At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 10TH FEBRUARY, 2010 at 5.30 p.m.

Present:-

Councillor P. Walker in the Chair

Councillor Fletcher, A. Hall, Leadbitter, Paul Maddison, Shattock and M. Smith.

Also in Attendance:-

Liz Allen	-	NHS South of Tyne and Wear
Nonnie Crawford	-	Director of Public Health
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
Claire Harrison	-	Sunderland City Council
Nigel Cummings	-	Sunderland City Council
Graham King	-	Sunderland City Council
Linda Irving	-	Sunderland Carers
Jessica May	-	Sunderland City Council
Nicola Morrow	-	Sunderland City Council
Neil Revely	-	Sunderland City Council
Stephen Taylor	-	Sunderland Partnership
Jim Usher	-	Sunderland City Council

Apologies for Absence

Apologies for absence were received on behalf of Councillors Morrissey, Old and Snowdon.

Minutes of the Last Meeting of the Committee held on 13th January, 2010

1. RESOLVED that the minutes of the last meeting of the Committee held on 13th January, 2010 be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Local Area Agreement Delivery Plans

Councillor M. Smith declared a personal interest in the item as a family member was employed by Sunderland Teaching Primary Care Trust.

Six Lives – The Provision of Public Services to People with Learning Disabilities: A report by the Parliamentary Health Service Ombudsman in conjunction with the Ombudsman for Local Government

Councillor Shattock declared a personal interest in the item as a family member experienced learning disabilities.

Variation in the Order of Business

At this juncture the Chairman proposed, and it was agreed, to vary the order of business to consider Item 5 at Item 4.

Local Area Agreement Delivery Plans

The Healthy City Delivery Partnership submitted a report (copy circulated) to provide the Committee with the Local Area Agreement Delivery Plan for those services delivered by partners who are members of the Healthy City Delivery Partnership.

(For copy report – see original minutes).

The Chairman welcomed Dr. Nonnie Crawford and Neil Revely to the Committee and invited them to give their presentation.

Dr. Crawford took the Committee through each performance measure in turn and key actions to achieve the desired outcome.

Referring to performance measurement NI130, the Chairman queried whether there was a limit to the amount of personal budget an individual could receive.

Mr. Revely advised that the money allocated for a personal budget should cover assessed need. A financial assessment would be undertaken by the Authority and would take into account an individual's level of benefits and income, and any contribution would be limited accordingly. Furthermore people can top up the budget from other resources such as additional benefits and *Supporting People* funding.

The Chairman was concerned that people who could afford to top up their care would be placed at an advantage and was advised by Mr. Revely that that would always be the case, however personalised budgets allowed people who need social care support to have more choice and control on how money was spent.

Mr. Revely advised that the Government had just announced further plans to pilot personal budgets for people with long-term conditions.

Councillor Shattock questioned who carried out the assessment process; social workers or care managers, and whether social care in Sunderland would continue to be provided across all four Fair Access to Care (FACS) bands.

Mr. Revely advised that there was no intention to change the FACS band and providing a level of support over all four bands of need was essential for preventative work. A project was currently running to look at ways of making it easier for people to access assessments, which could mean self assessment for those people with a low level of need. There would be a greater investment in advice services and greater use of occupational therapy services.

With reference to the performance measure relating to smoking rate prevalence, Councillor A. Hall stated that there appeared to be clearly signposted support services to help people to stop smoking but the same could not be said with regard to help with alcohol misuse.

Dr. Crawford advised that a range of partnership organisations needed to consider corporate responsibility for their staff.

Councillor Copeland commented on the number of people that now congregated in pub doorways to smoke and queried whether environmental health could intervene.

Dr. Crawford advised that environmental health staff had done well to promote the smoke free environment. The Safer Partnership could be asked to contact establishments to emphasise the issue with them.

Having thanked Dr. Crawford and Mr. Revely for the report, it was:-

2. RESOLVED that the contents of the Delivery Plan be received and noted.

Out of Hours Provision within Sunderland – Response to Councillor Query

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) to consider concern raised by Councillor Copeland in relation to the ability of a broad range of statutory services to meet individuals' needs in an emergency situation.

(For copy report – see original minutes).

Mr. Jim Usher, General Manager presented the report highlighting a number of issues that had been identified and needed to be addressed. Consequently the following recommendations would be taken forward:

- Review the skills and experience of the social workers who work within HHAS out of hours service, in order to ensure that the needs of people with mental health needs are adequately met;
- Raise awareness of the Crisis Resolution Service amongst the Contact Centre staff, in order that referrals are appropriate;
- Improve referral arrangements across the out of hours provision (including Crisis Resolution Service) agreeing the responsibilities for the given areas of work, communicating this to the Contact Centre;
- Clarify the onward referral arrangements between out of hour provision (including Crisis Resolution Service) and the information flows to ensure people are dealt with appropriately;
- Improve access to background information by scoping potential to share relevant information with the Contact Centre;
- Gather information relating to activity across the out of hours provision, in order to ensure the right service is being delivered.

In order to take forward these recommendations, it was proposed that a task and finish group is established. The group will include representatives from:

- Local Authority – Health, Housing and Adult Services
- Local Authority – Customer Services
- NTW
- Health and Wellbeing Review Committee

Councillor Shattock stated that the report was very good and if the recommendations could be achieved that would vastly improve the process and go some way to ensure people with mental health issues did not slip through the net.

Councillor Fletcher stated that it was extremely important that there was a process for informing the On Call Manager when the On Call Social Worker is 'out of action'.

Mr. Revely acknowledged that issues had been raised which needed to be rectified and these improvements would be put in place immediately.

The Chairman thanked Councillor Copeland for bringing the issue to the Committee's attention and thanked Mr. Usher and Mr. Revely for the report.

3. RESOLVED that:-

(i) Members be invited to sit on a task and finish group to take forward the recommendations (including Councillor Copeland), and

(ii) the Committee agree to receive further reports as the next step recommendations are taken forward.

'Six Lives – The Provision of Public Services to People with Learning Disabilities' : A report by the Parliamentary Health Service Ombudsman in conjunction with the Ombudsman for Local Government

The Executive Director of Health, Housing and Adult Services submitted a report to advise the Committee of Sunderland's response to the recommendations outlined in the Ombudsman report which have been formally presented to Cabinet as required.

(For copy report – see original minutes).

The Chairman invited Jim Usher, General Manager, Health, Housing and Adult Services to present the report. He advised that with the Committee's agreement they would receive an annual report from the Learning Disabilities Partnership Board on learning disability issues.

Councillor Shattock stated that the report was extremely important, especially the need to recognise the importance of family members and carers for their knowledge of the person concerned.

Carol Harries advised City Hospitals NHS Trust had improved its support to patients with learning disabilities. The Learning Disabilities Board ensured that children's transition into adult services was appropriate. The Learning Disabilities Nurse was a huge resource and awareness raising was increasingly taking place.

Referring to the newly established 'Futures' Teams to support young people and their families through the transition to adulthood, the Chairman questioned how well it had been received.

Mr. Usher advised that the Team had been very well received by both health and education colleagues.

4. RESOLVED that the contents of the report be received and noted.

Policy Development and Review 2009/10 : Expert Jury Day

The Chief Executive submitted a report (copy circulated) to provide Members with the details of the Expert Jury Day to support evidence gathering for the 2009/10 Policy Review.

(For copy report – see original minutes).

Mr. Nigel Cummings, Scrutiny Officer presented the report and outlined the draft itinerary for the Expert Jury Event. He also detailed the approach to the Expert Jury.

5. RESOLVED that the details of the Expert Jury Event be received and noted.

World Health Organisation Healthy Cities Network

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) to provide the Committee with an update of the current position in regards to the application into the WHO Healthy Cities Network Phase V and a review into the previous Phase work.

(For copy report – see original minutes).

The Chairman welcomed Nicola Morrow, Healthy Cities Officer to the Committee and invited her to give her presentation.

Ms. Morrow provided background to the application and the current situation regarding Phase V.

With reference to paragraph 5.2 of the report which recognised that there was a gap in profiling the work through literature and the media, the Chairman questioned what work was happening to improve this.

Ms. Morrow advised that work was taking place with Corporate Communications to promote the 'branding' and raise awareness. The Communications Team within the Primary Care Trust had also been approached. Ms Jessica May, Partnership Manager stated that communications would involve city wide marketing.

Councillor Shattock queried what good practice in other cities had been identified.

Ms. Morrow gave the example of Belfast which had been identified because of its healthy urban planning. Stockholm had contributed to the emerging field of Health Impact Assessments by analysing how different relative risks affected the burden of disease for various socio-economic groups.

Having thanked Ms. Morrow for her report, it was:-

6. RESOLVED that:-

   (i) the Committee endorse the work undertaken to engage in Phase V of the WHO European Healthy City Programme through the actions given, and

   (ii) further update reports be brought back to the Committee.

Work Programme 2009/10

The Chief Executive submitted a report (copy circulated) to consider the current Work Programme for 2009/10 Council Year.

(For copy report – see original minutes).

Ms. Claire Harrison, Assistant Scrutiny Officer, presented the report.

7. RESOLVED that the contents of the report be received and noted.

Forward Plan – Key Decisions for the Period 1st February – 31st May, 2010

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider those items on the Executive's Forward Plan for the period 1st February – 31st May which relate to the Health and Well-Being Scrutiny Committee.

(For copy report – see original minutes).

Ms. Claire Harrison, Assistant Scrutiny Officer, presented the report and advised that it should be noted that in the current edition of the Forward Plan there was one issue which was relevant to the Committee's remit.

8. RESOLVED that the contents of the report be received and noted.

The Chairman thanked everyone for their attendance and closed the meeting.

(Signed) P. WALKER,
Chairman.

HEALTH AND WELLBEING SCRUTINY COMMITTEE March 2010

UPDATE ON POLICY REVIEW RECOMMENDATIONS – 'QUALITY COMMISSIONING FOR VULNERABLE ADULTS'

Report of the Director of Health, Housing and Adult Services

Strategic Priority – Healthy City
Corporate Improvement Priorities:
CIO1 – Delivering customer focussed services
CIO3 – Efficient and Effective Council

1. Why has the report come to the Committee?

1.1 To update the Committee on progress against the policy review recommendations, from the Quality Commissioning for Vulnerable Adults Policy Review 2007/08.

2. Background

2.1 In 2007/08, Members agreed that the policy review 'Quality Commissioning for Vulnerable Adults' would focus on identifying strengths and weaknesses of the social care commissioning process (at both a service and individual level of commissioning).

2.2 The report presented **21 Recommendations** for the Directorate to take forward, at the March 2009 Meeting, **10** recommendations were closed; and a further **3** recommendations were closed at the September 2009 meeting.

3. Progress against the Remaining Policy Review Recommendations

3.1 The following sets out the recommendations from the Committee, alongside progress to date on each recommendation.

Recommendation 7: To consider implementing more formal partnership arrangements to support a number of existing informal arrangements, to ensure that services are developed appropriately.

Progress: The joint commissioning framework group (LA/PCT Commissioners) continues to meet and progress the agreed work programme. Formal arrangements known as Section 256 arrangements have been put in place regarding the monies given to the LA from the PCT for the delivery of services that maximise health improvements. This involves a memorandum of agreement and governance arrangements are now in place.

Recommendation 9: To consider how the Council can support smaller Third Sector organisations to build capacity, in order that there is an appropriate mix of providers in the market.

Progress: Work continues from the Strategic Commissioning Team to build capacity amongst the third sector. At the moment, focus has been given to supporting third sector organisations interested in health and social care to participate in the area committee arrangements, especially in relation to meeting priorities identified in Healthy City Area Plans.

Recommendation 10: To ensure that services provided via direct payments and individual budgets are properly monitored in future.

Recommendation 11: To communicate how services commissioned via direct payments and individual budgets will be monitored.

Progress: A framework for monitoring direct payments/individual budgets continues to be developed, as the roll-out of personal budgets continues. Discussions are taking place with CQC Regulators around how the regulation of services will be changing to meet the personalisation agenda.

Recommendation 12: Give thought to ways of meeting the additional responsibilities of quality monitoring and developing appropriate systems.

Progress: Quality Standards for Care Homes have now been implemented; and quality standards for home care are close to completion. The contractual arrangements for home care services will include the need to comply with these standards; and monitoring will be built into both the assessment process and the ongoing contract management.

Recommendation 13: To consider ways of capturing the knowledge of the voluntary sector to inform judgements and decision-making, with appropriate systems.

Progress: Provider Forums have been reviewed and will be used as a mechanism for capturing knowledge from the voluntary and independent sectors, in order to improve future commissioning.

Care Management and Assessment Recommendation 1: To consider allocating a single point of contact for service users and their families who could assist with queries, chasing payments and other service issues to ease the burden on the carer

Progress: The Call Handling Team continues to operate a single point of contact for HHAS. The work of the Call Handling Team is monitored on a weekly basis by the team manager and is reported to the Business Manager of the service on a weekly basis. This allows the directorate to

monitor activity and review any processes, if necessary. In relation to responding to calls, the average, for the last six months, of calls answered is 90 – 95%.

Care Management and Assessment Recommendation 2: To examine the review process to ensure it is working in a timely and effective manner, both to identify changes in care needs and information needs

Progress: The review of the overall care management and assessment process across the Directorate is progressing well; with an implementation date of April 2010 for the revised processes. This process includes a review of the existing review processes.

4. Recommendations

4.1 It is recommended that the Scrutiny Committee:

- Receive this report for information, in line with the monitoring arrangements in place.
- Agree if future reporting is needed in the new municipal year

5. Background Papers

Quality Commissioning for Vulnerable Adults - Policy Review Report 2007/08

Sharon Lowes
Strategic Commissioning Manager
March 2010
Sharon.lowes@sunderland.gov.uk
566 1839

HEALTH & WELL-BEING REVIEW COMMITTEE 10th March 2010

CHANGES TO THE ANNUAL HEALTH CHECK

Report of the Chief Executive

STRATEGIC PRIORITIES: SP2: Healthy City.

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

1. Why has this report come to the Committee?

1.1 To discuss the changes in the reporting support evidence gathering for this year's policy review 'Tackling Health Inequalities in Sunderland' and prepare for the Jury event to be held on 22nd February 2009. The Expert Jury is designed to allow Members to question internal staff, service users, carers and external providers in addition to the opportunities presented at Committees and the Community Day.

2. Background

2.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The CQC regulates all health and care services whether they're provided by the NHS, local authorities, private companies or voluntary organisations. The CQC also protect the interests of people held under the Mental Health Act.

2.2 The CQC were established to ensure that essential quality standards are being met everywhere that care is provided and also looks to aide further improvement. The CQC also promotes the rights and interests of people who use services and they have a wide range of powers to take action if services are unacceptably poor.

3. Current Position

3.1 Overview and scrutiny committees working on health issues have been an important source of evidence of people's views and experiences of health services for the Healthcare Commission. The CQC now want to build on this relationship and to encourage committees to develop an ongoing dialogue with them, to inform our new assessment processes.

3.2 Scrutiny committees have a key role in bringing together and articulating the views of local people who use health and social care services in their area, and to check whether their needs and concerns are being addressed by service commissioners and providers. In many ways, scrutiny committees operate like a local regulator, holding services to account.

3.3 The CQC can now receive information from committees throughout the year, and use it both in key assessments (such as decisions to register a service) and in our ongoing monitoring of services throughout the year. The old system of a once-a-year commentary from scrutiny committees is being replaced by a system that will give a more continuous influence in assessments. It will also give a more regular feedback on what is being done with the information received. The CQC are committed to publishing the information received from people who use services and their representatives, including overview and scrutiny committees – and to showing what has been done with it.

3.4 The CQC are also interested in developing relationships with scrutiny committees that work on either health or social care scrutiny or both. As well as from LINks and Overview and scrutiny committees working together, as well as the work of joint scrutiny committees. Many joint committees are developing in-depth knowledge of the strengths and weaknesses of service commissioners and large service providers working across several local authorities. The findings from these joint service reviews are very helpful, particularly in the commissioning assessments of primary care trusts.

3.5 A key part of the CQC's work with scrutiny committees is to build local relationships between committees and local area managers from the Care Quality Commission. This will help ensure the information is used in assessments. There will also be opportunities to coordinate local efforts and to work more closely together to drive improvements in services which are performing poorly.

3.6 The CQC so far are looking to invite committees to get involved in discussions about how to work together in the new assessment systems, (including systems for registering health and social care providers, and assessments of PCTs and councils as commissioners).

4. Conclusions

4.1 The old system of once a year reporting on health and social care services is being replaced with a more continuous assessment.

4.2 The Care Quality Commission is looking to develop a relationship with scrutiny committees over the coming moths.

5. Recommendation

5.1 That members note the report and look to invite the local representative of the Care Quality Commission to a future meeting of the committee.

Contact Officer: Nigel Cummings, Scrutiny Officer
0191 561 1006
Nigel.Cummings@sunderland.gov.uk

HEALTH & WELL-BEING SCRUTINY COMMITTEE 10TH MARCH, 2010

POLICY DEVELOPMENT & REVIEW 2009/10: DRAFT REPORT

LINK TO WORK PROGRAMME: POLICY DEVELOPMENT & REVIEW

Report of the Chief Executive

STRATEGIC PRIORITIES: SP4, SP8
CORPORATE PRIORITIES: CIO1, CIO4

1. Why has this report come to committee?

1.1 The report provides Members of the committee with the first draft report from the evidence gathered in relation to this year's policy review on health inequalities.

1.2 The review report presents in detail the evidence, research and conclusions drawn throughout the review process and members are asked to comment on this for relevance, clarity and accuracy.

1.3 The review into health inequalities has clear links to the Councils Strategic Priorities in particular 'Improving Health and Social Care' and 'Creating Inclusive Communities.' The review also has links to Corporate Priorities on delivering customer focused services and improving partnership working.

2. Background

2.1 At its meeting on 17th June, 2009 following discussions regarding the work programme the Committee consider the possibility of a study into the issue of health inequalities in Sunderland.

2.2 The review came at an important time in light of the work being undertaken at both regional and national levels. The Committee used its skills and expertise to stimulate community engagement and develop themes presented during their evidence gathering procedures. Health and social care feature heavily in the Sunderland Strategy with an aim that 'everyone in Sunderland is able to enjoy a healthy life with access to excellent health and social care facilities when needed'.

3. The Draft Report

3.1 The draft report on Tackling Health Inequalities in Sunderland is attached as an appendix to this report and presents members with the facts and evidence that have been gathered throughout the review process. As part of the review process evidence was obtained from a variety of national, regional and local key witnesses and stakeholders.

3.2 The report is divided into a number of sections which provide the background information to the review, how the review was carried out and the findings and conclusions from the review process. The findings from the review reflect the themes set out in the Marmot Review: Fair Society, Healthy Lives as follows:

- Health Inequalities – The National and Local Picture
- The Early Years of Life
- Employment and Income
- Places and Communities
- The Prevention Agenda.

3.3 Members are asked to read the report and comment on the content with particular reference to the findings of the review and the conclusions that have been drawn from these findings. Members may wish to amend the report for purposes of accuracy, clarity or relevance to ensure the report is a true reflection of the review work undertaken.

3.4 Members should also begin to consider themes and issues for recommendations. The draft report has no recommendations attached at present and it is for members to consider the direction and content of the recommendations for this policy review work.

4. Conclusion

4.1 The Health and Wellbeing Scrutiny Committee are presented with a draft copy of the policy review document for comment and amendment with the aim of producing a final draft report with recommendations for approval by the committee.

5. Recommendation

5.1 That the Health and Wellbeing Scrutiny Committee provide comments on the draft report and that any agreed amendments are made.

5.2 That consideration is given to themes and issues for recommendations to be included in the policy review report by the Health and Wellbeing Scrutiny Committee.

5.3 That a final review report is presented to the Health and Wellbeing Scrutiny Committee at its April 2009 meeting.

Contact Officer: Nigel Cummings (0191 553 1006)
nigel.cummings@sunderland.gov.uk

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

Tackling Health Inequalities in Sunderland
Draft Report

Contents

1 Foreword from the Chairman of the Committee

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

2 Executive Summary

2.1 At the start of the 2009/10 municipal year Members of the Health and Well-Being Scrutiny Committee agreed to review health inequalities in Sunderland.

2.2 The title of the review was agreed as 'Tackling Health Inequalities in Sunderland' and its objectives were agreed as:

2.2.1 To identify and gain an understanding of the main determinants of health inequalities across Sunderland.

2.2.2 To examine and assess the interventions currently in use across the city for reducing the main determinants of health inequalities.

2.2.3 To investigate the inequities in health across wards in Sunderland.

2.2.4 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.

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

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

- Desktop research – review of relevant documentation including government documents such as the Marmot Review 'Fair Society, Healthy Lives'
- Interviews – with key individuals both internally and externally
- Focus groups – with key individuals both internally and externally
- Presentations at committee
- Questionnaire
- A Community Day - large public event
- Expert Jury Event

2.4 The review made the following overall conclusions:

2.4.1 **Health Inequalities are linked to social position**

The most disadvantaged groups in society experience the least positive outcomes in relation to health and suffer from the most from health inequalities. The social gradient and where people sit on this scale was identified as a major influencing factor on positive health outcomes throughout life.

2.4.2 **Knowledge and Information**

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.

2.4.3 **Maximising Life Chances**

The role the school has to play as both educator and community base should not be underestimated. Concerns emerged from both community event day and expert jury day around young people and the life styles they choose. The school setting has a clear role in providing young people with information to better inform their choices and provide a setting that can break down barriers within communities, through the extended school agenda.

Young people need the best start to life and through education and the transition into post-16 education, training or employment. There a range of services and projects that can help young people to maximise their life chances. The voluntary and community sector along with the PCT and local authority need to ensure the links are in place to provide these opportunities for all young people.

2.4.4 **Control and Flexibility**

Unemployment and economic inactivity are directly linked to ill health and this in turn can lead to difficulties in finding or maintaining employment. The importance of good employment opportunities with a degree of control and flexibility were also identified as being important to health outcomes. 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, training provide 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.

2.4.5 **The Benefit Trap**

There is a perception for many people that going back into employment can mean they are worse off financially. This concept of a benefit trap is one that the Marmot Review highlights as an issue nationally and that needs to be addressed. The benefit system is complicated and can cause confusion but all local authorities need to look at innovative ways to help people back into employment. The Newham scheme may not be ideal for all but does illustrate the kind of innovation that can works and succeed in this area.

2.4.6 **Where People Live**

Where people live has a major influence on their health and feeling of wellbeing from the quality of housing down to the green and open spaces that surround them. Equally important in this equation is the access to services and facilities as there are a number of excellent resources available across the city including wellness centres, swimming pools and leisure facilities. In acknowledging these resources it is equally important that careful consideration is given to the location of services and that accessibility does not become a barrier to health outcomes.

2.4.7 **Local Knowledge**

Area committees provide a facility for local leaders and key stakeholders to come together with the public and discuss issues of a community and neighbourhood concern. Area committees can develop and provide useful local knowledge which

can help in service design and delivery. There is a key role for area committees in the design and delivery of projects for tackling health inequalities in specific areas.

2.4.8 **Treatment to Prevention**

The NHS is putting a much greater focus now than ever on better prevention and earlier intervention by offering greater choice and a louder voice for people. There is a real drive to improve services locally and provide more support for people with long-term needs that gives them the confidence to manage their own issues. The PCT is looking to work closely with partners in communities to ensure that commissioning tackles health inequalities at a local level. This is something that all key stakeholders need to address and ensure that links are clearly defined with all agencies in an area to avoid duplication and ensure the best use of resources.

2.4.9 **Health Impact Assessments**

Health impact assessments and equity assessment tools are an important aspect of ensuring that policies, strategies and initiatives have considered the health outcomes as a matter of course. 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.

2.5 The following recommendations are made as a result:

3 The Review Process & Scope

3.1 In undertaking a scrutiny review a number of stages are involved in the process and these stages are broadly defined as follows:

Stage 1 Scope	The initial stage of the review identifies the background, issues, potential outcomes and timetable for the review.
Stage 2 Investigate	The Committee gathers evidence using a variety of tools and techniques and arranges visits where appropriate.
Stage 3 Analyse	The key trends and issues are highlighted from the evidence gathered by the Committee.
Stage 4 Clarify	The Committee discusses and identifies the principal messages of the review from the work undertaken.
Stage 5 Recommend	The Committee formulates and agrees realistic recommendations.
Stage 6 Report	Draft and final reports are prepared based on the evidence, findings and recommendations.
Stage 7 Monitor	The Committee monitors recommendations on a regularly agreed basis.

3.2 Members agreed that the review would consider the following issues related to health inequalities:

- What are the determinants of health inequalities?
- What is the citywide picture in relation to key health inequalities?
- Which wards in the city are particularly affected by health inequalities and why?
- What interventions and strategies are currently in use? How successful are these strategies and do results vary from ward to ward?
- How do the strategies that are in place likely to affect health inequalities?
- Do any strategies have a negative effect for local people?
- Are resources focusing on those most in need?
- Are interventions person centred?
- What are the barriers to tackling identified health inequalities? Do these barriers change from ward to ward?
- How aware are the general public of health inequalities and how do local residents access available interventions? How are key groups targeted?
- How do the local authority and health partners work collaboratively in areas to address the main issues? How active are the key organisations in the local community?
- What interventions and strategies are working successfully in other local authority areas and what can Sunderland learn from these?

3.3 The title of the review was agreed as 'Tackling Health Inequalities in Sunderland' and its objectives were agreed as:

1. To identify and gain an understanding of the main determinants of health inequalities across Sunderland.

2. To examine and assess the interventions currently in use across the city for reducing the main determinants of health inequalities.

3. To investigate the inequities in health across wards in Sunderland.

4. 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.

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

3.4 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.

3.5 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.

4 Approach

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

- Desktop research – review of relevant documentation including government documents such as the National Dementia Strategy 'Living Well with Dementia.'
- Interviews – with key individuals both internally and externally
- Focus groups – with key individuals both internally and externally
- Questionnaire
- Presentations at committee
- A Community Day - large public event
- Expert Jury Event

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

4.3 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 3 of this report provides full details of the survey.

4.4 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.

Councillor Peter Walker
Chair of the Health and Wellbeing Scrutiny Committee receives an NHS Health Check

5 Findings and Conclusions

Findings relate to the main areas highlighted in The Marmot Review: Fair Society, Healthy Lives.

5.1 Health Inequalities – The National and Local Picture

What is Health Inequality?

5.1.1 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.

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

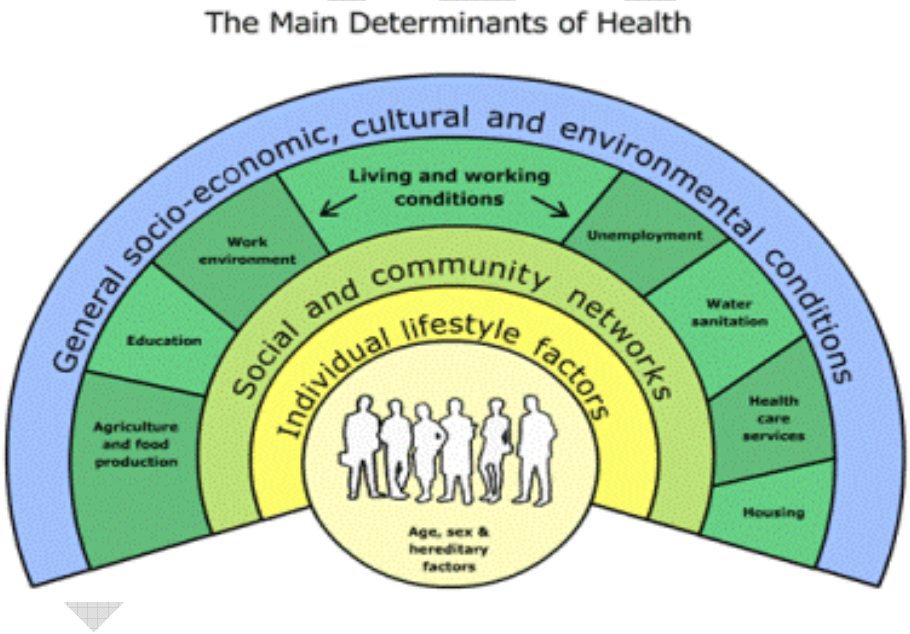

Figure 1: Main Determinants of Health: Dahlgren and Whitehead

5.1.3 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.”

5.1.4 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 such as 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.

5.1.5 Members at the Community Event Day highlighted that 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 like to resort to coping with this through alcohol and tobacco. Conversely to this more advantaged people were far more likely to live longer as they could afford better health care and experienced a higher standard of living with less of the stresses encountered by those more disadvantaged.

5.1.6 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.

Health Inequalities: Facts and Figures – The National Perspective

5.1.7 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.

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

5.1.9 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.

5.1.10 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.

5.1.11 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

5.1.12 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.

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

5.1.14 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 six years longer for men and about three years longer for women.

5.1.15 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%.

5.1.16 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%.

5.1.17 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.

Conclusions

5.1.18 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 personnel 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.

5.1.19 In a recent survey 66% of Sunderland residents felt their general health was good; the regional average was 70% and the national average was 76%. This perhaps demonstrates the problem for the region and Sunderland. Also the stark figures above only go to further illustrate many of the issues that are faced by Sunderland and the North East.

Recommendations

5.2 The Early Years of Life

Early child development

5.2.1 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 at the very start of life and before. 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 in 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.

5.2.2 At the Community Event Day held in January 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.

5.2.3 The local authorities Children's Services Directorate operates to a 15-year strategic plan, the Children and Young People Plan, which links in with the Every Child Matters outcomes framework. 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.

5.2.4 It is worth noting that 51% of children live 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.

5.2.5 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.

5.2.6 There was an emphasis on providing more locality 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.

5.2.7 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

5.2.8 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. It was 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 makes a clear link between the teenage pregnancy rates within the city and educational attainment.

5.2.9 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.

5.2.10 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.

5.2.11 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.

5.2.12 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. The figure below is from a random sample of the Sunderland population and indicates the level of knowledge relating to support services available for people locally.

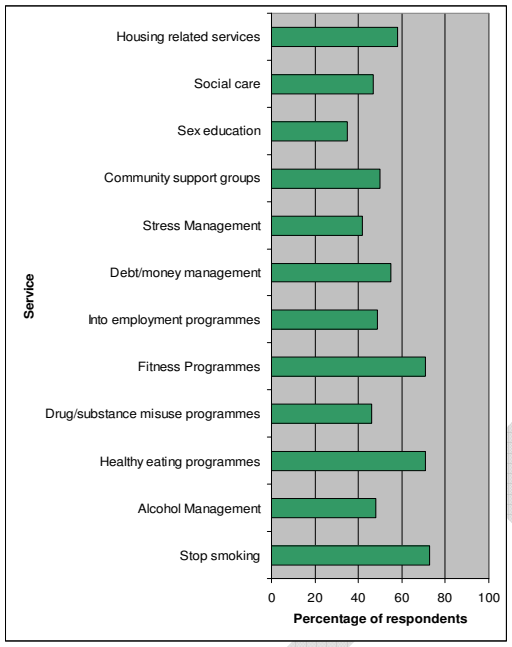

Figure 2: To show if respondents are aware of or know how to access a variety of services

5.2.13 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. 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.

5.2.14 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. However the team were constantly looking to accommodate and adjust to cultural changes in the smoker's profile. Members enquired why younger girls in particular, 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.

Conclusions

5.2.15 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.

5.2.16 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. With this in mind further outreach work is being undertaken across localities to ensure the hardest to reach families get the same support.

5.2.17 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.

5.2.18 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.

Recommendations

Recommendation :

5.3 Employment and Income

Employment and Work

5.3.1 In terms of health inequalities the contribution that good employment makes to 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 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.

5.3.2 Sunderland has 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.

5.3.3 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.

5.3.4 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.

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

Income and Wellbeing

5.3.6 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.

5.3.7 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 when the move into employment had a negative effect on income, thus many people a caught in a benefit trap.

5.3.8 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.

Conclusions

5.3.9 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. The Working Neighbourhood Fund has 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.

5.3.10 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.

5.3.11 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.

Recommendations

Recommendation

5.4 Places and Communities

Local Communities

5.4.1 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. Many of the traditional ways of engaging with communities need to be looked at and new ways of working developed. 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.

5.4.2 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. 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.

5.4.3 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.

5.4.4 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.

5.4.5 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 Committees

5.4.6 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.

5.4.7 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 an area.

Conclusions

5.4.8 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.

5.4.9 The role of G.P's in signposting people is also highlighted within the report. G.P's have a major role to play in being able to provide people with advice, guidance and information around services available locally that can have a positive impact on their health outcomes. This was identified through the interviews undertaken and recognised as an important facet in providing people with the ability to make informed decisions. G.P's also have a role to play in the gathering of information on a very local level which can help the PCT to direct its resources to those who could benefit the most.

5.4.10 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 choice on the high street.

5.4.11 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.

Recommendations

Recommendation

5.5 The Prevention Agenda

The Changing Landscape

5.5.1 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.

5.5.2 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.

5.5.3 There needs to be a corporate 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.

5.5.4 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 of inequalities in health as an issues 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. 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. Figure 3 below shows the results. The results indicate that diet and exercise score very well which is very positive and illustrates that this 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. Further work needs to be done in this area along with looking at some of the less obvious issues around stress and happiness as part of prevention agenda.

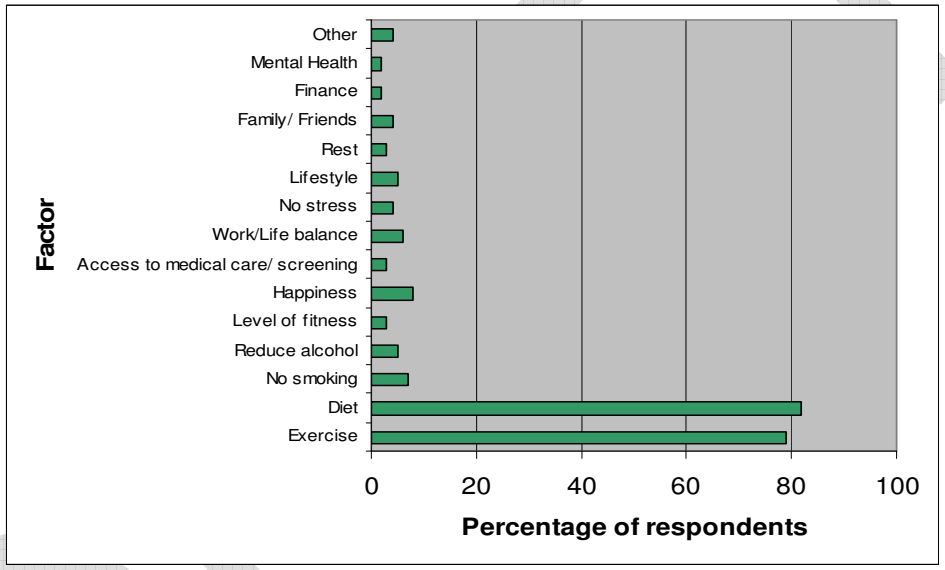

Figure 3: To show factors all respondents consider important in maintaining a healthy life

5.5.5 The voluntary 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

5.5.6 '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.

5.5.7 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 an area that all three local areas have a common affinity and challenge with which also identifies cross-cutting links with partnerships and priorities.

Conclusions

5.5.7 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.

5.5.8 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.

5.5.9 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.

Recommendations

Recommendation

6 Summary of Conclusions

Conclusions were listed after each section of findings however, key themes have arisen which are summarised below.

6.1 Health Inequalities are linked to social position

The most disadvantaged groups in society experience the least positive outcomes in relation to health and suffer from the most from health inequalities. The social gradient and where people sit on this scale was identified as a major influencing factor on positive health outcomes throughout life.

6.2 Knowledge and Information

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.

6.3 Maximising Life Chances

The role the school has to play as both educator and community base should not be underestimated. Concerns emerged from both community event day and expert jury day around young people and the life styles they choose. The school setting has a clear role in providing young people with information to better inform their choices and provide a setting that can break down barriers within communities, through the extended school agenda.

Young people need the best start to life and through education and the transition into post-16 education, training or employment. There a range of services and projects that can help young people to maximise their life chances. The voluntary and community sector along with the PCT and local authority need to ensure the links are in place to provide these opportunities for all young people.

6.4 Control and Flexibility

Unemployment and economic inactivity are directly linked to ill health and this in turn can lead to difficulties in finding or maintaining employment. The importance of good employment opportunities with a degree of control and flexibility were also identified as being important to health outcomes. 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, training provide 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.

6.5 The Benefit Trap

There is a perception for many people that going back into employment can mean they are worse off financially. This concept of a benefit trap is one that the Marmot Review highlights as an issue nationally and that needs to be addressed. The benefit system is complicated and can cause confusion but all local authorities need to look at innovative ways to help people back into employment. The Newham scheme may not be ideal for all but does illustrate the kind of innovation that can works and succeed in this area.

6.6 Where People Live

Where people live has a major influence on their health and feeling of wellbeing from the quality of housing down to the green and open spaces that surround them. Equally important in this equation is the access to services and facilities as there are a number of excellent resources available across the city including wellness centres, swimming pools and leisure facilities. In acknowledging these resources it is equally important that careful consideration is given to the location of services and that accessibility does not become a barrier to health outcomes.

6.7 Local Knowledge

Area committees provide a facility for local leaders and key stakeholders to come together with the public and discuss issues of a community and neighbourhood concern. Area committees can develop and provide useful local knowledge which can help in service design and delivery. There is a key role for area committees in the design and delivery of projects for tackling health inequalities in specific areas.

6.8 Treatment to Prevention

The NHS is putting a much greater focus now than ever on better prevention and earlier intervention by offering greater choice and a louder voice for people. There is a real drive to improve services locally and provide more support for people with long-term needs that gives them the confidence to manage their own issues. The PCT is looking to work closely with partners in communities to ensure that commissioning tackles health inequalities at a local level. This is something that all key stakeholders need to address and ensure that links are clearly defined with all agencies in an area to avoid duplication and ensure the best use of resources.

6.9 Health Impact Assessments

Health impact assessments and equity assessment tools are an important aspect of ensuring that policies, strategies and initiatives have considered the health outcomes as a matter of course. 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.

HEALTH & WELLBEING SCRUTINY COMMITTEE 10 MARCH 2010

WORK PROGRAMME 2009-10

REPORT OF THE CHIEF EXECUTIVE

STRATEGIC PRIORITIES: SP2: Healthy City.

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

1. Why has this report come to the Committee?

1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2009-10 Council year.

1.2 The work of the Committee in delivering its work programme will support the Council in achieving its Strategic Priority of a Healthy City, support delivery of the Healthy City theme of the Local Area Agreement, and help the Council achieve Corporate Improvement Objectives CIO1 (delivering customer focussed services) and C104 (improving partnership working to deliver 'One City').

2. Background

2.1 The work programme is a working document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.

3. Current position

3.1 The work programme reflects discussions that have taken place at the 10 February 2010 Scrutiny Committee meeting. The current work programme is attached as appendix to this report.

4. Conclusion

4.1 The work programme developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2009-10.

5 Recommendation

5.1 That Members note the information contained in the work programme.

6. Glossary

n/a

Contact Officer: Nigel Cummings, Scrutiny Officer: 0191 561 1006 : nigel.cummings@sunderland.gov.uk

0HEALTH AND WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME 2009-10

	JUNE 17.06.09	**JULY 08.07.09**	**SEPTEMBER 16.09.09**	**OCTOBER 14.10.09**	**NOVEMBER 11.11.09**	**DECEMBER 9.12.09**	**JANUARY 13.01.10**	**FEBRUARY 10.02.10**	**MARCH 10.03.10**	**APRIL 21.04.10**
Policy Review	Proposals for policy review (Review Coord)	Scope of review (Review Coord)	Approach to Review (Review Coord)	Progress on Review (Review Coord)	Progress on Review (Review Coord)	Progress on Review (Review Coord)	Progress on Review (Review Coord)	Progress on Review (Review Coord)	Draft report (Review Coord)	Final Report
Scrutiny	Proposed Restructuring of Community Nurse Teams in Sunderland (TQ) Workforce Development in the Independent Care Sector (TWCA) Health and Wellbeing Inequalities (NCx) Food Law Enforcement Safety Plan. (NJ)	Position Statement on Autism (SL) Pandemic Influenza & Measles – Update (NCx)	Beacon Award – Reducing Health Inequalities	NTW Crisis Resolution Team (RP) Intensive Rehabilitation & Recovery Services for Men & Women (CW/MW) Washington MPC (GK) Integrated Care Pilot Scheme (SL)	Annual Home Care Report including Home Care Services Progress Report (SL) Shop Mobility Scheme (PB) Barmston Medical Practice (LA) Ocular Oncology	Quality Standards for Residential and Nursing Homes for Older People (GK) Total Place (LC) Redesign of Drug and Alcohol Programmes (BS) District Nursing Review (CB)	Electronic Prescriptions (LA) NHS Constitution (LA)	Provision of Public Services to People with Learning Disabilities (GK/JF) Response to Out of Hours Care Query (GK) WHO Healthy City (NM)		Annual Report (Review Coord)
Scrutiny (Performance)		Acute MH care – bed numbers	Performance & VfM Assessment (Paul Allen) Dementia Care in Sunderland Policy Review 08/09 – Progress (SL) Quality Commissioning Progress Monitor 07/08 Policy review SL	Acute MH care – bed numbers	Day Opportunities Update		Dementia Care in Sunderland Policy Review 08/09 – Progress (SL) Performance Framework Q2 (GR) Strategic Planning Process 2010/11 (JB) Acute MH care – bed numbers	Annual Delivery Plan	Quality Commissioning Progress Monitor 07/08 Policy review SL Annual Health Check	Performance Framework Q3 (Paul Allen) Home Care Services Progress Report (SL)
Ref Cabinet	Cabinet Response to the Policy Review-Dementia Care in Sunderland									

C:\WINDOWS\apsdoc\nettemp\4716\$ASQde01ddfd-9ae2-4693-b5e9-c43ff9c883be

Committee business	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord) Cooption Report	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)	Work Programme 2009/10 (Review Coord)
CCFA/ Members items/Petitions							Review of CCfA			
Information		Forward Plan	Conference Attendance CfPS Bid Forward Plan	Forward Plan	Forward Plan	Forward Plan Joint Scrutiny Proposals	Forward Plan	Forward Plan	Forward Plan	Forward Plan

Scrutiny Items – Carried Forward

Crisis Resolution Team Update – A further update to come back to committee (Sept 10)
Intensive Rehabilitation & Recovery Services for Men & Women (Sept 10)
Futures Team & Supported Living Model – Report in next Municipal Year (GK)
Presentation on interventions and services available to those with alcohol dependency issues (PCT)

HEALTH AND WELLBEING SCRUTINY COMMITTEE

FORWARD PLAN – KEY DECISIONS FOR THE PERIOD 1 MARCH 2010 – 30 JUNE 2010

REPORT OF THE OFFICE OF THE CHIEF EXECUTIVE 10 MARCH 2010

1. Purpose of the Report

1.1 To provide Members with an opportunity to consider those items on the Executive's Forward Plan for the period 1 March 2010 – 30 June 2010 which relate to the Health and Wellbeing Scrutiny Committee.

2. Background Information

2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 To this end, it has been agreed that, on a pilot basis, the most recent version of the Executive's Forward Plan should be included on the agenda of each of the Council's Scrutiny Committees.

3. Current Position

3.1 Following member's comments on the suitability of the Forward Plan being presented in its entirety to each committee it should be noted that only issues relating to the specific remit of the Health and Wellbeing Scrutiny Committee are presented for information and comment.

3.2 For members information the remit of the Health and Wellbeing Scrutiny Committee is as follows:-

Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Food Law Enforcement; Citizenship (Adults); and External inspections (Adult Services).

3.3 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. Recommendations

4.1 To consider the Executive's Forward Plan for the period 1 March 2010 – 30 June 2010

4. Background Papers

None

Contact Officer : Nigel Cummings 0191 561 1006
Nigel.cummings@sunderland.gov.uk

Forward Plan: Key Decisions from - 01/Mar/2010 to 30/Jun/2010

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01368	To seek agreement to changes in the LAA targets following the 2009/2010 LAA review exercise.	Cabinet	10/Mar/2010	Sunderland Partnership including Job Centre Plus and the Economic Prosperity Thematic Partnership Group	Meetings and Reports	Via Contact Officer by 19 February 2010 - Health and Wellbeing Scrutiny Committee	Cabinet Report	Lee Cranston	5611160
01372	To approve the Home Improvement Agency (HIA) - Tender for through floor lifts and ceiling tracking hoists.	Cabinet	10/Mar/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties	Via Contact Officer by 19 February 2010 - Health & Wellbeing Scrutiny Committee	Full Report	Alan Caddick	5662690
01354	To approve the Procurement of Replacement Equipment for Sunderland Telecare	Cabinet	14/Apr/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties	Via Contact Officer by 19 March 2010 - Health and Wellbeing Scrutiny Committee	Full Report	John Fisher	5661883

Forward Plan: Key Decisions from - 01/Mar/2010 to 30/Jun/2010

01373	To approve procurement of Social Care for Adults with Learning Disabilities	Cabinet	14/Apr/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties	Via Contact Officer by 19 March 2010 - Health & Wellbeing Scrutiny Committee	Full Report	John Fisher	5661883
01367	To recommend Council to adopt the Food Law Enforcement Service Plan for 2010/11 in respect of Environmental Health and Trading Standards.	Cabinet	09/Jun/2010	Member with Portfolio for Safer City	Briefing Session	In writing to the Director of City Services by 20 May 2010.	Report and Plan	Norma Johnston	5611973