

Northumberland  
**Joint Strategic Needs Assessment**  
Executive Summary

**February 2012**

**This document summarises the ongoing JSNA work in Northumberland and highlights the key messages and some of the implications for future commissioning and planning**

## **What is the JSNA?**

In April 2008 Northumberland County Council and Northumberland Care Trust began a statutory duty to work together and with other partners to develop a JSNA for the local area.

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

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

The JSNA will be one of the major influences in directing our commissioning priorities and planning service developments. The Assessment describes the future health, social care and well-being needs of the population so that the Council and NHS can take co-ordinated action to make improvements.

The JSNA should provide a comprehensive "picture of place" for all decision makers to use to prioritise action, and evaluate what they have achieved. Combined with the new joint health and wellbeing strategy they are the foundation stone for effective planning and commissioning undertaken within health and wellbeing boards.

## **How we undertook the JSNA**

The primary aim of JSNA is to describe the health and well-being needs of the population of Northumberland. We have focused on refining, improving and bringing together the information we have available that provides an insight into the overall needs of the population. This information is from national and local sources and includes extensive information we have collected directly from services across Northumberland.

Initial work, carried out in 2008/09 has been used to take a longer-term view of population trends and the likely impact on demand for support over the next years and decades. Alongside this quantitative information, we have looked at the commissioning knowledge we already have in order to identify what these figures and trends mean for services locally and to highlight priority areas for work.

It should be noted that the quality of information sources varies and some population, condition and trend information are more robust and well-researched than others. Needs assessment, and in particular trend forecasting, is not an exact

science, predictions tend to be more accurate at a general, larger population level and because of this we have aimed to keep key messages very strategic at this stage in this summary.

## **How we will use the JSNA**

The Northumberland JSNA will underpin future revisions of the:

- Sustainable Community Strategy (SCS)
- Northumberland Corporate Plan
- Transforming Northumberland Plan
- Planning and commissioning for both children's and adult health and social care services
- Medium term plan

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

Information from the JSNA is already being used to direct the commissioning and planning of health, education and social care services in the county.

## **Next steps for the JSNA ....**

- The JSNA is being refreshed, with contributions from Northumberland County Council's Housing Services and Children's Services, and from the Care Trust's Adults Services and Public Health.
- It will be published on the council's website for consultation.
- We will break this re-fresh down into different needs groups so that it is people rather than service-focused, with each of the participating services contributing to it under those headings, for example, care leavers and children and young people with physical disabilities.
- It will provide an assessment of past, present and future need to inform service development, using our knowledge of issues that are prevalent within particular localities and needs groups.

## Overall Messages about Needs and Population

Northumberland - England's most northerly county - is made up of three distinct areas based on demographic, geographic, cultural, and heritage differences. Communities within each area share similar characteristics as follows:

The north of the county is open and sparse. The principal towns are Alnwick, Berwick and Morpeth. Many of the communities in this area are physically remote and suffer rural disadvantage.

The west of the county is mainly rural, albeit split by major road and rail corridors. The towns of Ponteland and Hexham are desirable places to live and place considerable demands on services and infrastructure. Many of the communities have an economic and cultural interdependence with Tyneside.

The southeast corner of the county is compact coastal lowland intersected by several river estuaries. It is

distinctly built up with the county's largest settlements of Ashington, Blyth and Cramlington. Many of the communities have high levels of multiple deprivation.

Between 2001 and 2010 the county population has increased by 1.5%. By 2018 Northumberland's population is projected to have a rise of 3.2% from a baseline of 307,363 in 2008, and 8.7% by 2033

Projected birth rates for Northumberland are expected to rise a little following the national trend for birth rates to decrease over the last few years, and remain static at 3,000 pa by 2033

Northumberland is an area of complex inequalities and health challenges. Faster progress in some parts of the county is needed to reduce the inequalities gap.

In 2008-2010, life expectancy for women in Northumberland was 82.2 years compared to the England

average of 82.6 years. For males, the life expectancy in our County was 78.7 years in comparison to the England average of 78.6 years. At county level Northumberland appears to be "closing the gap" against the national picture. Blyth Valley, (but not Wansbeck) are currently on track to meet their targets of reducing the life expectancy gap by 10% for males but off track for females.

According to the IMD 2010, Northumberland was the 144th most deprived council area out of the 326 in England. At 14.9%, the County has less than the expected 20% of super output areas amongst the 20% most deprived in England, however, Wansbeck has 33.9% and Blyth Valley has 25.9%.

Tackling inequalities and closing the gap – between the County and England and within the County - is a core part of our Sustainable Community Strategy, and a key element of the Health and Well Being Strategy, to be published in October 2012. Our Local Strategic Partnership brings together the key stakeholders

and aims to improve the quality of life and opportunities for our residents.

## Emerging Themes from the JSNA

The following section focuses on the needs analysis relating to Children and Young People. The Children and Young People's Plan has recently been reviewed and a new plan published based on a refreshed needs assessment. This informs the Children's Commissioning sub-group of the Health and Wellbeing Board. There are around 67,000 0-19 year olds in the County, of which around 45,000 are of school age. Around 3,000 require social work support at any one time and an estimated 7,000 have some form of special educational need or disability. The Children's Services Group, with partners on the Trust Board, have agreed a set of 5 outcomes based on our needs analysis with a central theme of tackling child poverty. They are supported by more detailed key priorities which outline our

commissioning intentions.

## Keeping Children Safe

Overview of need: Whilst Northumberland is well-regarded in this field, provision of safe and secure environments is a pre cursor for improving the life chances of all children and young people. Within such a diverse county with areas of intense deprivation particularly in the south east of the county and areas of affluence in and around the market towns, we know that there are factors in existence which if not tackled, can put this outcome in jeopardy. Namely, we know there are areas where incidents of domestic violence and substance misuse are too common place (e.g. Bedlington area), where the need for formal child protection plans has been on a relatively large scale in the past (e.g. Ashington and Hirst), and where there is a shortage of our own foster carers so those entering the care system sometimes have to be placed in expensive independent provision or further away from their families than we would wish (e.g. Berwick and the far north of the county).

## Key Priorities

- Meet the safeguarding needs of children and young people who are at most risk of harm
- Promote the safeguarding of vulnerable children and young people through the provision of preventative and targeted services
- Reduce harm to individuals and communities caused by offending behaviour
- Reduce harm to individuals and communities caused by illegal drug misuse amongst young people
- Provide high quality fostering services that are able to recruit and retain sufficient numbers of carers that allows for choice and appropriate matching for Northumberland children
- Provide high quality residential services, both open and secure settings that can provide specialist placements for more challenging

young people within County and potential for the generation of revenue

- Provide high quality adoption services for children and young people who require permanency outside of their birth family
- Support the work of the NSCB and partner agencies in safeguarding and promoting the welfare of children and young people
- Continue to strengthen links between Children's Services and Northumbria Health Care to ensure appropriate transitions for disabled children to adult services

## Improving Educational Achievement

Overview of need: Whilst Northumberland's children and young people achieve well overall at school and college, significant gaps continue to exist between the education achievement of those from lower income backgrounds, special

educational needs and those in care compared with their peers. And sometimes all these factors will be present. Analysis has shown that there is a link between the communities that children live in and the level of the gap, for example, those eligible for free school meals (an indicator of low income) from the Hirst area perform significantly less well than those from Morpeth.

## Key Priorities

- Develop and implement strategies in a national and local context which promote social inclusion and health and well-being to improve the life chances of vulnerable and disadvantaged groups of children and young people with a focus on raising educational attainment;
- Develop better ways to define and identify priority (vulnerable) groups
- Develop an understanding of which interventions (or combinations of interventions) and approaches enable the

attainment gap to be closed effectively

- Monitor the achievement of highly mobile Traveller children through the Early Years Service for vulnerable groups of children

## Child Poverty

Overview of need: Whilst the overall figures for family households in receipt of benefits in Northumberland compares well with the regional average, this masks extreme hotspots in the south east of the county, and in the coastal areas of Wansbeck in particular. Here, levels of benefit dependence are as much as four times those of other parts of the county and this, coupled with the additional risks of poor health outcomes, often seen in areas formerly reliant on heavy industry.

This geographical pattern is reflected in the NEET figures and is not just a characteristic of deprived urban areas but is also present in the more isolated areas of the far north and west of the

county where the lack of public transport and further/higher education provision are contributory factors. Unsurprisingly, those from lower income backgrounds, SEN and LAC feel the impact of poverty greatest. Northumberland has been heavily reliant on the public sector as a provider of employment with Morpeth having the highest proportion in England in a recent survey. The changes to public sector funding will therefore have a greater impact here than elsewhere.

## Key Priorities

- Develop a Northumberland Reducing Child Poverty Strategy and ensure cross service and sector commitment
- Build an internationally competitive skills base and ensure we have a skills system that prepares people for work and then to progress
- Tackle needs of those with poor work prospects, working with employers, colleges and training organisations. Prioritising them in mainstream learning and ensuring

a diverse set of colleges and training organisations are able to engage and support them

- Influence the existing skills system to consider needs of vulnerable groups
- Create a respected, credible vocational training offer:
  - Routes into employment
  - Progression throughout career
  - Support to start own business
  - Put informed and empowered learners and employers at the heart of a responsive and flexible skills system that supports the vision for a Big Society
- Build stronger links between learning and the capacity of employers and individuals for enterprise and innovation
- Make the most of the greater freedoms given to colleges/training organisations, enabling them to respond flexibly within a coherent and simplified further education system

- Create joint enterprises with employers
- Empower communities to develop informal lifelong learning opportunities
- Develop a solution for Higher Education accessible to Northumberland residents
- Develop a Northumberland Reducing Child Poverty Strategy and ensure cross service and sector commitment.

## Improving Health Outcomes

Overview of need: Northumberland is an area of complex inequalities and health challenges. Whilst progress has been made in relation to improving the health of children and young people in Northumberland there is still more to do and faster progress in some parts of the county is needed to reduce the inequalities gap.

Providing a healthy start in life is important for all children. Increasing breastfeeding rates in Northumberland



is a priority as low breast feeding rates are associated with high levels of obesity in children, and high breast feeding rates are associated with a number of long term health benefits. Breastfeeding initiation and rates of sustained breast feeding at 6 – 8 weeks in Northumberland are low but improving.

The prevalence of smoking in Northumberland is similar to the national average however death rates from smoking are statistically higher than the rest of England. Additional support is needed to support mothers, partners and families who smoke. Despite considerable effort and activity national data suggests that smoking among young people has remained relatively stable since 1998.

The prevalence of binge drinking amongst young people in Northumberland is higher than the England average and tackling rising levels of binge drinking in Northumberland is therefore a priority. High teenage pregnancy rates are

often associated with high levels of alcohol consumption amongst young people, so reducing rates of teenage pregnancy in Northumberland remains a priority. There will be a particular focus on targeting interventions and services to groups and areas most likely to experience early unintended pregnancy.

### Key Priorities

- Increasing initiation and sustaining breast feeding rates
- Preventing and managing obesity and overweight, using National Child Measurement Programme (NCMP) data to ensure interventions are targeted at those in greatest need
- Increasing physical activity and participation in sport
- Launch Northumberland Healthy Schools programme to ensure schools across Northumberland continue to develop as health promoting environments
- Drug and Alcohol awareness and harm reduction
- Improving young peoples emotional health and well being and access to mental health services
- Improving young people's sexual health, especially reducing teenage conceptions and ensuring Sexually Transmitted Infection screening reaches those most likely to test positive
- Tobacco control
- Unintentional injury prevention
- Improving oral health
- Strengthening links between agencies to ensure appropriate transitions of young people to adult services
- Reduce the incidence of child deaths occurring as a result of road traffic collisions in Northumberland

### Resilient Communities

Overview of need: The changes in public sector funding coupled with messages coming from participation tell us that there is a need and a desire for



schools and the voluntary sector to work closer with the Council in delivering Northumberland's vision of how the Big Society could work in our area. The idea of community hubs delivering frontline services with the Council acting increasingly as an enabler is necessary in an area like Northumberland that faces the continual challenge of having to travel significant distances in order to access services. The Berwick project has told us that local people want to be able to shape the services they feel they need, with those services in turn being able to respond to a variety of different needs as they become apparent.

## Key Priorities

- Work with children and young people, their families and communities, education providers, and FACT services, support the development of resilience in our communities and so enhance their prosperity
- Develop further opportunities for participation and leadership by young people

- Promote high quality school governance through provision of quality governor training and governor support
- Promote the accountability of schools to their wider communities
- Encourage local community all-age projects which promote high quality local leadership
- Encourage groups of pupils, parents and volunteers to establish Social Enterprises and Free Schools
- Build on learning achieved through initiatives such as the Berwick Project to better understand how local residents, services and agencies can be supported and challenged to develop strategies and operational plans that pro-actively target and support priority localities and/or groups

## A growing older population

The balance of the population is changing from younger to older more quickly in Northumberland than in other parts of the country. This challenge affects every aspect of our daily lives. An effective response must bring together contributions from different organisations, people and communities.

For health and social care systems, it means we must work with other services more effectively to promote good health and independence, and further develop preventative approaches to care and support.”

## Carers

The demographic changes described above mean that our chances of becoming a carer are increasing all the time. The demand for informal care for the elderly is estimated to double in the next 15 years; this will result in more and more people struggling to balance caring responsibilities with paid work.

We are re-focussing our approach to carers in Northumberland as 'partners in care', with a clearer emphasis upon preventative measures and robust support mechanisms early on rather than crisis intervention.

We must recognise the rights of carers to a life beyond caring, to social inclusion and equal opportunities; we need to take a universal and multi-agency approach to providing carer support.

## Long Term Conditions

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

People with LTCs in Northumberland use disproportionately more primary and secondary care services, and this pattern will increase over time due to factors such as an ageing population and lifestyle choices.

For example, the number of men aged

65 years and over with dementia in the County is predicted to increase by 80.6% between 2008 and 2025.

## Learning Disabilities

As life expectancy improves, the number of people with learning disabilities is increasing, in particular there are more people with complex support needs. Nearly 1500 people are supported by community learning disability teams in Northumberland.

Learning disability is often associated with other disabilities or health problems and around a quarter to a third of people with a learning disability may have autistic spectrum conditions.

## Key Priorities

- **Ensure a more joined up approach to services for children and young people with learning difficulties and/or disabilities as they move into adulthood.** 5

- **Develop independent living options for people with learning disabilities who have been living in institutional settings.**

## Tobacco Control

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

In Northumberland, smoking prevalence is around the national average prevalence, but death rates from smoking are statistically significantly higher than the rest of England.

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

## Key Priorities

- Increase the number of people accessing stop smoking services by including tobacco control in all contracts and undertaking a review of the NHS stop smoking service delivery model.
- Target smoking cessation services to support mothers, partners and families who smoke, and people in routine and manual occupations.

## Obesity

Nationally, obesity is the second most common cause of preventable death after smoking; it has a major impact on mortality, morbidity and quality of life. The rise in obesity over the last 30 years is multifactorial and changes in lifestyles and nutritional habits have had a significant influence on the increased prevalence.

## Key Priorities

- Further invest in integrated care pathways for obesity to scale up prevention and early intervention work, increase capacity in targeted intervention programmes – including play for early years - and increase treatment of obesity using drug therapies, prior to consideration for surgery.
- Work in partnership to increase capacity across the statutory, third and commercial sectors to deal with increased demand in obesity services.
- Reduce inequalities in obesity and breastfeeding by commissioning with a stronger emphasis on promoting healthy lifestyles.
- Work in partnership to increase capacity across the statutory, third and commercial sectors to deal with increased demand in obesity services.

## Mental Health

The overall average predicted rate in Northumberland for common mental health problems is 146.4 per 1,000 persons aged 16-74 with higher rates in more deprived areas. This equates to approximately 33,400 cases in the adult working age population.

The Mental Health Needs Index, MINI 2000, provides a relative measure of severe mental illness in the population. Northumberland has a ratio of 1.1 (compared to 1.0 for England). Based on this measure, Northumberland has a predicted rate of psychiatric admissions of 370 per 100,000 persons aged 16-59 compared to 340 per 100,000 persons aged 16-59 for England.

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

For 2007-2009, the mortality rate from suicide and injury of undetermined

intent at all ages was not significantly different from the England average. However, it should be noted that rates are based on small numbers that are subject to random fluctuations.

## Key Priorities

- Redevelop current mental health day services into community services based on recovery and social inclusion.
- Co-ordinate health and social care services for people with long term conditions, by undertaking a joint review of dementia services to ensure that services can be delivered into the future in line with the National Dementia Strategy.
- Improve information about utilisation of mental health services across all four tiers including universal, targeted.

## Substance Misuse

Alcohol-related hospital admissions are higher than the England average, although lower than the North East regional average. Alcohol-related deaths overall are similar to the England average, although deaths from Chronic liver disease in females are significantly higher than the England average.

The prevalence of “binge drinking” is estimated to be significantly higher than the England average. Tackling rising levels of hospital admissions and binge drinking is a priority.

Opiate use remains the most problematic drug in terms of treatment need within the community. The Safer Northumberland Partnership is focusing on the following priorities: user involvement, family/carer involvement and support, hidden harm and primary care.

## Key Priorities

- Reduce the number of alcohol harm related hospital admissions through integrated alcohol treatment pathways; a programme of identification and brief advice delivered through general practices, Police, probation, health and social care; and targeted work through A&E departments to prevent hospital admissions.

## Housing

Vulnerable people who have access to secure and sustainable housing are more likely to be healthy, safe and involved in training or employment. Vulnerable groups experience a greater range of housing issues. Around 57% of the vulnerable households living in the private sector live in non-decent housing.

The Council has recognized that poor housing has an important effect on health. A Health Impact Assessment was carried out in 2010 where it was

estimated that over the next 10 years Category 1 hazards could cost the NHS £5.3 million per annum. Savings to the NHS of £4.9 million per annum could be made if all Category 1 hazards were mitigated.

Northumberland's significant and growing older population have articulated their changing housing aspirations: people generally prefer to remain in their own homes whenever possible, and to receive support and adapted accommodation within community settings, if required.

As the population continues to age and becomes more frail, demand and need for housing-related support services such as the Home Improvement Agency, Extra Care housing, Telecare and "Extra Care Neighbourhoods" are likely to continue to increase.

Northumberland Homefinder indicates that there are around 1429 households with a disabled member applying for social rented housing within the County.

Work is underway aimed at meeting the diverse range of housing needs through the Older Persons Housing Strategy and the Vulnerable Persons Housing Strategy.

The impact of the UK's economic downturn has driven an upsurge in mortgage repossessions and an increase in the number of private tenancies being ended prematurely. These along with other attributes have led to an increase in homeless applications.

### **New Models of Care and Support**

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

Our residents want more from their public services to match the choice, customer service and personalisation

they get elsewhere. They ask for services that are of good quality, make sound use of public money and are convenient to access.

mothers and young offender and social care services by modernising and personalising adult social services and introducing personal budgets.

### **Preventing Ill health and Promoting Well being**

Northumberland's complex pattern of inequalities means that faster progress is needed in some parts of the County to reduce inequalities. Challenges include the need to support people to change their lifestyles and health-related behaviours by effective engagement, education and social marketing approaches.

### **New Geographies**

The move to unitary authority status in April 2009 led to the loss of the former

District Council boundaries. A new clearly agreed internal geography for the county has been developed based on three area partnerships. We will begin to develop our understanding of health needs for this new geography and at small geography level.

### **Key Priorities**

- Reduce health inequalities by targeting action on the major causes of the life expectancy gap,

i.e., cancers, cardiovascular diseases, and respiratory problems.

- Increase the focus on preventing ill health and promoting well being by improving access to services, co-ordinating health and social care.
- Action to maximise independence, and supporting people to change their lifestyles and health related behaviours e.g., stopping smoking,

breastfeeding, taking part in play and positive activities, and sensible drinking.

- Work towards providing data for the three new area partnerships within Northumberland as part of a strategy to focus on internal inequalities.

### **Further Information**

For further information about the JSNA and to read the full report, go to the Northumberland County Council Website  
<http://www.northumberland.gov.uk/default.aspx?page=4279>

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