Director of Public Health

Annual Report 2017/18

Sunderland City Council

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INTRODUCTION

Sunderland is amongst the 20% most deprived local authority areas in England. More than one in five children in the city live in poverty and 38% of the population live in areas that are among the most disadvantaged across England. The city is taking major steps towards improving the local economic and transport infrastructure and providing a more sustainable future for local people. However, it continues to face challenges to the health and wellbeing of its population.

Life expectancy and healthy life expectancy for men and women are below the England average. This means people are living a greater part of their lives with illness or disability which limits their daily activities.

This year has seen us undertake work to understand precisely what the biggest and deepest challenges are to health and wellbeing in Sunderland. As a result we have developed an ambitious vision and plan so that by 2030 Sunderland will provide opportunities for all. The plan focuses on three key themes:

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

Good health will play a fundamental role in Sunderland's transformation into a modern, prosperous and globally recognised city where people can live healthy, happy, independent lives. This relies on us continuing to work collaboratively with our communities and with all of our valued partners and stakeholders.

In terms of the Health City theme specifically, we are establishing a clear and measurable action plan taking us from now to 2030 at which point we are committed to being able to say that:

- All people have access to the same opportunities and life chances;
- More people live healthier, longer lives;
- More people live independently;
- We have a cleaner and more attractive city and neighbourhoods; and
- People have access to great transport and travel links.

This report provides information about the current health of our population as well as information about some of the work that is taking place to reduce health inequalities in Sunderland. If will be used to support the delivery of the Healthy City theme in the coming years.

Councillor Graeme Miller,
Leader Sunderland City Council

FOREWORD

I am pleased to present my annual report for 2017/18. The focus this year is on the behaviours we all have that can contribute to us having a long and healthy life or can lead to ill-health, poor quality of life and early death.

The first part of my report gives an overview of health in Sunderland. It identifies a number of long-standing health issues for many of our residents and shows how these lead to life expectancy in the city being much lower than many other places in England.

While the gap in life expectancy between Sunderland and England is striking, the difference in years lived in good health is more significant. Healthy life expectancy for men in Sunderland is 4.6 years less than it is for England as a whole; for women the gap is only slightly less at 4.0 years.

There are many reasons for this gap and it is widely suggested that people should take more responsibility for their health. Research tells us that our behaviours can influence as much as 40% of modifiable health outcomes. However, it is too simplistic to suggest that these behaviours only relate to lifestyle choices.

In Sunderland we have undertaken a Health and Lifestyle Survey at regular intervals to gain a greater understanding of behaviours that influence health. The second part of this report presents findings from the latest survey which was carried out in 2017. The survey has gathered a wealth of information on systematic inequalities in behaviours which suggest it is often more difficult for some of our residents to have healthy behaviours than others.

As a result, it would appear there is much more to this issue than personal responsibility and that improving health in Sunderland is an issue of social justice.

As well as examining some of the key behaviours covered via the survey, the report identifies the impact that these behaviours can have on health, presents what local people have told us about them and discusses what works to support people to have healthier behaviours. It also summarises our plans and recommendations for each issue.

At the end of the report I make a number of recommendations on how, across the city, we need to tackle some of the barriers to people engaging in healthier behaviours.

I have noted previously that the challenges to health in Sunderland are significant, however, this year there is some good news for health in the Sunderland. In particular:

- Over the past five years the number of adults engaging in unhealthy lifestyle behaviours has reduced
- Smoke free homes and cars are the norm
- The majority of smokers (67.5%) want to quit and just under a fifth of smokers (18.6%) are actively trying to quit
- The majority of those who regularly drink alcohol have, or try to have, at least two consecutive alcohol free days each week

In spite of these successes though, the gaps between the most and least affluent communities have not reduced. For example, adults who live in the most disadvantaged areas are significantly more likely to report engaging in three or four unhealthy behaviours than other residents. Therefore, it is imperative that as we seek to improve the health of the population of Sunderland we work hard to ensure those who have the most hurdles to overcome in life are not left behind.

I would like to thank those members of my team who have contributed to this report. In particular, I would like to thank Kath Bailey for her work on the overview of the health of the population which is featured in Part 1

and for leading the analysis of the 2017 Adult Health and Lifestyle Survey. I would also like to thank Yusuf Meah, Julie Parker-Walton, Sue Perkin, Joanne Pollock and Maria Shaughnessy for their work on Part 2 of the report and Janet Collins for producing the maps shown in Appendices 1-7. Finally, I would like to thank Ben Seale for editing the report and Louise Darby and Peter Thompson for their support in producing the final document.

I hope you find this report an interesting read and that, going forward, you take any opportunity you may have to improve your own or other people's health.

Gillian Gibson
Director of Public Health

1. OVERVIEW OF HEALTH FOR THE POPULATION IN SUNDERLAND

Introduction

This part of the Director of Public Health's Annual Report provides a summary of the health of the Sunderland population. Overall, it identifies a range of causes of poor health; almost all of these have a greater impact on the people of Sunderland than they do on the population of England as a whole.

This information can be used to identify those groups that are at highest risk of experiencing poor health and to enable interventions to improve health to be prioritised and targeted where they are most needed. On this occasion issues about lifestyle and behavioural risk factors are omitted from this part of the report as the sections that follow it focus on those areas.

More information about the health of the population of Sunderland can be found in Sunderland's Joint Strategic Needs Assessment (JSNA). See www.sunderland.gov.uk

Population profile

Around 277,249 people (1) currently live in Sunderland. The population has fallen from close to 300,000 in the early 1990s, due in part to outward migration of younger working age people. Recently, this fall has levelled out and the population is predicted to rise to around 279,600 by 2032 (2).

Compared to England, the population of Sunderland has a higher proportion of older people who use health and social care services more intensively than any other population group. The city has also seen an increase in the population of people from black and minority ethnic groups, though it remains less ethnically diverse than most other parts of England. The age profile of people from black and minority ethnic groups is generally younger than for white groups in the city. Predicted patterns of migration suggest that the increase in the ethnic diversity of the population of Sunderland is likely to continue over the next 20 years (2).

Deprivation and disadvantage

People in Sunderland experience higher levels of social and economic disadvantage than the England average. These disadvantages are strongly linked to poor health. The English Indices of Deprivation 2015 (3) are based around the seven domains of income, employment, health, education, crime, barriers to housing and living environment. They show that a disproportionately high number of people in Sunderland live in areas that are among the most disadvantaged across England[1].

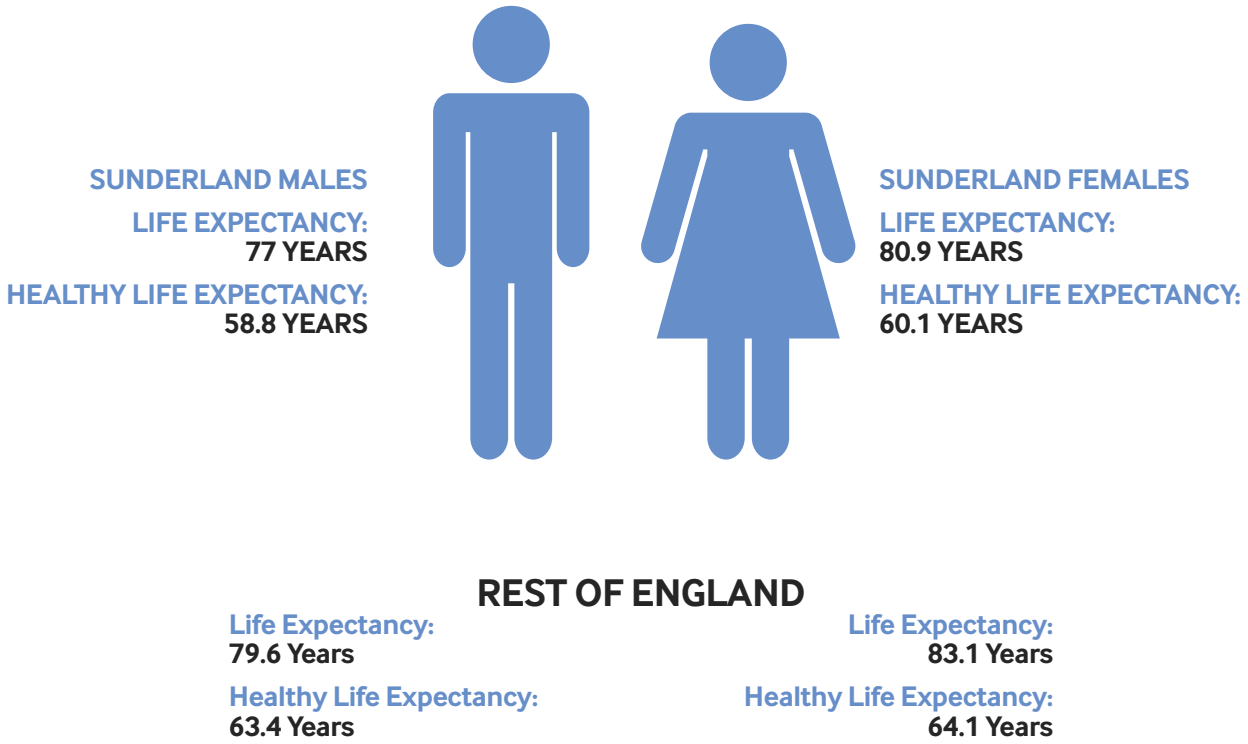
[1] 38% of Sunderland residents live in the 20% most disadvantaged areas of England.

Life expectancy and healthy life expectancy

Whilst average life expectancy at birth has improved over a number of years, the city continues to lag behind England as a whole. The people of Sunderland live, on average, shorter lives than the England average (4). They also often live a greater part of their lives with illness or disability which limits their daily activities (4).

Across England, increases in life expectancy at birth have slowed in recent years. In addition, in the last year healthy life expectancy for men in Sunderland has reduced by just over one year. Although not statistically significant, this is worthy of note.

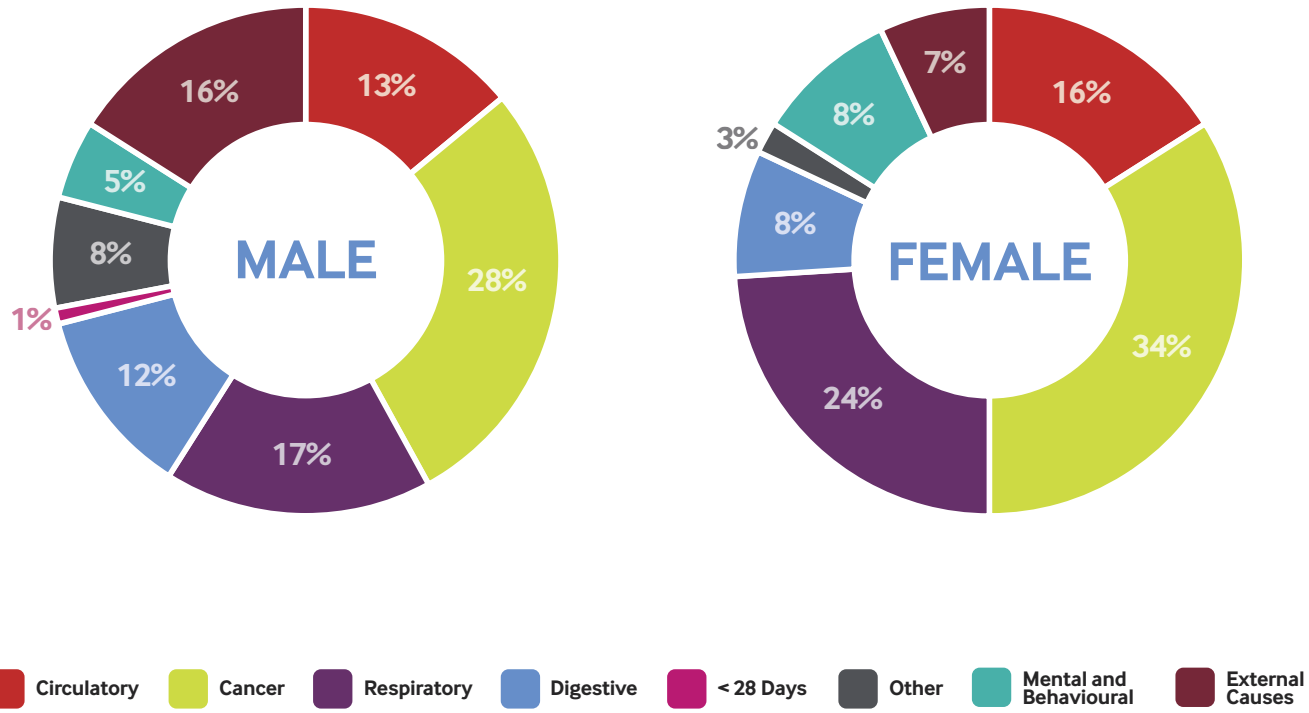
FIGURE 1:
Gaps in life expectancy and healthy life expectancy, Sunderland compared to England (4)



Such inequalities in health arise because of significant differences in the conditions in which people are born, grow, live, work and age. These are driven by imbalances in power, money and resources (5).

Figure 2 provides a breakdown of the life expectancy gap which is depicted separately for men and women. It also shows those health conditions that lead to more early deaths among the Sunderland population compared to England as a whole:

FIGURE 2:
Gaps in life expectancy between Sunderland and England, by cause of death, 2012-2014



More than two-thirds (69%) of the life expectancy gap between Sunderland and England is linked to higher death rates from cardiovascular diseases (such as heart disease and stroke), cancers and respiratory diseases. Preventing deaths from these causes requires a targeted approach to ensure that inequalities in health outcomes within the city do not increase.

Current plans include a strong focus on identifying and managing long term conditions; that is, those conditions that cannot currently be cured but can be controlled by medication and/or other treatment. This includes a focus on prevention and the promotion of self-care.

Long term conditions

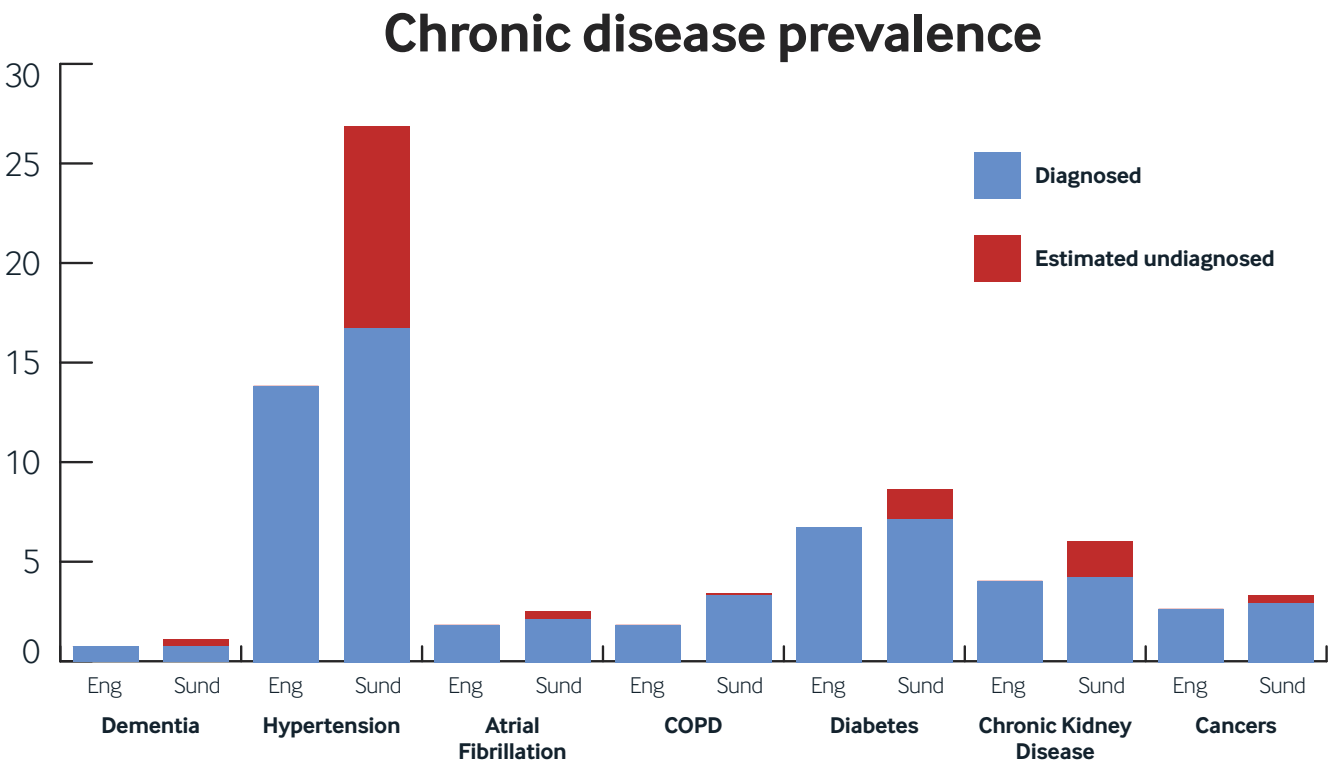
Long term conditions become more common as age increases. Also, the older people are, the more likely they are to have multiple long term conditions. People with long term conditions are intensive users of a range of health and social care services.

Those from lower socioeconomic groups have an increased risk of developing long term conditions. A strong preventive approach, early identification, education and better management can help to reduce health inequalities.

Figure 3 shows the impact of key long term conditions on people in Sunderland. The chart identifies the percentage of the population[2] diagnosed as having each condition in Sunderland and England. In addition, it shows estimates of the proportion of people in the city who are currently undiagnosed but are likely to have each condition. In each case, it is important to identify those who already have or who are at risk of developing diseases and successfully manage of their conditions; this will reduce premature mortality, morbidity and inequalities in health.

[2] In most cases the prevalence is shown as a percentage of the total population. For diabetes it is a percentage of the population aged seventeen and over and for CKD it is the percentage aged eighteen and over.

FIGURE 3:
Percentage of diagnosed and estimated undiagnosed cases of key long term conditions for Sunderland, 2017/18



Effective, evidence-based interventions to prevent and manage these conditions include:

Circulatory disease (includes hypertension and atrial fibrillation):

- NHS Stop Smoking Services
- NHS Health Checks to identify and, where required, treat people at increased risk of heart disease or stroke
- Secondary prevention of cardiovascular disease including lifestyle changes and medicines to prevent blood clots, reduce blood pressure and reduce cholesterol
- Structured case finding of atrial fibrillation and appropriate treatment and monitoring

Cancer:

- NHS Stop Smoking Services
- Campaigns to increase uptake of cancer screening. programmes and raise awareness of the signs and symptoms of different cancers
- Rapid access to diagnostic testing and treatment

Respiratory diseases (includes COPD and asthma):

- NHS Stop Smoking Services
- Case finding of chronic obstructive pulmonary disease and appropriate treatment and monitoring

Digestive disease (includes alcohol liver disease and diabetes):

- NHS Stop Smoking Services
- NHS Health Checks to identify and, where required, treat people at increased risk of diabetes
- Structured behaviour change support through the Healthier You programme to stop or slow down progression to diabetes
- Effective management of diabetes including control of blood pressure and blood sugar
- Identification and brief advice in higher risk drinkers with referral to specialist services for dependant drinkers

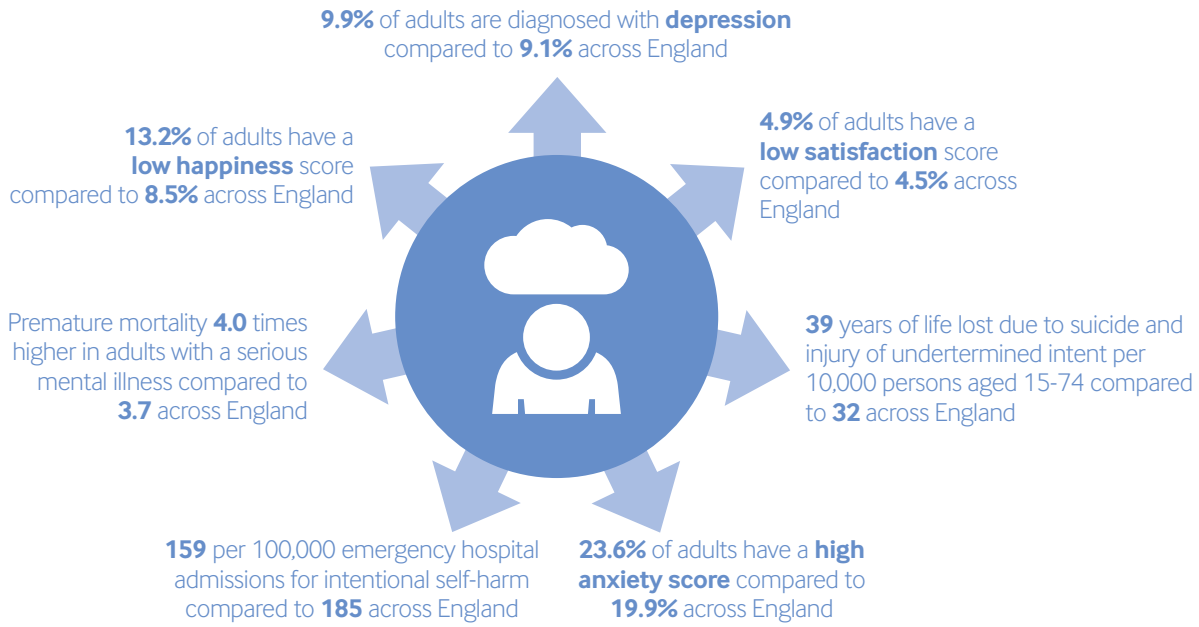
Mental health and wellbeing

Mental health problems represent the largest single cause of disability in the UK and the associated cost to the economy is estimated at £105 billion each year (6). One in four adults will experience at least one diagnosable mental health problem in any given year and one in ten children aged 5-16 have a diagnosable mental health problem. Mental health problems are widespread, at times disabling, and yet often hidden. They can affect people from all walks of life at any point in their lives, including children, teenagers, adults, new mothers and older people (6).

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of 'parity of esteem'. This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued.

At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the inequalities in health outcomes for people with mental health problems are being quantified. Indeed, there is a significant body of evidence to suggest that people with long term physical illnesses suffer more complications if they also develop mental health problems.

FIGURE 4:
Key indicators of mental health, Sunderland compared to England (7) (8) (9)



As many of the risk factors for mental illness are linked to deprivation, it is not surprising that Sunderland experiences a relatively high burden from mental ill health with poorer outcomes for self-reported wellbeing (covering anxiety, happiness, satisfaction and feeling worthwhile), higher recorded prevalence of depression on GP systems, high levels of prescribing antidepressants and a high burden on mortality.

Self-harm has been identified as an issue of concern in Sunderland. However, age standardised emergency hospital admission rates for intentional self-harm at all ages have fallen steadily from 435 per 100,000 population in 2011/12 to 159 per 100,000 in 2016/17; they are now below the England average (9). Rates of hospital admission for self-harm in young people aged 10-24 have also fallen over the same period from 661 per 100,000 in 2011/12 to 362 per 100,000 in 2016/17 and are now similar to the England average (10). A self-harm needs assessment was undertaken in 2015/16, and actions arising from this form part of the local suicide prevention plan. A suicide audit is also carried out annually in Sunderland to support action planning.

There is a need to increase the focus on mental health promotion, prevention of mental illness, addressing the physical health needs of people with a mental illness and addressing the social determinants of mental ill health to build emotionally resilient communities. Alongside this, the integration and improvement of mental health services must continue.

Behavioural factors affecting health outcomes

There are many opportunities to reduce the burden of preventable disease on the people of Sunderland. Although death rates have declined this has not been matched by similar declines in levels of illness in the population; so people live longer with diseases. Therefore, there remains a need to act to address the causes of ill health as well as the causes of premature mortality, by reducing risk exposures, supporting healthy behaviours, better managing long term conditions, and mitigating the effects of social and economic disadvantage.

Unhealthy behaviours remain a key cause for increased rates of premature death in Sunderland. Many people in the city continue to have unhealthy lifestyle behaviours when compared to England. The second part of this report contains findings from the Sunderland Adult Health and Lifestyle Survey 2017 which illustrate the position in relation to lifestyle behaviours detail.

Getting the best start

Giving every child the best start in life is essential for reducing health inequalities across the life course. The foundations for virtually every aspect of human development, whether they are physical, intellectual or emotional, are laid down in pregnancy and early childhood. What happens during these early years has a lifelong impact on many aspects of health and wellbeing, from educational achievement and economic status to obesity, heart disease and mental health (5).

There are 60,629 children and young people aged 0-19 years in Sunderland (11). Their health and wellbeing is generally worse than for England overall, with many persistent challenges. Reducing the numbers of children and families living in poverty is a key underpinning approach to giving every child the best start in life. Sunderland's Joint Health and Wellbeing Strategy (12) places a strong focus on the early years of life.

The city has comparatively high levels of children living in poverty (13). It blights children's lives and prevents them fulfilling their potential, in turn leading to intergenerational cycles of poverty and disadvantage.

This causes damage to society and places an increased strain on local services. Children who grow up in poverty are:

- Less likely to succeed at school
- More likely to suffer from poor health
- Less likely to secure a good job as an adult
- More likely to commit offences
- Less likely to access cultural and leisure activities
- More likely to be taken into care

FIGURE 5:
Key indicators of health and wellbeing for children and young people, Sunderland compared to England (13) (11) (14)

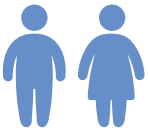
23% of children live in low income families compared to **17%** across England

17% of women smoked throughout pregnancy compared to **11%** across England

57% of women initiated breastfeeding compared to **75%** across England

Pupils achieved an average attainment 8 scale of **44%** at the end of Key Stage 4 compared to **45%** across England

23% of children live in workless households compared to **13%** across England



23% of 4-5 year olds and **39%** of 10-11 year olds are overweight or obese compared to **23%** and **34%** across England

6% of young people aged 16-18 years are not in education, employment or training compared to **6%** across England

Under 18 conception rate of **32 per 1,000 girls** aged 15-17 years compared to **19 per 1,000 girls** aged 15-17 years across England

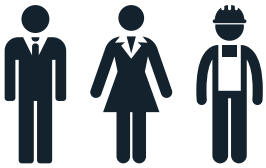
There have been recent improvements in relation to some of these issues (10), such as a reduction in teenage conception rates, reduced levels of smoking throughout pregnancy and a lower prevalence of childhood obesity. However, outcomes remain worse than for England. Rates of breastfeeding have yet to show sustained improvements and the mental health and emotional resilience of children and young people in Sunderland need to improve.

It is important to ensure that all children in the city have the best start in life, and addressing key issues such as teenage pregnancy, childhood obesity and emotional wellbeing and resilience are key factors.

Key health challenges for the city

The key health challenges for Sunderland are therefore summarised as follows:

Responding to changes to the population structure including fewer children and younger working age adults, more elderly people and increasing ethnic diversity



Tackling poverty through increasing employment and educational attainment

Addressing teenage pregnancy, smoking during pregnancy, breastfeeding, child obesity and the mental health and emotional resilience of young people

Tackling the risk factors of smoking, excessive alcohol use, poor diet and low levels of physical activity through a whole system approach, particularly where they exist alongside one another

Preventing early deaths from cancer, cardiovascular disease and respiratory disease

Tackling poor mental health through prevention and a broad approach to building individual wellbeing and community resilience, including programmes targeted at children and young people

Managing the likely increase in the level of long term conditions, including increasing proportions of people with multiple long term conditions

Delivering better integrated care for individuals and reducing the over-reliance on hospital services through promotion and support for self-care

Recognising and addressing the needs of people with poorer mental health and wellbeing, including their physical health needs

2. ADULT HEALTH AND LIFESTYLE SURVEY

Why do we conduct lifestyle surveys?

Behaviours such as smoking, drinking alcohol, diet, and physical activity have an important bearing on individual and population health outcomes. In recent years, there has also been increasing recognition of the interplay between physical and psychological symptoms and the impact of poor mental wellbeing on population health outcomes.

According to national surveys and estimates, rates of unhealthy behaviours such as smoking, excessive alcohol use, poor diet, and low levels of physical activity amongst adults in Sunderland are higher than the England averages. Therefore, tackling these risk factors is a priority for Sunderland.

The council has put in place a range of services and interventions to improve behaviour-related outcomes and it is important that monitoring data is gathered to assess whether the programmes are effective and if healthy behaviours are improving locally.

Local surveys give the council an indication of progress against targets and therefore any change in behaviours. They also identify where to prioritise scarce resources.

Survey aims and methods

During 2016/17, the public health team commissioned an external provider to undertake a mixed methodology health and lifestyle survey of a representative 2.5% sample (5,571 people) from the Sunderland population aged 18 years or over.

The aims of the survey were to provide the council and its partners with:

- Timely and accurate health information from a representative sample of the Sunderland population
- Information which can be compared with the previous surveys undertaken in 2008 and 2012 to identify changes in behaviour
- In-depth lifestyle information about the local population which can be used to inform priorities for investment relating to health improvement and tackling health inequalities
- Robust estimates of the proportion of the adult population (aged 18 years and over) who:
    - Smoke
    - Consume alcohol above weekly safe limits
    - Drink heavily on a single occasion (binge drink)
    - Eat five portions of fruit or vegetables each day
    - Undertake moderate physical exercise for 30 minutes or more five times each week
    - Experience good mental wellbeing, as measured by the Warwick Edinburgh Mental Wellbeing (WEMWB) scale

The survey was conducted in early survey 2017 using the following methods:

- Computer assisted telephone interviews using land line and mobile phone numbers (82%)
- Face to face interviews (17%)
- Hard copy questionnaires (1%)

Strenuous efforts were made to ensure that people with a learning disability could participate in the survey and that no one with a protected characteristic was excluded from the survey.

Responses to the survey were representative of the age/sex structure of the population and contained a proportionate sample by ethnic group. There was oversampling of the managerial and professional occupations group.

A set of topic profiles have been produced and added to the JSNA resources on the Sunderland City Council website: www.sunderland.gov.uk/

The remainder of this part of the report discusses the key findings of the survey, considering the impact that the behaviours it covers can have on people's health.

It also details key issues that local people have previously identified through engagement exercises. Most of this was gathered in 2013 when a local research company (15), was commissioned to talk to people in Sunderland about health behaviours.

Finally, each section identifies what works to support people to adopt healthier behaviours and presents plans and recommendations to address the issues identified.

Appendices 1-7 depict the prevalence of each of the health related behaviours covered via the survey across Sunderland.

Healthy weight, reducing inactivity and diet

Introduction

The ability of people to maintain a healthy weight is influenced by how active they are and what they eat and drink (16). To gain a comprehensive understanding of healthy weight and the factors that are contributing to it in Sunderland, the survey asked participants the following questions:

- What is your height?
- What is your current weight?
- On how many days during a typical week do you do moderate physical activity for at least 30 minutes?
- Yesterday, how many portions of fruit did you eat?
- Yesterday, how many portions of vegetables did you eat?

This section discusses the findings from the survey in relation to healthy weight, levels of physical activity and diet. Based on these findings, it outlines actions and recommendations to help ensure that more people in Sunderland are able maintain a healthy weight.

It should be noted that when people self-report their weight (as in this survey), they have a tendency to overestimate their height and underestimate their weight. This can lead to a lower estimate of body mass index (BMI).

What did the survey tell us?

Healthy weight

An adult is usually identified as having a healthy weight when they have a body mass index of between 20 kg/m^2 and 25 kg/m^2. They are identified as being overweight when they have a body mass index greater than 25 kg/m^2 and described as having an unhealthy weight when having a body mass index of 30 kg/m^2 or more. Locally, the survey found that the prevalence of overweight and unhealthy weight amongst adults in Sunderland has increased in comparison to previous years and currently stands at 59%. This is below the overall prevalence for England of 61% as reported via the Active Peoples' Survey (now replaced by the Active Lives Survey).

However, when prevalence of overweight and unhealthy weight amongst the population in Sunderland was measured via the Active Peoples' Survey (17), it was found to be significantly above the England average at 68%, this may mean that levels are under-reported in the local survey.

Prevalence of unhealthy weight identified via the survey was found to be higher amongst middle age groups and lower in the youngest and oldest age groups. It was also higher for men than for women. However, prevalence of very unhealthy weight levels (having a body mass index of 40 kg/m^2 or more) was shown to be higher amongst women than men and in those living in disadvantaged areas.

The following specific groups exhibited significantly higher prevalence of unhealthy weight than the Sunderland average:

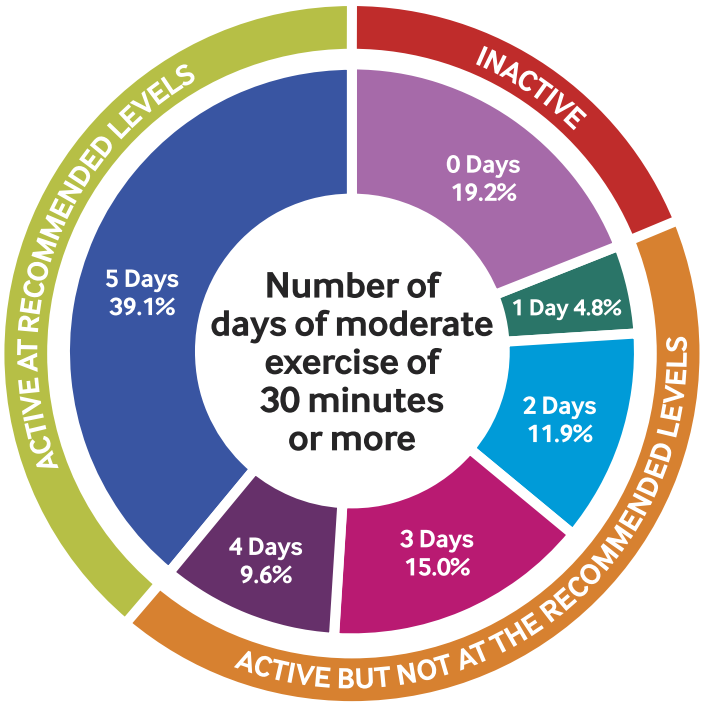
- **People aged 55-74**
- **Those with a physical disability**
- **Those with a learning disability**
- **Those who are married or in a registered civil partnership.**

Physical activity

39% of the adult population in Sunderland reported doing moderate physical activity for 30 minutes on at least five days per week, which is the recommended level. Moderate physical activity is described as any activity that increases the heart rate and makes the person get out of breath some of the time (18).

19% were identified as physically inactive whilst the remainder reported that they were active but not at the recommended levels (physically active, but for less than 150 minutes per week). As shown in Figure 6 there was a significant number of people surveyed who were active for 3 or 4 days who could reach their recommended levels of activity by being active a further 1 or 2 days a week.

FIGURE 6:
Prevalence of levels of physical activity in Sunderland



Overall, prevalence of inactivity was found to be higher amongst women than men. It was also found to be higher amongst routine and manual workers and residents in disadvantaged areas.

Prevalence of inactivity was found to be significantly above the Sunderland average in the following groups:

- **People aged 75 and over**
- **Those who have never worked or are long term unemployed**
- **Those with a physical disability**
- **Those with a learning disability**
- **Those who are divorced or whose civil partnership has been dissolved**
- **Those who are a surviving spouse (widow or widower) or civil partner**
- **Residents in the Southwick and Pallion wards**

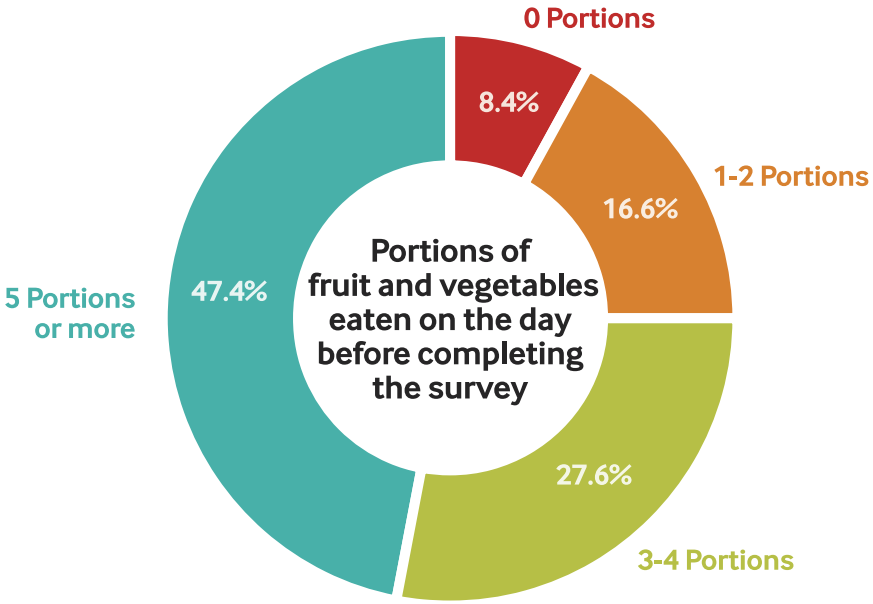
Diet

The survey indicated that adults in Sunderland eat an average of:

- 2.3 portions of fruit per day.
- 2.1 portions of vegetables per day.

The recommended level is at least five portions of fruit and/or vegetables per day (5-a-day) for a healthy diet.

FIGURE 7:
Fruit and vegetable consumption on the day before the survey was completed.



As shown in Figure 7 above, prevalence of eating 5-a-day amongst adults in Sunderland was 47%. This is below the England prevalence of 57% and represented a decrease from 52% in 2012. It is important to note, however, that if all people were to increase their intake of fruit or vegetables by 1 or 2 portions that the number achieving the recommended level would increase significantly. The survey identified that consumption was higher amongst professional and managerial groups, those living in more affluent areas and women. It was significantly lower than the Sunderland average in the following groups:

- **Men**
- **People aged 18-34**
- **Those in routine and manual occupations**
- **Those who have never worked or are long term unemployed**
- **Those from black or black british groups**
- **Those who have never been married or in a registered civil partnership**
- **Residents of Millfield ward**

Why is it an issue?

Increasing the number of people eating healthily and becoming more active are key components of a combined approach to help people to maintain a healthy weight.

Low levels of physical activity and poor diet are both risk factors in their own right, as well as leading to unhealthy weight.

It is estimated that unhealthy weight is responsible for more than 30,000 deaths each year in the UK. On average, it deprives an individual of an additional nine years of life, and prevents many people from reaching retirement age (19).

In Sunderland, it is estimated that there were 176 deaths in people of all ages in 2016 that were attributable to unhealthy weight; on average, each of these was associated with nine years of life lost (20).

It has been predicted that, unless there are significant changes in policy, unhealthy weight amongst adults in England will increase from 29% in 2017 (21) to 34% in 2025 (22)

Unhealthy weight is predicted to place an ever increasing burden on public and private sector resources ranging from increased use of adult social care and the NHS to housing adaptations. It is estimated that the costs to the NHS associated with unhealthy weight were £6.1 billion in 2014 to 2015 (23).

Low levels of physical activity directly contribute to one in six deaths in the UK (24), and influence many of the leading causes of physical and mental ill-health. Much of this could be prevented or managed better if people were to increase their overall levels of physical activity.

Research suggests that what people eat may affect both their physical and emotional health (25). There is also clear evidence demonstrating that food and lifestyle choices are contributing to the growing prevalence of unhealthy weight in adults (23).

Addressing unhealthy weight, poor diet and low levels of physical activity should therefore be a priority for individuals, communities and organisations in the city. Together they lead to an increase risk of:

- Cancer
- Cardiovascular disease (e.g. heart disease and stroke)
- Diabetes
- Musculoskeletal conditions (e.g. arthritis)
- Emotional and mental health issues
- Liver disease

What do local people tell us?

When local people were asked about physical activity, healthy diet and healthy weight in 2013 the following key themes were identified:

- A need for cheaper or free ways to exercise, such as by making use of green and open spaces
- Green and open spaces ought to be cleaned and better maintained and promoted in order to encourage their use
- More information and sessions needed on eating healthily on a budget, though it is important to ensure that any such information cannot be perceived as 'patronising'
- Any marketing material or persons involved in the delivery of services should actively avoid the terms 'obese' or 'skinny'

What works?

It is widely recognised that a collective approach is needed to address the challenges associated with healthy weight, physical activity and diet. This should employ co-ordinated policies and actions across individual, environmental and societal levels and involving multiple sectors, such as planning, housing, transport, children's and adult's services, business and health (26).

For individuals, there is a range of NICE Guidance on what can be done to encourage them to improve their diet (27) and levels of physical activity (28). These need to be underpinned by broader, population-level measures. The PHE publication 'Everybody active, every day: framework for physical activity' identifies a range of areas for local and national action, based on international evidence of what works (29):

- Active society - People are more likely to be active if it is seen as 'normal', and if their friends and peers are also active. Large, community-wide campaigns have been effective in increasing physical activity, but only when supported by local level community activities
- Making Every Contact Count - one in four people would be more active if advised by a GP or nurse and very brief advice on physical activity has been shown to be effective. Therefore, health and social care professionals and volunteers can play a significant role in supporting people through incorporating physical activity within an 'every contact counts' approach
- Active environments - Environment shapes behaviour and this has been a major factor in discouraging people from activity. Our homes, workplaces and local environments have been shaped to make it difficult to be physically active

- Active Travel - For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life, such as walking or cycling. But our neighbourhoods and towns have largely been designed around the car. Switching more journeys to active travel will improve health, quality of life and the environment, and local economy, while at the same time reducing costs to the public purse
- Engaging inactive families - how to promote, engage and offer targeted sessions for different communities as well as inclusive activities

The review, 'Sugar reduction: the evidence for action' (30) concludes that a range of factors, including marketing, promotions, advertising and the amount of sugar in manufactured food, is contributing to an increase in sugar consumption. A correspondingly broad range of measures is needed in response. The review shows that action to reduce sugar consumption levels could include reducing:

- Volume and number of price promotions in retail and restaurants
- Marketing and advertising of high sugar products to children
- Sugar content in and portion size of everyday food and drink products

What do we have in place locally?

Sunderland has range of local assets that can be used to help people achieve a healthy weight. These include:

520 sports clubs and teams

£71 million of public sector investment into leisure facilities development since 2004

A swimming pool, Wellness centre and sports hall in each geographic area of the city

25km of river corridor and coastline to support participation in sport and physical activity

150km of designated cycle network

The Active Sunderland Board was established in 2015 to drive forward existing services and respond to the city's ambition for All Together an Active Sunderland.

The Board aims to provide the necessary leadership to empower a thriving city partnership, where enabling people to be physically active becomes everyone's business. The Board has a city delivery plan and progress is reported directly to the Health and Wellbeing Board. This delivery plan is supported number of key cross cutting sub groups to deliver agreed actions and over the past year work themes have covered:

- Empowering communities - supporting and enabling communities to look at formal and informal opportunities to be physically active, so that they can help to grow both the range of opportunities and the number of residents being active
- Active environments - making it easier for people of all ages to be sufficiently active through their everyday activities
- Sport and leisure facilities – ensuring our leisure facilities and swimming pools meet the needs of residents
- Working with schools – ensuring students, teachers and families are provided with a positive experience and the best opportunities within and beyond the curriculum

- Workforces and workplaces – ensuring the environments and policies are in place to enable the workforce to be sufficiently active, within and beyond the workplace
- Supporting individuals - opportunities are in place for those who may need more assistance in accessing good quality opportunities to be active

Sunderland has a well established reputation for sport and providing opportunities to be physically active.

In order to drive forward existing opportunities and respond to the city's ambition for All together an Active Sunderland, the Active Sunderland Board and its partners continue to enable people to be physically active. Over the past year, the Board have delivered work that support a number of key cross cutting themes and these include:

- The Live Life Well service (31) provides a 'hub' function that enables residents to find information about local opportunities to be more active and improve diet. This includes a comprehensive website highlighting local opportunities as well as a phone line for those seeking advice directly
- STEPS to Health (32) is a new programme is aimed at people who suffer from long term medical conditions and can help them to improve your health and wellbeing through a supported programme of physical activity. The programme lasts for 12 weeks and is supported via class based or gym based physical activity programme

What are our plans and recommendations?

In 2018-19 we plan to:

- Continue to engage with and learn from the national whole system obesity approach pilots, and work with Public Health England in the North East to share good practice
- Continue to support the Active Sunderland Board and its delivery plan
- Strengthen strategic capacity to help develop a focus on a whole system approach to obesity
- Support the development of a Hot Food Takeaway Policy as part of the council's Core Strategy
- Develop local media campaigns to encourage physical activity and support national media campaigns, such as One You (33)
- Support opportunities for encouraging physical activity amongst our most vulnerable populations

Recommendations for addressing this issue going forward

- Bring together relevant partners to work better together, align actions, target our efforts and maximise resources develop local integrated plans to address healthy weight, physical inactivity and diet
- Review existing local partnerships to ensure that they take a whole system approach to health weight, physical activity and diet
- Maximise existing resources through our integrated wellness approach such as our coastline, open green spaces, parks and a range of organisations that support people to be active
- Engage, support and empower the community and voluntary sector to grow community assets and create informal opportunities to stay healthy
- Engage with our more vulnerable communities to better understand their needs in relation to healthy weight, physical inactivity and diet
- Work across the council, key partners and the business sector to incorporate a 'Health in All Policies' approach integrating health and wellbeing into Sunderland policies and strategic plans


10
16
18
QUIT

Smoking, second-hand smoke and e-cigarettes

Introduction

Smoking tobacco is the biggest cause of preventable death in England (34). Those that smoke also place others at risk of harm from inhaling the smoke that is present around them. In particular, children are vulnerable to second-hand smoke (35).

In recent years, as an alternative to smoking tobacco, it has become increasingly common for people to use e-cigarettes. These devices do not burn tobacco; instead they enable nicotine to be inhaled as a vapour. Although they are a relatively new group of products, the evidence that has emerged so far indicates that using e-cigarettes is 95% less harmful than smoking tobacco (36).

To gain a comprehensive understanding of smoking, second-hand smoke and use of e-cigarettes in Sunderland, the survey asked participants the following questions:

- Have you ever smoked tobacco?
- Do you smoke at all nowadays?
- Do you want to give up smoking?
- Do you or others smoke in your house?
- Do you smoke when there are children present (in the home or when driving)?
- Do you use e-cigarettes?
- Did you start using e-cigarettes as an alternative to smoking tobacco?

This is the first time that questions relating to e-cigarettes have been included in the survey.

This section discusses the findings from the survey in relation to smoking, second-hand smoke and e-cigarettes. Based on these findings, it outlines actions and recommendations to help ensure that fewer people in Sunderland smoke and the impact of smoking on others is minimised.

What did the survey tell us?

Smoking

Nationally, an estimate of prevalence of smoking is produced each year via the Annual Population Survey (APS) (37). For 2017, the APS estimated that 22% of the population of Sunderland were smokers (8).

The results of this local survey indicate a significantly lower prevalence estimate at 16.3% of adults in Sunderland. This continues a fall over time though remains above the England prevalence of 14.9% reported through the APS. 52% of participants reported that they had never smoked.

Smoking prevalence was shown to be higher amongst men (18%) than women (15%). It was identified as significantly higher than the Sunderland average in the following groups:

- People who identify themselves as Lesbian, Gay or Bisexual
- People who have a learning disability
- People who have never been married or in a civil partnership
- Residents of Redhill, Pallion, Hendon, Southwick, St Anne's and Millfield wards

85% of smokers reported they smoke every day with no significant statistical difference in frequency of smoking by gender or age group.

68% of smokers reported that they wanted to quit and 19% were actively trying to stop. Male smokers aged 35-44 were reported to be significantly more likely to want to quit than other smokers in Sunderland.

31% of smokers identified the need for support and encouragement to feel ready to quit or to make a quit attempt.

The following groups were found to be significantly more likely to report that they had no desire to stop smoking:

- Women aged 75 and over
- People who are a surviving spouse (widow or widower) or civil partner

Second-hand smoke

88% of participants in the survey reported that smoking was not allowed in their homes. Additionally, 93% said that smoking was not allowed in their car.

Responses from smokers indicated that most children in Sunderland were not being exposed to second hand smoke. These were: in the home or in the car, and adults were well aware of the need to prevent exposure of children to tobacco smoke, with 89% of smokers responding that they would not smoke in a room where children were present and 94% having reported they would not smoke in a car if a child was present. However, some groups were identified as being significantly less likely to refrain from smoking in the home or in cars and were therefore more likely to put children and others at risk of exposure to second-hand smoke, these were:

- Adults who have never worked or who are long term unemployed
- Males aged 18-24

E-cigarettes

Overall, 6% of participants in the survey reported using e-cigarettes. This is consistent with the most recent national prevalence estimate for England (38).

However, the overwhelming majority of people (80%) reported that they have never used an e-cigarette and have no intention of doing so in the future.

The survey found evidence of combined used of tobacco and e-cigarettes with 3% of participants using both. A further 4% were using e-cigarettes but not smoking tobacco. A small group representing 0.4% of the survey sample reported using e-cigarettes having never smoked tobacco in the past.

Use of e-cigarettes was found to be slightly more common amongst men than women overall, although it was significantly more common than the Sunderland average in both males and females aged 25-34.

There were no residential areas with significantly higher levels of e-cigarette use than the Sunderland average though in general more disadvantaged areas had slightly higher rates. The following groups also had slightly higher rates:

- People who have a learning disability
- People who have never been married or in a civil partnership

Why is it an issue?

Smoking is one of the main contributors to health inequalities in England. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking (39). The harm caused by smoking is not evenly distributed in society and people in disadvantaged areas are both more likely to smoke and less likely to give up.

As a result, ill-health caused by smoking is much more common amongst the poorest and most disadvantaged in society. Additionally, the gap between smoking prevalence in routine and manual workers and the rest of the population is increasing.

Smoking remains the primary cause of preventable illness and premature death in England. Locally in Sunderland there were 1,868 deaths related to smoking amongst people aged 35 and over between 2014 and 2016 (40). This gives a rate of smoking attributable mortality that is 1.5 times the England rate. Over the same time period, smoking resulted in 8,964 years of life lost in Sunderland (40).

It is estimated that the costs associated with smoking in Sunderland are around £71 million per year. The annual local cost to the NHS is £13 million, £4 million of which is due to hospital admissions from smoking related conditions and £9 million is due to treating smoking related illness via primary and ambulatory care (41).

Second-hand smoke represents a significant risk to everybody, though particularly children. When people smoke tobacco, most of the smoke is distributed into the surrounding air, where anyone nearby can inhale it. People who breathe in second-hand smoke regularly are more likely to get the same diseases as smokers, including lung cancer and heart disease. Pregnant women who are exposed to second-hand smoke are more prone to premature birth and their baby is at greater risk of low birth weight and cot death. Children who live in houses where others smoke are at higher risk of breathing problems, asthma, and allergies (42).

E-cigarettes have become the most popular stop smoking aid in England and present an opportunity to significantly accelerate already declining smoking rates. As noted above, they are substantially less harmful than conventional cigarettes.

There is growing evidence that they can be effective in helping smokers to quit, particularly when combined with behavioural support from local stop smoking services (38).

What do local people tell us?

When people in Sunderland were asked about smoking behaviours in 2013 the following key themes were identified:

- There was a sense that many people won't change their behaviours until they are personally affected by the consequences
- For those who had already quit smoking, the support and encouragement of friends and family proved critical. For many, just having children or committing to a new relationship was enough to initiate a change
- There was a desire for services to be delivered by 'normal' laid-back people, who have had their own personal experience of overcoming an addiction

What works?

Comprehensive and coordinated ranges of tobacco control approaches can be used to 'de-normalise' smoking behaviour at a population level and reduce prevalence. Interventions that can be effective in achieving this include:

- Increases in the price of tobacco products
- Mass media campaigns
- Smoke-free policies for workplaces and other public spaces
- Restrictions on marketing opportunities for the tobacco industry
- Measures to influence social norms in relation to tobacco (43)

To help prevent children and young people taking up smoking, NICE Guidance recommends that school based interventions, mass media campaigns and enforcement to restrict illegal access to tobacco among young people are effective. The impact of these interventions is considered to be greater when they are part of a wider package of multi-component interventions in family and community settings; particularly where there is an increased emphasis on reducing adult smoking through cessation (44) (45).

Towards a Smokefree Generation: A Tobacco Control Plan for England (46) was published in July 2017. This articulates a clear national goal to eliminate smoking.

It emphasises the significant role that the healthcare system can play and requires that NHS Trusts implement measures to encourage smokers who use, visit or work in NHS facilities to quit. This is with the goal of creating a Smokefree NHS by 2020.

Currently, many smokers who wish to quit try to do so without support and using willpower alone. However, this is recognised to be the least effective method.

There is clear evidence that the most effective way to stop smoking is with expert behavioural support from local stop smoking services combined with pharmaceutical stop smoking aids.

Smokers accessing this package of support are up to four times as likely to quit successfully as those who try to quit unaided or with over the counter nicotine replacement therapy (47).

Prompts made by healthcare professionals are the second most common reason for people to make a quit attempt. All healthcare professionals are encouraged to identify smokers, provide them with advice and refer them to appropriate support services. To support this, effective referral routes from both primary and secondary healthcare are important to ensure that all smokers who need it get this specialist support (47).

E-cigarettes are currently the most popular stop smoking aid in England, with an estimated 2.5 million users. Over half (51%) have stopped smoking completely and of the 45% who still smoke, half say that they are using e-cigarettes to help them stop smoking (47).

What do we have in place locally?

The Sunderland Health and Wellbeing Board have identified achieving a Smoke Free Sunderland as a key priority. As such it aims to reduce prevalence of smoking to 5% by 2025.

In support of this, the council contributes to FRESH - the regional tobacco office for the North East (48). FRESH brings together a wide range of partners to deliver a coordinated approach to de-normalising tobacco use by making it less attractive, less accessible and less affordable. It delivers a work programme across eight key strands of activity including:

- Building infrastructure, skills and capacity
- Helping smokers to quit
- Reducing availability and supply
- Tobacco regulation
- Reducing exposure to second-hand smoke
- Media, communications and education
- Reducing tobacco promotion
- Research, monitoring and evaluation

As well as the work of FRESH, the council supports national media campaigns addressing the harms of tobacco and second-hand smoke and supporting people to quit.

Locally, Stop Smoking Services are widely available in Sunderland through General Practices, Pharmacies and a number of community groups. Additionally, the local integrated wellness service (known as Live Life Well) targets interventions towards groups with high prevalence of smoking and supports those who have had multiple failed attempts to quit. The service offers a centralised Hub function for advice, information and signposting to services. This is supported by a website with a postcode finder for people to find local Stop Smoking Services (31).

E-cigarettes are not supplied by commissioned Stop Smoking Services in Sunderland though as part of the local model of delivery, people who choose to use their own e-cigarettes to help them quit are offered behavioural support.

Through the Sunderland Health Champions programme 1,000 people within the local community have been trained to provide brief interventions to smokers.

Both Making Every Contact Count (MECC) approaches and eLearning in very brief interventions for smoking are widely integrated into specifications Public Health services in Sunderland to help ensure that health professionals can support local people to stop smoking.

The council also supports the North East Better Health at Work Award and provides a programme of activities to help local businesses improve the health of their workforces. One of the main focuses of the work is on reducing smoking rates amongst routine and manual workers in Sunderland.

What are our plans and recommendations?

In 2018-19 we plan to:

- Develop a comprehensive tobacco control plan involving a range of partners
- Provide proactive support to the Sunderland Tobacco Alliance
- Implement a Smokefree Parks initiative across Sunderland
- Design and commission a Specialist Stop Smoking Service for Sunderland to improve the current stop smoking offer for targeted communities and groups including pregnant women and their partners
- Support Smokefree NHS within City Hospitals Sunderland NHS Foundation Trust
- Develop links from hospital services to the new Specialist Stop Smoking Service
- Work through community organisations to ensure the needs of priority groups such as people in routine and manual occupations and BME and LGBT Groups

Recommendations for addressing this issue going forward

- Work with groups who have a high smoking prevalence to understand how their needs can be best addressed
- Ensure that existing services meet the needs of groups who have a high smoking prevalence
- Continue to work alongside the local NHS to support them in the goal of creating a Smokefree NHS by 2020
- To improve the interface between local NHS Trusts and stop smoking services to ensure that a seamless approach is offered
- Increase workforce capacity to support the enforcement of existing regulation in relation to tobacco and smoking
- Explore ways of increasing regulatory tools available locally to address the harms caused by smoking

Drinking Alcohol

Introduction

Risks associated with drinking alcohol relate to both the amount consumed and the frequency of drinking. Current guidance from the Chief Medical Officer in England advises that both men and women should not regularly drink more than 14 units of alcohol in each week. It also recommends that people that do drink regularly have two or more alcohol free days in each week (49) as drinking daily increases risk of liver disease.

To understanding the way people drink alcohol in Sunderland, the survey asked participants the following questions:

- Do you ever drink alcohol nowadays?
- In a typical week, on how many days of the week do you drink alcohol?
- What types of alcoholic drinks do you drink?
- How much do you drink?

This section discusses the findings from the survey in relation to drinking alcohol. Based on these findings, it outlines actions and recommendations to help ensure that more people in Sunderland are able to adopt healthy approach to drinking alcohol.

What did the survey tell us?

When measured via national surveys (50), prevalence of drinking alcohol in Sunderland has decreased over a number of years and currently stands at 63% amongst adults. This compares to 80% across England as a whole. The local survey found similar results with 66% of participating adults reporting drinking at least some alcohol and the remaining 34% stating they do not drink alcohol at all.

Prevalence was found to be significantly higher in the following groups:

- Men
- Those in the highest socio-economic group
- People aged between 35 and 64
- People that are married
- Residents in less disadvantaged areas
- Residents of St Chads, Fulwell, Washington Central and Washington East wards

Men reported being most likely to drink beer, lager, stout or cider whilst women were most likely to drink wine.

45% of participants reported drinking at lower risk levels (up to 14 units of alcohol in a typical week), 17% indicated that they are drinking at increasing risk levels (between 14 and 35 units of alcohol in a typical week), and 5% report drinking at higher risk levels (more than 35 units of alcohol in a typical week).

Prevalence of drinking more than the recommended limit of 14 units of alcohol in a typical week was significantly higher the most affluent areas and is significantly higher for men than for women. Highest prevalence was seen in men aged 55-64 and women aged 45-54. It is also significantly higher in the following groups:

- Men
- Those aged 35-64
- Those who are married or in a civil partnership

26% of participants reported binge drinking (drinking more than 6 units on a single occasion). Drinking too much, too quickly on a single occasion (binge drinking) can lead to health risks, even for people who are drinking within weekly guideline amounts (51). It was found to be significantly higher in men and in those aged 35-64.

5% of participants reported drinking some alcohol every day.

Why is it an issue?

The effects of harmful drinking on individuals, their families and communities are wide-ranging and require responses at both national and local levels. Alcohol has been identified as a causal factor in more than 60 medical conditions (52) including heart disease, stroke, liver disease, numerous types of cancer and depression.

In pregnant women, alcohol consumption increases risk of miscarriage as well as a range of other risks to their unborn babies. Conditions that may be caused by continued consumption of alcohol in pregnancy include low birth weight, learning difficulties and behavioural problems and foetal alcohol syndrome (53).

As well as causing harm to individuals who drink, alcohol use also causes harm to their friends and family members and the wider community through:

- Physical violence
- Relationship problems
- Financial difficulties
- Fear
- Negative impacts on children
- Road traffic accidents (54)

Alcohol related harm impacts upon a range of frontline services in Sunderland including the NHS, Police, Ambulance Service, licensing teams and Social Services.

It is estimated that the supply and harmful use of alcohol costs the city around £112 million per year. The greatest costs are borne by wider economy (£39 million), crime and disorder services (£34 million), local NHS services (£24 million) and social services (£15 million) (54).

What do local people tell us?

When people in Sunderland were asked about barriers and enablers to support people to drink within recommended limits, the following key themes relating to alcohol were identified:

- There was a sense that many people won't change their behaviours until they are personally affected by the consequences
- For those who had reduced their alcohol intake, the support and encouragement of friends and family proved critical
- A need for more advice and education around 'binge drinking' as many do not think the term applies to them despite their reported behaviours suggesting otherwise

BALANCE, the regional alcohol office for the North East (55), conducted the North East Alcohol Behaviour and Perceptions Survey in 2015. This was carried out across the North East, including Sunderland. The survey provided a detailed snapshot of local residents' behaviours and attitudes in relation to alcohol. It also included a section on the availability of alcohol, to gather information on how North East residents perceive the acceptability and ease of buying alcohol. Analysis of the responses found that:

- Sunderland residents were likely to feel that alcohol prices in supermarkets are too cheap compared to other areas in the North East
- 49% of Sunderland residents surveyed supported establishing a minimum unit price for alcohol
- Sunderland residents were more likely than the rest of the region to say there are too many places that sell alcohol (40%)
- Just one in twenty or 5% of residents of the region perceived themselves to be a heavy drinker, despite 40% of the sample being identified as engaging in increasing and high risk. 89% of Sunderland residents said that they were not concerned about their drinking

What works?

Public Health England published an evidence review in 2016 (56) which includes a broad ranging and rigorous summary of the types of alcohol related harms and their prevalence. It also presents evidence for the effectiveness and cost-effectiveness of alcohol control policies. The principle policies amongst these are described below.

Taxation and price regulation policies:

- Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement as they affect consumer demand by increasing the cost of alcohol relative to alternative spending choices
- Implementing a minimum unit price (MUP) is a highly targeted measure which ensures tax increases are passed on to the consumer and improves the health of the heaviest drinkers

Regulating marketing:

- The strongest evidence for the impact of marketing comes from reviews of longitudinal and cohort studies of children, which consistently report that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities

Regulating availability:

- Policies that sufficiently reduce the hours during which alcohol is available for sale – particularly late night on-trade sale – can substantially reduce alcohol-related harm in the night-time economy, when simultaneously enforced and targeted at the most densely populated areas this policy is cost-effective

Providing information and education:

- There is little evidence to suggest that providing information, education and labels on alcoholic beverages is sufficient to lead to substantial and lasting reductions in alcohol-related harm, however these policies increase public support for more stringent (and effective) policies and labels on alcoholic beverages fulfil a consumer right to be better informed

Managing the drinking environment:

- Interventions enacted in and around the drinking environment lead to small reductions in acute alcohol-related harm
- Multicomponent community programmes are effective, cost-effective and are amenable to local implementation. However, the evidence is predominantly based on the experience in Sweden and may not directly translate to the English context

Reducing drink-driving:

- Enforced legislative measures to prevent drink-driving are effective and cost-effective
- Policies which specify lower legal alcohol limits for young drivers are effective at reducing casualties and fatalities in this group and are cost-saving

Brief interventions and treatment:

- Health interventions aimed at drinkers who are already at risk (e.g. identification and brief advice) and specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption and harm in these groups

The policy mix:

- Stronger overall policy environments are associated with lower levels of binge drinking and alcohol-related cirrhosis mortality
- Combining alcohol polices may create a 'critical mass' effect, changing social norms around drinking to increase the impact on alcohol-related harm
- Alcohol policy should be coherent and consistent - this is essential to creating a supportive environment for society, including for those who wish to adopt healthier lifestyles by reducing their alcohol consumption, and for those who drink at hazardous and dependent levels

What do we have in place locally?

The Sunderland Health and Wellbeing Board has identified reducing alcohol-related harm is one of its key priorities. In 2015, members of the board signed the Local Government Alcohol Declaration. The Declaration provides a clear statement that local partners are committed to tackling alcohol-related harm and is a pledge for them to take action. The Declaration demonstrates local authority leadership whilst also securing wider support from key partners such as the NHS and the police.

The council contributes to BALANCE, the North East Office of for Alcohol harm. BALANCE aims to bring together a wide range of partners to deliver a coordinated approach to making alcohol less available, less accessible and less affordable. BALANCE delivers regional TV adverts and media campaigns to reduce harmful drinking.

The council also supports national media campaigns aimed at reducing the consumption of alcohol.

The Live Life Well service (31) provides simple advice and brief interventions to individuals to help them drink less. The service carries out initial screening to determine if levels of alcohol consumption may be harmful and provides then recommendations for a way forward that suits individuals' needs and lifestyle. It also works with individuals to set goals, provides handy hints and tips and offers regular support.

The Live Life Well service also delivers the 'Have a Word' alcohol awareness training (57) to professionals and individuals in the local community. This provides participants with the knowledge and understanding to provide brief interventions and advice.

Alcohol Brief Intervention training has been delivered to over 1,000 people in the city via the Sunderland Health Champions programme. Additionally, Making Every Contact Count (MECC) and online training for alcohol brief intervention is embedded into a wide range of specifications for current Public Health services. This helps to ensure that health professionals can encourage changes in alcohol consumption that have a positive effect on the health and wellbeing of individuals, communities and the wider population.

Substance Misuse treatment services for both adults (Wear Recovery) and young people (YDAP) are well established in Sunderland and support those requiring treatment and support for alcohol issues. People can access each service through a single point of contact to receive support.

What are our plans and recommendations?

In 2018-19 we plan to:

- Develop a comprehensive alcohol harms approach which involves a range of partners and is proactively supported through partnership working
- Continue to work with licensing services within Sunderland City Council to implement the Cumulative Impact Policy which ensures that public health is considered when granting alcohol licenses to new premises
- Implement a data tool (HALO) that will assist Responsible Authorities to make evidence-based representations in relation to alcohol licensing applications and reviews
- Continue working alongside BALANCE to explore the potential for Minimum Unit Pricing in the North East, and expand the evidence base
- Develop local media campaigns to encourage people to reduce their alcohol intake

Recommendations for addressing this issue going forward

- Ensure that a range of appropriate support is available for those who are engaged in harmful drinking. Review existing services to ensure they meet the needs of all residents within Sunderland by engaging members of groups such as black minority ethnic groups, lesbian, gay bi-sexual trans-sexual, routine and manual occupations, pregnant women and parents
- Ensure there are robust transitional arrangements into substance misuse services from local NHS trusts
- Increase early identification of alcohol problems by embedding delivery of brief interventions for alcohol through the Making Every Contact Count approach within front line services
- Continue to utilise the Sunderland Health Champions Programme to deliver brief interventions for alcohol in community settings
- Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with the local alcohol businesses to reduce alcohol related harm
- Increase workforce capacity to support the enforcement of existing regulation in relation to alcohol
- Explore ways of increasing regulatory tools available locally to address the harms caused by alcohol

Multiple unhealthy behaviours

Introduction

People who have multiple unhealthy behaviours at the same time are exposed to increased risk of premature death (58). Although the survey asked participants about individual behaviours, the responses were analysed to gain an understanding of whether these behaviours existed individually or alongside others and whether they indicated potential damage to health.

The following were used to identify the presence of unhealthy behaviours:

- Currently smoking tobacco at any frequency or volume
- Drinking more than 14 units of alcohol in a typical week
- Eating less than five portions of fruit and vegetables on a typical day
- Doing less than 30 minutes of moderate intensity activity on five days per week

This section discusses the findings from the survey in relation to multiple unhealthy behaviours. Based on these findings, it outlines actions and recommendations to help reduce the number of people in Sunderland that engage in multiple unhealthy behaviours.

What did the survey tell us?

The findings of the survey indicate that the 49% of people in Sunderland engage in two or more unhealthy lifestyle behaviours. Prevalence is described as follows:

- No unhealthy behaviours – 14%
- One unhealthy behaviour – 37%
- Two unhealthy behaviours – 35%
- Three unhealthy behaviours – 12%
- Four unhealthy behaviours – 2%

There were significantly more women, especially those aged 25 plus, than men who had no unhealthy behaviours. This was also the case for people who had one unhealthy behaviour. In addition those in managerial, administrative or professional work were significantly more likely to fall into the 'one unhealthy behaviour' category.

Engagement in two unhealthy behaviours was significantly higher in the following groups:

- Women aged 18-24
- People whose ethnicity is Black or Black British
- People whose religion is Muslim
- People whose sexual orientation is bi-sexual

Prevalence of three or four unhealthy behaviours was significantly more common in the following groups:

- Men – particularly those aged 18-54
- Those who have never worked or are long term unemployed
- People who report having no religion
- Those who have never married or entered a civil partnership
- Residents of the areas with the highest levels of deprivation – particularly Millfield and Pallion

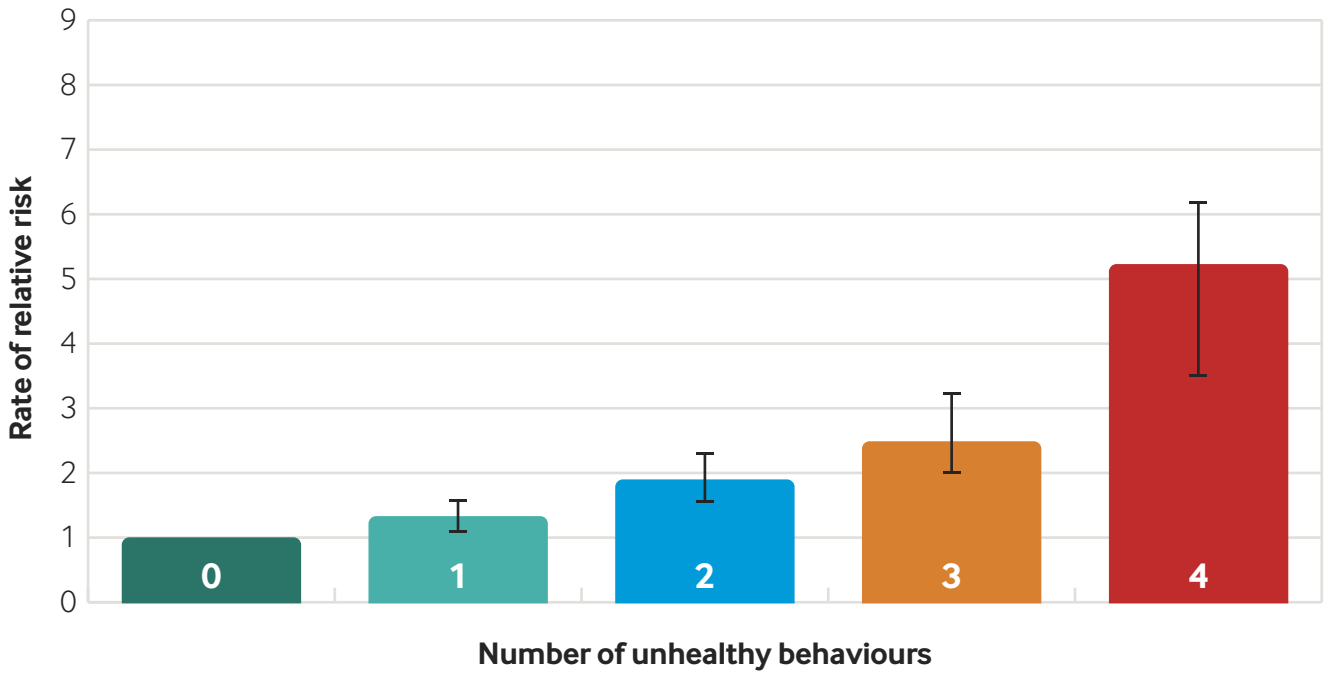
Why is it an issue?

Behavioural risk factors have the greatest attributable impacts on years of healthy life lost. The Global Burden of Disease study (59) identifies that, in Sunderland, 40% of known risk factors for years of healthy lives lost are behavioural while a combination of metabolic/behavioural and environmental/behavioural account for a further 20% and 6% respectively. Other sections of this report highlight the importance of individual risk factors but it is becoming increasingly apparent that behavioural risk factors synergise so that the negative impact on health is more than the sum of the impact of individual risk factors.

As the number of unhealthy lifestyle behaviours increases so does the impact on mortality, morbidity and quality of life and risk of premature death (58). One study has shown that the risk of early death increases by almost 40% for one behavioural risk factor but by more than 400% for those people who have four risk factors when compared to those who have no behavioural risk factors (60).

Figure 8 shows the relative risk of early mortality associated with multiple unhealthy behaviours amongst under 65s. The group who have no unhealthy behaviours are assigned a relative risk of 1.0; this represents an underlying risk of early mortality that is present in all people. Groups with one, two, three or four unhealthy behaviours are then compared with this group. Those with even one unhealthy behaviour are significantly more likely to experience early mortality than those with no unhealthy behaviours. Relative risk of early death increases rapidly as the number of unhealthy behaviours increases.

FIGURE 8:
Relative risk of early mortality associated with multiple unhealthy behaviours amongst under 65s



Studies have shown that adopting a healthy lifestyle:

- Decreases the risk of having a stroke and also makes survival more likely
- Decreases the risk of developing diabetes and those who do develop it are less likely to die prematurely as a result
- Lowers cancer incidence and death
- Reduces the risk of developing coronary heart disease
- Reduces the risk of developing dementia (61)

What do local people tell us?

A key objective of the engagement exercise undertaken in 2013 was to understand how local people with multiple unhealthy behaviours considered they could be supported to make changes that would improve their health. The following key themes in relation to multiple unhealthy behaviours were identified:

- Lifestyle services should take a more integrated approach and share information
- NHS services and community organisations should take a more united approach
- A wider variety of methods should be utilised to target those who don't access services including development of a central directory of opportunities
- Information needs to be in an advisory tone rather than dictatorial

What works?

The King's Fund has examined how the four lifestyle risk factors of smoking, excessive alcohol use, poor diet, and low levels of physical activity occur together in the population and how this distribution has changed over time (58). Their report found that people who were more disadvantaged were more likely to engage in all four behaviours and consequently at higher risk of premature death.

Their findings have also indicated that success in changing one unhealthy behaviour may be related to success in changing another. However, it is not yet clear whether it is better to tackle one unhealthy behaviour at a time or a number of behaviours together. The exception to this is in relation to stopping smoking, where evidence shows that this is more effective when delivered in sequence rather than being delivered at the same time as other behaviour change interventions (47).

NICE guidance (62) emphasises the importance of community engagement as a strategy for health improvement, particularly as it leads to services that better meet the needs of community members. Additionally, community-centred approaches offer a different way to use local resources and some studies have evidenced that there is good social return on investment (63).

Community-centred approaches are not just community-based, but about mobilising assets within communities, promoting equity, and increasing people's control over their health and lives. They can build control and resilience, help buffer against disease and influence health-related behaviour. Involving and empowering local communities, and particularly disadvantaged groups, is central to local and national strategies in England for both promoting health and wellbeing and reducing health inequalities (63).

The 'family of community-centred approaches' (64) has been developed by Public Health England as a framework to represent some of the practical and evidence-based options that can be used to improve community health and wellbeing. This states that a community-centred approach is more sustainable when it operates on a whole-system basis with working across sectors to maximise impact and remove systemic barriers. It recommends that interventions should be considered across the following four strands:

- Strengthening communities
- Volunteer and peer roles
- Collaboration and partnerships
- Access to community resources

What do we have in place locally?

Sunderland's Health and Wellbeing Strategy defines a new approach to improving health outcomes across the city which takes an asset-based approach and building the resilience of individuals, families and communities (12).

As a response to the need to address multiple unhealthy behaviours in the population, a local Integrated Wellness Service (known as Live Life Well) was developed and has been in operation since 2015 (31). The service works alongside other partners and is at the centre of a strategic approach comprised of six components:

Healthy places:

- Universal opportunities, promote these via the central hub available for the use of everyone, and support a healthier lifestyle

Central hub:

- A co-ordination function helping people to access opportunities. It enables people to self-access directories of opportunities, receive advice and information and motivational support and be referred to services and opportunities where applicable

Health champions:

- Coordination of the Sunderland Health Champion Programme to enable local people and organisations to develop their knowledge and skills in relation to public health

Outreach:

- Direct delivery of health improvement opportunities to priority groups in the population. Examples include alcohol education and stop smoking services

Support for healthy living:

- A team that provides one to one motivation and support for people and/or communities that are most affected by health inequalities

Further opportunities:

- Wellness and other healthy lifestyle services that are directly commissioned by the council or are available in the wider community

The Sunderland Health Champions Programme is available to anyone who lives, works or volunteers in the city and wants to become a health champion to promote healthy lifestyles in their work, their community and their social networks. It offers access to five training courses:

- Understanding health improvement
- Promoting emotional resilience training
- Alcohol brief intervention training
- Tobacco brief intervention training
- Healthy money, healthy you

It is firmly embedded in the City with over 700 people fully trained in all five areas.

The Making Every Contact Count (MECC) approach supports the opportunistic delivery of consistent and concise healthy lifestyle information. It enables individuals to engage in conversations about their health at scale across organisations and populations. MECC has been written into a wide range of specifications for public health services in Sunderland. It is also part of the NHS standard contract.

It is also used by partners such as Tyne and Wear Fire and Rescue service who expand on their 'Safe and Well' visits to local residents to encourage them to make positive changes in lifestyle behaviours.

There is also a strong workplace health programme which supports Sunderland employers to take part in the North East Better Health at Work Award and the Sunderland Workplace Health Alliance.

The importance of tackling behavioural risk factors is increasingly being recognised by the NHS and so there is a developing prevention programme both locally and across the North East.

What are our plans and recommendations?

In 2018-19 we plan to:

- Further support local people to make lifestyle changes by developing more opportunities to build public health capacity in communities and organisations across Sunderland
- Support, promote and develop the Sunderland Health Champions Programme to develop local knowledge and skills and enable effective health promotion
- Work with local people, communities and stakeholders to promote health across Sunderland to utilise every opportunity we have to improve health and wellbeing

Recommendations for addressing this issue going forward:

- Develop a Public Health Capacity Building Framework which sets out available learning opportunities to strengthen quality standards and evidence based health improvement interventions across Sunderland
- Establish ongoing communication with residents to understand what supports positive health behaviour changes
- Ensure that as people succeed in making one positive health behaviour change they know how to get support to tackle other unhealthy behaviours
- Work with current and new partners to maximise further opportunities to influence behaviour change in a range of settings such as leisure centres, schools and the workplace
- Work within the council and with partners to ensure that Sunderland is a place where it is easy to have healthy behaviours
- Develop a whole system approach to Making Every Contact Count in Sunderland so that people can get brief advice from a wide range of workers in the city
- Embed the new Integrated Wellness approach across throughout the city
- Increase the number of Health Champions across Sunderland so that people who want to change their behaviours can be signposted to a range of support

Mental wellbeing

Introduction

The New Economics Foundation published 'Five Ways to Wellbeing: The Evidence' in 2008 (65). This identified mental wellbeing as characterised by:

- Feeling good
- Experiencing positive emotions such as happiness, contentment, enjoyment or curiosity
- Functioning well
- Having positive relationships with others
- Having control over your life or a sense of purpose

The Warwick Edinburgh Mental Wellbeing Scale (WEMWB) (66) was used in the survey to understand how participants reported their own mental wellbeing. The scale is a set of 14 questions that address two themes:

- Subjective experience of happiness and life satisfaction
- Psychological functioning and relationships with others

The questions each establish a score and are validated to give a reliable measure of mental wellbeing. This can be analysed at both individual and population level.

Total scores resulting from the WEMWB Scale range from 14 to 70. A higher score represents better mental wellbeing. Average scores were used to compare the results of different groups within Sunderland and to enable comparison with national levels of mental wellbeing.

What did the survey tell us?

The survey found that the average mental wellbeing score for adults in Sunderland was 52.7. The score has increased over a number of years to reach this point and compares positively to the England average of 49.9.

Average mental wellbeing scores were lower amongst women than men. Amongst men, those aged 65-74 had a significantly higher score (54.7) than the average for Sunderland (53.2).

Scores were significantly lower than the average in Sunderland in the following groups:

- Residents of the most disadvantaged areas (51.3)
- Residents of Southwick (51.0) and Redhill (50.8) wards
- Those who have never worked or are long term unemployed (50.3)
- Those who identify their sexual orientation as bisexual (46.3) or other (47.3)
- Those with a physical disability (48.8)
- Those with a learning disability (44.3)
- Those who have never been married or in a registered civil partnership (51.8)
- Those who are separated (48.2)
- Those who are divorced or who have had their civil partnership legally dissolved (50.9)

Notably, 38% of the Sunderland population live in the most disadvantaged areas of the city.

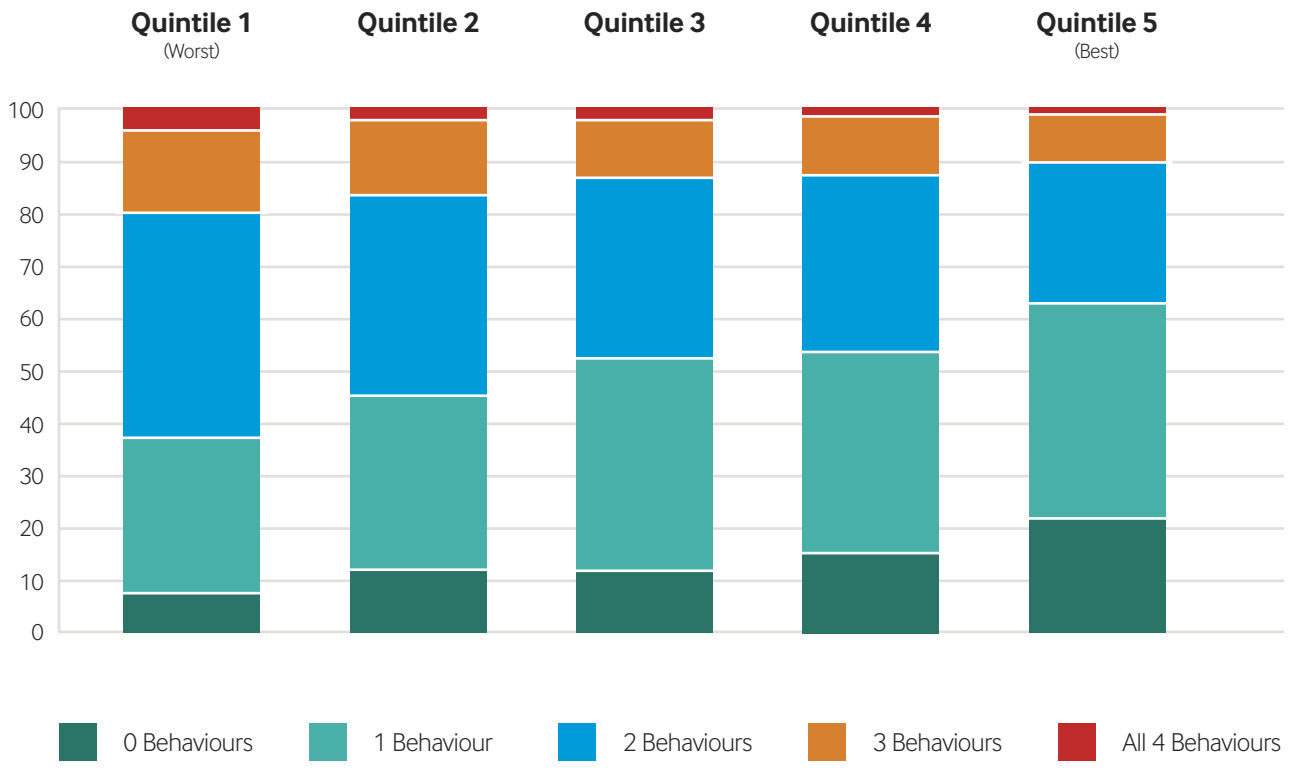
Scores were significantly higher than the average in Sunderland amongst people in higher managerial, administrative and professional occupations at 54.4. Additionally, adults who reported they were married or in a registered civil partnership had a significantly higher average mental wellbeing score at 53.9.

There was no statistically significant variation in average mental wellbeing score by ethnic group when compared to the Sunderland average.

One of the most significant findings from the survey relates to the association between multiple unhealthy behaviours and lower levels of mental wellbeing. Figure 9 below groups the mental wellbeing scores found by the survey into five Quintiles. These range from the worst (Quintile 1) to the best (Quintile 5) scores. The figure also provides an analysis of the pattern of unhealthy behaviours found in each Quintile.

This information reflects the evidence described above in relation to the links between unhealthy behaviours and wellbeing, though has not previously been available for Sunderland:

FIGURE 9:
Percentage of people with multiple unhealthy behaviours by wellbeing quintile



Why is it an issue?

There is an increasing focus on the importance of mental wellbeing. Since the publication of the national policy in 2010 (67), it is now generally agreed that 'There is no Health without Mental Health'. Parity of esteem between physical and mental illness has become a key principle within the NHS for the treatment of ill-health. For public health, mental health and wellbeing is as important as physical health in the population and there is increasing evidence on the impact of each upon the other.

The relationship between mental wellbeing and mental illness is complex. The absence of mental illness does not necessarily imply the presence of high levels of mental wellbeing and people with mental health conditions may also have positive mental wellbeing. However, there is a growing consensus that initiatives to improve mental wellbeing can protect against some mental health conditions (68).

It has also been demonstrated that some of the characteristics of mental wellbeing can improve life expectancy by over seven years (69) (70). This is achieved through positive effects on chronic diseases (71) such as reduced incidence of strokes (72).

Mental wellbeing has also been associated with a range of behaviours that are known to improve health such as exercise (73) and diet (74) as well as not smoking (75). The association between poor mental wellbeing and behaviours that damage health has also led some to suggest that they may be 'survival strategies' in the face of multiple problems (76).

In addition, the impacts of poor mental wellbeing extend beyond damage to physical and mental health and affect the ability of people to make the most of opportunities throughout their lives. High levels of mental wellbeing lead to a range of positive outcomes in the workplace such as good job performance and productivity (77) as well as reduced absenteeism (78).

Wellbeing also has an impact on a range of positive social behaviours such as civic engagement and volunteering. It not only predicts participation in volunteering, but increases wellbeing for those who take part (79).

What do local people tell us?

When people in Sunderland were asked about mental wellbeing in 2013, the following key themes were identified:

- People recognised the importance of social connections and learning in order to improve their wellbeing but often found it difficult to find such opportunities in their communities
- People were less likely to want to access specific services for wellbeing as they felt that there is often a stigma attached to them
- A number of other barriers existed to accessing services to improve mental wellbeing including lack of motivation, fear related to loss of control and feeling patronised
- Services can frequently make people feel they are not valued and that what they say is not valued
- Peer support from people like themselves who had made similar behaviour changes and would have a more informed understanding of the difficulties people experience
- Delays in accessing services and the tone of services were seen as off-putting
- People would be comfortable with community centres taking an active support role

More recent, currently unpublished, research that was undertaken in Sunderland has highlighted the importance of loss as a trigger for loneliness which is in turn indicative of poor wellbeing. These triggers included a range of types of loss such as bereavement, loss of a job or an injury impairing physical health.

What works?

Improving mental wellbeing is everyone's responsibility and poor mental wellbeing can affect anyone at any stage of their life. In order to have a positive impact on wellbeing in Sunderland it must be considered by a wide range of partners such as:

- Local Government
- The NHS
- Department of Work and Pensions
- Educational settings (nurseries, schools, colleges and the University)
- Local businesses
- Voluntary and community third sector organisations

There is a wide range of guidance and evidence that demonstrates what works to improve mental wellbeing. Available approaches apply to different settings and different stages of the life course. Examples are shown below.

Individual level

- Five ways to wellbeing (connect, get moving and be more active, learn something new, take notice, give something back) (65)
- Parental support to ensure children and young people are supported at home to develop good wellbeing (68)
- Programmes to reduce violence and sexual abuse (76)
- Programmes to prevent suicide (80)

Community level

- Tackling bullying and provision of wellbeing programmes in schools (80)
- Wellbeing in the workplace (80)
- Tackling loneliness and increasing opportunities for social contact (80)
- Tackling stigma and discrimination and improving social cohesion (68)

Service and policy level

- Addressing inequalities (81)
- Recognising the importance of respect, dignity, self-esteem, identity and justice for service users (76)
- Consider the 'mental health impact' of all policies (76)

Wider health determinants

- Good work (76)
- Supporting people to address their financial concerns (80)
- Housing and heating (68)
- Safe community spaces (68)

What do we have in place locally?

A range of facilities and approaches are offered by organisations in Sunderland to support and promote mental wellbeing:

- Sunderland has an established Youth Parliament (82) who have developed a Mental Health Charter Mark working with Together for Children and local schools
- The website wellbeinginfo.org.uk (83) provides access to resources, advice and information to help residents look after their own health and mental wellbeing. It enables residents to find local support services in the, gives information about specific health issues and provides links to other useful websites and national helplines
- The Sunderland Health Champions programme (84) offers training to anyone who lives, works or volunteers in the city to enable them to support others such as family members, friends, colleagues and clients to improve their health. Modules include Promoting Emotional Resilience and Money Matters both of which aim to support wellbeing in the community
- Time to Change (85) is England's biggest programme to challenge mental health stigma and

discrimination. It supports communities, schools and workplaces to open up to mental health problems; to talk and to listen. A variety of workplaces in Sunderland, including Sunderland City Council, have signed up to Time to Change

- Sunderland has a community approach to suicide prevention. The Suicide Prevention Action Group takes forward a comprehensive action plan to address local priorities and is identified by the annual Suicide Audit
- Suicide prevention training, known as 'A Life Worth Living' is accessible for people living working and volunteering in Sunderland
- Emotional and practical support is available to people who have been affected by suicide through the If U Care Share Foundation (86)
- Sunderland's Workplace Health Alliance is a group of local businesses who want to help their employees to make healthier lifestyle choices. The alliance provides practical advice and information and enables businesses to share information and best practice. Mental wellbeing is one of the priority areas identified by the alliance

What are our plans and recommendations?

In 2018-19 we plan to:

- Provide support to the Art Studio to deliver art and exhibitions aimed at reducing stigma in relation to mental health and wellbeing
- Support local media campaigns in relation to mental wellbeing
- Support large scale volunteering initiatives during the Tall Ships event

Recommendations for addressing this issue going forward

- Sign up to the Nation Wide 'Prevention Concordat for Better Mental Health' whilst continuing to support the ongoing projects in place locally
- Complete a Joint Strategic Needs Assessment for Mental Wellbeing to inform future strategies and commissioning intentions
- Identify and support opportunities to improve the wellbeing of those groups who have been found to have significantly poorer wellbeing scores than the Sunderland average

Conclusion and recommendations

It is clear from this report that behaviours of people in Sunderland have a significant impact on their health. This goes some way to explaining the gap in both life expectancy and healthy life expectancy between Sunderland and England.

However, I hope it is also clear that these impacts are not only attributable to lifestyle choice or lack of personal responsibility. While it is true that individual behaviours are important, the clear systematic inequalities in many of the findings of this report demonstrate that if we are to improve health in Sunderland we need to look much deeper than conscious behaviours.

Supporting people to change their behaviour is complex and can require a blend of strategies such as environmental planning, communications and marketing, regulation and legislation as well as traditional service provision (87). These should be considered in a coordinated way when making plans to improve health related behaviours in the population.

In the first part of this report, I identified the main health issues for the city. Having further scrutinised health-related behaviours in Sunderland through the latest Adult Lifestyle Survey, I consider that the following are key issues for the city:

- Improving prevalence of healthy weight through a collective approach to diet and inactivity
- Continuing to support people who have multiple unhealthy behaviours
- Further addressing the health risks of people who have a physical and/or learning disability
- Recognising the importance of mental wellbeing

This report, and the broader analysis of the survey identifies where we need to prioritise our efforts. My recommendations are as follows:

Organisations should ensure that health and inequalities are considered in all policies.

The causes of poor health in Sunderland are complex. This can mean that as one new policy or initiative is introduced to improve health, often another may be introduced that harms health or widens inequalities. This report has shown the systematic nature of some of these inequalities and so we need to be equally systematic in tackling them.

When delivering public services, the importance of respect, dignity, self-esteem, and justice for service users should be identified.

The pressures on public sector resource resulting from austerity have led to public services being increasingly targeted to those in most need. This means that those accessing public services often need both practical support and support to deal with psychological impacts of their circumstances.

Being treated with disrespect can lead to an accumulation these impacts which can, over time, adversely affect people's physical health. The positive attributes of respect, dignity, self-esteem, and justice can support people who are in need and have been described as the 'scaffolding of mental wellbeing' (76).

'Making Every Contact Count' should be embedded in all public services.

Making Every Contact Count (MECC) (88) is a workforce development programme that gives people the knowledge and skills to have brief conversations about health issues and signpost on to further support where it is needed. It builds on the relationships that workers have with residents to support them to improve their health.

The Health and Wellbeing Board should continue to prioritise alcohol, tobacco and healthy economy.

The importance of healthy behaviours in relation to alcohol and tobacco have been clearly demonstrated in this report. Additionally, the impact of work on health and wellbeing and the opportunity to support healthier behaviours through the workplace cannot be underestimated.

The Health and Wellbeing Board should lead a collective approach throughout the city to promote healthy weight.

Though it is clear that the number of people with an unhealthy weight in Sunderland is impacting on health in the city, there is no single approach that will deal with the complexity of causes of this serious health issue. A very broad policy framework that addresses what is often described as 'obesogenic environments' is required which considers and monitors the unintended consequences of interventions.

The Health and Wellbeing Board should prioritise a broad approach to improving mental wellbeing, supported by the Mental Health Prevention Concordat.

Improving mental wellbeing within the population requires a range of approaches including addressing violent behaviours, addressing and mitigating the impacts of poverty, building on some of our community assets and promoting the five ways to wellbeing (be active, take notice, keep learning, connect and give).

Members of the Health and Wellbeing Board should prioritise addressing health risks for people with a physical disability or learning disability.

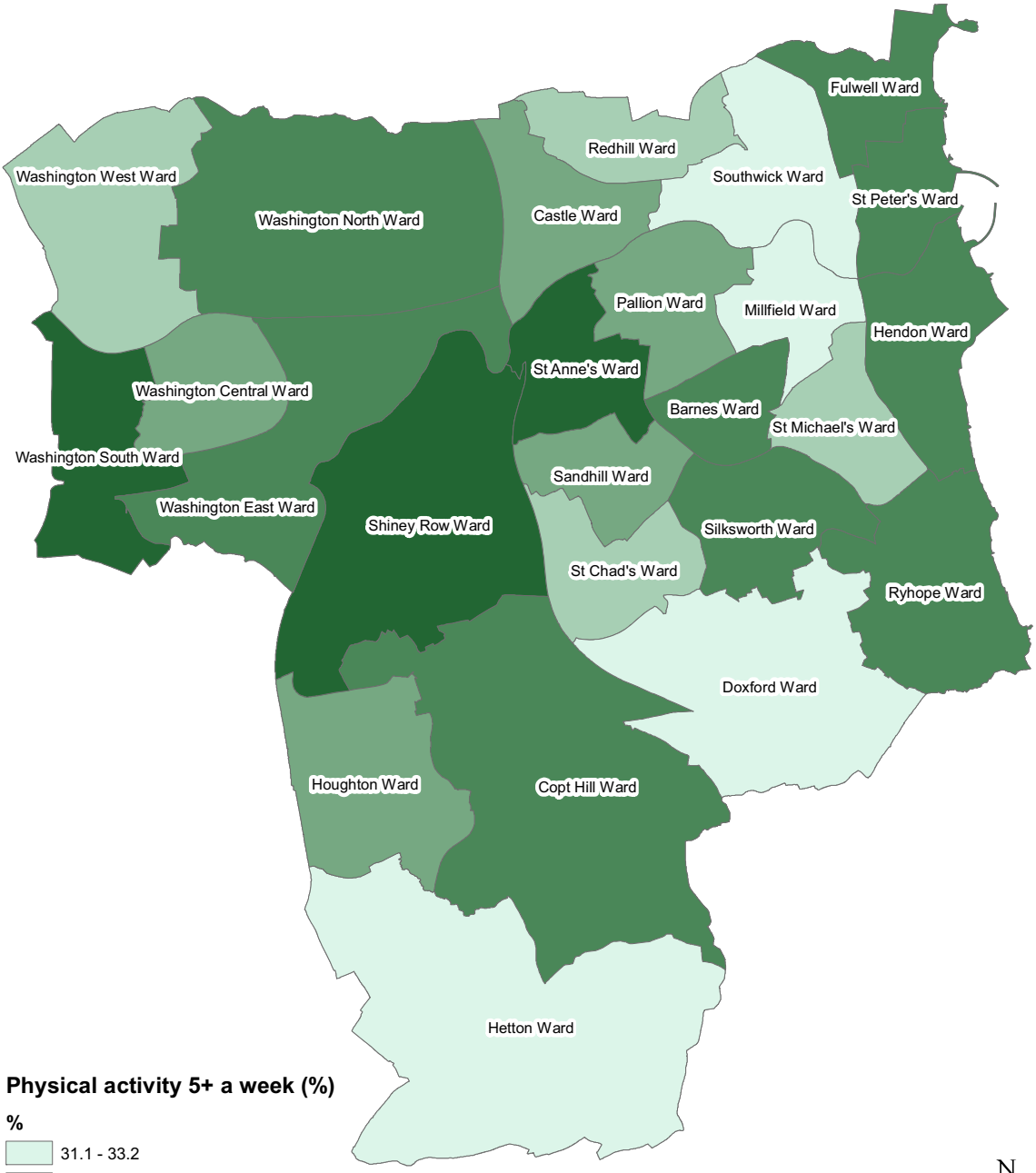
In spite of Equality Impact Assessments having been undertaken by public bodies for many years, it is clear that people with a physical or learning disability are still systematically disadvantaged in achieving behaviours that will improve their health. The knowledge and experience of people in these groups should be used to identify key barriers and enablers in order to improve healthy behaviours.

The Public Health team, supported by Healthwatch, should engage with local people and organisations to identify local needs and the assets that can improve health.

This report has drawn from a large engagement exercise undertaken during 2013/14. This should be refreshed and sustained to inform future approaches.

APPENDIX 1

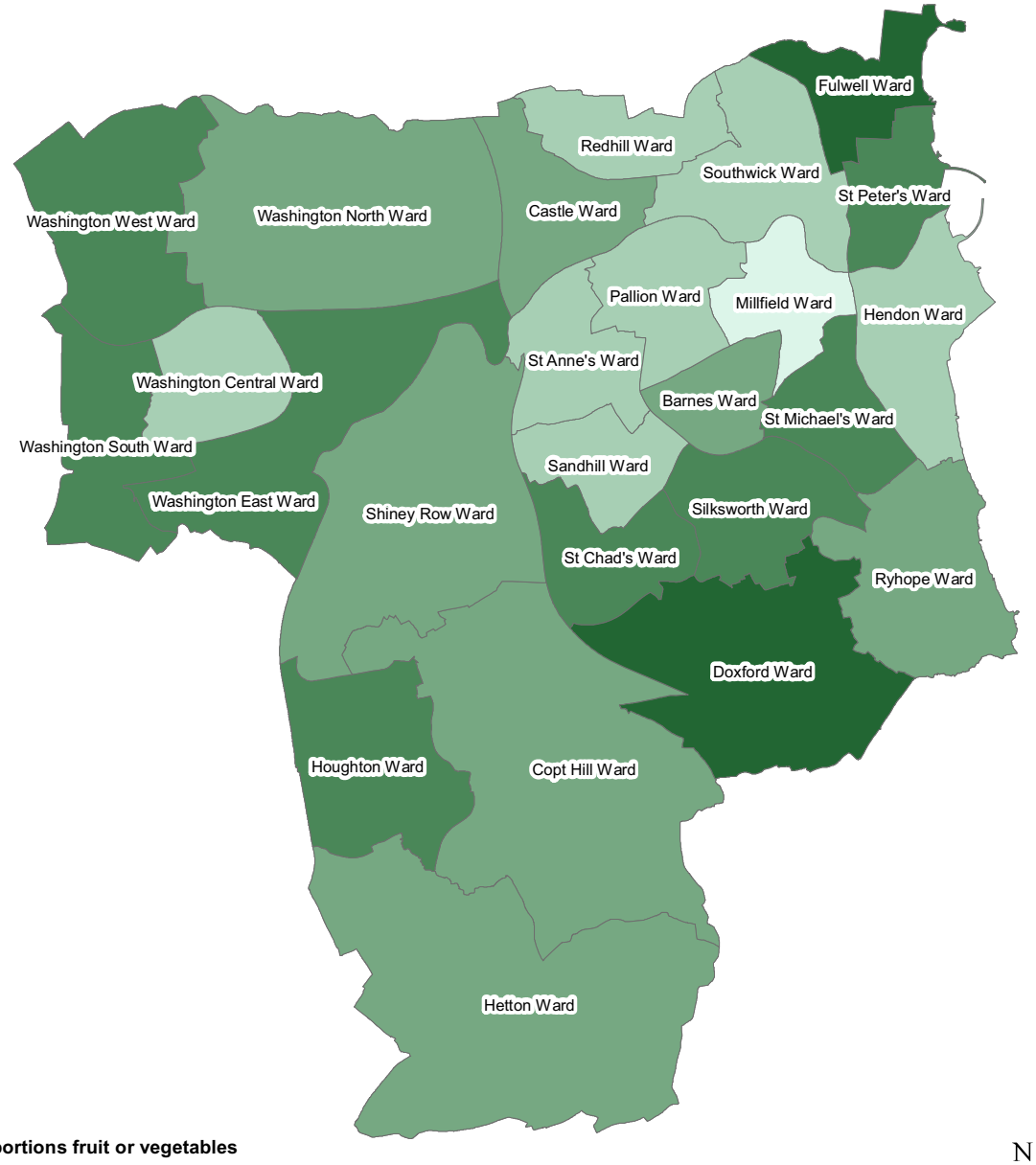
Prevalence (%) of those doing recommended levels of physical activity for Sunderland Wards



Source: Sunderland Adult Health and Lifestyle Survey 2017

APPENDIX 2

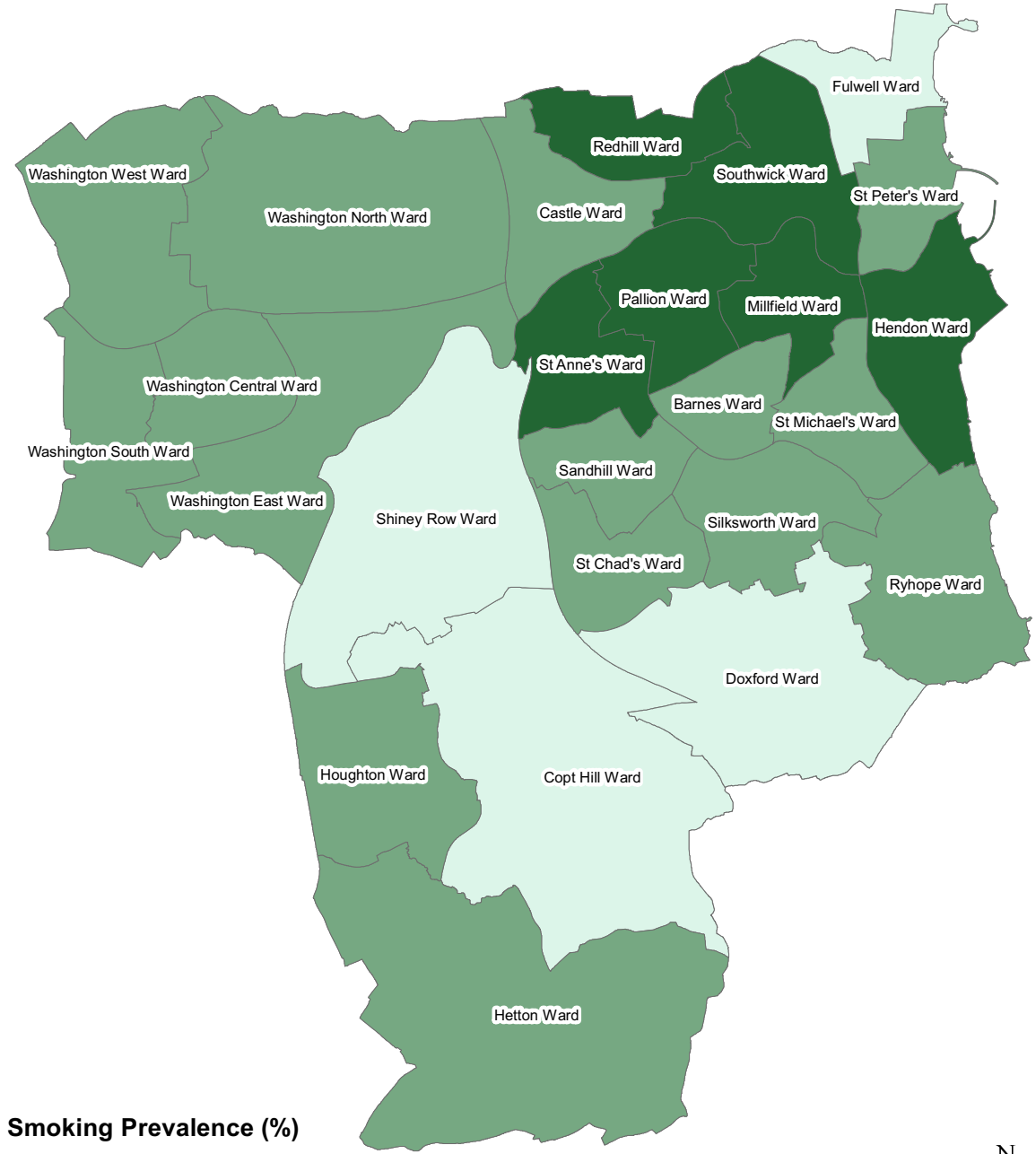
Prevalence (%) of those eating 5+ portions of fruit or vegetables a day



Source: Sunderland Adult Health and Lifestyle Survey 2017

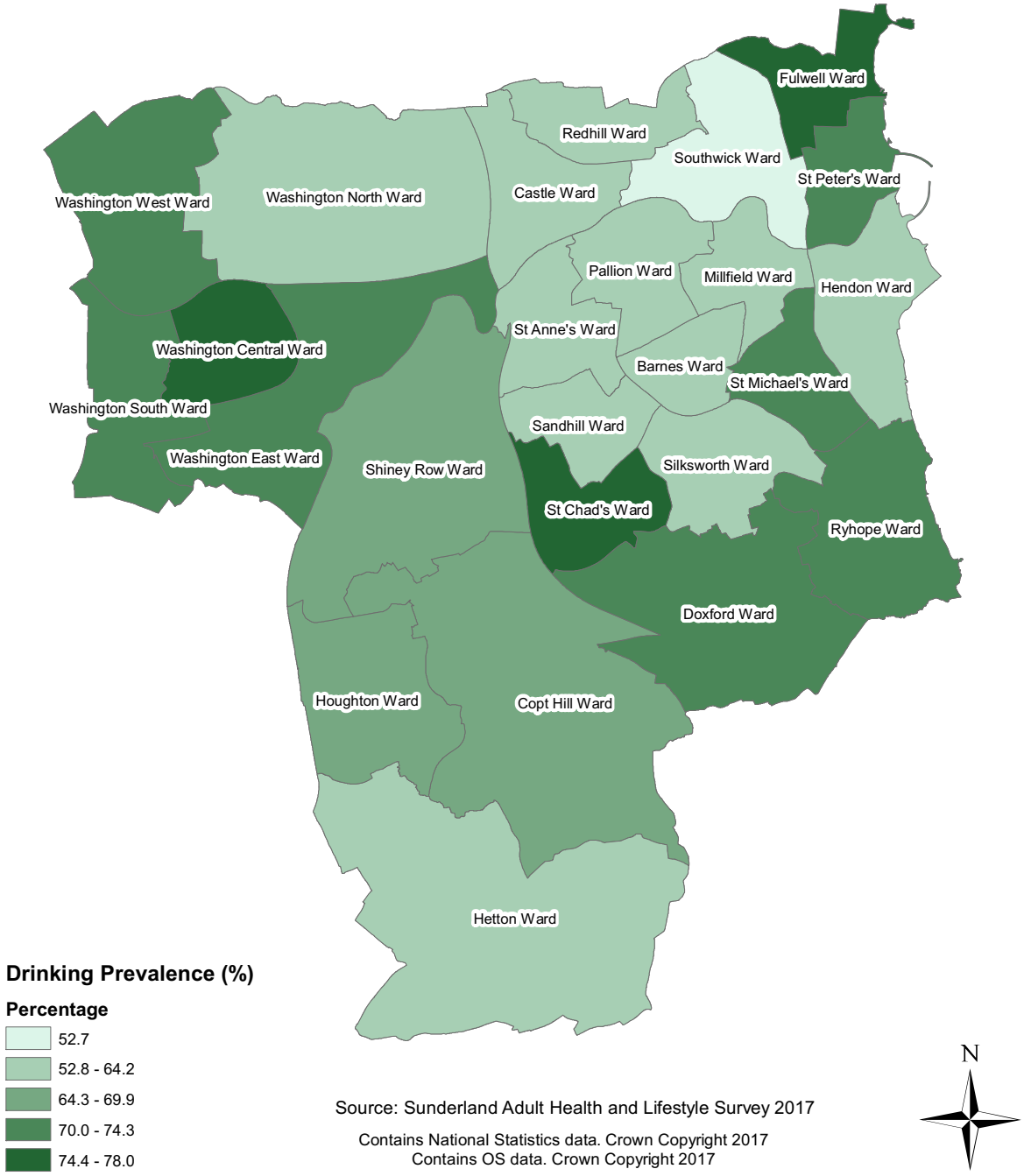
APPENDIX 3

Smoking Prevalence (%) by Ward



APPENDIX 4

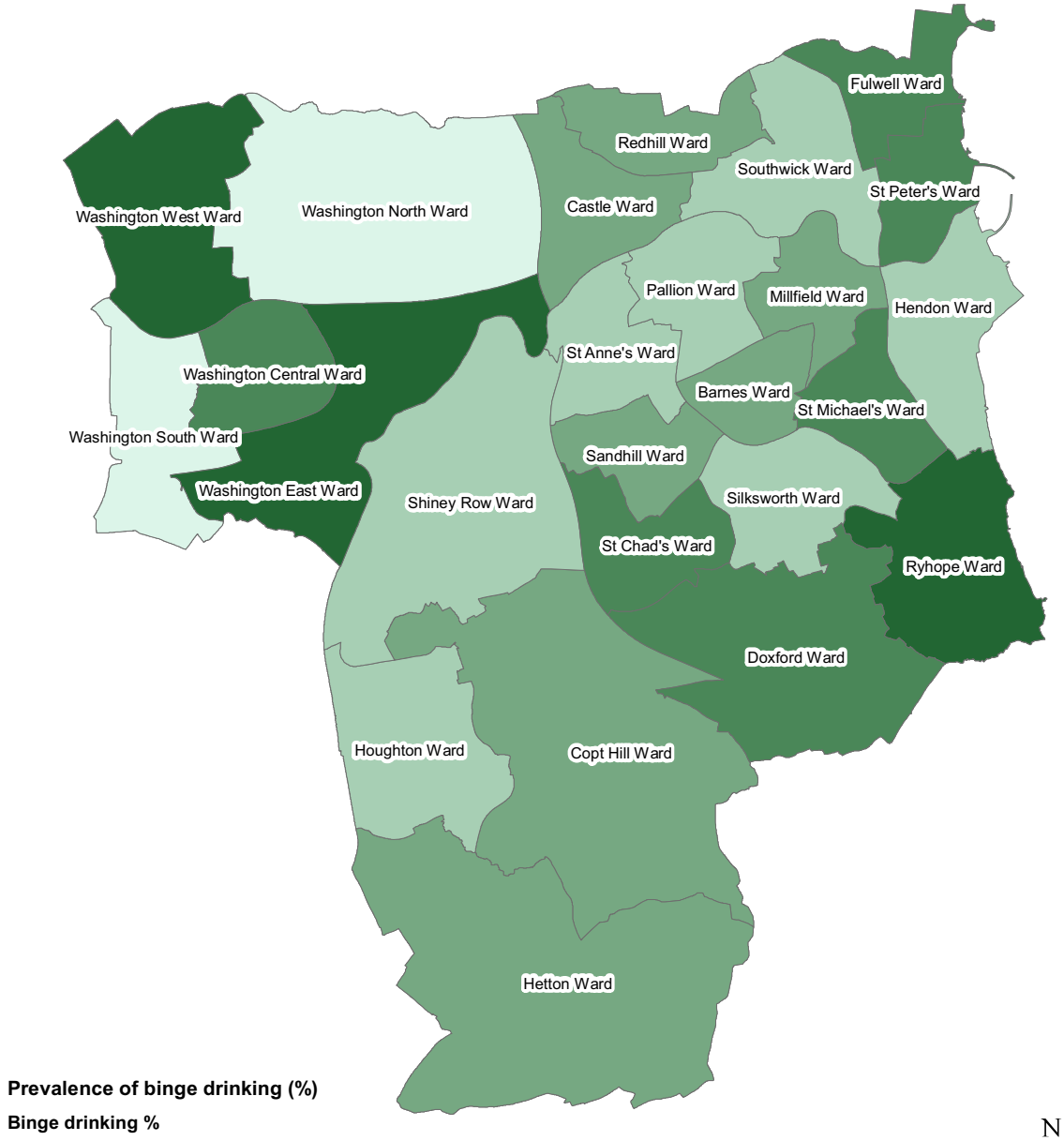
Drinking Prevalence (%) in Sunderland Wards



Source: Sunderland Adult Health and Lifestyle Survey 2017

APPENDIX 5

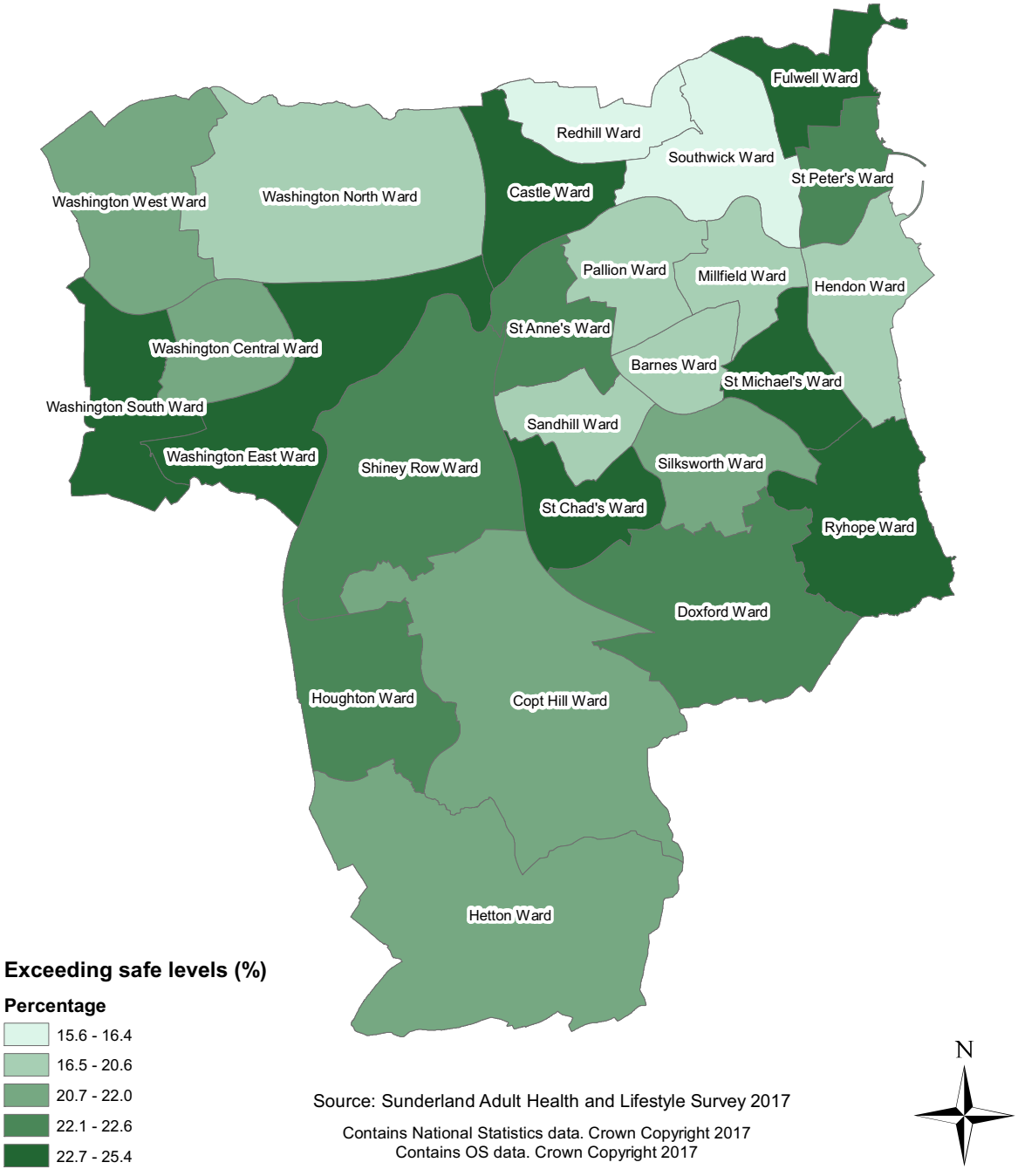
Prevalence (%) of binge drinking in Sunderland Wards



Source: Sunderland Adult Health and Lifestyle Survey 2017

APPENDIX 6

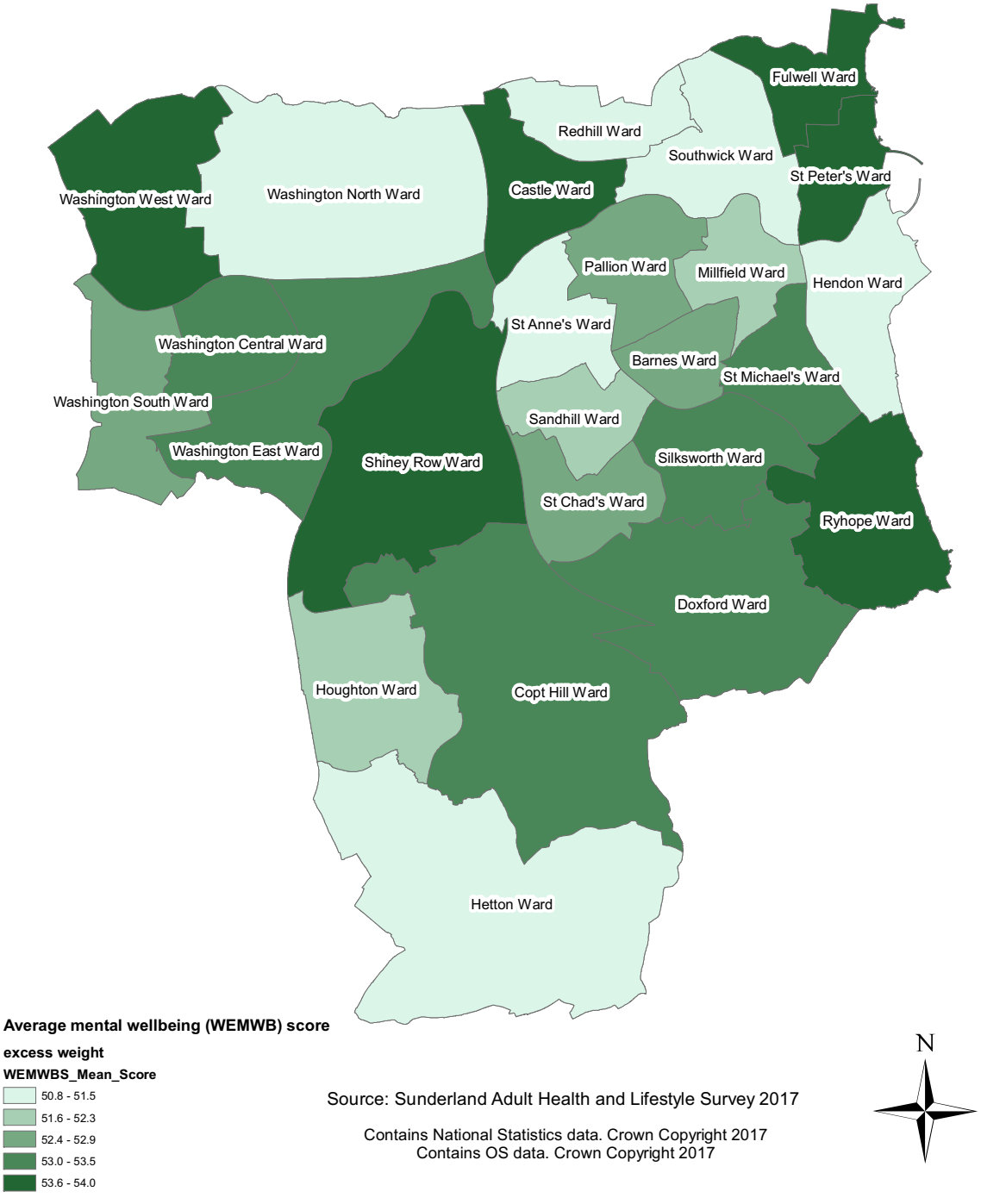
Prevalence (%) of those exceeding safe levels of drinking in Sunderland Wards



Source: Sunderland Adult Health and Lifestyle Survey 2017

APPENDIX 7

Average mental wellbeing (WEMWB) score for Sunderland wards



Source: Sunderland Adult Health and Lifestyle Survey 2017

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