



# **Gateshead**

## **Joint Strategic Needs Assessment**

**2012/13 update to JSNA 2011**

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## Introduction

There is a requirement for Joint Strategic Needs Assessment (JSNA) to be produced every three years. Gateshead has been producing one every year, updating and refining the information in it to present up-to-date pictures of the state of its residents' health and well-being and related health/social services. The information is used to allow key issues to be identified so that plans can be put into place to improve health and well-being.

In 2012, there have been changes to the way Gateshead prepares its JSNA. It is becoming part of a wider needs assessment, a [Strategic Needs Assessment \(SNA\)](#) that covers all of the council's activities – not just health and social care but also activities such as economic planning. Because of these changes, the JSNA itself is not undergoing thorough updating this year. Instead, this brief paper summarises the headlines for various health and social indicators (with links to fuller datasets, which have all been updated). Additionally, it includes a range of examples of relevant local policies or strategies that have recently been developed or updated. For examples of how the JSNA has led to improvements in health and social services, a separate document has been prepared, a set of case studies showing actions and outcomes resulting from the JSNA. [Link to the case studies](#)

## Update: Population Characteristics in Gateshead in 2012

Care and health needs vary greatly between population groups. Families with young children and older people are more frequent users of healthcare services than other groups. For people with long-term conditions, disabilities or enduring mental health problems, the provision of safe and effective social and health care improves both the quality and length of life.

### Population trends

- The population of Gateshead (around 200,000) is projected to increase by 5% over the next 20 years, a slower rate of increase than the England average.
- The number of older people 85 years and over (the group with the greatest care needs) is projected to nearly double over the same period, rising from 3,900 to 7,500.
- The number of older people (65 years and over) is projected to rise from 34,000 in 2009 to 45,000 in 2030 – an increase of one third.
- The number of people of working age is forecast to remain constant over the next 20 years. These people will be taking on increasing caring responsibilities.

### Births

- The number of births in Gateshead each year rose from 2,000 to 2,400 between 2001 and 2010, a 20% rise.
- Estimates suggest that the number of births each year will remain constant over the next 20 years at a level of 2,300 births each year.

### Looked after children

- The number and rate of looked after children in Gateshead has risen sharply, by over 20% (from 300 to 365), between 2010 and 2011. There had been a slow upward trend in the number between 2004 and 2009.
- The rate of looked after children per 10,000 people under 18 years in Gateshead is significantly higher than the England and North East average rates.

### Migrants

- Best current estimates suggest that around 1,000 people each year register with a GP in Gateshead that are from outside the UK – evidence suggests that this population experience issues such as poor housing, unemployment and abuse and discrimination, all of which have a direct bearing on health and wellbeing.

### Black and minority ethnic (BME) population

- Estimates suggest that the BME population in Gateshead increased significantly from 3,200 in 2001 to 9,000 in 2009, and the total non white British population increased from 6,000 to 14,000. (N.B. 2011 Census data has been published since this JSNA update was compiled, which estimates that the increase in the BME and non white British population is less substantial than indicated above. [Link to Census information](#))
- People from BME groups comprise 4.7% of the total population of Gateshead, compared to 12.5% across England as a whole.
- People from non white British groups comprise 7% of the total population of Gateshead, compared to 17% across England as a whole.
- The largest broad groups in Gateshead are 4,500 who classify themselves as White non-British and 3,600 people who are Asian or Asian British, with the highest concentrations in the Bridges, Saltwell and Felling wards in Central and East Gateshead.

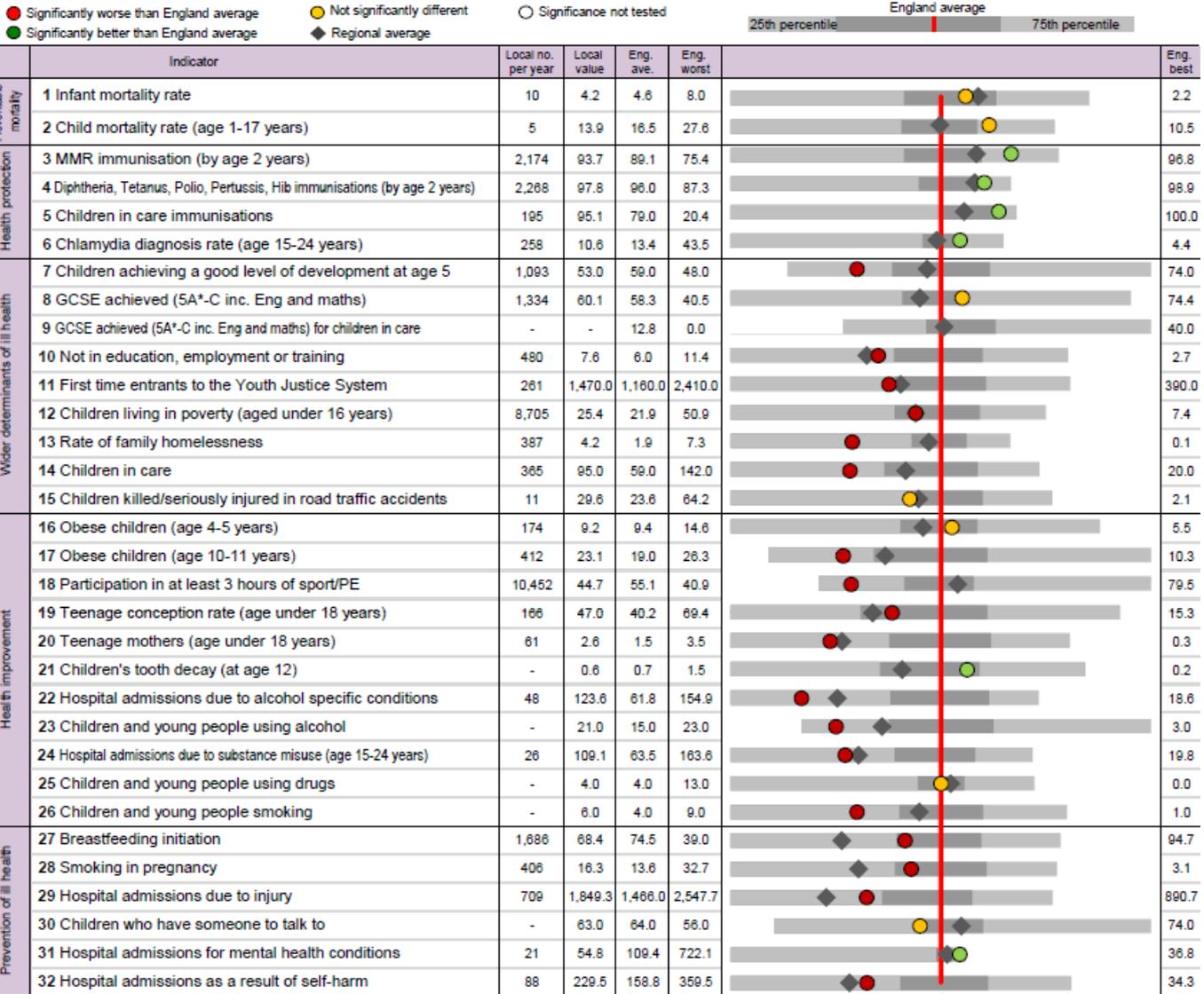
[Link to Data Annex Chapter 1 Population](#) and [Chapter 1 Commentary](#)

# Update: child and maternal health status in Gateshead in 2012

## Gateshead Child Health Profile March 2012

### Summary of child health and well-being in Gateshead

The chart below shows how children's health and well-being in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.



Child and Maternal Health Observatory (2012) available at [www.chimat.org.uk](http://www.chimat.org.uk)

The red dots on the spine chart reproduced above highlight those areas where health, health-related outcomes or lifestyles are significantly poorer than the national average. What is striking is the number of red dots that relate to lifestyle behaviours.

### **Infant Mortality**

- The number of infant deaths is, thankfully, small, currently averaging 10 deaths each year among infants (under one year of age) resident in Gateshead.
- The mortality rate among infants living in Gateshead is lower than the average rate for England (not a statistically significant difference). However, the rate is still among the highest in the North East. Because the number of deaths is small, any year to year variation in the rate may be due to random or 'chance' variations.

### **Low birth weight births**

- There are currently around 190 low birth weight births (<2,500g) each year within the population of Gateshead. This represents 7.8% of all births.
- The proportion of low birth weight births is above the average proportion across the North East (7.6%) and England (7.3%) but the difference is not statistically significant.
- Low birth weight is closely associated with poor health outcomes both in infancy and later life<sup>1</sup>. Risk factors include poor nutrition<sup>2</sup> and smoking during pregnancy<sup>3</sup>.

### **Teenage pregnancy**

- The underlying trend in the teenage conception rate in Gateshead has remained level since 2002. The England rate has fallen since 2007 and so the gap between the Gateshead and England rates has widened.
- There were 170 conceptions among Gateshead women under 18 years of age in 2010.
- Between 2007 and 2009, rates of teenage conceptions were significantly higher than the England average rate in the wards of Blaydon, Bridges, 'Dunston and Teams' and Felling.

### **Road traffic accidents**

- The number of children killed or seriously injured in road traffic accidents in Gateshead has fallen since the 1990's. Between 1994 and 1998 an average of 27 children living in Gateshead were killed or seriously injured in road traffic accidents each year. Between 2007 and 2009 the annual average was 11.

[Link to Data Annex Chapter 3 Child Health and Lifestyle](#) and [Chapter 3 Commentary](#)

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<sup>1</sup> World Health Organisation (2004) "Low birthweight: country, regional and global estimates", WHO, Geneva

<sup>2</sup> *ibid.*

<sup>3</sup> Smokefree (2008) "NHS Smokefree factsheet: Risks of smoking during pregnancy" available to download at [smokefree.nhs.uk](http://smokefree.nhs.uk) (last accessed 1<sup>st</sup> March 2011)

## Update: child and maternal lifestyle

Addressing child lifestyle issues, e.g. smoking and alcohol consumption, is important in the light of high rates of alcohol-related hospital admissions and mortality due to lung cancer.

### Physical activity

- Levels of physical activity in children are lower in Gateshead than in England as a whole. In 2009/10, 47% of children 5-16 years in Gateshead did at least three hours of PE or sport each week compared to 57% across England.

### Smoking during pregnancy

- The proportion of mothers smoking throughout pregnancy (20%) is below the North East average (21%) but significantly higher than the England average proportion (13%)
- The proportion has remained at around 20% in Gateshead over the past five years in a period when the England rate has fallen.
- Smoking during pregnancy is most common in the wards of Felling and High Fell.

### Smoking and alcohol consumption in children

- Smoking rates amongst children are higher than in England as a whole.
- Alcohol consumption rates in children are higher than in England as a whole.

### Childhood obesity

- Nearly one quarter (23%) of 10 and 11 year olds in Gateshead are obese and the proportion has risen over the past five years, significantly higher than the England average of 19%.
- In contrast, over the same five year period the proportion of Reception Year children that are obese has shown a slight downward trend and in 2010/11 was 9%. Across England there was a constant rise throughout the 1990's and 2000's in the proportion of children who are obese<sup>4</sup>.

### Breastfeeding

- The proportion of mothers initiating breastfeeding in the first 48 hours after birth in Gateshead (66%) is the highest among all North East Local Authority populations – Breastfeeding is beneficial for the health of both baby and mother<sup>5</sup>.
- The proportion of mothers starting to breastfeed within 48 hours of delivery has risen steeply over the past six years (from 40% in 2006 to 66% in 2012). However this is significantly lower than the average England proportion (74%)
- Breastfeeding initiation is least common in the wards of 'Wardley and Leam Lane', 'Windy Nook and Whitehills', Deckham and 'Chopwell and Rowlands Gill'.
- Maintaining breastfeeding into the first six months of life is also beneficial to the infant's health. 34% of mothers in Gateshead are still breastfeeding at the six to eight week infant health check compared to an average of 48% across England. In Gateshead, the proportion of mothers continuing breastfeeding to 6 weeks is lowest in the wards of Blaydon, Felling, High Fell and 'Windy Nook and Whitehills'.

[Link to Data Annex Chapter 3 Child Health and Lifestyle](#) and [Chapter 3 Commentary](#)

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<sup>4</sup> NHS Information Centre (2011) "Health Survey for England: Adult Trend Tables" available at [www.ic.nhs.uk](http://www.ic.nhs.uk)

<sup>5</sup> NHS Choices "Breastfeeding benefits" at <http://www.nhs.uk/Planners/breastfeeding/Pages/breastfeeding-benefits.aspx> (last accessed 1<sup>st</sup> March 2011)

## **Wider Determinants of Child Health**

### **Income**

- One quarter of children resident in Gateshead are in families defined as being in "poverty"- this compares with 22% across England as a whole. This means that there are currently 9,000 children in Gateshead living in poverty.

### **Educational attainment**

- The proportion of 15 and 16 year old young people in Gateshead achieving 5 or more good GCSEs (60% in 2010/11) is higher than the England average (59%).
- Between 20 and 40 looked after children sit GCSEs each year in Gateshead. Only 49% achieve five GCSEs at grades A\*-C (compared with 88% of all children), but this is higher than the North East and England averages.
- Only 25% of the working population in Gateshead currently have a degree or an equivalent level qualification compared to 34% across England as a whole.

See also later section on social and environmental context.

[Link to Data Annex Chapter 3 Child Health and Lifestyle](#) and [Chapter 3 Commentary](#)

## Update: access to child and maternal health services

### Early access to maternity services

- Over 90% of pregnant women in Gateshead saw a midwife by 12 weeks of gestation, compared to 87% across England as a whole between January and March 2012.
- However the proportion in Gateshead has fluctuated over the past two years and has fallen to as low as 80%.

### Immunisation

- Uptake of all childhood immunisations has risen significantly in Gateshead over the past five years.
- Uptake of the measles, mumps and rubella (MMR) immunisation at 2 years has increased from 86% to 94%. There is a continuing challenge to increase the proportion of children who are completely immunised against measles, mumps and rubella and so achieve the 95% uptake or 'herd immunity' which ensures that all children have the best protection against these diseases. Uptake of 1<sup>st</sup> and 2<sup>nd</sup> dose MMR at 5 years is still only 83% in Gateshead.
- There is variation in uptake amongst wards.

### Sexual health

- Uptake of the Chlamydia screening programme has risen in Gateshead. In 2011/12, 33% of 15-24 years were tested, as compared to 26% in 2010/11 (7,800 screens.)
- A higher than the England average proportion of young people in Gateshead test positive (4% as compared to 3% nationally).

### Health checks for looked after children

- 90% of looked after children in Gateshead are receiving an annual health check, above the national average
- 95% have been fully immunised, above the national average
- A lower proportion (85%) had their teeth checked by a dentist, but this is still above the national average of 82%.

### School meals

- More primary children in Gateshead take up school meals than in England as a whole (57% as compared to 46% across England). School meals are required to meet minimum nutritional standards, so increasing uptake of school meals contributes towards ensuring that children enjoy a healthy diet.
- Among secondary school pupils the proportions are 30% taking a school meal in Gateshead compared to 48% in the North East region and 40% across England.
- Among children eligible for free school meals, a higher proportion take them up in primary schools in Gateshead (91%) compared to the average for the England (85%).

### Care leavers

- Around 35 young people reached their 19<sup>th</sup> birthday having left care aged 17 in 2010/11 in Gateshead
- All care leavers in Gateshead found suitable accommodation
- Only 65% secured a place in education, training or employment by their 19<sup>th</sup> birthday. Across England, 61% of care leavers are in employment, education or training at 19.

[Link to Data Annex Chapter 3 Child Health and Lifestyle](#) and [Chapter 3 Commentary](#)

## **Update: life expectancy, and mortality and ill health due to all causes in Gateshead in 2012**

### **Life expectancy**

- Average life expectancy for both males and females living in Gateshead is rising over time and the life expectancy gap between Gateshead and England is narrowing
- Life expectancy at birth in Gateshead is currently 77 years for males and 81 years for females. This compares to 78 years and 82 years for males and females respectively across England.
- Among males, the gap in life expectancy between Gateshead and England has narrowed by 7% over the past 13 years whilst among females it has narrowed by 14%.
- Around half of the life expectancy gap between Gateshead and England is due to higher rates of mortality due to circulatory disease (heart disease and stroke) and all cancers. High death rates due to lung cancer make a large contribution to the life expectancy gap and smoking is a key contributory risk factor.
- There is a gap in life expectancy of around 10 years between those wards in Gateshead that experience the best health those that experience the poorest health.

### **Years of life lost**

- Gateshead has a greater than average burden of early mortality due to lung cancer, all cancers, heart disease and accidents, among both males and females. "Years of life lost" is a measure which considers the burden of early deaths within a population. It is calculated by summing the difference in years between age at death and 75 across all deaths under 75 years. The total is then expressed as a rate per 10,000 people. For lung cancer, Gateshead's rate is 40.7, compared to England's 26.5.

### **All Age All Cause Mortality**

- Gateshead's all age all cause mortality rate has fallen consistently over the past five years.
- The relative gap in the rate between Gateshead and England has remained the same.
- The highest mortality rates within Gateshead are experienced by communities in Inner West, Central and East Gateshead.

### **Hospital admissions**

- The total number of hospital admissions each year in Gateshead is currently rising.

[Link to Data Annex Chapter 4 Life Expectancy and Mortality and Ill Health from All Causes and Chapter 4 Commentary](#)

## Heart disease, stroke and related conditions in Gateshead in 2012

### Early deaths (deaths under 75 years) due to circulatory disease

- The early death rate due to circulatory disease in Gateshead has fallen by over 50% between 1995 and 2010. In 2010 it was 177 per 100,000 population, compared to England's 141 per 100,000.
- The gap in the early mortality rate between Gateshead and England has also narrowed over this period.
- The highest death rates under 75 years due to circulatory disease within Gateshead are experienced by communities in Inner West, Central and East Gateshead.

### Heart attacks

- The number of deaths due to heart attacks among the population of Gateshead has fallen in recent years from 130 per year (2004-2006) to 90 per year (2008-2010).
- The death rate due to heart attacks has remained close to the average England rate.

### Hospital admissions due to coronary heart disease

- There are currently around 700 emergency hospital admissions and 300 planned hospital admissions due to coronary heart disease among the population of Gateshead each year.
- Both the emergency and planned admission rates followed a downward trend between 2005 and 2009 but the emergency admission rate has risen in 2009/10.
- The rate of planned admissions is significantly lower than the North East and England average rates.

### Prevalence of coronary heart disease

- There are 9,300 people in Gateshead diagnosed with coronary heart disease. This represents 4.5% of the population of all ages (a fall from 2007's rate of 4.9%)
- An estimated 1,900 people in Gateshead have coronary heart disease but have not been diagnosed and so are not receiving the optimum treatments for their condition.
- The proportion diagnosed with coronary heart disease among GP Practice populations in Gateshead in 2011 varies from 1% to 7%<sup>6</sup>.

### Stroke

- The mortality rate due to stroke among people of all ages in Gateshead has remained around 10% higher than the England rate over the past five years.
- There are 4,500 people in Gateshead diagnosed with stroke (2.2% of the population).
- The proportion among GP Practice populations varies from 1% to 3%. It is likely to be higher in those GP Practice populations with a higher proportion of older people.

### Angiograms and heart operations

- To overcome problems with blocked arteries, 137 percutaneous transluminal coronary angioplasties and 28 coronary artery bypass grafts were performed on people resident in Gateshead in 2009/10.
- The rate of access to emergency angiograms (to allow doctors to examine the state of arteries) was the highest among North East Local Authority populations but the rate of access for planned angiograms was among the lowest.

[Link to Data Annex Chapter 5 Heart Disease, Stroke & Related Conditions](#) and [Commentary](#)

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<sup>6</sup> NHS Information Centre, "Quality and Outcomes Framework" available at [www.ic.nhs.uk/gof](http://www.ic.nhs.uk/gof) (last accessed 7th March 2011)

## Cancer in Gateshead in 2012

Cancer is the uncontrolled multiplication of cells in the body. It is not a single disease but a collection of different diseases, each with their own characteristics and risk factors. Mortality due to malignant cancers accounts for 30% of all deaths.

### All cancers

- The gap in the early mortality rate due to all cancers between Gateshead and England has narrowed over the past 15 years. This has contributed to reducing the life expectancy gap.
- Both male and female early mortality rates due to all cancers in Gateshead have fallen more quickly than the respective rates across England as a whole.

### Lung cancer

- Lung cancer accounts for 30% of all cancer deaths in Gateshead compared to 22% across England.
- The mortality rate due to lung cancer in Gateshead is 60% higher than the average rate across England.
- Both mortality and incidence rates due to lung cancer in Gateshead are falling among males, but are still significantly higher than the comparative England average rates.
- Mortality rates due to lung cancer among females in Gateshead have fallen very little over the past 15 years.
- The three year survival rate among people diagnosed with lung cancer has improved since the year 2000 in Gateshead and is now higher than the national average.

### Mesothelioma

- The mortality rate in Gateshead due to mesothelioma (a cancer of the thin membrane lining the chest and abdomen, often linked to asbestos exposure) has been rising in recent years and is now significantly higher than the England average mortality rate.
- Most deaths due to mesothelioma occur among males.
- Between 2008 and 2010 there were, on average, 15 deaths a year in Gateshead due to mesothelioma.

### Breast cancer

- The mortality rates due to breast cancer among women in Gateshead and across England have been falling over the past 15 years. The mortality rate in Gateshead is currently not significantly different from the England rate.
- Although there has been an upward trend in the rate of incidence, survival rates have been improving.
- In 2010/11 79% of eligible women in Gateshead had had a breast screen within the past 3 years, compared to 77% of eligible women across England. The target coverage for the breast screening programme is 70%.

### Cervical cancer

- The registration rate due to cervical cancer has risen in Gateshead consistently since 2002 and is now significantly higher than the England rate.
- Mortality due to cervical cancer in Gateshead has not risen during the same period.
- Between 2007 and 2011, coverage of the cervical screening programme in Gateshead has remained steady at about 79%, below the national target coverage of 80%.
- Coverage was lower among socially and economically more disadvantaged communities.

### Colorectal cancer

- The survival rate among males at 5 years following a diagnosis of colorectal cancer is significantly lower than the national average survival rate

### Stomach cancer

- Mortality among males due to stomach cancer in Gateshead has been consistently higher than average mortality rates among males across England.
- Rates of incidence among males are also currently higher than rates across England as a whole.
- Smoking is an important risk factor for stomach cancer<sup>7</sup>. A diet high in fruit and vegetables appears to reduce the risk of stomach cancer, whereas recent research suggests that it is unlikely that drinking alcohol increases the risk of stomach cancer<sup>8</sup>.

### Skin cancer

- Both across England and locally in Gateshead, the incidence of malignant melanoma has risen over the past 15 years.
- There are now, on average, around 30 cases of malignant melanoma diagnosed each year in Gateshead, compared to an average of 10 per year in 1994.
- Ultraviolet light – from either the sun or sunbeds – increases the risk of malignant melanoma<sup>9</sup> and there is concern about patterns of use of sunbeds, particularly among young people<sup>10</sup>.

### Cancer waiting times

- The proportion of urgent cancer referrals in Gateshead waiting less than 31 days from diagnosis to treatment (99%) and the proportion waiting less than 62 days from referral to treatment (88%) are both above England average figures.
- The proportion of urgent cancer referrals seen within 14 days (95%) is lower than the England average but is not significantly different at a 95% level of confidence.

### Deaths at home due to cancer

- Between 2008 and 2010 25% of deaths due to all cancers in Gateshead occurred at home. This compares to 27% across England. The aim of the national End of Life Care Strategy<sup>11</sup> published in 2008 is to provide people approaching the end of life with more choice about where they would like to live and die. It is hoped that, as palliative care and end of life services are improved to increase choice, the proportion of people dying at home due to all types of cancer will rise over time.

[Link to Data Annex Chapter 6 Cancer](#) and [Chapter 6 Commentary](#)

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<sup>7</sup> Cancer Research UK, “Stomach cancer – risks and causes” available at [cancerhelp.cancerresearchuk.org/type/stomach-cancer/about/stomach-cancer-risks-and-causes](http://cancerhelp.cancerresearchuk.org/type/stomach-cancer/about/stomach-cancer-risks-and-causes)

<sup>8</sup> Ibid.

<sup>9</sup> Cancer Research UK, “Melanoma – risks and causes” available at [cancerhelp.cancerresearchuk.org/type/melanoma/about/melanoma-risks-and-causes](http://cancerhelp.cancerresearchuk.org/type/melanoma/about/melanoma-risks-and-causes) (last accessed 7th March 2012)

<sup>10</sup> Thomson CS, Woolnough S et al (2010) “Sunbed use in children aged 11-17 in England: face to face quota sampling surveys in the National Prevalence Study and Six Cities Study” *BMJ* 2010;340:c877 available at <http://www.bmj.com/content/340/bmj.c877.full> (last accessed 7th March 2012)

<sup>11</sup> Department of Health (2008) “End of Life Care Strategy – promoting high quality care for all adults at the end of life”, Department of Health, London

## Long term and other conditions in adults in Gateshead in 2012

### High blood pressure

- It is estimated that there are over 20,000 people living in Gateshead with high blood pressure who haven't been identified and who are not receiving the appropriate medication. (High blood pressure is a risk factor for heart disease and stroke.)

### Respiratory disease

- The local respiratory disease mortality rate is 50% higher than the national average.
- 5,000 adults in Gateshead have been diagnosed with chronic obstructive pulmonary disease (COPD), one of the most common types of chronic respiratory disease.
- It is estimated that another 4,000 people suffer from this condition but have not been diagnosed by a GP, and so are not receiving appropriate medical treatment.

### Diabetes

- 10,000 people in Gateshead have been diagnosed with type I or type II diabetes.
- It is estimated that another 2,000 people have diabetes but have not been identified and are not receiving appropriate medical treatment.

### Depression

- 31,000 adults in Gateshead (nearly 20% of adults) have been diagnosed with depression.

### Alcohol-related harm

- The number of alcohol-related hospital admissions has risen between 2006 and 2011 in Gateshead.

### Disability and limiting long-term illness

- At the start of 2012, 7% of people in Gateshead claimed disability living allowance (14,000 people) compared to 5% across England

### Road traffic accidents

- Around 80 people in Gateshead are killed or seriously injured each year in road traffic accidents. This number has fallen by one third since the early 1990's.

### Older people's physical health and dementia

- Over the 2008/09 and 2009/10 winters, the index of excess winter deaths in Gateshead was significantly lower than regional and national averages.
- The rate of hospital admissions due to a fall is higher in Gateshead than the national average, but the gap in the rate between Gateshead and England has narrowed.
- The number of people diagnosed with dementia in Gateshead reached 1,200 in 2011. Estimates suggest it will increase further, by 17% by 2020 and by 45% by 2030.

### Sexual health

- The rate of people diagnosed with HIV/AIDS in Gateshead is around 141 per 100,000 people, significantly higher than the regional rate but lower than the national rate.
- In 2011, 711 Gateshead residents were diagnosed with chlamydia, a rate of 371 per 100,000 (not significantly higher than the England average).
- In 2011, 72 Gateshead residents were diagnosed with gonorrhoea and 13 with syphilis.

[Link to Data Annex Chapter 7 Adult Health \(other conditions\) & Social Care](#) and [Commentary](#)

## Adult lifestyle in Gateshead in 2012

### Health summary for Gateshead

E08000020

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	72174	38.0	19.8	83.0	[Red dot]	0.0
	2 Proportion of children in poverty ‡	8705	25.4	21.9	50.9	[Red dot]	6.4
	3 Statutory homelessness ‡	248	2.9	2.0	10.4	[Red dot]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1337	60.3	58.4	40.1	[Yellow dot]	79.9
	5 Violent crime	1815	9.5	14.8	35.1	[Green dot]	4.5
	6 Long term unemployment	825	6.7	5.7	18.8	[Red dot]	0.9
Children's and young people's health	7 Smoking in pregnancy ‡	406	16.3	13.7	32.7	[Red dot]	3.1
	8 Breast feeding initiation ‡	1686	68.4	74.5	39.0	[Red dot]	94.7
	9 Obese Children (Year 8) ‡	428	23.2	19.0	26.5	[Red dot]	9.8
	10 Alcohol-specific hospital stays (under 18)	48	123.6	61.8	154.9	[Red dot]	12.5
	11 Teenage pregnancy (under 18) ‡	162	47.0	38.1	64.9	[Red dot]	11.1
Adults' health and lifestyle	12 Adults smoking ‡	n/a	23.1	20.7	33.5	[Red dot]	8.9
	13 Increasing and higher risk drinking	n/a	21.9	22.3	25.1	[Yellow dot]	15.7
	14 Healthy eating adults	n/a	19.9	28.7	19.3	[Red dot]	47.8
	15 Physically active adults ‡	n/a	8.0	11.2	5.7	[Red dot]	18.2
	16 Obese adults ‡	n/a	30.7	24.2	30.7	[Red dot]	13.9
Disease and poor health	17 Incidence of malignant melanoma	23	11.7	13.6	26.8	[Yellow dot]	2.7
	18 Hospital stays for self-harm ‡	629	343.2	212.0	509.8	[Red dot]	49.6
	19 Hospital stays for alcohol related harm ‡	5824	2540	1895	3276	[Red dot]	910
	20 Drug misuse	1441	11.5	8.9	30.2	[Red dot]	1.3
	21 People diagnosed with diabetes ‡	10000	5.9	5.5	8.1	[Red dot]	3.3
	22 New cases of tuberculosis	8	4.2	15.3	124.4	[Green dot]	0.0
	23 Acute sexually transmitted infections	1678	875	775	2276	[Red dot]	152
	24 Hip fracture in 85s and over ‡	247	549	452	655	[Red dot]	324
Life expectancy and causes of death	25 Excess winter deaths ‡	92	14.0	18.7	35.0	[Yellow dot]	4.4
	26 Life expectancy – male	n/a	76.7	78.6	73.6	[Red dot]	85.1
	27 Life expectancy – female	n/a	80.9	82.6	79.1	[Red dot]	89.8
	28 Infant deaths ‡	10	4.2	4.6	9.3	[Yellow dot]	1.2
	29 Smoking related deaths	461	296	211	372	[Red dot]	125
	30 Early deaths: heart disease and stroke ‡	185	82.3	67.3	123.2	[Red dot]	35.5
	31 Early deaths: cancer ‡	284	126.6	110.1	159.1	[Red dot]	77.9
	32 Road injuries and deaths ‡	84	44.0	44.3	128.8	[Yellow dot]	14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Association of Public Health Observatories (2012) "2012 Health Profile: Gateshead" available at [www.apho.org.uk](http://www.apho.org.uk)

A red dot to the left hand side of the spine chart indicates particularly poor health or unhealthy lifestyle behaviours. Many of the red dots furthest to the left relate to lifestyle behaviours and related factors such as alcohol consumption, smoking and obesity.

The Health Profile is based on national data and surveys and provides a useful comparison with the rest of the country. Local surveys are also undertaken which add to our local knowledge base and can be more detailed or timely, but are not directly comparable. For this reason, there will be some inconsistencies between data sets derived from national and local sources.

## Smoking

- The proportion of adults that smokes in Gateshead has fallen significantly between 2008 and 2012 from 26% to 19% (below the national average). Despite this encouraging change, smoking remains a key risk factor for lung cancer and deaths rates due to this disease are one and half times the national average among the Gateshead population<sup>12</sup>.
- 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.
- At ward level, the highest rates of smoking can be found in the "Dunston and Teams" and High Fell wards.
- Around 11% of smokers in Gateshead 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.

## Physical activity

- Only an estimated 34% of adults in Gateshead take the minimum amount of physical activity each week recommended to maintain good health and reduce the risk of long-term conditions such as heart disease and stroke – 30 minutes of moderate intensity activity on five or more days<sup>13</sup>.
- The proportion of adults taking this level of activity in Gateshead is similar to the average proportion across England. However, this means that over half the adult population of Gateshead don't achieve the minimum recommended activity level.
- Activity levels are particularly low among young adult women 18-34 years of age.

## Diet

- The proportion of adults in Gateshead that eat five portions of fruit and vegetables each day was 29% in 2008. Consumption of five a day is an indicator of a healthy balanced diet which will reduce the risk of heart disease and stroke in later life<sup>14</sup>.
- The proportion eating five a day in Gateshead is higher than the 26% for England as a whole.

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<sup>12</sup> National Centre for Health Outcomes Development (2010) "Clinical and Health Outcomes Knowledge Base", NCHOD – the age-standardised mortality ratio due to lung cancer among people of all ages within the population of Gateshead, between 2006 and 2008 was 156. This indicates that the death rate due to lung cancer in Gateshead is 56% higher than the rate across England.

<sup>13</sup> Department of Health (2004) "At least five a week: Evidence on the impact of physical activity and its relationship to health", Department of Health, London

<sup>14</sup> In 1994 the Cardiovascular Review Group, a subgroup of the Committee on Medical Aspects of Food Policy (COMA), published a report "Nutritional Aspects of Cardiovascular Disease" which recommended the increased consumption of fruit and vegetables to reduce the future risk of heart disease.

## Alcohol consumption

- Rates of binge-drinking are significantly higher in Gateshead than England as a whole (estimated 26% as compared to 18%) and that they are rising over time. There is evidence, however, that the proportion of adults in Gateshead that drink above recommended safe weekly limits for alcohol consumption has fallen in recent years, particularly among young adults.
- Rates of alcohol-related hospital admissions in Gateshead are among the highest across all English Local Authority populations<sup>15</sup>.
- Binge drinking is most common among young adults 18-24 years. 46% of males in Gateshead 18-24 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 (14 units of alcohol for females and 21 units for males).
- The trend in the number of people accessing alcohol treatment services has been level in recent years and it is estimated that 5% of higher risk drinkers access these services.

## Obesity

- The prevalence of obesity among adults across England has been rising constantly over the past 20 years<sup>16</sup>. Evidence from local lifestyle surveys is based on self-reported heights and weights and so will underestimate the true prevalence of obesity. However, this evidence has been gathered consistently in 2008 and 2012 and it suggests that the prevalence of obesity among adults in Gateshead is continuing to rise.
- Modelled estimates using the Health survey for England 2006-2008 suggest that 30.7% of Gateshead's adults are obese.
- The risk of obesity is greater among males than females and is highest among males 55-64 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.

## Mental wellbeing

- According to a 2012 local lifestyle survey, levels of wellbeing are lowest among males and females 45-54 years of age and females over 75 years of age. Average levels of mental wellbeing are also lower among socially and economically disadvantaged communities when compared to people living in more advantaged areas.

[Link to Data Annex Chapter 8 Adult Lifestyles](#) and [Chapter 8 Commentary](#)

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<sup>15</sup> North West Public Health Observatory (2012) "Local Alcohol Profiles for England (LAPE)", NWPHO, Liverpool

<sup>16</sup> NHS Information Centre for Health and Social Care (2011) "Health Survey for England: Adult Trend Tables", NHS Information Centre, Leeds available at [www.ic.nhs.uk](http://www.ic.nhs.uk) (last accessed 13<sup>th</sup> August 2012)

## Social and environmental context

### Social and economic disadvantage

- Over one third of the population of Gateshead (35%) live in areas that are among the 20% most disadvantaged areas across England, measured across a range of indicators.
- The population of Gateshead is most disadvantaged within the domains of employment and health, where 51% and 62% of the population respectively live in areas among the 20% most disadvantaged across England.

### Rural/urban location

- The majority of the population of Gateshead lives in areas classified as urban or 'town or fringe'. In rural West Gateshead there are some communities that experience high levels of social and economic disadvantage.

### Child poverty

- One quarter of children in Gateshead under 16 years – 9,000 children – live in low-income families that are either claiming workless benefits or receiving tax credits and have a household income which is less than 60% of the national median income.
- Half of children in families receiving workless benefits live in lone parent households.

### Educational attainment

- The proportion of 15 and 16 year olds in Gateshead achieving 5 good GCSEs including English and maths is above the England average and is the second highest among all North East Local Authorities

### Housing standards

- In Gateshead, 31% of private rented dwellings fail the mandatory standard (Housing Health and Safety Rating System), compared to 30% across England.

### Homelessness

- The number of applications for homeless status in Gateshead that were accepted as homeless and in priority need (158 applications in 2011/12) has fallen over the past four years after reaching a high point in 2007.
- The rate is still above the North East average.

### Employment

- The proportion of adults of working age in the Gateshead population claiming Jobseekers' Allowance rose sharply in the second half of 2008 and the first half of 2009 from 3% to 5% and has remained at a similar level since then.
- In September 2012, 5.4% of people of working age (6,700 people) in Gateshead were claiming Jobseekers' Allowance compared to 3.8% across England.

### Crime

- The rate of violent crimes against the person in Gateshead has fallen consistently over the past five years and is lower than the England and North East average rates. In 2011/12 there were 1,400 such recorded offences in Gateshead.
- There are also around 4,500 incidents of domestic violence each year in Gateshead of which a quarter are converted into arrests.
- Around 650 people enter the community in Gateshead each year on licence with the Probation Service.

[Link to Data Annex Chapter 2 Social and Environmental Context](#) and [Chapter 2 Commentary](#)

## **Adult social care in Gateshead in 2012**

### **Rehabilitation/intermediate care**

- The benefit to individuals from intermediate care and rehabilitation following a hospital episode (76%) is below the averages for similar Local Authorities (78%) and England (82%). This indicator measures the proportion of older people aged 65+ on discharge from hospital who remain at home for three months following discharge.

### **Self-reported experience of social care users**

- In response to the question, "How has the equipment / minor adaptation affected the quality of your life?" 67% stated "It has made it much better". This compares to an average of 68% for similar Local Authorities and 71% across England.
- The number of individuals responding, "I was very happy with the way they treated me" to the question "How happy were you with the way those who discussed your needs treated you?" is slightly below the comparator group but the same as the England average (87% and 89% respectively).

### **People receiving self-directed support**

- In 2010/11, 18% of service users received direct payments and individual budgets.
- This has increased substantially since 2009/10 but is below levels in other Tyne & Wear authorities.

### **People supported to live independently through social services**

- More people are supported to live independently than in the majority of similar Local Authorities or England
- In 2009/10, 3350 people per 100,000 population were supported to live independently compared to 3240 in comparator authorities and 3210 across England.

[Link to Data Annex Chapter 7 Adult Health \(other conditions\) & Social Care](#) and [Commentary](#)

## Recent related policies and surveys

Since the last full JSNA was published, a range of related policies has been developed and several surveys have taken place. The following describes some of the main ones. The Gateshead council website will have further details and details of others and will also have updated information on reports initially mentioned in the last full JSNA.

### Strategic Needs Assessment

As mentioned in the Introduction, 2012 saw the development of a Strategic Needs Assessment, intended to cover all of the Council's activities. Much of the JSNA was drawn into the SNA so that priorities could be assessed across the whole of Council business.

[Link to SNA](#)

### Commissioning for personalised care

This is Gateshead Council's strategy for commissioning adult social care services 2011-2014. It forms part of the Gateshead overall plan 'Vision 2030', which sets out this vision for Gateshead:

*"Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead."*

The strategy will help to deliver this in several ways, all of direct relevance to the JSNA and including 'shifting investment towards services that prevent people becoming ill and needing support'.

[Link to Gateshead Adult Social Care Commissioning Strategy](#)

### NEAT moves – health and transport together

In November 2011, a report was produced by North East Active Travel (NEAT) outlining progress and next steps towards making the North East 'the most physically active region within a generation, with the majority of short urban journeys being made on foot or by bike'. NEAT had found that generally the region's JSNA's lacked reference to active travel as a cost-effective way to improve public health and meet health and transport targets. In Gateshead, the SNA goes some way towards addressing this lack, recognising the importance of transport strategy to health.

NEAT is a partnership of health and transport agencies across the North East, including representation from the Association of North East Councils and from Public Health North East. It recognises that a region-wide approach can be more effective than a local approach for some major issues.

[Link to NEAT website](#)

## **Gateshead Carers' survey 2010**

This report was produced in June 2011 on behalf of Gateshead Carers Association, highlighting the findings of a survey carried out between December 2010 and April 2011.

The report outlines findings about:

- the carer (e.g. most respondents were female and aged 36-80 and over a third themselves had a disability or long-standing illness);
- the caring role (e.g. most carers spend 100 hours or more per week caring);
- the person cared for (e.g. the largest percentage care for someone over 65);
- the impact of caring on the carer's finances (e.g. almost half had experienced financial difficulties as a result of the caring role and a third of those entitled do not claim benefits);
- the impact of caring on the carer's health (e.g. depression and detrimental effects on sleep);
- support services (e.g. a significant proportion did not know where to get support);
- impact of caring on quality of life (e.g. most had to give up some aspects of their life);
- the recession and public funding cuts (e.g. three quarters were worried about anticipated cuts).

[Link to Gateshead Carers' Survey 2010 Executive Summary](#)

[Link to Gateshead Carers' Survey 2010 Report](#)

## **Drug and alcohol misuse assessment**

An assessment of the need for services for those who misuse drugs or alcohol took place in 2011/12. Problem drug use affects local communities, families and children as well as individual people with drug problems. It is an issue not only for health services but for services concerned with community safety and criminal justice. Similarly, because of its strong association with violence (particularly domestic violence), alcohol misuse is an issue not only for health services but for community safety and criminal justice.

In previous years, Gateshead had produced separate needs assessments for Adult Drug treatment and Alcohol. However, with an integrated drug and alcohol treatment service in Gateshead, and the recognition in the drug strategy that many of the challenges and opportunities are common to both drugs and alcohol, it was decided to produce a combined assessment across both elements of delivery. Both drug misuse and alcohol misuse had been identified as major issues in the JSNA.

[Link to Adult Drug and Alcohol Treatment Needs Assessment 2011/2012](#)

## **Exploring the use of health impact assessment**

In developing the JSNA, we have always tried to consider how health is affected by a range of factors. For example, crime or the fear of crime in a neighbourhood can affect people's willingness to go outside, particularly after dark, and this can contribute to social isolation, especially in the elderly. Another example would be the effect of poverty or deprivation – in poorer communities, general health tends to be considerably worse than in wealthier communities.

It is not just factors such as these that can be assessed for their effect on health. Whenever a plan or policy is being developed, it too can be considered in terms of how it is likely to affect the health of the local population. For example, if a prospective road improvement would involve driving a major road through a village, this might lead to isolation and consequent mental health problems for some residents – a negative health impact. On the other hand, if the plan would lead to easier access for all residents to local shops and services, this might improve the situation for some currently isolated residents – possibly a positive health impact. The approach used to assess the potential effects of plans or policies is known as 'health impact assessment'. Work is under way in the borough to think of how best to incorporate health impact assessment into the planning process.