

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

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### **Purpose of the Report**

- 1 To update the Health and Wellbeing Board (HWB) on progress made in the development of the Gateshead Joint Strategic Needs Assessment (JSNA) and seek the views of the Board on priority areas for the JSNA based on progress on the 10 priorities set in May 2015.

### **Background**

- 2 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.
- 3 The Joint Strategic Needs Assessment (JSNA) is the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agrees a comprehensive picture of health and wellbeing needs and helps guide commissioning decisions in the locality.
- 4 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.
- 5 This briefing paper to Gateshead HWB will update on progress over the past financial year (2015 – 2016) and explore progress against the forward direction as outlined in a paper to Gateshead HWB in May 2015 "[Joint Strategic Needs Assessment 2015: Prioritisation of Need in Gateshead](#)". There will be particular reference to the use of intelligence and evidence, enabling an 'intelligence offer' to help shape future health and social care services, incorporating the wider determinants of health.

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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/>

## **Work to date - Developments during 2015 / 2016**

### **Intelligence Offer**

- 6 One of the key issues discussed in the report to the HWB in May 2015 concerned how to maximise the effectiveness of intelligence gathered for the JSNA. This considered:
  - 6.1 How the information is stored and retrieved, presented, communicated and translated for different audiences.
  - 6.2 How to ensure information from other sources (e.g. voluntary sector) is fed into the JSNA and informs the identification of priorities.
  - 6.3 How to ensure the community voice is considered and influences priorities.
- 7 Part of developing the Intelligence offer has been work on a number of Health Needs Assessments (HNA), including:
  - Homeless HNA, looking at those with multiple and complex needs through the lens of homelessness.
  - HNA of Black and Minority Ethnic Communities.Presentations on these HNAs will be given to the HWB as part of this meeting. These follow the recent HNA's on Ex-Service Community and Suicide Prevention; a piece of work on Carers is also being conducted to feed into the Carers review.

### **Development of new JSNA web pages**




- 8 The JSNA web pages have been totally redesigned to improve access to the intelligence (data, information and analytical narrative) used to assess health and wellbeing needs in Gateshead.
- 9 The web pages present the assembled intelligence by topic area. This includes contextual information about population and deprivation, together with detailed information about illness, life expectancy, causes of death and lifestyle behaviours. There is also a strong focus on the wider determinants of health, including the economy, transport, housing, environment, crime and poverty, as well as designated communities of interest.
- 10 The JSNA web pages are fully searchable using keywords to enable information to be retrieved easily from across different sections. Headline data is presented for all topic areas and links have been embedded to online data maintained in Public Health England's 'fingertips' tool. This enables benchmarking against other areas and analysis of trends.

## Joint Strategic Needs Assessment

Welcome to the website for the Gateshead Joint Strategic Needs Assessment (JSNA). The JSNA helps us to understand the key issues facing people in Gateshead and is used to [identify key strategic priorities](#) to improve the health and wellbeing of our population.

The key ongoing challenges and emerging issues to health and wellbeing in Gateshead are presented across the life course.

### Needs assessment priorities by life course

		
<b>Best start in life</b>	<b>Living well for longer</b>	<b>Older people</b>
<b>Child health profile</b>	<b>General health profile</b>	<b>Older people's health profile</b>

### Topics

<b>Population and Deprivation</b>	<b>Behaviour and Lifestyle</b>	<b>Communities of Interest</b>
<b>Illness and Death</b>	<b>Economy, Transport, Housing, Environment, Crime and Poverty</b>	<b>Locality Profiles</b>

### Useful links

<b>Key Strategies</b>	<b>Other Needs Assessments</b>	<b>Online Data Tools</b>
<b>Local Services</b>	<b>Previous JSNAs</b>	<b>Health Inequalities</b>

11 Expert authors either volunteer or are nominated by their managers to create the narrative for identified topic areas. The narrative incorporates six sections (shown below), which forms the basis for a consistent approach to the assessment of needs.

## Long term conditions

A long term condition is a health problem that can't be cured but can be controlled by medication or other therapies. An increasing number of people are living longer with more complex needs.

This section of the JSNA provides a brief overview of Long Term Conditions are effecting our population.

[Print all long term conditions sections](#) (opens in a PDF document)

<b>Why is it important?</b>	<b>Gateshead data</b>	<b>Groups most at risk</b>
<b>What are we doing and why?</b>	<b>What would success look like?</b>	<b>Challenges</b>

12 Guidance for expert authors was prepared and circulated in 2015 by the Public Health Programme Lead responsible for the JSNA. Expert authors for some topics still need to review content and advise on any new data/evidence that needs to be added.

13 Ten strategic priorities were identified in JSNA 2015 taking 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) and
- having a strong evidence base for action (see Appendix 1)

These were agreed by the HWB and are grouped by life course as follows:

### **Best start in life**

- Education and skills
- Emotional health and wellbeing
- Starting and staying healthy and safe

### **Living well for longer**

- Economic factors
- Mental health and wellbeing
- Tobacco control and smoking
- Alcohol misuse
- Healthy weight and physical activity

### **Older people**

- Frailty
- Long term conditions
- Mental health and wellbeing

14 These priorities have been reviewed for the updated JSNA and remain relevant to the work of the HWB.

### **JSNA Website usage statistics**

15 Google analytics have been used to analyse usage statistics of the JSNA web pages for the 9 month period from November 2015 to July 2016. Some of the key points are:

- 19,310 page views or hits and 11,356 unique sessions
- Average of 70 page views per day and 41 unique sessions
- 51% of page views from users within the council (49% external)
- 46% of unique sessions from users within the council (54% external)
- Only 4% of users view the JSNA using a mobile device (57% for the Council website as a whole).
- Only 1 in 3 visitors to the site go in via the JSNA homepage. This would indicate that people are either aware how to get to the area of the site they are interested in or searching via web browser and landing on specific pages.
- The most popular section 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.
- The needs assessment priorities narrative sections aren't as popular as the other topic or data sections – this may reflect the way people use the JSNA as a resource to find specific data

- The Communities of Interest topic is the most popular with 698 hits, closely followed by the Illness and Death topic with 673 hits

### **Third sector involvement – bringing Community users voices to the JSNA**

16 In parallel to the work of the JSNA steering group a third sector forum was established with the aim of bringing together the input of the third sector into the JSNA, and to begin to engage community voices. This group will contribute to the JSNA in a range of ways, including developing qualitative “life story” information in order to feed into the JSNA process.

17 Work is underway with three key VCS providers and a summary of progress is shown below.

- User-led outreach consultation with the **Gateshead learning disability community** was completed in June 2016. During the consultation the Involvement Now team (5 volunteers with learning disabilities) were supported to consult with a wide range of people with learning disabilities in Gateshead, including younger people, those with more profound learning disabilities, and those who are not in receipt of a health and social care budget. They explored; what issues are most important to people? What makes a happy and healthy life for people with learning disabilities? What makes it hard for people to have this sort of life? What helps? and What needs to change?

This has been facilitated by accessible user-led workshops, using roleplay and case studies to explore issues, using a range of methods to gather people’s views and capture people’s personal stories, including film and easy-read case histories.

- **Gateshead Older People’s Assembly** is bringing a user voice to the JSNA, exploring what it’s like growing older in Gateshead. The group used a range of ways of chronicling information, including video, images and diaries. This video, images, diaries or other medium can be uploaded to the JSNA under any section that discusses older people’s issues. This work was completed in June 2016.
- **Gateshead Carers Creative Writing.** Work is being undertaken with group of Carers supporting someone affected by substance misuse. They are exploring what substance abuse is all about and what the group’s opinions are on the causes and the effects. Workshops were facilitated using one-to-one and group sessions. They have covered specific areas to enable the group to tell their individual stories via diary entries, peer-to-peer interviews and Letter writing.

The outcome of the workshops are being developed into a brochure and will be included on Gateshead Carers website, used for blogs or developed into a book.

## Next steps

- 18 There was a good level of engagement at the Steering Group meeting on 14 April 2016. 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.
- 19 Through 2015/16, the Council's plans for the future have begun to focus more on a shift towards shared responsibility with communities and partners, and developing solutions within local communities, through the 'Achieving More Together' programme. This values the capacity, skills, knowledge, connections and potential across the whole community and partners, with a changing role for the Council, and is sometimes described as an "asset-based" approach. However, we recognise that the JSNA does not yet provide intelligence that can support this.
- 20 Taking this forward the next steps for the Steering Group will be:
- 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;
  - To build on the qualitative work undertaken by a range of voluntary sector providers, in order to bring additional richness to the JSNA;
  - To consider how to integrate intelligence on Gateshead's assets into the JSNA in line with "Achieving More Together"; and
  - To keep the topic areas covered by the JSNA under review.

## Recommendations

21 : 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 2016 onwards; and
- Receive an update report in September 2017.

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## Evidence and rationale for prioritisation

### 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. Educational inequality starts early, before a child even starts school. Figures show a one year gap in 'school readiness' between 3-year-olds, and a 15 month gap in vocabulary development between 5-year-olds, in the richest and poorest families.<sup>2</sup>
3. Although young people in Gateshead are 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 58.1% of pupils achieve 5 or more A\*-C grade GCSEs or equivalent including English and Maths, above the national average of 53.8%.<sup>3</sup>
4. 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.
5. 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 891 in 2016<sup>4</sup>. This is similar to the national and regional average.
6. The percentage of pupils with SEN but without a statement has steadily decreased and now stands at 3,496.<sup>4</sup> This is similar to the national but lower than the regional average.
7. There is a growth trend in Gateshead in the following categories of need (children and young people with either a statement/EHC Plan or at School Action Plus):
  - Autistic Spectrum Disorder
  - Speech, Language and Communications Needs (whole school and primary mainstream)
  - Behaviour, Emotional and Social Difficulties (whole school population and primary mainstream)

<sup>2</sup> [www.teachfirst.org.uk/why-we-exist/what-educational-inequality](http://www.teachfirst.org.uk/why-we-exist/what-educational-inequality)

<sup>3</sup> School Performance tables, DfE 2014/15 (DfE KS4 School Performance Tables website)

<sup>4</sup> Special Educational Needs in England, DfE, Jan 2016 (GOV.uk website)

There is a downward trend in the category of Moderate Learning Difficulty.

8. Gateshead adults are performing similar to the national average in terms of attainment of level 2 qualifications. However, only 53.3% of Gateshead adults attained level 3 qualifications compared to 57.4% nationally and 32.3% attained level 4 compared with 37.1% nationally<sup>5</sup>.
9. 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 - since 2013 Gateshead (8% of 16-18 year olds in 2015) has moved ahead of the national average (4.9%).
10. 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.
11. 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**

12. 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' .
13. 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>6</sup>.
14. 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

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<sup>5</sup> Adult Skills, Annual Population Survey, ONS 2015 (NOMIS website)

<sup>6</sup> Meltzer, H et al (2000) The Mental Health of Children and Adolescents in Great Britain



- 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

15. 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.
16. 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.

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

17. 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>7</sup>
18. 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.

Levels of early years development is improving, with 63.7% of children achieving a good level of development at age five, this is just below the national average of 66.3%. For children who receive free school meals, 49.5% achieved a good level of development. The gap to the national average (51.2%) has narrowed significantly in recent years<sup>8</sup>.

19. 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.

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<sup>7</sup> <http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdf>

<sup>8</sup> Early Years Foundation Stage Profile, DfE 2014/15 (PHOF website)

## B. Living Well For Longer

### Economic Factors

20. The UK is experiencing radical welfare reform amid a period of recession and austerity. There are concerns about the impact this may be having on the physical and mental health of vulnerable people.
21. 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.
22. The most recent data on local levels of child poverty available is from 2013, when there were 8,195 or 20.5% of children in Gateshead in poverty; this was significantly higher than the England average of 18%. The North East average was 22.2%.<sup>9</sup> The JSNA workshops in 2015 identified that there is a strong perception that poverty has increased in recent years due to the austerity measures and welfare reform. There is a concern that the increase in zero hours and part time contracts (in work poor) is having a negative impact on Gateshead families. 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<sup>10</sup>.
23. 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>11</sup> 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. The number of claimants receiving Jobseekers Allowance has more than halved in the last four years and is now 2,660. However, there are still a further 10,450 residents claiming Employment Support Allowance or Incapacity Benefit, with another 1,420 claiming Disability benefits<sup>12</sup>.
24. 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.

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<sup>9</sup> Personal Tax Credits Related Statistics, Children in Low-Income Families Local Measure HMRC 2013 (PHOF website)

<sup>10</sup> Income Deprivation Affecting Children Index (IDACI), DCLG 2015

<sup>11</sup> Health inequalities and determinants in the physical urban environment: Evidence briefing.

Marcus Grant, Caroline Bird and Penny Marno, March 2012.

<sup>12</sup> DWP Benefit Claimants Feb 2016 (NOMIS website).

## Mental Health and wellbeing

25. 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>13</sup>
26. 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>14</sup>
27. Just over 7% of people in the NewcastleGateshead CCG area had a diagnosis of depression in 2014/15.<sup>15</sup> In 2012 it was estimated that in Gateshead there were 22,447 people with a generalised anxiety disorder or mixed depression and anxiety disorder.<sup>16</sup>
28. 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.<sup>17</sup>
29. The Improving Access to Psychological Therapies (IAPT) programme offers evidence based interventions to treat people with depression and anxiety disorders. In Gateshead only 39.1% of people who are engaged with IAPT are recorded as moving to recovery at the end of their treatment, this is significantly lower than the England value of 45.9%.<sup>18</sup> Local people are also experiencing delays in accessing services
30. Both the rate of emergency psychiatric admissions and the rate of admissions for self-harm are significantly higher in Gateshead than in England overall.<sup>19</sup>
31. 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.

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<sup>13</sup> Royal College of Psychiatrists (2010) No Health without public mental health: The case for action.

<sup>14</sup> Department of Health (2011) No health without mental health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.

<sup>15</sup> HSCIC. Compendium of population health indicators. Quality Outcomes Framework (QMAS Database). Prevalence: depression, 2014/15.

<sup>16</sup> PHE. Common Mental Health Disorders (estimated prevalence), 2012.

<sup>17</sup> PHE Community Mental Health Profiles, 2014/15.

<sup>18</sup> Community Mental Health Profile 2014.

<sup>19</sup> North East Commissioning Support (NECS). Provider data, 2013/14.

32. 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**

33. It is estimated that 18.3% of Gateshead's adult population smoke. This increases to 25.6% for those adults in routine and manual occupations.<sup>20</sup> There is a general downward trend in smoking prevalence.

34. 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 463 will be in Gateshead.<sup>21</sup>

35. 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>22</sup> This burden impacts on every GP surgery and hospital, every local authority and every family whether they smoke or not.

36. 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>23</sup>

37. 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.<sup>24</sup> This is primarily a 'smokers' disease.

38. 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.

39. The JSNA recognises the continued need to focus on tobacco control and smoking due to its health and economic impact on Gateshead.

### **Alcohol Misuse**

40. 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.<sup>25</sup>

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<sup>20</sup> Annual Population Survey 2015 (PHOF website)

<sup>21</sup> Gateshead Health Profile. PHE. 2014

<sup>22</sup> [http://www.ash.org.uk/files/documents/ASH\\_774.pdf](http://www.ash.org.uk/files/documents/ASH_774.pdf)

<sup>23</sup> Smoking Statistics ASH June 2016

<sup>24</sup> NHS Information Centre - Hospital Episode Statistics & QMAS database, 2010/11. (PHE North East England Respiratory Profile: Gateshead CCG)

<sup>25</sup> World Health Organisation, February 2011, Alcohol Fact sheet available at: <http://www.who.int/mediacentre/factsheets/fs349/en/index.html>

41. 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<sup>26</sup>.
42. Harmful alcohol consumption causes death and disability relatively early in life. Approximately a quarter of deaths worldwide in those aged 20-39 years are alcohol-attributable.<sup>26</sup>
43. The (age-standardised) rate of alcohol-related hospital admissions in Gateshead is 927 per 100,000 population (DSR). This is significantly higher than both the regional average (830) and the England average (641). The general trend in alcohol related hospital admissions is up.<sup>27</sup>
44. Liver disease is the only major cause of mortality and morbidity that is increasing in England (including in Gateshead), whereas it is decreasing in many European neighbours. Major causes include obesity, undiagnosed hepatitis infection and harmful alcohol use.<sup>28</sup> Between 2012 and 2014 there were 135 deaths from liver disease among people aged under 75 in Gateshead, with 9 in 10 considered to be preventable.<sup>29</sup>
45. There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions, injuries, incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.<sup>26</sup>
46. 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.

## **Healthy weight and physical activity**

47. 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.
48. 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>30</sup>. Globally, physical activity is becoming a

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<sup>26</sup> World Health Organisation, February 2011, Alcohol Fact sheet available at: <http://www.who.int/mediacentre/factsheets/fs349/en/index.html>

<sup>27</sup> Hospital Episode Statistics, HSCIC, 2014/15 (Local Alcohol Profiles for England website)

<sup>28</sup> Alcohol Cancer - Statistics on alcohol ([alcoholconcern.org.uk](http://alcoholconcern.org.uk) website)

<sup>29</sup> HSCIC, Under 75 mortality from liver disease - all and preventable, 2012-14 (PHOF website)

<sup>30</sup> World Health Organisation Fact Sheets 2009

priority as a method of health improvement and disease prevention and models of social prescription are being adopted by GPs and health professionals.<sup>31</sup>

49. 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.

50. In Gateshead 68.9% of adults are obese or overweight according to survey data.<sup>32</sup> 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.

51. 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.<sup>33</sup> 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.

52. Of children attending Gateshead schools, 23.1% of 4-5 year olds and 34.0% of 10-11 year olds were classified as overweight or obese (excess weight).<sup>34</sup> This compares to the England averages of 21.9% and 33.2% respectively. 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.

53. 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.

54. 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**

55. The population of Gateshead (around 201,000 people) experiences wide variations in health outcomes across different groups and communities. The Gateshead

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<sup>31</sup> Halpin HA, Morales-Suárez-Varela MM, Martín-Moreno JM. Chronic disease prevention and the New Public Health. *Public Health Reviews* 2010;32:120-154.

<sup>32</sup> Active People Survey, Sport England, 2012-14 (Health Profiles website)

<sup>33</sup> SoTW Healthy Lifestyle Survey, 2012

<sup>34</sup> NCMP, HSCIC, 2014/15 (PHOF website)

population is ageing and by 2039 there will be an additional 14,400 people aged 65 years or older in Gateshead, an increase of 38%.<sup>35</sup>

56. 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>36</sup>
57. 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>36</sup> This is demonstrated by the Gateshead commitment to community capacity building and its engagement with older people.
58. 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.
59. 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>37</sup> The risk of social isolation increases with age.
60. 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.
61. 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.<sup>38</sup> It is predicted that there will be a 40% increase in the number of people affected by falls and the number of hospital admissions for falls in 2030.<sup>39</sup>
62. The rate of hip fractures in people 65 years of age or older is significantly higher than the England average; there were 259 admissions for hip fracture in this age group in 2014/15.<sup>40</sup>
63. 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

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<sup>35</sup> ONS Mid-Year Population Estimates (2015) and ONS 2014-based Sub-National Population Projections (ONS website)

<sup>36</sup> Valuing the Socio-Economic Contribution of Older People in the UK March 2011

<sup>37</sup> Marmot M (2010), Fair Society, Healthy Lives. The Marmot Review.

<sup>38</sup> HES/ONS, 2014/15 (PHOF website)

<sup>39</sup> Projecting Older People Population Information System 2014 (POPPI website)

<sup>40</sup> HES/ONS, 2014/15 (PHOF website)

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**

64. Around 1 in 4 people in Gateshead have one or more long term conditions.<sup>41</sup> 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.<sup>42</sup>

65. 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.

66. Gateshead has a higher than average number of unplanned admissions into hospitals and care homes and there is an identified over reliance on hospital care.<sup>43</sup> 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.

67. Of the 52,679 people with a long term condition in Gateshead, 8,274 have three or more long term conditions<sup>41</sup>. The risk of an unplanned hospital or social care admission increases if an individual has more than one long term condition.

68. 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.

69. 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.<sup>43</sup>

## **Mental Health and Wellbeing**

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

71. The estimated number of those aged 65+ with depression in 2015 was 3,316. It is predicted that this will increase by 26% (869) over the next 15 years. Similarly, the number with severe depression (1,051) is predicted to increase by 28% (299) over the same period.<sup>44</sup>

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<sup>41</sup> NECS, Kings Fund Combined Predictive Model risk of unplanned hospitalisation, Mar 2014

<sup>42</sup> Long Term Conditions Compendium of Information 3rd edition, Department of Health

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134486.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134486.pdf)

<sup>43</sup> Long Term Conditions Strategy. Gateshead CCG 2013-18.

<sup>44</sup> POPPI Estimates 2014



72. It is estimated that there were 2,603 people aged 65+ with dementia in 2015. This is predicted to increase by 43% over the next 15 years. 1,099 of those with dementia were aged 85+ in 2015, and this is predicted to increase by 63% over the same period.<sup>45</sup>

73. 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.

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<sup>45</sup> POPPI Estimates 2014