

DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT

2015

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1. SUMMARY

In my report last year I described many of the health inequalities within the Borough of Stockton-on-Tees and the programmes we have in place to address them. Health inequalities by their very nature are deeply rooted in fundamental social determinants of health and well-being such as poverty, unemployment or low paid employment, poor education and poor housing. The Borough of Stockton-on-Tees has seen great strides made on improvements to its infrastructure and town centres and the quality of both social housing and new housing developments are very high. The programme of work that has seen external wall cladding for over 3,000 of the oldest and coldest houses in the Borough will help to improve the health of those people who live in them now and whoever lives in them for the next 20 years at least. It also makes a significant difference to fuel bills thus helping to address financial poverty. These improvements will undoubtedly make a significant contribution to addressing health inequalities in the future.

This report builds on my previous one and the theme of health inequalities underpins it. The focus of this report however is the life course. Here is a brief summary of the report with a key recommendation for each stage of life and issue that is covered:

Pregnancy

The importance of a healthy pregnancy for both mother and baby is paramount for giving every child the best start in life which is one of our key priorities. The report starts by delving into this, describing some of the problems that can occur in pregnancy and how we are addressing them.

Recommendation 1: To review how services interact with all pregnant women to ensure they receive the very best advice possible for a health pregnancy, the support to help them implement it and that we particularly focus upon the most vulnerable women.

Age 0-3

At the beginning of a child's life the brain develops faster in the early years than at any other stage. In the Town Centre ward of Stockton we have developed a programme called Fairer Start to focus on giving every new born child in the ward the best chance of a positive early start to life. We are aiming to improve nutrition, to improve the development of speech and language and to improve cognitive development in the first three years of life. By doing this we increase the lifelong opportunities for children.

Recommendation 2: To work with all agencies who provide services for children aged 0-3 to help create the conditions for all children to be safe and to thrive and to maximise their potential at this critical stage of life.

Nursery and Primary School ages

Last year my report described the poor dental health of children aged 5 and the inequalities that exist across the Borough. Nearly of this dental disease is preventable and this report describes the universal free tooth-brushing programme we have offered to all primary schools and the additional work we are doing with those schools with the poorest dental health.

Recommendation 3: To continue to spread the message that fizzy drinks should be a rare treat for children and never the daily norm and to continue to educate children and their parents about the importance of regular tooth brushing.

Children and young people of all ages

In the past year we have commissioned a brand new Family Weight Management Service to support children and families to live healthier lifestyles and by doing so to combat childhood obesity. Childhood obesity is often an emotive subject partly because parents sometimes do not recognise it as an issue for their own child, and partly because many people under-estimate the problems excess weight can bring, not only in younger children and teenagers but also in adulthood.

Recommendation 4: To ensure we work with parents and schools to raise awareness of the importance of children having a health weight and of the new service that is available to help children who are overweight to achieve that goal.

Adults

- [Alcohol](#)

Excessive alcohol consumption leading to either acute or chronic harm is a problem for the Borough of Stockton as it is for every part of the country. The unpopular truth is that too many people drink too much alcohol too often. This can cause serious acute problems through alcohol poisoning and also leads to accidents and violence as well as longer term chronic illnesses. Indeed there is recent new evidence linking excessive alcohol consumption to several cancers, including common cancers such as breast cancer. Finally on this matter and directly relating to a healthy pregnancy, in both of my previous reports I have emphasised completely avoiding alcohol during pregnancy.

Recommendation 5: There are new guidelines under consideration for alcohol consumption and these are well founded on substantial medical evidence. One very simple message is that if you do drink alcohol on a regular basis make sure that you have at least two days a week where you do not drink any alcohol.

- [Cardio-Vascular Disease](#)

Whilst we have made great progress in reducing mortality from cardio-vascular disease over the past decade, there is still more to do. Much of the cardio-vascular disease that we still see across the Borough is either preventable or can be treated effectively if detected earlier. This is a huge subject area and the report particularly describes the Health Checks programme through which we assess thousands of people every year from the Borough of Stockton for the risk of cardio-vascular disease.

Recommendation 6: To continue to improve the delivery of the health checks programme and to ensure that, whilst it is a universal service, it actively targets those people at greatest risk in our most disadvantaged communities.

- [Smoking](#)

Smoking rates continue to fall but there still over 30,000 regular smokers in the Borough. We continue to support people to stop smoking through our stop smoking services and we have an established programme to detect undiagnosed chronic obstructive pulmonary disease and for smokers to recognise the early signs and symptoms of lung cancer for which they should seek urgent medical attention. We have successfully targeted this at those parts of our Borough where smoking rates are the highest and will continue to press on with this work.

Recommendation 7: To review the early detection programme for Chronic Obstructive Pulmonary Disease to ensure that those patients who are detected are receiving dedicated help to stop smoking and the best medical care.

- [Better Health at Work](#)

Many of us spend much of our time at work and we are enthusiastic participants in the North East Better Health at Work scheme. This programme brings health and well-being benefits to employees and also benefits employers. It is growing in popularity every year and we continue to promote it and expand it in business and the public sector across the Borough.

Recommendation 8: To continue to work with local employers of all sizes and across all sectors so that we continue to grow the number of people benefitting from healthier workplaces.

Everyone!

Stockton has an impressive cycle network and many public spaces and parks, both large and small. We enjoy a wonderful river that runs through the centre of the Borough and provides many leisure opportunities on the water through various boating activities and through the many beautiful walks along the river. We have excellent local leisure facilities and more are in development. All of these bring opportunities for people of all ages to be physically active. Physical exercise is one of the most simple and cost effective ways of staying healthy in mind and body. Doing something as natural as regularly walking every day is one the best ways to maintain physical fitness and research shows it is very beneficial for mental health and well-being.

Recommendation 9: The gym, swimming pools, the ice-rink and cycling are all a great leisure and fitness activities but not for everyone. However walking is very good for everyone so this recommendation is that everyone walks half an hour a day – go on try it, you will be amazed at how quickly you will feel better for it!

The elderly but also anyone vulnerable to living in a cold home

Finally, whilst cold homes have an adverse impact on anybody living in one, the greatest impact is on the elderly who are particularly at risk of hypothermia, respiratory and cardio-vascular disease when living in cold conditions. This has been a priority area for several years and in addition to the excellent work in securing funding from energy companies to externally insulate over 3,000 homes we also run both immediate emergency schemes to keep people warm and larger schemes to service and repair heating systems.

Recommendation 10: To evaluate the impact to date of the extensive work that has gone on to externally clad over 3,000 homes in the Borough.

The Stockton Health and Well-Being Board and associated sub-groups are the places where we discuss details of many of these problems and where we devise our strategies and plans to address them. We involve people from the all parts of the NHS, local schools, higher education and Universities, the police and fire service, Healthwatch and the voluntary sector in order to work alongside the local authority to bring about effective universal services but also to crucially focus upon those as greatest disadvantage and with the greatest need.

I hope this report gives a flavour of the work that we are undertaking to improve the health and well-being of people of all ages across the Borough of Stockton-on-Tees. If you have any comments or suggestions or want to know more about any of the issues discussed in the report please contact me.

Professor Peter Kelly
Director of Adults and Health

2. HEALTHY PREGNANCY

Giving every child the best start in life remains one of Stockton's key priorities in line with Marmot's principles. It is widely acknowledged that the antenatal period is a critical point in a child's development so, where possible, the 'best start' should begin from conception. Whilst we know that pregnancy is a time of rapid physical growth and development, there is significant evidence to suggest that it is also a vulnerable time for both mother and baby. Being pregnant and having a baby are life changing events. For most women, these events are happy, positive experiences but for some women they may experience discomfort or even ill health during this time. Pregnancy can stir up a range of feelings and emotions and whilst this is normal, it reinforces the importance of looking after mental health and emotional wellbeing alongside physical health. It is vital that both mother and baby receive the best care and support possible during this time of huge change.

Women are at increased risk of mental health issues during and after pregnancy, with the impact potentially lasting for them and their families for a considerable time. Anxiety and depression are the most common mental health issues - approximately 12% of women experience depression and 13% experience anxiety during pregnancy. Mothers who have suffered from mental illness previously or who suffer from psychosis are at increased risk of re-emergence or exacerbation of the condition during pregnancy. In the first year after childbirth approximately 1 in 5 mothers will experience some level of depression or anxiety (NICE, 2014).

Maternal mental health issues are of significant importance due to the adverse impact on the mother and the compromise to the healthy emotional, cognitive and sometimes physical development of the child, with serious long term implications.

The impact of mental health issues on the woman herself is widely recognised and includes increased risk of suicide, poor physical health, fatigue and exhaustion, increased risk of substance misuse and reduced maternal sensitivity. Evidence of the impact upon the baby and the relationship between mother and baby continues to emerge and strengthen. We now know that exposure to toxic stress in the womb can affect the development of the foetal brain resulting in the baby's own responses to stress being distorted in later life. This early stress can come from the mother suffering from symptoms of depression or anxiety (Kinsella and Monk, 2009). Mental health issues can also impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This in turn will affect the baby's ability to develop a secure attachment. Attachment is the bond between a baby and its caregiver. There is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of this attachment with a 'disorganised' attachment being associated with poorer outcomes (Shemmings and Shemmings, 2011).

The promotion of positive mental health during pregnancy and the early years of a child's life is a significant public health issue. Stockton Public Health team is now responsible for the commissioning of 0-5 Healthy Child Programme services which includes Health Visiting and Family Nurse Partnership services. As a result of the transformation and expansion of the health visiting service and the roll-out of the Universal Healthy Child Programme, health visitors offer at least one antenatal contact to all pregnant women providing an opportunity to assess and discuss previous, current and future mental health needs. Close working with midwives is essential to share risk factors identified during pregnancy by midwives with health visitors, with a focus on early identification and intervention and the provision of ongoing support. Health visitors undertake additional training and are skilled in assessing mental health, including the use of assessment and screening tools alongside professional judgement. They provide support to women and their partners and families where they identify mild to moderate depression, understanding the illness and its impact on the infant, family and society. They also identify women at higher risk of severe illness and can arrange referral to appropriate mental health services. In more serious cases they will work with other professions

such as GPs, child and adolescent mental health services and social care to ensure the baby's wellbeing, and support the woman and her family through recovery.

Hartlepool and Stockton Clinical Commissioning Group along with their colleagues in South Tees have invested in the development of a Tees wide Perinatal Mental Health Service to provide assessment and intervention for women presenting with mental health problems during the perinatal period (from pregnancy to one year postnatal). The Public Health team will work with colleagues from this service along with midwifery, health visiting and children's centres to develop integrated pathways of support.

References

- Kinsella, MT & Monk C. (2009) Impact of Maternal Stress, Depression & Anxiety on Foetal Neurobehavioral Development. *Clinical Obstetrics & Gynaecology*, Volume 52, pp. 425-440.
- NICE (2014) Antenatal and postnatal mental health: clinical guidance and service management. NICE guidance CG192, December 2014.
- Shemmings, D and Shemmings, Y (2011) Research Review – Evidence Based Research into disorganized attachment and child maltreatment. *Community Care*.

3. A FAIRER START

Stockton Town Centre is an area with its own unique challenges. The ward not only has a diverse population with high levels of transient communities, it also has very distinct geographical communities each with their own identity and cultural needs. Based on these demographics and the diverse mix of health inequalities, deprivation and societal complexities, it was agreed that Stockton Town Centre ward would be the target population for a pilot programme working with the local community to improve long term outcomes for children, young people and families.

In recognition that the first few years of a child's life are crucial to their development, the A Fairer Start programme aims to ensure that **every** child has the best start in life. Evidence shows that investing in early years improves social, emotional, physical development of children and has an impact on their education, health and wellbeing right through to adulthood.

A Fairer Start recognises that each parent, child and family has a unique journey and emphasises the importance of understanding where they are on that journey. A range of factors including housing, relationships, mental health and finance all play a part in the development of a child which can be supported through improved community links and multi-agency working. A Fairer Start is an ethos and philosophy that aims to ensure better life chances for 0-3 year olds through culture change, awareness raising, knowledge building and empowering communities to raise children in a healthy and happy environment.

A Fairer Start is a three year pilot programme funded by Stockton Borough Council Public Health team and Hartlepool and Stockton on Tees CCG and managed by Catalyst which focuses on improving three key outcomes of social, emotional and cognitive development, speech and language development and nutrition for 0-3 year olds living in Stockton Town Centre ward. The overarching outcome is for all children to be school ready by the age of 5. 'School ready' is an indicator of a child's development in the early years of their life and their perceived ability to continue learning on entry to primary school. In Stockton on Tees, 59% of children are 'school ready as they begin primary school – in the Stockton Town Centre ward this falls to only 47%.

Through ongoing consultation with the local community, A Fairer Start aims to proactively challenge, influence and support stakeholders to:

- Respond to the needs and experiences of children, families and communities.
- Support work and communicate with families in a way that is relevant to their individual needs.
- Remove barriers to improving services and strengthen relationships between practitioners across all sectors.
- Create a sense of belonging to the 'A Fairer Start' town amongst children, families, communities, professionals and local organisations and businesses.
- Support the development of community champions to empower families, foster community spirit and raise awareness of available services.
- Create an environment where families are comfortable in their decisions and can build trusting relationships with professionals and their community.
- Provide opportunities for volunteers and professionals to develop skills and knowledge to ensure sharing of consistent messages.

Big Life Families Group has been commissioned to develop and deliver a community volunteer programme which builds upon the expertise contained within the Stockton Town Centre community. Thirty two community champions have been recruited to date to engage and support families and to promote A Fairer Start to local organisations and businesses. Each community champion undertakes a detailed programme of training and receives ongoing support and supervision.

Twenty two local businesses and organisations have been contacted to become 'A Fairer Start' businesses working towards the ambition of Stockton becoming A Fairer Start town where children and families are valued and respected. A number of businesses are offering support for the programme and demonstrating a commitment to its aims by offering discounts and incentives for volunteers and families.

Work to further develop the skills of the workforce and promote cultural change is ongoing. A framework of competencies has been agreed and a workforce strategy and programme can now be developed for roll out during 2016-17.

4. TOOTH BRUSHING / DENTAL HEALTH

Poor dental health in children and young people can cause significant pain and be the cause of unnecessary dental problems such as toothache which can prevent them from eating, sleeping, speaking and learning properly leading to time away from school, college or work. In recent years, there has been a rise in the number of young children having to attend hospital to have rotten teeth removed under general anaesthetic. There is also evidence that gum disease in adulthood can have complications including stroke, diabetes and heart disease. Yet dental disease is almost entirely preventable. With this in mind, this year we have continued our efforts to improve dental health across the Borough.

We know that in Stockton, our population has greater average dental decay than many other areas across the North East. We also know that some of our children experience poor dental health, even by the age of 5, and there is significant inequality between Stockton schools regarding dental decay.

Dental decay is a good indicator of diet and nutrition in children and their families – particularly in relation to sugary food and drinks which are also major contributors to childhood obesity and excess weight. Evidence shows the best ways of protecting children against poor dental health are a diet low in sugar and promotion of good dental health, including regular, effective brushing of teeth.

To support our aim to give every child the best start in life, we have worked closely with Stockton's primary schools and NHS England to introduce a universal dental health programme, with an additional targeted element to support the most vulnerable children and families. The main part of this work is a tooth brushing programme delivered in school for all nursery and reception children. This involves daily supervised tooth brushing during the school day, with all resources provided including toothbrushes, toothpaste and information leaflets. Support has been provided by Teesside Oral Health Promotion Team who have trained school staff and supported the roll-out. The programme is being offered to all primary schools but has a strong focus on the schools with the highest prevalence of dental decay. In addition to this, five primary schools are being offered the opportunity to participate in a whole-school tooth brushing programme where all children from nursery to Year 6 take part in daily tooth brushing.

Working with parents and carers is obviously a very important part of the programme with key messages reinforced including:

- School tooth brushing is in addition to brushing at home;
- Parents should help clean their children's teeth twice a day until they are at least 7 years of age;
- Brushing last thing at night is the most important time;
- 40 – 50% of dental decay can be prevented by brushing twice daily, spitting not rinsing and always using family fluoride toothpaste.

Alongside our work on promoting good dental health through tooth brushing, we are also working to deliver a school based fluoride varnish scheme. Fluoride varnish is a pleasant tasting protective coating that is easily painted on teeth. Studies show that fluoride varnish is very effective in reducing tooth decay if applied to the teeth at least twice a year. The golden varnish releases fluoride over a period of time, which strengthens teeth and prevents tooth decay. When used in conjunction with fluoride toothpaste and good dental health habits, it can even stop tooth damage that has already started.

In the forthcoming year, a dental team will work closely with primary schools where there are a higher proportion of children with decayed, missing or filled teeth. Parents and carers will be required to complete a consent form to advise that they would like their child to be part of the fluoride varnish scheme. The dental team will then visit the school to ensure that children have the varnish applied to their teeth twice each year.

Ten of the 11 eligible schools have agreed to be part of the scheme and this will begin to be rolled out during 2016.

5. STOCKTON FAMILY WEIGHT MANAGEMENT SERVICE

Introduction to childhood obesity

Today, one in three children are overweight or obese. Research suggests that - if untreated - 85% of these children will become obese adults.

Obese children and young people face the same health risks as adults. Whilst symptoms may not become apparent until later in life, in many cases, damage from being overweight as a child has already been done.

This means that overweight children may go on to have an increased risk of cardio vascular disease, high blood pressure, Type 2 diabetes, some cancers and mental health problems. Furthermore, it is suggested that this could reduce life expectancy by up to 9 years.

Along with the fact that children with obese parents are 12 times more likely to be overweight than if their parents were a healthy weight, addressing family weight issues in the early years is vital to improving long-term health outcomes.

Obesity is a significant concern locally. A recent Public Health England report of data from the National Child Measurement Programme suggests that in Stockton-on-Tees, 23.2% of Reception year children are carrying excess weight, rising to 35.7% of Year 6 pupils.

Stockton Family Weight Management Service

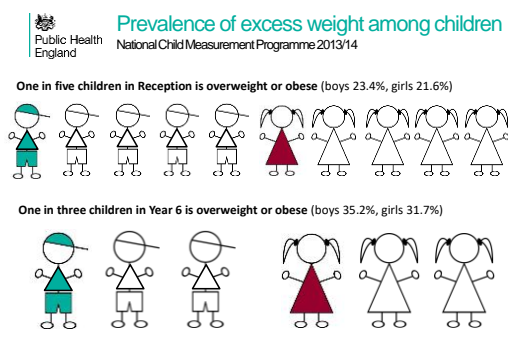
Stockton Borough Council has commissioned the Stockton Family Weight Management Service as an integral part of the School Nursing provision. A collaboration between School Nursing and MoreLife (UK) Ltd, the service delivers a tailored treatment service to children and parents who are overweight.

Using an evidence-based approach, this flexible service provides dietary advice, motivational support, behaviour change techniques and physical activity sessions and guidance to help the whole family adopt a healthier approach to weight. This is delivered in group sessions or individual support depending on the needs of the family.

The support a participant receives is based on 3 bespoke weight management programmes:-

- **Family Programme** for the 5 to 12 year olds
- **Teenage Programme** for 13 to 17 year olds.
- **Parents only programme** for parents with a BMI of 25 or above which focusses on parents own weight loss and how to transfer these new lifestyle behaviours back to the home.

After an initial consultation, nine intensive sessions are arranged for the participant followed by a variety of options to help keep families on track,



<http://www.hscic.gov.uk/ncmp>



including a free 10 week pass to local leisure centres. This year-long support can be provided through phone calls, drop-ins, home visits, social media or through organised activities and games.

Working with the community

A primary source of identifying children and families for inclusion onto the programme is through the National Child Measurement Programme. School Nursing weigh and measure the heights of all Reception and Year 6 children. Any children who fall into the 'very overweight' category are then contacted by MoreLife with an offer of support.

Effective referral pathways are constantly being developed by working in partnership with other service providers and healthcare professionals. This includes schools, GPs, Health Visitors, hospitals and voluntary sector bodies to identify and signpost those who fit the criteria and are ready to change.

The service also promotes extensively in communities so that families can refer themselves for help. This is underpinned by an innovative social media campaign to both attract new participants and also offer a variety of opportunities for clients to keep in touch.

Within the first six months of operation, the Family Weight Management Service generated 388 referrals resulting in 248 initial Family consultations. To date, 23 Family Weight Management programmes have either been planned or delivered by the team.

Of the children and young people who attended, 85% achieved a weight loss.

Challenges

Obesity is a complex, multi-faceted issue involving a combination of factors from education and health, to psychology and trauma.

It is always challenging to engage younger people in a health issue when they are unaware of the future impact to their lives. The habits associated with being overweight are ingrained into people's lifestyles. It is not an easy topic to address and sometimes it takes people a number of attempts before they really get to grips with the lifestyle changes they need to make.

The service is working towards overcoming the stigma that surrounds discussing childhood obesity. By working in partnership with child and family services, the team are raising awareness and inspiring action to address the local problem of obesity by making every contact count. The Service is working towards the adoption of a Borough-wide brief intervention approach to encourage children and families to access the service and improve their health outcomes.

Case Study

Sophie aged 7 and Mum opted for 1:1 service in September 2015. Since this time Sophie has gone on to achieve 3 times more weight loss than the average child of her age. However, more importantly to Sophie, she is enjoying a more active and healthy lifestyle.

She has built up fitness levels, progressed with her swimming and dancing and enjoying new activities – even gaining a Level 2 in ice skating!

The family used the MoreLife star charts to improve their 5 a day and remembered our rhyme about palm sized portions.

"Taking part in the MoreLife programme has been so informative and has changed so many of our family habits and routines. We all feel better for it!"

Sophie's Mum

The next six months will build upon the successful start, extending our reach and ensuring the model continually develops to meet the needs of local people.

To contact the service, call 01642 615101 or email stockton@more-life.co.uk or alternatively visit the website www.more-life.co.uk

6. ALCOHOL

- Alcohol has serious consequences both for health and the wider community. Reducing harmful drinking is a key priority within the Borough.
- Tackling the issue requires an approach that goes beyond just treating the health consequences that arise, and needs to consider the role of alcohol within our society
- The majority of residents within Stockton acknowledge the seriousness of the problem, and agree with proposed measures to help address it.

Alcohol related harm remains a significant issue for the Borough and the effects of alcohol remain a key issue to be addressed, given the impact and cost that it has.

Alcohol related hospital admissions for Stockton residents are estimated to cost over £7 million per year. In 2014/15, there were 4880 admissions to hospital with alcohol related conditions, a rate of 2705 per 100,000 people, significantly higher than the England rate of 2150 per 100,000 people.

As can be seen in Figure 1, this varies greatly across the Borough, with some areas having rates of hospital admissions in excess of 5,000 per 100,000 people. Many of these areas are in wards where we have previously identified high levels of alcohol related harm and the most deprived areas still have the highest levels of alcohol related hospital admissions. However, reviewing it for smaller areas highlights that there are also areas in which alcohol related harm may not previously have been considered an issue such as Ingleby Barwick and Levendale.

This demonstrates how it is an issue that affects all areas of the Borough and that although more work will always need to be done in areas with the greatest levels of harm; it is an issue that needs a universal approach.

In addition to monitoring trends in data showing the impact of alcohol related harm, Public Health have funded Balance the North East Alcohol Office to undertake an annual survey. This aims to capture Stockton resident's relationship with alcohol in terms of how much we drink and our attitudes towards reducing consumption. A range of issues were identified within the survey, as outlined in Table 1, however it is also clear that there is much support for interventions that would alter perceptions of alcohol and reduce consumption.

Table 1 – Results of alcohol perceptions survey of Stockton residents, showing some of issues identified and the support of residents to some interventions that may reduce harm.

| Issues Identified | Support for intervention |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Stockton on Tees residents who drink alcohol are more likely to drink heavily. | <ul style="list-style-type: none"> • More than 6 out of 10 people asked felt an appropriate time for pubs and bars to start selling alcohol was between 11am and 12pm. Only 1 in 10 felt earlier than this was appropriate. |
| <ul style="list-style-type: none"> • When they do drink, 1 in 4 people will drink 10 or more standard drinks. | <ul style="list-style-type: none"> • Over 7 out of 10 people surveyed thought that bars should close between 11pm and 1am. Only 1 in 10 felt later than that was appropriate. |
| <ul style="list-style-type: none"> • In 18-34 year olds, when they do drink, 2 in every 5 will drink 10 or more standard drinks | <ul style="list-style-type: none"> • Alcohol is increasingly available outside traditional settings. However, when Stockton residents were asked, the following number felt it to be unacceptable at: <ul style="list-style-type: none"> ○ 8 out of 10 at a hair salon |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> ○ 5 out of 10 at a train ○ 8 out of 10 at a motorway service station ○ 9 out of 10 at a school function |
| <ul style="list-style-type: none"> • Over 7 out of 10 Stockton residents said that the drunken behaviour of other people put them off going for a night in the town centre. | <ul style="list-style-type: none"> • Less than 1 in 20 people felt that there should be more places where alcohol was on sale, compared to 5 in 20 who felt there were too many. |
| <ul style="list-style-type: none"> • Around 2 in 5 people are increasing high risk drinkers. | <ul style="list-style-type: none"> • Almost 7 out of 10 residents felt alcohol advertising should be banned before 9pm. |
| <ul style="list-style-type: none"> • Around 1 in 5 drinkers binge drink weekly, or more frequently. | <ul style="list-style-type: none"> • Almost 7 out of 10 residents agreed alcohol should only be sold in cinemas if an 18 certificate film is being shown. |

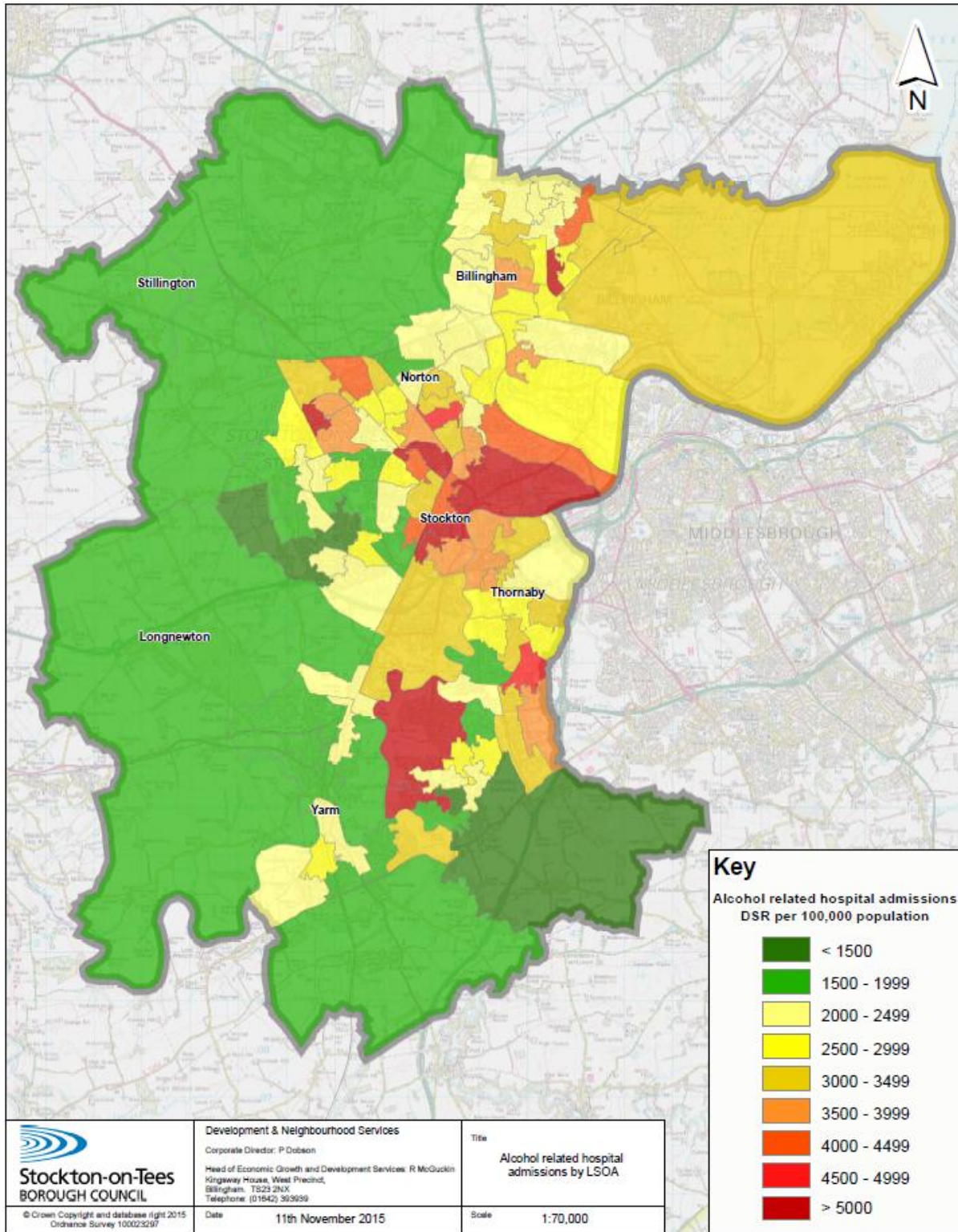
As has been highlighted in previous years there is already a significant amount of work commissioned to deal with the issues associated with alcohol, including an alcohol treatment service for those with an alcohol problem, support of national and regional campaigns such as Dry January and Alcohol Awareness Week, and the innovative work to raise the profile of issues such as Foetal Alcohol Spectrum Disorder (FASD).

Following the Scrutiny review of licensing, Public Health has also engaged with the licensing authority to ensure that as the current legal system allows, the updated Statement of Licensing Policy (SLP) pays due attention to the impact licensing can have on public health.

However, in addition to commissioned services for alcohol, as is clear from the distribution of harms, more needs to be done across the Local Authority in partnership with other stakeholders to address alcohol related harm, focussing on a preventative approach that addresses the issues before harm is caused.

A comprehensive review of the Alcohol Action plan is being undertaken in the coming year, this is likely to include a more comprehensive roll out of brief interventions, both in health care settings and the wider community, review of provision and support within secondary care and further roll out of school based behavioural programmes. There is also a plan to review good practise regionally, to better map the harms of alcohol to help feed back into improved controls and interventions such as cumulative impact areas.

Figure 1 - Alcohol related hospital admissions 2006/07 - 2012/13 (broad measure) three year rolling averages - Directly Standardised Rate per 100,000 population.



7. PHYSICAL ACTIVITY (ADULTS)

Around 1 in 3 people in Stockton-on-Tees are physically inactive, which means they do less than 30 minutes physical activity a week. There is a risk to health through a lack of physical activity. Based on the health cost alone, it is estimated to be £1,483,343 per 100,000 population (Table 2). If current trends continue, it will increase the costs of health and social care, which will risk destabilising public services and also result in poor quality of life for individuals.

Table 2: Physically active and inactive in Stockton and compared with NE and England.

| Physically active and inactive adults (2014) | | | |
|-------------------------------------------------------------|------------------|------------|------------|
| Rate | Stockton-on-Tees | North East | England |
| % Active | 53.9 % | 53.6 % | 57.0 % |
| % Inactive | 29.0 % | 32.2 % | 27.7 % |
| Health cost of physical inactivity (per 100,000 population) | £1,483,343 | £2,016,905 | £1,817,285 |

Active = Those doing at least 150 equivalent minutes of at least moderate physical activity per week.

Source: Local Sport Profiles (Sport England, 2014)

Evidence shows that an active life is essential for physical and mental wellbeing. Increased levels of physical activity can assist in tackling many of the important health and social care challenges faced by the Stockton Borough. It can also help in the prevention of a number of diseases and conditions, including coronary heart disease, hypertension, cancer, type 2 diabetes and mental health problems such as depression.

The benefits don't stop there. Being physically active plays a key role in brain development in early childhood and is also good for long-term educational attainment. Increased energy levels boost workplace productivity and reduce sickness absence. An active population can even reduce levels of crime and antisocial behaviour. Helping inactive people to move to a moderate activity level will reduce the risk of common diseases mentioned above. An increase in physical activity could prevent up to 40% of many long term conditions (Table 3).

Table 3: Physical activity substantially reduces the risk of common diseases

| | Effect of physical activity |
|------------------------|--------------------------------------------------------------------------------------|
| Coronary heart disease | Moving to moderate activity could reduce risk by 10% |
| Stroke | Moderately active individuals have a 20% lower risk of stroke incidence or mortality |
| Type 2 diabetes | Active individuals have a 33–50% lower risk |
| Colon cancer | The most active individuals have a 40–50% lower risk |
| Breast cancer | More active women have a 30% lower risk |
| Osteoporosis | Being physically active reduces the risk of later hip fracture by up to 50% |

Being active every day needs to be embedded across every community in every aspect of life. General issues such as cost, access or cultural barriers need to be tackled when encouraging inactive Stockton Borough residents to become physically active. In order to help tackle cost issues, up to 50% discount off local leisure activities is offered to residents claiming a range of benefits, disability allowance or in full time education. Currently, there are 7,254 residents take advantage of this Leisure Card scheme that operates to make leisure activities more affordable across the Borough.

People living in more deprived areas, those with disability and female age between 14 and 24 years old are less likely to be active or participate in active recreation or sport. The participation in sport (at least once a week) for those 16+ has also declined by 10% across Stockton-on-Tees in the past 5 years.

In order to tackle the issues above, Public Health has not only contributed to the local Sport and Active Leisure Strategy but also funded / commissioned a range of physical activities to support those who are most in need. These include:

- **Active health:** An exercise referral programme for individuals whose medical conditions can benefit from taking part in physical activity. The programme lasts for 12 weeks, in which time the referred individual has the opportunity to take part in a variety of physical activity sessions.
- **Club 55+ programme:** Aims to increase physical activity amongst, and provide social support for, older adults with a view to safeguarding long term health and wellbeing.
- **Sport and STEPs:** Aims to increase physical activity amongst people with learning disabilities and provide support to those who would like to continue the activities via mainstream services.
- **Community Active Travel Hub:** Aims to provide advice and activities to increase physical activity and improve wellbeing through active travel such as walking and cycling. The Hubs are currently located in some of the most deprived areas including Hardwick, Newtown, Roseworth, Stockton Town Centre, Norton North and Norton South. The locations will act as activity, training and storage centres in the heart of beneficiary communities.
- **Women's Running Group:** Women's running clubs are developed across Stockton Borough for beginners or existing runners to get peer support and motivation from each other.
- **Lite 4 Life:** A free 10 week group weight management programme for overweight or obese adults that aims to promote a healthy diet and exercise to prevent long term complications.
- **Move it Project:** To introduce the concept of Sports Science and help families to plan a healthy lifestyle campaign, aimed at improving fitness levels and food choices. The programme is to run across 7 primary schools located in the most deprived areas.

Key messages:

- **Being active every day needs to be embedded across every community in every aspect of life.**
- **Increased activity means better health and also has wider economic benefits.**
- **Physical activity needs to be made easy, fun and affordable.**
- **Every small increase in activity can make a difference.**
- **30 minutes a week of moderate intensity activity can make a big difference – your heart and breathing rates are increased and / or your body will be sweating.**

In addition to the health benefit, activity gets individuals out of their homes and connecting with others, avoiding social isolation, increasing social capital and community spirit. Being physically active also helps combat physical and mental health problems.

8. HEALTH CHECKS – PREVENTING CARDIOVASCULAR DISEASE IN ‘OLDER ADULTS’

Key messages

- Cardiovascular disease (CVD) and in particular Coronary Heart Disease (CHD) mortality has declined steeply over the past decade.
- Overall CVD mortality in Stockton is similar or just below the national average. Early mortality (<75) however is higher in men living in Stockton.
- Cardiovascular disease is a preventable disease.
- The NHS Health/ Healthy Heart Check identifies risk factors for CVD and refers those at higher risk to lifestyle services and treatment.
- The uptake of the NHS Health/ Healthy Heart Check is higher than regional and national average.
- The uptake in people living in deprived areas has increased.

CVD facts

- Cardiovascular disease (heart disease, stroke, diabetes, kidney disease and some forms of dementia) is the biggest cause of preventable death in the UK, affecting more than 4 million people.
- CVD and in particular CHD mortality has declined steeply over the past decade, a decrease of 58% in early mortality from CHD.
- Overall CVD mortality in Stockton is similar (men) or just below (women) the national average. Early mortality (<75) however is higher in men living in Stockton.
- The prevalence of CVD in Stockton is high for some but not for all associated diseases i.e. the prevalence of CHD, stroke and atrial fibrillation is higher compared to England average whereas the prevalence of diabetes and chronic kidney disease is lower
- Prevalence figures are underestimating the true extent of disease because of a significant proportion of undiagnosed disease.
- The future prevalence of CVD will be influenced by a range of different factors such as demographic change with an older population and increasing BME population as well as a significant proportion of the population living in deprived areas. Lifestyle behaviours such as the local and national increase in obesity and physical inactivity and a high level of binge drinking in the population could also contribute to a higher CVD prevalence.

What is a health check?

The NHS Health Check is a national programme – locally branded as Healthy Heart Check. The local programme has run since 2008, with over 90,000 checks across Tees in that time.

The NHS Health/Healthy Heart Check assesses the vascular and circulatory health and the risk of developing cardiovascular disease.

Every year, the NHS Health Check in England is expected to help:

- save 650 lives
- prevent 1,600 heart attacks and strokes
- prevent 4,000 people from developing type 2 diabetes
- detect at least 20,000 cases of type 2 diabetes or kidney disease earlier

The NHS Health/Healthy Heart Check is offered to everyone aged 40 -74 without pre-existing conditions or already in treatment for high blood pressure, diabetes or high blood cholesterol. Checks are repeated every five years.

A NHS Health/Healthy Heart Check includes the measurement of blood pressure, cholesterol, height and weight; questions on family history and lifestyle such as diet, exercise, smoking and alcohol. This information is used to derive a risk score which estimates the patients risk of developing CVD over the next 10 years, but also to advise on lifestyle changes and if necessary to offer a referral into stop smoking or weight management services or referral to GP for further checks and treatment.

The NHS Health/ Healthy Heart Check can detect potential problems before they do real damage and offer advice and support to make healthy changes. It only takes 20-30 minutes and it is free.

Existing services, successes, gaps and challenges

- The majority of checks (>90%) are delivered by general practices. Checks are also offered at workplaces and other community venues through a public health nurse bank.
- An incentive scheme for general practices to prioritise invitation and assessment of people living in the most deprived areas has been successful.
- Further targeted work is planned through community and workplace based health checks.
- Audit has shown that health checks delivered by GP practices are of high quality in line with national programme requirements.
- There is variation in practices regarding uptake and quality of checks.
- Lifestyle referrals are relatively low and inconsistent.
- Resources, marketing and training are currently being reviewed to bring these in line with national programme and local requirements

9. CHRONIC OBSTRUCTIVE PULMONARY DISEASE - PREVENTION AND EARLY DETECTION

Key messages

- Chronic obstructive pulmonary disease (COPD) is a condition that makes breathing difficult.
- It is used as a broad term that covers several lung conditions, including chronic bronchitis and emphysema.
- COPD is a common disease and mainly affects people over the age of 40. It is more common in deprived communities.
- Smoking is the cause of up to 90% of COPD. This means that most COPD cases are preventable.
- COPD is one of the most common reasons for emergency admissions because of flare ups. (exacerbations) of the disease caused by less than optimal clinical and self-management.
- The Tees Lung Health Check Programme is a local initiative targeted at smokers who are at greatest risk of developing COPD.
- The uptake of the Lung Health Check is good and is greatest in people living in the most deprived areas.

COPD facts

- COPD recorded deaths adjusted for age and deprivation are significantly worse than the England average. The number of deaths from COPD is declining, but the rate of decline is lower for women than men.
- In 2015/16 about 8400 people in Stockton (28 per 1,000) had COPD and another 5,600 estimated to be living with undiagnosed COPD. It is projected that the number will rise to 9,000 by 2020.
- There are significant variations in the quality of diagnosis and management of COPD among general practices in Stockton.
- COPD is responsible for 1 in 8 emergency hospital admissions in England. Between July 2014 – June 2015 there were 1120 emergency admissions associated with COPD in Stockton, 11.2% of total cases. Hospital admissions for exacerbated COPD are significantly higher than the England average.

What is a Lung Health Check?

- The Tees Lung Health Check is a local programme and was started in January 2013 to increase the early detection of COPD, in order to slow down the progression of the disease and improve quality of life.
- It is offered to current smokers aged 35 years and over (without existing asthma and COPD disease) who are at greatest risk of developing COPD. It is free.
- Checks are repeated every five years.
- A Lung Health Check takes about 30 -40 minutes and includes the following:
 - brief advice on stopping smoking and referral offered for smoking cessation specialist support
 - measurement of blood pressure, height, weight and BMI
 - COPD signs and symptoms assessment such as cough, wheeze, breathlessness and sputum (consistency, volume and colour).
 - breathing test, called 'spirometry' which measures how well patients can breathe in and out.
 - assessment results are used to identify suspected COPD cases and further tests are carried out to confirm COPD or other lung diseases.

Existing services, successes, gaps and challenges

- Currently, checks are delivered by general practices with an incentive scheme for practices to prioritise checks of people living in the most deprived areas. This has been successful.
- There is variation in uptake and quality of checks across practices.
- Targeted work to raise awareness of COPD and checks in the community is undertaken and this will be developed further.
- Delivery of checks within community and workplace settings is being developed.
- There is work ongoing to assess the impact of the programme on smoking cessation but data quality is an issue.
- Robust evaluation of the impact on other services is planned.

Data

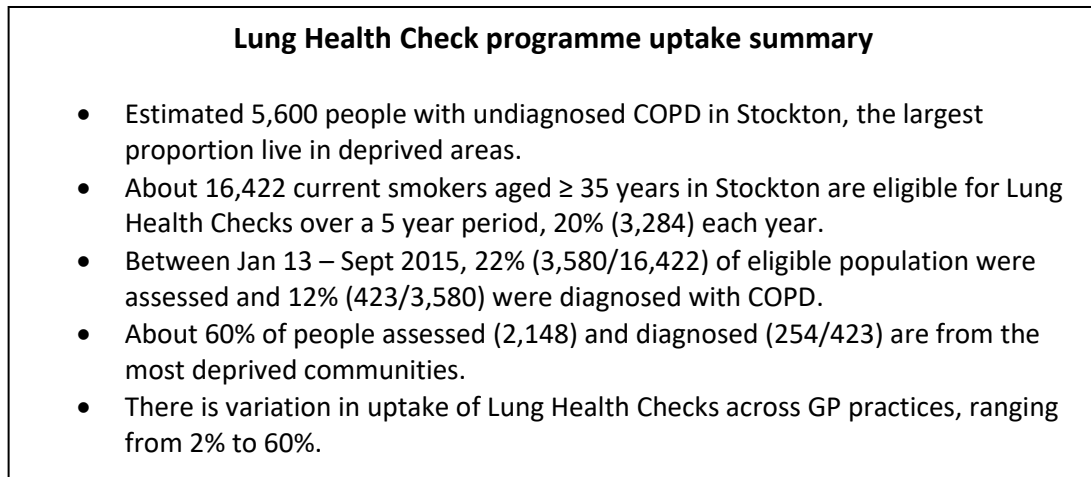
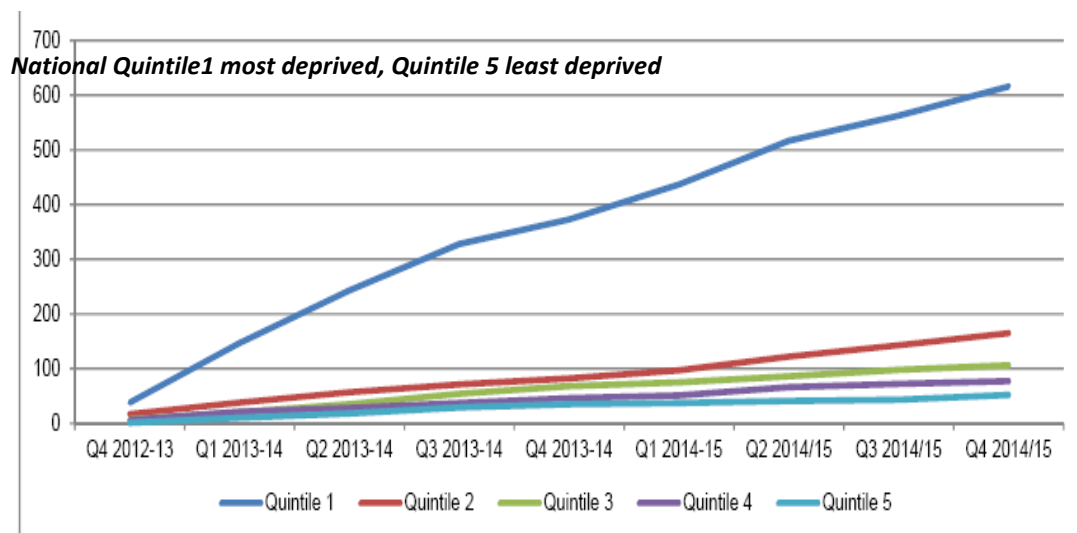


Figure 2: Cumulative number of new cases of COPD following assessment (eligible patients) since 01/01/2013 by quintile of residence



10. HEALTHY WORKPLACES

A large part of our waking hours are spent at work, which means that workplace can have a big impact on our health and wellbeing.

56 000 people suffered from work-related illness while 1.6 million working days were lost due to workplace injury and ill health in 2011/12 in the North East.

A healthy workplace has considerable benefits for employers and can lead to decreased absenteeism, enhanced productivity and improved performance as well as enhancing an organisation's reputation and standing in the community. In addition, promoting healthy lifestyles in the workplace provides an excellent forum for reaching a large proportion of the local population, as many people will pass on what they have heard at work to their family and friends.

Work, the quality of the work and the working environment are major determinants of health inequalities (NICE (2012) Workplace Health).

Stress and other mental health conditions are now among the main causes of employee absence. However, there are many other health conditions that can be caused or exacerbated by the workplace, including musculoskeletal disorders, minor illness and accidents, and lifestyle choices, such as smoking, consumption of alcohol at harmful levels, poor diet and nutrition and lack of physical activity.

The workplace setting offers a unique opportunity to engage with and support employers and employees to improve their lifestyle choices and health and wellbeing. Participation in health improving activities through a workplace health programme allows individuals to develop knowledge, self-management and coping skills as well as build a social support network among co-workers, managers and family.

Employees often perceive workplace health activities to be an investment in their well-being and a reflection of how the organisation cares about its employees which may impact on job satisfaction and morale. The public health team within Stockton Borough Council recognise the potential benefits of workplace health and encourage organisations to promote health and wellbeing across the workforce.

One way in which workplace health can be improved is through the North East Better Health at Work Award (BHAWA) scheme, which recognises the efforts of local employers in addressing health issues within the workplace.

The award scheme is free, flexible and open to all employers in the North East, regardless of size, location or type of business. Many organisations already promote healthy lifestyles and consider the health of their employees. The award recognises the achievements of these organisations and helps them move forward in a structured and supported way. There are 4 levels to the Award – Bronze, Silver, Gold and Continuing Excellence, with appropriate criteria at each stage to build into an Award Portfolio. Organisations are given up to a year per level, but there is flexibility for those who need it.

Stockton Public Health has commissioned the Environmental Health team from within the authority to co-ordinate the BHAWA scheme with businesses across the borough since 2013. Since this time, the scheme has grown in strength within Stockton and across the North East. In 2015 alone, the BHAWA had a potential reach of 7,368 employees in Stockton-on-Tees and 187,019 people across the region.

In 2015, 17 businesses within Stockton-on-Tees were actively involved in the award scheme with 14 businesses heading for an assessment in order to achieve an award. In addition, over 30 other businesses have shown an interest in workplace health and wellbeing and have been assisted in promoting healthy lifestyle interventions, increasing the chances of employees making positive lifestyle changes. Healthy Workplace events are held on a regular basis encouraging networking and sharing between

businesses. Looking towards 2016, the team at Stockton have already signed up (currently four) new businesses who have heard about the benefits of the award for reducing sickness and increasing moral resulting in good work for all.

Case study

Virgin Media is a call centre with approximately 550 employees. 70% of the employees are under the age of 35 years old, with almost two thirds being female.

Virgin Media are engaged on the BHAWA scheme and have successfully achieved Bronze, Silver, Gold and Continuing Excellence levels. Staff within the Stockton site have consistently approached the BHAWA challenge with innovation and commitment. Good practice around workplace health in Stockton-on-Tees has been shared with other Virgin Media sites across the UK.

The Health Advocates at Virgin Media are supported by the SBC BHAWA Coordinators, facilitating in the delivery of no less than ten campaigns covering both physical and mental health issues.

One area that the organisation chose to focus on during 2015 was the importance of a healthy start to the day. Virgin Media provided a range of healthy breakfasts including porridge, fruit, juices and fruit teas. The breakfast was located within a central and highly visible area. The event ran between 8.30-11.30am, to enable all shift patterns to actively participate. The event was a success with over 300 employees enjoying a nutritious breakfast. The Health Advocates provided employees with additional literature relating to the importance of starting the day with a healthy breakfast and maintaining hydration. Following the event staff members advised that they would consider incorporating these healthier practices into their daily routine.

Reference:

NICE guidance Workplace Health (2012). Accessible at:

<http://www.nice.org.uk/advice/lqb2/chapter/What-can-local-authorities-achieve-by-tackling-health-at-work>

11. WARM HOMES HEALTHY PEOPLE

Public Health England's 2014 Cold Weather Plan identified that winter weather can have a direct effect on health and well-being. Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other health conditions (PHE 2014). NICE guidance on '*Excess winter deaths and morbidity and the health risks associated with cold homes*' highlights that most excess winter deaths are not caused by hypothermia or extremes of cold, they are usually caused by respiratory and cardiovascular problems during normal winter temperatures, generally when the mean outdoor temperature drops below 5-8°C. The risk of death and illness does increase as the temperature drops further, however the majority of cold related ill health and death occurs during these milder periods.

Circulatory diseases and cancer are responsible for about half of the gap between the most and least deprived communities in Stockton (Stockton-On-Tees JSNA). A cold home can affect circulatory health because temperatures below 12 degrees Celsius result in raised blood pressure, which increases the risk of strokes and heart attacks (Marmot Team Review 2011).

When considering a vulnerable individual's hierarchy of needs, a cold home denies the basic needs of warmth and shelter. Without these basics being met, an individual's wider health and wellbeing can be impacted which can prevent their ability to improve other aspects of their health and wellbeing.

Cold homes can also lead to indirect effects including mental health problems such as depression and an increased risk to health posed by poorly maintained boilers, cookers and heating appliances which could lead to carbon monoxide poisoning. In addition, dangerous and inadequate heating appliances could increase the risk of fire.

A cold home can contribute to social isolation, as vulnerable people who spend longer within their home have an increased financial pressure to afford fuel and as stated above can lead to a reluctance to invite friends to their property. In addition, fear of returning to a cold home can discourage vulnerable people from going out. Some older people are likely to spend a larger part of their time at home, increasing both the likely cost of heating and their potential exposure to an inadequately heated home.

Within England and Wales the number of Excess Winter Deaths (EWD) varies between years and is generally around 24,000. In 2013/14 the number of EWD was 18,200 (based on death rates from December to the end of March). Stockton-on-Tees had an estimated population of 30,000 people aged 65 or over in 2011. This population is forecast to grow by 25% in the next 10 years and to continue to grow in the following decade to stand at 48,000 in 2031 (Stockton JSNA). The ageing population will increase the number of those most vulnerable to cold homes and EWDs.

Fuel poverty affects the most vulnerable residents in our communities and can have significant adverse impacts on their health and wellbeing. Increasing fuel price rises are combining with real term decreased incomes to increase fuel poverty levels in the UK, with 2.35 million households nationally living in fuel poverty in 2013 compared to 1 million households in 2004. As fuel bills continue to rise we recognise that an increasing number of Stockton Borough residents may be at risk of falling into fuel poverty. People are generally considered to be in fuel poverty when they need to spend more than 10% of their household income on heating their home to an adequate standard of warmth to promote wellbeing and good health.

The Warm Homes Healthy People (WHHP) programme was first developed and delivered in the winter of 2011/12. The project provides help and support to vulnerable members of the community whose physical and mental health can be made worse by the cold and who require support for affordable warmth. The project provides a range of assistance measures under the areas of crisis, preventative and resilience interventions. Interventions are delivered by WHHP providers who receive funding as part of the

programme. During the winter of 2014/15, 855 specific interventions were delivered to support individuals and households through the project.

In October 2015 the WHHP program for 2015/16 was launched with a revised eligibility criteria designed to ensure the most vulnerable Stockton-on-Tees residents receive the necessary help and support.

The support on offer ranges from help with emergency heating, energy tariff, debt and welfare advice to the installation of smoke alarms, a home handyman service and carbon monoxide detectors where needed. Help with boiler servicing and repairs may also be offered to those who meet the initial vulnerability criteria and are in receipt of qualifying benefits. Areas where householders were most at risk of fuel poverty were targeted as part of the project launch with the aim of reaching the most vulnerable members of society.

A Case Study from the Five Lamps Organisation

Nora from Stockton on Tees was referred to Five Lamps through Warm Homes Healthy People via the Tees Credit Union, when she informed them that she was finding it difficult to afford her utility costs. Now that the weather was getting colder she was finding it difficult to heat her home and once the credit on her meter had run out she had no other option than to self-disconnect her supply.

The WHHP provider at Five Lamps arranged an appointment to meet with Nora the same week where she was provided with some energy efficiency advice and informed of the Teesside Emergency Relief fund which is also part of the WHHP project. With Five Lamps assistance Nora's application was a success and she was awarded financial assistance to spend on gas and electricity and for a month's supply of food.

Nora was also signposted to other WHHP providers including Citizens Advice for support, Broadacres who provided a draft proof check on Nora's property and Cleveland Fire Brigade who completed a home fire safety visit and provided Nora with a thermal blanket and mattress topper.

Following the help received Nora said *"Don't sit alone and vulnerable, I received help which made a big impact to me, I was able to enjoy Christmas knowing I would be warm. Thank you again for all of your help"*.

References:

- PHE Cold Weather Plan for England (2014) Available at: <https://www.gov.uk/government/publications/cold-weather-plan-for-england-2014>
- NICE guidance (2015) Excess winter deaths and morbidity and the health risks associated with cold homes 05 March 2015. Available at: <https://www.nice.org.uk/guidance/ng6>
- CSE (Centre for Sustainable Energy) (2010) 'You just have to get by' A study of the coping strategies of low-income households in Great Britain. Available at: <http://www.cse.org.uk/projects/view/1148>
- AGE UK (2013) A Third of older people are struggling financially. Available at: <http://www.ageuk.org.uk/latest-news/archive/a-third-of-older-people-are-struggling-financially/>



Figure 3 – Percentage of all live births at term with low birth weight

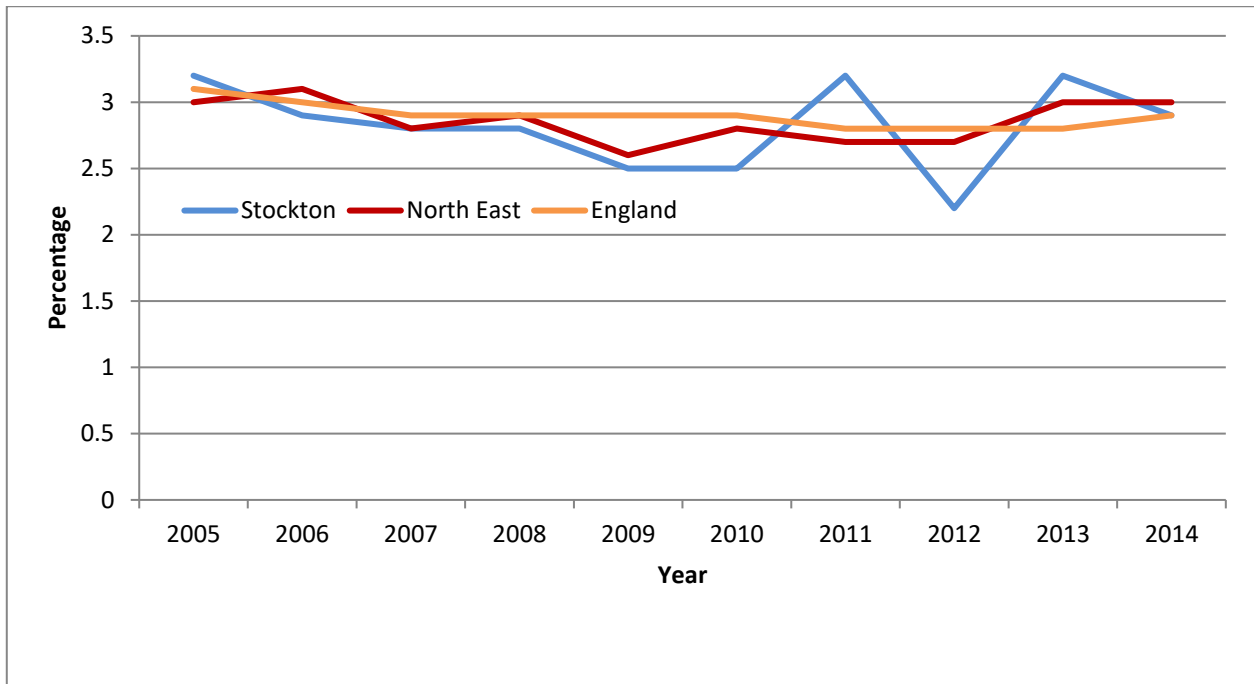


Figure 4 – Percentage of women who smoke at time of delivery

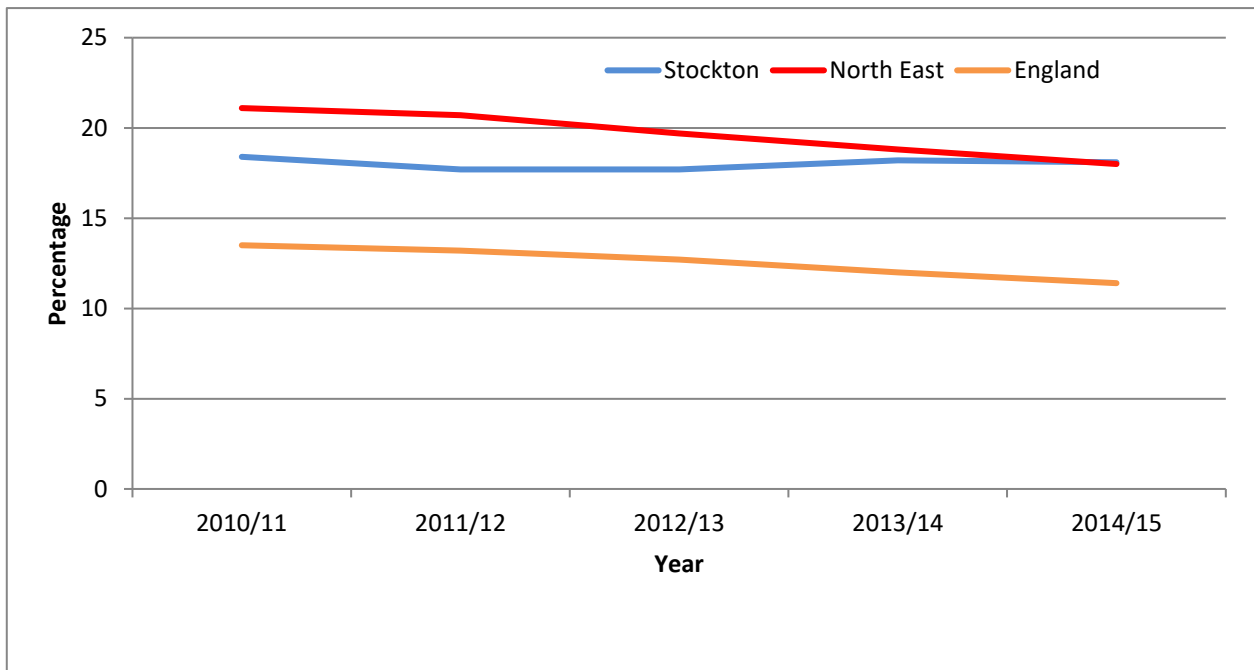


Figure 5 - Percentage of women giving birth who initiate breast feeding in the first 48 hours after delivery

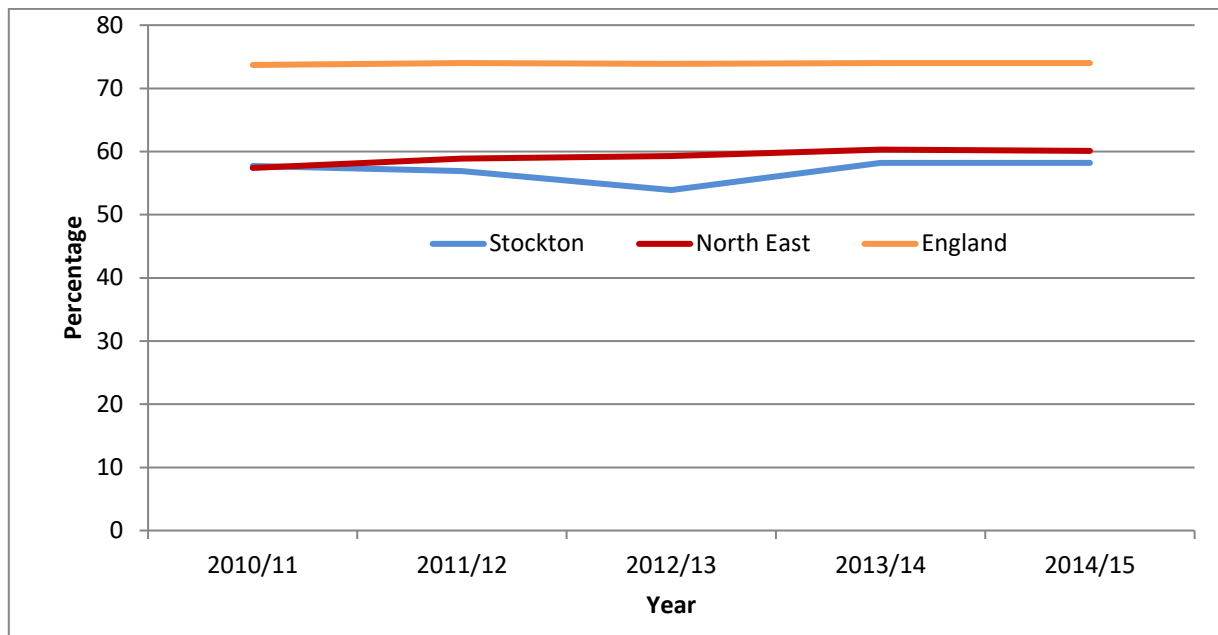


Figure 6 – Percentage of all infants due a 6-8 week check that are totally or partially breastfed

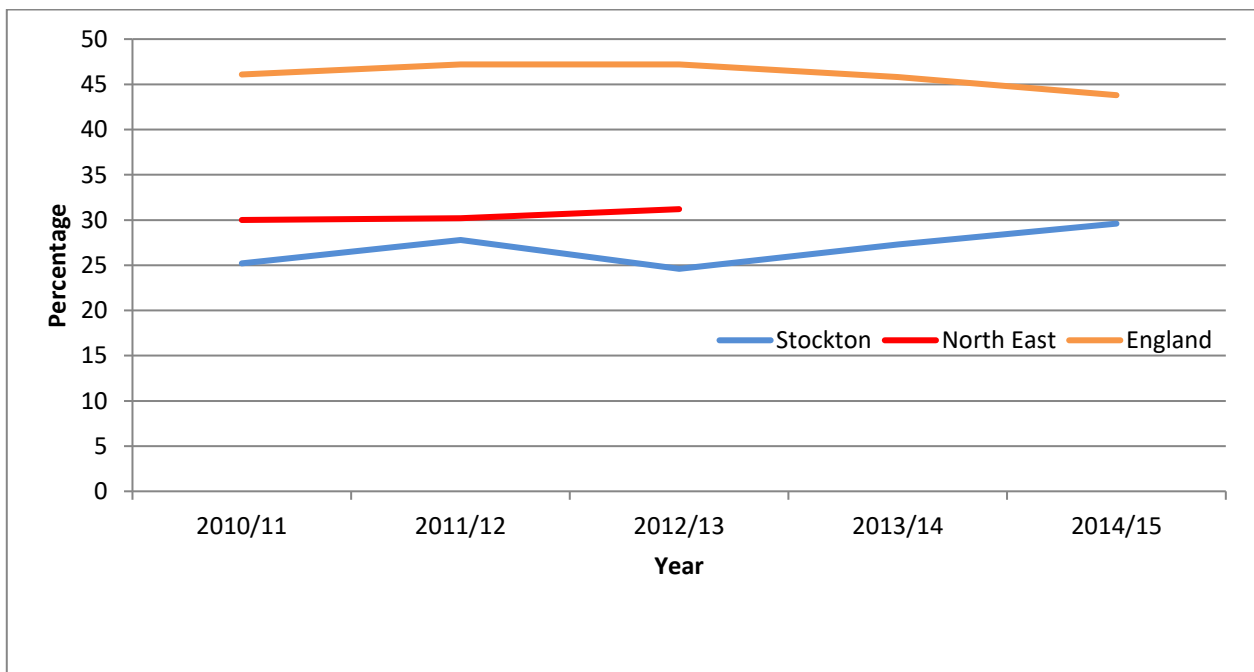


Figure 7 – Rate of death in infants aged under 1 year per 1000 live births

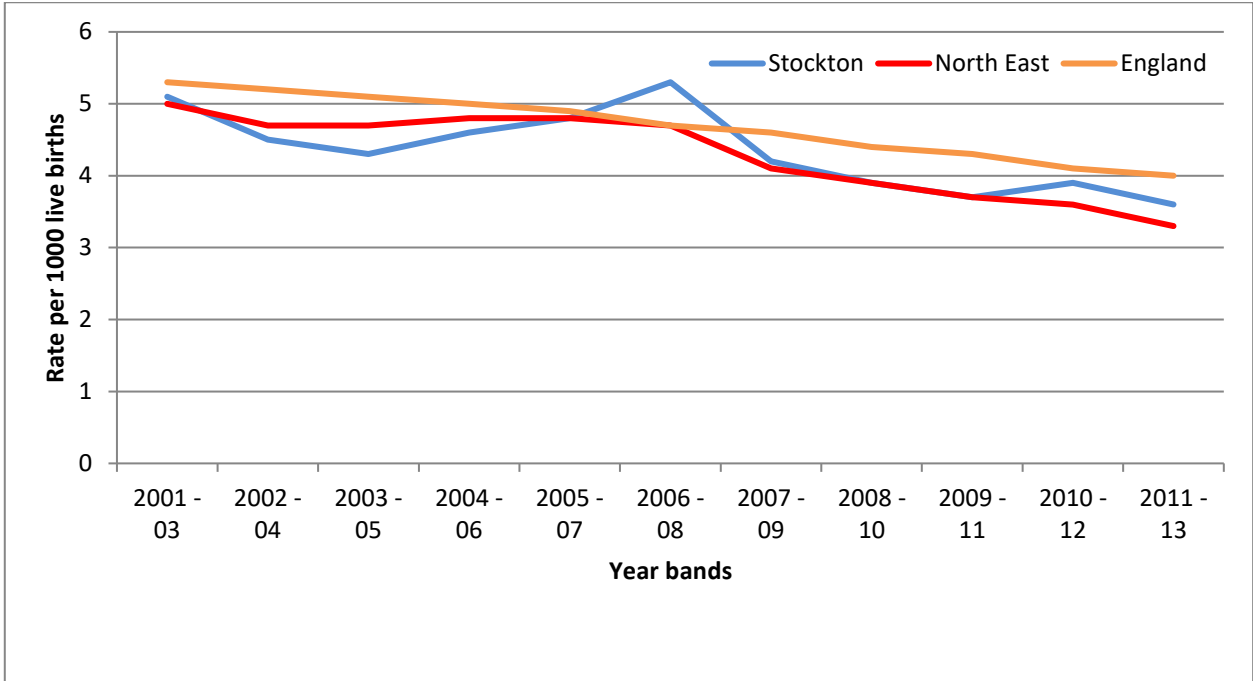


Figure 8 – Percentage of children classified as overweight or obese in Reception

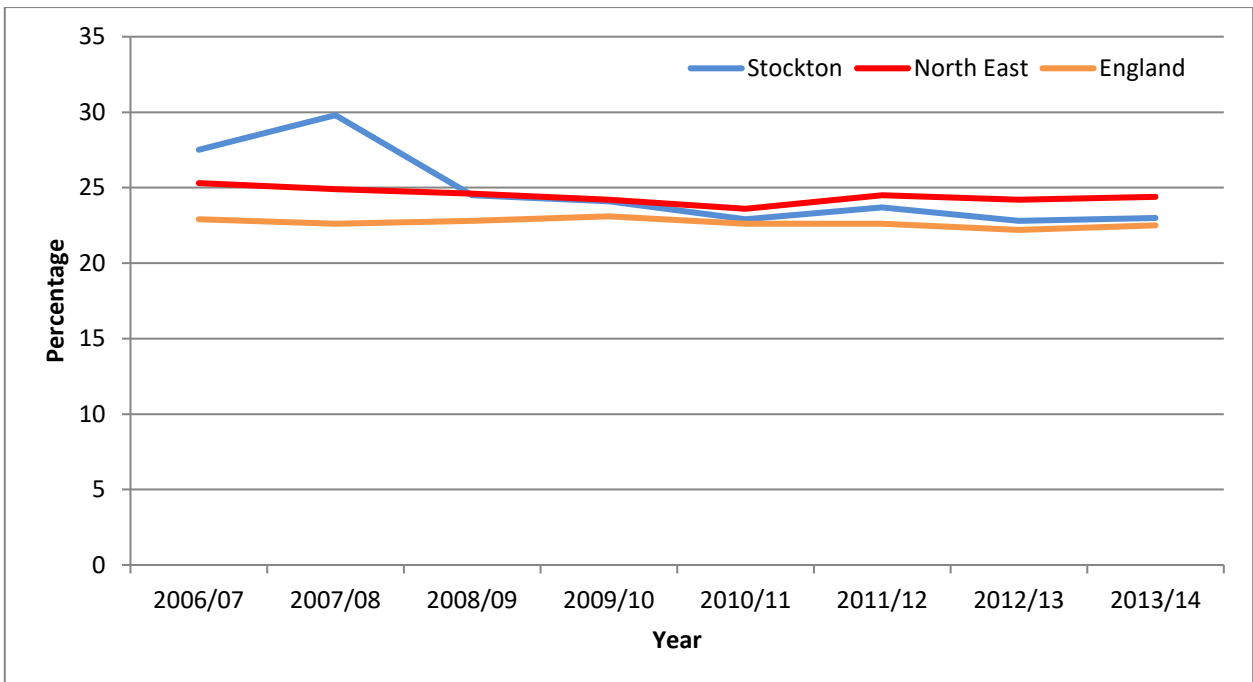


Figure 9 – Percentage of children aged 10-11 classified as overweight or obese

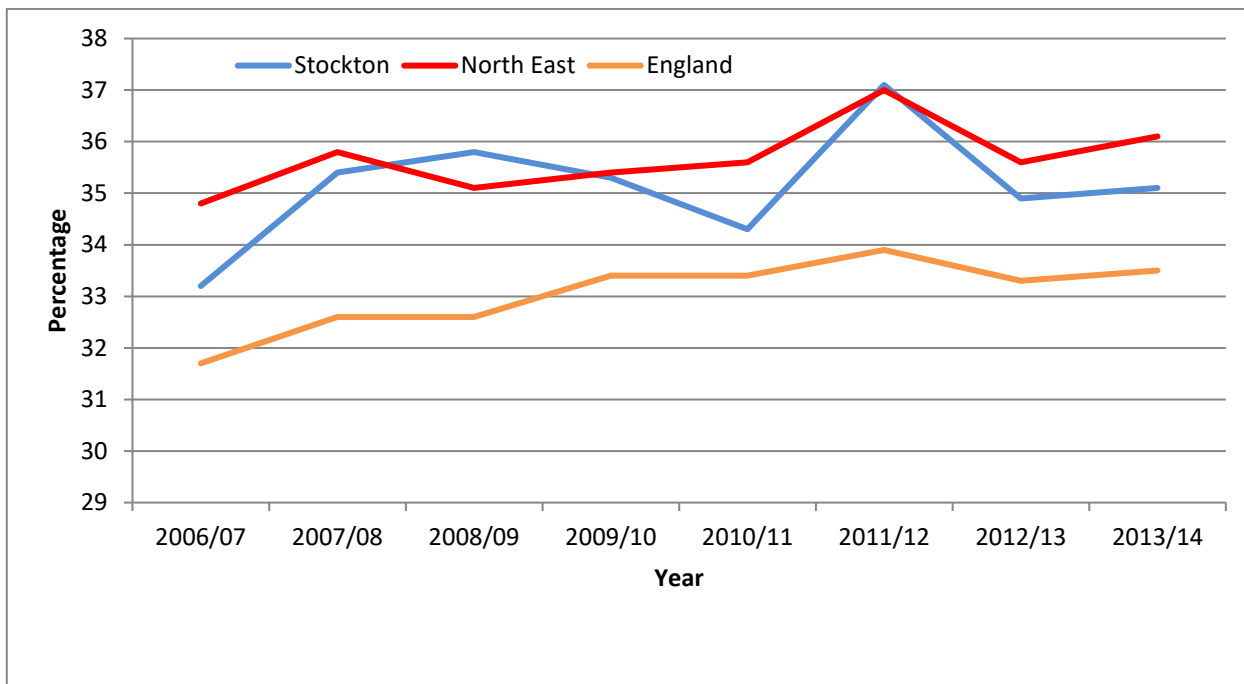


Figure 10 – Admitted to hospital: episodes with alcohol-related conditions

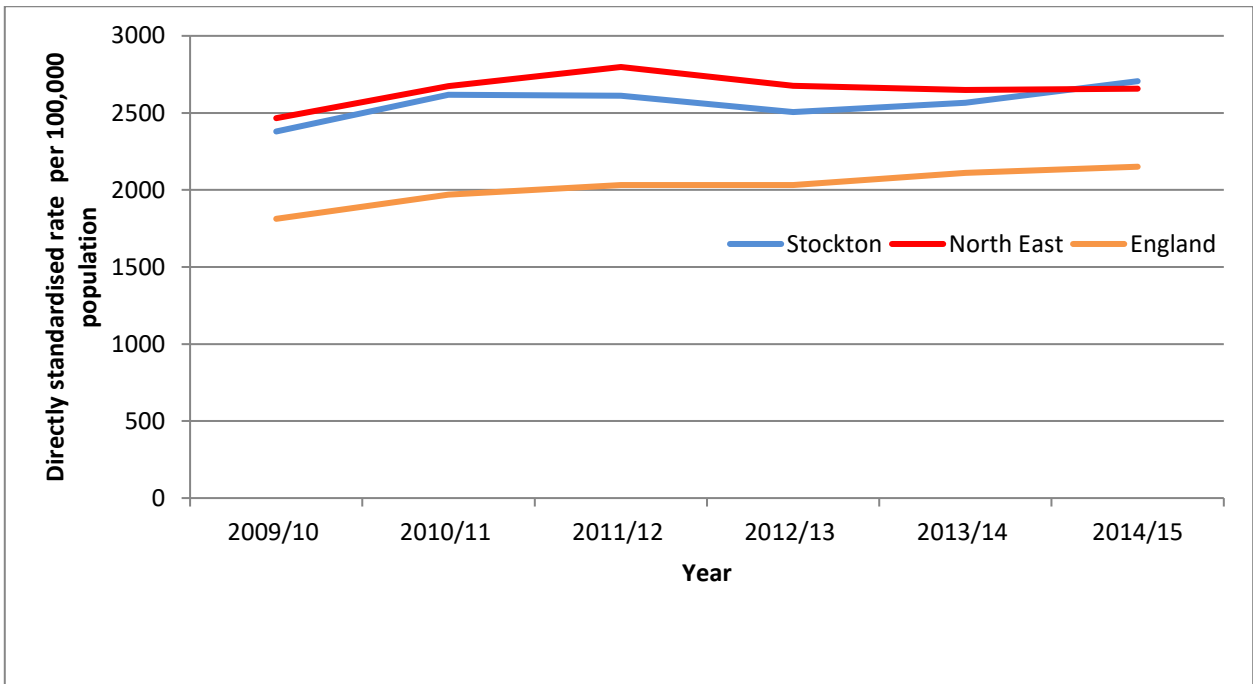


Figure 11 – Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity

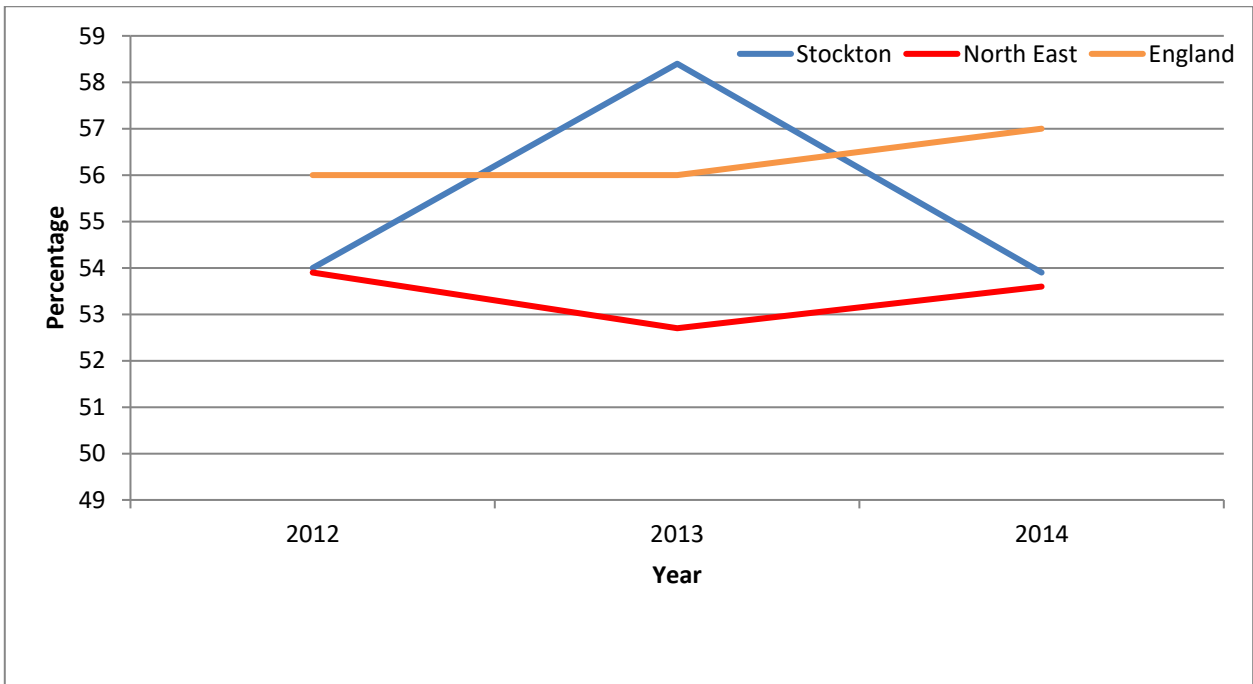


Figure 12 – Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check 2013-4 – 2014/15

| Area | Count | Value | 95% Lower CI | 95% Upper CI |
|----------------------|-----------|-------|--------------|--------------|
| England | 2,868,203 | 18.6 | 18.5 | 18.6 |
| North East region | 144,441 | 18.6 | 18.5 | 18.7 |
| County Durham | 28,956 | 17.7 | 17.5 | 17.9 |
| Darlington | 6,560 | 20.4 | 20.0 | 20.8 |
| Gateshead | 16,296 | 26.9 | 26.5 | 27.2 |
| Hartlepool | 4,256 | 18.6 | 18.1 | 19.1 |
| Middlesbrough | 7,947 | 21.9 | 21.5 | 22.3 |
| Newcastle upon Tyne | 11,383 | 16.2 | 15.9 | 16.5 |
| North Tyneside | 12,443 | 18.6 | 18.3 | 18.9 |
| Northumberland | 21,773 | 20.3 | 20.1 | 20.6 |
| Redcar and Cleveland | 7,325 | 20.7 | 20.2 | 21.1 |
| South Tyneside | 5,779 | 12.4 | 12.1 | 12.7 |
| Stockton-on-Tees | 10,089 | 20.1 | 19.8 | 20.5 |
| Sunderland | 11,634 | 13.6 | 13.4 | 13.8 |

Source: Public Health England

Figure 13 – Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population

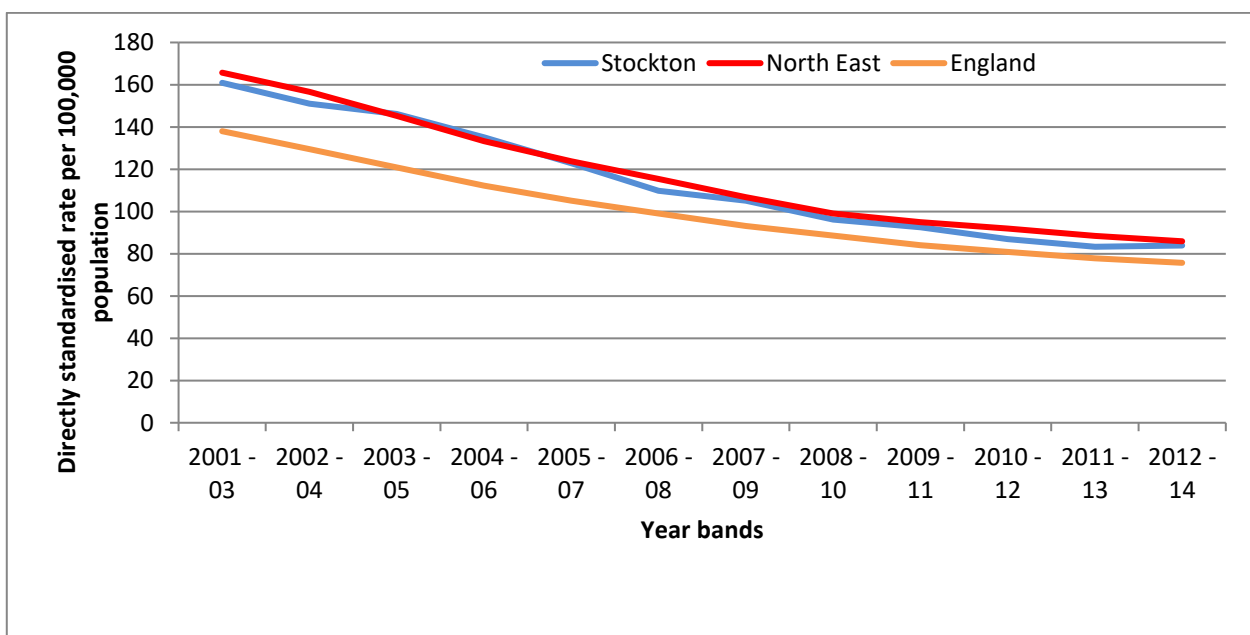


Figure 14 – Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population

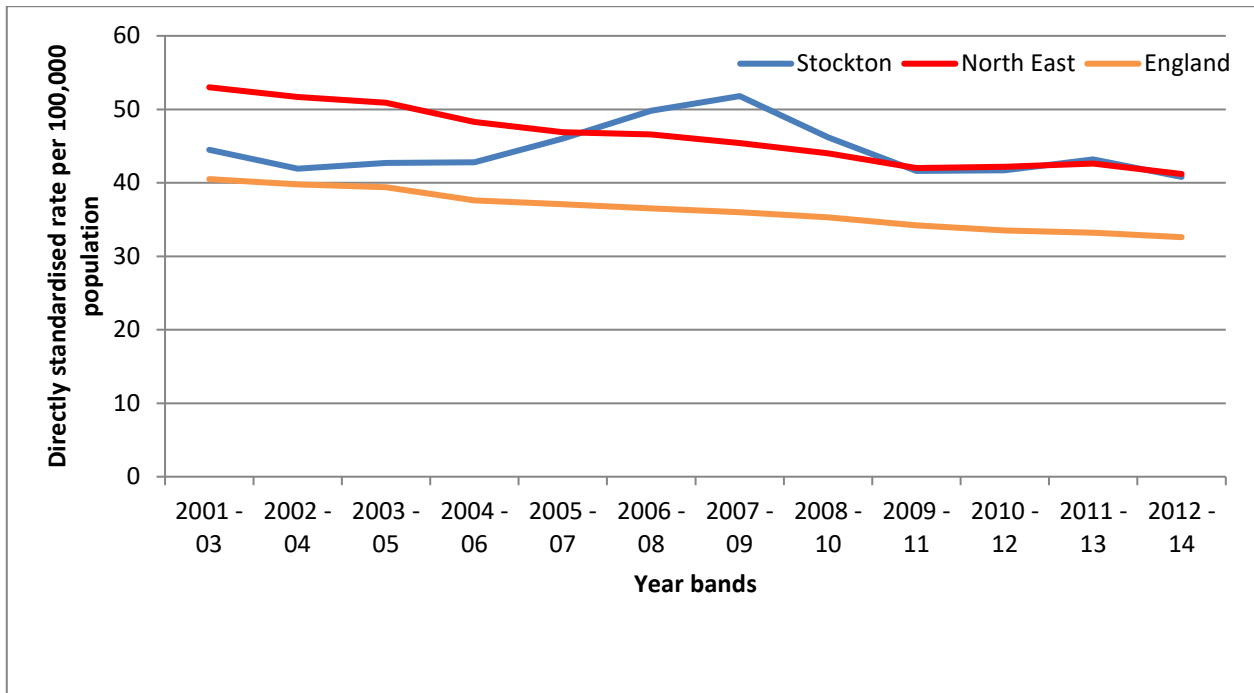


Figure 15 – Percentage of households that experience fuel poverty based on the "Low income, high cost" methodology

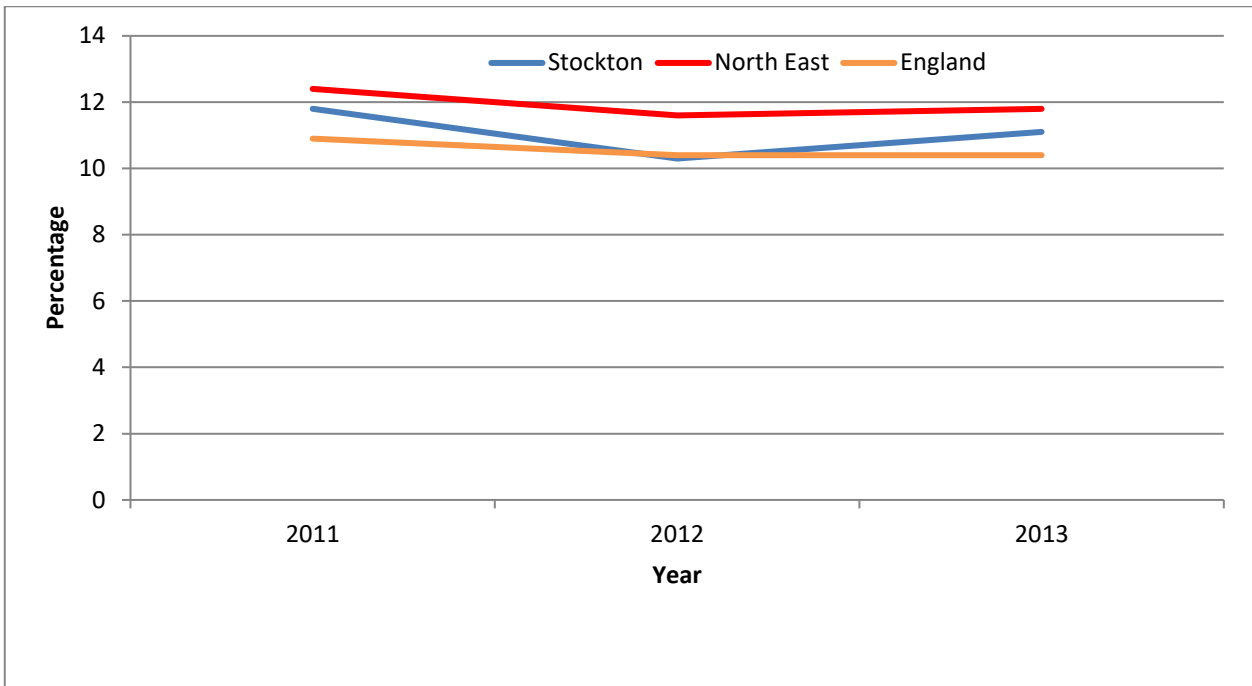


Figure 16 – Percentage of eligible adults aged 65+ who have received the flu vaccine

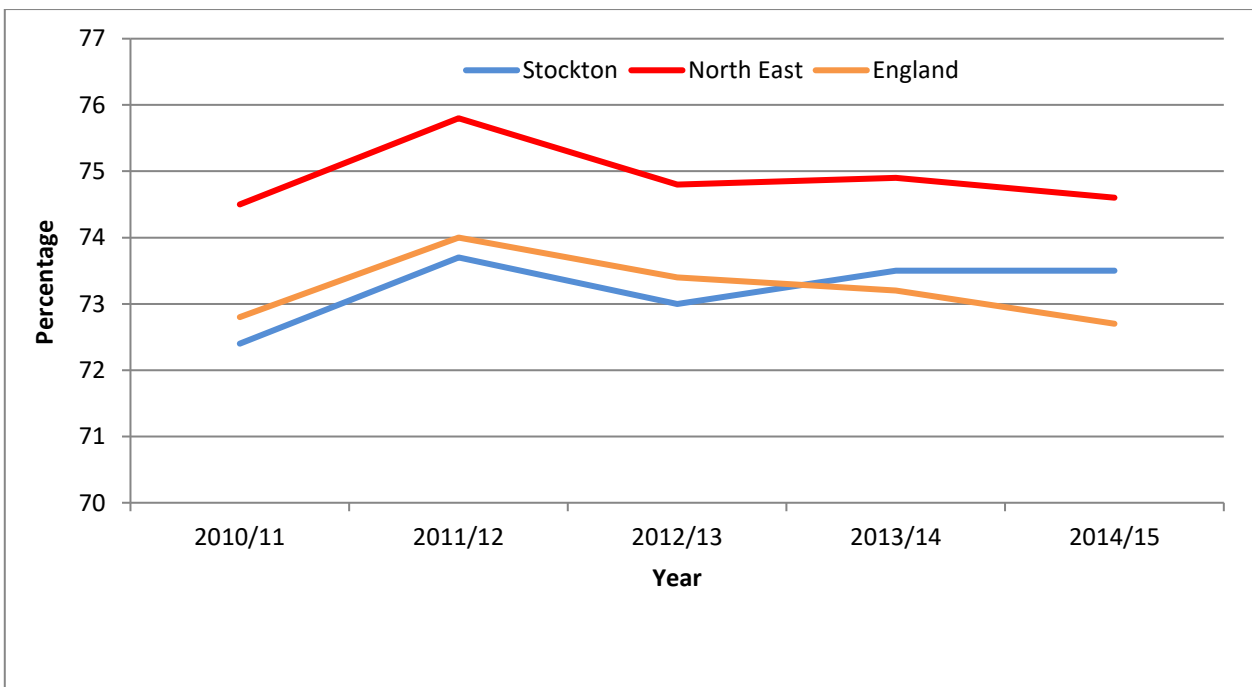


Figure 17 - Percentage of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday

