



# Sunderland Covid-19 Health Inequalities Strategy



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# What the strategy sets out?

The strategy sets out Sunderland's response to Covid-19 and the impact it has had on health inequalities.

The Covid-19 Health Inequalities Strategy will:

- raise awareness of the importance of health inequalities in both the response to and recovery from Covid-19;
- follow the key principles set out in the Healthy City Plan and use data, intelligence and evidence to systematically understand the natural and unintended consequences that may have widened health inequalities;
- support local organisations and communities to consider how their work may impact on health inequalities as described in the Sunderland Prevention and Health Inequalities Framework;
- consider the evidence to ensure that any recommendations will prevent or mitigate health inequalities widening as part of the Covid-19 pandemic.

The strategy will be regularly reviewed and updated along with the supporting resources about the impact of Covid-19 on health inequalities and local intelligence. The strategy should, therefore, be considered a "living" document.

# Overview of the strategy

People facing the greatest deprivation are experiencing a higher risk of exposure to Covid-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. The government and wider societal measures to control the spread of the virus and save lives now (including the lockdown, social distancing and cancellations to routine care) are exacting a heavier social and economic price on those already experiencing inequality. The consequences of this action and the economic recession that is likely to follow, risk exacerbating health inequalities now and in years to come<sup>1</sup>.

In June 2020 Public Health England published 'Disparities in the risk and outcomes from COVID-19'<sup>2</sup> confirming the impact of Covid-19 on existing health inequalities and concluded that, in some cases, it increased them and concludes by saying it 'will be difficult to control the spread of Covid-19 unless these inequalities can be addressed.'

The recent report entitled Health Equity in England: The Marmot Review 10 Years On<sup>3</sup>, examines a decade of data to understand the worsening situation of health inequality in the UK and paints a very bleak picture of the current and future health and well-being of the people of the North East of England.

As the Marmot Review 10 Years On showed, deprived communities in England have seen vital physical and community assets lost, resources and funding reduced, community and voluntary services eroded, and public services cut over the past decade. All of this has damaged health and widened inequalities. Looking ahead to the aftermath of the pandemic, lessons from the past decade of austerity must be learned:

- people can now expect to spend more of their lives in poor health;
- improvements to life expectancy have stalled for the first time in over 100 years, and actually declined for the poorest 10% of women;
- the health gap has grown between wealthy and deprived areas;
- that place (essentially where you live) matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

The framework for reducing health inequalities and preventing poor health developed by the Sunderland Health and Wellbeing Board produced in collaboration with partners was used in developing this strategy. The strategy adopts a life-course approach and also considers the social determinants factors as well as mental wellbeing and resilience plus reducing risky behaviours.

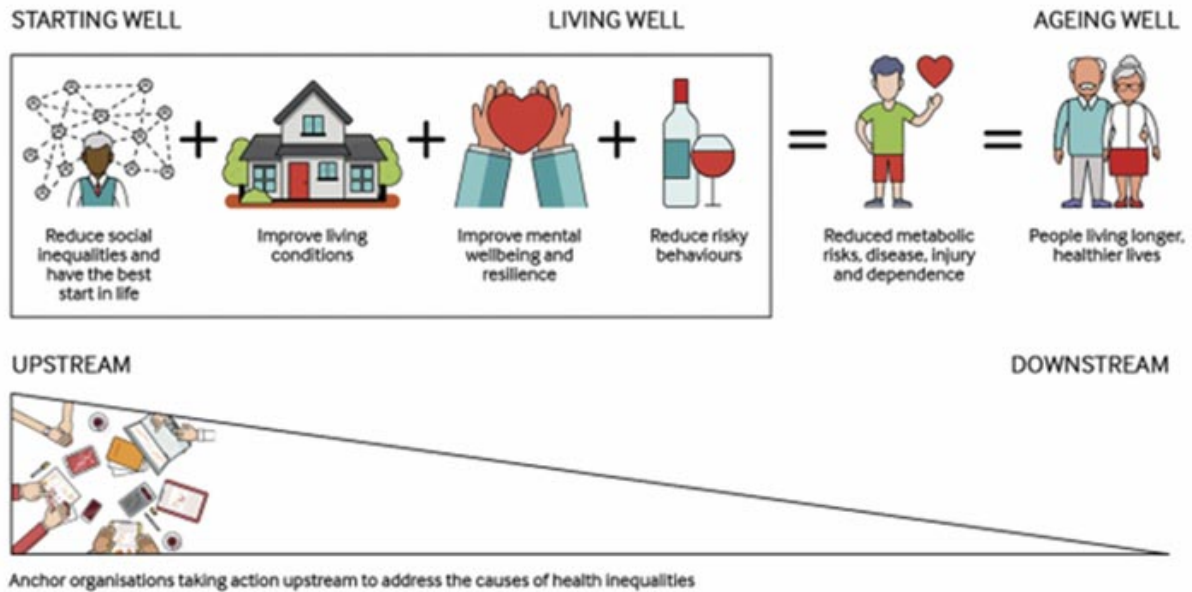
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<sup>1</sup> <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities#f-section-59576-anchor>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)

<sup>3</sup> <https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-england-the-marmot-review-10-years-on>

## Framework for reducing health inequalities and preventing poor health



Sunderland’s Director of Public Health Report 2019<sup>4</sup> shares how the health of the City’s people continues to be heavily impacted by the economic and social inequalities that individuals and communities experience. The image below highlights the stark inequalities in health outcomes both between Sunderland and the rest of the country and within the city itself.



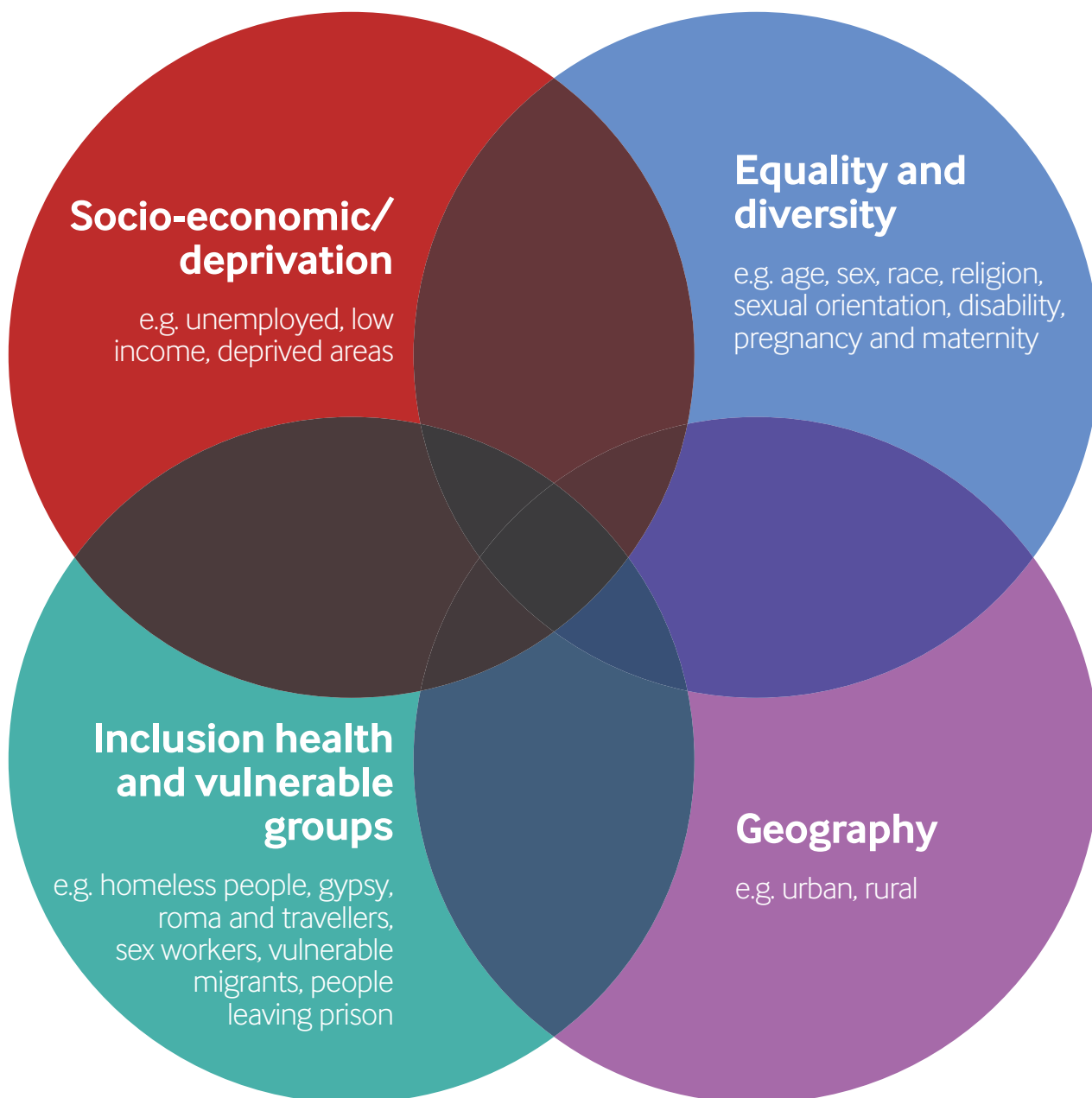
<sup>4</sup> <https://www.sunderland.gov.uk/article/13881/Director-of-Public-Health-Annual-Report>

## An evidenced-based approach

Recent work carried out by the Royal College of Physicians gathered evidence and examples of how to mitigate the impact of Covid-19 on inequalities<sup>5</sup>. The diagram below illustrates how some groups within the population may be disproportionately affected by Covid-19. As a result, there are clear reasons for giving consideration and support to those groups that experience health inequalities.

The economic and social response to Covid-19 has the potential to exacerbate these health inequalities. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford rent, bills and food and also struggle to access the services they need. This is likely to have a significant toll on both their physical and mental health.

### Diagram: Overlapping dimensions of health inequalities



<sup>5</sup> <https://www.rcplondon.ac.uk/news/covid-19-and-mitigating-impact-health-inequalities>



The impact of Covid-19 is likely to further exacerbate health inequalities across Sunderland. Sadly, there are many groups in society who will be hit harder by the outbreak: not only older people, those with underlying health conditions and healthcare workers but those who are vulnerable simply because they do not have the same opportunities to stay healthy.

## C-WorKS

It is worth noting the significance of the establishment of C-WorkKS. C-WorkKS<sup>6</sup> has been set up to support the collation and sharing of knowledge and intelligence across the system about the impacts of COVID-19 (and the response to this) on non-COVID morbidity and mortality. Its primary aim is to bring people and organisations who will hold different pieces of knowledge and understanding together to enable more effective, equitable and efficient ways of working across the whole region. C-WorkKS will facilitate sharing of information, reduce duplication, highlight gaps and maximise the value of non-COVID, system-wide work done in this region.

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<sup>6</sup> [https://khub.net/web/guest/welcome?p\\_p\\_state=normal&p\\_p\\_mode=view&refererPlid=47706490&saveLastPath=false&\\_com\\_liferay\\_login\\_web\\_portlet\\_LoginPortlet\\_mvcRenderCommandName=%2Flogin%2Flogin&p\\_p\\_id=com\\_liferay\\_login\\_web\\_portlet\\_LoginPortlet&p\\_p\\_lifecycle=0&\\_com\\_liferay\\_login\\_web\\_portlet\\_LoginPortlet\\_redirect=%2Fgroup%2Fphine-network-north-east](https://khub.net/web/guest/welcome?p_p_state=normal&p_p_mode=view&refererPlid=47706490&saveLastPath=false&_com_liferay_login_web_portlet_LoginPortlet_mvcRenderCommandName=%2Flogin%2Flogin&p_p_id=com_liferay_login_web_portlet_LoginPortlet&p_p_lifecycle=0&_com_liferay_login_web_portlet_LoginPortlet_redirect=%2Fgroup%2Fphine-network-north-east)



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# Impact of Covid-19

Public Health England 'Disparities in the risk and outcomes from COVID-19' confirms the impact of Covid-19 on existing health inequalities and in some cases, has increased them and concludes by saying 'it will be difficult to control the spread of Covid-19 unless these inequalities can be addressed.'

## Groups identified as vulnerable as a result of Covid-19

Public Health England suggests several groups have been identified as vulnerable as a result of Covid-19 and the measures put in place to manage the pandemic.

## Groups identified as vulnerable as a result of Covid-19



At the time of writing there is clear evidence that Covid-19 is impacting on our most deprived communities. Key risk groups include residents of care homes, people with long term conditions, those on low incomes, at risk to domestic abuse, with mental illness, vulnerable children, older people, unemployed, with physical and learning disabilities and ethnic minorities and religious groups.

Deprived communities may experience more direct and indirect impacts because they already have greater vulnerability and are likely to have a compromised ability to respond to the extra impact of Covid-19.

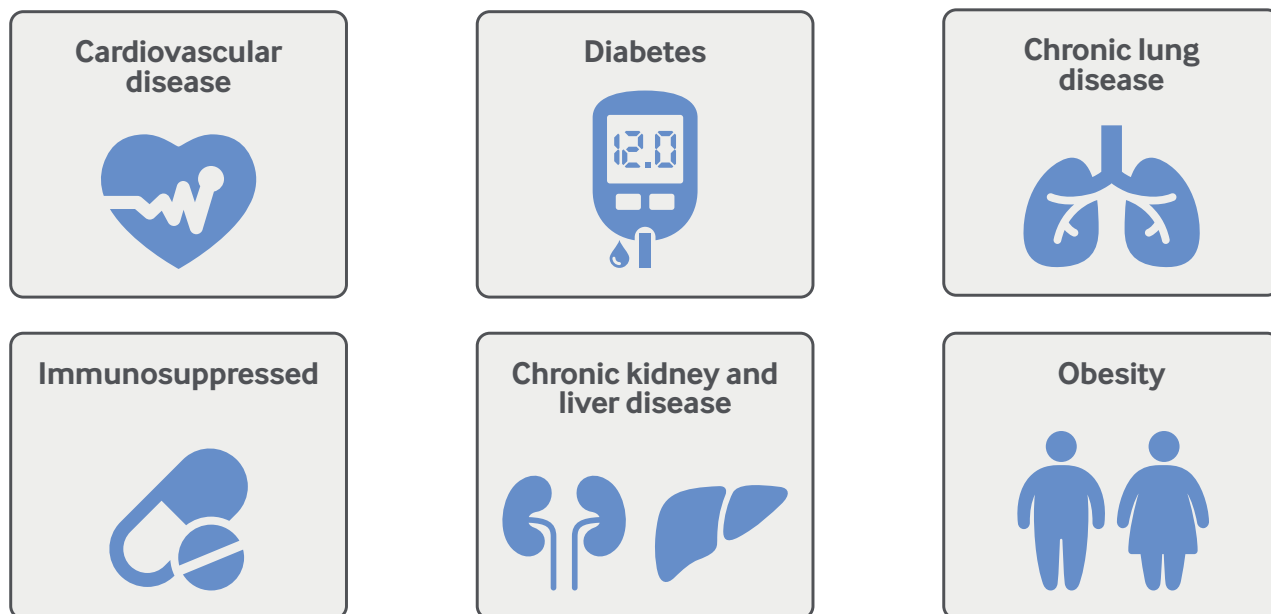
## Risk factors for mortality

In Sunderland around 59% of the life expectancy gap (calculated by looking at the causes of excess deaths) between Sunderland and England is due to higher rates of death from cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic

obstructive airways disease, COPD); making some of the Sunderland population at higher risk to Covid-19<sup>7</sup>. ONS data indicates that people from the most deprived areas of England and Wales are more likely to die with coronavirus than those in more affluent areas.

## Risk factors for mortality

At least one long term condition:



Public Health England 'Disparities in the risk and outcomes from COVID-19<sup>8</sup>' confirms the impact of Covid-19 on existing health inequalities with the largest disparities being as follows:

- by age - among people already diagnosed with Covid-19, people who were 80 or older were seventy times more likely to die than those under 40;
- by sex - The risk of dying among those diagnosed with Covid-19 was higher in males than females - however in the North East females had higher diagnosis rates than in London;
- by deprivation - higher in those living in the more deprived areas than those living in the least deprived;
- by ethnic group - higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

When compared to previous years, they found a particularly high increase in all cause deaths among those in a range of:

- caring occupations including social care and nursing auxiliaries and assistants;
- people who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs;
- those working as security guards and related occupations;
- those in care homes.

<sup>7</sup> <https://fingertips.phe.org.uk/indicator-list/view/7DVXEB34E2>

<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)

Taking this evidence into account, the life expectancy gap for Sunderland and the findings from recent studies in relation to underlying health conditions and risk factors for mortality it would suggest the potential for increased susceptibility to Covid-19 within the Sunderland's population.

There are a range of other risk taking and lifestyle behaviours identified below which further contribute to "risk factors for mortality" including:





# What do we want to achieve and why it is important?

There is a danger that in our response to Covid-19 we abandon our community asset-based approach to reducing health inequalities as set out in the Healthy City Plan. It is an opportunity to accelerate the approach by using and responding to local intelligence, building on relationships and resident experiences gathered as part of the City's immediate response from volunteers (existing and recruited as part of the response), shielded call themes, risk assessments on our vulnerable young people and any other sources of intelligence.

Communicating advice and guidance is an important public health tool which helps us to manage risks. In developing our prevention plans, consideration will be given to mitigating the impact of health inequalities within the City; they will also consider communities that have been adversely impacted by Covid-19 and target local communities that have been adversely impacted by Covid-19.

The strategy will inform our local Covid control arrangements through the Covid-19 Health Protection Board. The Covid-19 Health Protection Board will work with Elected Members and Community Organisations to ensure that those who are disadvantaged, particularly in relation to Covid-19, are not further disadvantaged.

A whole systems and health in all policies approach that engages the wider council and partners is required to strengthen the recovery response with key at risk populations.

## Strategic objectives

Our strategic objectives are as follows:

- Continue to improve health outcomes for our most disadvantaged communities who are at greater risk of Covid-19 by adopting a life-course approach which identifies the key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age and into older age.
- Take every opportunity to mitigate the impact that Covid-19 has had on our communities by building on a Health in All Policies (HiAP) approach to policies we systematically and explicitly consider the health implications of the decisions we make with the aim of improving the health of the population.
- Ensure that as we move into recovery we take the opportunity to address health inequalities as part of our plans by using available tools to ensure that health inequalities are considered for every policy and service.

## Key actions

- Following on from our strategic objectives, our key actions are as follows.
- Embed the Health Inequalities Strategy as part of any response or recovery work in relation to Covid-19.
- Develop and implement a local tool kit which will take in to account any emerging evidence of the impact of Covid-19 on health inequalities. This will include evidence-based actions that can be used to address these for use by the council, partners and voluntary and community sector.
- Review and update the strategy and supporting resources which highlight the impact of Covid-19 on health inequalities, alongside local intelligence. This strategy will therefore be a "living" document.

- Build on previous local intelligence, relationships and resident experiences as well as information gathered as part of the City's immediate response from volunteers, people who are shielded, our vulnerable young people and any other sources of community intelligence to inform our approach.
- Consider how the recent enhanced interest in community and mutual aid approaches can be sustained to benefit priority communities and reduce demand on services.
- Review social value secured through existing contracts and explore the potential to divert the social value offer where required for most vulnerable communities.
- Progress the Marmot City principles which have been adopted by Sunderland Council.
- Engage with key agencies and partners to develop an action plan with agreed key performance indicators. The action plan will be monitored through the Health and Wellbeing Board.





