

Sunderland East Area Committee

4 January 2010

Report of the Chief Executive

Sunderland East a Healthy Area Summary

1.0 Why has it come to committee?

1.1 At its meeting in June, the committee agreed its work plan for the 2009/10 municipal year and the Healthy theme is the fourth to come to committee for discussion and consideration. The priority being focus on is to provide more opportunities for people to take part in sport and exercise by subsidise access to sport and exercise and improve methods of engagement to tackle the highly complex matter of obesity.

2.0 Description of Decision (Recommendation)

2.1 Area Committee are asked to agree the actions identified:-

i) Lead: Area Committee

Committee to suggest appropriate locations for the Sunderland Active Bus, to deliver a 12 week timetable within Sunderland East to engage the community and support those who are not sufficiently active and signpost them to activities or support services, if required.

ii) Lead: Sunderland City Council, Wellness Services

A number of projects to be delivered engaging with individuals within this geographic area ensuring opportunities are effectively communicated to them and where appropriate provision is created. Develop and deliver a core offer which connects communities with sport and physical activity opportunities which includes wellness, swimming, play and sport.

iii) Lead: Sunderland City Council (Health, Housing and Adults Services)

Continue to report on progress associated with increasing the level of support available to help people within their own homes for the committee's consideration.

iv) Lead: Teaching Primary Care Trust Providers (TPCT)

Gather more information regarding healthy lifestyle activities commissioned by the TPCT and how the Area Committee can provide support.

v) Lead: Area Committee

Refresh priorities in light of the health profile for the area shown 8.0 of this report.

vi) Lead: Joint Strategic Need Assessment (JSNA)

Investigate and feedback on the new and ongoing commissioning intentions and interventions to improve health and social care in the City, covering Sunderland East for 2009-10.

3.0 Sunderland City Council, Wellness Services

3.1 Sunderland's unique Wellness Service has developed within the City with the primary aim to improve individual's health and well-being through the provision of physical activity opportunities, lifestyle advice and education within Wellness Centres and in the local community.

3.2 The key principles of the Wellness Service is to shift the balance from treatment services to preventative measures and provide Wellness opportunities either as an alternative or

support for treatment. As a result of a fully engaged scenario with a range of key partners the services reaches and impacts on the individuals that are most in need and subsequently is contributing to reducing the inequalities that are so prevalent within Sunderland. Further information on the services delivered is available in Annex 1.

4.0 Joint Strategic Needs Assessment (JSNA)

- 4.1 The JSNA is the process by which TPCT and Councils, work in collaboration to identify health and well being needs of the City. It does this in two main ways: i) provides an insight into the current and future health, wellbeing and daily living needs of local people by studying intelligence and perceptions on inequalities across neighbourhoods and local communities. In this way it informs both the Local Area Agreements, and longer term future strategic planning. ii) Informs the commissioning services and interventions aimed at improving the health and well being outcomes of local people and help reduce any unfairness within existing services or interventions.
- 4.2 Running parallel to East Area Committee identifying the need to improve access to sport and leisure and tackle obesity as it's priority under Healthy theme during 2008-09, the JSNA also identified a similar need and developed a range of targeted services across three age groups, children and young people, adults and older people. Further information on the JSNA is available in Annex 1 or by logging onto <http://www.sunderlandtpct.nhs.uk/sunderlandhome.aspx>.

5.0 Sunderland City Council, Children Services - Letsgo card

- 5.1 Letsgo card was one of nine pilots funded by Department for Children, Schools and Families (DCSF) to test a hypothesis that 'Empowering individual disadvantaged young people to take part in positive activities of their choice through access to spending power increases their participation in such activities and contributes to educational engagement and other beneficial outcomes. Letsgo card was live from April 2008 to May 2009. In the 14 months, 2001 young people used their Letsgo card spending power making a difference to some of the most vulnerable young people in Sunderland, the average young person spent £203. Disability, age and ethnicity were not barriers to using Letsgo. This proved the DCSF hypothesis that having access to spending power does increase engagement in positive activities.
- 5.2 The achievements were considered to be fantastic in the 14 months that Letsgo card was live, as it was a brand new concept involving internet technology, decisions about taking part in events had to be made in advance, young people were not used to having access to spending power and some had not previously participated in activities.
- 5.3 ICT colleagues broke new ground with the innovative technical solution developed in conjunction with national and international organisations. ICT are working other parts of the Council to re-use some of the technology developed. Further information is available by logging onto www.letsgosunderland.com

6.0 Sunderland City Council, Health, Housing & Adult Services

- 6.1 The Council and its partners, including the grant-funded Third Sector, continues to support (particularly older and disabled) people with help in their daily living, including provision of care and support tailored around the needs of individuals to help them remain in their own homes – figures are presented in the table in Section 7 but the overall figure means that the Council is supporting 1,630 people to live independently in their own homes. The Council is in the process of working on a Department of Health pilot with Church View Medical Practise to better identify people who might some help, e.g. who feel isolated, need financial advice or improve their health and wellness. Clearly, partners in East Sunderland will work together to determine what practice support they can provide for individuals.

7.0 Sunderland East a Healthy Area Snap Shot

7.1 The table below provides a Sunderland East snap shot, at a ward level, on key health measures. It identifies several areas of need.

Red = unhealthy (above City average)

Green = Healthy (below City average)

Measure	City average	Doxford Ward	Hendon Ward	Millfield Ward	St Michaels Ward	Ryhope Ward
Life expectancy	76.4 yrs	78.9	72.2	75.2	76.8	76.1
Mortality rates from circulatory disease	108 per 100,000 pop.	102.39	170.48	74.68	62.19	91.11
Mortality rates from cancer	136.15 per 100,000 pop.	138.50	181.01	141.13	105.96	118.31
% of residents smoking	25%	19%	28%	28%	23%	29%
Residents self reporting obesity BMI 30+	18%	15%-18%	19.5%-24.5%	19.5%-24.5%	11.5%-15%	15%-18%
Hospital admission due to alcohol related harm	610-1180 per 100,000 pop.	0-300	610-1180	610-1180	300-410	480-610
Children in Need	4.1%	2.4%	8.8%	6.3%	2.9%	3.1%
Supporting People 18+ years to live independently (Figures in brackets 65+) – both per 1,000 population	38.38 (134.24)	34.26 (155.71)	43.61 (123.60)	29.58 (137.56)	39.69 (112.74)	45.46 (150.07)

8.0 Issues for Consideration

7.1 There is evidence that poor planning around transport and the provision of leisure services will increased the likelihood of obesity.

7.2 To deliver sustainable health improvement, strategically we need to focus on those core causes of poor health and maximise local people's opportunities to benefit.

7.3 Healthcare market analysis has also been carried out as obesity is already a strategic priority for the PCT and within the Community Strategy. This market analysis shows that whilst adult services are meeting current demand, that as demand increases, additional capacity and a larger menu of choices will be required. Children services require further development and clearer pathways. The desired state is that 2010-11 the PCT will have developed a fact-based understanding of what services deliver results and to prioritise services for patients in need of services most. A common set of performance metrics by which obesity services can be measured is being implemented, recognising that it may take up to 18 months to evaluate the services as the programmes are 12 months long. Providers will be encouraged to develop more targeted adult services in order to increase capacity to meet demand, and finally, the PCT will need to ensure providers can invest in key specialist role services and offer patients more choice by developing these in a community setting.

7.4 The Fitness Friday and Saturday night scheme, currently delivered at Raich Carter, which provides sporting activity alongside youth based work has had a significant impact on the number of youth related ASB incidents in the area and attitudinal surveys have shown a

change in young people's attitudes, including reductions in substance misuse, drinking and risk taking behaviour. The project engages with approximately 150 young people per evening and made a significant contribution to the development of joint thinking between agencies. The project is currently funded by Back on the Map NDC, however, this will eventually be exhausted so partners are currently looking at ways to sustain this activity. The annual costs of the Raich/Hendon model, is circa £80,000 for two sessions per week, with the relevant staff delivery and indeed relevant partner agencies playing their role to support and signpost.

- 7.5 The Letsgo card was considered by young people, activity providers, staff supporting youth people and the project team to be extremely beneficial. It did prove the DCSF hypothesis that having access to spending power does increase engagement in positive activities. Access to information and support were contributing factors. All of the processes used were documented so that a similar scheme could be re-introduced in the future if funding became available.

9.0 Refreshing priorities

- 8.1 It is evident that levels of deprivation, including child poverty, remain high, particularly in certain parts of the City. Lower than average educational attainment, the affordability of housing, standard of private sector housing, and levels of worklessness, are all key themes identified in the JSNA, further consideration also needs to be given in future years to the links between health and poor planning. The shifting demographic of increasingly older population, and a decline in the number of people aged 18-64 also provides key challenges.

- 8.2 Being completely strategic about health improvement and knowing what we do with regard to the Sunderland East Area Profile the areas that need a different steer/emphasis relate to smoking, obesity and alcohol (relating to early mortality and inequalities in life expectancy) and emotional health and wellbeing (for both children, young people and adults) with sexual health (Chlamydia and teenage conception) principally for people aged under 25 years.

10.0 Background papers

- Sunderland East Local Area Plan
- Joint Strategic Needs Assessment (JSNA), Sunderland 2009 Refresh
- Project Evaluation Report for Letsgo Card/ Empowering Young People Pilot

11.0 List of Appendices

- Annex 1: Background information

11.0 Contact Officer:

Nicol Trueman
Sunderland East Area Officer
Tel: 0191 561 1162
Email: Nicol.trueman@sunderland.gov.uk