



**Community  
Foundation**  
Tyne & Wear and Northumberland

# Tees Valley's Vital Issues 2017

Healthy Living

# 1. Healthy Living

## 1.1 Overview

The North East region has long had a reputation for poor health, and the Tees Valley contains some of the most deprived areas of the UK in terms of health and disability.

Middlesbrough is the 5<sup>th</sup> most deprived local authority area in the UK for health and disability, Hartlepool and Redcar & Cleveland are also in the 10% most deprived areas, and Darlington and Stockton-on-Tees are both in the 20% most deprived (table 24).

**Table 24 - Rank of local authorities on health deprivation and disability<sup>i</sup>**

	Health Deprivation and Disability - Rank of proportion of LSOAs in most deprived 10% nationally (out of 326 areas)
Darlington	46
Hartlepool	12
Middlesbrough	5
Redcar and Cleveland	26
Stockton-on-Tees	44

All five of the areas in the Tees Valley include neighbourhoods with the highest levels of health deprivation, and only Stockton-on-Tees has any local super output areas (LSOAs) that fall in the 20% least deprived (deciles 9 and 10 in table 25). If health issues were distributed evenly, 20% of all areas would be in the 2 less deprived deciles.

**Table 25 - Index of Multiple Deprivation 2015 - Health Deprivation and Disability**

Health deprivation and disability decile	Darlington	Hartlepool	Middlesbro	Redcar and Cleveland	Stockton-on-Tees	Tees Valley	
	LSOAs	LSOAs	LSOAs	LSOAs	LSOAs	LSOAs	%
1	13	24	48	27	25	137	33%
2	11	11	7	11	23	63	15%
3	8	5	7	20	14	54	13%
4	10	6	7	7	9	39	9%
5	5	4	11	14	12	46	11%
6	10	7	5	4	15	41	10%
7	7	1	0	5	10	23	6%
8	1	0	1	0	10	12	3%
9	0	0	0	0	2	2	0%
10	0	0	0	0	0	0	0%
<b>TOTALS</b>	<b>65</b>	<b>58</b>	<b>86</b>	<b>88</b>	<b>120</b>	<b>417</b>	<b>100%</b>

The IMD health and disability measure draws on a wide range of health indicators, including Years of Potential Life Lost (YPLL), Comparative Illness and Disability Ratio, Measures of acute morbidity (derived from Hospital Episode Statistics) and the proportion of adults under 60 suffering from mood or anxiety disorders based on prescribing, suicide mortality rate and health benefits data, to give a broad-based

score that covers physical and mental health as well as expected lifespan. Each of these is looked at in more depth below.

## 1.2 Life expectancy and causes of death

The life expectancy in all parts of the Tees Valley is less than the England average, with Middlesbrough having the lowest for both males (76.1 years) and females (79.8 years). Infant mortality is also higher in most parts of the Tees Valley than in England as a whole, with only Redcar & Cleveland having a lower rate per 1,000 births.

However, as ever, the figures mask huge variations. South Tees CCG reported that life expectancy is 11.7 years lower for men and 12.0 years lower for women in the most deprived areas of Middlesbrough compared to the least deprived areas<sup>ii</sup>.

**Table 26 - Life expectancy and causes of death, 2012-15<sup>iii</sup>**

Indicator	Period	D'ton	H'pool	M'bro	R&C	S'ton-on-Tees	North East	England
Life expectancy at birth (Male)	2013 - 15	77.9	76.8	76.1	78.1	78.1	77.9	79.5
Life expectancy at birth (Female)	2013 - 15	81.9	81.3	79.8	81.8	81.7	81.6	83.1
Infant mortality (per 1000 births)	2013 - 15	4.1	4.1	4.6	2.9	4.1	3.6	3.9
Killed and seriously injured on roads	2013 - 15	31.3	29.5	30.9	32.6	28.5	32.4	38.5
Suicide rate	2013 - 15	14.2	*	17.4	10.7	13.6	12.4	10.1
Smoking related deaths	2013 - 15	320.7	415.9	422.2	363.8	321.9	369	283.5
Under 75 mortality rate: cardiovascular	2013 - 15	79.5	92.7	103.7	88.9	81.9	85.1	74.6
Under 75 mortality rate: cancer	2013 - 15	161.8	182.9	173.7	169.2	157.6	162.7	138.8
Excess winter deaths	2012-15	20.8	23	18.8	17.1	26	19.3	19.6

On each of the causes of death listed above, the Tees Valley scores worse than the rest of the population, apart from people being killed and seriously injured on the roads, where the rates across the Tees Valley are lower than average.

Of particular note is Middlesbrough's suicide rate, of 17.4 per 100,000 population, which is 70% higher than the national average and significantly higher than anywhere else in the Tees Valley.

Middlesbrough also has the highest rates in the Tees Valley of smoking-related death and under-75 deaths due to cardiovascular disease. It is therefore unsurprising that Middlesbrough has one of the highest rates of smoking in the sub-region at 20.8% (table 27), surpassed only by Hartlepool (22.8%).

### 1.3 Health and lifestyles

Table 27 indicates that adults are generally less physically active in the Tees Valley than elsewhere in England, and are also more likely to be overweight. Stockton-on-Tees and Hartlepool are the areas with the lowest activity rate and highest proportion of overweight adults.

**Table 27 - Adults' health and lifestyle, 2015<sup>iv</sup>**

Indicator	Period	D'ton	H'pool	M'bro	R&C	S'ton on Tees	North East	England
Smoking prevalence in adults	2015	17.9%	22.8%	20.8%	17.3%	18.4%	18.7%	16.9%
Percentage of physically active adults	2015	56.5%	50.4%	51.3%	50.5%	47.8%	52.9%	57.0%
Excess weight in adults	2013-15	65.4%	73.3%	68.8%	70.5%	72.1%	68.6%	64.8%

Similarly, children in the Tees Valley are more likely to be obese than the England average, with Hartlepool and Middlesbrough having the highest rates (24.4% and 24%, respectively – table 28). Obesity raises the risk of coronary heart disease, some cancers, and type 2 diabetes, so addressing this is a key priority to address many of the preventable causes of premature death.

Children in the Tees Valley are less likely to get off to a healthy start than elsewhere in England, with many more pregnant women smoking (19.8% in Middlesbrough and Redcar & Cleveland – almost twice the England average), and fewer choosing to breastfeed their babies. Both of these decisions can have serious consequences in terms of the child's future health, so are key priorities for health professionals, and could be addressed by community-based initiatives to educate young women as well as persuading pregnant women to make better lifestyle choices.

**Table 28 - Children's health and lifestyle, 2014-16<sup>v</sup>**

Indicator	Period	D'ton	H'pool	M'bro	R&C	S'ton on Tees	North East	England
Mother smoker at time of delivery	2015-16	14.8%	18.1%	19.8%	19.8%	18.1%	16.7%	10.6%
Breastfeeding initiation	2014-15	63.2%	49.6%	47.2%	52.8%	58.2%	60.1%	74.3%
Obese children (Year 6)	2015-16	21.0%	24.4%	24.0%	22.5%	21.2%	22.4%	19.8%
Admission episodes for alcohol-specific conditions	2015-16	58.7	28.3	66.0	69.4	57.3	66.9	37.4
Under 18 conceptions	2015	25.1	35.8	33.7	33.7	28.9	28.0	20.8

More young people (aged under 18) are admitted to hospital for alcohol-related conditions in the Tees Valley than across the UK, with Middlesbrough and Redcar & Cleveland again having the highest numbers (66 and 69.4 per 100,000 population,

respectively). However, Hartlepool is notable for having only 28.3 admissions per 100,000 – 25% below the England average.

Conceptions in under-18s are also higher than average across the whole of the Tees Valley, with the lowest rates being in Darlington.

#### 1.4 Disease and poor health

Among the wider Tees Valley population, hospital admission due to alcohol-related conditions is also higher than the England average, though interestingly lowest in Redcar & Cleveland, where it is just above the England-wide level. Middlesbrough again has the highest rate (42% higher than England as a whole).

Middlesbrough also has the lowest proportion of cancers diagnosed early, the highest proportion of hospitalisation due to self-harm, and the highest rate of hip fractures in the over-65s. The Tees Valley does worse than the England average on all of these measures.

**Table 29 - Disease and poor health, 2013-16<sup>vi</sup>**

Indicator	Period	D'ton	H'pool	M'bro	R&C	S'ton on Tees	North East	England
Cancer diagnosed at early stage (Stage 1 or 2)	2015	49.7%	51.6%	48.1%	55.6%	53.5%	52.3%	52.4%
Hospital stays for self-harm	2015-16	194.4	214.7	338.5	209.7	263.3	230.5	196.5
Admission episodes for alcohol-specific conditions (per 100,000)	2015-16	739	839	921	674	853	852	647
Recorded diabetes	2014-15	6.8%	6.3%	6.2%	6.9%	6.1%	6.7%	6.4%
Incidence of TB (3 year average)	2013-15	5.1	4	9.8	3	4.6	5.5	12
New sexually transmitted infections (per 100,000)	2016	724	550	592	473	432	648	795
Hip fractures in people aged 65 or over (per 100,000)	2015-16	625	694	728	620	654	679	589

However, the rates of TB are significantly lower than the England-wide average (though this is skewed by pockets of high incidence in London and other large metropolitan areas), and the number of new cases of sexually-transmitted disease is lower across the Tees Valley than elsewhere, with only Darlington approaching the national average.

There are programmes in some areas designed to try to take a long-term approach to addressing ill-health and wellbeing issues. For instance, the Healthy New Towns project in Darlington involves planning and developing a whole new community designed to encourage better health and lifestyles including using smart technology

to promote health and refocus health services. If this is successful a similar approach might be used elsewhere in the area.

The CCG in Darlington has also set up a multi-disciplinary team to address elderly care, which includes Age UK, Darlington Mind and Darlington Action on Disability. There are also moves for third sector organisations to share premises with GPs and others and offer integrated service provision. This way of working is improving GPs' understanding of the third sector and the benefits of working together.

### 1.5 Mental health and wellbeing

The annual Personal Wellbeing Survey attempts to provide a snapshot of levels of wellbeing across the country, and results for the Tees Valley are summarised in table 30.

**Table 30 - Mean scores on personal wellbeing survey, 2011-12 and 2014-15<sup>vii</sup>**

	life satisfaction		worthwhile		happiness		anxiety	
	2011-12	2014-15	2011-12	2014-15	2011-12	2014-15	2011-12	2014-15
Darlington	7.53	7.67	7.70	7.79	7.36	7.46	2.91	2.98
Hartlepool	7.45	7.64	7.54	7.84	7.21	7.48	3.01	2.66
Middlesbrough	7.39	7.52	7.59	7.71	7.11	7.28	3.62	3.03
Redcar and Cleveland	7.46	7.58	7.76	7.87	7.26	7.46	3.09	2.67
Stockton-on-Tees	7.51	7.67	7.58	7.94	7.21	7.56	3.05	2.85
North East	7.43	7.55	7.62	7.73	7.18	7.34	3.22	3.01
England	7.40	7.60	7.66	7.81	7.28	7.45	3.15	2.86

Overall, the results indicate that, for the most part, people in the Tees Valley are at least as contented as people elsewhere in the UK and generally more so than other people in the NE region.

Feelings of life satisfaction, happiness and that what you do is worthwhile increased in all areas of the Tees Valley during 2012-15 and remain above national average except in Middlesbrough which is closer to the NE average.

However, although levels of anxiety have reduced in all areas apart from in Darlington, they remain above average in Darlington and Middlesbrough.

Middlesbrough appears to score less well than other areas on this measure. While much of the content of this report may suggest that life is harder in Middlesbrough than in other parts of the sub-region, there could be scope to carry out some research into whether there are specific factors that mean personal well-being is lower in Middlesbrough than elsewhere, and what could be done to address them.

There is increasing recognition of the importance of mental health to overall wellbeing, with the NHS's own mental health taskforce estimating that one in four adults experiences at least one diagnosable mental health problem in any given year<sup>viii</sup>.

In response, the government has sought to improve access to mental health services through the Increasing Access to Psychological Therapies (IAPT) programme, which operates across the country, and is often delivered by third sector mental health organisations.

The referral and success rates for IAPT programmes in the Tees Valley are:

**Table 31 – IAPT services referrals, completion and outcomes, March 2017<sup>ix</sup>**

CCGName	Referrals Received	Of whom, first assessment complete		Of whom, finished treatment		Of those finishing course			
						Made a reliable recovery	Reported an improvement		
NHS Darlington CCG	910	490	54%	250	51%	65	26%	130	52%
NHS Hartlepool and Stockton-on-Tees CCG	4025	3780	94%	1895	50%	330	17%	770	41%
NHS South Tees CCG	3170	2840	90%	1425	50%	240	17%	480	34%

Many people who are referred for IAPT services do not complete assessment. The target is that this is completed within 6 weeks in 75% of cases, but many people wait much longer than this, and either feel better, so do not take up the assessment when it is offered, or seek an alternative source of help. In Darlington, just over half of those referred get assessed.

Of those who do undertake assessment, around half finish their treatment. Many people wait several weeks post-assessment before their treatment starts. During this time, again some will simply feel better, so not attend or complete their treatment, and others will seek a private alternative.

Of those who do complete, less than one in five make a reliable recovery in Hartlepool, Stockton-on-Tees, Middlesbrough or Redcar & Cleveland. Only Darlington has a higher success rate with 26% recovering. In South Tees only around a third report any improvement at all.

Overall, this suggests mixed performance for the IAPT services across Tees Valley, with many not performing well. In Darlington, 7% (54% x 51% x 26%) of those referred will make it through assessment and treatment and make a reliable recovery and another 14% will report any improvement at all. Hartlepool is barely better at 8% and 19%, while in South Tees the rates are 7% and 15%.

At the higher end of need, people with multiple disadvantage (see section 1 – fairness) also often have mental health issues. So many people involved in criminal behaviour now have mental health issues that Cleveland Police have mental health nurses in their control room to provide a triage service for people who appear to be suffering from mental health issues. Making Every Adult Matter (MEAM) works across large parts of the UK to bring together partnerships of organisations to provide coordinated approaches to multiple needs. Unfortunately, there is no MEAM partnership in the Tees Valley area, and philanthropic support would be very

beneficial to establish this kind of approach to support some of the people in the most need in the area.

### **1.6 Changes to how health services are delivered**

There are big changes taking place in how health services are delivered across the UK. The country has been split into 44 footprint areas, one of which is Durham Dales, Easington and Sedgefield, Darlington, Teesside, Hambleton, Richmondshire & Whitby. In each footprint area, a local partnership has been tasked with creating a Sustainability and Transition Plan (STP) setting out proposals to improve how health care is delivered by all agencies across the area.

The plans are designed to cover:

- Improving the health and wellbeing of the population
- Improving the quality of care that is provided
- Improving the efficiency of NHS services.

The plan covering the Tees Valley has four priority areas:

- Preventing ill health and increasing self-care
- Health and care in communities and neighbourhoods
- Quality of care in our hospitals – “Better Health Programme”
- Use of technology in health care

One of the main focuses of this new agenda- the Better Health programme - is about rationalising hospital provision. In the Tees Valley, there have already been changes made, with Hartlepool Hospital downgraded, and Darlington likely to be downgraded too. A&E provision is limited and not very accessible by public transport, creating access issues, particularly for people in the East Cleveland areas who face a substantial round trip to access emergency care.

Preventative work is the other top priority, and there will be opportunities for local organisations to provide new and existing services through social prescribing initiatives. Social prescribing usually involves one or more organisations providing ‘navigators’ who work with the person in need to help to identify appropriate community-based activities and support to address their health needs.

In Stockton-on-Tees, Catalyst is already working with the Clinical Commissioning Group and the local authority to deliver Integrated Personal Commissioning. This approach has been unusual in that it has followed the personalised budget model, so the funding has been paid to the organisation providing the activity. In most models of social prescribing there is little additional funding available to the organisation which provides the activity, as most of the income accrues to the navigator organisation.

The Stockton approach obviously makes it much easier for organisations to be able to develop and deliver high quality activities, so it will be important that organisations are able to lobby the STP partnership to ensure there are sufficient funds in the model to continue to pay for service delivery.

### Potential roles for philanthropy

- Middlesbrough is identified as the 5<sup>th</sup> worst local authority area for health and disability measures in the IMD 2015, and is the worst-performing area on many of the measures identified above. Therefore, any measures to improve health and lifestyles in Middlesbrough would be welcome.
- More specific issues that appear to stand out include:
  - Suicide and self-harm in Middlesbrough
  - Smoking, particularly in Hartlepool and Middlesbrough, and among pregnant women in all areas.
  - Encouraging breast-feeding, particularly in Darlington and Stockton-on-Tees
  - Excessive alcohol consumption, especially among adults in Hartlepool, Middlesbrough and Stockton-on-Tees, and among under-18s in Middlesbrough and Redcar & Cleveland.
  - Action to promote physical exercise, a healthy diet and weight loss across the sub-region.
- Supporting the development of a MEAM partnership for the Tees Valley to coordinate support for people with multiple disadvantage.
- Providing support to organisations delivering preventative activities and work through social prescribing type arrangements.

<sup>i</sup> **Dept of Communities and Local Government (2015)**, *Index of Multiple Deprivation, 2015*, Office for National Statistics, downloaded from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>, 30/5/16 07:30

<sup>ii</sup> **South Tees CCG (2016)** *Middlesbrough Health Profile*, downloaded from: <http://www.southteesccg.nhs.uk/wp-content/uploads/2016/12/Middlesbrough-Health-Profile-2016.pdf> 16/6/17 10:03

<sup>iii</sup> **Public Health England (2017)**, *Health Profiles*, from: <https://fingertips.phe.org.uk/profile/health-profiles> 5/6/17 12:53

<sup>iv</sup> **Public Health England (2017)**, *Health Profiles*, from: <https://fingertips.phe.org.uk/profile/health-profiles> 5/6/17 12:53

<sup>v</sup> **Public Health England (2017)**, *Health Profiles*, from: <https://fingertips.phe.org.uk/profile/health-profiles> 5/6/17 12:53

<sup>vi</sup> **Public Health England (2017)**, *Health Profiles*, downloaded from: <https://fingertips.phe.org.uk/profile/health-profiles> 5/6/17 12:53

<sup>vii</sup> **ONS (2016)** *Personal well-being estimates geographical breakdown*, downloaded from: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimatesgeographicalbreakdown> 4/7/16 10:58

<sup>viii</sup> **Mental Health Taskforce to the NHS in England (2016)**, *The Five Year Forward View for Mental Health*, accessed 1/2/17 from <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> 1/3/17 10:03

<sup>ix</sup> **NHS Digital (2017)** *March 2017 Final, including reports on the integrated services pilot*, downloaded from: <http://content.digital.nhs.uk/iaptreports> 11/7/17 15:46