Joint Strategic Needs Assessment Summary
looking at local health and social care needs

for Middlesbrough Primary Care Trust & Middlesbrough Council
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Notes
We have pleasure in sharing with you the ‘Joint Strategic Needs Assessment’ (JSNA) for Middlesbrough. This document jointly developed between Middlesbrough Council and Middlesbrough Primary Care Trust provides a detailed insight into the health and well-being needs of people living in Middlesbrough, now, and in the future.

We can now see clearly the key issues we face in improving the health and well being of our population and this information and the feedback we receive will help inform our service development, commissioning and spending priorities over the next 10 years.

This is not a once and for all statement of our priorities. The Joint Strategic Needs Assessment will be regularly updated, and new priorities will inevitably emerge to reflect changing needs. There will be opportunities for everyone to feed into its future development.

We would like to thank everyone who has worked hard to contribute to this document and we will provide feedback through our networks on how we have used this information in our decision making.

Dr Peter Heywood
Director of Public Health

Jan Douglas
Executive Director Social Services
Joint Strategic Needs Assessment for Middlesbrough looking at local health and social care needs

What is Joint Strategic Needs Assessment?
Joint Strategic Needs Assessment (JSNA) is the means by which Primary Care Trusts (PCTs) and local authorities will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs.

The JSNA is the basis of a new duty for PCTs and local authorities to co-operate that is contained in the Local Government and Public Involvement in Health Bill. The JSNA will take account of data and information on inequalities within and between communities.

The process of needs assessment is not new: many organisations have undertaken needs assessment to understand priorities for action and how to make best use of existing resources. But what makes JSNA different is that it is:

- A new statutory requirement
- A joint process between organisations
- A strategic process looking more than one or two years ahead

Who produces the JSNA and who could use the evidence?
The development of the JSNA is the shared responsibility of appropriate Directors in the NHS and local authorities. Many others are likely to have a role in getting the JSNA right for each community and for achieving better health for all.

Everyone who works to improve health and health care has an interest in JSNA and getting the right results. Local communities and providers, such as GPs, who are close to their communities, play a vital role in supplying information. GP practices will not only want to influence the JSNA but also deliver the results in the way they work with their patients and other colleagues. Health care professionals in hospital and community settings also have a role to play particularly in improving the effectiveness of services. Staff in any organisation or setting who work on the ‘front line’ with patients and people who use services are particularly knowledgeable of individual needs that - in aggregated form - are crucial to creating better population services. The evidence can be used by organisations that are large and small. The key is selecting evidence that is appropriate for the intended purpose and using it wisely.

This summary document gives an overview of the full technical document. The technical document can be accessed from www.teespublichealth.nhs.uk
# Key issues and findings:

## 1. Children

### What we know
- One third of pregnant women smoke during pregnancy
- We have a low rate of breast feeding, and continuing to successful breast feed.
- We have a higher than average rate for teenage pregnancies.
- Middlesbrough has the highest proportion of low birth weight babies in the Tees area
- The rate of over weight and obesity in children and young people is higher than the national average
- There could be up to 2800 young carers
- The 2001 census identified that 16% of young people are providing 20-50 hours care per week

### What we think we should do
1. We need to give children the best start in life by supporting pregnant women to stop smoking.
2. As part of giving babies a healthy start we need to support new mums to breast feed, and continue to breast feed their new baby until it is 6 months old.
3. We need to help young people make good choices in their life by increasing their skills and knowledge to cut teenage pregnancies, reduce number of young people smoking, reduce the number of young people drinking alcohol.
4. We need to support families and young people to be able to make more healthy choices and increase the number of people who are a balanced weight.
5. All children and young people will have good physical, mental, emotional and sexual health.
6. Provide Young carers with an assessment of their needs including information and support for them, their families and the cared for person.

## 2. Children’s mental health

### What we know
- Based on national information 1 in 10 of children and young people living in Middlesbrough could have some form of mental health problem.
- In a recent survey of secondary pupils within Middlesbrough almost a quarter said that they felt lonely and 4% said that they rarely/never felt happy

### What we think we should do
1. We need to ensure children and young people have the necessary skills to help them cope with the pressures they face.
2. We need to support children and young people so they will have good mental health. Where necessary we need to ensure they can access care and treatment that is right for them.

## 3. Children’s social care issues

### What we know
- In Middlesbrough 6 out of 10 child deaths [0-4 years] between 2003-05 were due to unintentional injuries.
- We have high levels of children on the child protection register.
- Re-registration rates have increased and we do not want children and young people to continue to be exposed to unsafe situations.

### What we think we should do
1. We need to ensure children and young people are kept safe from deliberate, neglectful or accidental harm and exploitation.
2. We need to work better together to reduce the number of 'Child Protection Plans' for a second or subsequent time.
3. We need to complete initial assessments for children’s social care within 7 working days of referral.
What we know

- The number of pupils gaining 5 or more A*-C grades at GCSE has increased to 53.6%.
- 80% of primary schools and 50% of secondary schools are already performing at or above the government’s new target for school attendance.
- No permanent exclusions from primary schools during the 2006/07 school year. Permanent and fixed term exclusions are high in secondary schools; however, the number of permanent exclusions has reduced from 34 to 24.

What we think we should do

1. We need to support all children so they enjoy participating in learning activities and help them achieve their full potential.
2. We need to increase the number of children attaining GCSEs and going into higher and further education.
3. We need to support children and their families to keep those at risk in mainstream schooling.

What we know

- The number of first time entrants into the Youth Justice System remains higher than other similar authorities.
- In a recent local survey, one in five young people indicated that activities and facilities for children and young people have got worse, and almost one third indicated that opportunities for young people are decreasing.

What we think we should do

1. We need to support children and young people to engage in positive activities and behaviours and contribute to their local community.
2. We need to work together with children and young people so they feel their views are listened to in decisions about their local area.
3. We need to engage with young people and support them to make positive life choices to reduce the likelihood of entering the Youth Justice System.
4. We need to help our young people make good choices in their life by increasing their skills and knowledge to avoid and reduce substance misuse.
5. We need to ensure all services and agencies work in a coordinated and planned way to significantly reduce the number of people who are dependent on substances.
6. We need to reduce the number of people who are hurt or injured through drinking too much alcohol.
7. We need to continually improve the access to and effectiveness of treatment services which meet the needs of each person.
8. We need to prevent harms to children, young people and families affected by drugs through a family based approach.

What we know

- Unemployment within Middlesbrough is double the national rate and the proportion of homes with children where no one is working remains one of the highest nationally at 30%.
- Middlesbrough still has high rates of young people “dropping out” of education, employment or training opportunities after leaving full-time education.
- Some vulnerable groups, such as teenage mothers and disabled young people, have particularly low levels of continuing with education post-16 and attainment results.

What we think we should do

1. All children and young people grow up in an environment free from the effects of poverty and go on to achieve economic independence.
2. Ensure every young person has a goal to continue their education, enrol on a training course or gain meaningful employment.
3. We need to support families and young people to maximise their employment (and income) potential.
### Key issues and findings:

<table>
<thead>
<tr>
<th>7. Children with learning difficulties or disabilities</th>
<th>What we know</th>
<th>What we think we should do</th>
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</thead>
</table>
| ![Image](image1.png) | - The numbers of children with a disability accessing the council’s services has continued to rise.  
- There are more than 4,400 children and young people with learning difficulties or disabilities.  
- 45% of children with SEN statements are placed in a special school.  
- The proportion of young people with a learning difficulty or disability aged 16-19 not in education, employment or training has reduced to 21.6% (2007). | 1. We need to support young people aged 16 to 18 with a learning difficulty or disability to stay in and maintain their education, employment or training.  
2. We need to ensure all families (parents, carers and young carers) have access to the support, information and services needed through direct payments and individual budgets.  
3. We need to support young people (aged 16-18) with learning difficulties or a disability to live independently at home.  
4. We need to provide timely and appropriate support and access to equipment, resources and breaks for children, young people and families with... |

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<thead>
<tr>
<th>8. Transition years</th>
<th>What we know</th>
<th>What we think we should do</th>
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</table>
| ![Image](image2.png) | - We have limited community and family or relatives support networks across Middlesbrough.  
- There continue to be gaps in effective joint working arrangements with adults services.  
- High level and complex needs are increasing, especially with autistic spectrum disorder.  
- We do not have adequate provision of alternatives to traditional day services, further education and employment opportunities.  
- We need to develop services for the BME community. | 1. We need to increase the number of person centred reviews from the age of 14 to 19.  
2. We need to increase the number of young people with disabilities leaving school and entering paid work.  
3. We need to ensure all young people with disabilities have a health action plan.  
4. We need to increase the number of young people with disabilities accessing independent supported living.  
5. Assist young people to manage their condition and when necessary provide support for young people as they reach the end of their life.  
6. We need to provide support to parents, carers and young carers. |

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<thead>
<tr>
<th>9. Adults</th>
<th>What we know</th>
<th>What we think we should do</th>
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</table>
| ![Image](image3.png) | - We have an increasing aging population within our town.  
- With an aging population we have an increasing number of carers with approximately 1000 of these within the BME communities.  
- The working population of Middlesbrough will be reduced by 25% and the retired population increased by 27% by 2028.  
- There is an increasing rate of sexually transmitted infections. | 1. We need to support people to live healthier lives, in their own homes for as long as they want to be there through improving access to services and provision of equipment they need.  
2. We need to improve transport to ensure fair access to core services.  
3. We need to ensure more older people are satisfied with their home and neighbourhood.  
4. We need to make sure all carers have an assessment and are provided with breaks and the support they require.  
5. We need to deliver contraceptive and sexual health information, advice and services that meet the needs of the community.  
6. We need to provide support and treatment that meets the needs of the victims of sexual abuse and violence. |
Key issues and findings:

10. Opportunities for better health (education, employment, reducing poverty)

What we know
- There are twice as many people in Middlesbrough claiming Incapacity Benefit as there are claiming job seekers allowances.
- Middlesbrough Council are providing publicly funded social care services to approximately 2,000 people of working age most of whom are not in employment but wish to do so.

What we think we should do
1. We need to provide the right support to individuals to increase the number of people who are economically active through job coaching, working with employers, job sharing.
2. We need to increase the number of people who are ‘work ready’ with the right skills.
3. We need to help people understand they could have their own business and help them develop their entrepreneurial ideas.
4. We need to increase the number of social enterprises opportunities.

11. Choices that threaten health (smoking, Alcohol, nutrition and physical inactivity)

Smoking
What we know
- A third of pregnant women in Middlesbrough continue to smoke during pregnancy.
- Smoking rates in Middlesbrough are significantly higher than the national average.
- Deaths from smoking in Middlesbrough are higher than the national average.

What we think we should do
1. We need all services to work effectively together to support pregnant women to stop smoking.
2. We need to help young people not to want to smoke and support those who want to stop smoking.
3. We want to ensure all children have the opportunity to live in a smoke-free environment.
4. We need to continue to improve the access and effectiveness of our local stop smoking services so that everyone who smokes can easily find the support they need to stop, close to where they live or work.
5. We need to ensure all agencies work effectively to prevent under-age sales.

Alcohol
What we know
- Number of binge drinking adults in Middlesbrough is worse than the national average.
- Hospital stays related to alcohol are higher than the national average.
- Under-18 alcohol admissions are worse than the national average.

What we think we should do
1. We need to help people become more knowledgeable about sensible drinking, their alcohol consumption levels and harm caused by excess alcohol consumption.
2. We need to ensure all services and agencies work in a coordinated and planned way to significantly reduce the number of people who are drinking to excess.
3. We need to reduce the number of people who are hurt or injured through drinking too much alcohol.
4. We need to continually improve the access to and effectiveness of treatment services which meet the needs of each person.

Nutrition and Physical activity
What we know
- 9 in 10 local adults are physically inactive.
- 1 in 4 adults are obese.

What we think we should do
1. We need to support people to become more active as part of their everyday lives.
2. We need to ensure the provision of high-quality, appropriate, age-related community-based activities meet the needs and aspirations of the individual.
3. We need to continually improve the access to and effectiveness of community weight management services which help adults manage their weight effectively.
**12. Drugs, alcohol and community safety**

**What we know**

- Alcohol –
  - It is estimated that 1 in 5 people over the age of 16 are hazardous drinkers
  - It is estimated that 1 in 20 of people over the age of 16 are harmful drinkers
  - Binge drinking in Middlesbrough is significantly higher than in England
  - The rate of growth in alcohol related hospital admission rates has been rising
  - More people are dying younger from alcohol related illnesses especially females.
  - It is estimated that about 1 in 10 of 11-12 years regularly drinks alcohol rising to 1 in 3 of 15-16 year olds drinking regularly.

- Illegal Drugs –
  - Middlesbrough has a similar number of opiate / crack users as the national average
  - Middlesbrough has a higher than national average adult amphetamine
  - Middlesbrough had a higher than national average adult injecting rates

**What we think we should do**

1. We need to improve access to mainstream primary care and other community related support services and agencies to significantly reduce the number of people who are harmed by drinking to excess
2. We need to provide appropriate support to drug users to reduce offending and re-offending rates.
3. We need to increase the number of drug users in effective and sustained treatment
4. We need partner agencies to work together effectively to reduce the rate of hospital admissions for alcohol related harm
5. We need to help people become more knowledgeable about sensible drinking and harm caused by alcohol
6. We need to delay the age of children and young people experimenting with alcohol

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**13. Housing**

**What we know**

- The needs of the local population are not being met by the existing housing stock which is becoming increasingly obsolete.
- Some of the areas within Middlesbrough are typified by low demand housing, very limited services like shops and banks, a poor environment and a negative perception that is very difficult to change.

**What we think we should do**

1. We need to reduce the proportion of people living in low energy efficiency rated homes
2. Ensure all social housing meets the decent homes standard
3. Increase the proportion of vulnerable households living in decent private sector housing
4. Reduce homelessness
5. More older people are satisfied with their home and neighbourhood
6. Develop a range of housing options with support for vulnerable people
Key issues and findings:

### 14. Environment

<table>
<thead>
<tr>
<th>What we know</th>
<th>What we think we should do</th>
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<tbody>
<tr>
<td>- Young people gaining access to alcohol, tobacco, paint sprays and fireworks is a growing concern.</td>
<td>1. We need to achieve level 4 in planning to adapt to Climate Change</td>
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<tr>
<td>- A 2006 town wide survey indicates that at least 1 in 10 of the public want steps to be taken to improve local air quality.</td>
<td>2. We need to reduce levels of underage sales of tobacco and alcohol and other age restricted products and if there are persistent offenders we need to take steps to review and revoke their licences.</td>
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<tr>
<td>- The health consequences of more extreme weather are considerable. A 2007 survey shows that 1 in 2 local residents are concerned about climate change.</td>
<td>3. We need to improve the use of open spaces</td>
</tr>
<tr>
<td>- Middlesbrough’s ecological footprint is 5.21 global hectares per person.</td>
<td>4. We need to improve air quality</td>
</tr>
<tr>
<td>- The Money Advice service helps many people in deprivation and in 2007/8 helped residents with debts in excess of 1.4 million.</td>
<td>5. We need to reduce Middlesbrough ecological footprint</td>
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<tr>
<td></td>
<td>6. We need to reduce greenhouse gas emissions by 80%</td>
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<tr>
<td></td>
<td>7. We need to ensure the majority of residents are well informed about what to do in the event of a large-scale emergency.</td>
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Level 4 climate change means 'Identified the consequences of predicted climate change, developed and implemented the response to ensure continuity of service and are operating continuous review and improvement'.

### 15. Transport

<table>
<thead>
<tr>
<th>What we know</th>
<th>What we think we should do</th>
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<tbody>
<tr>
<td>- There is long term decline in bus use</td>
<td>1. We need to provide appropriate support to child, young people and adults to include physical activity as their transport choice e.g. walking and cycling schemes for school children and working adults.</td>
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<tr>
<td>- Historic networks may not serve new development sites, such as North Middlesbrough and Middlehaven.</td>
<td>2. We need to maintain the number of local bus passenger journeys</td>
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<tr>
<td>- There is increasing traffic congestion on key transport corridors and the A66 and A174.</td>
<td>3. We need to improve access to public services</td>
</tr>
<tr>
<td>- There was an average of 75 Killed and Seriously Injured (KSI) casualties between 2000 and 2004, compared to the 1994 - 1998 baseline of 65, a 15.4% increase.</td>
<td>4. We need to reduce the number of people killed or seriously injured in road traffic accidents.</td>
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<tr>
<td></td>
<td>5. Reduce the number of children killed or seriously injured in road traffic accidents</td>
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### 16. Crime

<table>
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<tr>
<th>What we know</th>
<th>What we think we should do</th>
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<tbody>
<tr>
<td>- Young people were victims of crime at levels that were disproportionately high when compared to other age groups.</td>
<td>1. We need to reduce re-offending rates</td>
</tr>
<tr>
<td>- Young males were victimised more for assault than young females.</td>
<td>2. We need to educated vulnerability young people to prevent them becoming victims of crime</td>
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<tr>
<td>- Alcohol was a contributory factor in offending.</td>
<td>3. We need to support people to reduce victimisation rates</td>
</tr>
<tr>
<td>- Residents feel less safe outside after dark than do people in other parts of the country.</td>
<td>4. We need to work within our neighbourhoods and communities to ensure people feel safe where they live, work and socialise.</td>
</tr>
</tbody>
</table>
17. Oral health

**What we know**
- Children who live in disadvantaged areas have three times more decayed teeth than those who live in more advantaged areas.
- There are a substantial number of children with untreated decayed teeth.
- Some people still find it difficult to get urgent care from a NHS dentist.

**What we think we should do**
1. We will reduce the number of children who have untreated decay.
2. We will improve access to NHS dentists.
3. Improve preventive oral health care to reduce decay levels.
4. Ask people if they would want water fluoridation to improve their oral health.

18. Voluntary and community sector

**What we know**
- There are a number of barriers that prevent or restrict VCS organisations participation in Health and Social Care.
- The Government’s current reform of health and social care emphasises a greater spread of service provision.
- There is limited core health and social care services provided by the voluntary and community sector.

**What we think we should do**
1. Statutory services need to provide adequate support to further develop the VCS.
2. Primary care organisations need to stimulate the VCS market as world class commissioners.
3. We need to increase the viability of the VCS to deliver effective and efficient services and increase the number of contracts awarded in this area.

19. Sickness

**What we know**
- In Middlesbrough men can expect to live to age 73 and women to age 79 years, which is lower than the average for England and Wales.
- There are still differences in life expectancy between the more advantaged areas of Middlesbrough and the less advantaged areas.
- The proportions of people dying each year from lung cancer, circulatory disease and heart attacks is much higher than the national average.
- The percentage of people reporting limiting long-term illness in Middlesbrough is higher (22.3%) than the National average (18.2%).

**What we think we should do**
1. All adults aged 40-74 should have a vascular risk assessment every 5 years.
2. We need to reduce the number of people who develop diabetes, strokes and heart disease.
3. We need to support people to successfully, independently, manage their long term condition.
4. We need to increase the number of people who are screened for cancers and cardio vascular diseases.
5. We need to reduce the number of people who develop a chronic respiratory disease.
6. We need to support people with chronic respiratory diseases and other long term conditions to live healthier lives.

Key issues and findings:
### Key issues and findings:

#### 20. Learning disabilities

<table>
<thead>
<tr>
<th><strong>What we know</strong></th>
<th><strong>What we think we should do</strong></th>
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</thead>
<tbody>
<tr>
<td>- People with a learning disability require safe, high quality specialist services.</td>
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<tr>
<td>- There is not sufficient provision of services locally to support people with learning disabilities.</td>
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<tr>
<td>- It is more difficult for people with a learning disability to access meaningful employment or maintain their education.</td>
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<tr>
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1. Increase the proportion of people with learning disabilities in settled accommodation.
2. Increase in the proportion of people with learning disabilities in employment by working with local employers.
3. Increase in the number of people with autism accessing support services.
4. Reduce the levels of hate crime against people with learning disabilities.
5. Increase the number of people with learning disabilities who receive a routine health screening.
6. Improve the health and well-being of people with learning disabilities.
7. An increase in the number of people with learning disabilities who have choice and control over their lives through an increase in the take up of direct payments, individualised budgets and person-centred plans.

#### 21. Physical disabilities

<table>
<thead>
<tr>
<th><strong>What we know</strong></th>
<th><strong>What we think we should do</strong></th>
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<tbody>
<tr>
<td>- It is estimated that in 2008 there will be 26,720 people living in Middlesbrough with a physical disability.</td>
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<tr>
<td>- It is more difficult for people with a physical disability to access meaningful employment or maintain their education.</td>
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<tr>
<td>- It is more difficult for people with a physical disability to become or remain independent.</td>
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</table>

1. A reduction in the number of people claiming incapacity benefit.
2. An increase in the number of people living more independently in their own homes.
3. More people with physical disabilities live a full and active life with access to training and employment.
4. Improved access to services including improvements to transport and access to buildings for people with physical disabilities.
5. Ensure information is communicated in a meaningful way and provide facilities to reply appropriate to an individual’s needs e.g. text messaging for deaf people.
Key issues and findings:

22. Mental health

**What we know**
- There is stigmatisation of people with a mental health problem (and their families).
- People with mental health issues suffer higher levels of deprivation.
- 4 out of 6 people claiming incapacity benefits have a Mental Health problem.
- There is a lack of employment opportunities for people with mental health problems.

**What we think we should do**
1. We need to ensure that improving mental health and well-being is an integral aspect of all service providers.
2. We need to continually ensure improvements in the health and well being of people with mental illness.
3. We need to increase access to psychological therapies including computerised and talking therapies.
4. We need to increase the proportion of people in contact with secondary mental health service in settled accommodation.
5. We need to improve meaningful employment opportunities for people in contact with secondary mental health service.
6. We need to ensure the care and treatment services required by people with a mental health problem meets their individual needs across primary, secondary and community care providers.
7. We need to reduce the levels of suicide.

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23. Health and social care

**What we know**
- There is a gap between levels of health of Middlesbrough Residents and the national average, as well as a gap between priority neighbourhoods and the Middlesbrough average.
- We can improve the efficiency and effectiveness of services more.
- The majority of services are still provided through statutory agencies such as the local authority and the primary care trust.

**What we think we should do**
1. Increase the number of people receiving intensive home care support, housing related support and direct payments to maintain their independence.
2. Enable people with a long term condition supported to be independent and in control of their condition.
3. Sets goals for participation and empowerment, ensuring that we have regular and continuous engagement with people who use services and their carers at all levels.
4. Improve services to carers (adult, parent carers and young carers).
5. Improve the access to social care services via timely assessments and implementation of the single assessment programme across all service providers.

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24. Death

**What we know**
1. Nationally it has been identified that many people do not have a 'good' death.
2. Improvements can be made in supporting people to plan their end of life care.

**What we think we should do**
1. All people with a life threatening illness should have an end of life care pathway ensuring they have a good death.
2. Have no avoidable deaths.