

Joint Strategic Needs Assessment Executive Summary

2013 – 2014

South Tyneside Health and
Wellbeing Board



South Tyneside Council

Foreword

This is the fourth Joint Strategic Needs Assessment (JSNA) for South Tyneside. South Tyneside Clinical Commissioning Group, South Tyneside Council and a range of partners and local people have contributed to producing this assessment of local health and social care needs. The purpose of producing the JSNA is for us to identify current and future health and wellbeing needs, agree what our biggest priorities are and inform our future service planning.

An asset based approach to engagement has been carried out across the Borough to identify resources in the community which enhances the ability of individuals, groups or communities to maintain their health and wellbeing and potentially reduce inequalities in health. Local people are at the heart of the process providing rich data and insights, unearthing a wealth of information on local health assets which promote resilience and can help keep people well.

This work complements the traditional JSNA focus on needs and problems and has the potential to shape the development of local policies, services and interventions based on an understanding, or 'mapping' of what is present, identifying strengths and interconnections between individuals and organisations.

The JSNA helps shape decision making around how funding is allocated, where we need to target services and programmes and how we can help to improve the health and wellbeing for local people, with local people.

We recognise the strong link between issues such as low income and unemployment and poor health. We are committed to continue to work with all partners and local communities to address all causes of inequalities in health as well as the different health and life experiences of some of our children and adults. This includes addressing the key risk factors contributing to those inequalities gaps such as smoking, obesity, substance misuse, alcohol, sexual health and emotional health and wellbeing.

In carrying out this JSNA we hope to understand not just what the issues are but how different health problems are experienced across the Borough by specific groups of people. We can begin to understand what are the relationships between people's life circumstances and how they experience health and illness as well as how we will begin to meet their health and social care needs.

This 2013-2014 JSNA builds on previous understanding and sharing of information and we will be developing the process further in 2015. Our vision is for local people and partners not just to be able to understand and describe what the health and social care issues are in South Tyneside but to be part of the solution to making things better.



Cllr Moira Smith
Lead Member for Health and Wellbeing

Introduction

This is a summary of the latest update of South Tyneside's JSNA which identifies current and future health and wellbeing needs. It is a tool which helps provide partners with the information they need to agree priorities and plan interventions and services effectively to improve the lives of local people and meet the needs of South Tyneside's communities. The JSNA brings together a wide variety of information relating to health, wellbeing and social care needs, and sets out the details of priorities which will:

- promote health and wellbeing, by investing now in prevention and early interventions for improved health;
- promote inclusion and tackle health inequalities;
- make sure that services are personal, sensitive to individual need and maintain independence and dignity;
- Bring all partners together to focus on commissioning services and interventions that will achieve better health and improve the quality of life of the people of South Tyneside.

For this update of the JSNA, rather than including all the indicators previously used, we have updated some indicators but then focused on five specific areas of the Health and Wellbeing Board's strategy. The recommendations from the JSNA 2012/13 are still high priorities but have been added to by the detailed examination of key outcomes within the strategy:

- 1 • Give every child the best start in life – in the related chapter; we examine one particular element of this priority: the safeguarding of children
- 2 • Increase healthy life expectancy – there are many health conditions that affect life expectancy, which is lower in South Tyneside than in many areas of England. In the related chapter, we consider the impact of one such condition – cancer
- 3 • Better employment prospects – being unemployed is known to have adverse effects on physical and mental health. In the related chapter we consider a range of issues linked to worklessness
- 4 • Better mental health and emotional wellbeing – in the related chapter, we focus on one specific group of individuals at risk of isolation: military veterans, who make up a greater proportion of the population in South Tyneside than they do in many other areas of England
- 5 • Services designed around people – having services that are not good quality is inefficient, ineffective and a waste of resources. In the related chapter, we consider the improvement of services by focusing on developing better self care and self management across the whole population and services for those with chronic pain

Last year's JSNA's top priorities included:

- Increased healthy life expectancy with reduced difference between communities
- Better employment prospects for young people
- Better mental health & emotional wellbeing for older people
- Better quality, integration & efficiency of services

Evidence and the JSNA

The recommendations of the JSNA have been developed in accordance with evidence and guidance from a range of sources including agencies such as the National Institute for Health and Clinical Excellence (NICE).

The evidence base generally and the NICE guidance in particular, enables the JSNA recommendations for commissioned services to be in line with the best available evidence of clinical and cost-effectiveness, enabling local people to be assured that local programmes will be provided using a consistent evidence-based approach.

Examples of the use of evidence base

Best Start in Life

Ensuring that our young people have the best start in life is a key Health and Wellbeing Board priority. The early years directly influences their health and wellbeing later as an adult impacting on risks factors for long term ill health. A broad range of evidence is available to direct action to address these issues including:

- NICE guidance PH26 Commissioning interventions to reduce harmful parental behaviours including alcohol and substance misuse and smoking and ensure all services safeguard children's welfare http://www.nice.org.uk/_gs/searchtracker/GUIDANCE/13023
- Work with its local partners to ensure that health and wellbeing needs are being met in an holistic way, recognising the totality of the individual's needs rather than single issues <http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/reports/bestStartUpdate2010-2011/system.aspx>
- Ensure all its directly provided and commissioned services meet You're Welcome standards <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

Across the Lifecourse

There is substantial evidence base supporting public health interventions which improve health and quality of life, as well as the evidence for the provision of tailored advice and tools to support effective commissioning of health and wellbeing interventions. This includes:

- NICE guidance 42, Obesity: working with local communities, November 2012 <http://publications.nice.org.uk/obesity-working-with-local-communities-ph42>
- Commissioning regional and local HIV sexual and reproductive health services (PHE) 2014 <https://www.gov.uk/commissioning-regional-and-local-sexual-health-services>
- NICE guidance PH3 Prevention of sexually transmitted infections and under 18 conceptions <http://guidance.nice.org.uk/PH3>

In addition there are a number of NICE guidance papers relating to interventions such as exercise referral schemes; community engagement; school based interventions to prevent smoking; social and emotional wellbeing in primary education and encouraging walking and cycling which can support the achievement of public health goals in a number of settings where the Health and Wellbeing Board has influence.

Commissioning and integrated services

There is also a wealth of evidence to support the commissioning of effective and high quality health care, linked to key areas of the JSNA. Examples include:

- Provide high quality maternity services for antenatal and postnatal care and for women with complex needs: NICE CG110- Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors
- Guidance on how to commission services that integrate prevention and lifestyle modification as part of all clinical care pathways, e.g. physical activity throughout the care pathway for cancer <http://www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Macmillansprogrammesandservices/Physicalactivity.aspx>
- NICE Commissioning Guidance. Smoking cessation service for people having elective surgery. (April 2009) <http://www.nice.org.uk/media/OA4/1D/SmokingCessationCommissioningGuide.pdf>

Recommendation

Provide a series of interactive training sessions, developed in consultation with the local NICE link, for key officers at the Council and Health and Wellbeing Board partners to enable them to understand the importance and accessibility of the correct evidence, particularly in relation to the NICE guidance and implementation tools.

Using NICE guidance and an evidence based approach to delivery

In 2013 the Council embarked on a programme of planning the delivery of the programme Every Contact a Health Improvement Contact (ECHIC). ECHIC is central to the Council's vision to make South Tyneside 'an outstanding place to live, invest, and bring up families'. In line with NICE guidance, PH6 Behaviour Change: the principles for effective interventions (http://www.nice.org.uk/_gs/searchtracker/GUIDANCE/11868) and PH 49 Behaviour change individual approaches (http://www.nice.org.uk/_gs/searchtracker/GUIDANCE/14347) the training programme uses a brief intervention tool as a framework to promote healthy conversations to support behaviour change. Given that 70% of the Council workforce lives in South Tyneside, cascading health messages to families, friends and the wider community will have a substantial impact on the health of the population. This Local Government Chronicle award winning programme has been delivered to 500 Council staff ranging from social workers, refuse collectors, children centre staff and councillors. 75 representatives from 15 community and public sector organisations have also participated. An example of the success the programme has had in changing behaviour is demonstrated by four members of the Street Cleansing Team who on completion of the training collectively lost 15 stone in weight by putting into practice simple healthy eating messages, and 'attacking the fruit bowl'.

To view the full JSNA go to www.southtyneside.info

What the JSNA is telling us

Key messages in this year's JSNA

Health inequalities in South Tyneside are determined by complex and wide ranging factors including poverty, unemployment, low educational attainment, poor housing and environment. There is a need to invest in activities to prevent or delay factors that have a negative impact on people's lives, including improvements in lifestyles such as taking regular exercise, eating a better diet or stopping smoking.

1. Partner agencies need to continue to work to embed early help and support to ensure that vulnerable children can access services and receive the right interventions when they need them, reducing demand upon specialist and acute services
2. Reduce the prevalence of children and young people experiencing neglectful parenting through early identification and intervention
3. Target programmes to support the earlier presentation of cancer, including cancer screening uptake, particularly in vulnerable groups
4. The Council and partners should continue to lead the way in promoting employment for young people, as well as stimulating a cultural change in young people through the interactions between businesses and schools and supporting those furthest from the labour market through Business, Employment and Skills services
5. Ensure that military veterans are actively accessing the services provided to vulnerable people in South Tyneside
6. Introduce a systematic integrated behaviour change service, fully implementing the new Change4Life service model
7. Make further use of 'social prescribing' to improve health and wellbeing of people and carers and sustain their independence
8. Put in place new integrated, enabling and empowering working across the whole workforce, engaging and changing the conversation between service providers and local people
9. Explore ways of developing local 'champions' to embed health improvement work within local communities to support behaviour change and motivate engagement in self care
10. Local people recognised assets in their communities and supported the need to strengthen community organisations/groups with a view to increasing the number and type of activities available.

Local peoples' involvement in determining the JSNA: An Asset Based Approach

The 'asset based' approach is a methodology used to identify resources or assets in a community which enhances the ability of individuals, groups, communities or populations to maintain and sustain health and wellbeing and to help reduce health inequalities. It is based on understanding, and 'mapping' of what is present, identifying strengths and interconnections between individuals and organisations.

Public Health has analysed the views and vision of people from across South Tyneside which has involved engaging with over 3,000 local people in a series of local focus groups designed to elicit high quality qualitative data to support the JSNA.

This approach has focused on local people's perceptions and aims to support the improvement of services by basing them on what people want. People are not seen as passive recipients of services, but as active citizens, who have a range of assets that can be drawn on to improve health and health services.

Key recommendations

1. Elected members act as ambassadors of the asset based approach to promoting health, using their influence to maximise the use of local assets (libraries, parks, leisure facilities, community groups) to ensure residents reach their full potential
2. Build understanding for asset based working across partner organisations, use findings to strengthen local plans, strategies and reviews to inform the way services are developed and commissioned
3. Identify alternative methods of engaging with people from specific groups such as young people, people with learning disabilities and those from black, and minority ethnic (BME) communities to identify local assets and strengths that support their health and wellbeing
4. As part of future communication plans ensure assets are well publicised and local organisations are encouraged to incorporate their activities into the Wellbeing online directory to promote self care
5. Ensure links with 'Every Contact a Health Improvement Contact' and Pioneer Changing Conversations work streams to develop local 'champions' to help embed the work in the community
6. Explore opportunities to train staff and volunteers in assets based approaches to enable sustainable local change
7. Investigate options to help grow community assets as part of reviewing commissioning processes to reduce obstacles to obtaining funding and identify flexible ways to provide security and support to community projects
8. Work with key partners to develop a framework to capture data on local assets and wider data from the voluntary and community sector

Next Steps

- Build on the 'assets' approach and work with local people and elected members. This approach elicits a wealth of intelligence about local people and places
- Explore options to build asset based engagement into policy, strategy and commissioning
- Carry out in depth health needs and assets assessments of key groups – children in the looked after setting for example, sexual health
- Embed 'asset based engagement' training into workforce development plans
- Bring together 'people and place' utilising the skills of Council staff and support tools from Public Health England to get a richer understanding of small areas and the needs and assets within to enable an enhanced targeting of effort
- Develop a systematic process to gather intelligence about local assets to inform future Joint Strategic Needs and Asset Assessments

Findings of the Asset Based Needs Assessment

- Wellbeing is identified as being the cornerstone of health improvement, with self esteem, social networks and a sense of control being fundamental to helping people lead healthy lives
- Active mind and body, being able to take care of yourself and getting out and about are highlighted as key elements of staying independent
- For older people having access to the free bus pass helps them stay active and socially mobile (staying in touch with friends and making new friends), having good networks and support structures are essential to prevent loneliness and isolation
- Employment, financial security and environment (home and immediate surroundings) are seen as important factors that enable people to adapt and be resilient
- A recognition of the impact key workers and volunteers have on the success of community groups/programmes and the role they play in motivating and supporting clients to improve self confidence, gain new skills and build self residence
- There is a growing fear among participants for their future of groups/services they attend due to changes and potential withdrawal of funding resulting in cuts in staff, activities and support
- Respondents identified attitudinal, physical and socio-economic barriers to health and wellbeing and the need to:
 - Raise awareness and challenge discriminatory attitudes
 - Ask people their preferred method of communication and have access to information in different media e.g. audio, video, Braille, large print, easy read materials, and culturally appropriate
 - Making improvements to accommodate the needs of people with physical and/or learning disabilities or people with visual and/or hearing impairment has the potential to improve accessibility for a wide range of people

- Provide clear information on welfare changes and simplified processes for claims, entitlements (particularly regarding accessing free / subsidised bus pass) and support when things go wrong
- Security for community groups and services
- Support and advice from GP / health professionals is valued, also the importance of joined up services particularly for those with additional needs or those with chronic conditions
- Participants identified that the delivery of activities/services needed to be local but also:
 - **Accessible:** venue, timing and feeling safe
 - **Affordable:** cost of activities and travel
 - **Choice:** variety, across the Lifecourse
 - **Flexible:** responds to people's needs
 - **Joined up:** one way in and holistic support
 - **Personalised:** tailored to me
 - **Supportive:** positive and inclusive
 - **Take a family approach:** provision of childcare
- Local people recognised their strengths and assets and felt that this would be supported through action such as:
 - Support for community organisations/groups to increase the number and type of activities available
 - Access to counselling, peer support and befriending services
 - Keeping all parks open longer, access to allotments and outdoor exercise opportunities
 - Improving access to affordable food, community cafes, advice on healthy options, portion control, labelling and cooking skills
 - Decreasing the number of takeaways in local areas, reduce access to cheap alcohol, stop two for one promotions and happy hours
- In addition, there was a recognition that local health could be improved through:
 - Reducing pollution, clean up local areas, improve transport links and promote active travel (better cycle paths and walking opportunities)
 - Better communication – listen and act on what people say
 - Awareness raising, education, training and support were identified to address wider issues (housing, welfare, worklessness) challenge attitudes (self and others) and social norms
 - Utilising a range of communication methods and accessible information on the benefits of making healthy changes, having positive role models and knowing what is available locally

What the JSNA is telling us - Key messages from the themed chapters

Give every child the best start in life – “Safeguarding Children”

Key Facts

- There are less than 300 looked after children (over 1% of the population)
- Over 100 children are subject to a Child Protection Plan
- There are nearly 1,000 cases of Children in Need
- An estimated 350 children require additional support due to disability (not including children with special educational needs)
- The prevalence of neglect is higher in South Tyneside than nationally
- Child poverty rate is 31% (national average is only 20%)

Key issues

- There is limited collated information on the health of looked after children (although over 90% had annual/biannual health checks). Particularly lacking is information about the incidence of issues that might raise safeguarding concerns – such as sexual health or self harm – or about access to therapeutic support
- There are relatively high levels of demand for tier 3 Child and Adolescent Mental Health Service support, with over 20% waiting more than 18 weeks
- A snapshot of July 2013 reveals that 80% of CPPs stepped down to a lower tier of service provision, whilst 20% stepped up to become looked after. However, the number has fluctuated over the year
- Looked after children are more likely than others to go missing, particularly those living in residential care
- Children in poverty are more likely to experience poor outcomes, including:
 - o Lower than average birth weight
 - o Reduced life expectancy
 - o Poor educational outcomes
 - o Unemployment
 - o Inadequate housing
 - o Greater likelihood of criminal activity
- Poverty, domestic abuse, drug and alcohol misuse and parental mental ill health pose the greatest risk to the welfare and life chances of children and young people.

Key recommendations

1. To continue to work with partner agencies to embed early approaches to reduce demand upon specialist and acute services
2. To work collaboratively with partners and the LSCB to reduce the prevalence of children and young people experiencing neglectful parenting through early identification and intervention
3. To undertake a comprehensive analysis of the health and wellbeing of looked after children and care leavers and implement to drive forward improved health outcomes for our most vulnerable
4. To embed the Emotional Health and WellBeing Strategy and priority actions across all tiers of need to ensure timely and appropriate interventions are offered to children and young people in accordance with identified need
5. To work with Tier 3 CAMHS providers to improve timeliness of services offered and service take up
6. To work collaboratively across the health and wellbeing, safeguarding and community safety partnerships to reduce the impact of parental substance misuse and domestic violence upon children
7. To develop and implement joint commissioning intentions and priorities in respect of children with complex needs and autism to reduce demand for out of Borough placements, including educational placements.

What the JSNA is telling us - Key messages from the themed chapters

Increased life expectancy “A focus on cancer”

Key Facts

- 444 per 100,000 people die prematurely in South Tyneside (ranked 135th out of 150 authorities, where 1 is the best)
- Cancer is responsible for 29% of deaths in the UK. South Tyneside’s rates are higher, with 192 deaths per 100,000 (ranked 146th out of 150 authorities, where 1 is the best)
- South Tyneside has the highest rate of smoking-related hospitalisations in England and close to the highest rate of lung cancer deaths
- Significantly higher than England’s proportions of mothers in South Tyneside are smoking at the time of delivery.

Key issues

- South Tyneside has high levels of socio-economic deprivation, known to have a big adverse impact on health and life expectancy
- Smoking prevalence is falling but the number of people quitting via the stop smoking services has fallen
- Although South Tyneside’s rates of uptake of cervical screening are higher than England’s, they have continued to fall. Breast screening coverage has also fallen.

Key recommendations

1. Increase screening uptake in vulnerable groups
2. Map differences in cancer presentation, registration and staging, treatment adherence and survival to geography defined by deprivation scores. Important stakeholders (e.g. GPs) should be made aware of differential patterns
3. Target programmes of awareness raising and work to support early presentation, capitalising on existing channels for community engagement
4. Undertake a significant event audit across the whole pathway, focused initially on lung cancer
5. Build cancer awareness into the Making Every Contact a Health Improvement Contact programme
6. Focus programmes to improve uptake on cancer screening invitations, with targeted harnessing contacts of other frontline agencies and community engagement channels
7. GPs working with screening programmes to identify people with a learning disability to make appropriate adjustments to the invitation and screening process.

What the JSNA is telling us - Key messages from the themed chapters

Better employment prospects

Key Facts

- Over 17,000 South Tyneside residents of working age claim out-of work benefits
- Almost 7,000 South Tyneside residents are economically inactive because of temporary and long-term illness
- Over 3,000 residents aged 18-24 have been out of work for more than 6 months
- In South Tyneside there are 420 young people 16-18 years not in employment, education or training - out of a population of 5,500. The activity of 8% of these young people is unknown.

Key issues

- Rates of unemployment are highest amongst those with no or few qualifications and skills, people with disabilities and mental ill-health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and, in particular, young people. When in work, these same groups are more likely to be in low-paid, poor quality jobs with few opportunities for advancement, often working in conditions that are harmful to health. Many are trapped in a cycle of low-paid, poor quality work and unemployment
- There is a strong correlation between the wards in South Tyneside that have the highest level of residents claiming welfare benefits and the rates of child poverty
- The dramatic slowdown of the economy has meant that young people are competing for fewer vacancies with higher numbers of experienced and skilled workers
- In South Tyneside there are currently only around half the amount of jobs that are needed to support the working age population.

Key recommendations

1. The Council and partners should continue to lead the way in promoting industrial pathways to employment for young people, as well as stimulating a cultural change in young people through the interactions between businesses and schools and supporting those furthest from the labour market through Business, Employment and Skills services
2. Health and WellBeing Board partners should ensure that locally commissioned contracts providing local employment influence the quality of local jobs and a minimum income for healthy living
3. The Council should continue to focus on developing services that support residents who are furthest from the labour market to ensure that more of our working age population can participate in the labour market.

What the JSNA is telling us - Key messages from the themed chapters

Better quality services & the integration of services- “Developing better self care and self management across the whole population”

Key Facts

- Integrated care is only effective if it improves outcomes for service users, not just the organisations providing the care
- The South Tyneside Integration Pioneer work looks to improve preventive services to end of life care. This requires a shift from traditional service provision to an enabling, empowering and integrated way of working across the whole workforce
- If people are given the right skills and support to improve their health literacy and self management skills they will make more effective use of health services and be more able to adopt positive health behaviours.

Key recommendations

1. Fully implement the developing Change 4 Life Service, which looks across the lifecourse, extending the reach of stop smoking physical activity, emotional wellbeing, and alcohol services that maintain their physical and emotional wellbeing by promoting self care to increase self reported wellbeing and quality of life
2. Harmonise approaches to workforce development integrating the self care approach across all organisations providing services to increase the number of people who use services to take control of their life
3. Make further use of ‘social prescribing’ of non-clinical interventions to improve health and wellbeing of people and carers and sustain their independence
4. Collaborate with third sector in developing and encouraging use of volunteer services to prevent social isolation and keep older people active and improve patient experience of care
5. Zone the community nursing teams to provide opportunities for better integration between community nursing services and general practices.

Chronic pain management

Key Facts

- An estimated minimum of 18,000 South Tyneside men and 24,000 South Tyneside women experience chronic pain
- There are at least 5,000 men and 8,000 women over 75 years of age who experience chronic pain.

Key issues

- Significant medical conditions which cause chronic pain are musculo-skeletal conditions affecting the lower back and all types of cancer. The employment of 4% of people 16-64 years is affected by low back pain in the course of a 4 week period
- 40 per cent of men and 44 per cent of women in the poorest households reported chronic pain, compared to 24 per cent of men and 30 per cent of women in the richest. South Tyneside is a more disadvantaged population compared to the England average, with more households in the lowest income bracket
- The proportion of these people that have seen a health professional at a specialist pain service will vary depending on local provision. Nationally, over 40% of people with the most severely limiting pain had not accessed support.

Key recommendations

1. The CCG to work to raise awareness of chronic pain issues, its impact and work with other agencies, including employers and benefits agencies to raise awareness of support benefits and allowances and to ensure appropriate uptake
2. There is a need to undertake a detailed Health Needs Assessment (HNA) of those incurring Chronic Musculo Skeletal pain, to understand their detailed health needs and its impact on their quality of life.

Progress on the 2012 /13 recommendations

Every child to have a good start in life

2012/13 Recommendation	Progress
Early years education, childcare and development needs should be focused proportionately across the social gradient.	Children's centres are now focusing on delivery across the social gradients but concentrating on meeting the needs of those from our poorest communities. As a result, engagement of our poorest families has increased by 30% in the last 12 months, with the unexpected side-effect that engagement of families across the entire social gradient has increased by 25% in the same period.
Support needs to be provided before conception and strengthened leading up to delivery to respond to key maternal health issues such as obesity, smoking and alcohol consumption. This requires a whole system approach across all partner organisations to deliver the change needed.	Maternity services have been improved to support women both before conception and up to delivery with a public health midwife appointed to increase the focus on smoking during pregnancy, breastfeeding and maternal obesity.
There is a need to an integrated approach to early identification of risk.	The threshold guidance within South Tyneside has been updated and refreshed. This is in line with the embedding of early help assessment, ensuring there is an integrated approach to the early identification of cases. The LSCB has strengthened and reshaped it's governance and oversight of those young people engaged in risk taking behaviour, further supporting this.
Embed a Risk and Resilience model approach across all young people services to address alcohol, drugs, sexual health, smoking and emotional health and wellbeing needs of children and young people.	Work is underway to develop the Change 4Life integrated model which will include a focus on children and young people and includes risk and resilience model approach. A review of emotional health and wellbeing education is underway.
Children and young people need to have access to timely, appropriate and accessible support to meet their weight management needs, through balanced school meals and via the provision of good information about healthy eating.	The Healthy Schools programme has increased its focus on healthy weight. School meals continue to be delivered to high standards of nutritional content.
Continued active support for the adoption of the plain packaging for tobacco products during the Department of Health consultation.	Very supportive response from agencies across South Tyneside was made to the Government's consultation on standardised packaging including input from the South Tyneside Youth Parliament

This year's key information

- Between 2012/13 there were 427 women known to smoke at time of delivery, an increasing trend in South Tyneside and significantly worse than the England average
- Breastfeeding initiation during 2012/13 for South Tyneside was at 58.5%, significantly worse than the England average of 73.9%, although trend is improving
- Breastfeeding prevalence at 6-8 weeks after birth during 2012/13 was at 26%, significantly worse than the England average of 47.2%, but had improved on previous year
- Excess weight in 4-5 year olds in South Tyneside during 2012/13 was at 24%, similar to England average and an improvement on previous year
- Excess weight in 10-11 year olds in South Tyneside during 2012/13 was at 37.7%, significantly worse than the England average, and a marginal improvement on previous year
- In South Tyneside, 234 disabled children had an open social care involvement as at 31st March 2014
- There are over 300 looked after children (over 1% of the population)
- The prevalence of neglect is higher in South Tyneside than the national average
- Child poverty rate is 31% (national average is only 20%).

Progress on the 2012 /13 recommendations

Increased life expectancy with reduced differences between communities

2012/13 Recommendation	Progress
<p>Commissioned services that impact most effectively on life expectancy need to be focused proportionately across the social gradient.</p>	<p>The development of the new Change4Life integrated wellbeing service and work towards local integration and support for self-care is focused at local delivery level and addressing those across the social gradient.</p>
<p>Awareness of early signs and symptoms of cancer to increase early diagnosis opportunities; the need to focus on the reduction in inter practice variation in referral; increasing the opportunity to engage with communities and examine the use of social marketing tools to convey the cancer awareness message effectively.</p>	<p>The Locality Cancer Group has developed a series of priorities and actions following a multi agency workshop. Action will deliver changes across the entire cancer pathway from awareness and early identification to end of life planning. This includes raising awareness with Social Care and other key partners and providing training to improve awareness of signs and symptoms of cancer, and uptake of cancer screening programmes within vulnerable and marginalised population groups.</p>
<p>There is a need to develop culturally appropriate services to increase people from South Tyneside's BAME communities' awareness message effectively.</p>	<p>As part of the asset based approach to working with local communities, there has been engagement with BME communities as part of the development of services.</p>
<p>Continue to improve the uptake of NHS Health Check to identify those with cardio vascular disease.</p>	<p>Revision of the delivery programme for NHS Health Checks being undertaken to improve uptake among those who still require an NHS Health Check, the marketing to encourage people to take up the check and a focus on reaching those at higher risk.</p>
<p>To continue to commission a range of evidence-based prevention and treatment services in relation to tobacco, alcohol and overweight / obesity, including the development of an Integrated Wellness Service (linked to other services), with a lifecourse approach and a greater focus on children and families.</p>	<p>NICE guidance has been used in the development of the emerging Change4Life service which will address lifestyle risk factors (including smoking, alcohol, and weight issues) across the lifecourse, within an integrated model of delivery.</p>
<p>Utilise the NICE guidelines to define longer term obesity action including active travel interventions (such as cycling and walking promotion), Council approval of fast food outlets and the undertaking of a Health Equity Audit of Leisure Services to identify their key target groups.</p>	<p>Work has been undertaken focusing on the issue of Hot Food Take Away and prevalence of obesity with joint work between public health, planning, environmental health supported by Health and Wellbeing Board.</p> <p>The Health Equity Audit has been carried out and results are informing the development of physical activity take up.</p> <p>The People Select Committee has examined the issues relating to obesity, utilising the best evidence and is driving action to address the factors influencing the increases in obesity levels.</p>

<p>Local action on limiting access to alcohol, minimum unit pricing and focusing on preventing the wider impact of excessive alcohol consumption.</p>	<p>Partners have worked together to produce an alcohol strategy which is shaping action on reducing the impact of alcohol in South Tyneside, this includes support for regional developments on minimum unit pricing, action to target dependant drinkers and reshaping of hospital alcohol services.</p>
<p>All commissioned services need to identify the extent to which there is access to services by key groups and review their delivery accordingly.</p>	<p>The outcomes of the review of a range of public health services has refocused the delivery of services to ensure widest possible take up but also with targeted uptake by those most disadvantaged or vulnerable.</p>
<p>Determine how many private dwellings particularly in the private rented sector; meet the decent homes standard via a Housing Conditions Survey.</p>	<p>Funding options are being sought to carry out a Housing Conditions Survey by 2015/16. Survey to be supplemented by Health Impact Assessment Rapid Appraisal of private rented sector/Houses in Multiple Occupation tenancies.</p>
<p>Maintain investment in warm homes initiatives aimed at vulnerable people.</p>	<p>Multi-agency groups now in place to promote warm homes, tackle fuel poverty, reduce Excess Winter Mortality and support falls prevention. Fuel Poverty/Falls Prevention Group monitors PHE Cold Weather Plan and cascades Met Office alerts. Cold Weather Plan links to the Winter Plans within the CCGs Urgent Care Delivery Group. Continued commissioning of voluntary sector programmes designed to insulate and reduce falls in older people's homes.</p>
<p>There needs to be better integration in the commissioning of coherent integrated services to address the needs to victims of domestic violence.</p>	<p>Domestic violence review underway looking at current provision, commissioning arrangements with the emphasis on the development of an integrated service for victims.</p>

This year's key information

- Smoking prevalence in South Tyneside is now at 20.7% of the population at 2012, similar to the England average and an improving trend
- NHS Health Checks being offered in South Tyneside are lower (14.1%) than national levels (16.5%), a downward trend from previous year 2012/13
- Uptake of those being offered however is significantly better than the England average, at 52.7% uptake of those being offered during 2012/13
- 410 residents accessed Warm Zone and 503 cavity wall and loft insulation measures were installed in private homes (£203,893 investment)
- Following Benefit Health Checks in this period, households received additional benefits to a value of £67,447 per annum
- An additional 82 households (hard to treat homes) received improved cavity wall insulation, delivered by Warm Zone, funded by the Department of Energy and Climate Change's Fuel Poverty Fund
- The Health Through Warmth initiative provided 138 residents with a health condition heating, insulation and/or benefits work.

Progress on the 2012 /13 recommendations

Better employment prospects

2012/13 Recommendation	Progress
Expand policies that are focused on increasing levels of young unemployment.	The Employment and Skills Development Group has identified 7 areas of activity to develop pathways to employment in key employment growth areas. The measures focus on ensuring young people make academic and vocational choices that will ensure that they succeed in the North East economy. The Council will continue to work with local businesses to create training and apprenticeship opportunities for young people.
Increase advanced level training skills.	The Council is working in partnership with Sunderland Council to deliver the Sunderland and South Tyneside City Deal which will result in the creation of 5,200 new high skilled manufacturing jobs. Work is underway with local businesses to identify skills gaps within their existing workforce and to develop up skilling programmes.
Encourage growth in medium sized enterprises.	The Council has a comprehensive package of support to help attract, grow and retain businesses. The support available includes support to access new markets, support to find premises, recruitment and workforce development support and support to access finance.
The Health and Wellbeing Board member organisations need to be lead employer for 'employment pathways' interventions.	South Tyneside NHS Foundation Trust is the lead employer for Health and Social Care on the Employment and Skills Development Group.
There needs to be work to better identify and refer NEETs on to appropriate programmes.	The Council is working collaboratively with other Councils across the region to coordinate and deliver additional support to NEETs.

This year's key information

- First time entrants to the youth justice system is now similar to England rates in 2012, an improvement on previous year, a rate of 478 per 100,000 population
- 16-18 year olds not in education employment or training remains significantly above the national average.

Progress on the 2012 /13 recommendations

Better mental health & emotional wellbeing

2012/13 Recommendation	Progress
Tackle social isolation amongst the elderly is a priority and there needs to be a focus on reducing social isolation through providing social and educational opportunities.	Social isolation has been identified as a priority for the HWB and partners are working together to develop a range of actions and opportunities to promote social interaction
Identify older people at risk, particularly as a result of social isolation and commission interventions to reduce those risks including volunteering and community mentoring	Public Health have developed a range of actions in conjunction with Age UK including a brokerage scheme to support small scale social activity and the development of local lay health champions with AGE UK to increase the opportunities for local people to engage in local activity
Long term planning to meet future housing needs, should reflect the anticipated change in demands resulting from an older population.	There has been increased engagement between Public Health and Development Services to help understand and begin to plan for the demographic changes identified facing South Tyneside including input into the next iteration of the Development Plan and localised housing initiatives
Develop the actions identified in the dementia strategy including early diagnosis and secondary prevention.	Dementia awareness and the understanding of memory services available are now embedded within NHS Health Checks Programme. There has been support for a dementia friendly campaigns and the development of training across South Tyneside to help understand the support needed and the difficulties experienced by those with Dementia
Provide sufficient and appropriate opportunities for older people to begin and maintain physical activity.	The importance of physical activity has been highlighted in the emerging Falls Prevention Strategy. In addition the work of the new Change 4 Life service will be focused on encouraging the uptake of action which addresses lifestyle risk factors to all ages. South Tyneside's Pioneer programme to integrate services and focus on helping local people help themselves
Falls prevention promotion including greater identification of those at risk of a fall.	Multi- agency, Multi-disciplinary group formed to develop and implement a range of actions within a new Falls Prevention Strategy, based on the most recent Falls HNA. Prevention, Promotion and Early Intervention are key throughout all elements of the strategy.

This year's key information

- Only 44.1% of adult social care users stated they have as much social contact as they would like in South Tyneside in 2012/13, similar to England average but a drop on previous year.
- Loneliness and Isolation in adult carers in South Tyneside at 36.2%, similar to the England average.
- Injuries due to falls in people aged 65 and over rate of 2,030 (per 100,000population) during 2012/13, similar to the England average for the past 3 years.

Key Recommendations

Better employment prospects

15. The Council and partners should continue to lead the way in promoting industrial pathways to employment for young people, as well as stimulating a cultural change in young people through the interactions between businesses and schools and supporting those furthest from the labour market through Business, Employment and Skills services.
16. Health and Wellbeing Board partners should ensure that locally commissioned contracts providing local employment, influence the quality of local jobs and a minimum income for healthy living.
17. The Council should continue to focus on developing services that support residents who are furthest from the labour market to ensure that more of our working age population can participate in the labour market.

Better mental health & emotional wellbeing

18. Introduce routine data collection to help to identify, quantify and track military veterans in South Tyneside including an assessment of service access
19. Enhance the support for those leaving the armed services to enter the job market
20. Maintain close working arrangements with the Regional Suicide Prevention Steering Group to ensure initiatives relating to military veterans are active in the borough.
21. Substance misuse services need to become more veteran-sensitive, gathering and sharing both quantitative and qualitative information.
22. Engage veterans in asset-based approach, capacity-building and user involvement
23. There should be moves to support the establishment of a South Tyneside Armed Forces Network, or ensuring that the Sunderland and Gateshead networks can meet the needs of the borough's veteran community.
24. Improve veteran access to services such as occupational health and NHS health checks, as well as disability grants, allowances and benefits.

Better quality, integration & efficiency of services

25. Fully implement the developing Change4Life Service, which looks across the Lifecourse, extending the reach of stop smoking physical activity, emotional wellbeing, and alcohol services that maintain their physical and emotional wellbeing by promoting self care to increase self reported wellbeing and quality of life
26. Harmonise approaches to workforce development integrating the self care approach across all organisations providing services to increase the number of people who use services to take control of their life
27. Make further use of 'social prescribing' of non-clinical interventions to improve health and wellbeing of people and carers and sustain their independence
28. Collaborate with third sector in developing and encouraging use of volunteer services to prevent social isolation and keep older people active and improve patient experience of care

29. Zone the community nursing teams to provide opportunities for better integration between community nursing services and general practices
30. The CCG to work to raise awareness of chronic pain issues, its impact and work with other agencies, including employers and benefits agencies to raise awareness of support benefits and allowances and to ensure appropriate uptake.
31. There is a need to undertake a detailed Health Needs Assessment (HNA) of those incurring Chronic Musculo Skeletal pain, to understand their detailed health needs and its impact on their quality of life.

Next Steps

Influencing the South Tyneside Joint Health and Wellbeing Boards Commissioning and Delivery plan.

While the JSNA has identified needs, priorities and gaps in terms of population health, future commissioning of services also needs to utilise a number of tools and methods to understand the issues identified in more depth and more effectively. This includes undertaking more detailed Health Needs Assessment of specific issues, Health Impact Assessment and Health Equity Audit.

Health Needs Assessment (HNA)

A number of more detailed Health Needs Assessments need to be agreed in the future to fully understand in detail the health issues relating to key local priorities. This includes

- Eye Health Needs assessment. This reflects the need to understand the issues and problems experienced by an increasing number of people with visual impairment
- A detailed HNA of the health of Looked After Children to fully understand their specific health requirements
- A detailed HNA of those suffering from Musculo Skeletal pain to understand their detailed health needs and its impact on their quality of life.

Health Impact assessment

Programmes and policies such as regeneration initiatives planned for South Tyneside and the implementation of the proposed Welfare Reforms, will benefit from the close examination a Health Impact Assessment provides. This will both identify the potential (and actual) impact on people's health and wellbeing and on health inequalities, but also practical ways to improve and enhance the proposal are informing and influencing decision making and should become part of South Tyneside's planning process

Health Equity Audit

The use of Health Equity Audit (HEA) provides a mechanism to determine the extent to which services, which influence health significantly in South Tyneside, are targeted at the right geographic areas and appropriate client groups when usage is compared to need. An HEA of Leisure Services provision has built on current HEA which have been undertaken to look at Stop Smoking Service delivery and the provision of Weight Management Services to ensure equitable access and service provision is taking place across South Tyneside.

