



Gateshead Joint Strategic Needs Assessment 2011/12

**Section 1: introduction
and
commissioning issues**

CONTENTS

Introduction	1
Structure of the on-line JSNA	2
Key issues for Gateshead in 2011/12	3
Table of key issues for Gateshead	4
Part 1: Adding years to life	4
1.1 Early years.....	4
1.1.1 Infant mortality and low birth weight	4
1.1.2 Breastfeeding.....	5
1.1.3 Immunisation.....	5
1.2 Screening	6
1.2.1 Cancer screening in vulnerable groups (e.g. people with learning disability, travellers, homeless people).....	6
1.2.2 Cancer screening and cancer awareness in new groups of people.....	6
1.3 Illness and chronic conditions.....	7
1.3.1 Respiratory conditions	7
1.3.2 Cold weather – ill-health and excess winter deaths	8
1.3.3 Circulatory diseases and diabetes.....	9
1.3.4 Cancer	10
1.3.5 Musculoskeletal conditions due to falls.....	10
Part 2: Adding life to years	11
2.1 Mental health and emotional well-being	11
2.1.1 Adult mental health and emotional well-being.....	11
2.1.2 Child and young person emotional health and well-being.....	12
2.1.3 Dementia.....	13
2.2 Lifestyle	14
2.2.1 Substance misuse.....	14
2.2.1.1 tobacco.....	14
2.2.1.2 drugs and alcohol.....	15
2.2.2 Sexual health	16
2.2.3 Under 18 conceptions.....	17
2.2.4 Childhood obesity; physical activity; healthy eating.....	18
2.2.5 Adult obesity; physical activity; healthy eating.....	19
2.2.6 Parents, carers and families	19
2.3 End-of-life care	20
Part 3: Tackling inequalities in health	21
3.1 Poverty and exclusion	21
3.1.1 Reducing isolation and loneliness in older people.....	21
3.1.2 Provision of decent homes and suitable accommodation	22
3.1.3 Children living in poverty.....	23
3.1.4 Children missing from education	24
3.1.5 Educational standards at school.....	24
3.1.6 Engagement in further education, employment or training on leaving school.....	25
3.1.7 Poverty of aspiration and educational attainment.....	25
3.1.8 Neighbourhoods with the lowest life expectancy	26
3.1.9 Migrants (includes immigrants, asylum seekers, refugees, other migrants)	26
3.1.10 Homelessness	27
3.2 Violence.....	27
3.2.1 Crime and anti-social behaviour	27
3.2.2 Victims of violent offences, including domestic violence (especially children)	28
3.2.3 Bullying and discrimination	29

3.2.4	Vulnerable adults eligible for community care services - violence, abuse and neglect	29
3.3	Services for specific groups	30
3.3.1	Services for disabled or learning disabled children, children who are acutely ill or children who have additional complex or health needs	30
3.3.2	Reducing vulnerability to poor health through identifying needs of vulnerable individuals and groups	31
3.3.3	Looked after children	31
3.3.4	Older family carers of people with learning disabilities	32
3.3.5	Young carers	32
3.3.6	Adults with learning disabilities	33
3.3.7	Ex-prisoners	34
3.3.8	Autistic spectrum disorder	34
3.3.9	Ex-service personnel	35
3.3.10	Patients on discharge from hospital	35
References		36

Introduction

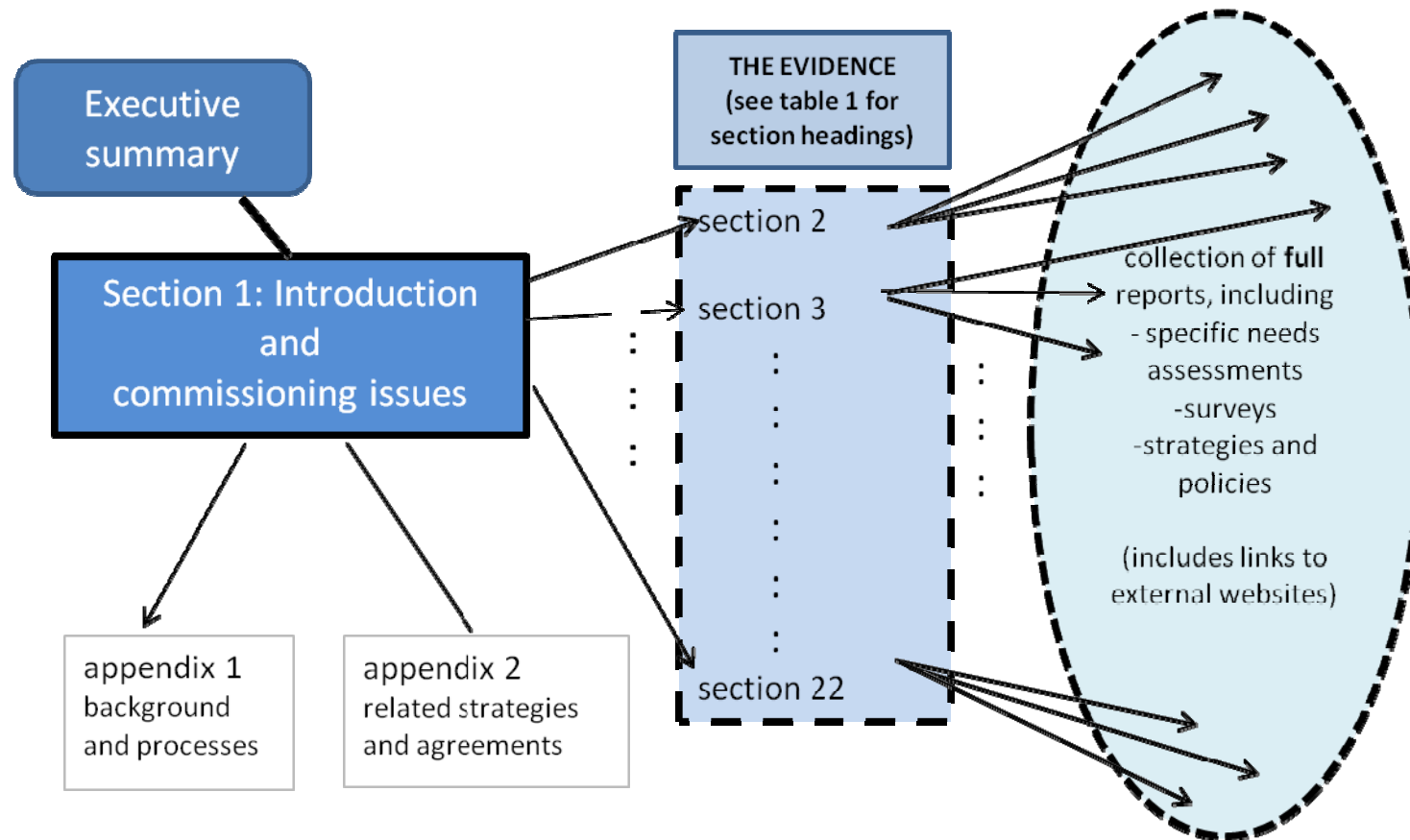
JSNA is a way of assessing the main health, social and well-being needs of the district's residents. A wealth of information is collected, and many people are consulted, to allow the key issues to be identified. A summary of the key issues and commissioning implications of the JSNA can be found in 'Planning to meet Health Social Care and Wellbeing Needs in Gateshead'. [JSNA 2011 Appendix 1](#) (background and processes) contains much more information on how the JSNA was developed, how people were consulted and how all the evidence (not only statistical data but also results of surveys and needs assessments) was collected and analysed.

Most of this section of Gateshead's JSNA comprises a set of tables showing the key issues for those who are involved with commissioning or providing health and social services. Before presenting those tables, we provide an outline of the content and structure of the 2011 JSNA. Sections 2 to 22 contain the evidence that allowed those issues to be identified. The section headings in Table 1 below give an indication of their content. There is also [an index](#) to allow readers to search for particular themes.

Table 1: section headings in the JSNA

Section	Title
1	Introduction and commissioning issues
2	Large population needs assessments
3	Minority groups needs assessments and small area inequalities
4	Surveys and focus groups
5	Population data
6	Housing and living arrangements
7	Community environment, crime and safety
8	Economy, education and employment
9	Infant, child and maternal physical health
10	Child mental health and conditions
11	Life Expectancy and Mortality
12	Circulatory diseases (heart disease, stroke and related conditions)
13	Cancer
14	Adult physical health and long-term conditions
15	Adult mental health and conditions
16	Child and young person lifestyle (smoking, diet, exercise, etc.)
17	Adult Lifestyle (smoking, diet, exercise, etc.)
18	Uptake of social services
19	Uptake of health services
20	User views of existing services
21	Community engagement in JSNA
22	A focus on small communities in Gateshead
	Appendix 1: Background and processes
	Appendix 2: Related strategies and agreements

Structure of the on-line JSNA



Key issues for Gateshead in 2011/12

The following table details the key issues identified for the 2011/12 JSNA, based on the 2008-2010 priorities and augmented by further consultation and accumulation of additional data and information, the evidence as shown in the various JSNA sections . The three main parts of the table are, with their headline components:

- adding years to life
 - early years
 - screening
 - illness and chronic conditions
- adding life to years
 - mental health and emotional well-being
 - lifestyle
 - end-of-life care
- tackling inequalities in health
 - poverty and exclusion
 - violence
 - services for specific groups

(See 'contents' above for fuller list of headings.)

Column headings in the table reflect the questions considered in assessing the issues and show how each issue was assessed according to the same criteria:

- Direct impacts on health and on health and social services plus socio-economic impact (employment/qualifications) – these can include mortality, morbidity, scale of effect on services
- Prevalence, trends and projections;
- Health inequalities;
- Policy guidance and local views – this includes national policy or targets and the outcomes of many local consultations and needs assessments.

In the rows at the bottom of each section, examples are given of known effective interventions that can help to address the issue.

Table of key issues for Gateshead

Part 1: Adding years to life

1.1 Early years			
1.1.1 Infant mortality and low birth weight			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Infant mortality reflects apparent association between its causes and other factors likely to influence the health status of whole populations, such as general living conditions, economic development, social well-being, rates of illness and quality of the environment. Each avoidable death is one too many. • Low birth weight - a key predictor of future length/ quality of life 	<ul style="list-style-type: none"> • Over 95% of pregnancies result in birth of healthy baby. • 2007-09 Infant mortality rate 5.2 per 1000 live births – higher than comparable areas. Lowest for a few years. • Rate of low birth weight babies - reducing. • In Gateshead, 20% of mothers were smokers at time of delivery (England 14%) <p>JSNA 2011 section 9.1 – infant mortality JSNA 2011 section 9.2 – low birth weight JSNA 2011 section 9.4 – mothers smoking at time of delivery</p>	<ul style="list-style-type: none"> • Outcomes for both children and adults are influenced by the factors that operate during pregnancy and the first years of life. Poor start leads to later health and social inequalities. • Black Caribbean and Pakistani babies are twice as likely to die in their first year as Bangladeshi or White British babies¹ • Proportions of mothers who were smokers at time of delivery varies enormously across the borough 	<ul style="list-style-type: none"> • Every Child Matters • National Service Framework • Child Health Promotion Programme • NICE guidelines CG62 • Maternity Matters • Children and young persons' needs assessment • Narrowing the gap • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • Antenatal screening assesses whether unborn baby could develop or has developed abnormality or other condition during pregnancy. If problems are identified early, health professionals and parents can plan accordingly – including provision of services. • Implementation of the Child Health Promotion Programme, the early intervention and public health programme. At a crucial stage of life, the Child Health Promotion Programmes Universal reach provides an invaluable opportunity to identify families in need of additional support and children at risk of poor outcomes. • Improving socio-economic conditions and obstetric care can significantly reduce maternal and infant mortality. • Reducing smoking rates in pregnancy, reducing the teenage conception rate, improving access to maternity services and reducing the prevalence of obesity. • Implementation of a wide range of extended and partnership services and support to meet complex needs 			

Early years, continued			
1.1.2 Breastfeeding			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Positive health benefits for baby in both the short and longer term – and also beyond the period of breast feeding. Lower incidence of gastric, respiratory and urinary tract infections and allergic diseases. The longer the duration of breastfeeding, the greater the benefits in later life. • Breastfeeding mothers have a reduced risk of pre-menopausal breast cancer and ovarian cancer. 	<p>From 2003/04, breastfeeding initiation rates have steadily increased to 63% in 2009/10. These rates are higher than the North East average but lower than the England average.</p> <p>JSNA 2011 section 9.5 – breastfeeding initiation</p>	<p>Mothers more likely to initiate breastfeeding include: first-time mothers, older mothers, mothers working in managerial or professional background, mothers with higher levels of education and mothers of black/ ethnic minorities.</p>	<ul style="list-style-type: none"> • Every Child Matters • NSF Children, Young People & Maternity Services • Child Health Promotion Programme • DH guide to maternal and infant nutrition • NICE guidance on maternal & child nutrition • Children and young persons' needs assessment • SoTW obesity strategy action planning initiative profile • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Providing adequate support to breastfeeding mothers in the first few weeks increases the duration of breastfeeding.</i> • <i>Messages to normalise breastfeeding. (Links with the regional infant feeding co-ordinator to ensure consistency.)</i> • <i>Identify opportunities for voluntary and community groups to promote and support breastfeeding.</i> 			

Early years, continued			
1.1.3 Immunisation			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Immunisation - world's most effective public health intervention for saving lives and promoting good health. Unimmunised people are at risk from catching the disease and rely on other people being immunised to avoid becoming infected. • Successful implementation of Human Papilloma Virus vaccination programme will save around 400 lives per year nationally 	<ul style="list-style-type: none"> • Uptake of Meningitis C immunisation at 12 months: 95% (above England, below NE) • Uptake of measles, mumps and rubella at 24 months 91% - same as NE, above England • Rates of uptake of all immunisations generally higher than England averages <p>JSNA 2011 section 19.3 – immunisation rates JSNA 2011 section 22.11 – immunisation, variation among small communities</p>	<ul style="list-style-type: none"> • Considerable variation in immunisation uptake rates between wards • Lower uptake amongst migrants • Access issues for homeless people 	<ul style="list-style-type: none"> • Every Child Matters • NSF for Children, Young People and Maternity Services • Gateshead DPH report 2009/10 • Children and young persons' needs assessment • Health of migrants
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Awareness raising of HPV vaccination amongst primary care professionals</i> • <i>HPV vaccination incorporated into integrated sexual health program for primary care</i> • <i>Improvement of uptake of vaccination in GP practices.</i> • <i>Provision of up-to-date information to parents and carers, outlining importance of childhood immunisations.</i> • <i>Promotional activity around HPV vaccination for young people</i> 			

1.2 Screening			
1.2.1 Cancer screening in vulnerable groups (e.g. people with learning disability, travellers, homeless people)			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Cancer mortality will be higher among population groups with lower uptake of health screening programmes. • In medium to long term (10 to 20 years) hospital admissions will be reduced if uptake of cervical, breast and bowel cancer screening can be increased now. 	<ul style="list-style-type: none"> • See table 3.3.6 for prevalence of learning disability • Uptake of screening services among people with a learning disability is lower than uptake in general population. <p>JSNA2011 section 19.1.4 cervical screening in learning disabled women</p>	<ul style="list-style-type: none"> • Travellers can be difficult to access for both screening and follow-up of abnormality • Homeless people difficult to access for screening and follow-up • Added value to screening services could be spin-off in terms of communicating with people with other forms of cognitive impairment, e.g. dementia. 	<ul style="list-style-type: none"> • Issue emerged in health equity audit. • Range of national guidance (Department of Health website) • Gateshead DPH report 2009/10 • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Person-centred Health Action Planning at the following life stages: transition from secondary education with a process for ongoing referral; Leaving home to move into residential service; Moving home from one provider to another; Moving to an out of area placement; Changes in health status, e.g. period of out-patient or in-patient care; On retirement; When planning transition for those living with older family carers.</i> • <i>Adopt good practice from Department of Health guidance document “Equal access to breast and cervical screening for disabled women” and from Inclusion Health Evidence Pack.</i> 			

Screening, continued			
1.2.2 Cancer screening and cancer awareness in new groups of people			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Cancer mortality will be higher among population groups with lower uptake of health screening programmes. • In medium to long term hospital admissions will fall if uptake of cervical, breast and bowel cancer screening increased now. 	<p>30% of deaths are due to cancer (England 27%)</p> <p>JSNA 2011 section 19.1 uptake of screening services</p>	<ul style="list-style-type: none"> • Significant variation in deaths across the borough. • Variation in screening uptake across the borough 	<ul style="list-style-type: none"> • Gateshead Director of Public Health Annual Report 2009 • Gateshead DPH report 2009/10 • Range of national guidance (Department of Health website) • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Promote and develop bowel cancer screening, people aged 70-75</i> • <i>Promote and develop breast cancer screening in extended age group</i> • <i>Promote self-awareness in young men re testicular cancer</i> 			

1.3 Illness and chronic conditions

1.3.1 Respiratory conditions

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Gateshead 135 deaths a year (7% of all deaths). • Only 30% of deaths occur under age 75. • Nationally, 5% of hospital admissions are due to respiratory diseases • Responsible for significant proportion of sickness absence. 	<ul style="list-style-type: none"> • Over 5000 Gateshead people with COPD on GP registers (2.5% prevalence (England 1.6%)) • Mortality rate is 1.5 times that of England as a whole. • 13,500 people diagnosed with asthma - prevalence 6.6% (England 5.9%). Prevalence falling slowly, • COPD prevalence falling slightly until 08/09 but is expected to rise by 2020 with 10,000 people affected. <p>JSNA 2011 sections 14.1, 14.2, 14.3, 14.4, - COPD</p>	<ul style="list-style-type: none"> • Variation across borough: 76 hospital admissions due to respiratory disease among the population of Whickham South and Sunnyside (lowest among the 22 wards) compared to 254 among the population of Lobley Hill and Bensham • Worse in conditions of poverty and poor housing 	<ul style="list-style-type: none"> • One of the Health Inequalities National Support Team 8 priority interventions • Gateshead Director of Public Health I Report 2009 • Gateshead DPH report 2009/10 • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Improvement of poor quality housing – see 'The Real Cost of Poor Housing'². (See also Chartered Inst of Environmental Health website – many publications re effect of poor housing on health. See also later section on cold weather and health</i> • <i>NICE guidance on COPD.³</i> • <i>Reduction of smoking prevalence.</i> • <i>Pulmonary Rehabilitation Group (NICE CG12 – 1.2.10, 1.2.10.4) a multi-disciplinary rolling programme including coping strategies, anxiety management, relaxation and patient education.</i> • <i>Domiciliary OT assessment and rehabilitation (NICE CG12 – 1.2.18, 1.2.18.5, 1.2.18.14, 1.3.4, 1.3.4.2.) for over 18s.</i> • <i>Expert patient programmes</i> • <i>Clinical management plans implemented by Community Matrons</i> • <i>See also 3.1.2</i> • <i>Influenza immunisation</i> 			

Illness and chronic conditions, continued

1.3.2 Cold weather – ill-health and excess winter deaths

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
Fuel poverty linked to <ul style="list-style-type: none"> heart attacks, strokes, respiratory conditions mental problems. 	<ul style="list-style-type: none"> 119 excess winter deaths 07/08, 103 in 08/09, 62 in 09/10 Problem likely to increase for two reasons: <ul style="list-style-type: none"> increases in fuel costs force more households into fuel poverty; Rise in proportion of the population over 60. Cutbacks in service provision/grants <p>JSNA 2011 section 14.20 – excess winter deaths</p>	<ul style="list-style-type: none"> Significantly worse for disadvantaged groups: those in fuel poverty, many elderly and alone, often in old and poorly heated homes. Housebound in particular suffer anxiety around paying fuel bills Significantly worse in central area, with much older housing stock 	<ul style="list-style-type: none"> Specifically asked by NST to include this. Tackling fuel poverty LAA NI 187 Gateshead Director of Public Health Report 2009 Gateshead DPH report 2009/10 Major concern of voluntary/community groups Excess winter deaths investigation
<p>Effective interventions</p> <ul style="list-style-type: none"> <i>Housing</i> : affordable warmth schemes and Decent Homes requirements; Warmzone and Anchor staying put. Warmzone scheme ending – proposed replacement schemes need support Improvement of energy efficiency, particularly in private sector stock; Government Warmzone programme for boiler replacement Insulation of 'hard to treat' solid wall properties decent homes programmes for public and private sector stock; implementation of Gateshead Private Sector Housing Renewal strategy Improvement of poor quality housing⁴; (see also Chartered Inst of Environmental Health website – many publications re effect of poor housing on health) Health service: Improved chronic disease and self-care management; flu vaccine. See also 3.1.2 			

Illness and chronic conditions, continued			
1.3.3 Circulatory diseases and diabetes			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Over a third of all Gateshead deaths are due to CHD, stroke or related diseases, so number of years of life lost is also high. 600 emergency and 300 planned hospital admissions each year in Gateshead due to CHD. Reduction in mortality/morbidity will have a positive effect on size of economically active population, a key issue for Gateshead, which will have a higher dependence ratio than England in future. Leg ulcers (especially common in diabetics) can be costly to treat if not identified early. 	<ul style="list-style-type: none"> 9,500 people in Gateshead currently diagnosed with CHD. Average prevalence at least 4.6% in Gateshead (England 3.4%). 4,400 people diagnosed as having had a stroke. Prevalence of stroke 2.2% in Gateshead (England 1.7%). 33,000 people in Gateshead on disease register for high blood pressure (rate 16%, England 13%). True rate could be nearly double this. Around 9,200 people diagnosed with diabetes Predicted prevalences in 2020: <ul style="list-style-type: none"> CHD: 12,000 people Stroke: 5,000 people Diabetes: 15,000 people <p><u>JSNA 2011 section 12</u> – circulatory disease <u>JSNA 2011 section 14</u> – diabetes (adult physical health and long-term conditions) <u>JSNA 2011 section 22.6 and 22.7</u> – mortality and illness, variation among small communities</p>	<ul style="list-style-type: none"> 19% of the life expectancy gap between Gateshead and England for males and 32% for females is a result of higher rates of mortality due to all circulatory disease⁵. Prevalence of diagnosed CHD among GP Practice populations in Gateshead in 2010 varies from 3.0% to 7.0%¹. Delayed diagnosis for certain groups with access difficulties, e.g. learning disabled, travellers, homeless 	<ul style="list-style-type: none"> Key issue <u>DPH Annual Report 2009</u> <u>Gateshead DPH report 2009/10</u> PCT Strategic Plan picked up in 6 of the Health Inequalities National Support Team priority actions NHS Health Checks, Gateshead Action Plan (under development) Range of national heart disease guidelines etc (Department of Health website) <u>Integrated Strategic and Operational Plan</u>
<p>Effective interventions</p> <ul style="list-style-type: none"> For the most disadvantaged fifth of Local Authority areas, primary and secondary prevention of CVD could reduce the life expectancy gap by 6% for males and 7% for females. Doubling the capacity of smoking cessation clinics could reduce the gap by a further 1% for both males and females. This, however, assumes that rates of intervention will remain the same in other areas⁵. Increasing the coverage of effective interventions will have implications for the PCT's prescribing budget. Rapid access chest pain clinic at Queen Elizabeth hospital established within past five years. Measurement and control of blood pressure. Appropriate use of preventive prescription drugs. Podiatry or foot technician service, e.g. for diabetics (identification of leg ulcers before become serious) Lobbying for reduction of salt and fat in manufactured food Appropriate deployment of dietitians (in specialist clinics, e.g. diabetes, coeliac disease) Secondary prevention clinics in primary care to ensure appropriate use of preventive drugs and improve patient education and self-management Primary prevention screening – NHS checks offered in all GP surgeries and some pharmacies and workplaces Local Enhanced Service (LES) agreements in place for smoking cessation, weight management and exercise on referral Systematic structures being developed to ensure effective treatment for atrial fibrillation to reduce stroke risk available to all who need them. 			

¹ NHS Information Centre, "Quality and Outcomes Framework" available at www.ic.nhs.uk/qof (last accessed 7th March 2011)

Illness and chronic conditions, continued			
1.3.4 Cancer			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • One of major killers in the region • High cost to health service • High cost to social services • High cost to society 	<ul style="list-style-type: none"> • Rate of early deaths (under 75 years) due to all cancers is falling both in Gateshead and England. • Gap between Gateshead and England rates narrowed over past 10 years • 28% of cancer deaths due to lung cancer (England only 21%) • Incidence likely to increase because of big knock-on effect of obesity • Breast cancer – 45 deaths per year, higher than average mortality rate • Oral cancer accounts for 4% of all cancer cases in the UK. Rising trend. <p>JSNA 2011 section 13 – cancer JSNA 2011 section 2.4 – oral health needs JSNA 2011 section 22.6 – cancer mortality, variation among small communities</p>	<ul style="list-style-type: none"> • More prevalent in lower socio-economic groups • Screening uptake varies across the borough – see table 1.2 • Oral cancer – highest incidence in vulnerable groups less likely to visit dentist 	<ul style="list-style-type: none"> • Raised by voluntary/community sector • Gateshead Director of Public Health Annual Report 2009 • Gateshead DPH report 2009/10 • Range of national cancer guidelines (Department of Health website) • Strategy for improving oral health across NHS SoTW 2008-11 • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • Lifestyle - Stopping smoking (see 2.2.1) and obesity prevention (see 2.2.4 and 2.2.5) • Early detection (see 1.2.1 and 1.2.2) and treatment • Voluntary sector services for whole families • Equal access and uptake of dental services 			

Illness and chronic conditions, continued			
1.3.5 Musculoskeletal conditions due to falls			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • High proportions of falls (stairs, baths, between levels) in elderly result in serious harm² • High costs to health services² • High costs to social services² 	<ul style="list-style-type: none"> • Nearly 1100 admissions to hospital following fall in 2008/09, people aged 65+ (rate 2710 per 100,000, England only 2130 per 100,000) <p>JSNA 2011 section 14.21 – older people and falls</p>	<ul style="list-style-type: none"> • Elderly are particularly vulnerable to falls • Those living in older housing stock are exposed to greater risks of falling and greater likelihood of more severe outcome 	<ul style="list-style-type: none"> • Range of local authority requirements around housing conditions • Gateshead Private Sector Housing Renewal strategy • Gateshead housing strategies
<p>Effective interventions</p> <ul style="list-style-type: none"> • decent homes programmes for public and private sector stock; • implementation of Gateshead Private Sector Housing Renewal strategy • Improvement of poor quality housing⁶ (see also Chartered Inst of Environmental Health website – many publications re effect of poor housing on health) • Basic risk assessments made by visiting front line staff, with clear reporting lines so that further professional assessment and actions can be taken • Enforcement of HHSRS Category 1 hazards • GPLA accreditation standard • Podiatry or foot technician service (identification of foot problems that cause people to wear comfortable but unsafe footwear) 			

Part 2: Adding life to years

2.1 Mental health and emotional well-being			
2.1.1 Adult mental health and emotional well-being			
Direct impacts on health and on health and social services. Socio-economic impact (employment and/or qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Years of life lost – comparatively high due to young (20-45) age of most suicides. age-standardised years of life lost rate 27 per 10,000 population, (2003-05) (England 28) Hospital admissions mainly for severe/ enduring problems. High impact on primary care, with depression a major reason for GP visits. Drugs budgets very high. 40 per1000 people of working age claim benefits for mental or behavioural problems (significantly higher than England's 25). Gateshead's dependence ratio (ratio of older people to people of working age) will be higher than England's in future so the effect of common mental health problems on employability and time lost due to sickness absence is more important for Gateshead. NE rates of prescribing antidepressants are higher than national areas. High rates of benefits claimed due to mental and behavioural problems, as well as high rates of sickness absence 	<ul style="list-style-type: none"> Over 30,000 Gateshead people were on disease register with depression in 2009/10 (rate 18.8%, compare England 10.9%) Estimated 10-15% of people 65+ years suffer from depression nationally⁷ (between 3,400 and 5,000 older people). By 2015 this will rise to 3,700-5,600 (+10%) if prevalence remains same. Severe depression: 1,000 - 1,700 older people 65+ now, increasing by 10% by 2015 to 1,100 - 1,900 (+10%). Rate of claiming benefits due to mental and behavioural problems – 34 per 1,000 population working age (England rate 24 per 1000) <p><u>JSNA 2011 section 15 – adult mental health and conditions</u></p>	<ul style="list-style-type: none"> Higher rates of prevalence of depression in areas of Central and East Gateshead where levels of socio-economic disadvantage are highest. Increased rate of mental health issues in lesbian, bisexual, gay and transgender population Increased prevalence amongst offenders and ex-offenders Problems worse amongst looked after children and young people Ex-servicemen and war veterans suffer more mental health problems High prevalence in migrants Bereavement can cause serious problems 	<ul style="list-style-type: none"> OSC Inequalities Review. Major concern of voluntary/ community sector Gateshead Emotional health and well-being action plan SoTW suicide prevention strategy Gateshead Director of Public Health Annual Report 2009 Gateshead DPH report 2009/10 General mental health needs assessment BME mental and emotional health needs assessment LGBT mental health needs assessment Assessment of health needs of offenders and ex-offenders Health of migrants NHS South of Tyne and Wear Mental Health Model of Care Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> Choice of pharmacological or psychosocial treatment (cognitive behavioural therapy) should be offered to service users when presenting with anxiety or depression after a period of watchful waiting (NICE guides ref CG22 and CG23). No evidence to say what appropriate balance between therapies is; currently no easy way of measuring what the balance is . Layard Report⁸ nationally called for an increase in availability of psychosocial therapies but noted that they were no cheaper than pharmacological interventions. Government Green Paper "In work, better off" notes the effectiveness of the Pathways to Work initiative which provides tailored support for disabled people seeking work and has been piloted in Gateshead. Clients in the pilot areas have been 7% more likely to have found a job after 18 months. The paper contains a proposal to roll out the programme nationally. Dept of Health (2010): Confident communities, brighter futures: a framework for mental well-being Development of appropriate patient pathways and other recommendations from South of Tyne and Wear Mental Health Model of Care (2010, http://www.sotw.nhs.uk/content.aspx?id=698) Provision of places where sufferers can go Help and encouragement into voluntary work if not paid employment Use of voluntary sector organizations, e.g. for ex-servicemen, bereavement support Advocacy to ensure people have control and to resolve complex problems Clear pathways and integrated service provision, as in NHS South of Tyne and Wear Mental Health Model of Care 			

Mental health and emotional well-being, continued			
2.1.2 Child and young person emotional health and well-being			
Direct impacts on health and on health and social services. Socio-economic impact (employment and/or qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • 10% of children and young people have mental health problem, mainly emotional disorders (depression or anxiety) or conduct disorders. • Poor mental health often underlies risk behaviours (including smoking, risky sexual activity, substance abuse) and health outcomes (including injuries, teenage pregnancy, eating disorders, bullying and violent behaviour). • Poor emotional health and well-being - associated with low educational performance and absenteeism. Possible long term impact on employability. • Conduct and hyperkinetic disorders disrupt educational environment for other children. • Increased offending and anti-social behaviour: conduct disorders particularly associated with anti-social and offending behaviour - impacts on safety and well-being of wider community. • Amongst children ending up in custody, 20% had previously self-harmed and 11% had previously attempted suicide⁹. • Average cost to society of an individual with untreated conduct disorder is £70k. 	<ul style="list-style-type: none"> • There are around 80 emergency hospital admissions each year due to self-harm among children and young people under 19 years of age in Gateshead. (Significantly higher than the rate across England.) • Boys more likely to have a mental disorder than girls. Amongst 5-10 year olds, 10% of boys and 5% of girls have a mental disorder; amongst 11-16 years olds, 13% of boys and 10% of girls. • Estimated numbers of children and young people (aged 5 – 16 years) in Gateshead experiencing an emotional health disorder include: <ul style="list-style-type: none"> • 1600 diagnosed with a conduct disorder • 1000 experiencing an emotional disorder • 410 being hyperactive • 350 with a less common disorder • About half of Year 10 boys and 36% of Year 10 girls (aged 14 or 15 years) reported a high self esteem score. These figures are similar to the England average for boys and slightly below the England average for girls. • 44% of Year 8 boys and 36% of Year 8 girls (aged 12 or 13 years) reported a high self esteem score. Both figures are similar to the England average <p><u>JSNA 2011 section 10 (child mental health and conditions)</u></p>	<ul style="list-style-type: none"> • Children of lone parents are twice as likely to have a mental health problem as those living with married or cohabiting couples¹⁰. • Significantly higher than general rates of mental illness in following groups of children <ul style="list-style-type: none"> ○ looked after children; ○ those with identified learning disability or autistic spectrum disorder; ○ those in contact with youth justice system; ○ those from lower socio-economic background.¹⁰ 	<ul style="list-style-type: none"> • National priority (PSA 12) • <u>Every Child Matters</u> • <u>NSF for Children, Young People and Maternity Services</u> • NICE: PH12 Social and emotional well-being in primary education • <u>National Healthy Schools Standard</u> • NICE guidance CG28: Depression in Children and Young People • National CAMHS review • Gateshead CAMHS strategy 2010 – 2013 • Gateshead TAMHS plan • <u>Mental health needs of children and young people assessment</u> • <u>Gateshead DPH Report 2009</u> • <u>Gateshead DPH report 2009/10</u> • <u>Children and young persons' needs assessment</u> • <u>LGBT health needs assessments</u> • <u>Young people's substance misuse treatment system needs assessment</u> • <u>Looked after children needs assessment</u> • <u>Narrowing the gap</u> • <u>Integrated Strategic and Operational Plan</u> • <u>Safer Gateshead</u>
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Healthy Schools initiatives</i> • <i>Range of services from one-to-one work to group work within schools to improve self-esteem¹¹</i> • <i>Universal services should promote positive mental health within community settings.</i> • <i>Accessible early intervention and prevention services, delivering support to children, their families and professionals to meet social, emotional and/or behavioural difficulties.</i> • <i>Specialised service for severe and complex mental health problems and neuro- development disorder.</i> • <i>Independent advocacy early in transition process</i> 			

Mental health and emotional well-being, continued

2.1.3 Dementia

Direct impacts on health and on health and social services. Socio-economic impact (employment and/or qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • 10% of deaths in men over 65 and 15% of deaths in women over 65 may be attributed to dementia. • Admissions to hospital where dementia is the primary diagnosis account for only a small proportion of the estimated total number of people who suffer from the condition. These are the most severe cases. • Generally affects people 65+ years although there are some working age adults affected. An increase in the number of sufferers will mean a larger number of people of working age who will have full or part-time caring responsibility. • Significant cost to social services 	<ul style="list-style-type: none"> • Prevalence increases with age and the number of older people in Gateshead is increasing. • 1181 people on dementia register in 2009/10 (0.59% prevalence, significantly higher than England's 0.45%) but Estimates¹² suggest that in 2005 in Gateshead, 2,300 people aged 60 years and over suffer from dementia. • Gateshead appears to have a higher prevalence of vascular dementia than elsewhere in the country, probably reflecting the high rates of risk factors. This might increase the overall numbers of people with dementia with a significant minority under 65. • By 2015 prevalence will increase by 14% to 2,600. • Rising trend in admissions to hospital <p>JSNA 2011 section 15.7 - dementia.</p>	<ul style="list-style-type: none"> • People who suffer from Alzheimer's are supported by social care rather than health care and means- tested for the services they receive, instead of receiving free NHS care. • increased isolation, poorer access to mainstream services, e.g. physical healthcare, less consultation and involvement in services than others. • Rates on GP registers vary between practices • Risk factors such as CHD/stroke are more common in deprived areas 	<ul style="list-style-type: none"> • A specific aspect of care with evidence for local growth as an issue, and national priority. • National Dementia Strategy: joint commissioning strategies for Sunderland, South Tyneside and Gateshead • Gateshead DPH report 2009/10 • Major concern of voluntary/community groups • Ex-service personnel needs assessment • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • NICE guidance¹³ gave approval for certain prescription drugs within clinical guidelines. Result has been rapid increase in dispensing of these drugs¹⁴. Guidance recommends the following therapies and treatments other than prescription drugs: <ul style="list-style-type: none"> ○ structured group cognitive stimulation programmes ○ alternative therapies such as aromatherapy, multi-sensory stimulation or music/dance therapy ○ cognitive behaviour therapy for people with dementia who additionally suffer from depression or anxiety. This may include their carers ○ Sensory stimulation therapies for anxiety e.g. reminiscence therapy or animal-assisted therapy • New housing models of care based on extra care are needed. • Special extra care schemes – limited number of 2-bedroomed places exist • More choice of supported, flexible housing, specific to dementia • Provision of activities, outings, etc. and improvement of standards for those in residential care • Inclusion of people with dementia and their carers in decision-making and in service delivery • Advocacy/information provision – to help to identify and access appropriate services (including accompaniment to appointments), to deal with carer conflict etc. • Support for carers, including in early stages 			

2.2 Lifestyle

2.2.1 Substance misuse

2.2.1.1 tobacco

Direct impacts on health and on health and social services. Socio-economic impact (employment and/or qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Smoking - leading cause of premature death and disease (particularly lung cancer, stroke and respiratory disease. Oral cancer). Smoking in pregnancy - serious health risks to unborn child (respiratory problems, low birth weight, cot death, etc.) Pre-operative smoking cessation leads to shorter length of hospital stay; smoking cessation leads to fewer emergency admissions for acute cardiovascular events Estimated cost of helping Gateshead smoker to quit: £265; average cost medical interventions £17k per life year gained¹⁵. 	<ul style="list-style-type: none"> The proportion of mothers smoking throughout pregnancy is below the North East average but significantly higher than the proportion across England as a whole - In 2009/10 20% of Gateshead women giving birth continued to smoke throughout their pregnancy (England average 14%) Estimated 33% of Gateshead's population smokes – much higher than England average and not much lower than highest estimated prevalence in the country (35%) Smoking rates amongst girls are of particular concern. Some 27% of Gateshead's year 10 girls (aged 14 or 15) smoke, compared to 20% of boys and significantly higher than England's year 10 girls (17% in 2009)% of girls. In year 8 (aged 12 or 13), 7% of boys and 5% of girls report having smoked. <p>JSNA 2011 section 9.4 – smoking in pregnancy JSNA 2011 section 16.3 child smoking JSNA 2011 section 17.2 adult smoking JSNA 2011 section 22.8 - smoking, variation among small communities</p>	<ul style="list-style-type: none"> Meeting national targets to reduce smoking in pregnancy would reduce socio-economic gap in infant mortality by approximately 2%²⁹. Strong correlation between areas of high smoking prevalence and areas of low educational attainment. Higher rates in LBGT population Higher rates in migrants Uptake of stop smoking services varies across the borough 	<ul style="list-style-type: none"> Gateshead DPH report 2009/10 OSC Inequalities Review PCT Local Delivery Plan. National priority (PSA 14) Every Child Matters NSF for Children, Young People and Maternity Services Gateshead Emotional health and well-being action plan Regional strategy, smoking in pregnancy. National and LAA targets re reduction of smoking rates. Regional Public Health Strategy – Better Health, Fairer Health Concern raised in voluntary and community consultation Strategy for improving oral health across NHS SoTW 2008-11 LBGT health needs assessments General mental health needs assessment Children and Young persons needs assessment Health of migrants Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> Intensive stop-smoking support for pregnant women as well as general stop smoking services. Resource provision for rapid adoption of NICE guidance Multi-agency tobacco control work; adoption of best practice; support from peers or workers with personal knowledge of addiction problems Access to preventive dental services 			

Lifestyle, continued: Substance misuse, continued

2.2.1.2 drugs and alcohol

Direct impacts on health and on health and social services. Socio-economic impact (employment and/or qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • 55 deaths/ year in Gateshead attributable to alcohol. • Alcohol - significant cause of hospital attendance (illness and also accident and emergency) • Alcohol consumption linked to falls in older people. • Unsafe alcohol consumption affects employability - of particular importance to Gateshead because of increasing dependence ratio (ratio of people of working age to people who have retired) which will be higher in future • Alcohol misuse - factor in over 50% of all child protection cases. For every problematic drug user, one child under 16 is likely to be affected¹⁶. Major factor in incidence of domestic abuse. • Children of alcohol-misusers - higher risk of mental ill health, behavioural problems, involvement with police, substance and alcohol misuse. • Substance misuse can lead to homelessness • Substance misuse linked to poor dental health 	<ul style="list-style-type: none"> • Rate of hospital admission due to alcohol related harm in 2009/10 - 2526 per 100,000 population (England 1743 per 100,000) • 10 recorded drug-related deaths in 2009, 3rd highest rate in the region. • Marked upward trend in alcohol-attributable hospital admission rates, both males and females. • Levels of alcohol consumption amongst Gateshead's children are higher than England as a whole – over half of Year 10 children (aged 14 or 15) reported consuming alcohol in the week of the survey (51% of boys and 61% of girls). In year 8 (aged 12 or 13), the figures are 39% for boys and 25% for girls. • Approximately 10% of young people in Gateshead 'frequently misuse substance' (England 10.9%, North East 13.7%).¹⁷ • 32% of adults binge drink weekly or more often compared to only 20% across England. <p><u>JSNA 2011 section 15.8 –alcohol-related hospital admissions</u> <u>JSNA 2011 section 15.9 – drug-related deaths and ambulance call-outs</u> <u>JSNA 2011 section 16.4 child alcohol consumption</u> <u>JSNA 2011 section 17.6 adults & alcohol</u> <u>JSNA 2011 section 17.8 (drug addiction)</u> <u>JSNA 2011 section 22.8 - alcohol, variation among small communities</u></p>	<ul style="list-style-type: none"> • Variations within Gateshead in proportion of adults binge drinking weekly or more often, but most wards are among 10% of all wards in England with highest estimated rates. • Children whose parents misuse drugs/ alcohol are at increased risk of negative outcomes, including SIDS, emotional/ behavioural problems and own substance use. • Likelihood of children under 16 using illegal substance: 9 times higher for frequent truants (45%), 5 times higher for young people who've been arrested or excluded than for non-vulnerable young people.¹⁸ • When substance misuse leads to homelessness, problems of homelessness apply, particularly affecting children – reduced educational attainment and employability as well as poorer health • Higher rates in LGBT population • Higher rates in migrants 	<ul style="list-style-type: none"> • OSC Inequalities Review • Gateshead DPH report 2009/10 • PCT Local Delivery Plan. • National Drug Strategy • Integrated Strategic and Operational Plan • National priority (PSA 14) • Every Child Matters • NSF -Children, Young People, Maternity Services • NTA: Young People's Substance Misuse Needs Assessment & Treatment Plan • Youth Alcohol Action Plan • 'You're Welcome' guidance • local community safety strategic assessment • Place survey • Gateshead Emotional health and well-being action plan • Concern raised in voluntary and community consultation • LGBT health needs assessments • General mental health needs assessment • Children and Young persons needs assessment • Young people's substance misuse treatment system needs assessment • Health of migrants • Strategy for improving oral health across NHS SoTW 2008-11 • Gateshead Alcohol Harm Reduction Strategy • Safer Gateshead
<p>Effective interventions</p> <ul style="list-style-type: none"> • Range of interventions to address alcohol misuse at varying levels of severity, from brief interventions by GPs/ other health professionals to community or inpatient detoxification¹⁹. • Integrated specialist substance misuse services; potential use of funding from Supporting People • Support services should be available to children and young people who have alcohol related problems^{Error! Bookmark not defined.} • Extended health promotion activity, including alcohol awareness campaigns (especially for parents/young people^{Error! Bookmark not defined.}. Alcohol free childhood²⁰ • Screening of those truanting or excluded from school¹¹ • Harm reduction to children from maternal substance misuse¹¹ • Recommendations of annual NTA needs assessment to be taken forward through the risk and resilience structure. • Dual diagnosis – links with mental health services • Use of voluntary sector services to provide support/intervention/prevention • See Gateshead Alcohol Harm Reduction Strategy 			

Lifestyle, continued			
2.2.2 Sexual health			
Direct impacts on health and on health and social services. Socio-economic impact (employment and/or qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> The health complications of Chlamydia include infertility, ectopic pregnancy and Pelvic Inflammatory Disease. STIs will not affect employability except in terms of absenteeism. However, this may be significant as most STIs occur among adults in the 16-44 years age band.²¹ 	<ul style="list-style-type: none"> Mortality due to cervical cancer low (<5 deaths per year). 142 HIV-infected people seen for care in Gateshead in 2009 – rising trend 363 diagnoses of chlamydia in 2009 in Gateshead Gateshead's uptake rate of cervical screening in 2010 slightly higher than England's. STIs in people aged 55+ rising <p>JSNA 2011 section 14.24 – new diagnoses of STI JSNA 2011 section 14.25 – no. Of HIV-infected persons JSNA 2011 section 19.1 screening uptake</p>	<ul style="list-style-type: none"> Incidence of STIs at PCT level is not available and this makes an accurate assessment of health inequalities difficult. HIV/AIDS and sexual health difficulties common in refugees, asylum seekers and other migrants, along with cultural difficulties in accessing services HIV/AIDS prevalence higher in gay population 	<ul style="list-style-type: none"> Every Child Matters NSF for Children, Young People and Maternity Services National priority (PSA 14) Chlamydia incidence priority area for people under 25 years in the 2007 APA Gateshead Director of Public Health Report 2009 Gateshead DPH report 2009/10 General mental health needs assessment LGBT general and mental health needs assessments Health of migrants Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> Increase uptake of cervical screening and increase promotion of national chlamydia screening programme and numbers screened. Chlamydia LES planned for early 2011 would be further supported by direct GP support through primary care sexual health scheme Some STIs are diagnosed within traditional primary care settings e.g. GP surgeries – would benefit from better support to GPs in diagnosis/treatment/referral of STI by appointment of community health advisers/introduction of primary care scheme. Better access to information; using GIN for guidelines/information leaflets/standardised record keeping and coding (GIN needs promoting amongst GPs) Extended health promotion activity Flexible accessible clinics Separate clinics specifically designed for young people 			

Lifestyle, continued			
2.2.3 Under 18 conceptions			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Higher risks of complications. Babies born to young parents also at greater risk of experiencing negative health outcomes. • Repeat teenage pregnancies carry increased risk of preterm delivery and mental health problems. • Almost a third of domestic violence begins with pregnancy. • Risk of social isolation, particular with repeats. Can lead to exclusion from education or the labour market • Having a baby at a young age can be harmful to both physical and mental health. 	<ul style="list-style-type: none"> • Teenage conceptions have fallen from 199 in 1998 to 145 in 2009 • Gap between Gateshead and England narrowed since 1998. <p><u>JSNA 2011 section 9.3 – teenage conception rates</u></p>	<ul style="list-style-type: none"> • Strongly associated with young people who are socially excluded or from poor socio-economic groups. • Higher rates in deprived areas. 	<ul style="list-style-type: none"> • National priority (PSA 14) • <u>Every Child Matters</u> • <u>Gateshead DPH report 2009/10</u> • <u>Children and young persons' needs assessment</u> • <u>Integrated Strategic and Operational Plan</u>
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Increased promotion of The Contraception and Sexual Health service for 16-19 year olds; coordination of primary care and CASH services with agreed pathways and standards for care</i> • <i>Separate clinics, specific to young people</i> • <i>Wide availability of emergency contraception from many sources</i> • <i>Better access to timely, accurate, helpful information</i> • <i>Assessment of living arrangements and provision of suitable housing</i> • <i>Improved data collection to enable timely targeting of services</i> • <i>Extended health promotion activity</i> • <i>Support for GPs in delivering full range of contraceptive options will be improved by introduction of new LES for implant and coil fittings with possible referral between practices (due for completion soon)</i> 			

Lifestyle, continued			
2.2.4 Childhood obesity; physical activity; healthy eating			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Obesity poses a major public health challenge and risk for future health, well-being and life expectancy in Gateshead; a risk arguably second only to that from tobacco for children and young people. Treating children for overweight or obesity may stigmatise them and put them at risk of bullying, which in turn can aggravate problem eating. Confidentiality and building self-esteem are particularly important if help is offered at school. See also table 2.2.5 (adult obesity) 	<ul style="list-style-type: none"> Over 20% of 10 and 11 year olds in Gateshead are obese and the proportion has risen over the past three years 79% of children 5-16 years participate in PE and sport (England 81%) but the proportion undertaking 3 hours of PE and out of school sport each week (2009/10) is only 47% (England 57%). Third of children either overweight or obese. Without action this could rise to almost 9/10 adults and two-thirds of children by 2050. Up to 50% of Gateshead's children do not eat 3 or more portions of fruit and vegetables per day. Up to 15% of Gateshead's children do not eat breakfast, with the figure for girls slightly higher than that for boys. Obesity - increasing problem nationally & locally. <p>JSNA 2011 section 16.2 – physical exercise JSNA 2011 section 16.5 - consumption of fruit and vegetables JSNA 2011 section 16.6 – eating nothing for breakfast JSNA 2011 section 18.9 – children who take school lunches JSNA 2011 section 16.7 - obesity</p>	<p>Closely linked to deprivation and Gateshead therefore has high levels of overweight and obese children.</p>	<ul style="list-style-type: none"> (PSA 12) NICE guidance CG43: Guidance on prevention, identification, assessment and management of overweight and obesity in adults and children National Child Measurement Programme National Healthy Schools Standard NSF for Children, Young People and Maternity Services National Child Health Promotion Programme Healthy Weight: Healthy Lives Gateshead DPH Annual Report 2009 Gateshead DPH report 2009/10 Overweight and obesity strategy OSC Review of Obesity 2011 The Big Shift SoTW obesity strategy action planning initiative profile Children and young persons' needs assessment Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> Availability of nutritionally balanced school meals through implementation of nutrient based standards.¹¹ Provision of good dietary and nutritional information for young people in schools and colleges¹¹. Increasing uptake of physical activity Partnership approach at earliest possible opportunity to promote physical activity, healthy, nutritionally adequate diet and positive self esteem. Family based interventions must be developed alongside adult obesity strategy to tackle inter- generational aspect of obesity. Extended health promotion activity, including lobbying Innovative schemes Actions outlined in SoTW obesity strategy action planning initiative profile 			

Lifestyle, continued			
2.2.5 Adult obesity; physical activity; healthy eating			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Obesity poses a major public health challenge and risk for future health, well-being and life expectancy in Gateshead. Annual cost of Inactivity: to English economy - £8.3bn to NHS - £1bn - £1.8bn²² The total economic lifetime value (health care costs saved and improved health-related quality of life generated by doing sport varies between £11,400 and £45,800 (health and fitness) per person²³ The estimated annual cost to the NHS in Gateshead of treating diseases related to overweight and obesity is £64.3million, expected to rise to £68.7million by 2015 	<ul style="list-style-type: none"> 29% Gateshead adults eat five portions of fruit and vegetables each day – increasing trend, higher than England around 40% of adults in Gateshead now take 30 minutes of moderate physical activity, five or more times each week. This means that over half do not take the minimum recommended level adult obesity prevalence is difficult to measure and self-reporting is likely to give underestimates. Estimates suggests that perhaps 28% of Gateshead’s population could be obese <p>JSNA 2011 section 17.3– physical activity JSNA 2011 section 17.4– participation in sport JSNA 2011 section 17.5 - consumption of fruit and vegetables JSNA 2011 section 17.7 – obesity JSNA 2011 section 22.8 - obesity, diet and exercise – variation among small communities</p>	<ul style="list-style-type: none"> Closely linked to deprivation, Gateshead therefore expected to have high levels of overweight and obese people. Healthy eating less prevalent in areas of socio-economic disadvantage 	<ul style="list-style-type: none"> NICE guidance CG43: Guidance on prevention , identification, assessment and management of overweight and obesity in adults and children Healthy Weight: Healthy Lives Gateshead DPH Annual Report 2009 Gateshead DPH report 2009/10 Overweight and obesity strategy OSC Review of Obesity2011 The Big Shift Healthier communities advisory group SoTW obesity strategy action planning initiative profile Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> Primary care monitoring Increasing uptake of physical activity Extended health promotion activity, including lobbying Exercise on prescription Innovative schemes Actions outlined in SoTW obesity strategy action planning initiative profile 			

Lifestyle, continued			
2.2.6 Parents, carers and families			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Child health directly influenced by actions and behaviour of parents, carers and families See also table 3.2.2 -violence 	n/a	2 out of 6 of the major workstreams in the Marmot review of inequalities concern children	<ul style="list-style-type: none"> Every Child Matters Gateshead’s Child Poverty Commission Narrowing the gap Children and young persons’ needs assessment NHS South of Tyne and Wear Mental Health Model of Care Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> Family support services along with parenting offer. Single point of referral to ensure choice of appropriate course of action ¹¹ Clear pathways and integrated service provision, as in NHS South of Tyne and Wear Mental Health Model of Care 			

2.3 End-of-life care			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Emotional and mental stress • Affects families and carers as well as individual patients 	<ul style="list-style-type: none"> • 62% of Gateshead residents died in hospital during 2009-2010, above the national average of 57%. • 20% died at home, which is slightly above the national average of 19% and has remained stable for the previous 3 years. 	-	<ul style="list-style-type: none"> • <i>Better Health, Fairer Health</i> • Healthier Communities Overview and Scrutiny Committee • SoTW strategic plan 2010-2015 "Making South of Tyne and Wear healthy for you" • DOH "The End Of life Strategy for England"(2008) • NHS Next stage review "High Quality Care for All (2008) • JSNA 2011 section 3.11 - end-of-life care • Integrated Strategic and Operational Plan
Effective interventions <ul style="list-style-type: none"> • Care pathways approach – integrated care • Use of Advance Care Planning • Whole family/carer support, during illness and later in bereavement groups, etc. • Involvement of voluntary sector, particularly Marie Curie 			

Part 3: Tackling inequalities in health

3.1 Poverty and exclusion			
3.1.1 Reducing isolation and loneliness in older people			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Isolation may lead to malnutrition and health problems, including depression and dementia. Contact with health and social care systems is delayed until a crisis is reached. Data to pinpoint this problem are not currently available. If 'older people' is defined as 50+, isolation may be a factor contributing to worklessness. 	<ul style="list-style-type: none"> 17.6% of Gateshead households occupied by single older people in 2006, 3rd highest in region. Across district, proportion varies from <10% to > 20%. Proportion of over 65s projected to rise by 25% between 2008 and 2025 (to 42,000 people). Even more dramatic - expected rise in population aged 85+, increasing to 4,600 by 2015, then to 6,600 by 2025 (74% up from 2008). <p>JSNA 2011 section 6.9 older people living alone</p>	<ul style="list-style-type: none"> See 'direct impacts' Wide variation across Gateshead in proportions of population of retirement age, from < 15% to >25%. Increased difficulties for those with sensory disability (particularly sight loss) or physical disability 	<ul style="list-style-type: none"> A specific aspect of prevention, meeting the needs of this growing section of the population, with an evidence base for action. Gateshead DPH report 2009/10 Under Pressure Serious concern for many consultees, including voluntary and community sectors Gateshead Older People's Strategy Health impact assessment on older people's strategy
<p>Effective interventions</p> <ul style="list-style-type: none"> Most effective interventions involve educational or support input Educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people.²⁴ Access to services and activities addressing social isolation and loneliness is variable²⁵ ; services are often not tailored to the needs of the most lonely and isolated; older people are rarely involved at the design stage. These issues need to be addressed. Meeting older peoples' housing needs and aspirations by providing a choice of affordable, community located homes for life with support packages to maintain independence. Further development of universal services, bearing in mind that web-based services not always accessible to older people More use of voluntary sector for provision of places where older people can socialise – especially as trend is towards reduction of day centres Involvement in voluntary/community activity Direct contact with isolated people to ascertain what services would benefit them – e.g. provision of cleaning services, library service, hairdressing Adoption of beneficial schemes – e.g. befriending systems (Age Concern), day centres (Age Concern), Pets as Therapy Support for people aged 50+ seeking work 			

Poverty and exclusion, continued

3.1.2 Provision of decent homes and suitable accommodation

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Poor housing can exacerbate or cause respiratory diseases. Heating costs, particularly for the elderly on low incomes, can lead to poverty and associated problems. Elderly people can suffer or die from hypothermia. (See table 1.3.2 above) Poor housing can lead to serious falls, particularly in the elderly (see table 1.3.5 above) Lack of appropriate support can result in people having to leave their homes 	<ul style="list-style-type: none"> Higher than average proportion of private rented dwellings fail to meet Decent Homes Standards (53% vs England 44%) 96% of care leavers were in suitable accommodation in 2008/09 68% of adult with learning disabilities were in settled accommodation in 2009/10 <p>See also table sections below on migrants and homeless</p> <p>(JSNA 2011 section 6.1) – older people living alone JSNA 2011 section 6.11 – care leavers in suitable accommodation JSNA 2011 section 6.12 adults with LD in settled accommodation JSNA 2011 section 22.12 – housing turnover, variation among small communities</p>	<ul style="list-style-type: none"> Poorer families much more affected by costs of heating or insulation. More poor quality housing in poorer areas of borough. Older people significantly more risk of falls Those with mobility problems might have difficulty with stairs and inappropriate housing 	<ul style="list-style-type: none"> Major concern of voluntary and community consultees LAA NI 187 Strategic housing market assessment Housing needs and care assessment –older people's aspirations Vulnerable persons housing gap analysis Gateshead DPH report 2009/10 draft Child Poverty Needs Assessment
<p>Effective interventions</p> <ul style="list-style-type: none"> Improvement of poor quality housing²⁶; (see also Chartered Inst of Environmental Health website – many publications re effect of poor housing on health) Warmfront grants Warmzone; Decent Homes requirements in public and private sectors Remediation of faults (can also be highly cost-effective, see) Implementation of Gateshead private sector housing renewal strategy Assistance towards loans in private sector from grants “Helping hands” North East Home Loans Partnership – provides loan assistance through ‘5 Lamps’ Appropriate support can prevent people having to leave their homes (see JSNA 2011 section 6.5) 			

Poverty and exclusion, continued

3.1.3 Children living in poverty

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Children born into poverty more likely to: die in first year of life; be born small &/or early; die from childhood accident; be bottle fed; have poor nutrition; smoke; have parent who smokes; become lone parent; have children younger; die younger; be more likely to commit offences, be taken into care, to fail to continue into further education or employment. Deprivation & avoidable injury clearly linked. Children whose parents have never worked, or are long-term unemployed are thirteen times more likely to die from avoidable injury than children of parents in higher managerial and professional occupations. Children in the most deprived 10% of wards in England are three times more likely to be hit by a car than children in the 10% least deprived wards Social class gap opens early and widens swiftly. Children from poor homes are, by age 6, doing less well in reading and maths tests than less able children from well off homes. Financial circumstances can be both cause and consequence of challenging family or household circumstances and impair children and young people's outcomes. 	<ul style="list-style-type: none"> 24.3% of children in Gateshead in Aug 2008 (9,655 children) were considered to be living in poverty based on the former National Indicator NI 116 measure. This defines child poverty as the number of children living in families in receipt of child tax credit whose reported income is less than 60 per cent of the national median income, or who are in receipt of Income Support or (Income-Based) Jobseeker's Allowance. This compares to a figure of 20.9% in England. 39% of children in Gateshead (15,800 children) are in low income working families. This compares to a figure of 36% in England. This definition is based on families in receipt of child and working tax credits more than the family element (Dec 2010). High proportion of children & young people affected by financial hardship, 63% of children (25,300) live in households where either no adults work, or where low earnings warrant state financial assistance (Dec 2010). This compares to a figure of 57% in England. Over half (53%) of children living in families receiving workless benefits live in lone parent households (Aug 2010). <p><u>JSNA 2011 section 8.2 – children in poverty</u></p>	<ul style="list-style-type: none"> Poverty linked with wide range of health inequalities: reduced life expectancy; higher incidence heart disease, respiratory diseases, most cancers; greater prevalence chronic conditions; poor oral health. Proportion of children living in families receiving workless benefits or tax credits varies from < 5% to > 70%. Specific concerns around homeless families, refugees, travellers, asylum-seekers and other migrants. 	<ul style="list-style-type: none"> Government target Local mental health needs assessment of children and young people raised concerns because of link of poverty with mental disorders in children Gateshead DPH report 2009/10 Inclusion Health Children and young persons' needs assessment Strategy for improving oral health across NHS SoTW 2008-11 Narrowing the gap draft Child Poverty Needs Assessment
<p>Effective intervention</p> <ul style="list-style-type: none"> Holistic approach, with Children's Trust partners working together. Actions from Inclusion Health Evidence Pack Provision of free school meals. Adequate income, affordable child care, adult employment opportunities, an inclusive education system and accessible health, leisure and transport facilities are essential for the prevention and eradication of inequalities in child health²⁷. Target additional support at young offenders as only 73% are in suitable education, training or employment (against a target of 90%) Effective targeting of parenting programmes. See National Child Poverty Strategy 			

Poverty and exclusion, continued			
3.1.4 Children missing from education			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Links with low self-esteem and mental health problems. • Educational qualifications significantly affect position in the labour market. 		Poor school attendance in gypsy/traveller children living in unauthorised encampments	<u><i>Every Child Matters</i></u> <ul style="list-style-type: none"> • Children and young persons' needs assessment • Gateshead DPH report 2009/10 • Gypsy/traveller accommodation needs assessment
Effective interventions <ul style="list-style-type: none"> • <i>Monitoring of children missing from education.</i> • <i>Multi-agency collaboration</i>¹¹ 			

Poverty and exclusion, continued			
3.1.5 Educational standards at school			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Strong correlation between educational achievement and life expectancy and health status • Educational qualifications significantly affect an individual's position in the labour market. 	<ul style="list-style-type: none"> • Proportion of Gateshead school children achieving Key Stage 2 Level 4 in English and mathematics is equal to or greater than that of England. • 85% at Key Stage 4 achieve 5 or more GCSEs at grades A* -C. <p><u><i>JSNA 2011 section 8.3 – educational attainment</i></u> <u><i>JSNA 2011 section 22.9 educational attainment, variation across small communities</i></u></p>	<ul style="list-style-type: none"> • Wide variation, significantly lower proportions gaining these grades in south west and north east wards – links between educational attainment and health status. • Specific concerns around refugees, asylum seekers, travellers and other migrants • Lower achievement levels in looked after children (see table 3.3.3 below) 	<ul style="list-style-type: none"> • Government target. • Important to economic well-being of region • Gateshead DPH report 2009/10 • Children and young persons' needs assessment • Narrowing the gap • draft Child Poverty Needs Assessment
Effective interventions <i>In and out of school support services, including homework clubs, use of support workers and nurture groups.</i> ¹¹			

Poverty and exclusion, continued			
3.1.6 Engagement in further education, employment or training on leaving school			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Links with low self-esteem and mental health problems • Educational qualifications significantly affect an individual's position in the labour market. 	<ul style="list-style-type: none"> • In January 2011, 5885 Gateshead people were claiming Jobseeker's Allowance (rate 4.8% compared to GB's 3.7%) • In 2009/10, Gateshead's employment rate was 68.0% (England 70.5%) <p>JSNA 2011 section 8.6 - unemployment JSNA 2011 section 8.7 – economic inactivity JSNA 2011 section 8.8 – overall employment</p>	<ul style="list-style-type: none"> • Unemployment is linked with poverty. 	<ul style="list-style-type: none"> • Gateshead DPH report 2009/10 • Important to economic well-being of region
<p>Effective interventions Encouragement to participate Provision of training schemes</p>			

Poverty and exclusion, continued			
3.1.7 Poverty of aspiration and educational attainment			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Better general health and better mental health are experienced by those with higher level of education. • Educational qualifications significantly affect an individual's position in the labour market. • A region's economic success is partly determined by the skills and education of its workforce. 	<ul style="list-style-type: none"> • Although educational attainment among 15 year olds exceeds the England average in Gateshead, only 124% of working age adults had a qualification level 4 or above in 2009 (England 32%) <p>JSNA 2011 section 8.5 – working age people qualifications</p>	<ul style="list-style-type: none"> • Job opportunities/economic potential greater for those with higher qualifications. • Wide variation in educational attainment across borough. For learning disabled, refugees, asylum seekers, homeless people, access even more difficult. • By the age of 22-24, 44% of Black people are not in education, employment or training, compared to fewer than 25% of white people¹. • Lower attainment in looked after children 	<ul style="list-style-type: none"> • Government target • Regional Economic Strategy. • Important to economic well-being of region • Gateshead DPH report 2009/10 • Inclusion Health • Children and young persons' needs assessment • Looked after children needs assessment • Narrowing the gap
<p>Effective interventions Increasing opportunities for things to do & places to go for young people. Example actions in Inclusion Health Evidence Pack. Access to schemes to gain recorded and accredited outcomes through use of Asdan, Duke of Edinburgh's awards etc in informal setting, e.g. youth clubs¹¹ Young apprenticeships and off-site vocational learning options¹¹ Provision for lifelong learning</p>			

Poverty and exclusion, continued			
3.1.8 Neighbourhoods with the lowest life expectancy			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Lower life expectancy • Loss of opportunity for education and employment • High death rates due to lung cancer make a large contribution to the life expectancy gap and smoking is a key contributory risk factor. 	<p>Life expectancy at birth in Gateshead is currently 76 years for males and 81 years for females. This compares to 78 years and 82 years for males and females respectively across England.</p> <p>JSNA 2011 section 11 – life expectancy and mortality JSNA 2011 section 22.5 life expectancy, variation among small communities</p>	<p>Lowest life expectancy areas have been identified as targets for specific action.</p>	<ul style="list-style-type: none"> • Gateshead DPH report 2009/10 • Government targets to reduce inequalities • Major concern of councillors. • Major concern of voluntary/community sector • Integrated Strategic and Operational Plan
<p>Effective interventions Collection and analysis of small area statistics to monitor and identify target areas. Identification essential prerequisite to service development.</p>			

Poverty and exclusion, continued			
3.1.9 Migrants (includes immigrants, asylum seekers, refugees, other migrants)			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Poor overall physical health and mental health issues, incl. post-traumatic stress disorder • Poor oral health • Difficulties with access to services. Failure to attend hospital appointments is common. • Problems of discrimination and abuse. • Risk of poverty and exclusion. • Increased use of some services, including maternity services in some groups.²⁸ 	<p>Estimates of numbers range but, for example, up to 1000 entered the borough in 2005/06</p> <p>JSNA 2011 section 3.7 – health and health-related issues affecting migrants</p>	<ul style="list-style-type: none"> • Many health inequalities arising from poverty. (See 'direct impacts' column) • Ethnicity and language differences are other key determinants of ill health and poor access to health and social services. Some arrive already at risk of poor health because of life experiences, which in turn mean they are less able to access help or seek treatment, and thus reinforce their marginalisation.²⁸ 	<ul style="list-style-type: none"> • Migrant health assessment toolkits under production (PHO). • Gateshead DPH report 2009/10 • General mental health needs assessment • BME health needs assessment • Health of migrants • Strategy for improving oral health across NHS SoTW 2008-11
<p>Effective interventions</p> <ul style="list-style-type: none"> • Full assessment of scale of problem. Needs assessment of specific groups. • Recommendations from NEPHO studies (see Annex 3.88) 			

Poverty and exclusion, continued			
3.1.10 Homelessness			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Increased mental health problems Increased physical problems, e.g. oral health or problems related to cold Lower uptake of screening programmes Lower educational attainment 	<ul style="list-style-type: none"> 365 eligible homeless and in priority need in 2009/10 Rate of households accepted as homeless and in priority need is higher than national average <p>JSNA 2011 section 6.6 – estimated numbers of homeless people</p>	<ul style="list-style-type: none"> See 'direct impacts' Problems compounded for minority groups and for children 	<ul style="list-style-type: none"> Strategy for improving oral health across NHS SoTW 2008-11 Gateshead DPH report 2009/10
Effective interventions <ul style="list-style-type: none"> Provision of suitable accommodation for homeless 16-17 year-olds 			

3.2 Violence			
3.2.1 Crime and anti-social behaviour			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Can lead to mental and emotional health problems and social isolation. Alcohol is contributing factor to crime and disorder. Clear links to alcohol and offending amongst children and young people. Younger people more prolific in offending activities – particularly those aged 15-24 (68% of all criminal damage offenders are aged 10-24 years)²⁹. 	<ul style="list-style-type: none"> First time entrants to local youth justice system twice as likely to be young males. 15.5% reduction in level of first-time offenders – with the 10-19 year age band accounting for almost half of all first-time offenders²⁹ There were 1135 court disposals among children and young people in Gateshead in 2008/09, the vast majority male and white Most young offenders find suitable accommodation <p>JSNA 2011 section 6.16 – young offenders' access to suitable accommodation JSNA 2011 section 7.4 young people court disposals</p>	<ul style="list-style-type: none"> Higher proportions of first-time YOT entrants in Dunston and Teams and Winlaton wards followed by Chop-well, Rowlands Gill, Leam Lane. Youth-related ASB - particular problem in Birtley. 	<ul style="list-style-type: none"> Every Child Matters Issue raised in resident surveys Concern raised by community/voluntary sector Perception of crime and anti-social behaviour is also important (raised in community surveys) Gateshead DPH report 2009/10 community safety strategic plan. Community safety assessments Safer Gateshead
Effective interventions <ul style="list-style-type: none"> Improvement of parks, accessible open spaces and play provision. Link to alcohol use – see substance abuse section. Early diversionary and educational interventions. Increase the participation of children and young people in local decision-making. Provision of suitable accommodation for young offenders 			

Violence, continued

3.2.2 Victims of violent offences, including domestic violence (especially children)

NB Violent offences include homicide, serious wounding, less serious wounding and common assault (in descending order of severity) but also sexual offences and robbery. Domestic violence is a subset of violent offences and can fall into any of the aforementioned categories. Rate of violent offences per 1,000 population (incidence) is an indicator of violent crime in the Community Health Profiles³⁰.

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • 2005: 325 deaths due to homicide in England & Wales. Estimated 100 deaths per year are direct result of domestic violence³¹ (also a prime cause of miscarriage or stillbirth³²). • 20 emergency admissions due to violence in the home in Gateshead each year - cost to the NHS £20,000³³. Many additional attendances at A&E are not admitted. • Domestic violence - both short-term and long-term effects on physical and mental health, leading to acute and chronic physical injury, loss of hearing and vision, physical disfigurement, depression, alcoholism, sometimes suicide³⁴. • Domestic abuse accounts for approximately 16% of all violent incidents across England and Wales and despite the increase in reported incidents to the police, national research indicates that domestic abuse continues to be a 'hidden crime' with significant under reporting. • More domestic violence repeat victims than for any other crime. A woman is assaulted on average 32 times before reporting it to police. Affects ¼ women and 1/6 men during their lifetime. • Links between domestic abuse and alcohol consumption. • Ambulance attendance following assault between 2001/02-2005/06 has decreased by 35.3% (-347), from 982 to 635 • Cost to NHS as a whole estimated at £1.2b for physical injuries and £176m for mental health issues.³⁵ 	<ul style="list-style-type: none"> • 1,862 violent crimes against the person in Gateshead in 2009/10 – significantly lower than national average • Rate of violent crime against the person has been falling for several years • Women account for 80% of reported domestic violence victims in UK. • Gateshead – over 9,000 incidences of domestic violence 2009/10 <p>JSNA 2011 section 7.5 – violent crimes against the person JSNA 2011 section 7.7 – domestic violence</p>	<ul style="list-style-type: none"> • Evidence from the US has shown an inverse social gradient in the relationship between violent crime and socio-economic status³⁶ • Domestic violence particularly affects vulnerable adults, and is strongly linked to child protection referrals. Groups particularly vulnerable to domestic violence include: <ul style="list-style-type: none"> ○ older people (mainly in the form of neglect3); ○ pregnant women (30% cases begin in pregnancy); ○ women fleeing violence (women are at greatest risk of homicide at the point of separation or after leaving a violent partner)³⁷. • Hate crime is underreported for those with learning disabilities • Refugees and asylum seekers vulnerable 	<ul style="list-style-type: none"> • Every Child Matters • DCSF Children's Plan: Building Brighter Futures • Care Matters Time for Change • Laming: report 41 AND the Government's Response • Working Together to Safeguard Children. • Safeguarding the young and vulnerable. The Government's response to the third joint inspectors report on arrangements to safeguard children, Dec 2008 • LAC strategy • Community safety strategy • Anti-Bullying strategy • Gateshead Emotional health and well-being action plan • Gateshead DPH report 2009/10 • Children and young persons' needs assessment • Integrated Strategic and Operational Plan • Safer Gateshead
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Early intervention and prevention is key to ensuring the safety of children</i> • <i>Interagency working. (Repeat incidents of domestic violence have been reduced in Gateshead as a result of the Multi-agency Risk Assessment Conference process.)</i> • <i>Specialist Domestic Violence Courts started in Gateshead in 2008. An evaluation of 7 early courts showed positive results for the victim and for appropriate sentencing³⁸.</i> • <i>Probation and voluntary perpetrator programmes are available. Completing a course will stop violence for a period, but may be replaced by verbal or psychological abuse³⁹.</i> • <i>Voluntary programmes are more effective at stopping violence than compulsory programmes.</i> • <i>Intensive home visiting programme might improve parenting and increase identification of children at risk of abuse or neglect⁴⁰</i> • <i>Effective implementation of safeguarding systems and procedures. Effective systems of public accountability⁴¹</i> • <i>Development of professional workforce capacity – high quality training for all staff working with children and families, particularly around identifying and responding to potential child abuse, domestic violence and parental drug and alcohol abuse.</i> • <i>Ongoing education of primary care staff to increase awareness of domestic violence and knowledge of pathways to obtain help</i> • <i>Education of wider public</i> 			

Violence, continued			
3.2.3 Bullying and discrimination			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Can be major cause of mental and emotional health problems. • Can affect educational attainment, particularly if it leads to absenteeism. 	<ul style="list-style-type: none"> • In 2008, 10% of secondary school pupils felt afraid to go to school because of bullying 'often or every day'⁴² (increase from 5% in 2004) • From April 2007 to March 2008, 165 incidents of racial harassment were reported via the Gateshead Racist Incident Reporting Scheme • Over recent years, there has generally been a rising trend in the number of reports received relating to racist hate crime and harassment. 	<p>Lot of bullying/abuse/discrimination of people who have less obvious learning disabilities – as public don't realize they have disabilities. These people are less likely to be entitled to support and so are often the most vulnerable.</p>	<p><i>Every Child Matters</i></p> <ul style="list-style-type: none"> • Children and young persons' needs assessment • LGBT health needs assessments • Strategy against hate crime and harassment • Gateshead DPH report 2009/10 • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Anti-bullying award for schools.</i> • <i>Monitoring bullying incidents, particularly for children from BME, those with disabilities and instances of homophobic bullying¹¹</i> • <i>Recommendations in Strategy against Hate Crime and Harassment</i> 			

Violence, continued			
3.2.4 Vulnerable adults eligible for community care services - violence, abuse and neglect			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Physical health problems, including outcomes of physical violence • Mental/emotional health problems 	<ul style="list-style-type: none"> • 300 alerts in 2009/10. • Rising trend (due in part to growing awareness of adult safeguarding issues) 	<ul style="list-style-type: none"> • Victims twice as likely to be female • Victims twice as likely to aged 65 or older • Largest number of cases relates to people with physical disability 	<ul style="list-style-type: none"> • No Secrets (DH 2000) • Safeguarding Adults (Association of Directors of Social Services 2005). • Gateshead Safeguarding Adults Board • Gateshead DPH report 2009/10 • Integrated Strategic and Operational Plan • Safer Gateshead
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>raise awareness, knowledge and understanding of abuse and neglect in order that communities and organizations know how to respond effectively and coherently</i> • <i>ensure that each organization has systems in place that evidence that they discharge their functions in ways that safeguard "vulnerable" adults</i> • <i>recommendations from Safeguarding Adults Annual Report</i> 			

3.3 Services for specific groups

3.3.1 Services for disabled or learning disabled children, children who are acutely ill or children who have additional complex or health needs

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Disabled children form the fastest growing group of disabled people (62% rise from 1975 – 2005⁴³). The number of children with complex health conditions has similarly increased, largely due to improvements in health care and, in particular, neonatal care. The number of children and young people with complex and high care needs and those requiring end of life care is increasing due to a number of factors which includes: <ul style="list-style-type: none"> Increased survival of babies born prematurely or with congenital anomalies or genetic disorders - due to enhanced neonatal intensive care and care throughout childhood. Increased survival of children after severe trauma or infection. 	<ul style="list-style-type: none"> Difficult to ascertain no. of disabled children within Gateshead -several data sources. <ul style="list-style-type: none"> Children with Disabilities Voluntary Register hold information on 759 children and young people Disability Living allowance Claimants Register indicates 2370 children and young people 5410 children and young people with school action, school action plus or a Statement of SEN⁴⁴ Estimated 222 people under 18 years with severe learning disability <p><u>JSNA 2011 section 10.4 – young people with learning disability</u></p>	<ul style="list-style-type: none"> Children with these problems suffer higher levels of physical and emotional/mental problems. Access to travellers and homeless is problematic Particular problems at transition stages Estimated 222 people under 18 years with severe learning disability 	<ul style="list-style-type: none"> National priority (PSA 12) <i>Every Child Matters</i> <i>NSF for Children, Young People and Maternity services</i> <i>Aiming High for Disabled Children (2007)</i> Bercow review⁴⁶ Healthy lives, Brighter futures NICE guidance Better Care: Better lives Our Vision, Our Future <i>Gateshead DPH Report 2009</i> <i>Gateshead DPH report 2009/10</i> <i>Children and young persons' needs assessment</i> Raised in voluntary sector consultations <i>The Joint Review of Commissioning of Services for People with Learning Difficulties and Complex Needs.</i> <i>Integrated Strategic and Operational Plan</i>
<p>Effective interventions</p> <ul style="list-style-type: none"> Integrated paediatric teams Implement recommendations from Children with Disabilities Review⁴⁵ Review Therapy services in line with National Reviews (e.g. Bercow⁴⁶). Support and care: Single placement, long-term foster carers for disabled children¹¹; Local residential living support placements¹¹; Targeted and flexible approach to share care¹¹; Embedding in early years settings¹¹ of Early Support principles and practice. ; Supported travel' or 'buddy' scheme for young people with learning disabilities¹¹ Increased choice of work-related learning opportunities for young people with learning difficulties or disabilities via 'move Up' project¹¹ Direct payments to families to increase choice, control and minimise barriers to participation¹¹ 24 hour crisis support increase capacity within palliative care services Short break care Clearer pathways and responsibilities at transition stages Advocacy (and awareness-raising of advocacy available) to help in assessment of needs and obtaining necessary aids/adaptations, etc 			

Services for specific groups, continued			
3.3.2 Reducing vulnerability to poor health through identifying needs of vulnerable individuals and groups			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Vulnerable groups tend to experience poorer health • poorer access to appropriate services 	<p>n/a</p> <p>JSNA 2011 section 22 - a focus on small communities</p>	<ul style="list-style-type: none"> • Poorer health, poorer educational, work-related and social outcomes. • See 'direct impacts' 	<ul style="list-style-type: none"> • Government targets to reduce inequalities • Gateshead DPH report 2009/10 • Gateshead Emotional health and well-being action plan • Vulnerable groups needs assessments • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Gateshead has been successful in family pathfinders bid – will target the most vulnerable families</i> 			

Services for specific groups, continued			
3.3.3 Looked after children			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Profoundly increased health needs in comparison with children and young people from comparable socio-economic backgrounds who have not needed to be taken into care. These greater needs however, often remain unmet. • Of children ending up in custody, more than a quarter had been in care⁹ 	<ul style="list-style-type: none"> • Rising trend in numbers looked after children • 300 LAC in 2010 • Higher rate than England average • 70% of looked after children obtained 5 GCSEs at grades A-G is (as compared to 95% of all children) <p>JSNA 2011 section 6.7 – children in care JSNA 2011 section 8.4 - educational attainment LAC</p>	<ul style="list-style-type: none"> • Children and young people who are looked after are amongst the most socially excluded groups. • Significant health inequalities, poorer educational and social outcomes on leaving care. • Greater emotional and behavioural problems 	<ul style="list-style-type: none"> • Every Child Matters • DOH 2002 – Promoting the Health of Looked After Children • NSF for Children, Young People and Maternity Services • Emotional & Behavioural Health of Children in Care (NI 58) • LAC Commissioning Strategy • Childcare Act 2006: childcare sufficiency assessments • Gateshead Childcare Sufficiency strategy 3-year strategic plan 2008 • Gateshead DPH report 2009/10 • Children and young persons' needs assessment • Looked after children needs assessment
<p>Effective interventions</p> <ul style="list-style-type: none"> • <i>Use of screening tool (from Jan 09) for drug and alcohol use (children aged 10 years plus) to identify need and generate low level intervention into the service. Appropriate referrals into the specialist service made early</i> • <i>Implement findings of sexual health audit (Jan 2009) to improve services.</i> • <i>Adoption of best practice, e.g in Dickson K, et al.⁴⁷ or Raising our sights: services for adults with profound intellectual and multiple disabilities</i> • <i>Virtual School Head for Looked After Children</i> • <i>Annual health and dental checks.</i> • <i>Family Group Conferences to prevent admissions and effective return home from care¹¹</i> • <i>Placement dedicated therapeutic support to looked-after children¹¹</i> • <i>One to one support from play development staff¹¹.</i> • <i>Personal support arrangements for those aged 16-19 leaving care, including financial support^{11 F}</i> 			

Services for specific groups, continued			
3.3.4 Older family carers of people with learning disabilities			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Many family carers experience poor emotional and physical health. Problems can be exacerbated when the carers are, themselves, older. Family carers cannot always take advantage of educational or job opportunities 	<p>The profile of carers shows that they are becoming older</p>	<p>Carers unable to take advantage of educational or job opportunities suffer poorer health associated with low incomes</p>	<ul style="list-style-type: none"> Gateshead Emotional health and well-being action plan The Joint Review of Commissioning of Services for People with Learning Difficulties and Complex Needs. Serious concern raised by voluntary/community sector NHS South of Tyne and Wear Mental Health Model of Care Gateshead DPH report 2009/10
<p>Effective interventions</p> <ul style="list-style-type: none"> Supported accommodation to provide independence (including aging carers) Placement stability is key to ensuring positive outcomes for children and young people in care. Well managed, resourced and trained social work workforce Stakeholder approach to planning, involving young people and their families at each stage of the process Effective housing solutions through partnership working and commissioning tailored housing accommodation and services – requires robust data on short, medium and long term need, also needs proactive planning to allow succession more than once Provision of short breaks/respite Advocacy to ensure the cared-for are supported to use independence sooner Clear pathways and integrated service provision, as in NHS South of Tyne and Wear Mental Health Model of Care 			

Services for specific groups, continued			
3.3.5 Young carers			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> Young carers often miss out on opportunities that other children have to play and learn. Many struggle educationally and are often bullied for being 'odd'. They can become isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. Many young carers experience poor emotional and physical health with unacceptable levels of stress. Around 1/10 young carers provide more than 50 hours of care per week. These children and young people are most likely to need services, support and assistance, to help promote their own health, well-being, education, development, labour market participation and social inclusion. 	<ul style="list-style-type: none"> Estimates suggest there are 500 young carers under the age of 18 in Gateshead Gateshead Crossroads Macmillan Young Carers Service had a caseload of 290 young carers, and a throughput of 334 during 2007/08 (Gateshead Young Carers Statistics). (Note that this service no longer exists. Majority of young carers are unknown to services and agencies. 	<p>See entry in 'direct impact on health, etc.'</p>	<ul style="list-style-type: none"> Every Child Matters Carers at the heart of 21st Century Families and Communities – DOH 2008 Young Carers' Surveys Children and young persons' needs assessment Gateshead DPH report 2009/10
<p>Effective interventions</p> <ul style="list-style-type: none"> Implement the strategic objectives identified in Young Carers action plan. Family Pathfinder work stream linked to the Young Carers - ends March 11 – alternatives should be identified Joined up work between adult and children's services to identify young carers at earliest opportunity Carer assessments undertaken in every case. Link with Crossroads scheme 			

Services for specific groups, continued

3.3.6 Adults with learning disabilities

Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> High levels of mental health problems, respiratory disease, physical disability and heart problems 3 times more likely to die from respiratory disease⁴⁸. Coronary heart disease 2nd most common cause of death.⁴⁸ Up to a third have physical disability. 27% report mental health problems⁴⁸ An estimated half of families caring for someone with profound intellectual and multiple disabilities receive no care from outside the family.⁴⁹ 	<ul style="list-style-type: none"> Estimated number of people 18+ with severe learning disability – 642 Estimated number of people of all ages with mild to moderate learning disability – 5,114 Only 5.4% of Gateshead's adults with learning disabilities were in employment at their latest review (England 6.4%) <p>JSNA 2011 section 8.13 adults with LD in employment JSNA 2011 section 15.10 – numbers of people with LD</p>	<ul style="list-style-type: none"> See also 'direct impacts' Difficulties accessing services lead to later diagnosis. Access to jobs more difficult, leading to financial problems. Inequalities increased for those with profound intellectual and multiple disabilities. Problems include discrimination and prejudice Those with low IQ might not meet supported housing requirements or qualify for care or support – many problems with housing tenancy failure and instability Often on benefit and living in more deprived areas, encountering discrimination and prejudice Mental health needs might fail to be recognised 	<ul style="list-style-type: none"> Inclusion Health Joint Review of Commissioning of Services for People with Learning Difficulties and Complex Needs. Learning Disabilities and Primary Care The Joint Review of Commissioning of Services for People with Learning Difficulties and Complex Needs. North East Learning Disabilities Raising our sights: services for adults with profound intellectual and multiple disabilities Concern raised in consultations with voluntary groups People with LD - surveys NHS South of Tyne and Wear Mental Health Model of Care Consultations with service users carried out for annual Gateshead partnership self-assessments
<p>Effective interventions</p> <ul style="list-style-type: none"> Examples of action in <i>Inclusion Health Action Pack</i> Recommendations in Raising our sights: services for adults with profound intellectual and multiple disabilities Achieve 100% of GP practices offering annual health assessments for people with learning disabilities Emphasis on early diagnosis, early planning and support Clear communication, clear pathways and integrated service provision, as in NHS South of Tyne and Wear Mental Health Model of Care Advocacy for people who have learning difficulties or are vulnerable, but don't meet 'FACS' criteria so have no support. Clear pathways with integrated services 			

Services for specific groups, continued			
3.3.7 Ex-prisoners			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Drug related deaths and suicide cause significant years of life lost, although numbers are small.⁵⁰ • Prison population largely young, male, socially deprived, inner city. • Prisoners – very high levels of mental illness. Males in remand: personality disorder (78%), functional psychosis in past year (10%), neurotic disorder in the past week (59%). • 6/10 prisoners are functionally illiterate, which impacts on their employability and social functioning. . • In 2005-6, 89 Gateshead adults sentenced to prison by magistrates, occupying 10 places over the year between them, cost £350k. 13 juveniles sent to custody, cost £200k. Crown Court placed 150 adults in prison, cost £6m.⁵¹ 	<ul style="list-style-type: none"> • 150,000 people go through prison in a year • Prison population continues to rise as a result of policies related to criminal justice. 	<ul style="list-style-type: none"> • Prisoners - very high proportions of adverse life events (e.g. 43% in an institution as a child, 30% experienced violence at home, 30% bullying, 47% homelessness, 55% serious money problems). • Almost 25% of probation service clients known to the service in 2005-6 came from Dunston & Teams and Felling. • Prisoners/ ex-prisoners and families form poorest 1% of population in terms of overlapping forms of deprivation. 	<ul style="list-style-type: none"> • Regional Offender Health Commissioning Team requirement • Inclusion Health • Gateshead Emotional health and well-being action plan • Assessment of health needs of offenders • Concern raised by voluntary/community consultees • Gateshead DPH report 2009/10 • Safer Gateshead
<p>Effective interventions</p> <ul style="list-style-type: none"> • Continuity of care for those leaving prison, especially where drugs, alcohol, smoking and mental health problems are involved. • Ensuring access to primary care for diagnosis of chronic conditions and infections and access to sexual health services • Provision of information about consequences of risky behaviour • The first few days in custody and the first few days after release are high-risk times. Re-settlement and employment are key aspects of the strategy to reduce re-offending. • Focus on first time entrants to the Youth Justice system and recidivism • Early intervention and prevention work carried out by area-based teams 			

Services for specific groups, continued			
3.3.8 Autistic spectrum disorder			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Increased prevalence of mental health problems; • Increased likelihood of behavioural problems, including aggression, anxiety, hyperactivity • Increased prevalence of eating disorders • Increased prevalence of sensory problems 	<ul style="list-style-type: none"> • Amongst young people aged 16-20, estimated minimum of 70 people with ASD (actual figures not known) • In long term, prevalence not expected to rise • People aged 18-64 – estimated number with ASD – 1,178 <p>JSNA 2011 section 10.3 – children and autistic spectrum disorder JSNA 2011 section 15.13 predicted rates of autism in adults</p>	<ul style="list-style-type: none"> • See 'direct impacts' 	<ul style="list-style-type: none"> • Statutory guidelines on autism • Raised in consultations with voluntary sector • Children and young persons' needs assessment • Autistic spectrum disorder assessment
<p>Effective interventions</p> <ul style="list-style-type: none"> • Information on prevalence is known to be inadequate but good information is necessary to allow planning of services. Proper assessment of scale of problem and needs is essential, as is full assessment of services available 			

Services for specific groups, continued			
3.3.9 Ex-service personnel			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Disproportionate rate of mental health problems • Greater proportions with physical disabilities 	<ul style="list-style-type: none"> • In the last two years, 5620 service leavers indicated preference to settle in the North East (from the Humber to the borders) • Average age of the ex-service population is 63 years, compared to 47 years for the adult population • Over half report having long-term illness or disability • A war veteran counselling service was seeing 36 veterans as at June 2010 and was developing capacity to see another 30 per year. 	<ul style="list-style-type: none"> • Ex-service personnel in the criminal justice system have even greater problems • Mental health problems more prevalent • Early service leavers experience greater mental health difficulties 	<ul style="list-style-type: none"> • Regional Joint Health Overview and Scrutiny Committee - recommendations • Raised in consultations with voluntary sector • Ex-service personnel needs assessment • NHS South of Tyne and Wear Mental Health Model of Care • Gateshead DPH report 2009/10
<p>Effective interventions</p> <ul style="list-style-type: none"> • Information is inadequate – ex-service personnel not always properly identified. Joint working between armed forces and agencies essential to identify these vulnerable groups • Specifically designed services, especially for mental health problems • Addressing whole family, not solely the ex-service person • Clear pathways and integrated service provision, as in NHS South of Tyne and Wear Mental Health Model of Care 			

Services for specific groups, continued			
3.3.10 Patients on discharge from hospital			
Direct impacts on health and on health and social services. Socio-economic impact (employment/qualifications)	Prevalence, trends and projections	Health inequalities	Policy guidance and local views
<ul style="list-style-type: none"> • Inadequate discharge procedures can increase likelihood of hospital readmission • Lack of information to GPs or social services can lead to problems in care, medication, etc. 	-	<ul style="list-style-type: none"> • Literacy levels affect understanding of discharge information 	<ul style="list-style-type: none"> • GP survey • Patients' questionnaires • Integrated Strategic and Operational Plan
<p>Effective interventions</p> <ul style="list-style-type: none"> • Seamless discharge procedures • Provision of clear, complete information for GPs • Provision of clear, understandable information for patients • Provision of clear, complete information for social care services • Recommendations in Gateshead LINK hospital discharge report 			

References

-
- ¹ Equality and Human Rights Commission (2010) *How Fair is Britain?*
 - ² Roys M., Davidson M, Nicol S., Ormandy P., Ambrose P. (2010) *The Real Cost of Poor Housing*. BRE Press
 - ³ National Collaborating Centre for Chronic Conditions (2004) *Chronic Obstructive Pulmonary Disease, National clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care*. NICE, London
 - ⁴ Roys M., Davidson M, Nicol S., Ormandy P., Ambrose P. (2010) *The Real Cost of Poor Housing*. BRE Press
 - ⁵ London Public Health Observatory life expectancy gap tool
 - ⁶ Roys M., Davidson M, Nicol S., Ormandy P., Ambrose P. (2010) *The Real Cost of Poor Housing*. BRE Press
 - ⁷ Baldwin, R. (1996) Depressive Illness, in Jacoby, R. and Oppenheimer, C. (eds.) *Psychiatry in the Elderly*, Oxford University Press cited by the Projecting Older People Population Information system at www.poppi.org.uk (last accessed 21 Nov 2007)
 - ⁸ Centre for Economic Performance Mental Health Policy Group 2006. *The Depression Report: a new deal for depression and anxiety disorders*. London School of economics, London
 - ⁹ Prison Reform Trust (2010). Punishing Disadvantage.
 - ¹⁰ ONS (2000) The mental health of children and adolescents in Great Britain
 - ¹¹ *Gateshead Children and Young people's Plan 2006-2009, 2007-08 review*
 - ¹² Medical Research Council Cognitive Function and Ageing Study (1998). "Cognitive function and dementia in six areas of England and Wales: the distribution of MMSE and prevalence of GMS organicity level in the NRC CFS study." *Psychological Medicine*, 28: 319-335
 - ¹³ National Collaborating Centre for Mental Health (2007) "A NICE-SCIE Guideline on supporting people with dementia and their carers in health and social care." *British Psychological Society*. Leicester
 - ¹⁴ National Audit Office (2007). *Improving services and support for people with dementia* p.20 The Stationery Office, London
 - ¹⁵ Parrott S, Godfrey C et al (1998) Guidance for Commissioners on the Cost Effectiveness of Smoking Cessation Interventions, *Thorax* 1998 December; 53 (Suppl. 5):S32-S37
 - ¹⁶ Hidden Harm Report
 - ¹⁷ DCSF Tell Us 3 survey (2009)
 - ¹⁸ National prevalence data
 - ¹⁹ National Treatment Agency for Substance Misuse (2006). *Models of Care for Alcohol Misuse*. Department of Health, London
 - ²⁰ DCSF National consultation on Children, Young People and Alcohol
 - ²¹ Newcastle PCT Department of Genito-Urinary Medicine Clinic (2006) "Annual Report 2006" p13 (accessed 16/1/08)
 - ²² Chief Medical Officer Annual Report 2009
 - ²³ Culture and Sport Evidence (CASE) programme. Understanding the value of engagement in culture and sport
 - ²⁴ Mima Cattan, Martin White, John Bond and Alyson Learmonth 2005 Ageing and Society 25, 41-67 *Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions*

-
- ²⁵ Mima Cattan, Martin White, Alyson Learmonth, John Bond 2005 Research, Policy and Planning 23 (3): 149-164 *Are Services and Activities for Socially Isolated and Lonely Older People Accessible, Equitable and Inclusive?*
- ²⁶ Roys M., Davidson M, Nicol S., Ormandy P., Ambrose P. (2010) *The Real Cost of Poor Housing*. BRE Press
- ²⁷ Roberts H. (2000) *What Works in Reducing Inequalities in Child Health*. Barnardo's.
- ²⁸ Note of JSNA migrant health toolkit project, being developed by three Public Health Observatories
- ²⁹ Children and Young People's Needs Assessment
- ³⁰ Association of Public Health Observatories. *2007 Community Health Profile*, www.communityhealthprofiles.info (accessed 29/1/2008)
- ³¹ Mirrlees-Black C. (1999) *Domestic violence: findings from a new British crime survey self completion questionnaire*. Home Office research study 191. Home Office. London
- ³² Mezey, Gillian (1997) *Domestic Violence in Pregnancy* in Bewley S, Friend J and Mezey G (eds) (1997) *Violence against women*. Royal College of Obstetricians and Gynaecologists
- ³³ Gateshead PCT Hospital Episode Database
- ³⁴ Abbott P and Williamson E (1999). "Women, Health and Domestic Violence". *Journal of Gender Studies* 8(1):83-102
- ³⁵ Walby S (2004) *The cost of domestic violence*. England: Women and Equality Unit
- ³⁶ Gordon D, Shaw M et al. (eds) (1997) *Inequalities in Health: the evidence presented to the Independent Inquiry into Inequalities in Health*. The Policy Press, Bristol
- ³⁷ Lees S (2000) *Marital rape and marital murder*. In Hanmer J and Vitzin N (eds) *Home truths about domestic violence: feminist influences on policy and practice: a reader*. Routledge. London
- ³⁸ http://www.cjsonline.gov.uk/the_cjs/whats_new/news-3229.html
- ³⁹ Romans SE, Poore MR, Martin JL (2000) The perpetrators of domestic violence. *MJA* 173:484 - 488
- ⁴⁰ Barlow, Davis et al. The role of home visiting in improving parenting and health in families at risk of abuse and neglect: results of a multicentre randomized controlled trial and economic evaluation. Funded by Dept of Health, Nuffield Foundation.
- ⁴¹ Lord Laming (2009). Protection of Children in England: a Progress Report
- ⁴² 2008 Exeter Health Related Behaviour Questionnaire, in *Director of Public Health Annual Report*
- ⁴³ Prime Minister's Strategy Unit (2005) *Improving the Life Chances of Disabled People*
- ⁴⁴ 2008 School Census
- ⁴⁵ Solace Enterprise (Jan 2009) *Children with Disabilities Review*
- ⁴⁶ Bercow *Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs*
- ⁴⁷ Dickson, K et al. (2000) *Improving the emotional and behavioural health of looked after children and young people*. London, Centre for Excellence and Outcomes in Children and Young People's Services
- ⁴⁸ Department of Health (2010). *Inclusion Health Evidence Pack*
- ⁴⁹ Mansell J. (2010) Raising our sights: services for adults with profound intellectual and multiple disabilities
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114346
- ⁵⁰ Tricia Cresswell, Alyson Learmonth and David Chappel (2005). The Health Needs of Prisoners. NE Public Health Observatory Occasional paper number 16

⁵¹ Rob Allen and Viv Stern (eds) (2007). *Justice Reinvestment - a New Approach to Crime and Justice*. International Centre for Prison Studies. King's College. London