Foreword

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

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

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	

- 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

- 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.

- 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?

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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

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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 anticipate1.1y in 3n231ase in0ocir00787jving in estate based soc

- 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 -J8 as a3(and)12(t)-

- 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

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 ford( )trong focfer ts ford( )trong iiear i to

- 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[Loc]-

- 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 fr

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

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,nS(()-6(5i6-13(Fa)1d(10/()-61 Tw 5.10(d(10/()r)-6(ov)9(i)3(s)-2(i)3(on)]TJ0r)-6(ent)-7(

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 r

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 r tout2(o

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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)

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.

    - 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

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]

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
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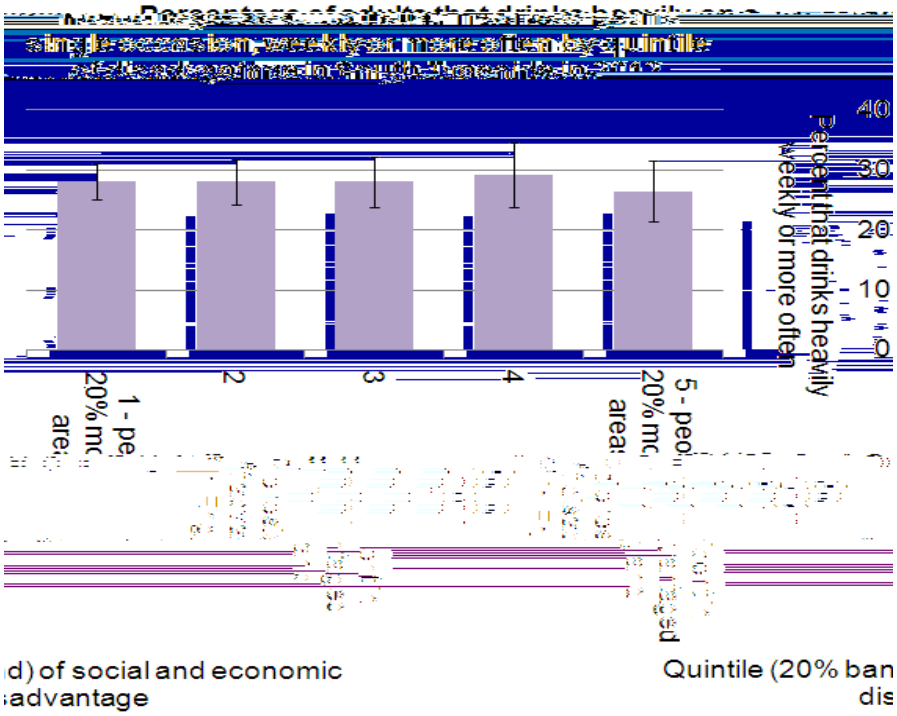
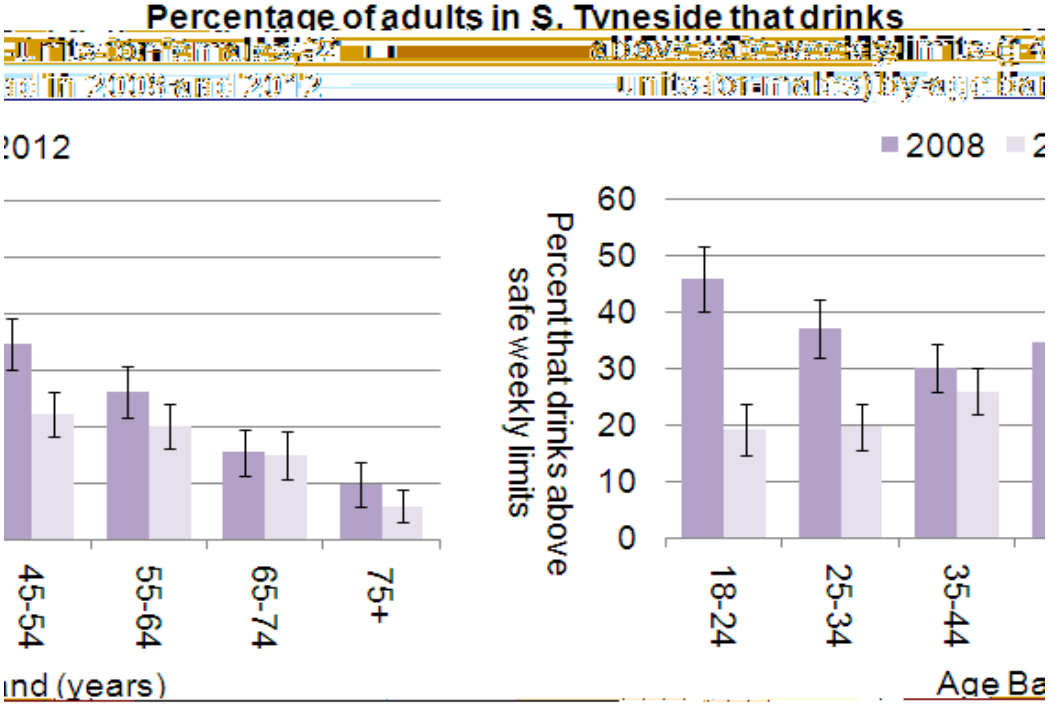


(South Tyneside Joint Strategic Needs Assessment Annex 8.12)

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

Rate of alcohol-related admissions per 100,000 population	2002/03	2003/04	2004/05

	(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						

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

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.

						Number of all violent crimes attributable to
2006/07	2007/08	2008/09	2009/10	20010/11		

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

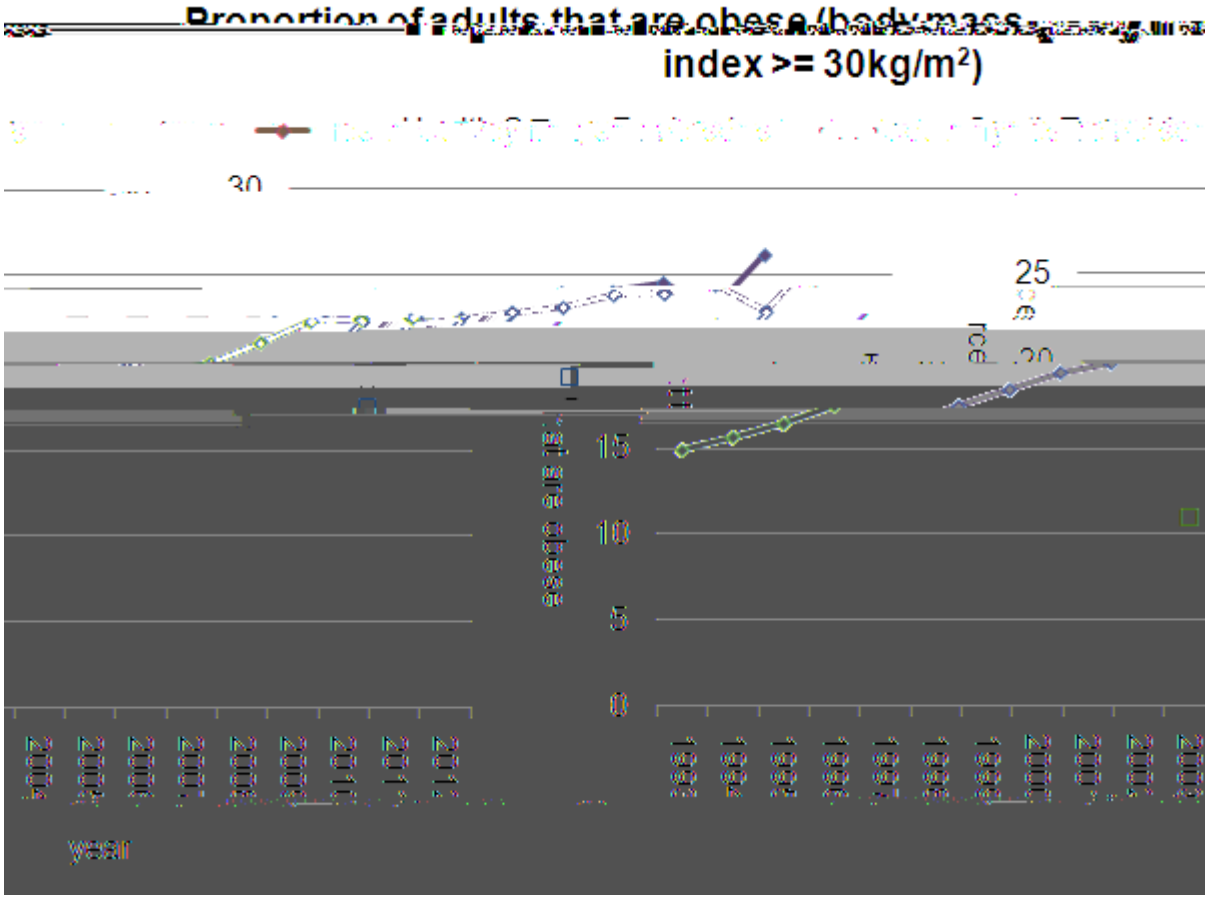
Obesity is the second most common preventable cause of death after smoking in Britain today. In 2010/11 10% of South Tyneside children in Reception Year and 22% in Year 6 were obese. Almost two-

Figure 1

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.

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.

- 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

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 DEFRA [2]. Deprivation scores are from the Indices of Multiple Deprivation 2004.

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