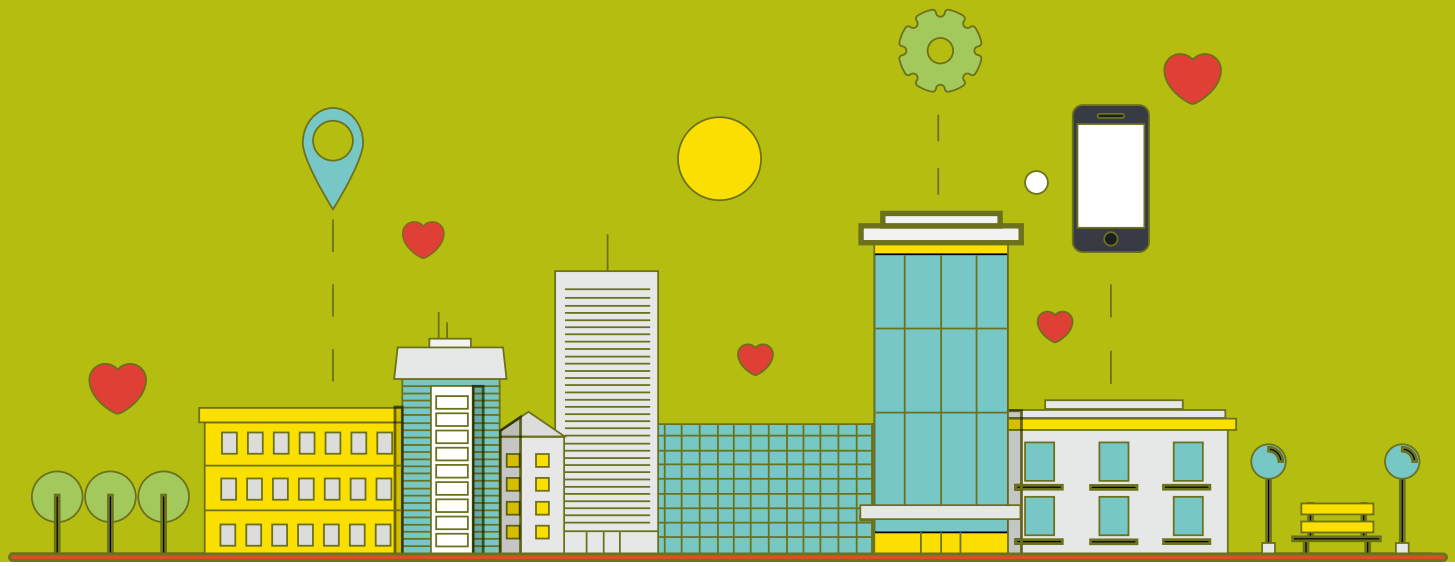
Sunderland City Council

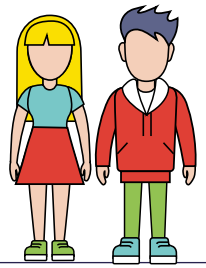
Sunderland Healthy City Implementation Plan

2020 – 2030

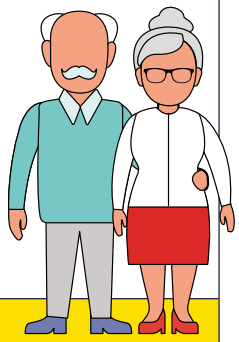
(Published – March 2021. To be reviewed as the full impact of the Covid-19 pandemic is further understood)



OUR PLAN

Our vision: Everyone in Sunderland will have healthy, happy lives, with no one left behind		
Starting Well Laying the foundations for a healthy life from pre-conception to young adulthood	**Living Well** Ensuring people have the opportunity to live a healthy life	**Ageing Well** Ensuring people have the opportunity to live a healthy old age
Our priorities		
• Give every child the best start in life • Enable all children, young people and families to maximise their capabilities and have control over their lives	• Create fair employment and good work for all • Ensure a healthy standard of living for all • Create and develop healthy and sustainable places and communities • Strengthen the role and impact of prevention	• Strengthen the role and impact of prevention for older people
We will have		
• High quality services for all children and families, with targeted additional support to proportionately meet different families' needs • Reduced inequalities from birth, through to reduced inequalities in school readiness and educational attainment • All young people with the knowledge and tools to make healthy choices 	• Increased fairness, with reduced health inequalities across the life course through a relentless focus on the causes of the causes of poor health • Tackled barriers to good health and wellbeing and reduced the scale and impact of alcohol harms, tobacco and unhealthy weight throughout the life course • More employers supporting employee health and wellbeing, including more real living wage employers • More vulnerable people entering and sustaining employment	• Tackled barriers to good health and wellbeing for older people and reduced the scale and impact of preventable disease, injury and dependence • Overcome recruitment challenges in the health and social care sector • Age friendly communities and age friendly services 

Starting Well Laying the foundations for a healthy life from pre-conception to young adulthood	Living Well Ensuring people have the opportunity to live a healthy life	Ageing Well Ensuring people have the opportunity to live a healthy old age
Key outcome measures will include		
↓ smoking at the time of delivery ↑ breastfeeding continuation ↓ school readiness gap, between children eligible for free school meals (FSM) and non-FSM ↓ childhood obesity rates ↑ young peoples' emotional health and wellbeing ↓ teenage pregnancy ↓ young smokers ↓ hospital admissions for alcohol specific conditions ↑ young people progressing into sustainable education, employment or training	↑ healthy life expectancy ↓ children aged under 16 in low income families ↓ households that experience fuel poverty ↓ the inequality gap narrowed, specifically for tobacco, obesity, physical activity, unhealthy nutrition and alcohol harms ↑ people aged 16-64 in employment ↓ employment gap between the population and for people with long term health conditions, those accessing secondary mental health services or have a learning disability	↓ rates of social isolation ↑ emotional health and wellbeing across the life course ↓ emergency hospital admissions due to falls ↓ mortality rate from causes considered preventable



Our shared values and behaviours

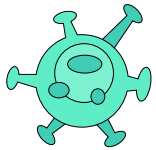
- **Focusing on prevention** – helping people to stay healthy, happy and independent
- **Tackling health inequalities** – challenging and taking action to address inequalities and the social determinants of health
- **Equity** – ensure fair access to services dependent on need
- **Building on community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

INTRODUCTION

This implementation plan supports the delivery of our Healthy City Plan and our Covid-19 Health Inequalities Strategy. The implementation plan will remain a live plan and will continually develop to take into account emerging needs, challenges and system changes.

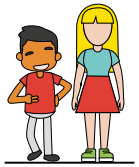
Key influences in the refresh of this implementation plan will include clarity on the full impact and pressures of Covid-19, an increased focus on health equalities as we further develop our insights and forge stronger relationships with our communities, as well as organisational changes within the NHS and integrating commissioning between the NHS and council.

In delivering the ambitions set out in the Healthy City Plan and Covid-19 Health Inequalities Strategy, we present nine workstreams within this implementation plan:



Covid-19 health inequalities

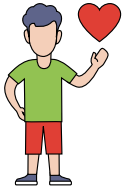
Best start in life



Young people aged 11-19

Smoke free Sunderland

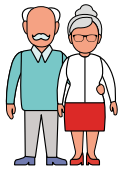
Addressing alcohol harms



Healthy weight

Healthy economy

Mental health and wellbeing



Ageing well

Some of the workstreams focus on healthy lifestyles (smoking, alcohol and healthy weight), whilst others are considered fundamental to achieving good health (addressing Covid-19 health inequalities, mental health and wellbeing, best start in life, young people 11-19 and ageing well). Healthy Economy supports employers' role in improving employee health and seeks to address challenges associated with the health of those seeking work, as well as recruitment challenges in the health and social care sector.

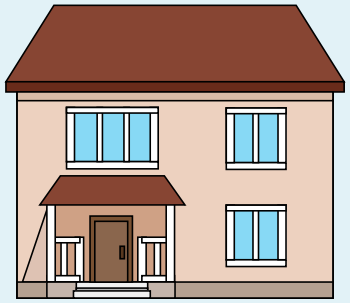
Our Covid-19 health inequalities workstream is Sunderland's response to addressing the health inequalities amplified during the pandemic. Other workstreams have been established because our Joint Strategic Needs Assessment identifies that these are all key issues for the city, for example:

- Our breastfeeding rate is amongst the lowest in the country, while smoking at the time of delivery is amongst the highest
- Teenage pregnancies are significantly higher in Sunderland than in other areas
- Premature death in Sunderland as a result of smoking and alcohol harms is amongst the highest in the country
- Excess weight, obesity and inactivity greatly affects some of our poorest communities

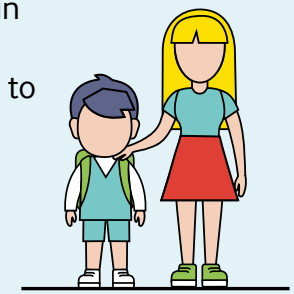
For each workstream we set out why the area of focus is important, key areas for improvement and some key activity to demonstrate what will be different. All the data is the most recent data at the time of publication.

COVID-19 HEALTH INEQUALITIES

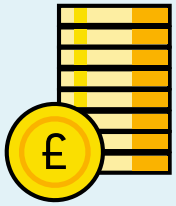
21%
households living in low-income, compared to **14.6% nationally.**



23.6% children in low-income families (under 16s), compared to **17.0% nationally.**



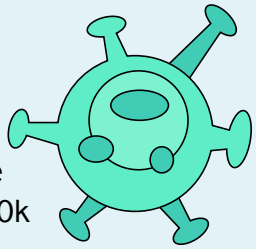
82.4
admission episodes for alcohol specific conditions per 100k under 18 year olds, compared to **31.6 nationally.**



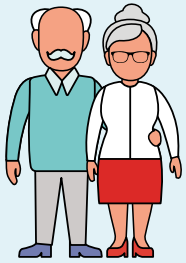
7.7%
of working age population claiming out of work benefits, compared to **1.9% nationally.**

71.2
hospital admissions for violence (including sexual violence) per 100k population, compared to **45.8 nationally.**

27.9
deaths from a preventable respiratory disease per 100k population, compared to **19.2 nationally.**



574
admissions to residential/ nursing care homes per 100k population aged 65+, compared to **580 nationally.**



24.7%
older people in deprivation, compared to **16.2% nationally.**

Why is this important?

Tackling health inequalities requires system wide collaboration and actions to address the underlying root causes which impact on ill health. Strengthening integrated partnership working with local government, NHS and the voluntary and community sector is a key component of making an impact at population level as demonstrated in the Public Health England document, 'Reducing health inequalities: system, scale and sustainability' (2017).

As highlighted by 'Health Equity in England: The Marmot review 10 years on' report, health is affected by the environment and community in which we live. Some of the key messages from the report include:

- Life expectancy follows the social gradient
- Place matters (essentially the place where you live) – the more deprived the area the shorter the life expectancy
- Living in a deprived area of the North East is worse for your health than living in a similarly deprived area of London, to the extent that life expectancy is nearly five years less
- Improvements in life expectancy have stalled for the first time in over 100 years, and actually declined for the poorest 10% of women

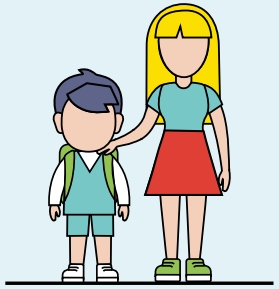
These inequalities have been further exacerbated by the Covid-19 pandemic. The Covid-19 Health Inequalities Strategy sets out Sunderland's response to Covid-19 and its eight priorities frame the key areas for improvement.

Key areas for improvement	What will be different?
Maximise the use of data, intelligence and evidence to systematically understand the impact and consequences of Covid19 on health inequalities.	• The approach to JSNA will be reviewed and as a result: maximises co-production, uses innovative ways to understand local need, creates a more user friendly JSNA that is effectively communicated and crucially, informs activity that brings about change in people's lives. • The development of locality profiles will increase understanding of neighbourhood health inequalities and inform local transformation plans and local partner delivery. • There will be improved understanding of our most at risk communities enabling effective partnership improvement planning to meet local needs. • Further research into the ICS population health management findings will inform our understanding of why the four Sunderland priority wards have varying health outcomes. A range of asset-based interventions will be piloted and evaluated.

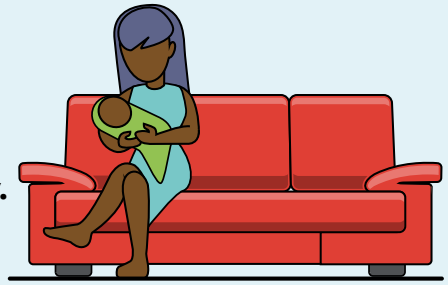
Key areas for improvement	What will be different?
To integrate health inequalities into a range of council and partners plans and services by systematically considering a Health in All Policies (HiAP) approach.	• Health inequalities will be embedded into the social values framework of commissioned services. • A HiAP and Health Impact Assessment training programme will be rolled out within the council and offered to partners to support health considerations being embedded into policy making.
To strengthen a place-based approach to improving the health of the most of the most disadvantaged communities.	• Behavioural insights research will improve partners understanding of the high-risk vulnerable groups identified in the Covid 19 inequalities evidence base. • There will be a food partnership approach to reducing food poverty. • There will be increased access and support to benefits advice for our most disadvantaged communities.
To build on community assets to support good health and independence, recognising individual and community strengths that can be built upon.	• There will be an expanded and sustained programmes of Covid Champions, Community Champions and Health Champions enabling a focus on neighbourhoods and communities in greatest need. • Voluntary and community sector organisations will be supported to deliver preventative interventions which contribute to improved health outcomes and self-management. • Sunderland anchor organisations will be supported to adopt a Healthy Settings Approach.

BEST START IN LIFE

62.6%
of children eligible for free school meals achieved a good level of development at the end of Reception, 12 percentage points behind those not eligible. **Nationally the gap is 17 percentage points.**



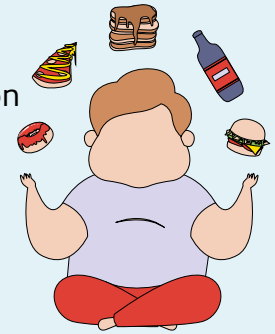
25.7%
of babies are breastfed at 6-8 weeks, compared to **44% nationally.**



18.3%
of women smoke at the time of delivery, compared to **10.4% nationally.**

97.6%
of 2 year olds received the MMR vaccination, compared to **90.6% nationally.**

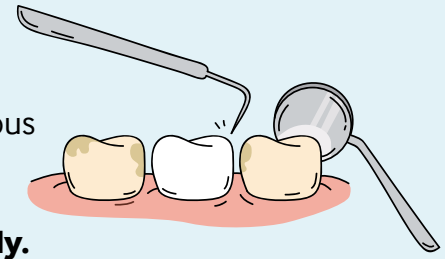
22.1%
of children in Reception are overweight, compared to **23% nationally.**



29
per 1,000 women under the age of 18 become pregnant, compared to **16.7 nationally.**

203.1
per 10,000 0-4 year olds are admitted to hospital due to injury, compared to **117 nationally.**

32.5%
of five year olds experience obvious dental decay, compared to **23.4% nationally.**



Why is this important?

There are still many children who start school who are unable to make the most of their years at school and as a consequence are more likely to be unemployed, low paid, experience adverse experiences and have worse health. This cycle of disadvantage is largely linked to financial poverty, while during pregnancy and the first two years of life, the mother and child will have increased risks of health problems from smoking, alcohol, poor diet and nutrition.

This has a lasting impact on the health, wellbeing and attainment of a child. Childhood poverty is increasingly a problem for families who are in low paid work and these families are least resistant to a fall in income or a rise in living costs, even by a small margin. Given the economic impact of Covid-19 on low income families, it has become more important to give children the best start in life to ensure they are more likely to be happy, secure, healthy and experience positive outcomes in later life. We know that for those who start from a position of disadvantage compared to their peers, the inequality gaps widen throughout their lives. We need to make sure that prevention and health improvement are recognised as being essential to giving every child the best start in life.

Key areas for improvement	What will be different?
Smoking at time of delivery (SATOD) Smoking during pregnancy increases the risk of health problems for developing babies, including preterm birth, low birth weight and a number of birth defects. Smoking during and after pregnancy also increases the risk of sudden infant death syndrome. In Sunderland 18% of pregnant women smoke at the time they give birth compared to 10% nationally, and there are significant differences in areas of deprivation within the city where rates are considerably higher.	• All pregnant women who smoke will be offered specialist stop smoking support to overcome their addiction to nicotine (opt-out referral process), both during and after the birth of their child. • A Smoke-free pregnancy app will be in place, promoted by maternity services and stop smoking services. It will be targeted at those women and their partners who smoke and either opt out of referral at booking or who do not engage with stop smoking services following referral. • The regional Local Maternity Systems Tobacco Dependency Pathway will be embedded in local practice.

BEST START IN LIFE

Key areas for improvement	What will be different?
Breastfeeding continuation Breastfeeding has many benefits for both mother and baby. Breastfeeding contains immunity-boosting antibodies that reduces the risk of babies developing allergies, eczema, digestive conditions, viruses and infections and can help prevent obesity later in life. It also promotes positive attachment. In Sunderland, just over a quarter of babies are breastfed at 6-8 weeks compared to almost half nationally.	• Key agencies will achieve UNICEF Baby Friendly accreditation, with Maternity Services and Health Visiting Services reaching level 2 as a minimum. • A regional infant feeding touchpoint pathway will be implemented. • Findings and recommendations from the city's Infant Feeding research project regarding the barriers to breastfeeding for women in Sunderland, will be used to enhance support services and promote the benefits of breastfeeding. • Behavioural insights work will be undertaken with a focus on increasing breastfeeding rates through the use of digital support.

Key areas for improvement	What will be different?
Narrowing the school readiness gap between children eligible for Free School Meals (FSM) and those not eligible for FSM. One of the key inequalities that children and young people face is in education. It is well known that children from low income backgrounds tend to do less well than their more affluent peers. It is important therefore to address this issue. Sunderland continues to perform well with 72.6% of children achieving a Good Level of Development (GLD) at the end of Reception, currently above the England average of 71.8%. Around two-thirds of children eligible for free school meals achieved GLD compared to three-quarters of non-free school meals children. This is significantly higher than the national rate of 56.5% and the achievement gap in the city has reduced to just 12 percentage points. Nevertheless, there are significant inequalities in some areas of the city where the achievement gap is significantly higher than the average gap for the city.	• An effective integrated developmental review process at 2 years old will be established by Health Visitors and Early Years settings. • There will be increased take-up of early education places for disadvantaged two-year olds

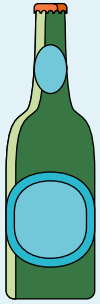
YOUNG PEOPLE AGED 11-19

29
per 1,000 women under the age of 18 become pregnant, compared to **16.7 nationally.**

1,791
per 100,000 15-24 year olds were newly diagnosed with Chlamydia, compared to **2,043 nationally.**

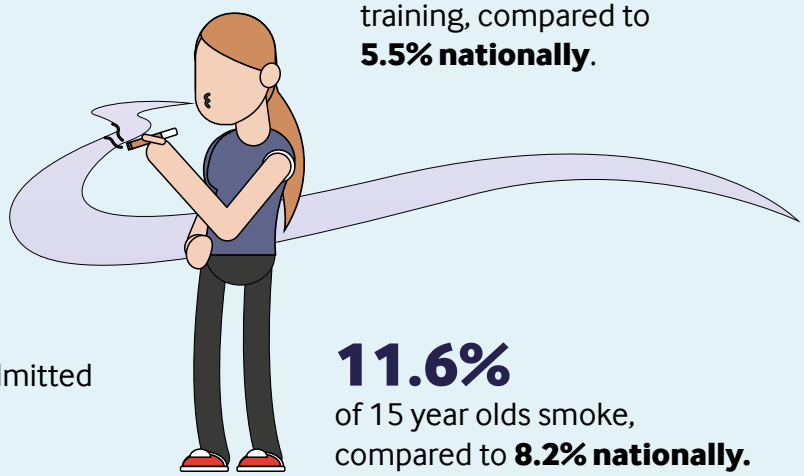
183.3
per 100,000 under 18s were admitted to hospital for mental health conditions, compared to **88.3 nationally.**

93.8%
of 12-13 year olds received the HPV vaccine, compared to **88% nationally.**



82.4%
per 100,000 under 18's were admitted to hospital for alcohol specific conditions, compared to **30.7 nationally.**

10.6%
of 16-17 year olds are not in education, employment or training, compared to **5.5% nationally**.



329.3
per 100k 10-14 year olds were admitted to hospital due to self-harm, compared to **226.3 nationally.**

100.4
per 100,000 15-24 year olds were admitted to hospital due to substance misuse, compared to **83.1 nationally.**

11.6%
of 15 year olds smoke, compared to **8.2% nationally.**

834.6
per 100,000 15-19 year olds were admitted to hospital due to self-harm, compared to **659.5 nationally.**

Why is this important?

As well as providing children with the best start in life, it is important to support young people to be healthy throughout their lives, providing them with the knowledge and the tools to be able to make healthy choices. We know that as young people approach their teenage years and throughout these years, many engage in risk taking behaviour such as smoking, drinking alcohol, using illegal substances and sexual activities. Almost all behavioural factors that impact on physical and mental health later in life are established before the age of 21. It is important to take a preventative approach in these areas to help young people make good choices now so that they can take these positive behaviours through to adulthood.

We are mindful of how Covid-19 will have disproportionately impacted our most disadvantaged young people, including their mental health and wellbeing, their education through lost learning, and the impact on family and personal finances through lost earnings. As we look to 'build back better', it is vital that young people are placed at the heart of our approach. We will set out a clear offer of support for all young people, and additional provision for when more support is needed.

Key areas for improvement	What will be different?
Sexual health including teenage pregnancy Teenage pregnancy does not always lead to poor outcomes, however it is strongly associated with factors such as disadvantage in educational attainment, unemployment and engagement in unhealthy behaviours such as smoking and alcohol misuse. Teenage pregnancy is significantly more common in Sunderland than in England as a whole. There has been a good reduction in Sunderland in the under 18 conception rate from 34.6 per 1000 of the population to 25.7. However, this is still significantly higher than the national rate of 17.8, and some areas within the city experience teenage pregnancy rates higher than the Sunderland average. Sunderland has twice as many teenage mothers as the England average.	• A dedicated Relationships and Sex Education post will be established to work with schools. They will embed consistent,, evidence-based relationships and sex education. • The sexual health offer will be enhanced to include pregnancy options advice and direct access to a Young People's Contraception Nurse. • Outreach and educational services will be delivered to boys and young men aged 11-18 through one-to-one and group-based sessions. These will promote healthy relationships and an understanding of acceptable behaviours and attitudes associated with relationships and sexual health. • The teenage pregnancy pathway will be reviewed and promoted to ensure early identification and intervention of teenage conceptions. • More schools will sign up to and achieve the Relationship and Sex Education Charter Mark, as part of the Sunderland Healthy Schools Award.

YOUNG PEOPLE AGED 11-19

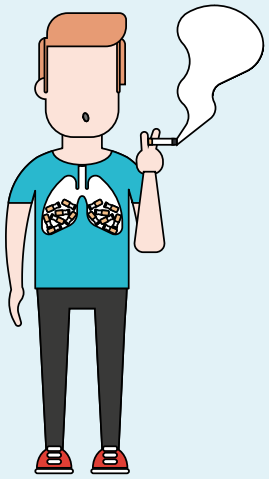
Key areas for improvement	What will be different?

Emotional health and wellbeing
 	
The emotional health and wellbeing of children is a leading priority when trying to improve self-efficacy and the health of our local population, reduce health inequalities, and reduce demand now and in the future for health and social care services.
 	
There are some significant challenges in Sunderland, not least that our inpatient admission rates for mental health disorders for young people are significantly higher than regional and national averages, and the access rate for treatment falls short of national expectations. Average waiting times for children and young people with significant mental health concerns to access a service, is more than double that of the South of Tyne area.
	• A Child and Adolescent Mental Health Services (CAMHS) Joint Strategic Needs Assessment will be produced to assess current and future needs and inform future commissioning.
	• A new children and young people's mental health service model will be implemented, based on the i-THRIVE needs led framework, which includes:
	  • Thriving - prevention and mental health promotion
	  • Getting advice - advice and signposting
	  • Getting help - focused goal-based input
	  • Getting more help - more extensive and specialised goal-based help
	  • Getting risk support – where children and young people have not benefitted from or are unable to use help, but are still in contact with services
	• A CAMHS Trailblazer project will be implemented from November 2021. A mental health support team will deliver the project to 8,000 children (or 20 schools) to improve mental health and wellbeing for children, young people and their families. The impact of this is expected to be a reduction in referrals for high-need mental health services.
	• More schools will sign up to and achieve the Mental Health Charter Mark and the Anti-Bullying Charter Mark, as part of the Sunderland Healthy Schools Award.
	• Professionals working with children and young people will have access to a wider range of emotional health and wellbeing training and resources to support the integration of emotional health and wellbeing into day to day practice.
	• Children, young people and their families will have improved access to information, advice and support services.

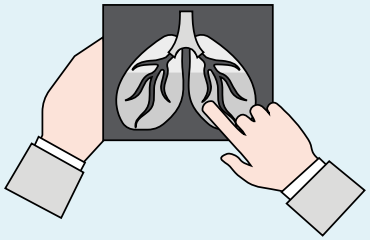
Key areas for improvement	What will be different?
Drugs and alcohol Many young people will experiment with alcohol or drugs at some point during adolescence. Using drugs or alcohol can lead young people to taking risks or engaging in behaviour they wouldn't ordinarily consider. However, for some it becomes a problem that impacts negatively on their lives. It is important that young people develop healthy opinions and attitudes towards drugs and alcohol by understanding the harms they can cause. Young people in Sunderland are more likely to drink alcohol than most other parts of the country. They perceive alcohol as a normal part of their lives. Such normalisation reduces young peoples' resilience to alcohol and evidence shows they can suffer the associated harms of alcohol misuse from any early age.	• Young person specific Drug and Alcohol training will be developed and delivered to frontline practitioners working with young people to ensure early identification of young people at risk of drug and alcohol misuse, and provide interventions at the appropriate level. • A model of implied consent will be adopted so that all young people attending A&E for drug and alcohol related conditions will be referred directly into treatment to support their recovery journey and prevent repeat admissions. • Work will be undertaken with Balance and young people to lobby alcohol companies to change their branding. • Explore ways to reduce accessibility of alcohol and proxy purchasing. • As part of the broader Alcohol-Free Childhood agenda, all schools will be encouraged to sign up to an alcohol-free school pledge, which will support a standardised approach to school-based alcohol policies.

NB Information relating to smoking prevalence in young people is presented in the section on Smoke Free Sunderland; information relating to healthy weight for children and young people is presented in Healthy Weight.

SMOKE FREE SUNDERLAND



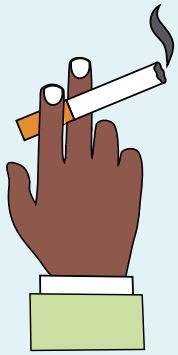
16%
of people aged 18+ smoke, compared to **13.9% nationally.**

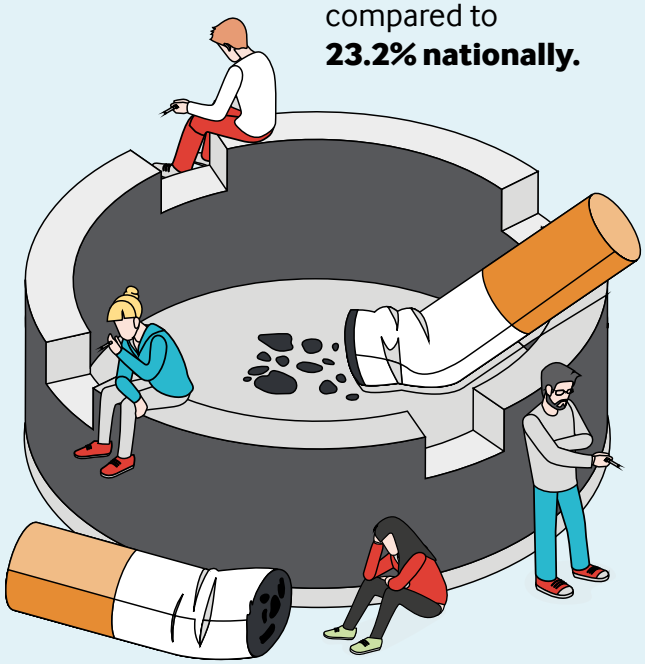


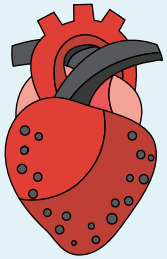
27.9
per 100k under 75s die from preventable respiratory disease, compared to **19.2 nationally.**

25.7%
of 18-64 year olds in routine and manual occupations smoke, compared to **23.2% nationally.**

45.65%
of adults with serious mental illness smoke, compared to **40.5% nationally.**







54.9
per 100k under 75s die from preventable cardio-vascular disease, compared to **45.3 nationally.**

18.3%
of women smoke at the time of delivery, compared to **10.4% nationally.**

3036
per 100k hospital admissions can be attributed to smoking, compared to **1612 nationally.**

371.8
per 100k deaths can be attributed to smoking, compared to **250.2 nationally.**

Why is this important?

We are signed up to the ambition to reduce local smoking prevalence to 5% by 2025. This is a challenging target for the city, and one that we are committed to. Smoking remains the greatest contributor to premature death and disease across Sunderland. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. There are high numbers of people in the city with Cardiovascular and Respiratory Diseases considered preventable, in which smoking is strongly linked as the cause. Lung cancer registrations are also very high.

We know that in Sunderland there are a number of key groups that are more likely to smoke than others. These are young people; people from LGBT communities; those affected by substance misuse; those with long term conditions; BME groups; routine and manual workers; those with poor mental health; and people with complex needs.

Key areas for improvement	What will be different?
Adult smoking prevalence rate Considerable progress has been made over the last seven years with smoking prevalence dropping from a high of 24.6% to 16%. Nevertheless, smoking continues to be the greatest contributor to premature death in the city and there is still much to do to ensure we reach the target of 5% prevalence by 2025.	• All city anchor institutions will be smoke free by 2025. • A multi-channel local media campaign focusing on quitting will be delivered; this will enhance and amplify the regional and national work. • We will work with the NHS, including secondary care, to implement a smoke free NHS, supporting patients and staff to become smoke free. • The Health and Wellbeing Board will sign up to a "Roadmap to a smoke free 2030." • A 'Smoke-free Families' programme will be developed.

SMOKE FREE SUNDERLAND

Key areas for improvement	What will be different?
Smoking prevalence among routine and manual workers Smoking prevalence in routine and manual occupations age 18-64 is 25.7% in Sunderland compared to 23.3% nationally. There was a 2.8% points reduction in 2019.	• More employers will sign up to the Better Health at Work Award to support their staff to stop smoking. • Specialist Stop Smoking Service will work with local businesses to develop an evidence based model to deliver a local stop smoking service in workplaces. • Residents in high prevalence localities across Sunderland will be presented with more opportunities to stop smoking.
Smoking prevalence among young people The latest WAY Survey showed that young people aged 15 are more likely to smoke in Sunderland than nationally. 11.6% of the age 15 population currently smoke, compared to 8.2% nationally; and 8.9% of 15 year olds are regular smokers compared to 5.5% nationally.	• There will be increased awareness of smoking harms amongst children and young people through greater access to advice and information. • There will be increased provision of Stop Smoking Services within youth organisations and schools. • Work with retailers will be undertaken to stop illicit sales and supplies of cigarettes, including work local retailers to stop the sale of cigarettes to children and young people.

ADDRESSING ALCOHOL HARMS

3197
people per 100k population are admitted to hospital with broad alcohol related conditions, compared to **2,367 nationally.**

14.7%
of adults abstain from drinking compared to **15.5% nationally.**

28.9%
of adults drink more than 14 units per week compared to **25.7% nationally.**

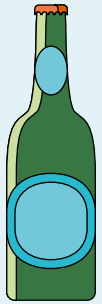
1078
people per 100k population are admitted to hospital for alcohol specific conditions, compared to **644 nationally.**

18.6
people per 100k population die from alcohol related reasons, compared to **10.9 nationally.**

22
people per 100k population died from chronic liver disease compared to **12 nationally.**

2.08%
of the adult population (11th highest in the country) are dependent drinkers compared to **1.39% nationally.**

One in 20
adults regularly drink more than 35 units of alcohol per week.



82.4
per 100k under 18s (3rd highest in the country) are admitted to hospital for alcohol specific conditions, compared to **30.7 nationally.**

Why is this important?

The harms caused by alcohol are another key driver of health inequality in the city and place a significant burden across our whole system, costing every resident around £403 per year. Addressing alcohol harms requires the commitment and contributions from all agencies across the city to work together to have a positive impact on outcomes.

The prevalence of drinking alcohol in Sunderland has decreased over a number of years and is now lower than the national average. However, more adults in Sunderland who do drink exceed the recommended 14 units of alcohol a week and more adults fall into the higher risk category.

The CLeaR Alcohol self-assessment has informed our key areas for improvement and a detailed plan of action for the Sunderland Alcohol Partnership.

Key areas for improvement	What will be different?
Reducing alcohol harms Sunderland residents experience significant health problems because of alcohol. The city has some of the highest rates in England for alcohol-related hospital admissions, premature deaths and ill health caused by alcohol. The impact of harmful drinking and alcohol dependence is greater for those in the lowest income bracket and experiencing the highest levels of deprivation. In more deprived areas of Sunderland there are also higher standardised rates of alcohol related hospital admissions. Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems.	• The Tier Two Alcohol Service will be implemented as part of the new adult Substance Misuse Service. • Integrated care pathways for alcohol users will be developed between community and secondary care services as part of the new alcohol care team developments. • The Sunderland Statement of Licencing Policy will follow the evidence base set out in Public Health England's Alcohol Evidence Review. • A Responsible Retailers scheme will be introduced whereby retailers are committed to do everything they can to prevent age restricted products reaching children. • More people will be aware of alcohol related harms and will be enabled to make informed choices about their alcohol consumption.

ADDRESSING ALCOHOL HARMS

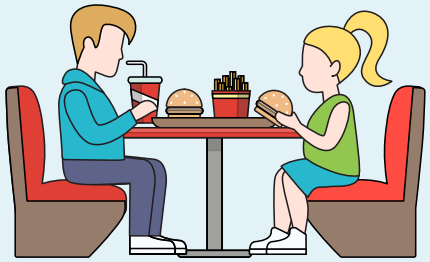
Key areas for improvement	What will be different?
Reducing alcohol related violent crimes Crime and disorder linked to alcohol costs Sunderland an estimated £34m per annum. There were 3460 alcohol related crimes recorded in 2018, with assault and common assault being the highest.	• All elements of alcohol related offending will be addressed through a wide range of intelligence-led enforcement activity. • There will be increased provision of early intervention and treatment services for those involved in crime, disorder or antisocial behaviour. • Everyone in Sunderland involved in crime, disorder or antisocial behaviour will be able to access early interventions and treatment.
Reducing alcohol harms in under 18-year olds	The detail around this priority is presented in the section on Young People aged 11-19.

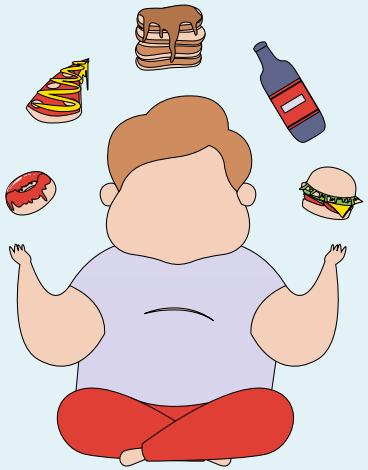
HEALTHY WEIGHT

22.1%
of children in Reception are overweight, compared to **23% nationally.**

36.9%
of children in Year 6 are overweight, compared to **35.2% nationally.**

66.0%
of adults are overweight (including obese) compared to **62.3% nationally.**





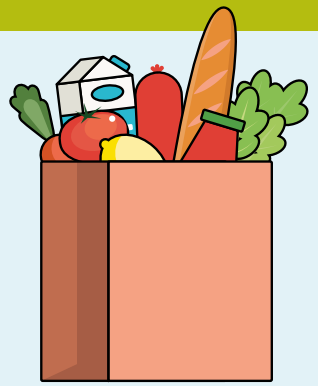
10.1%
of children in Reception are obese compared to **9.9% nationally.**

23.6%
of children in Year 6 are obese compared to **21% nationally.**

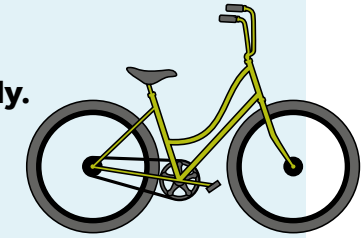
45.0%
children and young people are physically active compared to **46.8% nationally.**

59.5%
of adults are physically active in Sunderland compared to **67.2% nationally.**

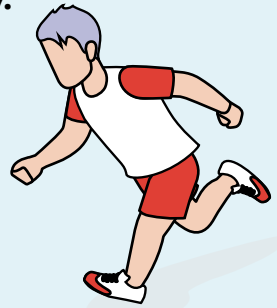
49.5%
of the adult population are eating the recommended 5-a-day on a usual day compared to **54.6% nationally.**



20.1%
of adults are walking for travel at least three days per week. compared to **22.7% nationally.**



0.8%
of adults are cycling for travel at least three days per week compared to **3.1% nationally.**



28.7%
of adults in Sunderland are physically inactive compared to **21.4% nationally.**

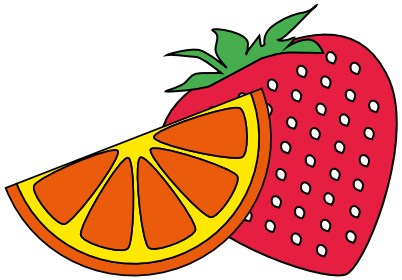
Why is this important?

Excess weight and obesity are significant and complex societal challenges, intrinsically linked to a balance between healthy food intake and regular physical activity. Taking this into account, a whole system approach to supporting good health and wellbeing, enabling positive choices to support maintaining a healthy weight and, accessing physical activity to reduce sedentary behaviour, are all key components in achieving a healthy weight and reducing health inequalities.

Access to healthy and unhealthy food choices has increased but with this there is evidence to suggest that people are over-consuming foods high in fat and sugar, which are now easily accessible. As a result we see an increase in both child and adult unhealthy weight, increasing the probability of developing a range of health related problems including Type 2 diabetes, coronary heart disease, some cancers and mobility problems.

Research shows it is three times more expensive to get the energy we need from healthy foods than unhealthy foods, therefore many low-income households struggle to access a healthy diet. The impacts of poverty on diet and food choices is significant. The environment in which live, work and play - such as food availability, school meals, high streets and access to green spaces - all impact on a healthy weight.

Being physically active also affects weight. Physical activity helps to burn off the energy provided by the food we eat. It is recommended that adults take 150 minutes of moderate-intensity activity per week, such as walking, cycling or other cardio-vascular activity, demonstrating the important role that leisure facilities, parks and green spaces play in supporting people to sustain a healthy weight.



HEALTHY WEIGHT

Key areas for improvement	What will be different?
Healthy weight for children and young people When children enter primary school in Sunderland the proportion that are overweight is similar to the proportion across England. However, by the time they leave primary school 23.6% are overweight compared to 21% nationally. So, as they grow up, inequalities are beginning to emerge. As well as the physical health risks mentioned above, being overweight can cause significant self-esteem issues. Similarly, having poor mental health can cause people to eat unhealthily and gain weight. We know that children who are overweight are more likely to be overweight as adults. We also know that children whose parents are overweight, are also likely to be overweight. It is therefore of the utmost importance to support children and families to be a healthy weight.	• There will be increased take up of Healthy Start Vitamins in Sunderland and an increased awareness of their benefits . • Change4Life Sunderland will deliver preventative services within communities and tailored lifestyle support for children, young people and families in areas of greatest need. • More schools will sign up to and achieve the Great Active Sunderland Schools Charter and the Food and Nutrition Charter Mark, as part of the Sunderland Healthy Schools Award.
Healthy weight for families and adults In Sunderland 66% of adults are overweight or obese, which is higher than the national average. Excess weight and obesity are significant contributors to ill health and so we need to prevent families becoming an unhealthy weight to avoid ill health	• Public Health campaigns will support people to manage their own healthy weight. • 'This mum moves' programme, which supports women to be active and have a healthy diet during and after pregnancy, will be promoted. • Those with long term conditions will be supported to sustain their health through participating in physical activity programmes. • Healthy weight interventions will be co-produced with our communities.

HEALTHY WEIGHT

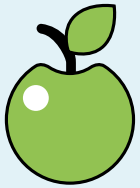
Key areas for improvement	What will be different?
Influence the environment to support a healthy weight We know that the environment in which we live influences food consumption and food choices.	• Develop the commitment to the Food Active Local Authority Declaration on Healthy Weight. This includes the delivery of a city-wide Healthy Weight Plan. • Consult with partners and prioritise five commitments from the Healthy Weight Declaration for 2020-22. • Implement the Hot Food Takeaway guidance in the local plan. • Implement the healthy weight recommendation in the health inequalities strategy by working with a wide range of partners. This includes improved access to healthy food for vulnerable groups. • Increased number of allotment plots and edible community gardens. • Increased opportunities for people to be more active.


activeSunderland
www.activesunderland.org.uk

HEALTHY ECONOMY

3.9%
of supported working age adults with learning disability are in paid employment, compared to **5.9% nationally.**

66.7%
gap in the employment rate between those with a learning disability and the overall employment rate, compared to **70.6% nationally.**



131 million
days are lost to sickness absence.

100+
organisations are members of the Sunderland Workplace Health Alliance.

15.3%
gap in employment between those with a long-term health condition and the overall employment rate compared to **10.6% nationally.**

61.2%
gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, compared to **67.2% nationally.**

10.6%
of 16-17 year olds are not in education, employment or training, compared to **5.5% nationally.**

Why is this important?

Good quality employment is a known factor of good health and wellbeing. Employment rates in England were historically high, having increased steadily since 2011 before the Covid-19 pandemic. in addition to considering the impact of the Covid-19 pandemic on employment, it is important to recognise that difficult working conditions, for example, zero-hour contracts, low paid work, under-employment and limited job security, can impact on health outcomes. Stressful work can be as damaging to health as being unemployed.

Work is underway to improve the city's economy, offering new and more secure employment opportunities. The Health and Wellbeing Board's focus on 'healthy economy' is to raise awareness in workplaces of the positive impacts that protecting the health and wellbeing of the workforce has on productivity and sickness levels. It will be more important than ever to use a city-wide, multi-agency approach to identify and map the problems where they are arising and to support resilience in our communities through a coherent programme of activity. This will have a crucial impact on employment, mental health and health behaviours through engagement, socialisation, self-esteem, reducing anxiety and resilience building.

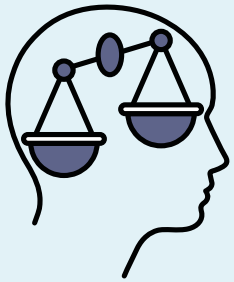
Key areas for improvement	What will be different?
Workplace Health: employers' role in improving employee's health In Sunderland 136,100 people (76.2% of the population) between 16 and 64 years are eligible to work, but economic inactivity due to short-term and long-term sickness rates are significantly worse in comparison to the regional and national averages. Raising the profile of health and wellbeing interventions in the workplace will result in business benefits, such as reduced sickness absence, improved staff morale, increased productivity and performance.	• More employers will be supported to have healthy workplaces through: a. The Better Health at Work Award (BHAWA), achieving Gold, Silver and Bronze awards b. The Sunderland Workplace Health Alliance and by implementing the Alliance Charter. • Members of the BHAWA and Alliance will be able to access key services and training opportunities to support healthy workplaces and employee health and wellbeing. • There will be an online Health Needs Assessment that identifies key issues for individual organisations, helping them to establish plans to improve employee health and wellbeing. • Businesses that are members of the BHAWA and Alliance will be encouraged to have a named workplace health champion and their own health advocates. Health advocate training and lead practice sharing sessions will be provided to help build capacity across these organisations.

HEALTHY ECONOMY

Key areas for improvement	What will be different?
Healthy labour-force: the health of those in work and seeking work Vulnerable people, such as those with learning disabilities and other disabilities, care leavers and people from disadvantaged backgrounds, can find it difficult to enter the world of work and sustain employment.	• There will be increased opportunities for vulnerable people to access work experience, internships and paid employment. This includes people with SEND, mental health conditions, people who are long term unemployed and those in the care system. • Businesses will be encouraged to become Disability Confident employers and leaders and sign up to the Mental Health at Work commitments. • There will be an annual programme of learning days providing training and development opportunities and pathways into work for vulnerable people. • Social value opportunities that expand job opportunities for vulnerable people will be maximised; a practical social value guide will be developed and shared with anchor organisations across the city.
Employment in the health and social care sector: understanding and tackling recruitment issues and wider workforce opportunities The health sector in Sunderland regularly faces recruitment difficulties and current shortages are due to a number of factors including: the fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and high numbers of doctors and nurses leaving their jobs early.	• Avenues into employment and training in the health and social care sector for all sections of society will be assessed and promoted, particularly for minority communities. • Apprenticeships in the health and social care sector will be maximised through the apprenticeship levy. • More opportunities will be created for vulnerable people to gain employment in the health and social care sector. • An annual Work Discovery Sunderland programme of workshops, inspirational lectures and exciting demonstrations raises young people's and target groups' awareness of workforce opportunities in the health and social care sector. • Careers advice in schools will clearly signal pathways into health and social care, drawing on positive role models where possible.

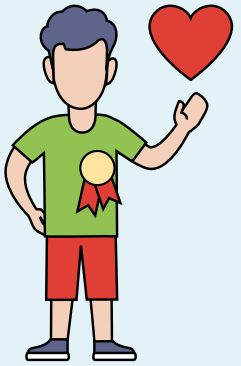
MENTAL HEALTH AND WELLBEING

23%
of people in Sunderland self-report as having high anxiety, compared to **21.9% nationally.**

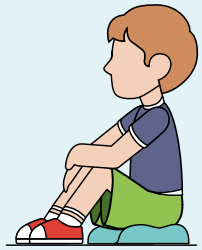


55.1%
of adult social care users report they have as much social contact as they would like (18+ yrs), compared to **45.9% nationally.**

19.3%
of people over the age of 16 are estimated to have a common mental health disorder, compared to **16.9% nationally.**



12.1%
of people aged 65+ are estimated to have a common mental health disorder, compared to **10.2% nationally.**



3.1%
school age pupils have social, emotional and mental health needs, compared to **2.39% nationally.**

44.8
per 1,000 population claim Employment Support Allowance for mental and behavioural disorders, compared to **27.3 nationally.**

183.3
hospital admissions per 100,000 population are for mental health conditions, compared to **88.3 nationally.**

12.4
per 100k population die due to suicide, compared to **10.1 nationally.**

170.1
hospital admissions per 100,000 population are for mental and behavioural disorders due to use of alcohol, compared to **75.6 nationally.**

26.6%
of adults with anxiety or depression smoke, compared to **25.8% nationally.**

Why is this important?

Mental wellbeing is fundamental to achieving a healthy, resilient and thriving population. Mental health and wellbeing are inextricably linked as both a cause and a consequence of physical health, educational attainment, employment and productivity, relationships, community safety, community cohesion and quality of life.

NOTE: This section of the implementation plan will be reviewed as work to improve care for adults and older adults with severe mental illnesses is undertaken. This will involve transformation and co-production of the Community Mental Health services by a range of key stakeholders to ensure patients are able to access the support and help they need to continue to live their lives well. A key action is to produce and implement an Adult Mental Health Strategy for Sunderland.

Key areas for improvement	What will be different?
Prevention of poor mental health and the promotion of positive emotional health and wellbeing. Mental health is a common condition which can impact on anyone at any point throughout the life course. It is estimated that 1 in 4 people will experience some mental health issue throughout their life. Implications of common mental health conditions have consequences for the wider system e.g. NHS waiting lists, sickness absence in workplaces and productivity. In 2018/19, it is recorded that approximately 17.5 million working days were lost due to mental health-related sickness absence. The impact of Covid 19 will play a significant part in mental health and wellbeing, not only from a physical aspect but taking into account bereavement, loss and social economic effects throughout and following the pandemic.	• Regional and national mental health and wellbeing resources and programmes will be actively promoted. • Anchor organisations across the city will deliver positive emotional health and wellbeing messages. • Positive emotional health and wellbeing messages will be co-produced with communities. • Inter-agency support will be provided to ensure employers are equipped to support employees with mental health and wellbeing concerns in both a preventative and supportive capacity • There will be a redesign of how community mental health services are accessed and delivered to ensure that they are able to provide patients and services users with the help and support they need to continue to live their lives well. • A no wrong door service will be provided to ensure patients can access the support they require at a single point of entry and receive a seamless package of care. • Social prescribers will be provided in community settings to encourage patients to engage with preventative and self-care methods of supporting their own mental health. • A Reduction in the reliance of medication to improve mental health. Instead provide alternative support mechanisms such as talking therapy will be provided.

MENTAL HEALTH AND WELLBEING

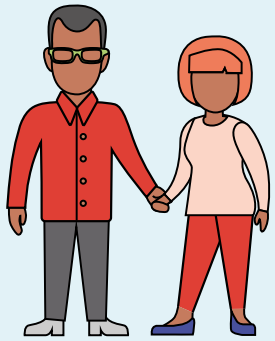
Key areas for improvement	What will be different?
Supporting people with poor mental health to improve their physical health People with serious mental illness (SMI) die 10-20 years earlier than the general population. Although survival is improving the gap between people with SMI and the general population is widening. The most prevalent physical health conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), cancer and coronary heart disease.	• People with SMI will be identified and supported to manage their mental and physical health needs through strengthened partnership working across the system. • Support for mental health service users will be embedded within commissioned services • Psychological support will be made available to patients with long term conditions to help manage their condition.

Key areas for improvement	What will be different?
Reducing stigma and discrimination associated with poor mental health Even though so many people are affected, there is a strong social stigma attached to mental ill health and people with mental health problems can experience discrimination in all aspects of their lives. People with mental health problems are amongst the least likely of any group with a long-term health condition or disability to: - Find work - Be in a steady, long-term relationship - Live in decent housing - Be socially included in mainstream society Stigma and discrimination can also worsen someone's mental health problems, and delay or impede their getting help and treatment and their recovery.	• Messages regarding mental health and wellbeing stigma and discrimination will be actively promoted. • Anti-stigma and discrimination programmes, promoting a city-wide approach, will be developed. • There will be a reduction in suicide achieved by working with local and regional suicide prevention networks and groups • Inter-agency support will be provided to ensure employers are equipped to support employees with mental health and wellbeing concerns in both a preventative and supportive capacity • There will be a redesign of how community mental health services are accessed and delivered to ensure that are able to provide patients and services users with the help and support they need to continue to live their lives well. • A no wrong door service will be provided to ensure patients can access the support they require at a single point of entry and receive a seamless package of care. • Social prescribers will be provided in community settings to encourage patients to engage with preventative and self-care methods of supporting their own mental health. • A Reduction in the reliance of medication to improve mental health. Instead provide alternative support mechanisms such as talking therapy will be provided.
Young people's mental health and emotional wellbeing	• The detail relating to this priority is presented in the section on Young People aged 11-19.

AGEING WELL

57.9 years
Healthy life expectancy for men in Sunderland, compared to **63.4 years nationally.**

56.5 years
Healthy life expectancy for women in Sunderland, compared to **63.9 years nationally.**



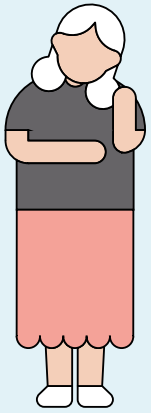
The inequality between the lowest and highest life expectancy in Sunderland is **11.5 years** for men and **8.5 years** for women. Nationally this is at **9.5 years** for men and **7.5 years** for women.

2,628
Emergency hospital admissions due to falls in people aged 65+ (per 100k population) compared to **2,222 nationally.**

6,627
Emergency hospital admissions due to falls in people aged 80 and over (per 100k population) compared to **5,644 nationally.**

664
per 100k aged 65+ fractured hips, compared with **572 nationally.**

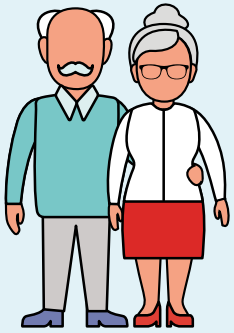
70.3%
of adult social care users satisfied with care and support services (65+) compared to **61.5% nationally.**



55.1%
of adult social care users have as much social contact as they would like, compared to **45.9% nationally.**

69.2%
of people aged 65+ are estimated to be diagnosed with dementia, compared to **67.4% nationally.**

232.6
per 100k people die from preventable causes, compared to **180.8 nationally.**



16.3%
Excess winter deaths index (age 85+) from Aug 17-July 18 in Sunderland, 45.8% in the region and **18.2% nationally.**

81%
of adult social care users feel they have control over their daily lives (65+) compared to **74% nationally.**

*The data for 2020 has been impacted by COVID19, although it is not possible to quantify the full impact at this time it is likely to be a contributing to the drop in the estimated dementia diagnosis rate.

Why is this important?

As a nation, we are living longer. In Sunderland, in the ten years between 2020 and 2030, the number of people aged 65 and over is projected to rise by around 20% from 55,200 to 66,300. As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. Others support their families by providing care to grandchildren enabling their own children to participate in the economy. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

Although we are adding years to life, healthy life expectancy describes a different picture with significant variations and marked inequalities between the least and the most deprived communities across the city. Covid-19 has magnified these inequalities, with older people and those with underlying health conditions being most significantly affected.

Key areas for improvement	What will be different?
Develop age-friendly neighbourhoods	• £59m will be invested in new social housing over a 5-year period, delivering improvements in housing for older people and those with physical disabilities and other support needs. • Age-friendly considerations will be incorporated in all outdoor spaces, buildings and transport developments. • Active Sunderland will support, enable and connect residents into sport and physical activity opportunities. In particular targeting 'inactivity' and supporting people in communities that are benefiting least from being active.

AGEING WELL

Key areas for improvement	What will be different?
Develop age-friendly services	• A preventative, proactive and person-centred integrated neighbourhood operating model will be developed. • Social prescribing will be offered more widely to reduce social isolation, improve the physical and mental wellbeing of residents and support them to adopt prevention strategies to improve self-care. • Primary care networks will work within a neighbourhood model to improve integrated working, joined up care pathways for patients and population health approaches. • The Recovery At Home service will be reviewed to maximise service user independence. • People are supported to reduce their over dependence on unscheduled care and reduce emergency admissions to hospital. • Additional age-friendly sport and physical activity programmes will be delivered with key partners.
Promote age equality	• A Health in All Policies framework will ensure that age-friendly considerations are incorporated into policy, projects and services.