



Gateshead

Joint Strategic Needs Assessment

2011/12

Section 2: large population needs assessments

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Introduction to section 2 – large population needs assessments

Several needs assessments are carried out each year. They incorporate evidence from both statistical sources (for example rates of illness) and from discussions with members of those groups and with professionals. The information they use allows priorities to be developed for those groups.

This section of the JSNA outlines key points of some of those relating to large populations. (Needs assessments relating to smaller, more specific groups of the population are outlined in JSNA 2011 section 3.)

2.1 Children and young persons' needs assessment

A children and young persons' needs assessment was carried out to inform the Gateshead's [Children and Young People's Plan 2006-09](#) (reviewed [2007/08](#)). The Plan was based very much on the outcomes of '[Every Child Matters](#)' namely:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic well-being.

The [Children and Young People's Needs Assessment 2010](#) was further revised to inform the 2010 JSNA. The importance of addressing poverty is stressed in this document, as children from lower socio-economic groups have the greatest chance of poor outcomes on a whole range of measures, including physical health, emotional health, educational attainment, school attendance and employment opportunities

2.2 Mental health needs of children and young people

Some of the key findings of [*The mental health needs of children and young people in Gateshead Children's Trust*](#) are as follows:

- 5% of children aged 5 to 10 years (nearly 1000 children) experience mental health disorders. This rises to 12% of children aged 11 to 15 years (nearly 1400 children).
- Individual risk factors for mental health problems include: low IQ and learning disability; sensory impairment; physical illness
- Prevalence of mental disorders is greater among children where certain factors exist in their homes. These include lone parent families, families with low gross weekly household incomes and households where the interviewed parent has no educational qualification.
- Risk factors in the community include socio-economic disadvantage and homelessness.
- Self-esteem increases with age and there are higher scores in Gateshead than in the reference sample.
- There has been a positive increase in physical activity levels and a reduction in smoking levels.

2.3 General mental health needs assessmentⁱ

Key findings from the [general mental health needs assessment](#) include:

- Rates of prescribing antidepressants are higher in North East local authorities than national rates, with Gateshead having the highest rate in South of Tyne and Wear. However, prescribing rates need to be treated with caution, because there are many reasons for the differing rates. For example, poor access to psychological services may mean higher prescription rates.
- Self-harm rates are considerably higher than the national average in Gateshead.
- Domestic violence has potentially devastating consequences for children. Recent research shows that children's educational attainment is adversely affected by domestic violenceⁱⁱ. Children exposed to abuse may have limited social skills, exhibit violent, risky or disruptive behaviour or suffer from depression or severe anxietyⁱⁱⁱ. Children who grow up in violent homes are also more likely to be victims of child abuse and grow up to become victims or perpetrators as adults. Women account for 80% of all reported victims of domestic violence in the UK. One in four women and one in five men are reported to have experienced domestic violence^{iv}. It is estimated that two women die from domestic violence incidents a week^v. The Healthcare Commission (2008) stressed that all staff who come into contact with women should be appropriately trained to identify signs of domestic violence and be aware of what action should be taken.
- Black and minority ethnic groups, including refugees and asylum seekers, attach higher levels of stigma to mental health problems.

As part of the needs assessment, a public consultation was carried out. Themes which emerged from this were: inclusion and belonging; being active and having a structure; personal time and a balanced life; raising awareness of mental well-being. The findings from the consultation identified the following key factors which had an impact upon mental well-being:

- Finance and work
- Environment and housing
- Perceived and real experiences of crime or the threat of it
- Communication with family and friends
- Education and hobbies

Five community groups in Gateshead were consulted to assess the barriers to gaining access to support for common mental health problems^{vi}. The conclusions drawn were that barriers could be reduced by:

- Tackling beliefs and fears which are amenable to change, like stigma, fear of being sectioned, fears of medication and beliefs of limitations of GP services.
- Increasing knowledge of effective services and treatments through social marketing approaches.
- Supporting community group facilitators, spiritual and religious leaders, and the general public by improving their knowledge and skills in the recognition of common mental health disorders and in where to signpost people who approach

them. This may be facilitated by locating primary mental health care services closer to the community.

- Supporting the continuation of existing informal and formal support groups within the community through commissioning of these services.
- Supporting GPs by acknowledging time constraints and ensuring that they have adequate access to effective diagnostic and management training and education for common mental health disorders so that they can apply those skills effectively.
- Developing and marketing other pathways for people to access professional help other than through their GP.

2.4 Oral health needs assessment

Oral health has been defined as a standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being (Department of Health, 1994). . It is directly related to an individual's attitude and behaviour, being affected by diet, tooth brushing habits, use of fluoride and dental attendance patterns. Smoking also influences the development and progression of oral diseases, in particular, gum disease and oral cancer. The latter condition is also associated with high alcohol intake. Attitudes and behaviour towards oral health appear to be influenced by social factors. There is a strong correlation between poor oral health and social deprivation.

As part of the development of the [strategy for improving oral health](#) across NHS South of Tyne and Wear, an oral health needs assessment was carried out. Key points are as follows (see also JSNA 2011 section 9.9 for more up-to-date information on numbers of diseased, missing or filled teeth among children):

- The two most common dental diseases, periodontal (gum) disease and dental caries (tooth decay) are the most common diseases in our society and are almost entirely preventable and controllable.
- Children
 - In 2006, only 47% of 5-6 year old children were free of dental caries (compared to 62% in England as a whole)
 - In 2003, in England, 63% of 8 year olds and 65% of 12 year olds had some evidence of gum disease (No local figures available at that time but dental health is generally worse in the North)
 - In 2003, in England, 53% of children had tooth erosion, 27% of whom were aged 12 years. 42% of 11-14 year olds had evidence of erosion. (No local figures available at that time but dental health is generally worse in the North)
 - Smoking is a major risk factor in oral disease. Smoking rates are high among Gateshead's children (see JSNA section 16.3)
- Adults and older people
 - The proportion of adults with no natural teeth left has been decreasing over the last 20 years and is expected to be down to 5% by 2018. It is rare for an adult under 45 to have lost all their teeth. Tooth loss is more common in women than men and in more socially disadvantaged people.
 - 55% of people have at least one decayed tooth

- Gum disease is more likely to occur with ageing and is a progressive disease. The risk factors associated with it include smoking and tobacco use, diabetes and poor oral health hygiene practices. Smokers are 4 times more likely to develop gum disease and have greater levels of bone loss and fewer teeth than non-smokers. Quitting smoking leads to a reduction in risk of further disease.
- Mouth cancer accounts for 4% of all cancer cases in the UK and its incidence is highest in lower socio-economic groups least likely to visit a dentist regularly (with consequent loss of opportunity for opportunistic screening). Tobacco use is by far the greatest risk factor (risk is increased by up to 6 times). Excessive alcohol consumption is also a factor. Mouth cancer is more common in Gateshead than in England on average.
- Older people are particularly vulnerable – reduced salivary flow, often due to medication, increases vulnerability to decay
- Vulnerable groups often access services for primary care or emergency services rather than for preventive services. Such groups include those living in psychiatric hospitals and prisons, homeless, refugees or asylum seekers, black and minority ethnic groups, adults with learning disabilities, expectant mothers and those in palliative care receiving chemotherapy, radiotherapy or bone marrow transplants
- Drug use is frequently associated with a detrimental effect on oral health. Chronic drug use, often associated with lack of motivation, can adversely influence dietary habits and oral hygiene procedures. Barriers to care include fear and anxiety about costs, lack of perceived need for treatment, concern about attitudes of health professionals. Decay can be high due to poor diet, high sugar intake and use of methadone in syrup form, as well as smoking (high incidence).

2.5 Narrowing the gap: improving outcomes for vulnerable children

The Narrowing the Gap Review (Children and Young People's Overview and Scrutiny Committee) is focused on identifying, exploring and addressing the range of factors which impact on the outcomes children achieve. Narrowing the gap is concerned with improving outcomes for vulnerable children and those most at risk of poor outcomes with a view to reducing the difference or deficit in outcomes between these children, and children and young people as a whole, whilst continuing to improve outcomes for all.

The review included assessment of the current outcomes for children and young people, the gaps in outcomes both geographically and between communities and the effectiveness of current approaches.

Key messages: general

- A range of data is available which can help to illustrate gaps, but this often becomes less reliable at a neighbourhood and ward level.
- Concerns about stigmatising areas, through failure to recognise progress rather than simply providing current 'snapshot' data.
- An area focus alone is not sufficiently accurate as this masks variations within wider geographic areas, but also fails to illustrate gaps between specific communities and the wider population.
- The links between poverty, disadvantage and poorer health outcomes are strongly illustrated through the data.

Key messages: early intervention

- Early intervention and action are imperative in the very early years to prevent longer term negative outcomes; the evidence about neurological development and the critical importance of the first 22 months is clear.
- Consistency in assessment of need must improve to facilitate and ensure swift and accurate referral and signposting.
- Effective targeting of services on the most vulnerable, based on evidence and assessment, must be prioritised in response to reduced resources

Key messages: education

- The importance of schools as trusted 'community hubs' and being the focus for activity to identify signs early.

- The need to recognise and maximise the role of school nurses as a resource.
- Emotional health and well-being must be recognised as a key component in supporting health and improving outcomes.
- Further work is needed to focus the Healthy Schools programme and monitor outcomes more effectively.

Key messages: wider determinants of health

- Recognition of the links to poverty is important – this reflects the findings from the Marmot review.
- The schools and engagement teams have a vital role and should be included as early as possible on health.
- Consistency and focus on health outcomes is vital to make progress

2.6 Child Poverty Needs Assessment

In accordance with the Child Poverty Bill 2009, Gateshead undertook a Child Poverty Needs Assessment in 2010. This was to inform the production of a Child Poverty Strategy, to be developed by Gateshead Child and Family Poverty Commission.

A range of information was collected from agencies across the district. Much of this is included in JSNA 2011 section 8 (economy, education and employment), so its findings are not replicated here. At the time of publication of the JSNA, the Child Poverty Needs Assessment available on the Gateshead website was a [draft version](#).

2.7 Older People and the Older People's Strategy

As part of the preparation for the [Gateshead Older People's Strategy](#), views of older people were obtained. Some of the key points arising were:

- Older people wish to have their skills, knowledge and experience recognised and valued
- Older people would like to see their differences acknowledged, rather than being regarded as a homogeneous group. Ageing affects everyone in very different ways
- As people over 65 now outnumber those under 16, they believe they have many skills and experiences they can share with younger generations. They can also benefit from being involved with and meeting and learning from younger people.
- Older people want opportunities to try new things, meet new people and go to social events. So they need access to accurate and appropriate information and advice about the range of opportunities in their area.
- Older people need information to help them to make the right choice and decisions about any care and support they need in future
- The majority of older people say they wish to remain in their own homes for as long as possible
- Older people from lesbian, gay, bisexual and transgender groups have said they are reluctant to discuss their sexuality and their particular needs for fear of discrimination.

References

ⁱ Mackereth, C. (2009) Mental Health Needs Assessment of the Population of NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland, (Sunderland: NHS SoTW 2009) Available at www.sotw.nhs.uk

ⁱⁱ UNICEF (2006)

ⁱⁱⁱ Home Office (1999)

^{iv} British Medical Association (2007). *Domestic Abuse*. BMA Board of Science

^v Mirrlees-Black, C (1999). *Domestic violence: findings from a new British crime survey self completion questionnaire*. Home Office research study 191. London. Home Office.

^{vi} Willoughby Bruce (2007) A focus group based qualitative study examining the barriers to accessing support for common mental health problems and treatment preferences. Available on request from NHS SoTW.