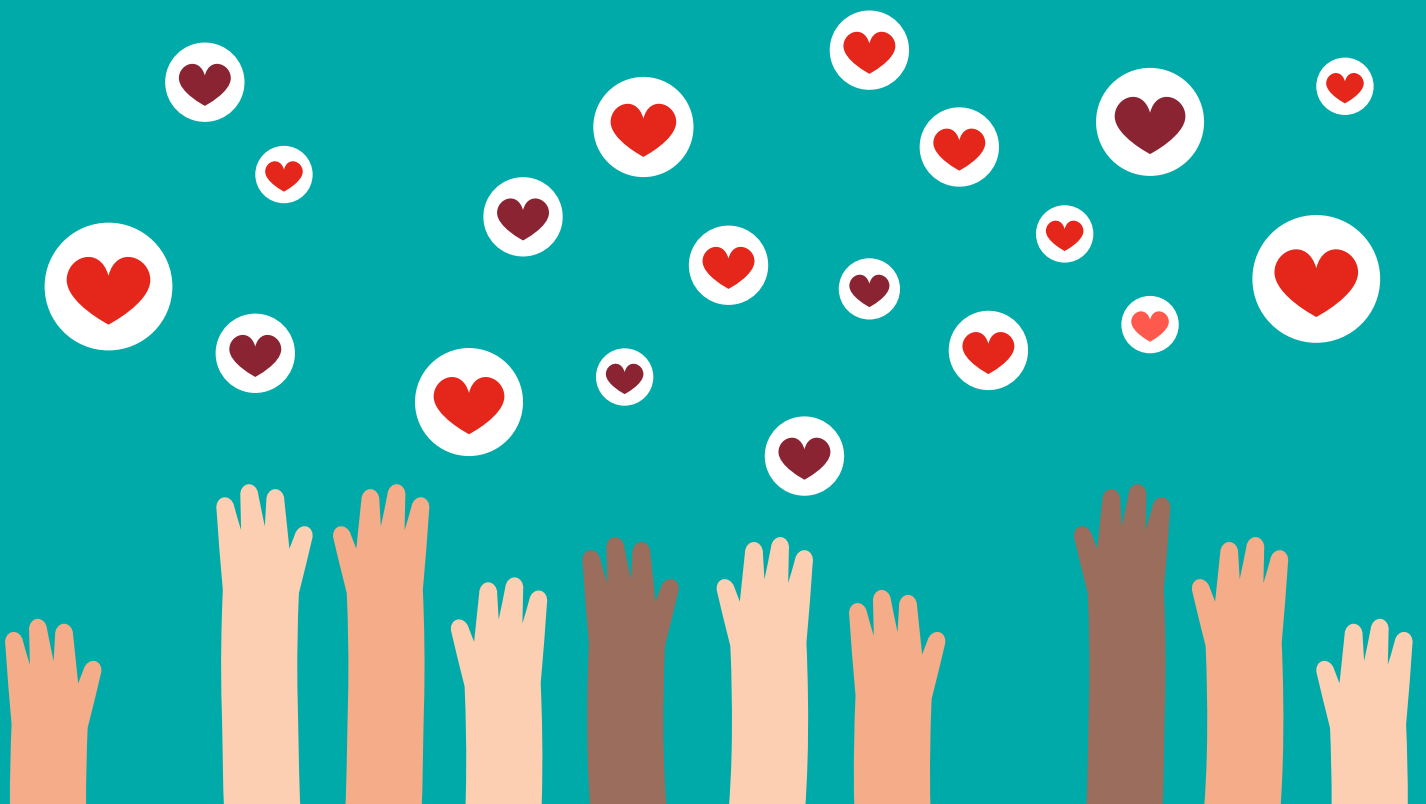


Director of Public Health

Annual Report

2019



Welcome

Health is the single most important thing for us all in Sunderland and is fundamental to our residents fulfilling their massive potential.

The health of the city's people continues to be heavily impacted by the economic and social inequalities that individuals and communities experience. We know that 38% of the population are amongst the most disadvantaged in England and one in five of our children live in poverty.

These inequalities influence the way local people are born, grow up, work and age. Through the delivery of the City Plan 2019-30, our vision is to create a connected, international city with opportunities for all, addressing the interlinked challenges that exist, including a range of health outcomes that are poorer than national averages.

Central to achieving a dynamic, healthy and vibrant city, is the need to ensure that people and communities are resilient and enabled to look after their own health. We particularly need to ensure that children and young people are actively involved in shaping and delivering plans and initiatives and are given the resources and skills they need to make good choices about their future.

The City Plan is already being delivered, at pace, with significant investment and developments recently announced, with more to come. By working in strong and innovative, cross-sector partnerships, we are committed to creating the conditions - including the provision of good jobs and housing, and skills and social opportunities - that will impact positively on residents' health and wellbeing, supporting them to flourish, be happy and age well, remaining independent and continuing to contribute to city-life.

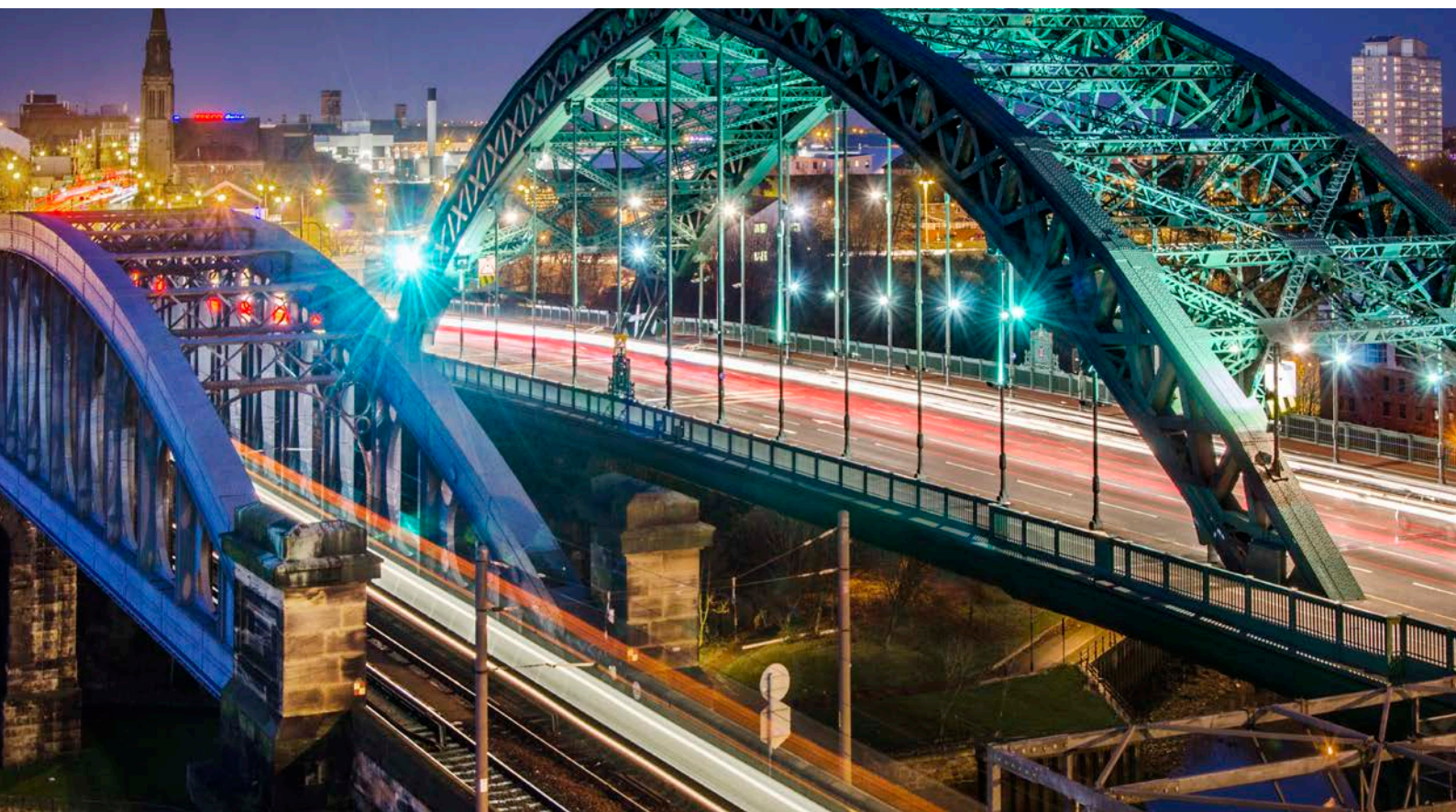


**Councillor Graeme Miller -
Leader, Sunderland City Council**

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Introduction



Sunderland is changing. Modern homes and workplaces are being built, access to the city is being improved and historic buildings are being restored and re-imagined for the future.

All of these things will help Sunderland to be a healthier place. However, as I have reported in previous years, we continue to face many challenges.

We know that many people here live in poverty and they have to deal with comparatively high levels of ill-health. We know that residents are likely to be healthy for less of their lives than those in other parts of the country.

Children and young people make up around a fifth of the population and represent the future of the city. I am concerned that many have told us that they are struggling. There is evidence that our environment leads them towards unhealthy behaviours, for example in the way fast food and alcohol are made widely present and available. These disadvantages mean they are less resilient to the challenges they face as they grow up.

However, children and young people are our greatest asset and we must involve them effectively in developing the future of Sunderland.

Evidence shows that many of the health issues experienced here can be prevented. They are influenced by a wide range of factors that can span from an individual's social context to the schools they attend and jobs they work in.

The information provided in my report shows some of the differences that people experience with their health in Sunderland. I believe that by working together to improve our health in the city, we can truly narrow the gaps in health outcomes across our communities. By preventing our population from becoming unhealthy and supporting them to make the right choices we will all be able to look forward to a happy, healthy future.



**Gillian Gibson -
Director of Public Health**

How this report has been produced

This report is the result of a wide range of engagement activities through which we have gained the views of as many residents and stakeholders as possible. Given the scale of some of the inequalities experienced by the population, it is of key importance that local people are aware of these issues and can be involved in developing ways to influence them.

Firstly, we produced a survey asking people how they feel about their own health, what helps or hinders them in keeping healthy and seeking their views on what they have done, or would like to do to improve health. Around 600 people responded, ranging from age 13 to 86. Just under three quarters were residents, with the remainder working or volunteering in the city. Key information from the survey is used throughout this report.

Alongside the survey, a series of five workshops took place, with one in each of the Coalfield, East, North, Washington and West localities of Sunderland.

Key public health data for each locality was presented, with workshop discussions about ways to improve health and engage effectively with communities about health. In total, 12 focus groups took place involving a total of 53 participants, 77% were resident in Sunderland. Information from these sessions has been thematically analysed and used to inform the content of this report.

Following this, a conference of the Sunderland Workplace Health Alliance took place on 16th October 2019 with 77 attendees from 46 businesses and organisations. Workshops were used to gain views on how to improve health at work, with outputs included here.

We also engaged with the Health and Wellbeing Board through a development session and the council's corporate strategic management team.

Finally, the Sunderland Health Summit entitled 'Working Together to Improve Our Health' took place on 4th November 2019. 170 delegates attended, ranging from residents, senior public sector and business leaders, representatives of the voluntary and community sector and elected members.



Presentations at the event covered:

- Sunderland's City Plan
- Population health in Sunderland
- Involving children and young people
- Workplace health
- Helping children and young people achieve their potential
- Eating well and access to good food.

Again, the output from this event has been used throughout this report.

I would like to thank everybody that has given their views as this report has developed and I hope that they will recognise their input in the range of recommendations, examples of good practice and key lines of enquiry for the future that are contained here.

Sunderland's future

Sunderland's children and young people make up 20% of the population. However they represent all of its future. They will become its parents, workers and carers in the coming years. As a result, we must ensure that they have every chance to succeed and prosper.



One in five people in Sunderland are aged 19 or under

Currently evidence shows us that they face many challenges that may lead them to experience poor outcomes in later life. For example, we know that the diet people eat has a strong relationship with the preventable causes of death. A poor diet can lead to excess weight, which in turn influences how likely people are to develop a range of cancers and other diseases.

When children enter primary school in Sunderland, the proportion of them that are obese (meaning that they have significant excess weight) is quite similar to the proportion across England as a whole. However, by the time they have passed through primary school, 25% are obese. This compares to only 20% across England; so, as they are growing up, inequalities are beginning to emerge.



One in ten children are obese when they enter primary school. This increases to one in four by the time they leave.

There is also significant evidence that inequalities like this persist as children and young people in the city grow up. Teenage pregnancy is significantly more common in Sunderland than in England as a whole. Whilst it does not always lead to poor outcomes, it is strongly associated with factors such as disadvantages in educational attainment, unemployment and engagement in unhealthy behaviours such as smoking and alcohol misuse.



Sunderland has twice as many teenage mothers as the England average.

We also know that children and young people here are more likely to drink alcohol than elsewhere in the country. Evidence shows they can suffer the associated harms of alcohol misuse from an early age.

3x

Under 18s in Sunderland are 3 times more likely to be admitted to hospital for alcohol related issues than the national average.

There is a clear need to actively listen to children and young people in Sunderland. They must be meaningfully involved to help develop a better understanding of the influences that may make them susceptible to risky behaviours.

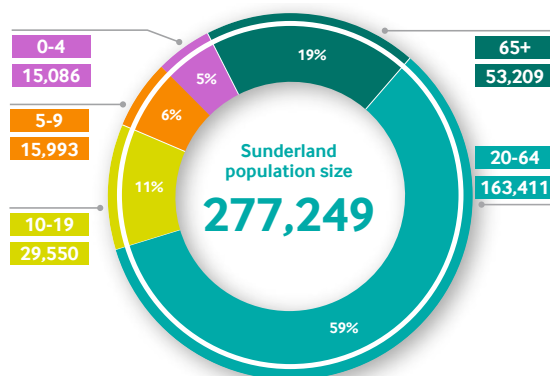


The health of the people of Sunderland

Sunderland currently has a population of just over 277,000. For a number of years, the population decreased - mainly due to people leaving to live elsewhere. However, it has now stabilised and is predicted to grow slightly to around 278,000 by 2030.

This represents a 1% increase; in comparison, the population of England as a whole is predicted to grow by around 8%.

Age



Over 65s represent around one in five people in Sunderland. In the future the overall population of Sunderland is predicted to age.



One in five people in Sunderland are over 65.

This will be one in four by 2030.

Life expectancy and healthy life expectancy

When compared to people in the areas of England with the highest levels of life expectancy, both men and women in Sunderland are likely to live up to six years less.



Sunderland males 77 years
Highest in England 83 years

Gap 6 years



Sunderland females 81 years
Highest in England 87 years

Gap 6 years

Residents of Sunderland are also likely to spend more of their lives in ill-health with both men and women living with illness or disability for up to 12 years more than those in other areas of England.



Sunderland males 58 years
Highest in England 70 years

Gap 12 years



Sunderland females 59 years
Highest in England 71 years

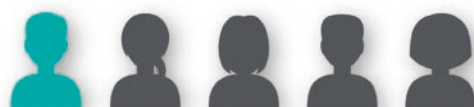
Gap 12 years

The combination of the increasing age of the population with high levels of ill-health in later life predicts significant pressure on the health and social care system in Sunderland in the future.

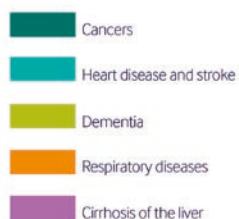
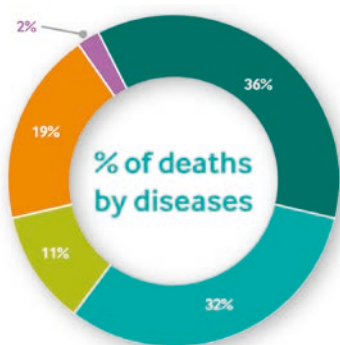
What is different?

A significant number of the people that die in Sunderland are known to have died from preventable causes. This can be as many as 630 people each year.

These deaths are considered preventable because they are caused by diseases that are known to be associated with behaviours that people may or may not engage in. Examples are smoking, regularly eating unhealthy foods, drinking too much alcohol and being physically inactive. If these behaviours can be changed or replaced with more healthy ones, people will be less likely to develop diseases like cancer or heart disease.



One in five deaths are considered preventable.



People need to be resilient to unhealthy behaviours. Resilience is normally associated with factors such as good living standards, better educational attainment, good quality employment and good mental wellbeing. In 2017, our Adult Lifestyle Survey demonstrated a clear link between good mental wellbeing and resilience to unhealthy lifestyle behaviours.



People that reported that they had no unhealthy lifestyle behaviours also had better mental wellbeing. Crucially, in Sunderland, there continues to be many more people experiencing poverty and income deprivation than in other areas of England:

Income deprivation (all)

21% Sunderland

15% England

Gap 6 %

This means



One in five people in Sunderland

Income deprivation (older people)

25% Sunderland

16% England

Gap 9 %

This means



One in four older people in Sunderland

Children in poverty

26% Sunderland

20% England

Gap 6 %

This means



One in four children in Sunderland

As a result, those people are more likely to take up the unhealthy behaviours that can cause disease and shorten their lives. For example, areas that experience high levels of deprivation also often have more residents that smoke tobacco. In fact, within Sunderland, around 26% of the population living in the most deprived ward smoke tobacco. This compares to only 7% in the least deprived ward.

This means not only are people here likely to live shorter lives than many other people in England, but within the boundaries of the city, those that experience greater levels of poverty will live shorter lives.



Sunderland least deprived 83
Sunderland most deprived 71

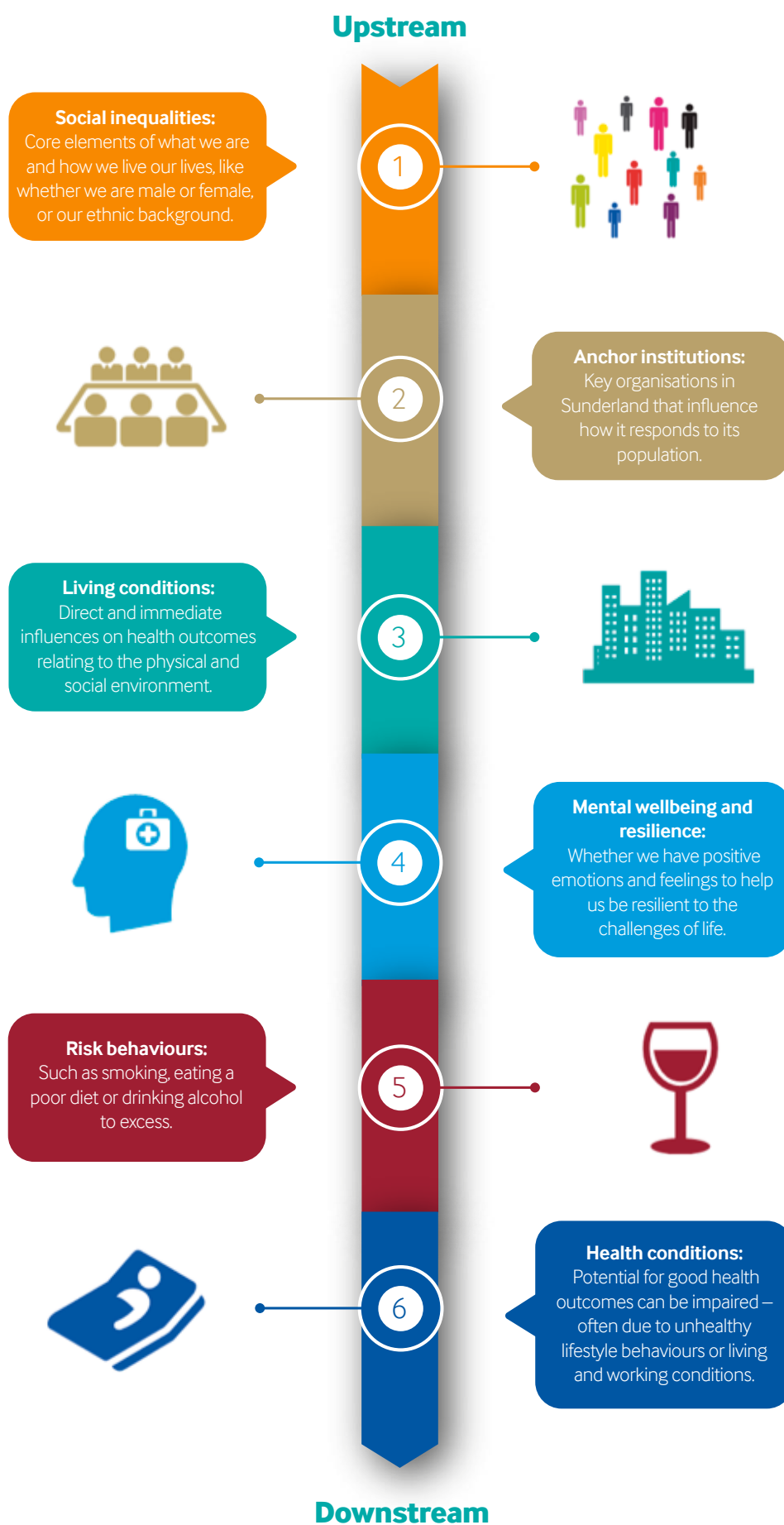
Gap 12 years



Sunderland least deprived 85
Sunderland most deprived 77

Gap 8 years

Inequalities and prevention framework



There are stark inequalities in health outcomes both between Sunderland and the rest of the country and within the city itself. The causes vary in the way they impact on health and can be thought of as having either an “upstream” or “downstream” effect. Intervening “upstream” means that we are preventing poor health developing, whereas when we focus “downstream” we are less likely to impact on peoples’ health in the long term.

1 Social inequalities

These are the core elements of what we are and how we live our lives. Things like whether we are male or female, have a disability or are a member of a minority ethnic group. Ultimately, these things can have a huge impact on health behaviours and outcomes.

Our Adult Lifestyle Survey of 2017 found that those with physical or learning disabilities were significantly more likely to have poor levels of mental wellbeing and to engage in multiple unhealthy behaviours.

We often treat people differently purely because of their age; in particular children and young people. This can be mitigated through active listening and involvement.

2 Anchor institutions

These are the key organisations that are part of the fabric of Sunderland and influence how it responds to its population. They can be all kinds of organisations, such as the NHS, the council, local businesses, schools, colleges and universities and the emergency services.

Anchor institutions can ensure that their policies prevent discrimination against particular social groups. They can use policies to support increased wealth within the city, for example by promoting the employment of local people or buying from local businesses.

These institutions have significant influence over the local population. For example, the local hospital provides good quality employment for local people and significant input to the local economy to help more people prosper.

3 Living conditions

These have a more direct and immediate influence on health outcomes and include issues relating to the physical and social environment such as whether we have a safe, secure and warm home, skills and work and services to access.

For example, areas which have poor air quality because of heavy traffic are likely to have more people who suffer from respiratory illnesses. Alternatively, if the social environment offers people opportunities to connect with their communities they are more likely to experience positive mental wellbeing.

Access to services is also important to prevent ill-health. These include health services that provide equitable access to screening and immunisation and access to parenting programmes to ensure our children and young people have a healthy start to their lives.

4 Mental wellbeing and resilience

Mental wellbeing is made up from factors such as having purpose and meaning in life and positive emotions and feelings to help us be resilient to the challenges of life.

The social inequalities people experience can often lead to poorer mental wellbeing, for example through problems like bullying and harassment.

Good mental wellbeing helps people to maintain their health and be less susceptible to unhealthy behaviours. As we have seen earlier in this report, people who don’t engage in unhealthy behaviours are more likely to have good mental wellbeing.

5 Risk behaviours

These are behaviours that we know to be unhealthy, such as smoking, eating a poor diet or drinking alcohol to excess. They may also include involvement in violence and abuse.

These can have very immediate impacts on health; smoking is the major behavioural cause of lung cancer for example. As we have seen, smoking is also strongly related to deprivation which is a key measure of social inequality.

6 Health conditions

These factors indicate that, for some, the potential for good health outcomes are already impaired – often due to unhealthy lifestyle behaviours or living and working conditions. They include problems like high blood pressure and chronic conditions like cancer or dementia.

They can be managed through care that is high quality, sensitive to what is important to people and gives them control over their own lives. As we have seen many health conditions have their root cause in the social situation in which people were born and have lived their lives.

The importance of mental wellbeing

The Inequalities and Prevention Framework recognises mental wellbeing as a pivotal factor that influences our resilience to unhealthy behaviours. It also shows that it is shaped by our place in society and the environment we live in.

Residents who completed our survey predominantly felt that they take care of their own health. However, those that didn't indicated that there are often many pressures on their mental wellbeing:

It is perhaps unsurprising then, that when asked what they would like to achieve by being healthier, people said they would like to have more energy and better sleep. Alongside lack of sleep, many said they experience stress on a daily basis, with less than 20% of people indicating they felt calm.

This is telling us that although many people find ways and motivations to maintain good health, a significant proportion experience a range of pressures in modern life that can combine to adversely impact their mental wellbeing. As a result, we may expect that they are more susceptible to unhealthy behaviours.

Alongside this, our data shows that children and young people in Sunderland can experience significant challenges to their mental wellbeing.

% of Children experiencing low levels of self esteem 2019

23.9% Primary school

26.2% Secondary school

Workshop participants wanted to ensure that children and young people don't engage in unhealthy behaviours as a result of this. The pressures of modern, strictly assessed schooling, issues with bullying and the sedentary nature of modern forms of play were all highlighted as potentially damaging.

This report deals predominantly with the importance of good work, a healthy diet and being listened to. Each of these things can have a positive effect on mental wellbeing and a range of examples are provided that illustrate how they do so.

The importance of social connection has been demonstrated in many ways through the process of involving and engaging with the many people that have contributed to the report. This has been through sharing ideas, experiences and opinions:

Q: "What single thing would make it easier for you to take care of yourself?"

A: "Time for me as I have lots of care responsibilities (I work in a health profession, have a disabled daughter, elderly parents, one who has dementia, and even an epileptic cat!!!)." – West Area Resident

A: "Less stress at work and at home, lots of demands on my time. No solution to that."
– East Area Resident

"If it wasn't for Mind and the connections I've made, I wouldn't be the person I am today. I wouldn't have met these lovely people I've met today." – Washington Area Resident

What can we all do about mental wellbeing?

The Five Ways to Wellbeing are a number of key behaviours that are known to help people to be happier and healthier.

Most of the activities that we care about and enjoy involve one or more of these behaviours. If we are deprived of ways to experience them regularly we are likely to be less happy and therefore

susceptible to unhealthy lifestyle behaviours.

As you read this report, you will see many examples of how people use the Five Way to Wellbeing to improve their health and the health of others.

You will also see evidence of the ways in which the challenges of modern living can leave people finding it difficult to do things like connect with others, be as active as they should or spend time doing things that they enjoy.

Be Active

Do what you can, enjoy what you do, move your mood.

Connect

Talk, listen, be there, feel connected.

Give

Your time, your words, your presence.

Keep Learning

Embrace new experiences, see opportunities, surprise yourself.

Take Notice

Remember the simple things that give you joy.



Good employment and healthy workplaces

The population of Sunderland is significantly impacted by socio-economic disadvantage; this is evidenced by stark differences in life expectancy between the most and least disadvantaged areas of the city.

Clearly the level of access to employment is a factor in this, though increasingly the quality of employment is also significant. Good quality employment should support people to be healthy by enabling them to have greater choice about how they live their lives.

It is widely understood that employment rates in England are at historically high levels, having increased steadily since 2011. However, it is also common for employees to experience difficult working conditions. For example, zero-hour contracts are now commonplace; these offer employees limited job security and often do not provide the certainty that people need to maintain their wellbeing.

Nationally, there have been efforts to improve working conditions. Importantly, the living wage has helped to make work worthwhile for many. However, many continue to struggle to manage the pressures of modern working life:

Q: "What single thing would make it easier for you to take care of yourself?"

A: "I can't afford not to work two jobs right now." – East Area Resident

A: "Less stress at work and at home, lots of demands on my time. No solution to that." – East Area Resident

There are also clearly understood health inequalities amongst those who work in less well-paid jobs; for example, it is estimated that one in four people in routine and manual occupations smoke tobacco.

Similarly, the level of fulfilment and enjoyment that people get from their work helps them to maintain their resilience to unhealthy lifestyle behaviours:

Q: "What single thing would make it easier for you to take care of yourself?"

A: "Being happier at work - miserable job and bullying encourages me to drink, smoke, stay up late, sleeplessness, and lack of motivation to exercise. I know this because my lifestyle was much healthier when I had a nicer job." – East Area Resident

However, there are many ways to provide better employment and a better experience of working life for people in Sunderland.

How to improve health in workplaces

The Office for National Statistics (ONS) reported that in 2017, 131 million working days were lost to sickness absence. Musculoskeletal conditions and mental

health problems accounted for 32% of these.

When we asked people about how employee health can be improved, they commonly highlighted that employees need to feel valued by their employer. This sense of value can be developed through a wide range of approaches, though should be underpinned by an effective approach to employee engagement:

Q: "What makes a happy and healthy workforce?"

A: "Staff feeling valued, giving them a voice about what they think a healthy workforce would look like in their workplace." – Feedback from table 19, Sunderland Health Summit

What can we do?

- Prioritise local employment to keep the Sunderland £ in Sunderland and give local people the skills to get good jobs.
- Work together to support people with health conditions to stay in work.
- Continue supporting networks amongst employers to share good practice.
- Continue to advise and support employers in finding ways to help their staff to remain resilient and be more productive employees.
- Communicate standards for workplace mental wellbeing through the Better Health at Work Award and Workplace Health Alliance.
- Develop commissioning standards so that health services reflect the needs of working people.



Understandably, owing to the nature of paid work, both employees and employers can find it difficult to make time for activities to improve health in the workplace. As a result, it is widely acknowledged that high level leadership and managerial buy-in is required to provide the conditions that people need to be healthy at work.

Case study: Workplace health initiatives at Liebherr Sunderland Works Ltd.

The Liebherr Group is a global manufacturing business with a current annual turnover of over 10bn Euros.

Liebherr have had a strong presence in Sunderland since 1989 when they began producing maritime cranes and cargo handling equipment from their facility in the Deptford area.

Employing 200 people, including 28 apprentices, they have a strong commitment to the health of their workforce, recognising that healthy and resilient workers are an asset to any company.

As a heavy engineering working environment, the Liebherr workforce is predominantly male and is getting older. Since 2008, the company has participated in the North East Better Health at Work Award, winning a Gold Award and Continuing Excellence accreditations for the work they have done to improve the health of their employees.

Key initiatives include:

- Health advocates, particularly on the shop floor, offering advice and information.
- Stop smoking events to help employees quit.
- Physical activity events and introduction of a cycle to work scheme.
- Mental health first aiders within the workforce.
- Provision of annual health checks.

Benefits:

- Reduction in sickness levels from 4% to an average of 2.5%.
- Positive responses from staff.
- Health advocates become a motivated part of the workforce, providing a crucial asset in improving health.

Learning:

- Ensure objectives, aims and purpose are clear.
- Secure management buy-in and resources.
- Benchmark your planned activities to ensure that you engage staff in the process.
- Make outputs measurable and linked to initiatives to improve health in the workplace.

Sunderland Workplace Health Alliance

Managing Director of Liebherr Sunderland, Ralph Saelzer has worked alongside Sunderland City Council to develop the Sunderland Workplace Health Alliance.

As a network of businesses across Sunderland, it works collaboratively to develop initiatives and share practice to improve the health and wellbeing of workers.



Activities

- Providing practical help and advice to businesses on how they can improve the health of their employees.
- Sharing good practice between businesses.
- Ensuring that businesses are aware of opportunities that are available in the city to support them.

The alliance has grown significantly in 2019 and now has participation from 94 local organisations. The following summarises the leadership approaches identified by members to help improve workplace health.

Key leadership approaches for workplace health

- Allocation of resource and capacity.
- Enabling meaningful engagement with workers so planned responses meet their needs.
- Taking measures to improve the working environment.
- Stimulating cultural changes to improve employee wellbeing, like reducing excess stress and managing bullying and blame cultures.
- Establishing effective metrics for monitoring health at work initiatives and implementing management arrangements.

If you would like to find out more about the Sunderland Workplace Health Alliance, email: workplacehealth@sunderland.gov.uk

Making good food affordable, accessible and appealing

As we have seen, good employment is central to both prosperity and health and wellbeing; its absence is a dominant characteristic of social inequality and contributes to poor health outcomes. There are also clear links between deprivation and poor diet.

Poor diet is no longer characterised by a lack of food, but access to food that leads to excess weight and a range of associated health problems.

These are foods high in sugars, saturated fats and salts. Research shows it is three times more expensive to get the energy from healthy foods than unhealthy foods.

For a healthy diet, people should eat five or more portions of fruit and/or vegetables per day. From our Adult Lifestyle Survey of 2017, we know less than half of the population in Sunderland reported they regularly do so; more starkly, only 37% of year six children responding to our local Health Related Behaviour Survey in 2019 reported eating vegetables on most days.

Food and poverty

Food banks are now a common and enduring presence throughout England. Sunderland has a network of food banks to help people that need them. This is positive in supporting those that are unable to afford food, yet also underlines the entrenched inequalities that exist in our society.

The Trussell Trust supports a UK wide network of Food Banks and gathers key information about those who use them. Worryingly, recent data indicates between September 2018 to September 2019, demand for emergency food supplies from food banks rose by 23%.

This is consistent with reports from participants in our local workshops:

"My vision of health in Sunderland goes a long way – there would be no need for food banks. This month there were 60-70 food parcels provided, more than twice the amount of the month before." - Coalfield Resident

The Trussell Trust also identified that 36% of its users were collecting food because of low income, rather than unemployment or access to benefits. Consistently with themes seen earlier in this report, many people are in work but not able to afford the basic commodities of life.

In a wider sense, there was broad agreement from participants in our workshops that it is seen to be cheaper to eat unhealthy foods: *"...to eat healthy is expensive... [people need] incentives to get cheaper food."* - School Nurse

Education

Participants highlighted the importance of education on healthy eating and cooking for children and adults. This was the most commonly discussed area at the Sunderland Health Summit: *"Start with kids - de-stigmatise the basics of how to cook and eat healthy - [help people learn] what is healthy food."* – Table 12, Sunderland Health Summit.

A number of people also felt that parents may no longer have the knowledge of healthy eating to enable them to educate their children: *"Some parents are just not aware of what is healthy and what is not."* - North Area Resident

The availability of education about food and healthy eating is linked to people eating well. Historically,



parents would pass on knowledge and model behaviours around food and healthy eating, but if they do not have that knowledge themselves, it's likely to fall to education and other social systems to help develop knowledge amongst children and young people:

"We need more collaboration across the city reaching everyone so that parents are aware of nutrition and physical activity." – Representative of Keep Active

Many solutions were suggested at our workshops, such as green space initiatives that could be used to educate at the same time as producing healthy foods, development of better coverage of healthy food and cooking education in schools and combining supply of healthy food via food banks with opportunities to develop healthy cooking skills.



Food and the built environment

Alongside pressures of poverty and lack of knowledge about healthy eating, many pointed to problems with the built environment that may lead people to eat unhealthy foods. Typically, this centred on the very visible issue of high numbers of fast food outlets in many areas of Sunderland:

"[People are] surrounded by fast food, but [I] wouldn't use them - it's a choice. Always [the] third option for my child." - West Area Resident

Others visualised alternatives: "[If we were the healthiest city] the high street would be totally different, there would be no takeaways, rather healthy eating cafes." – Representative of Keep Active

Participants recognised the success of regulatory measures, such as the progress of the 'sugar tax' in reducing the availability of unhealthy products:

"Soft Drinks Industry Levy data shows a 28.8% reduction per 100ml in retailer own-brand and manufacturer brand-branded products." – Public Health England

There were also suggestions of other forms of regulatory influence to try to reduce the availability of unhealthy food:

"Reducing access to unhealthy food outlets. Increase healthy offer, e.g. takeaways, cafes, workplaces, leisure facilities." – Table 13, Sunderland Health Summit

"Fat tax on rubbish food." – East Area Resident

Policy in progress

Sunderland has a rate of 137.8 fast food outlets per 100,000 of population. This is not one of the highest in England, but some areas of the city are affected more than others.

Measures to enable planning applications to open fast food outlets to be refused have been drafted into the council's emerging Core Strategy and Development Plan in the form of a Hot Food Takeaway Policy. While the plan as a whole is still progressing through a process of examination, the policy has so far influenced two decisions to refuse applications.

What can we do?

- Ensure strong links between support services and food banks to help those that are in greatest need.
- Work with schools to understand education provided on healthy foods and cooking skills and identify opportunities for improvement.
- Ensure schools provide a healthy environment for both students and teachers.
- Stimulate projects to raise the profile of healthy food like green space initiatives involving growing healthy foods or opportunities for adult education in communities.
- Continue with local planning policies to limit the number of fast food outlets; in particular targeting areas with high levels of child obesity and existing saturation of outlets.





Case study: Gardening, green exercise and learning

Hutton Street Allotments are a key project run by local charity Hetton New Dawn. The charity aims to support volunteers to take part in a range of activities that given them skills and training and improve their confidence.

The allotments are used by local people for 'green exercise' as they tend to all types of fruit, vegetables and herbs. These activities keep them fit and are particularly helpful for those who don't have gardens of their own.

Kids are also involved so they can plant, grow and harvest throughout the seasons. This has been such a great success that a barn has been set up to allow teachers to hold lessons with primary school children on the site.

Graham Hesketh who gardens and looks after the volunteers said:

"I just love being outside and being able to help grow fruit and veg for the community. It makes me feel very useful and gives me a real sense of achievement."

There are plans to build an 'eco loo' and introduce wind, solar and hybrid power to the site so it can have carbon-free power to become more efficient, produce even more and have a bigger impact on the local community.

Produce goes directly to the local community in the following ways:

- Taken home by people that help out.
- Supporting the Places of Welcome Scheme which is run by Hetton New Dawn and provides meals for those on a low income.
- Providing the local volunteer-run foodbank in Easington Lane with fresh fruit and vegetables.
- Used in the local weekly lunch club for older people in the local community.

If you would like to get involved, please get in touch with Graham by visiting:
www.hettonnewdawn.org.uk

Involving communities in improving health

The core purpose of this report has been to involve communities in Sunderland in thinking about how the health of the local population can be improved. To prepare it, a range of different methods were used to reach people and actively listen to them.

In doing so, we have also learned a great deal about the importance of involvement and engagement in reducing health inequalities. We know that some communities are not receiving and responding to health messages, and we see prevalence of some unhealthy behaviours varying dramatically from area to area in the city. Alongside that we see poorer health outcomes from place to place.

In some cases, people told us they may want to be involved, but feel excluded:

“[you can] feel a bit outside looking in when you are from another country or feel isolated. [You need to be] inspired by others – meet people through people – need an introduction.” – East Area Resident

If our anchor institutions fail to involve communities in a meaningful way and therefore do not address the barriers that some people may experience in accessing them, they will inevitably widen health inequalities.

How we involve and engage

Common practices of hosting focus groups, distributing surveys and holding conferences are all useful in gaining the views of communities; we can see from the volume of people that contributed their views that many are willing (and able) to give their time in this way. However, it should be noted that these techniques may effectively exclude some of the very people that you need to reach:

“Working people won’t come to things like this – you need to go to their workplace!” – North Area Resident

A common theme from our engagement activities was the need to find routes into communities, through a range of different means. This might be by using others that are willing to help, or through use of links to communities like health advocates within organisations or community leaders:

“Health is the most important thing going for us, as humans. Ask partner organisations, schools [to help]. [There are] hundreds of charities [and it’s not a] big stretch to hand out leaflets.” – East Area Resident

“You have to go to them – getting to them through existing networks.” – North Area Resident.

By applying a more tailored model to engaging communities, it is likely more diverse and valuable insights will emerge that help develop a richer understanding of the needs of local people.

Coordinating efforts

As all local organisations seek to become more mindful of how they gain the views of local communities, there can be some risk of people being repeatedly asked similar questions. Additionally, information may arise via the activities of one organisation that may be of use to another. Therefore, organisations such as Sunderland City Council, Sunderland Clinical Commissioning group and South Tyneside and Sunderland NHS Foundation Trust should look to coordinate efforts wherever possible. This will help to make the best use of the time that people give when they take part, ensure that the maximum value is gained and that organisations gain a shared understanding of the issues that are important to local communities.

Effectively involving children and young people

It is clear from the information we’ve seen in this report that children and young people are central to how we plan for the future. However, it should be noted that much of the information that has been collected has come from adults.

Commonly, people recognised the need to make involvement meaningful for children and young people, for example via co-design activities. Attendees at the Sunderland Health Summit were asked to consider how the children and young people can best be involved:

“Bringing young people together. Listening to their voices and being involved [in] the systems (so they are part of decision making). Table 7- Sunderland Health Summit

The case study provided here shows how children and young people have worked on a project to communicate their views about alcohol. It provides a good example of how their views can be sought as well as demonstrating an approach to meaningful involvement:



Case study - What do young people in Sunderland think about alcohol?

How does it impact on their everyday lives? What action do they think needs to be taken to reduce the harm it does? These were just some of the questions posed to a group of 12-17 year olds in the city.

The workshop was led by Balance, the North East Alcohol office, and formed part of a wider project around a vision for an Alcohol Free Childhood.

Eight young people from Sunderland's Young Inspectors and Commissioners, a group supported by Together for Children, took part in the workshop to discuss the role of the alcohol industry, the role alcohol has in young people's lives and the harms it causes.

Discussions were frank, honest and valuable. It served as a reminder of the many challenges, pressures and decisions young people (and the adults they live with) are faced with when it comes to alcohol. The young people provided lots of really important messages to consider – that even if they don't drink themselves, alcohol is often seen as an incredibly normal part of their lives and the information they obtain about it comes from a number of sources.

They see alcohol in the fridge at home and it can be a big part of going out for dinner with family. It pops up in the palm of their hands as they scroll through their mobile phones on social media or when they watch TV or play computer games in their bedrooms. It's all around them when they play sport, go shopping or to the cinema as they see celebrities, sponsorship deals, merchandise and films promoting big-name alcohol brands and products:

"On social media posts as people show themselves drinking and at parties or 'seshes' – people want to be part of the crowd and fit in."

"We know about the products and what they are before we even taste them."

The young people also talked about how they feel concerned, exposed, worried and often confused by the different information they see and hear about alcohol and they want this to change. They'd like more consistent messages and to learn more about the wider facts on alcohol so they're empowered to understand the impact of alcohol marketing.

"I think we should change the type of education. So, tell us more on the wider marketing, not just the harms. If you know the negative role alcohol can play, you're more wary."

"I think we should have more adverts like the TV advert with the tumour in and show that after an alcohol drink advert."

They were also asked about some practical ways to help overcome the challenges they face and make an Alcohol Free Childhood become a reality. They chose to focus on two key areas; proxy purchasing and accessibility of alcohol and changing branding on alcohol products.

Over the coming months, we'll continue to work with Balance and the children and young people to develop these ideas. In the meantime, to ensure their voices are heard now, they've created a short video about the workshop to share their insight and ideas. The video has been widely shared and you can view it at: www.whatstheharm.co.uk

Case study: Ladies only swim

Through our engagement we found out about how a local community group has discovered a solution with local leisure services that enables them to exercise and connect with each other. Without this inventive approach, they would not be able to benefit from the facilities that are there for the population.

Local Muslim women have created a group where they meet for an hour a week and enjoy a swim and a chat. Muslim women would prefer to come along to a women-only session with a female lifeguard.

Mahima Ali and Riza Khaled are friends who started the group. Mahima said, "I wanted to do a bit of activity every week, something fun and enjoyable, so we agreed with Castletown Sport Centre to hire out the pool, make sure there was a female lifeguard and encourage other women who want to join in to come along. They can bring their children, although the age restriction for boys is under ten."

This is a really positive step in making light exercise accessible to everyone. Between 15 and 25 women regularly attend some with

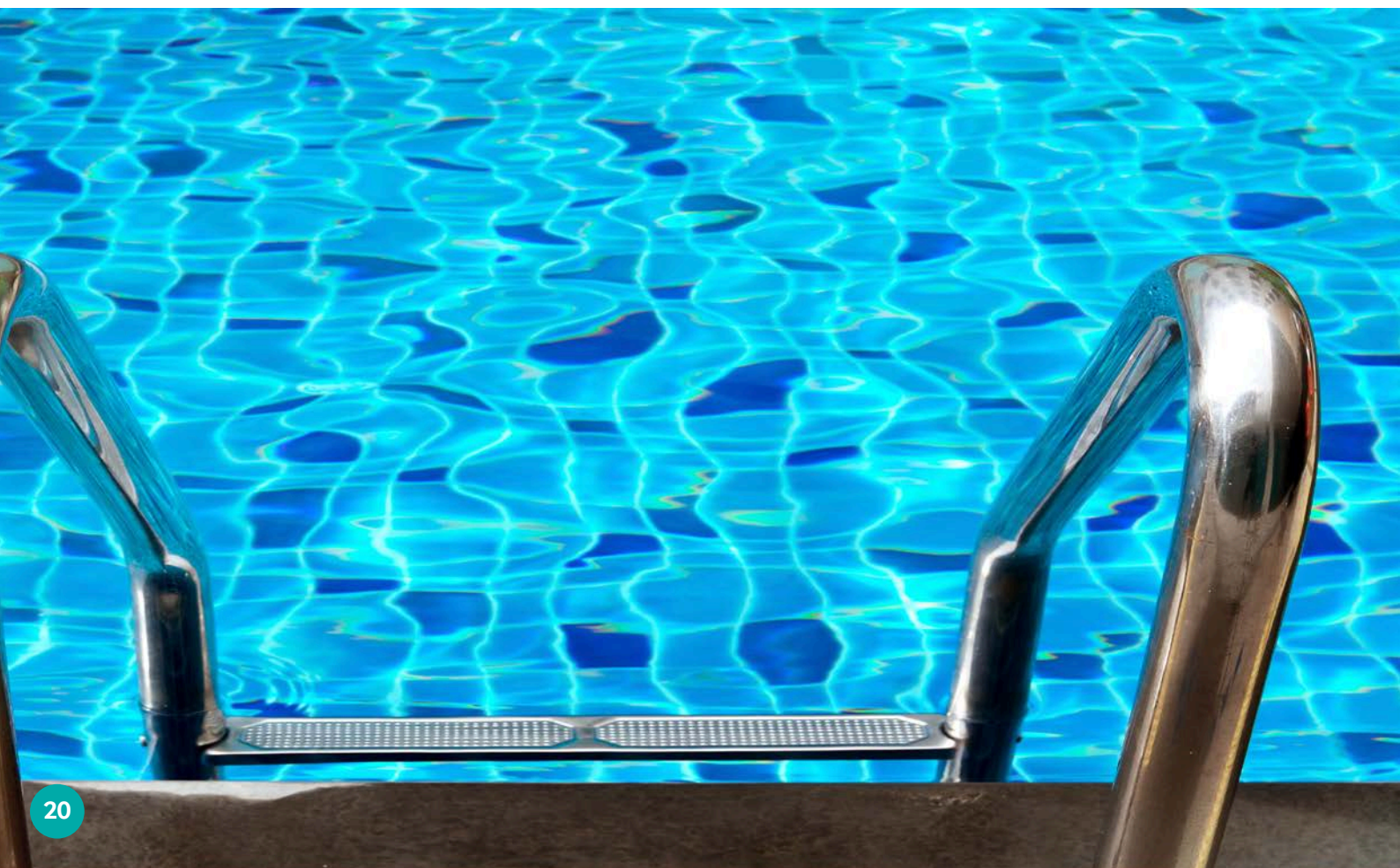
children as young as two. Some of the members are in their 70s, allowing people to participate whatever their generation.

They pay a small fee to swim covering the hire of the pool and the group have recently introduced a loyalty card scheme where each time they swim they get a stamp and their ninth swim is free.

The benefits have been huge, as well as helping the women stay fit, the sessions also mean that they can get together for a chat ensuring they don't feel so isolated. They share lifts and stories in a place where they can feel comfortable and enjoy some light physical activity.

Activities like this are so important in making sure everyone is included and has access to what is available in the community. The group are now looking into more activities, such as yoga, so they can make more of the benefits that physical activity is having on their minds and bodies.

Women who normally wear a hijab are encouraged to come along in whatever they feel comfortable in.



Let's Talk Sunderland

What can we do?

- Ensuring involvement activities use opportunities to reach population groups by going to them, rather than expecting them to attend groups and other activities.
- Make use of appropriate digital media where required.
- Anchor institutions can work together to develop coordinated approaches to engagement and involvement in Sunderland which utilise opportunities to reach communities and specific groups.
- Identify opportunities to actively involve children and young people in developmental work, such as co-designing service offers and forms of delivery.
- Understand the needs of different groups in the city to ensure that no-one is left behind.

Share your views about your neighbourhood

Engagement with residents is ongoing and at the moment, Sunderland City Council is seeking feedback from Sunderland residents through its Let's Talk Sunderland campaign. We want to directly involve residents and communities in making Sunderland a great place to live with the power to influence matters that affect them.

Complete the short survey here
<https://www.sunderland.gov.uk/letstalk>.

Your views will help shape neighbourhoods across the city and inform Neighbourhood Investment plans for Sunderland's five areas – East, West, North, Coalfields and Washington. The Neighbourhood Investment Plans will be launched in 2020 following public consultation.



Summary

The process of producing this year's report has helped me connect with many people in Sunderland and I would like to extend my thanks to everybody that has taken part.

People have provided us with many examples of inspiring and achievable ways to improve their own health and the health of others in the city. We have included as many as possible here, though many other great ideas have been shared which will help us to make changes for the better in the future. These have shown how people can overcome some of the social inequalities that could impact on their health.

We know from what we have been told that the pressures of modern life can often weigh heavily on people. However, we also know that assets such as good work and active social networks can help them cope with these; so, we need to strengthen and develop these assets and provide opportunities for people to connect.

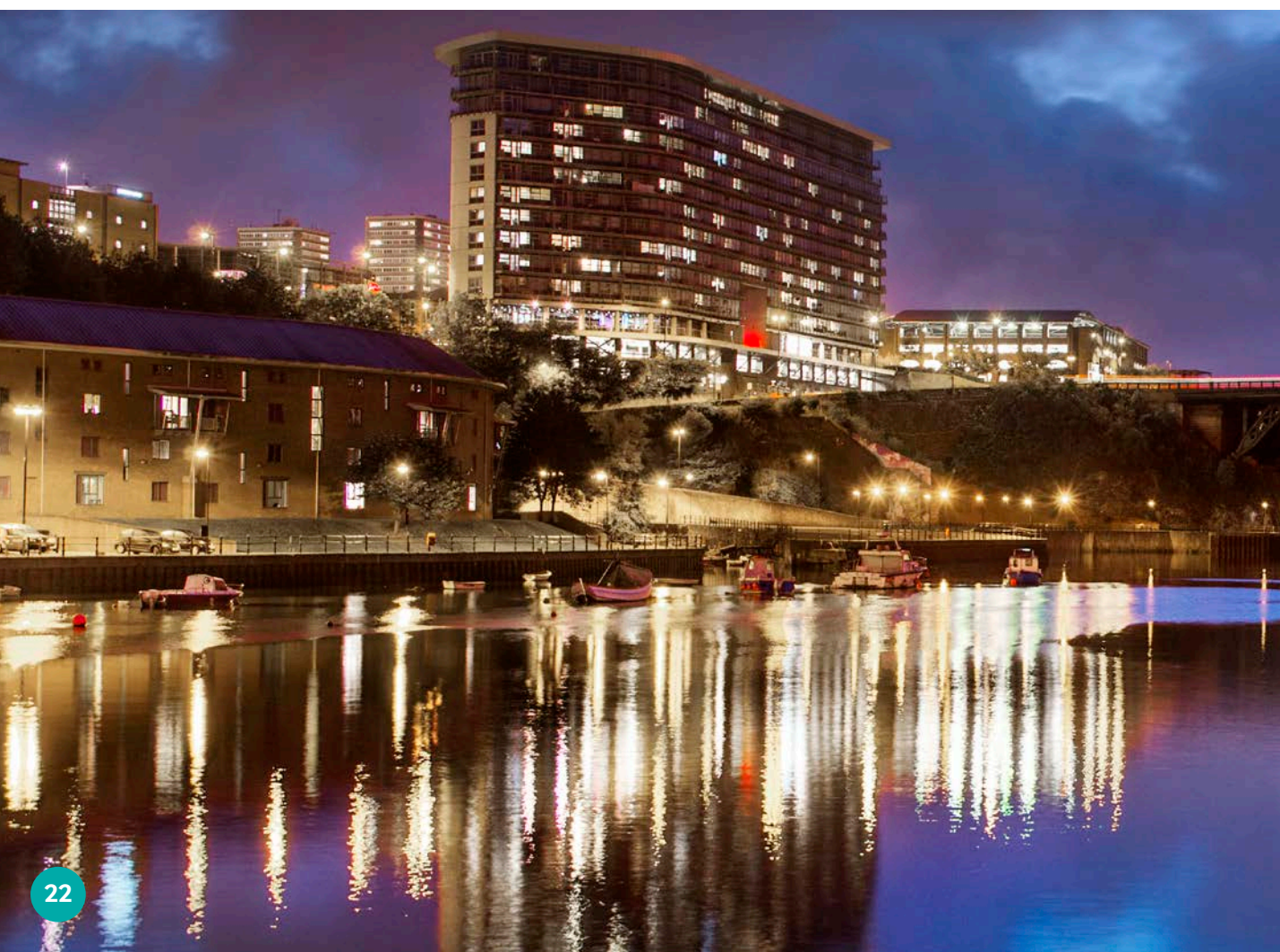
As I said earlier in this report, the children and young people of Sunderland are its greatest asset. We have seen how their insights can help us reflect

on key health issues and make a difference. We should continue to develop meaningful ways to involve them in the development of the city's future to ensure that it enables them to reach their full potential. We must see them as providing the solutions to problems rather than just identifying needs.

Throughout the development of this report we have engaged with a number of our anchor institutions who are committed to working together to improve health in Sunderland. They have a key role in addressing many of the social inequalities that exist here and by working consistently through partnerships and networks will help build a healthier and more resilient city.

The positive engagement I have encountered in recent months has been inspiring. I truly believe that by individuals, communities and organisations coming together we can build a happier, healthier Sunderland.

**Gillian Gibson -
Director of Public Health**



Acknowledgements

I would like to thank everybody that has given their time to take part in the events and activities that have been used to inform this report, as well as those that were involved in its production. In particular Sunderland City Council's Public Health and Corporate Affairs, Marketing and Communications Teams.

I would also like to thank everybody for sharing the things that are being done and could be done to improve health in Sunderland. Here are some of the things people told us:

"Educate and get trained so that I can pass information onto others." – Bethany City Church

"Deliver Mental health awareness training to all managers in the council." – Sunderland City Council

"We will develop a more regular programme of "get healthy" activities." – Sunderland College

"Encouraging people to take breaks by doing something that relaxes you." – Change Council

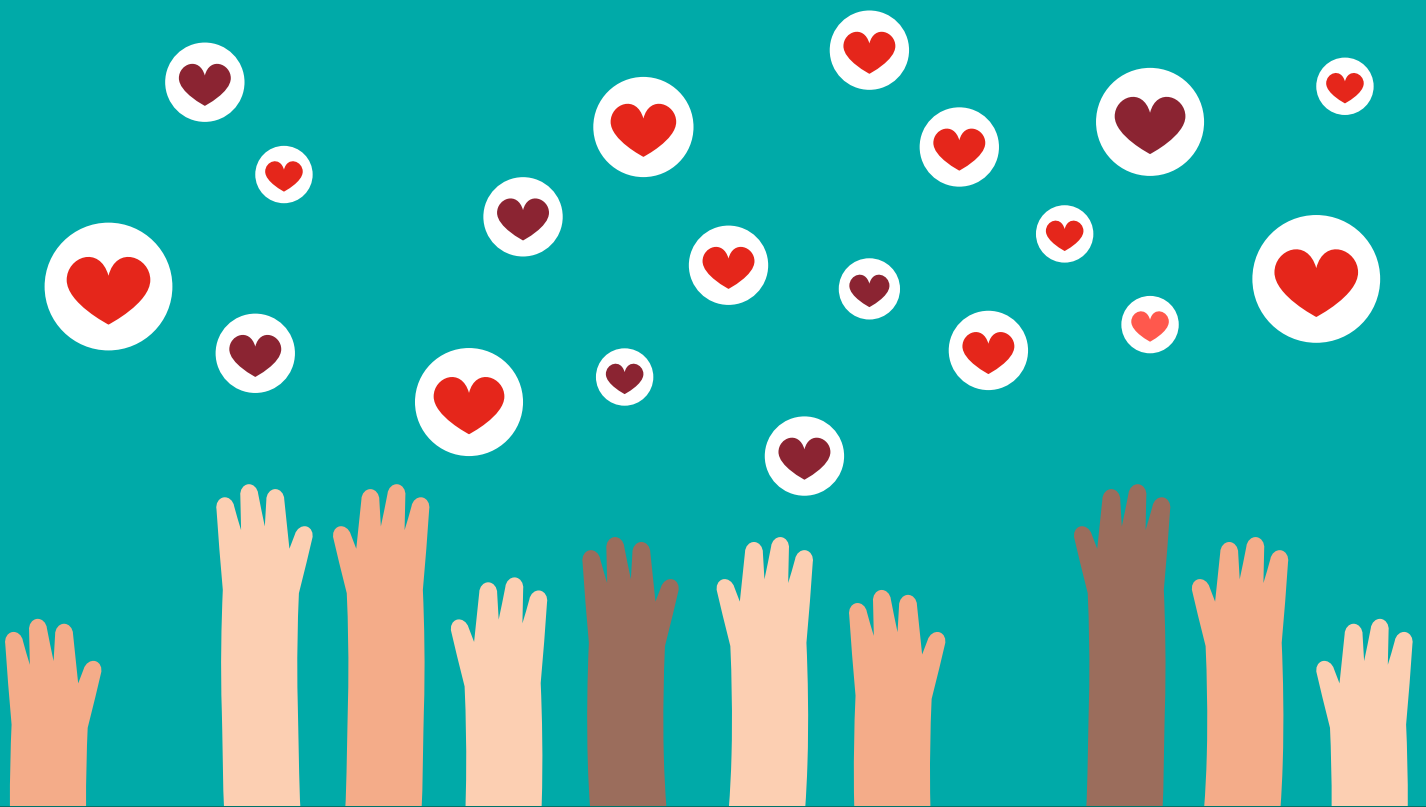
"Ask my colleagues 'are you okay?'" – FRESH and BALANCE

"Giving advice on reducing food wastage by suggesting 'left over' recipes. Signposting to foodbanks and practical eating." – Department of Work and Pensions

"Trying to get my friends and family to spend more time off social media and cooking more healthy foods instead of takeaways" – Change Council

"Challenging and supporting schools to be lead organisations in tackling inequalities and creating an improved health culture." – Together for Children

"Spreading information about healthy options and leading by my own example." – Local Councillor



If you are interested in finding out more about the information used in this report
please contact us by emailing phenquiries@sunderland.gov.uk