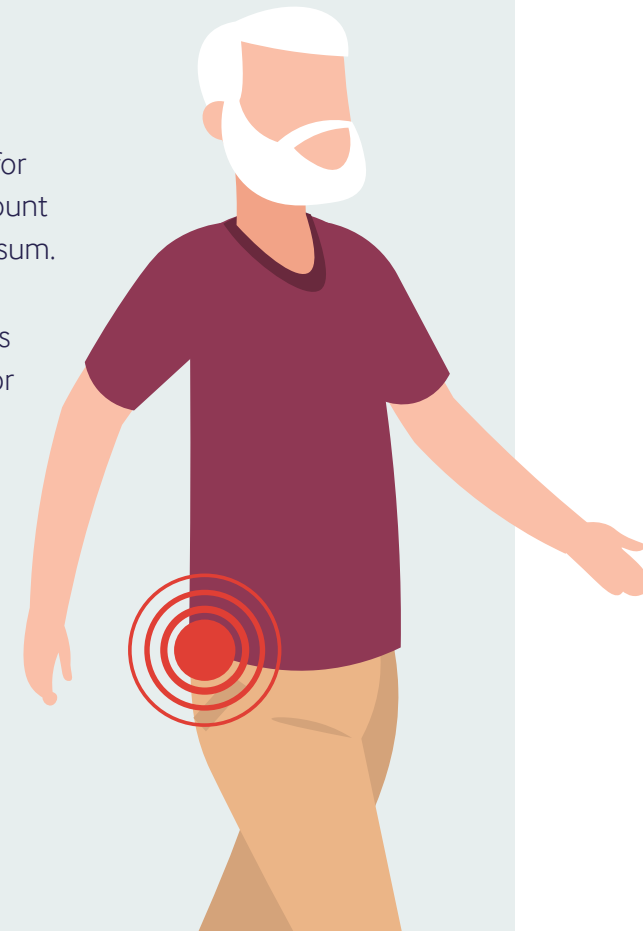
£4.4 billion

which includes **£1.1 billion** for social care; hip fractures account for around **£2 billion** of this sum.

Short and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between

18% and 33%

and negative effects on daily living activities such as shopping and walking.



S5 AGEING WELL IN SUNDERLAND

What are we doing to reduce falls incidence?

To successfully tackle falls prevention in Sunderland, we are applying a whole system approach to deliver change by:

- Appointing a Falls Co-ordinator to provide leadership and delivery of a citywide Falls Strategy.
- Ensuring strong clinical leadership from both primary and secondary care.

Responding to the pandemic

- Funding has been secured to support this work over a four-year period. Collaboration was key during the pandemic. Because of this our pace of work has accelerated; we are reaching more local people and relationships are stronger.
- We understand the impact falls have on older people. Because of this we are funding community-based strength and balance activities to support self-management in communities where people live.

Recommendations

- Design and deliver a falls prevention programme with the VCS Alliance bringing services around strength and balance to local ward-based communities.
- Falls Coordinator to re-establish the multi-agency falls prevention group taking a strategic approach to falls and updating strategy with action.
- Continue to review all partner intelligence to understand pre-frailty indicators as well as support further delivery of strength and balance activities, working in partnership with the VCS Alliance and Active Sunderland Board.



S5 AGEING WELL IN SUNDERLAND

Case study: Everyone Active



“Due to the pandemic, we have seen a significant drop in attendances at our Active Communities events, in comparison to previous years. With reduced opportunities during Covid-19, we have had particular concerns around the ageing well group and families who are not getting the recommended weekly amount of activity or exercise.

“I was recently employed as an Active Communities Manager. My role involves developing programmes to get people active. I work in partnership with Sunderland City Council to deliver our Health and Wellbeing Plan to get people back into activity. This includes our football, netball and cricket walking programmes and offering free exercise sessions for adults and children, all to get people moving again.”

Corrin Bradgate, Active Communities Manager, Everyone Active.



Case study: Improvement in damp and cold homes – Healthy Ageing Programme

A key part of ageing well is a warm, dry home. Most people want to stay in their homes as they get older, but our current housing stock often makes this difficult. According to a recent report by the Good Home Enquiry published in September 2021, the idea of a decent home isn't a reality for everyone.

The Government has identified 'ageing society' as one of its four Grand Challenges and has set out a mission to help people enjoy at least five extra healthy, independent years while narrowing the gap between the experiences of the richest and poorest.

Connected Places Catapult is a network of world-leading technology and innovation centres established by Innovate UK; the Catapult was looking to fund cities that put forward a recognised national and regional challenge. Under the direction of Sunderland's Ageing Well Board, we were successful in our bid to work with the Catapult.

Small to medium-sized enterprises (SMEs) in the UK were invited to bid for funding to test out their innovative ideas for reducing damp and cold in Sunderland homes. Their pilot projects are now underway, with local Ageing Well Ambassadors helping to link them with homes in Sunderland. The evaluation of each project will help us see which ideas work well and this will have a positive impact on cold and damp homes in our city.



SECTION 6: THE IMPACT OF COVID-19 ON ACCESS TO PUBLIC HEALTH, HEALTH AND ADULT SOCIAL CARE AND NHS SERVICES

S6 THE IMPACT OF COVID-19 ON ACCESS TO PUBLIC HEALTH, HEALTH AND ADULT SOCIAL CARE AND NHS SERVICES

In this section, we outline the impact of Covid-19 on service delivery and our collaborative approach to addressing our collective challenges and redressing the balance.

0-19 service

When the country went into lockdown, it was essential that the 0-19 service remained flexible to protect the most vulnerable children, young people, and families.

A Business Continuity Plan and Safeguarding Risk assessment were developed ensuring that safeguarding was a key focus, threaded through all virtual and face to face contacts. This helped the service to quickly understand the challenges and pressures and give assurances that safeguarding activity continued to be effective, service delivery was maintained and keeping children and young people safe was prioritised. National guidance was released for Community Services and along with local Business Continuity Plans, supported decisions to deliver home visits or provide a virtual contact, based on assessment of cumulative risk. The care delivered by health visitors, school nurse teams and their community nurse colleagues has, and will continue to be, an essential part of the ongoing response to and recovery from the pandemic, supporting families and communities through indirect impacts and 'hidden harms', especially in deprived communities and among the most vulnerable. The recovery plan has enabled a gradual return to full service delivery with face to face contact in line with appropriate guidance for home visits and those in the community.

Substance misuse services

A new drug and alcohol treatment service provider commenced in July 2021. Covid-19 resulted in restrictions to face-to-face contacts which affected the type of interventions that could be offered to clients. For example, clients who were accessing opioid substitution prescriptions and required their consumption to be supervised usually did this in a pharmacy setting; it had to be switched to a take-home prescription when the pandemic started. Service users' ability to access other elements of drug and alcohol treatment such as detoxification, rehabilitation and testing and treatment for blood borne viruses was also affected.

Despite all of these challenges, the waiting time for accessing substance misuse treatment in Sunderland was under 3 weeks in 96% of presentations.

It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as Covid-19 itself, will have contributed to an increase in the number of service users who died while in treatment during 2020/21⁴². In Sunderland we had 76 drug related deaths from 2018-2020 which equates to 9.8 deaths per 100,000.

This is similar to the North East average of **9.9 deaths per 100,000** but above the England average of **5 deaths per 100,000**.

S6 THE IMPACT OF COVID-19 ON ACCESS TO PUBLIC HEALTH, HEALTH AND ADULT SOCIAL CARE AND NHS SERVICES

Sunderland Specialist NHS Stop Smoking service

Through the pandemic, the Sunderland Specialist Stop Smoking service continued to offer consultations to clients via online, telephone and text services. Due to positive client feedback about this blended method of delivery (more accessible and flexible), the service plans to keep using this model.

Self-referrals have continued at a steady pace, as have referrals from the acute hospital and maternity services; however, a reduction has been noticed in referrals from universal services such as GP practices and more notably pharmacies.



There were a total of
5,898 referrals
between April 2020 and March 2021

The pandemic has caused issues for stop smoking services in school nursing drop ins, community support access and community health clinics, with some volunteer organisations unable to offer their full services. These challenges will form part of the recovery plan to ensure the most at risk areas within our smoking communities can access support and advice.

Case study: Developing new ways of working

ASH (2020) recognised that the impact of the pandemic on the NHS meant that many providers of stop smoking support had to rely on (or rapidly develop) alternative referral pathways, including self-referral. In 2021, discussions between Public Health and the matron of Sunderland Nightingale hospital on ways to optimise the time spent post-vaccination to deliver positive health and lifestyle messages took place. Links were made with Sunderland Specialist Stop Smoking Service to identify how smoking cessation support could be offered within the Nightingale hospital.

The Covid-19 centres utilised the Making Every Contact Count approach with volunteers engaging with attendees on smoking status, offering immediate referral to the stop smoking service via a telephone consultation. This intervention saw an increase in referrals to the specialist stop smoking service and quit attempts being made.

S6 THE IMPACT OF COVID-19 ON ACCESS TO PUBLIC HEALTH, HEALTH AND ADULT SOCIAL CARE AND NHS SERVICES

Sexual health

Our sexual health service followed national guidelines and adapted service delivery to comply with national restrictions, whilst seeking to minimise any disruption to care. The service made the following changes:

- Face to face visits were reduced and only available to those individuals who were at greatest risk/need.
- Implemented a new triage function.
- Increased access to online testing and contraception.
- Increased the number of condom card outlets able to register and distribute, ensuring at least two pharmacies in each locality.

Data up to September 2020 shows:

A slight increase in the under 18 conceptions rolling annual rate (currently

18.8 per 1,000

from 18.2 in June 2020); overall there is an ongoing downward trend

- Whilst published data for both syphilis and gonorrhoea suggests significantly less prevalence than the England average, local intelligence is reporting seeing an increase in positivity, particularly in heterosexual women.

Despite ongoing challenges, the service plans to continue with the new ways of working following positive feedback.

NHS Health Checks

The NHS Health Check programme is a national public health programme which aims to assess risk of cardiovascular diseases (for example, heart disease, stroke or diabetes). Those eligible for the programme must be aged between 40-74 and have no existing diagnoses of any cardiovascular diseases.

During the early phases of the pandemic, government guidance was issued recommending that the NHS Health Check programme should be suspended. This was to reduce the amount of non-essential contacts taking place in healthcare settings and minimise transmission of Covid-19.

As a result, the proportion of eligible people receiving NHS Health Checks declined dramatically during 2020/21 at both national and local levels. Only 0.9% of the eligible population in Sunderland received a check in that period (compared with 5.7% in 2019/20); similarly, the average level of uptake amongst statistical neighbours of Sunderland fell to 1.0%.

As the pandemic has evolved and further waves of infection have continued, the recovery of the programme remains slow. We are working on plans for a model of operation for the future which will help offer NHS Health Checks to those at greatest risk of developing cardiovascular diseases – whilst recognising that wider pressures in the healthcare system will continue.

S6 THE IMPACT OF COVID-19 ON ACCESS TO PUBLIC HEALTH, HEALTH AND ADULT SOCIAL CARE AND NHS SERVICES

NHS services

The pandemic continues to have an impact on access and delivery of NHS services, from general practice, planned care access and the urgent, emergency and intermediate care system.

2021/22 was a challenging year for many areas as the NHS responded to the virus and the delivery of a challenging vaccination programme, led by Primary Care Networks (PCNs) with the support of partners across Sunderland. In Sunderland, a number of services have seen increased demand over the last 12 months with most areas now either at or higher than pre-pandemic levels.

As discussed earlier in the report, demand for general practice continues to increase whilst delivering a very challenging vaccination programme. This is alongside requirements to restore core services such as long term conditions management and health checks for the most vulnerable in Sunderland.

Earlier in the pandemic, non-urgent referrals into planned care services such as routine hospital surgery and diagnostics decreased significantly. As non-urgent routine services were reopened, the focus of the NHS was to recover performance quickly, ensuring that health inequalities were addressed and patients were clinically prioritised and treated in accordance with national guidance. Cancer services have remained open throughout the pandemic and demand is now at or above pre-pandemic levels.



S6 THE IMPACT OF COVID-19 ON ACCESS TO PUBLIC HEALTH, HEALTH AND ADULT SOCIAL CARE AND NHS SERVICES

Adult Social Care

At the outset of the pandemic the government issued a hospital discharge service operating model for all NHS Trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England.

Commencing March 2020 Adult Social Care Social Work teams, Therapies and Commissioning began re-deploying and re-designing delivery of service activities to support hospital discharge and the Discharge to Access (D2A) process as directed by the operating policy with all services providing 7 day delivery 8am – 8pm, and this continues.

This diversion of resource meant the suspension of some elements of service delivery and created delays in other areas of service provision such as planned reviews.

Services moved to a largely telephone and online service provision for assessment and care planning with visits minimised. However, where services were in place or residents were assessed as having eligible needs, care continued to be provided both in permanent care settings and in the community.

Initially referrals into Therapies and Safeguarding decreased slightly due to lockdowns and national guidance on minimising contacts. However, all areas of Adult Social Care, Therapies and Safeguarding have seen an increase in referrals. Currently the anticipated increase in 21/22 compared to the rates in 19/20 (which had been on a downward trend) is 12.6% increase in Adult Social Care referrals, 14% in Therapy referrals and 34.5% increase in Safeguarding referrals.

Whilst the number of people being referred into the service has increased largely due to hospital discharge and the overall impact of the pandemic on residents' health, mobility and ability to manage daily living, the number of people receiving services is now at a very similar level to that seen in March 2020. However, the complexity of residents' health and social care needs mean an increase in services being provided to the same number of people, particularly homecare with 1,200 more hours per week being provided now compared to March 2020.

Recovery within the services was initially intermittent due to waves of the virus and the need to be responsive to hospital discharge and support various Government driven schemes such as Clinically Extremely Vulnerable and support around individuals with chaotic lifestyles who do not necessarily meet the eligibility criteria for Adult Social Care.

The priority for Adult Social Care is the continued recovery of services, as well as using our experiences in the pandemic to help us better anticipate and understand residents' needs. This also supports priorities from the NHS Long Term Plan and social care reform.

MOVING FORWARD

There is no doubt that Covid-19 has had a significant impact on the health of many of our residents above and beyond the virus itself. There is an incredible amount of exemplary work taking place in our communities in relation to public health and this must be applauded, and the lessons learnt embedded in our future provision.

KEY RECOMMENDATIONS

RECOMMENDATION 1

Deliver the Healthy City Plan with a focus on reducing inequalities, particularly where they have widened due to the Covid-19 pandemic.

RECOMMENDATION 2

Embed a Health in All Policies approach across the council and partners, supported by an Integrated Impact Assessment approach that incorporates health, equality, socio-economic and sustainability considerations.

RECOMMENDATION 3

Build on the community response to the pandemic in order to engage the population and ensure diverse and under-represented groups' voices and experiences are heard, that the overlapping dimensions of health inequalities are understood and needs are acted upon, strengthening engagement routes built upon during the pandemic.

RECOMMENDATION 4

Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.

RECOMMENDATION 5

Work with local employers who can provide employment and apprenticeship opportunities, especially to our vulnerable people and people from disadvantaged backgrounds.

RECOMMENDATION 6

Continue to embed programmes which support the development of speech, language and communication skills in children so they are able to flourish and achieve their full potential.

RECOMMENDATION 7

Ensure key findings from the Health Related Behaviour Survey are used to influence and shape local programme delivery to meet the needs identified by children and young people.

RECOMMENDATION 8

Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.

RECOMMENDATION 9

Ensure we are responding to employee health and wellbeing needs following the intense effort of responding to the Covid-19 pandemic.

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42. National Drug Treatment Monitoring System (2022) Adult Drug Commissioning Support Pack: 2022-23.





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Director of Public Health Annual Report 2021-2022

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SUNDERLAND HEALTH AND WELLBEING BOARD

11 July 2022

UPDATE OF THE NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM (ICS) AND PLACE BASED ARRANGEMENTS

Presentation by the Chief Officer/Chief Finance Officer of Sunderland CCG and the Executive Director of Health, Housing and Communities.

1.0 Purpose

- 1.1 The purpose of the presentation is to:
- a) Provide an update on the North East and North Cumbria Integrated Care System (ICS) arrangements.
 - b) Provide an update on the development of new place-based arrangements for Sunderland.
 - c) Seek the Health and Wellbeing Boards support for the direction of travel around place based arrangements in the city.

2.0 Presentation

- 2.1 The presentation will be tabled setting out the arrangements, ambitions and guiding principles for the Integrated Care Board (ICB) that came into effect on 1 July 2022. The presentation also sets out the proposed role of our Integrated Care Partnership (ICP) and ICS/ICB governance.
- 2.2 The presentation provides an update on the evolving place based model for Sunderland, reflecting on our place-based principles and key next steps.

3.0 Recommendation

- 3.1 The Health and Wellbeing Board is recommended to note the update and support the direction of travel of the emerging place based arrangements.

SUNDERLAND HEALTH AND WELLBEING BOARD

11 July 2022

HEALTHY CITY PLAN: PERFORMANCE OVERVIEW**Report of the Executive Director of Health, Housing and Communities****1.0 Purpose of the Report**

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

2.0 Background

- 2.1 The Healthy City Plan 2020-2030 includes a performance indicator dashboard for the starting, living and ageing well delivery boards. This is the second six-monthly update on the performance dashboard since the Healthy City Plan was agreed in March 2021. The Health and Wellbeing Board receives six-monthly performance updates on these dashboards to its June and December meetings; over the longer-term providing assurance that work is progressing to achieve the aspirations of the Healthy City Plan.
- 2.2 Overall, it should be noted that many of the indicators included here use data prior to or in the early stages of the Covid-19 pandemic. As such, the wider effects of the pandemic are not yet clearly understood.

3.0 Starting Well - Summary of Current Position

- 3.1 The following key points are noted:
- Smoking at Time of Delivery has reduced in the most recent reporting year, although prevalence remains comparatively high.
 - Alcohol related hospital admissions amongst those under 18 in Sunderland have reduced slightly, although remains at a comparatively high level.
 - Uptake and maintenance of breastfeeding has increased, although is still significantly lower than the England average.
 - Progress has been made in reducing childhood obesity at reception and year 6 with reductions against both indicators. However, local sample data suggests a rise during 2020/21, this is in line with the national picture.
 - Latest data shows that teenage conceptions have increased.
 - Development levels amongst children eligible for free school meals continues to improve.

- The proportion of children living in low-income families has continued to increase in Sunderland at a faster rate than both the wider North East and England.
- Hospital admissions amongst under 18s for mental health conditions have reduced over the past two years, although remain well above the wider North East and England.
- The percentage of school pupils with social, emotional & mental health needs has risen just slightly over the last two reporting periods, and is still slightly above the North East and England.
- Across all of the indicators there are a range of inequalities – geography, equality protected characteristics, socio-economic and other vulnerable groups.

4.0 Living Well - Summary of Current Position

4.1 The following key points are noted:

- Life expectancy data has been recently refreshed and now includes the initial 9 months of the Covid-19 pandemic. It shows that life expectancy fell by 0.5 years for females and 0.4 years for males.
- Data relating describing Healthy Life Expectancy showed a decrease for females (0.4 years) and a decrease for males (1.4 years). Inequality in life expectancy amongst those in the most deprived areas of Sunderland has remained high at 11.3 years for males and around 9.6 years for females.
- New data describing alcohol-related hospital admissions has been provided for 2020/21. This shows a reduction from the previous year, however, it remains higher than the wider North East and England.
- The proportion of adults who are overweight or obese fell to 69.1% in 2020/21, from 73.5%
- Prevalence of smoking in adults has decreased to 14.6% in 2020. The proportion of people in routine and manual occupations who smoke has decreased to 18.4%.
- The overall employment rate in Sunderland increased during the most recent quarter (2021/22 Q3)
- Sunderland residents reporting feelings of high anxiety increased during 2020/21.
- The gap in employment rate between people in contact with secondary mental health services or people with learning disabilities in Sunderland compares favourably with both national and regional levels. For those with long term conditions, the gap is greater than that seen nationally and regionally.
- Sunderland has seen increasing levels of households identified as being in fuel poverty. Notably data pre-dates the increases in utility prices being experienced currently.
- The percentage of working aged people in Sunderland with at least level 4 NVQ qualifications decreased during 2021.
- Across each of the indicators there are a range of inequalities relating to geography, protected characteristics, socio-economic background and other vulnerabilities.

5.0 Ageing Well - Summary of Current Position





- Emergency hospital admissions due to falls in people aged 65 and over has increased again and remains comparatively high.
- There has been a rise in the proportion of users of adult social care who feel that they have as much social contact as they would like. This compares favourably both to the wider North East and England as a whole.
- Mortality from causes considered preventable has decreased slightly, continuing a long-standing trend. However, there remains an inequality in comparison to England as a whole.
- The rate of hip fractures amongst those aged 65 or over has fallen slightly and continues a general downward trend from 2015/16 onwards.
- The estimated proportion of people with dementia who are diagnosed dropped rapidly during 2020/21. This has been seen at both national and regional levels and is likely to be due to limitations in access to services during the early stages of the Covid-19 pandemic.
- The index of excess winter deaths has increased slightly over the last two reporting periods, though remains significantly lower than the highest levels seen.
- Across each of the indicators there are a range of inequalities relating to geography, protected characteristics, socio-economic background and other vulnerabilities.



6.0 Recommendations





6.1 It is recommended that the Health and Wellbeing Board:

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







Appendix 1 – Starting and Developing Well Indicators




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
<p>Women who smoke at time of delivery (national measure)</p> 	15.1%	10%	2020/21	<p>The annual figure for the percentage of women smoking at the time of delivery in Sunderland during 2020/21 is 15.1%. This is a reduction on the figure of 18.3% reported in 2019/20.</p> <p>However, it remains above the North East figure of 13.3% and above the England figure of 9.6%.</p> <p>The Best Start in Life Working Group has smoking at the time of delivery as a priority in its action plan.</p>
<p>Under 18 alcohol admissions per 100,000</p> 	76	55.4	2018/19 - 2020/21	<p>The rate of alcohol related hospital admissions amongst under 18s for the 3-year period from 2018/19-2020/21 is 76.0 per 100,000 in Sunderland. This represents a reduction from 82.4 in the previous reporting period (2017/18- 2019/20).</p> <p>Work is ongoing in partnership with Balance (the regional alcohol office) to improve and de-normalise attitudes towards young people and drinking as it is noted that it is often seen as socially acceptable for parents to provide their children with alcohol. The messages provided via this work support the Chief Medical officer's guideline that children should be alcohol free before the age of 15 and promote that to maximise health and wellbeing outcomes, young people should remain alcohol free to the age of 18.</p>
<p>% of infants being breastfed at 6-8 weeks (prevalence)</p> 	30.3%		Q3 2021/22	<p>Latest available data based on experimental statistics for Quarter 3 of 2021/22 shows the percentage of infants being breastfed at 6-8 weeks in Sunderland was 30.3%. This is a 3.3% percentage point increase from the previously available data from Q1.</p> <p>The North East figure for Quarter 3 is not available due to data quality issues. The England figure is 48.8%.</p> <p>A priority of the Best Start in Life Working Group is to promote a culture of breastfeeding and has actions in relation to the 0-19 service and maternity achieving UNICEF Baby Friendly accreditation, ensuring consistent advice and support is provided to women who choose to breastfeed and identifying barriers to breastfeeding in Sunderland using the results of the Infant Feeding Research Project.</p>
<p>Prevalence of overweight (incl. obese) among children in Year 6</p> 	36.9%		2019/20	<p>Latest data published in October 2020 for the 2019/20 academic year, shows the prevalence of overweight (including obese) children in year 6 in Sunderland was 36.9%, this is an improvement from 39.2% recorded in the previous year, a drop in % for 2 years running (40.9% in 2017/18). Sunderland's prevalence is however still higher than the NE average of 37.5% and the England average of 35.2%.</p>







Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Prevalence of overweight (including obese) among children in Reception 	22.1%		2019/20	<p>Data for the academic year 2019/20 shows that 22.1% of children in reception year were overweight (including obese). This is a further improvement from 24.4%, recorded in the previous year (2018/19). Overall, average prevalence in the North East was 24.8% and in England 23.0%, indicating that Sunderland has a similar prevalence in Reception.</p> <p>Covid 19 impacted on the delivery of NCMP for the academic year 2020/21. The nationally representative sample of 10% that LAs were advised to collect in March 2020 due to school closures was less than the minimum 75% required to produce robust estimates of obesity prevalence at the Local Authority level. Hence why no LA level data is available. Sunderland completed 30% - and the unvalidated local sample data indicates healthy weight is down and excess weight has risen for both Reception and Y6 cohorts, this is in line with the national published figure.</p>
Teenage pregnancy (under 18 conceptions rate per 1,000) rolling year 	21.7	24.6	Q3 2020/21	<p>The rolling annual rate of conceptions published 14th April 2022 for quarter 3 2020/2021 (to December 2020) was 21.7 per 1,000 population, an increase on the previous reporting period. The impact of Covid and local intelligence suggests an increase in teenage conceptions is starting to appear in the published data, we anticipate this will also continue through into the next reporting period.</p> <p>For the same period the rate in England was 13.0 per 1,000 and across the North East was 18.6 per 1,000. Sunderland is one of 5 Local Authorities who have seen an increase in this reporting period.</p> <p>The Teenage Pregnancy Action Group continues to meet regularly and has scheduled a refresh of its action plan early in 2022 aligned to the national framework.</p> <p>Key pieces of work recently implemented to support this agenda include:</p> <ul style="list-style-type: none"> • Support to schools around a co-ordinated offer to Relationships and Sex Education in line with the statutory guidance. This is through a Co-ordinator post sitting in TfC Early Help Team. • Prevention Offer – Led by Public Health the Sunderland Prevention Offer for children and young people provides information on universal and targeted services available in the city that can offer early intervention or specialist support to reduce or prevent problems or issues from getting worse and bring in the right support at the right time to meet young people’s needs. Themes of the Offer are: <ul style="list-style-type: none"> • Theme 1 Staying Safe and Personal Development • Theme 2 Mental Health and Wellbeing




Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				<ul style="list-style-type: none"> • Theme 3 Drugs, Alcohol and Smoking • Theme 4 Maintaining a Healthy Weight • Outreach (Brook) – Healthy Relationships • Reinstating the enhanced offer for young people within Sexual Health Services
Children eligible for free school meals achieving a good level of development (GLD) at the end of Reception 	62.6%		2018/19	Data released in February 2020 for the 2018/19 period shows the percentage of children receiving free school meals who achieved a good level of development at the end of Reception was 62.6%. This compares to the NE average of 57.7% and an England average of 56.5% and represents an ongoing increase that has been taking place since reporting began in 2012/13.
Proportion of children in relative low-income families aged under 16 	27.3%		2019/20	In 2019/20, 27.3% of children under the age of 16 in Sunderland were living in low-income families. This is higher than both England (19.1%) and the wider North East (26.8%). Over the past 6 years, the Sunderland rate has increased by 8.4% whilst England increased by 3.9% and the North East by 9.3%.
Hospital admissions for mental health conditions under 18-year-olds (per 100k population) 	118.3		2020/21	The rate of hospital admissions for mental health conditions amongst under 18-year-olds per 100,000 population is 118.3 for Sunderland (2020/21). During the same period the rate for the North East is 93.7 and for England is 87.5. The Sunderland rate has now decreased over the last 2 reporting periods from 183.3 in 2018/2019.
Percentage of school pupils with social, emotional & mental health needs 	3.37%		2020/21	The percentage of school pupils with social, emotional and mental health needs was reported as 3.37% for the 2020/21 period. This compares to 3.15% for the North East and 2.79% for England. Sunderland has risen just slightly by 0.19% points over the previous year.

Appendix 2 – Living Well Indicators







Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Healthy Life Expectancy at Birth - Female 	56.9		2020/21	Most recent data released March 2022 relates to the 2018-20. This shows that the healthy life expectancy for females in Sunderland was calculated at 56.9 years. This is lower than both the North-East value of 59.7 years and the England value of 63.9 years. Compared to the previous period, this represented a decrease of 0.4 years for Sunderland. The North East increased by 0.7 years compared to the previous period, whilst England as a whole also increased (by 0.4 years).
Healthy Life Expectancy at Birth – Male 	56.1		2020/21	Most recent data released on 4 March 2022 relates to the 2018-2020. This shows that the healthy life expectancy for males in Sunderland was calculated at 56.1 years. This is lower than both the North-East value of 59.1 years and the England value of 63.1 years. Compared to the previous period, this represented a decrease of 1.4 years for Sunderland. The North East has decreased by 0.3 years since the previous period, and England as a whole decreased (by 0.1 years).
Life expectancy at birth (Males) 	76.6		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for males in Sunderland was calculated at 76.6 years. This is lower than both the North-East value of 77.6 years and the England value of 79.4 years. Compared to the previous period, this represented a decrease of 0.4 years. The North East and England as a whole also decreased (both by 0.4 years).
Life expectancy at birth (Female) 	80.9		2020/21	Most recent data released in November 2021 relates to the 2018-2020 period. As such, it includes data for the first 9 months of the Covid-19 pandemic. It shows that life expectancy for females in Sunderland was calculated at 80.9 years. This is lower than both the North-East value of 81.5 years and the England value of 83.1 years. Compared to the previous period, this represented a decrease of 0.5 years. The North East and England as a whole also decreased (both by 0.3 years).
Inequality in life expectancy at birth (male) 	11.3		2019/20	Latest data released for the period 2018-20 shows the inequality in life expectancy that may be experienced by males in the most deprived areas of Sunderland as 11.3 years. This measure has remained at or slightly above 11 years for the previous 4 reporting periods after reaching a comparative low of 9.5 years in the 2011-13 period. It compares to an England wide average of 9.7 years and a North East wide average of 12.5 years
Inequality in life expectancy at birth (female) 	9.6		2019/20	Latest data released in February 2022 for the period 2018-20 shows the inequality in life expectancy that may be experienced by females in the most deprived areas of Sunderland as 9.6 years. This measure has remained at or slightly above 8 years for the last 5 reporting periods after reaching a comparative low of 6.9 years in the 2010-12 period. It compares to an England wide average of 7.9 years and a North East wide average of 10.0 years

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Admission episodes for alcohol-related conditions (Broad) (Persons) 	2,401	2,700	2020/21	<p>The most recently published rate of alcohol related hospital admissions in Sunderland was 2,401 per 100,000 people during 2020/21). This is higher than both the North East (1,979) and England (1,500).</p> <p>Please note - This indicator uses a new set of attributable fractions and therefore is not comparable to previous data</p>
Proportion of adults who are overweight or obese 	69.1%	66%	2020/21	<p>Latest data for 2020/21 reports 69.1% adults in Sunderland who are overweight or obese, this is lower than the previous figure of 73.5%, and marginally below the North East (67.7%) but above the England (63.5%) average.</p> <p>The objectives noted below have been completed as part of the implementation of the City Plan:</p> <ul style="list-style-type: none"> • Develop Healthy Weight Alliance 3 year plan • Implement opportunities to influence the local food environment <p>The Strategic Healthy Weight Steering Group and Healthy Weight Alliance both meet on a quarterly basis. Progress is being made against key actions within the healthy weight action plan, which takes a whole system approach. The Healthy Weight Declaration was formally signed and adopted February 2022.</p>
Smoking prevalence 	14.6%	16%	2019/20	<p>Prevalence of smoking amongst adults stood at 14.6% in 2020, this is based on the latest estimates which were published in December 2021. Prevalence in Sunderland continues to be higher than the North East (13.6%) and England (12.1%).</p> <p>In 2020 due to the impact of the COVID-19 pandemic the mode of the APS changed from face-to-face interview to telephone only from Q2 2020. ONS have investigated whether there was a relationship between the smoking prevalence estimate and the change in data collection. The conclusion was that the estimates have indeed been impacted by the change in survey mode from face-to-face interview to telephone, and that selection bias will have also influenced the final prevalence figures. The final prevalence figures as published are lower than would have been expected if data collection had stayed the same for 2020. At time of publication the change of survey mode to telephone only is continuing and a decision yet to be made regarding any return to mixed methods.</p>

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Overall employment rate 	68.9%	71.5%	Q3 2021/22	<p>The latest figures relating to Jan 2021 - Dec 2021 show that Sunderland's employment rate increased by 3% to 68.9% and compares to 70.2% for the same period in the previous year. The Sunderland rate falls short of the North East rate of 70.2%. The numbers of people in employment for those aged 16 and over is 124,900.</p> <p>The current employment rate for Great Britain is 74.8%, under the 75.2% recorded in the same period in the previous year.</p>
Claimant Count 	5.6%	7.2%	February 2022	Data released in March 2022 shows the claimant count in February 2022 decreased to 5.6% (down from 5.7% in January) and compares to a rate of 7.8% for the same period in the previous year.
Self-reported wellbeing - people with a high anxiety score 	28.6%		2020/21	Latest data released in February 2022 shows that 28.6% of respondents reported scoring between 6-10 in relation to the question of 'Overall, how anxious did you feel yesterday?'. This compares to 24.2% across England and 25.1% across the North East and represents an increase of 5.6 percentage points, compared to 2019/20.
Smoking prevalence in adults in routine and manual occupations (18-64) current smokers 	18.4%		2020/21	Latest data for the calendar year 2020 shows the prevalence of smoking amongst adults (18-64) in routine and manual occupations at 18.4%. This is higher than the prevalence amongst adults as a whole (14.6%). It compares to prevalence rates across the North East of 21.6% and across England of 21.4%. Data for Sunderland for 2020 represents a decrease of in prevalence of smoking amongst this group of 7.3 percentage points.
Gap in the employment rate between those with a long-term health condition and the overall employment rate 	25.7		2019/20	<p>Latest data for 2019/20 shows a gap of 15.3% for those with a long-term health conditions from the overall employment rate. This is an increase of 1.6% in comparison with 2018/19.</p> <p>The current position in Sunderland compares to a gap of 10.6% across England and 14.2% across the North East.</p>
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate 	61.2		2019/20	Latest data for 2019/20 indicates a gap of 61.2% for those in contact with secondary mental health conditions from the overall employment rate. This has lowered by 0.8% compared to 2018/19. It is 6% lower than the gap of 67.2% calculated for England as a whole and similar to the wider North East (61.1%).

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Gap in the employment rate between those with a learning disability and the overall employment rate 	66.7		2019/20	Latest data for 2019/20 shows a gap of 66.7% for those with a learning disability from the overall employment rate. This has increased by 1% compared to 2018/19. It is 3.9% lower than the gap calculated for England as a whole (70.6%) and slightly higher than the wider North East (66%).
The % of households in Sunderland considered to be fuel poor 	15.3%		2019/20	Data released in April 2021 covers the 2019 period and estimates that 15.3% of households in Sunderland are fuel poor (19,290 of 126,427 households). This is an increase of 6.1% compared to data covering 2018. Across the wider North East, it is estimated that 14.8% of households are fuel poor. This also represents an increase from 2018 (9.5%). The West Midlands are estimated to have the highest levels in England at 17.5%, whilst the South East has the lowest at 7.5%. Within the North East, Middlesbrough continues to have the highest estimated level at 16.5% and North Tyneside has the lowest at 12.9%.
% of the population aged 16-64 with an NVQ Level 4 qualification 	24.7%		2021/22	Data released April 2022 relates to calendar year 2021, and is subject to confidence interval levels*. The latest performance data for Sunderland shows that the proportion of residents qualified to at least NVQ Level 4 is 24.7% (42,500 in number). This is an increase on the previous year's figure 2019 of 28.7% (adjusted in the latest release). The city figure remains below the regional and national levels and which now stand at 34.4% and 43.5% respectively. *Data is calculated from the Annual Population Survey (APS). This is a sample based survey and thus subject to sampling variations. For example, the confidence interval (which gives an indication of the likely level of variation) for 2013 was 2.6%, thus the actual figure was likely to fall between 21.7% and 26.9%. The % is a proportion of resident population of the area aged 16-64. NVQ4 Equivalent and above includes HND, Degree and High Degree level qualifications or equivalent

Appendix 3 – Ageing Well Indicators

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
Emergency hospital admissions due to falls aged 65 and over per 100,000 population 	3,164		2020/21	<p>Latest data for the period 2020/21 shows that the rate of emergency hospital admissions due to falls in people aged 65 and over was 3,164 per 100,000. This represents a rise of 20% compared to the rate of 2,628 per 100,000 in 2019/20.</p> <p>It remains significantly higher than the wider North East (2,311) and England as a whole (2,023), where declines were seen compared to the 2019/20 period.</p>
Social isolation: % of adult social care users who have as much social contact as they would like (18+ years) 	55.1%		2019/20	<p>Latest data released in February 2021 for 2019/20 shows 55.1% of adult social care users reported having as much social contact as they would like. This is higher than both the wider North East (49.9%) and England (45.9%) and represents an increase of 6.2% compared to 2018/19.</p> <p>For those aged 65 and over, 53.7% reported having as much social contact as they would like. This represents an increase of 4.9% compared to 2018/19.</p>
Mortality rate from causes considered preventable (2016 definition) per 100,000 population 	232.6		2017/18	<p>Data for the period of 2016-18 provides a mortality rate from causes considered preventable (per 100,000) in Sunderland of 232.6 – this represents a slight decrease compared to the previous reporting period. It compares to a similar rate of 223.9 across the wider North East and a lower rate for England (180.8). It has continued a downward trend for a significant period following initial calculations for 2001-03 which provided a rate of 319.7.</p>
Hip fractures in people aged 65 and over (per 100,000 population) 	656		2020/21	<p>Data covering the period 2020/21 provides a rate of 656 hip fractures in people aged 65 and over (per 100,000) in Sunderland. It represents a slight decrease compared to the 2019/20 period when the rate was 664.</p> <p>This compares to a rate of 596 for the wider North East and 529 for England as a whole. The overall trend for Sunderland is a decrease since 2015/16.</p>
Estimated dementia diagnosis rate (aged 65 and over) 	61.5%		2020/21	<p>Latest data for 2020/21 indicates that 61.5% of those aged 65 and over who are estimated to have dementia have been diagnosed. Across the wider North East, this is reported as 66.2% whilst for England as a whole it is 61.6% for England. This represents a considerable reduction of 7.7% compared to the previous reporting period. It is noted alongside the published data that the Covid-19 pandemic is likely to have contributed to a decrease in the level of diagnoses as this trend has been seen at a local, regional and national level during 2020/21.</p>
Excess winter deaths index (age 85+) 	19.3%		2019/20	<p>Latest data covering the period August 2019 to July 2020 shows an excess winter deaths index amongst those age 85 and over of 19.3%. This compares with 16.9% for the North East and 20.8% for England.</p>

Performance Indicator	Latest data	Latest data Target	Latest data period	Narrative
				It represents an increase of 3% during this period compared to August 2018 to July 2020. The highest level reached by the index was 48.1% in the August 2017-July 2018 period.

HEALTH AND WELLBEING DELIVERY BOARDS ASSURANCE UPDATE

Report of the Chief Executive of Together for Children, Executive Director of Health, Housing and Communities and Director of Adult Services & Chief Operating Officer of SCAS

1.0 Purpose of the Report

1.1 The purpose of the report is to:

- i. provide the Health and Wellbeing Board with assurance that the work of the Delivery Boards is progressing in line with their agreed terms of reference;
- ii. provide a summary of key points discussed at their recent meetings; and
- iii. provide an update on the Healthy City Plan grant available to the Delivery Boards.

2.0 Background

2.1 The Health and Wellbeing Board has three delivery boards to provide strategic oversight of the six Marmot objectives and the nine Healthy City Plan workstreams. The delivery boards provide challenge and support across partnership activity in order to reduce health inequalities and address the social determinants of health.

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

2.3 The fifth meeting of all three delivery boards took place in May 2022. The delivery boards are scheduled to meet on a quarterly basis and will hold additional workshops and development sessions subject to their business needs.

3.0 Update from the Starting Well Delivery Board – met 12 May 2022

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

- i. Family Hubs

Sunderland will be one of the seventy-five local authority areas between now and 2025 that will receive a share of £302 million government funding

to create a new network of family hubs to bring together and transform local services. An effective family hub will make it easier for parents and carers to get support and ensure better outcomes for them and their children from pregnancy through early years and later childhood, up to the age of 19 (or 25 for young people with special educational needs and disabilities).

We are waiting to hear whether we will be one of the first twelve. The full costs of the proposed property are being calculated, this includes the cost of the refurbishment, as well as other costs such as ICT equipment and ensuring the space is appropriate for its intended use. The building costs will far exceed the money that is available from government, which is a maximum of £167k. The Board agreed to meet as a smaller group to discuss how the model will be developed and implemented in Sunderland and the associated costs. The Delivery Board will continue to receive an update on family hubs as a standard agenda item.

Update 29.6.22: We have been notified we were not successful with the Family Hub bid and are waiting information as to when we are likely to receive the funding.

- ii. Starting Well Performance Dashboard – refer to separate Health and Wellbeing Board agenda item.
- iii. Deep dive: young people 11-19 risk taking behaviours priority of the Healthy City Plan

A comprehensive presentation was provided within the context of the 11-19 key areas for improvement within the Healthy City Plan, these being: sexual health and under 18 conceptions, alcohol admissions for under 18's, and mental health. The presentation provided an overview of services during the pandemic and in recovery and explored future opportunities. Highlights from the presentation included:

Under 18 conceptions – a small rise is seen in 2020 annual data, with a further rise expected for 2021 annual data. There continues to be an overall downward trend, 66% reduction since 1998. The response to the pandemic saw increased C-Card provision, at least two additional pharmacies in each locality, priority access to sexual health services for vulnerable young people with no one turned away from the service.

Under 18 alcohol admissions – although the rate is decreasing there remains a need to understand the scale and complexity of the issue. The intelligence shared shows that we are dealing with complex young people. The Youth Drug and Alcohol Project (YDAP) are now part of the hospital discharge process, and the expectation is that YDAP will attend to support engagement into treatment. The OHID Substance Misuse Treatment and Recovery grant* will provide opportunities to invest in young people's drug and alcohol services as part of year one of the three-year funding. (*Note: The OHID Substance Misuse Treatment and Recovery grant is referred to

in more detail in the Living Well Delivery Board section of this report under 'drugs and alcohol workstream priority update.')

Mental Health – the rate of admissions has decreased in the last two reporting periods. Evaluation of the Better Mental Health grant is imminent which may give us things to consider for the future. A Child and Adolescent Mental Health Services (CAMHS) Joint Strategic Needs Assessment will be produced to assess current and future needs and inform future commissioning. Healthy Heads (Mental Health Support Team) is now in place covering 13 schools, with further funding secured to extend to more schools which will result in 60% coverage.

The Board discussed the culture of alcohol in schools and community sports-based settings in terms of alcohol in school raffles and teacher gifts, and bars often open at children's football matches and other sporting activities. The Board hoped schools would become increasingly aware of the role they can play through the RSE Charter Mark and having a school alcohol policy.

iv. Food poverty

A Food Partnership Coordinator to take-up post in May and partners will be invited to have discussions with the postholder. Links will be made to existing work in the city, including work on the cost of living crisis and support for children eligible for free school meals.

v. Place based integration

An update was provided to each of the three delivery boards on Place Based Integration and the work that has progressed in the last few months. The potential models were shared with the Boards, highlighting partners preference for a hybrid model that considers services and a life course approach.

[For latest update refer to agenda item 8].

vi. Forward plan

A separate meeting will be held to consider the future forward plan, seeking to allow time for both development discussions and deep dives into existing priorities and activity.

3.2 Key issues:

The Delivery Board remains focused on Covid recovery issues, as well as a number of cross-cutting issues that affect considerable numbers of children and young people including poverty, alcohol and substance misuse harms.

Promoting a breastfeeding culture in the city remains a key priority, alongside supporting more women to choose breastfeeding for their babies and having a positive feeding experience. Whilst STSFT do not have Unicef Breast Feeding Friendly accreditation they are committed to achieving it and are intending to recruit an Infant Feeding Nutrition Lead who will take this forward.

A children and young people's JSNA is under development, it should assess current and future needs and inform future commissioning. From this work it is hoped the Board will have a greater understanding of what it is like to be a child or young person in Sunderland and how services can support their needs.

4.0 Update from the Living Well Delivery Board – met 10 May 2022

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

i. Low Carbon and Health

A comprehensive presentation was made on the city's low carbon commitment, framework and current position. There was recognition of the wider 'living well' benefits from the low carbon agenda including: reducing heat and cold extremes; improving air quality and reducing noise pollution; improving physical and mental wellbeing; improving comfort at home and helping to reduce food poverty; and complementing healthy eating and healthy weight programmes. The Board was pleased to see a focus on inequality and low-income households. The Board discussed how to support people on low incomes to be more physically active including access to the cycle schemes in the city, reducing the need to use a car. It was agreed to explore the potential for a city-wide cycle scheme and car share scheme.

The council's emerging Integrated Impact Assessment tool will provide the opportunity to assess the carbon impact of activity, as well as other considerations including equalities, socio-economic and health impacts. It was agreed that consideration will be given to using the Integrated Impact Assessment as a place-based tool following phase one piloting of the tool in the council (phase one will run Sept. 22 – March 23).

ii. Deep dive: drugs and alcohol workstream priority of the Healthy City Plan

A detailed presentation was made on the new national strategy for drugs and local context was given around the drugs and alcohol agenda. The new national drugs strategy 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives' has three key strands: breaking drug supply chains; delivering world class treatment and recovery; and achieve a generational shift in demand for drugs. The presentation included a range of local data on drugs and alcohol use, and current activity to address the harms caused by drugs and alcohol. Proposals have been submitted for the Substance Misuse Treatment and Recovery Grant - local authorities will receive enhanced treatment funding over three years via a targeted approach prioritising areas experiencing highest harm. The presentation included details of the proposals

submitted to OHID for the Substance Misuse Treatment and Recovery grant and outlined some of the proposed partnership projects including building on, enhancing and expanding existing services which would focus on treatment and include prevention elements. Discussion included building pathways for affected families to access wider social prescribing opportunities in their communities. There was recognition from the Board that we need to make sure people know what services are available; and how different services complement one another to support individuals/families. The grant will enable additional services to be put in place in year one, with further opportunities to be considered for years two and three.

- iii. Place-based integration - See update under 'Starting Well' – the same presentation was made at each delivery board.
- iv. How the NHS is tackling health inequalities at place

A presentation was made on how the NHS is tackling health inequalities at place, reflecting on the NHS context, the 'must do's' and examples of additional local work. The current STSFT, ATB and local authority health(care) Inequalities Group will be producing an action-oriented action plan for 2022/23. The governance of this group in relation to organisational and Health and Wellbeing Board reporting will need to be mapped out. The Board discussed considering how the local authority may work with Primary Care to address inequalities in particular wards. There was recognition of lots of opportunities for collaboration and shared learning, including the Council's work on Health in All Policies and Integrated Impact Assessment, and the Trusts work on equity audits and health literacy.

- v. Living Well Performance Dashboard – refer to separate Health and Wellbeing Board agenda item.
- vi. Pharmaceutical Needs Assessment – refer to separate Health and Wellbeing Board agenda item.
- vii. Forward Plan – the Delivery Board has a comprehensive forward plan. Proposed agenda items for the next meeting include: a deep dive discussion on the health of those in work and seeking work workstream (including skills / NVQs); a deep dive discussion on Active Sunderland; community wealth building / cost of living crisis; health inequalities update; Director of Public Health Annual Report; and an update on place-based arrangements.

4.2 Key issues:

The issues of improving health and reducing health inequalities require a partnership approach as demonstrated in the delivery board discussions on supporting people to have good health to enter and remain in employment. The Delivery Board is keen to understand the impact of the cost of living crisis and how vulnerable people and people from disadvantaged backgrounds are being supported to enter work and sustain employment.

5.0 Update from the Ageing Well Delivery Board – met 17 May 2022

5.1 The Ageing Well Delivery Board received a number of updates on its key priorities and activity set-out in its workplan. This included:

i. Active Families and the wider Voluntary Sector in Sunderland

Active Families provided an update on the work during the Covid-19 pandemic including the distribution of active bags, online classes and walk and talk sessions. Active Families are now doing Active Forever programmes for over 50's with a range of activities including day trips and exercise classes. They are distributing over 500 monthly newsletters to residents, having over 300 face-to-face interactions weekly and over 10,000 engagements via social media. Their 'Mission 2 Mobility' programme focusses on strength, balance and movement, it is focused on social interactions in a small group setting over an eight-week period. Discussion took place on the value of the programmes being part of the social prescribing offer and an offer from the University to support with academic evaluation of the programmes.

Active Families are one of many voluntary and community sector organisations delivering activities and services to support residents in Sunderland to age-well and to reduce social isolation and loneliness. The Voluntary Sector Alliance in Sunderland is embedded within the place-based integration work, to ensure capacity is grown within the voluntary sector, to meet the growing needs in Sunderland.

ii. Harnessing Healthy Ageing Programme

An update was provided on the testing of solutions. Partners including Gentoo and Back on the Map have been supporting in finding participants to pilot the use of the technology, but further participants are still required. Evaluation and impact assessment is ongoing. A final showcase event is scheduled for 24 June. Questions from the Board included links to the Housing Expo and plans to upscale or replicate in and beyond Sunderland.

iii. Improving financial wellbeing and resilience

A comprehensive presentation was provided on 'ageing well – financial wellbeing and resilience.' The presentation explored the local strategic context including the city's financial resilience programme and managing your money (rights, help and advice); the national cost of living crisis; the barriers to financial resilience for older people; and actions and ideas to support financial resilience for older people.

The cost of living crisis will further exacerbate the number of people of pensionable age living in poverty. Discussion took place on how we can use the data we have available to identify frailty to target support. A Council Task Group which feeds into the City Board to be established to

drive forward the strategy, led by the Executive Director for Health, Housing and Communities. It was agreed there are opportunities to align the agenda with social prescribing and MECC approaches. In addition, discussion to take place with the Ageing Well Ambassadors on the role that they may be able to play, alongside the wider voluntary and community sector.

iv. The State of Ageing is Getting Worse – 2022

Data shared on the State of Ageing nationally in 2022, as produced by the Centre for Ageing Better. It was agreed that a request will be made for Sunderland specific data from the Centre for Ageing Better and general support from the Board for a deep dive into the Sunderland picture. Acknowledgement that we have lots of data in the city, but we need to collate and analyse it to inform our priorities.

v. Place-based integration - See update under 'Starting Well' – the same presentation was made at each delivery board.

vi. Walking Well Path

Working with the Digital Catapult Northern Ireland are piloting “walking well path” which is an insole that fits in the persons shoes to analyse through technology how a person is walking and their gait. This technology has the potential to predict a frailty to falls and will be showcased at the June event.

viii. Ageing Well Performance Dashboard – refer to separate Health and Wellbeing Board agenda item.

ix. Workplan updates

Workplan updates were provided on falls prevention, pre-frailty, Spring area-events and Ageing Well Ambassador consultation.

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

5.2 Key issues in Sunderland:

- How we develop a strengths-based approach to many of the issues discussed, for example, reducing frailty factors, addressing digital exclusion and raising awareness of the early intervention and prevention opportunities across the city that support ageing well.
- Ensuring we use all available data to identify frailty to target support.
- Working in partnership to try and mitigate the impacts of the cost of living crisis on older people.

6.0 Healthy City Plan Grant

6.1 Background

At the Health and Wellbeing Board meeting in June 2021 the Board agreed the approach to the distribution of resources allocated from NHS health funding to support the delivery of the Healthy City Plan. Funding of £750,000 was allocated as Healthy City Plan to respond to the negative impacts of the COVID-19 pandemic on the health and wellbeing of Sunderland residents. £50,000 of the £750,000 was earmarked for a range of behavioural insight work, health equity audits and other initiatives to inform the key priorities and work streams within the Healthy City Plan. The residual £700,000 was protected to support investment into capacity and capability to deliver projects contributing to the achievement of the Healthy City Plan.

6.2 Update

The full allocation of Healthy City Plan grant remains. There have been several calls for the funding from the Ageing Well Delivery Board, but other sources of funding could be provided which has enabled the full pot of money to remain unallocated.

A further £1 million has recently been provided via Sunderland CCG to enhance the Healthy City Plan grant. The total sum of Healthy City Plan grant is now £1.75 million.

It is proposed the approach for allocating the resource will remain the same as agreed by the Board in June 2021: the Chair of the Health and Wellbeing Board, the Executive Director of Public Health & Integrated Commissioning and the CCG Chief Officer collectively having the delegation to consensually agree the allocation of the grant to schemes.

There is no requirement to allocate and spend monies in year, however, the Delivery Boards will be encouraged to identify proposals to support the delivery of Healthy City Plan priorities. Updates on the deployment of the resource will be provided in future Delivery Board assurance reports.

7.0 Independent Review into Smokefree 2030 policies.

7.1 [The Khan Review: Making Smoking Obsolete - the independent review into smokefree 2030 policies](#) was published on 9 June 2022 (after the last Living Well Delivery Board meeting). This is an independent review by Dr Javed Khan OBE into the government's ambition to make England Smokefree by 2030.

7.2 The review sets out 15 independent recommendations on how the Government can achieve a Smokefree 2030, four of which are stated as 'critical' to meet the target. The four critical recommendations are;

1. Urgently invest £125 million per year in a comprehensive Smokefree 2030 programme. Options to fund this include making the 'polluter pay' through a levy on tobacco company profits from addiction.
2. Raise the age of sale of tobacco by one year every year from 18, until no one can buy a tobacco product in this country. (This will create a Smokefree generation).
3. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
4. For the NHS to prioritise further action to stop people from smoking, by providing support and treatment across all of its services, including primary care. Prevention must become part of the NHS's DNA.

7.3 The review urges the Government to seize the moment and commit to making smoking obsolete.

7.4 The ambitions are welcomed by Fresh who will be doing everything they can to ensure that we get as many evidence-based tobacco control measures included in the forthcoming disparities white paper (expected pre-Summer recess) as well as in a comprehensive new ambitious tobacco control plan in the Autumn.

7.5 Health and Wellbeing Boards and partners will be able to comment on proposals to raise the age of sale for tobacco in the coming months and on other proposals to get behind the ambition to end tobacco smoking and become Smokefree.

8.0 Recommendations

8.1 The Health and Wellbeing Board is recommended to:

- i. note and comment on the summaries from the recent meetings of the delivery boards;
- ii. be assured that the work of the Delivery Boards is progressing in line with their agreed terms of reference;
- iii. note the additional £1m to support the delivery of Healthy City Plan priorities; and
- iv. support the critical recommendations in The Khan Review: Making Smoking Obsolete.

SUNDERLAND HEALTH AND WELLBEING BOARD

11 July 2022

COVID-19 IN SUNDERLAND – UPDATE

Report of the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

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

2.0 Background

- 2.1 The Board will be provided with an update of the Covid-19 situation in Sunderland. This will include a summary of the current position regarding estimated prevalence and actions being taken to combat the pandemic locally.
- 2.2 The Health Protection Board and Gold Command Group are meeting, in line with agreed arrangements.

3.0 Current Position

- 3.1 The current guidance on Covid-19 is focused on living safely with respiratory infections, including Covid-19. The government has removed all domestic restrictions in England. There are still steps that people can take to reduce the risk of catching and spreading Covid-19.
- 3.2 It is proposed that this is the last in-depth presentation to the Board on Covid-19 in Sunderland. The situation will be monitored and a brief 'for information' report with key data brought to future meetings. If there are significant changes then a more in-depth paper will be brought to the Board.
- 3.3 Take-up of vaccines for Covid-19 and flu will continue to be monitored through existing partnership mechanisms, and as part of winter planning.
- 3.4 The ongoing impacts of Covid-19 on health inequalities and recovery will be kept under review and current recommendations are set out in the Director of Public Health Annual Report 2021-22.
- 3.5 At the time of writing (24/06/2022), the ONS weekly estimated prevalence of Covid-19 has risen from 1 in 50 to 1 in 40 for the Sunderland, South Tyneside and Gateshead sub-region. The national figure is 1 in 40.

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to:

- receive the update and presentation on the Covid-19 pandemic and comment on the information provided; and
- agree to receive brief data updates on Covid-19 in future, with more in-depth reports coming to the Board if there are significant changes to the Covid-19 situation.

SUNDERLAND HEALTH AND WELLBEING BOARD

11 July 2022

HEALTH AND WELLBEING BOARD FORWARD PLAN

Report of the Senior Manager - Policy, Sunderland City Council

1.0 Purpose of the Report

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

2.0 Background

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

3.0 The forward plan

3.1 The forward plan is attached as appendix one. The plan is not fixed for the whole year and may be changed at any time, with items being added or removed as circumstances change and to suit the Board's needs.

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

4.0 Recommendation

4.1 The Health and Wellbeing Board is recommended to receive the forward plan for information.

Sunderland Health and Wellbeing Board – Draft Forward Plan (Note: subject to change. Last updated 23.6.22)

JULY 2022	AUGUST 2022	SEPTEMBER 2022	OCTOBER 2022	NOVEMBER 2022	DECEMBER 2022
<p>Public Meeting - 11 July 2022</p> <ul style="list-style-type: none"> • Pharmaceutical needs assessment (PNA) • Sunderland All Together Better Patient, Carer and Public Survey findings and response • Director of Public Health Annual Report • ICS and Place-based integration arrangements • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update 		<p>Public Meeting – 30 September 2022</p> <ul style="list-style-type: none"> • Covid-19 update • JSNA refresh • Delivery Boards Assurance • Path to Excellence (TBC) • Health Protection Assurance Update (including Winter / Covid-19/Flu Resilience Plan) • ICS and Place Based Arrangements 			<p>Public Meeting – 9 Dec. 2022</p> <ul style="list-style-type: none"> • Covid-19 update • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance, including update on Healthy City Plan Grant • SSAB Annual Report • SSCP Annual Report • Path to Excellence (TBC) • Better Care Fund – sign off of section 75 agreement

JANUARY 2023	FEBRUARY 2023	MARCH 2023	APRIL 2023	MAY 2023	JUNE 2023
		<p>Public Meeting - 17 March 2023</p> <ul style="list-style-type: none"> • ICS and Place-based integration arrangements • Path to Excellence (TBC) • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update 			<p>Public Meeting – Date to be confirmed</p> <ul style="list-style-type: none"> • Director of Public Health Annual Report • ICS and Place-based integration arrangements • Path to Excellence (TBC) • Healthy City Plan – 6 monthly performance report • Delivery Boards Assurance, including update on Healthy City Plan Grant • Covid-19 update
<p>Additional key dates for future Board meetings Pharmaceutical needs assessment (PNA) – to be considered by HWB in Sept. 2022 (latest) for publication in October 2022. Will be in place until September 2025.</p> <p>Potential development sessions Place based working Social prescribing Behavioural insights</p>					