






Home Care Provision Policy Review Recommendations

Summary Review Progress					
					Total
0	0	0	11		11
Recommendation and Action	Owner	Due Date	RAG	Commentary	
RECOMMENDATION 1 To ensure through the commissioning process that home care providers have the organisational structures in place to deliver the agreed care to service users on an operational level.	Lowes, Sharon	31/08/2010			
1.1 To ensure through the commissioning process that home care providers have the organisational structures in place to deliver the agreed care to service users on an operational level.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured that the successful contracted home care providers have organisational structures in place, as a set of organisational quality standards was included in the contractual arrangements that formed the care and support tender process. Recommendation: Close	
RECOMMENDATION 2 To ensure that through the commissioning process home care providers have the organisational capacity and resources in place to meet the service requirements of additional home care packages.	Lowes, Sharon	31/08/2010			
2.1 To ensure that through the commissioning process home care providers have the organisational capacity and resources in place to meet the service requirements of additional home care packages.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that the successful contracted home care providers have the organisational capacity and resources in place to meet the service requirements of additional home care packages. Recommendation: CLOSE	
RECOMMENDATION 3 To ensure that all home care organisations provide zonal working arrangements for employees through coordinated and realistic work rotas.	Lowes, Sharon	31/08/2010			
3.1 To ensure that all home care organisations provide zonal working arrangements for employees through coordinated and realistic work rotas.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that all home care organisations provide zonal working arrangements for employees through coordinated and realistic work rotas. Recommendation: CLOSE	
RECOMMENDATION 4 To continue to investigate and develop more robust monitoring systems for home care providers across the city, including the use of new technologies and spot checks.	Lowes, Sharon	31/08/2010			
4.1 To continue to investigate and develop more robust monitoring systems for home care providers across the city, including the use of new technologies and spot checks.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that home care providers have in place mechanisms to monitor their own internal structures, staff and service delivery. Recommendation: CLOSE	
RECOMMENDATION 5 To look at the development of an annual survey for home care staff, service users and managers to provide a more comprehensive picture of service provision from a variety of stakeholder views.	Lowes, Sharon	31/08/2010			
5.1 To look at the development of an annual survey for home care staff, service users and managers to provide a more comprehensive picture of service provision from a variety of stakeholder views.	Lowes, Sharon	31/08/2010	★	Recommendation: CLOSE	

Recommendation and Action	Owner	Due Date	RAG	Commentary
RECOMMENDATION 6 To investigate the potential of a standardised minimum training programme for all home care staff across all local agencies with the intention that all home care workers are encouraged to enrol on NVQ level 2.	Lowes, Sharon	31/08/2010		
6.1 To investigate the potential of a standardised minimum training programme for all home care staff across all local agencies with the intention that all home care workers are encouraged to enrol on NVQ level 2.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender that home care providers have in place robust training and staff development programmes for their workforce. Recommendation: CLOSE
RECOMMENDATION 7 To improve the health and safety of care workers and ultimately service provision to service users by home care providers investing in the use of mobile phones and other technology.	Lowes, Sharon	31/08/2010		
7.1 To improve the health and safety of care workers and ultimately service provision to service users by home care providers investing in the use of mobile phones and other technology.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that the successful home care providers will utilise an electronic care monitoring system that will promote the health and safety for both the care agency and the Council. Recommendation: CLOSE
RECOMMENDATION 8 To investigate home care organisations reimbursing any fees incurred by newly recruited employees from CRB checks once they have completed an agreed term of employment.	Lowes, Sharon	31/08/2010		
8.1 To investigate home care organisations reimbursing any fees incurred by newly recruited employees from CRB checks once they have completed an agreed term of employment.	Lowes, Sharon	31/08/2010	★	CLOSED
RECOMMENDATION 9 To ensure that the induction procedures of home care organisations provide new employees with the training, initial and ongoing supervision required to perform the duties of their role.	Lowes, Sharon	31/08/2010		
9.1 To ensure that the induction procedures of home care organisations provide new employees with the training, initial and ongoing supervision required to perform the duties of their role.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that successful home care providers have in place robust recruitment, selection and induction policies, procedures and processes. Recommendation: CLOSE
RECOMMENDATION 10 To evaluate the quality of Home Care Plans and look to ensure that the plans have detailed outcomes for services users and carers and also ensure, where practicable, that the plans are easily accessible or in a pre-determined location for the home care worker.	Lowes, Sharon	31/08/2010		
10.1 To evaluate the quality of Home Care Plans and look to ensure that the plans have detailed outcomes for services users and carers and also ensure, where practicable, that the plans are easily accessible or in a pre-determined location for the home care worker.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that successful home care providers have in place robust recruitment, selection and induction policies, procedures and processes. Recommendation: CLOSE
RECOMMENDATION 11 To ensure that supervisors and contact staff of home care organisations are also fully trained to deal with emergency situations that may occur.	Lowes, Sharon	31/08/2010		
11.1 To ensure that supervisors and contact staff of home care organisations are also fully trained to deal with emergency situations that may occur.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that the successful providers have a training programme in place for staff which is inclusive of working in an emergency situation. Recommendation: CLOSE

Dementia Care Policy Review Recommendations

Summary Review Progress				
				Total
0	0	0	23	23
Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 1 To clarify the prevalence and incidence of dementia in Sunderland by initially utilising information that has already been collated by the PCT and Local Authority. This will also provide a means of examining the levels of under diagnosis of dementia, which currently exist in Sunderland.	Lowes, Sharon	31/12/2009		
1.1 Initiate work with the needs analysis group to clarify incidence of dementia	Lowes, Sharon	31/12/2009	★	Closed.
RECOMMENDATION 2 To undertake the development of a Reducing Stigma Campaign that includes a focus on the positive experiences of people with dementia.	Lowes, Sharon	31/12/2009		
2.1 Work with equivalent groups in relation to information requirements	Lowes, Sharon	31/12/2009	★	The OPMHSG will continue to improve public awareness of dementia to reduce stigma and help the city's professionals identify those with cognitive impairment earlier. The PCT will provide a Memory Protection Service (MPS) from 2012 to better support and signpost people to services to help them live with their condition. The MPS will work with GP practices to improve early diagnosis. Recommendation: Close
2.2 Identify monies to fund campaigns	Lowes, Sharon	31/12/2009	★	Finances will continuously be reviewed and sourced. Recommendation: Close

Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 3 To develop and promote a Raising Awareness Campaign that provides a coordinated approach involving all the major stakeholders.	Lowes, Sharon	not set		
3.1 Work with equivalent groups in relation to information requirements	Lowes, Sharon	31/12/2009	★	First level resources for awareness raising have been identified. The e-learning package for this training will be developed. For those staff working directly with service users or who need a higher level training, we are still awaiting completion of the training plans so that we have the numbers and target audience and then we will look to commission / develop training appropriate to those staff groups. Recommendation: Close
3.2 Identify monies to fund campaigns	Lowes, Sharon	31/12/2009	★	Finances will continuously be reviewed and sourced. Recommendation: Close
RECOMMENDATION 4 That Sunderland City Council, if the opportunity arises, should apply to be a demonstrator site for the Dementia Advisor role as outlined in the National Dementia Strategy.	Lowes, Sharon	30/04/2010		
4.1 Apply for Dementia Advisor Role demonstrator site	Lowes, Sharon	30/04/2010	★	The Memory Protection Service tender process has been finalised and was awarded to Northumberland Tyne & Wear (NTW). The service will be provided from April 2012. Recommendation: Close
RECOMMENDATION 5 To review the current Public Health Strategy in order that messages within the strategy focusing on healthy lifestyles include links to the prevention of vascular dementia.	Lowes, Sharon	30/09/2009		
5.1 Engage with the PCT	Lowes, Sharon	30/09/2009	★	Closed.
RECOMMENDATION 6 To develop a coordinated stakeholder service directory that is available to the general public that provides advice and information on dementia services through information that is already held on the Starting Point Database which, is currently in use in the city. . This process would allow for the review of the existing information that is available, taking into consideration the quality and accessibility of support throughout an individual's journey.	Lowes, Sharon	30/04/2010		
6.1 Undertake a review of information that is in use across the city	Lowes, Sharon	30/04/2010	★	Washington Mind will be responsible for the development of a service directory from October 2011 that will link into the Memory Protection Service assessment. Recommendation: Close
RECOMMENDATION 7 To review the current pathway of care identifying where changes need to be made in order that an early diagnosis and intervention can become a reality, including the referral into the pathway.	Lowes, Sharon	31/12/2009		
7.1 Audit against NDS Objectives	Lowes, Sharon	31/12/2009	★	Recommendation: Close
7.2 Develop a joint commissioning plan	Lowes, Sharon	31/12/2009	★	The Memory Protection Service tender process has been finalised and was awarded to Northumberland Tyne & Wear (NTW). The service will be provided from April 2012. Recommendation: Close

Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 8 To review the role of the liaison service within City Hospitals to identify and address any capacity issues in service provision.	Lowes, Sharon	31/10/2009		
8.1 Undertake the review as recommended	Lowes, Sharon	30/10/2009	★	Closed.
RECOMMENDATION 9 To ensure inclusiveness when implementing the local response to the National Dementia Strategy that consideration is given to young people and people with learning disabilities who have dementia.	Lowes, Sharon	31/12/2009		
9.1 Include commissioners in the baseline audit and plan development	Lowes, Sharon	31/12/2009	★	Inclusivity is achieved by focussing on the needs of people with dementia rather than age. Support is focused on individual needs to achieve person centred outcomes. Recommendation: Close
RECOMMENDATION 10 To progress the workforce development strategy that exists in each sector (Local Authority, Public Health, and PCT) so that all dementia service providers offer good quality services to people with dementia.	Lowes, Sharon	31/10/2009		
10.1 Engage the Tyne & Wear Care Alliance	Lowes, Sharon	30/10/2009	★	Sunderland Carers Centre are working with Tyne and Wear Care Alliance to train the workforce in good practice for people with dementia and their families. The Tyne and Wear Care Alliance and South of Tyne SHA are working in partnership to support the development of 66 Dementia Liaison and Co-ordination Champions (DLCC) across the South of Tyne and Wear. Recommendation: Close
RECOMMENDATION 11 To raise awareness of the Community Mental Health Team in Sunderland, including increasing the profile of the team and how potential service users can access the service.	Lowes, Sharon	not set		
11.1 Develop a communication plan	Lowes, Sharon	31/12/2009	★	Closed.
11.2 Raise team profile and referral routes	Lowes, Sharon	not set	★	The Wellness Services continues to roll out the support service to all wellness centres across the city to enable people to access the pool etc with HHAS staff on hand to give assistance if needed. Will be liaising closely with Workforce development staff to ensure access the training specifically developed for people working with service users. Recommendation: Close
RECOMMENDATION 12 To undertake a financial exercise on current spending levels for services that provide support for people with dementia and compare this to other Local Authorities and PCTs, with a view to informing best practice in both the current and future provision of services. .	Lowes, Sharon	31/10/2009		
12.1 Establish a Task Group to progress the recommendation	Lowes, Sharon	30/10/2009	★	The PCT and Council invested in a sophisticated quantitative and financial model to simulate what both the increased number, and better case-finding, of people with dementia might mean for citywide services for people with dementia. Objectives such as greater public awareness; earlier diagnostic case-finding; and better support for people with dementia and their carers including care and support solutions closer to home would be achieved through a range of identified earlier interventions, e.g. introduction of a Memory Protection Service, each of which would also demonstrate a cost-benefit profile. The key objective in financial terms was by better supporting individuals earlier, people would delay the need for progressively more complex (and costly) interventions later, e.g. residential/nursing care. Scenario results of this modelling, which will support the PCT and Council in medium- and longer-term financial planning will be available for further discussion in commissioning terms from September 2011. Recommendation: Close

Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 13 To review existing support services to ensure they are fit for purpose against the vision set by the National Dementia Strategy identifying good practice and clear areas for improvement.	Lowes, Sharon	30/04/2010		
13.1 Commission a Task Group	Lowes, Sharon	30/04/2010	★	The consultation has been finalised and has been circulated to key stakeholders. Recommendation: Close
RECOMMENDATION 14 To recognise the importance of third sector in delivering good quality support to people with dementia through better engagement across the statutory and third sector.	Lowes, Sharon	31/12/2009		
14.1 Review Third Sector engagement	Lowes, Sharon	31/12/2009	★	Third sector engagement will continuously be sought and supported. Dementia Cafés, run by the Third Sector, are supported in Sunderland. Recommendation: Close
14.2 Role of the Third Sector acknowledged and built into the commissioning plan	Lowes, Sharon	31/12/2009	★	Closed.
RECOMMENDATION 15 To review and strengthen existing peer support mechanisms, which could be strengthened by the statutory sector working closer with the third sector.	Lowes, Sharon	26/02/2010		
15.1 Commission a task group to undertake the review and report findings	Lowes, Sharon	26/02/2010	★	Closed.
RECOMMENDATION 16 To present a report to the Adult Social Care Partnership Board for consideration of this recommendation	Lowes, Sharon	29/01/2010		
16.1 Present a report to the Adult Social Care partnership Board	Lowes, Sharon	29/01/2010	★	The PCT will provide a Memory Protection Service (MPS) from 2012 to better support and signpost people to services to help them live with their condition. The MPS will work with GP practises to improve early diagnosis of those with dementia and address variations in case-finding between practises. Recommendation: Close
RECOMMENDATION 17 That the Health and Wellbeing Review Committee receives regular reports on the local implementation plan.	Lowes, Sharon	not set		
17.1 Report to committee on a quarterly basis	Lowes, Sharon	30/10/2009	★	Recommendation: Close
RECOMMENDATION 18 That the Health and Wellbeing Review Committee provides a written response to the Department of Health on the National Dementia Strategy.	Lowes, Sharon	not set		
18.1 Written reponse to the department of health on the National Dementia Strategy	Lowes, Sharon	not set	★	Closed.

Health Inequalities Policy Review Recommendations

Summary Review Progress				
				Total
2	17	0	28	47
Recommendation and Action	Due date	RAG	Progress	
RECOMMENDATION 1 Establish an Elected Member champion and an Executive Management Team lead for health inequalities, who will direct a work programme including widespread officer engagement in inequalities needs assessment, equity audit and health impact assessment overseen by the Office of the Chief Executive	31/03/2011			
Neil Revely (Executive Director of Health, Housing and Adult Services) to become EMT lead for Health Inequalities	31/10/2010	★	• Neil Revely has taken the lead for Health Inequalities	
Portfolio Holder for Health and Wellbeing to become lead member for inequalities	31/10/2010	★	• Cllr Allen is now Healthy City Portfolio Holder Recommendation - CLOSE	
On the basis of the outcomes of the baseline analysis consider how sustainable work on the SDH and health equity can be incorporated	31/03/2011	★	• This again will be built into the Service Assessment Methodology to ensure that the recommendations from the services assessments incorporate SDH and Health Equity. Recommendation: CLOSE	
Undertake a 'baseline analysis' of what is currently being done to address the Social Determinants of Health (SDH) and Health Equity	31/03/2011	★	• An outcome of the Health Inequalities Service Assessment was to recommend that HI is inbuilt within the Service Assessment methodology. This will allow for a baseline analysis of every service in relation to its performance against tackling HI. Recommendation - CLOSE	
Formulate an action plan that incorporates the findings. The action plan should included short term activities, as well as long term measure for structural change.	31/03/2011	★	• The HI Service assessment formulated a number of recommendations, which will now be implemented throughout the Council through the Commissioning Board and SWOW principles	
RECOMMENDATION 2 Elected Members to be provided with appropriate specific levels of briefings around health inequalities in Sunderland and the strategic and operational actions required to reduce them in a sustainable way	30/03/2011			
Assess the quantity and quality of information available on the SDH and health equality that has been developed for awareness raising and advocacy purposes	31/03/2011	●	• As part of the SSS restructure this action will be included within the new performance management and information hub (Septmeber 2011) and as part of the evidence base of the Joint Strategic Needs Assessment	
Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage elected members (at Area Committee level and city wide) in regular briefing	31/03/2011	●	• A Child Poverty Neighbourhood management project is continuing, basing the appropach on a think family and SDH approach. The model that is currently being developed in Southwick is drawing upon partner data (encompassing determinants that effect both health and poverty) at a localised level to target resources, as the project develops the findings/models will be shared with other areas of the city. Additionally with the refresh of the Local Area Plans SDH and Health Equity data will be incorporated into the plans.	
Develop communication materials (brochures, information and web-based resources etc) incorporating the information	31/03/2011	★	• The web based information that is currently available through both .gov and the Healthy City website www.hcsudnerland.org.uk have been updated. Recommendation: CLOSE	

Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 3 Appropriate briefings be undertaken with all Heads of Service and relevant officers across all directorates in relation to health inequalities, and using health needs assessment, health equity audit and health impact assessment appropriately in strategic planning and operational delivery	31/03/2011		
Develop communication materials (brochures, information and web-based resources etc) incorporating the information	31/03/2011	★	<ul style="list-style-type: none"> The web based information that is currently available through both .gov and the Healthy City website www.hcsudnerland.org.uk have been updated. Recommendation: CLOSE
Assess the quantity and quality of information available on the SDH and health equality that has been developed for awareness raising and advocacy purposes	31/03/2011	●	<ul style="list-style-type: none"> As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011)
Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage decision makers (at ward level and city wide) in regular briefing	not set	●	<ul style="list-style-type: none"> As above
HIA training - send key staff to Health Impact Assessment training (including health equity impact assessment course)	01/04/2011	●	<ul style="list-style-type: none"> Currently work is underway within the Council to update the current Impact Assessment system which is part of the project management function. The approach around an Integrated Impact Assessment model is being considered to improve effectiveness and use of the assessment system.
Exchange with others on effective methodologies that communicate health promotion messages to targeted groups via social marketing approach	not set	★	<ul style="list-style-type: none"> Linkages have been made through the Healthy City network with cities that are classed as areas of good practice. Training for staff around Social Marketing has begun and further investigation of Social Marketing models will continue to ensure that the Council is fully engaged with the Social Marketing approach when Public Health responsibility is transferred.
Develop action plan / workshop event	31/03/2011	●	<ul style="list-style-type: none"> This is currently under consideration with corporate comms to investigate possible briefings through workwise etc
Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers	01/04/2011	★	<ul style="list-style-type: none"> Area Committees within the Washington and West areas are currently funding pilot training courseS for Health Champions. The training includes: Understanding Health Improvement, Tobacco Brief Intervention, Alcohol Brief Intervention, Emotional health and resilience training and introduction to financial capability. The training is open to members, VCS and officers that currently work within the areas. The training courses are free to access and some of the courses are accredited. An evaluation of the pilot will be carried out and findings/ models will be shared across all areas of the city.
RECOMMENDATION 4 Adopt a health inequalities toolkit for Sunderland, which caters for the various stakeholders across the city (including Elected Members, Council Officers, partner organisations and members of the public) to ensure that new policies and service designs consider the potential health impacts of implementation	31/08/2011		
Adopt Influencing Health toolkit (Best practice in Yorkshire and Humber)	28/02/2011	▲	<ul style="list-style-type: none"> Toolkit is still with corporate communications for development - Communications are currently reviewing the range of communication methods for members.
Identify and enhance opportunities to ensure recognition of the SDH and health equity in policy formation.	not set	★	<ul style="list-style-type: none"> Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership Programme. Opportunity for Sunderland University to create / teach modules designed for officers / members around Health equity / Health inequalities to complement the Community Leadership and Joint Leadership programmes
Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into policy making processes	31/08/2011	★	<ul style="list-style-type: none"> Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership programme. Opportunity for Sunderland University to create / teach modules design for officers / members around Health equity / Health inequalities to complement the Community Leadership and Joint Leadership programmes
Identify central guidelines, common targets and mechanisms for action to address the SDH and health equity, assess where they can be established or improved	31/08/2011	●	<ul style="list-style-type: none"> As above
Assess whether there is coherence between the National, Local and Regional levels in efforts to	not set	●	<ul style="list-style-type: none"> As above

Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 5 The existing joint strategic needs assessment at a City wide, ward and 'natural neighbourhood' level to be enhanced through the development of Area Committees' role in highlighting and identifying local needs and in particular their commissioning role in supporting the delivery of local area plans in delivering services and support that meets the needs of an area	31/03/2011		
Assess what information systems are available in to analyse and monitor social determinants and health equity	not set	●	<ul style="list-style-type: none"> As part of the SSS restructure this action will be included within the new performance management and information hub
Analyse whether the information systems in place are sufficient and/or how they can be improved	31/03/2011	●	<ul style="list-style-type: none"> As above
Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers	01/04/2011	★	<ul style="list-style-type: none"> Area Committees within the Washington and West areas are currently funding pilot training courseS for Health Champions. The training includes: Understanding Health Improvement, Tobacco Brief Intervention, Alcohol Brief Intervention, Emotional health and resilience training and introduction to financial capability. The training is open to members, VCS and officers that currently work within the areas. The traning courses are free to access and some of the courses are accredited. An evaluation of the pilot will be carried out and findings/ models will be shared across all areas of the city.
RECOMMENDATION 6 Develop mechanisms to ensure that the impact on reducing health inequalities are considered by all scrutiny committees and area committees as part of the work planning process	31/03/2011		
Adopt Influencing Health toolkit (Best practice in Yorkshire and Humber)	28/02/2011	▲	<ul style="list-style-type: none"> Toolkit is still with corporate communications for development - Communications are currently reviewing the range of communication methods for members.
Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into policy making processes	31/08/2011	★	<ul style="list-style-type: none"> Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership programme. Opportunity for Sunderland University to create / teach modules design for officers / members around Health equity / Health inequalities to complement the Community Leadership and Joint Leadership programmes
Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers	01/04/2011	★	<ul style="list-style-type: none"> Area Committees within the Washington and West areas are currently funding pilot training courseS for Health Champions. The training includes: Understanding Health Improvement, Tobacco Brief Intervention, Alcohol Brief Intervention, Emotional health and resilience training and introduction to financial capability. The training is open to members, VCS and officers that currently work within the areas. The traning courses are free to access and some of the courses are accredited. An evaluation of the pilot will be carried out and findings/ models will be shared across all areas of the city.
Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage elected members (at Area Committee level and city wide) in regular briefing	31/03/2011	●	<ul style="list-style-type: none"> As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011)

Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 7 Ensure that Sunderland City Council and Area Committees continue to provide support to develop a co-ordinated approach for Voluntary and Community Sector organisations across Sunderland in delivering their services within local communities and neighbourhood settings, using the Compact as the agreed framework for partnership working with the Voluntary and Community Sector be continued	31/03/2011		
Scope partners, policy, programme or project initiatives that are being planned or implemented in other sectors that affect health equity, and identify common objectives	31/03/2011	★	<ul style="list-style-type: none"> The Social Determinant Model has been applied to the grants process within HHAS for next year 11/12. A corporate approach to grant funding the VCS is currently in the early stages of development. A single set of eligibility criteria has been proposed to ensure Council funding is aligned with strategic priorities (e.g. Healthy City).
Ensure that all grants given to support the VCS work towards delivering services around common goals	31/01/2011	★	<ul style="list-style-type: none"> Area VCS Networks were established in Dec 2009 to provide a consistent and coordinated approach to VCS engagement in the Area Committee process. Each Network is Co-Chaired by the Vice-Chair of Area Committee and a VCS representative, and three VCS Network delegates sit on each Area Committee, representing the local sector as a whole rather than individual organisations. The Networks have been successful in building the capacity of small, area-based organisations to collaborative develop and deliver community activity/services in line with local area priorities. The Networks have also played a key role in increasing volunteer involvement in activities contributing to improved health outcomes for communities by supporting local service delivery, and the act of volunteering itself is associated with improved health and wellbeing (e.g. increased social interaction and reduced isolation).
Share information around SDH to all partners	not set	★	<ul style="list-style-type: none"> Two Compact e-learning modules (An Introduction to the Sunderland Compact, and the Funding and Procurement Code of Practice) have been developed and rolled out across the Council to raise awareness and promote good practice among Council officers who work with the VCS.
Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support	not set	★	<ul style="list-style-type: none"> The Wellness Service continues to support the VCS in the delivery of the Community Wellness programme. Since 2008 the number of Community Wellness venues have increased providing opportunities for individuals to participate in physical activity within their local neighbourhood. The venues now include 2 day centres which have provided increased opportunities for vulnerable adults to activity participate in the programme. The Wellness Service works with the venues and the community groups to support the sustainability of the programme and in many venues an increase in sessions offered has occurred as a result of the sustainable model that was developed. Many of the venues now have an income stream in place as a result of this programme that has allowed for more related health improvement opportunities to be explored and further funding gained. Recommendation: CLOSE
RECOMMENDATION 8 City Council to become an exemplar in ensuring employees benefit through 'Health at Work' Schemes and should engage with the regional workplace health programme	31/03/2011		
Building on good practice identify more examples of successful policies and interventions that address the social determinants of health inequalities	not set	★	<ul style="list-style-type: none"> Best practice examples are being identified and researched to determine whether they would work within Sunderland. The Employee Wellness Programme has been created The aim of the programme is to improve the health & wellbeing of all SCC employees via a number of methods including offering: <ul style="list-style-type: none"> * opportunities to participate in a range of physical activities * advice on healthy eating and improved food choices * support in stopping smoking * information on managing emotional health and wellbeing, including stress * support to access the Exercise Referral and Weight Management Programme * opportunity to have a Health 4 U assessment with Occupational Health Unit, which includes a Blood Pressure, Cholesterol and Urinalysis checks
Exchange with other partners to consider why these policies and interventions were successful and what elements may or may not be transferable	not set	★	<ul style="list-style-type: none"> Information is currently being exchanged within a Network of organisations

Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 9 Through the Sunderland Partnership the Council should engage with large and medium employers of routine and manual workers across the city and assist them in implementing workplace health programmes for local workforces	31/03/2011		
Share information around SDH to all partners	not set	★	<ul style="list-style-type: none"> Two Compact e-learning modules (An Introduction to the Sunderland Compact, and the Funding and Procurement Code of Practice) have been developed and rolled out across the Council to raise awareness and promote good practice among Council officers who work with the VCS.
Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support	not set	★	<ul style="list-style-type: none"> The Wellness Service continues to support the VCS in the delivery of the Community Wellness programme. Since 2008 the number of Community Wellness venues have increased providing opportunities for individuals to participate in physical activity within their local neighbourhood. The venues now include 2 day centres which have provided increased opportunities for vulnerable adults to activity participate in the programme. The Wellness Service works with the venues and the community groups to support the sustainability of the programme and in many venues an increase in sessions offered has occurred as a result of the sustainable model that was developed. Many of the venues now have an income stream in place as a result of this programme that has allowed for more related health improvement opportunities to be explored and further funding gained. Recommendation: CLOSE
Explore links with the private sector for collaboration on initiatives that address the SDH and health equity	31/03/2011	★	<ul style="list-style-type: none"> Work is ongoing with the Partnership to collate information and formulate a response, with regards to the partnership restructure (cover actions 7.4,9.1,9.2)
Develop a Stakeholder map	31/03/2011	★	<ul style="list-style-type: none"> As above
RECOMMENDATION 10 Further explore innovative practice from across the country in relation to addressing health inequalities, in particular the example of the London Borough of Newham, to ensure that advice and guidance on benefits and re-entering employment targets the main issues facing the long-term unemployed	31/03/2011		
Exchange with other partners to consider why these policies and interventions were successful and what elements may or may not be transferable	not set	★	<ul style="list-style-type: none"> Information is currently being exchanged within a Network of organisations
Building on good practices identify more examples of successful policies and interventions that address the social determinants of health inequalities	not set	★	<ul style="list-style-type: none"> Through both Eurocities and the WHO Healthy Cities Network, best practice examples are being identified and researched to determine whether they would work within Sunderland
Identify online information sources with e.g. best practice	not set	★	<ul style="list-style-type: none"> As above
Contribute to or set up user friendly mechanisms to communicate applicable data and evidence to policy makers and practitioners within and outside of the health sector	not set	●	<ul style="list-style-type: none"> As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011)
RECOMMENDATION 11 Sunderland Partnership and its delivery partnership submit a formal response to the Marmot Review to the Health and Wellbeing Scrutiny Committee, demonstrating how partners are supporting delivery for the local population around active travel plans, availability of good quality green spaces, healthy local food environments, energy efficiency in housing, reduction of fuel poverty, integration of planning and removal of barriers to community participation	31/03/2011		
Scope partners, policy, programme or project initiatives that are being planned or implemented in other sectors that affect health equity, and identify common objectives	31/03/2011	★	<ul style="list-style-type: none"> The Social Determinant Model has been applied to the grants process within HHAS for next year 11/12. A corporate approach to grant funding the VCS is currently in the early stages of development. A single set of eligibility criteria has been proposed to ensure Council funding is aligned with strategic priorities (e.g. Healthy City).
Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support	not set	●	<ul style="list-style-type: none"> Current restructure of the LSP and themed groups to include the HWBB. The Partnership will use recommendations as basis of restructure to ensure that all new working processes are based upon a health equity concept.
Explore links with the private sector for collaboration on initiatives that address the SDH and health equity	not set	●	<ul style="list-style-type: none"> As above
Hold 'training' and 'awareness raising' sessions with each of the Delivery groups around the agenda	not set	●	<ul style="list-style-type: none"> As above

Work with the Delivery and Improvement board to submit formal response	31/03/2011	●	• As above
Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into partnership processes	not set	●	• As above