

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Tuesday, 5th July, 2022 at 5.30pm in
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA

Membership

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

ITEM		PAGE
1.	Apologies for Absence	-
2.	Minutes of the meeting of the Committee held on 6th April, 2022 (copy attached)	1
3.	Declarations of Interest (including Whipping Declarations)	-
	Part A – Cabinet Referrals and Responses	
	No Items	
	Part B – Scrutiny Business	
4.	Update on General Dental Access	9
	Report of NHS England (copy attached)	

Contact: Joanne Stewart Principal Governance Services Officer Tel: 07919 509 189
Email: joanne.stewart@sunderland.gov.uk

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

5.	Annual Report of the Director of Public Health 2021/22	11
	Report of Executive Director of Health, Housing and Communities (copy attached)	
6.	Annual Work Programme 2022/23	82
	Report of the Scrutiny, Mayoral and Members' Support Coordinator (copy attached)	
7.	Notice of Key Decisions	87
	Report of the Scrutiny, Mayoral and Members' Support Coordinator (copy attached).	
	Part C – Health Substantial Variations to Service	-
	No Items	
	Part D – CCFA/Members Items/Petitions	-
	No Items	

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

27th June, 2022

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Committee Room 1 of the CITY HALL, SUNDERLAND on WEDNESDAY, 6th APRIL, 2022 at 5:30pm.

Present:-

Councillor N. MacKnight in the Chair

Councillors Burnicle, Haswell, Heron and Potts

Also in attendance:-

Dr. Carol Aitken – General Practitioner, Sunderland GP Alliance

Mr. Mark Cotton – Assistant Director of Communications and Engagement, North East Ambulance Service

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr. Philip Foster – Managing Director, All Together Better Alliance

Ms. Victoria Muller – Operations Manager, Sunderland GP Alliance

Mr. Jon Ritchie – Executive Director Corporate Services, Sunderland City Council

Ms. Gillian Robinson – Scrutiny, Mayoral and Members' Support Coordinator, Sunderland City Council

Mr. Ben Seale – Public Health Lead (Business Management), Sunderland City Council

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

Ms. Gerry Taylor – Executive Director of Public Health and Integrated Commissioning, Sunderland City Council

Apologies for Absence

Apologies for absence were given on behalf of Councillors Butler, McDonough, Speding and M. Walker and from Mr. David Chandler, CCG and Ms. Andrea Hetherington, ST&SNHSFT.

Minutes of the last meeting of the Committee held on 9th March, 2022

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 9th March, 2022 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – CoVid19 in Sunderland- Update

Councillor MacKnight made an open declaration in the above item as he had a professional interest in the report from the Executive Director of Public Health.

CoVid-19 in Sunderland – Update

The Executive Director of Public Health and Integrated Commissioning and Sunderland Clinical Commissioning Group (SCCG) submitted a joint report which provided the Health and Wellbeing Scrutiny Committee with an update on the Covid-19 situation, including recovery, in Sunderland.

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and taken through a presentation by Ms. Gerry Taylor, Director of Public Health and Integrated Commissioning, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The vaccination programme and possible scenarios;
- The plans for testing after 1st April, 2022; and
- The replacement advice for the public and adult social care.

Mr. Philip Foster, Managing Director, All Together Better Alliance and Carol Aitken, General Practitioner, GP Alliance, provided the Committee with joint presentations which gave updates in relation to performance standards; the All Together Better Alliance patient, carer and public survey; and the latest position of the CoVid-19 Vaccination Programme.

Ms. Muller drew particular attention to and thanked Councillor Haswell for the information on where to place the roving clinics to have the greatest impact and be most effective in and around his ward.

(for copy presentations – see original minutes)

The Chairman thanked Officers for their presentations and invited questions and comments from Members.

Councillor Haswell referred to the changes in CoVid guidance and the removal of Statutory Sick Pay for some workers and asked if the Council were trying to avoid members of staff continuing to work who may have CoVid as a result of this, particularly where contracted providers were operating on behalf of the Council in areas such as Adult Social Care. Ms. Taylor advised that she could not answer on behalf of the providers but she could look into this further and advised that they had provided contact information on their website to signpost people if they were suffering financial difficulty.

In response to a follow up question from Councillor Haswell, Ms. Taylor advised that the letter being sent out to businesses offering advice on the latest guidance had not been circulated yet so she could look to ensure signposts to the website and advice could be included.

Councillor Haswell referred to the long waiting times and asked when it was forecast that a reduction or consistent in the four-hour waiting time would be seen and was informed by Mr. Foster that they were unable to set out a forecast as yet and Sunderland had historically struggled to hit the four hour target. He added that they

were looking to the summer when they may be able to return to previous waiting times but he could not say when with any certainty due to recovery from the pandemic, any future spikes, staff pressures, etc.

Mr. Foster commented that they were aware that there may be a change in the standard being introduced by the Government but they remained focussed on trying to get as near as possible to the current standard. They were also continuing to look at a range of measures to change patient's habits as there were still a large number of patients presenting at the accident and emergency service who could access treatment through other services.

Councillor Heron raised her concerns around long term CoVid which could become more prominent as time went on and also for small children and young babies who may be having trouble with facial recognition; having only grown up around people wearing face masks. Dr. Aitken commented that the issue for young children had been recognised and studies undertaken; with the services involved being very aware of it and what may be needed going forward to help those young children and their parents. She added that many studies will come out over the coming years of the impact the pandemic may have had on babies and young children and added that potentially they may not be aware of some of these impacts for some years to come.

Councillor MacKnight referred to plans for the vaccination programme up to September, 2022 and asked if future vaccinations for CoVid would be looked to be wrapped up with the flu vaccination programme and was informed by Dr. Aitken responded that it would be difficult to answer his question at the moment; although in an ideal world it is what they would want to be aiming for. She commented that there were underlying complexities around it but it was too early to advise the Committee at this time. The Chairman asked if the Committee could be provided with an update as and when more information was available.

In response to a query from Councillor MacKnight regarding how rates were now being recorded given the ceasing of required national reporting, Ms. Taylor explained that they were still receiving data based on PCR and asymptomatic testing; although they were coming to the end of that period so they were trying to look at what would then be available and what rates they could record. Mr. Seale advised that currently they were still receiving a significant volume of LFT results but that by the following week they would see this begin to peter out and the data recorded would not then be comparable.

The Chairman thanked all attendees for their presentations and information provided, and on behalf of the Committee gave thanks to all staff involved, and it was:-

2. RESOLVED that the updates provided within the report and presentations be received and noted.

The Deputy Chief Executive and Assistant Director of of Communications and Engagement of North East Ambulance Service submitted a report which provided an overview of activity and performance for the North East Ambulance Service.

(for copy report – see original minutes)

Mr. Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service, took Members through the presentation which provided information on the following:-

- 111 phone calls, average time to answer and outcomes;
- The number of 999 phone calls offered and hear and treat rates;
- The average response times to categories 1-4;
- The average time to handover at hospital; including delays; and
- The service vision, mission and goals.

(for copy presentation – see original minutes)

Mr. Cotton also provided the Committee with detailed performance at a trust wide and South Tyneside and Sunderland level for Members' information.

Councillor MacKnight thanked Mr. Cotton for his presentation and invited questions and comments from the Committee.

In response to a question from Councillor Burnicle regarding Sunderland response times trailing those of South Tyneside, Mr. Cotton advised that they had found that demand did not follow a pattern so it was difficult to forecast which areas would require a greater presence. They were talking to the Commissioner around having more resources available in Sunderland which would give a greater flexibility in the future.

In a follow up question Councillor Burnicle commented that he wasn't sure if it was down to the traffic network in Sunderland versus that of South Tyneside and Mr. Cotton advised that this had never been raised as a particular issue; adding that Sunderland also had a larger population than that of South Tyneside so would cause a greater pull on demand.

Councillor MacKnight referred to the 999 calls offered and asked if they were increasing, irrespective of those in relation to the pandemic, and Mr. Cotton advised that there had been a gradual increase; and that this was also the case nationally although at a greater level.

With regard to a query from Councillor Heron around welfare support for ambulance crew members, Mr. Cotton informed the Committee that they had a line manager on duty and available 24-7 and whenever a crew had faced a difficult job they could immediately call upon a critical care manager who could respond and undertake a debrief. He explained that recently they had also introduced a system known as TRIM (Trauma Intervention Risk Management) which was taken from the military and this allowed staff to have a much richer, deeper debrief and helped to support them.

The Chairman thanked Mr. Cotton for his report and presentation and the information provided, it was:-

3. RESOLVED that the Committee noted the content of the presentation and performance information provided.

Automated External Defibrillators

The Executive Director of Corporate Services submitted a report which provided an update to the Committee on Automated External Defibrillators (AED's) following a motion agreed at Council on 17 November, 2021.

(for copy report – see original minutes)

Mr. Jon Ritchie, Executive Director of Corporate Services and Mr. Ben Seale, Public Health Lead, took Members through the report advising that a review of the current provision have been undertaken and setting out the next steps in relation to current AED's in the city; which would be registered once they had been replaced and the widening of the provision in the city, working with partners and Cardio Proof; a local charity who focus on improving survival rates for cardiac arrest in the North East.

The Chairman thanked the Officers for their informative presentation and invited questions from the Committee.

Members commented that the AED's were beneficial to have around the city but raised concerns over ensuring that there were people trained to use the devices and that they were being correctly maintained and reset after they had been used.

Councillor Potts asked if they knew if everyone who had an AED was registering them on the national site or if this was an area the Council needed to be encouraging and also commented that it may be helpful to have a link through the Council website to the placement of AED's in and around the city. Mr. Richie advised that the strength of using the circuit network would be that there was consistency, so people could be directed to the location of AED's. He could look to ensure information was provided through the Council website.

In response to a further query from Councillor Potts regarding how long it would take until there was a proposal, Ms. Taylor advised that the draft was almost finalised so it should not take much longer for the proposal to be ready; the implementation plan would follow which would take longer to put in place.

In relation to maintaining the AED's around the city, Mr. Ritchie advised that those that were Council procured would be monitored and maintained but they could not be responsible for others, although the strength of pushing people to register devices was that they would have to have service schedules, etc. They needed to ensure that where funding was raised for devices the groups understood the need for ongoing costs for servicing, etc. which the Council could not agree to take on unless it was agreed that it was a strategic objective and the funding was put in place.

Ms. Taylor advised that as part of the work being undertaken with NEAS and the CCG they could look to provide guidance on good practice with defibrillators so that organisations and charities had an understanding of what was needed when considering purchasing and installing them.

Mr. Cotton advised that when NEAS used an AED it was then taken off the circuit until they were advised that it had been reset and serviced so crews would not be directed to use that device until it was in good, working order. He also advised that the NEAS had a team that could look to provide support and training which people in the community could access.

The Chairman Heron thanked Officers for their very informative report, and it was:-

4. RESOLVED that the information set out within the report be received and noted.

Sunderland Pharmaceutical Needs Assessment (PNA)

The Executive Director of Public Health and Integrated Commissioning submitted a report to the Committee on the Sunderland Pharmaceutical Needs Assessment (PNA).

(for copy report – see original minutes)

Mr. Ben Seale, Public Health Lead (Business Management), took Members through the report advising that the purpose of it was to:-

- Raise awareness of the work undertaken to produce and updated and approved PNA for Sunderland for publication by 1st October, 2022;
- Provide an update on the work that has been undertaken by the PNA Steering Group to produce and updated PNA in line with the statutory duty;
- Provide information about the required statutory consultation; planned to run for late March to late May, 2022; and
- Raise awareness of the opportunity for Members of the Committee to comment on the draft statement of PNA during the consultation period.

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

Councillor Heron raised concerns over there being no out of hours pharmacy in the Coalfields area, and commented that there were out of hours GP's and the Primary Care Centre where if they were provided with a prescription they had to access a pharmacy in Sunderland and a lot of residents may not have the transport to access those sites and Mr. Seale advised that this was an area that they were aware of as the issue had been raised as they had worked through the assessment.

Councillor MacKnight followed up by asking if a deficit was identified in a particular area of the city how it would be addressed and was informed that they would be informed by NHS England if a pharmacy was closing down to be asked to review the PNA to see what the impact was going to be, which would include looking at alternatives and if a gap in essential services was being created. A judgement would be made to decide if it created a market entry requirement and Public Health would give this view back to NHS England.

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.

The Chairman thanked Mr. Seale for his report, and it was:-

5. RESOLVED that:-

- The Committee's concerns on the lack of an Out of Hours Pharmacy in the Coalfields area be submitted in relation to the draft statement of PNA arising from the process as detailed in the report;
- The work that had been undertaken so far to produce an updated PNA for Sunderland in line with the Health and Wellbeing Board's statutory duty be noted; and
- The dates for the statutory consultation on the PNA and the opportunity for Members to comment on the PNA be noted.

Work Programme 2021/2022

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

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report which set out the business that had been considered by the Scrutiny Committee during the municipal year 2021/2022 and also identified items that were to be scheduled for the next municipal year.

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

6. RESOLVED that the work programme be received and noted.

Notice of Key Decisions

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

(for copy report – see original minutes)

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

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

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

(Signed) N. MACKNIGHT,
Chairman.

UPDATE ON GENERAL DENTAL ACCESS

REPORT OF NHS ENGLAND

1. PURPOSE OF THE REPORT

- 1.1 To provide an update to Sunderland's Health and Wellbeing Scrutiny Committee in respect of general dental access following the previous update that was received on 7 July 2021.

2. BACKGROUND

- 2.1 No 'formal' registration in NHS dentistry - patients can contact any NHS dental practice to access care.
- 2.2 Dental contracts and provision is activity and demand led with the expectation practices deliver and manage their available commissioned activity to best meet the needs of patients presenting to the practice.
- 2.3 The contract regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to a 'banded' course of treatment prescribed under the regulations.
- 2.4 NHS England do not commission private dental services but the NHS dentistry regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- 2.5 COVID- 19 pandemic and requirement to following strict infection prevention control guidance significantly impacted on access to dental care over the last 2 years – demand for dental care remains high across all NHS dental practices.

3. GENERAL DENTAL ACCESS PROVISION

- 3.1 22 NHS dental providers delivering general dental services across 26 practices locations within Sunderland Local Authority boundary. 538,319 Units of Dental Activity (UDAs) commissioned per annum (circa £14.9m).
- 3.2 Practice in Washington (11,000 UDAs) due to close at the end of August 2022 as provider is retiring – intention is to re-commission this activity as quickly as possible.
- 3.3 In 2019-20 (pre-Covid) approximately 90% of the total commissioned capacity in Sunderland had been utilised. demonstrating that at that time we were reasonably meeting the dental needs of the population.

- 3.4 Urgent and Emergency dental services are also available to patients out-with general dental practices via NHS 111. Where patients present into NHS 111 they will be remotely triaged and where clinically appropriate be booked into the nearest in hours or out of hours treatment centre. Patients with non-urgent/routine dental needs will where appropriate be provided with self-care advice and sign-posted to NHS dental practices.
- 3.5 Community Dental Service provided by South Tyneside and Sunderland NHS Foundation Trust for vulnerable patients with additional needs that cannot be met within high street practices.

4. PRESSURES AND CHALLENGES

Covid-19 Impacts

- 4.1 Infection Prevention Control (IPC) and capacity constraints 2020-2022, backlog of unmet need, continuing high demand for care.

Workforce Recruitment and Retention

- 4.2 Not just a local issue, providers and performers choosing to retire early/move to private dentistry/away from the dentistry all together (Dentists/nurses/therapists).

Dental System Reform

- 4.3 Legacy 2006 NHS Dental regulatory UDA system –discussions on-going at a national level between NHSE and the BDA on dental system reforms – feedback from discussions awaited together with contracting guidance from July 2022.

5 RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee is recommended to note and comment on the update and information provided.

Contact Officer: Pauline Fletcher, Senior Primary Care Manager, NHS England - North East and Yorkshire (North Cumbria and the North East).

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.

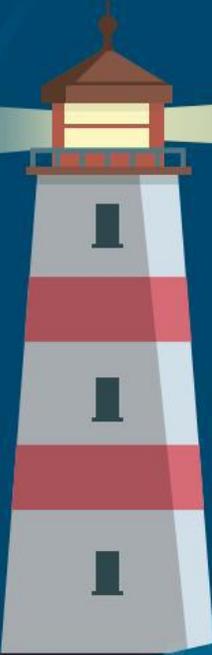
- **Recommendation 7**
Ensure key findings from the Health-Related Behaviour Survey are used to influence and shape local programme delivery to meet the needs identified by children and young people.
- **Recommendation 8**
Carry out further research to improve our understanding of inequalities in access 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 Scrutiny Committee is recommended to:

- Support the recommendations and to make comments on 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.

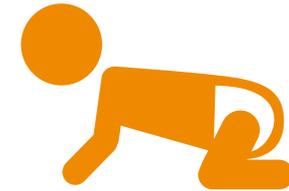
Sunderland has high levels of deprivation and we can see the impact of this when we look at healthy life expectancy for our city. Healthy life expectancy is the average number of years that an individual is expected to live in a self-assessed state of good or very good health.

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

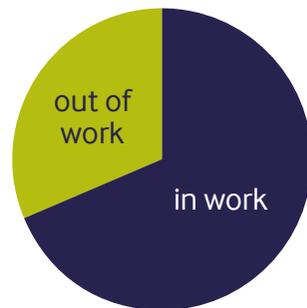
46,100 claims for employees on furlough

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

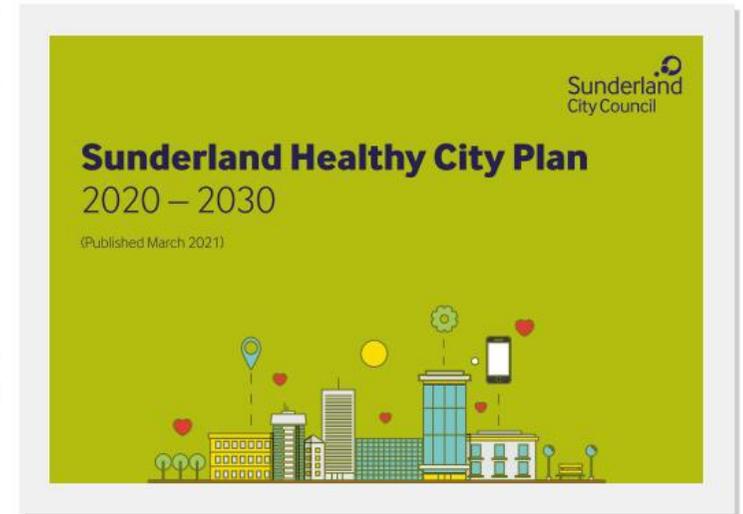
Recognising the potential impact of the pandemic on our communities, Sunderland City Council published a [Covid-19 Health Inequalities Strategy](#) in 2020. Key actions included developing a local toolkit to capture emerging evidence on the impact of Covid-19 on inequalities and working with our local 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

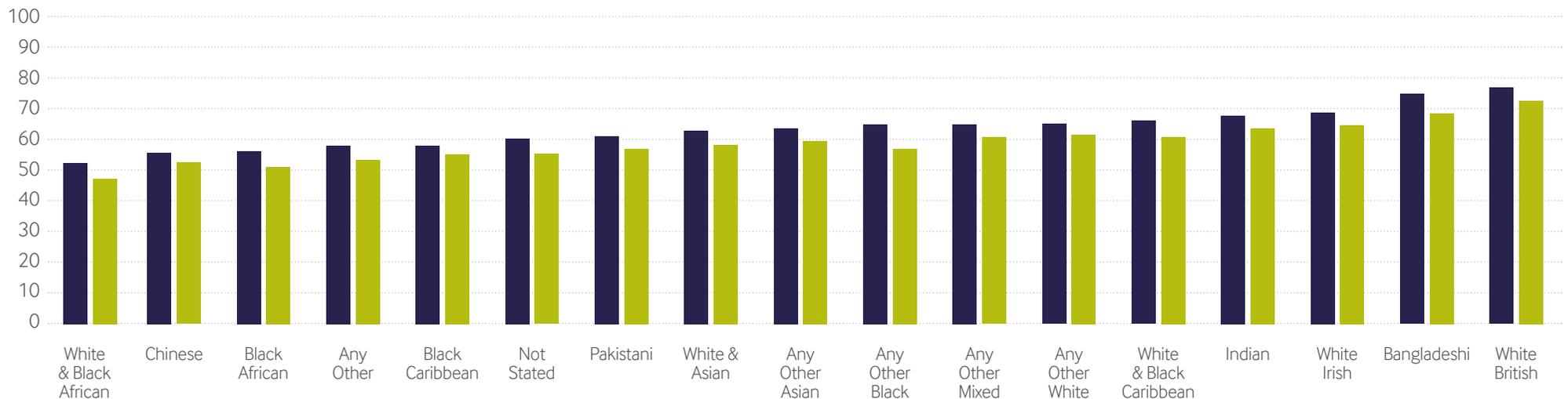
The Covid-19 vaccine is available on an ongoing basis to everyone five years old and over. A huge number of Sunderland residents have had their first, second and booster jabs to protect themselves and their loved ones. However, uptake has been lower and slower in some populations.

- **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%

Table 1: Uptake of Covid-19 vaccination by gender

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.



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 to **28,650** in May 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)



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

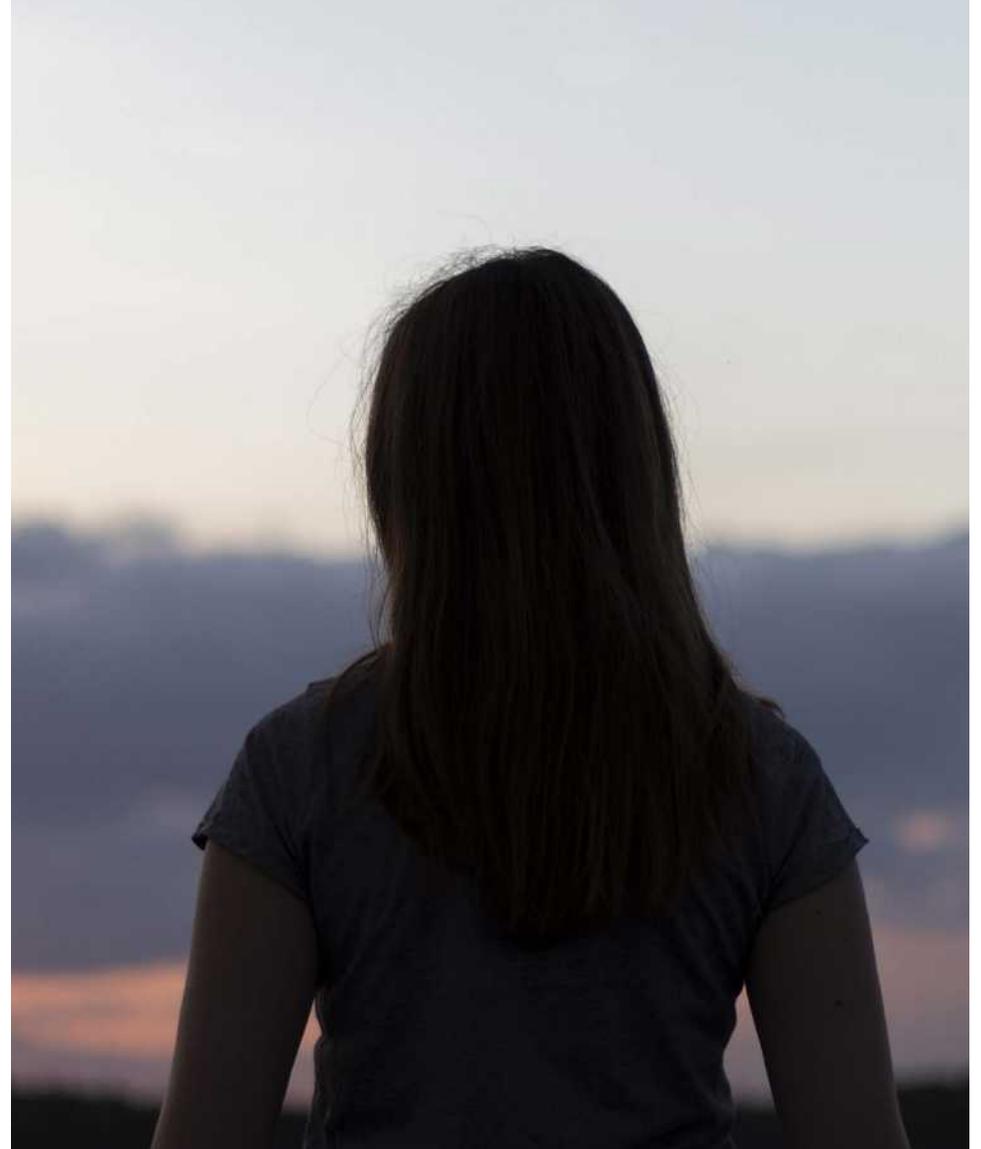
Case study: Support for women in need

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.

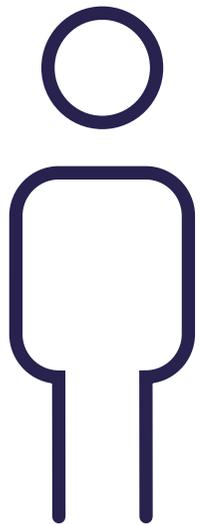
Key issues affecting adults and their mental health, as a result of Covid-19, include:



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:



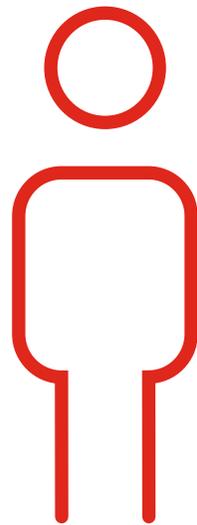
91%

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.



In Sunderland, **17% of adults** abstain from drinking alcohol and **26.3% of adults** drink over 14 units of alcohol per week – slightly above the England average for both.



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

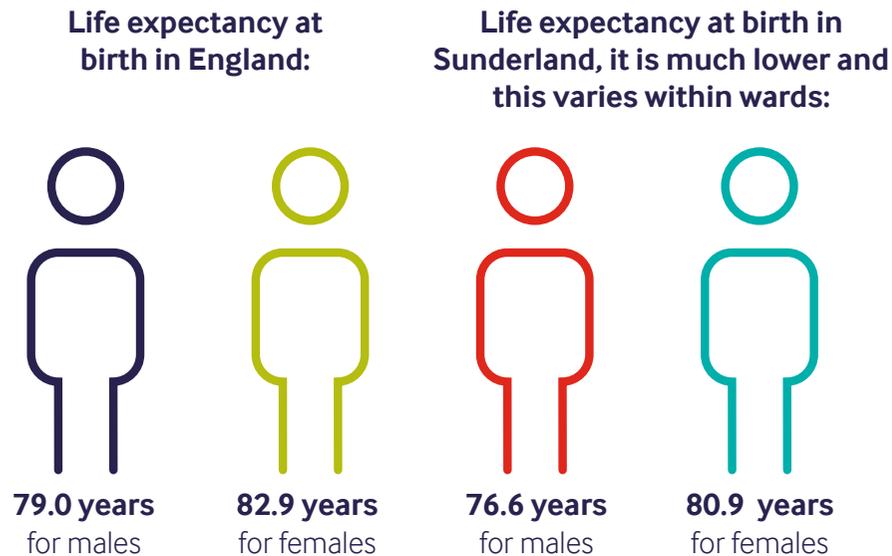
- Take a partnership approach to homelessness and complex lives, supporting people to live independently with improved health outcomes.
- Seek a reduction in those being admitted to hospital and a quicker discharge from hospital as improved accommodation and support mechanisms for complex cases are in 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.

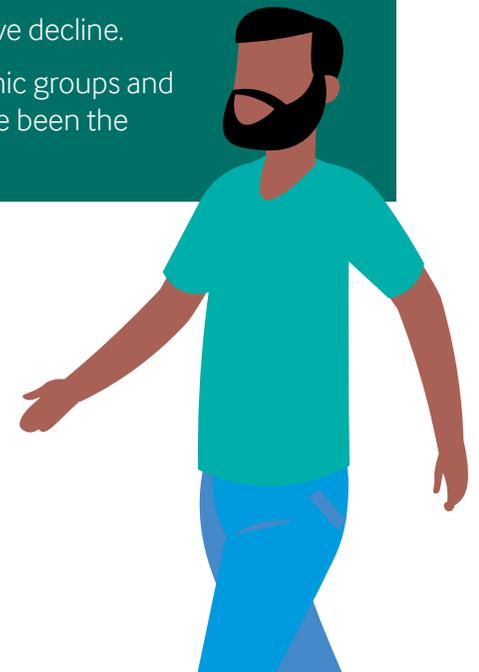


It is clear that the pandemic has had a huge impact on older adults. The mortality rate increased with age and older people have experienced challenges relating to social isolation, mobility and caring needs. Access to a wide range of services significantly reduced or stopped altogether during lockdown, 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.



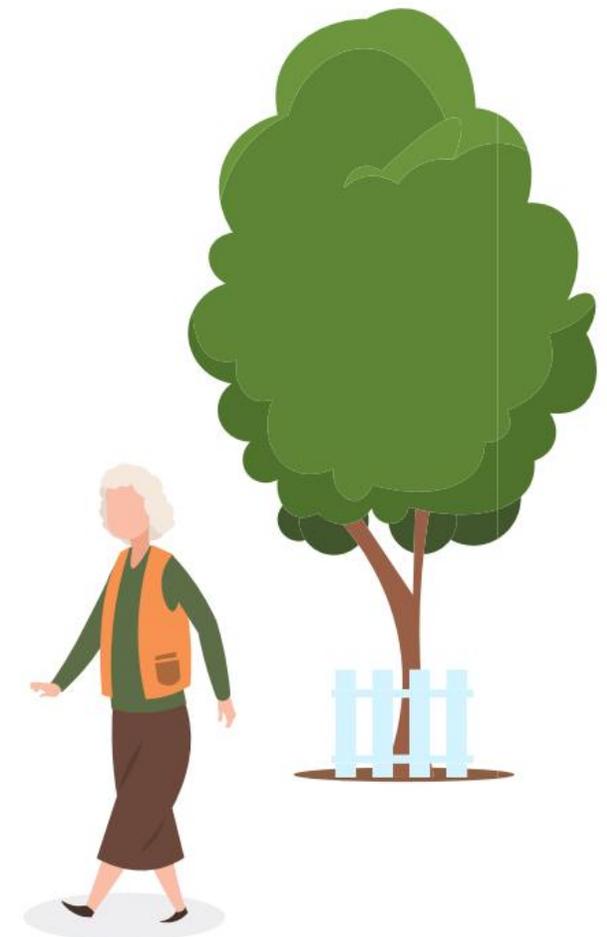
S5 AGEING WELL IN SUNDERLAND

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)

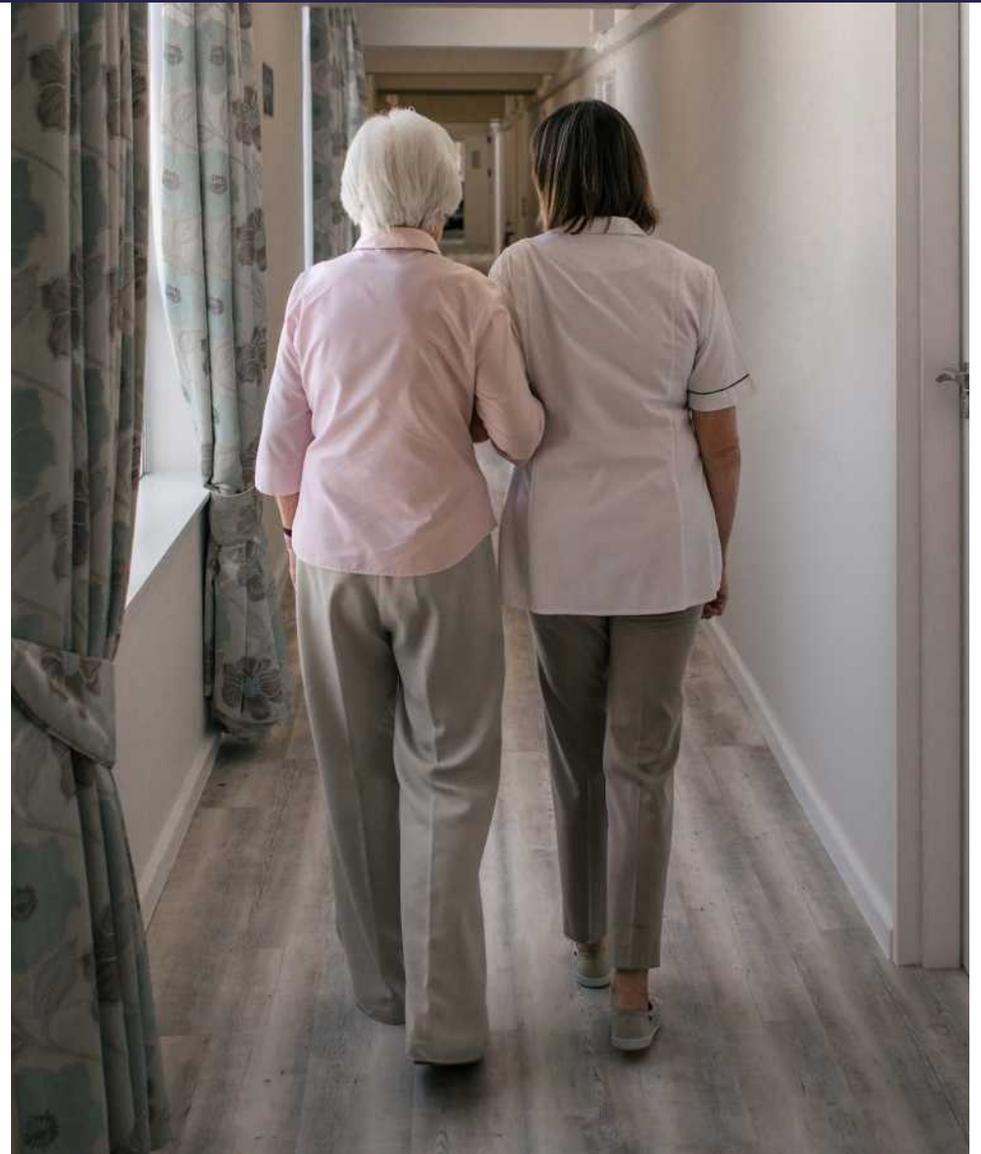
Elizabeth* is a 92-year-old widow with mixed dementia. At the beginning of the pandemic, she was quite active and independent and supported by the Living Well Link (LWL) service. LWL helped Elizabeth every week with her shopping and organised wellbeing telephone calls. However, after 12 weeks of lockdown, 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

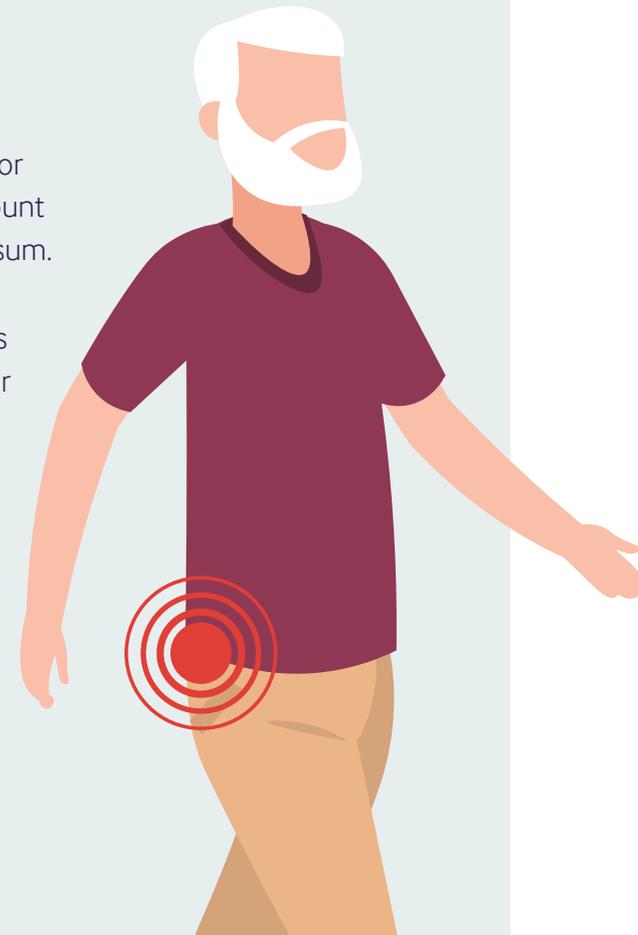
£4.4 billion

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.



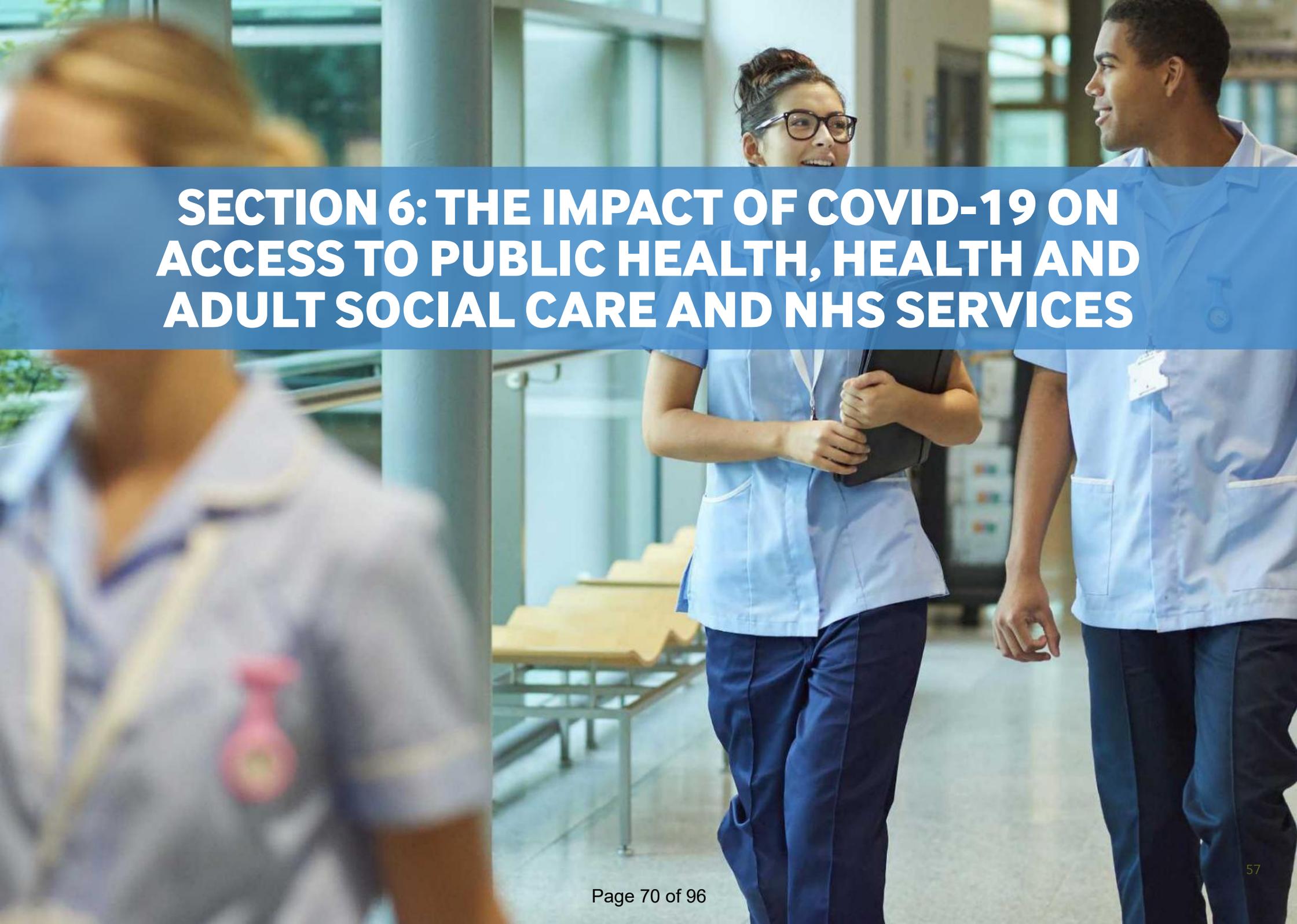
Case study: Improvement in damp and cold homes – Healthy Ageing Programme

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 4

Continue to develop, promote and widen uptake of local welfare schemes in recognition that more people are now living in poverty.

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 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 5

Work with local employers who can provide employment and apprenticeship opportunities, especially to our vulnerable people and people from disadvantaged backgrounds.

RECOMMENDATION 8

Carry out further research to improve our understanding of inequalities in access to health services and excess deaths.

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 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 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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41. Age UK (2021) Impact of Covid-19 on older people's mental and physical health: one year on. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/coronavirus/impact-of-covid-19-on-older-peoples-health_one-year-on.pdf
42. National Drug Treatment Monitoring System (2022) Adult Drug Commissioning Support Pack: 2022-23.





Acknowledgements

My thanks go to everyone who has contributed to this report, including the Public Health Team, colleagues from services across the council, our partners in health and social care and in the community.

Director of Public Health Annual Report 2021-2022

www.sunderland.gov.uk

ANNUAL WORK PROGRAMME 2022/23**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT
COORDINATOR****1. Purpose of the Report**

- 1.1 The purpose of the report is to consider and agree a work programme for the Committee for the municipal year 2022/23.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.
- 2.2 To be most effective, the work programme should provide a basis and framework for the work of the Committee, while retaining sufficient flexibility to respond to any important issues that emerge during the course of the year. The work programme is therefore intended to be a working document that the Committee can develop and refer to throughout the year.
- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.4 The remit of the Health and Wellbeing Scrutiny Committee covers the following:-
- Any matter relating to the service performance, service provision and the commissioning of health services for adults and children including adult social care, mental health services, public health, wellness, decent homes. To act as the designated scrutiny committee for statutory purposes for health.*
- 2.5 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).
- 2.6 The work programme should also reflect and be aligned to the key priorities of the Council as set out in documents such as the City Plan and issues raised during the Health and Wellbeing development session held on 13 June 2022.

3. DETERMINING THE SCRUTINY WORK PROGRAMME

- 3.1 Topics for inclusion in the Scrutiny Work Programme will vary from single issue items for consideration such as policy and performance reports through to regular updates on issues where the committee have adopted a more focused monitoring role.

- 3.2 The table below summarises the relevant single item issues which are likely to be a regular feature of the work programme for 2022/23. The table also summarises a number of issues and topics that members of the committee have discussed at its recent development session. These items will be programmed into the work programme at relevant dates in discussion with the appropriate officers.

Regular Work Programme Items	
Health and Wellbeing Scrutiny Committee Work Programme <i>(Monthly)</i>	To receive the committee's work programme outlining future meetings of the committee and the items scheduled for those meetings.
28 Day Notice of Key Decisions <i>(Monthly)</i>	To consider the Council's 28 Day Notice of Key Decisions which contains matters which are likely to be the subject of a key decision to be taken by the executive, a committee of the executive, individual members of the executive, officers, area committees or under joint arrangements in the course of the discharge of an executive function during the period covered by the plan.
Single Item (Items to be scheduled when dates known)	
Director of Public Health Annual Report <i>(Sunderland City Council)</i>	The DPH Annual Report provides a good overview of key issues, challenges and achievements in terms of public health. Potential to provide further areas of interest for the committee.
ICS/ICB Plan <i>(ICS)</i>	Continue to monitor how placed based arrangements will operate in Sunderland and also how the ICS/ICB will look at accountability in terms of interaction with scrutiny in Sunderland. Also to include ATB's role in ICB - Where will the work of ATB sit in the ICB and look at an update on winter (surge) plans including who will be responsible for development and implementation.
Elective Surgery <i>(NHS Foundation Trust)</i>	Progress on the recovery of elective surgery including waiting times, patient numbers and staffing pressures.
Social Care Health Check <i>(Sunderland City Council)</i>	A look at where social care in Sunderland is in terms of wider health landscape. An opportunity to look at the implications of changing and new legislation in terms of social care and integration and what this means for Sunderland.

Health Protection Arrangements (<i>Public Health</i>)	A look at local health protection arrangements in light of the abolition of Public Health England and the lessons learned from the Covid-19 Pandemic.
Dental Services Update (<i>NHS Improvement</i>)	An update on the current situation in relation to dental services in Sunderland including access to NHS dentists.
New Health Legislation (<i>Sunderland City Council</i>)	To provide details on emerging health legislation including the implications for Health Scrutiny.
Sunderland Safeguarding Adults Board and Sunderland Care and Support Annual Reports (<i>Sunderland City Council</i>)	To receive the annual reports from both SSAB and Sunderland Care and Support at the appropriate juncture.
Substantial Variations to Health Services	Substantial variations to health services will be presented to the Committee as such issues emerge.
North East Ambulance Service – Update (<i>NEAS</i>)	An update from NEAS on overall performance of the service in North East and in particular Sunderland. Also to look at assurances over recent allegations made against NEAS subject to any pending investigations.
Potential Task and Finish Work Topics	
Alcohol Strategy (<i>Sunderland City Council</i>)	Opportunity to look at the development of the strategy and ensure it has the right focus and how impact of the strategy will be monitored and measured.
Social Care Assurance Framework (<i>Sunderland City Council</i>)	To look at the development and provision of an assurance framework around social care for scrutiny including the experiences of social care staff and market sustainability.
Adult Mental Health Strategy (<i>Sunderland CCG & CNTW</i>)	To look at the progress on the Adult Mental Health Strategy for the City and look to include input from service providers. Potential to look at this from a neighbourhood perspective and how services are accessed.

<p>GP and Primary Care Accessibility (ICS/ICB)</p>	<ul style="list-style-type: none"> • To understand the role of primary care- raising awareness of the new roles and multidisciplinary teams that now make up General Practice (the different roles and what each does) which can offer alternative appropriate appointments for patients to a GP appointment • Access to GP appointments- Face to face / Telephone/ Virtual • Out of Hours provision- to include GP Extended Access and out of hours GP service • Patient experience of using GP and Primary care services
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3.3 A draft Scrutiny Work Programme for 2022/23 is attached as **Appendix 1**, which following discussions with the Committee and officers will see the work programme populated further.

3.4 It should be noted that the work programme is a 'living' document and can be amended throughout the course of the municipal year. Any Elected Member can add an item of business to an agenda for consideration (Protocol 1 within the Overview and Scrutiny Handbook outlines this process).

3.5 It should also be noted that in terms of task and finish working we will look to run groups successively to manage member and officer capacity and ensure that each working group is completed prior to starting any further groups.

4. Recommendations

4.1 That the Health and Wellbeing Scrutiny Committee consider the range of topics and issues in the development of the work programme for 2022/23, including task and finish topics, and incorporates emerging issues as and when they arise throughout the forthcoming year.

5. Background Papers

5.1 Scrutiny Agendas and Minutes

Contact Officer: Nigel Cummings
 Tel: 0191 561 1006
Nigel.cummings@sunderland.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2022-23

REASON FOR INCLUSION		5 JULY 22 D/L:24 JUNE 22	6 SEPTEMBER 22 D/L:26 AUGUST 22	4 OCTOBER 22 D/L: 23 SEPT 22	1 NOVEMBER 22 D/L: 21 OCT 22	29 NOVEMBER 22 D/L: 19 NOV 22	3 JANUARY 23 D/L: 23 DEC 23	31 JANUARY 23 D/L: 20 JAN 23	28 FEBRUARY 23 D/L: 17 FEB 23	28 MARCH 23 D/L: 17 MAR 23
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Public Health – Annual Report (Gerry Taylor) Dental Services Update (NHS Improvement)	SSAB Annual Report (Sunderland Safeguarding Adults Board) Elective Surgery – Update (NHS FT)	Winter Planning (ATB/ICB) Social Care Health Check (Graham King/Ann Dingwall)	Health Protection Arrangements (Public Health)			North East Ambulance Service Update (Mark Cotton)	Annual Report (Nigel Cummings)	
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 15 June 2022.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 15 June 2022 is attached marked **Appendix 1**.

3. CURRENT POSITION

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

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 15 June 2022 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
07554 414 878
Nigel.cummings@sunderland.gov.uk

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including the procurement of consultants and contractors.	Cabinet	Y	During the period 14 July to 30 September 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210728/613	To seek approval for strategic land acquisitions in Sunnyside, Sunderland.	Cabinet	Y	14 July 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	14 July 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220106/682	To give consideration to the Draft Bus Enhancement Partnership Plan and Scheme	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
220413/697	In respect of the Local Cycling and Walking Infrastructure Plan, to consider adoption of the final document.	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
220421/701	To approve a scheme for Structural Maintenance of Newcastle Road Bridge	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
220504/710	To agree to the acquisition of property at Crowtree Road/Maritime Terrace, Sunderland.	Cabinet	Y	14 July 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220511/711	To approve the UKSPF and Multiply Investment Plans, including submission to Government, procurement and delivery arrangements, accepting Government grant funding agreements, and issuing local agreements to third parties	Corporate Services in conjunction with Children's Services	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220511/712	To approve the Local Council Tax Support Scheme.	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
220414/698	To approve the approach to equalities for 2022-2026, including the statutory equality objective.	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220504/709	To approve a Tree Management Policy and a procurement process for specialist support in delivery	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220513/713	To seek Cabinet approval to the disposal of South West Lodge, Mere Knolls Cemetery, Dovedale Road, SR6 8LW.	Cabinet	Y	14 July 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	14 July 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220607/715	To approve a Tree Management Policy and a procurement process for specialist support in delivery	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220607/716	To seek approval for amendments to, and implementation of, Cemetery and Crematorium Regulations and a range of service enhancements as part of the Improvement of Bereavement Services	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
220609/717	Authorise the Director of Children's Services to commence the statutory processes required to amend the age of admission at Thorney Close Primary School.	Cabinet	Y	14 July 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220615/718	To Seek Cabinet Approval for the Letting of Unit 6, International Drive, IAMP, Washington, SR5 3HX	Cabinet	Y	14 July 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220504/705	To consider and adopt Council's updated Low Carbon Action Plan.	Cabinet	Y	During the period 14 July to 30 September 2022.	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210920/640	To approve land and property acquisitions within the Riverside Sunderland area.	Cabinet	Y	8 September 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220207/691	To approve the acquisition of strategic sites in the Commercial Road Area.	Cabinet	Y	8 September 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

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

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

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

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

Who will decide;

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

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

Elaine Waugh,
Assistant Director of Law and Governance

15 June 2022