

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

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### **Purpose of the Report**

1. To update Gateshead's Health and Wellbeing Board (HWB) on progress made against ongoing action areas and "Next Steps" identified in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB on 08 September 2017. This includes areas identified by Board members.
2. The paper also seeks the views of the Board on priority areas identified in Appendix 1, outlining the evidence base and rationale for prioritisation for the coming year.

### **Background**

3. Guidance<sup>1</sup>, 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.
6. 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.

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<sup>1</sup> 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/>

## Progress made against areas of action discussed in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB in September 2017

### Area of Action 1 - Develop a film on 'How to use the JSNA'

7. At the beginning of 2018 the information contained within the JSNA website was successfully transferred to the Council's new digital platform. On this new platform, the JSNA was given its own web address ([www.gatesheadjsna.org.uk](http://www.gatesheadjsna.org.uk)). In addition to moving the information across, the website design was refreshed and new features added. These include an improved search function available on every page, 'date last updated' markers, a 'Contact us' form, and the introduction of a permanent menu containing the six sections (Why is it important, What the data tells us, Groups most at risk, What are we doing and why, What would success look like, and Challenges – as well as Case Studies where appropriate) down the right hand side of each thematic page to make navigation easier.

The screenshot shows the homepage of the Gateshead JSNA website. The header is teal with the 'Gateshead JSNA' logo on the left and a search bar on the right. Below the header, there is a central video player with a 'See More' link. To the right of the video player are three teal buttons with icons and text: 'Priorities: Best start in life' (with a baby icon), 'Priorities: Living well for longer' (with a heart icon), and 'Priorities: Ageing well' (with an elderly person icon). Below these are six grey buttons arranged in two rows of three, representing thematic areas: 'Population and deprivation', 'Behaviour and lifestyle', 'Illness and death', 'Communities of interest', 'Economy, transport, housing, environment, crime and poverty', and 'Ward profiles and maps'. At the bottom, there is a 'Further information' section with a horizontal line and four links: 'Key strategies', 'Online data tools', 'Other needs assessments', and 'Health inequalities', each with a right-pointing arrow.

8. A film to promote the Gateshead JSNA has been produced involving Dr Mark Dornan, GP and Alice Wiseman, Director of Public Health. The film can be found on the home page of the JSNA website at <https://www.gatesheadjsna.org.uk/article/5102/Gateshead-JSNA> This film not only promotes the JSNA but also takes visitors through the key areas of the site, identifying key health issues for Gateshead and what is being done to improve health for our residents.

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

9. The Gateshead JSNA now has a Poverty section which includes data and information on local action in relation to Child Poverty and Fuel Poverty and will also include a section on Welfare Reform and Austerity. At this present time there is Headline data, and the six sections as agreed by the HWB will be added in the coming year.
10. Since the Health and Wellbeing Board in September 2017 the Gateshead Poverty Board has been formed. This is in response to the identified needs of key groups of people in Gateshead, including those who are being moved over to Universal Credit, who are bearing the impact of an economic downturn and the government's austerity agenda. The Researcher in Residence, based in the Public Health Team, is currently undertaking research to understanding the impact of the roll out of Universal Credit in Gateshead. The research report will be available in November 2018. Emerging findings include:

**Debt**

Increased arrears / increased risk of sanctions / increased hardship / debt / fuel poverty / risk of eviction / destitution / homelessness. Impact on relationship with landlord / landlady. Serious hardship / Borrowing causes further problems / Reliance on family / friends / food insecurity.

**Adverse effects were reported for the following groups in particular:** Disabled people, those with mental health issues, long-term or complex health conditions, people with learning disabilities, hearing impairments or communication issues, dementia, people with literacy issues, refugees and asylum seekers, people with cognitive impairments or memory issues, prisoners, ex-offenders and homeless people, families with children and lone parents or people who need interpreters / help to navigate the system.

The information will also help populate the section on Welfare Reform and Austerity as mentioned above.

11. Also, since September 2017, we have seen the publication of the Gateshead Directors of Public Health Annual Report 2017 "Inequalities; It never rains but it pours", a major conference "Thriving for All - Tackling Poverty in Gateshead" and more recently a themed network discussion on "Tackling Poverty in Gateshead - Child Poverty". All identifying the inequalities faced by people in the Borough and all looking at solutions to helping every person in Gateshead Thrive.
12. On the back of the research carried out in partnership with Northumbria University and the positive findings of the value of benefits advice, Citizens Advice Gateshead continue to offer packages of support for benefits claims and Universal Credit, both at their base on Swan St, Gateshead and at Gateshead Civic Centre.

13. Our Gateshead provides information on a range of support structures for people in need, for example Food Cooperatives, and the JSNA has links to and from the site.

**Area of Action 3** - Engage appropriate members of Migrant communities in development of the Migrant health section of the JSNA.

14. Members from key organisations / people working in the Refugee and Asylum Seeker (RAS) community have worked together to develop the section on the JSNA. The Expert Authors were keen to ensure that this captured the members' Collective Voice on distinct health challenges facing RAS and the views of the Health & Wellbeing Working Group has been included in one of the six key areas. There was not always published research relating to the points they made but, just like the case studies included elsewhere in the JSNA, this 'qualitative research' brings a real-life example of need. This area of work is in the process of being uploaded to the site.

**Area of Action 4** - Get agreement, and plan, a Members seminar on the JSNA.

15. A member's seminar– "What the JSNA says about my Ward" was held on Wednesday 4 October 2017 at 2.00 pm. The focus was on using the JSNA to identify key health issues in members' wards. Councillors attended with their iPads and there was an interactive session which helped to look at the value of the JSNA, including Ward profiles.

**Area of Action 5** - Explore Physical Disability and Sensory Impairment (PDSI) issues.

16. A Health Needs Assessment (HNA) of adults with Physical Disabilities and Sensory Impairments (PDSI) was conducted over the past 12 months by a member of the Gateshead Public Health team. This has been fed into the Gateshead PDSI group and is being utilised by the group to help identify priority actions and direction on developing a work programme into the future. Although the work was completed there were issues with attaining data from North East Commissioning Support (NECS) and following circulation of the draft action plan, members of the Eye Health Network and Northumberland Tyne and Wear Local Optical Committee have come forward with further suggestions for inclusion.

**Area of Action 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.

17. There have been a number of areas taken forward to incorporate local intelligence in the JSNA about how community assets are helping to support local health and wellbeing needs. This has been achieved through links to Our Gateshead from the relevant sections of the JSNA. For example the smoking section contains a logo which takes you to a link to groups and support for smoking cessation <https://www.ourgateshead.org/stopsmoking>

18. The JSNA Steering Group organised a workshop for their members with an analyst from Public Health England (PHE) North East titled “Putting the A in the JSNA”. This looked at a new PHE Fingertips site on a Health Assets profile” <https://fingertips.phe.org.uk/profile/comm-assets/data#page/0> and identifying factors which are an asset to an area rather than deficits as usually identified in profiles. Discussions are still taking place on how best to incorporate this into the Gateshead JSNA.
19. The example of the Refugee and Asylum-seeking community linking with the expert authors is another recent example of community assets supporting the JSNA as is some potential work in development with Mental Health commissioners and supported housing providers for people with mental health issues.

**Area of Action 7** - To review and update the 'expert authors' list and to continue to engage 'expert authors' in developing and reviewing the content of the JSNA and to secure the outstanding updates required.

20. Work has been ongoing in securing 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 although work has still to be initiated for the following sections: Illicit Drug use, Children Protection and Looked After Children and Teenage Parents, Air Quality, Climate Change, Food Safety and Heatwaves. The last four of these being latest additions to the site. Members of the JSNA Steering group are in conversations with the necessary authors.
21. 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”.

### **Next steps**

22. 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.
23. We will continue working to incorporate intelligence within the JSNA about how community initiatives/assets are helping to support local health and wellbeing needs
24. 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 above.

## **Recommendations**

25. 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 October 2018 onwards with the addition of Air Quality;
- Receive an update report in September 2019.

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## Evidence and rationale for prioritisation

(Source: Gateshead JSNA website as at September 2018 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 69.9% of children achieving a good level of development at age five, this is just below the national average of 70.7%.
3. Educational inequality starts early. For children who receive free school meals, 56.4% achieved a good level of development, which is just above the national average of 56%. Nationally there is a gap of around 9% 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 catch up and slightly outperform the national average when they leave school. This is demonstrated by the fact that 40.1% of pupils achieved grade 5 or above in English and Maths GCSEs (similar to a high grade C or low grade B in the old grading), compared with the national average based upon all schools of 39.6%.
5. In Gateshead, the Attainment 8 score was 46.8, above the national average of 44.6.
6. In the '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 -0.74 progress 8 score, which is significantly lower than the score for all other pupils of 0.09.
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 965 in 2018. This represents 3.2% of all pupils, which is slightly higher than the national and regional averages (2.9% and 3.1% respectively).
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. Gateshead adults are performing just below the national average for attainment of level 2 qualifications and above (72.1% v 74.7%). However, only 49.8% of Gateshead adults attained level 3 qualifications and above compared to 57.2% nationally and 29.5% attained level 4 and above compared with 38.6% nationally<sup>2</sup>.

11. 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. The number of young people completing apprenticeships has been fairly stable over recent years - in 2015/16 there were 1,390 apprenticeship completions in Gateshead.

12. 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.

13. 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**

14. 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 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.

15. 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 households<sup>3</sup>.

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

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



16. 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

17. 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.

18. 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.

19. 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%).

20. 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%.<sup>4</sup>

21. In 2016/17 there were 147 young people aged 10-24 admitted to hospital for self-harm. As a rate per 100,000 (DSR) this was 422.7, similar to the England average of 404.6. In previous years Gateshead has been consistently higher than the England average.

### **Starting and staying healthy and safe**

22. 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.<sup>5</sup>

23. 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.

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<sup>4</sup> Gateshead School Health and Wellbeing Survey 2016/17

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

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.

24. 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.
25. 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**

26. The UK is experiencing radical welfare reform amid a period of slow recovery from recession and continued austerity. This includes the introduction of 100% digital universal credit claims together with changes to housing benefit payments i.e. direct payment to the claimant rather than to the landlord. There are concerns about the impact this may be having on the physical and mental health of vulnerable people.
27. Gateshead is the 73<sup>rd</sup> 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.
28. The most recent data on local levels of child poverty available is from 2015, when there were 7,720 or 19.4% of children in Gateshead in poverty, significantly higher than the England average of 16.6%. The North East average was 21.5%. There is a concern that increases 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 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.
29. 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.<sup>6</sup> The reasons for these relationships are

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

complex and linked to wider societal issues such as employment type and status, housing, transport, education, and access to health services.

30. There are currently 4,910 people aged 16+ claiming Jobseekers Allowance or Universal Credit, which represents 3.8% of the population, compared with 2.2% nationally, as at July 2018 (ONS Experimental Data). 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.
31. 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**

32. 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.<sup>7</sup>
33. 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.<sup>8</sup>
34. Around 9% of people in the NewcastleGateshead CCG area had a diagnosis of depression in 2016/17. This figure continues to rise in line with the national trend. 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.
35. The NewcastleGateshead CCG area continues to have a higher rate of antidepressant prescribing compared with the England average.

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

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

36. The rate of admissions for self-harm is reducing in Gateshead but remains significantly higher than the England average.
37. 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.
38. 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**

39. It is estimated that 16.5% of Gateshead's adult population smoke. This increases to 24.5% for those adults in routine and manual occupations. There is a general downward trend in smoking prevalence, in line with the national trend.
40. 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.
41. 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.<sup>9</sup> 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 2,746 per 100,000 compared to the national rate of 1,685 per 100,000.
42. 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.<sup>10</sup>
43. 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 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 around twice that of the least deprived quintile.
44. Chronic obstructive pulmonary disease (COPD) is the second most common cause of emergency admission to hospital and one of the costliest diseases in terms of acute hospital care. Over 90% of COPD cases are caused by smoking and continued

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<sup>9</sup> [http://www.ash.org.uk/files/documents/ASH\\_774.pdf](http://www.ash.org.uk/files/documents/ASH_774.pdf)

<sup>10</sup> Smoking Statistics ASH June 2016

smoking is strongly associated with a higher frequency and greater severity of exacerbations.<sup>11</sup>

45. At delivery, 14.5% of all women giving birth in Gateshead were known to smoke. This is significantly higher than the England average of 10.7%.
46. 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.
47. 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%
48. The JSNA recognises the continued need to focus on tobacco control and smoking due to its health and economic impact on Gateshead.

### **Alcohol Misuse**

49. 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.<sup>12</sup>
50. The (age-standardised) rate of alcohol-related hospital admissions in Gateshead is 990 per 100,000 population (DSR). This is significantly higher than both the regional average (866) and the England average (636). The general trend in alcohol related hospital admissions is up and the gap between Gateshead and the England average is getting wider.
51. 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 2014 and 2016 there were 140 deaths from liver disease among people aged under 75 in Gateshead, with 9 in 10 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 58 in 2014-16, whilst the number of male deaths has decreased in the same period from 95 to 82.

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<sup>11</sup> Public Health England State of the North East 2017: Respiratory Health

<sup>12</sup> World Health Organisation, February 2018, Alcohol Fact sheet available at: <http://www.who.int/news-room/fact-sheets/detail/alcohol>

52. In 2016/17 there were 225 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 114, compared with the England average of just 72.
53. 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.
54. 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.
55. 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, 22% of violence against the person offences were deemed to be alcohol-related. 15% of robbery offences and 11% of thefts from vehicles were also believed to have been influenced by alcohol.
56. 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**

57. 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.
58. 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 mortality<sup>13</sup>. 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.<sup>14</sup>
59. 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.
60. In Gateshead 69.1% of adults are obese or overweight according to survey data, significantly worse than the England average of 61.3%. A wide range of health conditions may result from being overweight or obese; these include heart disease,

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<sup>13</sup> World Health Organisation Fact Sheets 2009

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

diabetes, hypertension, breast and prostate cancer, arthritis, physical disabilities, stress, anxiety and depression.

61. 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. However a Healthy Weight Health Needs Assessment is currently being undertaken and this should provide an update to the data for the JSNA in the coming months.
62. Of children attending Gateshead schools, 22% of 4-5 year old's increasing to 38.5% of 10-11 year old's were classified as overweight or obese (excess weight). This compares to the England averages of 22.6% 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.
63. 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.
64. 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.
65. The JSNA is prioritising healthy weight and physical activity as it will have an impact across a range of health and social / economic factors.

## **Air Quality**

66. Our understanding of the effect that poor air quality has on human health is becoming increasingly clear. High concentrations of nitrogen dioxide (NO<sub>2</sub>) are known to cause health effects including lung problems, sensitivity to allergens and can trigger asthmas<sup>15</sup>. There are also strong relationships between fine particulate concentrations (known as PM2.5) and cardiovascular and respiratory diseases, such as strokes and heart diseases<sup>16</sup>. There is a growing body of evidence linking air pollution with brain health.
67. In 2016, the Royal College of Physicians released a study<sup>17</sup> which estimated the UK's annual mortality burden from exposure to outdoor air pollution to be equivalent

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<sup>15</sup> [Associations of long-term average concentrations of nitrogen dioxide with mortality](#) – A report by the Committee on the Medical Effects of Air Pollutants, 2018.

<sup>16</sup> [The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom](#) – A report by the Committee on the Medical Effects of Air Pollutants, 2010.

<sup>17</sup> [Every breath we take – The lifelong impact of air pollution](#), Royal College of Physicians/Royal College of Paediatrics and Child Health, Report of a working party, February 2016.

to around 40,000 deaths. We have estimated that in Gateshead this equates to 110 deaths.

68. We are all affected because we breathe in the air around us. Whilst much of Gateshead has air quality that is relatively good, there are areas where levels of NO<sub>2</sub> exceed EU limits – but there is no safe level of air pollution. Risk increases with greater exposure, and our primary concern is with the effects of chronic exposure. Air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong relationship with poor air quality affecting lower average household income areas.
69. Lots of things affect the quality of the air, however the main activity that causes locally high levels of air pollution is the use of motor vehicles – particularly those with diesel engines. Nationally there is a focus on achieving reductions in NO<sub>2</sub> emissions, but it is anticipated that many of the measures taken to address this will also benefit the levels of fine particulate matter (PM2.5 – technically referred to as airborne particulate matter with an aerodynamic diameter of 2.5µm or less).
70. Gateshead, along with Newcastle and North Tyneside Councils, has been directed by the Government to develop a plan to bring air quality (NO<sub>2</sub>) exceedances within compliance of EU limits.

## **C. Older People**

### **Frailty**

71. The population of Gateshead (around 202,400 people) experiences wide variations in health outcomes across different groups and communities. The Gateshead population is ageing and it is projected that by 2041 there will be an additional 12,100 people aged 65 years or older in Gateshead, an increase of 31%.
72. 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.<sup>18</sup>
73. 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.<sup>18</sup> This is demonstrated by the Gateshead commitment to community capacity building and its engagement with older people.
74. 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.

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<sup>18</sup> Valuing the Socio-Economic Contribution of Older People in the UK March 2011



75. 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.<sup>19</sup> 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.
76. 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.
77. 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 to 14,065 in the number of people aged 65+ affected by falls between 2017 and 2035. It is also predicted that there will be a 42% increase to 1,149 in the number aged 65+ admitted to hospital as a result of falls by 2035.
78. The rate of hip fractures in people 65 years of age or older is similar to the England average; there were 229 admissions for hip fracture in this age group in 2016/17.
79. In 2016/17 a total of 718 people (0.4%) aged 50+ in Newcastle and Gateshead CCG area had osteoporosis. This compares to an England average of 0.5%.
80. 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.

### **Long term conditions**

81. There are 52,679 or 1 in 4 people in Gateshead with 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.
82. 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

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<sup>19</sup> Marmot M (2010), Fair Society, Healthy Lives. The Marmot Review.

older. This presents an opportunity for individuals to better manage their condition and takes pressure off acute health and social care services.

83. 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.
84. 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.
85. 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.
86. 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**

87. 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.
88. 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.
89. 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.
90. 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.