

DEVELOPING OUR APPROACH TO IMPROVING HEALTH AND REDUCING HEALTH INEQUALITIES

Report of the Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

- 1.1 The purpose of the report is to:
- i) provide an overview of the Health Inequalities priority within the Healthy City Plan;
 - ii) describe a systemwide approach to improving health and reducing health inequalities; and
 - iii) seek the commitment from partner organisations to help further develop the city's approach to reducing health inequalities.

2.0 Background

- 2.1 Our [Healthy City Plan](#) sets the context for our health ambitions. There are notable successes in the city in improving health outcomes and reducing health inequalities. As a Board we have acknowledged we must scale up and accelerate change and improvement for the decade ahead if we are to make long lasting health improvements, particularly as Covid-19 has exacerbated many health inequalities. Our six Healthy City Plan shared values and behaviours will help guide our approach:
- **Focusing on prevention** – helping people to stay healthy, happy and independent
 - **Tackling health inequalities** – challenging and taking action to address the inequalities and social determinants of health
 - **Equity** – ensuing fairness in 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
- 2.2 The December 2020 Marmot report '[Build Back Fairer: The Covid-19 Marmot Review](#)' highlighted how the pandemic has not only increased existing inequalities, but suggests new inequalities have emerged. Going forward there is the potential for widening disadvantage, potentially inequality gaps will widen as we emerge from the pandemic and into recovery, with disadvantaged communities having suffered its impact disproportionately, for example:

- Increased community mortality and morbidity directly as a result of Covid-19.
- Accumulation of health concerns and morbidity due to Covid-19 impact on disease management and the late presentation of non-Covid conditions such as cancer symptoms.
- Damage to family relations and cohesion from bereavement and the consequences of isolation, for example, domestic abuse.
- Worsening of social determinants, for example, educational disadvantage, debt, job loss and housing insecurity.
- Impact of damaging health conditions, for example, food poverty and poor access; poor diet and under nutrition; and reduced physical activity.
- Impact of damaging health behaviours; raised alcohol/drug consumption; and tobacco and passive smoking.
- Increased suicides and mental health issues.
- Disadvantage from loss of early years and parenting support, and missed formalised education.

2.3 Our [Covid-19 Health Inequalities Strategy](#) (2020) sets out Sunderland's response to Covid-19 and the impact on health inequalities. The strategy has four strategic aims, to:

- i) raise awareness of the importance of health inequalities in both the response to and recovery from Covid-19;
- ii) follow the key principles set out in the Healthy City Plan and use data, intelligence, and evidence to systematically understand the natural and unintended consequences that may have widened health inequalities;
- iii) support local organisations and communities to consider how their work may impact on health inequalities as described in the Healthy City Plan's 'framework for reducing health inequalities and preventing poor health'; and
- iv) consider the evidence to ensure that any recommendations will prevent or mitigate health inequalities widening as part of the Covid-19 pandemic.

2.4 The implementation plan for the Covid-19 Health Inequalities Strategy is summarised in the [Healthy City Plan Implementation Plan](#) whereby Covid-19 healthy inequalities is one of the nine workstreams of the implementation plan.

3.0 Systemwide Approach to Improving Health and Addressing Health Inequalities

3.1 As part of our core business there has been significant work undertaken across Sunderland in response to Covid-19 which contributes to reducing health inequalities, from supporting those most vulnerable, from shielded through to business support. However, the impact of Covid-19 continues to disproportionately impact on specific populations and geographies which

presents future challenges and requires both a population and targeted response.

3.2 The council has identified four priority areas for action that will support the delivery of the Healthy City Plan, these being:

- i) Better understanding of our population
- ii) Asset based community development - 'residents as participants'
- iii) Economic Activity – skills, aspirations and wealth building
- iv) Health in All Policies approach

3.3 **Better understanding of our population** using the following approaches which includes:

- Embed a population health management approach across the Sunderland health and care system, use consistent approaches to population segmentation, to share and layer data and agree system wide outcomes.
- Integrate public health into place based Primary Care Network (PCN) work in priority wards (e.g. SARA project) and explore the use of data display tools.
- Examine existing data and intelligence to determine our current baseline, raise awareness of existing good practice in the city and how this can support our aspirations, complimented by lived experiences of residents.
- Build on employee insights so we can respond to our workforce and use employee insight to tackle health inequalities.
- Establish consistent minimum standards for consultation, engagement and involvement.

3.4 **Asset based community development with 'residents as participants'** using the following approaches which includes:

- Use an asset-based community development approaches to address inequalities, promote resilience and support communities to identify their own health needs at the earliest point and mobilise themselves into action, with the aim of empowering communities to tackle the social determinants of health by targeting general health and wellbeing.
- Work with Partner organisations, the VCS Alliance and communities to develop an agreed approach to capacity building to deliver on our city priorities.
- Consider the wider use of Crowd Fund Sunderland.
- Continue to work with partners to deliver an approach to social prescribing across Sunderland with an agreed shared vision which will be delivered across the lifecourse and at the earliest point of need to encourage healthy lifestyles, and positively impact on social determinants.
- Encourage services to adopt a 'think family' approach, recognising that they have a role in taking action to support families they are working with.
- Develop an overall community champion approach for the city which will pull together the various champion programmes (linking with social prescribing).

- 3.5 **Economic Activity – Skills, Aspirations, Wealth Building** through the following approaches which includes:
- Identify opportunities linked to our Strategic Housing Developments and increasing community engagement.
 - Embed Community Wealth Principles through Crowd Funding Sunderland and Community Wealth Charter.
 - Identify opportunities for healthy living environments and homes to embed prevention, increase access to healthy living environments and homes, and reduce health inequalities.
 - Consider how vulnerable people and people from disadvantaged backgrounds can be supported to enter work and sustain employment (e.g. care leavers, domestic abuse survivors; BAME community; socio-economically disadvantaged groups).
 - Focus on skills for the future, linked to the strategic vision and need for the city.
 - Consider career routes and career progression for young people.
- 3.6 **Health in All Policies (HiAP)** using the following approaches which includes:
- Working with the Local Government Association (LGA) to develop and build local capacity to take a HiAP approach to different policy areas and opportunities across the city. Developing a relationship with the LGA on this area of business will allow learning and sharing practice with others nationally.
 - Engagement and communication to motivate action through stakeholder identification, champions and resources to support increased awareness and understanding of health inequalities, and consideration of these within everyday business.
 - Undertake Health Impact Assessment (HIA) technical training so we can utilise and integrate impact assessment tools for considering health inequalities within decision making.
- 3.7 There is support from the Living Well Delivery Board to work together on these four priority areas for action, recognising this will result in better understanding our population and further build on our ability to support and enable improvements in health outcomes and health inequalities. A systemwide partnership approach will maximise our ability to get the best possible outcomes and ensure approaches are equitable and consistent with our Healthy City Plan shared values and behaviours. There was strong support from partners for the proposals, specifically: common technical tools to support how we work together on a 'Health in All Policies approach'; support for a consistent way to engage and communicate with our communities; common data sets that are layered together to improve our collective understanding of those communities facing health inequalities; asset-based ways of working; and ensuring we engage partners where they can best make a contribution, including the VCS Alliance.
- 3.8 We will seek to develop a sector wide and consistent approach to tackling health inequalities in the city, recognising we need to work at both an Integrated Care System (ICS) and at a place level to make a difference. The

North East and North Cumbria ICS is committed to developing a systematic health inequalities approach for the ICS, looking for opportunities at what can be done at scale. The ICS has established a Health Inequalities Advisory Group, this is looking at how we can deliver differently.

4.0 Next Steps

- 4.1 For the city to achieve the scale required to address the impact of Covid-19 on our communities, economy and partners it will require us to work together through the refreshed governance framework of the HWB.
- 4.2 Through the approach described above we should consider the contributions we can all make to reducing health inequalities and to consider opportunities to improve health and the social determinants of health by building on a health in all policies approach.
- 4.3 The Living Well Delivery Board will take forward this work on behalf of the Health and Wellbeing Board and will report back to future meetings.

5.0 Recommendations

- 5.1 The Health and Wellbeing Board is recommended to:
 - i) note the contents of the report;
 - ii) agree to support the development of a systemwide approach to reducing health inequalities; and
 - iii) commit to individual partner organisations involvement in developing the city's approach further.

