

EXECUTIVE SUMMARY



What the strategy sets out?

The strategy sets out Sunderland's response to COVID-19 and the impact it has had on health inequalities. It builds on previous strategies where health inequalities have been identified including the City Plan, Sunderland Health and Wellbeing Strategy, Director of Public Health report 2019 and Draft Public Health Strategy. Covid-19 Health Inequalities Strategy will:

- Raise awareness of the importance of health inequalities in both the response and recovery to Covid-19
- 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
- Support local organisations and communities to consider how their work may impact on health inequalities, as described in the Sunderland Prevention and Health Inequalities Framework
- Consider the evidence to ensure that any recommendations will prevent or mitigate health inequalities widening as part of the Covid-19 pandemic



Key facts about Sunderland





What do we want to achieve and why it is important?

There is a danger that in our response to COVID-19 we abandon our community asset-based approach to reducing health inequalities as set out in the Healthy City Plan. It is an opportunity to accelerate the approach by using and responding to local intelligence, building on relationships and resident experiences gathered as part of the City's immediate response from volunteers (existing and recruited as part of the response), shielded call themes, risk assessments on our vulnerable young people and any other sources of intelligence.

A whole system and health in all policies approach that engages the wider council and partners is required to strengthen the recovery response with key at risk populations (appendix four).



Our challenges

At the time of writing there is clear evidence that Covid-19 is impacting on our most deprived communities. Key risk groups include residents of care homes, people with long term conditions, those on low incomes, at risk to domestic abuse, with mental illness, vulnerable children, older people, unemployed, with physical and learning disabilities and ethnic minorities and religious groups, however this may change as we gain more insight of the impact of Covid-19 on our communities.

Deprived communities may experience more direct and indirect impacts because they already have greater vulnerability and are likely to have a compromised ability to respond to the extra impact of COVID-19. ONS data indicates that people from the most deprived areas of England and Wales are more likely to die with coronavirus than those in more affluent areas.



Strategic objectives

Continue to improve health outcomes for our most disadvantaged communities who are at greater risk of Covid-19 by adopting a lifecourse approach which identifies the key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age and into older age.

Take every opportunity to mitigate the impact that Covid-19 has had on our communities by building on a Health in All Policies (HiAP) approach to policies we systematically and explicitly consider the health implications of the decisions we make with the aim of improving the health of the population.

Ensure that as we move into recovery we take the opportunity to address health inequalities as part of our plans by using available tools to ensure that health inequalities are considered for every policy and service.



Key actions

- Develop and use a local tool kit to take in to account any emerging evidence of the impact of Covid-19 on health inequalities which will include evidence-based actions that can be used to address these.
- Embed the Health Inequalities Strategy as part of any response or recovery work in relation to Covid-19
- Build on previous local intelligence, relationships and resident experiences as well as information gathered as part of the City's immediate response from volunteers, people who are shielded, our vulnerable young people and any other sources of community intelligence to inform our approach.
- Consider ways in which new interest in community/mutual aid approaches can be sustained to benefit priority communities and reduce demand on services.
- Review social value secured through existing contracts and explore the potential to divert the social value offer where required for most vulnerable communities.
- Explore the potential to become a Marmot City