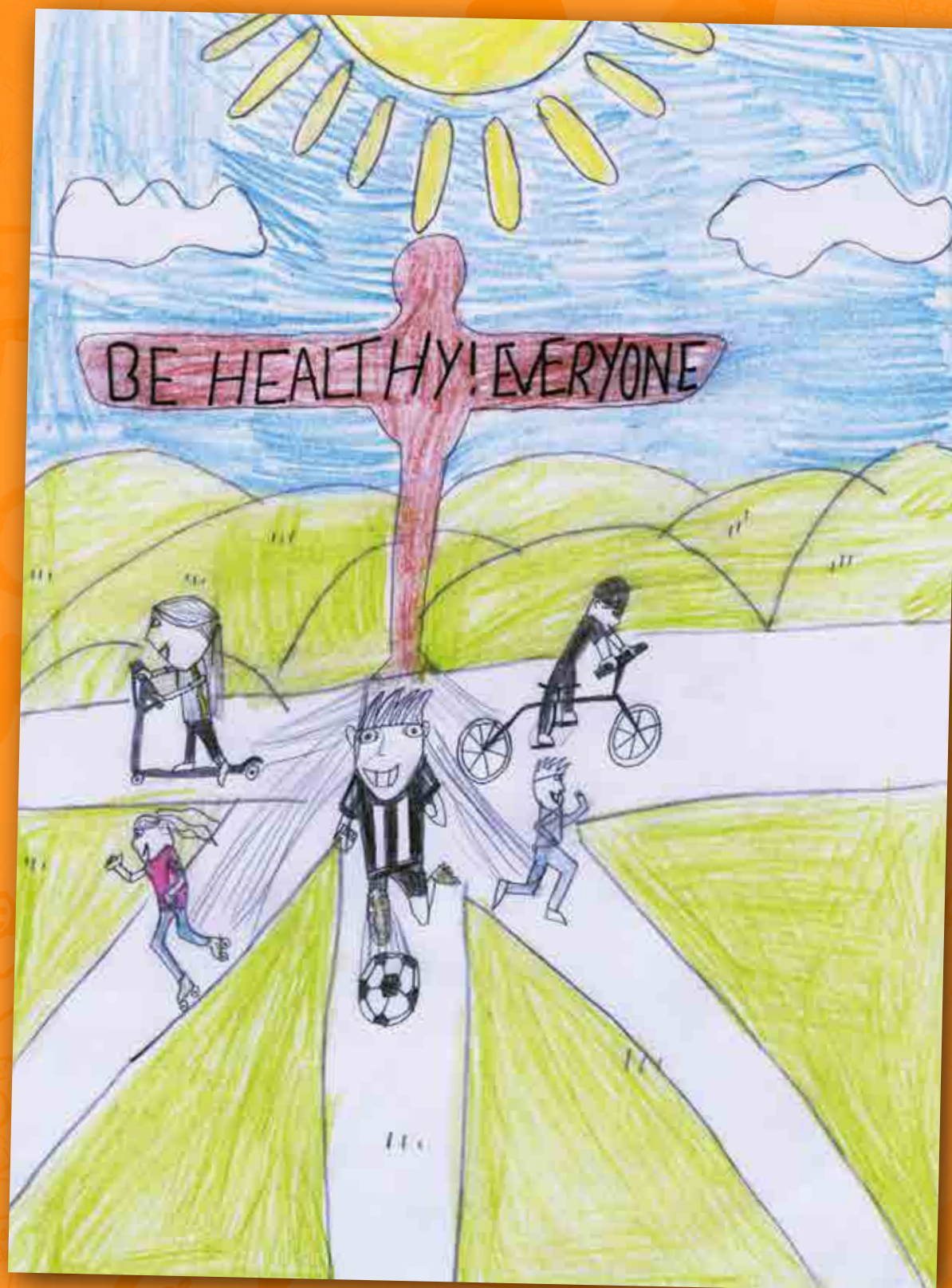


Growing up healthy in Gateshead



Gateshead Director of Public Health
Annual Report 2014/15

You can
do it!



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welcome

In this report I set out what it means to grow up healthy in Gateshead. Ensuring children have the best start in life is firmly established in public health thinking as the most important issue for improving health and tackling health inequalities. It must be understood in the context of the wider socio-economic issues which influence health throughout the life course. In this report we set out some of the socio-economic issues which form the backdrop to understanding why health inequalities exist, including some recent research into how this is experienced differently in the North of England. I also set out the picture of children's health and how the Gateshead Council, partner organisations and communities can work to improve outcomes for children.

From 1 October 2015, the commissioning of public health services for children 0-5 years of age transferred from the NHS to local authorities. These services include health visitors and family nurses. These health professionals are in contact at some point, and to varying degrees, in the life of each child born in Gateshead. As trusted skilled professionals, they are ideally placed, working proactively in partnership with other services, to support our most vulnerable children and families, to help improve longer term outcomes.

For councils, this transfer is seen as the 'final piece of the jigsaw' after public health responsibilities transferred to them in April 2013. This presents opportunities to establish a more integrated approach to improving health outcomes, which isn't just about clinical care, but includes housing, benefits, employment and leisure, which are all inherently linked to healthy living.

As the new commissioners of these services, the council is well placed to understand the needs of our local communities, and in this report I explain our thinking about how we shape these services in the future.

I write this report as the council and its partner agencies are in the midst of another very difficult year as funding from central government is reduced. We estimate that, if cuts of this scale continue year-on-year, the council will have a funding gap of £77.7m over the next five years. I, along with other Directors and service leads, now need to identify budget proposals that will help us close this gap.

This is extremely challenging. While demand for our services keeps going up, we need to reduce costs by continuing to be more efficient in the way we deliver services and manage the increased demand for services. The Council has recently launched its new Council Plan for 2015 to 2020 which sets out a new strategy and policy framework for the future direction and role of the council. Whilst I am confident we will find new ways of working in many of the things we do, I am also concerned about what the impacts these cuts will mean for the people of Gateshead. It is therefore important that we continue to monitor health outcomes and as a council, with our partners, make the most of all opportunities to influence the wider determinants of health such as social capital, educational attainment, good jobs, affordable housing and so forth.

Giving children a healthy start in life is a whole community effort, and one of the most important jobs which councils, working with partners and communities can do.

"It takes a whole village to raise a child."

Igbo and Yoruba (Nigeria) proverb



Carole Wood

About the front cover

I hope you have noticed the front cover of my report, which I must say, I'm delighted with. It was designed by Evie Johnson, who was aged 9 at the time, from Oakfield Infant School in Gateshead.

I invited Gateshead primary schools to take part in a competition to draw the front cover of this year's report. Their brief was draw things that reflect their understanding of what it means to be healthy in Gateshead. We kept the brief open as we wanted very honest responses. What we got back from the children was very insightful.

When looking at the drawings, what really stood out to me was how much understanding children have about what it means to be healthy. Many children chose to illustrate the importance of exercise, presenting it as happy and fun. Others chose to illustrate the body's need for healthy food, and they knew that vegetables and fruit were vital to staying in good health. Some even went so far to draw which foods they see as unhealthy. Pizza, sugary drinks, doughnuts and chips all got a mention! .

The image of the 'happy, healthy heart' featured in many of the drawings. This image has been used for a long time in various health messages by lots of different organisations and their campaigns. So it was very encouraging to see that this message has not only been absorbed by the children but that they recognised that looking after their heart is not just about being physically healthy, but also being key to happiness and good wellbeing.



I chose Evie's drawing as the winner of the competition. As well as being a wonderful drawing to look at, Evie marvellously illustrated positive representations of children taking part in modern, affordable and joyful physical activities. It shows that Evie sees fun and playful exercise being paramount to having a healthy and happy life.

Evie used the Angel of the North as a key icon to represent Gateshead and it really gives the drawing a sense of place and pride. The use of green space and sunny weather is particularly prominent in the drawing which shows that Evie sees these as important factors for children to enjoy active and healthy play.

We had many drawings submitted by the children of Oakfield Primary School, and they all gave an insight to what they think it means to be healthy and happy. I've had images from their illustrations placed throughout my report and I hope you enjoy looking at them as you read the report and see them as a reminder of why we do what we do.

Director of Public Health Gateshead Annual Report 2014/15

Executive Summary

Overview

The report presents an overview of health and health inequalities in Gateshead and details some of the key changes and developments that have taken place in 2014/15.

The focus of this year's report is the significance of good health in childhood, and how this is influenced by various factors. It looks at the role of services and schools in particular in reducing health inequalities by supporting children and families in greater need than others. This is particularly relevant in a year that has seen responsibility for commissioning public health services for children aged from 0 to 19 move from the NHS to local government during a time of unprecedented reductions to budgets for public services, including public health services.

Health protection issues are included in this Annual Report, in line with the Director of Public Health's assurance remit within the council.

Opening sections and Chapter 1 - Key issues for 2014/15

More people in Gateshead continue to live longer and healthier lives than ever before. However, the gaps in many outcomes remain, between the health of people in Gateshead and that of the average national population. These are at their starkest when looking at life expectancy, men and women living in Gateshead have a shorter life expectancy and healthy life expectancy than the national average. Currently, for men in Gateshead, this is 77.4 years, against 79.4 years nationally. For women in Gateshead, the current average life expectancy stands at 81.2 years, whereas nationally, it stands at 83.1 years.

These inequalities, shared across many communities in the North of England, can also be seen between communities in Gateshead. Therefore, while the health of our residents improves, it improves more slowly than that of the national average population. Healthy life expectancy in Gateshead has not improved significantly since 2009/11.

The reasons for these differences are complex, but arise from the circumstances under which one is born, grows and lives. At a population level, poorer health outcomes are intrinsically linked with that population's relative social and economic circumstances. This means that people living in poorer areas are more likely to develop illnesses and disabilities and die at a younger age than those from more affluent areas. This report details some of the ways in which Gateshead's communities are changing, some of the health challenges we face, and the significant impact of the "wider determinants" of health in reducing inequalities.

The report in 2010, *Fair Society, Healthy Lives (The Marmot Review, 2010)*, recommended a number of actions to reduce health inequalities, including improving living and working conditions, giving every child the best start in life, enabling people to maximise their capabilities and have control over their lives, and strengthening the role of preventive health services. It also introduced the approach of "Proportionate Universalism", through which services or interventions are available to all populations universally, but offered in increasing levels of intensity to those in the most disadvantaged or complex circumstances according to need. A subsequent report, *Due North, Independent Inquiry on Health Equity for the North, 2014*, is referenced, which examined in detail the increasing North-South health divide and likely causes, with recommendations stressing the importance of reducing economic inequalities experienced by the North and the promotion of healthy development in early years.

In the current public sector funding climate these principles can inform how we allocate diminishing resources to achieve the greatest impact.

Main theme - Children

Children's health is important in its own right. A child's early experience impacts on their health and development throughout life and influences life chances. Growing up in poverty may have a long-term adverse impact upon many aspects of quality of life both as a child and later as an adult. In Gateshead, the 43rd most deprived area out of the 326 English authorities, 22.1% (7,555) of children under 16 live in poverty, significantly above the national average of 19.2%. Focussing upon the factors which equip a child to have the best start in life has the potential to improve not only their own life, but the lives of future generations.

Chapter 2 - Children's health in Gateshead

Children and young people comprise over one fifth of the Gateshead population. Their health and wellbeing is generally poorer than that of the England average, however some indicators such as childhood immunisation rates show very good performance.

Outcomes where significant improvement is needed include:

- Children achieving a good level of development at age 5
- Children in poverty (under 16 years)
- Under 18 conceptions
- Hospital admissions due to alcohol specific conditions and substance misuse
- Smoking in pregnancy
- Breastfeeding initiation and continued breastfeeding (6 to 8 weeks)
- A&E attendances (0 to 4 years) / Hospital admissions caused by injuries in children and young people
- Hospital admissions as a result of self-harm
- Childhood obesity

One area of particular concern is childhood obesity. Overweight and obese children are more likely to stay obese into adulthood and to develop diseases such as diabetes and cardiovascular diseases (heart disease and stroke) at a younger age.

In 2013/14 in Gateshead:

- Over one in ten (10.5%) children in Reception (aged 4 to 5 years) were obese
- Over one in five (20.7%) of children in Year 6 (aged 10 to 11 years) were obese

The number of obese children therefore doubles between Reception and Year 6. Also, the number of reception age pupils who are obese has increased since 2012/13.

Children's dental health in Gateshead is generally good, in no small part thanks to the supply of fluoridated water throughout the borough. There are variations within communities in Gateshead, with children from the most deprived communities having the highest levels of decay. For example, 9% of children aged five years in Whickham South and Sunnyside ward have tooth decay, compared to 47% of children in Felling.

Tooth decay is one of the most common reasons for hospital admissions for children aged 5 to 9 years old. A number of different programmes work with children directly through schools and indirectly by training other professionals in contact with children to raise awareness of children's dental care needs and to promote oral health directly.

Chapter 3 – Interventions and services that contribute to the best start in life for children living in Gateshead

As stated in *Fair Society Healthy Lives (The Marmot Review, 2010)*, disadvantages impact upon a child's development before birth and accumulates throughout life. This is why giving every child the best start in life, in particular from conception to age two, is critical to reducing health inequalities.

The 'Healthy Child Programme' (HCP) is the nationally defined, universal health service for improving the health and wellbeing of children from pregnancy to adulthood. It is delivered through:

- health and development reviews
- health promotion
- parenting support
- screening and immunisation programmes

The principle of the programme is to provide universal support to all, with more support for families from the right service (i.e. GPs, health visitors, midwives, nursing staff, social care workers) available when needed ("progressive universalism").

Since October 2015, local authorities and Directors of Public Health have assumed responsibility for commissioning children's public health services for those from birth to 19 years old. These services are health visiting and the Family Nurse Partnership (for the 0-5 population) and school nursing services (for ages 5-19). NHS England will continue to commission immunisation/vaccination and screening programmes and the Clinical Commissioning Group will commission midwifery services.

Children Gateshead, the plan for children, young people and families in Gateshead, sets out a firm commitment to early intervention in the Gateshead Prevention and Early Intervention Strategy (2013-16). It is consistent with "Active, Healthy and Well Gateshead, our Health and Wellbeing Strategy" - shifting more investment towards prevention, early intervention and community provision.

The report details the role of several key services/interventions that support the "best start in life", including:

- Health visitors
- Family Nurse Partnership Programme
- Gateshead Children's Centre
- School nursing
- Breastfeeding support
- Support to stop smoking during pregnancy
- Accident prevention
- Readiness for school
- Teenage pregnancy
- Maternal mental health
- Specialist services (i.e. maternity services, paediatrics, therapists)
- Safeguarding arrangements

Services working with children and families draw upon the notions of "risk" and "resilience". All children are exposed to risks (i.e. factors with the potential to cause harm) to some degree. Resilient children are those who have developed positive adaptations that mitigate the impact of the risk or risks. The work of these services is to promote those circumstances that encourage resilience and recognise and reduce the likelihood of risks.

In particular, there are six high impact areas that have the biggest impact on a child's life:

- Transition to parenthood and the early weeks
- Maternal mental health (including postnatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (including physical activity)
- Managing minor illness and reducing accidents
- Health, wellbeing and development of the child aged two – two year old review and support to be "ready for school"

The division of commissioning responsibilities between different organisations arising from the reorganisation of the NHS in 2013 presented the risk of “fragmented” services. Gateshead responded to this by working with all relevant commissioners to produce effective, efficient services.

As the Gateshead Public Health Team becomes the responsible commissioner for 0-19 services, further opportunities for the integration of evidence based interventions that focus on achieving positive outcomes for children can be adopted.

Chapter 4 - Health in school settings

Schools are a key setting to promote the health of children and young people, as well as their parents, teachers and the wider community.

Gateshead is fortunate that our schools have always been very enthusiastic and engaged around health. In December 2009, Gateshead was the first Local Authority to see 100% of its schools achieving National Healthy Schools status. The National Healthy Schools Programme no longer runs at a national level but Gateshead has continued this programme locally.

A new Gateshead Health in Schools programme launched in 2015. Based on an evidence review and the evaluation of the Gateshead Healthy Schools Programme, the new programme will focus on promoting healthy weight, physical activity, social and emotional wellbeing, and promoting resilience to adversity. The Gateshead Health in Schools Core Offer will be made available to all schools and academies in Gateshead in 2016/17 for a small charge.

Schools also provide an ideal opportunity to gather health data on children and young people. Examples include the National Child Measurement Programme (NCMP) and the Health Related Behaviour Questionnaire undertaken by Exeter University. Data from these sources is robust and reliable and is analysed when looking at health needs of children and young people. It can also be drawn upon in support of other health improvement programmes. For example, data from the NCMP was used to inform work with planning to limit the proliferation of hot food takeaways.

Chapter 5 - Health protection

This section of the report covers health protection issues in Gateshead during 2014/15, included as part of the DPH assurance remit.

A range of issues are covered, including infectious diseases trends, immunisation and screening programme uptake, and the quality of screening programmes. Specific reference is made to how the system responded to the outbreak of Ebola in West Africa. The local health protection arrangements are assessed as effective and operate to provide assurance to Gateshead Council and the Health and Wellbeing Board.

Achievements and update on recommendations from DPH Report for 2013/14

The report concludes with a summary of last year’s recommendations and progress made over the past 12 months. Good progress is reported in a number of areas, including the development and signing of the Local Government Declaration on Alcohol, improved system for identification and brief intervention, development of new treatment services, and the strengthening of licencing policy which is resulting in the increased use of licencing reviews to restrict underage sales.

Further achievements are noted such as the launch of the revised Joint Strategic Needs Assessment, the Gateshead Year of Walking Campaign, the strong performance of the NHS Health Checks programme in Gateshead, the introduction of new planning regulations to limit the proliferation of Hot Food Takeaways and continued work with health and voluntary sector partners on cancer prevention.

Recommendations arising from this report

1. Gateshead Council should continue to commit to the priority of 'giving children the best start in life', recognising the need to strengthen systems for early intervention with vulnerable families to reduce the numbers of children in need and going into care (this is already stated in the Gateshead Council Plan 2015 - 2020).
2. Gateshead Council, in its community leadership role, uses all available opportunities to tackle poverty and inequality, recognising the need to advance longer term objectives of improved education attainment, quality housing, good jobs and economic growth. The proposed devolution deal for the North East Combined Authorities, to which the council is a party, presents a key opportunity to work in partnership with other local authorities, private and public sector partners to build a stronger economy and generate more and better jobs.
3. Gateshead Council and Newcastle/Gateshead Clinical Commissioning Group (CCG) develop a clear joint strategy for tackling health inequalities, based on the principles of proportionate universalism, which balances "whole population" universal approaches with provision of support to individuals and families, scaled according to need.
4. Gateshead Public Health team and Newcastle/Gateshead CCG continue to develop an approach which supports people in managing their own health conditions and health risk behaviours. This approach should build on the evaluation of the current Live Well Programme, and be supported by an asset-based-approach which recognise and harness assets in local communities (volunteers, skills, social networks and voluntary groups).
5. Gateshead Council continues its commissioning work programme with the Newcastle/Gateshead CCG to ensure redesign of services for children 0-19 (including PH services) are delivered in an integrated way, delivering effective identification of risk, early help and intervention. There should be a particular emphasis on developing a robust pathway from the antenatal stage until a child is age two.
6. A consistent approach to promoting infant and maternal mental health for key professionals, with clear pathways and referral routes. A strong focus on training and development of key staff including health visitors, in relation to mental and infant mental health and a clear understanding how agencies can work together to deliver the most appropriate services.
7. Gateshead Council, in collaboration with partners, communities and families, should continue to proactively promote healthy lifestyles to tackle obesity, smoking and alcohol misuse.
8. Gateshead Council should work with partners, schools and communities to encourage the young adult and population of Gateshead to access dental care in higher numbers, and investigate and tackle the high rates of admissions for General Anaesthetics for extraction of teeth in 0-19 year olds.
9. Schools are urged to build on existing work to improve children's health and continue to participate in the Healthy Schools Programme (noting that this will be delivered under a new arrangement from September 2016, where Gateshead Council will coordinate the programme and schools will be offered the programme with a modest charge to support delivery).
10. Gateshead Council and the Health and Wellbeing Board should note that the information provided in this report should be received as provision of assurance that the Health Protection System operated effectively in 2014/15. It should be noted that clear mechanisms are in place to support the DPH in monitoring and ensuring appropriate response to health protection issues as they arise.

12 key achievements 2014/15

There have been a number of key public health achievements during 2014/15 which have been as a result of collaborative partnership working in Gateshead:

Launch of new public health services

A number of public health services were recommissioned and new services were launched including Live Well Gateshead, new drug and alcohol services for adults, Children and Young People and Support for Carers of Substance Misusers and a revised sexual health service for Gateshead.

Year of Walking

People in Gateshead were encouraged to take healthy living in their stride as the council officially announced 2015 as Gateshead's Year of Walking.

The Year of Walking aims to get more people out and about walking and being more active, making them healthier and reducing health risks. 33 groups and charities in Gateshead were successfully awarded small grants to get more people walking and 23 people have been trained as Volunteer Walk Leaders so far.

Standardised packaging

Gateshead Council supported the regional campaign for the removal of colourful branding that can act as 'silent salesmen' attracting young people to buy cigarettes.

Many local residents also signed up to the campaign, led by the North East campaign group Fresh, calling for plain tobacco packaging.

Hot food takeaways

Gateshead Council's Planning team and Public Health have worked together to produce revised guidance on where new hot food takeaways can be located as part of a range of measures to tackle the high rates of obesity in Gateshead.

This guidance, a Supplementary Planning Document seeks to control new hot food takeaways in unsuitable locations across the borough.

JSNA 2014/15 revised

The Joint Strategic Needs Assessment (JSNA) was revised during 2014/15 to ensure that partners and community organisations had a greater level of input and that both quantitative and qualitative information is included in the process.

A new web based JSNA was developed which is more accessible and easier to use.

www.gateshead.gov.uk/Health-and-Social-Care/JSNA/home.aspx

Funding community projects for health and wellbeing

A capacity building fund was established to support, develop and build capacity and sustainability in the voluntary and community sector in Gateshead and to help strengthen local communities. 72 groups have received grants ranging during the 2014/15 period.

GP Practice profiles

Public Health has developed practice level profiles for cancer, heart disease and Chronic Obstructive Pulmonary Disease to help practices understand their population and identify improvements they could make at a practice level to improve population health

Funding for community cancer awareness

Public health secured Macmillan funding for a three year post, based in the community, to help increase the uptake of screening programmes. We also secured funding from the North East Cancer Network to develop NHS health Checks Plus in two pharmacies and the council's Occupational Health Service to include questions relating to the signs and symptoms of cancer and uptake of cancer screening programmes.

Pharmacy Needs Assessment

A Pharmacy Needs Assessment was carried out in 2015, which was approved by the Health and Wellbeing Board. The assessment is intended to be used by NHS England to make decisions on which NHS funded services need to be provided by local community pharmacies. <https://consultation.gateshead.gov.uk/uploadedfiles/Pharmaceutical%20Needs%20Assessment%202015%20FINAL%20Version.pdf>

Declaration on alcohol

The Local Government Declaration on Alcohol has been developed and led by collaboration between the council's, the North East Directors of Public Health and the regional alcohol office BALANCE.

It is a pledge to take action and a statement about the Local Authority's commitment to protecting the local community from the harm caused by alcohol.

NHS Health Checks

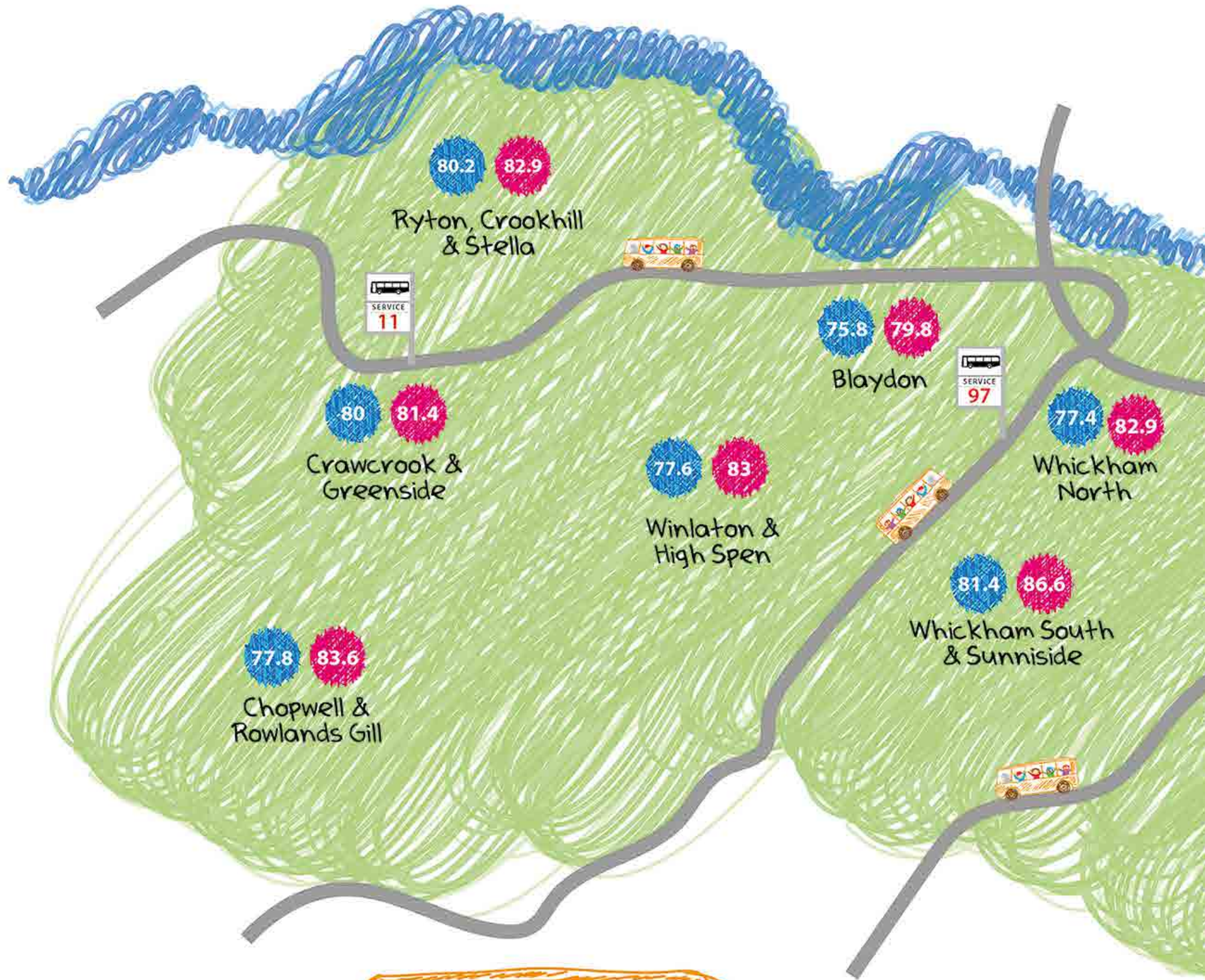
This year, more people had an NHS Health Check in Gateshead than anywhere else in the region. 7,513 people, out of the 11,248 who were invited for one, were checked. This means over 66% of people invited got checked. This is higher than the England average of 48%.

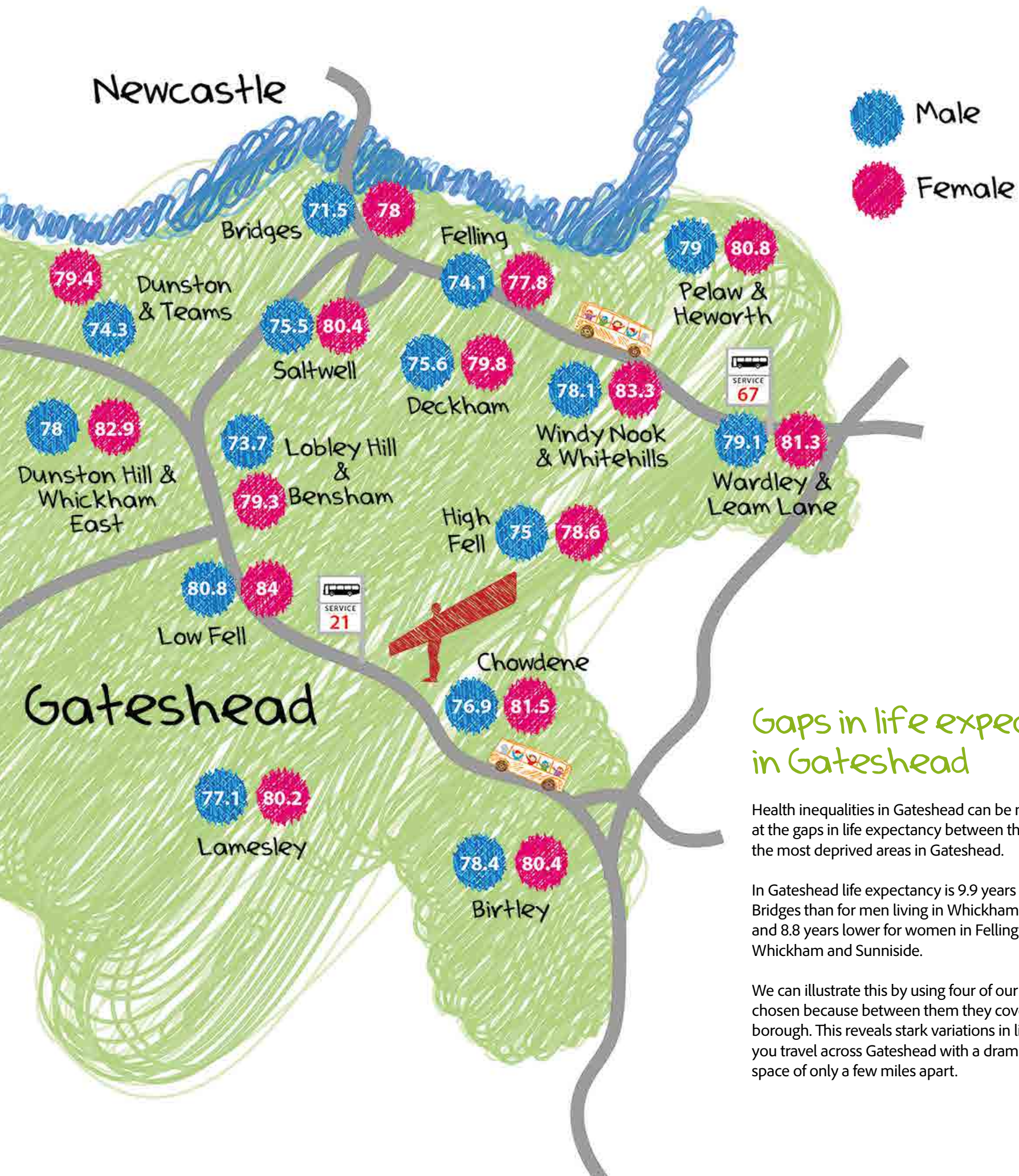
The council's Public Health Team were also awarded a Certificate of Excellence by the Public Service Transformation and Innovation Award 2015, for their work around NHS Health Checks. The work was deemed as "an excellent example of a high quality service within the public health sector with clear analysis of the evidence of the issues."

Dry January

342 people in Gateshead signed up to this year's challenge, which is around 60% higher than the national average uptake.

It's also estimated that for every one person who signed up, as many as three more people will have also abstained during January.





Gaps in life expectancy in Gateshead

Health inequalities in Gateshead can be measured by looking at the gaps in life expectancy between the most affluent and the most deprived areas in Gateshead.

In Gateshead life expectancy is 9.9 years lower for men in Bridges than for men living in Whickham and Sunnyside and 8.8 years lower for women in Felling than women in Whickham and Sunnyside.

We can illustrate this by using four of our local bus routes, chosen because between them they cover every ward in the borough. This reveals stark variations in life expectancy as you travel across Gateshead with a dramatic difference in the space of only a few miles apart.

Chapter 1



Health of Gateshead residents and context for understanding health inequalities

"In the North of England, where large proportions of children are growing up in poverty, it is critical that action to improve early child development takes place on a scale that is proportionate to need."

Due North Report, Public Health England¹

In this chapter, I talk about the general health of Gateshead residents and focus in particular on the issue of health inequalities. When talking about health in the population, it's very important to describe how the population is made up as there are diverse groups that have different health risks and life experiences.

People in Gateshead are living longer and healthier lives than ever before. This is an improvement which has continued over recent years, however, there are still considerable ongoing challenges. Progress on health improvement has been coupled with stubborn inequalities which see unjust, yet avoidable, variations in health between different groups in our population and between different areas of our borough.

Health inequalities

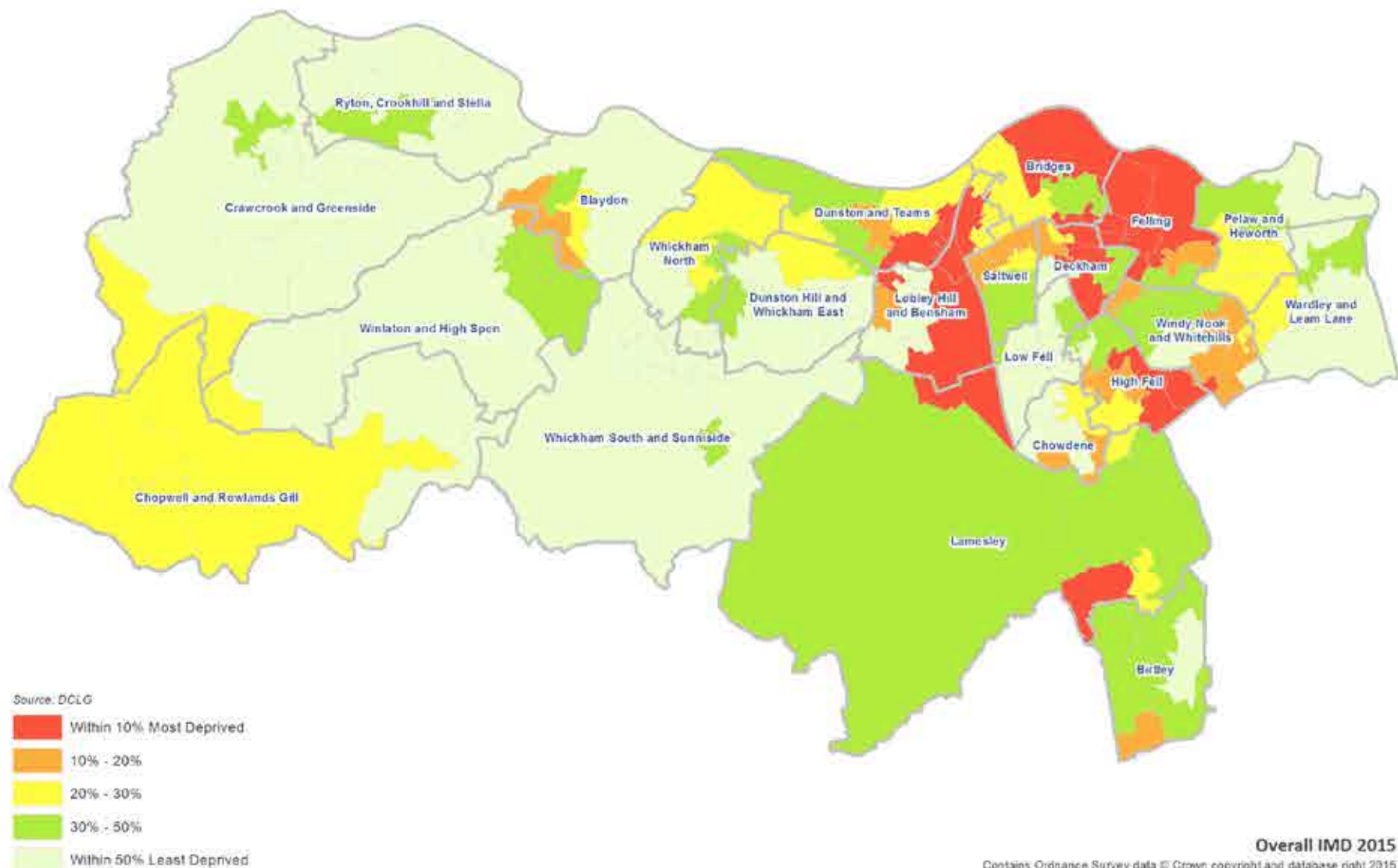
Health inequalities are avoidable and unfair differences in health status or in the distribution of health determinants between different population groups. These differences are deep-rooted and arise from the conditions in which people are born, grow, live, work and age. Health inequalities have enormous social and economic costs and Gateshead, like the rest of the North of England, has been particularly affected by the drivers of poor health.

Deprivation

Levels of deprivation are closely related to increased levels of need and poorer health outcomes. The Index of Multiple Deprivation (IMD) is a useful way of summarising deprivation as it denotes a general lack of resources and opportunities. As measured by the IMD, Gateshead has levels of deprivation which are higher than the England average, nearly 31,000 (16%) of people in Gateshead live in areas which are within the 10% most deprived in England and nearly 73,000 (38%) live in 20% most deprived areas.²

The Index of Multiple Deprivation (IMD) is composite of indicators from seven domains of deprivation:

- Income deprivation
- Employment deprivation
- Health deprivation
- Education skills and training deprivation
- Barriers to housing and services
- Crime
- Living environment deprivation



The Marmot Review 'Fair Society, Healthy Lives' published in February 2010 reviewed the health inequalities in England. The review proposed priorities to reduce health inequalities in England using an evidence-based strategy, and these policy approaches have been adopted in Gateshead over the past few years. The review confirmed previous evidence showing that people living in the poorest areas die sooner and also spend more of their lives living with illness or a disability.³

The review also highlighted the 'social gradient' with regards to health inequalities, i.e. the lower a person's economic and social status, the poorer their health is likely to be. As this social gradient occurs across the population purely focussing on the most disadvantaged will not sufficiently reduce health inequalities. Instead, in order to reduce the gradient, actions need to be universal across the population with higher intensity actions offered to the most disadvantaged. This approach is called "Proportionate Universalism", and the principles for this are relevant for how we think about using our resources across the public sector system in Gateshead.

The Marmot Review identified two main policy goals:

- To enable a society that maximises individual and community potential.
- To ensure social justice, health and sustainability.



From these goals six policy objectives were identified:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

In addition to inequalities between different communities within Gateshead and across the North East there exist inequalities between the North and South of England.

In August 2014, the Independent Inquiry on Health Equity for the North published their report 'Due North'. The report is set within the context of the sustained austerity measures introduced in response to the 2008 recession and provides fresh insights and recommendations from a northern perspective on what should be done to tackle the nationwide problem of inequalities. The inquiry panel, supported by a wide range of experts, identified 56 actions and four high level recommendations:

- Tackle poverty and economic inequality within the North and between the North and the rest of England.
- Promote healthy development in early childhood.
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health.
- Strengthen the role of the health sector in promoting health equity.
- The North of England has persistently had poorer health than the rest of England and the gap has continued to widen over four decades and under five governments.



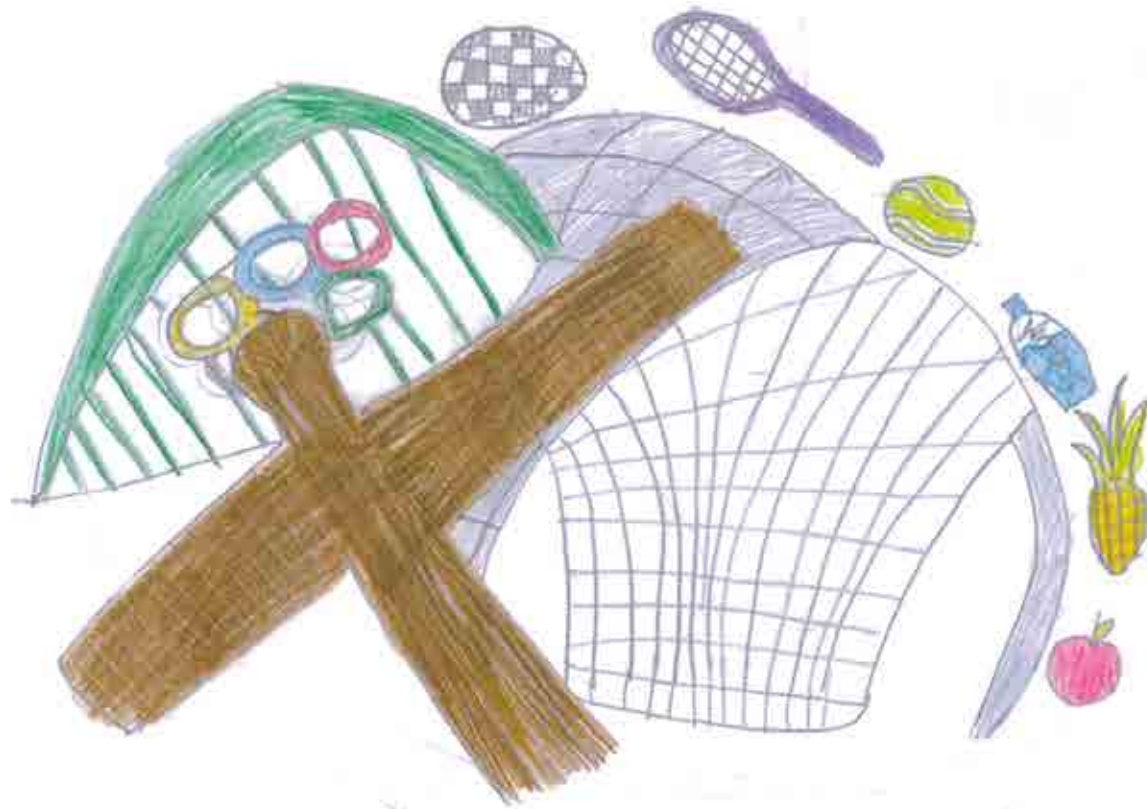
The Due North Report observes the increasing North-South inequality divide, highlighting the consequences of higher unemployment, lower incomes, adverse working conditions, poorer housing, and higher unsecured debts in the North, all of which have an adverse impact on health and increase health inequalities.

Furthermore, this increasing gap in inequality is not just observed between the North and South but even within communities across the North.

Due North also refers to the evidence that demonstrates that early disadvantages influence health and development in later life; children who start behind tend to stay behind. The report used the following example:

Children living in poverty and experiencing disadvantage in the UK are more likely to: die in the first year of life; be born small; be bottle fed; breathe second-hand smoke; become overweight; perform poorly at school; die in an accident; become a young parent; and as adults they are more likely to die earlier, be out of work, living in poor housing, in receipt of inadequate wages, and report poor health.¹

In Gateshead, we share the Due North's report's determination that something can be done to make a difference. Taking action to reduce inequalities will result in substantial population health gains, reduced healthcare spend and improved outcomes. This is reflected in our ongoing approach, across the system, for preventative and public health measures as set out within the Health and Wellbeing Strategy and previous Director of Public Health Reports.

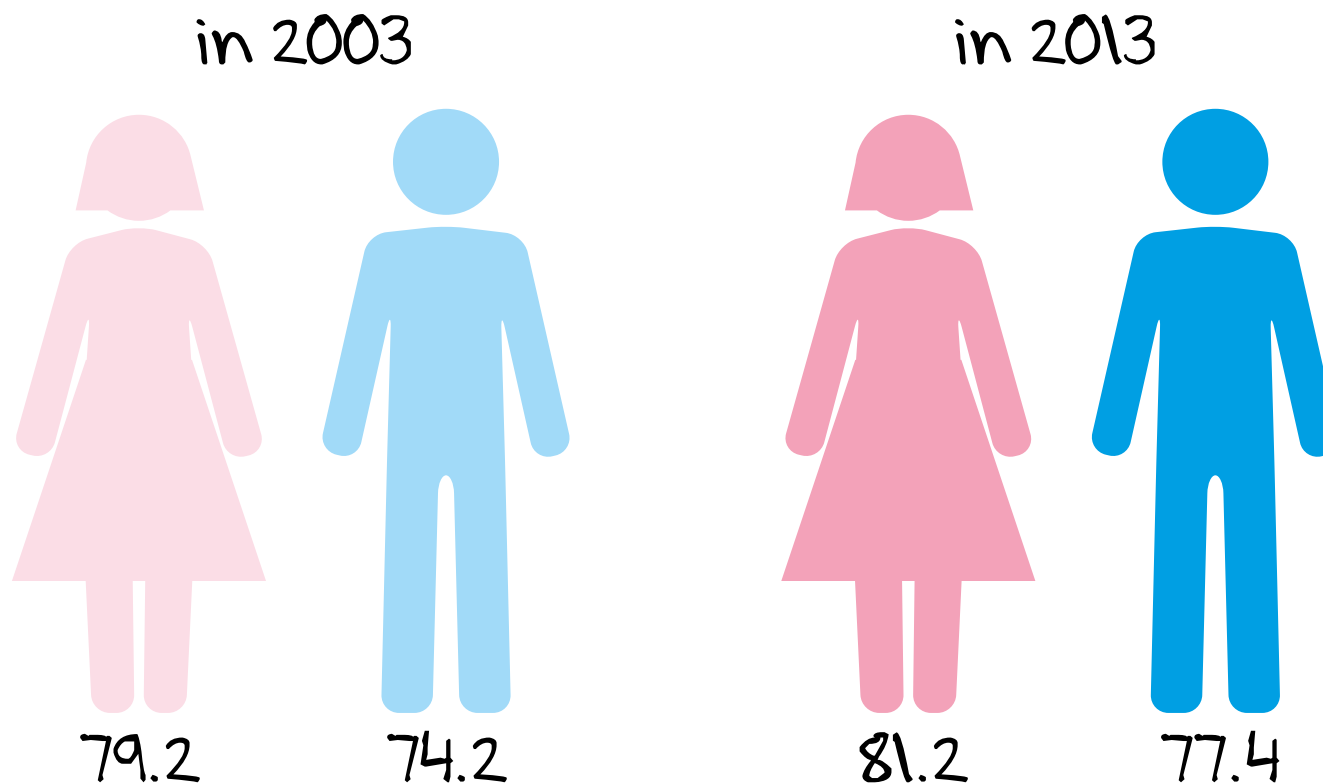


People in Gateshead

There has been an ongoing improvement in the health of the Gateshead population over recent years.

Despite the improvements of health in Gateshead, across a number of measures, the health of people in the area is still generally worse than the England average.⁴ Life expectancy and healthy life expectancy for both men and women continues to be lower than the England average. In addition, residents living in more deprived areas of Gateshead experience significantly lower life expectancy than the rest of the borough by an average of two years. People who live in more affluent areas of Gateshead can expect to live much longer without getting a limiting, long-term illness or disability than those in deprived areas.

Average life expectancy



The characteristics of Gateshead's residents mean that many do not reach pensionable age in good health, with both men and women, on average, experiencing a life-limiting illness or disability around five years earlier than the England average.

Life expectancy at birth is a good summary measure of a range of health conditions. Behavioural interventions that reduce deaths in the neonatal and postnatal period will not only impact upon the infant mortality target, but also on the life expectancy target as younger deaths have a greater impact on life expectancy than older deaths.

Such stark differences in health, shown by life expectancy, are all too often mirrored by differences in material living standards, and higher than average levels of poverty. These are important areas of focus in order to close the gap and target services more effectively at those most in need.

The Joint Strategic Needs Assessment (JSNA) for Gateshead was revised in 2015. This important body of evidence helps us to understand the key issues facing people in Gateshead and to identify priorities for improving their health and wellbeing. The JSNA is now presented as an online platform and aims to be accessible to professionals and the wider public. The information contained within it covers the whole life course from giving children the best start in life, to living well for longer and older people's health. It also covers, in more depth, individual areas such as behaviour and lifestyle, illness and death and communities of interest. For more information go to www.gateshead.gov.uk/Health-and-Social-Care/JSNA/home.aspx

Our community

A learning community

In September 2014, new student accommodation opened in Gateshead Town Centre for 1,000 students enrolled at Northumbria University. New accommodation has been built as part of the major redevelopment of the centre of Gateshead now known as Trinity Square. Gateshead is therefore benefiting from a more diverse population. There may however, be an impact on demand for some health services, e.g. sexual health, and emergency services linked to the night-time economy which need to be carefully assessed.

A caring community

In 2011, there were 22,220 people providing unpaid care in Gateshead, which is 11.1% of the population. This is higher than the England average of 10.3% and probably reflects the increased levels of illness and disability. The number of unpaid carers in Gateshead increased by around 1,000 between 2001 and 2011 with almost 22% of unpaid carers being 65 years of age or older. The support of these carers is paramount to both the people that they care for and the wider community.

A diverse community

Gateshead is becoming more culturally diverse which produces a more culturally vibrant community as well as stimulating local growth. The numbers of people in a Black and Ethnic Minority (BME) group's increased from 1.6% of the population in 2001 to 3.7% in 2011. Significant increases have been seen in residents of Chinese and African origin and 2% of households are made up of those who do not consider English as their main language. 3,004 Gateshead residents stated that they were Jewish, which is almost double the number recorded in 2001.

A travelling community

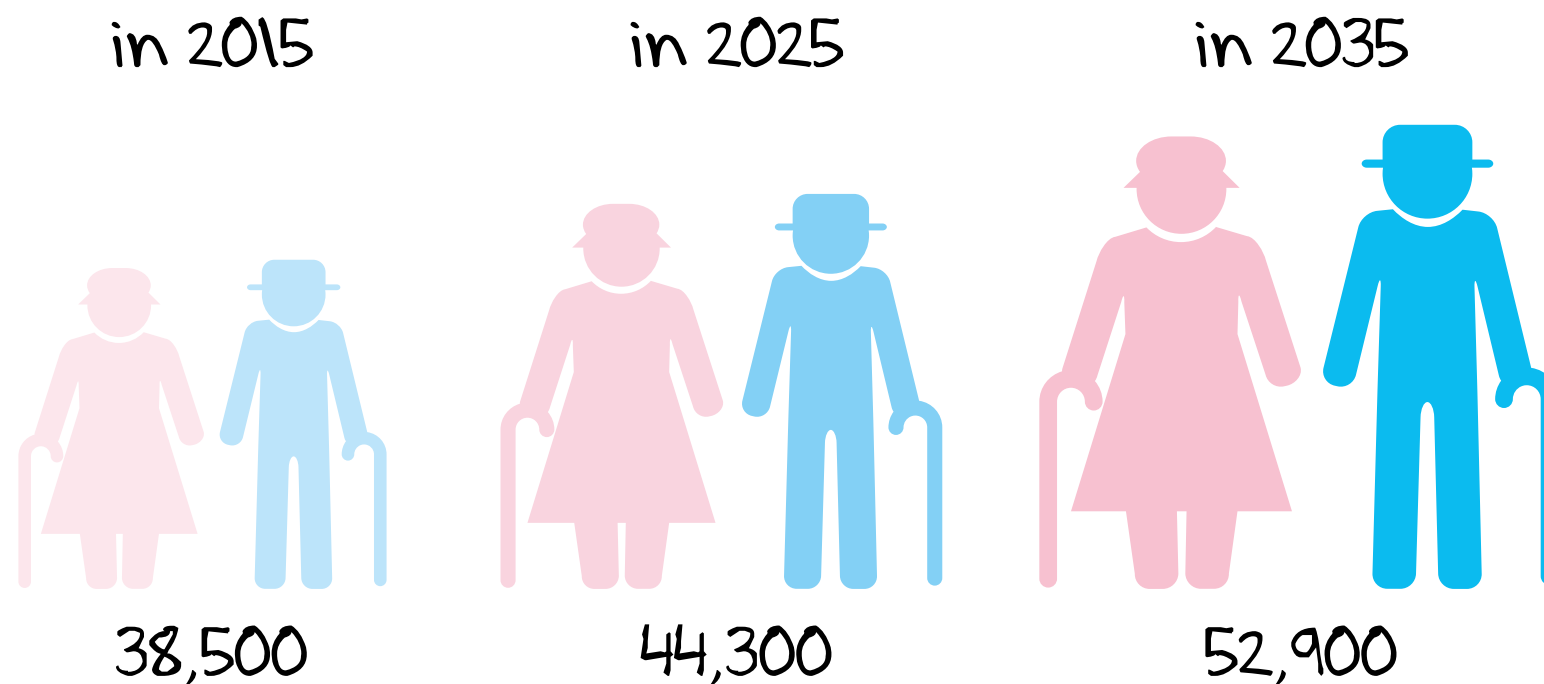
The travelling community in Gateshead is transitory in nature and some members of the community move around the country more than others. The authorised site at Gateshead's Oakwell Park has 20 pitches that can accommodate 40 caravans with the number of pitches rented changing, for example, there were 34 in July 2012 and 25 in July 2014. There is also a private residential caravan site at Bewick Main with traveller families on the site.

A changing and ageing community

During the 1990s, Gateshead's population declined. However, recent years has seen a reversal in this trend with the population increasing. Each year, in the borough, around 2,400 babies are born and 2,100 people die. Between 2012 and 2037, the population is predicted to grow by about 11,300 people (5.6%) to 211,500. It is expected that there will be an increase of 2,417 (1.5%) in the age groups up to age 64. The biggest increase will be in the over 65 age group which will increase by 11,164 (32%). Within the older age group the major growth is in the numbers of people aged over 85 which will grow by 5,600 people (126%).

This shift to an aging population is significant given the health and social care demands often associated with very old age. Currently, we estimate that around 5,200 people in Gateshead aged over 65 years are malnourished. Additionally, many older people live in areas where they experience higher levels of social exclusion and many report loneliness. All of these factors reinforce the need to promote health in the Gateshead population so we can delay and/or prevent the rise of many health issues which impact on people's independence and the need for care and support.

The projected increase of the older people population (over 65's)



Older people have a wealth of knowledge and experience that can be drawn on by their communities. However, age is the most important factor when it comes to health need and generally, older people are significant users of health and social care services. This needs to be taken into account in future planning.

Health in our community

Life expectancy

Life expectancy tells us how long a person born today might be expected to live if current trends in health continue. This measure is often used to track overall progress in public health. In Gateshead, we have seen an improvement in life expectancy which currently stands at 77.4 years for males and 81.2 years for females. However, our local rate is not improving fast enough to catch up with the national average and there is a gap between Gateshead and England of 2 years for males and 1.7 years for females.

Almost 1 in 4 deaths in Gateshead are considered to be from preventable causes. Preventable conditions are typically those for which there are effective means of preventing the condition from occurring. These include causes which to a considerable extent may be linked to lifestyle factors, most importantly the use of alcohol and/or tobacco and obesity (cancer, heart disease and liver cirrhosis) but also includes deaths linked to legal measures such as traffic safety (speed limits, use of seatbelts, motorcycle helmets).

Gaps in life expectancy

Life expectancy can also be used as a measure of health inequalities by looking at the gap in life expectancy between the most affluent and deprived in our population. In Gateshead, life expectancy is 9.9 years lower for men in Bridges than for men living in Whickham and Sunniside and 8.8 years lower for women in Felling than women in Whickham and Sunniside. We can illustrate this by using four of our local bus routes (see pages 11 and 12), chosen because between them they cover most wards in the borough. This reveals stark variations in life expectancy as you travel across the Borough with a dramatic difference between communities only a few miles apart.

Healthy life expectancy

Another measure often presented alongside life expectancy is healthy life expectancy. This is a measure of the average length of life spent in good or very good health. It recognises that towards the end of life there is a varying period of poor health. People in Gateshead can expect a healthy life expectancy of 58.2 for males and 59.4 for females. This compares with 64.2 for females and 63.2 for males for England as a whole.

Disability-free life expectancy

Disability-free life expectancy (DFLE) provides a measure for how long people live without suffering any disability. It is calculated using self-reports of activity-limiting illness from survey data and is therefore a measure of functional health status. DFLE divides expected years of life into those spent living with and without a limiting long-standing illness or disability.

Obesity

Maintaining a healthy weight and being physically active on a regular basis can have positive effects on physical and mental health and on life expectancy. Many conditions such as heart disease, diabetes, high blood pressure, breast and prostate cancer, anxiety and depression are linked to being overweight or obese.

In Gateshead, almost 2 in 3 adults have excess weight and around 1 in 4 are obese. This is similar to the national average. Local survey data however, shows wide variations in adult obesity across Gateshead with the highest levels of obesity being in the most deprived areas. For example, in the most deprived areas of Gateshead (within the most 20% most deprived areas of England-IMD) the proportion of obese adults is almost double that of the least deprived areas.

Healthy weight and physical activity amongst adults is also likely to positively affect the health of children and wider family. Children are likely to learn health behaviours from their parents in relation to both food intake and physical activity. Recent data showed that 1 in 4 children aged 4-5 years attending Gateshead schools and 1 in 3 children aged 10-11 years had excess weight.⁵ This is significantly worse than the England average. A high percentage of these children are likely to become overweight and obese adults unless they make significant lifestyle changes.

Long-term conditions

A long-term condition is a health problem that can't be cured but can be controlled by medication, other therapies or management of other lifestyle factors. Long term conditions include, high blood pressure, depression, diabetes, cardiovascular disease, dementia and arthritis.

As people in the Gateshead population begin to live for longer, a greater number of people are likely to be living with long-term conditions. This increases the demand on health and social care services with a large proportion of this demand coming from emergency admissions to hospital, especially in the older age group.

In Gateshead, 1 in 4 people have one or more long term conditions and over 8,000 of these people have three or more long-term conditions. It is also believed that in Gateshead there are a significant number of people with undiagnosed long-term conditions. These people need to be identified so that we are able to give them earlier interventions and decrease the long-term health burden.

As people being healthier for longer is the ultimate aim of the wellness and prevention agenda, it is important that interventions and services are put in place to support people with long-term conditions with a strong focus on empowering people to manage their own conditions.

Physical disabilities

12,590 people in Gateshead have a moderate or serious physical disability. People with physical disabilities face many barriers to living a fulfilling and independent life. Not only do they have the practical problems that a physical disability brings but they have to face the negative public perceptions of disabled people and problems gaining access to everyday facilities and services. The support required for people with physical impairment may be multi-dimensional and therefore need to be tailored to address their specific individual needs.

Behaviour and lifestyle

People's lifestyles are known to affect health and they are directly linked to the wider determinants of health. The four main unhealthy behaviours are: smoking, excessive consumption of alcohol, poor diet and low levels of physical activity. Gateshead has a high level of these unhealthy behaviours in its general population. Smoking is the single most preventable cause of ill health and although the number of smokers has reduced, many people continue to smoke.

- Approximately 45,600 people in Gateshead smoke.
- Gateshead has around 80,000 people drinking at increasing and higher risk levels.
- Just under half of the people in Gateshead don't take regular exercise.
- 80% of the people in Gateshead don't eat a healthy diet.

Improving people's health by promoting healthy lifestyles and reducing behaviours that are risky to health requires a multi-faceted approach and action at both national and local level, involving a range of interventions, services, policies and agendas. In Gateshead, we are taking this forward in a number of ways.

In Gateshead, work to address the wider determinants of health is recognised through partnership working within the council and across the borough under the shared leadership of the Health and Wellbeing Board and the Gateshead Strategic Partnership. Tackling the conditions which determine people's health requires intelligence led and preventative action across the life course, which focuses upon the root causes of ill health rather than simply treating the consequences of its development. Decisions about which social determinants of health to prioritise, which population groups or geographical areas to focus on and an analysis of need (as set out in the Gateshead JSNA) are all important. This includes working with local people and communities to identify what their own needs are, what helps them to have good health and wellbeing and what opportunities there are to support improvement. We also pay close attention to what the evidence shows works and ensure rigorous monitoring and evaluation is in place. Incorporating all of these factors is important if we are to turn the curve on health inequalities.

Living well

We know lifestyle issues contribute to poor health outcomes. The 'Health and Wellbeing Strategy: Active, Healthy and Well Gateshead' sets out the council's aspirations and priorities to improve the health and wellbeing of all communities across Gateshead and the strategy clearly identifies the link between poor lifestyle choices and ill health in our community.

Good nutrition, healthy weight, exercise, increased resilience and avoiding risky activities such as smoking tobacco and drinking too much alcohol, all play a role in wellness. People who minimise their lifestyle risks are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services.

The wellness approach goes beyond looking at single-issue with a focus on illness, and instead aims to take a whole-person and community approach to improving health. The new Integrated Wellness Service called 'Live Well Gateshead' takes a holistic approach to helping individuals and families to make healthy lifestyle choices that have a big impact on their quality and length of life. The service can also help identify the social barriers that often stop people from making changes, such as a debt or a housing issue.



Poverty

In Gateshead, around 8,100 (22.1%) of children live in poverty, which is lower than the North East average (23.6%) but higher than the national average of (19.2%). These are children who are living in families that have a reported income of less than 60% of the median income and are in receipt of out-of-work benefits or tax credits. Children who live in poverty are significantly more likely to experience poor health and educational outcomes therefore reducing child poverty is central to reducing health inequalities. This theme is also discussed in Chapter 2.

Housing

The housing and the local environment in which we live has an important impact on health and well-being: good quality, affordable and appropriate housing in places where people want to live has a positive influence on reducing deprivation and health inequalities by facilitating stable and secure family lives. This in turn helps to improve social, environmental, personal and economic well-being. Conversely, living in housing which is in poor condition, overcrowded or unsuitable will adversely affect the health and wellbeing of individuals and families.

Food poverty

Food poverty is the inability to afford, or to have access to food to make up a healthy diet. The people most likely to be in food poverty are older people, people with disabilities, households with dependent children or someone who is unemployed. People who live on an inadequate diet have a significant increased risk of serious health conditions. Inequalities in diet can also lead to inequalities in health and life chances.

Economic wellbeing

There is a strong association between wealth and health. Having sufficient money to lead a healthy life is a significant cause of inequalities. This is particularly the case for people who are vulnerable such as children, people with disabilities, frail elderly people and those with mental health problems. 'Due North' highlights the consequences of uneven economic development in the UK.¹

The economic downturn and current period of austerity is likely to be having a continued impact on the people of Gateshead through welfare reform, job insecurity, stagnant or limited wage increases and higher living costs. Evidence shows that those worst affected are likely to be people on low incomes, low skilled workers and those who do not have the material or psychosocial resilience to deal with problems. Financial challenges can affect people's health and wellbeing in different ways, for example, people may struggle to heat their home, live in decent housing or buy nutritious food. They may be forced to reduce their social time, which may leave them feeling socially excluded therefore impacting upon their mental health.

To improve economic wellbeing in Gateshead, it is essential that reducing economic inequalities is a central objective of local development strategies and that health and economic agendas are aligned.

Learning and skills

For the year 2013/2014, 58.5% of Gateshead pupils achieved at least 5 GCSEs at Grade A*-C, including English and Maths. This is better than both the North East and England Averages which are 54.6% and 56.8% respectively. While we are seeing improvement in those achieving higher educational attainment (in terms of GCSEs attained), Gateshead continues to have lower levels of residents with higher qualifications than the national average.⁸

Due to the recession and job losses in the region, many skilled people are prepared to take lower level jobs to get back in the labour market. Long-term unemployed people find returning to work particularly difficult as they often face additional barriers such as lack of confidence, motivation or mobility, and low skills. Partners are identifying that there is a need to increase the skills of local people across the life course.

Place shaping – planning and obesity

Place shaping refers to the ways in which local authorities and partners can creatively use their powers and influence to create attractive, prosperous, healthy and safe communities.

We know that our food environment has an influence on health and diet so we are using the tools and powers at our disposal to help limit the exposure of unhealthy food choices. The council has started to use planning mechanisms to slow down the proliferation of hot food takeaways in places of Gateshead that have high levels of obesity; are within areas where children congregate or already have a high number of takeaways. This is part of a strategy to support and encourage the people of Gateshead to take up opportunities to improve their health and lifestyle and in turn reduce obesity rates within the borough.

Health inequalities are a very important issue in Gateshead and must form the basis for delivery of a whole system approach, working with partners and communities across Gateshead.

One of the main ways of tackling inequalities is to focus on children at the very beginning of their lives, in order to give them the 'Best Start in Life'.

For this reason, the next chapters in this report are on the theme of the health of children and young people of Gateshead.

Chapter 2



Children's health in Gateshead

"The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood."

Marmot Review, 2010

In this chapter, I discuss where inequalities in relation to a child's life experience starts. Poor health and inequalities result from a range of causal factors and develop over a long period of time, often influenced by intergenerational, social economic, behavioural, cultural and lifestyle factors that form the context into which a child is born.

Children and young people under the age of 20 years make up 22.4% of the population of Gateshead. In 2013, there were 11,800 children age 0-4 and 44,900 children aged 0-19. It is projected that by 2020 there will be 44,900 children aged 0-19 in Gateshead. 7.7% of school children are from a minority ethnic group.

Many health outcomes for children are compiled in the Child Health Profile (CHIMAT 2015). See page 35.

Apart from childhood immunisation rates, which are very good, across Gateshead children and young people are not achieving the best outcomes when compared to other places in England. According to the Gateshead Child Health Profile (CHIMAT June 2015) the following indicators are significantly worse than the England average:

Health protection:

- Acute sexually transmitted infections (including chlamydia).

Wider determinants of health:

- Children achieving a good level of development at end of Reception Year.
- 16-18 year olds not in education, employment or training.
- Children in poverty (under 16 years).
- Children in care.

Health improvement:

- Teenage mothers.
- Hospital admissions due to alcohol specific conditions and substance misuse.

Prevention of ill health:

- Smoking at time of baby delivery.
- Breastfeeding initiation and continued breastfeeding (6 to 8 weeks).
- A & E attendances (0 to 4 years).
- Hospital admissions caused by injuries in children and young people.
- Hospital admissions as a result of self-harm (age 10 to 24).

Children in poverty

Children growing up in poverty are more likely to experience a poorer quality of life, both as a child and later as an adult as we saw in Chapter 1. The impact of poverty includes poor health throughout life, including dying younger than expected; low educational achievement; lower levels of employment and income; living in poorer housing and community environments; long term financial and social exclusion; and can lead to behavioural problems including a high risk lifestyle.

We have seen a small decrease since 2006 year-on-year in relation to the number of children under 16 living in poverty. However in 2012, 22.1% (7,555), children under 16 were living in poverty in Gateshead and this is significantly worse than the England average of 19.2%.

The number of children who receive free school meals is an indicator for children who live in poverty. In Gateshead the percentage of children eligible for school meals who achieve a good level of development at the end of reception is 36.8%.

School readiness

Early childhood is a "prime" time for positively influencing a child's physical, social-emotional and mental health and development and families can have the greatest influence on a child's school readiness. Living in poverty is one of the greatest predictors of poor school readiness.

Health and learning are intertwined; in order to grow and learn very young children need a healthy beginning. The early years are a time of rapid growth and development and can be a time for establishing a healthy base for learning. Nutrition, physical activity, mental ability, and amount of stress, all interact to affect learning. Nurturing relationships, good nutrition, exercise, and rich environments enhances early brain growth and development.

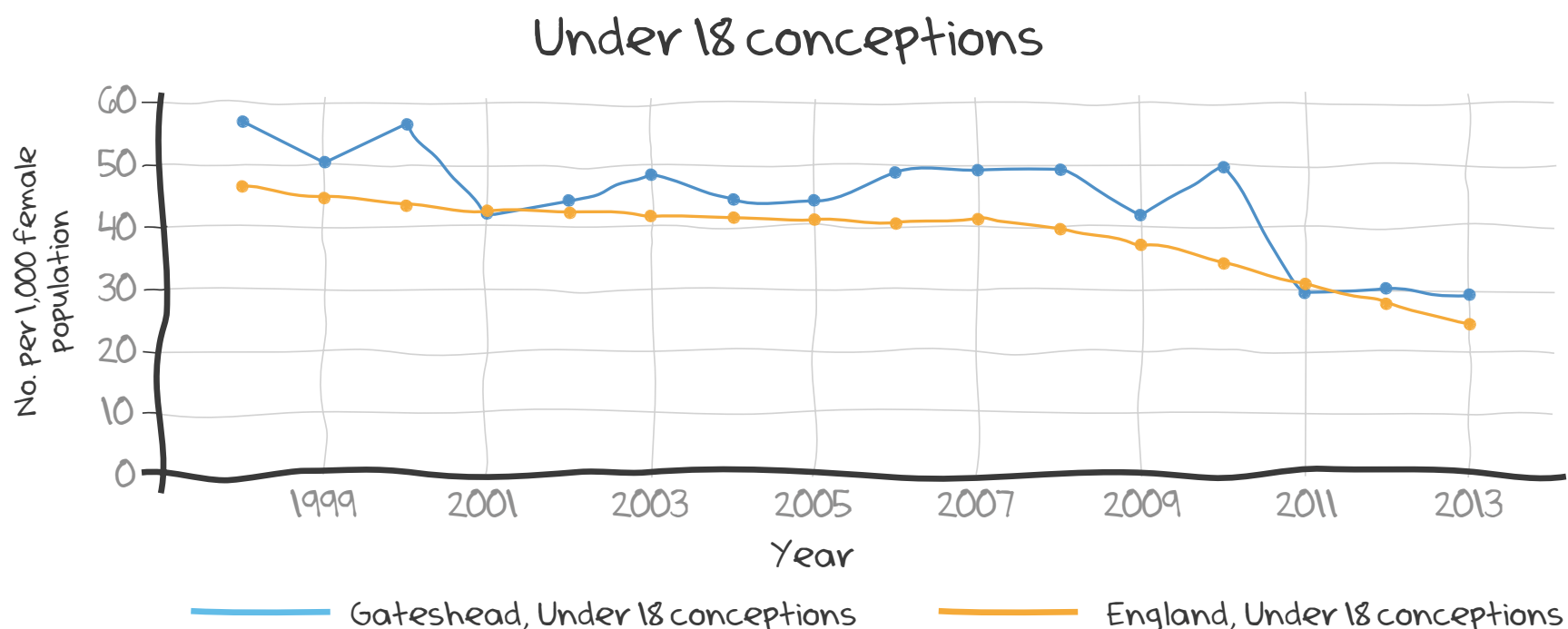
There has been a significant increase in the percentage of children in Gateshead who have achieved a good level of development at the end of reception, from 34.3% in 2013 to 56.6% in 2014. However Gateshead is still significantly worse than the England average of 60.4%.

Under 18 conceptions and teenage mothers

While for some young women, having a child when young can represent a positive turning point in their lives, for many more teenagers, the experience of bringing up a child is difficult.

Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is likely to be worse than average. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves.

Since 2006 we have generally seen a year-on-year reduction in the number of under-18 conceptions, with the exception of 2010 when there was a further rise. In 2013 the number of conceptions in Gateshead in young people aged between 15-17 years of age was 29.3% which is not significantly different to the England average of 24.3%.



We have seen a slight decline since 2010 in the number of deliveries where the mother is aged less than 18 years. However the percentage of delivery episodes in 2013/14 is 1.7% which is significantly worse than the England average of 1.1%.

Infant mortality and stillbirths

Infant mortality is a measure of the rate of deaths in children aged less than one year. It gives a good indication of the overall health of children in a country or region and is strongly influenced by the health of mothers before, during and after pregnancy.

There are a number of risk factors for stillbirth and infant death. These include maternal age, maternal smoking, maternal obesity, socio-economic position, multiple birth, and influenza. Stillbirth rates are highest for mothers aged under 20 or over 40. Smoking in pregnancy doubles the risk of stillbirth. Being overweight or obese may double the odds of stillbirth, and the risk increases with Body Mass Index (BMI).

Socio-economic position is related to several of these risk factors. The Marmot report *Fair Society Healthy Lives* reported that "one quarter of all deaths under the age of one would potentially be avoided if all births had the same level of risk as those to women with the lowest level of deprivation".³

There were 2, 297 live births in Gateshead in 2013 and 7.5% were classed as low birthweight babies which compares to 7.4% nationally. 15.1% of women giving birth in Gateshead in 2012/13 were aged 35 or above which compares to 19.2% nationally. 1.7% of women were under 18 in 2013/14 which compares to 1.1% nationally.

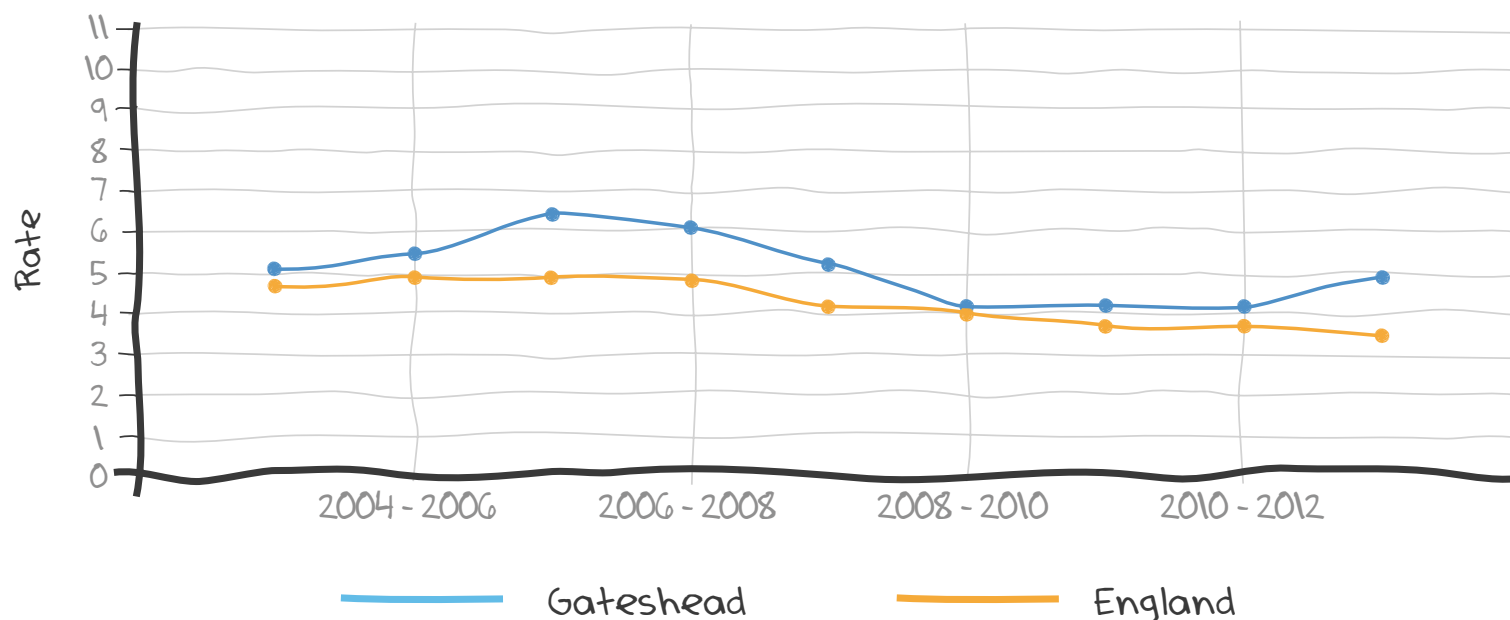
A stillborn baby is one born after 24 completed weeks of pregnancy with no signs of life. There were 41 stillbirths in Gateshead in the period 2011-13: a rate of 5.8 stillbirths per 1,000 births compared to the North East rate and the national rate of 4.9.

Stillbirths per 1,000 total births



The infant mortality rate is the number of infants dying before their first birthday per 1,000 live births. There were 11 infant deaths in Gateshead in the period 2011-13. An Infant mortality in Gateshead of 4.9 per 1,000 live births compared to the North East rate of 3.5 and the national rate of 4.1.

Infant mortality rate per 1,000 live births



Smoking in pregnancy

At delivery, 15% of all women giving birth in Gateshead were known to smoke. This is higher than the England average of 12%.

Among the key adverse outcomes associated with early life second-hand smoke exposure are low birth weight, stillbirth and early life mortality, including sudden infant death syndrome.

A report published in Nature (August 2015) on the "Impact of smoke free legislation on perinatal and infant mortality"⁹ highlighted that 50 years after the official recognition of its adverse health effects, tobacco smoking remains the primary cause of preventable mortality worldwide. Besides affecting smokers health exposure to secondhand smoke is estimated to cause over 600,000 deaths annually worldwide. Children account for over a quarter of these deaths.

A team led by Edinburgh University looked at information on more than 10 million births in England between 1995 and 2011. The findings suggest that almost 1,500 stillbirths and newborn deaths were averted in the first four years after the law to prohibit smoking in public places was enacted on 1 July 2007. The number of babies dying shortly after birth has also dropped by almost 8%. More than 5,000 fewer babies were born with a low birth weight of less than 2.5kg (5lb 8oz).

In a comprehensive assessment of its early life health impact the report demonstrated that smokefree legislation was associated with 10% reductions in both preterm birth and hospitalisations for asthma.

Smoking behaviour

Smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socio-economic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media.

Children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children of non-smoking households. It is estimated that, each year, at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home. Data from the Public Health Outcomes Framework (2.09i) shows that Gateshead, at 12.4%, has the highest rate of recorded smoking prevalence at age 15 than any other North East Local Authority.¹⁰

Children are also more susceptible to the effects of passive smoking. Parental smoking is the main determinant of exposure in non-smoking children. Although levels of exposure in the home have declined in the UK in recent years, children living in the poorest households have the highest levels of exposure as measured by cotinine, a marker for nicotine.

The younger the age of uptake of smoking, the greater the harm is likely to be because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

Breastfeeding

Breastfeeding has a major role to play in public health, promoting health in both the short and long-term for baby and mother. The UK has one of the lowest rates of breastfeeding worldwide, especially among families from disadvantaged groups and particularly among disadvantaged white young women.

Breastfeeding is the healthiest way to feed a baby and gives them the best start in life. Breastfed babies are less likely to go to hospital with infections and are more likely to grow up with a healthy weight and without allergies.

Breastfeeding is a skill that needs to be learnt, and it can take time and practice to get the hang of it. It is important that mums are given lots of

support and information about how to hold their baby and attach him to the breast so that he can feed well from the breast, and also that they are given information about how to tell if he is well attached and feeding effectively. Even if a mum has breastfed before, staff should make sure that they are confident about breastfeeding, as often, new babies behave differently and skills may need to be re-learnt.

In 2013/14, 68.2% (1,498) of new mothers in Gateshead initiated breastfeeding within 48 hours of delivery. A mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk (Department of Health 2005).

Despite a small increase, year by year, in breastfeeding initiation rates since 2010 (with the exception of 2011/12) Gateshead still remains consistently below the England average.

The Department of Health recommends exclusive breastfeeding for the first six months of life with the gradual introduction of solids at around six months combined with breastfeeding until the age of two years and beyond. This allows babies digestive systems time to develop so that they cope fully with solid foods.

The proportion of women continuing to breastfeed at 6-8 weeks after birth reduces substantially from the number of women who initiate breastfeeding and in 2013/14 the percentage of mothers who continued to breastfeed was 36.4% (796). Despite a small increase since 2011/12, again this figures remains consistently below the England average.

Childhood obesity

The predicted rise in obesity rates in children and young people presents one of the biggest public health challenges. Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Overweight and obese children are more likely to stay obese into adulthood and to develop non-communicable diseases (NCDs) such as diabetes and cardiovascular diseases at a younger age. For most NCDs resulting from obesity, the risks depend partly on the age of onset and on the duration of obesity. Obese children and adolescents suffer from both short-term and long-term health consequences.

The most significant health consequences of childhood overweight and obesity, that often do not become apparent until adulthood, include:

- cardiovascular diseases (mainly heart disease and stroke);
- diabetes;
- musculoskeletal disorders, especially osteoarthritis; and
- certain types of cancer (endometrial, breast and colon).

It is well recognised that children who are obese are likely to have obese parents. Obesity that runs in families can be due to environmental factors (such as poor eating habits learned during childhood), or due to relational and behavioural factors (such as poor boundary setting), as well as certain genetic traits being inherited from parents. Therefore, family involvement in interventions is important to ensure improvements in outcomes benefit the whole family and can be maintained.

The costs of obesity are very likely to grow significantly in the next few decades. Apart from the personal and social costs such as morbidity, mortality, discrimination and social exclusion, there are significant health and social care costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health.

The National Child Measurement Programme measures the weight and height of children in Reception Class (aged 4 to 5) and year six (aged 10 to 11) to assess the levels of overweight and obese children within primary schools.

Obese is defined as having a Body Mass Index (BMI) greater than the 95th percentile. Overweight is defined as having a BMI greater than or equal to the 85th percentile but less than the 95th percentile.

In 2013/14 in England, over a fifth (22.5%) of children measured through the National Child Measurement Programme in Reception (children aged 4 to 5 years) were either overweight or obese.

For children in Year 6 (aged 10 to 11 years), this proportion increased to over a third (33.5%). More specifically, the percentage of children who were obese in Year 6 (19.1%) was more than double that of children in Reception (9.5%).

The number of obese children in Gateshead age 4-5 years is 10.5% which is not significantly different to the England average of 9.5%. However there has been an increase since 2012/13 in the number of Reception age pupils who are obese.

The number of obese children age in Gateshead age 10-11 years is 20.7%. Whilst this is not significantly different than the England average of 19.1% this is a major concern for children in Gateshead given that 1 in 5 children is obese.

National guidelines on physical activity for children

Concern over levels of habitual physical inactivity and sedentary behaviour among young children prompted new guidelines to be issued in 2011. The existing Chief Medical Officer guidelines for those aged 5–18 years were not suitable for early years, as they specify a level of intensity that is not developmentally appropriate for most children under 5. Children of pre-school age who can stand and walk need opportunities to play that allow them to develop their fundamental movement skills and master their physical environment.

The evidence suggests that physical activity, especially in the form of play, is a basic and essential behaviour that must be fostered and encouraged during the first five years of life. Conversely, opportunities for young children to be sedentary should be limited and replaced with more physically active options.

EARLY YEARS (under 5s)

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

CHILDREN AND YOUNG PEOPLE (5–18 years)

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

(Reference: Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers 2011)

Alcohol and drugs

In my previous Annual report, I focussed on the impact of alcohol in relation to health in Gateshead and referred to its impact on children. I highlighted that drinking alcohol during pregnancy can result in a woman having a baby with a range of birth defects and development disabilities which are life-long and for which there is no cure. The broad term used to describe these range of problems is Foetal Alcohol Spectrum Disorder (FASD).

Alcohol in a mother's blood stream passes freely through the placenta to the developing child - and as the foetus does not have a fully developed liver, it cannot filter out these toxins. The more often a mother drinks, the greater the risk.

In relation to a child's family environment, parents who misuse drugs and alcohol can be "good enough" parents, but a child can be at greater risk of:

- Experience or witness high levels of violence
- Experience significant neglect or abuse
- Experiencing unpredictable behaviour and a lack of clear boundaries between family roles
- Receiving inadequate supervision for their age
- Not having their needs acknowledged, or having unrealistic expectations of their abilities
- Poor structure to home life, resulting for example in health appointments not kept, or education being disrupted
- Financial problems

For a child, this can be scary, painful and lead to many problems in the future. Children may face separation, homelessness, divorce and abandonment. These issues can all have a long-lasting negative affect on a child's development and future life choices.

Mental health and self-harm

A good start enhances children's mental, social and emotional development as well as their educational achievements. It matters because it is good for children, but also because it makes them resilient to mental and physical illness through their life. Positive parenting has a significant effect on the personal, emotional, mental, social, and intellectual development of the child. Strong and affectionate relationships between parents and children fostered in the first three years of life make a real difference to social, health and educational outcomes for children.

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. The Report of the Children and Young People's Health Outcomes Forum (Department of Health, 2012) recommends a new survey to support measurement of outcomes for children with mental health problems.

Self-harm has emerged in recent years as a significant issue amongst young people in Gateshead. Poor emotional health in childhood can increase the likelihood of self-harm in adolescence, highlighting the need for strong, robust systems of support in early years to address problems around Emotional Health in young children.

A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6%.¹¹ Applying this average prevalence rate to the estimated population within the area, gives a figure of 1,885 children aged 2 to 5 years inclusive living in Gateshead who have a mental health disorder.

Dental health

Poor oral health impacts on children and families' health and wellbeing. Oral health is an integral part of overall health. Good oral health can also contribute to school readiness.¹²

The latest surveys on children's dental health showed:

Age of children surveyed	Number of children with one or more decayed teeth in Gateshead	Number of children with one or more decayed teeth England average
Three-year olds	13.7%	12%
Five-year olds	25.8%	27.9%
Twelve-year olds	31.8%	33.4%

13, 14, 15

The dental health of children in Gateshead is generally better than the England average due to the optimal fluoridation of the water for the last 40 years. Fluorides are widely found in nature and in foods such as tea, fish and occur naturally in some water supplies. There has been public concern over the fluoridation of the water supply. However, there is abundant evidence that increasing fluoride availability to individuals and communities is safe as well as effective at reducing caries levels.¹⁶ There remains wide variation in dental health across the country and between different life circumstances for example, the most deprived communities have the highest levels of decay. This is true for Gateshead. In the more affluent areas of Gateshead such as Whickham where tooth decay in children at age five is as low as 9%, whereas for children at age five in Felling, tooth decay is as high as 47%. (see Appendix 4)

In Gateshead dental attendance of the school aged population is good with 65% having seen an NHS dentist in a 2 year period. Young adults however are less likely to be accessing dental care.¹⁷

Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012-13 across England. In 2013/2014 261 children aged 0-19 (0.6% of the population) in Gateshead were treated under General Anaesthetic for the removal of teeth. This number is high for a fluoridated area and on par with non-fluoridated areas with much higher caries rates such as Middlesbrough (0.7%). Other fluoridated areas have much lower General Anaesthetic rates for example Hartlepool (0.2%), Sunderland (0.3%) and County Durham (0.3%).¹⁸

Gateshead Child Health Profile

June 2015

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- ◆ Regional average



Indicator	Local no.	Local value	Eng. ave.	Eng. Worst	Eng. Best
Premature mortality					
1 Infant mortality	11	4.9	4.1	7.5	1.7
2 Child mortality rate (1-17 years)	6	16.3	11.9	22.8	3.0
Health protection					
3 MMR vaccination for one dose (2 years)	2,186	94.6	92.7	78.3	98.3
4 Diap / IPV / Hib vaccination (2 years)	2,264	97.9	96.1	81.6	99.1
5 Children in care immunisations	245	96.1	87.1	27.3	100.0
6 New sexually transmitted infections (including chlamydia)	897	3,749.1	3,432.7	8,098.4	1,899.8
Wider determinants of ill health					
7 Children achieving a good level of development at the end of reception	1,283	56.6	60.4	41.2	75.3
8 GCSEs achieved (5 A*-C inc. English and maths)	1,227	58.5	56.8	35.4	73.8
9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0	42.9
10 16-18 year olds not in education, employment or training	450	7.2	5.3	9.8	1.8
11 First time entrants to the youth justice system	89	500.4	440.9	846.5	171.0
12 Children in poverty (under 16 years)	7,555	22.1	19.2	37.9	6.6
13 Children in poverty (under 16 years)	109	1.2	1.7	10.8	0.1
14 Children in care	360	90	60	153	20
15 Children killed or seriously injured in road traffic accidents	8	22.6	19.1	48.3	8.2
Health improvement					
16 Low birthweight of all babies	174	7.5	7.4	10.4	4.6
17 Obese children (4-5 years)	224	10.5	9.5	14.2	5.5
18 Obese children (10-11 years)	367	20.7	19.1	26.8	10.5
19 Children with one or more decayed, missing or filled teeth	-	25.8	27.9	53.2	12.5
20 Under 18 conceptions	103	29.3	24.3	43.9	9.2
21 Teenage mothers	36	1.7	1.1	2.5	0.2
22 Hospital admissions due to alcohol specific conditions	23	58.8	40.1	100.0	13.7
23 Hospital admissions due to substance misuse (15-24 years)	33	138.9	81.3	264.1	22.8
Prevention of ill health					
24 Smoking status at time of delivery	332	15.0	12.0	27.5	1.9
25 Breastfeeding initiation	1,498	68.2	73.9	36.6	93.0
26 Breastfeeding prevalence at 6-8 weeks after birth	796	36.4	-	19.4	77.4
27 A&E attendances (0-4 years)	13,423	1,137.0	525.6	1,684.5	252.7
28 Hospital admissions caused by injuries in children (0-14 years)	474	144.2	112.2	214.1	64.4
29 Hospital admissions caused by injuries in young people (15-24 years)	459	194.1	136.7	291.8	69.6
30 Hospital admissions for asthma (under 19 years)	80	187.5	197.1	509.1	54.6
31 Hospital admissions for mental health conditions	31	77.1	87.2	391.6	25.6
32 Hospital admissions as a result of self-harm (10-24 years)	214	626.5	412.1	1,246.6	119.1

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

- 1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14
- 5 % children in care with up-to-date immunisations, 2014
- 6 New STI diagnoses per 100,000 population aged 15-24 years, 2013
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013

- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013
- 17 % school children in Reception year classified as obese, 2013/14
- 18 % school children in Year 6 classified as obese, 2013/14
- 19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
- 21 % of delivery episodes where the mother is aged less than 18 years, 2013/14

- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14
- 24 % of mothers smoking at time of delivery, 2013/14
- 25 % of mothers initiating breastfeeding, 2013/14
- 26 % of mothers breastfeeding at 6-8 weeks, 2013/14
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14
- 32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14

WANNA BE A Healthy Hero?



Too much PIZZA
can Puffie Puff
Eat right



SWEETS For
Treats
Not For Meals
but More
Like Detrol

Chapter 3



Interventions and services that contribute to the best start in life for children living in Gateshead

"The vision, for Gateshead is to be a place where children and young people are safe, healthy and happy, where everyone enjoys a good quality of life and where everyone can achieve their potential."

Vision 2030, Gateshead Strategic Partnership

In this chapter, I set out the current work of Gateshead Council, and our partners, to promote the best start in life for children in Gateshead as part of the Healthy Child Programme. The focus of the Healthy Child Programme in this report is pregnancy and the first five years of life.

Since April 2013, Local Authorities and Directors of Public Health have been responsible for commissioning public health services for school aged children (age 5-19), namely school nursing services. In October 2015, the responsibility for commissioning of children's public health for the 0-5 population (health visiting and family nurse partnership) transferred from NHS England to Local Authorities and this marks the final part of the overall public health transition that saw functions transfer successfully in 2013.

We set out a shared vision for configuring services in the future that support children and families in Gateshead. Through co-commissioning, it is proposed that we will work collaboratively with children, young people and their families using a whole system approach to improve services and outcomes.

Best start in life

Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all children is vital for individuals, families, communities and ultimately society.

Pregnancy, birth and the first two years of a child's life can be difficult for any family, and some parents might find it tough to care and attend to their baby's needs. The first 1,001 days of every child's life, from conception to age two, is critical for brain development and positive attachment to ensure every baby achieves the best start in life.

Risk and resilience

Risk is any factor, or combination of factors, that increases the chance of an undesirable outcome affecting a person, and vulnerability is a feature that renders a person more susceptible to a threat. Protective factors are the circumstances that moderate the effects of risk and resilience is a positive adaptation in the face of severe adversities.

Who then, are resilient children and how does resilience show itself?

Masten Et al (1990) identified three kinds of resilience among groups of children.

These are:

- Children who do not succumb to adversities, despite their high-risk status, for example babies of low birth-weight.
- Children who develop coping strategies in situations of chronic stress, for example the children of drug-using or alcoholic parents.
- Children who have suffered extreme trauma, for example through disasters, sudden loss of a close relative, or abuse, and who have recovered and prospered.

There are a number of specific strategies for promoting resilience and these can be broken down into distinct periods for the early years (antenatal to 4 years).¹⁹

In the antenatal period:

- Adequate maternal nutrition throughout pregnancy
- Avoidance of maternal and passive smoking
- Moderate maternal alcohol consumption
- Social support to mothers from partners, family and external networks
- Good access to antenatal care
- Interventions to prevent domestic violence

During infancy:

- Adequate parental income
- Social support for mothers, to moderate perinatal stress
- Good quality housing
- Parent education
- Safe play areas and provision of learning materials
- Breastfeeding to three months
- Support from male partners
- Continuous home-based input from health and social care services, lay or professional

During the pre-school period:

- High quality pre-school day care
- Preparatory work with parents on home-school links
- Pairing with resilient peers
- Availability of alternative caregivers
- Good nutrition
- Links with other parents, local community networks and faith groups
- Community regeneration initiatives

The first five years of a child's life are a time of great importance in their health and development. What happens in the first years of a child's life can have a profound impact on their future development, opportunities and outcomes right through to adulthood. A child's physical, social and cognitive development strongly influences how ready they are to start school and their educational attainment, as well as their health and employment prospects as an adult. This development begins before birth when the health of a baby is affected by the health of their mother and is influenced by the socio-economic status of their parents.

Much can depend on where children grow up with variations in young children's health and development across regions and local authorities. It is not necessarily surprising that young children growing up in deprived areas tend to do worse than those living in less deprived areas and have poorer health outcomes. It is unacceptable that simply by growing up in a certain part of the country a young child is more likely to be obese, suffer from tooth decay and being injured, and less likely to develop successfully with consequences for their wellbeing and development now and into adulthood.

The Gateshead Prevention and Early Intervention Strategy 2013 -2016 sets out a firm commitment to early intervention in Gateshead. This is set out in Children Gateshead, the plan for children, young people and families which highlights that there is a need to shift the balance of provision towards early identification of issues and away from seeking to solve problems when it may be too late.

There is recognition that there will always be a need for specialist services and that there are families where specialist intervention and support are necessary, however by identifying issues earlier and providing appropriate support, Gateshead would look to ensure that problems do not become entrenched.

It also forms a key element in *Active, Healthy and Well Gateshead*, our Health and Wellbeing Strategy which states "We will make the most of available resources to secure better, higher quality services – shift more investment towards prevention, early intervention and community provision."

Healthy Child Programme

The Healthy Child Programme (HCP) ²⁰ is a national early intervention and prevention programme, which is offered universally to every family with children of appropriate age. It offers screening, immunisations, developmental reviews and information to support the healthy development of children and of parenting. It is founded on the principle of providing support to all families with more help when needed (progressive universalism), to ensure that all children are given the opportunity to receive care appropriate to their needs.

Many health professionals are involved in providing the full programme, including midwives, health visitors, GPs, and social care. The Healthy Child Programme begins in early pregnancy and ends at adulthood.

National Healthy Child Programme, 0-5 years

Universal

- Health and development reviews
- Screening and physical examinations
- Immunisations
- Promotion of health and wellbeing, e.g:
 - smoking
 - diet and physical activity
 - breastfeeding and healthy weaning
 - keeping safe
 - prevention of sudden infant death
 - maintaining infant death
 - dental health
- Promotion of sensitive parenting and child development
- Involvement of fathers
- Mental health needs assessed
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

Progressive

Higher Risk

- Higher-intensity-based intervention
- Intensive structured home visiting programmes by skilled practitioners
- Referral for specialist input
- Action to safeguard the child
- Contribution to care package led by specialist service

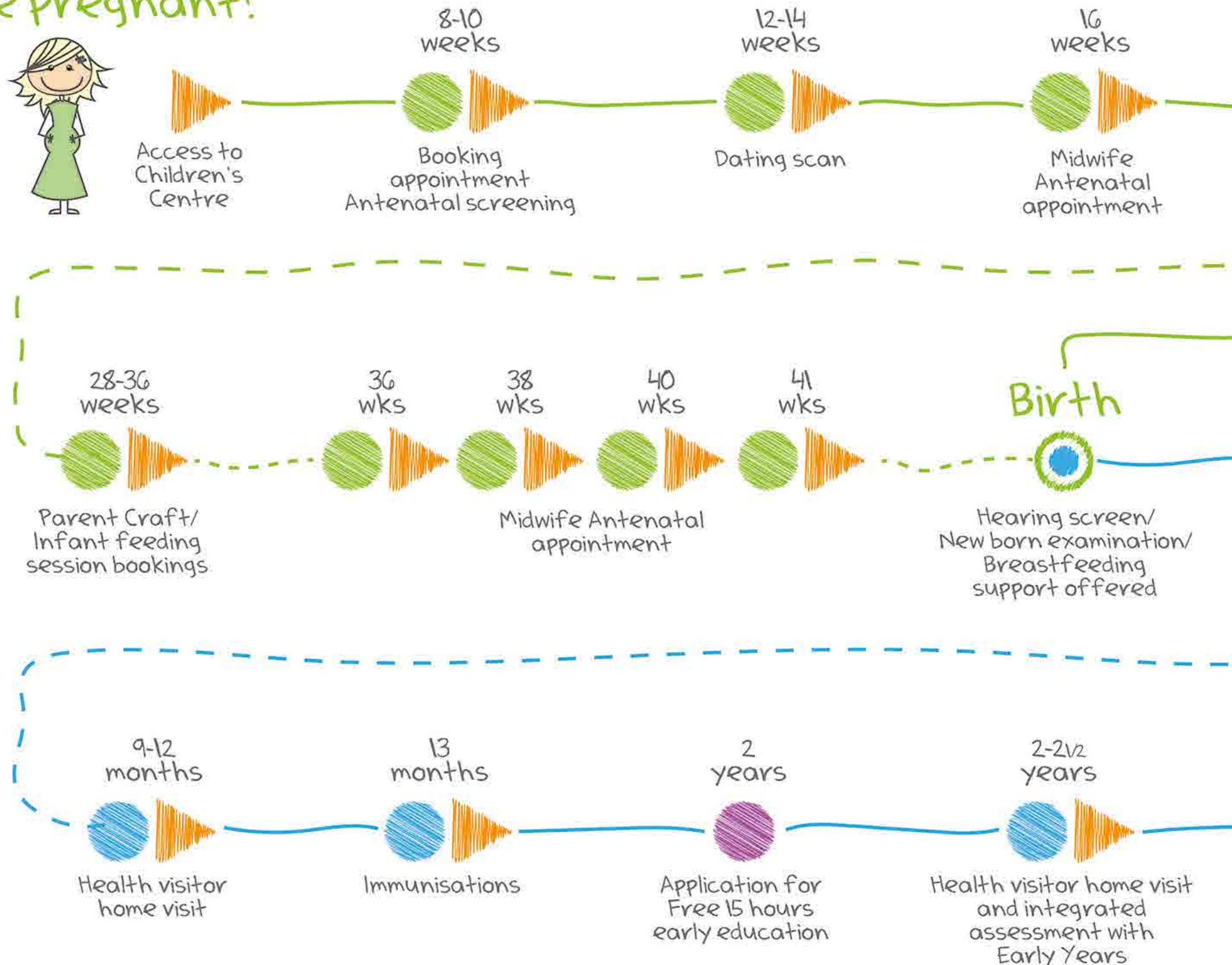
Be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern

The six high impact areas that have the biggest impact on a child's life are:

- Transition to parenthood and the early weeks
- Maternal mental health (including postnatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (including physical activity)
- Managing minor illness and reducing accidents
- Health, wellbeing and development of the child aged two – two year old review and support to be “ready for school”

Services / Interventions in Gateshead throughout pregnancy and early years

You're pregnant!

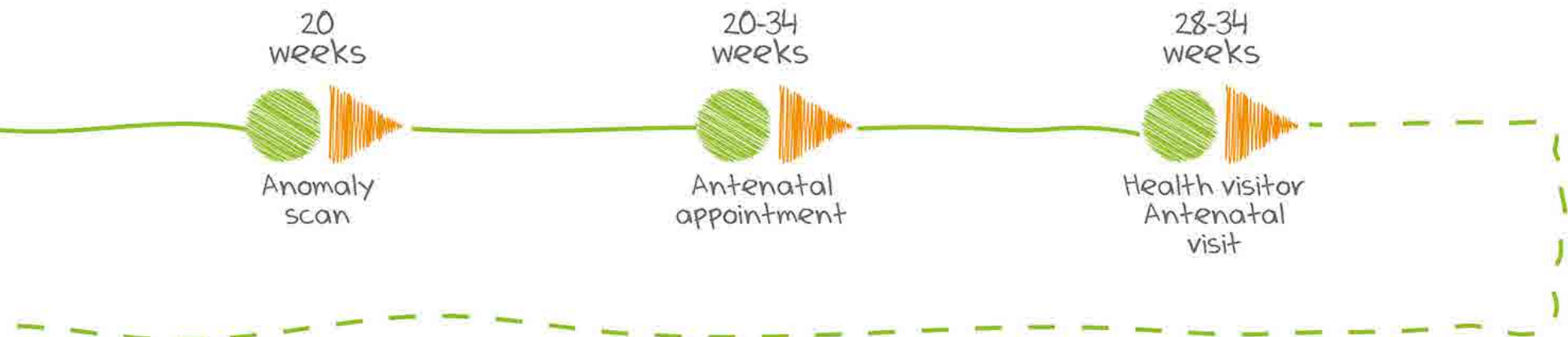


Antenatal pathway diagram

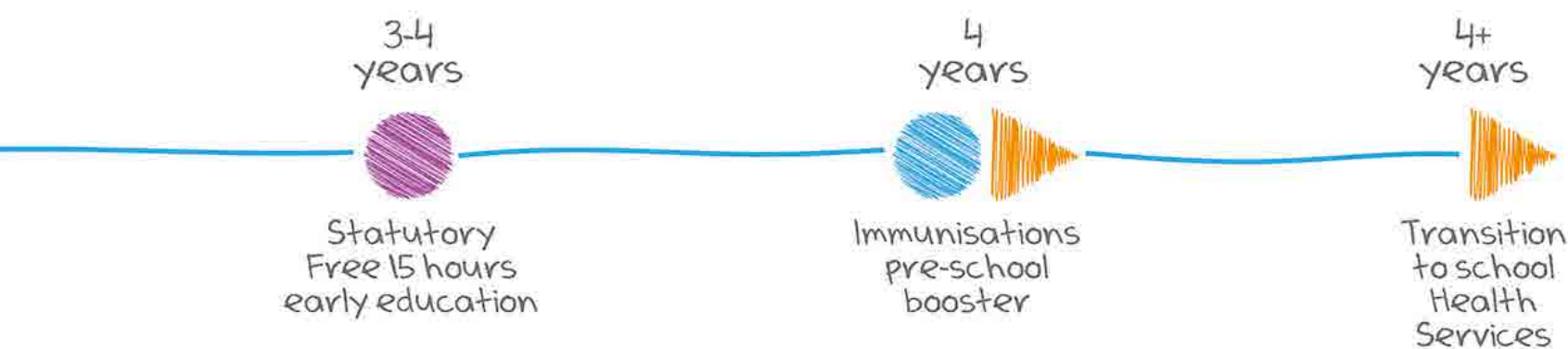
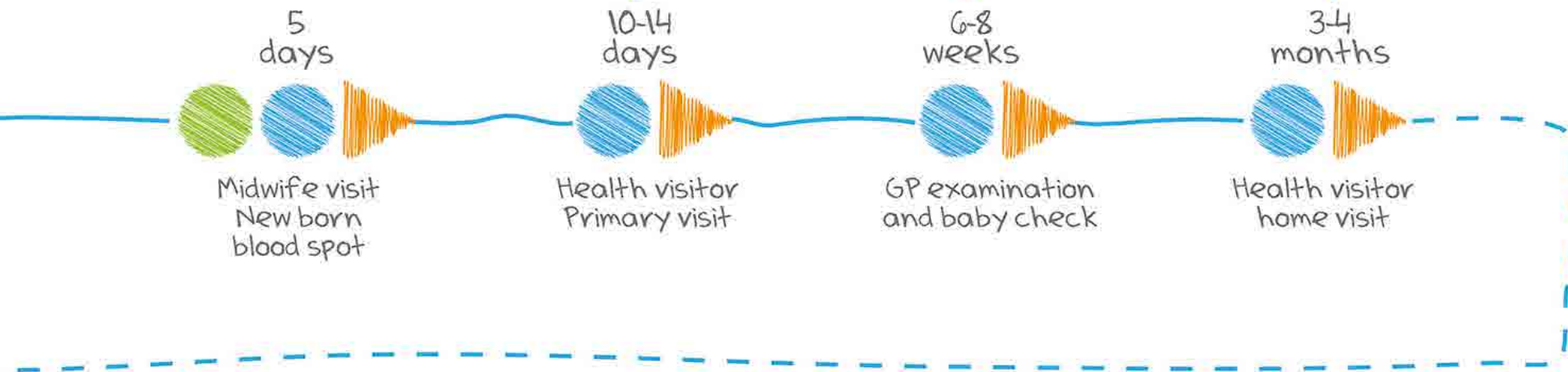
The maternal and infant pathway provides an overview of the current system and key intervention points from antenatal care to a child starting school. The pathway provides a clear sequential outline of what intervention should be provided at each key date and outlines the support provided by key professionals during this period, to the mother, the child and wider family. The pathway supports children in achieving the best possible start in life, by ensuring a joined up and comprehensive pathway of care across a number of organisations. The pathway was developed by a multi-agency group of early years professionals in Gateshead to primarily provide additional information to parents as part of the Personal Child Health Record (red book) and provide an overview of key dates and from pregnancy to five years.

Credit: Breastfeeding Operational Group

at contribute/support Best Start in Life



Midwifery visits



Off to school and ready to learn!!

Pathway key:



Health visiting

Health visitors have a vital role to play and the scope of the work involves a wide range of interventions and activities at a population and community level as well as at a family and individual level. Health visitors have a crucial role in ensuring that children have the best possible start in life, and they lead on the delivery of the early years elements of the Healthy Child Programme (0-5) using a collaborative approach in partnership with children, families and stakeholders.

South Tyneside NHS Foundation Trust provides the health visiting service in Gateshead. The service provides support to families with pre-school children. Health visitors are specialist trained nurses who can assess the development of infants and young children and provide advice and support to meet the identified needs. They offer home visits to all families in the community from pregnancy through to school entry. They support parents with their own health needs and developing healthy lifestyles.

They work as part of wider community teams with GP, midwives, Children's Centres, paediatricians, speech therapists and nurseries to provide care and support to promote children's well-being and prevention of harm.

The Health Visitor teams deliver a variety of services to the families in their neighbourhood. Each team will deliver baby clinics for advice and baby weight monitoring. In addition, there are a variety of services available which each health visitor will promote with their families alongside informing families of services available in their local Children's Centre.

The 0-5 service includes the Family Nurse Partnership Programme, which has been led nationally and is currently subject to rigorous evaluation in a randomised controlled research programme. It is offered as an optional programme which provides targeted support for first time mothers (and fathers) aged 19 and under. The programme begins early in pregnancy and continues until the baby is two years old. Its goals are to improve antenatal health, improve child health and development and the parents' economic self-sufficiency. It is a nurse-led intensive home visiting programme delivered by specially trained nurses. The outcome of the national evaluation will inform our future commissioning intentions.

Gateshead Children's Centres

Gateshead Children's Centres offers integrated support and services to parents and families from pregnancy up to the age of four to give children the best possible start in life. They promote the physical, intellectual, social and emotional development of pre-school children to ensure they can flourish at home and when they get to school - with a keen focus on improving each child's ability to learn.

The types of services and support offered will vary among each Children's Centre but may include:

- Support to access quality nurseries offering full day care
- A range of activities and services for parents and children such as baby massage, baby yoga, play sessions, parenting courses, nutrition, nurturing, fathers' groups
- A range of health services such as baby clinics and health related support from midwives, health visitors and speech and language therapists
- Antenatal support and advice and postnatal support including breastfeeding support
- Support and advice to help parents with the difficult job of parenting and help with finding work, so that they can improve their financial position
- A one-stop shop of information and advice on services for children and families

School nursing

South Tyneside NHS Foundation Trust provide the school nursing service in Gateshead. The service is made up of registered nurses who have additional specialist training or experience in public health and working with children and young people.

The service works with education, health and other professionals to provide a confidential service for children and young people. It provides services in both primary and secondary schools.

In primary schools it offers the following:

- Health assessments and screening, including a hearing and vision test in reception and height and weight checks in Reception and Year 6 (as part of the National Child Measurement Programme)
- Immunisation campaigns (commissioned by NHS England)
- Advice and support for both children and parents and carers on health issues such as growth and development, healthy eating, weight management, behaviour issues, feelings and emotions, continence, personal hygiene, dental health, referral on to other services for specialist help

The school nursing team also works with schools to plan and deliver health promotion sessions and events. School staff are also offered training around chronic disease management.

Breastfeeding support

A range of partners are working together to improve the breastfeeding rates in Gateshead. United Nations Children's Fund (UNICEF) baby friendly initiative provides best practice guidelines to improve the breastfeeding rates. Various community initiatives have been developed to improve breastfeeding rates in Gateshead.

UNICEF breastfeeding training is one of the key training programmes to improve the knowledge and skills of the health visiting staff, midwifery staff and children's centre staff.

All expectant mothers are invited to attend an infant feeding session during pregnancy. Infant feeding sessions are available in the community and Children's Centre venues across the borough. Around 40% of expectant and new mothers attend these sessions.

In addition to the community staff, a peer support programme provides breastfeeding support to new mums at hospital and at home during the first 10 days after birth.

Currently in Gateshead there are 24 active peer supporters.

Peer supporters provide help to local mums in various community locations, as well as contact over the phone or social media to offer the necessary support.

Breastfeeding friendly venues across Gateshead and the region provide facilities for breastfeeding mums to feed their baby. Mothers can get information related to where breastfeeding friendly venues are located in the area, from the council's website, www.gateshead.gov.uk



Gateshead's Breastfeeding Peer Supporters

Smoking in pregnancy – babyclear

The North East has implemented a co-ordinated approach *babyclear* to reducing maternal smoking levels across the region. *babyclear*, led by Fresh and the Tobacco Control Collaborating Centre, is aimed at reducing premature births, stillbirths, miscarriages and complications after labour due to smoking.

babyclear provides training and resources to front-line staff supporting a quality structured pathway for pregnant women to receive stop smoking support. This will cover the period from first booking appointment, through subsequent midwifery appointments and includes the provision of stop smoking service support.

In addition, support for mums who are smoking in pregnancy is also available from Live Well Gateshead, GPs and Pharmacies.

Accident prevention – children

Accidental injuries in and around the home are one of the leading causes of serious harm and death in young children in the UK. However, most of these accidents are preventable.

Each year, it's estimated that around two million children under the age of 15 are taken to A&E after being injured in or around the home. Around half a million of these children are younger than five. Many more children are treated at home by their parents, carers or GP.

Poor housing, overcrowded conditions and social deprivation have also been linked to an increased risk of childhood accidents.

Whoops Child Safety Project offers training to parents and professionals in Gateshead to actively promote unintentional injury awareness and the necessary skills to reduce such injury. The training covers a number of areas including baby burns, sudden infant death awareness, paediatric first aid and choking and poison management. They also carry out risk assessments in the homes of people in Gateshead and install a range of child safety equipment to minimise the risks.

Readiness for school

Readiness for school requires much more than a child simply reaching the chronological age required for school entry. Healthy growth and physical development are essential if a child is to be ready as they enter the educational system.

There can be many reasons why a child fails to attain competence in literacy and numeracy skills. Nevertheless, there remain a significant percentage of children whose mastery of basic skills continues to fall below expected levels at the end of primary education. Children from poorer backgrounds are more likely to lack basic skills. This is an important contributor to inequality.

In Gateshead, early year's staff, primary care services and health visitors all have a role to play in enabling children to be school ready. This includes understanding attachment, supporting effective parenting, understanding the importance of speech and language development.

Maternal mental health

Mental health problems affect more than one in ten women during pregnancy and the first year after childbirth and can have a devastating impact on them and their families. In extreme cases, perinatal mental health problems can be life threatening. Suicide is one of the leading causes of maternal death in the UK. Early detection and timely intervention can significantly reduce or prevent the lasting effects of perinatal mental health problems.

If untreated, mental health problems can have a devastating impact on families and affect the ability of a mother to properly bond with her baby. If poorly managed, perinatal mental health problems can have lasting effects on maternal self-esteem, partner and family relationships as well as the mental health and social adjustment of children.

Health visitors, midwives, specialist mental health services and GPs working together in pregnancy and the first postnatal year, should aim to meet the physical, mental health and wellbeing needs of parents, babies and families.

Health Visiting Programme: Pathway to support professional practice and deliver new service offer with regards to maternal mental health pathway

This pathway provides guidance to support professionals, including health visitors, midwives, specialist mental health services and GPs working together in pregnancy and the first postnatal year to develop indicators and ways of measuring outcomes to assess improvement in the physical, mental health and wellbeing of parents, babies and families. Evidence suggests that there is no single profession or organisation involved in ensuring best outcomes for children and families in relation to the wide spectrum of maternal mental health- this reinforces the need to have joined up services and multi-agency working.

The pathway provides the opportunity to address common issues associated with the journey mothers experience in relation to their emotional and mental wellbeing from midwifery to health visiting services. Early maternal mental health support and intervention by health visitors and their colleagues can not only make a difference to the families but also to the wider community.

The maternal mental health pathway provides opportunities for Gateshead in relation to:

1. Workforce – training opportunities.

Addressed through identification of joint training opportunities for health/development i.e. healthy child, multi-agency and safeguarding training.

2. Commissioning – A joint approach to commissioning services which span this issue and improved outcomes across the board.

Addressed through the identification of clear service specification, standards and outcome measures and the JSNA.

3. Potential service fragmentation during pregnancy and 0-5 years - lack of specific leadership role and service definition.

Addressed through clear identification and coordination of the contribution of all service providers throughout the pathway and transition timeline.

4. Utilising growing evidence base.

Addressed through the identification and implementation of supporting evidence and the development of clear protocols and guidelines.

5. Communication systems – fragmented within health and partner organisations.

Addressed through sharing of best practice, enhanced records, seamless sign posting between professions and clear referral routes.

6. Partnership working - variation in quality of maternal mental health services across England.

Addressed through enhanced partnership working, formalised liaison, joint delivery of the Pregnancy, Birth and Beyond programme, HCP 0-5 and implementation of NICE antenatal and postnatal mental health guidelines.



Gateshead Dental Public Health Programmes

The Healthy Child Programme has dental health as part of their universal and progressive programmes. These programmes aim to raise awareness of the dental care needs of children.²⁰ Schools nurses are also part of promoting oral health and dental registration in schools.

The Oral Health Promotion Team, based within the Community Dental Service of South Tyneside Foundation Trust also deliver oral health programmes running in a variety of settings such as mainstream schools with high rates of decay, special schools, nursing and care homes and vulnerable groups. They also provide training to health visitors, school nurses and voluntary organisations.

Other services

A range of other services work in partnership with public health services to offer advice, support and interventions to children in Gateshead. These include, but are not limited to, community midwives, dietetics, maternity services, acute paediatrics, therapies (including physio and speech and language therapy), and children's community nursing.

Safeguarding

The role of public health services in child protection and safeguarding children are essential components of each service. Safeguarding children, which includes child protection and prevention of harm to babies and children is a public health priority.

Working Together to Safeguard Children Guidance - A guide to inter-agency working to safeguard and promote the welfare of children (2013), provides statutory guidance for inter-agency working to safeguard and promote the welfare of children, by setting out what professionals and organisations need to do. The guidance makes clear, effective safeguarding puts children at the centre of the system and is dependent on every individual and agency playing their full part. It emphasises the multi-agency nature of safeguarding and asserts that effective safeguarding systems are in place.

Locally, child protection processes are clearly defined and enshrined in the statutory guidance and legal framework. They are scrutinised locally by the Local Safeguarding Children's Board (LSCB) and through performance reporting to the Overview and Scrutiny Committee. Ofsted provides additional external scrutiny to ensure processes are adhered to and practice is robust in protecting children and safeguarding their well-being.

The LSCB co-ordinates and ensure the effectiveness of work to protect and promote the welfare of children. Local boards include: local authorities, health bodies, the police and other agencies, including the voluntary and independent sectors. The LSCB is responsible for local child protection policy, procedure and guidance.

From April 2013, Gateshead has experienced a marked increase in the number of children becoming a subject of a child protection plan. For 2013/14, the rate of children who became the subject of a child protection plan per 10,000 children was 80.2 compared to 52.1 nationally and 73.0 regionally. This has resulted in significant scrutiny, both from OSC and the LSCB, in order to understand the possible explanations for the rise and to ensure that practice with regards to child protection remain at high standard. The aim of a child protection plan is to:

- ensure the child is safe from harm and prevent him or her suffering further harm;
- promote the child's health and development;
- and support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interest of the child.

The rise in plans since 2013 corresponds with changes in practice as Children's Social Care changed to the Single Assessment Framework in line with *Working Together to Safeguard Children*. Gateshead Council was the first Local Authority in the region to move to a single assessment and other areas are now witnessing a similar spike in numbers.

In 2014, Ofsted undertook an inspection of the Local Authority's arrangements for child protection, they considered key aspects of a child's journey through the child protection system, focusing on the experiences of the child or young person and the effectiveness of the help and protection that they were offered. Gateshead's effectiveness was judged to be good with a number of areas of strong practice identified.

Within Public Health, work has been undertaken to revise the safeguarding pathway in partnership with health visitors, schools nursing and public health to ensure robust arrangements are in place. The pathway focuses on the transition of children from the Health Visiting service, regarding those involved with a child protection plan.

Future Developments

Since NHS reorganisation in 2013, children's commissioning arrangements are at risk of being fragmented. Gateshead has chosen to address this by working together with all relevant commissioners to look at opportunities for integration, effective and efficient delivery, along with reducing duplication and inefficiency in the system.

Currently, Gateshead Council Public Health commissions a number of contracts focussing on improving the health and wellbeing outcomes for children, young people and their families. As the council becomes the responsible commissioner for all 0-19 public health nursing services in Gateshead, it provides an opportunity for alternative delivery models and improved integration of services across the system. Together with Children's services within the council and the Clinical Commissioning Group (NHS), opportunities for integration and co-production on a larger scale are an option for Gateshead's 0-19 delivery framework.

The benefits for integration of 0-19 services across Gateshead include less fragmentation or duplication of service delivery and increased effective and efficient services. A clear strategic vision, endorsed by all commissioning organisations, along with a delivery plan that has specific outcomes for all providers is to be achieved for all families in Gateshead. Using evidence based interventions to adopt a strategy of 'Early Intervention or Early Help' tackling problems at the earliest point, preventing escalation and the need for high cost and intensive service response at point of crisis.

Chapter 4



Health in school settings

"Success in education brings many advantages. If we are serious about reducing both social and health inequalities, we must maintain our focus on improving educational outcomes across the gradient."

Marmot Review 2010

In this chapter, I discuss the role of schools as one of the most important assets that can benefit the health of pupils, staff, parents and the wider community. This is reflected in the objectives of the Marmot Review on health inequalities, which states the need to 'ensure that schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people'.³

It is widely acknowledged that schools now play an increasingly significant role in the development of positive healthy behaviours amongst children and young people. Regular attendance at school increases the likelihood of a child maintaining good health. In addition, children who feel positive about their school are less likely to participate in risky behaviours and are more likely to have better learning outcomes.²¹

In Gateshead, we are very fortunate that our schools have always been very enthusiastic and engaged around health. In December 2009, Gateshead was the first local authority to see 100% of its schools achieving National Healthy Schools status. Although the programme no longer runs at a national level, we still continue this programme locally.

In addition to this, Gateshead also has a well-established School Sports Partnership which sits within *educationGateshead* that supports the delivery of physical education across Gateshead schools.

Since 2012, Gateshead schools have also participated in the Schools Go Smarter (SGS) programme, which promotes and facilitates active travel and road safety. Schools Go Smarter has a number of different projects within it, for example 'Bike It' which has resulted in significant increases in the numbers of pupils cycling, and Pedestrian Training through which Year 3 pupils follow a programme teaching vital pedestrian skills in a roadside setting. The SGS programme has been delivered throughout Tyne and Wear. Travelling actively can make a significant contribution to children achieving the recommended level of daily physical activity.

Schools are seen as a key setting when it comes to promoting the health of children and young people, as well as their parents, teachers and the wider community. The role of a school in supporting a pupils knowledge and understanding of different health issues is important and a vital element of equipping children to be able to develop responsibility for their own health and wellbeing.²²

There is also a growing evidence base that physically and emotionally healthy children perform better academically. Durham County Council took part in a Universal Free School Meals pilot between 2009-11. It was found that primary school children showed a "significant improvement" in attainment as a result of all children having hot and nutritionally balanced meals.

When Universal Infant Free School Meals were launched in Gateshead in September 2014, Key Stage 1 (Reception, Yrs 1 & 2) uptake was at 84.9%.

Overall we have over 70% of primary school children taking a healthy school meal (average for the year 2014/15 was 66.2%). We are serving an average of 9,623 meals per day to children in our primary schools.

The importance of schools supporting the emotional and physical health and wellbeing of children is now given greater emphasis by Ofsted. Grade descriptors for personal development, behaviour and welfare show that for a school to be graded as 'outstanding', Inspectors must observe that "Pupils can explain accurately and confidently how to keep themselves healthy. They make informed choices about healthy eating, fitness and their emotional and mental wellbeing. They have an age-appropriate understanding of healthy relationships and are confident in staying safe from abuse and exploitation."

Why schools are important for health

- Schools can influence children's health and wellbeing as they develop
- Schools can influence the health and wellbeing of staff, parents and the wider community
- Schools can provide shared facilities
- Schools are exemplars of social inclusion
- Schools provide the opportunity for large scale / positive change
- Schools are key assets and are often the hub of the community
- Schools have key links with health services

The government has committed itself to improving health outcomes for children and young people and they have called on both local and national organisations to work more closely together in partnership to help achieve this.²³

There is a now a growing evidence base to support the idea of schools being ideally placed to influence young people's health behaviours and implement health based interventions throughout the whole school.

The National Institute of Health & Care Excellence (NICE) has produced a number of guidance documents around best practice involving school based settings. These include: promoting emotional wellbeing in primary schools²⁴ and secondary education²⁵, school-based interventions on alcohol²⁶, school-based interventions to prevent smoking²⁷, plus other evidence where schools have a role to play by promoting physical activity for children²⁸, physical activity and the environment²⁹, strategies to prevent unintentional injuries among under 15's³⁰, walking and cycling³¹, prevention of sexually transmitted infections and under 18's conceptions³² and obesity – working with local communities.³³

Fair Society, Healthy Lives: the Marmot Review – Recommendations to enable all children and young people to maximise their capabilities and have control over their lives

- Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority
- Prioritise reducing social inequalities in life skills, by:
 - Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education
 - Consistently implementing 'full service' extended school approaches
 - Developing the school based workforce to build their skills in working across school – home boundaries and addressing social and emotional development, physical and mental health and wellbeing.

Gateshead Health in Schools (2015 – 2017)

The new Gateshead Health in Schools programme launched in September 2015. The framework for the new programme focuses on promoting healthy weight, physical activity, social and emotional wellbeing, and resilience. The rationale for this focus is based on:

- Evidence that interventions that promote healthy weight, physical activity, social and emotional wellbeing, and resilience are amongst the most effective among children and young people in school settings.
- Increasing evidence that these areas contribute to improved educational achievement.
- Evidence that improved social and emotional wellbeing, and interventions to address it, are associated with decreased alcohol and drug misuse, teenage pregnancy, and crime.
- National policy recognising the importance of good social and emotional wellbeing as a protective factor, or 'asset'.

Although the framework will focus on these areas, schools will continue to be supported to identify and address their own priorities.

The framework will consist of a core Health in Schools programme and a supplementary Health in Schools programme. This new framework will meet most of the recommendations of an external evaluation of the Gateshead Healthy Schools Programme carried out in 2013.

Core and supplementary Health in Schools programmes

The core Health in Schools programme will have three components:

- Health in Schools coordinator
- Social and emotional wellbeing programme
- Procurement of the school Health Related Behaviour Questionnaire (HRBQ) with feedback to schools

The supplementary Health in School programme will address specific health and wellbeing needs identified by the school HRBQ and engagement with staff, students, families and communities. This will consist of two components:

- Additional services, including training, offered by wider stakeholders at no cost to schools.
- Schools purchasing programmes or training from a directory of available programmes ('buy-back').

The Gateshead Health in Schools Core Offer will be made available to all schools and academies in Gateshead as part of the Services to Schools and Academies Brochures for 2016/17, which highlights the various services from the council that are available to all schools and academies. In order to make the programme sustainable, a small charge is being introduced to support the delivery of the health in schools support programme.

It is hoped that all schools will recognise the value and importance of the Health in Schools programme in light of the new Ofsted Framework requiring schools to have much more emphasis around health and wellbeing to achieve an 'outstanding' Ofsted grade. Schools and academies may choose to utilise some of their School Sports Premium money to buy into the Health in Schools Core Offer.

Surveys

Having regular, timely and robust health data on children and young people is vitally important in order to be able to identify emerging issues and monitor emerging health trends amongst children and young people in Gateshead.

A good example of this is the delivery of the National Child Measurement Programme (NCMP) in Gateshead. The NCMP is one of the mandated Public Health Functions and is delivered as part of a collaborative, multi-agency approach led by Public Health in partnership with Schools, School Nursing, and Child Health Records. This annual programme involves the weighing and measuring of children in Reception and Year 6 with participation rates of over 95%. This gives us an extremely robust picture of child obesity in Gateshead at both regional, ward and school level and helps contribute towards the effective targeting of resources in tackling obesity.

Gateshead has also regularly participated in the Health Related Behaviour Questionnaire (HRBQ) which is delivered through the Schools Health Education Unit (SHEU) at Exeter University. The survey is delivered approximately every two years to both primary and secondary school pupils in partnership with Gateshead schools. There are benefits to both the schools and Public Health in participating, as it gives schools a comprehensive overview of the health and wellbeing of their pupil population around issues including healthy eating, substance misuse, emotional health, tobacco use, etc. and collectively, it provides us in Public Health with a detailed picture of the health needs of the young people of Gateshead, which contributes significantly to the Gateshead JSNA.

We are presently looking at the future delivery of School Health Surveys in Gateshead.



Case Study 1 – St. Agnes Primary School



We wanted to improve the emotional health and wellbeing of our pupils during playtimes.

A survey found that only 52% of our pupils in Key Stage 2 said they were happy during playtimes.

So we set ourselves a target to increase this to 65%. Further to this, we wanted to maintain the high percentage of 96% of Key Stage 1 children who said they were happy during playtime.

We surveyed the children again to find out what part of playtime they thought needed improving. I also looked at possible areas of development for my lunchtime staff and teaching staff.

Using the results of the survey, our school agreed an action plan:

- We talked to the Student Council to find out about issues happening during playtimes.
- We invested in building work improvements to the outdoor area.
- We taught our Year 5 children to be 'Buddies'.
- We created a team of children to look after playtime equipment and take charge of collecting it in at the end of playtime.

The same children also helped with decision making for the outdoor improvement works.

- We created a display to show the playtime improvements.
- We created a simple system for our lunchtime staff to reward good behaviour.
- We re-inspired our staff and children with new and traditional playground games.
- We held a competition for all children to name the dining space area.

The pupils and their parents talk positively of the improvements made to playtime, with many saying how much happier they are now. We beat our targets with 89.5% of our pupils in Key Stage 2 now saying they were happy with playtimes and 98% of our Key Stage 1 pupils saying they were happy at playtimes.

Geoff Laidler, Head Teacher of St. Agnes Primary School

Case Study 2 – Crookhill Primary School

For our work around Healthy Schools, we focussed on Healthy Eating and we picked three things we wanted to improve.



Get more children to eat the free fruit in school and reduce fruit waste

Our school children were not eating the free fruit that was on offer at playtimes because too many were bringing in high sugar snacks from home. This meant a lot of fruit was going to waste. After discussing it with the children, we decided to open a healthy tuck shop, selling food items such as fruit pots, cereal bars and yoghurt drinks. We also created the role of the 'Healthy Helpers', where children would take baskets of fruit into the school yard to help promote healthy eating. The project was a success and the tuck shop is still running successfully, with many children no longer bringing in their own snacks, preferring to buy from the school instead.

Get more children to eat vegetables at lunchtime

We found that very few children were choosing the lunchtime vegetable option. We surveyed the children's lunchtime behaviour over a one-week period and we found that, on average, only 30% of children chose the vegetable option. We wanted to make a quick and high impact target of getting 50% of our pupils choosing the vegetable option. So we introduced a new rule: The vegetable option was no longer up for negotiation! Vegetables would always be put on plates and dinner staff would always encourage children to eat this.

Our second survey found that the number of children eating the vegetables went up to 65%.

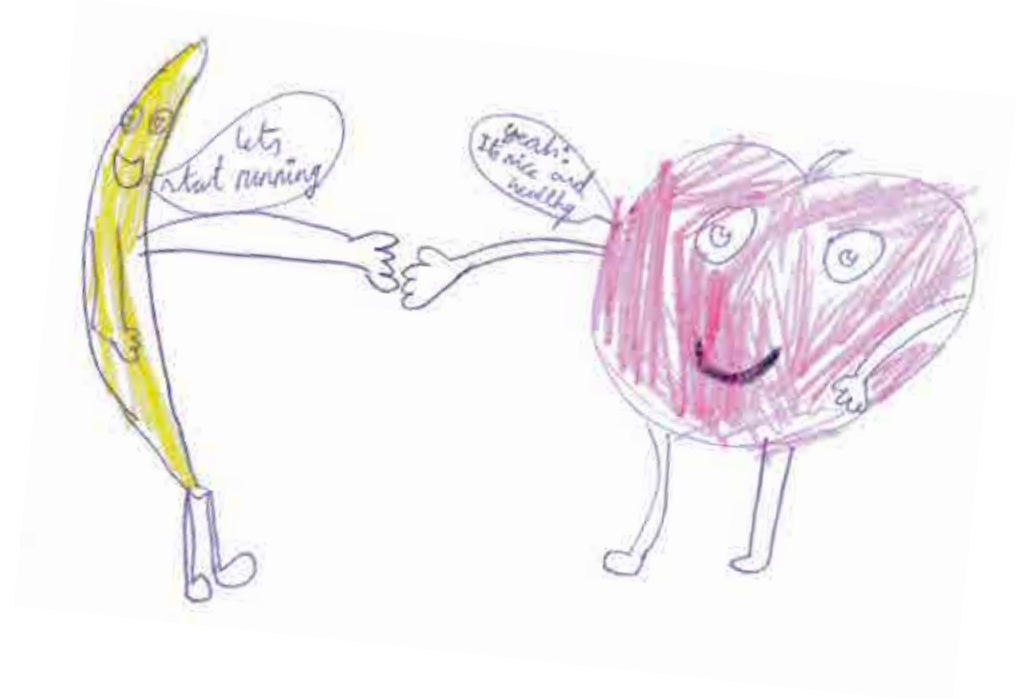
Improving oral health

Like many schools, poor oral hygiene and tooth decay became an issue for us and a number of children have had teeth removed as a result. We found that only 45 children in our whole school had brushed their teeth for the recommended time, which is twice a day for two minutes. With advice from the Community Dental team, we agreed an Oral Health Policy and a target was set to get 75% of our pupils to brush their teeth for the recommended amount of time.

The Community Dental team held workshops and attended parents' evenings to help and advise parents. My teaching staff planned lessons around oral health and hygiene along, supported with regular assemblies, to help our pupils learn more about the importance of brushing their teeth. Following this, we found that 82% of pupils reported brushing their teeth for the recommended amount of time. This work helped our Primary School become the first Gateshead School to achieve the Healthy Teeth Award.

Kristine McCormack, Head Teacher of Crookhill Primary School

Chapter 5



Health protection

"An ounce of prevention is worth a pound of cure."
Benjamin Franklin, author, politician and civic activist

In this chapter, I set out some of the key health protection issues in Gateshead in the year 2014/15. As part of my role as Gateshead Director of Public Health, I need to ensure that agencies systematically work together to protect the health of Gateshead's population. This includes planning for and responding to emergencies that involve a risk to public health.

The Health Protection Assurance Working Group was established in 2013 and continues to oversee health protection arrangements, covering screening and immunisations; infectious diseases and outbreaks and emergency preparedness, resilience and response, and performance as the key mechanism for ensuring robust health protection arrangements.

Performance against all relevant targets can be found on Public Health England's Public Health Profiles (See Appendix 4).

Childhood vaccination rates

As shown in the Gateshead Child Health Profile, vaccination rates for MMR, diphtheria, tetanus, polio, pertussis and Hib are very high, and exceed the national average.

Children in care, vaccination rates are also very high, mirroring those of the general population.

Seasonal Influenza Vaccination 2014/15

Flu immunisation was offered to everyone at risk (under Chief Medical Officer guidance) so that:

- An uptake of 75% was reached or exceeded for people aged 65 and over.
- For patients aged 6 months to under 65 in clinical risk groups, no numerical target was given.

Primary school aged children pilots

This school-based programme engaged with primary school age children in Reception to Year 6 across the Borough. Children in 'at risk' groups were excluded from the pilot and referred to their GP to receive their vaccination.

In total, 74 schools in Gateshead (including two special schools and four Jewish schools) held vaccination sessions. A total of 8,776 children were vaccinated, an uptake rate of 58.2%. The uptake rate in special schools was around 47%, and in Jewish schools was around 53%.

Frontline health and social care workers

The seasonal influenza immunisation campaign for Gateshead council employees working in social care (with direct service user contact) identified 3,303 eligible employees.

The overall percentage of eligible employees vaccinated, 57.2%, was down from 62.9% in 2013/14.

Sexually Transmitted Infections (STIs)

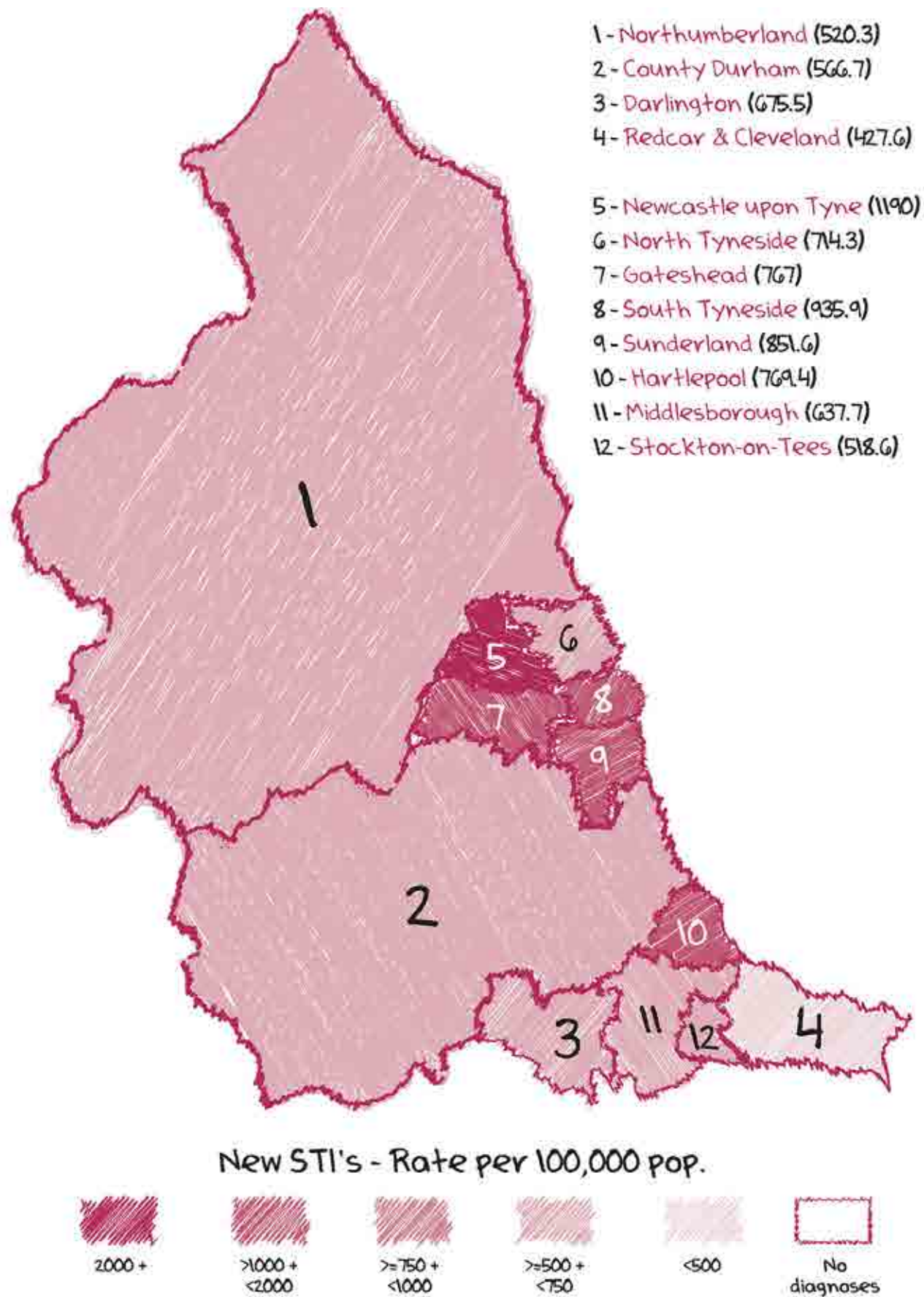
The importance of improving sexual health is acknowledged by the inclusion of three indicators in the Public Health Outcomes Framework (PHOF). These indicators are:

- Under 18 conceptions
- Chlamydia diagnoses (15-24 year olds); and
- People presenting with HIV at a late stage of infection.

The most recent published data is at regional level (North East Annual Report 2014):

- The number of new STIs diagnosed in North East residents decreased by 12% between 2013 and 2014.
- Numbers of three of the five major STIs increased: syphilis increased by 13%, gonorrhoea by 11% and genital herpes by 1%.
- Numbers of chlamydia decreased by 21% (though still most prevalent disease) and genital warts by 5%.
- Men and women have similar rates of new STIs.
- Where gender and sexual orientation are known, men who have sex with men (MSM) account for 7% of North East residents diagnosed with a new STI in a GUM clinic (67% of those diagnosed with syphilis and 23% of those diagnosed with gonorrhoea).
- STIs disproportionately affect young people. North East residents aged between 15 and 24 years accounted for 78% of all new STI diagnoses in 2014.
- Black ethnic groups are more affected by STIs than other ethnic groups. Black Caribbeans have the highest rate of new STIs: 1,341 per 100,000. This is 2.3 times the rate seen in the white ethnic group.

Map of new STI rates per 100,000 residents by upper tier local authority in the NE: 2014.



Health care acquired infections

Information on infection rates at NHS England Local Area Team level show trends across the Cumbria, Northumberland and Tyne and Wear geography:

Rate of infection per 100,000	2009/10	2010/11	2011/12	2012/13	2013/14
MRSA	3.4	2.5	1.5	2	1.2
MSSA	N/A	N/A	17.8	18.4	20
E.coli	N/A	N/A	N/A	75.4	74.5
C.difficile	75.9	48.8	39.1	35.2	31.3

The Clinical Commissioning Group (CCG) has responsibility for health care acquired infections which are reported to the CCG Governing Body as part of the performance management framework. The DPH is a member of the CCG Governing Body.

Screening programmes

The screening programmes are commissioned by NHS England and those which the DPH has an assurance role are:

- Diabetic Retinopathy
- Cancer screening programmes (breast, bowel and cervical)
- Abdominal Aortic Aneurysm
- Antenatal and new born screening

NHS England has established programme boards for each programme. Directors of Public Health are informed of any specific issues as they arise. A number of incidents occurred within screening programmes during 2014/15, these were managed by NHS England, working with providers and the Director of Public Health was notified in every case as part of the assurance framework. An example, with regard to the Diabetic Screening Programme is set out below.

Diabetic eye screening

Sight loss due to retinopathy is avoidable, if picked up early through screening and so it's important that all patients with diabetes are referred to the screening programme and are given the opportunity to be screened.

A serious incident was identified when a patient was diagnosed with high grade retinopathy, but had not previously been referred to the Diabetic Eye Screening Programme by their GP practice.

A Serious Incident Management Team was established to investigate the cause of the failure, and a number of measures were put in place to ensure robust referral systems in future.

As a further failsafe measure, NHS England has introduced a regular data extraction from GP systems to find diabetic patients who are not known to the screening programme and so their records can be checked to make sure they are invited for screening, if eligible.

Air quality

Air quality, and particular contaminants, may have a profound impact upon health. The Environment Act 1995 requires the council to review and assess the air quality in Gateshead, looking specifically at seven air pollutants that are detailed in the Government's National Air Quality Strategy. These are:

- Nitrogen Dioxide (NO₂)
- Carbon Monoxide (CO)
- Benzene
- Lead
- Fine Particles (PM₁₀)
- Sulphur Dioxide (SO₂)
- 1,3 Butadiene

The assessments form part of the Local Air Quality Management guidance which works towards achieving National Air Quality objectives.

The levels of these pollutants must be assessed to determine whether they exceed specific Air Quality Objectives (AQO). Where pollutant levels exceed the AQO the council is required to take steps to improve air quality by declaring an Air Quality Management Area (AQMA) and producing an Air Quality Action Plan.

The council operates an extensive air quality monitoring network in locations where there is a risk of the air quality standards being exceeded and where there is relevant exposure in the form of housing, offices, schools or hospitals. As a result of measured levels of Nitrogen Dioxide (NO₂) exceeding the annual objective level, the council declared an Air Quality Management Area (AQMA) in April 2005 within Gateshead Town Centre. This was extended in April 2008.

The review of 2013 monitoring data has shown that NO₂ levels have again fallen below the annual mean objective level within the AQMA (40µg/m³) and that there are no exceedences of the annual mean objective level outside of the AQMA. The current AQMA boundary remains appropriate for now but will be subject to review. Concentrations of NO₂ outside of the AQMA are all below the objectives at relevant locations, therefore there is no need to proceed to a Detailed Assessment.

The council switched from monitoring PM₁₀ to PM_{2.5} at two locations in 2011 in response to the growing body of evidence on the impact that PM_{2.5} has on health and particularly cardiovascular disease. Although the measured concentrations of PM_{2.5} suggest compliance with the National Air Quality Objectives the levels measured on the A1 Dunston are at the limit of the World Health Organisation's guideline annual mean for the second year in succession.

Emergency preparedness, resilience and response

The main aims of the Northumbria Local Resilience Forum and the Local Health Resilience Partnership Groups continue to ensure that there is an appropriate level of preparedness to enable effective multi-agency response to emergencies, and that there are robust reporting and monitoring arrangements.

The Gateshead Multi-Agency Resilience and Emergency Planning (MAREP) Group plays a key role in bringing these different responder organisations together to discuss these multi-agency emergency preparedness, response and resilience issues.

The group ensures that Gateshead is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations. The group has continued to receive regular health updates and items throughout the last year. The main focus has been in relation to the threat of the Ebola virus with regular national situation report updates provided and involvement in the development of local plans and preparations in the event of an outbreak in the North East area. Subsequently a Northumbria Local Resilience Forum Protocol for decontamination and the disposal of waste was developed; an Extraordinary Meeting was held to discuss control and coordination arrangements in the event of an outbreak and a joint Public Health England/Local Resilience Forum exercise was held to prepare for a possible confirmed Ebola Case.

Locally within Gateshead, an exercise took place within the Health Protection Group in relation to providing that assurance of the local health protection arrangements for responding to incidents and outbreaks.

Training and Exercising

The Northumbria Local Resilience Forum in conjunction with Public Health England undertook an exercise to prepare for a possible confirmed Ebola case in the UK. The exercises had the aim of reviewing local preparedness and response arrangements to a suspected/confirmed Ebola case in their area, with a focus on the multi-agency response; including command, control and co-ordination arrangements, media handling, and community impacts. Local health preparedness and response arrangements were also reviewed during the exercises, covering advice and guidance, notification of a suspected case, patient management and transport, and personal protective equipment (PPE). Decontamination (including public spaces) was covered by the majority of local resilience forums. All lessons identified were brought together in joint Department for Communities and Local Government / Department of Health reports from the exercises that were undertaken.

Other highlights during this year include:

- Hosted by Public Health England in conjunction with the Local Resilience Forum, a North East Chemical Fatality Workshop took place. The aim was improving the awareness of the response to and recovery from Deliberate Individual Chemical Exposure (DICE) incidents and highlighted the potential health issues of an incident.
- A Government Decontamination Service (GDS) briefing has also been held. This session provided Local Authorities and responders with the information needed to be able to understand the GDS roles and responsibilities; reduce recovery timeliness and how to access the GDS framework in relation to CBRN (Chemical, Biological, Radiological and Nuclear) incidents.

Major issues in 2014/15

Major issues to note include:

Ebola

An outbreak of Ebola Virus Disease (EVD), a rare viral haemorrhagic fever, started in December 2013 in Guinea and spread to other countries in West Africa. The most affected were Guinea, Liberia and Sierra Leone. The virus is spread through contact with blood and fluids from infected individuals and has a high fatality rate. To date there is no vaccine and no cure.

As the disease spread within West Africa, greater numbers of healthcare professionals volunteered their time to treat the infected in those countries. A handful of healthcare workers became infected during their stay in Africa. Some were repatriated for treatment while others did not develop symptoms until their return to their home country. The perceived risk of Ebola to the general public in the UK rose, due in part to the nature of press coverage of the disease, and as the disease continued to spread in West Africa. The actual risk to the general public in the UK remained at all times very low.

By October 2014, the worsening of the outbreak led to increased public concern. Perceived risk had increased to the point that the LRF held an Extraordinary Meeting. Public Health England (PHE) led on preparedness in response to the outbreak including the establishment of a number of working groups. Gateshead Council nominated the DPH as lead officer. All internal and external communications regarding Ebola were shared amongst a number of members of the Gateshead Multi-Agency Resilience and Emergency Planning Group. The council received a small number of enquiries about Ebola which were handled by liaison between the Resilience Team, Public Health and Public Health England.

Salmonella

There was a sudden increase in cases of salmonella during September 2014 linked to two premises in Gateshead. In both cases, Environmental Health Officers provided rigorous investigations and instigated follow-up actions to correct poor hygiene practices.

There was a high exceedance of Salmonella cases across the region at the beginning of September 2014. There were a total of 26 cases identified, 13 of which were positive for Salmonella Enteritidis PT56. Investigation of the cases revealed a link to a restaurant in the Gateshead area. Officers visited the premises and took food and environmental samples. The inspection found a number of issues and poor practices that the owner was required to resolve. All of the food samples were satisfactory, but the environmental swabs were positive for bacteria, which indicated poor hygiene practices. Officers continued to visit the restaurant and work with the owner until all issues were resolved.

Whilst reviewing the investigations into the Salmonella cases, Environmental Health Officers identified a second outbreak linked to a local children's nursery. Initially two cases of Salmonella were identified in children who attended the nursery. Investigations at the nursery identified a third case of Salmonella from earlier in the month. Investigation showed there to have been a high level of absence due to diarrhoea amongst both children and staff. This high level had not been reported to PHE as required by current standards. No issues were identified within the kitchen and it was not thought to be the source of infection. Environmental Health Officers and PHE staff carried out joint visits and found cross contamination issues around nappy changing and toilet facilities. Advice and training were given to staff and a letter sent out to parents. Practices at the nursery were changed and the nursery monitored until absences returned to normal levels.

Scarlet Fever

Public Health England (PHE) has reported a continued substantial increase in Scarlet Fever notifications across England for 2014/2015. This is the second year in a row of exceptional activity. A total of 754 new cases were reported in England last week (2 to 8 March 2014) and 5,746 since the season began in September 2014 (week 37 in 2014 to week 10 2015). This compares to 2,833 cases for the same period last season 2013/2014.

Scarlet Fever is mainly a childhood disease and is most common between the ages of 2 and 8 years. It was once a very dangerous infection, but although much less serious now, complications can arise, particularly in those who remain untreated. There is currently no vaccine for Scarlet Fever.

Work Plan for 2015 - 16

The major themes the Public Health Protection Assurance Working Group will consider in 15/16 are:

- Screening programmes to increase uptake and ensure quality
- Flu immunisation, to increase uptake
- Sexual health, to improve outcomes and reduce health inequalities

Reporting

This section of the report is highlighted to Gateshead Council as a statement of assurance for health protection. It is also reported to the Gateshead Health and Wellbeing Board and to the Newcastle/Gateshead Clinical Commissioning Group, to ensure that NHS partners are aware of the council's health protection assurance role and to facilitate and reinforce multi-agency cooperation as required.

Conclusion

The arrangements around health protection that were established in April 2013 are working well and have been effective in dealing with all aspects of health protection. As the changes across the health and social care economy are embedded, it is important to keep the arrangements in Gateshead under review.

Appendix 1

Progress on recommendations from the 2012/13 Director of Public Health annual report

Recommendation	Progress 2013/14
<p>Recommendation 1:</p> <p>Gateshead Council, with its key partners, continues to deliver actions to address health inequalities and prevent early deaths.</p> <p>The overall health improvement approach for improving health and well-being in Gateshead, as set out in previous Director of Public Health reports and Health and Wellbeing Strategy, should be continued. The priority is to address health inequalities and preventable early death through reducing the use of tobacco and alcohol, improving diet and physical activity, underpinned by the promotion of good mental health and well-being.</p> <p>Health improvement should be delivered across all key settings, ensuring proportionate uptake among those experiencing poor health outcomes and increased risk of disease development. This includes increasing early detection of disease through increasing awareness of early signs and symptoms, alongside increasing access to services.</p>	<p>We have implemented a new wellness service called Live Well Gateshead, which started on 1 October 2014. This new wellness service will address peoples multiple long-term health behaviours such as alcohol use, smoking, physical activity, weight loss support, and emotional wellbeing support.</p> <p>From October 2014 to August 2015, the service received 1,009 enquiries. From these enquiries 746 have undertaken the 20 minute holistic assessment. The 263 people who did not undertake an assessment were signposted to community activity, wanted to know more about the service, signposted self-help materials/websites or other agencies for support around debt advice, drug and alcohol services, welfare advice for example.</p> <p>Around 50% of people using the service are from Gateshead communities that we have identified as key target areas where health inequalities are prevalent.</p> <p>Live Well Gateshead run a number of group-based community sessions across the borough and currently support 70 community groups to run health programmes.</p>
<p>Health improvement should be delivered across all key settings, ensuring proportionate uptake among those experiencing poor health outcomes and increased risk of disease development. This includes increasing early detection of disease through increasing awareness of early signs and symptoms, alongside increasing access to services.</p>	<p>Live Well Gateshead focus its resources on reducing the social gradient in health across Gateshead. This targeting of resources is sometimes known as "universal proportionalism" and it advocates the allocation of resources in proportion to need, with the intensity of investment increasing with need across the social gradient.</p> <p>There is developing evidence that indicates that best value can be achieved by targeting those who make multiple poor lifestyle choices and that the best approach is through behavioural change approaches.</p>

Recommendation	Progress 2013/14
	<p>A 'targeted areas model' was developed to target the neighbourhoods in Gateshead experiencing the greatest health inequality.</p> <p>Live Well Gateshead adopt this targeted approach, along with intensive support for individuals, greater impact should be possible in those communities with the poorest health. It goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health.</p> <p>Live Well Gateshead operates within the context of other service provision (both health and non-health) and the wider universal offer across Gateshead. Whilst the service will target activity towards those neighbourhoods demonstrating the greatest need it will also dovetail with other services to maximise the effective use of resources and reduce duplication wherever possible.</p>
<p>The implementation of the new integrated wellness programme should be progressed with evaluation as planned, which includes strengthening the delivery of health improvement interventions across universal settings and services in Gateshead.</p>	<p>The development of the wellness model responds to Gateshead's prevailing poor health landscape, the inequalities experienced by residents in different parts of the borough and leading research that advocates the need to address personal lifestyles and the wider determinants of health rather than treating ill health.</p> <p>In collaboration with Fuse, Gateshead Council appointed a researcher-in-residence to evaluate Live Well Gateshead (LWG), to inform the service design and delivery of LWG and to support the use of research evidence in public health.</p> <p>Following preliminary scoping meetings by the embedded researcher in July-August 2015, and further discussions with Public Health, LWG and Fuse colleagues, the research will focus on the following questions:</p> <ul style="list-style-type: none"> • Which elements of the LWG model are most effective in improving wellbeing and health-related behaviours, for whom and how? • How are the LWG services perceived by the participants? How do participants engage with each service and which mechanisms enable participants to engage with these services?

Recommendation	Progress 2013/14
<p>The Gateshead Substance Misuse Strategy should remain a priority of the Community Safety Board and Health and Wellbeing Board.</p> <p>The strategy should be refreshed as planned, using the opportunity to consider the best ways to progress the recommendations of this report and to ensure full engagement of partners.</p>	<p>The terms of reference for the Substance Misuse Strategy Group have been revised and agreed by both the Community Safety Board and The Health and Wellbeing Board. The governance arrangements for the group now require dual reporting into both boards.</p> <p>A joint workshop for both boards was held in March 2015 to engage board members in the development of the new strategy.</p> <p>A draft strategy has been prepared.</p>
<p>Recommendation 2:</p> <p>Gateshead Council should make a visible commitment to reduce the harm associated with alcohol, and support the development of and sign up to a Local Government Alcohol Declaration, working collaboratively with local authorities in the North East region.</p>	<p>Gateshead Council led on a Regional Alcohol Declaration, to encourage partners to work together at a local level to actively tackle problems caused by drinking.</p> <p>The declaration has been signed by several North East councils and others are due to sign up soon.</p> <p>It also has backing from the region's three Police and Crime Commissioners, the Northern England NHS Strategic Clinical Networks, the Association of North East Councils (ANEC) and the North East Ambulance Service.</p>
<p>Recommendation 3:</p> <p>Gateshead Council, Health and Wellbeing Board and Community Safety Board, with support from regional networks and BALANCE, should provide proactive leadership in developing policy approaches to limit alcohol consumption and promote alcohol to young people.</p>	
<p>The Director of Public Health gave a presentation on the 2013/14 DPH Annual Report in October 2014 to the Health and Wellbeing Board. Board members were asked to note the recommendations made in the report and consider how they could be supported by each board member. The same presentation was also delivered to the Community Safety Board.</p> <p>A motion to council was made by the council Leader in December 2014 to highlight alcohol as one of the most important public health issues. The motion called for national measures to be introduced to enable implementation of evidence-based measures, addressing the price, promotion and place, which can reduce alcohol harm.</p> <p>The council has reviewed its Statement of Licensing Policy with a view to trying to address alcohol harm through a more robust approach to availability. A presentation on the Statement of Licensing Policy was delivered to the Health and Wellbeing Board in October 2015.</p>	

Recommendation	Progress 2013/14
<p>Price Gateshead Council, and its partners, should continue to draw together the evidence base and advocate for national legislation to support the introduction of a minimum unit price of 50p per unit of alcohol sold. While continuing to lobby for national action on MUP, Gateshead Council should investigate the legal position with regard to the potential to introduce local price controls, and work collaboratively with other local authorities to identify and implement best practice.</p>	<p>Drawing on best practice, Public Health, Licensing and Legal teams are working with alcohol treatment services to get a better insight into patterns of alcohol sales from people accessing treatment services for their alcohol problems. The data pilot shows us what people buy, from where, at what price and other information relevant to licensing decisions. Evidence shows that, in other areas, this approach has given licensing authorities more ability to work with the trade around the price of alcohol.</p> <p>The revised Statement of Licensing Policy, still in draft at time of going to press, confirms the Licensing Authority's intention to continue to impose minimum unit price requirements where appropriate to promote the licensing objectives and as part of a range of measures to tackle identified concerns, such as the sale of alcohol for home delivery.</p>
<p>Promotion Gateshead Council, with partners as above, should advocate for no advertising of alcohol in films with under-18 classification and restrictions on sports and events advertising and specific retail promotions aimed at young people. The council should continue to gather intelligence of the impacts of alcohol in specific communities and review local licencing policy in light of emerging evidence, and in line with national policy.</p>	<p>Gateshead Council has led a number of successful licence reviews where licence holders were not seen to be promoting the licensing objectives, e.g. underage sales.</p> <p>In some cases, licensees were required to carry out additional measures to improve their capacity to manage sales properly. In other cases, where premises were unable to comply with additional measures, licences were revoked.</p>
<p>Place Gateshead Council should advocate for changes in the Licencing Act for a public health objective.</p>	<p>The Licensing Authority's draft revised Statement of Licensing Policy includes a section on public health and a commitment to make better use of relevant health data when preparing "Local Licensing Guidance" that applicants must consider in the context of the Licensing Objectives before submitting an application.</p> <p>Further, it also confirms that Gateshead Council is a signatory of the Local Government Declaration on Alcohol, which advocates for greater regulation of the price, promotion and availability of alcohol and changes to the Licensing Act to enable greater control on the number, density and availability of alcohol according to local requirements, therefore putting public health and community safety at the forefront of public policy-making about alcohol.</p>

Recommendation	Progress 2013/14
<p>Recommendation 4:</p> <p>Gateshead Council should work with partners across different sectors to develop a whole system approach to the prevention of alcohol-related harm across the life course and ensure provision of easily accessible support for individuals and families affected by alcohol.</p>	
<p>Infancy, childhood and teenage years</p> <p>Raise awareness of Foetal Alcohol Spectrum Disorder (FASD) and promote the recommendation that it is best not to drink any alcohol during pregnancy.</p>	<p>A letter on behalf of Gateshead's Health and Wellbeing Board was sent to the Chief Medical Officer advocating a change in the Department of Health advice to state that no alcohol during pregnancy is the only safe option.</p> <p>We will be working with professionals in Gateshead to look at the feasibility of developing local guidelines and pathways to address alcohol use during pregnancy.</p> <p>Gateshead Council and Gateshead's Family Information Service supported Balance North East's FASD Day campaign. Social media messages reached a total of 2080 people.</p>
<p>Promote awareness of the recommendation to avoid alcohol whilst breastfeeding.</p>	<p>Avoidance of alcohol whilst breastfeeding is advised to all mums in Gateshead who are breastfeeding. There is a wide range of support in Gateshead available to breastfeeding mums in partnership with Midwifery, Health Visiting and Children's Centres where this message is promoted. This includes new born baby feeding sessions and breastfeeding support groups.</p>
<p>Promote awareness of harm to children from drinking alcohol in early adolescence among schools communities and parents.</p>	<p>Platform Gateshead is our drug and alcohol misuse service for Under 18s. With a focus on prevention and early intervention specialist treatment service, they provide information, advice and practical support to young people, parents/carers and other family members.</p> <p>They raise awareness of substance and alcohol use and focus on allowing young people to make an informed choice about their lifestyle and offer help and support, through 1:1s, group education work, family therapy sessions, psychological intervention work and health and wellbeing checks. They work within schools, youth services, children homes, pupil referral units and the youth offending team.</p> <p>There are three Community Alcohol Partnerships in Gateshead, and all have been evaluated to assess their effectiveness in tackling youth and alcohol-related anti-social behaviour within their respective localities and</p>

Recommendation	Progress 2013/14
	<p>to identify opportunities to roll out across the Borough. The evaluation identified positives in having a CAP located within an area, however it was recommended that rather than create additional CAPs, that a more holistic borough-wide approach would be the most sustainable and appropriate option. Further work will be undertaken within each of the Safer Neighbourhood Groups, and through linking with Live Well Gateshead, to establish actions that can be applied to all the whole of Gateshead.</p>
<p>Ensure the health in schools programme, which will be under development in 2014/15, continues to support the delivery of the "social norms" approach to risk and resilience, which helps young people explore and challenge influences on health related behaviour.</p>	<p>The work around "social norms" was delivered by the Sexual Health Promotion Team which is no longer commissioned. However, there remain a number of secondary schools who have received social norms training. Our local Health in Schools programme continues to have links with national providers of social norms work.</p>
<p>Increase the understanding amongst professionals of the effect of alcohol misuse on parenting capacity.</p>	<p>Platform Gateshead provides education and training to the children's workforce, parents and carers and the general public where appropriate.</p>
<p>Adults</p> <p>Continue and promote alcohol brief intervention, ensuring uptake is maximised by the Integrated Wellness Programme, and promoted in a wide range of settings, for example through housing association and family support services.</p>	<p>Live Well Gateshead training can be accessed by anyone living or working in Gateshead. Training on offer includes:</p> <ul style="list-style-type: none"> • Brief intervention on Alcohol • Brief intervention on Sexual Health • Brief intervention on Emotional Health and Wellbeing • Brief intervention on Stop Smoking • Mental Health training <p>The Alcohol BI was developed with input from Dr Dorothy Newburch. The course aims to give participants an insight into brief intervention and have knowledge of:</p> <ul style="list-style-type: none"> • How to undertake a brief intervention • Motivational interview skills • Confidence in raising and addressing health issues • Basic knowledge on the health issue being discussed • Knowledge of organisations in situ that are trained to help give advice/support to anyone wanting to make a change <p>This course can help inform participants of the tools to help individuals take the first step towards change.</p>

Recommendation	Progress 2013/14
<p>During 14/15, develop quality indicators for use in primary care, ensure all appropriate primary care staff are trained in alcohol brief intervention and develop robust referral pathways from primary care into alcohol treatment services.</p>	<p>The 2015/16 Clinical Commissioning Group Practice Engagement Plan now includes an optional indicator with regards to recording screening undertaken. This compliments the Public Health contract with GP practices around brief intervention.</p>
<p>Ensure risk related to alcohol is recognised in early intervention and management of long term conditions.</p>	<p>NHS Health Checks now includes screening for alcohol consumption. Audit C is undertaken at each health check with an option to undertake a full screen if appropriate.</p> <p>In 15/16, the CCG included alcohol screening (>18) as an optional quality indicator in the Practice Engagement Programme to incentivise practices to screen and record alcohol consumption amongst patients.</p>
<p>Continue to develop improved access to treatment services, along with monitoring outcomes treatment interventions and joining up elements of support across the wider system, including links with employment and housing.</p>	<p>Gateshead Evolve, the integrated drug and alcohol treatment service for adults, has a single point of access, assessment and recovery and care co-ordination for all service users.</p> <p>Gateshead Evolve works with a wide range of providers to ensure the needs of the service user are considered across the whole spectrum. The service links with Jobcentre Plus and housing services to ensure a co-ordinated approach and enable independence.</p> <p>The service ensures they offer employment opportunities to people in recovery, who may have little or no experience of being in employment. The service runs a Peer Mentoring and volunteering programme to help support their service users into employment. They have recruited a number of Recovery Champions in Gateshead to help support people.</p>
<p>Ensure that alcohol is addressed as a key priority in workplace health promotion programmes.</p>	<p>Gateshead Council is actively involved in the regional Better Health At Work scheme. A number of workplaces in Gateshead already promote healthy lifestyles, including responsible alcohol use, and consider the health of their employees. By working towards the Better Health At Work Award, it will recognise the achievements of these organisations and help them move forward in a structured and supported way.</p> <p>For Dry January 2016, workplace health is the key theme. Gateshead Council has engaged with small digital video agency to be ambassadors for Gateshead and appeal to other businesses to engage with workplace alcohol campaigns.</p>

Recommendation	Progress 2013/14
<p>Work at community level to encourage debate and challenge cultural norms and perceptions about alcohol.</p>	<p>Live Well Gateshead's Capacity Building programme, provided through the council's Neighbourhood Management and Volunteering Team, has been developing Live Well Gateshead @ groups in targeted areas of Gateshead.</p> <p>There are currently two active Live Well Gateshead @ projects in the High Fell Ward and the Teams Ward, we are in the process of developing at Live Well Gateshead@ Bensham and Saltwell. These groups are supported by a full range of partners from across the wards.</p> <p>Organisations represented on the Live Well, @Groups include:</p> <ul style="list-style-type: none"> • Learning and Skills • Adult Social Care • NPT • Public Health • GP Practice Manager • The Gateshead Housing Company • Groundwork Gateshead • Derwentside Cycle Group • Changing Lives • Wellness service • Wellness HUB • Children and Families Support • Schools • Churches • Ward councillors • Community representatives <p>Partners focus on two main priorities; the production of a Development Plan and an Asset Mapping Tool that can be used by partners to identify strengths within the ward but also identifies weaknesses that partners can work together on to address.</p> <p>In each area the development plan has identified four key areas of broad health improvement:</p> <ul style="list-style-type: none"> • Childhood obesity • Alcohol and young people • Social inclusion • Local generic health projects <p>These have been identified by local data sets and agreed by all the partners.</p>

Recommendation	Progress2013/14
<p>Older People</p> <p>Strengthen awareness of different tolerance of alcohol in later life, and ensure alcohol is linked to work on reducing social isolation, frailty, malnutrition across the health and social care and community sector.</p>	<p>This is work in progress, within the development of the social prescribing programme, Live Well Gateshead and future strategy for older people and revised adult social care model.</p> <p>People up to the age of 74, are eligible for NHS Health Checks which now includes screening for alcohol consumption. Audit C is undertaken at each health check with an option to undertake a full screen if appropriate.</p>
<p>Promote brief interventions in key settings relevant for older people, including linking with social care assessment and long term condition pathways.</p>	<p>Live Well Gateshead (LWG) has delivered training for Alcohol Brief Intervention at targeted workforces who engage with Older People, e.g. GPs, GP practice staff, Adult Social Care. The Alcohol BI was developed with input from Dr Dorothy Newburch. The course aims to give participants an insight into brief intervention and have knowledge of:</p> <ul style="list-style-type: none"> • How to undertake a brief intervention. • Motivational interview skills. • Confidence in raising and addressing health issues. • Basic knowledge on the health issue being discussed. • Knowledge of organisations in situ that are trained to help give advice/support to anyone wanting to make a change. <p>This course is open to anyone who lives or works within Gateshead, and can help inform participants of the tools to help individuals take the first step towards change.</p> <p>LWG also offers support to people who want to reduce alcohol intake. From October 2014 to September 2015, the model has received 1,105 enquiries with 547 coming from the age range 45-94.</p> <p>LWG will also work with people on a 1-2-1 basis to address multiple long-term behaviours including physical activity, weight loss support, support around emotional wellbeing and alcohol intake.</p> <p>People assessed through the Audit C, a specific audit tool to identify excessive drinking, and are found to require more intensive support are signposted to appropriate services within Gateshead e.g. Evolve.</p>

Appendix 2

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Appendix 3

Child Dental Health Survey 2011/2012. Locality supplement for Gateshead Council. Public Health England.

Ward	Percentage of children aged five years with dental decay (%)
Birtley	24%
Blaydon	27%
Bridges	32%
Chopwell and Rowlands Gill	20%
Chowdene	16%
Crawcrook and Greenside	22%
Deckham	30%
Dunston and Teams	27%
Dunston Hill and Whickham East	20%
Felling	47%
High Fell	39%
Lamesley	28%
Lobley Hill and Bensham	33%
Low Fell	13%
Pelaw and Heworth	20%
Ryton Crawcrook and Stella	19%
Saltwell	18%
Wardley and Leam Lane	25%
Whickham North	16%
Whickham South and Sunnyside	9%
Windy Nook and Whitehills	29%
Winlaton and High Spen	14%

Appendix 4

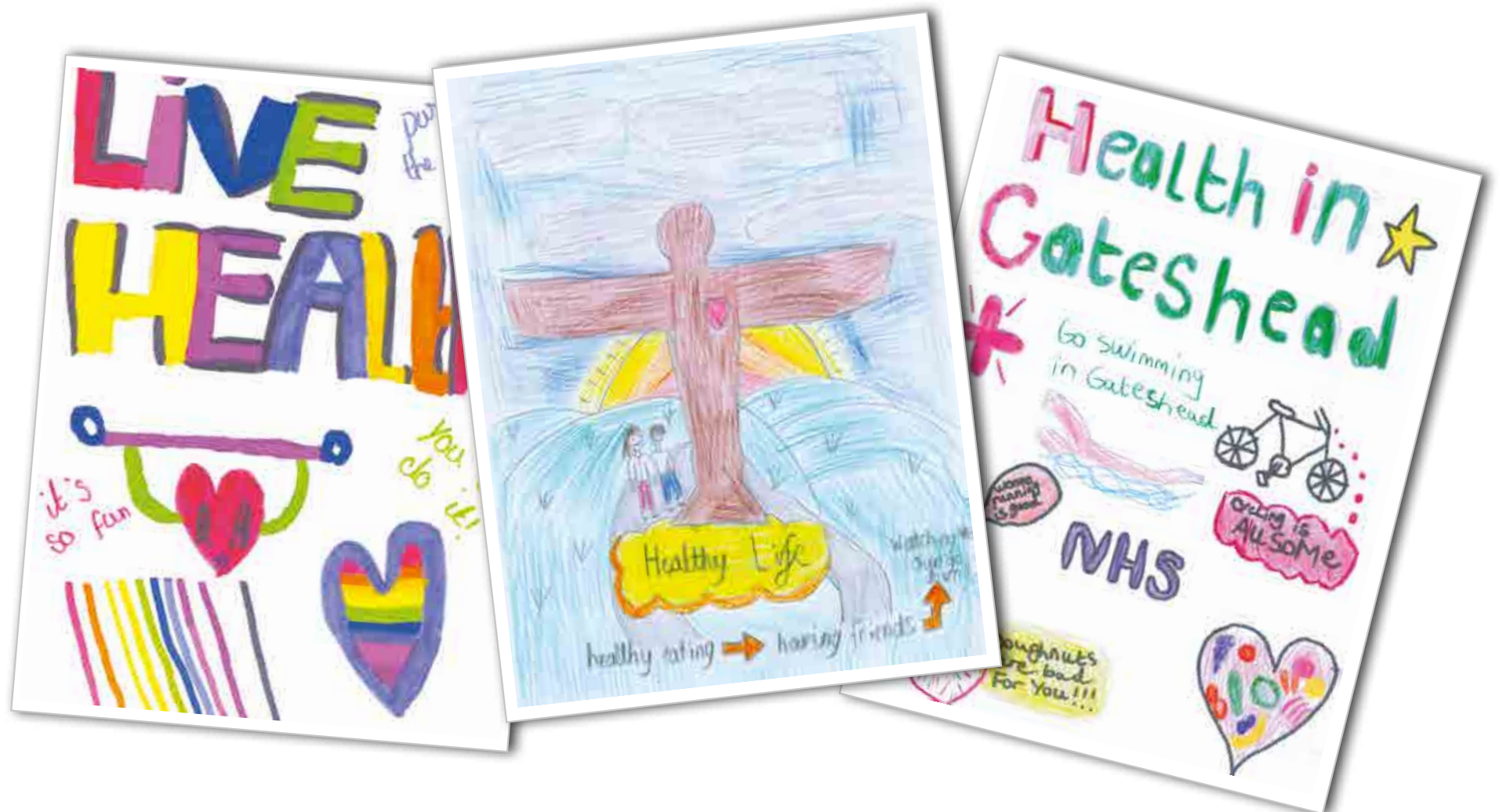
Health Protection Performance Tables

Public Health Profiles - Health Protection

<http://www.phoutcomes.info/public-health-outcomes-framework#page/1/gid/1000043/pat/6/par/E12000001/ati/102/are/E08000037/iid/30305/age/30/sex/4>

Public Health Profiles - HIV/STI

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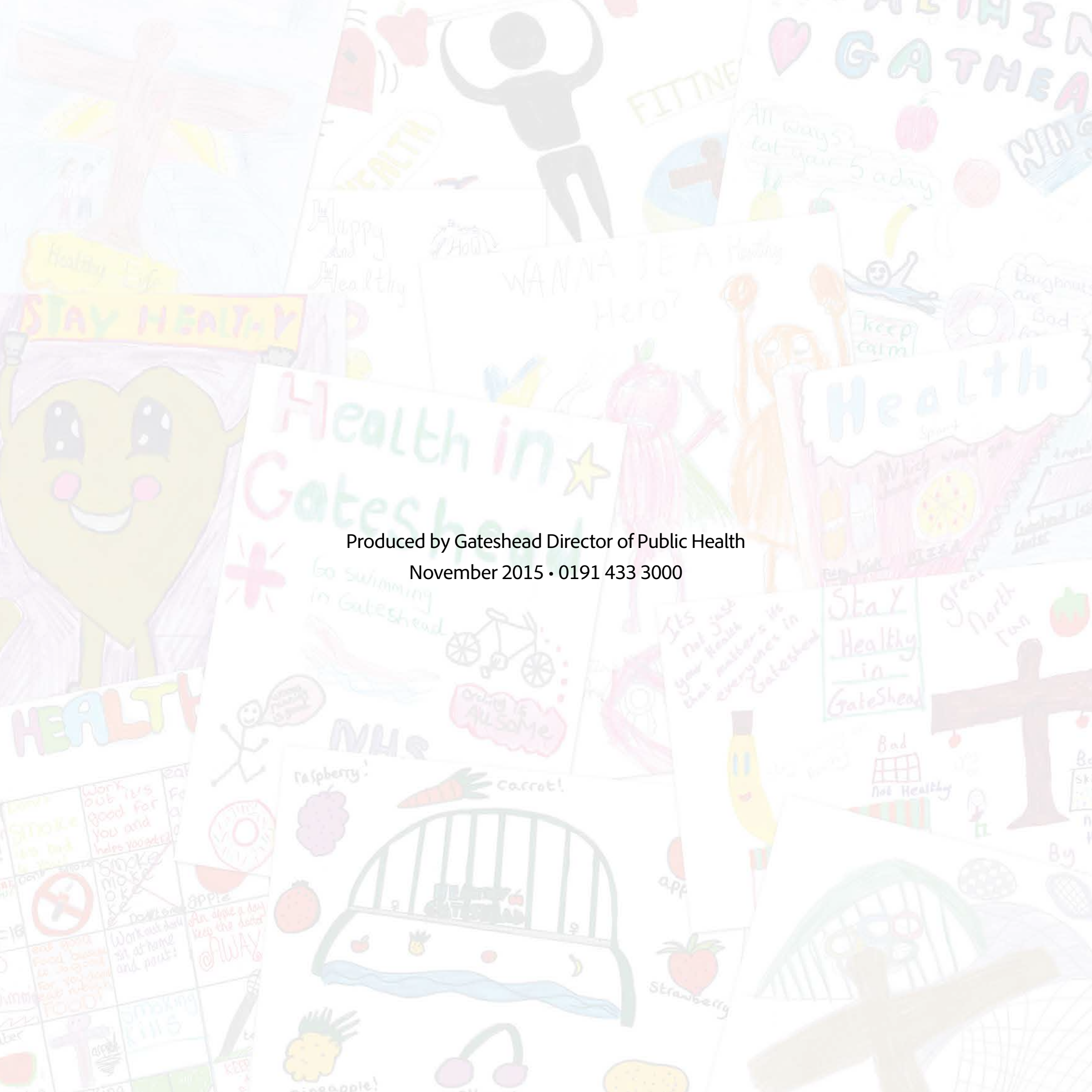


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