The Newcastle under Lyme Health and Wellbeing Strategy 2013 – 2018

Overview

This Health and Wellbeing Strategy seeks to identify and prioritise the key determinants of health in Newcastle under Lyme, develop a shared approach to addressing health inequalities and ensure that our residents are well placed to benefit from current health reforms.

We recognise that many of the issues we face locally are the same as those we face as a nation, but we have prioritised our actions to areas where the information we have indicates, for us, a worse position than the national picture.

Like all areas we are facing the challenges of an ageing population, but we have the added challenge of there being stark differences in life expectancy between different wards of the Borough.

We have higher levels of obesity for both children and the adult population in the Borough than the England as a whole.

We have fewer people eating five portions of fruit or vegetables a day than the England average and a growing number of families receiving support from the food bank. This situation impacts not only in terms of obesity but also in terms of disease such as diabetes and heart disease.

Due to the ageing population and levels of deprivation (both rural and urban) in parts of the borough many are at risk of social isolation. We understand the importance of communities in tackling theses issues particularly for the elderly, the young and the financially disadvantaged who by the nature of their situation need support within their immediate neighbourhood. A further symptom within our population is a growing number of people with dementia

We have higher numbers of smokers and high levels of alcohol consumption compared to the national picture and these impact heavily in terms of lung and liver disease.

Whilst we will work in partnership with other agencies to improve housing, employment opportunities and early detection of disease as we know these have a positive effect on peoples health we also want people to take control of their own health through health lifestyle choices.

We are seeking to create a happier and healthier community, with a better quality of life for all, for people to be in better mental health and by having some resources put into prevention there will be an overall reduction in treatment costs.

Our plans will be taken forward in two action plans: One for health and one for physical activity. We see these as ‘two sides of the same coin’, with those for health to tackle pre existing conditions from early onset and those for physical activity to encourage healthy lifestyles to prevent the on set of disease or aid recovery.

The overall Health and Wellbeing Strategy for Newcastle under Lyme is summarised in the following diagram. What follows is a fuller exploration of the issues and actions.

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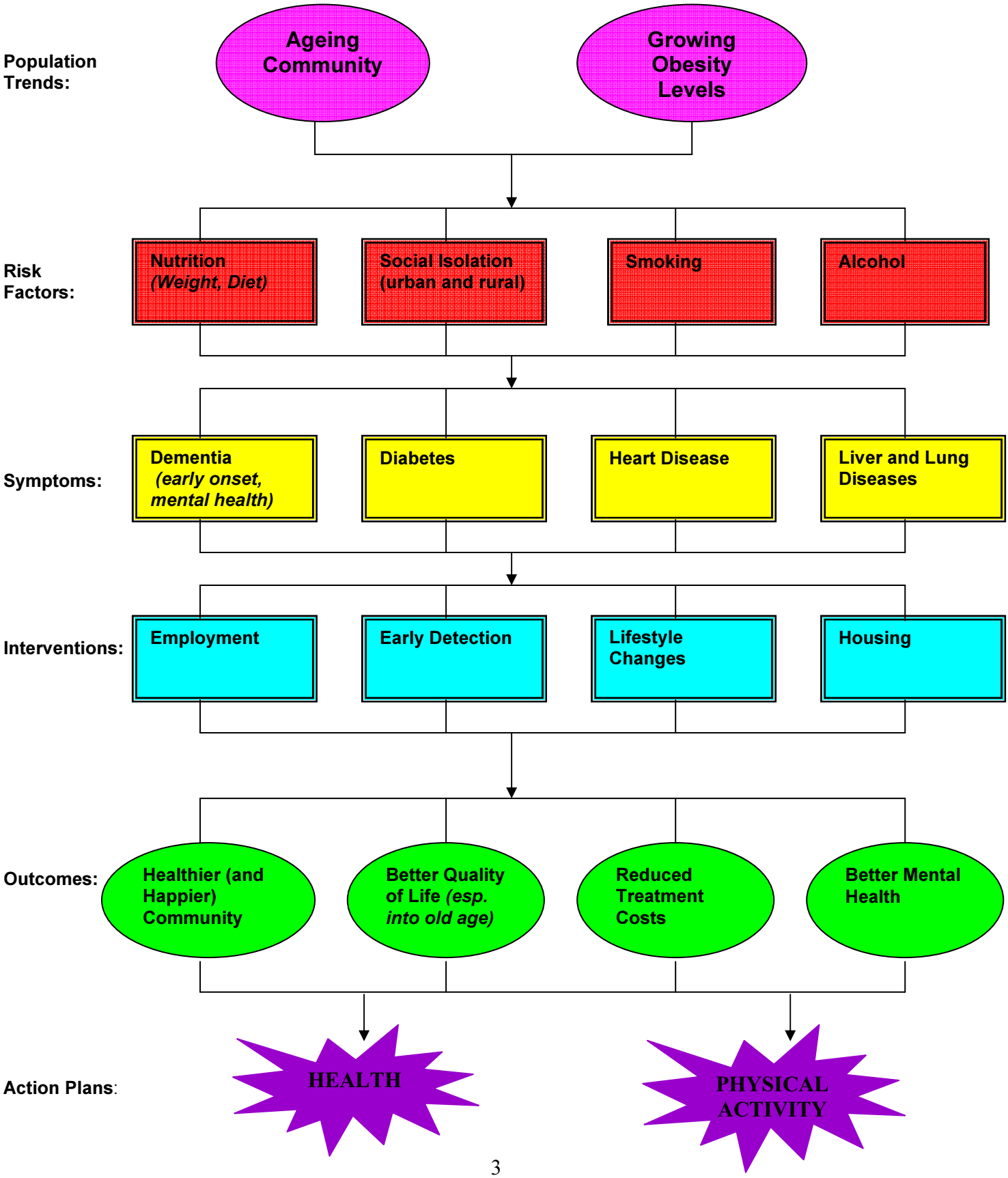
Cabinet Portfolio Holder- Stronger and Active Neighbourhoods
Newcastle under Lyme Borough Council

Newcastle under Lyme

Health and Wellbeing Challenges



Background

The Marmot Review into health inequalities in England – 'Fair Society, Healthy Lives' was published on 11 February 2010 and has prompted widespread health reforms to address the social determinants of health, which can lead to health inequalities.

The detailed report contains many important findings, some of which are summarised below.

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods
- People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years
- There is a social gradient of health inequalities - the lower one's social and economic status, the poorer one's health is likely to be
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable and there is both a strong social justice case and a pressing economic case for addressing this.
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

Key to Marmot's approach to addressing health inequalities is to create the conditions for people to take control of their own lives. Consequently new health structures have been brought into force from April 2013, with both the NHS and local authorities having a new legal duty to improve health inequalities. Local councils, in particular, have a vital role in building the wider determinants of good health and working to support individuals, families and communities.

Nationally there is a new NHS Commissioning Board but locally the Clinical Commissioning Group (CCG) is the cornerstone of the new health system. Each of the GP practices in Newcastle under Lyme is now part of the North Staffordshire CCG, responsible for commissioning care for people in the Newcastle, Stoke and Staffordshire Moorlands areas.

The CCG will commission the majority of health services, including emergency care, elective hospital care, maternity services, and community and mental health services. In 2013/14 they will be responsible for a budget of £235 million. .

Staffordshire County Council now has responsibilities and £30million funding for Public Health and along with the district and borough councils will take a greater role in improving health and reducing health inequalities. Support for this new role comes from a new executive agency - Public Health England – along with a new public health outcomes framework to direct the resources.

The Staffordshire Health and Wellbeing Board is central the new integrated approach to health and social care and brings together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch (the new, independent consumer champion for health and social care), to plan how best to meet the needs of our local population and tackle local inequalities in health.

The Health and Social Care Act sets out Monitor's role as the sector regulator for health care with responsibility for regulating all providers of NHS-funded services in England.

In its new role, Monitor will license providers, work with the NHS Commissioning Board to set prices for NHS-funded services, prevent anti-competitive behaviour, and work with commissioners to ensure continuity of services when providers get into financial difficulty.

Under the reforms, all remaining NHS trusts are expected to become foundation trusts by April 2014 and the Act outlines a new failure regime for providers that are financially unsustainable. Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) is applying for Foundation Trust status.

Introduction

Health and Wellbeing issues cannot be tackled in isolation. The approach adopted promotes healthier behaviours and lifestyles, and recognises the wider social, environmental and economic influences on health, such as poor quality housing and employment.

Our definition of 'Health and Wellbeing'

For the purposes of this strategy we use the definition from the Constitution of the World Health Organization for health and wellbeing. This says: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

Overall Vision

The vision of this strategy is to contribute to the improved health and wellbeing of our residents by supporting them to adopt and maintain a healthy lifestyle.

Our Priorities

To deliver this vision we will:

1. Look at ways to reduce health inequalities
2. Promote healthy lifestyles and healthy communities
3. Collate local information on health and well being issues and address them
4. Work with partners to develop and implement an action plan to meet the vision

Our Aims

This strategy is aligned to and forms a local response to the Staffordshire County Council Health and Wellbeing Strategy and has been developed as a result of a joint

commitment by partners to improve health and wellbeing in the Borough. The aim of the strategy is to:

- help us understand the health and wellbeing issues faced by the people of Newcastle under Lyme;
- identify ways in which people can help themselves to achieve and maintain better health and improve their wellbeing;
- increase the influence that residents have on the services that are commissioned for them;
- set out how each of the partners contributes to improving the health and wellbeing of residents.

To deliver our aims we will work with partners to:

- Develop sustainable community based services that address health inequalities and improve the physical and mental wellbeing of people.
- Support efforts to improve the long-term health of our communities.
- Help and encourage vulnerable people to lead independent lives and enjoy continued social contact.
- Encourage people to adopt healthy behaviours enabling them to be healthy and improve their wellbeing.
- Identify and tackle the social, environmental and economic factors that can affect the health and well being of individuals.
- Empower residents to take responsibility for improving their own health and wellbeing.

Key Messages for Health and Wellbeing in Newcastle under Lyme

An analysis of the Health and Wellbeing Profile for Newcastle identifies the following key messages:

- Population projections for Newcastle from 2010 to 2035 suggest there will be a growth in population (12%).The population is projected to see significant growth in people aged 65 and over (54%) and in particular those aged 75 and over (73%).
- Mosaic Public Sector 2009 allows populations to be segmented in terms of individual's demographics, lifestyles and behaviours. This allows interventions to be targeted more effectively in an appropriate style and language suited to the different lifestyle groups. Around 65% of the Newcastle population falls within one of five Mosaic groups: Ex-Council Community (18%), Industrial Heritage (15%), Suburban Mindsets (12%), Small Town Diversity (10%) and Professional Rewards (9%).
- The Index of Multiple Deprivation 2010 (IMD 2010) is a way of identifying deprived areas. There are 12 lower super output areas (LSOAs) that fall within the most deprived national quintile in Newcastle, making up 14% of the total population. These areas fall within Cross Heath, Knutton and Silverdale, Chesterton, Butt Lane, Kidsgrove, Silverdale and Parksite, Town, Holditch amd Thistleberry.
- The child wellbeing index (CWI) 2009 provides useful information at a small area level for the wellbeing of children. In Newcastle, only five of the 81 LSOAs fall within the fifth most deprived areas in England making up 7% (about 1,500 children) of the child population (aged under 16) falling within Chesterton, Cross Heath, Kidsgrove and Knutton and Silverdale.
- In 2009, nearly one in five children in Newcastle were defined as living in poverty. This is lower than the national average although it varies significantly across the district from 3% in Keele to 36% in Knutton and Silverdale
- The number of Jobseeker's Allowance claimants in Newcastle has increased between 2008 (1,500 claimants) and 2012 (2,600 claimants). In addition there are inequalities across the borough with high proportions of claimants in Cross Heath, Silverdale and Parksite, Town and Knutton and Silverdale wards.

As our general population lives longer and puts pressure on public sector spending, the gap between the most deprived wards and those that are more affluent is likely to widen, unless we tackle identified inequalities now. Some of the specific health and wellbeing issues are highlighted below.

Specific issues have been identified around infant mortality:

- Within Newcastle there are around 1,220 live births annually and fertility rates are lower than the national average. Fertility rates in Knutton and Silverdale ward are higher than the England average.
- Rates of perinatal mortality and infant mortality in Newcastle are higher than the England average whilst stillbirth rates are similar to national levels. Stillbirth rates are showing a steady upward trend while both perinatal mortality and infant mortality in Newcastle saw a significant increase between 2004-2006 and 2006-2008, although rates do appear

to have reduced slightly (not significantly) in 2008-2010. In Newcastle during the period 2008-2010 there were in total 23 stillbirths, 46 perinatal deaths and 34 infant deaths.

- More mothers in Staffordshire continue to smoke throughout their pregnancy than the England average (15% compared to 14% during 2010/11). Various estimates suggest that 17% to 20% of pregnant women in Newcastle continued to smoke throughout pregnancy, higher than the England average. Ward data for smoking in pregnancy suggest Knutton and Silverdale, Cross Heath, Holditch and Chesterton wards have high rates of smoking at delivery.
- The proportion of babies born with a birth weight of less than 2,500 grams in Newcastle is 8%, which is higher than the national average of 7%. Butt Lane, Holditch and Audley and Bignall End wards have a particular high level of babies born with a low birthweight.
- A model by the Network of Public Health Observatories suggests that around 67% of mothers in Newcastle initiated breastfeeding in 2009/10 which is lower than the England average of 74%.
- Data from the West Midlands Perinatal Institute also suggests that initiation rates in Newcastle are low (60%) and highlights that Silverdale and Parksite, Cross Heath, Holditch and Chesterton wards have particularly low levels of breastfeeding initiation rates (all below 50%).
- Provisional data from child health information systems in Staffordshire has been used to provide some analysis at district level. This shows that Newcastle also has a particularly low breastfeeding prevalence rate at six to eight weeks.

Life expectancy is also varies widely locally:

- The gap between the ward with the lowest life expectancy and the ward with the highest life expectancy is nine years for men and 13 years for women. Men and women in Bradwell, Cross Heath, Knutton and Silverdale and Town wards all have shorter life expectancy than the England average. Men in Ravenscliffe ward and women in Holditch also have shorter life expectancy.
- Around 1,220 Newcastle residents die every year, with the most common causes of death being circulatory diseases (390 deaths, 32%), cancers (330 deaths, 27%) and respiratory disease (190 deaths, 16%).
- The rates of people dying before the age of 75 (which are considered to be preventable) continue to decline in Newcastle.. However there are inequalities within Newcastle, with Cross Heath, Holditch, Knutton and Silverdale, Town, Silverdale and Parksite and Bradwell wards having particularly high levels of premature mortality. Butt Lane ward has a high premature mortality rate for cardiovascular disease whilst Knutton and Silverdale and Holditch wards have high premature cancer mortality rates.

Mental health - key messages

- The estimated numbers of people suffering mental ill-health in the community is between 27,000 and 32,200 people. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Newcastle

are significantly lower than England with approximately 800 people on a register in 2010/11.

- In Newcastle, there are approximately 10 suicides per year accounting for about 1% of deaths, with rates being similar to the England average. During 2010/11 there were also around 240 self-harm admissions in Newcastle with rates being similar to the England average.

Accidents – key messages

- Accidental deaths account for around 30 deaths per year in Newcastle with rates being similar to the England average. Common causes of accidental mortality are falls (68%) and road traffic accidents (15%). However death rates from accidental falls and accidents in people aged 65 and over are particularly high.
- During 2010/11 there were over 1,390 admissions to hospital in Newcastle due to unintentional injuries (accidents). Hospital admission rates from unintentional injuries in Newcastle are lower than the national average.
- Over 450 people aged 65 and over in Newcastle were admitted to hospital for a fall-related injury during 2010/11, with rates being similar to England.
- National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care (resulting in social care costs). During 2010/11, there were 140 hip fracture admissions to people aged 65 and over in Newcastle with rates being similar to the England average.

Long-term conditions – key messages:

Children with disabilities or limiting long-term conditions

- There is no dataset that provides us with a complete picture of the number of children who are disabled or who have a limiting long-term illness. Figures from a variety of sources estimate that the numbers of children with a disability in Newcastle range between 700 and 4,900.

Adults with long-term conditions

- The 2001 Census found that the proportion of people with a limiting long-term illness in Newcastle was higher than the England average. Levels in most areas (17 of 24 wards) are also higher than England.

Disease

- The numbers of patients recorded on general practice disease registers when compared with the expected numbers of people on registers with specific conditions, shows that there are potentially large numbers of undiagnosed or unrecorded cases, especially for chronic kidney disease, chronic obstructive pulmonary disease, dementia, heart failure, hypertension, learning disabilities and obesity. Higher numbers of cases on the registers than would be expected are recorded for hypothyroidism and severe mental health.
- Analysis of 2008 data from a sample of practices revealed that at least one in four people have a registered disease with one tenth of the

population having more than one condition. Of all patients with a specified registered disease, around one third are also obese, around 14% are smokers and 19% are ex-smokers.

- With an ageing population, Newcastle is also predicted to see an increase in numbers of long-term conditions. This will place an increased burden on future health and social care resources.

Excess winter deaths – key messages

- There is some evidence to suggest that some deaths that occur during the winter months are preventable. National research shows that winter deaths increase more in England compared to other European countries with colder climates. This suggests that it is more than just lower temperatures that are responsible for the excess mortality. The excess winter deaths index (EWD index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year.
- There are on average 70 excess winter deaths annually in Newcastle, mainly amongst older people. During 2005-2010 the EWD index in Newcastle was similar to England.

Adult immunisation – key messages

- The proportion of people aged 65 and over who have been vaccinated against flu in 2010/11 was slightly higher than the England average of 73%. However, lower proportions of other people eligible for the vaccine actually received it, i.e. those aged under 65 at risk, carers and pregnant women. Pneumococcal vaccine coverage in Newcastle is similar to the Staffordshire average (both 66%).

Smoking – key messages

- It is estimated that there are approximately 300 children aged 11-15 who are considered regular smokers.
- The latest data from the Integrated Household Survey suggest that the smoking prevalence in Newcastle was 22% - meaning 22,600 people aged 18 and over smoke. Estimates suggest that this percentage varies across areas of Newcastle from 12% to 37% and that the percentage of the routine and manual groups that smoke is about 39%, thus contributing to increases in health inequalities.
- Smoking-attributable admissions in Newcastle were similar to the England average. However, smoking-attributable deaths in adults aged 35 and over were higher than the national average.
- In 2010/11, 1,750 people accessed stop smoking services in Newcastle and 800 people quit at four weeks. The numbers of people accessing stop smoking services in Newcastle per 1,000 smokers is lower than the England average. Quit rates at four weeks are also lower than England.

Alcohol and substance misuse – key messages

- A local Staffordshire survey found 11% of children aged 11-15 across Staffordshire reported drinking alcohol in the week prior to interview, similar to the national average of 13%. The survey also found that drinking alcohol was more prevalent with boys and older children. Over a three year period (2007/08-2009/10), there were around 35 alcohol-

related admissions in children and young people under 18 in Newcastle, with rates being similar to the England average.

- Estimates suggest approximately 20,600 (20%) adults in Newcastle consume alcohol at 'increasing risk' and a further 6,300 (6%) at 'higher risk'. Estimates also suggest that 21,600 (21%) adults are binge drinkers. Across different areas of Newcastle the proportion of combined 'increasing and higher risk' drinkers ranges from 17% to 29%.
- Alcohol-specific mortality rates for men in Newcastle are higher than the England average and similar for women. Alcohol-attributable mortality rates for men and women in Newcastle are similar to the England average. In Newcastle, there were 2,600 alcohol-related admissions in 2010/11. The rate for the last three years remains similar and is lower than the England average.
- During 2010/11, levels of alcohol-related crime in Newcastle were lower than the England average and alcohol-related violent crime was similar to the England average.
- Nationally, the prevalence of drug use amongst 11 to 15 year olds has fallen from 29% in 2001 to 18% in 2010. Applying national estimates to the Newcastle population it is estimated that approximately 410 children aged 11-15 used drugs in the last month, 780 used drugs in the last year and 1,130 had used drugs at some time.
- According to Home Office figures it is estimated that there are around 680 problem drug users, defined as opiate and/or crack cocaine users aged 15-64 in Newcastle. The percentage of these estimated to be in effective treatment (47%) is lower than the England average.

Obesity, healthy eating and physical activity – key messages

- Using national estimates, about 2,900 children aged two to 15 are obese with a further 2,600 children thought to be overweight.
- Using figures from the National Child Measurement Programme (NCMP), the proportion of obese children in Reception year in Newcastle is similar to the England average (9%). Levels of obesity are much higher (19%) for children in Year 6 and although not significantly, have risen slightly in the past year. Chesterton and Kidsgrove have high proportion of children in Reception who are either overweight or obese. The prevalence of children who are either overweight or obese in Year 6 is higher than the England average in Knutton and Silverdale ward.
- Estimates suggest that levels of adult obesity in Newcastle are 26%, which is similar to the England average of 24%. The prevalence of obesity across Newcastle varies with the percentage estimated to range between 16% and 30%.
- In Newcastle consumption of five or more portions of fruit and vegetables by adults is estimated as 26%, similar to the England average (29%). There are inequalities in consumption in Newcastle with estimates for areas ranging from 18% to 35%.
- In Newcastle, less than half of children (45%) spend at least three hours of high quality PE and school sport within and beyond the curriculum per week. This is the lowest level in Staffordshire and is significantly lower than the national average.

- Adult activity levels are significantly lower. Data from the Active People Survey (2009/10) shows that only 11% of men and women in Newcastle achieved the recommended levels of physical activity, which although similar to the national average is still too low. In addition, over half (53%) of men and women were inactive, which is higher than the national average.

Teenage pregnancy – key messages

- Between 1998 and 2010 under 18 conception rates across Newcastle have reduced by 35% compared with a 14% reduction across Staffordshire and a 24% reduction across England. The teenage pregnancy rate in Newcastle between 2008 and 2010 was higher than the England average. Knutton and Silverdale, Cross Heath, Butt Lane, Silverdale and Parksite and Holditch all have higher rates than the national average.

Sexually transmitted infections (STIs) – key messages

- The number of diagnoses of new STIs is falling in Staffordshire compared to a rise nationally. It is not known if this reflects less disease in the community or if it is due to issues with data, access to services or case finding. The overall rate for acute STIs in Newcastle is lower than England.
- Data from 2010/11 shows that 25% of young people in Newcastle were screened for chlamydia, lower than the England average and falling slightly short of the 35% target. Of the 4,580 young people living in Newcastle who were screened approximately 230 (5%) had a positive result.

Physical Activity – Key Messages

- There is little local data for levels of physical activity in children. An indicator that is often used is the proportion of children who undertake at least three hours of high quality PE and school sport within and beyond the curriculum per week. This shows that in Newcastle, only 45% of children achieve this level. This is the lowest in Staffordshire and lower than the national average
- The Active People Survey (APS) includes 250 sport and recreation activities and now includes dancing and gardening. From APS 4 (2009/10) data, only 11% of men and women in Newcastle achieved the recommended levels of physical activity which although similar to the national average is too low. In addition 53% of men and women were inactive, which is significantly higher than the England average (Table 61).
- Synthetic estimates at MSOA level suggest that the proportion of adults who undertake at 30 minutes of activity at least three times a week ranges between 16% and 26%

Health and Wellbeing Challenges for Newcastle-under-Lyme

POPULATION TRENDS

Ageing Community.

Population ageing is a phenomenon that occurs when the median age of a community rises due to rising life expectancy (and/or declining birth rates).

The economic effects of an ageing population are considerable, particularly with regard to public expenditure, where the largest demands are being placed on health care. This cost is forecast to increase as the population ages and will lead to hard choices when it comes to not only providing health care but other services also. There is also evidence to suggest that the rising costs of health care are also attributable to rising drug and doctor costs, and higher use of diagnostic testing by all age groups, and not just the ageing population. Nevertheless it is commonly accepted that there is a need to shift resources from treatment into prevention so that people spend a longer period of their life in good health.

The population projection for Newcastle under Lyme shows that there will be an increase. The most marked and noticeable increase will be in the age groups of 65-69 and above. Within this total, the number of very old people grows even faster, following the national trends:

- In the UK 10 million people are over 65 years old. The latest projections are for 5½ million more elderly people in 20 years time and the number will have nearly doubled to around 19 million by 2050.
- There are currently three million people aged more than 80 years and this is projected to almost double by 2030 and reaches eight million by 2050. While one-in-six of the UK population is currently aged 65 and over, by 2050 one in-four will be.
- The pensioner population is expected to rise despite the increase in the women's state pension age to 65 between 2010 and 2020 and the increase for both men and women from 65 to 68 between 2024 and 2046. In 2008 there were 3.2 people of working age for every person of pensionable age. This ratio is projected to fall to 2.8 by 2033.

Growing Obesity Levels

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Obesity is most commonly caused by a combination of excessive food energy intake, lack of physical activity, and genetic susceptibility.

Obesity increases the likelihood of various diseases, particularly heart disease, type 2 diabetes, certain types of cancer, osteoarthritis and asthma. Obesity is a leading preventable cause of death worldwide, with increasing prevalence in adults and children, and considered one of the most serious public health problems of the 21st century.

Obesity in the United Kingdom is a growing health concern with health officials stating that it is one of the leading causes of preventable deaths in the UK. Adult

obesity rates have almost quadrupled in the last 25 years, with 22% of Britons now obese. Obesity in the United Kingdom is usually found in lower Socio-Economic areas.

An unhealthy diet has been cited as a cause of obesity in the United Kingdom. The main reasons being the amount of pre-prepared food British people eat, the lack of fruit and vegetables in the British diet and binge drinking culture.

It is important to note that while unhealthy diets and lack of appropriate physical activity are considered leading causes of obesity; these are not the sole cause. There are a number of genetic, medical and psychological factors that play a part in some cases.

In Newcastle-under-Lyme 25.8% of adults are obese (compared with an England average of 24.2% and 19.2% of Year 6 children in Newcastle-under-Lyme are obese compared to an England average of 19.0%.

RISK FACTORS

Nutrition

Eating a balanced diet is vital for good health and wellbeing. Food provides the energy, protein, essential fats, vitamins and minerals to live, grow and function properly. A wide variety of different foods is needed to provide the right amounts of nutrients for good health. Enjoyment of a healthy diet can also be one of the great cultural pleasures of life.

An unhealthy diet increases the risk of many diet-related diseases. The major causes of death, illness and disability in which diet and nutrition play an important role include coronary heart disease, stroke, hypertension, atherosclerosis, obesity, some forms of cancer, Type 2 diabetes, osteoporosis, dental caries, gall bladder disease, dementia and nutritional anemia.

Social Isolation

Social isolation is a compelling risk factor for morbidity and mortality, and its negative consequences are most profound among the elderly, the poor, and minorities. A steadily increasing number of people are living alone and are therefore more likely to experience social isolation. The maintenance of social connections across the life span is therefore important and efforts to reduce social isolation are likely to have positive outcomes for wellbeing and mortality rates.

Smoking

Cigarette smoke contains about 4,000 different chemicals which can damage the cells and systems of the human body. These include at least 80 chemicals that can cause cancer (including tar, arsenic, benzene, cadmium and formaldehyde) nicotine (a highly addictive chemical which hooks a smoker into their habit) and hundreds of other poisons such as cyanide, carbon monoxide and ammonia.

These chemicals are drawn into the body when inhaled, where they interfere with cell function and cause problems ranging from cell death to genetic changes which lead to cancer.

Smoking contributes to coronary artery disease (hardening of the arteries) where the heart’s blood supply becomes narrowed or blocked, starving the heart muscle of vital nutrients and oxygen, resulting in a heart attack. As a result smokers have a greatly increased risk of needing complex and risky heart bypass surgery. Smoking also increases the risk of having a stroke, because of damage to the heart and arteries to the brain.

For lifetime smokers, there is a 50 per cent chance that their eventual death will be smoking-related - half of all these deaths will be in middle age.

Smoking does enormous damage to the lungs. As a result there is a huge increase in the risk of lung cancer, which kills more than 20,000 people in the UK every year.

Lung cancer is a difficult cancer to treat - long term survival rates are poor. Smoking also increases the risk of the following cancers: Oral, Uterine, Liver, Kidney, Bladder, Stomach, Cervical, and Leukaemia.

Even more common among smokers is a group of lung conditions called chronic obstructive pulmonary disease or COPD which encompasses chronic bronchitis and emphysema. These conditions cause progressive and irreversible lung damage, and make it increasingly difficult for a person to breathe.

Smoking in pregnancy greatly increases the risk of miscarriage, is associated with lower birth weight babies, and inhibits child development. Smoking by parents following the birth is linked to sudden infant death syndrome, or cot death, and higher rates of infant respiratory illness, such as bronchitis, colds, and pneumonia.

Smoking is particularly damaging in young people. Evidence shows people who start smoking in their youth - aged 11 to 15 - are three times more likely to die a premature death than someone who takes up smoking at the age of 20.

Although the health risks of smoking are cumulative, giving up can yield health benefits, regardless of the age, or the length of time someone has been smoking.

Smoking-cessation services, make a broad range of help available including medication and counselling, resulting in chances of quitting being as high as one in three (compared to just three per cent where people go it alone).

Alcohol

Harmful drinking is a major determinant for neuropsychiatric disorders, such as alcohol use disorders and epilepsy and other non-communicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. The harmful use of alcohol is also associated with several infectious diseases like HIV/AIDS, tuberculosis and sexually transmitted infections (STIs). This is because alcohol consumption weakens the immune system and has a negative effect on patients' adherence to antiretroviral treatment.

A significant proportion of the disease burden attributable to harmful drinking arises from unintentional and intentional injuries, including those due to road traffic accidents, violence, and suicides. Fatal injuries attributable to alcohol consumption tend to occur in relatively younger age groups.

The harmful use of alcohol compromises both individual and social development. It causes harm far beyond the physical and psychological health of the drinker. It harms the well-being and health of people around the drinker. An intoxicated person can harm others or put them at risk of traffic accidents or violent behaviour, or negatively affect co-workers, relatives, friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society.

Alcohol consumption by an expectant mother may cause foetal alcohol syndrome and pre-term birth complications.

There are a number of other factors that are attributed as leading risk factors in relation to alcohol. These include: Childhood underweight, unsafe sex, poor hygiene,

high blood pressure, tobacco use, suboptimal breastfeeding, high blood glucose, indoor smoke from solid fuels, overweight and obesity, physical inactivity, high cholesterol, occupational risks, vitamin A deficiency, iron deficiency, low fruit and vegetable intake, zinc deficiency, illicit drugs, and unmet contraceptive need.

SYMPTONS

Dementia

Dementia is a term that is used to describe a collection of symptoms including memory loss, problems with reasoning and communication skills, and a reduction in a person's abilities and skills in carrying out daily activities such as washing, dressing, cooking and caring for self.

There are different types of dementia, the most common being Alzheimer's disease, a progressive form of dementia that gradually gets worse over time. Subsequently the person may lose more and more of their every day skills and abilities and may eventually be unable to perform the simplest of every day tasks without encouragement, support and supervision.

Vascular dementia is the second most commonly diagnosed dementia (after Alzheimer's disease). It is caused by the interruption of a regular supply of blood and oxygen to the brain and if the brain cells no longer function properly or die as a result a person may develop Vascular Dementia. As Vascular Dementia affects different areas of the brain each person may have different symptoms. Some may be aware of problems they are experiencing and this can lead to an increased risk of depression. Vascular Dementia progresses in obvious steps rather than a gradual reduction in skills/ abilities as with Alzheimer's disease.

Vascular dementia can be stroke-related (small vessel disease-related dementia) or people can suffer from vascular dementia and Alzheimer's disease (mixed dementia). People with conditions such as high blood pressure, heart problems, high cholesterol and diabetes are more at risk of developing vascular dementia. It is therefore recommended that these conditions are identified and treated as soon as possible.

So far there is no medical test for dementia. A diagnosis is made by excluding other conditions. The assessment process and the types of support available tend to vary depending on the services that are available in a local area.

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, approximately 2.9 million people are affected by diabetes and there are also thought to be around 850,000 people with undiagnosed diabetes.

There are two main types of diabetes, referred to as type 1 and type 2.

Type 2 diabetes is far more common than type 1 diabetes, which occurs when the body doesn't produce any insulin at all. In the UK, about 90% of all adults with diabetes have type 2 diabetes. Type 2 diabetes occurs when the body doesn't produce enough insulin to function properly, or the body’s cells don't react to insulin. This is known as insulin resistance.

It is important diabetes is diagnosed as early as possible. If left untreated, diabetes can cause many health problems. Large amounts of glucose can damage blood

vessels, nerves and organs. Even a mildly raised glucose level that doesn't cause any symptoms can have damaging effects in the long term. Diabetes cannot be cured, but treatment aims to keep the blood glucose levels as normal as possible to control symptoms and minimise health problems developing later. In some cases of type 2 diabetes, it may be possible to control symptoms through lifestyle changes, such as healthy eating. However, as type 2 diabetes is a progressive condition, eventually medication will be needed to keep blood glucose at normal levels but it helps to eat a healthy, balanced diet, stop smoking, drink alcohol in moderation and take plenty of regular exercise.

Heart Disease

Coronary heart disease (CHD) (sometimes called ischaemic heart disease) is the UK's biggest killer, causing around 82,000 deaths each year by heart attacks and heart failure. About one in five men and one in eight women die from the disease. In the UK, there are an estimated 2.7 million people living with the condition and 2 million people affected by angina (the most common symptom of coronary heart disease – chest pain). CHD generally affects more men than women, but from the age of 50 the chances of developing CHD are similar for men and women.

As well as controlling circulation the heart gets its own supply of blood from a network of blood vessels on the surface of the heart, called coronary arteries. Coronary heart disease is the term that describes what happens when the heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries. Over time, the walls of the arteries can become furred up with fatty deposits. Although coronary heart disease cannot be cured, treatment can help manage the symptoms and reduce the chances of problems such as heart attacks. Treatment can include lifestyle changes, such as doing regular exercise and stopping smoking, as well as medication and surgery.

Simple lifestyle changes can reduce the risk of getting CHD. These include:

- eating a healthy, balanced diet
- being physically active
- giving up smoking
- controlling blood cholesterol and sugar levels

A healthy heart will also have other health benefits, and help reduce the risk of stroke and dementia.

Liver and Lung Disease

The majority of liver disease can be attributed to the effects of alcohol, viral hepatitis B or C and non-alcoholic fatty liver disease, either individually or in combination. However, there are many causes of liver disease, some genetic, hereditary or congenital, and some quite rare. The liver is able to mask early stages of damage and consequently liver disease often goes undetected until the damage is considerable.

Alcoholic liver disease is where the liver is damaged by alcohol consumption. The liver filters toxins, such as alcohol, out of the blood. Alcohol is metabolised in the

liver and used to generate fat. Those who drink more than the recommended guidelines, run the risk of the liver becoming fatty. The liver cells become bloated and unable to work properly. Nearly all heavy drinkers are thought to have alcoholic fatty liver disease. Over time, a build-up of fat can harm the liver, causing inflammation that can lead to serious scarring, known as cirrhosis. In some cases, if large amounts of alcohol are consumed in a short space of time, as the liver is unable to cope damage can occur suddenly. Where scarring occurs, the liver will start to lose function. Even at this stage symptoms may not be noticed. Stopping drinking immediately and continuing to abstain will prevent any further damage. However, if damage from alcohol continues the liver will start to fail.

Hepatitis B virus is present in infected blood and other body fluids. It's incredibly infectious and is easily spread among young children or from mother to baby. It can also be passed on during sex or by sharing unsterile needles and equipment, for example during:

- Drug use
- Tattoos and body piercing
- Acupuncture
- Medical treatment
- Infection can lead to liver disease and liver cancer. A vaccination is recommended where lifestyle or work puts people at risk.

Hepatitis C virus often shows no symptoms, but long-term effects can include liver damage and cancer. The virus is passed on through infected blood in similar ways to hepatitis B. In the UK blood used for transfusion has been screened for hepatitis C since 1991. People who are most at risk are those who share needles. No vaccine exists to prevent hepatitis C infection, but treatments are available and effective in more than half of cases.

Non-alcoholic fatty liver disease (NAFLD) is a condition where the liver becomes very fatty in people who don't drink or who consume little alcohol. Although anyone can get it, those most at risk are very overweight (obese) or have diabetes.

Lung diseases are some of the most common medical conditions with smoking, infections, and genetics responsible for most lung diseases. The lungs are part of a complex system that brings in oxygen and expels carbon dioxide. Lung disease can therefore result from problems in any part of this system. Spirometry tests are an accurate way of measuring breathing efficiency and can detect symptoms of many important lung diseases early on, giving people time to make necessary lifestyle changes.

Exercise, even gentle walking for those with severe disease can help improve lung capacity, reduce the feeling of breathlessness and relieve the symptoms of early stage lung disease. In addition to exercise, there are a number of other healthy lifestyle choices that also help.

Stopping smoking will reduce irritation of the airways and help stop some of the causes coughing, shortness of breath and a range of lung diseases, such as chronic obstructive pulmonary disease (COPD) and lung cancer. Asthma is more difficult to control in people who smoke. Stopping smoking can prevent COPD getting worse, improve asthma control and reduce the risk of lung cancer.

Healthy eating will help control weight. Being overweight makes breathing more difficult, and being underweight is associated with more severe lung disease.

Influenza or other lung infections can be more dangerous for people with breathing problems. For those experiencing breathing difficulties, it is advisable to have vaccine every year particularly for those over 65.

INTERVENTIONS

Employment

Employment is one of the most important determinants of health. Having a job or an occupation is an important determinant of self-esteem. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment. The World Health Organisation identifies a number of ways in which employment benefits mental health. These include the provision of structured time, social contact and satisfaction arising from involvement in a collective effort. Therefore the loss of a job or the threat of losing a job is detrimental to health. The type of job a person has and the working conditions they are exposed to will also affect health. Historically Newcastle under Lyme has been associated with mining and heavy industry which has left a legacy of health issues. It is also important to consider the impact that employment has on other aspects of people's lives that are important for health – for example, family life, social life and caring responsibilities for family members. Here flexible working policies can help.

Unemployment can have negative effects on health and even be a cause of premature mortality. Studies show that unemployed people with no previous illness were more likely to die at a younger age than the general population.

Long-term unemployment is often associated with socio-economic deprivation. People from lower socio-economic groups are also more likely to move in and out of employment. The financial strain of unemployment can also have direct health impacts, with people in debt being more prone to depression. People in poverty die younger, have less healthy lifestyles and live in less healthy environments.

People who are unemployed are more likely to smoke and to drink to excess (although there is disagreement as to whether this behaviour or the loss of a job comes first). A spell of unemployment may have knock on effects that increase stress and affect mental health such as loss of home and relationship breakdown.

A person who is unemployed once runs a greater risk of being unemployed again. This may lead to job insecurity, a higher than normal exposure to poor quality jobs and a lack of control over working life, all of which have health implications. Many are unable to find work subsequent to recession or industrial structural change and have a tendency to drop out of the workforce. Some who do return to the workforce may do so at a lower occupational status or level of seniority and on lower wages.

Early Detection

As demographics shift and lifespan increases, a larger percentage of adults will require medical care. The rising cost of medical procedures in combination with the greater numbers of people needing assistance has started to place strain on healthcare providers. Many diseases that severely limit quality of life are difficult to manage in their later stages, but can be treated more effectively and less expensively if caught early. Early detection of health conditions is therefore increasingly of interest.

Lifestyle Changes

Of equal importance to early detection is the need for lifestyle changes and focussed prevention strategies. Improved access to health care that focuses on prevention and control of important risk factors including, physical activity, high cholesterol, healthy eating, high blood pressure, weight management, diabetes and smoking cessation is essential.

The health costs of physical inactivity per 100,000 population (Sport England commissioned data) are £2,164,876 for Newcastle under Lyme, this compares to a cost of £1,937,438 for the West Midlands and £1,817,285 for England.

Housing

The Borough has 44,042 private dwellings. The housing age profile is mixed with 17,174 (39%) dwellings constructed pre-1945 and 7,988 constructed pre -1919. The Housing Stock Condition Survey, which was completed in 2008 identified that housing condition problems remained significant within the Borough, where 18.6% of all dwellings exhibited a Category 1 Hazard.

The report, also identified significant issue with fuel poverty, where 16,960 (39.8% of all households) were in fuel poverty. A correlation was also identified between poor housing conditions and households in social and economic disadvantage, where a significant number of households living in non decent homes are elderly households (42.1%) and economically vulnerable households (32%).

An analysis of the housing register, which is maintained by Newcastle under Lyme Borough Council, shows that there are 2875 applicants who are registered, of which

- 431 households have stated that their current accommodation is overcrowded.
- 255 households are either homeless or about to be made homeless from their current accommodation.

It is well documented, that housing has a correlation with health, where decent, suitable accommodation will have a positive impact on the health of the household. Conversely, poor, unfit accommodation, which is not suitable, will have an adverse impact on both the physical and the mental health of the household.

Homes play an important role in providing occupiers with opportunities and contribute to the World Health Organization's (WHO) definition of health as 'a complete state of physical, mental and social well being'

The quality of the home has a substantial impact on health, a warm, dry and secure home is associated with better health. In addition to basic housing requirements, housing is important for many aspects of healthy living and well-being. The home is important for psychological reasons as well as its protection against the elements.

<u>Housing Stock and Conditions</u>

Housing conditions, housing-related support and other housing services can have an immense impact on the physical health and mental wellbeing of people. Housing stock is divided into four main housing sectors, Local Authority housing (social), Registered Provider housing (social), Owner Occupied (private) and Rented

(private). In Newcastle under Lyme there are three sectors in operation as the Council no longer has any of its own housing stock.

Fuel Poverty

Fuel Poverty is defined as "where the household has to spend more than 10% of their household income on fuel to maintain a satisfactory heating regime, as well as meeting their other fuel needs (lighting and appliances, cooking and water heating).

Cold homes and the associated problems of condensation, damp and mould can affect both the physical and mental health of occupants. These can include:

- Increased respiratory illness
- Increased blood pressure, leading to heart attacks and strokes
- Arthritis symptoms exacerbated
- Increased accidents in the home due to loss of dexterity in the hands
- Increased social exclusion – which can lead to depression and heart disease
- Impaired mental health
- Adverse effects on children's education – missing the provision of a warm quiet space to study
- Adverse effects on nutrition – homeowners choosing between spending income on warmth than nutritious food

People on low incomes who spend a lot of time at home are particularly at risk as they are faced both with being unable to adequately heat their home and with having to spend long periods in a cold dwelling.

Low income, high fuel prices and poor energy efficiency measures within the home are recognised as the key factors that cause fuel poverty especially older people, people with a disability and families with young children who are deemed most vulnerable. Fuel poverty is influenced by many factors, including income, hard to heat properties, inefficient heating systems and poor insulation. In addition to this these groups are also more likely to live in poor quality housing, which do not meet the relevant housing standards.

Hazards

Health & Safety regulations or building regulations are in place to control hazards such as Fire, Damp & Mould, Overcrowding which are all believed to have a significant and adverse effect on an individual's health. The benefits of removing these hazards are directly linked with improved mental and physical health.

Housing Services is required by the Housing Act 2004 to keep housing conditions in their area under review with a view of identifying any action that may need to be taken to address any category 1 hazards. Furthermore, the service is also required to both license and regulate HMO's (House in Multiple Occupation) meeting the definition as set out in the Act.

Energy Efficiency

Energy conservation not only benefits the environment, but also contributes to positive social, health and economic outcomes. Using energy efficiency measures can reduce the cost of heating, ventilating, and air conditioning, which account for a significant part of the overall cost of housing.

Housing Adaptations

Housing plays a central role in maintaining the independence of people with a disability, learning difficulties and as people become frailer or less mobile. Maintaining independence and being able to live life as fully as possible are all important to mental and physical health and well being. Being able to access suitable housing, or to adapt current housing can have a direct impact on delivering health and well being, as can accessing relevant support and care to remain in one's own home. Disabled Facilities Grants play a significant part in enabling people to remain independent in their own homes.

Home Improvement – Handy Person Schemes

The Home Improvement work carried out by a Handyperson Scheme can help local authorities reach vulnerable clients much faster. These schemes can also assist health service providers to reduce hospital admissions of older people having accidents. Carrying out minor repairs prevents hospital admission from falls and accidents in the home. The Council contracts the services of the Revival Home Improvement Agency to provide a range of property repairs, adaptations and well being services to vulnerable home owners and qualifying tenants in the borough.

The Wider Environment

The wider environment around the home can also impact heavily on an individual's health and well being, increasingly in these current unstable economic conditions the affordability of housing and the potential for individuals to lose their home because of debts they are unable to manage is becoming a problem for more people to manage. It should be remembered that the home is one of the major areas of financial expenditure for households. The lack of affordable housing and the threat of loosing their home because of debts they are unable to meet have become an increasing problem for homeowners, and one which often has substantial negative impacts on mental and sometimes physical health.

Homelessness

Homelessness and health are also inextricably linked. The health of homeless people is generally much worse than that of the general population. This is true for a range of health issues including diet and malnutrition, substance misuse, mental illness, sexual health problems, infectious diseases and problems related to living conditions. Being roofless also leads to a greater risk of assault and injury and is closely associated with multiple and complex health needs. Crisis (Dec 2011) report that on average homeless people die 30 years earlier than the general population.

OUTCOMES

Healthier (and Happier) Communities

The chance to deliver health and wellbeing in Newcastle under Lyme following recent health reforms gives us unprecedented opportunities to bring healthier, happier and longer lives to residents of the Borough.

This strategy will assist local government in the area in tackling health inequalities and improving health. It will also build the capacity of others working with communities, whether public, private or voluntary sectors, to tackle local health inequalities and promote wellbeing, partnership working and integration through fostering a joined-up approach to health improvement across local government, the Local Strategic Partnership, the Health and Wellbeing Board, the North Staffordshire Clinical Commissioning Group, the Joint Strategic Needs Assessments and Local Action Partnerships.

Where communities are more engaged and have more control over their health, their members are healthier and happier. We know that people with wide social networks, close families and strong links with their local voluntary/community organisations (either for support, or through volunteering) are more likely to live longer and be healthier.

Everyone is healthier and happier in communities where people are actively engaged in helping each other, whether that be more formally, through working for or volunteering with local voluntary organisations, or informally, through simply popping in to see an elderly neighbour or volunteering for a few hours a week.

We will work together to encourage and support communities to take more responsibility and control for the health and wellbeing of their members. They already provide a huge range of support to many of the people affected by the priorities in this strategy. We know that the voluntary sector in North Staffordshire already offers a diverse range of services, and therefore we believe in empowered people to take more responsibility for their own health and wellbeing; in community groups and voluntary organisations creating a support network for people if they are in need; and in statutory organisations being there when they are needed - then we can build a healthier, happier Borough.

Better Quality of Life

Quality of Life is a phrase used to refer to an individual's total wellbeing. This includes all emotional, social, and physical aspects of the individual's life. However, when the phrase is used in reference to medicine and healthcare as Health Related Quality of Life, it refers to how the individual's wellbeing may be impacted over time by a disease, a disability, or a disorder.

The understanding of Quality of Life is recognised as important in health and wellbeing as careful consideration needs to be given to the relationship between cost and value, particularly where there is a potential impact on human life. The challenge at the moment is weighing the often expensive cost of treatment (some of which may

prolong life by only a short amount of time and/or provide a minimal increase to quality of life) against the cost of prevention.

Reduced Treatment Costs

There are several web-based analysis tools and resources available to help commissioners and clinicians to analyse variations in health spend and outcome, to identify opportunities for increasing productivity, and to support decision-making about health investment for populations. Links to all of these tools and supporting guides can be found on the Health Investment Network website, available at: http://www.networks.nhs.uk/nhsnetworks/health-investment-network

Additional support for health investment analysis and interpretation of variance is available from the Director of Public Health, and the Health Observatory.

Better Mental Health

Significant NHS reform outlined in the Health and Social Care Bill 2011, along with changed priorities in public health, changes to local council responsibilities and budgets and alterations to the benefits system coincided with the new mental health strategy for England – *No health without mental health*.

A number of established and long cherished principles within mental health fit very well with the ideas:

- **Personalisation, the recovery model and wider wellbeing,** all of which require a new relationship between individuals and the services they receive.
- **Co-production,** where professionals that work on a service collaborate with those who will use that service to design it and make it work, requires new approaches to involvement and new ideas of ownership of both practice and services.
- **Peer services,** where people who have experienced a particular situation use their experience to deliver support to others experiencing similar.
- **User-led organisations,** where people with mental health difficulties lead and manage their own organisations and services.
- **Developing choice and putting those who use services in control,** where people with mental health difficulties have a real choice in the support they receive and real influence over the support available.
- **Supporting people in their communities,** where the needs of people with mental health difficulties are met by organisations and services that grow from their community and the challenges they face rather than being imposed on them.

If we are serious about improving mental health then we need to ensure that opportunities for people to take part in wider community activities are extended in the same way for people with mental health difficulties as it is to people who do not experience mental health difficulties. In this way existing stigma against them can be tackled and they can be properly included by the communities of which they are part.

ACTION PLAN

Health Actions

Dementia

De1 Identify and treat as soon as possible conditions such as high blood pressure, heart problems, high cholesterol and diabetes to reduce risk of developing vascular dementia.

De2 Ensure the assessment process and types of support available for those diagnosed with early onset dementia are amongst the best that can be offered.

Diabetes

Di1 Tackle the issues of diabetes going undiagnosed and ensure diabetes is diagnosed as early as possible.

Di2 Promote healthy eating to control symptoms through life style changes

Heart Disease

HD1 Promote healthy eating as part of a balanced diet

HD2 Promote physical activity as part of a healthy lifestyle

HD3 Prioritise and resource smoking cessation programmes

HD4 Resource programmes that monitor and control cholesterol and blood sugar levels

Liver and Lung Disease

LL1 Promote responsible drinking – within recommended guidelines

LL2 Promote safe sex and sexual health

LL3 Promote the message about the importance of using only sterile needles

LL4 Inoculate where people are at risk of Hepatitis B

LL5 Recommend weight management where this can reduce risk of non-alcoholic fatty liver disease

LL6 Assess risks of liver disease when dealing with diabetes in Action Di1 above

LL7 Promote smoking cessation programmes

LL8 Offer spirometry testing to detect symptoms of lung disease early on

LL9 Promote gentle exercise and health walks to improve lung capacity

LL10 Treat people who are underweight to guard against associated health problems including lung disease

LL11 Promote and resource influenza vaccination, particularly for those aged over 65 years

Physical Activity

The Borough Council will lead on the establishment of a Newcastle under Lyme Physical Activity Partnership to develop a comprehensive Sport and Physical Activity Strategy for Newcastle under Lyme. The priority areas will be:

- Physical activity promotion
- Children and young people
- Older people
- Active communities in areas of deprivation
- Active healthcare system
- Active workplaces