

HEALTH & WELLBEING SCRUTINY COMMITTEE

15 September 2010

RESPONSE FROM CABINET – 24 JUNE 2010

POLICY REVIEW – TACKLING HEALTH INEQUALITIES IN SUNDERLAND

JOINT REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING
AND ADULT SERVICES AND THE PORTFOLIO HOLDER FOR HEALTHY
CITY

STRATEGIC PRIORITIES: SP2: Healthy City.

CORPORATE PRIORITIES: CIO1: Delivering Customer Focused Services,
CIO4: Improving Partnership Working to Deliver 'One City'.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide feedback from the Cabinet meeting held on 24 June 2010, which considered the Health and Wellbeing Scrutiny Committee's Policy report into tackling health inequalities in Sunderland.

2. BACKGROUND INFORMATION

- 2.1 The investigation into Tackling Health Inequalities in Sunderland conducted by the Health and Wellbeing Scrutiny Committee falls under the remit of the Health, Housing and Adult Services Directorate and is, within the service area covered by the Healthy City Portfolio Holder.
- 2.2 On 24 June 2010, Cabinet considered the Final Report of the Health and Wellbeing Scrutiny Committee into tackling health inequalities in Sunderland. This report provides feedback from the Portfolio Holder following the Cabinet's consideration of, and decisions in relation to this Committee's recommendations.
- 2.3 Following on from this report, progress towards completion of the actions will be monitored through the Action Plan, with standardised six monthly monitoring reports to be presented to the Committee.

3. RESPONSE FROM CABINET TO THE POLICY REVIEW

- 3.1 Following consideration of the Final Report, Cabinet approved the recommendations in their entirety. Details of each recommendation and proposed actions to be taken following approval by Cabinet are provided in the Action Plan attached at **Appendix A**.
- 3.2 Cabinet commended and congratulated the Committee and its officers for their hard work in undertaking the policy review and additional work.

4. RECOMMENDATIONS

- 4.1 That Members note the proposed actions detailed within the Action Plan, appended to this report (**Appendix A**) and seek clarification on its content where felt appropriate.

5. BACKGROUND PAPERS

- 5.1 The following background papers were used in the preparation of this report:-

(i) Cabinet Agenda, 24 June 2010

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Appendix A

Health and Wellbeing Scrutiny Committee Tackling Health Inequalities Policy Review Recommendations 09/10

Ref	Recommendation	Action	Owner	Progress Commentary
	Establish an Elected Member champion and an Executive Management Team lead for health inequalities, who will direct a work programme including widespread officer engagement in inequalities needs assessment, equity audit and health impact assessment overseen by the Office of the Chief Executive	<ul style="list-style-type: none"> > Neil Revely (Executive Director of Health, Housing and Adult Services) to become EMT lead for Health Inequalities > Portfolio Holder for Health and Wellbeing to become lead member for inequalities > Undertake a 'baseline analysis' of what is currently being done to address the Social Determinants of Health (SDH) and Health Equity > On the basis of the outcomes of the baseline analysis consider how sustainable work on the SDH and health equity can be incorporated > Formulate an action plan that incorporates the findings. The action plan should include short term activities, as well as long term measure for structural change. 	HHAS	<p>Neil Revely and Cllr M Speding to take role as executive management team and elected member champion for health inequalities.</p> <p>Research is currently underway to assess / analyse the current performance of the Council against the critical success factors in tackling inequality in health:</p> <ol style="list-style-type: none"> 1. Understand health equity concept 2. Aware of SDH 3. City Leadership 4. Partnership 5. Policy intervention 6. Mainstream Service 7. Special Programmes 8. Measuring, monitoring and evaluation

	<p>Elected Members to be provided with appropriate specific levels of briefings around health inequalities in Sunderland and the strategic and operational actions required to reduce them in a sustainable way</p>	<ul style="list-style-type: none"> > Assess the quantity and quality of information available on the SDH and health equality that has been developed for awareness raising and advocacy purposes > Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage elected members (at Area Committee level and city wide) in regular briefing > Develop communication materials (brochures, information and web-based resources etc) incorporating the information 	<p>HHAS / Corporate Comms</p>	<p>Design for elected member handbook, currently with communications / city print for input.</p> <p>Meeting to be arranged with democratic services / community leadership to arrange appropriate briefing times/methods.</p>
	<p>Appropriate briefings be undertaken with all Heads of Service and relevant officers across all directorates in relation to health inequalities, and using health needs assessment, health equity audit and health impact assessment appropriately in strategic planning and operational delivery</p>	<ul style="list-style-type: none"> > Assess the quantity and quality of information available on the SDH and health equality that has been developed for awareness raising and advocacy purposes > Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage decision makers (at ward level and city wide) in regular briefing > Develop communication materials (brochures, information and web-based resources etc) incorporating the information > Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers. > HIA training – send key staff to Health Impact Assessment training (including health equity impact assessment course) > Exchange with others on effective methodologies that communicate health promotion messages to targeted groups via social marketing approach > Develop action plan / workshop event 	<p>HHAS</p>	<p>Currently working with Heads of Service on behalf of the Health Inequalities Service Assessment (Sunderland Way of Working).</p> <p>Developing Self assessment tolls for HoS to complete to gauge the level of understanding of Health inequalities across the Council.</p>

	<p>Adopt a health inequalities toolkit for Sunderland, which caters for the various stakeholders across the city (including Elected Members, Council Officers, partner organisations and members of the public) to ensure that new policies and service designs consider the potential health impacts of implementation</p>	<ul style="list-style-type: none"> > Adopt Influencing Health toolkit (Best practice in Yorkshire and Humber) > Identify and enhance opportunities to ensure recognition of the SDH and health equity in policy formation. > Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into policy making processes. > Identify central guidelines, common targets and mechanisms for action to address the SDH and health equity, assess where they can be established or improved. > Assess whether there is coherence between the National, Local and Regional levels in efforts to address health equity and SDH. 	<p>Community Leadership</p>	<p>Toolkit currently with Communications / City print for feedback (initially for Elected members – this will be developed for officers / partner organisations as appropriate)</p>
	<p>The existing joint strategic needs assessment at a City wide, ward and 'natural neighbourhood' level to be enhanced through the development of Area Committees' role in highlighting and identifying local needs and in particular their commissioning role in supporting the delivery of local area plans in delivering services and support that meets the needs of an area</p>	<ul style="list-style-type: none"> > Assess what information systems are available in to analyse and monitor social determinants and health equity > Analyse whether the information systems in place are sufficient and/or how they can be improved > Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers. 	<p>HHAS</p>	<p>Work to be planned</p>

	<p>Develop mechanisms to ensure that the impact on reducing health inequalities are considered by all scrutiny committees and area committees as part of the work planning process</p>	<ul style="list-style-type: none"> > Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers. > Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage elected members (at Area Committee level and city wide) in regular briefing > Adopt Influencing Health toolkit for use with all Scrutiny committees > Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into scrutiny processes. 	<p>HHAS / Scrutiny</p>	<p>Toolkit currently being developed – once developed a number of training sessions will be booked with Scrutiny Officers / elected members to introduce / explain functions.</p>
	<p>Ensure that Sunderland City Council and Area Committees continue to provide support to develop a co-ordinated approach for Voluntary and Community Sector organisations across Sunderland in delivering their services within local communities and neighbourhood settings, using the Compact as the agreed framework for partnership working with the Voluntary and Community Sector be continued</p>	<ul style="list-style-type: none"> > Scope partners, policy, programme or project initiatives that are being planned or implemented in other sectors that affect health equity, and identify common objectives. > Ensure that all grants given to support the VCS work towards delivering services around common goals > Share information around SDH to all partners > Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support. 	<p>City Services</p>	<p>Corporate Grants group formed to gather 'picture' of current grant funded/contracted voluntary groups.</p>
	<p>City Council to become an exemplar in ensuring employees benefit through 'Health at Work' Schemes and should engage with the regional workplace health programme</p>	<ul style="list-style-type: none"> > Building on good practice identify more examples of successful policies and interventions that address the social determinants of health inequalities. > Exchange with other partners to consider why these policies and interventions were successful and what elements may or may not be transferable 	<p>Corporate Personnel</p>	<p>Sunderland are engaged within the regional workplace programme.</p> <p>Mapping of current workplace programmes affecting health being carried out.</p>

	<p>Through the Sunderland Partnership the Council should engage with large and medium employers of routine and manual workers across the city and assist them in implementing workplace health programmes for local workforces</p>	<ul style="list-style-type: none"> > Explore links with the private sector for collaboration on initiatives that address the SDH and health equity > Develop a Stakeholder map > Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and share information and good practice. > Share information around SDH to all partners 	<p>LSP / corporate personnel</p>	<p>Partnership engaging with Marmot review team. Mike Grady from Review team to present at September Delivery and Improvement Board.</p>
	<p>Further explore innovative practice from across the country in relation to addressing health inequalities, in particular the example of the London Borough of Newham, to ensure that advice and guidance on benefits and re-entering employment targets the main issues facing the long-term unemployed</p>	<ul style="list-style-type: none"> > Building on good practices identify more examples of successful policies and interventions that address the social determinants of health inequalities. > Exchange with other partners to consider why these policies and interventions were successful and what elements may or may not be transferable > Identify online information sources with e.g. best practice > Contribute to or set up user friendly mechanisms to communicate applicable data and evidence to policy makers and practitioners within and outside of the health sector 	<p>Economic Development</p>	<p>Research / Case study finding being completed by International Team</p>

	<p>Sunderland Partnership and its delivery partnership submit a formal response to the Marmot Review to the Health and Wellbeing Scrutiny Committee, demonstrating how partners are supporting delivery for the local population around active travel plans, availability of good quality green spaces, healthy local food environments, energy efficiency in housing, reduction of fuel poverty, integration of planning and removal of barriers to community participation</p>	<ul style="list-style-type: none"> > Scope partners, policy, programme or project initiatives that are being planned or implemented in other sectors that affect health equity, and identify common objectives. > Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support. > Explore links with the private sector for collaboration on initiatives that address the SDH and health equity > Hold 'training' and 'awareness raising' sessions with each of the Delivery groups around the agenda > Work with the Delivery and Improvement board to submit formal response > Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into partnership processes. 	<p>LSP</p>	<p>Working with representatives from HHAS to inform partners about the Marmot Review / implications of the review for the Partnership.</p> <p>Mike Grady from marmot Review team to attend September Delivery and Improvement Board.</p>
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