Item No. 12

SUNDERLAND HEALTH AND WELLBEING BOARD 19th March 2021

HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION OVERVIEW: MAKING HEALTH INEQUALITIES OUR BUSINESS

Report of the Executive Director Public Health and Integrated Commissioning

1.0 Purpose of the Report

1.1 This report provides an overview of the *Introduction to Making Health and Inequalities Our Business*, Health and Wellbeing Board Development Session held on 21 January 2021. It sets out the topics covered and findings of the workshop activities.

1.2 The Health and Wellbeing Board are asked to note the content of this report and consider how health inequalities are considered within everyone's business.

2.0 Background

2.1 Health inequalities are unfair differences in health status between different groups. These differences are seen nationally and locally, with the most disadvantaged living shorter lives, in poorer health than those in the least deprived areas.

2.2 These differences in health and life expectancy are determined by the social, economic and environmental circumstances in which we are born, grow, learn, work, live and age. They happen across different stages of life and can accumulate over time.

2.3 Covid-19 has exacerbated existing health inequalities and introduced new ones. Whilst the pandemic has affected us all, some groups have been disproportionately affected. Sunderland's Covid-19 Health Inequalities Strategy highlighted the need for a health in all policies approach to address some of the root causes of health inequalities.

3.0 Findings of the Development Session – the social determinants of health

3.1 The development session looked in detail at the social determinants of health, and how these factors are responsible for a large proportion of health outcomes. Where you live has a significant impact on health inequalities, and persons living in the most deprived parts of Sunderland are expected to live a shorter life, than those living in a similarly deprived area of London. Healthy life expectancy (the average number of years an individual is expected to live in a state of good or very good health), is 57.9 years for a Sunderland male compared to an English best of 71.9 years, for females it's 56.5 years in comparison with an English best of 72.2 years.

Infographic: *What Affects our Health?*

3.2 Health inequalities also exist within in Sunderland with a life expectancy difference at birth of 11.5 years for males and 8.5 years for females between the most and the least deprived areas.

3.3 The session explored how these social determents relate to health outcomes, using the example of an average family in Sunderland. It explored the barriers to physical activity and the impact excess weight in childhood has on health, the importance of educational attainment, and how women with lower attainment have higher mortality, and how healthy diet may be influence by income and the importance of this in relation to cardiovascular disease and diabetes.

3.4 **Findings of the Development Session – Covid-19 and Health Inequalities**

3.5 The session went on to examine how the pandemic had increased existing inequalities and introduced new ones. The findings of Sir Michael Marmot's Build Back Fairer report[1] highlighted how existing health inequalities led to high and unequal mortality in England.

3.6 The report highlighted how the loss of learning has been greater for children from less wealthy backgrounds, how unemployment is disproportionately rising among young people, and that low paid workers, BAME groups, disabled workers, women, part-time workers and the self-employed are also disproportionately affected. It highlighted the importance of housing and how costs associated with housing remained high, despite incomes falling. Those in poor quality housing, living in unhealthy conditions, would find lock down particularly hard.

[1] http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review

3.7 Covid-19 itself has had a direct impact on health inequalities with higher risk of mortality among older age groups, males, Black and Asian ethnic groups, those with underlaying health conditions such as cardiovascular disease, diabetes or kidney disease, and some occupational groups (particularly those where individuals cannot work from home, or with a greater risk of exposure).

3.8 A recommendation of the Covid-19 Health Inequalities Strategy[2] is to take a whole system and Health in All Policies approach to addressing some of the social determinants of health. This would support the recovery from Covid-19 and work to reduce health inequalities in the long term, building a healthier and more resilient population.

3.9 Findings of the Development Session - Health in All Policies

3.10 Health in All Policies is an internationally recognised approach to public policies across sectors that systematically takes account of the health and equity implications of decisions and seeks to find synergies and opportunities to maximise positive health benefits and avoid negative impacts.

3.11 The approach requires strong partnership work and collaboration. To be successfully implemented a shared language is required, with those across differing sectors needing to understand the opportunities, structures and processes of others. The approach should engage stakeholders and aim to create structural and procedural change, so that consideration of health inequalities becomes embedded and a part of normal, everyday decision making.

3.12 There are several methods and tools that can be used to support the approach including Health Impact Assessment, Health Lens Analysis, Health Equity Assessment, and Health Inequalities Impact Assessment.

3.13 Findings of the Development Session – Participant Workshops

3.14 There was participation in the development session from 52 individuals. Participants included members of the Health and Wellbeing Board and

[2] Draft COVID-19 Health Inequalities Strategy

partners from across sectors including business, health and social care, education, planning, housing, transport, and emergency services.

3.15 Participants attended one of six breakout groups to consider key initiatives and opportunities in Sunderland that impact on health inequalities and discuss ideas for making health inequalities everyone's business moving forward.

3.16 From the workshop discussions and pledges, several themes were identified:

3.17 These themes highlighted sectors in Sunderland that influence health equalities and opportunities to consider this in decision making. The discussions also identified resources important to supporting a Health in All Policies approach, such as utilising data to understand inequalities and demonstrate impact, and the use of tools, such as Health Impact Assessment (HIA).

3.18 Pledges from 32 stakeholders were made (appendix A). They included pledges to make procedural changes, such as including health inequalities as a standing agenda item, as well as using the learning from the session to champion the approach. Use of Health Impact Assessment as method of implementation was highlighted in multiple pledges.

3.19 Next steps

3.20 Using the findings of the development session, and a mapping exercise conducted with Public Health, Officers will look at how at how some of the methods shared could be used to build capacity and develop the approach, such as use of data and intelligence, and Health Impact Assessment. A paper will be presented to Public Health SMT with implementation options for consideration.

3.21 For a Health in All Policies approach to be successful, it must be adopted, supported and owned across departments and sectors. This includes those, where health may not have historically been considered as a primary goal but whose work has a significant impact on the social determinants of health. Therefore, this will be considered within governance arrangements that will be put in place to support the Healthy City Plan and other policy areas. This way, we can tackle the root causes of health inequalities.

4.0 Recommendations

4.1 The Board is recommended to:

- Note the content of the report and support the next steps outlined.
- To champion consideration of health inequalities through a Health in All Polices approach which will be led by the Health and Wellbeing Boards Living Well Delivery Board.
- Contact Louise Sweeney, Public Health Registrar, if Board members have further ideas or feedback.

Appendix 1: Pledges

1. All Together Better Executive group has made a firm commitment to make *Measurable improvements in population health and reduced inequalities*, its first priority. My pledge is to explore with Louise Sweeney how to use the HI Impact assessment for ATB.
2. Pledge to undertake Health Impact Assessments on all future iterations of the Local Plan to improve health outcomes of planning policies
3. To talk to senior colleagues in my organisation about adopting the health impact assessment approach.
4. My pledge is to work with partners to support work around developing health impact tools so that we can work more upstream and have a more preventive approach across the City.
5. Pledge to undertake review of hospital food available plus explore avenues to display calorific content of meals.
6. Pledge to work in partnership on the wider solutions to Homelessness in all its forms and ensure everyone has access to accommodation and support they need across the City.
7. Take the learning of partners working together and feedback from residents to shape the future delivery of services across the City. I think we should appreciate and praise staff who have kept the City going.
8. Pledge to think about co-production as a matter of course when planning work.
9. My pledge is to re-double efforts to look at how we can support the Digital disadvantage in Sunderland due to its potential negative impact on health and people's economic position. Secondary pledge is to make every effort to support other's pledges.
10. I pledge to take forward the ideas from the group discussion around piloting of work in areas of most need.
11. Pledge 1 - Healthwatch will include health inequalities as a standing agenda item for its board meetings. Pledge 2 - Healthwatch will engage more with socially deprived by engaging at food banks where practical.
12. Pledge to ensure the profile of health and its importance to residents, employers etc isn't lost post-covid but it a key part of what we do in recovery.
13. Pledge to a targeted approach to dealing with deprivation and the associated health inequalities.
14. My pledge is to explore existing tools which will enable the system to embed health inequalities into core business.
15. I pledge to take the insightful and valuable information I have learned today and embed some of them into my organisation.
16. My pledge through the work of the Smart Cities Strategy is to continue to maximise social value contributions within contracts, to reduce digital exclusion across the city and to maximise digital training, enterprise and employment opportunities.
17. I pledge to explore opportunities for more insight based targeted communications.
18. Pledge to work with partners so our current students can contribute to real-life challenges and projects as part of their studies or research
19. My pledge is to ensure health is a cross cutting theme in strategic housing role and to gain assurance from RPs operating the city that they are working proactively to reduce health inequalities too.

20. Pledge to make reducing health inequalities part of the organisation's way of thinking, culture and processes.
21. I pledge to be an enabler in understanding of what success looks like.
22. Pledge to support the development of social enterprise to improve community resilience, alongside delivery of the community wealth strategy and neighbourhood investment plans. Ensure residents are able to share their views to influence services to improve health and wellbeing.
23. Pledge to ensure that we continue to engage and further involve organisations in the development of our active travel and other transport proposals and plans
24. In Occupational Health we deal with effects of health on work and work on health – The nature of health conditions some of which are more common in certain social groups do have an impact on the individual's ability to maintain work which has a direct correlation to personal wealth and economic power. The work Occupational Health does in supporting individuals with disabilities in remaining in work by providing advice around adjustments and mitigating the negative adverse impact of health conditions helps address social inequalities brought on by loss of earning power through unemployment.
    - Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48%) of disabled people are in employment compared to 80% of the non-disabled population. Occupational Health provides a window to the nature and impact of health conditions some of which are often unrecognised until discussions in Occupational Health consultations. The Occupational Health practitioner can signpost employees to appropriate services including primary care so that early treatment can be accessed in reducing medical complications which can result in loss of employment and a slide in social hierarchy through financial incapability.
    - We provide a preventive and rehabilitative service to anyone in any employment.
    - By working collaboratively with Sunderland's chamber of commerce/CCG etc., SCC's Oh service can provide good quality, cost effective Oh service to local businesses and other organisations
25. Pledge to ensure that City Board review of City Plan in March reflects discussion today in terms of health inequalities and health impact assessments. Really enjoyed the session and looking forward to working across the partnership to see how we can collaboratively make an impact on Health inequalities.
26. My pledge is to support partners to embed the principles and tools and continuing the conversation.
27. I will ensure children and young people are involved in decision making, identify how we have reduced inequalities by showing the 'difference made' and celebrate our successes!
28. Pledge to work with partners on developing metrics and tools for better measuring any impact we're having on reducing inequalities
29. Pledge to use City Plan development / delivery as a tool to encourage reducing health inequalities as a focus under all themes.
30. I pledge to connect Chamber members and Sunderland business owners with the occupational/mental health support that is available as I now have an understanding of the support available.

31. Pledge to undertake review of HIA outcome in conjunction with commissioners at pre-procurement stage and explore how to raise more specific awareness with external suppliers to link social value opportunities.
32. I pledge to work with partners to improve those neighbourhoods in greatest need - to improve housing standards and environmental conditions and listen carefully to residents.