

**At an Extraordinary meeting of the EAST SUNDERLAND AREA
COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on MONDAY, 8th
MARCH, 2010 at 5.30 p.m.**

Present:-

Councillor Wares in the Chair

Councillors Errington, M. Forbes, E. Gibson, Paul Maddison, T. Martin,
O'Connor, M. Smith and Wood

Also Present:-

Hazel Clark	- Voluntary Community Sector Representative
Nonnie Crawford	- Director of Public Health, Sunderland Teaching Primary Care Trust
David Curtis	- Voluntary Community Sector Representative
Paula Hunt	- Voluntary Community Sector Representative
Helen Hunter	- Previous Lets Go card Project Manager, Sunderland City Council
Matthew Jackson	- Democratic Services Officer, Sunderland City Council
Janet Johnson	- Deputy Chief Executive and Area Lead Executive, Sunderland City Council
Ray Leonard	- Chief Executive, Back on the Map
Vivienne Metcalfe	- Area Community Coordinator, Sunderland City Council
Jane Peverley	- Communications Manager, Sunderland City Council
Nicol Trueman	- Area Officer, Sunderland City Council

Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Ball and
Mordey

Declarations of Interest

Sunderland East a Healthy Area Summary

Councillor Errington declared a personal interest as an employee of City
Hospitals Sunderland and a family member was employed by Sunderland
Teaching Primary Care Trust

Councillor E. Gibson declared a personal interest as a family member was
employed by Sunderland Teaching Primary Care Trust

Councillor M. Smith declared a personal interest as a member of the Sunderland Teaching Primary Care Trust Continuing Inpatient Care Review Panel

Sunderland East a Healthy Area Summary

The Chief Executive submitted a report (copy circulated) which provided Members with the opportunity to discuss and give consideration to the Healthy area theme.

(For copy report – see original minutes)

Nonnie Crawford, Director of Public Health, Sunderland Teaching Primary Care Trust, presented the report and advised that there had been a lot of good work carried out over the last three to five years including improvements to wellness centre services and the provision of the Active Bus service.

The Area snapshot showed ward figures however natural neighbourhoods were often very different to the ward average. Within the Hendon Ward there were large differences in life expectancy with the East End having a lower life expectancy than the Queen Alexandra Road area.

The funding for the Lets Go Card scheme had now ended. The project had allowed young people to participate in activities they normally would not have been able to take part in; as a result there had been a reduction in NEET levels. The project manager for the scheme, Helen Hunter, was present to answer any questions on the project.

Obesity, smoking, alcohol use and financial exclusion were all major issues for health in the area.

There was a need to look at what assistance could be provided to the different age groups and a need to look at where work could be done to have the most significant impact.

In response to a question from Councillor Errington regarding obesity measurement in primary schools Ms Crawford advised that there was a National Child Measurement Programme which ensured that children in Reception, Year 1 and Year 6 had their height and weight measured. There had been a good response from parents and advice would be given to parents if their children were found to be classed as obese. There was still a need to develop appropriate treatments for children while for obese adults there were established treatment options.

Councillor Errington then commented on the Chlamydia screening programme and asked how the Council could assist with this programme.

Ms Crawford advised that there was a target in place for screening of people aged between 15 and 24. The majority of people infected did not realise that

they had the disease and it could lead to infertility. It was important to identify the areas where there was most need to target the programme.

Councillor Wood expressed concerns over the figures in the chart contained in the report. The mortality rates from cancer in Doxford and Millfield were higher than the city average however the chart showed these as 'green'. He felt that these figures should be red considering that they were worse than the city average.

Ms Crawford advised that there were tolerances involved and the figures would have to be a certain amount over the average before the figure was recorded as being red.

Councillor Wood then commented that there was a need to target issues other than obesity. There was a need for more resources and there was a need for guidance regarding what exactly needed to be done. There was a need to target the areas with the highest levels of problems.

Ms Crawford advised that the Council had identified 65 natural neighbourhoods within the city and nine of these had been identified as having a life expectancy of significantly less than the city average. In these areas there was the problem of people not taking up services. Cancer and Coronary Heart Disease were the biggest killers within these areas. Levels of smoking and other unhealthy behaviours were higher in these areas. There was a need to see which neighbourhoods alcohol related hospital admissions were coming from. Different levels of engagement were necessary in different areas.

Levels of smoking in Sunderland had reduced to 23 percent however in some neighbourhoods there was up to 60 or 70 percent of people were smokers. There were often parents who smoked and did not want to quit but wanted to ensure that their children did not smoke.

Initiatives were often limited in the work they could do as they often only lasted for up to 15 months before the funding ran out or the programme ended.

People often used smoking as a coping strategy and they would need to be given an alternative coping mechanism if they were to stop smoking.

In response to further queries from Councillor Wood Ms Crawford advised that consultation would be ongoing while services were being developed to ensure that a relationship was created between the service providers and users. The third sector played an important role as these community organisations often had access to people over a long period of time. The nine neighbourhoods which had been identified as having the shortest life expectancy were not all within the area. These neighbourhoods required a different approach to service provision. There was targeting of services in place with different organisations dealing with different issues.

Councillor Wood asked what the Health and Wellbeing Scrutiny Committee was doing with regard to solving these problems.

Ms Crawford advised that the committee was looking at Health Inequalities and that there had been a Community Event and an Expert Jury day. Councillor M. Smith added that the recommendations had not yet been developed.

Ms Crawford then advised that there was a targeted approach to tackling health inequalities and there had been a lot of work done in the identified neighbourhoods over the last nine to twelve months.

Janet Johnson, Area Lead Executive, advised that the members could consider this issue at the June meeting of the committee.

Councillor Paul Maddison asked what the take up of the Lets Go card had been in the deprived areas.

Ms Hunter advised that there was not the exact information available however in the East Area there had been 83 percent of card holders had used the card compared with 79 percent overall in the city.

Ms Crawford advised that if there was postcode information for the users then this would be able to be converted into neighbourhood information.

Councillor Errington asked whether it would be possible to find out where the cards had been used.

Ms Hunter advised that a lot of the cards had been used for sport and active leisure. There had been specialised activities held for the young people to use their cards at.

Councillor M. Forbes stated that fewer but more targeted initiatives would have a greater impact. It seemed like drugs had been omitted from the report. Drug abuse caused serious problems and had devastating effects on society. Mental Health provision seemed to be lacking. She queried where schools featured with education around sexual health, alcohol and obesity. There was a need to look at where to put resources and where there were already resources and their effectiveness.

Ms Crawford advised that drugs not only caused problems for the users but also their families and neighbours. The reduction in life expectancy for drug users was less than that for those who consumed large amounts of alcohol. Alcohol was about to overtake smoking as the biggest killer in the city. There were targets in place for treatment of drug users, the Committee could invest their entire budget in drug treatment and it would not make much of a difference to life expectancy.

It had taken 40 years from the realisation of the dangers of smoking to legislation being introduced to protect people from tobacco smoke. If it took

this long for something to be done about alcohol then there would be a large number of deaths.

There was a large gap between the best and worst life expectancies within wards.

There was a need to look at sexual health and teenage pregnancies. The Lets Go card allowed young people to engage in activities they would not have normally taken part in which allowed them to experience activities other than drinking.

It was necessary to look at different age groups. There was a lot that could be done with 40-60 year olds which would improve life expectancy.

Councillor M. Forbes then asked what programmes were in place in schools and whether the parents were involved in the programmes.

Ms Crawford advised that Children's Services had an Early Years Services department which did a significant amount of work, especially in areas where it was known that there were social problems. There were a number of programmes across the city however they were all separate to each other. They needed to be brought together in order to increase their impact. Schools could offer different programmes however there was also a need to look at preventing problems from occurring for children who were not yet at school age.

Councillor O'Connor stated that the East Area had been home to a lot of industry; there had been a lot of the men in the area had worked for these industries and now they were often in ill health. He queried whether this had been taken into account when looking at the health statistics.

Ms Crawford confirmed that this information had been taken into account. Sunderland was normally compared with other former industrial cities however health in Sunderland was not improving at the same rate as in other areas. Smoking was not an industrial illness but was one of the biggest killers in the city.

Levels of smoking were linked into the socioeconomic gradient however alcohol abuse occurred in all of the social classes. There was a need to look at the younger generations as there was often ill health among these people which was not caused by industry.

1. RESOLVED that the Healthy Area report be received and noted and the actions outlined be approved.

(Signed) D.R. WARES,
Chairman.