This document summarises the first phase of our JSNA work in North Tyneside and highlights the key messages and some of the implications for future commissioning and planning.
What is the JSNA?
In April 2008 North Tyneside Council and North Tyneside Primary Care Trust (PCT) began a statutory duty to work together and with other partners to develop a JSNA for the local area.

The JSNA must pull together a wide range of information about the current and future health and well-being needs of the local population.

It provides an opportunity to look forward so that we can plan now to ensure that we are able to meet the needs of local communities in the future.

The JSNA will be one of the major influences in directing our commissioning priorities and planning service developments.

The Assessment describes the future health, social care and well-being needs of the population so that the Council and NHS can take co-ordinated action to make improvements.

How we undertook the JSNA
The primary aim of this first JSNA has been to describe the health and well-being needs of the population of North Tyneside.

We have focused on refining, improving and bringing together the information we have available that provides an insight into the overall needs of the population. This information is from national and local sources and includes extensive information we have collected directly from services across North Tyneside.

We have used this initial work to take a longer-term view of population trends and the likely impact on demand for support over the next years and decades.

Alongside this quantitative information, we have looked at the commissioning knowledge we already have in order to identify what these figures and trends mean for services locally and to highlight priority areas for work.
It should be noted that the quality of information sources varies and some population, condition and trend information are more robust and well-researched than others. Needs assessment, and in particular trend forecasting, is not an exact science, predictions tend to be more accurate at a general, larger population level and because of this we have aimed to keep key messages very strategic at this stage.

**How we will use the JSNA**

The North Tyneside JSNA will underpin future revisions of the:

- Sustainable Community Strategy (SCS)
- Local area agreement (LAA)
- Annual operational/Local Delivery Plan
- Council plan
- Planning and commissioning for both children's and adult health and social care services

Involvement from people who use health and social care services as well as those providing services from the Council, NHS and community and voluntary sector will be essential for the ongoing success of the JSNA in North Tyneside.

Information from the JSNA is already being used to direct the commissioning and planning of health and social care services in the borough.
Overall Messages about Needs and Population

North Tyneside is an area of diverse character.

The geographical make-up of the Borough ranges from the coastal areas of Whitley Bay, Cullercoats and Tynemouth in the east, to the suburbs of Killingworth New Town in the west, and from the heavily industrialised riverside towns of Wallsend and North Shields in the south to the scattered former mining villages and isolated agricultural areas in the north, such as Backworth and Earsdon.

Since 2001 the borough population has increased by 1.6%.

Projected birth rates for North Tyneside are expected to rise a little following the national trend for birth rates to decrease over the last few years.

By 2016 North Tyneside is projected to have a rise of 7.3% from a baseline of 2330 in 2006.

The JSNA confirms that North Tyneside is an area where inequalities and health challenges are comparatively high against national figures and that faster progress is needed to reduce the inequalities gap.

Life expectancy for women in North Tyneside is 80.4 years compared to the English average of 81.1 years. For males, the life expectancy in our Borough is 75.6 years in comparison to the national average of 76.9 years.

At district level North Tyneside appears to be “closing the gap”, in terms of reducing deprivation, against the national picture.

North Tyneside ranks as most deprived on the Employment and Income Scales. The second most extensive Domain of Deprivation Health and Disability.

Tackling inequalities and closing the gap – with England and within the Borough - has been the core part of our agenda in North Tyneside. The Council, NHS services and key partners have formed effective and robust partnerships to ensure overall commitment to reduction of inequalities.

Our Local Strategic Partnership (LSP) brings together the key stakeholders for improving health and well-being across the borough and aims to improve the quality of life and opportunities for the residents of our North Tyneside.

The LSP are committed to reducing the inequality gap as highlighted in the Borough’s Local Area Agreement (LAA) and Sustainable Community Strategy that highlights our vision for 2030.
Emerging Themes from the JSNA

Early Intervention
In line with national trends North Tyneside has a growing ageing population and increasing numbers of people with long term conditions/disabilities need health and social care support.

Health and social care systems must focus more effectively on promoting good health, independence and responding with preventative models of support.

Carers
North Tyneside has 21,002 people (11% of the overall population) who provide unpaid care.

We must help carers to continue to care and acknowledge them as individuals with support needs in their own right.

We need to improve our ability to assist carers to access benefits, support them into training, education and employment where required, and offer advice and training on health issues.

Support for young carers remains an ongoing priority.

Long Term Conditions
Long-term conditions (LTCs) are those that cannot, at present, be cured, but can be controlled by medication and other therapies.

People with LTCs in North Tyneside use disproportionately more primary and secondary care services, and this pattern will increase over time.

Numbers are predicted to increase due to factors such as an ageing population and lifestyle choices.

For example, the number of men with dementia in the borough is set to increase 62% (from the current levels) by 2025.

There were 332 children and young people receiving a service from the Children’s Disability Team in February 2008.

These disabilities are likely to be enduring and require long lasting support.

Key Priorities
- To ensure a more joined up approach to services for children and young people with disabilities
- Timely advice and information for all members of the community as part of a preventative approach
- A co-ordinated approach across the Council and PCT to support carers in their caring role
- Co-ordination of health and social care services for people with LTCs
**Substance Misuse**
Alcohol-related hospital admissions, chronic liver disease and alcohol-related deaths are all higher in North Tyneside than the average for both the North East and England.

North Tyneside is the eighth highest “binge drinking” area in England. Hospital admissions for alcohol-related harm are well above national averages. Tackling binge drinking in young people is a priority.

Latest figures show drink-related deaths among 15-23 year olds have recently increased by almost 50%.

Opiate use remains the most problematic drug in terms of treatment need, associated crime levels and impact on harm reduction services.

Poly drug use (the use of two or more psychoactive drugs in combination to achieve a particular effect) is common amongst both adults and young people.

**Tobacco Control**
Smoking remains the greatest contributor to premature death and disease across North Tyneside. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

It is estimated that 87% of deaths from lung cancer are attributable to smoking, as are 73% of deaths from upper respiratory cancer and 86% of chronic obstructive lung disease.

North Tyneside has high rates of smoking, which causes statistically significantly higher mortality rates than the rest of England.

Smoking during pregnancy remains a serious issue. In North Tyneside in 2007/08 18% of pregnant women were smokers at the time of delivery. Additional services are required to support mothers, partners and families who smoke.

Despite considerable effort and activity, smoking among young people has remained relatively stable since 1998. However, there is no local data to monitor prevalence.

**Key Priorities**

- A reduction in the number of alcohol-related hospital admissions
- Increases in the number of people accessing stop smoking services
- Additional smoking cessation services to support mothers, partners and families who smoke
Obesity
Nationally, obesity is the second most common cause of preventable death and after smoking it has a major impact on mortality, morbidity and quality of life. The rise in obesity over the last 30 years is multifactorial and changes in lifestyles and nutritional habits have had a significant influence on the increased prevalence.

Providing a healthy start in life is important for all children. Increasing the breast-feeding rates at 6-8 weeks is key. Breast feeding initiation and rates of sustained breastfeeding in North Tyneside are among the lowest in the country. Low breastfeeding rates are associated with high levels of obesity in children.

Mental Health
The overall average predicted rate in North Tyneside for common mental health problems is 16%, with higher rates in more deprived areas.

This equates to approximately 19,744 cases in the adult working age population.

The overall average predicted rate of severe mental illness for North Tyneside is 0.86 by the MINI 2000 score rating (National average = 1).

For North Tyneside’s working age adult population of 17,600, this equates to 1011 cases.

Older people in North Tyneside will become a larger proportion of the population in the near future. This is likely to result in increasing demand for services for those with dementia.

Hospital admissions for suicide and injury for those aged 19 years and over has increased.

In 2001 there were 88 attempts compared to 2005 where there were 104 in North Tyneside.

It is estimated that there are a range of contributing factors, including alcohol and a range of emotional and mental health factors that will need to be assessed.

This indicates we need to address the emotional well being of children and young people.

Key Priorities

- Reducing childhood obesity
- Implementation of the standards from the National Dementia Strategy
**Sexual Health and Pregnancy**

In North Tyneside there is underperformance against national targets for Chlamydia screening. Priority needs to continue to reduce the prevalence of Chlamydia in North Tyneside.

Teenage Pregnancy continues to be a challenge and is one of the key National Indicators (NI 112) that is under-performing in North Tyneside.

In order to achieve the ambitious teenage pregnancy target a much more proactive approach to performance monitoring and managing the implementation of action plans, including a scaled up and systematic approach to the promotion and provision of Long Acting Reversible Contraception (LARC), will be necessary.

**Safeguarding Children**

Children who are defined as in need under the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired without the provision of services.

North Tyneside Council received a total of 1,837 referrals of children and young people to Children and Families Services during the year 2007-08. There has been a slight reduction in the percentage of repeat referrals. The focus is to continue to ensure children are safe.

The number of Looked After Children (LAC) remains stable and is lower than our statistical neighbours but in line with the England average. The majority of LAC are placed in the South East locality.

Placement Stability continues to improve with only 12% of children having 3 or more placements

Long Term Stability has seen a significant increase with the inclusion of those placed for adoption.

North Tyneside Council needs to strengthen arrangements for monitoring and preventing bullying in schools and the local community and ensure that it continues to address the needs that are directly related to children and young people themselves.

It is estimated that 11% of children and young people are living in poverty in the borough.

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**Key Priorities**

- Reducing teenage conception rates
- The eradication of child poverty
- Reviewing arrangements for the safeguarding of vulnerable children and young people to ensure they remain effective
Housing
Young people who have access to secure and sustainable housing are more likely to be healthy, safe and involved in training or employment.

In 2005/2006 1,282 applicants were accepted by North Tyneside Council as homeless; 730 of these were given priority status. Of the total number of applicants, 422 were single people aged 16-24 years (inclusive) and priority status was given to 245 people in this age group.

Responding to the needs of an increase in supported provision for young people is an ongoing concern.

The JSNA has identified housing related support for drug treatment users as a service provision gap.

There is a general lack of emergency housing options in North Tyneside and focus on linking with housing providers and the Supporting People programme is a priority.

Preventing Ill-health and Promoting Well-being
North Tyneside is part of a group of areas where inequalities and health challenges are the highest and faster progress is needed to reduce the inequalities gap.

Challenges include the need to support people to change their lifestyles and health-related behaviours by effective engagement and education.

Rising Expectations
Our residents want more from their public services to match the choice, customer service and personalisation they get elsewhere. They ask for services that are of good quality, make sound use of public money and are convenient to access.

New Models of Care and Support
The continued personalisation of NHS and social care services will require whole system transformation to deliver better advice and information, self-directed support and personal budgets.

Key Priorities
- Emergency and preventative approaches for housing
- Reducing health inequalities
- Increasing choice and control across health and social care services
Further Information
For further information about the JSNA and to read the full report go to the North Tyneside Strategic Partnership Website
www.northtyneside.gov.uk/ntsp/jsna.shtml

We want to make it easier for you to get hold of the information you may need about the services we provide. We are able to provide our documents in alternative formats including audiotape, large print and community languages.
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