Joint Strategic Needs Assessment

2012-13

South Tyneside Health and Wellbeing Board

Introduction

The South Tyneside Joint Strategic Needs Assessment (JSNA) 2012 identifies current and future health and well being needs and 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. (If you would like the data sources and full analysis then you can find this at www.southtyneside.info.

The JSNA brings together a wide variety of information relating to health, well being and social care needs, and sets out the details of priorities which will

- promote health and well-being, 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.

The development of the JSNA has been driven by the national agenda with the publication of a number of White Papers along with government guidance. The Department of Health White Paper "Our Health, Our Care, Our Say" and the Local Government White Paper "Strong and Prosperous Communities", both stressed the need for services to be more integrated, both in terms of planning and Commissioning, across the spectrum of public sector providers.

The Health and Social Care Act 2012 places a legal requirement on Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment of the health and wellbeing needs of their local populations to inform the commissioning of health and care services and promote integration and partnership across areas". Partners will be responsible for determining healthcare needs, including contributing to the wider joint strategic needs assessment and for making health care commissioning decisions, informed by the JSNA.

The 2012 JSNA builds on previous understanding and sharing of information and in this Executive Summary has clustered the information around the principal themes of the South Tyneside Health and Well Being Strategy

- **Every child to have a good start in life**
- **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**

In 2013 we will be developing the JSNA process further to be more inclusive and to draw upon the rich and vibrant sources of information which are available across South Tyneside to inform our commissioning commitments in 2013/14.

Our vision is for the JSNA to assist local people and partners not only to be able to understand and describe what the health and social care issues are in South Tyneside but also to use that information to help us achieve agreed outcomes and our vision to "work in partnership to improve the health, well being and quality of life of our children, adults and families and reduce health inequalities to help people live longer and healthier lives".

1. Progress on previous JSNA

Progress has been made already on the actions identified in the 2011/12 JSNA summary document.

Population and Demography	
Identify older people at risk, particularly as a result of social isolation and commission interventions to reduce those risks	The Health and Well being board is developing an initiative which identifies and review actions to deliver integrated care to populations at risk including older people
Long term planning to meet future housing needs, should reflect the anticipated change in demands resulting from an older population	Strategic review being undertaken of housing for vulnerable with the availability of housing for vulnerable being offered differently within a new Housing Plus scheme providing improved supported housing
Increase the support for women to stop smoking during pregnancy to decrease the rate of smoking at time of delivery	Smoking cessation services are being re-commissioned to ensure greater opportunities for access for all including pregnant women We have undertaken a multi-agency pathway mapping to identify areas for improvement a KAIZEN improvement workshop is being undertaken in November to make the improvements
Wider determinants of health	
Expand policies that are focused on increasing levels of youth unemployment	Economic Growth service has launched a Youth Employment Taskforce committed to supporting the creation of 575 new jobs (including 200 new apprenticeship opportunities) Implementing a pre-apprenticeship programme for 20 young unemployed residents who would like a career in engineering Youth employment grant available to businesses that are growing and need to expand their workforce
Maintain investment in warm homes initiatives aimed at vulnerable people The South Tyneside Warmer Home Partnership successfully obtained funding	The South Tyneside Warmer Home Partnership successfully obtained funding from the Department of Health to support vulnerable people at risk of suffering deleterious effects to their health from severe cold, especially arising from cold housing Partners have worked together to pilot an affordable warmth initiative with vulnerable families through the involvement of Health Visitors and their identification of affordable warmth interventions

Supporting People programme needs to continue to target vulnerable people experiencing difficulties with housing or homelessness	A KAIZEN improvement workshop was held focussing on improving a young person's pathway through accommodation and support services. A Strategy for vulnerable Young People aged 16 – 25 years who are at risk of Homelessness has been developed A Consortium in South Tyneside has been developed to deliver services in a way which best meets the needs of vulnerable young people.
Prevention and the Life Course Journey	
There is a need for an integrated approach to the early identification of risk	A partnership Early Identification and Intervention strategy has been developed An EI board has been developed and an action plan developed There have been two KAIZEN events aimed at developing integrated models to facilitate early identification of need and appropriate intervention. One KAIZEN was focused on early identification during pregnancy and one on homelessness in young people
Embed a Risk and Resilience model approach across all young people services to address alcohol, drugs, sexual health, smoking and emotional health and well being	risk and resilience tool kit is under development A workforce development training programme has been developed with the Youth Offending Service to ensure all staff are skilled at intervening with young people who are taking risks There has been the commissioning of the development of an accredited course on motivational interviewing with a view to practitioners taking a more holistic approach with young people Risk Taking Behaviour education programme is currently being developed which includes sexual health, substance misuse, sexual exploitation and violence in relationships. An accredited Risk Taking Behaviour Education programme for targeted groups e.g. Alternate education has been developed.

Addressing childhood obesity within the context of a life course approach, including a more detailed assessment of maternal obesity issues, commissioning a family based approach to interventions and reviewing a broader, joined up approach to reducing obesity	A review of weight management services is nearing completion. It is addressing how effective services are and whether there is equitable access. Recommendations are being developed based on the findings of the review, on local people's and professionals views. The Obesity Overview and Scrutiny Commission are about to make recommendations, which will also be included. Key issues include the importance of looking at a life course approach, working to promote healthy eating and activity, engaging men in activities and ensuring provision meets needs. A single point of access to services has been highlighted as a need. It is anticipated that the wider determinants of health which have an impact on obesity will be addressed by a Strategy Group for healthy eating and physical activity.
Active support for the adoption of the plain packaging for tobacco products during the Department of Health consultation	There has been universal support across South Tyneside for the adoption of plain packaging for tobacco products
Commission a range of evidence-based interventions for Cancer and CVD which address prevention, awareness and the early identification and treatment (including cancer screening initiatives), using models which increase the opportunity to engage with communities and examine the use of social marketing tools to convey the awareness message effectively	A system to engage local communities in the NHS Health Checks programme has been piloted. to stimulate interest from community organisations operating in disadvantaged areas to increase delivery of the NHS Health Check in their locality using a 'payment by result' approach
Increase the uptake of NHS Health Checks, reducing variation in coverage and explicitly targeting areas and population groups where take up is lowest	Work with CCG Identification of variation Presentation to Council of Practices Point of care testing
The information from the 2012 Health and Lifestyle survey will need to be used to develop interventions which target key segments of the population	The 2012 Obesity review has utilised information from the 2012 Health and Lifestyle Survey to inform the review and the shaping the structure of the review and it's response in redefining services for 2013/14
Continue to commission a range of evidence-based services which address lifestyle factors including smoking, alcohol and overweight/obesity , focusing on targeted areas and segments of the population	From 1st January 2013 a new Programme Management Service, will commence co-coordinating all aspects of delivery of stop smoking services and training, as well as marketing, telephone support and also support smoking cessation services provided by GP's, pharmacies and community providers including voluntary sector providers. A review is currently underway into the delivery of obesity services.

Early identification of dementia and the adoption of secondary prevention including memory clinics and following NICE guidance in relation to treatments to slow progress	A memory protection service has ben launched across South of Tyne and Wear in April 2012, offering early assessment, diagnosis and interventions for people with dementia and their families. These interventions are intended to keep people & their carers well and independent for as long as possible, avoiding hospital admissions and delaying admission into care.
There needs to be greater identification and proactive management of patients with long-term conditions, especially people with multiple conditions, integrating working between health and social care and increasing opportunities for self-management	Initiated programme with CCG GP lead for Long Term Conditions to examine the use of the Combined Predictive Model Action underway to understand and plan an integrated approach to the delivery of care Shared decision making (SDM) – Magic Lite SDM training encouraging partnership between patient and GP, to better understand choices available to patient , empowerment to encourage better self management
Vulnerable People	
Tackling social Isolation amongst the elderly is a priority evidence suggests that work should focus on reducing social isolation through providing social and educational opportunities	Tackling Social Isolation Group has been formed. Mapping out services and activities that meet the action plan. Work with New Horizons Partnership around emotional health and wellbeing has led to the development of an Online Wellbeing Directory to enable signposting to appropriate services for older people, carers and others. Looking to build on social prescribing work already in place. A bid to Volunteering Fund has been made. Health Equity Audit of Leisure Services to be completed to assess use of services by older people. Action plan for falls prevention developed and Handy person Scheme in place.
Embed a focus on an integrated approach to prevention and early intervention to reduce the number of children and young people entering the care system	The PCT and the LA (under the auspicious of the LSCB) are revising the threshold guidance for intervening with children and families at an earlier point There has been work within the troubled families programme (locally called high impact families programme) to advise on identification of families with particular issues in relation to substance misuse
There is a need to develop culturally appropriate services to increase people from South Tyneside's BME community's awareness of cancer and coronary risk factors and to support to live a healthier lifestyle	A programme of Health Equity Audit training is being rolled out across organisations to assist in identifying whether there is the equitable uptake of services and ensuring services for the a range of vulnerable people are appropriate and targeted

2. Health Needs Assessments Undertaken

Health Needs Assessments are carried out each year to examine, in depth, the specific health needs of groups of the population. They incorporate detailed evidence from a range of sources but also include the outcomes of consultation with those specific groups themselves and with the professional engaging with them. These Health Needs Assessments are then used to develop strategy, policy and actions to address the identified priorities fro these populations: These have included:

2.1 Maternal Obesity

A health needs assessment (HNA) of maternal obesity was undertaken in 2012. Some of the key findings include:

- Maternal obesity is a preventable risk factor for numerous adverse outcomes affecting both mother and child, including:
  - In the mother: miscarriage, pre-eclampsia, post-partum bleeding and infection, thrombo embolism, maternal death, infertility and harms from long-term obesity.
  - In the foetus/baby: foetal death, stillbirth, infant death, congenital abnormality and subsequent obesity
- Pregnant women who are obese require increased use of health care services compared with those who are not obese. In particular, they are more likely to have a Caesarean section than non-obese women, and have longer hospital stay.
- The annual incidence of maternal obesity in England has increased from 6.6% in 1989 to 15.6% in 2007. The annual incidence in North East England was 17.3% in 2007. The annual incidence of maternal obesity in South Tyneside was 21.9% in 2010, and has been increasing over recent years. This is likely to be higher than the North East England average.
- In South Tyneside, maternal obesity was found to be significantly associated with increasing maternal age and increasing number of previous pregnancies. No association with ethnicity was found.
- Pregnant women in South Tyneside who were obese during the first trimester were significantly more likely to have a Caesarean section than those who were not obese. No association was observed between maternal obesity and breastfeeding on discharge from hospital.
- Effective and sensitive communication of the risks of maternal obesity is needed before, during and after pregnancy, with an emphasis on perceptions and understanding of current weight status and on dispelling myths about physical activity and diet during pregnancy.
- It was difficult to evaluate the effectiveness of the Maternity Lifestyle programme because of low levels of follow up of service users, the absence of follow-up data for women attending the dietician-led nutrition programme(s) and the lack of long-term follow up.

Recommendations in the Maternal Obesity HNA include:

- Maternal obesity needs to be considered within the wider life-course approach to obesity in South Tyneside. Long-term decreases in maternal obesity rates are likely to come from decreases in childhood obesity and obesity in women of childbearing age

- Identify and implement measures to increase awareness and communication of risks of maternal obesity amongst primary healthcare professionals, sexual health professionals and weight management providers.
- Offering a choice of weight management interventions to women who are pregnant or who have recently given birth. This could include weekly weighing, weekly group meetings and other components of commercial weight management programmes that are considered effective and should include improved opportunities for women to access the most appropriate programme for them
- Consider adopting a community development approach to the management of obesity after childbirth. This could involve Children's Centres and Health Trainers

2.2 Health of young offenders

This HNA undertaken in 2012 of young offenders has highlighted that there has been limited health information available locally. However the data that is currently available, although relatively small, has identified key priorities in both maintaining and taking forward health provision and support. In addition national evidence suggests that many young offenders may have a multiple health needs, which would be best managed in a holistic manner. Key findings include:

- During financial year 2010 -11 a total of 267 young people accessed the Youth Offending Service with around 90 young people active at any given time.
- These young people were frequently living in the areas of highest deprivation. However the two neighbourhoods with the highest rate of young offenders, the Lakes and Cleadon Park do not feature in the top ten most deprived areas.
- The age of young people attending YOS for first intervention is between 10 – 18 years with largest proportion being 16 years of age, followed by 17 years and are predominantly white European.
- Young people in Youth Justice System have well evidenced mental health, substance misuse and physical health needs and vulnerabilities, which may go unreported, unidentified and therefore unaddressed. This may result in significant long term physical and mental health problems. young people attending YOS in South Tyneside who have been diagnosed with mental health, substance misuse, numeracy, literacy difficulties, speech and language communication needs is low in comparison to National evidence
- While national Evidence highlighted that over three quarters (75%) of children and young people in Youth Justice system have serious difficulty with numeracy and literacy and a quarter have a learning disability (community and custody) However, in South Tyneside only 6% of those attending South Tyneside Youth Offending Service (YOS) have recorded issues relating to educational, 1.5% have recorded issues relating communication needs and 12% have current recorded issues relating to diagnosed mental health needs
- Of the 237 young people attending YOS, 58 (22%) referrals were made to substance misuse worker
- A questionnaire completed by 23 young people attending ST YOS showed that 65% young people who completed the questionnaire took regular exercise and considered themselves fit. But from a small survey of the YOS attendees 92% were smokers.
- Of the 267 young people attending YOS, 38% were not registered with a GP and 66% were not registered with a dentist

Recommendations from the HNA include:

- Provide robust workforce development programme of 'health improvement' training to ensure every contact is a health improvement contact and enable early identification of problems and appropriate referral e.g. health services based within YOS.
- Mental Health Nurse to develop a screening toolkit for speech, language and communication needs.
- Substance Misuse Worker and Mental Health nurse to complete analysis for the lower than expected referrals into substance misuse and mental health service
- Further qualitative consultation with young people regarding health service provision and future developments.
- Build on smoking cessation provision in YOS through designated YOS staff becoming Stop Smoking Advisors.
- YOS to work with other service providers and embed the risk taking behaviour model, which includes delivery of Risk Taking Behaviour education to young people, in YOS setting
- Support young people to register and access a GP and dentist.

2.3 Victims of Domestic Violence

A Health Needs Assessment of the victims of domestic was undertaken in 2011 to develop a detailed understanding of domestic violence in South Tyneside by profiling the characteristics of perpetrators, victims and affected children, using this information to determine the extent and nature of health and welfare need and identify gaps in current service provision by comparing local need to current service. Key findings include:

- It is estimated that as many as one in eight women (13%) in South Tyneside may be the subject of Domestic Violence each year – nearly double the number reported in a representative sample of people from England and Wales (British Crime Survey, 7%)
- Instances of domestic violence are less likely to be 'one-off' events and a pattern of repeat and persistent abuse with escalating severity is common. 41% of incidents attended by the police in South Tyneside in 2010/11 were repeat attacks.
- Domestic violence can be a root cause of risk behaviours such as smoking and excess drinking
- Half of all domestic violence incidents reported to police involve children. It is estimated that in 30-60% of these cases the children are also being directly abused (43-85 South Tyneside children each month)
- 18% of domestic violence victims in 2010 were male and 5% were from the Black and Minority Ethnic (BME) community.
- The distribution of reported domestic violence crimes in South Tyneside mirrors the distribution of socioeconomic disadvantage found within the borough
- A significant number of South Tyneside victims and perpetrators were 15-19 years old,
- Of the male perpetrators of domestic violence crimes in South Tyneside 59% had alcohol issues and 3% were drug users demonstrating the often complex health and welfare context of these individuals.

The recommendations included:

- There is a need to develop a cross-cutting Domestic Violence Strategy and accompanying action plan. Strategy to be agreed and jointly owned by the Child and Adult safeguarding boards as well as the Community Safety Partnership board.
- Promote specialist services for perpetrators, victims and children to increase signposting/referral from partner agencies. For example, increase awareness of the directory of services.
- Put mechanisms in place to ensure comprehensive training of all members of relevant agencies with a role in the detection and onward referral of individuals perpetrating/experiencing domestic violence

- Integrate positive relationships/domestic violence education into the mainstream primary and secondary school curriculum across South Tyneside through the Personal, Social Health and Economic (PSHE) programme
- Review the pathways of support and provision of specialist services for victims of domestic violence under the age of 18 (for example, girls experiencing violence from a current partner).
- Consider commissioning additional support services for male victims of domestic violence to address the current gender inequity in victim support services offered within South Tyneside
- Enhance links between domestic violence and alcohol and substance misuse services. For example, developing screening of individuals attending alcohol services for the issue of domestic violence to enhance detection of unmet need and onward referral to specialist services such as Options and STDAPP.

2.4 Falls

The Falls HNA identified that South Tyneside is a community with a growing percentage of older adults. With falls presenting a key challenge in the future and that barriers exist to effectively ensuring the community can minimize the risk and impact of falling. These include:

- A lack of involvement from Primary Care in the falls, prevention and treatment process but that this sector represents a primary source of health intervention for the at risk group.
- Preventative measures are currently insufficient with resources aimed at secondary and tertiary care of hip fractures.
- There is a gap in provision for those who fall and do not fracture. This group may have identified risk factors and may be an indicator of future problems but currently receive limited to no follow up at all.
- Older adults who have fallen and attend A &E but are not admitted may not have access to appropriate assistive devices, AHP services or care support in a timely fashion thus leaving them vulnerable to further falls and more serious injury.
- There is a lack of a holistic pathway and the complexity of current numerous pathways for falls puts patients at risk of dropping through gaps in the system
- Beliefs about activity and falling are maladaptive and could actually increase the risks for falling, isolation, and requiring health interventions on the secondary and tertiary levels
- In service terms there are concerns about resilience in the system as key posts are staffed by individuals leaving the whole system vulnerable should those people be off duty, become ill, take holiday or leave the post

The recommendations included:

- Older adults are given the opportunity and there is sufficient and appropriate options to begin and maintain physical activity
- Falls prevention promotion is emphasised across the system including supporting people to discuss fall at Primary Care level and encouraging the wider disclosure of falls across all providers
- Development of “at risk” clients falls screening pathway
- There needs to be greater engagement with older adults, particularly men to increase opportunities for older adults to engage in appropriate fitness and social activities these activities need to be supported through affordable transportation options.
- There is a need to develop a clear, easy to navigate pathway into the falls services for patients amongst all providers including improved awareness of availability of falls services within stakeholders and agencies linked to the falls agenda and standardised referral systems.

- This pathway will need to recognise the follow up of non-hip fractures and soft tissue injuries as a result falling
- There is a need to further examine the resilience of services such as Fracture Liaison Nurse and Falls Specialist Nurse and review service provision to provide consistent service

2.5 Residents of Nursing Homes

In 2010/11 an HNA was undertaken of the 240 residents who had been in the nine care homes providing nursing home care in South Tyneside. It illustrates that the most common health problems were:

- Older people living in care homes have high levels of healthcare need, predominantly due to chronic, progressive disease resulting in multiple disabilities.
- Mental health - with over 145 residents having dementia (63%) that was sometimes associated with challenging behaviour. Other mental health problems were common and included depression (38, 17%) and anxiety or agitation (31, 13%). Additionally, there were some more complex conditions requiring closer monitoring, such as bipolar disorder (16, 7%).
- Swallowing (96, 42%), weight loss, malnutrition and dehydration (131, 58%) were also very common and contributed to patients requiring thickeners and nutritional supplements. Additionally, these problems with feeding led to other acute disorders, for example, inhalation of foreign bodies and aspiration pneumonias that required hospital admissions.
- Falls were documented for 52 residents (23%) and 53 residents had suffered a fragility fracture (23%); 19 of whom were also recorded as having falls. The majority of fragility fractures were fractured hips (43, 18%) and some residents had a history of multiple fractures:
  - Only 39 (17%) residents were coded as having osteoporosis but this is possibly under-reporting the scale of the problem because some residents did not have osteoporosis recorded but they were prescribed Bisphosphonates (29, 13%) and/or calcium supplements (40, 17%). Only a full assessment using either the FRAX or NICE tool would be able to provide a true prevalence of osteoporosis in this population.
  - During the year March 2009 to April 2010, there were 6 fragility fractures, 4 hips and 2 ankles
- In addition it was noted that the proportion of patients with long-term conditions that require on-going healthcare treatment and monitoring:
  - Cardiovascular conditions (such as heart disease and hypertension (129, 56%)
  - Neurological conditions such as CVA (Stroke), Parkinson's disease and Epilepsy (122, 53%)
  - Respiratory conditions such as COPD, Asthma - some with acute chest infections (78, 34%)
  - Musculoskeletal conditions including rheumatoid arthritis, osteoarthritis and back pain (54, 23%)
  - Diabetes (43, 19%)
  - Hypothyroidism (34, 15%)
- Residents often had a combination of these long-term conditions with 177 (77%) having 3 or more It is important to note that this does not include the fact that these residents may also have communication problems related to hearing (27, 12%) or vision loss (17, 7%). Additionally, they may have other disorders commonly associated with older people such as speech impairment, cognitive decline and problems with bladder & bowel continence, which were not consistently documented.

The recommendations included:

- Evaluation of the role of the Older People GP with Special Interest with a view to enhancing clinical effectiveness.
- Need for nursing homes to engage and cooperate with the Older People Nurse Specialist and other specialist services so that care plans can be more proactive and comprehensive.
- Reduction in serious untoward events and safe-guarding alerts by collaborative working between the specialist team and nursing home staff.
- Increased provision for relatives and residents (if appropriate) with written information about health conditions, what services are available and how they can access these services.
- Need to promote third sector organisations working in partnership with care homes to support the residents and their families, particularly around end of life.
- Better understanding of the health needs of the carers and nursing staff working in nursing homes and a detailed assessment of this workforce needed to be undertaken to be able to put in place initiatives to promote health and well-being of these staff.

3. An asset based approach to understanding need

Tackling health inequalities is a key function of public health work. Much of the current understanding around this issue is based on the Marmot Review, which identified that:

- Health inequalities are not inevitable or immutable
- Health inequalities result from social inequalities
- Action to reduce health inequalities need to be for everyone, with a focus on the most disadvantaged
- Reducing health inequalities is vital to the economy

3.1 Using the Asset based approach to inform decisions

Traditionally, public health has focused on health needs assessment as an approach to systematically reviewing the health issues of the population, which has then informed priority setting and resource allocation for improving health and reducing health inequalities.

Identifying health needs has been described as a 'deficit' approach, which focuses on the problems, deficiencies and problems within a community. It creates services to find solutions and fill gaps from a service provision perspective, which can lead communities and individuals to feel disempowered and dependent, as passive recipients of services.

There is increasing evidence that using an asset based approach can enhance the quality of information that is collected, by focusing on local people's perceptions and improve the services that are subsequently provided, by basing them on what people want. It has been described as 'a glass half-full' approach', and encourages active involvement in decision making

An asset based approach starts with people's energy, skills, interests, and knowledge and life experience. 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.

3.2 Asset mapping

An Asset Based Community Development (ABCD) specifically uses an approach which focuses on the positive strengths within individuals and communities and recognises the importance of social capital (the connections within and between social networks) as an important asset. In South Tyneside an asset mapping approach has been used ('the process of intentionally identifying the human, material, and financial, entrepreneurial and other resources in a community'). This focuses on both the assets of people as well as of place. It enables people to feel positive about where they live and the opportunities there can be for change.

3.3 The Asset based pilot

South Tyneside PCT's Public Health Promoting Health Engagement Team embarked on an asset mapping pilot in Jarrow and Boldon CAF using a systematic approach to engage with communities and stimulate interest.

Overall organisations and groups were positive about the pilot; however some local community groups were reluctant to participate and made comments about capacity issues and consultation fatigue. However the high number of responses suggests that residents were willing to engage and are interested in the topic.

3.4 The Process

Pre-engagement work included cascading information to key partners and a number street surveys were undertaken to gather local people's views on the value of carrying out the pilot. The feedback was very positive indicating the work would be a good idea and 28 local organisations and groups were recruited from community centres, social and faith groups, children's centres, Youth Parliament and residential settings.

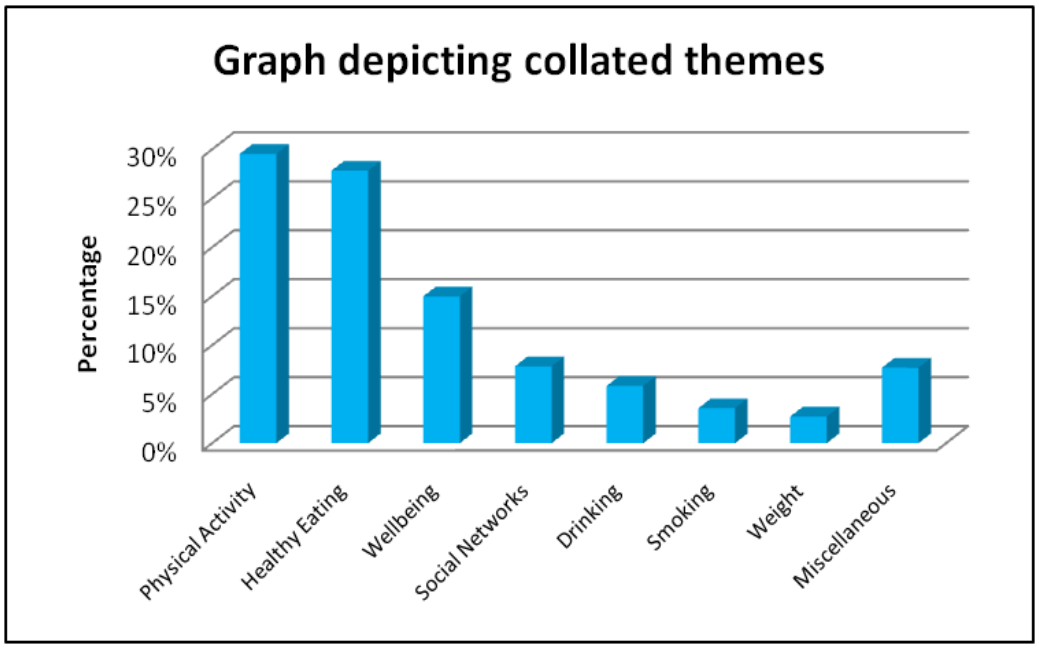
A Graffiti Wall was used to stimulate discussion around the question "What does being healthy mean to you?" Focus group work elicited more detailed responses from local people and over 600 people took part in the work.

3.5 What the asset mapping approach has identified

This work has unearthed a wealth of information, identifying:

- practical skills, willingness to help and knowledge of local residents
- the importance of networks and connections in the community, including friendships and neighbourliness
- the value of community groups, organisations and faith groups providing physical and social opportunities
- an appreciation of local outdoor spaces
- the power of local people coming together to conserve areas, such as bidding for and securing funding to restore the local park
- suggestions to improve the area, activities, and services

An analysis of the findings has grouped the responses into six main themes and a miscellaneous category:



Overall responses were positive, suggesting that for those taking part in this pilot health and lifestyle messages are being heard and generally being translated into action

3.6 What the asset mapping told us

3.6.1 What will improve health?

Participants identified the following as things that support change and assist people to improve their health:

- There was an awareness of the benefits of good health, its effects and what's available to help
- Emotional health and wellbeing is the cornerstone of health improvement.
- Having an active mind and body, being independent and able to take care of you were seen as key elements of staying independent, however there was also the acknowledgement that support may come from many sources.
- Effects of poor health included : the effect of second hand smoke, the importance of not smoking around children and not wanting "to turn into a 'tele tubby' "
- The importance of a positive attitude
- Support for good health came from family, friends, neighbours, faith, groups, health professionals
- There are triggers that can encourage a switch to an emphasis on good health such as significant events (death of someone close/ ill health / underlying conditions, or milestones such as turning 40)
- Initiatives to improve health need to be convenient: affordable; there needs to be variety; child friendly; flexible; nearby; transport.
- There was an appreciation of: outdoor space (parks / allotments), groups, community centres, church, schools

Young people involved in the pilot identified that good health included:

- Interest in sporting activities
- Outdoor activities and play
- Health education lessons at school
- Being loved and looked after by your family (Younger children)
- Looking after yourself and staying safe (Older young people)
- Hygiene – keeping clean is essential for personal, social and good health

3.6.2 What are the barriers to improving our health?

Responses identified the barriers to preventing people from making changes or healthy choices:

- lack of awareness of what's available and misconceptions about what is healthy
- A lack of interest or concern or a fatalistic attitude with their health
- Beliefs around the capacity to change (I'm too old; I'm too fat)
- Unsuitability of the types of activities available to support change or the impact of anti social behaviour or fear of engaging in activities at certain times
- Negative experiences or unhelpful attitudes (including 'finger wagging')
- Conflicting information and advice meaning that people didn't know who to believe.
- Too many temptations and ease of access to "unhealthy living"
- Lack of opportunities (activities, services, facilities) and the lack of
    - cycle paths
    - amenities
    - motivation
    - child care
    - social networks (friends / family / neighbours)
    - Inaccessible: location, timing, transport
    - Cost / money worries

- Dependence or long term ill health meaning that they were isolated
- Changes in the activities / services for children and young people

In addition young people identified

- Bullying and issues of safety
- Nothing to do, nowhere to go

3.6.3 What improvements need to be made to promote health?

The following suggestions are things that would support people to make changes and stay healthy included:

- Awareness raising, information and education: what's available locally, opportunities to try new activities and behaviour (healthy cooking demonstrations
- Provide clear, concise, positive messages when promoting activities or services.
- Ensure activities / services are:
  - Accessible
  - Flexible
  - Affordable
  - More local with a variety of options
  - Supportive
- Affordable, good quality child care (grants for child care costs)
- Increase number and breadth of neighbourhood / community health opportunities:
- Support / advice from GP / health professionals particularly around life events (from GP / HP's)
- Apply pressure to:
  - decrease the number of takeaways in the area
  - reduce pollution
  - clean up area
  - keep all parks open longer
  - improve labelling
  - have less salt / additives in food)
- Provide improvements in
  - transport links, support active travel (cycle paths)
  - communication by listening to people and acting on their suggestions
  - safety where fear of crime / anti-social behaviour is an issue

What young people identified:

- Increase facilities/activities for young people, reinstate breakfast and after school clubs, and consider keeping parks open longer
- Explore the possibility of bringing effective programmes from other areas into Jarrow and Boldon
- Suggestions to stay safe included staying out of trouble, not being aggressive, dressing appropriately, and avoid situations that may put you in danger.
- More activities in community centres, having places to go where they feel secure, with people they can trust to talk to and get advice.

3.6.4 Other Issues Identified

- Only a handful of people linked being active or eating healthy to maintaining or losing weight, suggesting that people recognise the benefits of regular activity and healthy eating independent of weight management.
- There were a number comments from younger females associating being healthy with being skinny and dieting.

- Clear, concise information, increased support from health professionals, flexible weight management services and extending the length of support from commercial slimming organisations were key aspects of helping people to lose weight.
- Support for community centres as hubs to provide free / subsidised child care and activities for all, specifically citing breakfast, lunch and tea time clubs.
- Awareness / education on the effects of alcohol on the body, long term effects of excessive alcohol consumption, links to domestic violence and an increase in the price are key strategies people identified to stop or reduce drinking.
- Young people were more likely than adults to link drinking alcohol to taking drugs and smoking, extolling the virtues of not starting or encouraging people to stop

3.7 What are the local priority themes for health?

The next step in the process was to involve participants in the analysis by identifying their priorities. Participants were asked to consider which health areas were most important to them. They then highlighted their top three choices. Themes of 'Emotional Health and Wellbeing' and 'Physical Activity' generated the highest scores. '

3.8 What are South Tyneside's assets?

A range of over 70 community assets were identified. Unrealised assets include not only personal attributes and skills but also the relationships among people that forge networks. An example of the local micro networks which exist across the areas included a group of young mums who met at a Children's Centre who support each other by taking and picking up each other's children from school and go to Zumba together and are currently identifying places to enable that network to continue.

3.9 Early Recommendations from the Asset Based Approach to identifying Health Needs

1. Use findings from this work to inform the JSNA and Health and Wellbeing Strategy to influence future commissioning
2. Explore specific topics to inform lifestyle service commissioning, for example the current obesity review.
3. Identify resources to inform the public of local activities and encourage local organisations to incorporate their activities into the Wellbeing online directory to promote self referral.
4. Explore ways of developing local 'health champions' to undertake local health improvement initiative linked to making 'Every Contact a Health Improvement Contact' (a programme to encourage front line workers to deliver health promotion messages).
5. Partners, Agencies, Community Area Forum (CAF) members need to understand the outcomes of the asset based approach to health improvement in order to ensure full local engagement reach their full potential
6. This pilot needs to be rolled out across South Tyneside, the findings shared widely and ensure that the final detailed findings feed and are integral to the JSNA and commissioning process in 2013

4. Comparative Analysis

4.1 What the JSNA data is telling us about the health needs of South Tyneside

The Data Annex accompanying this report has been developed using an augmented version of the dataset outlined in “A Commisioning Framework for Health and Wellbeing”. It uses benchmarking and comparison information with other places and other groups to not only describe the health of the population of South Tyneside but also to identify if that health better or worse than other populations.

The Data Annex is divided into nine individual sections

Chapter 1 Population

Chapter 2 Social and Environmental Context

Chapter 3 Child Health and Lifestyle

Chapter 4 Life Expectancy and Mortality and Ill Health from All Causes

Chapter 5 Heart Disease, Stroke and Related Conditions

Chapter 6 Cancer

Chapter 7 Adult Health, Long Term Conditions Other than Heart Disease and Cancer, and Social Care

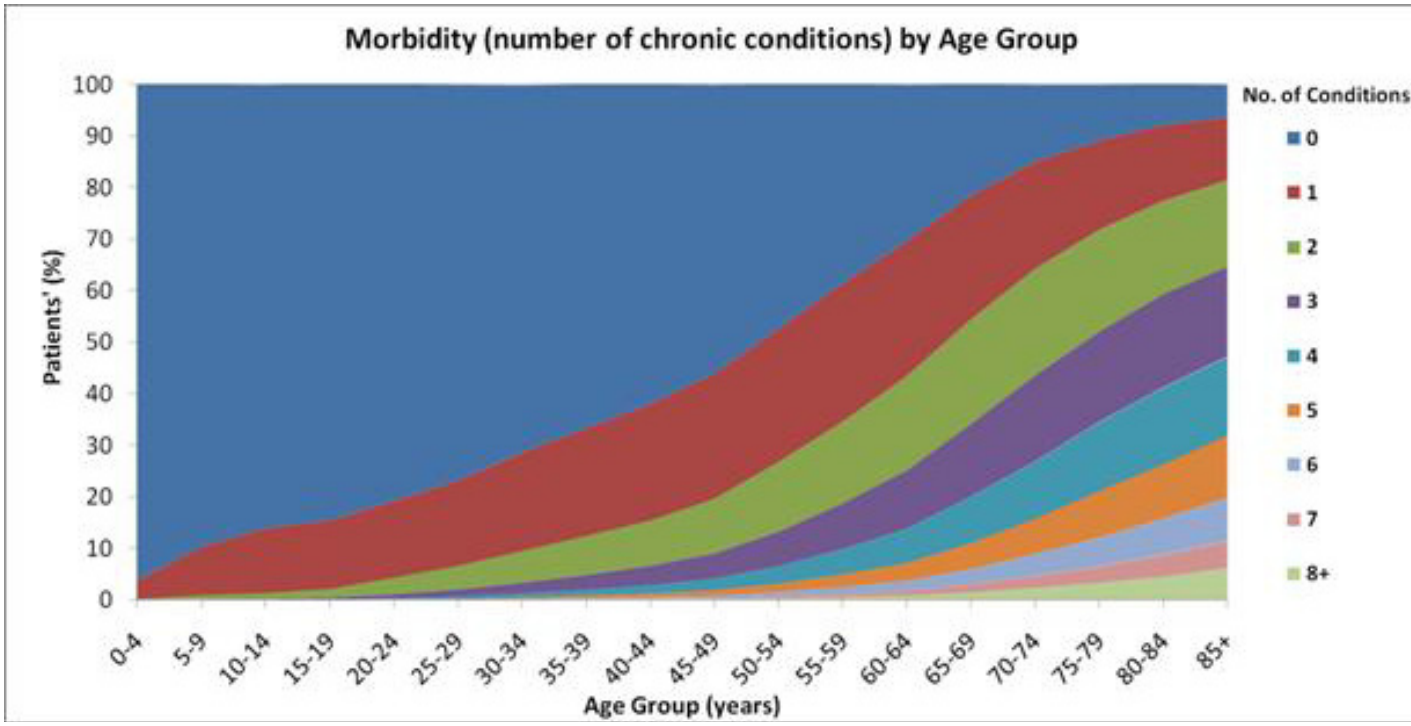
Chapter 8 Adult Lifestyle

This section provides comparison with South of Tyne and Wear, North East Region as a whole and with England. There are also comparisons with English districts which are similar to South Tyneside. In addition there are also variations across South Tyneside that indicate the need to understand geographic and demographic differences and ensure that services reflect those differences.

Comparisons are also made in the Annex between people in different socioeconomic groups, and these are highlighted in a number of the sections via Mosaic classification for example. In addition this year’s JSNA has also captured an range of information which additional to the Annex data relating to three areas which is also telling us some key information about three key issues in South Tyneside:

4.2 Populations of South Tyneside

- It is estimated that the total population of South Tyneside will increase by 6% over the next 20 years to 161,000 **(Annex 1.2)**
- The number of older people 65 years and over will increase by 40% (from 27.000 in 2010 to 39,000 in 2030) and the number 85 years and over will increase by 70% (from 3,800 to 6,500) **(Annex 1)**
- Compared to England the population of South Tyneside has a slightly higher proportion of older people. 21% of the population is currently above state pension age (60 years for women, 65 years for men) compared with 19% across England and 20% across the North East
- The population of working age is likely to fall by 3% (these people will more than likely be taking on increasing caring responsibilities) **(Annex 1.4)**
- Currently South Tyneside has a higher old age dependency ratio of 34 (93,000 working age people to 32,000 above state pension age) compared with England at 30 and the rest of the region at 33. (The old age dependency ratio is the ratio of the economically dependent section of the older population, above state pension age, to the productive population, 16 to state pension age. **(Annex 1.4)**
- MOSAIC geodemographic profile highlights South Tyneside as an area with considerable deprivation. For example, around a third of the South Tyneside population (32%) is classified as 'low income families living in estate based social housing' compared to only 6% of the England population overall. There is also a relatively higher proportion of the South Tyneside population classified as 'older people living in social housing with high care needs' compared to England as a whole. **(Annex 1.15)**
- The rise in the number of over 65 and over 85's with consequent increase in anticipated morbidity, projects additional burden for South Tyneside. A 2011 study survey identified that the majority of over 65s have two or more long term conditions and the majority of over 75s have 3 or more conditions Mercer (Guthrie and Wyke, Univ. of Glasgow 2011).



- The number of births in South Tyneside each year has risen from 1,500 to 1,700 between 2001 and 2010, a 13% rise **(Annex 1.9)**
- Forecasts suggest that the number of births each year will fall slowly over the next 20 years to a level of 1,600 births each year by 2030**. (Annex 1.8)**
- It is notable that South Tyneside has statistically significantly higher levels of looked after children than England and the North East as a whole. It also has a relatively high level compared to other areas of the country with a similar economic, social and demographic makeup. See also section 6.7 **(Annex 1.9)**
- Best current estimates for migrants suggest that around 700 people from outside the UK each year register with a GP in South Tyneside **(Annex 1.12)**
- It is estimated that the black and minority ethnic (BME) population in South Tyneside has more than doubled, from 5,500 to 11,600 between 2001 and 2009 (8% of the total population of South Tyneside, compared to 17% across England as a whole) **(Annex 1.9).** The highest concentrations of people from these communities are in the 'Beacon and Bents', 'Simonside and Rekendyke' and West Park wards in the Riverside 'Community y Area Forum' area of the borough **(Annex 1.9)**

4.3 Current Known health status of the population

4.3.1 Life Expectancy and Ill health from all causes

- Average life expectancy for both males and females living in South Tyneside is rising over time and among males the gap in life expectancy between South Tyneside and England has narrowed when expressed as a proportion of England life expectancy. South Tyneside is on target to achieve the 10% reduction in the life expectancy gap between England and South Tyneside between 1996 and 2010 among males. Between 1995-97 and 2008-10 there was a 13% reduction in the gap among males but a 73% increase in the gap among females **(Annex 4.1)**
- Life expectancy at birth in South Tyneside is currently 76.9 years for males and 80.9 years for females. This compares to 78.5 years and 82.5 years for males and females respectively across England (Annex 4.1)
- There is a wide variation between wards with Beacon and Bents at 73.5 and Hebburn North 74.2 significantly lower than life expectancy for the PCT area for males and a difference of more than seven years when compared with Cleadon and East Boldon at 81.3. The internal variation is even greater in females with a 12.7 year difference between life expectancy in Cleadon and East Boldon (89.1) and Primrose (76.4) **(Annex 4. 1)**
- Among males, 41% of the life expectancy gap can be attributed to all cancers compared to only 22% for the average Spearhead Local Authority with 17% of the gap (40% of the total gap due to all cancers) due to lung cancer. For females, all cancers also account for a larger proportion of the life expectancy gap (26%) than Spearhead authorities although the difference is less pronounced. 15 % of the gap (60% of the total gap due to all cancers) is attributable directly to lung cancer **(Annex 4.2).** This is linked to the higher rate of prevalence of smoking, emphasises the need to maintain progress on addressing tobacco control issues in South Tyneside. **(Annex 4.2)**
- If years of life lost rates for South Tyneside and England are compared, rates are higher in South Tyneside for all major diseases. **(Annex 4.)**
- The all age all cause mortality rate in South Tyneside has fallen consistently over the past five years. Within this period, the gap in the rate between South Tyneside has England has narrowed. The highest mortality rates within South Tyneside are experienced by communities resident in the wards of "Biddick and All Saints", Hebburn North and Primrose **(Annex 4)**

- It is important that commissioned services that impact most effectively on life expectancy, need to be focused proportionately across the social gradient to ensure equity of access and target those neighbourhoods where there is greatest variation in life expectancy for men and women

4.3.2 Heart disease, stroke and related conditions

- Circulatory diseases account for over 20% of all deaths and over one quarter of early deaths (deaths under the age of 75 years) in South Tyneside **(Annex 5)**
- The death rate among people under 75 in South Tyneside due to circulatory disease fell by over 50% between 1995 and 2010 and the health inequality gap due to circulatory disease between South Tyneside and England has narrowed slightly over this period. This reduction is attributable both to the increase in prescribing of appropriate treatments in primary care for those showing symptoms or risk factors and to improvements in lifestyles **(Annex 5.1)**
- The highest death rates under 75 years due to circulatory disease within South Tyneside are experienced by communities in the Hebburn North and Whiteleas wards**.(Annex 5.1)**
- The number of deaths due to heart attacks (acute myocardial infarction or AMI) among the population of South Tyneside has fallen in recent years from 130 per year (2004-2006) to 80 per year (2008-2010). Between 2008 and 2010 this rate was very similar to the average rate across England **(Annex 5.4)**
- Admission rates in South Tyneside due to CHD are currently very high compared to regional and national averages In 2009/10 there were over 700 emergency hospital admissions and more than 500 planned hospital admissions due to coronary heart disease among the population of South Tyneside. Both these admission rates are among the highest across all 12 North East Local Authority populations**. (Annex 5.6 & 5.7)**
- There are 7,500 people (4.9%) in South Tyneside diagnosed with coronary heart disease (CHD). Estimates of true prevalence (including both diagnosed and undiagnosed disease) suggest that there are 1,000 people among the South Tyneside population that have CHD but have not been diagnosed **(Annex 5.10)**
- The mortality rate due to stroke is similar to the average England and rate and is 10% lower than the average rate across the North East. There are 3,500 people (2.3%) in South Tyneside diagnosed with stroke or transient Ischaemic attack (a mini stroke). **(Annex 5.11)**

4.3.2. Cancer

- Cancer is a major issue for premature mortality in South Tyneside with around 500 deaths per year. Almost 200 years of life are lost per 10,000 of the population under 75 which equates to approximately 2,800 years of life lost in the total under 75 population
- Lung cancer accounts for 29% of all cancer deaths in South Tyneside compared to 22% across England **(Annex 6.9)**
- 3 year and 1 year survival rates following a diagnosis of lung cancer in South Tyneside are currently higher than, but not significantly different to, the England average rates **(Annex 6.14)**
- The registration rate due to lung cancer among males in South Tyneside is falling whereas the registration rate among females has risen slightly over the past 15 years **(Annex 6.16)**
- The all age mortality and registration rates among males due to colorectal or bowel cancer in South Tyneside are both currently significantly higher than the comparative England rate **(Annex 6.2)**

- The gap in the early mortality rate due to all cancers, between South Tyneside and England, has narrowed slightly over the past 15 years.
- In South Tyneside whilst the gap has decreased, premature mortality from al In South Tyneside a greater proportion of premature deaths, for both men and women, are caused by cancer than the spearhead group with the rate of premature mortality 27% higher than the national average. For men, 41% of the premature mortality gap is caused by cancer which is almost double that of the spearhead group (22%) with 26% for women, compared to 22% in the spearhead group.
- Cancer mortality varies by ward ranging from 97 per 100,000 under 75 in Cleadon and East Boldon to 210 in Biddick and All Saints. 83% of wards (15 out of 18) have a higher rate than the England average with 78% (14 out of 18) higher than the North East average.
- The prevalence of cancer appears to have seen a sharp increase over the past 6 years. There are a number of possible reasons for this increase which include better care, improved data recording and clinical decision making.
- Cancer incidence, which is measured by the number of new registrations under 75 years, have tended to fluctuate locally. This is partly due to relatively small numbers of new registrations each year. Currently data suggests a small decrease for men and women.
- South Tyneside still displays high levels of the population participating in lifestyle behaviour that increases the risk of cancer. More work is required to tackle smoking, obesity and alcohol.
- There is currently knowledge gaps relating to inequalities for Cancer, as population analysis is dependent on data collected at registration. For example registration data hasn't routinely collated ethnicity, sexual orientation or disability status. However registration data does show inequality in a greater risk of cancer for those living in lower socio-economic areas, and also between men and women for different cancers and this inequality has been identified as borne out in those accessing screening services, awareness of early signs and symptoms and stage of presentation
- A number of lifestyle risk factors increase the likelihood of cancer including include:
    - Smoking
    - Alcohol misuse
    - Obesity
    - Poor diet / nutrition
    - Lack of physical activity
    - HPV infection
    - Sun and ultraviolet exposure

- The 2001 strategy 'Improving outcomes; A strategy for Cancer'. The strategy outlined a number of key focuses including:
    - Reduce the incidence of cancers which are preventable, by lifestyle changes
    - Improve access to screening for all groups and introduce new screening programmes where there is evidence they will save lives and are recommended by the UK National Screening Committee;
    - Achieve earlier diagnosis of cancer, to increase the scope for successful treatment – diagnosis of cancer at a later stage is generally agreed to be the single most important reason for the lower survival rates in England;
    - Make sure that all patients have access to the best possible treatment.

- English survival rates continue to lag behind the best performing countries in the partnership and that, with the exception of breast cancer, the UK are not narrowing the "survival gap" to move closer to the best performing countries. Research into the way in which patients are first diagnosed with cancer which shows that about a

quarter of cancer patients are diagnosed via emergency routes and that the survival rates for those diagnosed via emergency routes are considerably lower than for other cancer patients

- Recent research shows that screening for bowel cancer could save 3,000 lives per year. Awareness raising for the three screening programmes is required. Whilst South Tyneside is currently above the national average for breast screening there was a drop in coverage during 2010 which needs to be closely monitored. Coverage of cervical screening programmes is below the national target of 80% in South Tyneside. Awareness of signs and symptoms to aid early identification needs to be strengthened in South Tyneside, building on national awareness raising campaigns a focus on lung, bowel, breast, stomach and prostate cancer
- Coverage of the cervical cancer screening programme in South Tyneside (78%) is currently significantly lower than average coverage across England (79%). **(Annex 6.49)**
- The incidence of malignant melanoma has risen over the past 15 years. There are now, on average, around 25 cases of malignant melanoma diagnosed each year in South Tyneside, compared to an average of 10 per year in 1995**. (Annex 6.47)**
- There is a need to
    - Strengthen current measures to reduce the use of tobacco, and alcohol, tackle obesity with a strong focus on healthy eating, physical activity, and weight management services both through prevention and treatment services across the life course
    - Build on arrangements for NHS Health Checks facilitating high coverage to support prevention activities alongside early identification of those with risk symptoms. Focus activities to increase take up in deprived communities.
    - Promote awareness of signs and symptoms for cancer to increase early diagnosis starting with lung, bowel, breast, stomach and prostate cancer but also awareness raising to ensure people are aware of the dangers associated with exposure to ultraviolet light
    - Review action following the findings of the Health Equity Audit of the Cervical Screening Programme and undertake a Health Equity Audit to review screening access for bowel and breast cancer.
    - Examine the waiting time targets with a particular focus on urgent referral to treatment within 62 days in order to understand any delays in the current pathway, whether client or service led, to enable the identification of measures to improve this.
    - Monitor waiting times and stage of diagnosis where possible by cancer type and survival rate to determine where there are particular issues for any cancer type.
    - Continue the development of end of life care services to ensure patient choice.
- It is worth noting that the majority of deaths due to Mesothelioma occur among males. The mortality rate due to Mesothelioma among the population of South Tyneside has been significantly higher than the England average mortality rate. The mortality rate fell between 2002 and 2006 but has been rising since 2006. Between 2008 and 2010 there was an average of 17 deaths each year due to Mesothelioma among the population of South Tyneside **(Annex 6.17)**

4.3.4 Other Health Conditions

4.3.4.1 Hypertension

- 24,622 people have been diagnosed with hypertension (high blood pressure) in South Tyneside. (19% of all people over 16 in South Tyneside). This is higher than regional (15%) and significantly higher than the England rate (13%) (Annex 7.1.2)
- Comparison with other NE Local Authority populations shows that the hospital admission rate due to acute hypertensive disease in South Tyneside is among the highest in the North East. However the rate has only risen significantly above the North East and England averages in the past year and the admission rate has not been consistently high(Annex 7.1.1)
- True prevalence has been calculated to be closer to 33% It is estimated that there are 17,000 people living in South Tyneside with high blood pressure that haven't been identified and who are not receiving the appropriate medication(Annex 7.1.3)
- This prevalence may rise to 34% in South Tyneside by 2020 with potentially 45,000 people being affected

4.3.4.2 Respiratory Disease

- A higher proportion of people in South Tyneside suffer from chronic obstructive respiratory diseases (COPD) compared to England as a whole (annex 7.1.4)
- There are significantly higher rates of emergency hospital admissions for COPD in Bede, Whiteleas and Biddick and All Saints wards (annex 7.1.6), with the highest rate of admissions coming from older people living in social housing (annex 7.1.7),
- Prevalence of COPD and the rate of hospital admissions due to this disease are highest in areas of South Tyneside where smoking is most common (Annex 8.2),
- 5,000 adults in South Tyneside have been diagnosed with chronic obstructive pulmonary disease (COPD). This rate is higher than the England rate indicating that case finding may be above average in South Tyneside. It is estimated that another 2,500 people suffer from this condition but have not been diagnosed by a GP, and so are not receiving appropriate medical treatment

4.3.4.3 Diabetes

- 8,100 people in South Tyneside have been diagnosed with type 1 or type 2 diabetes (at 6.4% higher than Sunderland, Gateshead , Regional and national prevalence rates).There has been a significant rise in diagnosed diabetes since 2007 and that rise has been in line with national rates**. (Annex 7.1.12)**
- It is estimated that another 1,900 people have diabetes but have not been diagnosed and are not receiving appropriate medical treatment. The prevalence modelling suggests that 81% of adults in South Tyneside who have diabetes are currently identified on GP registers this is higher than the rate (77%) indicating that in South Tyneside case finding may be greater than the rest of the country
- By 2030 it is predicted that 13,000 people will suffer from diabetes in South Tyneside (10.4% of the population) **(Annex 7.1.13)**

4.3.4.4 Dementia

- Increasing life expectancy, and thus a larger number of older people among the population, will mean that the number of people with dementia living in South Tyneside will rise
- Between 2007 and 2011 the number of people diagnosed with dementia in South Tyneside has risen from 800 to over 1,100. This rate of increase is steeper than neighbouring districts, the regional rate and national rate from an already higher prevalence rate (Annex 7.1.16)
- It is estimated that the number with dementia will increase further by 14% by 2020 and by 46% by 2030

4.3.4.5 Mental Health Problems and Depression

- 21,000 adults in South Tyneside – 17% of the adult population – have been diagnosed with depression. While this rate is lower than Gateshead and Sunderland it is higher than the North East (15.1%) and the national prevalence rate (11.2%) **(Annex 7.1.17)**
- A higher proportion of adults suffer from common mental health problems such as anxiety or depression in South Tyneside compared to England as a whole
- The rate of suicide among the local population and the rate of admission for self harm is lower than the rate across South of Tyne and Wear, Regionally and England **(Annex 7.1.22)**
- South Tyneside also has a lower rate of claimants of benefits for mental health or behavioural disorders. **(Annex 7.1.24)**
- Further training in emotional resilience, mental health first aid and suicide prevention work should be embedded in commissioned services

4.3.4.6 Chronic Kidney Disease (CKD)

- 2,700 adults in South Tyneside – 2.2% of the adult population – have been diagnosed with CKD. While this rate is lower than Gateshead, Sunderland, regional and national prevalence rate modelling suggests that only one quarter of people with CKD are currently identified on GP registers. **(Annex 7.1.18)**
- It is estimated that another 9,200 people have CKD have not been diagnosed and are not receiving appropriate medical treatment. **(Annex 7.1.19)**

4.3.4.7 Sexual Health

- The rate of people diagnosed with HIV/AIDS accessing care who are resident in South Tyneside has risen slowly over the past five years but the rate is significantly lower than the regional and national average rates.
- South Tyneside is ranked 64 (out of 326 local authorities, first in the rank has highest rates) in England for rates of STIs **(HPA South Tyneside Local Authority sexually transmitted infections epidemiology report: 2011)**
- 1328 acute STIs were diagnosed in residents of South Tyneside, a rate of 864.2 per 100,000 residents (England Rate 791.2) (HPA South Tyneside Local Authority sexually transmitted infections epidemiology report: 2011)
- 71% diagnoses of acute STIs were in young people aged 15-24 years old. **(HPA South Tyneside Local Authority sexually transmitted infections epidemiology report: 2011)**
- An estimated 7.8% of women and 7.6% of men presenting with an acute STI at a GUM clinic during the three year period from 2009 to 2011 became re -infected with

an acute STI within twelve months **(HPA South Tyneside Local Authority sexually transmitted infections epidemiology report: 2011)**

- Prevention efforts, such as greater STI screening coverage and easier access to sexual health services, should be sustained and continue to focus on groups at highest risk **(HPA South Tyneside Local Authority sexually transmitted infections epidemiology report: 2011)**

4.3.4.8 Substance Misuse (NDTMS data, National Treatment Agency for Substance Misuse 2012)

- Within South Tyneside there are an estimated 811 problematic Opiate and crack cocaine users (adults), with 687 opiate users, 255 crack users and 111 injecting users
- 55 per cent (447) are currently in treatment. The South Tyneside prevalence rates across all users types are lower than national rates (per 1000)
- Under three week waiting times to access services are lower than national rate
- National Drug Strategy requires that local areas need to increase the number of people successfully leaving treatment having overcome dependency.
- In South Tyneside both the total number of successful completions as a proportion of total number in treatment is higher than the national performance and this is repeated for those completing the programme and not returning in six months
- Total number of young people <18 in treatment was 132 per year in 2010/11(14% of those in treatment) and 145 in 2011/12 (16% of those in treatment - nationally 9%)
- Substance misuse is closely related to a range of health and social care problems. NICE guidelines report a clear correlation between alcohol and drug use and cigarette smoking and general lifestyle choices that are not conducive to good health.
- Drug misuse, and injecting drug users especially, is particularly vulnerable to contacting and spreading blood-borne viruses and other infections. Over one-third of all case of hepatitis B in England are associated with injecting drugs and over 90 per cent of hepatitis C diagnoses are associated with injecting drug use
- Local treatment system and providers need to use innovative solutions to delivering a recovery orientated system.
- Treatment needs to focus not only on preventing immediate and longer-term harm but also on helping individuals to build the resources they will need to sustain recovery. The 2010 Drug Strategy sets out framework for recovery by learning from experience about what is effective to support people moving through the treatment system and gaining new evidence about how recovery is sustained after leaving treatment.
- There are an increasing number of mutual aid and peer support networks becoming available within local communities. They can provide an important source of enduring support to drug and alcohol service users and their families both during and after the successful completion of treatment.
- Over recent years People living with a Dual Diagnosis (dual diagnosis is used to describe the condition of a person considered to be suffering from a mental illness and a substance misuse problem) have experienced difficulties accessing appropriate services for their needs. People living with a DD are more likely to experience worsening psychiatric symptoms, stigma, discrimination, relationship breakdown, homelessness, poverty, exploitation, non adherence to prescribed medication, self medication, increased risk of HIV infection, contact with criminal justice services, increased rates of suicidal behaviour, self harm, increased risk of exploitation, vulnerability.
- The national data suggests that for people living with a Dual Diagnosis make up a third of mental health service users, half of people using substance use services and 70% of prisoners.

- Recommendations to address substance misuse issues include the development of Identification of drug use via Probation and Police (i.e. testing in custody), closer working between Substance misuse and mental health pathways and collaborative working as well as better continuity of care from prison to community including work with families during imprisonment. There is a need to increase the number of opiate users entering the treatment system and successfully completing treatment with no representation to services within 6 months.

4.4 Older People's Health

- There are 27,000 older people aged 65 and over living in South Tyneside
- It is estimated that 15,000 of these people suffer a limiting long-term illness
- Health Conditions that are affecting older people are principally hearing impairment (12,000), falls (8,000), obesity (7,000), mobility (5,000) and incontinence (5,000)
- The rate of emergency hospital admissions due to a falls has risen in South Tyneside over the past two years and is now higher than the average regional and national rates **(See section 2.4 Falls Health Needs Assessment above)**
- Excess winter deaths have fallen consistently since 2006/07

Interventions affecting the quality of life for older people

- The rate of cataract procedures among South Tyneside residents is the highest among all North East PCT populations
- The rate of hip replacements is similar to the national and regional average and a low proportion of these are emergency operation
- The rate of hip replacements is similar to the national and regional average and a low proportion of these are emergency operation. Of the 230 hip replacements carried out on South Tyneside residents in 2009/10, only one quarter were emergency procedures
- The number of older people being supported to live at home in South Tyneside has fallen in 2011/12 to below 2007/8 levels but the rate is still above the regional and national average rates **(Annex 7.2.8)**

4.5 Adult Social Care

4.5.1 People with a disability

- The South Tyneside has a greater percentage of its population claiming Disability Living Allowance compared to the rest of the region and the England rate.
- It has the second highest percentage of people registered blind, (0.31%) which is also higher than the national, average (0.29%)
- 300 of South Tyneside's 465 registered blind population are over 75 and 310 of the 490 registered partially sighted are over 75
- Modelling shows that as a result of a growing and aging population, the number of people experiencing sight loss will increase in future years, with anticipated increases in blindness increasing by 22% and partial sight loss increasing by 14%
- South Tyneside has a much smaller population of registered deaf people (0.1%) when compared to Gateshead (1.1%) and the national level (0.4%) and the regional rate (0.6%). There 45 people registered as hard of hearing and 10 registered as deaf. This contrasts massively with 1385 people registered as hard of hearing and 60 registered as deaf in Gateshead

- There are 641 people with a learning difficulty aged 18 years and over registered with GPs in South Tyneside (0.52%). This is higher than the national prevalence but lower than the regional level. 395 clients are receiving community based services

- The number of people with physical disabilities of working age supported to live at home has remained constant over the past four years in South Tyneside (590). This rate (60%) is now above the regional and national average rates.
- South Tyneside performs relatively poorly at getting people with a learning disability into employment, but relatively well at getting people with a mental health problem into employment. More of both live in appropriate accommodation

4.5.2 Delaying and reducing the need for care and support

- South Tyneside has high rates of admissions to residential and nursing care for people of all ages (120 per 10,000 people against a national rate of 70 per 10,000). In particular, the rate of admission among over 65s is the highest among all English Local Authorities in 2011/12 **(Annex 7.2.10)**
- Extensive reablement services, designed to help people who are discharged from hospital to return to live in their own homes, are provided in South Tyneside. These services are generally successful, but improvements are needed to reach national and regional average outcomes in this area. **(Annex 7.2.11)**
- Care and support offered in South Tyneside ensured that, in 2011/12, fewer people were delayed from being discharged from hospital than in previous years, and performance is ahead of the national average

4.5.3 Assessments and reviews

- In 2011/12 in South Tyneside, the rate of new clients being assessed for care packages among both people of working age and older people was above the national average rate. Also, the number of existing clients with completed reviews has risen over the past five years among all age groups, although as the number of service users has increased, the proportion receiving reviews has remained similar. **(Annex 7.2.15)**
- Adults 18-64 years from black and minority ethnic groups appear to be under-represented among new social care service users, but among older people, BME groups are represented in proportion to numbers within the population. **(Annex 7.2.16)**

4.5.4 Adults of working age with particular needs

- The proportion of people of working age who have a physical or learning disability who are supported to live at home in South Tyneside compares favourably with regional and national average figures. However fewer people of working age with a mental health problem are supported in South Tyneside when compared to rates for the North East and England.
- The rate of adults 18-64 with a physical disability helped to live at home has risen over the past five years and is now above the national and regional average. The rate of adults 18-64 with a learning disability being supported to live at home has also risen over the past five years and is above the national average. However the rate of adults with a mental health problem helped to live at home in South Tyneside has consistently been below both regional and national averages.

- Supporting People programme needs to continue to target vulnerable people experiencing difficulties with housing or homelessness including older people and people with learning disabilities

4.5.5 Carers

- Carers provide care, assistance and support to another family member or friend who has physical or learning difficulties, emotional problems or substance misuse issues.
- They are one of the most vulnerable groups in society due to the additional pressures placed upon them South Tyneside is estimated to have over 16,000 carers, based on the 2001 Census. Analysis from the 2011 Census is expected to show that the figure is now far higher.
- In addition it is estimated that the number of people aged 60 or over is projected to increase from 46,300 (24.2%) to 57,600 (28.8%) by 2030. It is anticipated that this will further increase the number of carers in the borough, placing additional demands on carer support services.
- The In Sickness and In Health Survey revealed the following key health messages for carers:
    - 83% stated caring had a negative impact on their physical health
    - 87% stated caring had a negative impact on their mental health
    - 57% thought that changes to services would have a negative impact on their life because of an impact on independence
    - 84 per cent of carers that responded to the survey never expected to be in a caring role

- A recent analysis of admissions to residential care indicated carer breakdown to be the primary cause of 67% to 89% of permanent admissions to residential/nursing care in South Tyneside.
- South Tyneside has increased the number of carers who receive services to assist them in their caring role (8.8%), but still have some way to go to reach regional (14.7%) and national averages. (14.2%)
- Recommendations for improved support for carers includes:
    - Short break care
    - Emergency service provision, particularly for dementia care
    - Inadequate advocacy services for carers
    - Flexible long term support as an alternative to residential care
    - Information about access to services and assessment/eligibility
    - Young carers provision and use of Ridgeway Children's Centre

4.5.6 User & Public Views on Adult Social Care

Social care related quality of life in South Tyneside is above the national average, and more social care users in South Tyneside feel they have control over their daily life than the national average, but lower than the regional average on this measure.

Overall satisfaction of users of care and support in South Tyneside is high, and above regional and national averages, and most people found information about care and support easy to find.

Safeguarding vulnerable adults has been a priority in South Tyneside in recent years, and more users of care and support feel safe than national and regional averages. However, fewer people than the national average say that the services they receive made them feel safe and secure.

4.5.7 Recommendations

Service commissioners and organisations providing services to support people should think about how local services are delivered, including a comparison of total people accessing a service against the total people in the population in need of the service;
A comparison of the age and gender profile of service users against the age and gender profile of people in the local population and the identification of particular age or gender groups that are under-represented among service users.

4.6 Social and Environmental Context

4.6.1 Social and Economic Disadvantage

- 40% of the population of South Tyneside live in areas that are among the 20% most disadvantaged areas across England, measured across a range of indicators of social and economic disadvantage (Annex 2.1)
- The population of South Tyneside is most disadvantaged within the domains of employment and income, where 59% and 50% of the population respectively live in areas among the 20% most disadvantaged areas across England (Annex 2.1)
- It should be noted that South Tyneside's population is least disadvantaged in the domains of barriers to housing and services, crime and community safety and in the living environment domains with less than 4% living in areas among the 20% most disadvantaged areas across England (Annex 2.1)

4.6.2 Child Poverty

- Child Poverty is a complex and multi-layered issue with many wider determinants coming into play. The majority of services in the public and voluntary sectors are affected by, and can impact on, child poverty. Children living in households affected by poverty are more likely to experience poor outcomes, such as
    - Lower than average birth weight
    - Reduced life expectancy
    - Poor educational outcomes
    - Unemployment
    - Inadequate housing
    - Greater likelihood of criminal activity
- Over one quarter (28%) of children and young people under 16 years in South Tyneside (7,400 young people) live in low-income families who are either claiming workless benefits or receiving tax credits. This is well above regional and national averages
- Around half of children in families receiving worklessness benefits live in lone parent households.
- Wards where the proportion of children in poverty is highest are Beacon and Bents, Simonside and Rekendyke and Cleadon Park **(Annex 2)**
- South Tyneside's high levels of child poverty, and future impact of the Welfare Reform Act, are expected to increase the demand on a range of services in the borough
- Families living in the most deprived areas are likely to have a higher exposure to negative influences on health, e.g. poor housing, fear of crime, unemployment, low educational attainment.
- The location of 'troubled families' are clustered in South Tyneside's most deprived areas require intensive support and intervention.
- Tackling child poverty is notoriously complex, and much depends upon the state of the local economy and the availability of employment for parents with children.

Where public services can help is in the provision of effective advice and guidance to parents in poverty, accessible employment outreach services, and childcare that supports flexible working patterns.

- Recommendation for action includes
  - Evidence-based parenting provision
  - Implementation of the Troubled Families model
  - Cross-partnership service reviews to identify opportunities for service remodelling and improvement, e.g. advice and welfare services
  - Refocus Children's Centres to target the most deprived families
  - Ensure the 'Think Family' and 'Every Contact a Health Contact' approach is built into service specifications for relevant services.

4.6.3 Educational Attainment

- The proportion of 15 and 16 year olds achieving 5 good GCSEs including English and maths (58% in 2010/11) is above the regional average but below the England average achievement. This trend is encouragingly upward.
- The proportion of 15 and 16 year old young people in South Tyneside achieving 5 or more good GCSEs including English and maths (58% in 2010/11) has risen steadily over the past five years
- While educational attainment at 16 years is close to the national average, a much smaller proportion of people go on to achieve a higher level qualification in South Tyneside when compared to England. 26% of the working age population of South Tyneside currently have a degree or an equivalent level qualification compared to 34% across England as a whole
- Around 20 looked after children sit GCSEs each year in South Tyneside and only 40% achieve five good GCSEs, compared to 90% of all children

4.6.4 Housing and Homelessness

- It is notable that when last assessed in 2007, about a third of the UK's housing stock (7.7 million homes) did not meet the "decent conditions" recommended by Government. The vast majority of sub-standard homes were in the private, rather than social housing sector
- The majority of housing stock in South Tyneside is managed by South Tyneside homes. There are a small number of properties managed by registered Social Landlords **(Annex 2.9)**
- There are approximately 69,159 dwellings in South Tyneside, 18,294 are Local Authority dwellings, managed by South Tyneside Homes, 4,495 are owned by Registered Social Landlords and 46,565 are private dwellings (about 4% of which are for private rent).
- National evidence recently published by the Joseph Rowntree Foundation has indicated has indicated that the number of private landlords has doubled since 2001. In South Tyneside private sector rented accommodation is mainly clustered in those neighbourhoods in the areas of highest deprivation with the greatest concentration in the Westoe, West Park and the Biddick Hall and All Saints wards **(Annex 2.9)**
- There is little or no information about the condition of the homes in the private rented or owner occupier sectors, including the condition of former social housing homes purchased under right to buy.
- There is a need to identify the extent of under investment in South Tyneside's private housing stock, There is a need to determine how many private dwellings meet the decent homes standard
- Latest estimates from the Department of Energy and Climate Change (2009) suggest that 23.8% of households in South Tyneside are living in fuel poverty. This figure has

risen steadily since 2006 when the level of fuel poverty in South Tyneside was 16%.(Annex 2.11)

- The South Tyneside Warm Zone has carried out over 27,150 home energy assessments in the private sector stock resulting in over 8,730 households receiving in excess of 10,950 home insulation measures. **(Annex 2.11).** However increases in fuel prices and reductions in income across the area, mean that while these interventions are supporting affordable warmth action, this does not equate to driving down the number of people living in fuel poverty.
- The number of applications for homeless status in South Tyneside that were accepted as homeless and in priority need fell by 70% between 2003/04 and 2009/10. However, the number has risen again over the past two years and the rate per 1,000 households is now the highest among all North East Local Authority populations and the national average**. (Annex 2.12)**
- In 2011/12 there were 350 applications for homeless status accepted as homeless and in priority need in South Tyneside compared to 190 in 2009/10. **(Annex 2.12)**
- Homelessness can increase the risk of experiencing mental illness including stress alcohol and or drug problems and poor perinatal health (such as low birthweight, infant mortality and adverse effects on child development) The impact of the proposed welfare changes is also anticipated to lead to a potential rise in Homelessness.

6.5 Healthy Environment

- The majority of the population of South Tyneside lives in areas classified as urban. South Tyneside has accessible green open spaces and leisure opportunities where people can undertake regular physical activity in a safe and pleasant environment **(Annex 2.2 & 2.3)**
- South Tyneside Council currently have two areas in which have been declared as Air Quality Management Areas (AQMAs). One in Boldon Lane/Stanhope Road and the other at Lindisfarne Roundabout. Both areas were declared as AQMAs after extensive detailed assessments of each area had identified high levels of Nitrogen Dioxide. Automatic and non automatic monitoring is carried out at both these sites to monitor air quality levels. **(Annex 2.12)**

4.6.6 Employment

- The proportion of adults of working age in the South Tyneside population claiming Jobseekers' Allowance rose sharply at the beginning of 2009 to 6%. This followed a period from 2004 to 2008 when the rate was stable at around 4%.(Annex 2.16)
- In 2012 the rate has risen to 7%.**(Annex 2.12)**
- In September 2012, 7.2% of people of working age in South Tyneside were claiming Jobseekers' Allowance (7,100 people) compared to 3.8% across England. **(Annex 2.16)**
- Levels of unemployment among young adults (18-24 years) remain high at 15.2%. Since 2008 the number of claimants has increased by over 50% in this age group. **(Annex 2.16)**
- The percentage of unemployed young adults has been above the regional average in Gateshead, South Tyneside and Sunderland, but the gap between regional levels as well as national levels is been particularly wide in South Tyneside. **(Annex 2.16)**
- Young males are much more likely to be Not in Education, Employment or Training (NEET) compared with females, though a high proportion of NEETs are young mothers (11.3%) **(South Tyneside Equality Measurement Framework 2008)**

4.6.7 Crime and Community Safety

- The Community Safety Partnership Strategic Assessment indicates that the rate of violent crimes against the person in South Tyneside has fallen consistently over the past five years and is now lower than the England and North East averages **(Annex 2.21)**
- In 2011/12 there were 1,300 recorded offences in South Tyneside which were violent crimes against the person compared to 2,700 in 2006/07, a fall of 50%.**(Annex 2.21)**
- The number of domestic violence incidents (22.6 per 100,000) is higher in South Tyneside than both neighbouring Gateshead (20.5) and Sunderland, (21.7) as well as being higher than the Northumbria force wide levels. (19.3). In South Tyneside the level of arrests are lower but it should be noted that in 1,664 of these incidents one or more children were involved. **(Annex 2.22)**
- The Government defines domestic violence as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."
- Women who have suffered domestic violence have approximately twice the level of usage of general medical services and between three and eight times the level of usage of mental health services.
- The estimated cost of domestic violence to South Tyneside is in the region of £47million, of which an estimated 45% is related to healthcare. This includes hospital and ambulance costs, GP visits, prescriptions and mental health services. Nationally, it is estimated that domestic violence accounts for 3% of the total NHS budget.
- South Tyneside Council's Domestic Violence Scrutiny Commission, which took place between September 2011 and February 2012, identified several unmet needs and gaps within its recommendations, including:

    - Interventions for child victims of Domestic Abuse
    - Service interventions specifically targeted at dealing with perpetrators and victims of teenage abusive relationships.
    - Interventions for male victims can be more tailored to suit their needs and encourage more male victims to engage with service
- Services at local level working with local people to reduce domestic violence, (including those working with young offenders, drug prevention and treatment and reducing alcohol misuse) should continue to work toward better integration and there should be the commissioning of coherent integrated services

4 .7 Adult lifestyles

4 .7.1 Smoking and Tobacco Control

- Smoking remains the biggest preventable cause of death in the UK, killing half of all smokers prematurely. Supporting people to give up smoking will make a significant contribution to reducing health inequalities between South Tyneside and England
- At current smoking levels there are approximately 244 deaths in South Tyneside each year in adults aged 35 and over directly attributable to smoking
- There are approximately 2,010 hospital appointments each year from South Tyneside residents over the age of 35, as a consequence of smoking related diseases. The number of admissions per head of population is higher than both the North East and England average. The overall cost of smoking related hospital admissions in South

Tyneside alone is calculated to be £3.95 million per year. Smoking is also estimated to cost South Tyneside £1.29 million per year in terms of additional GP consultations.

- Overall smoking related disease in South Tyneside is estimated to cost the NHS £7.8 million per year but smoking is also estimated to cost South Tyneside businesses over £4.18 million per year and the North East over £70 million a year in smoking related absences
- Surveys among the local population in 2008 and 2012 estimated that the proportion of adults in South Tyneside that smoke had fallen from 25.6% to 21.4% - the prevalence of smoking in South Tyneside is now much closer to the national average of 20% **(Annex 8.2)**
- Rates of smoking are highest among
  - young adults 18-24 years,
  - males,
  - people from socially and economically disadvantaged communities and
  - People in routine and manual occupational groups. **(Annex 8.2)**
- At ward level, the highest rates of smoking can be found in the Biddick and All Saints (28.9%), Cleadon Park (28.6%) and Primrose (30.2%) wards. (Annex 8.2)
- Around 11% of smokers in South Tyneside now access NHS Stop Smoking Services each year. In 2010/11 40% of people setting a quit date had successfully quit at four weeks. The Stop Smoking Service has successfully targeted routine and manual occupational groups, among which the proportion of adults that smoke is highest. Young males and people from ethnic minorities are under-represented among service users **(Annex 8.3)**
- There is a need to continue to commission a range of evidence-based prevention and treatment services in relation to tobacco, alcohol and overweight/obesity but focused on targeted areas and segments of the population
- In addition the work undertaken locally by the South Tyneside Tobacco Alliance and the work undertaken regionally by FRESH to denormalise smoking and control tobacco use in South Tyneside is crucial to maintain the trend in reductions in smoking prevalence
-

4 .7.2 Physical activity

- The proportion of adults taking Five times 30 minutes of moderate intensity activity each week in South Tyneside (34.9%) is similar to the average proportion across England (36.2%). However, this means that nearly two thirds of the adult population of South Tyneside don't achieve the minimum recommended activity level. **(Annex 8.9)**
- Activity levels are low among young adult women 18-24 years of age 27.1% (compared with 41.1% in adult women 55-64) While the young male adult activity levels 18- 24 is better at 37.3%. This much poorer than the England rate of 35.3% for females in this age group and 53.3% for males. **(Annex 8.9)**
- The wards with the poorest uptake are Primrose and Boldon Colliery **(Annex 8.9)**

4 .7.3 Nutrition

- The proportion eating five portions of fruit and vegetables a day in South Tyneside - 26% - is the same as the average proportion across England as a whole (2010 Health Survey for England). National evidence suggests that the proportion of the population eating a healthy diet, as measured by eating five portions of fruit and vegetables each day, peaked in 2006 and has begun to decline. It will therefore be important to continue to monitor local trends in the proportion eating healthily. **(Annex 8.11)**

- The evidence from the 2008 South of Tyne and Wear Lifestyle Survey indicates that the highest consumption of five or more portions of fruit and vegetables was in the Cleadon and East Boldon ward (40.2%) and the lowest in Beacon and Bents (23.1%) **(Annex 8.11)**

4 .7.4 Alcohol (see section 7 on specific priorities for South Tyneside)

4 .7.5 Obesity (see section 7 outcome of the 2012 Obesity Review)

- In line with the trend across England, the evidence gathered in the 2008 and 2012 lifestyle surveys suggests that the prevalence of obesity among adults in South Tyneside is continuing to rise. **(Annex 8.15)**
- In 2008 a local lifestyle survey suggested that 17.5% of adults in South Tyneside were obese. In 2012 a survey using an identical methodology estimated that 19.2% of adults are obese**. (Annex 8.15)**
- The risk of obesity is greater among males than females and is highest among males 35-44 years of age and females 55-74 years of age. There is also a greater risk of obesity among people living in socially and economically disadvantaged communities. The gap in the prevalence of obesity between communities in advantaged and disadvantaged areas appears to have widened over the past four years. (Annex 8.15)

4 .7.6 Emotional Health and Well Being

- For the first time, a question measuring mental wellbeing among the population of South Tyneside was included in a local lifestyle survey in 2012
- Results suggest that levels of wellbeing are lowest among males 45-54 years of age and are highest among both males and females 65-74 years. **(Annex 8.16)**
- Average levels of mental wellbeing are also lower among socially and economically disadvantaged communities when compared to people living in more advantaged areas where the mental health of people living in the Cleadon and Boldon ward is the highest in South Tyneside **(Annex 8.16)**
- Emotional health and wellbeing has an impact on many, if not all, health activities. In order to measure the impact of health interventions & activities on wellbeing, the universal use of a tool to measure emotional health and wellbeing should be promoted across all commissioned services.

4.6 Child Health and Lifestyles

4.6.1 Inequalities in Child Health

- Whilst the Marmot Review highlighted actions across the life course, the review suggested that disadvantage starts before birth and accumulates throughout the life course. For this reason the review detailed the policy objective 'giving every child the best start in life' as the highest priority recommendation
- Children picking up healthy lifestyle habits in their early and teenage years are more likely to take these into adult life. Reducing the proportion of young people who smoke, for example, will help to increase life expectancy over the next forty years, and so begin to close the two year gap in life expectancy which persists between South Tyneside and England
- The 2012 Child Health Profile, published by the Child and Maternal Health Observatory and the Association of Public Health Observatories outlined key indicators for South Tyneside against the England average. Indictors were identified as:
    - Significantly better than the England average
    - Significantly worse than the England Average
    - Not significantly different to the England Average

Significantly better

- MMR immunisation (by age 2 years)
- Diphtheria, tetanus, Polio, Pertussis, Hib immunisations (by age 2 years)
- Participation in at least 3 hours of sport / PE
- Children and young people using drugs (proportion)
- Children and young people smoking (proportion)

Not significantly different

- Infant mortality rate
- Child mortality rate (age 1 – 17 years)
- Obese children (age 4 – 5 years)
- Hospital admissions for mental health conditions
- Hospital admissions as a result of self harm

Significantly worse

- Obese children (age 10 – 11 years)
- Teenage conception rate
- Teenage mothers (age under 18 years)
- Children's tooth decay (at age 12 years)
- Hospital admissions due to alcohol specific conditions
- Children and young people using alcohol
- Hospital admissions due to substance misuse (age 15 – 24 years)

- Teenage conception is an example of the wider health inequalities referred to in the Marmot review. Teenage pregnancy is a complex issue, affected by a young person's access to advice and support, knowledge about sex and relationships, influenced by aspirations, educational attainment, parental, cultural and peer influences as well as emotional wellbeing. There has been considerable analysis on the factors which impact on an increased risk of early conception. Risk factors that increase the probability of teenage pregnancy are often the same risk factors that increase the likelihood of poor outcomes across all indicators. Children and families often have multiple risk factors resulting in multiple inequalities across health, social care and education outcomes. Risk factors for teenage pregnancy include:

    - Geographical variation linked specifically to deprivation (rates are 4x higher in the most deprived 10% of wards in England compared to the 10% least deprived).
    - Educational attainment – Poor educational attainment is associated with higher risk of conception even when accounting for variations in deprivation. Educational outcomes also have a strong correlation with likelihood of contraceptive use.
    - Poor school attendance
    - Some ethnic groups have higher teenage conceptions (White British, Mixed White, Black Caribbean, Other Black)
    - Living in Care – 25% of all children that had been in care were young parents and 40% of young women were young mothers.
    - The daughter of a teenage mother is at increased risk of becoming a young parent herself.
    - Mental health problems – particularly conduct disorders (study showed a 1/3 of young women with a conduct disorder became a parent)
    - Young women who are abused as children – Abuse is twice as high in young women who are pregnant
    - Young people who do not live with both parents are more likely to have sex before aged 16 and less likely to use contraception.
    - Low aspirations, violence, bullying at school, poor parental support, domestic violence

- Lack of things to do increases the risk
- Alcohol and substance misuse

- Young women who have multiple risk factors have an increased risk of early conception. Research has shown that young women with 5 or more risk factors have a 31% increased risk of conception.
- The teenage pregnancy rate in South Tyneside fluctuates considerably from one year to the next but has followed a downward trend since1998. The rate is currently below the North East average but above the England average. It is 40% lower than the South Tyneside rate in 1998. Between 2007 and 2009 rates of teenage conceptions were significantly higher than the average rate across England in 'Beacon and Bents', Bede, Boldon Colliery, Hebburn North, 'Simonside and Rekendyke'.and Whiteleas wards. **(Annex 3.1.3)**

4.6.2 Maternal and newborn health

- Pregnancy and the first years of life are very important for future health and wellbeing. There are a number of factors which are key to giving a child the best start in life. These include;
  - Healthy pregnancy;
  - Healthy birth weight;
  - Breastfeeding for the first six months.

- The proportion of women in South Tyneside that gain early access to maternity services is similar to the proportion across England as a whole. 85% of pregnant women in South Tyneside are currently seen by a midwife before the 12 week gestation compared to 87% across England as a whole.
- The mortality rate among infants (under one year of age) at 3.8 per 1000 live births is, currently, lower than the England average rate and Regional rate but the difference is not statistically significant. The rate has continued to fall over the past five years. The number of infant deaths is, thankfully, small. **(Annex 3.1.1)**
- In 2010 there were 110 low birthweight births (<2,500g) within the population of South Tyneside. This represents 6.5% of all births. The proportion of low birthweight births is lower than the average proportion across the North East (7.6%) and England (7.3%) but the differences are not statistically significant. **(Annex 3.1.2)**
- The proportion of mothers smoking throughout pregnancy has been falling in recent years but remains significantly higher in South Tyneside (24%) when compared to the Gateshead and Sunderland, the North East (21%) and England (13%) – the smoking during pregnancy rate in South Tyneside is one of the highest among all North East and 'Industrial Hinterlands' PCT populations. Rates are highest in the 'Biddick and All Saints', Primrose and 'Simonside and Rekendyke' wards**.(Annex 3.1.6)**
- There has been an upward trend in the proportion of mothers initiating breastfeeding in the first 48 hours after birth in South Tyneside but the gap between breastfeeding rates in South Tyneside and England is not closing –. The proportion starting to breastfeed soon after birth has risen slowly over the past five years. Over half (55%) of mothers now start breastfeeding within 2 days of delivery. However, there is still a significant gap between the proportion of mums in South Tyneside (55%) and the average proportion of mums across England (74%) who start breastfeeding within 48 hours.
- In South Tyneside, the proportion of mums starting breastfeeding soon after birth is lowest in the wards of Bede, 'Fellgate and Hedworth' and 'Biddick and All Saints'. Maintaining breastfeeding into the first six months of life is also beneficial to the infant's health. Only 23% of mothers in South Tyneside are still breastfeeding at the six to eight week infant health check compared to an average of 48% across England

and the proportion in South Tyneside has fallen over the past three years**. (Annex 3.1.7)**

4.6.3 Health of Children and Young People

- Uptake of most immunisations exceeds 95%, with high levels of uptake of all childhood immunisations both compared to uptake across England and uptake within other local areas. With the exception of MMR, herd immunity has been achieved for all immunisations up to 24 months consistently over the past four years. **(Annex 3.2.3)**
- South Tyneside has achieved a 57% reduction in the number of children killed or seriously injured in road traffic injuries. This compares favourably with the reduction across the rest of Tyne and Wear, but is slightly lower than the Great Britain reduction of 64%. **(Annex 3.1.9)**
- The rates for emergency admission due to accidental injury in people under 16 and over 5 are higher than the rest of the Region and significantly higher than the England rate **(Annex 3.1.14 -15)**
- The oral health of children in South Tyneside similar to the rest of the region but much poorer than Gateshead and poorer than the rest of England. It should be noted that the lower rate of dental decay among children in Gateshead is influenced by the fact that Gateshead is the only PCT within the South of Tyne and Wear area where the majority of residents receive artificially fluoridated water **(Annex 3.1.17)**
- The Children and Young People lifestyle section tells us that South Tyneside children keep active but a higher proportion smoke compared to England as a whole (NB the prevalence of smoking is higher among local children compared to the England rate, suggesting that current health inequalities due to lung cancer will endure for many years to come without a concerted effort to modify behaviour patterns.) **(Annex 3.2)**
- It is estimated that there are over 378 additional incidents of childhood disease each year within South Tyneside directly attributable to second hand smoking. This includes lower respiratory infections (44), middle ear infections (280), wheeze (16), asthma (37) and meningitis (1)
- Over 40% drink alcohol. The proportion of Year 10 boys and girls that had consumed alcohol were not significantly different to England averages, but at 44% and 42% respectively, the figures are concerning. This issue becomes more important when viewed in the light of high local rates of alcohol-related hospital admissions among adults.
- The 2009/10 national PE and Sports Survey showed that 73% of children 5-16 years in South Tyneside did at least three hours of PE or sport each week which higher than the England average of 57%. **(Annex 3.2)**
- The proportion of both year 8 and year 10 girls in South Tyneside that registered a high self-esteem score in response to a series of questions about emotional wellbeing were significantly lower than the respective England averages. **(Annex 3.2.22)**
- Over 20% of 10 and 11 year olds in South Tyneside are obese and the proportion appears to be rising slowly over time. Between 2007 and 2011 there has been a rising trend in the proportion of children in Year 6 (10 and 11 year olds) in South Tyneside that are obese but the trend among Reception Year children (4 and 5 year olds) has been level. In 2010/11 10% of South Tyneside children in Reception Year and 22% in Year 6 were obese. The proportion that was obese in Year 6 was significantly higher than the England average of 19%.**(Annex 3.2.23)**
- In 2011/12 36% of young people 15-24 years were tested for Chlamydia. 5% of screens were positive compared to 3% across England but the proportion testing positive locally has fallen over the past three years.

- The National Institute for Health and Clinical Excellence (NICE) issued national standards calling for anyone who works with young people to identify those who are vulnerable to drug problems, and intervene at the earliest opportunity.
- Vulnerable young people such as those excluded from school, those who have been in care, those whose parents misuse drugs and serious or frequent offenders are on average five times more likely to use illegal drugs than their peers.

4.6.4 Special Educational Needs and Disability (SEND)

- Special Educational Needs and Disability (SEND) provision in South Tyneside has been the subject of an extensive review process, resulting in an increase in the number of pupils with SEND being supported to access education in their local mainstream schools, the opening of a further specialist resource base attached to a mainstream school and a reduction in the number of special schools from six to four.
- Throughout this process, a significant programme of workforce development has been implemented in order to build capacity within schools to improve the life chances of children and young people with SEND and increase parental confidence.
- The pace of change has most recently been compounded by the proposed changes to school funding, with an emphasis on increased delegation of funding to schools and increased responsibility on their part for meeting the needs of all but the most complex students. An outcome of these proposed changes is the sustainability of some central services as responsibility for the management of funding moves to schools.
- The population of children with disabilities is not always easy to identify and relies on local intelligence and national data.
- The increase in the survival and life expectancy of children with the most complex needs is making serious demands on relevant services at all life stages (12 Early Years pupils Statemented 2009, 23 Early Years pupils Statemented 2012)
- Raising attainment and closing the gap between SEND and non SEND particularly at Key Stage 4 has been a priority within Children, Adults & Families. The gap has widened as more able children have been more successful in gaining higher grades
- The need for schools to develop a more personalised curriculum, access to appropriate accreditation and better workforce development to promote improved outcomes
- Implications of increased pressure on special schools resulting from the changes to be introduced in 2014 may reverse the gains made in recent years in the inclusion agenda (729 pupils Statemented 2009, 640 Statemented 2012)
- Current number of social care clients on social worker case loads has shown an increase of o 10% to 135 in the last year

Child Health and Lifestyles Recommendations

- Review current commissioning arrangements for prevention and treatment activities across the core outcome areas in order to move towards a life course approach. This includes:
    - Obesity
    - Substance misuse
    - Alcohol use
    - Teenage pregnancy / sexual health
    - Smoking

- Develop a preventative strategy with a view to developing a strategic approach to promote healthy communities, schools and families in order to secure evidence based preventative measures including:

    - A risk and resilience approach encompassing all risk taking behaviours
    - A life-course approach, recognizing the role of families in promoting health outcomes for children and young people
    - Recognition of inequalities and the need for targeted work with population groups with a greater probability of poor health outcomes

- Specific reviews required include:
    - Review and re-commission arrangements for the provision of smoking cessation in pregnancy across the pathway
    - Review the provision of obesity services across the life course
    - Review the school nursing service
    - Review arrangements for substance misuse treatment services

- There is a need to develop a joint commissioning group to coordinate and plan the provision for the management of challenging behaviour in the home and wider community, consider the delivery of increased OT input into special and mainstream schools and the development of respite care services

5.0 Detailed Analysis Of Three Key Thematic Workstreams

5.1 Impact of Alcohol Consumption in South Tyneside

5.1.1 Introduction

Although alcohol has been part of our culture for centuries and many people use it sensibly, its misuse has become a serious and worsening public health problem in the UK. The misuse of alcohol - whether as chronically heavy drinking, binge-drinking or even moderate drinking in inappropriate circumstances (e.g. Operating machinery, on medication) – not only poses a threat to the health and wellbeing of the drinker, but also to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity. It is also directly linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, violence, liver disease and sexually transmitted infection.

5.1.2 Impact of Alcohol On Health

Alcohol is a potentially addictive psychoactive substance. Up to 40% of the burden of alcohol problems are acute, with greater proportions in countries, such as the UK, which drink to excess more frequently.[1] Acute events include alcohol-related accidents and injuries, as well as an estimated 1,000 suicides per year in England alone and 70% of admissions to accident and emergency departments at peak times are alcohol-related.[2] In addition 44% of victims of violence in England and Wales believed their attacker to be under the influence of alcohol[3] and alcohol thought to be a factor in at least half of all domestic violence incidents in the UK[4]

Chronic conditions caused by alcohol misuse include liver cirrhosis, the death rate from which has more than quadrupled in the UK in the past 40 years5[5] Other chronic conditions for which alcohol misuse can be a significant contributory factor are obesity, high blood pressure, coronary heart disease, pancreatitis and mental health problems such as depression and alcohol dependency. Alcohol also increases the risk of developing certain cancers including liver, mouth, oesophagus, pharynx and breast and bowel and colorectal cancer.[6]

Whilst low alcohol consumption is thought to have some positive effects on heart health, the European Comparative Alcohol Study found no overall benefits to health from alcohol consumption at population level.[7] Studies have also shown that as alcohol consumption increases within a population, so does alcohol-related harm[8]

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[1] World Health Organization. 2004. Global status report on alcohol 2004. Geneva: WHO.
[2] Cabinet Office/Prime Minister's Strategy Unit. 2004. Alcohol harm reduction strategy for England. London: Prime Minister's
Strategy Unit.
[3] Home Office. 2006. Crime in England and Wales 2005/06.London: Home Office.
[4] Humphreys C, Regan L. 2005. Domestic violence and substance use: overlapping issues in separate services. London: Stella
Project.
[5] Leon DA, McCambridge J. 2006. Liver cirrhosis mortality rates in Britain from 1950 to 2002 - an analysis of routine data. Lancet; 367: 52-56.
[6] World Health Organization. 2003. Diet, nutrition and the prevention of chronic diseases. Geneva: WHO.
[7] Leifman H, Österberg E, Ramstedt M. 2002. Alcohol in postwar Europe. ECAS II: a discussion of indicators on alcohol consumption and alcohol-related harm. Sweden: National Institute of Public Health
[8] Nostrom T (ed). 2002. Alcohol in postwar Europe: consumption, drinking patterns, consequences and policy responses in 15 European countries. Sweden: National Institute of Public Health

5.1.3 Perceptions of Alcohol in South Tyneside

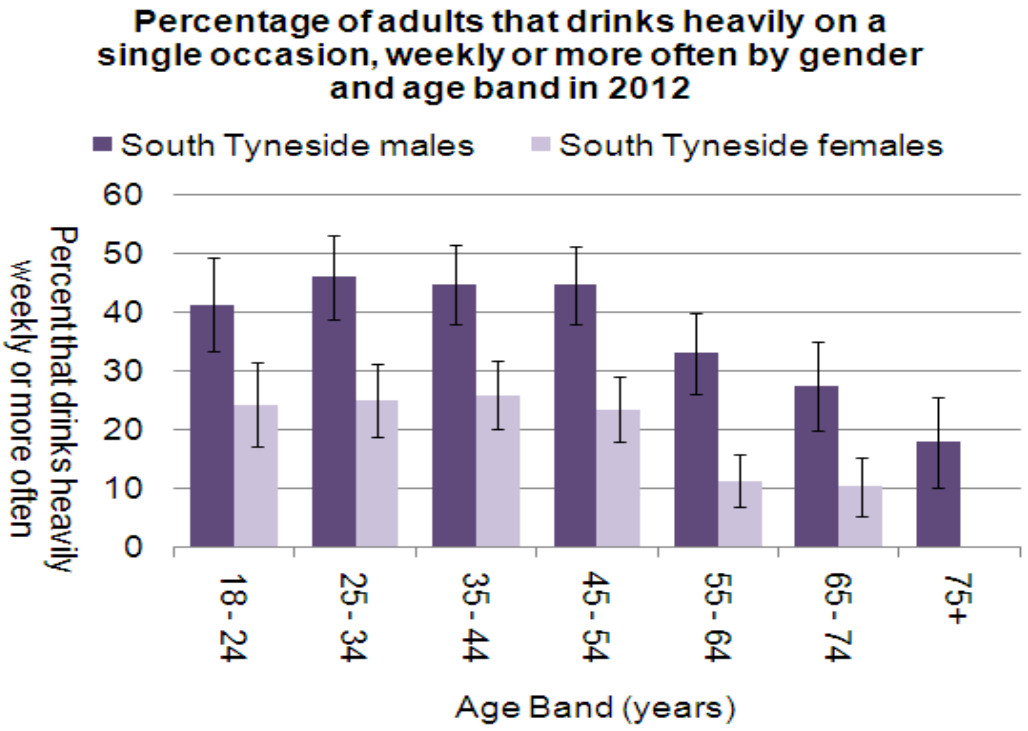
The Balance Perception survey highlights that:

- Almost a quarter of South Tyneside residents are unaware of the recommended maximum number of units they should be drinking, another quarter are unaware of the units system in general.
- Over a third say they never think they drink too much alcohol
- 3 out of 5 people say they are not at all concerned about how much alcohol they drink.

5.1.4 The Local Picture – Adult Alcohol Consumption

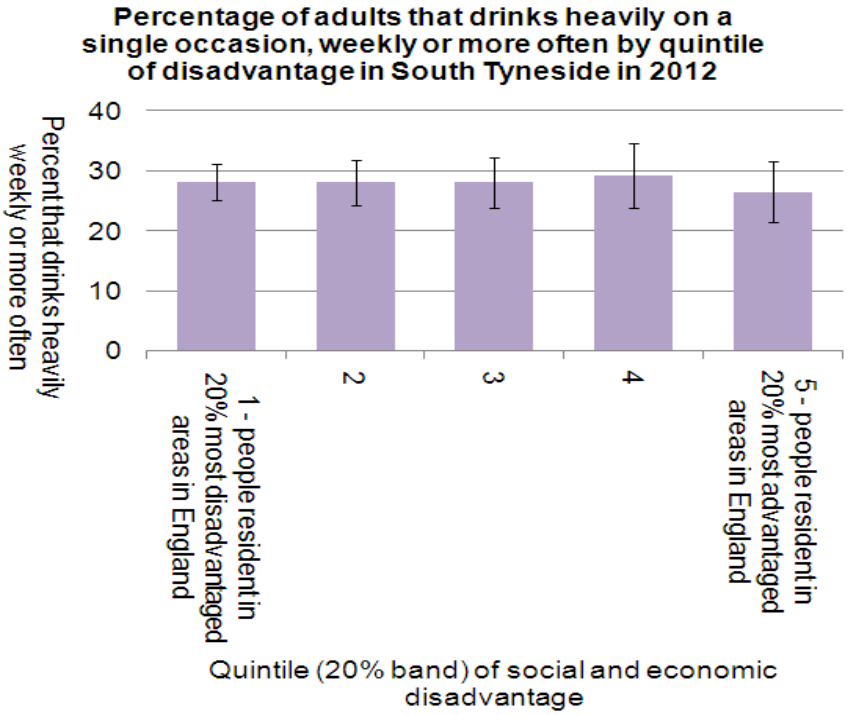
Lifestyle Information

South Tyneside had some of the highest rates in the UK for binge drinking. The 2012 Lifestyle Survey for Gateshead, South Tyneside and Sunderland identifies that proportion of adults over 18 who are drinking heavily on a single occasion weekly or more often in South Tyneside (27.8%) is considerably greater than the England rate 18%. For males the rate is 38.3% against an England figure of 22.6% and 17.8% versus an England rate of 13.5 for females. This higher rate for males is repeated across the life course



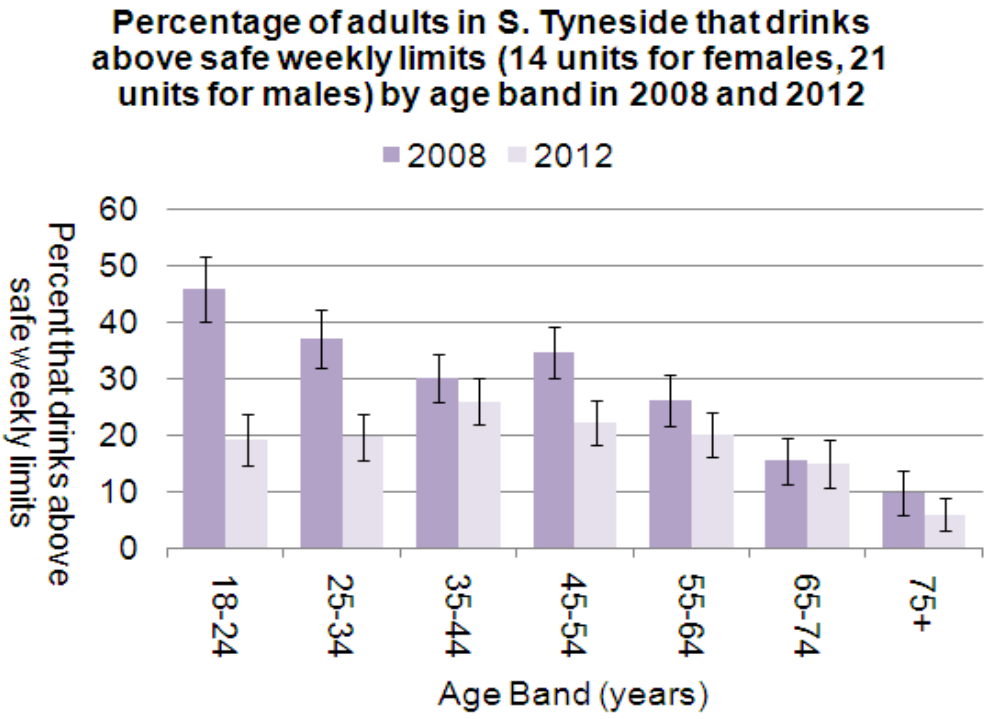
The 2012 survey also identifies that there has been an increase in the proportion of adults that regularly drink heavily on a single occasion between 2008 and 2012 and that rates of binge-drinking are significantly higher in South Tyneside compared to England as a whole and that they are rising over time**.** Results from the lifestyle survey suggest that over 40% of all males in South Tyneside 18-54 years binge drink at least once a week.

The proportion binge drinking regularly does not vary greatly across different socioeconomic groups, but a higher proportion of people from more advantaged communities drink above recommended weekly safe limits compared with national figures.



(South Tyneside Joint Strategic Needs Assessment Annex 8.12)

However it should be noted that the 2012 Survey indicates that there is evidence that the proportion of adults in South Tyneside that drink above recommended safe weekly limits for alcohol consumption has fallen in recent years, particularly among young adults. This trend in patterns of weekly alcohol consumption reflects evidence from national health surveys. **(Annex 8.12)**



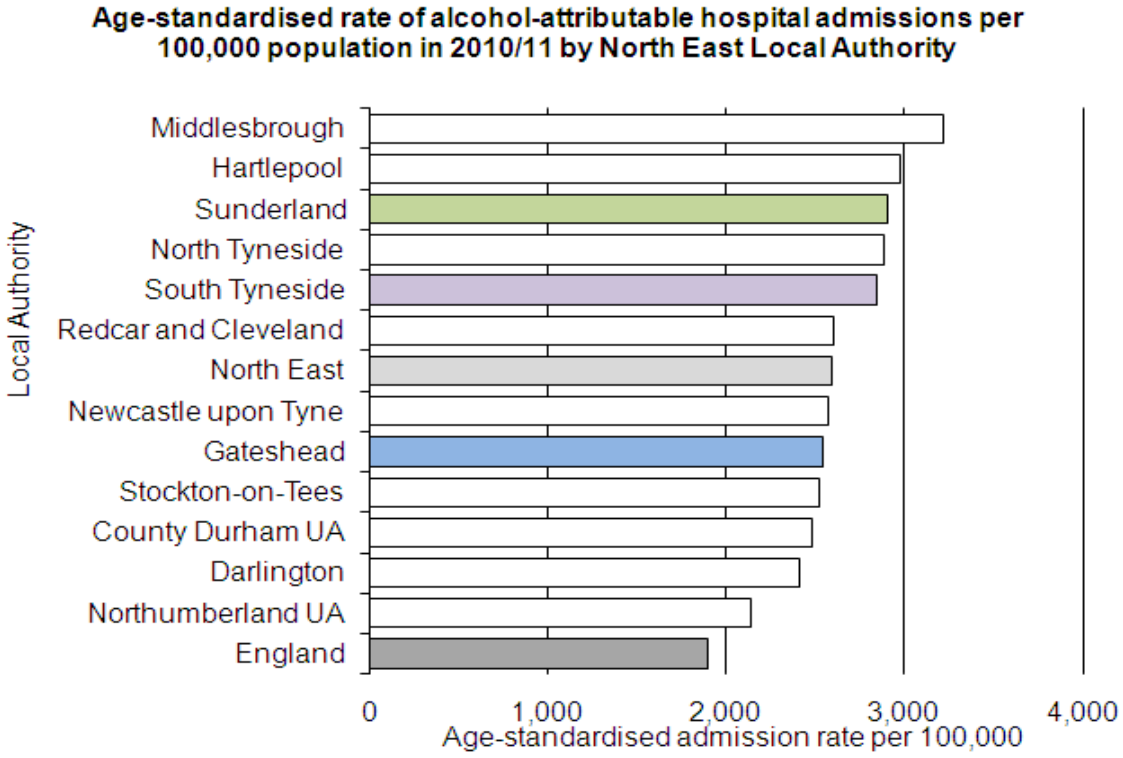
(South Tyneside Joint Strategic Needs Assessment Annex 8.12)

Alcohol Related Harm

The NICE toolkit modelling identifies that in South Tyneside there will be an estimated 41,486 Hazardous and harmful drinkers, 4,738 harmful drinkers, and 3,242 dependant drinkers in South Tyneside

During 2010/11 there were 614 ambulance callouts in South Tyneside where alcohol was identified as being linked to the response. The total for both Drugs and Alcohol was 721 of which 32% (n232) were overdoses

Rates of alcohol-related hospital admissions in South Tyneside are among the highest across all English Local Authority populations.

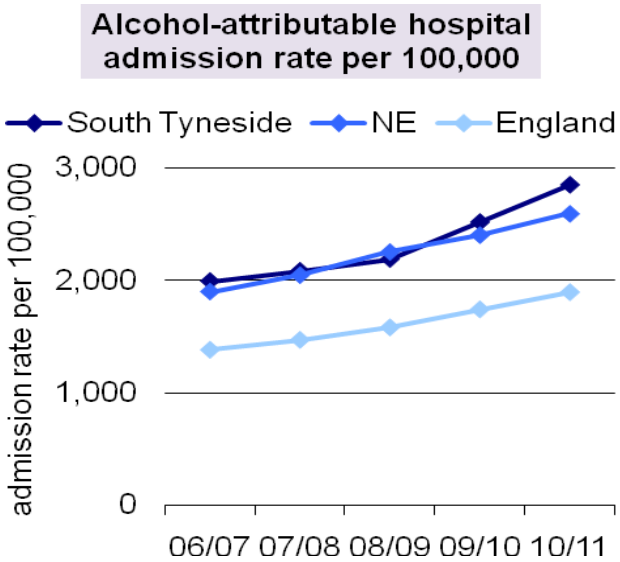


(South Tyneside Joint Strategic Needs Assessment Annex 8.12)

In addition the rate of increase in alcohol related admissions has continued to rise (see table attached) It should be noted that the year on year figures indicates that the rate of increase had slowed with the rate of increase now in line with the national average increase change; however South Tyneside still has significant worse rates per 100,000 populations than the England average.

Rate of alcohol-related admissions per 100,000 population	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
South Tyneside	1444	1527	1605	1895	2001	2080	2185	2518	2,855
North East	1215	1352	1528	1738	1901	2038	2251	2406	2,600
England	926	1023	1145	1291	1389	1473	1582	1743	1,898

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse



(South Tyneside Joint Strategic Needs Assessment Annex 8.12)

Alcohol Related Mortality

Alcohol-specific conditions

While mortality from alcohol-specific conditions in Males in South Tyneside has declined over the past 3 monitoring years the rate is still above the national average (however the current rate is below the regional average)

	(2003-2005)	(2004-2006)	(2005-2007)	(2006-2008)	(2007-2009)	Number of male deaths specifically due to alcohol, all ages (2007-2009)
South Tyneside	20.16	21.36	22.42	20.14	17.75	42
North East	15.60	16.88	17.17	18.24	18.06	727
England	12.13	12.38	12.71	13.12	13.06	10384

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

Deaths from alcohol-specific conditions in Females in South Tyneside has declined over the last monitoring year, the rate is still above the national and regional average.

	(2003-2005)	(2004-2006)	(2005-2007)	(2006-2008)	(2007-2009)	Number of female deaths specifically due to alcohol, all ages (2007-2009)
South Tyneside	9.31	8.43	9.37	11.70	10.08	26
North East	7.90	7.79	8.27	9.06	9.31	395
England	5.47	5.75	5.92	6.12	6.12	5047

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

Alcohol Attributable Mortality

The rate of Alcohol-Attributable mortality rates in males (all ages) for South Tyneside is higher than the national average but much lower than the north east average. The trend in recent years was showing a year on year decrease until 2007 however current reporting is showing a small increase.

	2005	2006	2007	2008	2009	Number of male deaths attributable to alcohol (2009)
South Tyneside	45.54	56.10	50.56	36.34	36.67	32.36
North East	43.92	44.32	42.75	44.44	41.97	607.02
England	37.58	37.43	36.13	37.11	35.86	10288.52

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

The rate of Alcohol-Attributable mortality in females (all ages) for South Tyneside are lower than the national/regional average.

	2005	2006	2007	2008	2009	Number of female deaths attributable to alcohol (2009)
South Tyneside	11.58	22.23	21.86	22.81	14.72	16.99
North East	17.69	17.54	19.02	19.62	17.77	309.72
England	15.32	15.52	15.18	15.28	14.87	5111.37

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

Chronic Liver Disease

The rate of deaths from chronic liver disease in males from South Tyneside remains above the National average and just below the regional average.

	DSR per 100000 population (2007-2009)	Number of male deaths, all ages, from chronic liver disease (2007-2009)
South Tyneside	18.30	45
North East	18.77	777
England	13.82	11198

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

The rate of deaths from chronic liver disease in females from South Tyneside remains above the National average but below the regional average.

	DSR per 100000 population (2007-2009)	Number of female deaths, all ages, from chronic liver disease, (2007-2009)
South Tyneside	8.09	24
North East	10.06	466
England	7.15	6429

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

5.1.5 The Local Picture – Alcohol and young people

Alcohol-specific hospital admissions for people under 18 in the last three years in South Tyneside stood at 102.5 per 100,000 of the population, with the regional average being 107.7. Alcohol-attributable hospital admissions for females in the area were also lower than average, at 1029.9 per 100,000, whereas male admissions were up on average at 1966.3 per 100,000

	2003/04-2005/06	2004/05-2006/07	2005/06-2007/08	2006/07-2008/09	2007/08-2009/10	Number of under 18s admitted for

						alcohol specific causes (2007/08-2009/10)
South Tyneside	118.86	113.38	98.71	93.75	102.53	95
North East	103.73	113.43	117.58	111.43	107.72	1709
England	65.94	69.62	71.34	66.41	61.81	20404

Source: JSNA Support Pack for Strategic Partners, The data for alcohol (2012) National Treatment Agency for Substance Misuse

Surveys of secondary school pupils in England aged 11–15 years have shown 20% of boys and girls reported being drunk within the previous four weeks. This increased with age with 11% of 11–12 year olds and 61% of 15 year olds reporting being drunk. Girls were slightly more likely than boys to have been drunk on three or more occasions in the last two weeks leading up to the survey.

Youth culture, through music, fashion and the media, often links alcohol with 'having a good time'. Consumption of alcohol has increased and attitudes to alcohol have changed. Drunkenness is not only increasingly tolerated but for some, has become a desired effect.

The alcohol industry continues to find ways of promoting alcohol as a glamorous, exciting product to the youth market despite codes of practice prohibiting its association with social or sexual success, and it frequently sponsors events that will appeal to young people, such as sports and live music. It is also worth recognising that indirect and 'viral' marketing (through product placement e.g. in films and television programmes) and via the internet, is widespread and unregulated.

5.1.6 Access to Alcohol

The number of off-licenses has doubled since the 1950s [9]and supermarkets continue have cheap promotional offers for alcohol, even selling it at below cost price to attract customers. Sales from supermarkets and off-licenses now account for almost half of the alcohol sold in the UK.[10] Alcohol consumption by unit has increased, with alcohol being 44% more affordable than it was in 1980 driven by of licence sales especially in Supermarkets.[11]

5.1.7 Crime and Disorder

Personnel in criminal justice agencies and emergency services are confronted daily with the results of alcohol-related crime, particularly violent crime. The many victims of this type of crime include those involved in street fights, victims of muggings, domestic violence and sexual assault. The severity of alcohol related crime can vary widely from relatively low level offences such as rowdy drunkenness to violent assault, (many of these domestic violence). At the lower end of the scale alcohol-related disorder is intimidating but more serious forms of alcohol related violence have long-term effects on people's lives and often the wider family. In addition, whole communities suffer as a result of rising fear of alcohol-fuelled disorder.

[9] Home Office (on behalf of the Department of Culture, Media and Sport). 2002. Statistical bulletin: liquor licensing. London:Home Office.
[10] Euromonitor. 2007. Alcoholic drinks in the United kingdom. http://www.euromonitor.com/Alcoholic_Drinks_in_the_United_Kingdom
[11] BALANCE, 2012, The cost of Alcohol in South Tyneside at http://www.balancenortheast.co.uk

Victims of alcohol related violent crime are most likely to be between the ages of 15 and 45 falling into three main crime categories

- Actual Bodily Harm – 38%
- Criminal Damage – 19%
- Assault Without Injury – 11.8%

They are marginally more likely to be female, although this could be attributed to the fact that 57% of the alcohol related violent crime was identified as Domestic violence and women account for approximately 80% of victims of Domestic Violence in South Tyneside. They are likely to be resident in areas which are recognised as having high levels of deprivation and most likely to be a victim of violence at weekends.

51% of offences took place in the home, 32% in the street, 4.5% in licensed premises and 1.1% were identified as the Metro. 48% of the offences took place on Saturday or Sunday and 27% on Monday or Friday. The other 25% were fairly evenly split between the other three days.

The neighbourhoods in South Tyneside which have the highest rate of alcohol related violent crime are: South Shields Town Centre, Woodbine Estate and Mile End Road, all of which are neighbourhoods affected by the Town Centre night time economy. The ten with the next highest rates are as follows: Laygate, Boldon Colliery New Town, Chichester, The Nook, Rekendyke, Tyne Dock, The Bents and the Scotch Estate.

It is worth noting that 13 of the fires handled by the Tyne & Wear Fire and Rescue Service during the study period were identified as having alcohol as a factor

Records show that 688 victims of assault presented at A & E between July 2011 and June 2012. 32% of these were female and the most common age range is between 17 and 25 years of age. 284 of the victims had been drinking, 59 not drinking (However 345 presentation had no alcohol status recorded.

During 2010/11 the rate of record crime attributable to alcohol was lower than the national and regional rate following the trend in less alcohol attributable crime. This is in keeping with a reducing trend in crime where alcohol is recorded

	2006/07	2007/08	2008/09	2009/10	20010/11	Number of all recorded crime attributable to alcohol (2010/11)
South Tyneside	8.69	7.29	6.32	5.39	4.41	671.61
North East	9.40	7.98	7.20	6.21	5.69	14706.88
England	10.10	9.14	8.54	8.01	7.58	392786.79

During 2010/11 the rate of recorded violent crime attributable to alcohol was lower than the national and regional rates, and the trends continue to show steady decline.

	2006/07	2007/08	2008/09	2009/10	20010/11	Number of all violent crimes attributable to alcohol (2010/2011)
South Tyneside	6.66	5.62	4.94	4.28	3.56	543.16
North East	6.99	5.94	5.36	4.70	4.37	11291.29
England	7.11	6.48	6.04	5.79	5.46	283108.09

During 2010/11 the rates for sexual crimes attributable to alcohol was lower than the national and similar to the regional rate.

	2006/07	2007/08	2008/09	2009/10	20010/11	Number of all sexual crimes attributable to alcohol 2010/11
South Tyneside	0.10	0.07	0.11	0.10	0.11	16.64
North East	0.13	0.11	0.10	0.11	0.11	276.77
England	0.14	0.13	0.12	0.13	0.13	6732.44

Cost of Alcohol related crime

The North East Public Health Observatory estimated that the overall cost of alcohol misuse in the North East region could be as much as £100,000,000 per year. Recent NHS publications also state that it is estimated that for every £1 spent on alcohol related treatment and care, £5 can be realised in cost savings across the NHS and other public services.

5.1.8 Alcohol Treatment Services

NICE Public Health Guidance 24 on preventing harmful drinking recommends that Commissioners should ensure one in seven dependant drinkers can get treatment locally, in line with 'Signs for Improvement' (15% of people with alcohol dependence receiving specialist treatment each year). South Tyneside currently has 19% in treatment with a projected 25% in the coming year. National Alcohol Monitoring System (NATAS) shows that around 25% of clients are categorized as being in dual diagnosis – that is a degree of mental health issues and alcohol problems. The national figure is 18%, indicating that clients in South Tyneside are displaying increasingly complex needs.

.The data below shows the number of adults in contact with alcohol treatment in the last year. It identifies how many have been to residential rehab during their latest period of treatment; average treatment duration and waiting times. Also shown is the severity of drinking reported by adults in contact with alcohol system (by alcohol units drunk in the month before starting treatment); how many adults complete their treatment free of dependency and the proportion of your drug treatment population who also require alcohol treatment.

				Local			National	
The number of adults with alcohol treatment 2010-11				619			-	
	0	1-199	200-399	400-599	600-799	800-900	1000+	Missing
Units consumed in 28 days prior to entering treatment	27	78	76	76	68	75	217	2
Proportion of new presentations	4%	13%	12%	12%	11%	12%	35%	0%
National proportions for comparison	9%	16%	17%	18%	11%	9%	14%	5%

Services in place to treat alcohol related issues

Turning Point offers access to treatment for all offenders where substance misuse is an issue. The main aim of the Programme is to reduce offending by offering effective drug and alcohol treatment. The majority of the referrals are generated via police custody and relate to Class A drug use and alcohol use where the offender is on the Integrated Offender Management 'high crime causer' list owned by the Police.
Other treatment services

The Starr Project builds on existing strong partnership working/approach between key agencies represented on the Reducing Reoffending Strategic Management Group. This includes Police, Probation, Fire Service, Youth Offending Service, Housing and Jobcentre Plus who have developed a clear strategic vision for IOM in South Tyneside under the governance of the Community Safety Partnership.

Partner agencies, statutory and non-statutory, are fully committed and signed up to delivering IOM and a multi-agency IOM core team has been established to manage high crime causing offenders within the borough.

The Huntercombe Centre in Sunderland is commissioned for the provision of inpatient detoxification and rehabilitation programmes on an individual, needs led basis.

Oaktrees is also commissioned as a non-residential facility in Gateshead, managed by the Cyrenians. Service users in South Tyneside can access programmes on an individual, needs led basis.

MATRIX offers a fluid and flexible approach to addressing the needs of under 18s suffering from drugs or alcohol misuse. It adopts a multi-agency approach looking at all aspects of the individual's health, well-being and social situation to identify solutions.

Street Angels is a project which has recruited 16 - 20 volunteers from the local community who . provide a friendly presence on Ocean Road between 9pm - 3am and defuse situations before these escalate by calming things down and supporting people in difficulty. Volunteers work from a base near the town centre.

Recommendations

The proportion of adults drinking heavily, its impact on hospital admissions and the wider impact of excessive alcohol consumption means that there is a need for a coordinated localised strategic approach to reducing alcohol misuse

Evidence shows that the most effective alcohol policies are those that combine measures addressed at the whole population – in particular increasing price and decreasing availability – as well as targeting groups who are vulnerable or disadvantaged where the risk of harm may be greatest.

A reduction in alcohol consumption at population level across South Tyneside is needed, together with focused programmes aimed at specific risk groups such as young binge-drinkers and older harmful drinkers.

Agencies and organisations working to address issues relating to alcohol need to develop a localised strategic approach to respond to emerging issues relating to alcohol issues including:

- Reducing access to alcohol through the work of Trading Standards Illegal sales to young people actions and through the support for minimum pricing
- Risk and resilience activity with young people undertaken within the Children, Adults and Families group
- Alcohol and Domestics Violence related work
- Anti Social behaviour team's activity
- Alcohol related crime and disorder action by the Police
- Drink Driving enforcement
- Implementing the provisions of the new alcohol Licensing legislation
- Alcohol awareness campaign programme
- Primary Care and the secondary working to reduce alcohol related admissions and presentations
- Reviewing alcohol treatment and support services to provide a coherent, effective and coordinated approach.

5.2 Obesity in South Tyneside

5.2.1 The problem of obesity

Obesity is the second most common preventable cause of death after smoking in Britain today. In 2010/11 10% of South Tyneside children in Reception Year and 22% in Year 6 were obese. Almost two-thirds of the British adult population is overweight or obese, and South Tyneside has even higher levels. Obesity is associated with an increased risk of dying prematurely or developing cardiovascular disease, Type 2 diabetes, hypertension, some cancers and musculo-skeletal problems (DoH 2011)[12].

5.2.2 Factors influencing overweight and obesity

Many factors can play a part in causing overweight and obesity: biology; environment; physical activity; societal influences; individual psychology; food environment; food consumption (www.noo.org.uk).
Some sectors of the population are more at risk of developing obesity or its complications and should be considered as priorities:

- Children: predictors of childhood obesity include
    - parental body mass index (BMI)
    - maternal age, ethnicity, education, and smoking;
    - infant breastfeeding
    - sleeping patterns
    - birth weight and infant weight gain (Dahly & Rudolf 2012)
- Low-income families.
- Certain ethnic groups.
- People with physical disabilities, particularly in terms of mobility, which makes exercise difficult
- People with learning difficulties
- People with severe mental illness
- Older people – increasing age is associated with increasing prevalence of obesity, up to 64 years, and then a decline in prevalence begins

(NOO 2012)

5.2.3 The cost of obesity

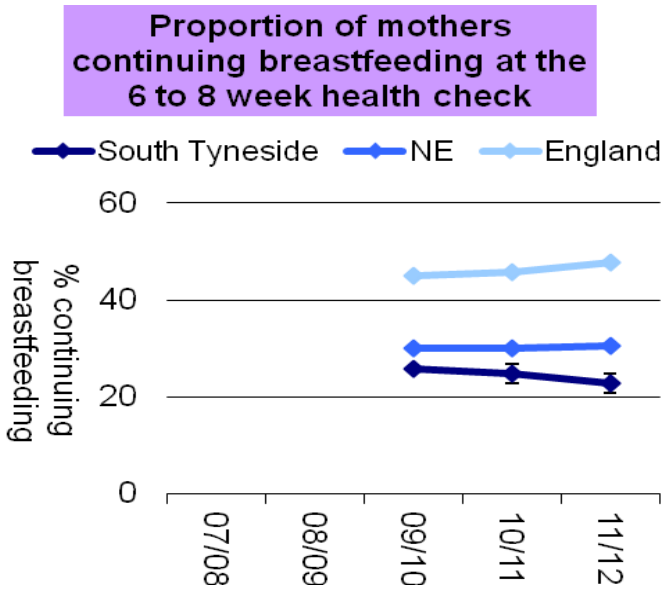
A recent analysis estimates that the cost to the NHS of healthcare attributable to overweight and obesity in the UK is £5.1billion. Obesity affects a person's ability to work and their mental health. It leads to approximately 45,000 years of working life lost, due to premature death. The cost of sickness absence attributable to obesity is estimated at over 15 million days per year. Obese individuals are less likely to be in employment, with estimated welfare costs being between £1 and £6 billion (DoH 2012)

5.2.4 The situation in South Tyneside

Childhood Obesity
Breastfeeding decreases the likelihood of becoming obese and therefore developing type 2 diabetes and other illnesses later in life (DoH 2012). There has been an upward trend in the proportion of mothers initiating breastfeeding in the first 48 hours after birth in South Tyneside, but decreasing at 6 – 8 weeks (Figure 1), and the gap between breastfeeding rates in South Tyneside and England is not closing (JSNA 2012).

[12] References and full report available from catherine.mackereth@sotw.nhs.uk

Figure 1



The National Child Measurement Programme (NCMP) was introduced in 2005 and aims to monitor the prevalence of overweight and obesity in children in Reception Year and Year 6.

Across England there was a constant rise throughout the 1990's and 2000's in the proportion of children who are obese. Between 2007 and 2011 there has been a rising trend in the proportion of children in Year 6 (10 and 11 year olds) in South Tyneside that are obese but the trend among Reception Year children (4 and 5 year olds) has been level. In 2010/11 10% of South Tyneside children in Reception Year and 22% in Year 6 were obese (Figures 2 and 3). The proportion that was obese in Year 6 was significantly higher than the England average of 19%.

Figure 2

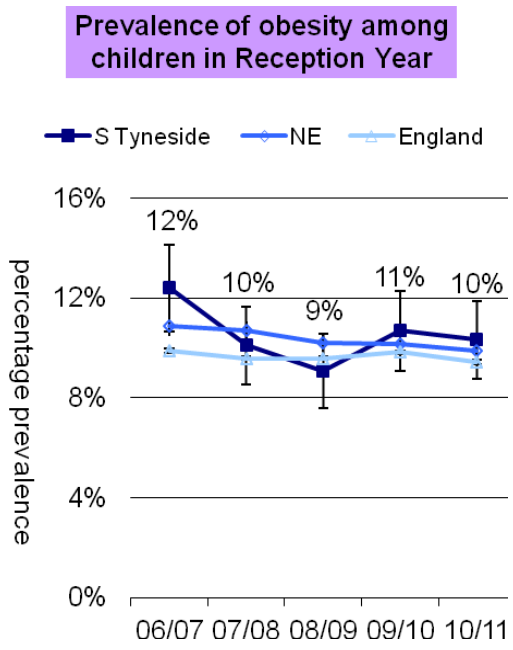
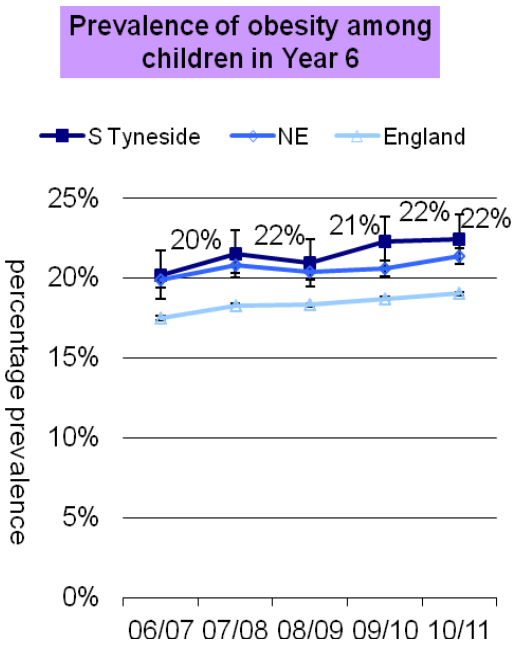


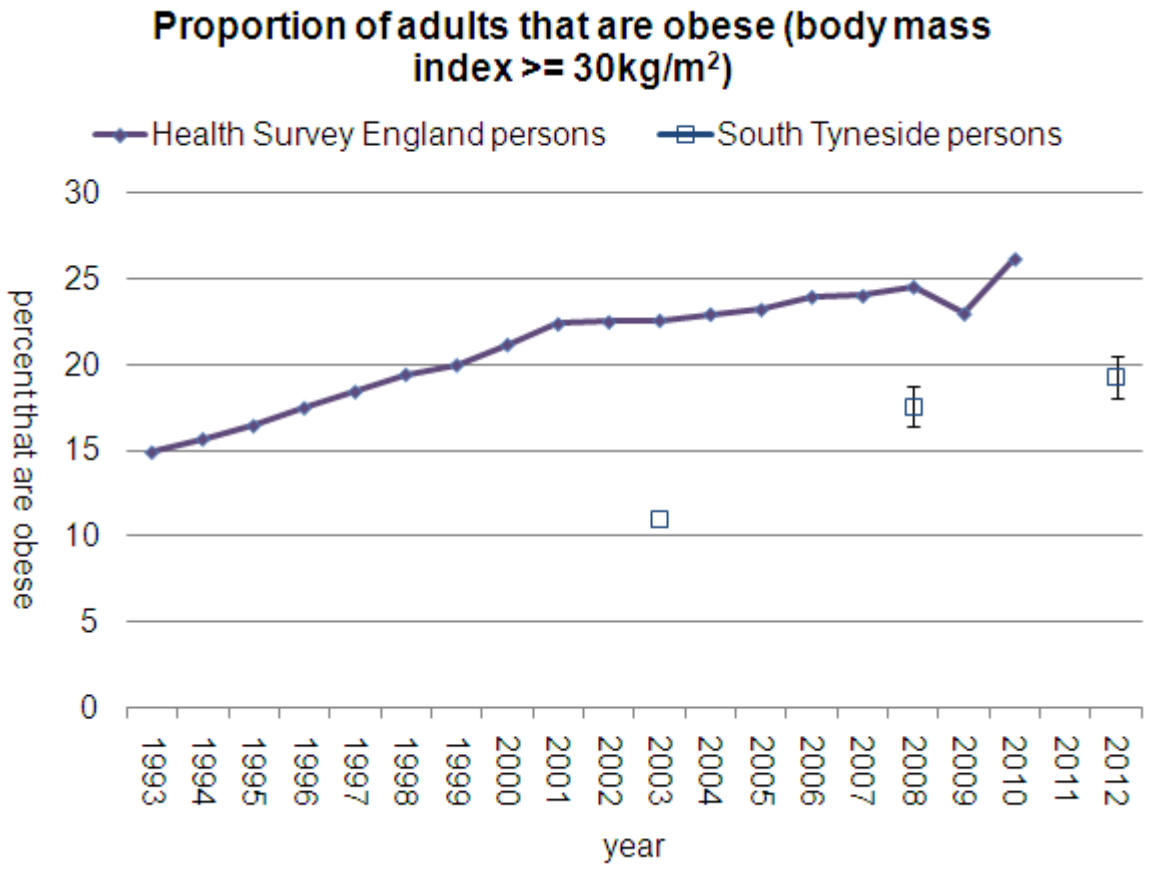
Figure 3



Adult Obesity

The Health Survey England (NatCen 2012) shows an increase in obesity from 1993 to 2010, despite a dip in 2009 (figure 4). NHS South of Tyne and Wear has conducted a Lifestyle Survey in 2008 and in 2012, which provides a picture of the trend of obesity across the area. Respondents were asked to self-report their height and weight via a telephone interview, and can be shown to mirror the increasing national trend, but be well below those figures. However, heights and weights were not measured independently, which probably accounts for the discrepancies, given that South Tyneside is a deprived area, and obesity rates would be anticipated to be higher (NOO 2012).

Figure 4



5.2.5 Stakeholders' views

A range of people's opinions were sought, including:

- Local people: wanted more information, flexible and cheap/free services, community initiatives
- Councillors, through the People Select Committee: supported a shift from treatment services to health promotion/ prevention, focus on a life course approach, particularly geared to children, schools and families, work with regulatory and environmental services to address the wider determinants of obesity.
- Health professionals: GPs reported that patients were positive about services, would prefer a more easily accessible referral route

Services provided from a range of sources were identified against NICE guidelines. It was identified that there are few services to promote healthy eating or reduce obesity available for children and families.

Adult weight management services were reviewed against their contract, in terms of weight loss, cost and other outcomes, according to service. The services included:

- Slimming on Referral (Weight Watchers and Slimming World)
- Community Weight Management and Exercise on Referral
- Specialist Weight Management
- Health Trainers
- Health and Lifestyle Advisors
- Community provision (Obesity and Nutrition Programme, Maternity Lifestyle Programme, Groundwork, Cycletrex.

A health equity audit was completed, which showed that 11% of the obese population access weight management services. Women access services to a much greater extent than men, particularly in mid-adulthood. More people from disadvantaged areas access obesity services, but when compared with need, they access services at a lower rate when compared with those in less deprived areas: there is an inverse relationship between the rate of access and the level of disadvantage. There was a lack of information about most characteristics identified by the Equality Act 2010.

5.2.6 Recommendations and Action Plan

Recommendation	Action
Refocus services through developing an Integrated Wellness Service • Life course approach with focus on children and families • Focus on health promotion rather than treatment • Integrate with other lifestyle services • Develop single point of access/referral • Promote understanding of readiness for change and motivational interviewing as key element of engaging people in services • Physical activity to be commissioned as separate but linked service to obesity services	Planning group to be established in January 2013 to develop new model by June 2013
Provision for children and families • Development of services within Children's Centres • Ensure National Child Measurement Programme follow up is responsive to the needs of families • Continue with MEND for Spring and Summer terms • Engagement of parents with children in cooking sessions as part of child/family health promotion • Support South Tyneside catering service in providing appropriate school meals and promoting uptake • Development of Healthy Schools Scheme and Award	Development day to explore possibilities for new holistic service for children and families: Public Health Dietetics Sport and exercise Psychology Health Visitors, School Nurses Children's Centres Healthy Schools Scheme – re-launch January 2013

Recommendation	Action
Wider determinants Establish a Healthy Eating and Physical Activity Strategy Group to address issues, as identified in NICE guidelines around: • Healthy Travel Plans – cycle and walk routes, maps, safe play areas • Building design – encourage use of stairs • Safer, cleaner streets – traffic calming, pedestrian crossings, cycle routes, lighting and walking schemes • Licensing of fast food outlets • Health Equity Audit of Leisure Services to ensure equity of access	Establish HE&PH Strategy Group as sub-group of Prevention across the Lifecourse. Suggested membership: Public Health Children's Services Business and Area Management Economic Regeneration Planning and Environment (Deborah Lamb) Leisure Services (Richard Jago) ST Catering Service (Elizabeth Luke) Providers e.g. Groundwork, Cycletrex, CVS Plan HEA Training Local Authority staff on HEA
Recommendations from health equity audit • Outcomes beyond 5% weight loss need to be clearly identified and measured • All services should be required to use a standard template for collection of all the nine protected characteristics from all service users and should be included in any revised service level agreements with providers. • Improve access to services and explore alternatives, to ensure equitable provision for underrepresented groups: a. Younger people – including families b. Men c. Older people d. Ethnic groups e. Other vulnerable groups e.g. people with severe mental illnesses f. People in deprived communities	Re-establish Performance Monitoring meetings with Commissioning team, Obesity lead and providers to identify monitoring requirements, including Equality Act 2010, and establish method of data collection. Social Marketing work – specification to be developed in Jan/Feb

5.3 Safeguarding and Looked After Children in South Tyneside

South Tyneside has a resident population of approximately 30,500 children and young people aged 0 to 19, representing 22.0% of the total population of the area. The latest Index of Deprivation (2010) shows that South Tyneside has improved its ranking from 27th most deprived area in the country in 2004 to 52nd in 2010, although our child poverty rate of 27.6% is well above regional and national averages. Around a third of the South Tyneside population (32%) is classified as 'low income families living in estate based social housing' compared to only 6% of the England population overall.

We recognise the crucial interdependency between health, education and employment outcomes. It is clear that a young person's life chances are significantly increased if outcomes are improving in all three areas and impaired by problems and issues in any one of them. For example:

- A good proxy indicator of health outcomes is the rate of achievement at GCSE % A*-C inc English and maths.
- We know from the Department of Work and Pensions and their delivery arm – Job Centre Plus – that young people and adults with mental health issues figure are over-represented in the not in education, employment or training (NEET) and job seeker allowance (JSA) claimant figures.
- In safeguarding, 43% of our children on a child protection plan are assigned to the category of emotional abuse which includes neglect - which in turn is highly correlated with income deprivation in families.

Clearly, there are multiple factors of risk that are associated with progression through the child in need/child protection system and the need to focus on prevention and early help is underlined by the fact that children under-5 are the biggest population on the child protection and looked after children registers. This is further evidenced by the following:

- We receive about 600 contacts every month from a range of agencies and individuals with concerns about a child.
- At any time about 580 children are receiving help through common assessment processes
- At the end of December 2012 there were 166 children subject to Child Protect Plan. This is in line with similar authorities. In most months about 40 children either become subject to a CPP, or their plan is ended.
- 51% of children subject to a CP plan are under the category of neglect
- 43% of children subject to CP plan are under the category of emotional abuse – this is linked to domestic violence.
- In addition to the children subject to a CPP or looked after there will be another 550 where work is ongoing with them and their family.
- In any month about 25 children will be reported missing, some on more than one occasion. Most incidents are for a few hours, but some are for longer periods. This leaves these children open to potential exploitation or harm.
- At the end of December 2012 there were 325 children looked after - a rate of 107 per 10,000. This is significantly higher than in similar authorities.

We are therefore committed to developing, and supporting the development of, whole system, more integrated approaches to improving the lives and life chances of the children, young people and families that we work with. This includes the development of *Think Family* interventions across all tiers and the continuing drive to make safeguarding everybody's business.

Recommendations

At tier 1 and 2 the overarching priorities for safeguarding include:

- Significantly increasing the numbers of trained lead professionals from across all agencies

- Increasing access to children's centre provision for vulnerable families with babies and young children
- Embedding *Think Family* and specifically the High Impact Families approach across all tiers
- Improving behaviour and attendance at school of vulnerable groups
- Reducing the incidence of bullying
- Improving the emotional health and wellbeing of children and young people
- Reducing risk-taking behaviours – smoking, alcohol and substance misuse
- Reducing risk-taking behaviours – sexual health and relationship education
- Reducing 16-18 NEET rates

At Tier 3 and 4 the overarching priorities for safeguarding and LAC include:

- Increasing the capacity of agencies to maintain children and young people safely in their families and communities
- Reducing the incidence of domestic violence impacting on children and young people
- Reducing the risk of child sexual exploitation
- Reducing the rate of LAC offending
- Reducing the incidence of substance misuse by parents and carers
- Increasing the in-borough capacity to cater for children and young people with complex needs

6. Future Issues – Modelling and Forecasting

6.1 Population projections

The Demography section of the Annex Chapter 1 outlines the forecasted population sizes based on the Office for National Statistics detailing the make up of different geographies, different age ranges and the ethnic make up of South Tyneside. These projections are used to enable planning to take place for the provision of service, to meet changes in South Tyneside's demographic make up, recognising changes in the age profile, the ethnic make up and geographic variations.

6.2 Predicting Adults needs and service information (PANSI)

The prevalence of long term health conditions are typically derived from evidence from self reported health status surveys and differ from estimates of prevalence produced as a result of examination of GP records. The PANSI data sets out to predict the potential changes between 2009 and 2020 in prevalence in health conditions of adults aged 18-64
The PANSI data for South Tyneside predicts that the biggest expected change between 2010 and 2020 will be in the number of people 18-64 who have profound hearing loss (6% increase but it should be noted that South Tyneside has a small registered hearing loss community) and a 5% increase in early onset dementia. The modelling data predicts that greatest reductions will be in those who commit suicide and other conditions such as the number of people with Downs Syndrome and serious visual impairment **(Annex 7.1.33)**

6.3 Predicting Older People Population Information System (POPPI)

The Institute of Public Care at Oxford Brookes University has developed a web-based tool that estimates the current and future number of older people (over 65) affected by limiting long-term conditions. The tool is called "Predicting Older People Population Information" (POPPI www.poppi.org.uk). The tool generates estimates of the population affected by a range of conditions.

The POPPI data predicts that the health conditions that will increase the most by 2020 will be profound hearing loss (increase of 16%), Dementia (increase of 14%), COPD (14%), Learning Disabilities (14%). Other anticipated increases are in incontinence, diabetes, stroke and Heart Attacks. The predictions for 2030 for conditions affecting the over 65s predicts over 40% increases in levels of dementia, continence, hearing impairment and stroke. **(Annex 7.1.33)**

6.4 Long term physical conditions

In section 4 there is the reference to the predicted level of prevalence of a number of long term disease both current levels and potential increase in numbers in future years. For some long-term diseases there are disparities between prevalence estimates from large surveys, particularly the Health Survey for England, and the number of service users diagnosed with these diseases registered within the Quality and Outcomes Framework (QOF) programme. This has prompted the development of models which estimate true prevalence of six key long-term conditions; coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), stroke, hypertension, diabetes and chronic kidney disease (CKD) **(Annex 6.3.5)**

The Eastern Region Public Health Observatory (ERPHO) has estimated the prevalence of these disease among people ages 16 and over for the populations of all English Primary Care Trusts and Local Authorities using a model developed at the Department of Primary Care and Social Medicine, Imperial College, London. The model was developed using data from the 2001 Health Survey for England.

The model takes into account age, sex, ethnicity, smoking status, rurality and deprivation score. PCT population data for 2006 by age (quinary age band), sex and ethnic group were provided by ONS. Smoking prevalence is taken from the model-based estimates of healthy lifestyle behaviours based on Health Survey for England data from 2003 to 2005, published by the Information Centre. PCTs are categorised as urban, suburban or rural based on a combination of the percentage of the population living in rural areas and the DEFRA classification as applied to PCTs by NEPHO. Deprivation scores are from the Indices of Multiple Deprivation 2004.

ONS 2006-based population projections were input into the model to create projections of the prevalence to 2020. The 2006 ethnic distribution is used for the 2006 – 2009 projections. The distribution of ethnic groups within the population is lagged by 5, 10 and 15 years for the 2010, 2015 and 2020 projections respectively. So, for example, in 2015 the ethnic distribution in the age group 40-44 is calculated using the ethnic proportions from the 30-34 age group in 2006.

By estimating prevalence for GP Practice populations and comparing this with actual Practice prevalence published within QOF, it is possible to identify those communities where the gap between actual and expected prevalence is widest. This helps to focus case finding work.

7. Recommendations

Best Start in Life

- Early years education, childcare and development needs should be focused proportionately across the social gradient
- 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 systems approach across all partner organisations to deliver the change needed
- There is a need for an integrated approach to the early identification of risk
- Embed a Risk and Resilience model approach across all young people services to address alcohol, drugs, sexual health, smoking and emotional health and well being needs of children and young people
- 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
- Continued active support for the adoption of the plain packaging for tobacco products during the Department of Health consultation

Increased Life Expectancy with reduced difference between communities

- Commissioned services that impact most effectively on life expectancy, need to be focused proportionately across the social gradient
- 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
- There is a need to develop culturally appropriate services to increase people's from South Tyneside's BME community's awareness of Cancer and coronary risk factors and to support to live a healthier lifestyle
- Continue to improve the uptake of NHS Health Check to identify those with cardio vascular disease,
- 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 life course approach and a greater focus on children and families.
- 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 reach into key target groups
- Increase the number of people successfully leaving the drug treatment programme having overcome dependency
- Develop a localised alcohol strategy to inform commissioning and local action on limiting access to alcohol and minimum unit pricing and focusing on preventing the wider impact of excessive alcohol consumption.
- Increase the use of the Wellbeing tool, across all commissioned services to measure the impact of interventions on well being
- All commissioned services need to identify the extent to which there is access to services by key groups and review their delivery accordingly
- Determine how many private dwellings, particularly in the private rented sector, meet the decent homes standard via a House Conditions survey
- Maintain investment in warm homes initiatives aimed at vulnerable people

- There needs to be better integration in the commissioning of coherent integrated services to address the needs of victims of Domestic Violence

Better employment prospects for young people

- Expand policies that are focused on increasing levels of youth unemployment
- Increase advanced level training skills
- Encourage growth in medium sized enterprises
- The Health and Wellbeing Board member organisations need to be lead employer for "employment pathways" interventions
- There needs to be work to better identify and refer NEETs on to appropriate program

Better mental health & emotional wellbeing for older people

- Tackling 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
- Identify older people at risk, particularly as a result of social isolation and commission interventions to reduce those risks including volunteering and community mentoring
- Long term planning to meet future housing needs, should reflect the anticipated change in demands resulting from an older population
- Develop the actions identified in the Dementia strategy including early diagnose and secondary prevention
- Provide sufficient and appropriate opportunities for older people to begin and maintain physical activity
- Improve Falls prevention promotion including greater identification of those at risk of a fall

Better quality, integration & efficiency of services

- Improve community pathways for high users of hospital services
- Provide local and accessible services, and more inter-agency working to ensure cohesive integrated delivery which includes risk identification, self care and reablement
- Analyse admissions and readmissions data to understand how urgent care services can be streamlined and to develop seamless planned care services across organisations
- Review the current delivery of diabetic screening, and diabetic testing and consider the commissioning of an integrated coordinated service
- Review the current provision for carers to consider short break care support, emergency service provision, particularly for dementia care, improved advocacy services for carers and flexible long term support as an alternative to residential care as well as information about access to services and assessment/eligibility

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8. Next Steps

Influencing the South Tyneside Joint Health and Wellbeing Strategy

The Health and Social Care Act 2012 highlights the importance to local partnerships of a JSNA as a starting point for the development of a local Joint Health and Wellbeing Strategy (JHWS) as well as assisting in local commissioning decisions and service development. A number of recommendations have been made throughout the document which will support the improvement process and the information captured in the JSNA will influence the refresh of the Joint Health and Well Being Strategy in 2013

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

A number of more detailed Health Needs Assessments need to be undertaken in the future to fully understand in detail the health issues relating to the:

- Health of young men
- Cancer mortality
- CVD related mortality
- Alcohol and associated liver disease
- Armed service veterans living in South Tyneside

Health Impact assessment

Programme and policies such as regeneration initiatives planned for South Tyneside and the implementation of the proposed Welfare Reforms, which will have an significant impact on the health of the population, will benefit from Health Impact Assessment to 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. The use of this tool will helpfully inform and influence decision making and should become part of South Tyneside's planning process,

Health Equity Audit

The commitment of the Shadow Health and Wellbeing Board to improve population health and reduce health inequalities means that there is a need to be able to demonstrate that the services that are commissioned or delivered by partners reach those population groups that are most in need of those services. 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 will build on current HEA which have been undertaken to look at Stop Smoking Service delivery and the provision of Weight Management Services