NHS

NHS South of Tyne and Wear

Annual Report
of the Director of Public Health for South Tyneside
2007/08

South Tyneside Primary Care Trust

Foreword

It gives me great pleasure to write the foreword for this 2007-08 Director of Public Health Annual Report for South Tyneside.

South Tyneside is an area that lives with a legacy of its traditional industries and has high levels of deprivation, which together present a particularly difficult and complex challenge in terms of addressing heath inequalities.

This report particularly focuses on the impact of health inequalities on the local population. It shows that while the overall health of the population has improved in terms of the major killers like cardiovascular disease and cancer, life expectancy in the borough is still significantly lower than other areas of the country.

During the past year there has been a considerable amount of investment and effort in relation to tackling health inequalities, for example in developing a screening programme for cardiovascular disease and establishing and increasing capacity in programmes to tackle smoking, obesity and alcohol misuse. With regard to the wider causes of health inequalities our strong Local Strategic Partnership works hard to improve the economy, tackle unemployment and financial disadvantage and improve housing for example.

Joint work has been carried out between the PCT and the council to assess local health needs. We know that the local population is expected to gradually increase by about 3,500 people over the next 20 years or so and that the proportion of older people over 65 years of age will increase to around 25% of South Tyneside's population. When planning and investing in health and social care services we need to take these important changes into account.

We are also working hard with the Council and our community and voluntary sector partners to involve people in relation to improving their health and providing services where they need them. We undertake to listen and respond positively wherever we can to the views put to us by the community.

I hope everyone who reads this report will feel a renewed sense of commitment to contribute to the vision to improve the health and well-being of the people of South Tyneside.

Marietta Evans
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Chair
South Tyneside PCT

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South Tyneside Director of Public Health Commentary

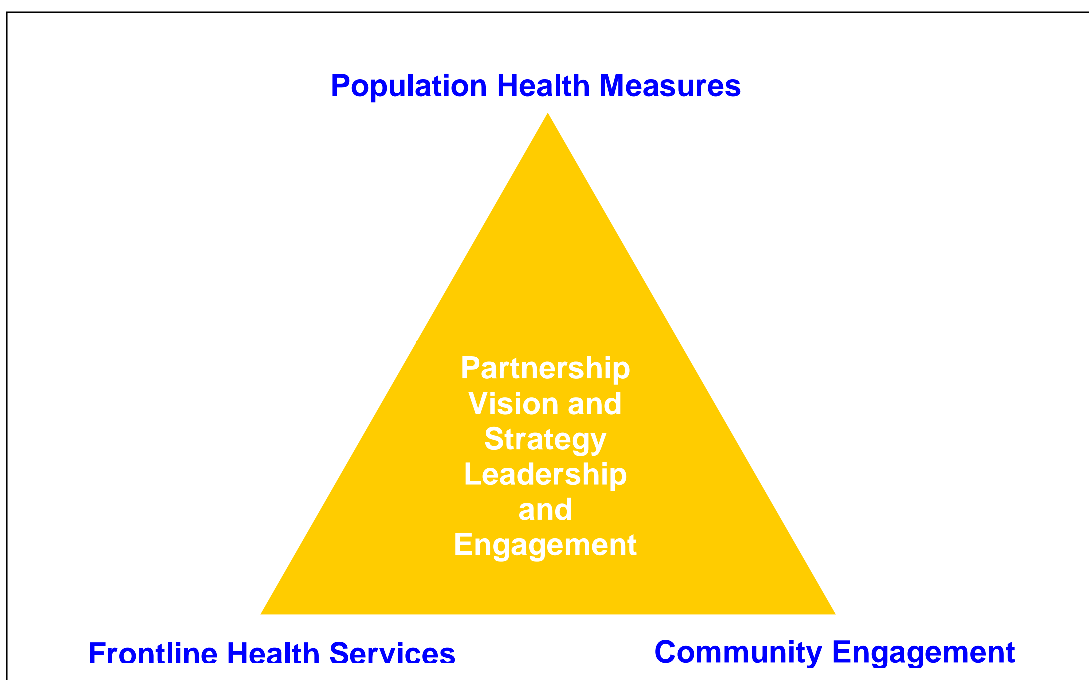
Introduction

The Challenge to Increase Life Expectancy and Reduce Health Inequalities

In my annual report this year I am specifically focussing on health inequalities and how partners can work together to address the gap in life expectancy and tackle some of the more challenging health problems in the borough. Health Inequalities has been defined as:

"The systematic and avoidable differences in health outcomes between social groups such that poorer and/or more disadvantaged people are more likely to have illnesses and disabilities and shorter lives than those who are more affluent"[1].

Health inequalities in any population are the result of complex and wide-ranging factors. We know that people who experience economic disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. **The Government has prioritised the need to tackle the causes and consequences of health inequalities through a co-ordinated, systematic approach.** In order to deliver population level health interventions it is necessary to provide personal health interventions systematically and on an 'industrial' scale to ensure all those in need are reached[2]. It is also necessary to engage communities to enable change in attitudes and health behaviour. The following diagram illustrates the three approaches required to achieve a percentage change in population health.



Source: Systematically Addressing Health Inequalities

While the overall health of the population has improved in terms of CVD and cancers, when compared to the national average for England, reducing the gap in health inequalities continues to be a challenge in South Tyneside. Narrowing the health inequalities gap is difficult, and in South Tyneside the gap has widened. The reasons lie in the causes of health inequalities which are complex, deep rooted, cross generations and involve action across many different organisations and sectors. Targeted action is needed to reduce the gap between the best and the worst health experiences in the borough. South Tyneside has high levels of deprivation with over 19% of Super Output Areas (SOAs) in the worst 10% for England and over 52% in the worst 20%. This is the largest proportion of areas falling into these categories in Tyne and Wear. These levels of deprivation present a particularly difficult and complex challenge in terms of heath inequalities.

In March 2008 South Tyneside Council was one of only three authorities in the country to be awarded Beacon Status for its Local Strategic Partnership (LSP) and Local Area Agreement (LAA) achievements. The LSP is responsible for ensuring that health inequalities are reduced and that overall health is improved. The LAA in South Tyneside has been agreed by key partners and aims to deliver a better quality of life for people through improving performance on a range of national and local priorities. The LAA focuses on the most important challenges and has ten agreed priority objectives including:

- reduce health inequalities by reducing smoking, alcohol misuse and obesity
- promote culture and well-being;
- increase opportunities and participation in education, employment and training;
- improve outcomes for vulnerable children and young people;
- improve the health and well-being of older people;
- reduce the gaps in employment and benefit claimant rates;
- improve housing conditions and quality.

The NHS South Tyne and Wear Strategic Plan, which reflects health priorities agreed with the local populations and partners over a five year period, includes priorities for South Tyneside Primary Care Trust and identifies addressing health inequalities as a key priority and in particular addressing the gap in Life Expectancy. **The Annual Operating Plan for NHS South of Tyne and Wear identifies substantial investment in preventive and treatment services to tackle smoking, obesity and alcohol problems**. Key outcomes have been identified for South Tyneside PCT in relation to World Class Commissioning Assurance. These outcomes will be used to assess the extent to which commissioners influence improvements in health and health care. In addition to the two mandatory Outcome Measures in relation to **Life Expectancy** and **Health Inequalities** six core measures have been proposed for NHS South of Tyne and Wear. These are:

- hypertension prevalence;
- childhood obesity at year 6;
- alcohol related hospital admissions;
- cholesterol control;
- hypertension control in people with CHD;
- prompt first cancer treatment (62 days from referral to treatment).

In addition to these eight common measures for NHS South of Tyne and Wear a further two measures have been selected for South Tyneside PCT specifically. These are:

- smoking prevalence among people with a chronic condition;
- emergency hospital admissions.

There have been recent changes in population predictions which will affect the future provision of health and social care services. South Tyneside currently has an estimated population of 151,316[3]. The population is expected to gradually increase to approximately 154,500 by 2031. Projections suggest a gradual decline in children and young people aged 0 - 24 years. Those in the 65 years and over age group will begin to increase in the next few years and by 2031, there could be a 40% increase in older people overall with an 83% increase predicted in the 85+ age group. **It is estimated that older people will make up 25% of South Tyneside's population by 2031**. Black and Minority Ethnic groups currently make up 4.4% of the total population. When planning and investing in services we need to take these population changes into account.

The government has made health inequalities a priority and set out a National Public Service Agreement to tackle the problem. The health inequalities Public Service Agreement (PSA) target is to reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth. This is underpinned by two more detailed objectives:

- starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole;
- starting with children under one year, by 2010 to reduce by at least 10% the gap between the 'routine and manual' socio-economic group and the population as a whole.

The National Public Health Service Agreements focus on reducing the gap in life expectancy and mortality from the major killers between the quintile of local authorities with the greatest burden and the national average by 2010. This quintile, identified as local authorities with a combination of factors including high levels of deprivation, relatively low life expectancy and high mortality rates, are known as the Spearhead communities. The challenge for partnerships is to improve their commissioning of key interventions and their community development and engagement to reduce the inequality gaps.

Progress Against Recommendations in 2007

A number of key recommendations were made in the Director of Public Health Annual Report 2006-2007 and progress is outlined below.

Children

2007 recommendations	Progress
Ensure prevention priorities to promote maternal, child and young people's health are reflected in provider service contracts and activity embedded in mainstream provision	Prevention priorities have been built into school nursing contracts. Obesity commissioning has identified permanent posts in relation to maternal lifestyle and childhood obesity.
Integrate educational programmes for young people which address risk taking behaviour such as sex, drugs and alcohol, and ensure these programmes are underpinned by evidence based emotional resilience work	Joint delivery of 'risk taking programmes' is currently being planned and link with delivery of emotional resilience training for young people
Continue the development of comprehensive mental health service provision for children and young people and improve access to assessment, support and treatment in the community	A service specification for Tier 3 services is being developed to deliver the service across a variety of settings and improve access
Commission targeted sexual health prevention and treatment services for high risk groups, including increased uptake of Chlamydia screening in 15-24 year olds	Delivery of the Chlamydia Screening Programme has been targeted towards services working with high risk young people including looked after children, young people misusing drugs and alcohol and young people accessing termination. The above delivery includes a focus on sexual health promotion.

Adults

2007 recommendations	Progress
We need to commission and implement the "high impact changes" within primary care to reduce the gap in life expectancy	A strategic approach to tackling CVD is being implemented across NHS South of Tyne and Wear PCTs with investment to support identification and treatment of those at high risk
Ensure all "high impact changes" are integrated into a whole systems approach in primary care	As above

Mortality rates are falling but we are not narrowing the inequality gap fast enough. We need to further develop our model to ensure the identification of people at high risk of CVD.	As above
In partnership, we need to implement joined up evidence based approaches to improve access to services for those in most need and tackle the wider determinants, informed by joint strategic needs analysis.	The JSNA has been completed and has identified a number of areas for further analysis and action. More in depth analysis has been commenced in relation to mental health and falls
Strengthen community involvement in strategic planning through the new Local Involvement Network, particularly seeking the engagement of vulnerable groups and individuals	The community involvement network is being engaged in strategic planning in a number of ways; through specific task groups reviewing service provision and via the Third Sector Commissioning Group
Further development of community/voluntary sector capacity for delivering brief interventions re smoking/alcohol/diet/physical activity	Some progress has been made with regard to developing brief intervention training for smoking and alcohol however this action needs to be addressed in 2008
Commission the midwifery service to provide intermediate stop smoking advice.	Developments with regard to commissioning intermediate smoking cessation have focussed initially on GPs and pharmacists in 2007-8
The development of integrated Contraceptive and GUM services in line with an approach across South of Tyne to support meeting the 48 hour GUM access target	Services have been working towards integration with a specific focus on workforce development. Nurses have been provided with training opportunities to ensure they are able to offer a range of both contraception and GUM. Young people's sexual health services have started to offer a range of STI screening alongside contraception provision and Chlamydia Screening through the regional programme is provided in a range of settings.
Ensure needs of specific groups including pregnant women, children, the Black & Minority Ethnic community and the Lesbian, Gay, Bisexual, Transgender community are taken into account	Services have been developed to take account of the specific needs of vulnerable groups. South Tyneside PCT continues to commission services for men who have sex with men through MESMAC in Newcastle. Work

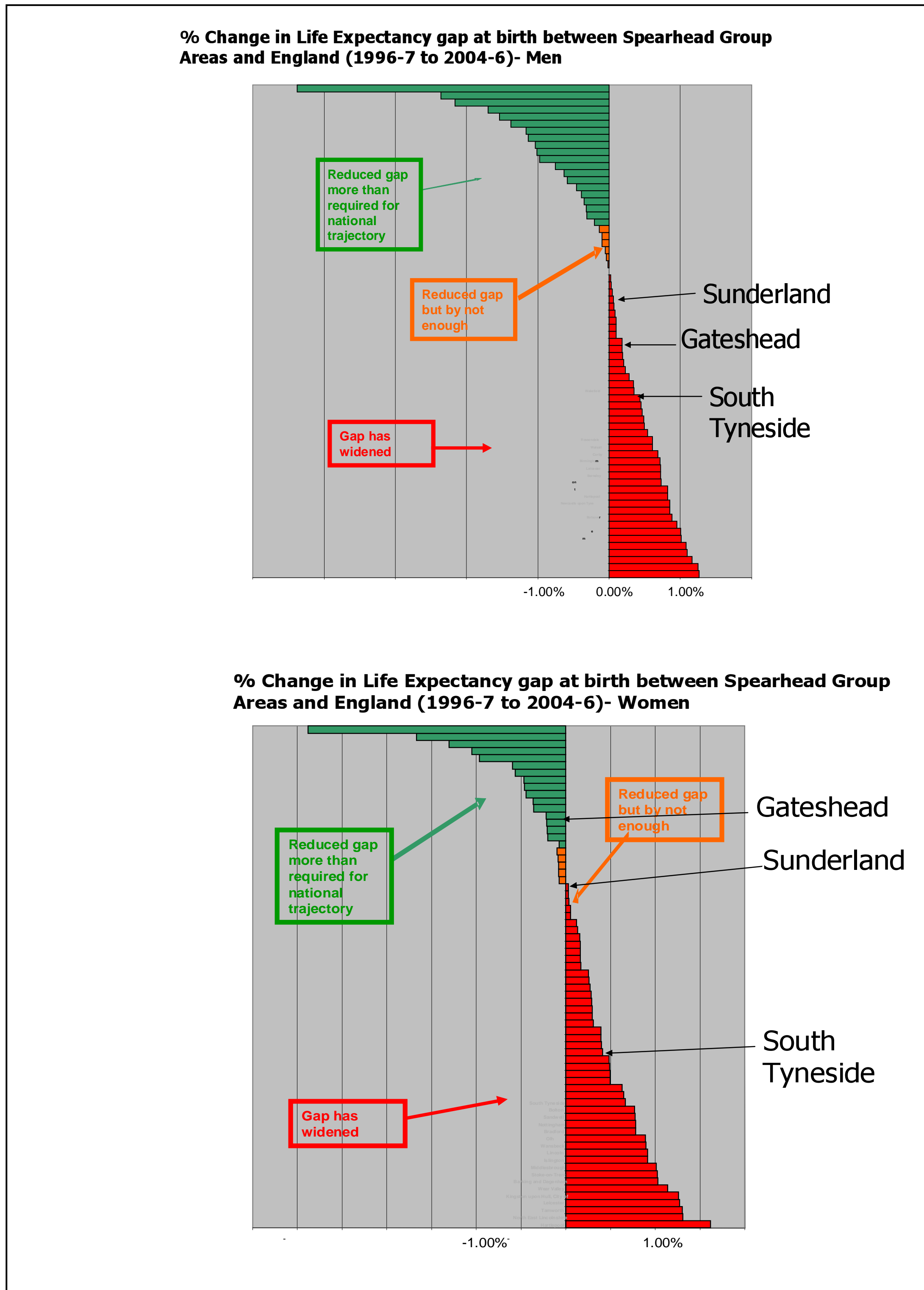
	has been undertaken over the past year to ensure South Tyneside residents have equity of access to this specialist service. Chlamydia Screening has been introduced through the maternity services. The postnatal contraception planning arrangements have been enhanced through an extension of the provision for women aged over 20. This arrangement ensures that all women regardless of age have access to contraception in the immediate postnatal period to reduce the likelihood of unintended pregnancies. Contraception is also integral to the Termination of Pregnancy services again to reduce the likelihood of subsequent unintended pregnancies.
Continue to develop a co-ordinated community response to domestic violence	Developments include the introduction of the Multi Agency Risk Assessment Conference and Independent Domestic Violence Advisors
Implementation of Screening & Brief Intervention (SBI) in Accident & Emergency and GP practices and appointment of an A&E and an Arrest Alcohol Referral Worker to carry out assessment and appropriate referral of clients	Pilot of SBI underway in A&E and primary care. Commissioning of Alcohol Referral Worker in A&E will take place in October 2008.
Commission tier 2 and 3 alcohol treatment services in particular in consultation with known clients and those not accessing services	Recommissioning of Tier 3 Substance Misuse Service from April 2008. Funding agreed for further investment in alcohol services with local commissioning plans to be developed October 2008.
Implementation of the Harm Reduction Strategy for drugs with a specific focus on preventing Drug Related Deaths, and commission a drug Harm Reduction Service with a range of provision including alcohol SBI and sexual health services	Harm Reduction Strategy completed. Harm Reduction Service to be commissioned 2008/09.

Older People

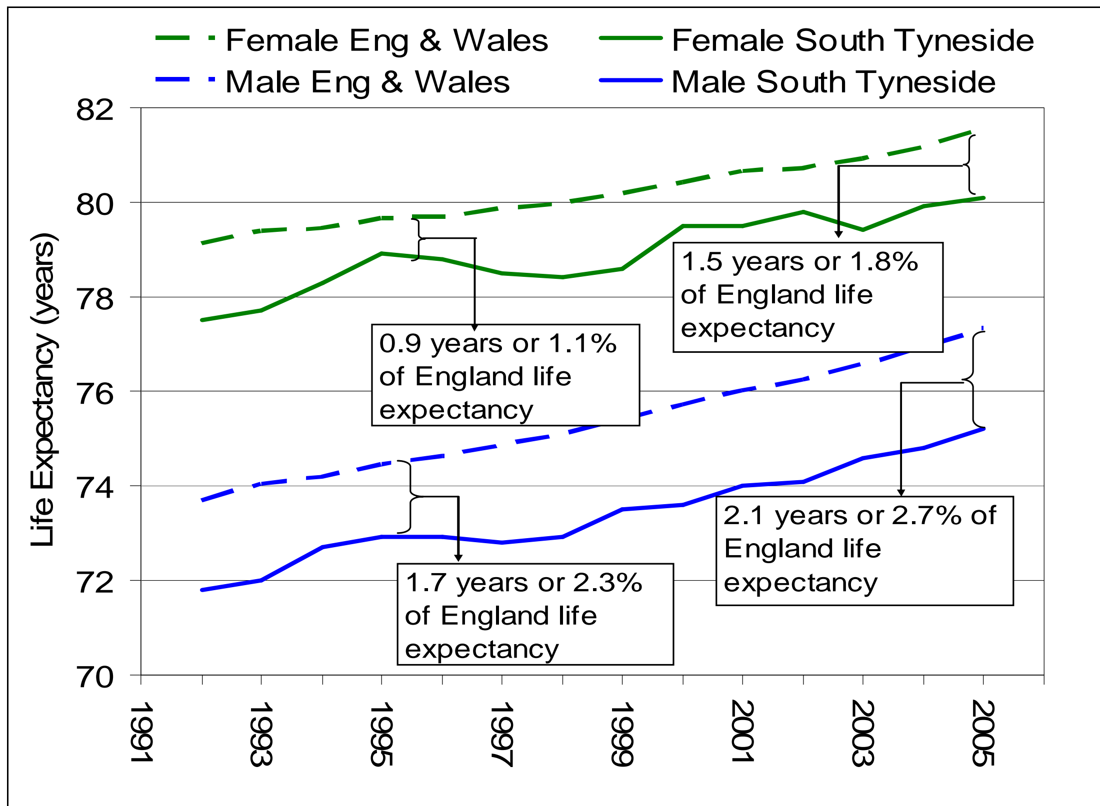
2007 recommendations	Progress
Ensure the JSNA informs the social care and health commissioning strategy for older people	The JSNA outlines health and social care needs for older people with projected changes in the populations. This has informed the Joint Commissioning Strategy for Adult Social Care
Implement prevention activities in nursing/residential homes and other care settings to address health lifestyle risks such as smoking, alcohol, physical inactivity and falls in the elderly	The Joint Commissioning Strategy for Adult Social Care identifies prevention activities in nursing and residential care settings and work is underway between Public Health and Adult Social Care to develop a programme
Strengthen links with social care to develop a co-ordinated strategic approach to long term conditions with single assessment via multidisciplinary delivery teams	Strong links have been established with social care and there have been developments with regard to reviewing rehabilitation for long term conditions. Further work on single assessment is required
As part of the Well-being Strategy implement a Cognitive Behavioural Therapy programme to reduce depression and the psychological impact of long term conditions in older people	Work is underway with the Young Foundation to deliver a CBT programme for older people. Parallel activity is being carried out to develop a common measure of depression
Facilitate a shift from hospital based services for people with dementia to highly skilled teams in the community to reduce the number of hospital admissions. The physical health needs of people with dementia should be addressed and carer support further developed	South Tyneside's Older People's Strategy outlines plans for better services for people with dementia to maintain their independence

Increasing Life Expectancy

Although life expectancy in South Tyneside is improving for men and women we are not narrowing the gap between average life expectancy for men and women at birth in South Tyneside and men and women across England. In fact the life expectancy gap has widened for both men and women. The graph below illustrates this.



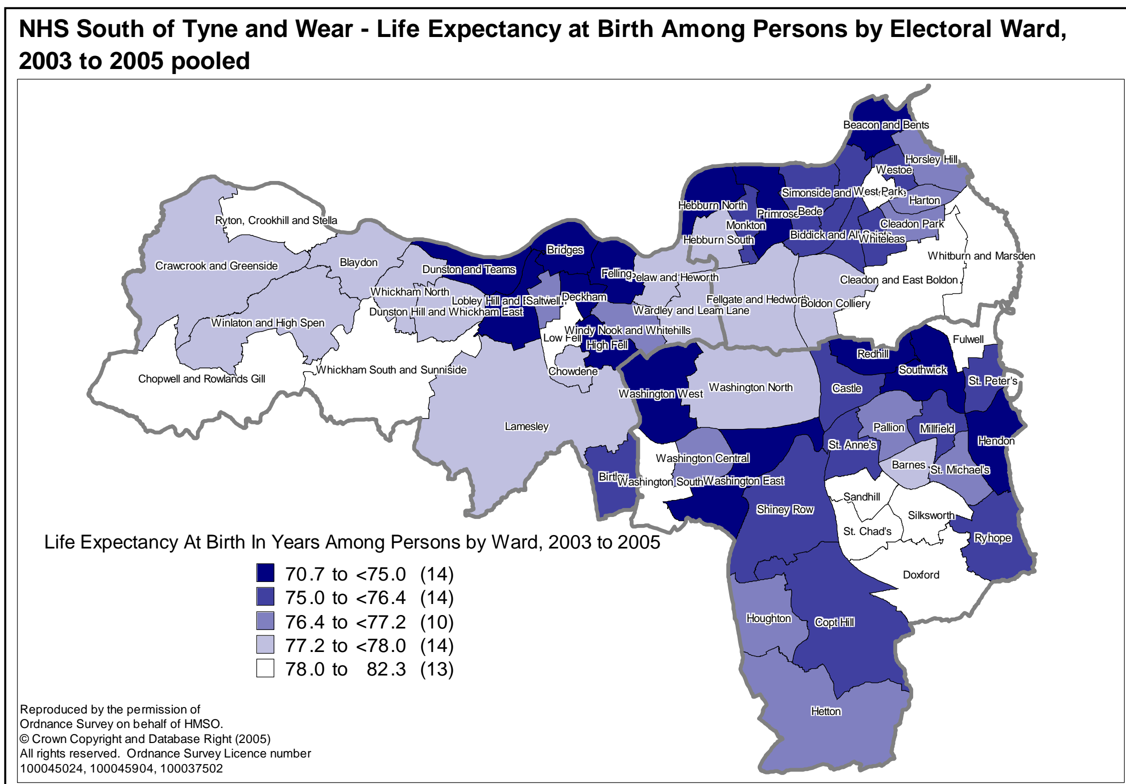
Currently the average life expectancy for men in South Tyneside is 75.3 years compared with 76.9 years for England. The average life expectancy for women is 79.9 years compared with the England average of 81.1 years. The graph below follows the trend in life expectancy in South Tyneside compared with England and Wales since 1991.



Source: NHS South of Tyne and Wear Health Monitor

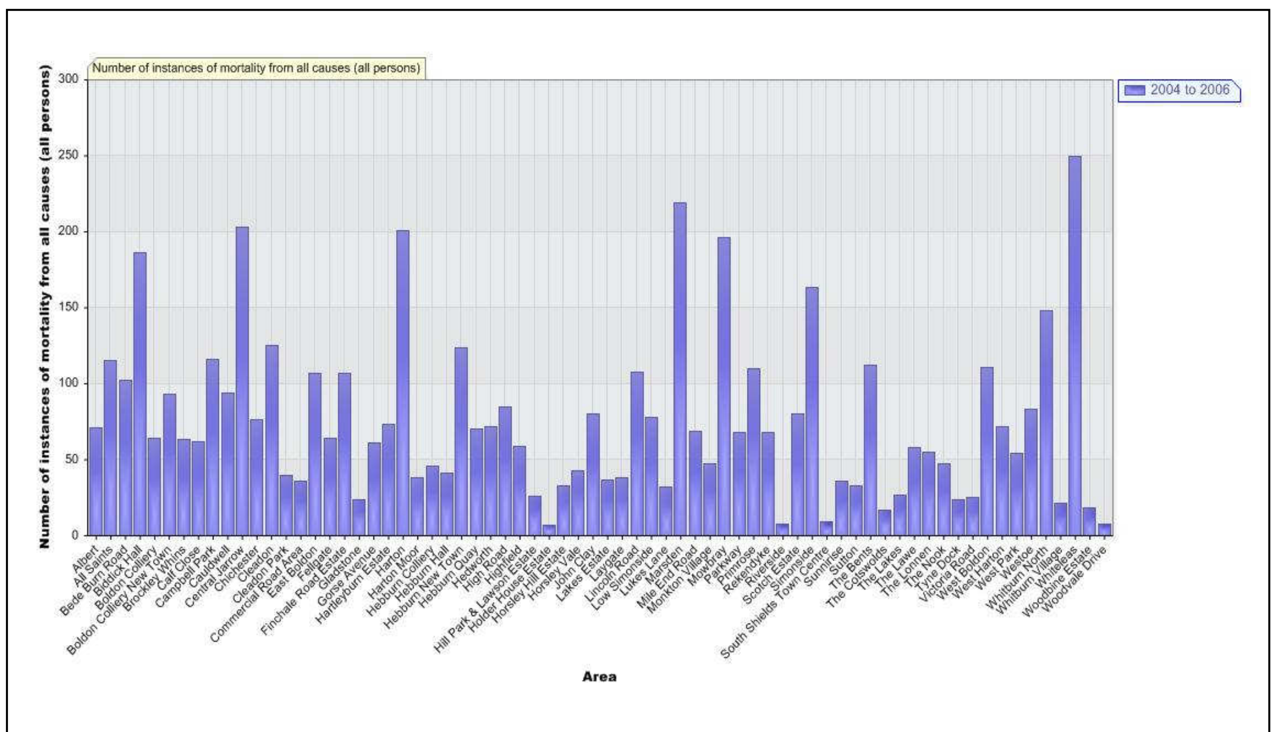
It can be seen that the gap in life expectancy has actually *increased* for both men and women to 2.1 years for men and 1.2 years for women. This needs to be tackled by addressing the causes of premature mortality the borough and putting effective interventions in place. The difference in life expectancy *between* men and women in South Tyneside is approximately 5 years. There are significant and worrying variations between wards with a life expectancy of 81.5 years for men in Cleadon and East Boldon to one of 72.7 years in Bede.

The following graph illustrates the differences in life expectancy at birth in NHS South of Tyne and Wear wards.



Source: NHS South of Tyne and Wear Health Monitor

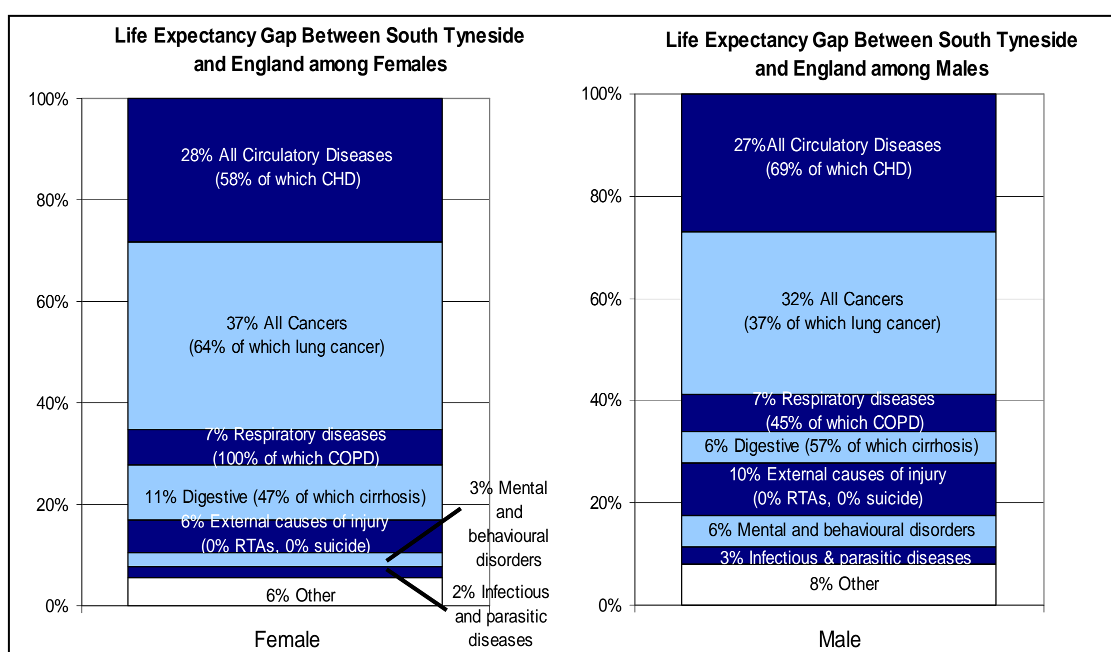
As suggested earlier, inequality in health is closely linked to deprivation and for all causes of mortality it is clear that a greater number of premature deaths occur in the most deprived wards in the borough. The chart below shows neighbourhood level data that has been calculated in relation to mortality across all causes within the population under 75 years.



Source: South Tyneside Council Intelligence Online

Healthy Life Expectancy combines life expectancy and population data on the health of the population to present an index of the expected remaining years of healthy life. This provides an indication of how long people will live in generally good health. Recent national figures show that while life expectancy is improving, Healthy Life Expectancy is not keeping pace. Data for England as a whole suggests that while life expectancy has increased, healthy life expectancy has not seen the same improvement. The North East's Healthy Life Expectancy is around 4 years less than the national average. Furthermore data suggests that **the percentage of the South Tyneside population living with a long term limiting illness is around 40% higher than the national average.**

The charts below outlines which diseases contributed most to the Life Expectancy gap for men and women in South Tyneside compared to England for the years 2003-2005.



Source: Health Inequalities Tool Department of Health 2007

It can be seen from the charts above that CVD and cancers remain the main cause premature mortality in South Tyneside. Knowing which diseases make up the life expectancy gap for men and women means that we can focus our efforts on tackling these diseases.

In addition to the main diseases which cause premature mortality in the borough there are a number of indicators where the borough is significantly worse than England and which contribute to the life expectancy gap and overall health inequalities[4].

These areas include:

- Life expectancy
- Deprivation
- Children in poverty
- Teenage pregnancy
- Smoking in pregnancy
- Breastfeeding initiation
- Obese children & adults
- Children's tooth decay
- Incapacity benefit claims for mental illness
- Adults who smoke
- Binge drinking adults
- Alcohol related hospital admissions
- Hip fracture in over 65's
- Deaths from smoking
- Early deaths from cancer
- Early deaths from heart disease and stroke
- People diagnosed with diabetes
- Healthy eating adults

Source: Health Profile for South Tyneside 2008

The actions to address health inequalities in any population need to operate in terms of short term, medium term and long term changes. Although the outcomes may be achieved at different rates the three 'operating systems' need to run alongside each other for the greatest and most sustainable impact. The table below describes these changes in more detail.

In terms of more immediate impact on the 'Life Expectancy Gap' PCTs need to focus on identifying people with chronic disease who are not yet on GP registers or receiving treatment. These will include those with unidentified hypertension, high cholesterol & diabetes, as well as those with COPD and people who are alcohol dependent and at high risk of hospital admission.

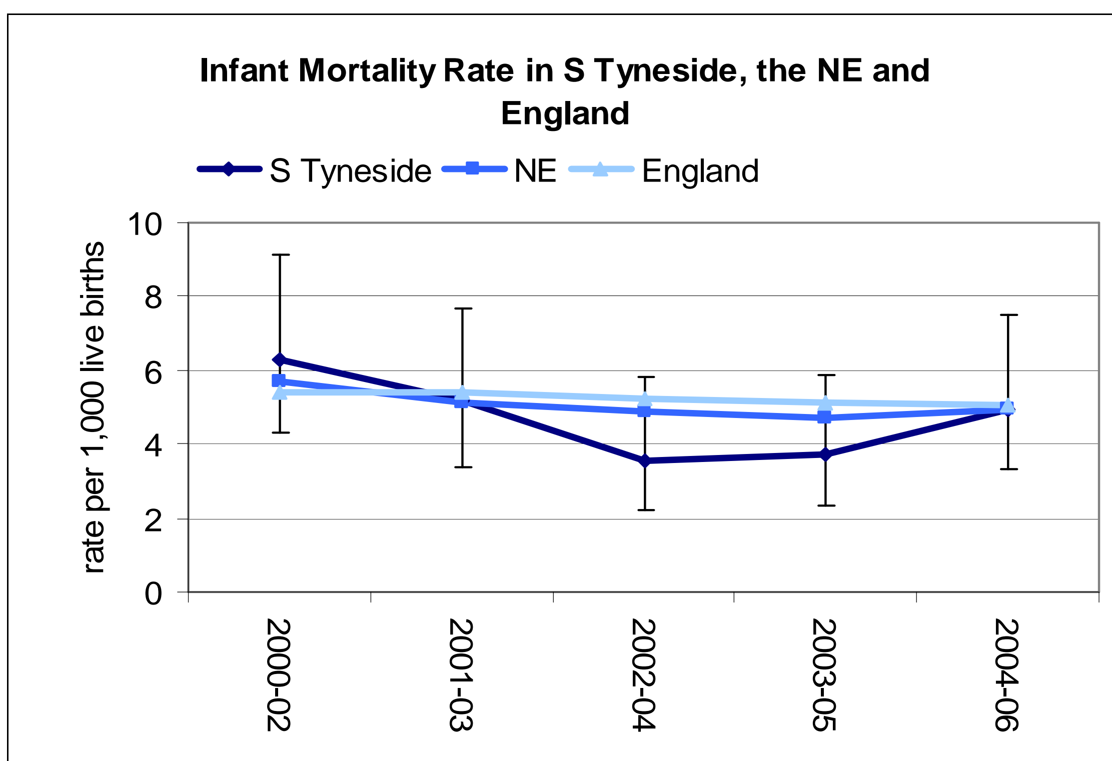
Impact	Action required	Key drivers
Short Term Impact (up to 5 years) but aiming for **2010**	Identify high risk individuals and provide effective treatment & management	• Systematic approach to identifying people at high risk • Sufficient scale to have impact on life expectancy gap • Access to screening & identification services • Public awareness & engagement • Specific targeted programmes in communities to identify vulnerable and hard to reach individuals
Medium Term Impact (up to 10 years)	Implementing effective lifestyle support programmes	• Accessible in the community • Reducing barriers for those who are vulnerable and hard to reach
Long Term Impact (up to 15 years)	Addressing wider determinants of health and action to improve general well-being of the population	• LSP leads on addressing wider determinants of health • LAA is a key driver in terms of holding partners to account

Source: Systematically Addressing Health Inequalities

JSNA has been carried out to help us identify current needs of the population and to identify future needs. JSNA specifically aims to identify where there are groups in the population who experience more ill health than other and what gaps in service provision need to be addressed. Building on the assessment of local needs, commissioning needs to include action to support the health and well-being of the population as a whole, especially groups at particular risk (e.g. a specific locality or people with a particular condition) and those who are economically or socially excluded, as well as the health and well-being of individuals[5].

Infant Mortality

One of the two headline national targets on health inequality is to reduce the gap in infant mortality between manual groups and the population as a whole by 10% by 2010. Giving every child a healthy start in life is a high priority nationally and locally. As can be seen in the graph below.



South Tyneside has relatively low infant mortality rates compared to the regional and national average.

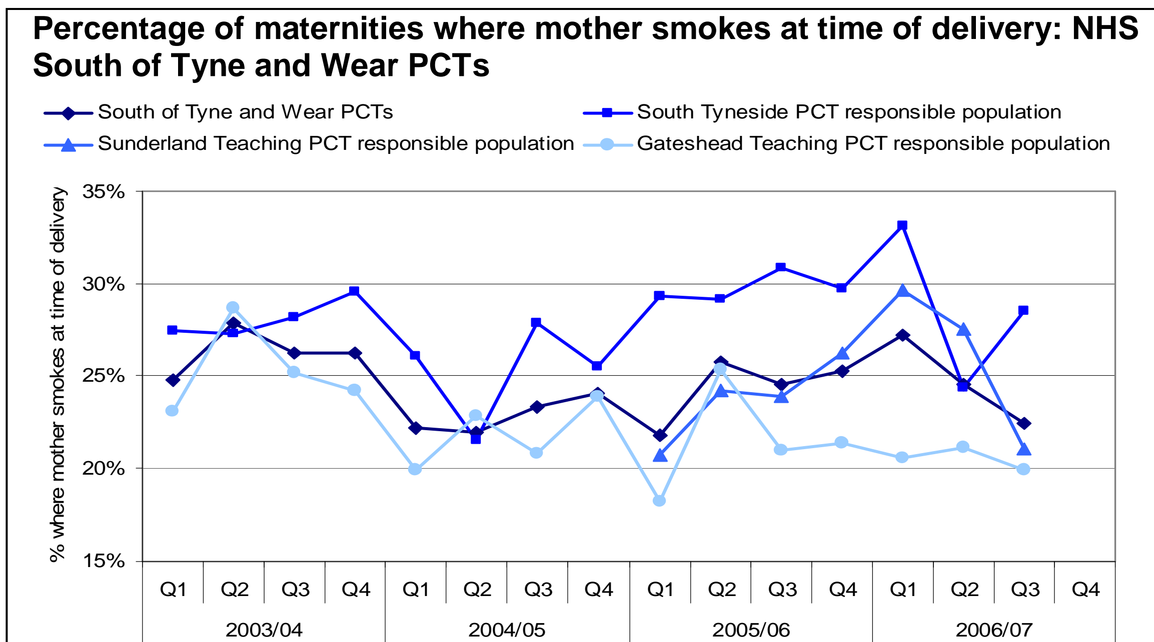
The main factors in reducing infant mortality include reducing maternal obesity, reducing smoking prevalence in mothers in routine and manual groups, reducing sudden unexpected deaths in infants, reducing under 18 conceptions, reducing child poverty and housing overcrowding[6]. While acknowledging that infant mortality is relatively low these areas of work remain priorities for the borough.

South Tyneside also has a lower than average rate of low birth weight babies[7]. Low income and poor educational attainment are also associated with increased risk of low birth weight. Low birth weight is associated with the more deprived wards in South Tyneside with up to 13.6% of babies being classed as having a low birth weight in the most deprived wards compared with 3.4% of births as the lowest percentage in more affluent wards.

Smoking in pregnancy

What is the extent of the problem?

Smoking in pregnancy is a major issue for South Tyneside and has a particular impact on low birth weight of babies. The prevalence of smoking in pregnancy is considerably higher than the national average with an estimated prevalence of 28.44% in South Tyneside compared to a national average of 17%. The graph below shows the percentage of mothers who smoke at time of delivery in the three NHS South of Tyne and Wear PCTs.



Source: NHS South of Tyne and Wear Health Monitor

It can be seen from the graph that there is a significantly higher percentage of new mothers in South Tyneside who smoke compared with Gateshead and Sunderland.

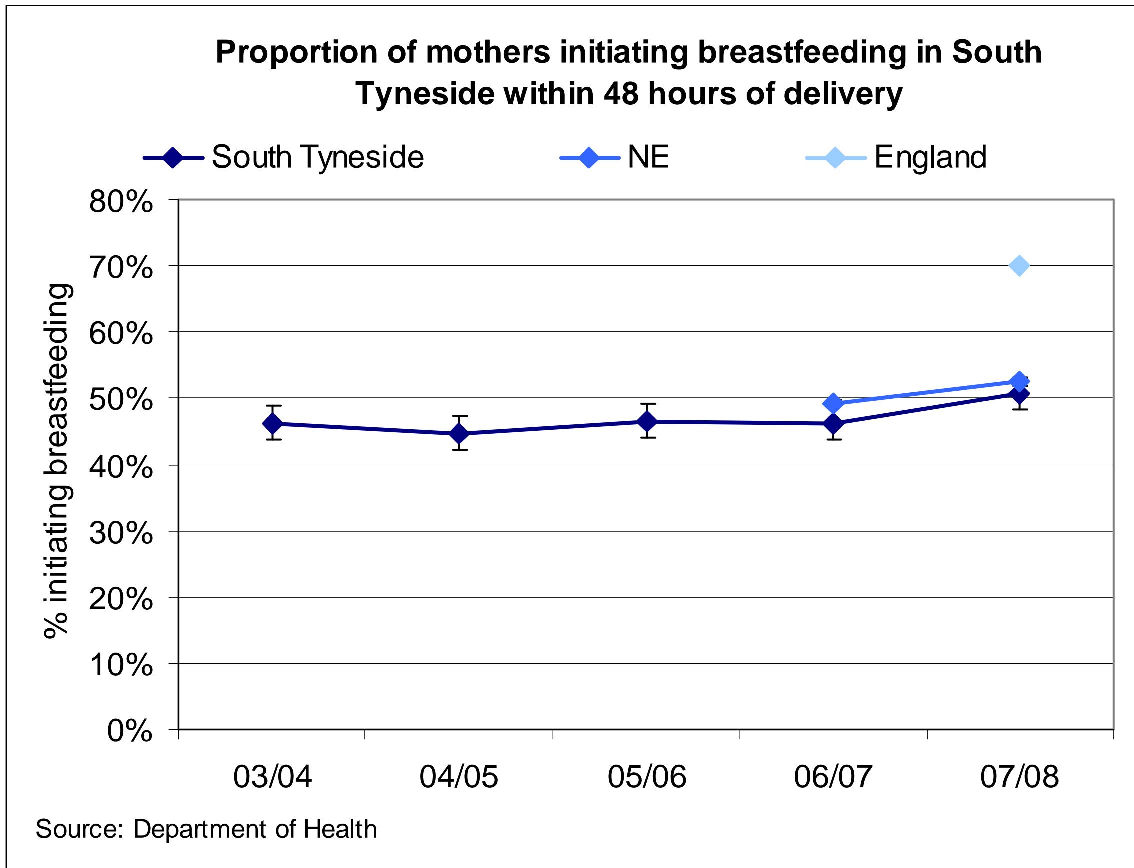
What is being done to address the problem?

While some progress has been made **smoking in pregnancy is a key area that needs to be addressed more effectively in 2008-9.** More support in relation to behaviour change for pregnant women and their partners needs to be provided.

Breastfeeding

What is the extent of the problem?

Breastfeeding is a very important start in life for all babies and protects them from infections and reduces the likelihood of then becoming obese as children and adults. **The Health Profile 2008 identifies initiation of breastfeeding in South Tyneside as significantly worse that the England average** with 47.4% of mothers starting to breastfeed compared with 69.2% in England as a whole. The graph below shows the trend in breastfeeding initiation between 2003-4 and 2007-8 and suggests a slight increase in the last year.



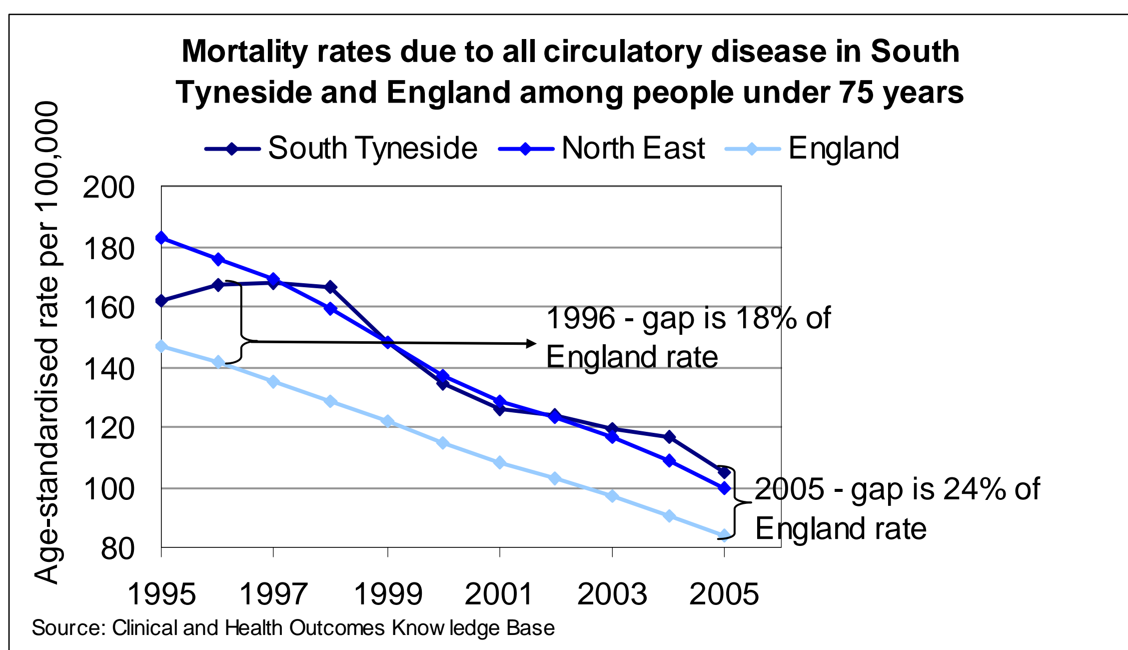
What is being done to address the problem?

Midwives continue to be one of the main sources of expert advice for new mothers. They are being supported by volunteers 'Breast Friends' who have more time to help with problem establishing feeding. **More work needs to be carried out to influence public opinion in favour of breast feeding in South Tyneside.**

Cardiovascular Disease (CVD)

What is the extent of the problem?

CVD covers a number of different conditions relating to the heart and circulatory system, including coronary heart disease (CHD), stroke and peripheral vascular disease. Diabetes, smoking, obesity and high blood pressure all contribute to the development of CVD. CVD is known to be more prevalent in lower socio economic groups and some minority ethnic communities. People of Asian origin are particularly vulnerable to hypertension, stroke and type 2 diabetes. There is also likely to be higher prevalence in those with a mental illness, those who have been unemployed for five years or longer and prisoners or those released from prison. **Over the past ten years early deaths from CVD (heart disease and stroke) have been reducing in South Tyneside but still remain worse compared with the England average.** The graph below shows the reduction in mortality and the current size of the gap compared with England.



Deaths from CVD are higher in the more deprived areas of the borough. This means that we need to target interventions so that impact is greatest in the wards with higher deaths rates and prevalence of CVD.

Stroke and Transient Ischaemic Attack

What is the extent of the problem?

Stroke is a significant health problem in South Tyneside and mortality rates are significantly higher compared with the national average, although mortality has fallen in recent years. The risk of stroke increases significantly with age, with a 10 year risk of 2.9% for men and 2.3% for women at age 55 increasing to 10.4% for men and 10.5% for women by age 75. The ageing population will result in the number of people aged 75 and over increasing by 3.0% in the next 5 years and by 14.2% by 2018. The risk of stroke also increases greatly following a Transient Ischaemic Attack (TIA).

Following a stroke 30% of people die in the first month after a stroke and only 65% of those who survive are able to live independently: 35% are significantly disabled and 5% of survivors require long-term residential care. The table below shows the numbers of people on a stroke register in general practice and the prevalence of stroke and TIA between 2004-5 and 2006-7. This data indicates that the local prevalence of stroke and TIA in South Tyneside is higher than the prevalence for England but equal to the regional prevalence.

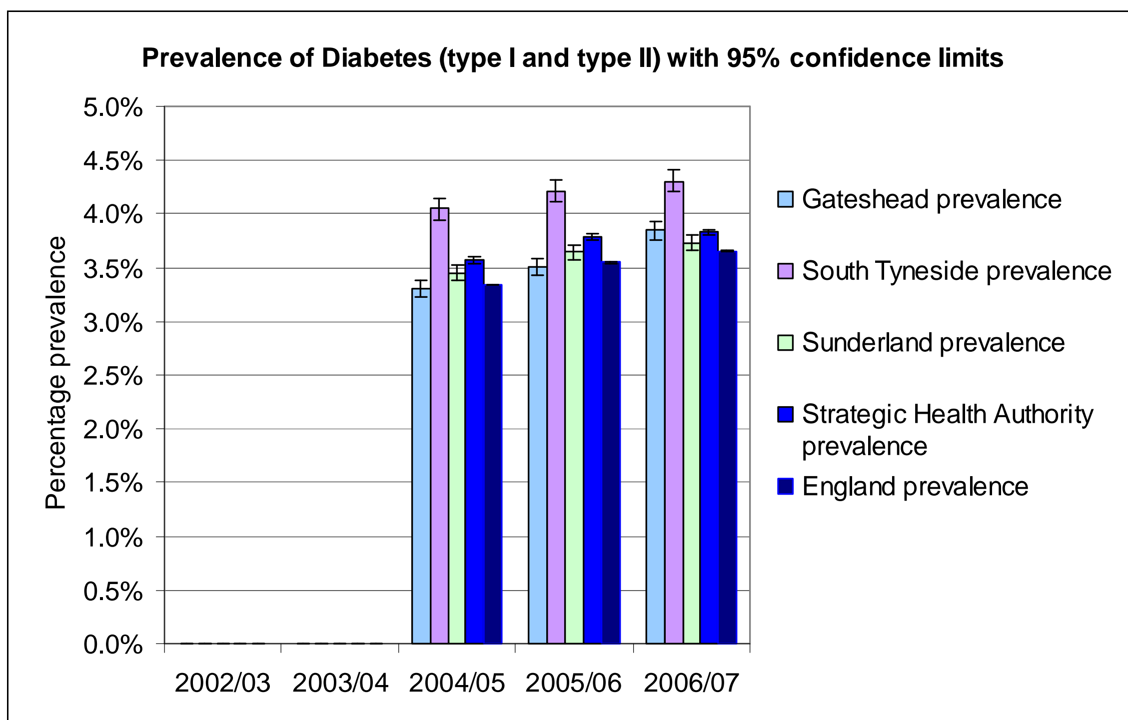
Year	Gateshead number on disease register	Gateshead Prevalence	South Tyneside number on disease register	S Tyneside Prevalence	Sunderland number on disease register	Sunderland Prevalence	SHA Prevalence	England Prevalence
03/04								
04/05	4232	**2.1%**	3,273	**2.1%**	5,760	**2.0%**	2.1%	1.5%
05/06	4293	**2.1%**	3,477	**2.2%**	6,004	**2.1%**	2.2%	1.6%
06/07	4389	**2.1%**	3,549	**2.3%**	6,085	**2.1%**	2.1%	1.6%
07/08								

Source: NHS South of Tyne and Wear Health Monitor

Diabetes

What is the size of the problem?

Diabetes mellitus is a condition in which levels of sugar (glucose) in the blood become too high. Long term high blood glucose levels (hyperglycaemia) are associated with damage, poor function and failure of various organs of the body, the eyes, kidneys, nerves, heart and blood vessels are particularly at risk. People who are overweight and physically inactive are at greater risk of developing Type II diabetes. The following graph shows that **diabetes type 1 and 2 prevalence is significantly higher for South Tyneside than the national, regional and other NHS South of Tyne and Wear PCTs prevalence.**



Source: NHS South of Tyne and Wear Health Monitor

What is being done to address the problem?

In terms of tackling CVD there are a number of developments underway. During 2007-8 NHS South of Tyne and Wear has developed a strategy to tackle CVD with a particular focus on preventing premature deaths, targeting those at high risk of disease. The identification, assessment and treatment of high risk patients will begin during 2008-9 by GP practices and also pharmacies, in the workplace and in the community. There are approximately 26,815 people in South Tyneside with undiagnosed or uncontrolled hypertension and an estimated 5,700 people requiring statins to reduce cholesterol levels who are not currently receiving them. Screening will identify undiagnosed high blood pressure, high cholesterol levels and also undiagnosed diabetes. As well as receiving appropriate medication people identified as high risk will also be referred into smoking cessation, weight management and exercise as appropriate.

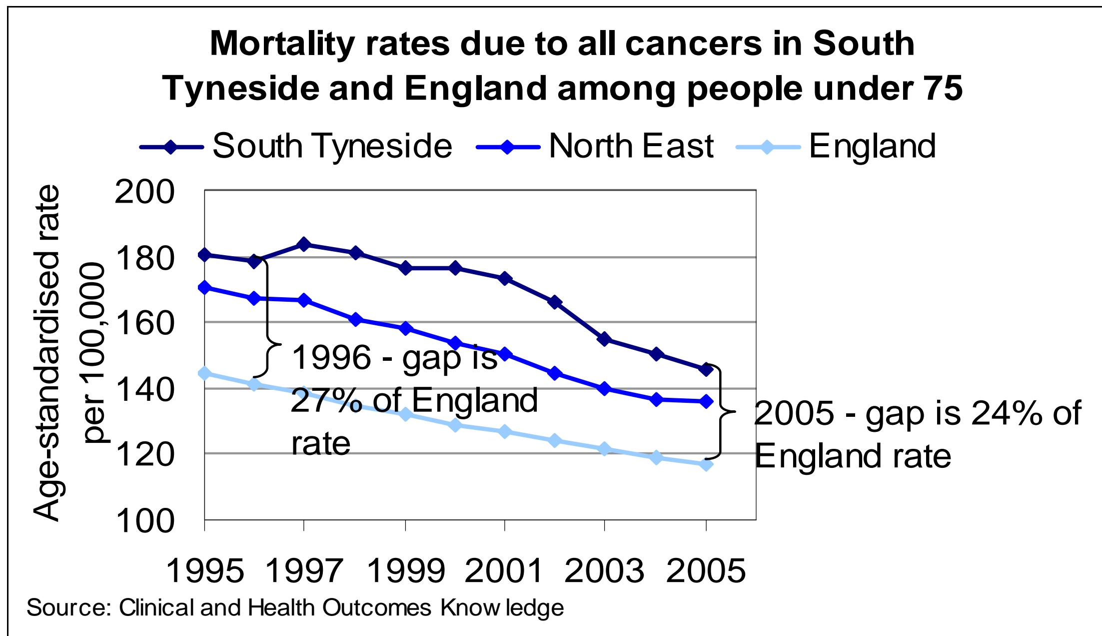
The Healthy Community Collaborative for CVD started in South Tyneside in November 2007 with the specific aim of raising awareness of CVD in communities with the highest number of deaths and disease. The collaborative works closely with communities and GPs.

In terms of stroke a NHS South of Tyne and Wear Group has been established to implement the National Stroke Strategy in relation to the treatment of people who have had a TIA or stroke and also in relation to intermediate care and rehabilitation. With regard to diabetes we need to increase public awareness of the signs and symptoms of diabetes so that diagnosis can be made as early as possible (this will be supported by the CVD screening programme developments and the Healthy Community Collaborative Programme).

Early Deaths from Cancer

What is the extent of the problem?

Early deaths from cancer have been falling in South Tyneside over the past ten years however **the gap between mortality rates in South Tyneside and England is reducing but only slowly**. This can be seen in the graph overleaf.



South Tyneside has a higher incidence of lung cancer than the national average (lung cancer accounting for an average of 35% of all cancers in men and women). **Women in South Tyneside in particular face a significant inequality, with 64% of all female cancer deaths being due to lung cancer.** Lung cancer mortality rates locally are around 50% higher compared to rates across England. This significant inequality is linked mainly to the high prevalence of smoking in the local populations. Differences in survival rates could be linked to stage of presentation and/or inequalities in standards of care. As the population is ageing in South Tyneside it is likely that cancer deaths will make up a larger proportion of all deaths in the future.

Data shows significant variation between neighbourhoods in relation to cancer mortality. Monkton Village, Hill Park and Lawson Estate, Sutton, Laygate and the Lonnen all have a rate of more that 250 cancer deaths per 100,000 population.

It is estimated that 84% of deaths from lung cancer are attributable to smoking[8]. A reduction in smoking prevalence is one of the major factors linked to reducing deaths from lung cancer. Prevalence of smoking is higher among routine and manual workers and this group is over represented in local populations compared to the national average.

What is being done to address the problem?

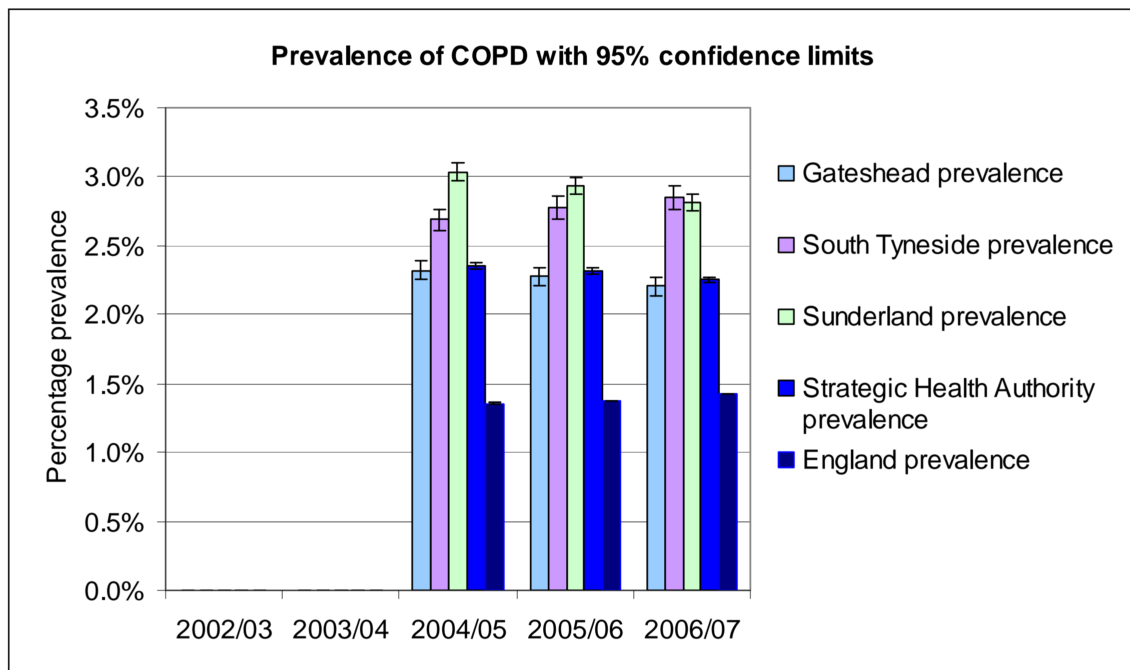
Good quality cancer treatment services in South Tyneside are commissioned which meet national referral waiting time standards. Uptake of breast screening is in line with the national target and the bowel screening programme has now started however uptake of cervical screening has been decreasing over recent years and this needs to be addressed. Through the Healthy Community Collaborative we are working within communities to raise awareness of signs and symptoms of major cancers – targeting those areas with highest prevalence of cancers.

Because we still have a particular problem with early deaths from lung cancer we need to dramatically reduce smoking prevalence in the population. We also need to raise awareness of signs and symptoms in the public to improve early diagnosis. This work is being carried out through the Healthy Community Collaborative Programme

Chronic Pulmonary Obstructive Disorder (COPD)

What is the extent of the problem?

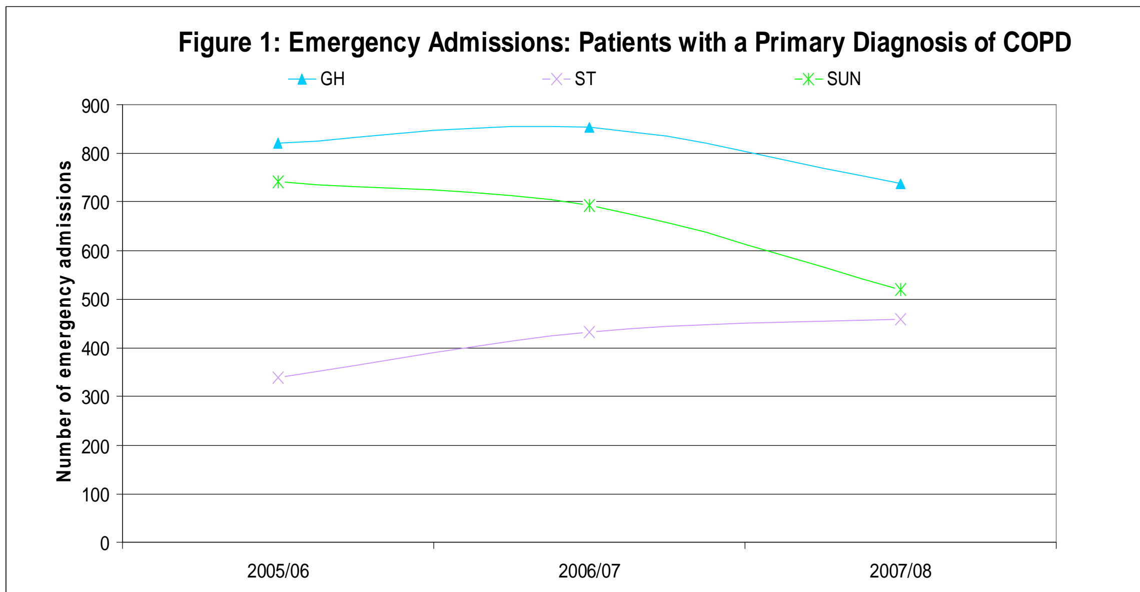
COPD is the only major cause of death whose incidence is on the increase[9]. COPD admissions are higher in winter, when patients are most at risk of exacerbation and particularly high in winters that have a high incidence of flu. COPD primarily affects those aged over 45 years, furthermore prevalence among older age groups tends to be significantly higher than previously estimated[10]. The graph below shows the prevalence of COPD locally compared with Gateshead, Sunderland and England.



Source: NHS South of Tyne and Wear Health Monitor

COPD prevalence is high and rising in South Tyneside. This is closely linked to the high levels of smoking across the borough, with an estimated 90% of COPD being caused by smoking. South Tyneside has been identified as a 'hot spot' for COPD[11]. This relates to people living in postcode areas at high risk of future hospital admission with COPD. These areas mirror the most deprived areas in the borough.

With regard to emergency admissions for COPD the graph overleaf illustrates a fall in the number of admissions in Sunderland and Gateshead between 2005-6 and 2007-08, against an increase in admissions in South Tyneside.



Source: NHS South of Tyne and Wear Health Monitor

There are high levels of unmet need with regard to COPD and it is estimated that compared with the known, diagnosed cases there may be an additional 50% to 75% of cases undiagnosed. In terms of unmet need the chart below estimates the gap in terms of diagnosed COPD compared with estimated prevalence.

Area	No. COPD Register QOF (06/07)	Estimated Prevalence*	GAP
Gateshead	4510	12621	8111
South Tyneside	4431	9534	5103
Sunderland	8012	17451	9439
TOTAL			**22653**

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What is being done to address the problem?

All GP practices in South Tyneside have COPD disease registers and access to spirometry. Practice Based Commissioning Groups have highlighted COPD as a priority. The Acute Respiratory Assessment Service (ARAS) based at South Tyneside District Hospital look after patients with a wide variety of respiratory conditions including COPD. There is some access to pulmonary rehabilitation and rehabilitation services are currently under review.

With regard to reducing deaths from COPD and improving quality of life we need a strategy for tackling COPD which builds on the work already underway. In particular we need reduce the number of adults who smoke in the borough; we need to raise public awareness of COPD, to improve our early identification of COPD and to improve access to effective rehabilitation

Excess Seasonal Deaths

What is the extent of the problem?

Excess winter deaths are calculated as winter deaths (between December and March) minus the average of non-winter deaths (April to July of the current year and August to November of the previous year). The Excess Winter Mortality Index (EWMI) is expressed as a percentage and calculated as excess winter deaths divided by the average non-winter deaths. There were 300 excess winter deaths across the NHS South of Tyne and Wear area in 2006/07. In this year provisional data shows that **there were a total of 117 excess winter deaths in South Tyneside and an EWMI of 22.43 which is significantly higher than Gateshead and Sunderland and is above the regional and national average**. This is illustrated in the tale below.

	Number of excess deaths 2006-7 – all ages	**Excess Winter Mortality Index**
England, Wales & elsewhere	23,900	15.11
North East	1,500	18.32
Gateshead	69	11.18
South Tyneside	***117***	***23.43***
Sunderland	114	13.10

Research shows that there is a 23% excess of deaths from heart attacks and strokes during the winter months[13]. People living in poorly heated homes are more vulnerable to winter death. For every 1 degree fall in temperature below 5 degrees, there is on average a 10% increase in respiratory consultations among the elderly. For every 1 degree fall in temperature below 18 degrees there is a 1.5% rise in excess winter deaths. As well as heart attacks, strokes and respiratory conditions poorly heated housing is associated with accidents, poor mental health and in extreme cases hypothermia.

What is being done to address the problem?

Key factors related to excess winter deaths include; active chronic disease management, with nursing support and self care schemes, uptake of flu vaccination in the over 65s, equitable access to home insulation and affordable warmth schemes, public and professional awareness to protect and support those most at risk. South Tyneside Warm Zone was launched in April 2008 and aims to assess 10,000 homes a year for the next 2 years up to March 2010. Front line staff that come into contact with vulnerable people will be able to refer vulnerable people into the scheme. With regard to flu immunisation there is an annual campaign across NHS South of Tyne and Wear area. An average of 75% of the target population in the 65yrs and over age group were immunised in 2007/2008. However while the uptake in those aged under 65 years in clinical risk groups remains low (average of 47%), there has been a steady increase in the uptake in this group annually.

Progress with Choosing Health to Tackle lifestyle Factors

Many inequalities in health are a potentially preventable and relate to the behaviours and lifestyles that people lead. Many of the risk factors that cause ill health are closely linked to social-economic factors. There are a number of common risk factors associated with chronic diseases including:

- *smoking* e.g. heart disease, stroke, lung cancer and COPD;
- *overweight and obesity* e.g. type 2 diabetes, heart disease, high blood pressure, some cancers;
- *low levels of physical activity* e.g. obesity, type 2 diabetes, high blood pressure, heart disease;
- *heavy alcohol consumption* e.g. high blood pressure, obesity, liver cirrhosis.

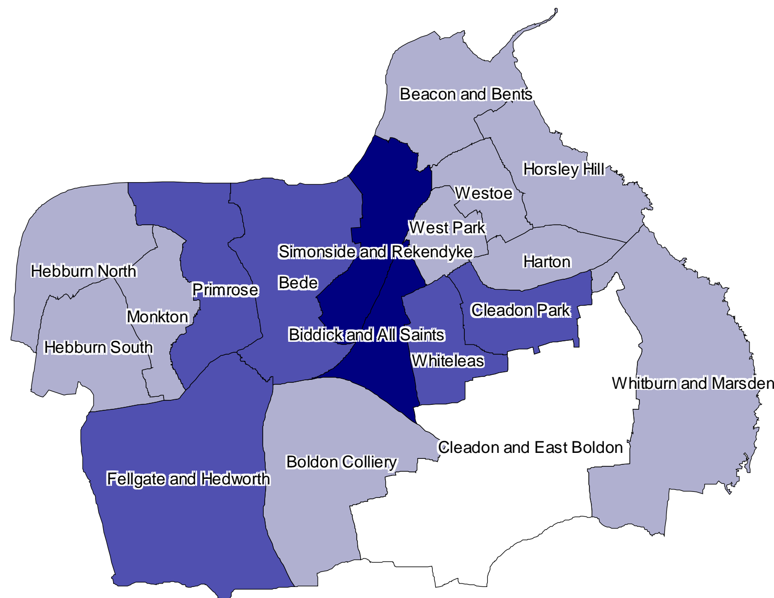
The prevalence of these risk factors is unevenly distributed in the population, with the least well off more likely to be exposed to the highest risks.

Smoking

Smoking is responsible for one sixth of all deaths. It is the one area where behaviour change would make the greatest impact on health inequalities. **Smoking prevalence among adults is estimated at 32.9% in South Tyneside which is significantly higher than the England average of 26%.** The mortality rate due to smoking related diseases in South Tyneside is 202 per 100,000 compared with an England average of 225 per 100,000.

Smoking is closely related to deprivation and analysis of ward data demonstrates a high prevalence of smoking in the most deprived wards in the borough. We need to target our support for smoking cessation to the areas where it is most needed as shown in the map overleaf.

Proportion of Adults (18yrs and over) who smoke in South Tyneside, 2008



Prevalence of smoking by ward, 2008

- Significantly higher than South Tyneside average (36%+) (2)
- Higher than South Tyneside average (26% to <36%) (5)
- Lower than South Tyneside average (18% to <26%) (10)
- Significantly lower than South Tyneside average (<18%) (1)

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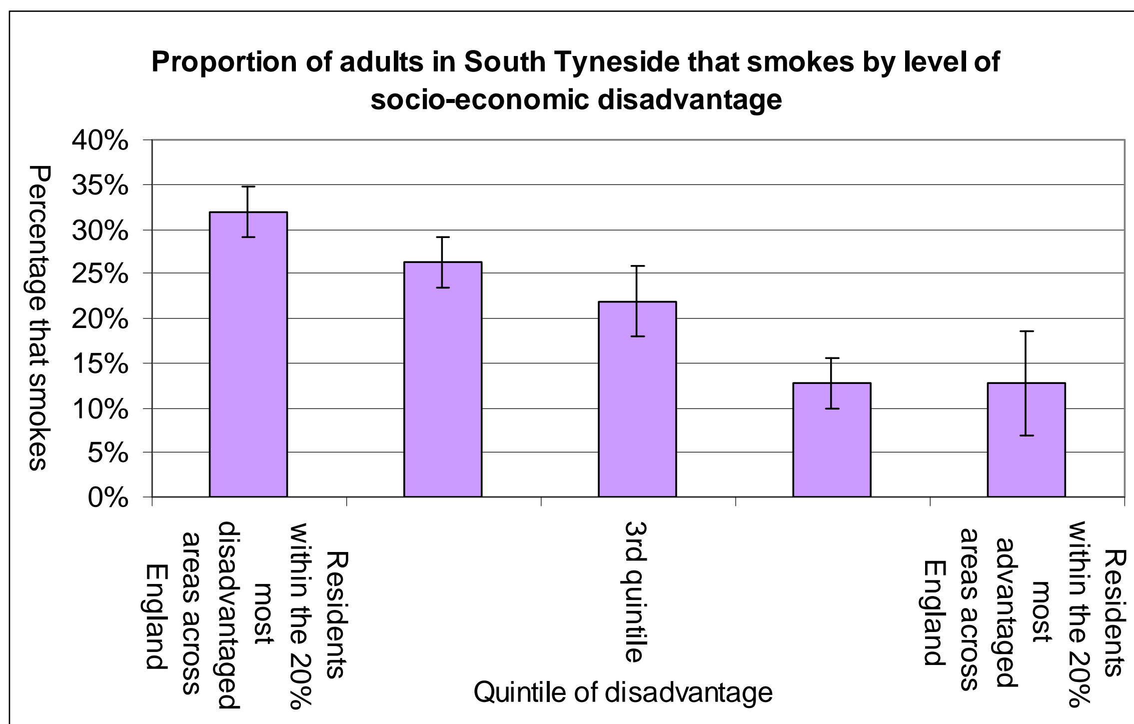
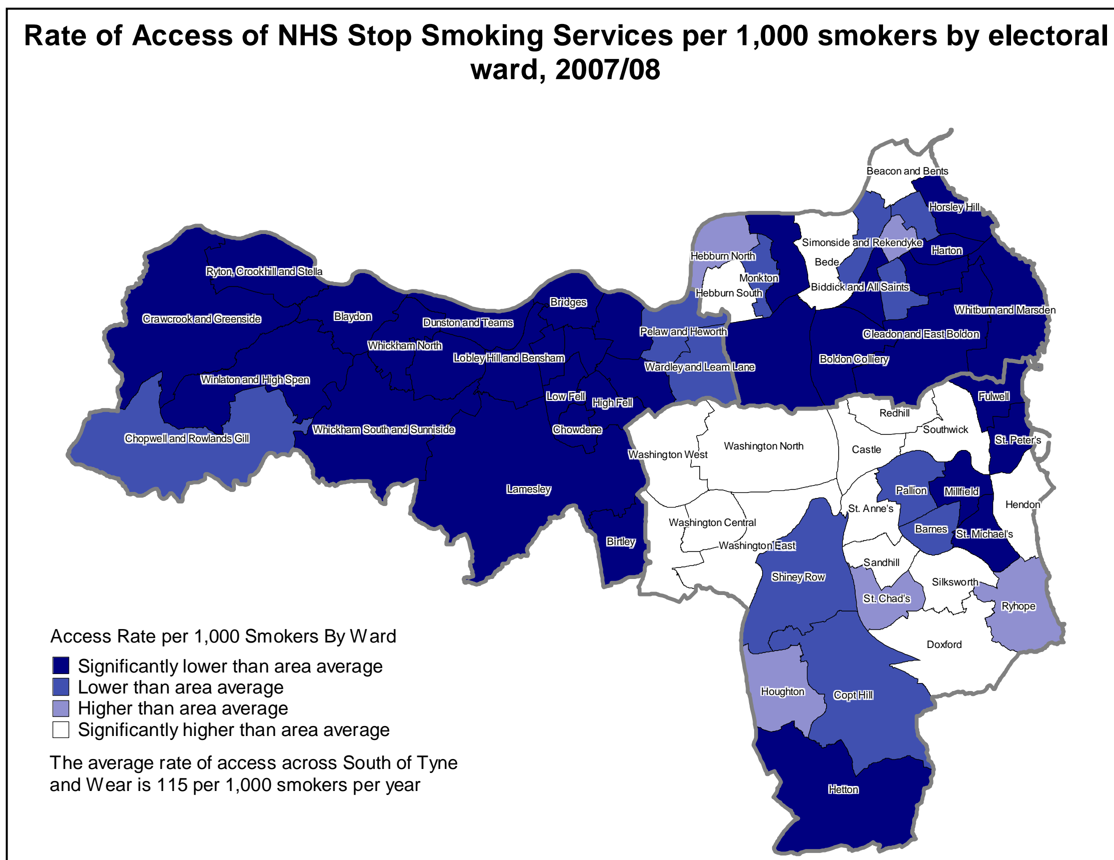
Source: NHS South of Tyne and Wear Lifestyle Survey 2008

The graph below shows the proportion of adult that smoke in the borough according to socio economic disadvantage[14].



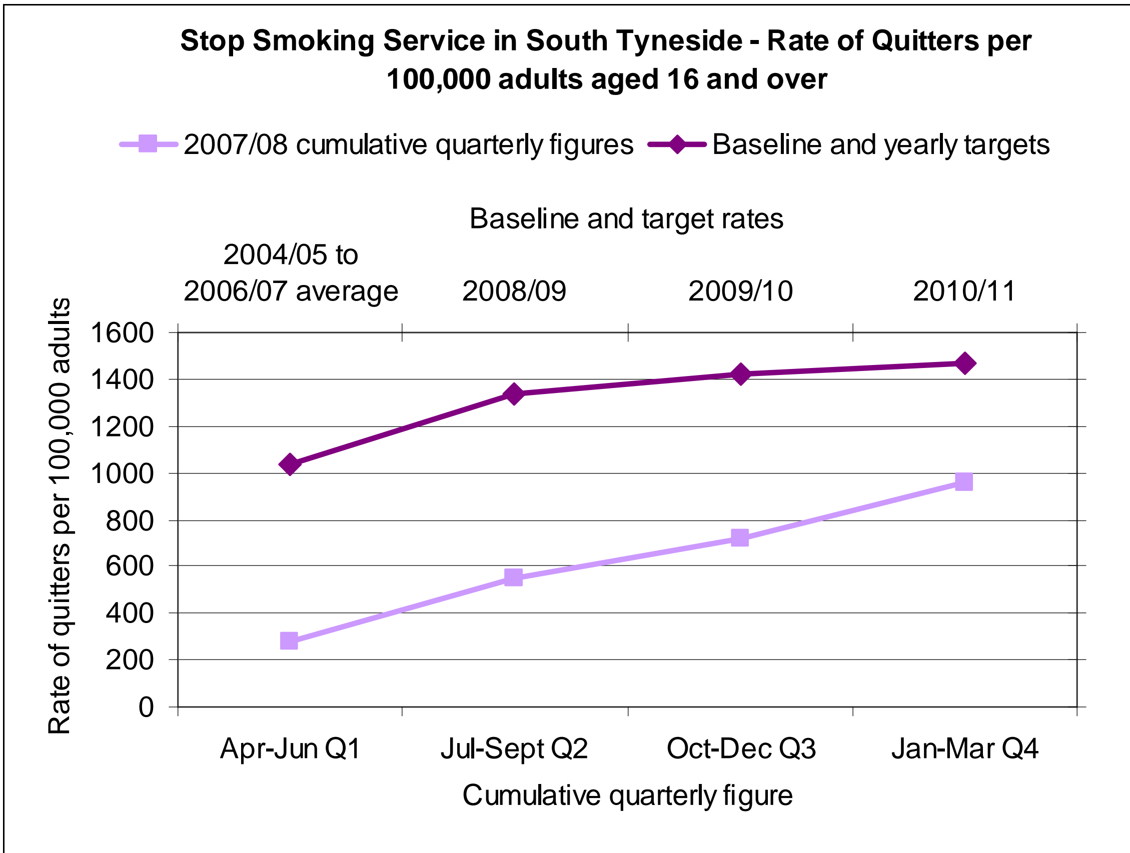
It is estimated that there are approximately 40,632 smokers in the borough and the Stop Smoking Service provides services to between 6 and 8.3% of this population. Local surveys have shown that around 80% of smokers are interested in giving up, 40% are currently considering giving up and 20% are actively trying to give up. To meet our LAA target and achieve the recommended high impact change we need to double the number of smoking quitters during 2008-9. Increasing the number of quitters overall and increasing the number of people quitting in the most deprived wards in South Tyneside will be key to addressing health inequalities in the borough. This will require either specialist or intermediate services to be established in neighbourhoods where there is easy access. Some targeting of specific client groups will also be required. The graph below shows the current spread of access to stop smoking services across NHS South of Tyne and Wear.



Source: NHS South of Tyne and Wear Health Monitor

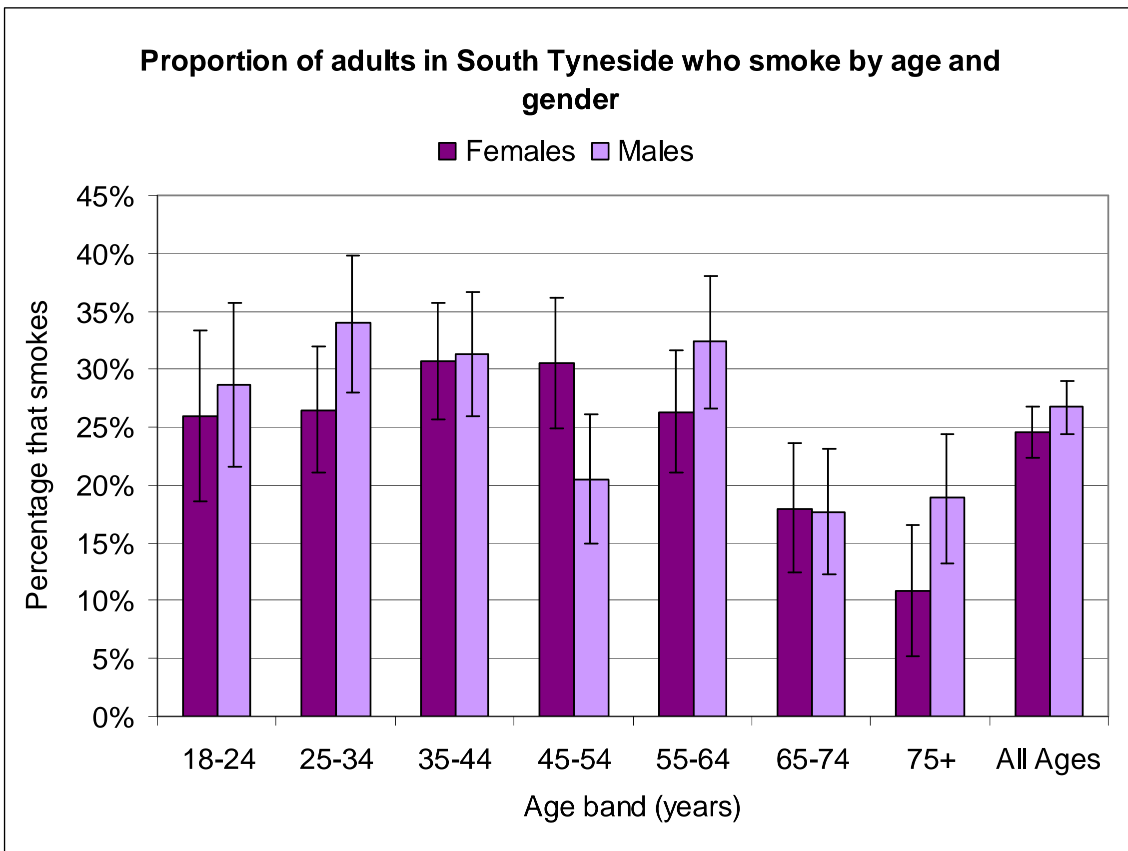
Stopping smoking is one of the most significant factors in relation to increasing life expectancy and improving health inequalities. The current performance in terms of the numbers of quitters is insufficient to meet the PCT target and will not provide the impact required to improve health.

The graph overleaf shows how the rate of four week quitters needs to increase to meet the LAA target.



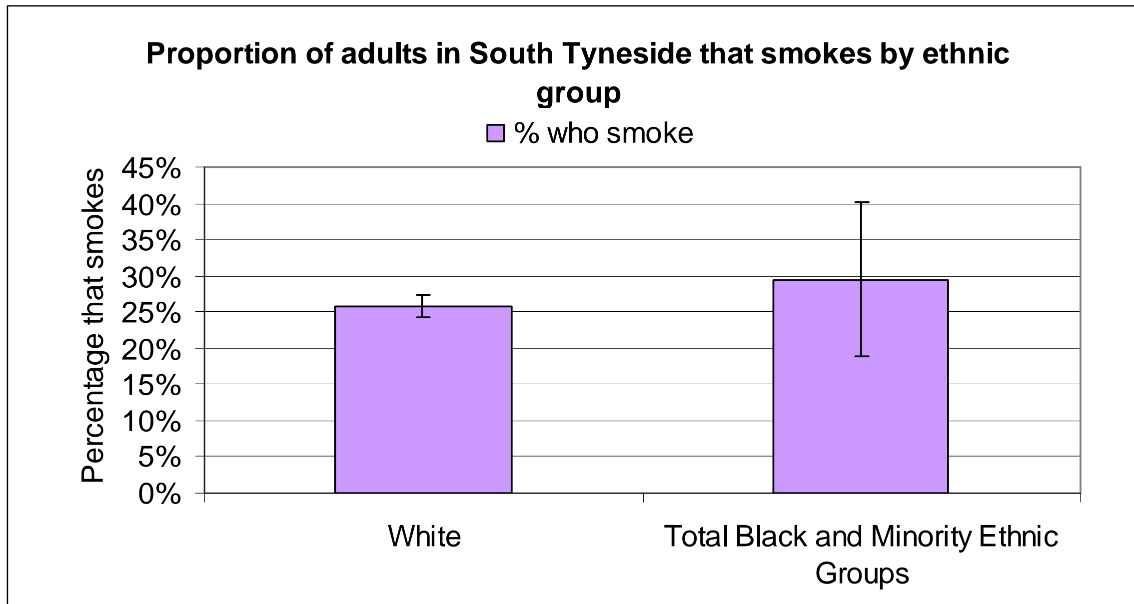
Source: South Tyneside Council Intelligence Online

Further analysis of our 2008 Lifestyle Survey data shows that there are variations in smoking prevalence in relation to age, sex and ethnic origin. These variations are illustrated by the graphs below.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

The data in relation to age and sex shows that there is a greater proportion of males reporting that they smoke in the 18 to 44, 55 to 64 and 75+ year age range compared with females whereas more females than males report smoking in the 45 – 54 year age range.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

In relation to ethnic group it can be seen that there is a higher proportion of people from BME groups reporting that they smoke. These variations in the population need to be taken into account when marketing and providing stop smoking services.

What is being done to address the problem?

Stop smoking services are currently under review with the aim of:

- improving the uptake and performance of the Specialist Stop Smoking Service;
- expanding the Intermediate Stop Smoking Service;
- improving the performance in relation to smoking and pregnancy;
- improving smoking cessation support for people with a smoking related chronic disease.

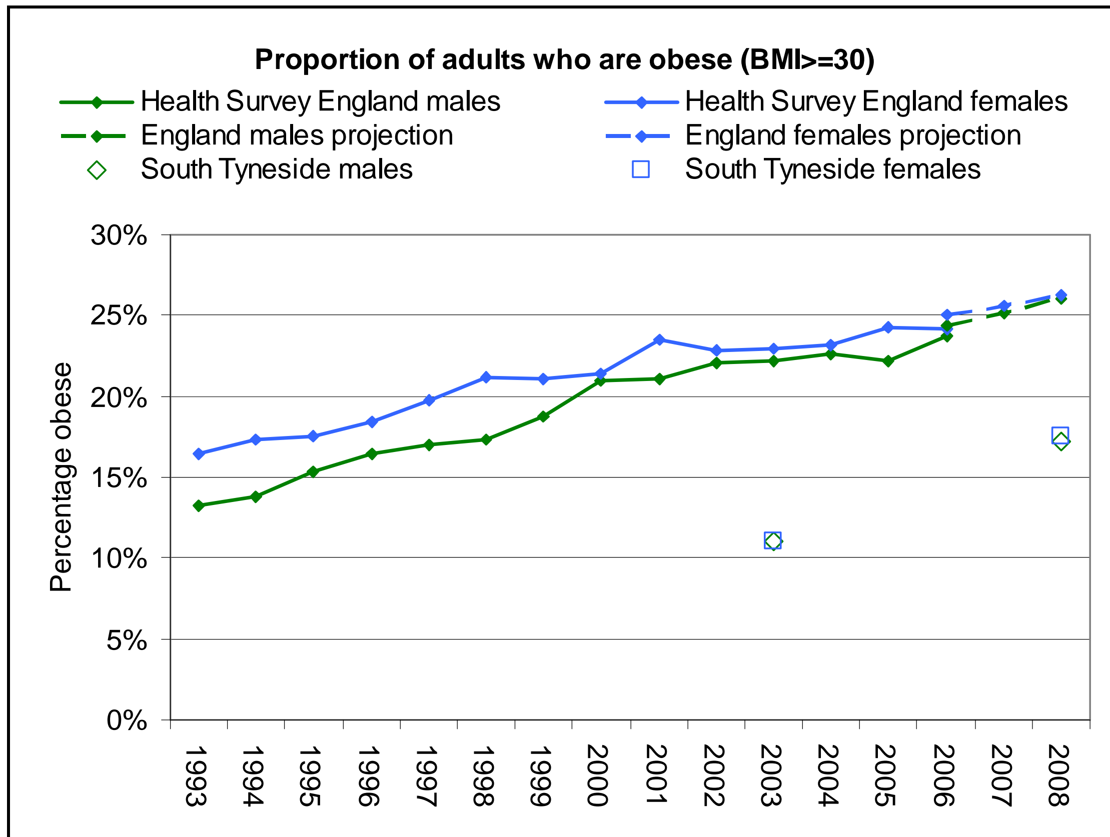
Obesity

What is the size of the problem?

Obesity levels in South Tyneside are higher than the national average with significant amounts of unmet need across all levels of overweight and obesity. Obesity contributes significantly to the development of type 2 diabetes, heart disease and high blood pressure. The 2008 Health Profile estimates that 26.3% of the adult population in South Tyneside is obese compared with an average of 23.6% for England. For children under 18 years of age the estimated percentage is 12.4% compared to an average of 9.9% for England. Child and adult obesity rates will be even higher in lower socio-economic groups and also in some ethnic communities. Nationally obesity in children is a growing problem and obesity in childhood is not only a precursor of

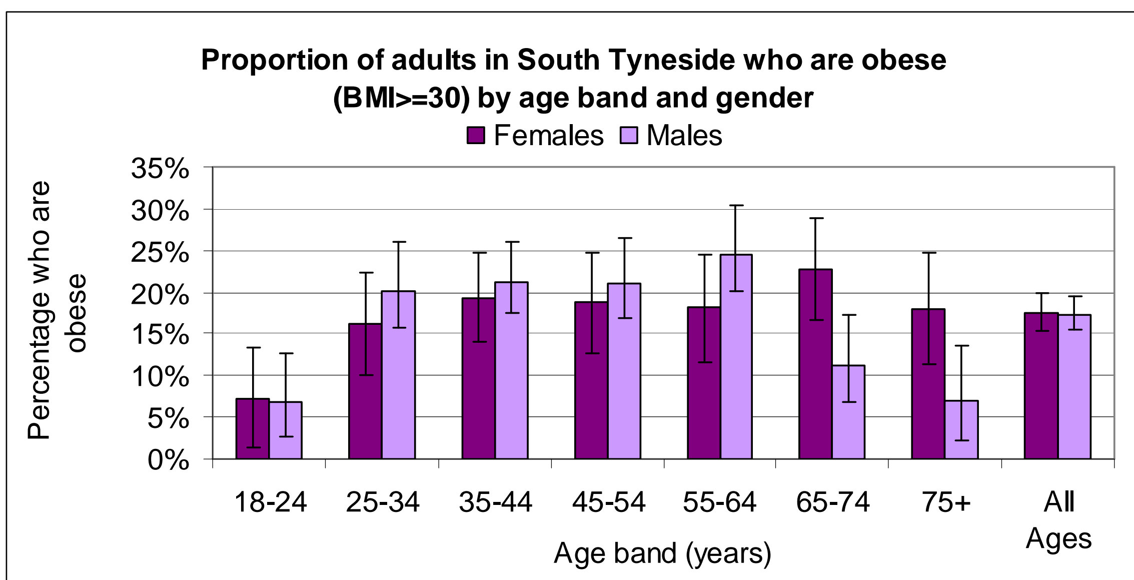
obesity in adulthood but is also considered to be risk for diabetes and CVD in later life.

The graph below shows the trend in the prevalence for obesity between 1993 and 2008 which shows a worrying increase in prevalence although this is in line with an increase nationally.



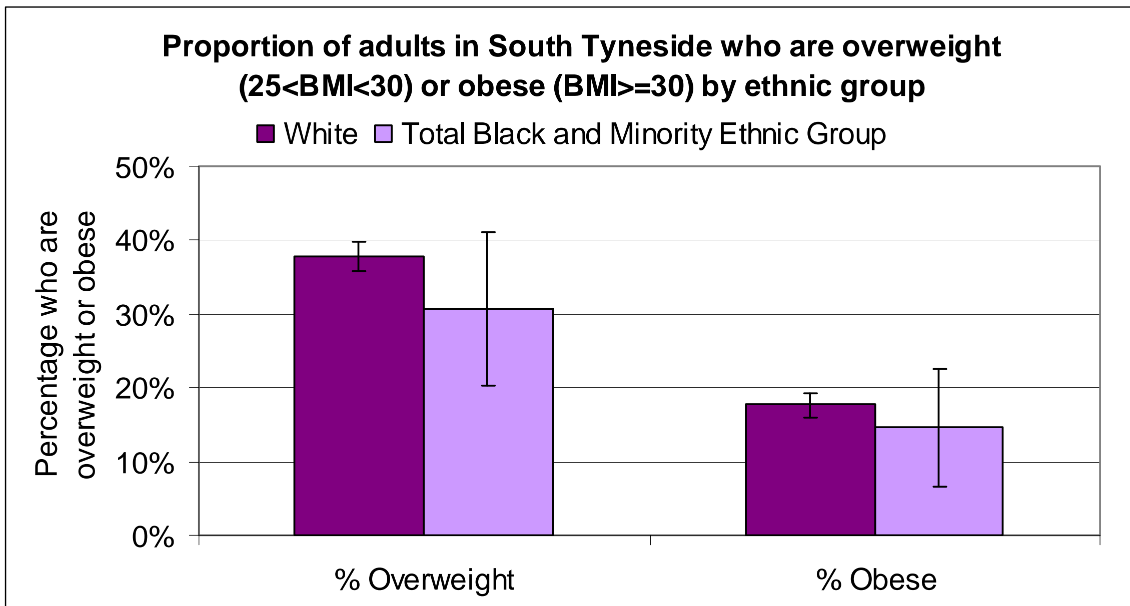
Source: NHS South of Tyne and Wear Lifestyle Survey 2008

Recent data suggests that there is a particular issue with males reporting being obese in the 55-64 year age range whereas a greater proportion of females in the 65–74 year age range report obesity. This needs further investigation; data is illustrated in the graph below.



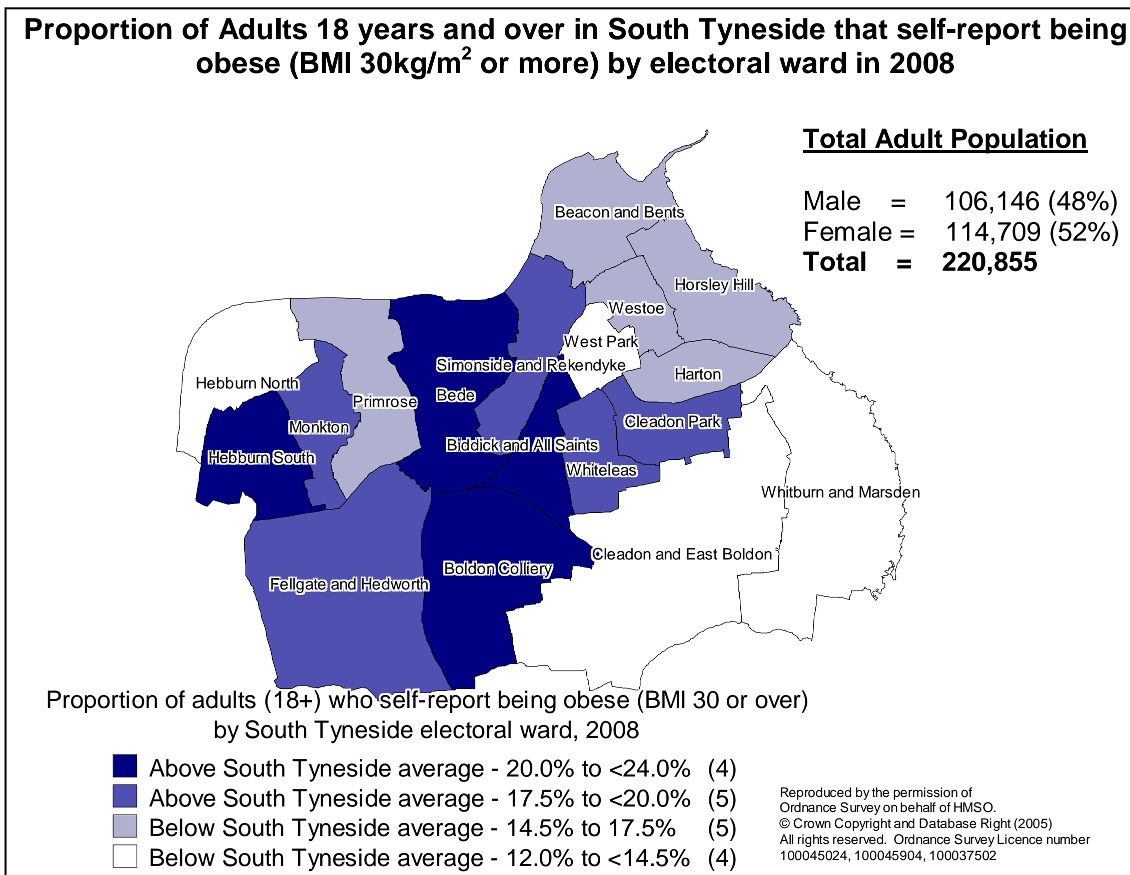
Source: NHS South of Tyne and Wear Lifestyle Survey 2008

There are differences between the white population self reporting being overweight or obese compared with the BME population. The graph below shows that a greater proportion of the white population report obesity and overweight.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

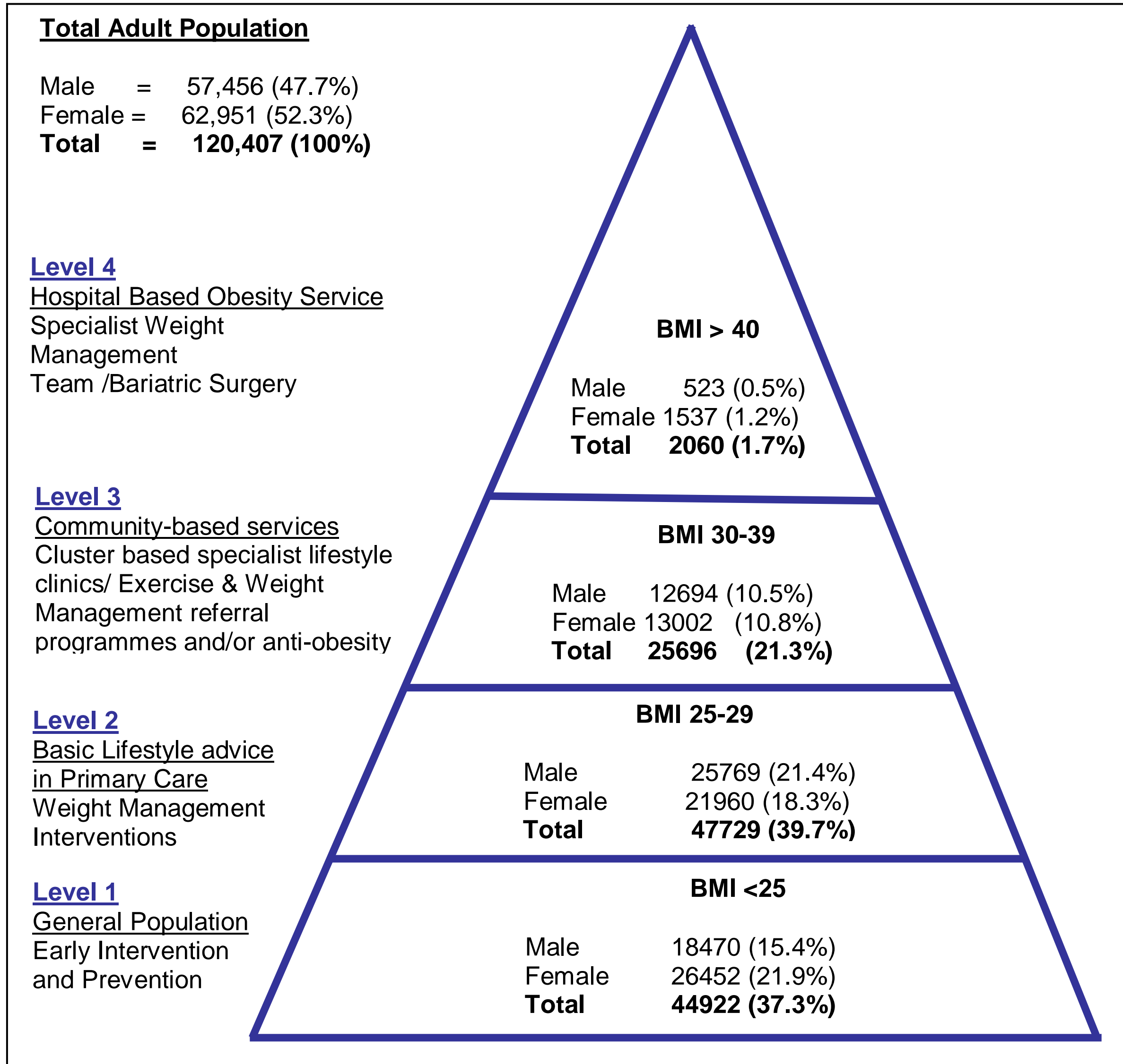
With regard to geographical variations the map below shows self reported obesity according to ward of residence for the population aged 18 years and over.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

What is being done to address the problem?

There is a significant amount of unmet need with regard to service provision to support people who are overweight and obesity. The estimated prevalence of overweight and obesity has been calculated in South Tyneside to address this unmet need[15] and commission appropriate services as follows.



By using this tiered model, it would normally be expected that the greatest number of patients will be in Tier 1 (General Population). However over half the adult population are now at Tier 2 and above (overweight/obese) and therefore require more structured support with weight management. Significant investment in relation to commissioning weight management services has been agreed by NHS South of Tyne and Wear with commissioning of services commencing from July 2008.

To tackle overweight and obesity in families a multi-disciplinary team has been formed to deliver a programme known as MEND (Mind, Exercise, Nutrition and Do it). The programme is community and family-based for overweight and obese and places equal emphasis on all four elements.

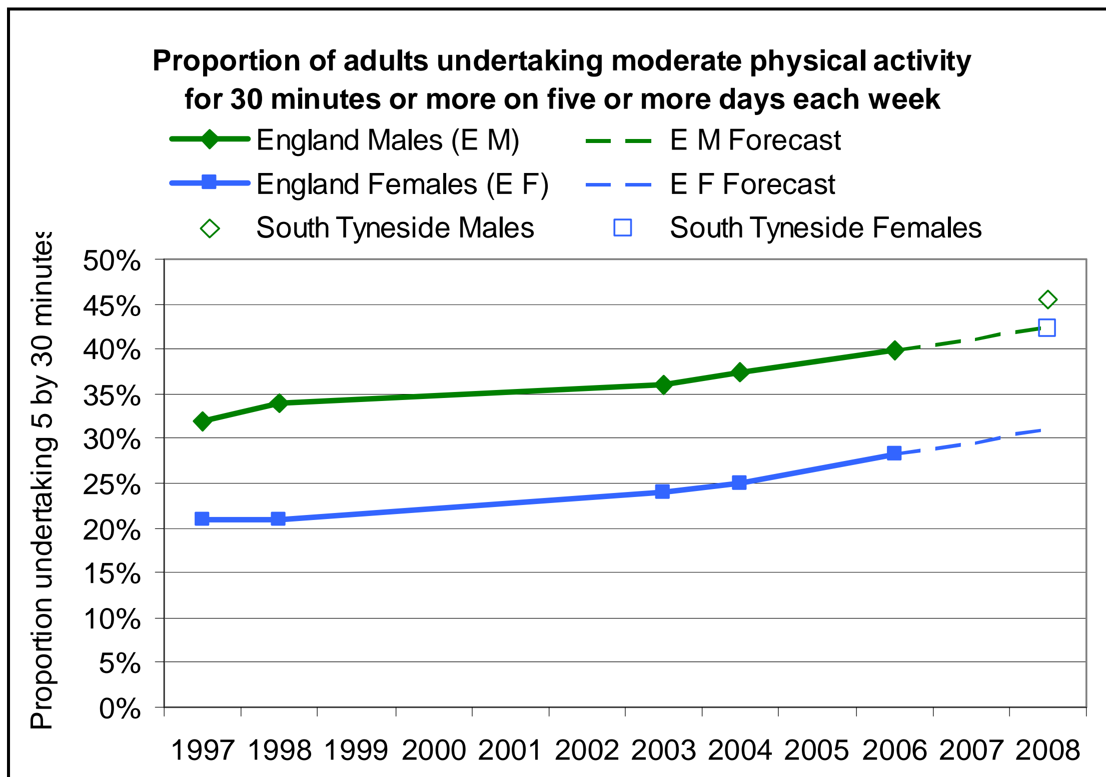
An associated Mini-MEND programme involves promoting healthy living and preventing overweight or obesity in children. This includes family involvement, practical education for parents/carers in nutrition, increasing active play and behavioural change. South Tyneside was one of only five sites nationally to take part in the Mini-MEND pilot.

Physical Activity

What is the size of the problem?

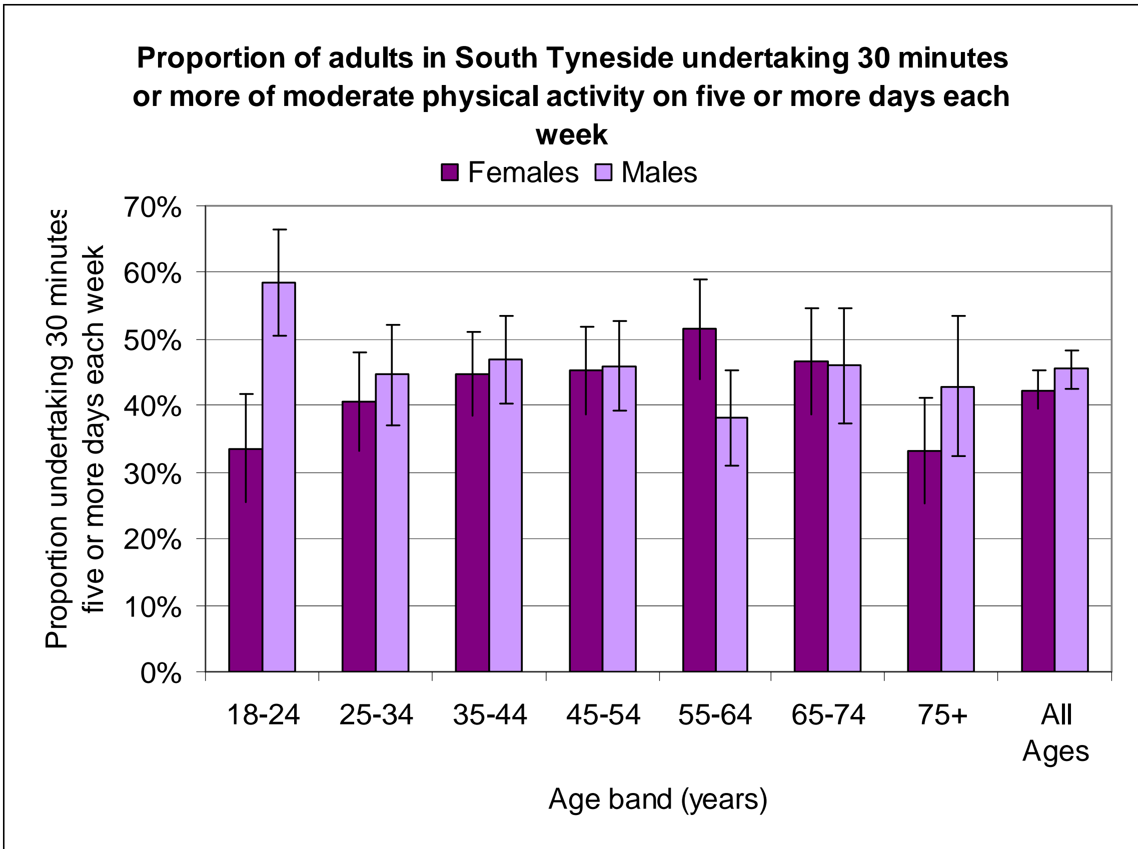
Levels of physical activity in adults in South Tyneside are comparable with national levels. With regard to physical activity there is substantial evidence to support the benefits of physical activity on general health, in relation to weight loss and in relation to reducing the impact of a range of chronic conditions including angina, diabetes and COPD.

The graph below shows the proportion of adults in South Tyneside who undertake 30 minutes of moderate physical activity at least five times a week compared with England.



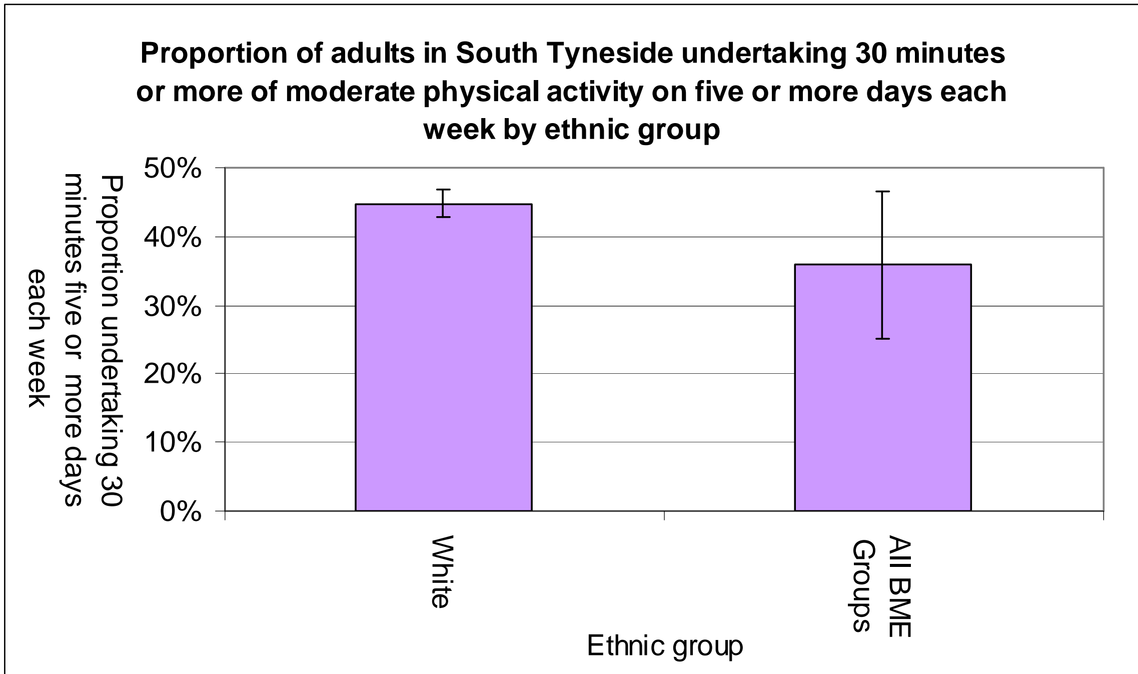
Source: NHS South of Tyne and Wear Lifestyle Survey 2008

There are variations in levels of physical activity in relation to age and sex with the graph below showing that considerably more males than females undertake recommended levels of physical activity in the 18-24 years age group with more females than males active in the 55 to 64 year age group.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

The graph below shows that a greater proportion of the white population report undertaking physical activity in line with the recommended levels than those from BME groups.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

What is being done to address the problem?

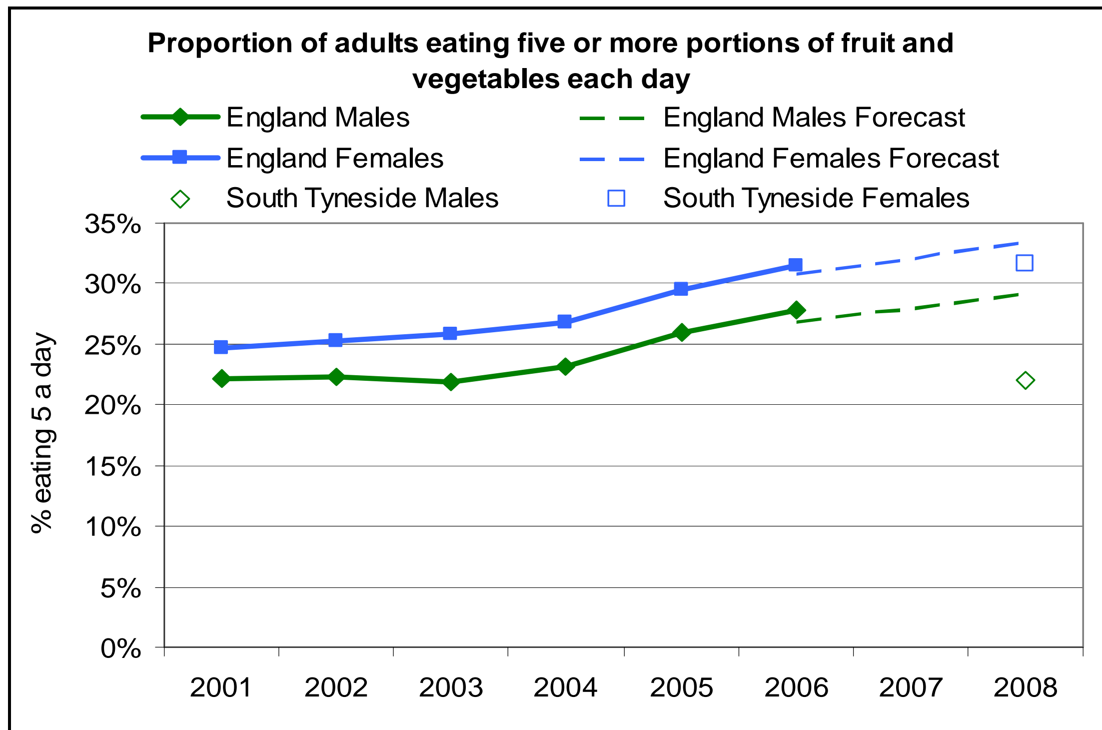
With regard to local activity Exercise on Referral supports people who need more help to become active and fitter. From less than 450 referrals in 2006/7, **we have seen a significant increase in referrals during 2007/8, with over 800 people completing a 12-week programme, placing us well ahead of our stretch LAA target of 1350 people completing the programme in the three years 2006/7 to 2008/9.** With over two thirds of participants now already progressing onto mainstream activity, we are expanding the scheme in 2008/9.

The new Bodywise suite and BodySHOKK junior gym facility at Temple Park Leisure Centre provide state-of-the-art cardiovascular fitness equipment designed for young people aged between 8 and 15. The facility recorded 800 registrations when launched in September 2007 and allows users to access the Internet to view a detailed analysis of their progress from the comfort of their home or school.

Healthy Eating

What is the extent of the problem?

Healthy eating is fundamental to a healthy lifestyle and protecting against a range of diseases. Poor diet is more common in communities which experience deprivation and is often linked to poor education, low income and lack of cohesion in families and communities. We need to ensure that the most deprived and vulnerable communities have access to affordable healthy food. The graph below shows the proportion of the South Tyneside population eating recommended amounts of fruit and vegetables every week.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

It can be seen that the consumption of fruit and vegetables is increasing in South Tyneside although **it is estimated that healthy eating in adults in the borough is still considerably behind the average for England.**

What is being done to address the problem?

In relation to pregnant women and their partners support will be provided in 2008-9 to help them eat more healthily. South Tyneside Council has been working to improve the quality of school meals in line with healthy eating guidelines. In relation to adults and older people in the community a Community Nutrition Officer will be appointed in 2008-9 to support community cafes to provide healthier meals.

Alcohol

What is the extent of the problem?

Nationally deaths caused by alcohol consumption have doubled in the past two decades. Approximately 70 per cent more men than women die from directly alcohol-related causes[16]. A growing body of research suggests that binge drinkers have a higher all-cause mortality rate than those who have the same average alcohol consumption but drink more frequently. It has been estimated that, at peak times, up to 70 per cent of all admissions to accident and emergency units are related to alcohol consumption.

Office for National Statistics data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation such as South Tyneside. With regard to the number of hospital admissions for alcohol specific and related conditions **South Tyneside has a rate per 100,000 nearly twice the national rate**. The tables below show the alcohol attributable admissions for males and females in Gateshead, South Tyneside and Sunderland.

Admissions attributable to alcohol for males and females - standardised rate per 100,000 compared with England average 2005-6 (not including A&E)

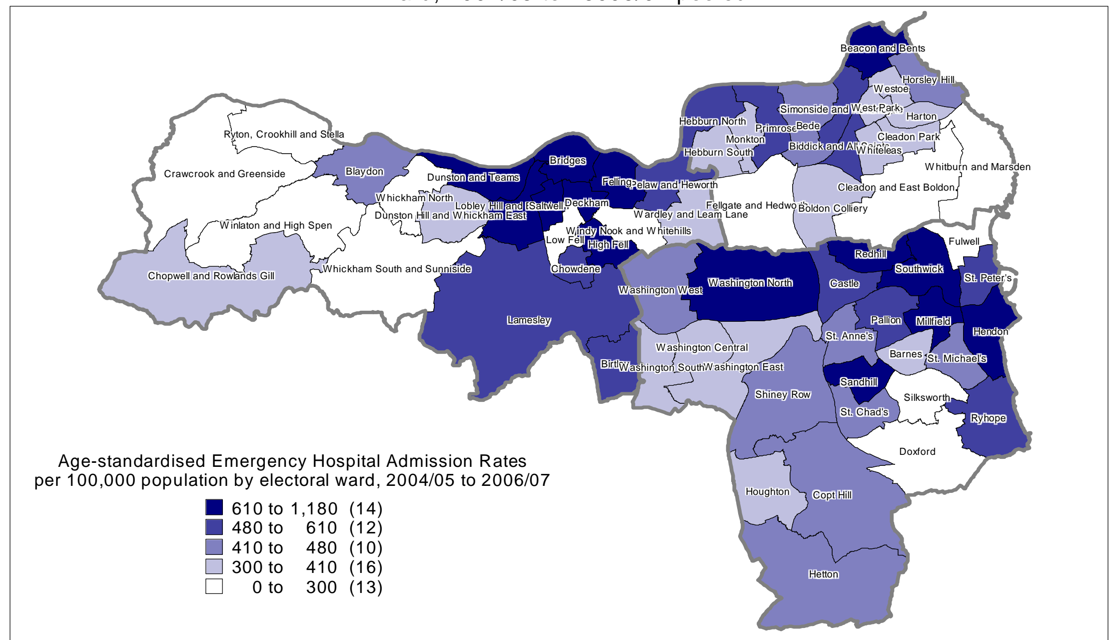
	Gateshead rate per 100,000	South Tyneside rate per 100,000	Sunderland rate per 100,000	England rate per 100,000
Males	1253.88	1263.26	1285.51	826.07
Females	671.93	692.66	656.74	461.51

Source: North West Public Health Observatory

It can be seen from the table that admissions for males are around twice that of females for all three localities. Admissions overall are significantly higher than rates for England. Emergency admissions to hospital due to alcohol vary across the borough with people in deprived wards being more likely to be admitted than those from more affluent wards. Individuals facing the greatest disadvantage have a four to fifteen times greater alcohol-specific mortality and four to ten times greater alcohol specific admissions to hospital than the most affluent. This is illustrated in the map overleaf.

Emergency hospital admission rates due to alcohol-related harm by electoral ward

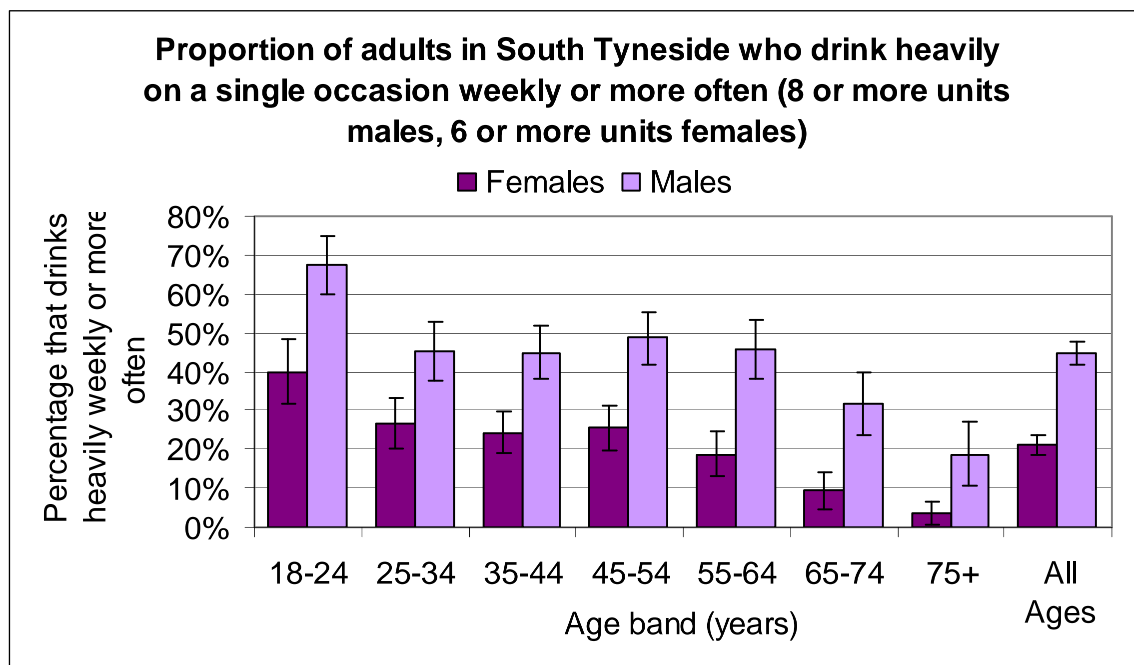
Age-standardised Emergency Hospital Admission Rates due to Alcohol-Related Harm by electoral ward, 2004/05 to 26006/07 pooled



Source: NHS South of Tyne and Wear Health Monitor

Binge drinking is a significant concern locally and nationally both in terms of heath impact and the links with antisocial behaviour. Levels of binge drinking are very similar across the NHS South of Tyne and Wear area and high compared with the average for England. All the localities have been rated as three of the worst Local Authorities for binge drinking in England with Gateshead being placed 9th, South Tyneside 6th and Sunderland 4th respectively.

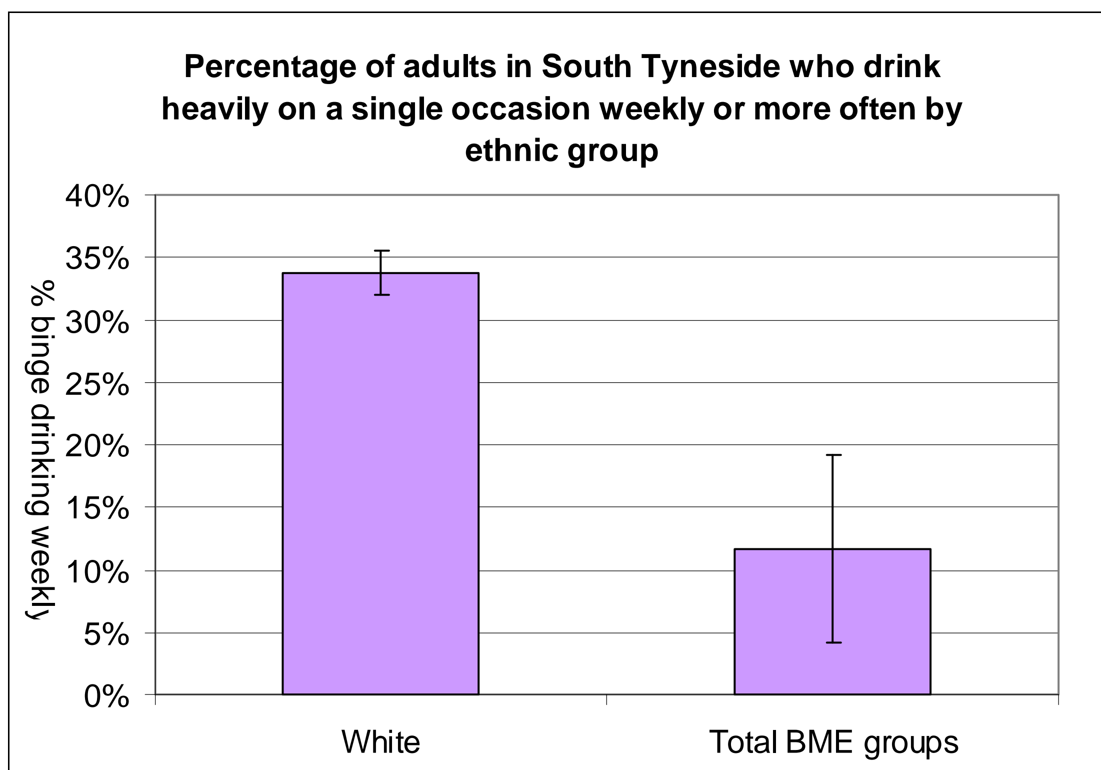
Recent data in relation to self reported binge drinking shows variations in drinking levels between men and women and between those in different age groups. This is illustrated in the graph below.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

It can be seen that a significantly higher proportion of men report binge drinking compared with women across all the age groups.

In terms of differences by ethnic origin a significantly higher proportion of white adults reporting binge drinking compared with adults from BME groups. This is illustrated in the graph below.



Source: NHS South of Tyne and Wear Lifestyle Survey 2008

What is being done to address the problem?

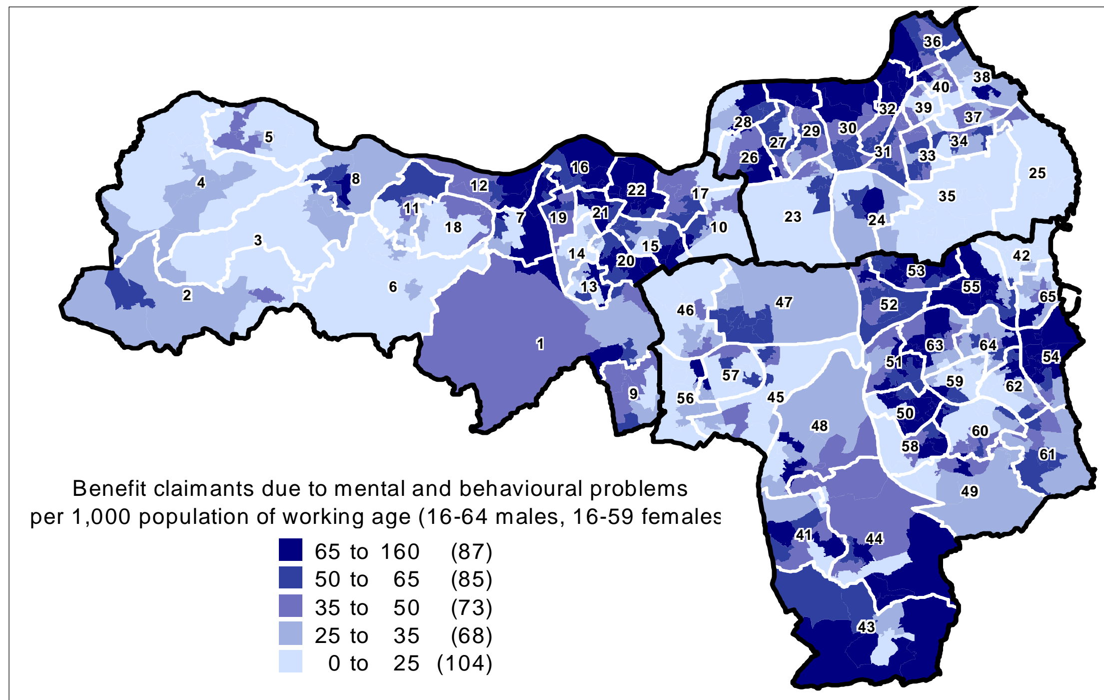
There is a significant amount of unmet need in relation to alcohol treatment provision. **Approximately 5% of in need population able to access treatment; this needs to be increased to 20% of in need population**.[17] In relation to meeting our LAA target on reducing alcohol related hospital admissions we need to identify people who are dependent on alcohol and are at high risk of being admitted to hospital. We also need to reduce admissions due to acute conditions by reducing binge drinking and tackling alcohol related violence.

Significant new investment in alcohol treatment has been agreed by NHS South of Tyne and Wear with £1.4m investment specifically for South Tyneside. This funding will be used to develop alcohol treatment across the four tiers[18] to include screening and brief intervention, assessment, detox and residential rehabilitation with community integration services supporting clients through the process. Commissioning plans are due to be completed in October 2008.

Mental Health

What is the extent of the problem?

Mental health problems are among the most common forms of ill-health and they can place a heavy burden on individuals, their families and the community at large. The prevalence of both mental health problems and specific illness's, varies with different demographic characteristics including age, gender, ethnicity and socio-economic status. It is difficult to accurately assess the number of people affected by mental health problems due to lack of robust data however there are proxy indicators that may be used, for example claims for mental and behavioural disorders. The map below shows the rate of claiming benefits due to mental or behavioural problems per 1,000 people of working age.



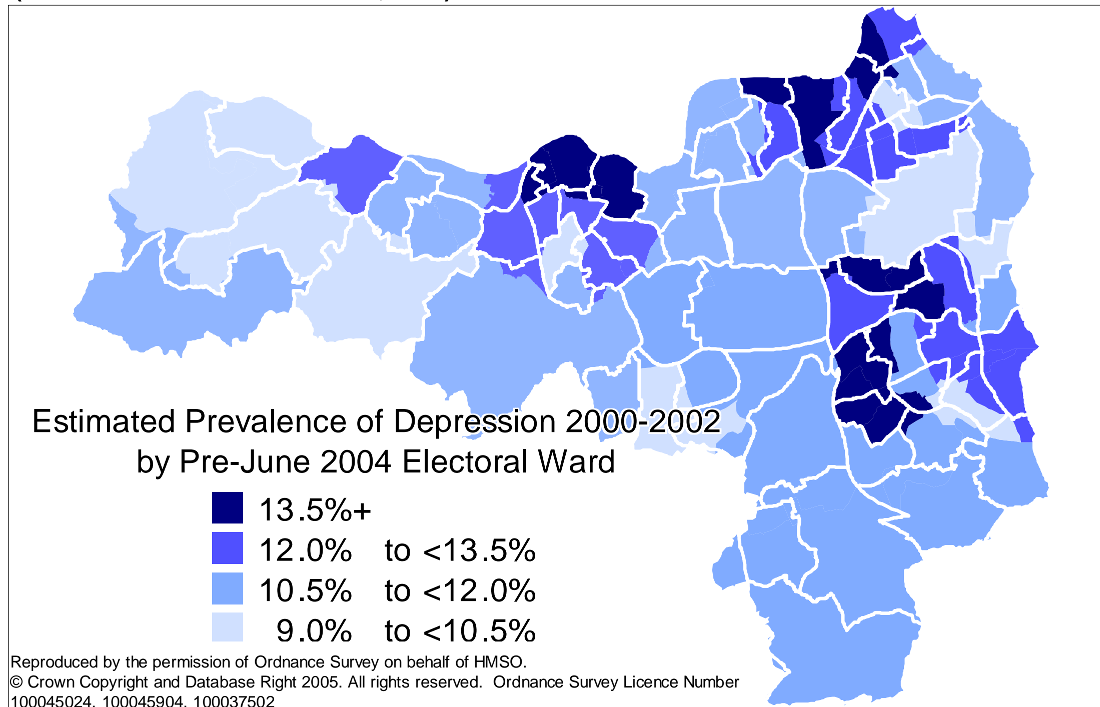
Source: South Tyneside JSNA

The data shown in this map highlights a number of the Lower Tier Super Output Areas in the worst category for benefit claimants due to mental and behavioural problems with a concentration along the riverside wards.

Estimated proportion of the population who have suffered depression

Further evidence based on the results of a survey of psychiatric morbidity in 2000[19] across England has generated estimates of depression prevalence by electoral ward. The map overleaf shows figures for wards in Gateshead, South Tyneside and Sunderland prior to June 2004, with the new ward boundaries laid on top.

Map showing estimated prevalence of depression by electoral ward in 2001 (Centre for Public Mental Health, 2002)

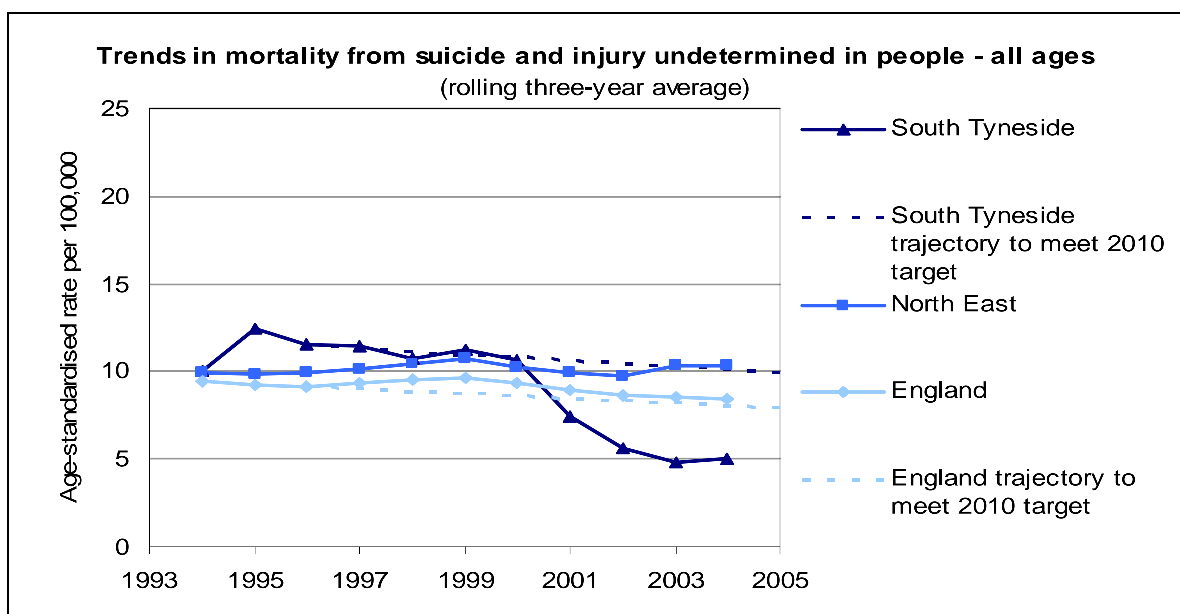


Source: NHS South of Tyne and Wear Health Monitor

The data suggest that there are significantly high levels of depression in a number of wards in the borough.

Suicide and undetermined injury

A national target has been set to reduce death rates from suicide and undetermined injury by at least a fifth by the year 2010. The graph below outlines trends in the directly age-standardised mortality rate due to suicide and undetermined injury among people of all ages in South Tyneside.



Source: NHS South of Tyne and Wear Health Monitor

It can be seen that the suicide and undetermined injury rate has fallen in South Tyneside since 1995 and **therefore the borough is ahead of the schedule required to achieve a 20% reduction in the overall suicide rate**. High levels of social capital (e.g. trust, reciprocity, participation & cohesion) are protective for mental health. Strong social networks, social support and social inclusion play a significant role in preventing mental health problems and promoting mental health.

What is being done to address the problem?

In terms of children and young people evidence suggests that some groups of children and young people are at greater risk of developing mental health problems than their peers. There is also evidence to suggest that some groups are more likely to find it difficult to access the support and help that they need. The work in relation to child and adolescent mental health in South Tyneside is underpinned by the development of emotional resilience training for young people in schools. This training is also being rolled out to include more vulnerable young people.

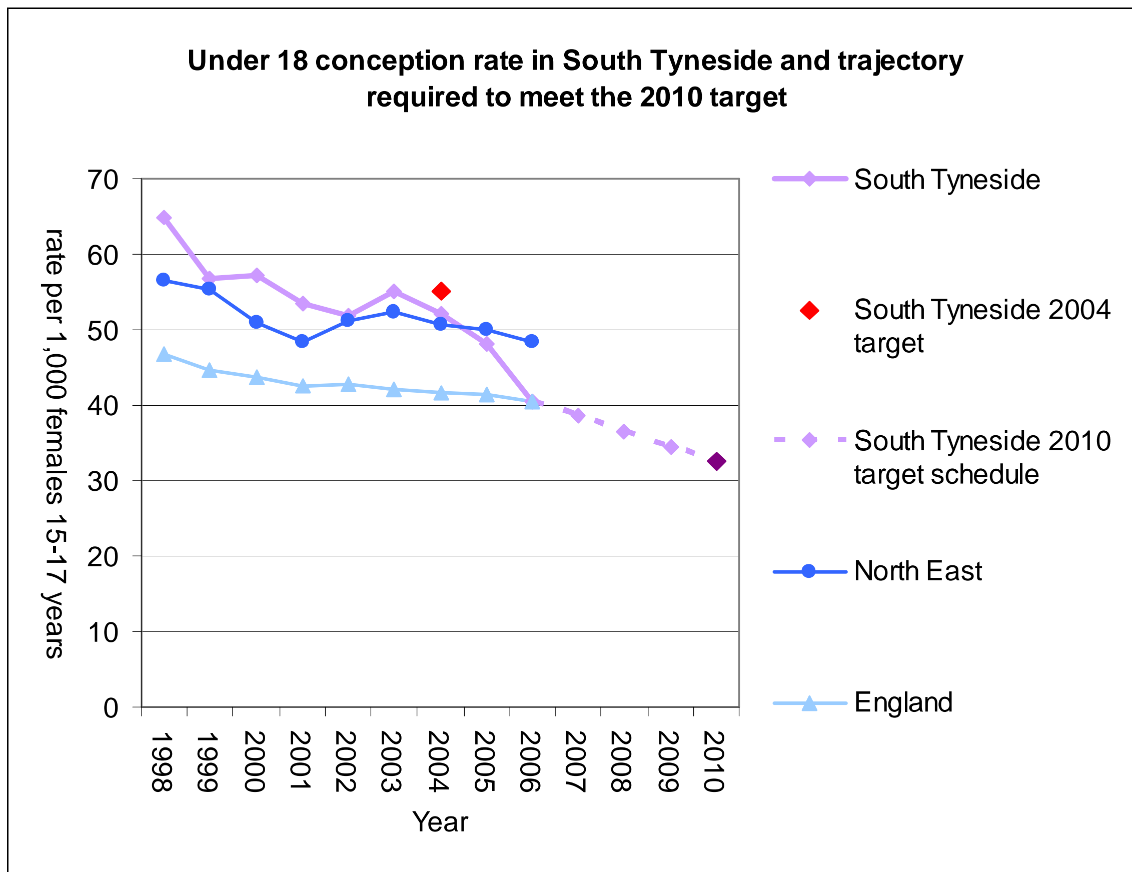
The causes of the high levels of depression in the borough need to be given more consideration, we need to have more accurate measurement of depression and to put in place a range of interventions to reduce depression. **South Tyneside is one of three Local Authorities nationally to be implementing a comprehensive approach to Well-being in the borough**. There are a number of strands to this work including emotional resilience in children, financial inclusion and reducing social isolation in older people.

Sexual Health

What is the extent of the problem?

Teenage pregnancy

The latest conception data (2006) for South Tyneside shows an overall reduction of 38% since the 1998 baseline. The interim target of a 15% reduction by 2004 was exceeded in South Tyneside. **There has been a significant reduction in the teenage conception rate in South Tyneside and it is now in line with the national average.** The graph below shows the reduction in the under 18 conception rate required to achieve the 2010 target.

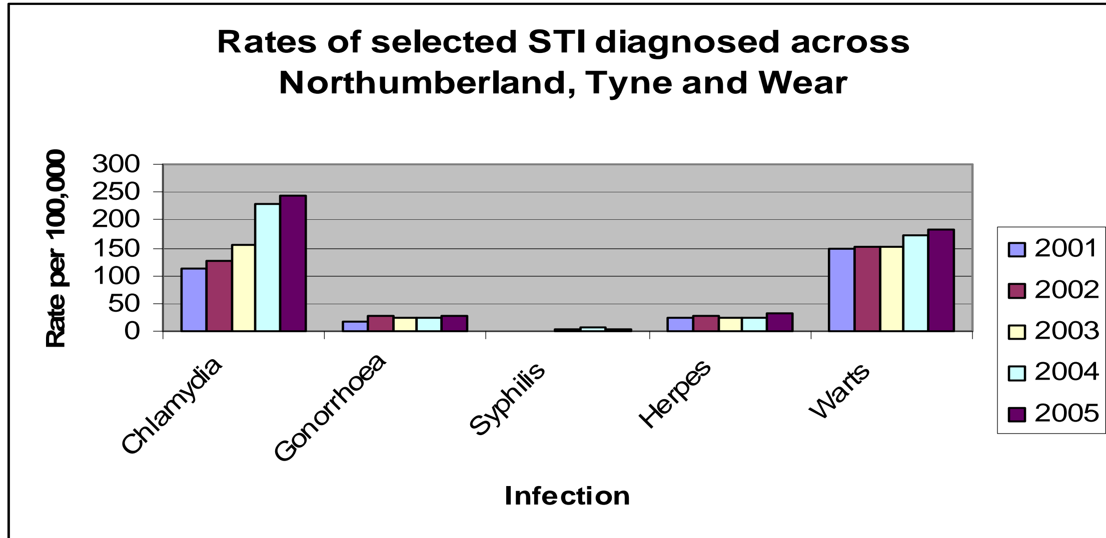


Source: South Tyneside Joint Strategic Needs Assessment

Hotspot data - Hotspot areas are wards with an under 18 conception rate among the highest 20% in England. Out of the 20 wards in South Tyneside, nine were identified as ‘hotspot’ areas based on the 2000/02 data. Primrose, Biddick Hall, Boldon Colliery, Bede, Hebburn Quay, Cleadon Park, Rekendyke, Whiteleas and Horsley Hill.

Sexually Transmitted Infections (STIs)

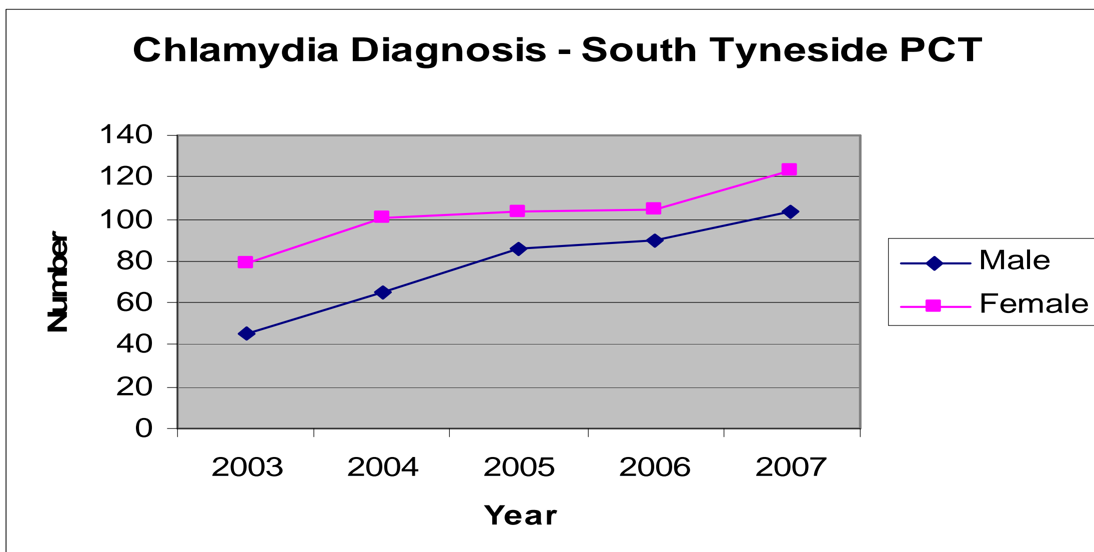
Reflecting the national trend, the North East demonstrates an overall increase in selected STIs between 2002 and 2006[20]. Chlamydia was the most commonly diagnosed STI showing a year on year increase for the previous five years with an overall increase of around 133%. The most recent data for Northumberland, Tyne and Wear reflects this with an increase in each of the key STI's, further highlighting a greater problem than the rest of the North East across all documented STIs[21].



Source: Health Protection Agency

Reflecting the regional picture South Tyneside GUM service has seen a year on year increase in the number of STIs diagnosed. In 2006 there were 27 people living with HIV in South Tyneside. This forms part of an undulating trend across the previous five years and South Tyneside is the only area in NHS South of Tyne and Wear to see a reduction from the previous year.

The prevalence of chlamydia is increasing in South Tyneside in line with other areas. The graph below shows the increase in diagnoses in males and females between 2003 and 2007.



Source: Sexual Health Services

What is being done to address the problem?

In relation to teenage pregnancy further analysis in relation to the causes needs to be undertaken to find out where support and services are failing.

Chlamydia screening for 15 – 24 years olds has been commissioned across Tyne and Wear but performance currently is not adequate to the meet targets.

GUM attendance is currently meeting the national required timescale of 48 hours. Developments in South Tyneside have focused on service modernisation and improvement with particular attention to the development of nurse led clinics alongside medical support. Contraception services are available 7 days per week with emergency contraception available on a Sunday. Excluding the emergency contraception provision on a Sunday there are a further 11 clinics running at seven venues across the borough six day per week.

There is unmet need in relation to primary prevention particularly focussing on vulnerable groups. Sexual health promotion capacity building is required for professionals working with identified at risk groups.

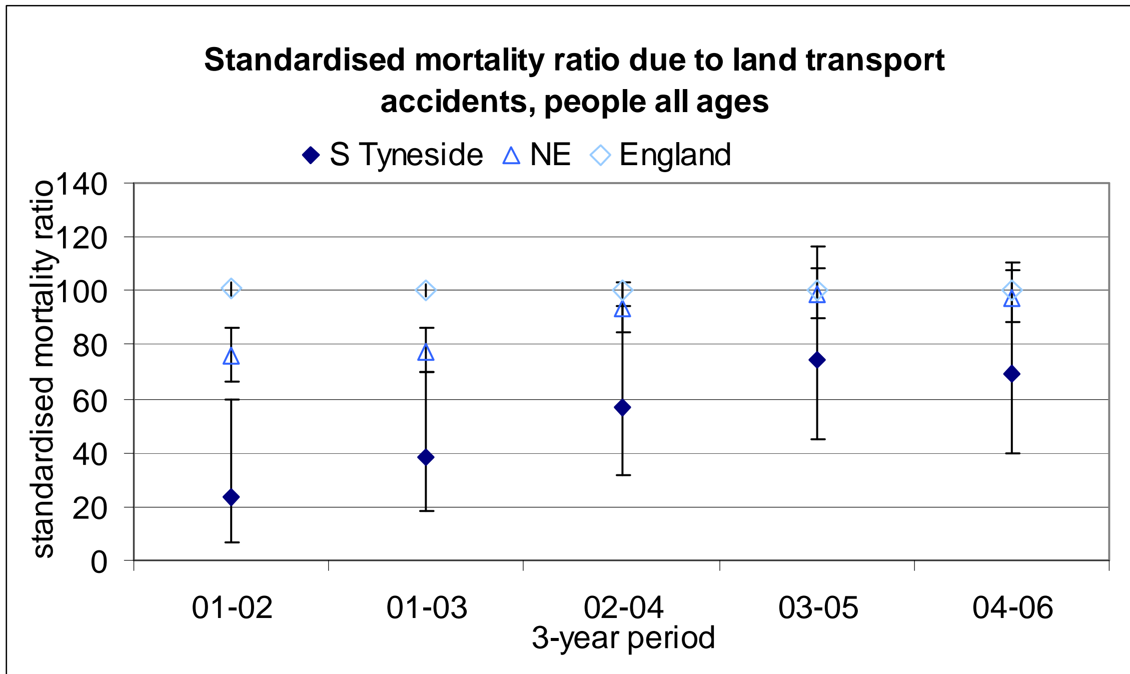
Accidents

What is the extent of the problem?

Land transport accidents

The government has set a target to: Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% and the number of children killed or seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities.

There was an upward trend in land transport accidents in South Tyneside between the years 2001-2 and 2003-4 with a subsequent decrease in 2004-6 with 17 deaths and an age standardised mortality ratio of 69. This compares favourably with Gateshead and Sunderland and the North East region. The graph overleaf illustrates this trend. Despite this decrease accidents remain one of the top five causes of years of life lost for men.



Source: South Tyneside Joint Strategic Needs Assessment

What is being done to address the problem?

South Tyneside's Road Safety Policy Framework sets out the long- term plan for improving safety and reducing collisions on the roads and highways across South Tyneside. Best Value Performance Indictors have been agreed to meet the 2010 targets including the target to reduce the numbers of people killed or seriously injured as shown below.

	94-98	2004	Target 2010
Killed and Seriously Injured BV99	64	52	38

Source: South Tyneside Council Intelligence Online

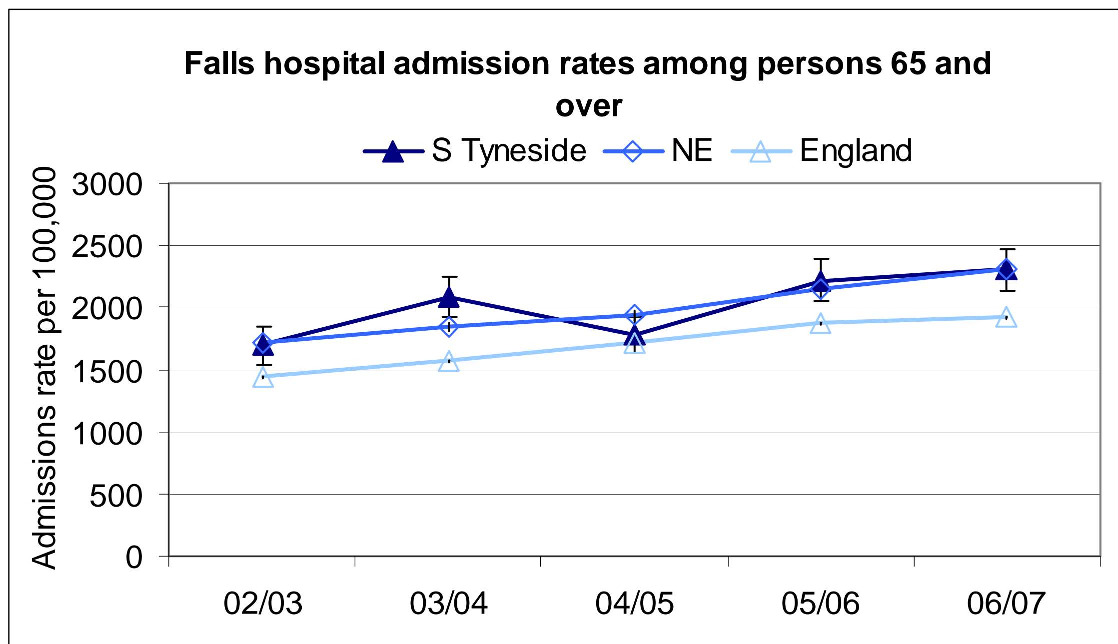
The council has adopted a safe travel to school policy that has seen a reduction in serious road traffic injuries in children.

Falls in Older People

What is the extent of the problem?

South Tyneside has a significantly higher number of people over 65 years experiencing fractured neck of femur (hip fracture). Hip fracture is primarily caused by a fall and leads to an increase in A&E attendances and hospital admissions. The graph below shows the predicted increase in hospital admissions due to falls up to 2025.

In terms of hospital admissions, data demonstrates that there has been an increase in emergency admissions in South Tyneside due to falls since 2002-3 and the trend is rising. The graph and table overleaf shows the increase in directly age-standardised emergency hospital admission rates due to falls among people ages 65 and over per 100,000.



Source: NHS South of Tyne and Wear Health Monitor

As the ageing population is increasing in South Tyneside if we do not address the inequality experienced by the older population in relation to falls, the number of people over 65 years admitted to hospital over the next 17 years will continue to rise as shown in the predictions below.

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age group (65-69, 70-74 and 75 and over), projected to 2025

	2008	**2010**	**2015**	**2020**	**2025**
People aged 65-69 predicted to be admitted to hospital as a result of falls	35	35	45	43	48
People aged 70-74 predicted to be admitted to hospital as a result of falls	62	62	57	73	70
People aged 75 and over admitted to hospital as a result of falls	493	500	530	545	626
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	590	597	632	660	743

Source: POPPI

What is being done to address the problem?

There is a review of the Falls Strategy currently underway in South Tyneside which will review the provision of falls services with a view to redesigning the falls pathway and service provision during 2008-2009.

Investing in Health: Engaging Neighbourhoods

Tackling the wider determinants of health

A wide range of factors contribute to the health of a population, including: age, sex and hereditary factors**,** individual lifestyle factors**,** social and community influences**,** living and working conditions and general socio-economic, cultural and environmental conditions. In the longer term addressing the wider determinants of health such as employment, education, levels of crime, standard of housing and quality of environment is fundamental to tackling the root causes of health inequality.

South Tyneside is one of three councils nationally to be implementing a major Well-being programme with a range of population groups in the borough including emotional resilience in children, financial inclusion and reducing social isolation in older people.

The Local Strategic Partnership has overall responsibility for addressing these wider determinants and is accountable and is measured through the Local Area Agreement indicators. Partners are fully committed to making a positive difference to people's lives through regeneration and community development. Creating sustainable communities, with high quality, affordable housing and transport links is essential for the economic growth of South Tyneside. A number of key strategies have been developed in relation to supporting development of the borough:

- the Local Area Agreement - focuses on the biggest and most important challenges and tackles the top ten priority objectives first and sets out 29 targets to make a real difference;
- the Sustainable Community Strategy – shows what life will be like for the people who live, work and visit the borough in 2020;
- the Regeneration Strategy provides a framework for developing a better quality urban environment and uses physical regeneration as a driver for economic growth across the borough;
- the Local Development Framework core strategy, outlines future development and land-use in the borough and provides the framework for delivering key housing and regeneration schemes.

Unemployment is known to be a potential risk factor for ill health. Although unemployment in South Tyneside is significantly higher than the national average with 4.7% of the working age population claiming Job Seekers Allowance compared to a national average of 2.4%, **there has been a significant reduction in unemployment over the past ten years**. The supporting people into work programme for 2006-2008 has recorded over 3000 job entries.

There is a strong association between education and health. People with lower levels of educational achievement are much more likely to have poor health as adults across a range of indicators. Education also has an important effect on future employment, working conditions and in turn income levels which are also wider determinants of health status.

The number of 16 year olds participating in employment, education and training in 2005 was 88.7%, against 88.1% in 2004 and 81.4% in 2003. This is against a regional metropolitan figure of 85.7% and a national figure of 88.4%

Crime can have a significant impact on health, in particular mental health through either fear of or actual experience of crime. **Crime levels remain low and continue to fall faster than both the regional and the England & Wales average**. The Crime and Disorder Partnership Plan 2008-11 - 'Making Communities Safer' sets out the vision for Safer South Tyneside and outlines priorities and targets for the next three years.

Housing is a key factor in promoting and protecting positive health and well-being. The Housing Strategy is improving both the range of housing and housing conditions and 1056 homes met the Decent Homes Standard in 2007 against a planned programme of 500 homes. **In 2008 the Warm Zone was introduced to deliver improvements to a 10,000 properties over the next two years and will have a significant impact on excess winter deaths**. The Supporting People programme provides housing related support to a range of vulnerable clients, including older people, people with learning disabilities, those with mental health issues or physical disability, homeless people and offenders.

The Environment Strategy 'Our planet, our place, our future' sets out how partners will drive further improvement and address key environmental issues locally and beyond.

Addressing Poverty

The Government is aiming to eliminate child poverty by 2020, and halve it by 2010. However, 2006 saw a national rise in the number of people living in poverty, and many felt that the measures introduced by the government in March 2008 were too small, and will leave 700 000 children below the poverty line in 2020.

An average of 29% of South Tyneside's children live in families that are income deprived (i.e. in receipt of benefits). This is only a 3% drop since 2004, when 32% of children were in income deprived families. This is also above the national rate, at 22%. In some areas of the borough there are very high proportions of children affected by income deprivation. In 2004, an area of north Jarrow contained the most income deprived children – over 70% of the children there lived in families that were income deprived. Now an area of the Woodbine Estate is worst: 65% of children there are income deprived. However, now only 57% of the children in north Jarrow are income deprived – a substantial drop.

Tackling child poverty requires us to address the underlying issues, such as economic deprivation. We need to improve the employment rate in the Borough, for example, so that families can lift themselves out of poverty, and raise educational standards to allow people to get better jobs.

Community Engagement in Local Neighbourhoods

South Tyneside's ambition to lift aspirations in communities is supported by strong consultation, especially in our most disadvantaged communities. Engaging with residents to understand their needs and aspirations is one of our 10 LAA priority objectives. **We are in the top quartile of authorities for the percentage of residents who feel they can influence decisions affecting their local area** and commitment to building stronger communities is reflected in two of our eight well-being big initiatives 'neighbourhood working' and 'promoting financial inclusion'.

Ward Members support the neighbourhood working agenda through initiatives such as participatory appraisal and area and neighbourhood action plans. The approach to neighbourhood working and area planning helps reduce health inequalities. In most areas where neighbourhood action planning has taken place, poor health was a high concern, with the gap widening. Action plans now ensure more opportunity to improve resident's health and access to health services. The Council's 2008-9 4 Star Plus Project will further tackle health inequalities.

A number of community engagement activities are planned for 2008-2009:

- plans to link the responsibility for health into Area Teams in Community Services;
- consultation with the local community on health needs with a Consultation Roadshow;
- mapping current provision of health programmes, activities and initiatives aimed at smoking, obesity and alcohol.

The Community and Voluntary Sector are active partners on a number of strategic and commissioning groups and provide the vital link to feed in community needs and views.

Supporting Communities to Adopt Healthier Behaviour

Reducing health inequalities depends on developing interventions to increase healthy behaviours that are differentially effective in favour of those from disadvantaged backgrounds or target socially disadvantaged groups[22].

South Tyneside places a strong emphasis on supporting people to lead healthier lives. A whole systems approach is being used to develop access to healthy lifestyle advice in communities, to increase availability and access to services and to be responsive to local needs. There have been a number of initiatives operating in 2007-8 which aim to engage and support local communities.

- **South Tyneside is one of only three areas nationally to be selected for a pilot in self-care to increase the public's capacity to self care and manage illness.** Training is provided so that the public can appropriately support themselves and reduce the reliance on mainstream services. The Selfcare Programme also works intensively to prepare people for lifestyle changes.

- 6 Health & Lifestyle Officers based in accessible community locations assess and support people into weight management activities.

- 12 Health Trainers, managed in Community and Voluntary sector organisations work closely with individuals to develop action plans to make lifestyle changes.

- The Green Gym offers environmental activities and walking to a range of referred clients including those with mental health problems.

- The Local Authority Sports Development Team has made significant progress in engaging people in local communities to adopt healthier lifestyles. **Attendance on the sports development programmes increased from 43,000 in 2006/7 to 67,000 in 2007-8; an increase of 55.8%.**

- We have provided cardiovascular exercise equipment in a number of community locations to improve access to physical activity and help tackle wider obesity issues across the borough. Further sets of equipment will be added in 2008-9.

- BME groups have access to Midnight Soccer for people who work in Indian restaurants until late in the evening.

- 2 BME Mental Health workers are supporting BME groups to identify their mental health needs and work with them on positive health initiatives.

- A community CVD screening initiative has been under development in Biddick Hall targeting people aged 35 – 74 years. Screening will commence near the end of 2008.

- South Tyneside has a Healthy Communities Collaborative for both cancer and CVD targeted in priority wards. The CVD programme focuses on the priority wards of Biddick Hall and All Saints, and Whiteleas and Hebburn North, whilst the cancer programme is focused on Primrose, Simonside and Rekendyke; and Horsley Hill.

Fair Access to Services

A wide range of services affect health, including primary care services, secondary care services and those which are run by the Community and Voluntary Sector. To further address health inequalities, the council ensures that health is considered in all regeneration proposals. We already have two well established primary care centres at Flagg Court in South Shields and the Glen Primary Care Centre in Hebburn and **we are developing a further multi purpose facility as part of the Cleadon Park development** to include a baby clinic, physiotherapy, podiatry, audiology, community nursing, pharmacy and relocation of two local doctor's practices.

Only if these services are accessed "fairly", that is in proportion to health need, will they contribute to reducing health inequalities. Ensuring 'fair' access to the service involves comparing a measure of health need with a measure of service uptake within different population groups.

Health equity audits need to be carried out on a regular basis by service providers to assess their reach into the most needy communities.

A further way to increase access to services is to engage partners to raise awareness of local provision and services that are available. An example of this is the Fire Service promoting the NHS Stop Smoking Service, the Warm Zone home insulation scheme and flu immunisation when officers carry out home safety visits.

Recommendations for action in 2008-2009

Based on the current assessed needs of the local population I am making the following key recommendations for 2008-09. These recommendations do not reflect all the on-going activity in South Tyneside and across NHS South of Tyne and Wear.

Children and Young People

1. Improve public perceptions and awareness of breastfeeding as the normal way to feed an infant and extend volunteer support for women to breastfeed.

2. Increase the percentage of breastfeeding mothers who feed for up to six months.

3. Work to change public opinion to make smoking in pregnancy unacceptable.

4. Increase the number of mothers (and partners) who stop smoking during the early stages of pregnancy and remain stopped after their baby is born.

5. Carry out a review into the effectiveness of current services to prevent under 18 conceptions and research with young women who become pregnant under the age of 18.

6. To expand the provision of the MEND initiative.

7. Improve the chlamydia screening uptake in 15 – 24 year olds.

8. Carry out a social norms initiative in relation to young people and alcohol.

9. Develop a risk reduction programme in relation to smoking, alcohol, drugs and sexual health.

10. Carry out a needs analysis in relation to children on the child protection register.

11. Extend the emotional resilience training programme to include vulnerable young people.

12. To carry out further analysis in relation to the high level of emergency admission in under 18s.

Addressing immediate priorities for adults and older people

1. Raise awareness of CVD in the general public and through expanding the Health Community Collaborative for CVD.

2. Support the NHS South of Tyne and Wear systematic approach to identifying and treating those at high risk of CVD.

3. Support the implementation of the National Stroke Strategy for the prevention, detection, management and support for people at risk of or having a TIA/stroke.

4. Raise public awareness of diabetes and support implementation of vascular screening in relation to the prevention, symptoms and management of diabetes type 1 & 2.

5. Maintain and where necessary increase uptake of cancer screening programmes.

6. Raise awareness of cancer symptoms in the wider community including amongst vulnerable and hard to reach groups by extending the Healthy Community Collaborative Cancer programme to cover areas of borough known to have high lung, breast and bowel cancer rates.

7. Improve access to primary care services to improve early diagnosis and prompt access to treatment for cancer.

8. Raise awareness of COPD in the general public & particularly amongst smokers and improve early diagnosis; particularly focussing on areas with high prevalence by carrying out case finding.

9. Review COPD rehabilitation based on best practice guidelines.

10. Review existing provision of falls prevention, treatment and rehabilitation services.

11. Support the Warm Zone activity by promoting uptake via GPs, health professionals and other frontline services.

12. Implement recommendations of National Dementia Strategy.

To Increase Healthy Lifestyles in the Population

1. Develop a Tobacco Control Action Plan.

2. Support the expansion of the Intermediate Stop Smoking Service.

3. Increase the number of quitters in the most deprived wards in the borough.

4. Provide targeted cessation support for people with smoking related chronic diseases.

5. Support the commissioning of weight management preventative and treatment services to ensure it meets local needs.

6. Provide exercise equipment in communities where access to leisure services is limited.

7. Review community based lifestyle support/behaviour change services to ensure provision is in line with locally identified needs.
8. Review sexual heath service provision.

9. Carry out a comprehensive mental health needs assessment.

10. Develop/adopt valid screening tool for depression for use in primary care.

11. Establish agreed outcomes/indicators for mental health in line with regional approach.

12. Implement Screening and Brief Intervention (SBI) in A&E, Primary Care & the Criminal Justice System and provide training in SBI.

13. Commission alcohol treatment services in line with Models of Care for Alcohol.

14. Sustain the provision of targeted evidence based preventative interventions with young people to encourage responsible drinking and reduce antisocial behaviour.

15. Deliver effective public campaigns in relation to sensible drinking in conjunction with the Regional Alcohol Office.

Address Health Inequalities

1. Carry out small area data analysis in 2009 JSNA to inform Neighbourhood Action Plans and target services where need is greatest.

2. Carry out Health Impact Assessment and Health Equity Audit in policy and service development/delivery to health inequalities being addressed.

3. Support primary care to assess needs, build capacity and ensure access for vulnerable groups.

4. Develop a strategic framework and practical action to tackle health inequalities in a systematic fashion engaging all partners.

Marietta Evans
Director of Public Health
South Tyneside Primary Care Trust

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