

7 Current met needs of the population

The **data annex** contains information on the numbers of people taking up services already provided (and some waiting time information), including social care, immunisations, health checks for looked after children, drug service or mental health services. It is worth noting that benchmarking according to regional and national performance is uneven because different indicators are published at different times of the year and there are also sometimes changes in the way an indicator is measured. The following sections outline findings on met needs from a variety of sources. (See also [Annex 5.3](#) for a list of health scrutiny reports.)

7.1 Social care – numbers of clients

Provisional figures for 2008/09 suggest that there were 5485 new clients with completed assessments, 3245 of them aged 75 and over. The vast majority (4240) had physical disability, frailty and/or sensory impairment and 660 had mental health problems (170 with dementia). (Similar proportions of conditions are present in the existing clients with completed assessments. In the 18-64 age group, 160 people declined new services offered and for the remaining 785 services are provided or are planned. Amongst people aged 65+, 340 declined new services offered, whilst for the remaining 2325 services are provided or are planned. Around 2% of completed assessments were for people from ethnic minorities. Of 1,970 clients aged 16-64 receiving services, 50 were known to be from ethnic minorities, as were 30 of the 6030 aged 65 and over. Referrals come mainly from secondary health, family or friend or self-referrals. ([Annex 4.1 - 4.5](#).)

In 2007/08, 95% of social care assessments for clients aged 65+ started within 2 days and 66% were completed within 28 days. 89% of clients aged 65+ received all services within 28 days following completion of assessment. ([Annex 4.15 – 4.16](#).)

7.2 Adults aged 18-64 supported to live at home

In 2008/09, the following numbers of adults aged 18-64 were supported to live at home:

- 852 with physical disabilities. ([Annex 4.6](#).) ;
- 322 with learning disabilities. ([Annex 4.7](#).);
- 287 with mental health needs. ([Annex 4.8](#).)
- 4273 people aged 65+. ([Annex 4.9](#).)

7.3 Service users with a learning disability and their housing need

Of the 632 people with a learning disability known to services as at November 2008, 38% live with a family carer, 29% live independently with support and 22% live in residential care. (Others live with a carer through the Shared Lives scheme, live outside the borough or their situation is unknown). Of those 239 living with a family carer, 90 live

with a carer aged between 60 and 75, 29 live with a carer aged 75-85 and 8 with a carer over 85 years old. ([Annex 4.37.](#))

7.4 Adults supported by services commissioned by Gateshead Council

In 2008/09 (provisional figures), 4067 adults aged 65+ were supported, 3465 by community-based services and 602 were in residential care. 1558 adults aged 18-64 were supported, 1343 by community-based services, 215 in residential care. 328 people aged 65+ were admitted to permanent residential care. ([Annex 4.10 – 4.11.](#))

162 clients received self-directed support in 2007/08 and 4542 (2008/09 provisional) received grant-funded services. ([Annex 4.13.](#))

There were 20,932 deliveries of equipment and adaptations in 2007/08, of which 94% were delivered within seven working days. ([Annex 4.14.](#))

7.5 Residential and nursing care in Gateshead

There are 28 reg care homes commissioned from the independent sector, with 826 residential care and 439 nursing beds. There is 90% occupancy (the same as in-house short term beds in Promoting Independence Centres (PICs). The council provides 100 intermediate care beds in 4 PICs ([strategic commissioning for independence, well-being and choice](#)).

7.6 Assistance to older people in maintaining tenancy

A report produced in May 2009 ([customer contact visits](#)) outlined progress made with customers aged 75 and over and living alone in general needs accommodation. There were 1577 tenants identified as requiring a visit and provision of advice and support to assist them in maintaining their tenancy. As result of visits, there were 228 referrals or provision of advice on a range of services to 157 customers. Many compliments were received about the service.

7.7 Number of carers receiving services

Staff are now more rigorous about identifying services that are for the carer rather than the person being cared for. In the past an elderly person might be referred to a day centre primarily to give the carer a break for example, but that would be recorded as a service for the elderly person. Now it would be recorded as a carer service. 949 carers received services in 2007/08, equating to 13.4% of all clients receiving community-based services. ([Annex 4.12.](#))

7.8 Uptake of screening services

7.8.1 Breast screening

Coverage of breast screening among eligible women aged 53-64 was 79% in Gateshead in 2009, significantly higher rate than England's 77%. Coverage for the wider age group now screened (53-70 years) was 78.1%, again significantly higher than England's 76.5%. ([Annex 4.23.2 – 4.23.3.](#))

7.8.2 Cervical screening, general population

80.2% of eligible women (aged 25-64 years) underwent cervical screening in Gateshead in 2009, a significantly higher rate than England's 78.9%. ([Annex 4.23.1.](#))

7.8.3 Cervical screening in learning disabled women

One of the principles of the Gateshead, South Tyneside and Sunderland Cervical Screening Programme is to ensure that it is:

“equally accessible to all women aged 25-64 years without geographical, cultural, linguistic or organisational barriers.”⁹

To assess how much the programme fulfils this principle a Health Equity Audit was proposed. The purpose of a Health Equity Audit (HEA) is to:

“identify how fairly services or other resources are distributed in relation to the needs of different groups and areas, and the priority action to provide services relative to need”¹⁰ (p2)

The objective of this audit ([Cervical Screening Coverage for Gateshead, South Tyneside and Sunderland as of 31st March 2007](#)) was to understand the profile of patients who are not accessing screening services across the South of Tyne and Wear. This will then direct work to increase the cervical screening rates across the Sunderland, South Tyneside and Gateshead.

Equitable health care for people with learning disabilities is an issue currently receiving attention nationally and locally. People with learning disabilities have poorer access to health services, which could leave them vulnerable to poor health and wellbeing both in the short and long term. National evidence suggests that breast and cervical screening are used less by women with learning disabilities. A local study, on which a report was produced in October 2008 ([Cancer screening uptake within the female learning disabled population in Gateshead](#)), aimed to identify measures to increase uptake of screening services within the learning disabled population, so that future rates of breast and cervical cancer are reduced in this population. The study was conducted in two parts. The first was a health equity audit, where the non-attendance data for breast and cervical screening were compared between learning disabled and non-learning disabled populations in Gateshead. The second part consisted of discussion groups with learning disabled women, their parents/carers and learning disabled staff.

There is ongoing work across the district with general practice, to try to increase the uptake of screening amongst the learned disabled.

7.8.4 Chlamydia screening

In 2008/09, the uptake of chlamydia screening in people aged 15-24 years was 10% higher than the local target. The population screened represented 18% of the population aged 15-24. ([Annex 4.42.](#))

7.9 Cancer waiting times

Gateshead had 4577 urgent referrals for cancer in 2007/08. Currently, 99.4% are seen within 14 days. 426 were referred for cancer treatment and 96% experienced a wait of less than the maximum two months from referral to treatment. ([Annex 4.24.](#))

7.10 Delayed transfers of care from hospital

The rate of delayed transfers of care from hospital was 5.4 per 100,000 population aged 18+ in 2007/08. Most commonly, delay was related to NHS care packages in the patient's home (domiciliary care). The average number of bed days delayed each week was 45 (two thirds NHS and one third Social Services). ([Annex 4.25.](#))

7.11 Drug users in effective treatment

At the end of 2007/08, there were 1,310 people in treatment for substance misuse in Gateshead, a rise of 13% over the previous year. The rates of the population accessing drug treatment services vary across the district, from below 7 per 1000 in much of the west to 19-27% in some urban wards. ([Annex 4.36.](#))

Some of the key findings of the Young People's Substance Misuse Treatment System Needs Assessment carried out to inform the service for 2009/10 and the [needs assessment carried out to inform the service for 2010/11](#), were as follows:

- Around 280 young people accessed the service in 2007/08, falling to around 250 in 2008/09.
- In comparison to the numbers accessing treatment, there has been a steady increase of new presentations to the treatment system.
- Future demand is likely to increase with the ongoing marketing and promotion of the service and the official launch of treatment services for young people planned for early in 2009
- Discharge levels are slightly lower than new presentations, accounting for a steady swelling of numbers in treatment.
- In 2008/09, Criminal Justice services were the biggest source of referrals, followed by children and family services

The success of treatment delivered by SMART appears to be highly effective, with 80% of clients leaving in a planned manner with a further 9% leaving treatment via referral. 5% (14) of clients did not receive a care plan – of these 71% (10) were discharged in an unplanned way.

Of 17 deaths that took place between 1st January 2008 and 30th June 2009, 10 had been receiving treatment for substance misuse in Gateshead, 3 were supported by Newcastle services and only 4 had not engaged with treatment services at all. ([Gateshead drug-related deaths report.](#))

7.12 North East Learning Disabilities

A self-assessment performance framework on local health services was produced in 2009, to assess progress against a set of targets. Key findings were as follows:

- Good progress is being made around the closure of campus homes and the resettlement of people with learning disability;
- Progress was neither good nor bad around joint working to ensure that people with a learning disability can use the same health services and get the same treatment as everybody else. Focus is needed on BME communities and on correct GP records to enable tracking of patients with complex needs;
- Progress was neither good nor bad around the safety of people with a learning disability in National Health Services. One aim is to develop a system so that the acute hospital can identify specific concerns about people with a learning disability;
- Progress was neither good nor bad around improving services and creating more opportunities for people with a learning disability. There is a need to ensure that the partnership board is aware of the number of admissions, discharge, readmission and the outcomes for people receiving in patient services. There is a need to engage much better with the “special” schools and the Council’s strategic leads. Engagement with people and their families is also essential. Better inclusion of learning disability issues is needed in work around older people’s strategies and emotional health strategies. Work should also be undertaken to understand how the outcomes of the regional workforce strategy can be implemented in Gateshead.

7.13 Annual health and dental checks for looked after children

In 2007/09 91% of looked after children received an annual health check, compared with 92% in the North East. England’s rate was only 87%. 87% received an annual dental check (North East 91% and England 87%). ([Annex 4.19 – 4.20.](#))

7.14 Services for disabled children

There is known to be duplication in services with both health and social care funding occupational therapy services and short breaks. Potentially:

- Available services do not match needs of individual children and their families.

- There is a lack of clarity for providers as to which services are provided by each team for example in relation to equipment and home adaptations.
- There is a lack of continuity for children and families.

7.15 Immunisation and vaccination

Uptake rates for childhood immunisations are generally higher than the England average but slightly lower than the average for the North East. For example, the uptake rate for meningitis C immunisation at 24 months is 94%, compared to England's 92% and the North East's 97%. However, the rate of uptake for measles, mumps and rubella at 24 months (90%) exceeds both England's (85%) and the North East's (88%). ([Annex 4.17.](#))

There are significant differences in uptake rates across the borough, with some wards having MMR at 24 months rate of 81-90% and others having rates in excess of 94.4%. ([Annex 4.18.](#))

Uptake of seasonal influenza vaccine among people 65 years and over was 75.8% in 2008/09, significantly higher than England's 74.1% and slightly higher than the region. ([Annex 4.38.](#))

7.16 Free school meals

In 2009, over 3000 Gateshead nursery and primary school pupils (20%) were eligible for free school meals, with 85% of those eligible taking them up. This is slightly lower rate of eligibility than that of the region and also a slightly lower take-up rate. ([Annex 4.21 – 4.22.](#))

Of secondary school pupils, nearly 2000 (16%) were eligible for free school meals, of whom 76% took them. This is a similar eligibility rate to that of the region but a slightly higher take up rate. ([Annex 4.21 – 4.22.](#))

7.17 Childcare places

Between 2003 and 2007 the total number of childcare places for 3 and 4 year olds in Gateshead fell from 4,000 to 3,800. ([Annex 2.4.](#))

7.18 Recreational open spaces

There are well over 1,000 pieces of land in Gateshead identified as being green space, accessible to the public and having some value for recreation, ranging from Saltwell Park and the major Country Parks at Watergate and Derwenthaugh, to the many small areas of grass within housing areas. ([Annex 2.3.](#))

7.19 Stop smoking services

2,936 people set quit dates in 2008/09, with 44% successfully quitting (as measured at the 4 week point). Smoking prevalence in Gateshead fell from 31% to 26% between 1996 and 2008.

Whilst around 80 per 1000 female smokers accessed the service in 2007/08, the rate for male smokers was less than 60 per 1000 male smokers. There are low rates of access particularly with young men compared to young women.

There is proportionately very low service uptake amongst black and minority ethnic groups (under 20 per 1,000 smokers, compared to over 70 for white smokers).

Rates of access to services are considerably higher in the most disadvantaged areas (nearly 80 per 1,000 smokers) and lowest in the least disadvantaged (around 25). The least disadvantaged areas have by far the lowest smoking rates. Wards with the lowest access rates are Crawcrook and Greenside, Low Fell, Dunston Hill and Whickham. The most under-represented Mosaic groups are senior white collar workers on verge of secure retirement (5000 people) and inter-war suburbs, many with less strong cohesion than they originally had (also 5000 people).

Gateshead's rate of access to stop smoking services (around 70 per 1,000 smokers) is slightly lower than England's but much lower than both South Tyneside's (110) and Sunderland's (101).

The 4-week quit rate is 41%, much lower than England's 51%. The proportion lost to follow-up also compares badly to England's (39% Gateshead, 21% England).

See [Annex 4.4.3](#) and Gateshead's [equity audit of stop smoking services](#).

7.20 Access by migrants to services

For a number of reasons, including barriers relating to culture and language, asylum seekers, refugees, refused asylum seekers and other migrant groups might not be able easily to make use of services. Women tend to have even greater difficulties in access. (See also sections 3.4, 3.5 and [SoTW mental health needs](#) assessment and [BME mental health needs assessments](#)).