Associated guidance for this document can be found here. Each section has a link to the relevant section within the guidance document.

1 Details of the activity (i.e. the policy, strategy, service, project or function)

1.1 Directorate	Health, Housing and Communities
1.2 Service	Public Health

1.3 Title of the activity (i.e. the policy, strategy, service, project or function):
Refresh of the Sunderland Healthy City Plan (2020-2035)

1.4 Brief description of the activity:
The Healthy City Plan 2020-2035 (the Plan) is Sunderland's statutory Joint Local Health and Wellbeing Strategy, addressing the interlinked challenges that exist between good health and other key issues in the city. It supports the delivery of the Sunderland City Plan and its ambition to 'create a connected international city with opportunities for all.' One of the three themes within the City Plan is to be a 'healthy smart city' so, the City Plan and Healthy City Plan complement one another. As City Plan ambitions address many of the building blocks of health, the effective delivery of the Healthy City Plan is dependent on the effective delivery of the City Plan, and visa-versa. The original Plan, developed during the Covid-19 pandemic (2020) and approved by the Health and Wellbeing Board in March 2021, has now been refreshed in 2025. This update provides a valuable opportunity to incorporate insights from the annually updated Joint Strategic Needs Assessment and to review the latest evidence base. As a result, the Plan's themes, priorities, and key areas of focus have been revised to ensure they remain relevant, responsive, and effective in improving health outcomes and addressing inequalities.

1.5 If the activity involves working with other directorates, partners or joint commissioning please state who is involved:
Engagement on the refresh of the Plan commenced in March 2024 with members of the Sunderland Health and Wellbeing Board. The Board comprises of Council members and executive officers, North East and North Cumbria Integrated Care Board (ICB), South Tyneside and Sunderland NHS Foundation Trust (STSFT), Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust, Health Watch Sunderland, University of Sunderland, Safer Sunderland Partnership, Sunderland Voluntary Sector Alliance, and Sunderland City Board. The Board has discussed the refresh of the Plan at Board meetings and at a separate development session. Beyond the Health and Wellbeing Board the development of the refreshed Plan has involved: - The three Health and Wellbeing Delivery Boards (Starting, Living and Ageing Well) and associated thematic partnerships - Sunderland Place Committee - Sunderland City Board - Sunderland Voluntary Sector Alliance - Council: Health and Wellbeing Scrutiny Committee - Council: Chief Officer Group (COG) - Council: Public Health and Wellbeing Directorate Health and wellbeing insights from local people in Sunderland have also been reviewed and embedded within the Plan to ensure what local people think is reflected. This includes consultation opportunities such as surveys, engagement with local people through research projects, co-design within behavioural insights work, and lived experience gathered through case studies.

1.6 Will all or part of the activity be delivered through a provider external to the Council? If Yes, please refer to the Corporate Procurement Processes
Yes

1.7 If Yes, please explain what element(s) of the activity will be delivered through an external provider:
The successful delivery of the Healthy City Plan priorities requires a partnership approach beyond the partners of the Health and Wellbeing Board. A Delivery Plan will be developed during 2025 to support the delivery of the overarching Healthy City Plan. The Delivery Plan will set out what we will do, alongside key strategies, plans and governance.

1.8 Which areas of the city will be impacted?	
Whole City	☒
Coalfield	☐
East	☐
North	☐
Washington	☐
West	☐
Internal Council Activity – Impact on employees	☐

1.9 Is the activity targeted at protected characteristics or any other key groups?	
All of the below	☒
Age (e.g. older people, younger people/children, a specific age group)	☒
Disability (e.g. mobility, long term health conditions, sensory impairment or loss, learning disability, neurological diversity or mental health)	☒
Marriage and civil partnership	☒
Pregnancy and maternity (including breastfeeding)	☒
Race	☒
Religion or belief (including no belief)	☒
Sex	☒
Gender reassignment	☒
Sexual orientation	☒
Human Rights	☒
Care Experienced People	☒
Other vulnerable groups and people with complex needs (e.g. veterans, children and young people who are cared for or care experienced, carers, domestic abuse victims and survivors, ex-offenders etc.)	☒
People vulnerable to socio-economic deprivation (e.g. unemployed, low income, living in deprived areas, poor/no accommodation, low skills, low literacy etc.)	☒

Please complete the Completed By and Version Table below

Completed by:	Jennifer Green

Version	Status	Author	Comments	Date Issued
1	Draft	Jennifer Green	Draft	13/06/2025
1	Complete	Jane Hibberd	Reviewed / IIA complete - ready to accompany the decision to approve the Healthy City Plan	13/06/2025

2 Data and Intelligence

Guidance for this section

2.1 What data and intelligence has informed the activity?
The refreshed Sunderland Healthy City Plan (2020-2035) has drawn on: • The annually refreshed Joint Strategic Needs Assessment (JSNA) - https://www.sunderland.gov.uk/jsna • The mid-point review of progress in delivering the current Plan and supporting delivery Plan – reported through the Deliver Board's in November 2024 to the December 2024 Health and Wellbeing Board. • A broad range of health and wellbeing consultation and engagement insights, to understand what local people think is important. • The work of Sir Michael Marmot and the Institute for Health Equity to help inform where we should focus. • The research by the Health Foundation and Frameworks UK to help improve understanding of how health is shaped by the building blocks of health. • Insights from the Sunderland Health and Wellbeing Board wider health and wellbeing partnership to understand the key issues we need to focus on. This includes the three Delivery Boards (Starting Well, Living Well and Ageing Well) and thematic partnerships, such as the Sunderland Healthy Weight Alliance, Active Sunderland Board, Sunderland Smoke Free Partnership, Sunderland Drug and Alcohol Harm Reduction Partnership, Sunderland Workplace Health Alliance and Sunderland Suicide Prevention Action Group. • Insights from wider partnership discussions, including, but not limited to, Sunderland Voluntary Sector Alliance, Sunderland Place Committee, Sunderland Partnership Board and the Council's Health and Wellbeing Scrutiny Committee. Due to the broad scope of the Plan, recognising the role of the building blocks of health, there are many other strategies and plans where the primary focus is not health, but content supports the delivery of the Plan's ambitions. Therefore, the content of these plans has also informed the Healthy City Plan. These agendas include climate change, housing, transport, planning, cohesion and safety.

2.2 Summary of data / intelligence / consultation outcomes to inform understanding of differences in:
• the way people use, access or experience your activity; • how the activity may impact; and/or • outcomes for different groups?
The Health and Wellbeing Board has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA): https://www.sunderland.gov.uk/jsna. The JSNA provides the Council, Health and Wellbeing Board and partners with the information needed to agree priorities and deliver services that meet the needs of the city. This comprehensive needs assessment considers local need through a broad lens, this includes, but is not limited to: the eight Marmot principles; inequalities across the life course; relevant equality Protected Characteristics; socio-economic circumstances; social and commercial determinants of health; digital inclusion; inclusion health; migrant health; and long-term conditions. Health challenges in Sunderland include: - High levels of health risk directly linked to the building blocks of health - Inequalities across the city have a significant impact on health - Smoking, diet, alcohol, substance misuse and physical inactivity lead to poor health outcomes - Latest figures show Sunderland has the highest rate of alcohol specific deaths in the country (adults) - The cost of living crisis has hit the poorest people most significantly - Children and young people face significant inequalities across the social gradient - People in the city have more mental health needs than nationally, this also impacts on physical health - More people are living with and prematurely dying from serious disease than elsewhere in the country The collation of insights to inform the Plan refresh has further strengthened our understanding of the way people use, access and experience services in Sunderland. This has helped identify action that needs to be taken to ensure a positive impact for different groups. These insights are reflected in our Joint Strategic Needs Assessment. The 2020 Plan is structured around the original six 'Marmot objectives'. The refreshed Plan reflects the two additional Marmot objectives: 'tackle systemic racism and discrimination in health and care' and 'pursue environmental sustainability and health equity together' – ensuring the Plan is evidence based.

3 Equality and Human Rights

Guidance for this section

3.1 Eliminate discrimination, harassment and victimisation
What impact will the activity have?
Positive
Explain how/why:
Being focused on inequalities and being equitable are agreed ways of working that guide the delivery of the Plan. The approach helps ensure that all interventions are equitable, needs-led, and inclusive, contributing to a healthier city free from discrimination and harassment. The priorities and subsequent activity aim to respect everyone's rights and dignity, giving due consideration to the nine protected characteristics, as well as further factors which may mean some people may need extra support to live a healthy life. For example, people who have experienced violence and trauma, people experiencing socio-economic deprivation / unemployment and people living in different parts of the city.

3.2 Advance equality of opportunity between people who share a protected characteristic and those who do not
What impact will the activity have?
Positive
Explain how/why:
Being focused on inequalities and being equitable are agreed ways of working that guide the delivery of the Plan. In doing so there will be a proactive focus on the people who need the most help, ensuring there is fair access to and experience of services, removing barriers to services, and ensuring those most in need can access and benefit from services fairly, aiming to move beyond equal treatment towards equitable outcomes, supporting people to live healthier lives. The Delivery Plan will consider protected characteristics and will also consider other inequalities, for example, inequality in where people live, socio-economic deprivation and inclusion health groups, such as people with care experience and people who have experienced violence and trauma.

3.3 Foster good relations between people who share a protected characteristic and those who do not
What impact will the activity have?
Positive
Explain how/why:
The Plan's priorities are centred around healthy places, healthy communities and healthy people. The Healthy Communities theme incudes priority 7 (Stronger and connected communities) where everyone can thrive and there are good relations between communities. The Plan aims to improve understanding of the additional challenges and barriers some people may experience (including those who share protected characteristics) where: • Differences are respected • Inequalities are acknowledged and addressed • Collective health becomes a unifying goal In doing so, the Plan promotes not only health equity but also greater trust, social connection, and mutual respect across the city.

3.4 Age (older ages, children and young people, middle ages, an age range or a specific age)
What impact will the activity have?
Positive
Explain how/why:
Examples of proposed Delivery Plan activity that will underpin the delivery of the Plan include: Priority 1 (An accessible and friendly city) to deliver a child friendly and age friendly inclusive environment where people have the best start, can live a healthy life and age well. - Child Friendly, Age Friendly and Dementia Friendly environments - Working with children and young people to identify their wishes for being a Child Friendly City (for example, safe places to run and play) Priority 9 (Best start in life) to provide the right support to help children and families to thrive. - Providing safe and equitable maternal health - Supporting and caring for new parents and babies - Providing a health promoting Family Hub offer - Setting out steps for families to get children ready to start nursey and school Priority 10 (Engagement in education and training) to provide an inclusive and supportive educational experience that meets children and young people's needs. - Developing an Early Years Speech and Language Pathway - Focusing on children and young people not engaging in education - Integrating health and wellbeing into all levels of education - Establishing a needs led pathway - Supporting young people to be work ready - Ensuring an education offer that delivers good outcomes for all Priority 11 (Living well in all stages of life) from childhood to adolescence, to working age and older age. - Living well as a young person – engaging young people to understand their priorities - Living well as a carer – where carers are supported to fulfil their caring role - Living well with dementia – identifying the action we need to take to enable Sunderland to be a dementia friendly city - Promoting health - population-level interventions, alongside policies which support those most in need, (e.g. tobacco, alcohol and healthy weight)

3.5 Disability (mobility, long-term health conditions, sensory, learning disability, neurological diversity or mental health)
What impact will the activity have?
Positive
Explain how/why:
The Plan emphasises a commitment to reducing inequalities in everything we do. Examples in the emerging Delivery Plan include: - Committing to reducing barriers to good work for all (priority 6). The Plan reflects on the need to develop the approach to respond to the economic inactivity gap for people with a learning disability or poor mental health. - Delivering age-friendly environment (priority 1) includes a commitment to identifying action to support Sunderland being dementia friendly. A dementia action plan is under development. Social isolation in Adult Social Care users will be measured.

3.6 Gender reassignment (the process of transitioning from one sex to another)
What impact will the activity have?
Positive
Explain how/why:
Relevant to priority 11 (Living well in all stages of life) and priority 12 (Access to health and social care when we need it). Activity will focus on understanding the systemic barriers to fair and equitable health and social for specific population groups.

3.7 Marriage and Civil Partnership
What impact will the activity have?
Positive
Explain how/why:
Impact will be reviewed as more detailed activity within the accompanying delivery plan is developed. While the Equality Act places limited duties from public bodies in relation to this characteristic and only the first duty (eliminating unlawful discrimination) applies, our Healthy City Plan may still have indirect positive impacts on this protected characteristic. These may include, for example, housing policies or financial wellbeing services support. Our practices aim to promote the inclusivity of all family structures, avoid indirect discrimination (for example, where benefits or services are made available to married couples and civil partners and not only to families and individuals), and ensure that policies and services reflect the diversity of modern relationships in an equitable and respectful way.

3.8 Pregnancy and maternity (including breastfeeding)
What impact will the activity have?
Positive
Explain how/why:
Priority 9 (Best start in life) captures activity which seeks to; - Provide safe and equitable maternal health, improving the support and care for parents before and during pregnancy. - Provide equitable support and care for new parents and babies - Ensure local maternity services are tailored to communities' needs - Help families understand what they can do to support their child's development This includes a focus on smoking at time of delivery and maternal mental health. Priority 1 (An accessible and friendly city) seeks to establish Sunderland as a Breastfeeding Friendly City.

3.9 Race (colour, ethnicity, country of origin, culture, etc.)
What impact will the activity have?
Positive
Explain how/why:
Priority 7 (Stronger and connected communities) will include the Health and Wellbeing Board's commitment to tackle racism and discrimination in health and social care with the establishment of a Task Group to progress this work on behalf of the Board. The Plan aims to improve understanding of the systemic and cultural barriers impacting health outcomes for people from BAME backgrounds. It also aims to address disparities in access, experience, and outcomes through inclusive engagement.

3.10 Religion / Belief (including no belief)
What impact will the activity have?
Positive
Explain how/why:
Activity reflected within Priority 7 (Stronger and connected communities). The Plan respects the role of religion and belief in shaping individual identity, wellbeing, and access to care. Impacts include encouraging cultural and faith sensitive approaches to health and wellbeing initiatives. This helps build inclusive health systems that respect diversity and foster trust across communities.

3.11 Sex (male or female)
What impact will the activity have?
Positive
Explain how/why:
Activity reflected within Priority 7 (Stronger and connected communities) through the delivery of the Domestic Abuse and Violence Against Women and Girls Strategy. In 2024, the Home Office classified violence against women and girls (VAWG) as a national threat to public safety

3.12 Sexual orientation
What impact will the activity have?
Positive
Explain how/why:
Relevant to priority 12 (Access to health and social care when we need it). Activity will focus on understanding the systemic barriers to fair and equitable health and social for specific population groups.

3.13 Will the activity impact on an individual's Human Rights as enshrined in UK law?
What impact will the activity have?
Positive
Explain how/why:
The Plan lays groundwork to positively impact individual's 'Right to education.' Good health being dependant on strong foundations – such as quality education – is reflected in priority 10 (Engagement in education and training).

3.14 Other vulnerable groups and people with complex needs (e.g. veterans, children and young people cared for and care experienced, carers, domestic abuse victims and survivors, ex-offenders, homeless or multiple complexities/characteristics)
What impact will the activity have?
Positive
Explain how/why:
The following groups and people with complex needs are identified in the Delivery Plan: Carers, people experiencing homelessness, survivors/victims of domestic abuse and violence against women and girls (VAWG), those living with dementia, young people with care experience, unemployed, people living in deprived areas, people experiencing low income levels, and those with low literacy levels. The overarching ways of working centre actions on those facing multiple inequalities, using person-centred, trauma-informed approaches. This ensures the delivery of activity for people with complex needs and other people who may need extra support – whether referenced by name in the plan or not.

4 Reducing socio-economic and digital inequalities

Guidance for this section
Will the activity:

4.1 Impact on residents' financial circumstances	Positive
4.2 Impact on housing, including type, range, affordability, quality and/or condition	Positive
4.3 Impact on digital inclusion or access	Positive
4.4 Impact on education, skills and lifelong learning	Positive
4.5 Impact on employment, including quality and access	Positive

4.6 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

Alignment with Plan priorities:
4.1 - Impact on residents' financial circumstances = 5. Financial wellbeing (examples of activity may include implementing auto-enrolment in Free School Meals and supporting families to access their benefits entitlement in full.)

4.2 - Impact on housing, including type, range, affordability, quality and/or condition = 3. Healthy homes for all (examples of activity may include ensuring the housing offer meets the needs of an ageing population.)

4.3 - Impact on digital inclusion or access = 3. Healthy Homes for all E.g. technology enabled homes to support independence 7. Strong and connected communities (examples of activity include delivering the Sunderland Digital Inclusion Plan)

4.4 - Impact on education, skills and lifelong learning = 10. Engagement in education and training (examples of activity include supporting young people to be work ready)

4.5 - Impact on employment, including quality and access = 6. Good work for all (examples of activity include delivering the Sunderland Workplace Health Strategy)

4.7 Outline how you will measure the anticipated impact(s)

The Health and Wellbeing Board will be provided with key updates on agreed measures and data sets every six months. The accompanying delivery plan will be aligned with the outcomes framework and indicators to measure impact are being worked through. Indicators may include:

- Fuel poverty - Households in fuel poverty
- Unemployment - Average weekly earnings
- Unemployment - Percentage of people in employment
- Unemployment - Employment gap for people with chronic mental or physical health conditions
- Young people not in education, employment or training

5 Improving population health and reducing health inequalities

Guidance for this section

Will the activity:

5.1 Help promote healthy living	Positive
5.2 Help promote safe and inclusive environments	Positive
5.3 Impact on children, young people and families	Positive
5.4 Impact on natural and built surroundings	Positive
5.5 Impact on accessibility and active travel encouraging active behaviours	Positive
5.6 Impact on living independently	Positive

5.7 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

Alignment with Plan priorities:
5.1 - Help promote healthy living = 11. Living well in all stages of life (I.e. Promoting health - population-level interventions, alongside policies which support those most in need, e.g. tobacco, alcohol and healthy weight)

5.2 - Help promote safe and inclusive environments = included within 1. An accessible and friendly city, 3. Healthy homes for all, 6.Good work for all, and 10. Engagement in education and training. (Examples of activity include working with children and young people to identify their wishes for being a Child Friendly City. For example, safe places to run and play)

5.3 - Impact on children, young people and families = 9. Best start in life (examples of activity include maintaining a comprehensive, accessible Family Hub offer)

5.4 - Impact on natural and built surroundings = 2. A green and healthy city (examples of activity include ensuring green and blue spaces are family friendly – they feel safe and are clean, tidy and accessible)

5.5 - Impact on accessibility and active travel encouraging active behaviours = ‘access’ is referenced across a number of priorities. ‘Active travel’ captured within priority 7. Strong and connected communities

5.6 - Impact on living independently = 11.Living well in all stages of life, and 12. Access to health and social care (examples of activity include making Sunderland a Carer Friendly City, where carers live well and are supported to fulfil their caring role)

5.8 Outline how you will measure the anticipated impact(s)

The Health and Wellbeing Board will be provided with key updates on agreed measures and data sets every six months. The accompanying delivery plan is aligned with an outcomes framework and indicators to measure impact are being worked through. Indicators may include:

- Overweight and obesity in Year 6 children
- Proportion of children who are physically active
- Hospital admissions of young people due to self-harm (10-24 years)
- Overweight or obesity in adults
- Infant mortality rate
- Smoking status at time of delivery
- Air pollution - small particles
- Active travel - Percentage of adults walking for travel at least three days per week
- Dementia diagnosis rate (>65)
- Emergency hospital admissions due to falls (>65)

6 Carbon reduction and sustainability

Guidance for this section
Will the activity:

6.1 Adapting our behaviour (environmentally significant)	Positive
6.2 Impact on biodiversity and natural environment	Positive
6.3 Impact on energy efficient built environment	Positive
6.4 Impact on renewable energy generation and storage	Positive
6.5 Impact on travel and active transport	Positive
6.6 Impact on the green economy	Positive
6.7 Impact on waste, recycling and consumption	Positive

6.8 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes
Alignment with Plan priorities: 6.1 - Adapting our behaviour (environmentally significant) = 3. Healthy homes for all (Promoting retrofit programmes that simultaneously address carbon reduction and climate adaptation, ensuring homes are energy efficient, capable of coping with extreme weather events and prevent extreme heat and damp.) 6.2 - Impact on biodiversity and natural environment = 2. A green and healthy city (Supporting the delivery of climate adaptation, ensuring preparedness and adaptation for climate threats and associated health risks.) 6.3 - Impact on energy efficient built environment = 3. Healthy homes for all (Promoting retrofit programmes that simultaneously address carbon reduction and climate adaptation, ensuring homes are energy efficient, capable of coping with extreme weather events and prevent extreme heat and damp.) 6.4 - Impact on renewable energy generation and storage = 3. Healthy homes for all (Promoting retrofit programmes that simultaneously address carbon reduction and climate adaptation, ensuring homes are energy efficient, capable of coping with extreme weather events and prevent extreme heat and damp.) 6.5 - Impact on travel and active transport = 2. A green and healthy city (Championing an inclusive public transport system and promoting active travel to minimise pollution) 6.6 - Impact on the green economy = 2. A green and healthy city (Developing a more sustainable healthy food system.) 6.7 - Impact on waste, recycling and consumption = 4. Leading by example (Where we can, buy more locally and for social benefit.)
6.9 Outline how you will measure the anticipated impact(s)
The Health and Wellbeing Board will be provided with key updates on agreed measures and data sets every six months. The accompanying delivery plan is aligned with an outcomes framework and indicators to measure impact are being worked through. Indicators may include: - Air pollution - small particles - Active travel - Percentage of adults walking for travel at least three days per week

7 Community wealth building

Guidance for this section

Will the activity:

7.1 Impact on community wealth and social value	Positive
7.2 Impact on social inclusion, integration, and fostering good relations	Positive
7.3 Impact on crime reduction, anti-social behaviour and community safety	Positive
7.4 Impact on access to services	Positive

7.5 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes
Alignment with Plan priorities: 7.1 - Impact on community wealth and social value = 4. Leading by example (Maximising social value for the benefit of Sunderland) and 8.Neighbourhood support and services 7.2 - Impact on social inclusion, integration, and fostering good relations = 7. Strong and connected communities (Delivering of the Homelessness Reduction and Sleeping Rough Strategy) 7.3 - Impact on crime reduction, anti-social behaviour and community safety = 7. Strong and connected communities (supporting survivors of crime, particularly those with complex needs) 7.4 - Impact on access to services = 12. Access to health and social care when we need it, and 8. Neighbourhood support and services (Ensuring equitable access to primary care, including pharmacy, optometry and dentistry)
7.6 Outline how you will measure the anticipated impact(s)
The Health and Wellbeing Board will be provided with key updates on agreed measures and data sets every six months. The accompanying delivery plan is aligned with an outcomes framework and indicators to measure impact are being worked through. Indicators may include: - Emergency hospital admissions due to falls (65+) - Domestic abuse - Hospital admission as a result of violent crime - People receiving support from Adult Social Care who have good social contact (18+)

8 Key Actions

Any key actions identified throughout the IIA should be recorded here. This will be the action plan linked to your activity and should be implemented to ensure all inequalities or negative impacts are mitigated.

Key Actions	Timescale	Responsible Officer	Review Date
Review IIA upon final draft of accompanying delivery plan	November 2025	Jane Hibberd	01/10/2025

Please complete the Responsible Officer information below

Responsible officer sign off:	
Name	Jane Hibberd
Job Title	Senior Manager – Policy
Responsible officer for reviewing actions:	
Name	Jane Hibberd
Job Title	Senior Manager – Policy

To support the council's reporting processes in relation to IIA, please use the following naming convention: IIA_(Name_of_activity).

Once you have completed the IIA and it is signed off, please send the final document as an **attachment** to: IIA@sunderland.gov.uk

IIAs will be stored in this central database for corporate analysis. **No feedback will be returned on an individual basis as IIAs are received.**