Executive Summary

This is the second Joint Strategic Needs Assessment (JSNA) for South Tyneside. The purpose of producing this JSNA is to agree the priorities for the Borough so ensuring that we target interventions and services effectively to improve the lives of local people. In particular we are aiming to:

- 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;
- get all partners to work 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 JSNA process in South Tyneside

The JSNA has been structured around key population groups and themed sub-sections to understand local needs. There is considerable data in the JSNA but the full, and most up-to-date, data can be accessed via the South Tyneside Council information website https://sim.southtyneside.info. In addition, further analysis and benchmarking has been carried out to allow comparison of South Tyneside with other areas. To further analyse and understand neighbourhoods within the Borough small area analyses have been undertaken. The aim has been to increase access and broaden understanding of health inequalities and health needs.

A JSNA Executive Group was established to carry out prioritisation in relation to investment/disinvestment and heath and social care 'Must Shifts'. This prioritisation process has been closely linked with the Local Authority and PCT annual planning and resource allocation processes. A JSNA Working Group meets monthly to monitor JSNA developments and incorporate new data onto the website.

What the JSNA is telling us

- Residents in South Tyneside are generally happy living in their local areas and get on well with their neighbours;
- 78% of local people are satisfied with their area - up from 73% in 2006;
- 70% of people reported their health as good, similar to the average for Tyne and Wear, but below the national average of 76%; only 7% of respondents reported their health as bad or very bad. Good health is more likely to be reported amongst those aged 18 – 34, in full time work and not in social rented accommodation.

People living in the most **deprived areas** have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health and to lack resources to avoid their

effects. Income, poverty and employment are considered to be the best indicators of deprivation for health inequalities[1].

In 2007, the estimated total population of South Tyneside was 151,000 with 23.8% of the population aged 19 years or under.[2] There are 25,100 **children** aged 1-15 years of which 52% are in low income families compared with 49% across the North East and 42% across England. This means that 13,000 children in South Tyneside are living in low income families. Half of these children live in families receiving workless benefits and half live in families receiving tax credits. However, there has been a 23% reduction in the proportion of children living in **families dependent on income support** in South Tyneside – this compares to 20% reduction for the North East and a 15% reduction for England. This indicates that the inequality gap between South Tyneside and England has narrowed in recent years.

Nevertheless, it is estimated that almost 20% of children in South Tyneside live in areas classed among the most deprived 20% in the country and in some areas as many as 65% of children live in income deprived families.[3]

Unemployment is known to be a potential risk factor for ill health and South Tyneside is significantly higher than the national average with 6.9% of the working age population claiming Job Seekers Allowance compared to a national average of 4% (November 2009). Between 2004 and 2008 the employment rate in South Tyneside has risen by 2 percentage points. During this time the gap in employment rate between South Tyneside and England reduced from 7% to 5%.

In relation to **housing, fuel poverty and excess winter deaths**, there is currently no data to show where the decent and non decent homes are situated in South Tyneside but in May 2009, 50% of homes did not meet the Decent Homes standard. Overcrowding can contribute to ill health and there are areas in the Borough where households can be defined as being overcrowded. The number of households considered homeless has reduced by over 60%; from 597 in 2003-4 to 213 in 2007-2008 This translates as a rate per 1,000 of 3.2 compared with 6.4 in North Tyneside. Of the 12 councils in the North East South Tyneside is ranked 5th which is just above average.

In 2007 it was estimated that 50% of all older people and 20% of families with children in South Tyneside were living in **fuel poverty**. One of the impacts of a poorly heated home is cold related deaths. People in poorly heated homes are more vulnerable to death from heart attacks and stroke. People in local authority or housing association dwellings are especially likely to have low indoor temperatures if their heating costs are high. In 2006 provisional data shows that there were 117 excess winter deaths in South Tyneside, which is significantly higher than Gateshead, Sunderland, the North East and England.

The level of **crime and fear of crime** have a significant impact on people's quality of life and there are many links between crime and health. In South Tyneside between 2003-4 and 2007-8 there was a 29% reduction in total recorded crime. From April

[1] Long-term monitoring of health inequalities: Headline indicators. The Scottish Government September 2009
[2] ONS mid-year 2007
[3] IMD 2007

2008 to March 2009 South Tyneside showed an 11% decrease in total recorded crime compared to the previous year. This is almost double the improvement of the next best performing Local Authority, North Tyneside (6%). Drug and alcohol are key factors in many crimes.

The gap between **life expectancy** in South Tyneside and nationally is increasing and continues to be greater for men than women. The mortality rate due to all causes (age standardised) is falling although in 2005-7 it was higher (692 per 100,000 population) compared to the North East (671) and England (595). Premature mortality under the age of 75 years due to **circulatory diseases** has seen a reduction of 40% between 1995-7 and 2005-7 from a rate of 167.3 per 100,000 per population to 100.3. The rate reduction for England was even greater (44%) resulting in an increasing gap between local and national figures. Premature mortality due to all **cancers** decreased between 2005-7 from 178.7 per 100,000 to 145.1 and the inequality gap between these figures and those of England has reduced. In 2004-6, there were around 500 deaths each year due to cancer, which represents 28.9% of all deaths and is higher than England (26.7%). During this time in South Tyneside, 27.7% of cancer deaths were caused by lung cancer, followed by 10.5% due to colorectal cancer.

Falls in older people is a particular issue in South Tyneside as the hospital admission rate for falls in 2006/7 was significantly higher than England (2,302 compared to 1,920 per 100,000). South Tyneside also has a higher rate of hospital admission for hip fractures at 98.3 per 100,000 population compared with England at 77.7.

Pregnancy and the first years of life are very important for future health and wellbeing. Factors which are key to giving a child the best start in life include a healthy pregnancy, a healthy birth weight and breastfeeding for the first six months. **Smoking in pregnancy** has a particular impact on low birth weight of babies and is also a major issue for South Tyneside. The prevalence of smoking in pregnancy is considerably higher than the national average with an estimated prevalence of 28% in South Tyneside compared to a national average of 17%. With regard to achieving **immunisation** coverage, South Tyneside ranks amongst the best regionally and nationally although there remains some variation between practices and geographical areas in the Borough.

Childhood obesity: In 2008/09, 9.1% of children starting school were obese, rising to 21.0% of children in Year 6. Although the percentage of reception children were lower than the North East and England, at year 6 South Tyneside was higher.

Before 2007, **teenage conceptions** rates had seen a significant reduction from 1998. However, in 2006 the rate increased from 40.5 per 1000 young women aged 15-17 years to 55.7 in 2007. While this demonstrates a significant increase, similar increases were seen regionally and nationally and South Tyneside was the best performing area in the region.

What we need to do to achieve the best outcomes

Health inequalities refer to the avoidable and unjust gap in health outcomes between those at the top and bottom ends of the social scale. Health inequalities are unacceptable; they start early in life and persist not only into older age but into

subsequent generations. Tackling health inequalities is our top priority and we need concerted effort around narrowing the health gap between disadvantaged groups, communities and geographical areas within South Tyneside as well as with the rest of England.

In the JSNA there are a wide range of recommendations about how we achieve the best outcomes for the people of South Tyneside. There are a number of specific interventions that are most likely to contribute to closing the life expectancy gap and reduce health inequalities. Outlined below are the actions for South Tyneside that will have the largest impact on reducing health inequalities. A full list of recommendations can be found in the full JSNA.

Action
Wider Determinants of Health
Increase affordable and social housing
Increase the proportion of homes that meet the Decent Homes Standard
Address fuel poverty by expanding initiatives for disadvantaged groups to maintain a warm home at an affordable cost
Ensure that working age people who face disadvantage are supported to develop relevant skills for employment
Support short and long term unemployed people back into work
Develop integrated transport that promotes health and well being and reduces local car travel
Implement the requirements of the Equality Bill
Early Life
Increase breastfeeding in lower socio-economic groups
Reduce tooth decay in the under 5s
Reduce the numbers of women smoking in pregnancy
Reduce childhood obesity through targeted initiatives in schools
Reduce conceptions for those under 18 years of age
Target Chlamydia screening for under 25s who are at a high risk or vulnerable
Improve mental and emotional health, including support, for children and young people
Improve support to families and looked after children and young people
Narrow the gap in attainment levels, especially in marginalised groups
Increase the number of children from disadvantaged areas in early years education
Improve support for disabled children
Address anti-social behaviour and reduce alcohol use in under 18 year olds
Increase number of 16-18 year olds in education, employment and training
Reduce child poverty levels
Working Age and Later Life
Strengthen safeguarding adults arrangements
Reduce adult obesity particularly in disadvantaged areas
Reduce alcohol consumption and alcohol related injury

Reduce the numbers of people who smoke, particularly from routine and manual workers
Reduce the number of people dying early due to cancer
Reduce the number of excess winter deaths
Reduce the number of falls in older people
Reduce the number of repeat incidents of domestic violence
Reduce the prevalence of depression
Identify people at high risk of CVD and Diabetes
Diagnose dementia earlier and provide secondary prevention including memory clinics
Vulnerability
Reduce the number of households living in temporary accommodation
Reduce the fear of crime for older people and those experiencing vulnerability
Ensure local housing and support meets local need, especially older people
Support for older people with learning disabilities
Increase and promote self directed support and support for carers, including clear information and advice
Promote independent living and provide clear information and advice
Engage with new BME Communities including a Health Needs Assessment
Develop further ways of engaging with communities
Expand opportunities for local people to influence decisions in their local area
Support opportunities for regular volunteering
Strengthen commissioning arrangements with the third sector