

TITLE OF REPORT: Gateshead Joint Strategic Needs Assessment (JSNA) Update/ Refresh

Purpose of the Report

1. To update Gateshead's Health and Wellbeing Board (HWB) on progress made against areas of action identified in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB in September 2016. This includes potential areas for development identified by Board members at the meeting.
2. The paper also seeks the views of the Board on priority areas for the coming year.

Background

3. Guidance¹, developed as a result of the Health and Social Care Act (2012), highlighted the 'equal and joint' duty of the Clinical Commissioning Group (CCG) and Local Authorities in preparing the JSNA. The guidance also endorses the JSNA's key role in informing joint health and wellbeing strategies, to be developed by Health and Wellbeing Boards.
4. The Joint Strategic Needs Assessment (JSNA) is the process through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive picture of health and wellbeing needs and helps guide commissioning decisions in the locality.
5. A multi-agency steering group continues to oversee the development of this work-stream thus enabling the HWB to discharge its duties outlined under the Health and Social Care Act 2012. Membership of this group has been reviewed and updated but this is a continual process.

Progress made against areas of action identified in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB in September 2016

Action 1 - To review and update the 'expert authors' list. The Steering Group will contact partners as necessary to ensure the list is up to date and complete, and to secure the outstanding updates required.

¹ DH (2013) 'Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Published online at: <http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

6. Work has been undertaken to secure support from a range of partner organisations in the development of the sections of the JSNA with nominations and agreement coming forward for “Expert Authors”. Identification of Expert Authors has been completed except for the following sections:
 - Expert Authors still to be agreed: Domestic Abuse victims, End of Life Care, Vulnerable Children and Young People, Vulnerable Older People, Illicit Drug use and Neurological conditions. Members of the JSNA Steering group have been tasked with identifying appropriate authors.
 - Expert Authors identified and work in progress: Carers, Homeless, Special Educational Needs and Disabilities (SEND), Migrants, Offenders, Travellers, Crime, Injuries & Falls and Immunisations & Vaccinations
 - There have been discussions on reviewing the section on Poverty and the need for the Migrants section to be expanded to include Asylum Seekers and Refugees and the leads for this work have been identified and work in progress. It has also been suggested that a musculoskeletal section be developed, which would link to the priority around frailty.
7. Support sessions have been facilitated by JSNA leads to help Expert Authors in the development of new or update of existing sections, as some were written in 2015 when the site was first launched. This means the data referenced can date back to 2011.
8. In particular, Expert Authors have been encouraged to review their section to include a greater focus on tackling health inequalities and to ensure that there is meaningful information contained within all sections, including “what would success look like” and “challenges”.

Action 2 - To build on the qualitative work undertaken by a range of voluntary sector providers, in order to bring additional richness to the JSNA.

9. The [Learning Disabilities section](#) has been further developed over the past year, incorporating video and written case studies provided by the Involvement Now team.
10. The [Smoking section](#) has been updated with information developed in the promotion of the Gateshead Director of Public Health annual report 2016 “Tobacco: A smoking Gun” and includes video case studies of young people, local people and health professionals.
11. Health Needs Assessments have been completed for three Communities of Interest in the past 12 months (Homeless, Black and Minority Ethnic Groups and Carers) and another is being undertaken for people with Physical Disabilities and Sensory Impairments (PDSI). These all involve service users inputting their knowledge and views in relation to the needs of their particular community, which in turn will influence the commissioning of services. In addition to making these detailed health needs assessments available to download from the JSNA, an abridged version of the information will be used to inform the 6 block summary for the relevant section.

Action 3 - To consider how to integrate intelligence on Gateshead's assets into the JSNA.

12. An agreement has been reached with Newcastle CVS in relation to joint developments to link the Gateshead JSNA to Our Gateshead. This has been achieved through links to Our Gateshead from the relevant sections of the JSNA. For example the smoking section contains a link to groups and support for smoking cessation and the suicide section contains a link to bereavement support. Work is also being undertaken to link community assets delivered by Gateshead Council and local NHS services to the JSNA.
13. JSNA leads have facilitated Our Gateshead to support digital mapping of safe places in Gateshead for people with Learning Disabilities. 'Gateshead People' developed a paper based map and this function will help make this resource available for all internet users.
14. The JSNA Steering Group has been discussing the potential to enable public input to the JSNA. The JSNA leads are investigating the potential tools available through the Council's new digital platform and will explore opportunities to enhance the JSNA and make it possible to engage public input.
15. Public Health England are developing an indicator set to support community based approaches to health titled "Positive Intelligence". This will be incorporated in due course.

Action 4 - To keep the topic areas covered by the JSNA under review.

16. The 11 JSNA priority areas agreed by the HWB in September 2016 were:

Best Start in Life

- I. Education and Skills
- II. Emotional Health and Wellbeing
- III. Starting and Staying Healthy and Safe

Living Well for Longer

- IV. Economic Factors
- V. Emotional Health and Wellbeing
- VI. Tobacco Harm
- VII. Alcohol Misuse
- VIII. Healthy Weight and Physical Activity

Older People

- IX. Frailty
- X. Long-Term Conditions
- XI. Emotional Health and Wellbeing

17. These priorities have been reviewed for the updated JSNA and remain relevant to the work of the HWB. The strategic priorities take into account:

- The severity and scale of the issue
- How it impacts on Gateshead
- An understanding of what can be changed through local action and how that action is related to other issues (impact)
- Having a strong evidence base for action (see Appendix 1)

Progress against additional areas of development suggested by HWB members at the September 2016 meeting

Suggestion 1 - Develop a film on 'How to use the JSNA'

18. A script has been developed to promote the Gateshead JSNA involving Dr Mark Dornan, GP and Alice Wiseman, Director of Public Health. Filming is scheduled to take place later this year.

Suggestion 2 - Look to pull together information on getting support with benefits claims in time for the roll out of Universal credit.

19. Research was carried out by Northumbria University in partnership with Gateshead Advice Bureau looking at the value of benefits advice and the findings were very positive, offering another potential opportunity or route way to offer packages of support for benefits claims and Universal Credit.

20. Discussions have been held with the "Expert Authors" of the [Poverty section](#) of the JSNA to ensure that the JSNA references the impact and support for people arising from the roll out of Universal Credit in October 2017.

21. The links to Our Gateshead discussed in paragraph 12 above also offer opportunities to identify resources to support benefits claimants with the changeover to Universal Credit.

Suggestion 3 - Engage appropriate members of Migrant communities in development of the Migrant health section of the JSNA.

22. Agreement was secured for key organisations / people working with Migrant communities to develop this section and a request was made to extend this to Refugees and Asylum Seekers. This work has not been taken forward to date as we have not yet identified an appropriate expert author

Suggestion 4 - Get agreement, and plan, a Members seminar on the JSNA.

23. A member's seminar has been arranged for Wednesday 4 October 2017 and will focus on using the JSNA to identify key health issues in members' wards. This will be a 1 hour interactive session.

Suggestion 5 - Explore Physical Disability and Sensory Impairment (PDSI) issues.

24. A Health Needs Assessment (HNA) of adults with PDSI will be carried out in 2017/18 by a member of the Gateshead Public Health team. This will feed into the Gateshead PDSI group and will be used to develop a work programme into the future.

Suggestion 6 - Discuss ways to incorporate intelligence on Gateshead's assets, community infrastructure and support into the JSNA to support the importance of social networks in the wellbeing of members of the community.

25. See paragraphs 12 to 15 above.

JSNA Website usage statistics

Google analytics have been used to analyse usage statistics of the JSNA web pages for the 9 month period from November 2016 to July 2017. Some of the key points are:

(Comparison figures for the same 9 month period in 2015/16 are shown in smaller font and brackets)

- 21,259 (19,310) page views or hits and 14,192 (11,356) unique sessions
- Average of 78 (70) page views per day and 52 (41) unique sessions
- 60% (49%) of page views from users outside of the council
- 67% (54%) of unique sessions from users outside of the council
- 30% (4%) of users view the JSNA using a mobile device
- .
- The 'Living well for longer' section is the most frequently accessed of the life course needs assessments (2,680 hits) compared to 'Best start in life' (1,541 hits) and 'Older people (1,276 hits).
- Of the other Topics sections, 'Communities of Interest' attracts the most hits (2,796), followed by 'Illness and Death' (2,632), 'Economy, Transport, Housing, Environment, Crime and Poverty' (2,558), 'Behaviour and Lifestyle' (1,586), 'Population and Deprivation' (1,284) and 'Locality and Ward Profiles' (463).
- The most popular sections within the detailed narrative topics are 'Gateshead Data', 'Groups most at risk' and 'What are we doing about it and why'.
- The 'Why is it important', 'What would success look like' and 'Challenges' sections attract much fewer views.

Next steps

26. Continuing support from all HWB partners is essential to ensure that the JSNA remains a relevant and current tool, providing a comprehensive understanding of needs for those involved in securing and improving the health and wellbeing of the Gateshead population.

27. We are working to incorporate intelligence within the JSNA about how community initiatives/assets are helping to support local health and wellbeing needs

28. The next steps for the Steering Group will be:

- Continue to engage 'expert authors' in developing and reviewing the content of the JSNA;
- To add more examples of the 'lived experience' of local people in the form of case studies to bring additional richness to the JSNA;
- Continue to integrate intelligence on Gateshead's assets into the JSNA and engage public involvement as outlined in point 14 above.
- To invite Health and Wellbeing Board members to suggest areas for Deep Dive work such as that recently carried out in relation to Homelessness.

Recommendations

29. It is recommended that the HWB Board:

- Note the progress on the continuing development of the JSNA;
- Note and support the planned next steps in developing the JSNA;
- Agree to retain the existing strategic priorities for September 2017 onwards;
- Consider topic areas for a Deep Dive to be undertaken in the coming year; and
- Receive an update report in September 2018.

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Evidence and rationale for prioritisation

(Source: Gateshead JSNA website as at August 2017 unless otherwise stated)

A. Best Start in Life**Education and skills**

1. The JSNA recognises the need for education and skills to be viewed across the life course, underpinning the future life chances of each individual. A high percentage of young people and adults who are out of work in Gateshead lack basic employment skills. These include a lack of motivation, self-confidence, communication and interpersonal skills and employability skills.
2. Levels of early years development is improving, with 68% of children achieving a good level of development at age five, this is just below the national average of 69.3%.
3. Educational inequality starts early. For children who receive free school meals, 52.9% achieved a good level of development, which is again just below the national average (54.4%). Nationally there is a gap of around 10% achieving a good level of development at the end of reception between the richest and poorest areas (based on IMD 2015 deprivation).
4. Although young people in Gateshead are slightly below the national average when entering primary school, the progress they make throughout the school system, both primary and secondary, means that they outperform the national average when they leave school. This is demonstrated by the fact that 65% of pupils achieve grade C or better in English and Maths, above the national average of 59% and in the new 'Attainment 8' measure pupils achieved a score of 49.9, above the national average of 48.5.
5. However, there are still too many young people progressing to post-16 without the necessary standards in Maths and English. This is particularly the case amongst vulnerable learners, with only 41% of 'disadvantaged' pupils achieving grade C or better in English and Maths, below the national average of 43%.
6. In the new 'Progress 8' measure for Year 11 pupils (aged 15/16) a score of 1.0 means pupils make on average a grade more progress than the national average; a score of -0.5 means they make on average half a grade less progress than the national average. In Gateshead, disadvantaged pupils had a -0.64 progress 8 score, which is significantly lower than the score for all other pupils of 0.07.
7. In the last few years the number of children with a statement of Special Educational Needs (SEN)/ Educational Health & Care (EHC) Plan has increased and was 927 in 2017. This is similar to the national and regional average.

8. The number of pupils with SEN but without a statement has steadily decreased and now stands at 3,471. This is similar to the national but lower than the regional average.
9. The largest categories of special educational need in Gateshead are:
 - Moderate learning difficulties
 - Social emotional mental health
 - Speech language and communication needs
 - Specific learning difficulties
 - Autistic spectrum disorder
10. The estimated proportion of 15 year olds in Gateshead who entered 'Higher Education' by age 19 in 2014/15 was 36%. This compares with an England average of 38% and a North East average of 35%. The proportion in Gateshead has increased over time from 30% in 2006/07. Over the same period, the gap between pupils eligible for free school meals and their peers has increased slightly from 21 to 23 percentage points.
11. Gateshead adults are performing above the national average for attainment of level 2 qualifications and above. However, only 53.5% of Gateshead adults attained level 3 qualifications and above compared to 56.9% nationally and 30.2% attained level 4 and above compared with 38.2% nationally².
12. The local economy is continuing to undergo a number of challenges, one being unemployment in young people. Post 16 learning and training is an important stepping stone into the world of work. We need to ensure that the skills developed, the choices made, and the pathways followed are realistic and effective at preparing young people for an increasingly competitive jobs market. Progress is being made as the number of young people completing apprenticeships is increasing - 2014/15 saw the highest number of completions to date in Gateshead at 1,400.
13. It is also recognised that people are now working into their older age and that many need to reskill to be able to compete in a changing workplace. In particular there is a need to build digital skills in older people as communication methods are changing.
14. The JSNA focus on the need for education and skills across the life course is as much about securing the individuals economic future as it is about building the Gateshead community and links strongly into economic wellbeing.

Emotional Health and Wellbeing

15. Giving every child the best start in life is crucial to reducing health inequalities across the life course. Research shows that emotional wellbeing in childhood and young

² Adult Skills, Annual Population Survey, ONS Jan 2016 – Dec 2016 (NOMIS website)

adulthood is one of the most important factors in predicting whether an individual will be socially mobile and experience good mental health in later life.

16. Children who live in poverty are significantly more likely to experience poor mental as well as physical health. Living in poverty can make it difficult for children to sleep and eat well, which in turn makes it difficult for them to concentrate at school. Research found that children in poor households are three times as likely to have mental health problems as children in well-off households³.
17. Good emotional health is the result of who we are and what happens to us in our lives. For children, this may be impacted on by poor attachment, poor parenting, traumatic experiences, physical ill health or negative environment. Children have different levels of resilience. Risk factors limiting resilience are:
 - Parental death, illness or mental illness
 - Repeated early separation from parents
 - Overly harsh or inadequate parenting, abuse or neglect
 - Parental criminality
 - Parental job loss and unemployment.
 - Discrimination on grounds of ethnicity, race, gender, sexuality or disability
18. There are specific groups of children who may be more vulnerable and in need of safeguarding, such as looked after children, young carers and children in poverty, and these children may have needs across more than one of these areas.
19. The emotional health and wellbeing of young people is fundamentally linked to child poverty and the economic factors which impact on their family. We know that positive emotional health builds resilience and helps to secure a young persons future health.
20. The 2014/15 'What About YOUth' (WAY) survey reported that 58.4% of 15 year olds in Gateshead had been bullied in the previous couple of months, significantly higher than the England average of 55% and other nearby local authorities like Newcastle (50.1%) and North Tyneside (51.6%).
21. In a local survey of Gateshead primary school pupils (years 4 to 6) during 2016/17, 60% of pupils had a high self-esteem score (based on 4 questions about friends, relationships and self-perception). However, girls scored lower than boys at 57% compared to 62%.⁴
22. In 2015/16 there were 189 young people aged 10-24 admitted to hospital for self-harm. As a rate per 100,000 (DSR) this was 555.9, significantly higher than the England average of 430.5. Gateshead has consistently been higher than England over recent years

³ Meltzer, H et al (2000) The Mental Health of Children and Adolescents in Great Britain

⁴ Gateshead School Health and Wellbeing Survey 2016/17

Starting and staying healthy and safe

23. From the moment of conception, through to birth and the first year of life every aspect of a baby's environment influences its physical, emotional and social development. The importance of the first 1001 days has been clearly highlighted.⁵
24. Lifestyle choices at an early age are a good predictor of lifestyle choices later in life. It is very important that young children are encouraged and supported to lead active lifestyles, built into their daily lives, and that this continues across the life course. Gateshead continues to face challenges around obesity, healthy eating, low physical activity, sexual health and risky behaviour in some young people. The needs of our most vulnerable children and young people warrant particular attention.
25. The 2014/15 'What About YOUth' (WAY) survey reported that 24% of Gateshead 15 year olds had undertaken 3 or more unhealthy 'risky' behaviours from a list that included smoking, drinking, using cannabis or other drugs, an unhealthy diet and lack of exercise. Compared with the national average of 16% and the North East average of 21% Gateshead's average is significantly higher.
26. The JSNA recognises the ongoing need to prioritise child health and work with parents and families to improve health outcomes and reduce inequalities. Child poverty is a recurring issue and links into other priority topics such as economic factors, lifestyle choices and adult mental health and wellbeing.

B. Living Well For Longer

Economic Factors

27. The UK is experiencing radical welfare reform amid a period of slow recovery from recession and continued austerity. This includes the imminent introduction of 100% digital universal credit claims together with introduction of a local housing allowance cap for under-35s in social housing from April 2019. There are concerns about the impact this may be having on the physical and mental health of vulnerable people.
28. Gateshead is the 73rd most deprived local authority in England, out of 326 local authorities. 23,571 (12%) people in Gateshead live in one of the 10% most deprived areas of England. 49,790 (25%) live in the 20% most deprived areas.
29. The most recent data on local levels of child poverty available is from 2014, when there were 8,840 or 22.2% of children in Gateshead in poverty, an increase of 645 children from the previous year; this was significantly higher than the England average of 19.9%. The North East average was 24.3%. There is a concern that the increase in zero hours and part time contracts is having a negative impact on Gateshead families (this is often referred to as 'in work poor'). The Income Deprivation Affecting Children Index (IDACI) ranks Gateshead as 78th out of 326

⁵ <http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdf>

local authorities in England. 28% (9,991) of dependent children aged 0-15 live within one of the 20% most deprived areas in England in terms of IDACI.

30. Economic wellbeing is the priority need for a large number of people in Gateshead, there is a strong association between wealth and health. People on low incomes are more likely to experience poor health compared to those on higher incomes, and research shows that a range of conditions have a strong relationship with deprivation, including: chronic respiratory disease, and alcohol related conditions, diabetes, heart disease and mental illness.⁶ The reasons for these relationships are complex and linked to wider societal issues such as employment type and status, housing, transport, education, and access to health services.
31. The proportion of claimants receiving Jobseekers Allowance or Universal Credit had been reducing in recent years. However, from the end of 2015 onwards the proportion of claimants has levelled out and as at June 2017 there were 3,595 claimants. However, as at November 2016 there were a further 10,070 residents claiming Employment Support Allowance or Incapacity Benefit, with another 1,170 claiming Disability benefits and 2,960 carers claiming an out of work benefit.
32. The Gateshead Local Economic Assessment 2014 demonstrates the need to prioritise economic wellbeing. The issue is not just about employment and income but extends to our ageing population, the changing skills required of our future workforce, the number of people with long term conditions who cannot access suitable employment, the impact of zero hours contracts, transport and access issues and the need to attract business and cultural investment into Gateshead to improve the economic outlook for the whole population.

Mental Health and wellbeing

33. As already identified our mental health and wellbeing is fundamentally linked to our socio economic position. The benefits of positive mental health and well-being are wide ranging and significant both for individuals and for society as a whole. Positive mental health is associated with an increase in life expectancy, improved quality of life, improved physical outcomes, improved education attainment, increased economic participation, and positive social relationships.⁷
34. Mental ill health represents up to 23% of the total burden of ill health, and is the single largest cause of disability in the UK. It covers a wide range of conditions such as depression, anxiety disorders and obsessive compulsive disorders, through to more severe conditions like schizophrenia. The cost of mental ill health to the economy in England have been estimated at £105 billion (of which 30 billion is work related), and is the single largest area of spend in the NHS, accounting for 11 per cent of the NHS secondary health care budget. It is predicted that treatment costs will double in the next 20 years.⁸

⁶ Health inequalities and determinants in the physical urban environment: Evidence briefing. Marcus Grant, Caroline Bird and Penny Marno, March 2012.

⁷ Royal College of Psychiatrists (2010) No Health without public mental health: The case for action.

⁸ Department of Health (2011) No health without mental health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.

35. Just over 8% of people in the NewcastleGateshead CCG area had a diagnosis of depression in 2015/16. This figure continues to rise. In Gateshead it was estimated that there were 22,447 people with a generalised anxiety disorder or mixed depression and anxiety disorder in 2012, a figure which is also likely to have increased.
36. The NewcastleGateshead CCG area has a very high rate of antidepressant prescribing compared both with the England average and with areas of similar deprivation and characteristics.
37. The rate of admissions for self-harm are significantly higher in Gateshead than in England overall.
38. The groups with a greater risk of developing mental health problems in Gateshead include people from BME communities, children from troubled families, carers, offenders, those who have been subjected to sexual assault or domestic abuse, the homeless, asylum seekers and some veterans and their family members.
39. The JSNA recognises the need to prioritise mental health and wellbeing for our population and its link to health inequalities in Gateshead.

Tobacco Control and Smoking

40. It is estimated that 17.9% of Gateshead's adult population smoke. This increases to 31% for those adults in routine and manual occupations. There is a general downward trend in smoking prevalence.
41. Smoking is the single largest cause of preventable mortality in England. Approximately 8.5 million people in England smoke and about half of all long-term smokers will die from smoking with half of those in middle age. Tobacco use is one of the Government's most significant public health challenges and causes over 80,000 premature deaths in England each year, of which 443 will be in Gateshead.
42. Smoking is estimated to cost the NHS in England £2.7 billion a year and £13.7 billion in wider costs to society through sickness, absenteeism, the cost to the economy, social care, environmental pollution and smoking-related fires.⁹ This burden impacts on every GP surgery and hospital, every local authority and every family whether they smoke or not. In Gateshead, the smoking attributable hospital admissions rate is 2,784 per 100,000 compared to the national rate of 1,726 per 100,000.
43. Over a quarter of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, stomach and liver.¹⁰
44. Smoking is closely related to lung cancer, causing nearly 9 out of 10 cases and in Gateshead there is a significantly higher rate of people with lung cancer than across

⁹ http://www.ash.org.uk/files/documents/ASH_774.pdf

¹⁰ Smoking Statistics ASH June 2016

England as a whole. As the highest smoking rates are in the most deprived areas, it is no surprise that lung cancer also strongly correlates with areas of deprivation, with wards in the most deprived quintile having a rate more than twice that of the least deprived quintile.

45. Chronic obstructive pulmonary disease (COPD) is the second most common cause of emergency admission to hospital and one of the most costly diseases in terms of acute hospital care.¹¹ This is primarily a 'smokers' disease.
46. At delivery, 13.2% of all women giving birth in Gateshead were known to smoke. This is significantly higher than the England average of 10.6%.
47. Parents who smoke in front of their children significantly increase their child's risk of disease and ill-health through passive smoking and also increase the potential risk of the child becoming a smoker themselves.
48. In the 2014/15 'What About YOUth' (WAY) survey, 9.8% of 15 year olds in Gateshead reported smoking regularly, with a further 2.6% smoking occasionally. The combined figure of 12.4% is the highest rate in the North East and is significantly higher than the England average of 8.2%
49. The JSNA recognises the continued need to focus on tobacco control and smoking due to its health and economic impact on Gateshead.

Alcohol Misuse

50. Harmful use of alcohol results in 3.3 million deaths each year worldwide and affects not only the physical and psychological health of the drinker but the health and well-being of people around them. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions including alcohol use disorders and epilepsy, cardiovascular diseases, cirrhosis of the liver and various cancers. Other issues associated with alcohol are violence, child neglect and abuse and absenteeism in the workplace. Harmful alcohol consumption causes death and disability relatively early in life.¹²
51. The (age-standardised) rate of alcohol-related hospital admissions in Gateshead is 1,015 per 100,000 population (DSR). This is significantly higher than both the regional average (852) and the England average (647). The general trend in alcohol related hospital admissions is up and the gap between Gateshead and the England average is getting wider.
52. Liver disease is one of the few major causes of premature mortality that is increasing in England (including Gateshead). Major causes include obesity, undiagnosed hepatitis infection and harmful alcohol use. Between 2013 and 2015 there were 140 deaths from liver disease among people aged under 75 in Gateshead, with 9 in 10

¹¹ NHS Information Centre - Hospital Episode Statistics & QMAS database, 2010/11. (PHE North East England Respiratory Profile: Gateshead CCG

¹² World Health Organisation, February 2011, Alcohol Fact sheet available at: <http://www.who.int/mediacentre/factsheets/fs349/en/index.html>

considered to be preventable. In recent years, much of the increase is attributable to a sharp rise in deaths of women. For example, in 2004-06 there were just 26 female deaths due to liver disease, rising to 57 in 2013-15, whilst the number of male deaths has decreased in the same period from 95 to 83.

53. In 2015/16 there were 237 hospital admissions episodes for alcohol related mental and behavioural disorders due to the use of alcohol. As a rate per 100,000 (DSR) this was 120, compared with the England average of just 80.
54. Alcohol dependency is more prevalent among the homeless population especially rough sleepers. Drug and alcohol abuse especially when combined with a mental illness are linked to homelessness as causal risk factors but also as the consequences of being homeless.
55. The JSNA is prioritising alcohol, not only due to its link with so many negative health consequences but because the harmful use of alcohol also brings significant social and economic losses to individuals and society at large.
56. 12% of all crime recorded in Gateshead in the last 12 months was deemed to be alcohol-related (this is recorded at the discretion of the police officer dealing with the crime). More specifically, 34% of violence against the person offences were deemed to be alcohol-related and a fifth of criminal damage offences were also believed to have been influenced by alcohol.
57. According to estimates from Balance, alcohol related harm in Gateshead costs around £336 per head (taking into account costs to the NHS, crime and licensing, social services and the workplace).

Healthy weight and physical activity

58. Maintaining a healthy weight and being physically active on a regular basis both have positive effects on physical and mental health and life expectancy. These effects are achieved mainly through the prevention of premature mortality and/or disability due to preventable disease and improving an individual's sense of purpose and feeling of happiness.
59. The impacts of healthy weight and physical activity are so great that the World Health Organisation (WHO) currently ranks physical inactivity and obesity as the fourth and fifth leading risk factors for global mortality¹³. Globally, physical activity is becoming a priority as a method of health improvement and disease prevention and models of social prescription are being adopted by GPs and health professionals.¹⁴
60. Healthy weight and physical activity amongst adults also affects the health of children and wider family. Children are likely to inherit the health behaviours of their parents in relation to food and physical activity.

¹³ World Health Organisation Fact Sheets 2009

¹⁴ Halpin HA, Morales-Suárez-Varela MM, Martin-Moreno JM. Chronic disease prevention and the New Public Health. Public Health Reviews 2010;32:120-154.

61. In Gateshead 69.4% of adults are obese or overweight according to survey data, significantly worse than the England average of 64.8%. A wide range of health conditions may result from being overweight or obese; these include heart disease, diabetes, hypertension, breast and prostate cancer, arthritis, physical disabilities, stress, anxiety and depression.
62. Local survey data highlights wide variations of adult obesity across Gateshead with the highest levels in the most deprived wards. For example in the most deprived areas of Gateshead the proportion of obese adults is almost double that in the least deprived areas. There were also variations across age groups, with highest levels of obesity in those aged 55 to 64 and lowest levels among 18 to 24 year olds.
63. Of children attending Gateshead schools, 22.3% of 4-5 year olds increasing to 37.9% of 10-11 year olds were classified as overweight or obese (excess weight). This compares to the England averages of 22.1% and 34.2% respectively. For both age groups, there has been little variation in recent years. A high percentage of those children are likely to become obese and overweight adults unless they can access sufficient support to make lifestyle changes for themselves and their families.
64. Child obesity data at ward level suggests that there are variations across Gateshead, with higher rates in a number of the more deprived areas and lower levels in less deprived areas.
65. It is recognized that by encouraging our population to become more physically active there are a range of mental and physical health benefits. By encouraging individuals to make active travel choices i.e. walking, cycling or using mass transport options, we may also benefit from reduced traffic congestion and improvements in air pollution.
66. The JSNA is prioritising healthy weight and physical activity as it will have an impact across a range of health and social / economic factors.

C. Older People

Frailty

67. The population of Gateshead (around 201,600 people) experiences wide variations in health outcomes across different groups and communities. The Gateshead population is ageing and it is projected that by 2039 there will be an additional 14,400 people aged 65 years or older in Gateshead, an increase of 38%.
68. Much of the debate about our ageing society has focused on the costs of ageing in respect of pensions, healthcare, welfare payments or social care. This has reinforced the idea that as people get older, they become more of a burden or drain on society

and the cost of supporting them outweighs the financial and social contribution they make to our community.¹⁵

69. Research shows that older people make a positive contribution to the UK economy and as the number of people over 65 increases and people remain healthier for longer, opportunities to make a positive contribution through work or volunteering are growing.¹⁵ This is demonstrated by the Gateshead commitment to community capacity building and its engagement with older people.
70. The key challenges facing older people in Gateshead are outlined in the Gateshead Strategy for Older People 2014-2017. The themed work in the strategy focuses on promoting wellbeing and helping people to stay healthy and engaged.
71. Social isolation is associated with poor physical, mental and emotional health including increased rates of cardio-vascular disease, hypertension, cognitive decline and dementia. Individuals who are socially isolated are between two and five times more likely to die prematurely than those who have strong social ties.¹⁶ The risk of social isolation increases with age. In Gateshead in 2011, 12,138 (34.4%) people 65 years of age or older were living alone and therefore could be at risk of social isolation.
72. People with stronger social networks are more likely to be healthier and happier. Those with weaker social networks can become isolated, and as a result, more likely to suffer from malnutrition, have an increased risk of hospital admission, and require more support and intervention from the local health and care services.
73. After adjusting for age, the rate of emergency admissions for injuries due to falls in people 65 years of age or older is significantly higher in Gateshead than in England overall. It is predicted that there will be a 37% increase in the number of people aged 65+ affected by falls and a 42% increase in the number of hospital admissions for falls by 2035.
74. The rate of hip fractures in people 65 years of age or older is slightly higher than the England average; there were 251 admissions for hip fracture in this age group in 2015/16.
75. In 2015/16 502 people (0.3%) aged 50+ in Newcastle and Gateshead CCG area had osteoporosis. This is the same as the England average.
76. The JSNA is prioritising the needs of older people because they are a large section of the population and have much to offer our future community health and wellbeing. A focus on housing, community, transport, education and skills and access to safe and good quality health and social care services will help to reduce social isolation and increase opportunities for older people. There is recognition of the need to focus on residents' capabilities, not their dependencies, and a commitment to prolonging independent living as they age.

¹⁵ Valuing the Socio-Economic Contribution of Older People in the UK March 2011

¹⁶ Marmot M (2010), Fair Society, Healthy Lives. The Marmot Review.

Long term conditions

77. 52,679 or 1 in 4 people in Gateshead have one or more long term conditions. People with long term conditions account for about 70% of the total health and care budget in England, equating to £7 out of every £10 spent.

78. We are seeing an increasing number of individuals with multiple and complex needs, who are being identified earlier, at the same time as our population is becoming older. This presents an opportunity for individuals to better manage their condition and takes pressure off acute health and social care services.

79. Gateshead has a higher than average number of unplanned admissions into hospitals and there is an identified overreliance on hospital care. The rate of presentations at primary and secondary care services is putting pressure on the health and social care system with associated risks to patients, staff and Carers.

80. Of the 52,679 people with a long term condition in Gateshead, 8,274 have three or more long term conditions. The risk of an unplanned hospital admission increases if an individual has more than one long term condition.

81. Early intervention and effective care management for those with long term conditions can prevent flare-ups and reduce the number of acute episodes that may result in hospital admissions.

82. The JSNA is highlighting the need to focus on long term conditions and promote self-care, screening and early identification in order to ensure the best quality of life and care for those with long term conditions and alongside ensuring that the health and social care system can support the increasing demand for services.

Mental Health and Wellbeing

83. The changes that often come in later life such as retirement, the death of loved ones, increased isolation, and medical problems, can lead to depression. This can impact on a person's energy, sleep, appetite and physical health.

84. The estimated number of those aged 65+ with depression in 2017 was 3,345. It is predicted that this will increase by 30% (1,015) by 2035. Similarly, the number with severe depression (1,056) is predicted to increase by 36% (376) over the same period.

85. It is estimated that there were 2,632 people aged 65+ with dementia in 2017. This is predicted to increase by 54% (1,432) by 2035. 1,116 of those with dementia were aged 85+ in 2017, and this is predicted to increase by 91% over the same period.

86. The JSNA recognises that while a significant number of people do develop dementia or depression in older age, decline in mental wellbeing should not be viewed as an

inevitable part of ageing. Many factors affecting mental health and wellbeing for older people are the same as for the general population.