Health and Well-Being Scrutiny Committee
Policy Review 2009 – 2010

Tackling Health Inequalities in Sunderland
Draft Final Report

Contents

1 Foreword from the Chairman of the Committee

On behalf of the Health and Well-Being Scrutiny Committee I am delighted to publish this report. I would like to thank all those who participated in the process, for their time and effort and continued commitment in helping Sunderland to continuously improve.

The Community Day was a hugely successful event and I was very interested to hear the views of all those who attended. We were able to gather a great deal of useful information from the day. I would also particularly like to thank our expert witnesses for the detailed evidence they gave to the Committee.

The importance of tackling health inequalities cannot be underestimated and it is unbelievable to think that in today's world, where a person lives can have a major impact on their health and length of life, but it does. Why do people in Sunderland die two years earlier than the average for England? Even more significantly men and women from the least deprived areas of Sunderland can expect to live longer than men and women from the most deprived areas. The factors that contribute to this are numerous and do not lie entirely in the traditional health domain and issues including stress, the environment, transport and housing all play just as significant a role in determining life expectancy.

The recently published Marmot Review 'Fair Society, Healthy Lives' identifies many of the key challenges facing the country in relation to health inequalities and it was extremely beneficial to have Professor Peter Goldblatt, Senior Researcher for the Marmot Review, visit Sunderland and provide evidence to the committee. It was extremely useful and timely to hear firsthand about the findings of the review and the implications nationally, regionally and locally.

Finally I would like to thank my colleagues on the Health and Wellbeing Scrutiny Committee for their valuable input and contribution throughout the course of this ambitious piece of work. I hope that the work and recommendations from this policy review can help to address some of the issues that have been highlighted and can contribute in some way to narrowing the gap in life expectancy across Sunderland.

Councillor Peter Walker, Chair of the Health and Well-Being Scrutiny Committee

2 Introduction

2.1 The Annual Scrutiny Conference was held at the Stadium of Light on 11th June 2009 and at the Health and Wellbeing breakout session a number of viable policy review proposals were formulated for discussion by Members of the committee. At its meeting on 17th June 2009 following discussions regarding the work programme the Committee considered the possibility of a study into issues around tackling health inequalities.

3 Aim of the Review

3.1 To look at an overview of the strategic and operational approaches within Sunderland for tackling the main determinants of health inequalities.

4 Terms of Reference

4.1 The title of the review was agreed as 'Tackling Health Inequalities in Sunderland' and its terms of reference were agreed as:

(a) To identify and gain an understanding of the main determinants of health inequalities across Sunderland;

(b) To examine and assess the interventions currently in use across the city for reducing the main determinants of health inequalities;

(c) To investigate the inequities in health across wards in Sunderland;

(d) To look at examples of best practice and innovative service provision from local authorities, PCT's and other stakeholder groups across the country in relation to identified determinants; and

(e) To review the council's and partners policies and strategic priorities to ensure linkages across the council are achieved and relevant.

4.2 Members agreed that as the review progressed, they may feel that the review should narrow its focus further in order to ensure that robust findings and recommendations are produced.

4.3 Members agreed to look particularly at the strategic implications of health inequalities and how the priorities of various stakeholders look to address the issues around the main determinants of health inequalities.

5 Methods of Investigation

5.1 The approach to this work included a range of research methods namely:

(a) Desktop research – review of relevant documentation including government documents such as The Marmot Review 'Fair Society, Healthy Lives.'
(b) Interviews – with key individuals both internally and externally
(c) Focus groups – with key individuals both internally and externally
(d) Questionnaire
(e) Presentations at committee
(f) A Community Day - large public event (see **Appendix 1**)
(g) Expert Jury Event

5.2 All participants were assured that their individual comments would not be identified in the final report, ensuring that the fullest possible answers were given.

5.3 Interviews with the following personnel were carried out:

(a) Nicola Morrow – Healthy City Coordinator – Sunderland City Council
(b) Lee Cranston – Assistant Head of Corporate Policy – Sunderland City Council
(c) Professor Peter Goldblatt – Lead Researcher - The Marmot Review
(d) Nonnie Crawford – Director of Public Health – Sunderland TPCT
(e) Ben Seale – Joint Commissioning Manager – NHS SOTW

5.4 Visits were undertaken to look at the work of the Warm Front referral team, the NHS Health Check initiative and the NHS Stop Smoking team at Monkwearmouth Hospital.

5.5 A health inequalities questionnaire was conducted for the Health and Wellbeing Scrutiny Committee by the Sunderland LINk.

5.6 A Community Day held on 21st January 2010, invited views from the public, service users, carers and provider organisations. Approximately 120 delegates took part in the event. Key Speakers for the event included:

(a) Professor Tim Blackman – Durham University
(b) Neil Revely – Director of Health, Housing and Adult Services
(c) Martin Gibbs – Department of Health
(d) Nonnie Crawford – Director of Public Health

5.7 An expert Jury Event on 22nd February 2010, where final evidence was presented to members of the committee by:

(a) Nicola Morrow – Healthy City Coordinator, HHAS (who gave an introduction to the event and facilitated along with Ann Dingwall)
(b) Brent Kilmurray – Sunderland Teaching Primary Care Trust
(c) Neil Revely – Executive Director HHAS
(d) Canon Stephen Taylor – Chair of the Local Strategic Partnership
(e) Nonnie Crawford – Director of Public Health
(f) Alan Patchett – Age Concern and Community Network
(g) Dr Helen Patterson – Executive Director Children's Services
(h) Vince Taylor – Head of Strategic Economic Development
(i) Margaret Elliott - Social Enterprise

5.8 The Sunderland LINk conducted a survey on behalf of the Health and Wellbeing Scrutiny Committee with a small sample of the population of Sunderland. The aim of the survey was to gather opinions and comments on a number of issues related to health and inequality. The results of this survey have helped to inform the final report and **Appendix 2** of this report provides full details of the survey.

5.9 It should also be noted that many of the statements made are based on qualitative research i.e. interviews and focus groups. As many people as possible were interviewed in an attempt to gain a cross section of views, however it is inevitable from this type of research that some of the statements made may not be representative of everyone's views. All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

6 Findings of the Review

In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to look at the most effective evidence-based strategies for reducing health inequalities in England from 2010. The Health and Wellbeing Scrutiny Committee's findings, for reasons of clarity and order, relate to the main policy objectives identified in The Marmot Review: Fair Society, Healthy Lives.

6.1 Health Inequalities – The National and Local Picture

What is Health Inequality?

6.1.1 The term health inequality in the most basic sense is the gap between the health of different population groups such as the well-off compared to poorer communities or people with different ethnic backgrounds. The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities, the unfair and avoidable differences in health status seen within and between wards.

6.1.2 The social determinants of health are best displayed as in Figure 1 an image designed by Dahlgren and Whitehead in 1992.

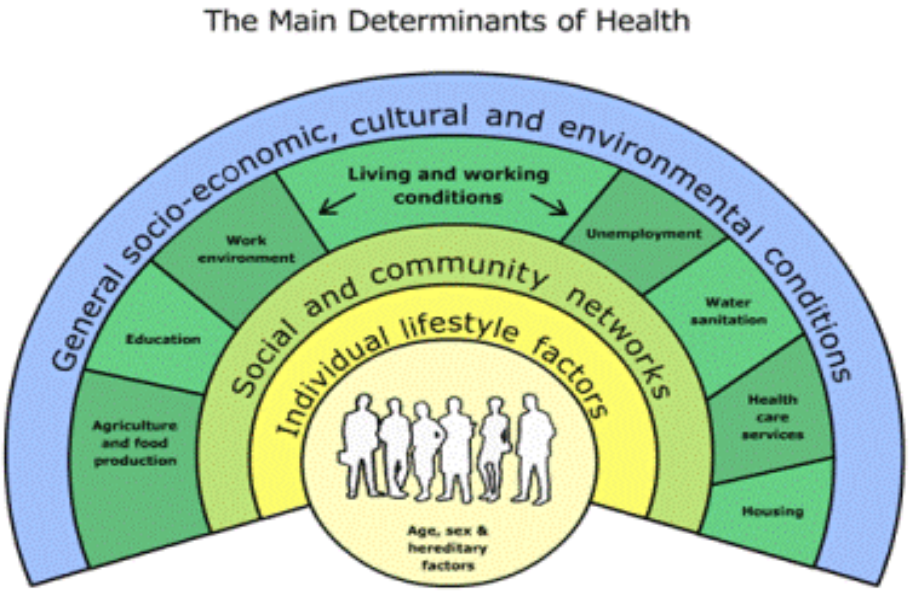


Figure 1: Main Determinants of Health: Dahlgren and Whitehead

6.1.3 The World Health Organisation in its publication "Social Determinants of Health: The Solid Facts" stated that "Health policy was once thought to be about little more than the provision and funding of medical care: the social determinants of health were discussed only among academics. This is now changing. While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place."

6.1.4 At the committees Expert Jury Event many of the witnesses expressed the view that health inequality principally was around social class and social scale and that health issues were often an outcome of a situation. In fact, as an example, it was highlighted that those from the lowest social classes were twice as likely to die before the age of 15 as those from the highest social classes. Factors including age, gender, vulnerability, social, accidental, genetic, economic position and lifestyle choice were all regarded as attributable to health inequalities nationally and locally by many of the witnesses interviewed.

6.1.5 Members at the Community Event Day highlighted that personal and community wealth caused inequalities in health. During discussions with attendees it was reported that the feeling is that people living in difficult circumstances with little money were less likely to care about their health and were more likely to resort to coping with this through mediums such as alcohol and tobacco. Conversely to this more advantaged people were far more likely to live longer as they could afford and have access to better health care as well as experiencing a higher standard of living with less of the stresses encountered by those more disadvantaged.

6.1.6 This is supported by the Marmot Review which highlights that many of the determinants of health inequalities lie outside the health service and in the social aspects of life. Similarly to views expressed at the Expert Jury Day and the Community Event Day, those most disadvantaged in society have the least positive experiences and vice versa. This relationship between social circumstances and health is referred to as the social gradient of health and plays an important part in life expectancy.

Health Inequalities: Facts and Figures – The National Perspective

6.1.7 8.2 million adults age 16-64 are drinking above the recommended maximum daily levels and alcohol misuse is calculated at costing the health service £1.7bn per annum.

6.1.8 The level of obesity in 2-10 years olds in England has risen from 9.9% to 14.3% in 2004.

6.1.9 Eating at least 5 portions of fruit and vegetables a day can lead to a reduction in overall deaths from chronic diseases such as heart disease of up to 20%. While processed foods contribute around 75% of salt to the UK diet.

6.1.10 There are great differences in life expectancy dependent on location, for example males in Blackpool have a life expectancy eight years less than males in Kensington & Chelsea.

6.1.11 Obesity is one of the major public health issues in the developing world. In 2003, 22% of men and 23% of women were obese. By 2010, without intervention, this figure would increase to 33% of men and 28% of women.

Health Inequalities: Facts and Figures – The Local Perspective

6.1.12 Binge drinking is a concern nationally as well as locally with levels of binge drinking very similar across NHS South of Tyne and Wear with Sunderland rated the fourth

worst local authority for binge drinking in England with South Tyneside sixth and Gateshead ninth respectively.

6.1.13 The percentage of children who are obese rises from 12.6% in 4/5 year olds to 21.4% for 10/11 year olds.

6.1.14 On average people in Sunderland die two years earlier than the average for England. Men and Women from the least deprived areas of Sunderland can expect to live longer than men and women from the most deprived areas: about seven and a half years longer for men and about seven years longer for women.

6.1.15 Of the adult population from the 25 wards in Sunderland, 12 wards were below the prescribed PCT average of between 23% and 29% of adults consuming five portions of fruit or vegetables per day with one ward significantly lower at less than 20%.

6.1.16 An average 600 people per year in Sunderland die due to smoking related diseases and smoking among adults remains above the average for the North East and for England at 33.8% with some wards indicating levels up to 45%.

6.1.17 Falls are a major cause of ill health among older people and the rate of falls in Sunderland is higher than that for Gateshead and South Tyneside.

6.1.18 Local data combined with geographical indicators allows for comparisons of disadvantage across the country. Figure 2 illustrates the proportion of the population experiencing significant disadvantage on a daily basis.

Domain	Sunderland	England
Overal Index of Multiple Deprivation	43%	20%
Income domain	37%	20%
Employment domain	56%	20%
Health deprivation and disability domain	62%	20%
Education, skills and training domain	41%	20%
Barriers to housing and services domain	8%	20%
Crime and disorder domain	22%	20%
Living environment domain	2%	20%
Income deprivation affecting children domain	28%	20%
Income deprivation affecting older people domain	47%	20%

Source of data: Department for Communities and Local Government

Figure 2: Proportion of the population living within the 20% most disadvantaged areas across England

6.2 The Early Years of Life

Early child development

6.2.1 The Primary Care Trust has a clear vision for better health, better patient experience and better use of resources by 2015, and part of this is for people to live longer and receive fair access to services. The importance of improving life experiences cannot be underestimated and these begin even before the very start of life. During the expert jury event witnesses from the primary care trust highlighted the importance of their continuing work with high risk women who are pregnant including reducing smoking during pregnancy and improving breast feeding figures. The PCT are also set to re-launch school health checks and undertake a review of the school nursing service. All of this work evidences the importance placed on those early child years by NHS South of Tyne and Wear and Sunderland Teaching Primary Care Trust, as well as how this can help to reduce health issues in later life.

6.2.2 At the Community Event Day held in January 2010 it was highlighted that breast feeding had seen an increase in the Shiney Row area due to the Sure Start programme. However, it was recognised that it is not easy to breast feed in the city as it is still seen as not publicly acceptable. It was also acknowledged that hospitals make it too easy for mothers to bottle feed by providing ready prepared bottles.

6.2.3 The local authorities Children's Services Directorate will operate from 1 April 2010 to a 15-year strategic plan, the Children and Young People Plan, which links in with the Every Child Matters outcomes framework. The plan looks to promote healthier lives in young people through a variety of initiatives including healthy diet to reduce the rate of childhood obesity in the city. It also looks to improve life chances for young people from -9 months onwards through schemes to increase breast feeding rates and reduce smoking during pregnancy. There is also the Children's Plan**,** the Department for Children, Schools and Families' (DCSF) 10-year strategy to make England the best place in the world for children and young people to grow up in. The Children's Plan is aligned with the Every Child Matters Outcomes Framework and a range of policies and strategies have been developed by DCSF to support Children's Services and Children's Trusts to achieve improved outcomes.

6.2.4 It is worth noting that 51% of children are living in low income families compared to 44% in the North East and 42% nationally. In recognising this Children's Services are in the consultation phase of the development of action plans to deliver the Child Poverty Strategy which will look to address a number of issues around poverty and providing better life chances for young people. This will require a universal and integrated approach with the local authority and key stakeholders working together.

6.2.5 It should also be noted that the local Children's Trust regularly challenges the performance and delivery of services provided by the local authority and other key stakeholders. The Children's Trust has a vital role in: agreeing, reviewing and signing off the Children and Young People's Plan; contributing to the Local Area Agreement (LAA); and in driving the operational plans which underpin them both. LAAs are now the primary vehicle for central government to agree targets for local government and its partners. The Children's Trust is also one of the main thematic partnerships of the Local Strategic Partnership which agrees the priorities for improvement in the LAA.

6.2.6 There was an emphasis on providing more locality or neighbourhood level based provision and in particular a more family based approach for those most in need. Children's Centres also have an important role to play, and this goes beyond those very early years, in providing a whole range of provision from a variety of partners targeted to meet the needs of those who attend. The major issue is that those who attend are usually self motivated, want to be there and are the most informed members of the area. More outreach work is being undertaken to reach those most in need, distanced from society or hard to reach, but this can prove difficult as many of these families often don't wish to be on the radar.

6.2.7 In looking to provide the best possible start for young people Durham and Newham are providing universal Free School Meals (FSMs) to all primary school children. The pilots will run for two years from September 2009 and each pilot will be tested against a control group where the current rules for eligibility for FSMs apply to inform the full evaluation. The pilots are joint funded to a total of £20 million from Department for Children, Schools and Families and the Department of Health and match funded by the successful local authorities, taking the total to £40 million.

Local Authorities in deprived areas were invited to bid to take part in a two year pilot which looks at the health benefits of free school meals. It will investigate whether free school meals can reduce obesity, change eating habits at home, impact on behaviour and academic performance at school, improve school standards and improve general health and well being.

Education and Maximising Life Chances

6.2.8 In the findings of the Marmot Review there is a clear identification of the inequalities in educational outcomes affecting physical and mental health, as well as income, employment and quality of life. Young people need to be more informed and educated so they can make informed choices about their health and acknowledged that young people can do risky things, but that this was part of their development and growing up. At the expert jury day it was noted that lifestyle opportunities needed to be well informed and that the whole wellbeing of the child was important. The Joint Strategic Needs Assessment for Sunderland states that there needs to be focus on building the resilience of children and young people in recognising that risk taking behaviours do not happen in isolation, for example there are explicit links between alcohol misuse, educational attainment, teenage pregnancy etc.

6.2.9 There needs to be more targeted interventions within the school setting to allow for young people to make those lifestyle choices in an informed manner. There needs to be greater intelligence gathering on a neighbourhood level. A number of witnesses identified this need to gather local intelligence in order to better understand many of the issues associated with inequalities. This is perhaps most important in achieving educational parity through understanding families, schools and the local community setting. The issue was raised about the increasing difficulty in accessing schools for organisations with information for young people through the increased measures of the Safeguarding Agenda.

6.2.10 Throughout the evidence gathering process the importance of community was evident and the central role that school has to play in this. Members of the public identified the importance of using schools as good community bases to offer courses, activities and develop that link between young people, the family and the wider local community. The extended school model is an important one which can breakdown those traditional boundaries and help young people to develop the life and social skills required. Extended schools services provide a core offer of activities, advice and opportunities including healthy school meals and healthy vending strategies as well as travel-to-school schemes (encouraging safe walking and cycling) and active play projects. The new Extended Services Disadvantage Subsidy from central government has been established to support those children and families who are most disadvantaged, particularly those living in poverty or in the looked after system. The ‘Healthy Schools’ initiative is a key part of addressing health issues, with healthy schools teams providing consultancy to schools on key areas such as substance misuse, healthy lifestyles, and relationships.

6.2.11 Education and maximising life chance does not stop at school it continues beyond 16 and the Marmot Review acknowledges this continuation of education in its findings. It is important to prevent young people from falling into the NEET (Not in Education, Employment or Training) trap and the local authority is working well to develop appropriate early interventions including work related experiences and a pre-16 curriculum offer. Again the issue of quality information was highlighted by witnesses to ensure that the advice given was timely and of a high quality. It was

felt important that the transition from compulsory education to post-16 education and training was a smooth transition to reduce the chances of a young person becoming NEET. Recent research from one northern city indicated that one in seven young people identified as NEET over a long term died within 10 years of falling out of the system. This shocking statistic emphasises the importance of the contribution children's services will make to the new responsibilities which are due to be transferred to local authorities in 2010 for commissioning, funding and in some cases providing educational opportunities for 16 to 19 year olds.

6.2.12 There is also a need for young people to be able to access a range of services within the community which can develop their own skills which will help them to improve their life chances and maximise their capabilities including continuing education, debt management, substance misuse, housing issues, pregnancy and parenting skills. All of which will have an impact on a persons life chances and health outcomes in the future. Figure 3 overleaf is from a random sample of the Sunderland population and indicates the level of knowledge relating to support services available for people locally.

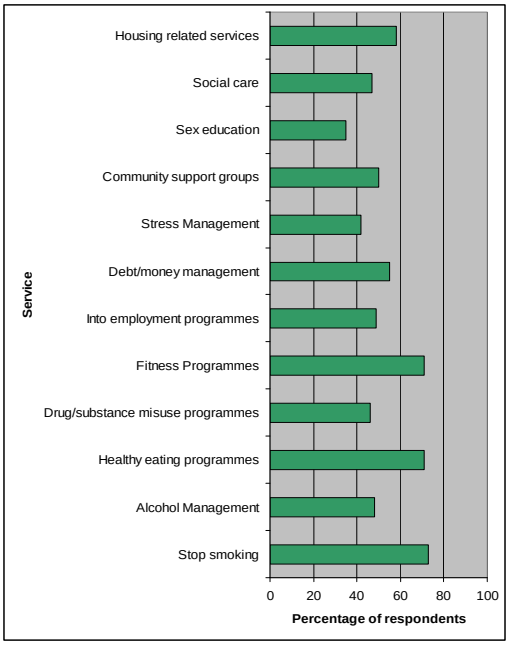


Figure 3: To show if respondents are aware of or know how to access a variety of services

6.2.13 A common theme throughout the entire evidence gathering was one of the misuses of alcohol, cigarettes and drugs by young people. It was argued that drunkenness was a lifestyle choice made by many young people and that going out equated to getting drunk. Many of the attendees at the community event day echoed these sentiments particularly around the availability and access of cheap alcohol and suggested a minimum pricing structure for alcohol or possibly alcohol free zones in certain parts of the city. Around 20% of 13 year old boys and girls describe consuming alcohol but by the age of 15 these figures have doubled. It was also noted that the smoke free legislation and the work of the Tobacco Alliance had made a positive impact on the city but there were still concerns around the sale of illicit cigarettes regionally and nationally. The Joint Strategic Needs Assessment for Sunderland also identifies a very high level of children and young people who still live with adults who smoke and are at risk due to second hand smoke.

6.2.14 Members also visited Monkwearmouth Hospital to learn more about classes, programmes and initiatives to getting people to stop smoking. The NHS funded

stop smoking programme has been in existence for 10 years. It was highlighted that the profile of the smoker was changing, and in particular young girls who smoke was on the increase. Figures from the PCT support this with Sunderland having a higher proportion of year 8 (5% v 3%) and year 10 (20% v 13%) girls who smoke compared to their male equivalents. However the team were constantly looking to accommodate and adjust to cultural changes in the smoker's profile. Members enquired why smoking in younger girls was increasing, and they were informed that the main drivers for younger girls taking up smoking were perceptions of looking more mature, the image of being an adult and it kept them thin. The NHS Stop Smoking Team also explained that bespoke programmes produced good results and that the messages of stopping smoking needed to be consistent and constantly driven as part of the stop smoking programme. The team also acknowledged the importance of local knowledge in tackling the issue.

6.3 Employment and Income

Employment and Work

6.3.1 In terms of health inequalities the contribution that good employment makes for good health cannot be underestimated and similarly the way unemployment contributes to poor health. This was discussed at the community event day by a number of attendees and there was an acknowledgement of the correlation between unemployment and ill health. It was further identified that while unemployment and economic inactivity were associated with higher rates of poor health and mental illness, it was also argued that poor health can in itself lead to difficulties in both securing and retaining employment. Attendees believed that aspirations needed to be raised through increased voluntary opportunities within various organisations across the city. As well as ensuring people who were not in work still felt valued and were offered help from an independent advocate on issues of debt, health and emotional well being.

6.3.2 Local authorities' work in supporting and boosting their local economies is one of a council's less well known activities among the general public. However, for a considerable time now, they have been playing an active part in regenerating communities, promoting their areas to attract inward investment, developing training opportunities to help people improve their employment opportunities and supporting those who are out of work, for example with welfare benefits advice. Sunderland is no different having secured funding from the Working Neighbourhood Fund (WNF) which replaces the Neighbourhood Renewal Funding (NRF). Working with Partners, the City Council has developed a detailed programme for WNF; including elements focussed on client engagement, pathways to employment, skills and training, health support and enterprise initiatives. The WNF represents an additional opportunity to significantly reduce the inequalities within the City caused by unemployment, low skill levels and low levels of enterprise. The WNF will allow for an improved Job Linkage Service to help those people who find themselves unemployed by providing more guidance and support on training opportunities and getting back into work, while also working within communities to encourage enterprise activities where appropriate.

6.3.3 At the expert jury day it was explained that the WNF was focused on people who received out of work benefits including incapacity and income support. The claimant rate for working age people on out of work benefits was 18.8% (May 2009) and in the worst performing neighbourhoods stands at 30.6% (May 2009). The majority of cases concern mental health (stress) and back pain, yet through moving from

incapacity back into work can often see improvements in these conditions. Work continues to develop programmes of specialist activities to strengthen the employment opportunities for the long term unemployed and disadvantaged groups including a Skills and Employability Strategy with the Learning Partnership.

6.3.4 The jobs people move into also need to be good jobs that allow a degree of control and flexibility, insecure or poor quality employment is also very much associated with poor physical and mental health. There also needs to be an equal opportunity within the labour market for those with disabilities, single mothers etc. Again through the WNF, Sunderland City Council is developing a number of schemes which reflect this including Employment Support for People with Disabilities, Mental Health Employment Specialists and with People into Employment – Support for Carers.

6.3.5 The Community Event Day also highlighted the merits of employers within the city looking proactively at the opportunities available to their respective workforces. Offering at work health checks, screenings or information on services available within the public domain was seen as a positive step in promoting health outcomes at work and giving people greater control, information and choice in the work environment.

Income and Wellbeing

6.3.6 The complexity of the benefit system as well as its disincentive nature to returning to employment are highlighted within the Marmot Review and are recognised as a barrier to improved income, social standing and wellbeing. It is argued by Professor Goldblatt, a senior researcher for the Marmot Review, that the benefit system in this country is so complex that no-one truly understands it fully, and that it needs to be made clearer with much of the complexity removed.

6.3.7 The link was made at the community event day between the real need for people to work and how this helps to prevent addiction and improve health generally. The number of people on Job Seekers Allowance or Incapacity Benefit was also recognised as of concern. It was also argued though, that people would not return to work if this would reduce their benefits and ultimately leave them in a worse financial position. Witnesses from the expert jury day agreed that many people wanted to work but when often the move into employment had a negative effect on income, thus many people suffered from being caught in a benefit trap.

6.3.8 Obviously this is a challenging issue that requires innovative ways of changing the culture of many people. Professor Goldblatt cited the example of the London Borough of Newham (LBN) that recognised the impact of unemployment on health and developed the Mayor's Employment Project. The service was locally developed to offer support to the long-term unemployed with the objective of getting these people back to work. The project is delivered by advisors who offer expert benefit advice and financial support and provides the guarantee that people will not be worse off when returning to work and will top up housing benefit for a year if needed. The advisors offer help in setting up in-work benefits and establishing childcare arrangements. The scheme has placed 220 residents of LBN back into work and no-one has needed to claim the additional subsidies from the local authority. The scheme has allayed the traditional fears and allowed people to escape the benefit trap through sound advice and information.

6.4 Places and Communities

Local Communities

6.4.1 Neighbourhoods and communities are an extremely important aspect of the health inequalities equation as acknowledged by the Marmot Review and as a recurring theme throughout the committees own research. There is a real issue around mapping the work that is undertaken in communities and neighbourhoods. Are the areas of greatest need where we have the concentration of services? At the expert jury day this was expressed as not always being the case. It was also highlighted that when everyone is treated equally it simply means the healthier get healthier and there is no narrowing of the gap in equalities. Within and across wards the level of variation can be great and both the PCT and local authority are looking to identify neighbourhoods where engagement needs to be targeted. Many of the traditional ways of engaging with communities need to be looked at and new ways of working developed to improve outcomes. There was recognition of the equality of outcomes and the need to be brave when looking at targeting services and providing the right levels of intervention in each area.

6.4.2 The community event day identified a number of issues that people believed contributed to health outcomes, a number of which revolved around neighbourhoods and where a person lives. The new wellness centres were identified as an excellent resource as well as the numerous community leisure facilities in place or under construction across the city. The built environment and development of green spaces across the city was also highlighted as important in providing an attractive environment in which to live.

6.4.3 Attendees also regarded the accessibility of services, shops and activities as important. This highlighted the issue of effective transport links across the city and the issue of ensuring new services or facilities have considered the accessibility arrangements for various groups and backgrounds that exist within Sunderland. Transports primary function is to enable access to people, goods and services. Transport has major health impacts from road accidents, levels of physical activity and associated health effects from weight gain, air pollution and access to a range of services. It is recognised that the adverse health effects fall disproportionately on the most vulnerable groups in society, those living in poorer communities who suffer from environments which discourage active travel, active play and where more accidents are experienced.

6.4.4 ‘Walkable’ neighbourhoods or environments are recognised as places where people are more likely to know their neighbours, participate politically, trust others, and be socially engaged. ‘Walkability’ is something that cannot be planned for without a co-ordinated approach to the built environment as a whole, bringing together housing, transport and the planning system. This illustrates the need for an integrated and coordinated approach to embed health considerations.

6.4.5 The plans and policies of urban planners are instrumental in affecting the conditions in which people live and work, how people access services and facilities, their lifestyles and ability to develop strong social networks. These are key determinants of the health, wellbeing and quality of life of people in cities. Healthy urban planning is about planning for people. It means putting the needs of people and communities at the heart of the planning process, and considering the implications of decisions on health and wellbeing. It also needs to find a balance between social,

environmental and economic pressures similar to planning for sustainable development.

6.4.6 NHS services are universal in nature and this is something that needs to be considered and this was recognised at the expert jury day. G.P's play a crucial role within communities and this can help the NHS to provide local enhanced services through the collection of information on key groups of people within communities. This could allow for better monitoring and better reaction within local areas. The NHS recognised the emerging theme of personalisation. The NHS has a good base and strong foundations around service delivery and working with the local authority and other agencies is looking to better coordination and delivery of services to ensure resources are deployed to those areas or groups most in need. Again attendees at the community day event also expressed their satisfaction with the service from G.P's generally. Many also emphasised how G.P's were able to provide information or access to health programmes.

6.4.7 The easy access and sheer volume of fast food outlets across the city and in communities was discussed by many attendees at the community event day. This follows on from the accessibility issue in communities and it is important that not only do people have access to good quality services but also to good local environments and that includes food. The importance of a healthy diet cannot be stressed enough and people need to be able to access fresh fruit and vegetables. This is not always the case and issues around affordability do play a major part. There is an issue for local authorities and planners to consider the health outcomes of planning decisions on local communities. There needs to a good range of choices on the high street to allow local families to make an informed choice. Links can be made here with local voluntary groups in providing classes to give families the confidence to buy and use fruit and vegetables rather than the easier fast food option.

6.4.8 The voluntary and community sector also play an important part in local communities and provide facilities and opportunities within neighbourhoods. Members discovered examples of internet cafes and luncheon clubs offering nutritious meals and Sit n B Fit schemes which saw joint agency working on a local level. Good neighbourhood projects which look to get communities more involved with each other creating a positive impact on the way people feel about where they live. It was identified that there needs to be more work undertaken to encourage similar joined up working in communities that can move the health agenda forward.

The Role of Area and Scrutiny Committees

6.4.9 The importance of neighbourhood data has been touched upon already during this review but it cannot be underestimated in terms of inequality and the targeting of resources. A number of expert witnesses highlighted the role of area committees in addressing this agenda. Area committees are undertaking a new role and defining their own local area plans which involve partner organisations and the third sector. Each local area plan has an investment budget to enhance or supply services locally. Local area committees also have community chest funding which provides social capital and enables communities to improve socially and this too can impact on health outcomes.

6.4.10 Area committees can provide a real focus for developing community outcomes and also providing intelligence on neighbourhood and community level. This intelligence can then provide for targeting of resources to those areas and neighbourhoods

most in need. Area committees provide an interface between local councillors, officers, interest groups and the community to work together and move forward on various agenda fronts which can only serve to improve the health agenda. The use of area committees can also provide for a joined up approach to service delivery and also allow for community input into how services or projects can best work in a neighbourhood.

6.4.11 The scrutiny function also has a part to play in tackling health inequalities. The very nature of health inequalities means there is an impact on all strands of the scrutiny function, and it is important that scrutiny committees look to challenge the key determinants of health inequalities where applicable. There are a number of key documents that can assist the process including the Joint Strategic Needs Assessment (JSNA) which outlines current and future needs of a local population. The JSNA can help to assess how effectively current services are meeting the needs of communities, identify unmet needs and assist with service planning and innovation.

6.5 The Prevention Agenda

The Changing Landscape

6.5.1 The focus over the next five years for the NHS is around developing the prevention agenda and this is clearly outline in the NHS strategy 2010-2015: from good to great . Preventative, People Centred, Productive. There is a growing focus on developing services that are more accessible within communities and enhance the probabilities of reaching vulnerable groups. The real challenge for the health service will be the decommissioning from treatment to prevention, particularly in a perceived period of limited growth. At the expert jury day the importance of investing in community and G.P settings was highlighted, as well as looking at how we manage people with long term conditions. Being able to put people in greater control of their condition can lead to fewer emergency admissions and this is exemplified by the TeleHealth pilot, that is part of the Digital Challenge programme, which has seen reducing numbers of hospital admission.

6.5.2 There are numerous schemes working within communities that have an impact on the prevention agenda. Currently Sunderland City Council and housing partners are continuing efforts in working towards every possible home in Sunderland being insulated. From 2010, this will include trials of solid wall insulation for private homes. The City Council through its Health, Housing and Adult Services Directorate are also developing an Affordable Warmth Strategy to look at tackling issues around fuel poverty. It is schemes like this that can provide real benefits and ensure that resources are directed to where they are needed most.

6.5.3 There needs to be a corporate council approach to driving and tackling the inequalities agenda. There is no doubt that a lot of good work is being undertaken but the links need to be established between the key stakeholders. Also throughout the evidence gathering it became clear that there is a need for every service to consider the health impact of all policies and strategies that are to be implemented. A number of expert witnesses acknowledged that there was a lack of use of health impact assessments across departments. Every service considers the risks of a new project, service or strategy but this must include the health benefits. The importance of health outcomes for Sunderland cannot be underestimated in policy planning or implementation.

6.5.4 There is also a very important role for local elected members to play in driving health inequalities forward. At the expert jury day it was reported that no-one ever raises the issues of a healthy lifestyle or the inequalities in health as an issue with an Elected Member. This raised an interesting point around the role of members as champions of their communities and the need for them to understand the implications of policy decisions on the health of their communities and neighbourhoods.

6.5.5 During the survey conducted by Sunderland LINk on behalf of the committee the question was posed as to what was important in maintaining a healthy lifestyle, the question was open and no options or tick boxes were provided. Figure 4 below shows the results. The results indicate that diet and exercise score well which is positive and illustrates that the message around these themes is being understood and acknowledged. However more importantly it shows how other messages around a healthy lifestyle including health checks, screenings and perhaps more alarmingly smoking and drinking are not hitting the mark. The local lifestyle survey identified that 42.3% of adult males and 21.8% of adult females within Sunderland drink heavily on a single occasion at least once a week, the averages for England are 24.7% and 15.4% respectively.

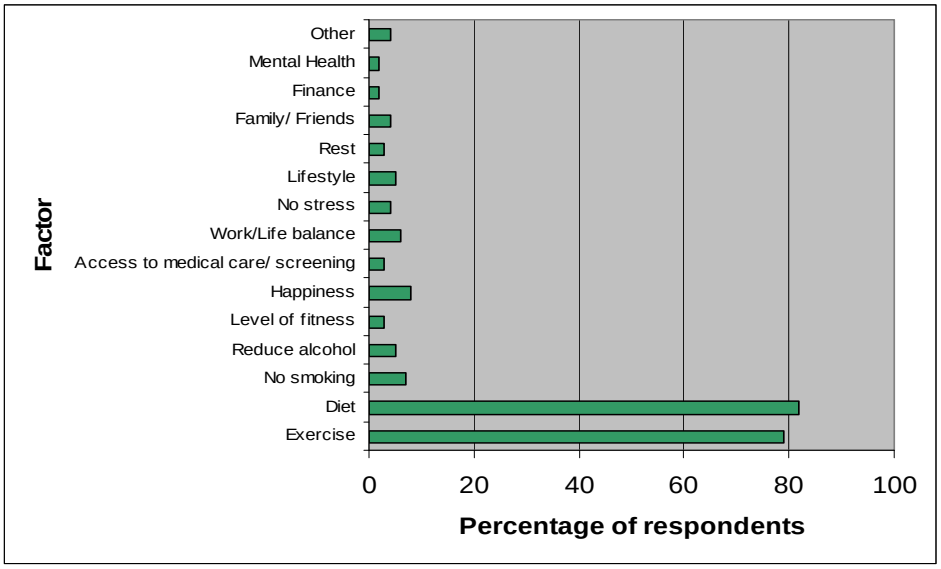


Figure 4: To show factors all respondents consider important in maintaining a healthy life

6.5.6 As indicated drinking and the effects of alcohol are not confined to young people and the proportion of the adult population that drink at harmful levels across the week is highest in the wards of Houghton (35%), Washington East & St. Peters (34%) and St. Michaels (33%), but none of these figures are significantly higher than the average proportion across Sunderland as a whole (29%). According to Sunderland's Director of Public Health what is interesting is the difference compared with other lifestyle indicators e.g. smoking which increases as the socioeconomic gradient declines, whilst with alcohol there isn't a similar correlation, harmful and hazardous drinking occurs across the gradient although there is a suggestion of a decline with age.

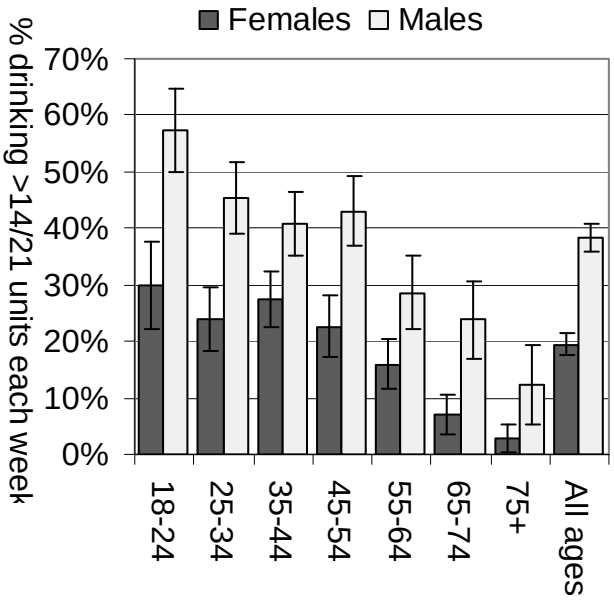


Figure 5: Proportion of adults drinking at unsafe levels each week

6.5.7 Again smoking rates among the adult population in Sunderland are also higher than the national averages. The prevalence of smoking in Sunderland based on Health Survey for England data indicates that 32% of adults smoke. When the population is broken down into groups with similar social and demographic characteristics, the proportion who smoke among 'low income families in estate based social housing' was significantly higher that the overall proportion who smoke across Sunderland.

Ward	Persons % who smoke	Persons Total Responding	Signficance*
Barnes	22.8%	189	-
Castle	25.4%	181	-
Copt Hill	27.3%	183	-
Doxford	18.7%	171	-
Fulwell	17.3%	168	L
Hendon	28.4%	134	-
Hetton	27.1%	129	-
Houghton	23.0%	248	-
Millfield	27.7%	141	-
Pallion	33.6%	152	-
Redhill	31.3%	163	-
Ryhope	28.8%	191	-
St Anne's	27.8%	151	-
St Chad's	29.3%	157	-
St Michael's	22.5%	151	-
St Peter's	25.0%	132	-
Sandhill	30.1%	173	-
Shiney Row	21.9%	192	-
Silksworth	22.8%	228	-
Southwick	27.7%	159	-
Washington Central	22.1%	172	-
Washington East	22.8%	167	-
Washington North	26.2%	183	-
Washington South	20.2%	173	-
Washington West	23.6%	191	-
Unknown ward	25.0%	28	
Sunderland	25.1%	4307	

Source: 2008 South of Tyne and Wear Lifestyle Survey, NHS South of Tyne and Wear

* H = significantly higher than Sunderland average at 95% level of confidence, L = significantly lower, - = not significantly different

Figure 6: Proportion of Adults that smokes by Sunderland ward

6.5.8 The third sector also has a huge part to play in moving forward the prevention agenda and already does a lot of good work within communities. It is crucial that services engage with communities on the right level and a good in-road in to communities is through the already established voluntary networks within communities. A number of social enterprise schemes are also operating with good results and these organisations need to be considered in developing a joined up approach. It is also important that the voluntary and community sectors are supported in the delivery of programmes which can impact on the prevention agenda.

Total Place Pilots

6.5.9 'Total Place', is an ambitious and challenging programme that, in bringing together elements of central government and local agencies within a place, aims to achieve three things, create service transformations that can improve the experience of local residents and deliver better value, deliver early efficiencies to validate the work and develop a body of knowledge about how more effective cross agency working delivers the above. This work weaves together two complimentary strands. A 'counting' process that maps money flowing through the place (from central and local bodies) and makes links between services, to identify where public money can be spent more effectively.

6.5.10 Sunderland working in partnership with South Tyneside and Gateshead are looking at the theme of alcohol and drug misuse as a Total Place pilot. This was determined through consultation and workshops with various partners. It is clear that alcohol and drug misuse is a concern that all three local areas have a common affinity with and presents challenges in developing approaches and solutions as well as identifying cross-cutting links with partnerships and priorities.

7 Conclusions

The Committee made the following overall conclusions:-

7.1 How you start life, where you live, develop through childhood, the experiences you encounter, your education and employment all have a major part to play in your personal health outcomes and life expectancy. Health inequalities are inextricably linked to the place on the social scale that a person sits, and the more advantaged a person is the more positive the outcomes become. Is this fair and is it necessary, particularly as many of these inequalities could be avoided. The Marmot Review argues that creating and investing in a fairer society is essential to the improvement of health in the whole population, and this is something that all stakeholders need to consider when considering tackling the inequalities of health in Sunderland and nationally.

7.2 The early years of life have the biggest impression on the life course and the choices, lifestyle and health outcomes of any individual and the role that school and family life play in this cannot be underestimated. The social and educational skills developed at an early age through school and family provide individuals with the knowledge to make choices that will influence their life course. The universal free school meals pilot could also provide new evidence to the debate around the best opportunities at the earliest stages of life. Following positive results from the initial pilot authorities it is proposed to extend the pilot to a further six local authorities by September 2010.

7.3 Projects like Sure Start and the Children Centres provide support to young mothers by bringing together a number of support services to provide a positive start for children. It is important that it reaches those who need it most and not simply those who know how to access the service. With this in mind further outreach work is being undertaken across localities to ensure the hardest to reach families get the same support. Children's centres support the most vulnerable and youngest parents not only in bringing up their children but also to develop themselves through providing access to training and employment advice and opportunities and thereby improving their quality of life and standard of living overall.

7.4 Whole school pilots need to look at how the school and the community as a whole work together in partnership. The role of the school as a place to offer courses and activities that develop links between groups within communities is not one that should be dismissed lightly. This dual role as a school and community base can also then provide for access to services including stop smoking classes, healthy eating courses and sex education that are traditionally held in G.P. practices, clinics or other locations that are often remote from neighbourhoods or communities.

7.5 The very real issue of under-age drinking and smoking and the damage this can do to young people is evident throughout the research. The very real concerns that people have about the seemingly spiralling nature of these issues was also highlighted numerous times. The ready availability of cheap alcohol in supermarkets and local shops together with the illicit sales in cigarettes has a direct effect on the health outcomes of individuals in later life. Young people will take risks but these risks need to be informed around the consequence of actions.

7.6 Without the correct knowledge and information the opportunities for making informed decisions becomes limited and positive health outcomes are reduced. This knowledge and information comes from a wide variety of sources including the home, school, friends and communities. All these factors contribute to the choices that are made and the resultant health outcomes. There are clear links between educational attainment and health outcomes and through various settings both within school, the community and the workplace there needs to be as much opportunity as possible to allow for the access to information that can inform the choices people make.

7.7 Unemployment and economic inactivity are directly linked to ill health and this in turn can lead to difficulties in finding or maintaining employment. The status and control people have in their working lives is a contributable factor to their health and wellbeing, being able to have a degree of control or flexibility can reduce stress. In a time of economic instability and a global recession it is difficult to see the aspiration of every job being of this nature. However, there is a lot of important work being undertaken to develop new skills and provide training opportunities to get back to work. The social enterprise schemes are one such example and give employees real control and flexibility as they own the company through the shares they receive. The Working Neighbourhood Fund has also provided the local authority with funding to develop programmes and initiatives which can look to target those most in need of support in returning to work and taking people out of poverty, so they are not trapped in unemployment or earning poverty wages which can impact on their future health.

7.8 The issue of the benefit trap and the complexities of the benefit system are highlighted in the Marmot Review and these issues are not easy to address. However, as can be seen from the London Borough of Newham example, innovative solutions are there to be found. Sunderland offered mortgage rescue plans during the recent financial crisis to help families in the area keep their homes and prevent unnecessary homelessness.

7.9 It is not that people do not want to work rather that they want to be better off for working. Employment can mean many things to a person including development of new skills, better financial standing, increased opportunities and ultimately better health. How we address this over the coming years will take a whole city approach with many of the key stakeholders, enterprises and businesses working together to improve the employment opportunities where they are available.

7.10 The health inequalities agenda is heavily influenced by community and neighbourhood, where a person lives, works and socialises will have a major impact on their lifestyle and health outcomes. So it is important that services have the information to target resources effectively in the right localities. There is already a lot of good work being undertaken at a neighbourhood level through the wellness service, PCT and voluntary sector and this should continue with clear links and a joined up approach. That services are available at low cost in local community venues also helps to remove some of the barriers to participation that may previously have existed.

7.11 Lack of transport links or accessibility to services can only act as a barrier to certain communities or groups within the city. Careful consideration must be given to where services are delivered from to ensure the maximum benefit and that this does not deter those most in need of receiving this support. A similar statement can be applied to the built environment and the importance of access to open and green spaces as well as to a varied choice on the high street.

7.12 Area committees also have an important role to play in bringing together key stakeholders and developing useful data around neighbourhoods for the delivery of strategies and projects. The area committees also have the opportunity to play a major role in the delivery of projects to improve health outcomes on a ward and neighbourhood level. The local knowledge of elected members, the input of local organisations and the opinions of local people can prove vital in the successful implementation of projects on the ground, and this can only be a strength of the area committee role.

7.13 Health impact assessments are an important aspect of assessing the health impacts of policies, strategies and initiatives while health equity audits ensure that access to services is equitable. As well as this the Joint Strategic Needs Assessments (JSNA) can play a crucial role in identifying current and future health needs of local communities, as well as inform the priorities and targets set by Local Area Agreements. JSNA's can also provide focus for scrutiny and area committees to ensure policy direction addresses need within communities. Health needs should be assessed in the delivery of all policies and strategies as inequalities exist in all facets of the life course. It is important to ensure that actions as a result of policy or strategy do not widen the gap in health inequalities but instead strive to create positive health outcomes.

7.14 When we talk of health inequalities and look at the stark figures and statistics for Sunderland these revolve around preventable illnesses. The move from treatment to prevention will be a key challenge for everyone but it is one of the ways identified in the majority of research which can help to reduce health inequalities. Smoking, drinking, teenage pregnancy and obesity all follow the social gradient and if people can make more informed choices through education and early years development there is a greater chance of prevention of such issues in adult life.

7.15 The importance of identifying the health impacts and implications of decisions made by key stakeholders cannot be underestimated. There needs to be a clear understanding of the issues around health for policy and decision makers to ensure informed choices are made that benefit the communities and neighbourhoods of Sunderland. Almost every aspect of life, as can be seen, has an impact on a person's health and the choices they make, therefore it is paramount that Sunderland has the ability to assess strategies and decisions for health outcomes and health equity.

7.16 The total place pilot allows for a new way of working and developing greater links between key stakeholders and communities. It also provides for looking at new ways of engaging and involving all stakeholders in the development of services and initiatives and looks to remove duplications and concentrate efforts on those most in need. Total Place is a new way of thinking and provides for looking at age old problems in a new way, it is this sort of project that could highlight effective measures for tackling health inequalities and narrowing the gap.

8 Recommendations

8.1 The Health and Well Being Scrutiny Committee has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committees key recommendations to the Cabinet and partner organisations (where applicable) are as outlined below:-

(a) That 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 be established;

(b) That all Elected Members are 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;

(c) That 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;

(d) That 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) be adopted to ensure that new policies and service designs consider the potential health impacts of implementation;

(e) That the existing joint strategic needs assessment at a City wide, ward and 'natural neighbourhood' level 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;

(f) That mechanisms for ensuring that impact on reducing health inequalities are considered by all scrutiny committees and area committees as part of the work planning process be developed;

(g) 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;

(h) That the City Council become an examplar in ensuring employees benefit through 'Health at Work' Schemes and should engage with the regional workplace health programme.

(i) 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;

(j) That 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, be further explored; and

(k) That in conjunction with our partner organisations; the Council ensures a whole city approach to reducing inequalities through engagement, support and working in partnership to understand the roles and responsibilities including current action plans in relation to the health inequalities agenda;

(l) That the 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.

9. Acknowledgements

9.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

(a) Nicola Morrow – Healthy City Coordinator – Sunderland City Council
(b) Lee Cranston – Assistant Head of Corporate Policy – Sunderland City Council
(c) Professor Peter Goldblatt – Lead Researcher - The Marmot Review
(d) Nonnie Crawford – Director of Public Health – Sunderland Teaching Primary Care Trust
(e) Ben Seale – Joint Commissioning Manager – NHS South of Tyne and Wear
(f) Professor Tim Blackman – Dean of Queen's Campus - Durham University
(g) Neil Revely – Director of Health, Housing and Adult Services – Sunderland City Council
(h) Martin Gibbs – Head of the Health Inequalities Unit - Department of Health
(i) Brent Kilmurray – Commercial Director PCT Provider Services - Sunderland Teaching Primary Care Trust
(j) Canon Stephen Taylor – Chair of the Local Strategic Partnership
(k) Alan Patchett – Age Concern and Community Network
(l) Dr Helen Patterson – Executive Director Children's Services – Sunderland City Council
(m) Vince Taylor – Head of Strategic Economic Development – Sunderland City Council
(n) Margaret Elliott - Social Enterprise Scheme
(o) Stephen Wilkinson – Co-ordinator – Sunderland LINk

10. Background Papers

10.1 The following background papers were consulted or referred to in the preparation of this report:

(a) The Marmot Review, 2010. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010.

(b) Department of Health 2010. A Smoke Free Future: A Comprehensive Tobacco Control Strategy for England.

(c) Healthy Urban Planning in Practice, 2003. Report of the WHO City Action Group on Healthy Urban Planning.

(d) Director of Public Health Annual Report for Sunderland 2009/10. Sunderland Teaching Primary Care Trust.

(e) Director of Public Health Annual Report for Sunderland 2008/09. Sunderland Teaching Primary Care Trust.

(f) The Local Government Association, 2010. The Social Determinants of Health and the Local Authority.

(g) APHO and Department of Health, 2009. Health Profile Sunderland.

(h) Department of Health, 2009. Tackling Health Inequalities: 10 Years on.

(i)_ Sunderland City Council, 2009. Community Spirit Summer Survey.

(j) Sunderland City Council and NHS South of Tyne and Wear, 2009. Sunderland Joint Strategic Needs Assessment 2009 Refresh.

Appendix 1 – Community Day

The Community Day was held at the Stadium of Light on 21st January 2009. Below was the itinerary for the day.

	Buffet lunch	12:00-12:45	(45 mins)
1	**Cllr Peter Walker, Chair of HWB Scrutiny Committee** Welcome	12:45-12:50	(5 mins)
2	**Martin Gibbs, Health Inequalities Unit – Department of Health** The national policy environment around Health Inequalities	12:55-13:20	(25 mins)
3	**Professor Tim Blackman, Dean of Durham University's Queens Campus** The regional perspective of Health Inequalities	13:20-13:40	(20 mins)
4	**Nonnie Crawford, Director of Public Health** The NHS perspective of Health Inequalities in Sunderland	13:40– 14:00	(20 mins)
5	**Neil Revely, Director of Health, Housing and Adult Services, Sunderland City Council** The Local Authority perspective & the Healthy City	14:00 – 14:25	(25 mins)
	Coffee break	14:25-14:45	(20 mins)
6	**Group discussion**	14:45-16:00	(1¼ hrs)
7	**Cllr Peter Walker, Chair of HWB Scrutiny Committee** Questions and close	16:00-16:15	(15 mins)

The day generated much discussion about the issue of health inequality.

Appendix 2 – Tackling Health Inequalities Questionnaire Results

182 questionnaires were completed by residents across the city to inform the Tackling Health Inequalities Policy Review. The main findings are shown below.

Figure 1: To show sex of all respondents

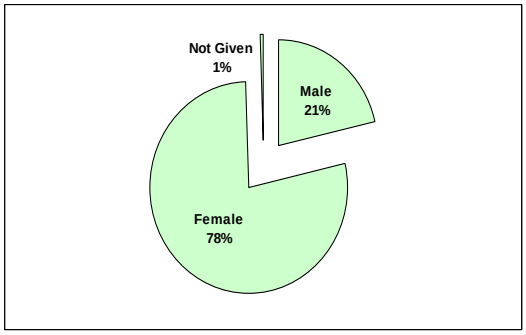


Figure 2: To show age of all respondents

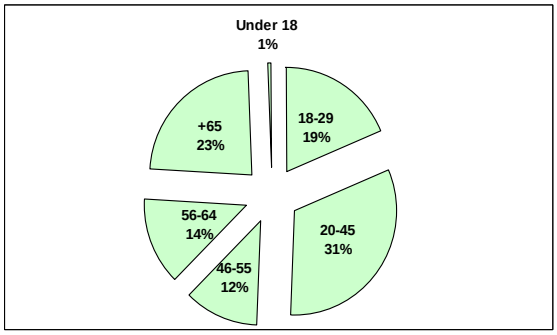


Figure 3 to show percentage of respondents from each postcode area

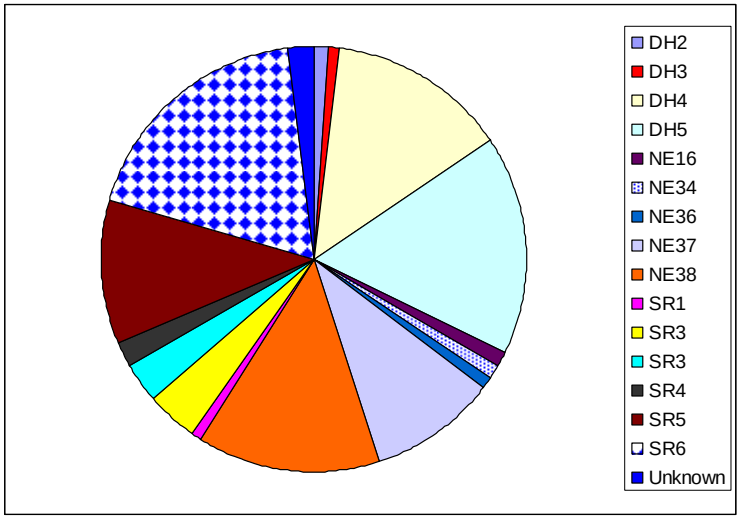


Figure 4 Percentage of all respondents who consider themselves healthy by age and sex

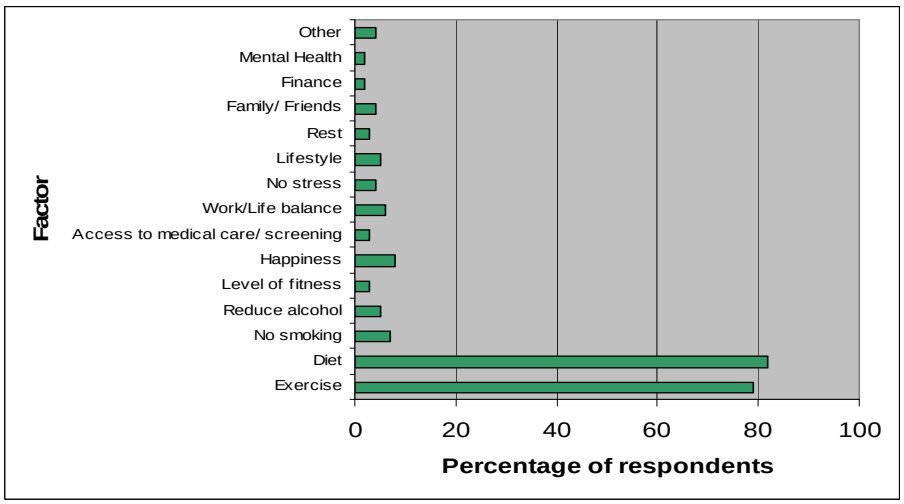
Age	Total	Male	Female
Under 18	100	-	100
18-29	96.5	100	93.3
30-45	82.8	77.8	83.7
46-55	66.7	55.6	75
56-64	88	83.3	89.5
65+	81.4	90.9	77.4
Total	**83.5**	**79.5**	**84.5**

Figure 5 Percentage of all respondents who consider themselves healthy by postcode area.

Postcode	Total
DH4 (Houghton-le-Spring Area)	96
DH5 (Houghton-le-Spring Area)	84
NE37 (Washington Area)	79
NE38 (Washington Area)	88
SR5 (Sunderland Area)	60
SR6 (Sunderland Area)	94
Percentage of all respondents	**83.5**

The 6 postcode areas with the greatest percentage of respondents were selected for comparison in the above figure.

Figure 6: To show factors all respondents consider important in maintaining a healthy life



A selection of comments provided by respondents when they were asked: "Do you think where you live affects your health in a good way or a bad way. What are these?"

"Both: Bad way- Traffic and mess on the streets. Good way- Open spaces and access to facilities" DH4

"I don't think where I live affects my health either positively or negatively." DH4

"There is access to cheaper fruit and veg and activities for children" DH4

"It is good to have a leisure centre nearby and the school is within walking distance. It would be good to have more facilities near that enabled families to do more physical activities" DH4

"There is nothing to do. There are no parks or places to exercise" SR2

"Living near to GP surgery and shops really helps" NE38

"In a good way, excellent neighbours, neighbourhood watch scheme, it is a semi-rural area with good walking opportunities close to home" SR3

"I think it is up to the individual as to whether they choose to live a healthy lifestyle. i.e. choosing whether to visit the fish and chip shop or the fruit and veg shop" DH4

"Money and the culture in certain areas can affect lifestyle." NE37

"Living in a miserable neglected area can affect your mood and health dramatically." NE38

Figure 5: To show if respondents are aware of or know how to access variety of services

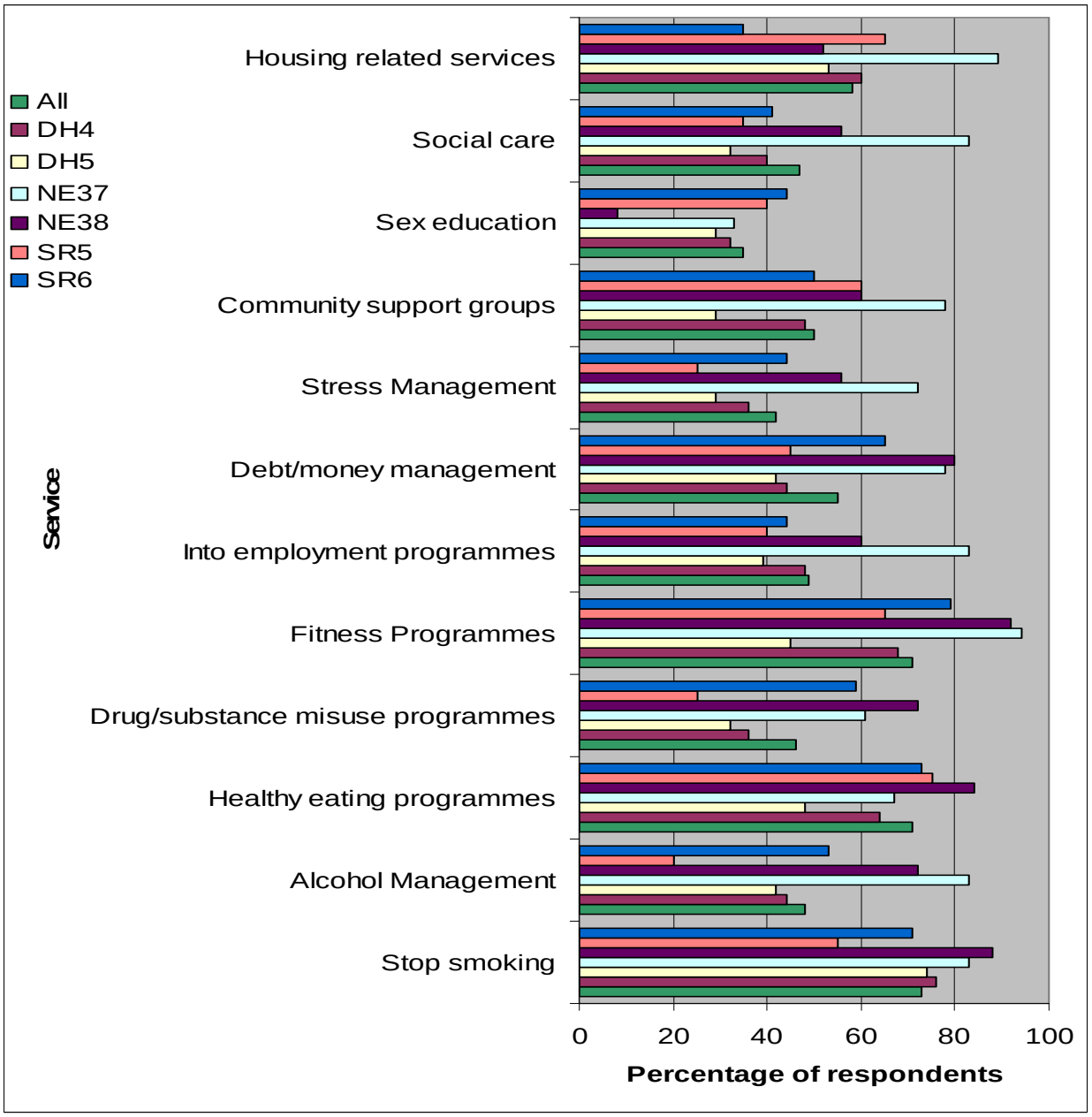


Figure 6: To show the method respondents considered the best way to be informed about services

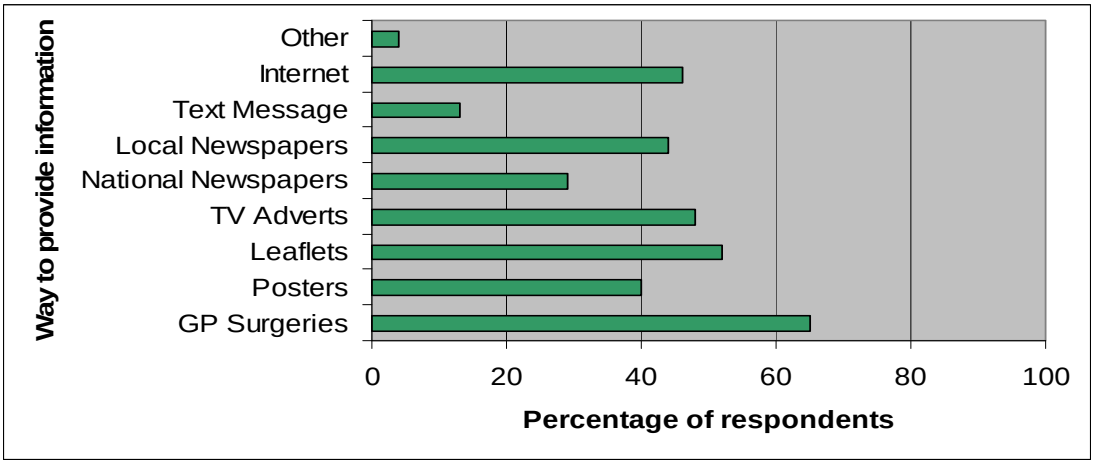


Figure 7: To show factors which would affect respondents accessing services

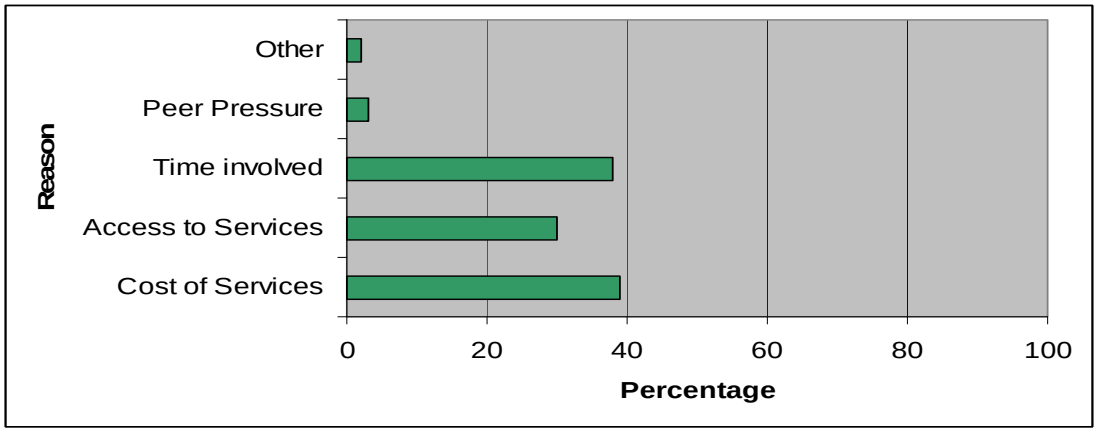


Figure 8: To show what factors would encourage respondents to access services