

Planning to meet health, wellbeing and social care needs in Gateshead



Gateshead Joint Strategic Needs Assessment
Key Points 2011 - 2012



Planning to meet health, wellbeing and social care needs in Gateshead

Gateshead Joint Strategic Needs Assessment Key Points 2011 - 2012

Contents

	Page
Introduction	3
Commissioning to Increase Life Expectancy	4
Commissioning to Add Life to Years: Adults	7
Commissioning to add life to years: 5 – 19 Year Olds.....	10
Commissioning to tackle inequalities in health: adults and communities ...	12

Different formats

If you would like this information in large print, Braille, on audio CD/MP3, or in a different language, please contact us on: 0191 433 2289.

Introduction

This summary explains what the Gateshead Joint Strategic Needs Assessment (JSNA) is, how it has been developed, who has been involved and what priorities have been identified for the next 3-5 years.

If you would like to see the full report, including data sources and analysis, go to Gateshead Council's website: www.gateshead.gov.uk/jsna. You will find free Internet access in your local library, and at Gateshead Civic Centre.

The Joint Strategic Needs Assessment brings together a wide variety of information around health, wellbeing and social care needs.

It sets out key priorities for commissioners of services in the health sector, local authority and voluntary/community sector. It also provides the basis for key strategies and plans produced for Gateshead.

A major element of the development of the Joint Strategic Needs Assessment is consultation with the community and in 2011 there has been more direct consultation with community groups than in previous years.

The Joint Strategic Needs Assessment aims to provide commissioners with the information they need to be able to plan services to meet the needs of Gateshead's communities. It also aims to ensure that all the agencies working in Gateshead to reduce health inequalities and improve wellbeing have a single reliable source of information.

The key issues for commissioners summarised here draws directly from the table in the full document, section 1, key issues for Gateshead in 2011 to 14. The commissioning cycle starts with needs assessment as the first step, feeding into service design, service buying and evaluation, involving communities and service users as a central reference point. The term 'commissioners' is used here to refer to decision-makers in relation to putting in place services related to social care, health and the wide range of services that contribute to wellbeing. This relates to all groups in the population (children, adults and elderly).



Director of
Public Health

Chair, Gateshead GP
Commissioning Board

Group Director
Community Based Services

Group Director
Learning and Children

Commissioning to Increase Life Expectancy



Infant mortality: key facts

There is currently an average of 12 deaths each year among infants resident in Gateshead. This is a higher rate than that of England (5.2 per 1,000 live births as compared to 4.7), but because the numbers are small, one additional death can significantly alter the rate.

There are around 170 low birth weight births (less than 2,500g) each year within the population of Gateshead. This represents over 7 per cent of all births.

In 2009-10, 20 per cent of women giving birth who are resident in Gateshead continued to smoke throughout their pregnancy, which compares to an average of 14 per cent across England.

The proportion of mothers initiating breastfeeding in the first 48 hours after birth in Gateshead (63 per cent) is significantly lower than the proportion in England (73 per cent).

There is a continuing challenge to increase the proportion of children who are completely immunised against measles, mumps and rubella (MMR), and so achieve the gold standard of 95 per cent uptake or 'herd immunity' which ensures that all children have the best protection against these diseases. Uptake of 1st and 2nd dose MMR at five years is still only 83 per cent in Gateshead (the same as England as a whole).

Infant mortality: key issues

- Maintaining investment in early years and targeting to those most in need (in response to the Marmot Review and Child Poverty Commission recommendation).
- Addressing infant mortality through reducing smoking rates in pregnancy, reducing teenage conception, and improving access to maternity service.
- Reducing the problems of maternal and child obesity.
- Ensuring adequate support is given to breast feeding mothers and work with communities to encourage cultural change.
- Improving uptake of vaccination.

Screening: key facts

The proportion of eligible women taking up breast and cervical screening in Gateshead has been falling slowly in recent years. Breast screening rates in England have been rising and cervical screening rates in England have followed a similar pattern to those in Gateshead.

Nevertheless, at any one time, for both breast and cervical screening programmes, 20 per cent of women in Gateshead have not been screened within the recommended recall period.

More women in Gateshead gain early access to maternity services than in England as a whole – over 90 per cent of pregnant women in Gateshead currently see a midwife by 12 weeks of gestation, compared to only 83 per cent across England as a whole.

In Gateshead 365 people were diagnosed with Chlamydia in 2009.

Screening: key issues

Local issues include:

- Arrangements for diabetic retinal screening need to be improved.
- Uptake of cancer screening will be essential to improve cancer survival rates locally, requiring community based and social marketing activity.
- Antenatal screening is an important element of screening, requiring strong advocacy to identify conditions during pregnancy and enable planning.
- Screening uptake is known to be lower in some minority groups, for example, breast and cervical screening uptake by women with learning disabilities. This will need to be addressed by active work at a local level.
- Rates of Chlamydia identified through screening are lower than the national average, although national targets require rates of Chlamydia screening to be increased.

Long Term Conditions: key facts

Strokes – currently 4,400 people have been diagnosed in Gateshead as having had a stroke. This is estimated to rise to 5,000 by 2020. The rate of 2.2 per cent is higher than England's 1.7 per cent.

There are 9,500 people in Gateshead diagnosed with coronary heart disease (CHD). This represents 4.6 per cent of the population of all ages, higher than England's rate of 3.4%.

The rate of emergency angiograms among the population of Gateshead is the highest among all North East Local Authority populations but the rate of planned angiograms is among the lowest.

Planned and emergency revascularisations (heart operations) among the population of Gateshead are below the average rate across the North East of England.

Cancer now accounts for more of the life expectancy gap than heart and circulatory disease.

5,000 adults in Gateshead have been diagnosed with chronic obstructive pulmonary disease (COPD), This is a rate of 2.5%, significantly higher than higher than England's 1.6%.

There are over 1,000 admissions a year to hospital due to falls among people aged 65 and over (significantly higher rate than that of England).

Long term conditions: key issues

Integrated commissioning to address the long term conditions agenda is the major way in which the life expectancy gap within Gateshead - and between Gateshead and the rest of England - will be reduced in the next few years.

GP Commissioners need to involve the acute sector as well as primary care, alongside social care and other community based services. The health checks programme involves primary prevention through lifestyle advice, but is also crucial to ensure early identification and appropriate care for people at risk. Work is going on to identify single pathways of support to benefit people with long term conditions.

The conditions are listed separately below in order to identify the different stages of progress for each, but adoption of the single pathway would help deliver core elements of a long term conditions programme more efficiently than continuing to rely on single issue approaches. This work is critical to increase life expectancy, tackle inequalities in health, and to reduce unplanned urgent care.

- Heart and circulatory disease – consistent treatment of patients following a heart attack or associated incident, more consistent cardiac rehabilitation, consistent treatment of patients identified with atrial fibrillation. Investigation of reasons underlying the unexpectedly low rates of planned angiograms and heart operations.
- Cancer early awareness and detection – requires strong professional leadership to reduce variation in referral behaviour, and high levels of community

engagement building on success of the healthy communities' collaborative work, and engaging social marketing tools to convey the cancer awareness message effectively.

- Chronic Obstructive Pulmonary Disease (COPD) is one respiratory condition which has been identified as an area where there are still many people with the condition who have not been diagnosed or referred into a treatment pathway. There needs to be an increase in patient management plans requiring both professional awareness raising, and work with the public to encourage people to ask for help.
- Diabetes is a growing problem associated with obesity and is monitored in primary care; the model of care developed through the diabetes network may provide a good example of self care which can be applied to other long term conditions.
- Excess winter deaths requires a multi-agency approach combining consistent referral by all front line workers who are involved in visiting people's homes, together with adequately resourced interventions to ensure warm homes, and benefits advice to address financial aspects of fuel poverty.
- Stroke services are currently performing well, following intensive work on meeting targets for early and effective assessment.
- Investment in housing through the decent homes programme, implementation of Gateshead private sector housing renewal strategy, and improvement of poor quality housing are essential to help prevent falls among older people living in older housing stock

Commissioning to Add Life to Years: Adults



Emotional health and wellbeing: key facts

Mental health problems such as anxiety and depression are very common. In Gateshead, 30,000 adults – nearly 19% of the adult population – have been diagnosed with depression (significantly different from England's 11%).

As at February 2010, there were about 4,000 people claiming benefits due to mental and behavioural problems in Gateshead (a rate of 34 per 1000 working population, higher than the England rate of 24 per 1000).

Emotional health and wellbeing: key issues

- Maintain commissioning of services to support the emotional health and wellbeing strategy action plan for Gateshead.
- Develop a clear pathway and service provision for people presenting with anxiety or depression, based on NICE guidelines and including Pathways to Work measures.
- Advocacy services to assist users to maintain control and resolve complex problems.

Dementia: key facts

Between 2007 and 2010, the number of people diagnosed with dementia in Gateshead has risen from 1,000 to 1,200. Gateshead's prevalence of dementia, 0.58%, is significantly higher than that of England (0.45%).

Increasing life expectancy, and thus a larger number of older people among the population in future years, will mean that the number of people with dementia living in Gateshead will rise, because the risk of dementia increases with age.

Dementia: key issues

- Ensure services follow National Institute for Clinical Excellence guidance in relation to the use of prescription drugs to slow the progress of dementia, in combination with other therapies and treatments
- New housing models of care to provide protection for people with early stages of dementia: eg extra care schemes, support flexible housing
- Support for carers, advocacy and information for people with dementia.

Obesity: key facts

Over half the adult population of Gateshead does not achieve the minimum recommended activity level (30 minutes of moderate physical activity five or more times per week). (Proportions are slightly higher than the England average.)

Only 24% of males and 33% of females in Gateshead eat five or more portions of fruit and vegetables per day. (England males - 25% and England females - 26%).

Obesity: key issues

- Ensure localities promote, support and enable healthier food choices.
- Accessible, affordable leisure service provision as part of a holistic approach to increasing physical activity through a range of methods including cycling, and walking.
- Develop consistent use of social marketing as a way of getting the right messages to the right people about healthy lifestyles including exercise and diet.
- Use of planning and regulatory powers to make the environment one that encourages people to be more physically active and eat more fruit and vegetables and less fat and salt.

Substance Misuse (Drugs, Alcohol and Tobacco): key facts

There were nearly 6,000 alcohol harm-related hospital admissions in Gateshead in 2009-10 and the trend is upward. England's trend is also upward, but the current England rate of 1,743 per 100,000 population is lower than Gateshead's 2,526 per 100,000.

There are around 200 registrations of lung cancer each year among the population of Gateshead. The age-standardised mortality rate among people of all ages in Gateshead is over one and half times the England average. There are around 170 deaths each year due to lung cancer in Gateshead.

Smoking is a key risk factor for lung cancer and a high prevalence of smoking in Gateshead will contribute to the high lung cancer mortality rate. 26% of adults in Gateshead smoke, compared to an average of 22% across England.

Substance Misuse: key issues

- Develop an integrated approach to lifestyle services for drugs, alcohol and tobacco.
- Ensure support is maintained for multi agency approaches to tobacco, alcohol and drugs using social marketing, advocacy, and work at a community level to engage local people and a wide range of front line services in these issues.
- Follow National Institute for Clinical Excellence guidance on dual diagnoses for people requiring input from the mental health service as well as substance misuse issues.
- Strengthen links between substance misuse services and pre-conceptual planning/antnatal care.

Sexual Health: key facts

Rates of most sexually transmitted infections are lower in Gateshead than in England as a whole, although the rate of diagnosis of genital herpes is higher. An estimated 187 people in Gateshead are HIV-infected.

Sexual Health: key issues

- It is critical to integrate work to reduce teenage pregnancy, promote sexual health and improve diagnosis of sexually transmitted infections is critical.
- Commissioning of treatment services (community based sexual health services, the genitor urinary medicine service and work through GPs) needs to be integrated with sexual health advice, information and promotion work involving young people, schools and youth settings on a holistic basis.

End of life care: key fact

62% of terminally ill patients died in hospital, rather than at home in Gateshead during 2009-2010, above the national average of 57%.

End of life care: key issue

- Use of care pathways and Advance Care Planning for those in need of end-of-life care, with a focus on whole family/carer needs.

Commissioning to add life to years: 5 – 19



Emotional health and wellbeing: key facts

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. The rate of admission is significantly higher than the rate across England. If the Gateshead rate of admission was the same as the England rate there would only be 60 emergency admissions each year.

About 44% of year 8 boys (aged 12 or 13) and half of year 10 boys (aged 14 or 15) register a 'high' self esteem score, similar to the England average.

36% of year 8 girls (aged 12 or 13) and 36% of year 10 girls (aged 14 or 15) register a 'high' self esteem score, similar to the England average.

Emotional health and wellbeing: key issues

- Build on the Pathfinder Mental Health in Schools project, and Healthy Schools programme to provide services that promote positive mental health. Accessible early intervention and prevention services should support children their families and professionals.
- Child and Adolescent Mental Health Services (CAMHS) Review to be completed with specialised service for severe and complex mental health

problems and neuro development disorders.

- Commission services based on accurate understanding of self-harm issues related to children and young people.

Obesity: key facts

Over 20% of 10 and 11 year olds in Gateshead are obese and the proportion has risen over the past three years. (England's prevalence is only 18.7%).

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%).

27% of pupils had at least five portions of fruit and vegetables the day before; up to 50% of Gateshead's children do not eat three or more portions a day.

Obesity: key issues

- Address childhood obesity as a major issue, including the following:
 - Commission nutritionally balanced school meals and promote their uptake, and
 - provide good information about healthy eating to young people in schools and colleges along with promotion of physical activity and positive self esteem.
- Commission family based interventions to tackle intergenerational aspects of obesity.

- Develop both evidence based and evaluated innovative approaches to change the environment in ways that make it easier for people to be physically active and eat more fruit and vegetables, less salt and fat.

Sexual health: key facts

There were 145 conceptions among females aged 15-17. This is a rate of 42 per 1,000 compared to England's 38 per 1,000.

The teenage pregnancy rate in Gateshead increased between 2005 and 2008. Only in 2009 has it fallen below the 2005 level.

Areas in four wards (Bridges, Felling, Lobley Hill & Bensham, Dunston & Teams and Pelaw & Heworth), have significantly higher rates of teenage conception. 59% of pupils said their parents had talked to them about how their body changes as they grow up.

Uptake of the HPV vaccine that protects girls from cervical cancer is 91%, compared with 76% for England.

Sexual health: key issues

- Develop integrated sexual health services, including increasing the uptake of Chlamydia screening and reducing teenage conceptions/emotional distress.
- Maintain and promote uptake of HPV vaccine.

Inequalities: key facts

49% of children in Gateshead (15,600 children) are in low income families (compared to 42% for England as a whole).

Gateshead had 300 Looked After Children in 2010 - this is higher than England average rate.

National evidence suggests that there are 500 young carers aged under 18 years in Gateshead.

Amongst young people aged 16-20, an estimated minimum of 70 people have Autism Spectrum Disorder (actual figures not known), which is related to high levels of behavioural problems.

National figures show that Gypsy, Roma and Traveller pupils underachieve through a combination of poverty, educational disruption, low prior attainment and high special educational needs. Less than 30% of families in unauthorised encampments have access to toilets or showers.

Inequalities: key issues

- Tackling inequalities related to children and young people living in poverty requires a holistic multi-agency approach including: educational standards of primary and secondary schools, engagement in further education, employment or training on leaving school, addressing issues of poverty, and aspiration of educational attainment.
- Identifying families in need of additional support and children at risk of poor outcomes to ensure the child health promotion programme reaches the most in need.
- Consistently use risk assessment and resilience in relation to mental health and emotional wellbeing, sexual health, obesity use of alcohol, drugs and tobacco, including children missing from education.
- Autism Spectrum Disorder - this requires considerable work to meet new policy guidance and relate this to levels of need in Gateshead.
- Specific health and educational needs of the Travelling, Roma and Gypsy communities need to be recognised and addressed.

Commissioning to tackle inequalities in health: adults and communities



The JSNA contains much information related to the needs of minority groups of people, whose health and wellbeing are not as good as those of the general population.

Examples include Black and Minority Ethnic Groups and the Lesbian Bi-sexual Gay Trans-sexual (LGBT) population, with significantly higher levels of mental health problems. Throughout the table of commissioning issues, instances are cited of such inequalities, including profiling information, policy guidance and a summary of effective interventions related to the following:

- Poverty and Exclusion: reducing isolation and loneliness in older people, provision of decent homes, children living in poverty, children missing from education and children who are home educated, migrants (immigrants, asylum seekers, refugees and other migrants) and homeless people.
- Violence: crime and anti social behaviour, victims of violent offences including domestic violence, bullying and discrimination.
- Services for Specific Groups: including services for disabled or learning disabled, children who are acutely ill or who have additional complex or health needs, older family carers of people

with disabilities, young carers, adults with learning disabilities, ex offenders, ex-service personnel.

Inequalities: key facts

In Gateshead 17.6% of households are occupied by single older people in 2006, the 3rd highest in region. Across district, proportion varies from under 10% to more than 20%.

The proportion of over 65s is projected to rise by 25% between 2008 and 2025 (to 42,000 people). Even more dramatic is the expected rise in population aged 85+, increasing to 4,600 by 2015, then to 6,600 by 2025 (74% - up from 2008).

A higher than average proportion of private rented dwellings fail to meet Decent Homes Standards (53% compared to England 44%).

In 2009-10 there were 365 eligible homeless people in priority need. This is higher than the national average.

In Gateshead over 9,000 incidences of domestic violence occurred during 2009-10.

In the last two years, 5,620 armed service leavers indicated a preference to settle in the North East (from the Humber to the borders).



Inequalities: key issues

- Isolation and loneliness in older people 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.
- The provision of decent homes and suitable accommodation is essential.
- Domestic violence – interagency working and development of professional workforce capacity is needed so that problems can be recognised.
- Ex-offenders – through integrated offended management it is crucial to ensure continuity of care for those leaving prison, especially where drugs, alcohol, smoking or mental health issues are involved.
- Maintaining a focus on equitable access to services for people with disability, (including learning disability) is crucial for all commissioned services.
- The issue of carers is an important one for commissioners, particularly where community and voluntary sectors are at risk. The JSNA includes profiling information related to both young carers and aging carers, two particularly important segments in the caring population.
- Tailor-made services for ex-service personnel are needed, particularly around mental health.

Want to know more?

For more information on the JSNA and issues raised in this summary please contact:

Alyson Learmonth
Gateshead Director of Public Health
Gateshead PCT
Team View, 5th Avenue Business Park
Team Valley, Gateshead
0191 497 1563
Alyson.Learmonth@sotw.nhs.uk

Michael Laing
Director, Community Based Services
Gateshead Council
Regent Street
Gateshead NE8 1HH
0191 433 3012
michaellaing@gateshead.gov.uk

View the full JSNA document at: www.gateshead.gov.uk/jsna



 **Gateshead**
Council

Gateshead 
Primary Care Trust