



Community
Foundation

Tyne & Wear's Vital Issues 2017

Healthy Living

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1.1 Overview

The North East region has long had a reputation for poor health, and Tyne & Wear continues to rank as one of the worst areas of England.

We regard mortality rates from circulatory disease as a major indicator of the health of local residents, and these are poor in Tyne & Wear. The sub-region ranks third highest in comparison to 47 comparable areas, and the mortality rate is 18% higher than the national average. The table below shows the scores for Tyne & Wear for the Index of Multiple Deprivation Health and Disability domain, which measures the risk of premature death and the impairment of quality of life through poor physical or mental health. Most local authority areas are in the worst 10%.

Table 13 – Average health deprivation score for LSOAs (England = .24)

	Average score	National rank	Decile
Sunderland	1.01	11	1
South Tyneside	0.94	15	1
Gateshead	0.78	23	1
Newcastle-upon-Tyne	0.78	25	1
North Tyneside	0.54	57	2

Within this rather dire picture, it is worth noting that local experiences vary massively between neighbourhoods. Sunderland, for example, contains LSOAs (neighbourhoods) that rank from 19 to 19558 out of 34,703 comparable areas in England whilst in North Tyneside the range is 79 to 24974.

Public health and social care agencies are, of course, the key players in improving health across the sub-region. With the continued pressure on health services, the boundary between statutory and voluntary services is becoming less clearly defined. The challenge increasingly is to be proactive in meeting local need whilst avoiding the use of philanthropic funds simply to compensate directly for lost state funding.

1.2 Life expectancy and the major causes of ill-health

For Tyne & Wear in 2012/14, the life expectancy at birth for men was 77.6, and for women it was 81.6 years. The rate for both is somewhat worse than for the country as a whole which was 79.6 for men and 83.2 for womenⁱ.

Circulatory disease and cancer are together responsible for over half of all deaths in the UK, whilst type 2 diabetes is recognised as a growing health problem responsible for 24,000 excess deaths each year in Englandⁱⁱ. The incidence of all three diseases is higher in Tyne & Wear than in England as a whole, and within the area will vary with levels of deprivation.

Table 14 - Cancer, circulatory disease and diabetesⁱⁱⁱ

	Mortality rate cancer (2013-2015)	Mortality rate circulatory disease (2012-2014)	% patients with diabetes
Gateshead	158.73	96.08	6.5
Newcastle-upon-Tyne	170.92	97.83	5.6
North Tyneside	170.41	80.93	6.6
South Tyneside	169.32	92.24	6.9
Sunderland	168.53	92.82	6.5
England	138.78	78.21	6.2

Other areas for concern include:

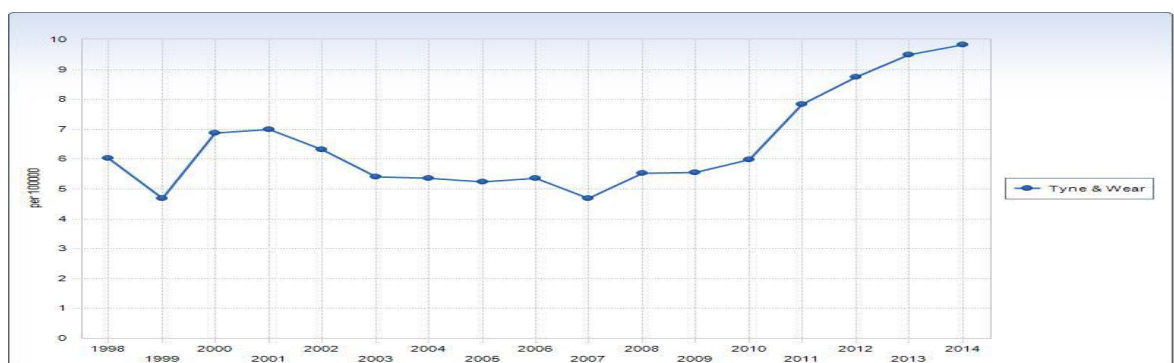
- **Mental health and well-being:** The annual Personal Wellbeing Survey attempts to provide a snapshot of levels of wellbeing across the country, and results for Tyne & Wear are summarised in table 30.

Table 15 - Mean scores (out of 10) on personal wellbeing survey, 2011-12 and 2014-15^{iv}

	life satisfaction		worthwhile		happiness		anxiety	
	2011-12	2014-15	2011-12	2014-15	2011-12	2014-15	2011-12	2014-15
Gateshead	7.27	7.41	7.52	7.60	7.06	7.25	3.37	3.36
Newcastle upon Tyne	7.51	7.29	7.62	7.49	7.28	7.20	3.30	3.23
North Tyneside	7.30	7.49	7.66	7.71	7.28	7.26	3.05	3.00
South Tyneside	7.21	7.52	7.45	7.66	7.04	7.20	3.35	2.98
Sunderland	7.38	7.51	7.62	7.80	7.13	7.27	3.15	3.15
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

In general the figures indicate a positive trend: more people are satisfied with life, feel it is worthwhile and are happy and less feel anxious. However, for a large number of people in the sub-region mental ill-health is likely to be an issue. The National Statistics Health Survey for England (2016) noted: *“The age-standardised prevalence of diagnosed mental illness varied by region, as shown in Figure 2D, with broadly similar patterns for men and women. Prevalence was higher in the North East...”*^v

The North East also has high rates of hospital admission for self-harm and for drug overdose. Worryingly, there has been a marked increase in suicide rates within Tyne & Wear since 2008:



- **Sexual health:** Teenage pregnancy rates are falling, but remain above the national average. With the exception of Newcastle the rate of sexually transmitted infections within Tyne & Wear is at or below the national average. Rates of HIV infection remain relatively low, although there is little room for complacency as late diagnosis is an issue. In South Tyneside, for example, 52.9% of people have had HIV for at least four years before they are told compared to 45% for England^{vi}.
- **Alcohol, drugs and tobacco:** The table below shows that Tyne & Wear does far worse than England in relation to harm to health arising from alcohol, tobacco and drug use.

Table 16 – Health consequences of alcohol, tobacco and drug misuse^{vii}

	Alcohol related harm hospital stays /100,000 people	Smoking related deaths /100,000 people	Drug misuse related deaths/100,000 people
Gateshead	1,015	386	8.5
Newcastle-upon-Tyne	826	395	7.6
North Tyneside	945	358	7.8
South Tyneside	982	404	6.6
Sunderland	948	423	6.6
England	647	284	4.2

- **Diet, obesity and exercise**

Data collected to 2011 on fruit and vegetable consumption pointed to poor diet being an issue across Tyne & Wear. One consequence of poor diet, coupled with lack of exercise, is obesity. The table below shows the % of children in year 6 (10 year olds) who are obese and the % of adults who are overweight compared to the national average:

Table 17 – Children and adults who are overweight

	England	Newcastle	Gateshead	S.Tyneside	N.Tyneside	Sunderland
Children	20%	25%	23%	22%	21%	24%
Adults	65%	63%	69%	71%	67%	70%

The percentage of physically active adults in nationally is 57%. In Tyne and Wear this ranges from 55% in Newcastle to 46% in Gateshead.^{viii}

Potential roles for philanthropy

- The primary area where philanthropy has a role to play is in encouraging people to take more care of themselves. Interventions can range from specific activities focused on reducing harmful behaviours to fun activities that encourage people to eat more healthily or take more exercise.
- Levels of mental ill-health, coupled with high rates of hospital admission for self-harm and the increase in suicides within the sub-region point to the importance of supporting voluntary services that support people at risk.

- Support for young people around sexual health is an important aspect of maintaining progress around reducing STDs and teenage pregnancy. This is often a useful aspect of the work of youth organisations supported with charitable funding.

ⁱ **ONS (2015)** at

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/lifeexpectancyatbirthandage65bylocalareainenglandandwalesreferencetable1>

ⁱⁱ **NHS (2011)**, <https://www.nhs.uk/news/diabetes/claims-of-24000-excess-deaths-from-diabetes/>

ⁱⁱⁱ **Grant Thornton Place Analytics (subscription service)** <http://gt-placeanalytics.com> The figures are from ONS and Public Health England

^{iv} **ONS (2016)** *Personal well-being estimates geographical breakdown*, downloaded from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimategeographicalbreakdown> 4/7/16 10:58

^v **NHS (2016)** <http://content.digital.nhs.uk/catalogue/PUB19295/HSE2014-ch2-mh-prob.pdf>

^{vi} <http://www.chroniclive.co.uk/news/north-east-news/half-aids-sufferers-north-east-8776900>

^{vii} **Public Health England (2017)** <http://fingertipsreports.phe.org.uk/health-profiles/2017/>

^{viii} **Public Health England (2017)** <http://fingertipsreports.phe.org.uk/health-profiles/2017/>