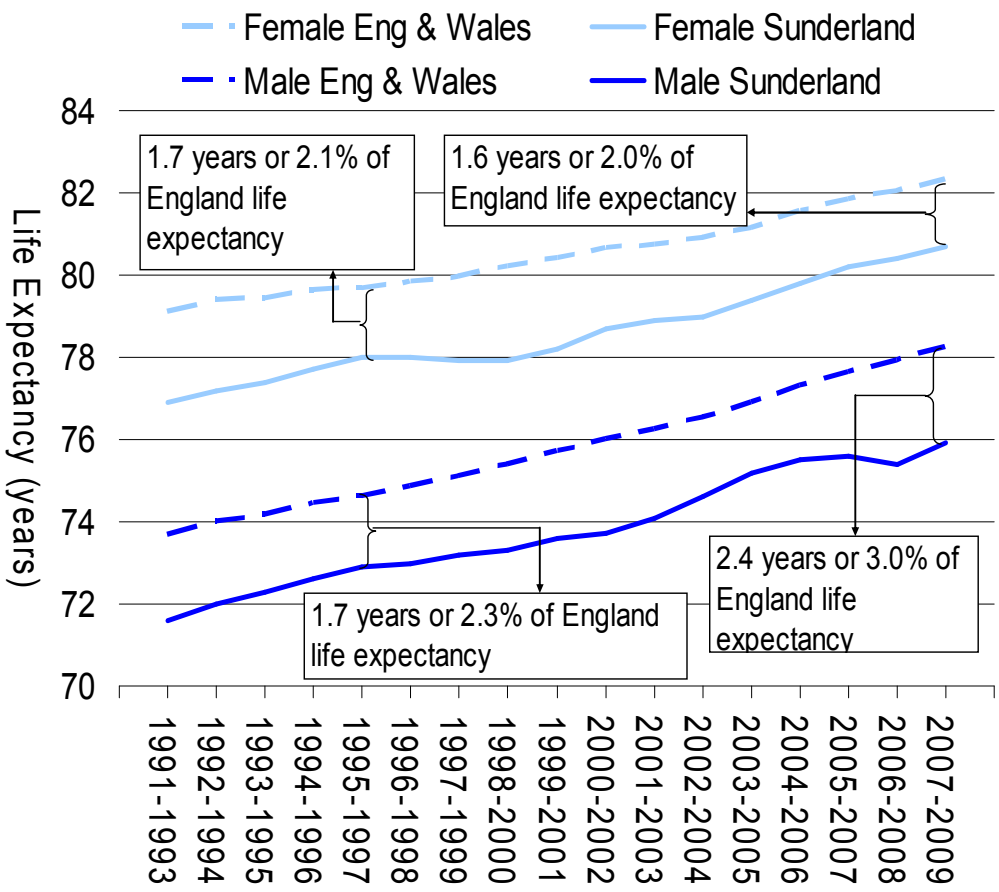
Overview of Health and Wellbeing in Sunderland 2011

Introduction

The links between deprivation and poor health outcomes have been well documented over the last thirty years. Sunderland has some of the worst areas of deprivation in England, with over 40% of the population living within the most disadvantaged areas as identified by the Index of Multiple Deprivation. Some of the consequences of this on people's health are detailed below. In addition, the impact on health of significant economic and social inequalities that exist within Sunderland is very apparent.

The good news is that overall life expectancy for people in Sunderland is increasing and that mortality from heart disease and cancer has decreased significantly over the last 15 years.



So the bad news is that the life expectancy gap between Sunderland and England as a whole is not decreasing; the gap between life expectancy for men and women in Sunderland is not decreasing- for men, the gap is increasing. Sunderland is behind schedule to achieve a 10% reduction in the life expectancy gap between ourselves and England among both males and females between 1996 and 2010. Between 1995-97 and 2007-09 there was a **31% increase**

in the gap among males and an **8% reduction** in the gap among females. The gap among females is very close to the trajectory required to reach the 10% reduction by 2010

We know that Sunderland comprises 65 natural neighbour hoods and last year we carried out some analysis to establish what life expectancy in those neighbourhoods looked like:22 out of the 65 neighbourhoods have an all people life expectancy that's significantly different from the average for Sunderland people, 13 higher than and 9 lower than the average. The most health deprived neighbourhoods in Sunderland, where life expectancy is lowest, are as follows; City Centre, Port and East End, Hendon, Thornhill, Hetton Downs and Warden Law, Southwick, Witherwack, Marley Potts and Thorney Close. All these areas have high levels of health deprivation with Hendon and Southwick being the most marked.

We have included the detail of neighbourhood life expectancy in Appendix 1 and they demonstrate that whilst we frequently quote a 2 year difference in life expectancy between people in Sunderland and England there is much greater variation within the City. Within Sunderland wards, a man living in Washington South could live 14 years longer than a man living in Hendon, and a woman could live 8 years longer in Fulwell than a woman living in Hendon, when we look at the difference between women in the neighbourhoods with highest life expectancy and men in neighbourhoods with lowest life expectancy- we can be speaking of over 20 years.

We need to continue to deliver continuously improving universal services across the city as we need to continue to drive life expectancy up for all Sunderland's residents, but if we and our partners cannot find a way to a different engagement with people in these 9 neighbourhoods, we will not deliver a reduction in inequalities.

Determinants of health inequalities

According to the Marmot Report health inequalities result from social inequalities, which start before birth and accumulate throughout life. In order to reduce health inequalities action must start before birth and be followed through the life course of the child.

Recently Marmot indicators of the social determinants of health, health outcomes and social inequality have been published. When using these indicators the population in Sunderland was shown to be significantly worse than England in:

- Life expectancy at birth
- Inequality in life expectancy
- Inequality in disability-free life expectancy
- Young people not in employment
- People living in a household in receipt of means tested benefit
- Inequality in people in receipt of a means tested benefits

Further good news for the future was that some of the social determinants indicators, including child development aged 5 years, shows a picture of improvement, with the average being above the England standard.

The national policy change of moving responsibility for health improvement and reducing health inequalities to local authorities as part of NHS transitions recognises that the NHS is unable to tackle the social causes of ill health; action must come from communities, families, schools, employers and local government. Interventions need to take account of the inequalities suffered by most of the population but a greater focus needs to be given to those areas experiencing greatest need – what Marmot refers to as "proportionate universalism".

Good quality neighbourhoods can make a significant difference to quality of life and health; this is both physical environments such as more green spaces to the social environment to support communities in their physical and mental wellbeing. The majority of Sunderland, 95%, is classified as urban areas, with only 5% being classified as town / fringe or hamlet / isolated dwelling, including parts of Hetton and Shiney Row. However this does not necessarily result in better health, as both Hetton and Shiney row fall into the most disadvantaged and 3rd most disadvantaged area across the England. A refresh of the approach to healthy urban planning, possibly under the direction of the proposed Place Board, is required.

We also have a high proportion of unemployed at 5.4% with the national average being 4.7%. The larger numbers of unemployed fall within Hendon, Pallion, Sandhill and Southwick areas. In those that do work the average weekly income is £398.6, which is £40.20 less than the North East Average and £92.60 less than the England average. This then links to the situation where, dependent on which definitions we apply between 14500-24000 childrens and young people are living in poverty: the approach to addressing this may fall between the Health and Wellbeing Board and the Economic Leadership Board but care must be taken in partnering arrangements to ensure it does not slide into a 'gap' in our strategic thinking and planning.

Health Inequalities throughout the life course

Children

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations are laid in early childhood and what happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status. One quarter of all pregnant women smoke during their pregnancy up to the time of delivery compared to 14% nationally, impacting on the child's long term health. Low rates of breastfeeding are an issue locally with only 51.1% of mothers initiating breast feeding compared to 73.6% nationally. There is a strong correlation locally of mothers who don't breastfeed and smoke during pregnancy.

We have high rates of children classified as either obese or overweight: 21.1% of year 6 children within the Sunderland area. This is higher than the North East prevalence (20.6%) and England (18.7%). The areas which have higher levels of obesity are Millfield, Sandhill, Hetton, Castletown and Washington Central. Sandhill is of particular concern as it is currently

the only ward within Sunderland where a quarter of children in the reception years are overweight or obese, significantly higher than the Sunderland average.

Teenage pregnancy rate (less than 18 years old) is 54.9 per 100,000 compared to a figure of 40.2 nationally. The areas significantly above average are Castletown, Grindon, Hendon and Hetton. Teenage pregnancy indicates poor outcomes for both child and mother and is also an indicator of unsafe sexual practice.

To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking. The benefits of early intervention are seen not only improve educational outcomes and attainment at GCSE but reduce problems with emotional health and wellbeing and impact on a range of council, health and partners services.

Adults

Whilst all cause mortality rates have fallen over the last 10 years, we have demonstrated that life expectancy still lags England considerably. The three most influential conditions that contribute to the reduced life expectancy in Sunderland are Cancer, especially lung cancer, Cardiovascular Disease (CVD) and Coronary Obstructive Airways Disease (also know as COPD). The impact of these three diseases on local health is described below followed by an analysis of the three main lifestyle-associated risk factors for these conditions: obesity, alcohol and tobacco.

Cardiovascular Disease (CVD)

Early deaths from heart disease and stroke have fallen and are reducing faster than England as a whole, but CVD in Sunderland still remain worse than the national average. In Sunderland the number of deaths for circulatory disease is 853, which is a rate of 88.9 per 100,000 of the Sunderland population. Whilst the England average is 74.8 per 100,000 of the population, indicating that there are 14.1 more deaths in Sunderland per 100,000 per year from circulatory disease. Circulatory disease is prevalent throughout the city but peaks in Hendon with 178 deaths per year, closely followed by Hetton and Redhill with 112 and 110 deaths respectively.

Cancer

Amongst males, all cancers account for a much larger proportion of the life expectancy gap when compared to the average Local Authority, with 33% of the life expectancy gap being attributed to all cancers and half of this was the result of higher mortality rates due to lung cancer.

Wider health inequalities due to cancer among the Sunderland population and among males make it more important to engage with these groups. Early deaths from cancers nationally are

falling, but in Sunderland it has started to increase since 2005 and we are now significantly worse than the England average.

In 2007 trends in mortality rates due to cancer in Sunderland have fallen over the past 10 years. However, almost a quarter of all deaths are due to cancer. Compared to the England average, mortality in Sunderland is significantly higher with the highest rates being in the Hendon and Millfield wards. Six types of cancer make a major contribution to all cancer mortality amongst males and females, lung cancer, colorectal cancer, breast cancer, prostate cancer, stomach cancer and oesophageal cancer. Together these six cancers account for nearly 60% of all cancer deaths in Sunderland.

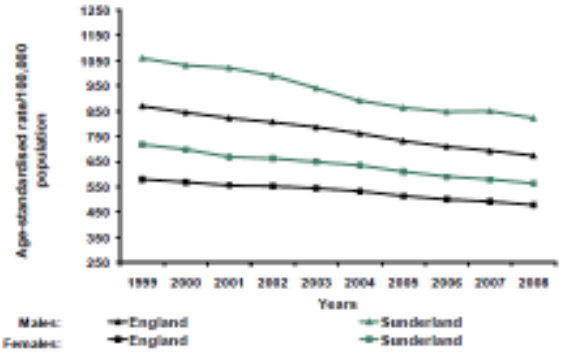
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

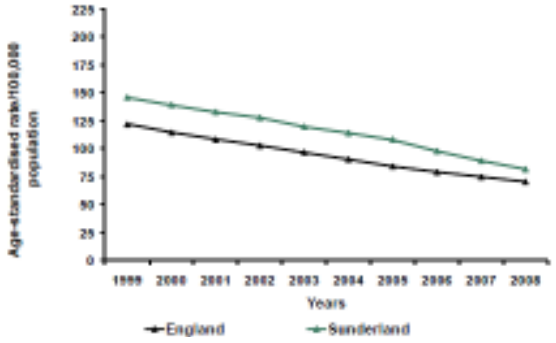
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

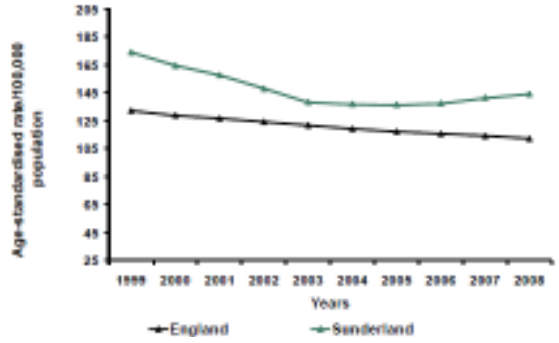
Trend 1:
All age, all cause mortality



Trend 2:
Early death rates from heart disease and stroke



Trend 3:
Early death rates from cancer



Chronic Obstructive Airways Disease (COPD)

COPD currently affects 8,000 people in Sunderland which accounts for 5.3% of all people aged 16 and over, this equates to 12,400 residents on GP lists. The prevalence is rising and has been predicted to rise to 5.9 therefore could affect between 13,500 and 13,700 people. The rates of admission for COPD are highest in Redhill, Southwick, Pallion and Sandhill. One of the most important risk factors for COPD is smoking; Sunderland has higher than average smoking rates, with an overall smoking prevalence of 21% although we know in a number of wards and neighbourhoods this rises to almost 50%. Tackling tobacco control and smoking

locally is the ultimate priority in order to reduce illness and premature death for local people of all ages. Helping young people not to start needs to be a significant part of our plans.

Obesity

Current levels of obesity within Sunderland are higher than the national average. The national level of obesity for males is 24.1% and females 24.9%. The highest rates of obesity occur in 35 – 44 years for males and 55 – 64 for females. This indicates that almost a quarter of adults living in Sunderland are overweight or obese, the highest prevalence lies within Silksworth, Millfield, Pallion, Redhill and Washington North. We already know the causal links between obesity and heart disease and stroke but are acquiring more evidence of links to cause between obesity and cancer, and for pregnant women between obesity and poor foetal health and wellbeing.

Alcohol

Levels of alcohol consumption are of significant concern within Sunderland. According to our 2008 Health and Lifestyle Survey, the majority of harmful and hazardous drinking occurs in those areas in the 'mid deprivation' category (IMD third Quintile), this includes Houghton, St Michaels, St Peters, Shiney Row and Washington East and North. The consumption of alcohol in Sunderland overall is above the recommended safe weekly limits. The levels of consumption are highest amongst 18-24 year old males with nearly 60% reporting that they drink above recommended levels each week, closely followed by 25-34 year olds. 29.8% of 18 – 24 year old females reported drinking over the safe weekly limits. 32.8% of people drinking above the recommended weekly safe limits are people living in social housing with uncertain employment in deprived areas.

The Local Alcohol Profiles for England (LAPE) continue to indicate that alcohol remains a significant problem with Sunderland being in the worst 10% in the country for:

- months of life lost - males
- alcohol specific mortality – males
- alcohol attributable mortality – males
- alcohol specific hospital admission – under 18s
- alcohol specific hospital admission – males
- alcohol specific hospital admission – females
- alcohol attributable hospital admission – males
- alcohol attributable hospital admission – females
- hospital admission for alcohol related harm (NI39)
- claimants of incapacity benefits – working age
- Binge drinking (synthetic estimate)

In Sunderland the rates of hospital stays for alcohol harm related admissions are 8310 per year, a rate of 2,581 admissions per 100,000 population per year. The England average rate is 1,743 per 100,000 per year.

Tobacco

Smoking rates are higher than the national average. The proportion of smokers within England is currently 21.7% (23.7% males and 19.9% female) compared to 25% in Sunderland (27.6 % male and 22.7% female). Within Sunderland ward areas the prevalence of smoking variations are even greater, with wards such as Pallion (33.6%), Redhill (31.3%) and Sandhill (30.1%) being significantly higher than the Sunderland average.

Rates of smoking related deaths are higher than the England average with an average of 636 people dying each year from smoking related causes (308.1 per 100,000 compared to an England rate of 216.0 per 100,000). In our lifestyle survey, the age band with the highest proportion of smokers was among 24-34 year old males and females.

Older people

Life expectancy is rising over time, and it is forecast in Sunderland that the number of people above 65 years of age will rise from 46,000 in 2009 to 68,000 in 2030, an increase of 46%. The number of people in Sunderland aged over 85 years, those with greatest care needs will more than double over the same period. We also know that whilst in 2010 the numbers of people with Dementia are estimated at 3100, by 2025 we are likely to have 4600 people aged 65 years and over with a diagnosis. This has profound implications spanning health, social care, housing and a range of significant services.

Sunderland has 15.1 % of its older population living independently, an estimated 17578 of the total household population. We are seeing a significant increase in lone person households (accurate figures to be released from 2011 Census). Further relatively good news comes in relation to excess winter deaths (which are related to fuel poverty, poor housing and deprivation); locally excess winter deaths are below the national average. Sunderland has an average of 142 deaths per year- 15.4 deaths per 100,000, whilst the England average is 18.1 per 100,000.

Summary

In summary it is obvious that Sunderland has clear and problematic health indices, however within the NHS locally, we have a vision to improve health across the life course. This includes increasing opportunities to allow children to have a ‘better start in life’ by reducing childhood obesity, increasing breast feeding, and reduce smoking in pregnancy; improving long term health conditions by reducing smoking in people with long term conditions and reducing hypertension in people with TIA/Stoke and reducing CVD and Cancers deaths by early diagnosis and intervention.

As a Health and Wellbeing Board we will need to establish our strategy to improve health and wellbeing for local people, considering social and other determinants of health and illness. Our activity will need to be placed in the context of requirements over the next 3 to 5 years, the next 5-10 and for 10 plus years. The high level areas have already been defined within the Sunderland Strategy and where our challenge lies is how in our current circumstances we can be flexible and responsive and demonstrate different and improved partnering arrangements to address those goals and priorities.

We will also need to consider the range of priority areas where our partners in the Economic Leadership Board and in the Place Board will play their part in driving prosperity and other health determinants to realise the City's vision.

Vision	Strategies	Objectives	Outcome aspirations	Programmes	Initiatives
Better health Excellent patient experience Using your money wisely	Prevention	**Reduce CVD & cancer deaths**	Increase life expectancy by: men 2.0%, women 1.1% Reduce health inequalities by 5.2% Stop the rise in alcohol-related admissions	**Obesity** **Smoking** **Alcohol**	• Evaluate new obesity services • Referral to lifestyle packages • Evaluate new alcohol services • Promote positive drinking culture • Re-balance stop smoking services • Deliver smoke free schools
		Better start in life Children's health Maternity services	Reduce childhood obesity by 10% Increase breastfeeding by average 89% Reduce smoking in pregnancy by average 26%	**Child health** **Maternity**	• Child health promotion • Children's risk and resilience model • Increase breastfeeding • Review maternity staffing skill mix • Identify & manage high risk women
	Long term conditions	**Long term conditions** Identification & management Better rehabilitation	Reduce smoking in people with LTC by 29% Reduce hypertension in people with TIA/stroke by 4%	**CVD risk** **Cancer** **LTC & rehabilitation**	• CVD identification & management • Early cancer identification - awareness, screening • Wider LTC reform • Reform stroke rehab • Reform neuro rehab • Reform intermediate care
	Safe, quality services, close to home, no waste	**Reform urgent care** for adults and children - more provided outside hospital	Reduce ambulatory care sensitive admissions by 44%	**Sick & injured child** **Urgent care**	• Reform care of sick and injured child • Single point of access • Integrate pathways across organisations • Diagnostic services in community • Telehealth
		Reform planned care more provided outside hospital	Increase in planned procedures in primary & community settings	**Planned care**	• Reform programme shifting care out of hospital utilising PCCs • Rheumatology modifying drug monitoring in primary care • Carpal tunnel out of hospital
		Reform mental health care more provided outside hospital	Earlier access to dementia diagnosis & interventions Increase in psychological therapies	**Mental health**	• New model of mental health care Implement dementia strategy • New model of CAMHS • Autism national strategy
		A better death greater choice	Increase deaths outside hospital by 5%	**End of life care**	• 24/7 services in all settings • Review & redesign services using Marie Curie Choice programme

Appendix **1:Life Expectancy in Sunderland Neighbourhoods**

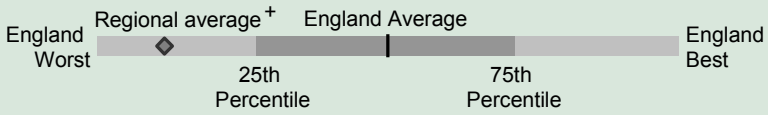
Neighbourhood	Male Life Expectancy	Female Life Expectancy	Persons Life Expectancy	
Albany & Blackfell	78.6	81.4	80.4	
Ashbrooke	70.7	80.0	75.1	
Ayton, Lambton & Oxclose	79.5	81.0	80.3	
Barmston & Columbia	75.0	77.9	76.6	
Barnes	75.2	81.1	78.1	
Burnside & Sunniside	74.4	82.9	78.3	
Carley Hill	79.9	79.1	79.2	
Castletown & Hylton Castle	73.8	80.4	77.1	
Chilton Moor & Dubmire	79.0	80.7	80.0	
City Centre	66.6	74.6	69.7	<
Concord, Sulgrave & Donwell	75.7	81.0	78.4	
Downhill & Redhouse	76.0	80.2	78.2	
Doxford	76.9	81.9	79.5	
Elstob Farm & Queen Alexandra Road	83.9	85.8	84.8	
Farringdon	73.2	79.5	76.4	
Fatfield & Mount Pleasant	-	87.7	88.5	
Fencehouses	76.0	82.5	79.2	
Ford & Pallion	73.0	79.0	76.0	
Fulwell & Seaburn Dene	79.9	83.8	81.7	
Grangetown	75.7	84.1	79.9	
Grindon & Hastings Hill	74.4	83.0	78.5	
Hall Farm & Chapel Garth	76.9	84.8	80.7	
Hendon	68.9	77.8	73.3	<
Hetton	77.7	81.6	79.7	
Hetton Downs & Warden Law	69.0	77.4	72.8	<
High Barnes	79.2	82.7	81.2	
Hillview	71.8	83.5	77.5	
Hollycarrside	75.8	85.5	80.3	
Houghton	76.4	81.3	78.9	
Humbledon & Plains Farm	77.2	85.0	80.9	
Marley Pots	69.3	75.9	72.5	<
Middle & East Herrington	81.2	86.0	83.6	
Millfield	76.0	77.3	76.7	
Monkwearmouth	77.1	83.4	79.8	
Moorside	-	83.8	81.0	
Moorsley & Easington Lane	73.8	80.6	77.2	
New & West Herrington	84.9	76.6	78.2	
Newbottle	75.5	80.4	77.9	
Nookside	72.9	77.8	75.4	
Old Penshaw & Cox Green	74.7	78.6	77.2	
Pennywell	70.7	81.6	76.1	
Penshaw & Shiney Row	76.6	81.8	79.3	
Port & East End	67.0	76.0	70.8	<
Rainton	74.3	107.0	78.9	
Rickleton & Harraton	76.9	80.0	78.8	
Roker	75.7	79.1	77.4	
Ryhope	77.5	76.3	77.0	
Seaburn & South Bents	83.8	92.4	88.2	
Silksworth	76.4	81.9	79.2	
South Hylton	76.0	81.2	78.4	
Southwick	71.8	78.1	74.9	<

Health summary for Sunderland

Appendix 2 Sunderland Health Profile 2011

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	119430	42.5	19.9	89.2		0.0
	2 Proportion of children in poverty	14760	25.0	20.9	57.0		5.7
	3 Statutory homelessness	166	1.37	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1812	52.6	55.3	38.0		78.6
	5 Violent crime	4027	14.3	15.8	35.9		4.6
	6 Long term unemployment	1408	7.6	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	665	22.3	14.0	31.4		4.5
	8 Breast feeding initiation	1476	51.1	73.6	39.9		95.2
	9 Physically active children	20141	57.5	55.1	26.7		80.3
	10 Obese children (Year 6)	556	21.1	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	1.1	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	302	54.9	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	29.8	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	26.6	23.6	39.4		11.5
	15 Healthy eating adults	n/a	19.4	28.7	19.3		47.8
	16 Physically active adults	n/a	12.3	11.5	5.8		19.5
	17 Obese adults	n/a	28.6	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	27	9.4	13.1	27.2		3.1
	19 Hospital stays for self-harm	1059	382.2	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	8310	2581	1743	3114		849
	21 Drug misuse	1444	7.7	9.4	23.8		1.8
	22 People diagnosed with diabetes	12788	5.63	5.40	7.87		3.28
	23 New cases of tuberculosis	20	7	15	120		0
	24 Hip fracture in 65s and over	304	517.1	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	142	15.4	18.1	32.1		5.4
	26 Life expectancy - male	n/a	75.9	78.3	73.7		84.4
	27 Life expectancy - female	n/a	80.7	82.3	79.1		89.0
	28 Infant deaths	11	3.52	4.71	10.63		0.68
	29 Smoking related deaths	636	308.1	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	260	81.5	70.5	122.1		37.9
	31 Early deaths: cancer	459	143.9	112.1	159.1		76.1
	32 Road injuries and deaths	104	37.1	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009 For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

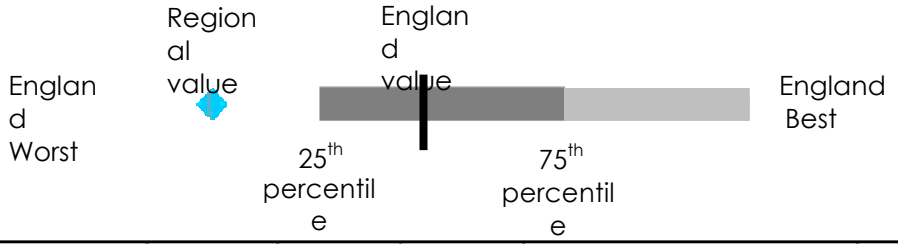
Appendix 3 Marmot Indicators for Local Authorities in England

Fair Society, Healthy Lives

London Health Observatory

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value
for this local authority is shown as a circle, against the range of results for England, shown as a bar.

- Significantly better than England value
- Not ssignificantly different from England value
- Significantly worse than England value



Sunderland

	Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
	Health outcomes						
	Males						
1	Male life expectancy at birth (years)	75.9	76.8	78.3	73.7		84.4
2	Inequality in male life expectancy (years)	10.6	11.5	8.8	16.6		2.7
3	Inequality in male disability-free life expectancy (years)	12.6	14.1	10.9	20.0		1.8
	Females						
4	Female life expectancy at birth (years)	80.7	80.9	82.3	79.1		89.0
5	Inequality in female life expectancy (years)	6.6	8.3	5.9	11.5		1.8
6	Inequality in female disability-free life expectancy (years)	10.2	11.8	9.2	17.1		1.3
	Social determinants						
7	Children achieving a good level of development at age 5 (%)	58.2	54.9	55.7	41.9		69.3
8	Young people not in employment, education or training (NEET) (%)	10.1	10.1	7.0	13.8		2.6
9	People in households in receipt of means-tested benefits (%)	21.2	19.3	15.5	41.1		5.1
10	Inequality in people in receipt of means-tested benefits (% points)	42.0	41.9	30.6	61.3		2.9