

**SOUTH TEES**  
**JSNA**

Joint Strategic Needs Assessment

*JUNE 2024*

**MISSION**

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*We will support people and communities to build better health.*

**GOAL**

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*We want to reduce the prevalence of the leading risk factors for ill health and premature mortality.*

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# 1. Introduction

## 1.1 Mission led approach

The South Tees Health & Wellbeing Boards have agreed to a “mission-led” approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The life course framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
<b>Aspiration</b>	<b>Children and Young People have the Best Start in Life</b> We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	<b>People live healthier and longer lives</b> We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	<b>More people lead safe, independent lives</b> We want more people leading independent lives through integrated and sustainable support

## 1.2 Live well strategic aim

There are four missions within the live well strategic aim. **The first mission relates to reducing levels of poverty, the second mission relates to systems that promote wellbeing, the third mission relates to supporting people to build better health and the fourth mission looks at people suffering from multiple disadvantage.**

The first goal within the third mission, and the focus of this needs assessment is on **the leading risk factors for ill health and premature mortality.**

Aims	Mission	Goal
<b>Live Well</b>	We will reduce the proportion of our families who are living in poverty.	We want to reduce levels of harmful debt in our communities
		We want to improve the levels of high-quality employment and increase skills in the employed population.
	We will create places and systems that promote wellbeing.	We want to create a housing stock that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.
		We want to create places with high quality green spaces that reflect community needs, provide space for nature and are well connected.

		We want to create a transport system that promotes active and sustainable transport and has minimal impact on air quality.
		We will support the development of social capital to increase community cohesion, resilience and engagement
	<b>We will support people and communities to build better health.</b>	<b>We want to reduce the prevalence of the leading risk factors for ill health and premature mortality</b>
		We want to find more diseases and ill health earlier and promote clinical prevention interventions and pathways across the system
	We will build an inclusive model of care for people suffering from multiple disadvantage across all partners.	We want to reduce the prevalence and impact of violence in South Tees
		We want to improve outcomes for inclusion health groups
		We want to understand and reduce the impact of parental substance misuse and trauma on children

## **2. What is our mission and why do we need to achieve it?**

### **2.1 We will support people and communities to build better health.**

South Tees makes up two neighbouring unitary authorities, Middlesbrough, and Redcar & Cleveland, whilst separate authorities they have common strengths, values and assets including a joint public health team, and joint Health and Wellbeing Board. Other strategic partners cover either the same South Tees footprint or wider across Tees Valley, these include South Tees Hospital NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, Tees Valley ICB, ELM Alliance (GP Federation), Tees Valley Local Pharmaceutical Committee, Cleveland Police, Tees Valley Combined Authority and Teesside University.

South Tees makes up approximately 40% of the Tees Valley sub region within north England. South Tees has stark contrasts, comprising the large rural area of East Cleveland, through the coastal communities of Redcar and Saltburn and the urban conurbation that extends along the River Tees into Middlesbrough, the largest settlement of the area. Middlesbrough communities are amongst the most diverse in the region with around 50 nationalities represented in the population of the town.

The health of people in South Tees is generally worse than England averages, with Middlesbrough being identified as the most deprived local authority nationally at neighbourhood level. Almost half (48.8%) of all lower super output areas (LSOAs) in Middlesbrough are ranked within the 10% most deprived, with Redcar & Cleveland seeing an increased rate of deprivation between 2015 and 2019 publication of the national index of multiple deprivation (IMD). For both areas life expectancy and healthy life expectancy is significantly below the England average for both males and females. In addition, significant intra-area variations exist between the most deprived and affluent wards within South Tees, with males and females in more deprived wards expected to live around 12.6 years and 12.0 years less in Middlesbrough and 11.0 years and 7.3 years in Redcar & Cleveland, respectively. Residents in South Tees live shorter lives than the national average and furthermore spend a smaller proportion of their shorter lifespan healthy and disability free compared to England.

### 3. What is our goal and why do we need to achieve it?

#### 3.1 We want to reduce the prevalence of leading risk factors for ill health and premature mortality.

There are 2 goals within the mission to support people and communities to build better health. By reducing the prevalence of leading risk factors such as **smoking, harmful alcohol use, physical inactivity** and **poor diet and obesity**, we will be able to reduce the subsequent ill health and premature mortality that is evident across South Tees particularly in our more deprived areas. Detecting diseases and ill health earlier, when followed up by appropriate clinical interventions and pathways, leads to better health outcomes and prevents premature death.

This needs assessment focuses on the key risk factors for ill health and premature mortality and highlights key data and national policy drivers for change. The document then summarises what we are already doing in relation to these key priority areas and provides a list of recommendations for each area. The top 4 risk factors for ill health and premature mortality that will be discussed in this JSNA include:

- Smoking
- Alcohol
- Physical inactivity
- Obesity

Smoking remains the leading cause of preventable death in the UK, responsible for 64,000 deaths in England a year. Local prevalence is 17.2% which is higher than the England average of 13.9%. This has led to Middlesbrough having a higher rate of smoking attributed mortality, smoking also continues to rise among those living in our most deprived areas and is a key driver of poverty. The average smoker spends just under £2,000 a year on tobacco, a total of £32,95m in Redcar & Cleveland and £36.14m in Middlesbrough every year. Each year in South Tees when income and smoking costs are considered more than 12,000 households are driven into poverty. More than 20,000 children in South Tees live in households with adults who smoke, smoking in the home not only damages the health of children through second hand smoke but increases their chance of becoming smokers 4-fold. The Khan review 2021, highlighted several critical must dos for tackling smoking, increased investment via a tobacco levy, increase the age of sale from 18 by one year, every year until no one can buy a tobacco product, promote vaping, provide accurate information on the benefits of switching, whilst preventing young people's uptake, and improve the prevention in the NHS by embedding at every opportunity including primary care.

Alcohol related admissions are higher in South Tees than the national average and deaths are increasing, particularly in our most deprived communities. The misuse of alcohol has a huge impact on Middlesbrough. Levels of alcohol related harm in the borough are among the highest in the country. Both adults and young people are more likely to be admitted to hospital for alcohol related harm than in most other areas. Alcohol plays a positive part in many people's lives and contributes to the economic well-being of the local community. However, these positive factors come at a significant cost. In particular, the combination of night-time revellers, licensed premises and alcohol consumption leading to violence, vulnerability and harm causes an intensity of problems for blue light services and NHS accident and emergency departments at times when such are under great pressure.

Poor diet and physical inactivity are leading risk factors for overweight and obesity, which significantly increase the risk of developing conditions including type 2 diabetes, some cancers, cardiovascular disease as well as affect mental health. Rates of overweight and obesity among adults and children have increased in the UK over the last decade with high levels of childhood and adult obesity being



observed across South Tees they are higher than the national average, with physical inactivity levels low across Middlesbrough and Redcar & Cleveland.

Smoking, harmful alcohol use, obesity, and physical inactivity are leading risk factors that are driving the high burden of preventable ill health and premature mortality across the local population. All are socioeconomically patterned and contribute significantly to widening health inequalities.

## 4. Smoking

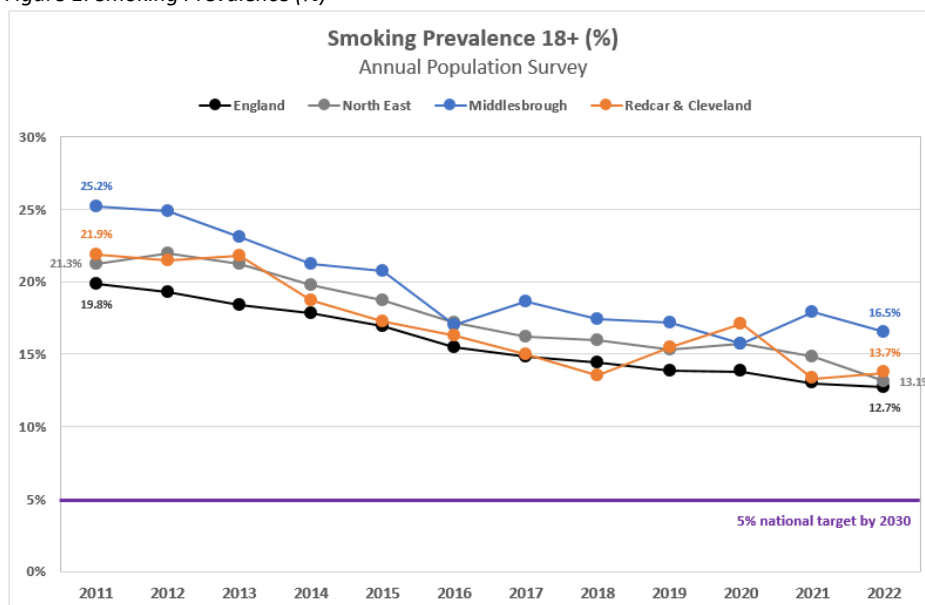
### 4.1 What key data do we have and what are the drivers for change?

#### 4.1.1 Smoking prevalence

Smoking is one of the leading causes of preventable illness and early death (OHID, 2022). It is also the biggest cause of health inequalities in the UK (ASH, 2019), accounting for half the difference in life expectancy between the most and least deprived areas. It also puts people at risk of developing cancer, cardiovascular and respiratory diseases.

Figure 1 below shows data from the Annual Population Survey by ONS estimated that in Middlesbrough the smoking prevalence rate for adults in 2022 is 16.5%, significantly higher than the England rate of 12.7%. Redcar & Cleveland's rate is lower compared to Middlesbrough at 13.7%. In England there has been a steady decline in smoking prevalence in the adult population, with a reduction from 19.8% in 2011 to 12.7% in 2022. In Middlesbrough and Redcar & Cleveland, the rates although fluctuate have also reduced. Middlesbrough has seen higher rates for 2021 and 2022 compared to the lower rate in 2020, whilst Redcar & Cleveland saw a higher rate in 2020 and has since reduced.

Figure 1: Smoking Prevalence (%)



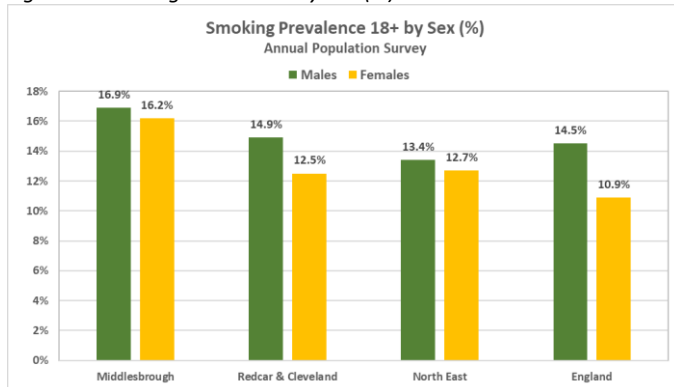
Source – Annual Population Survey, ONS

In 2019, the government published its green paper on preventative health; Advancing our health: prevention in the 2020s. Here, it announced an ambition for England to become 'smokefree' by 2030 – achieved when adult smoking prevalence falls to 5% or less. Based on recent trends, Cancer Research UK suggest England will achieve 5% average adult smoking prevalence in 2039 and the pace of decline in smoking prevalence has slowed. Applying these projections to local prevalence estimates in 2022 we can provide a rough estimate of 13% for Middlesbrough and 10% for Redcar & Cleveland in 2030 and by 2039 when England is projected to reach 5%, Middlesbrough would be 9% and Redcar & Cleveland would be 6%.

### 4.1.2 Smoking prevalence by sex

Across England males have higher prevalence rates compared to females with 14.9% for males and 10.9% for females. The difference between male and female prevalence rates in Redcar & Cleveland mirror that of the England split, however in both Middlesbrough and the North East the rates are similar, suggesting more females are smoking in these areas compared to females in England.

Figure 2: Smoking Prevalence by Sex (%)

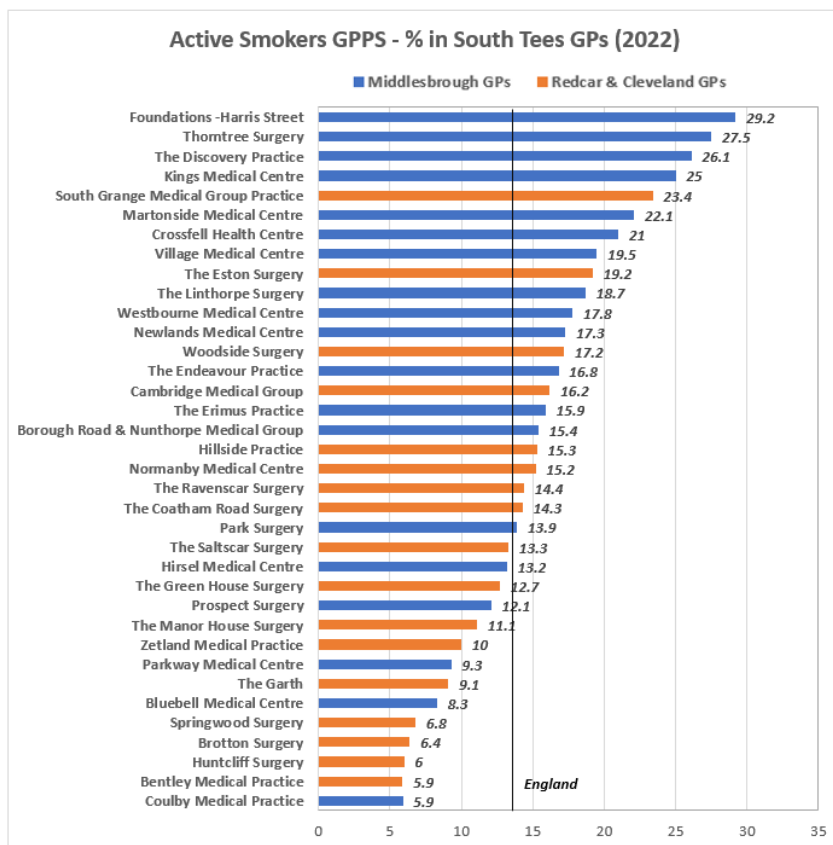


Source – Annual Population Survey, ONS

### 4.1.3 Smoking prevalence by GP

GP patient survey for 2022 shows the weighted survey results for patients who indicated they were regular or occasional smokers. Figure 3 shows the results by South Tees GP practices which highlights the significant variation across the local area with rates highest at just under 30% and lowest at approximately 6%. There are 7 GP practices with prevalence of over 20%, 6 of which are in Middlesbrough.

Figure 3: Active Smokers – GPPS (%)



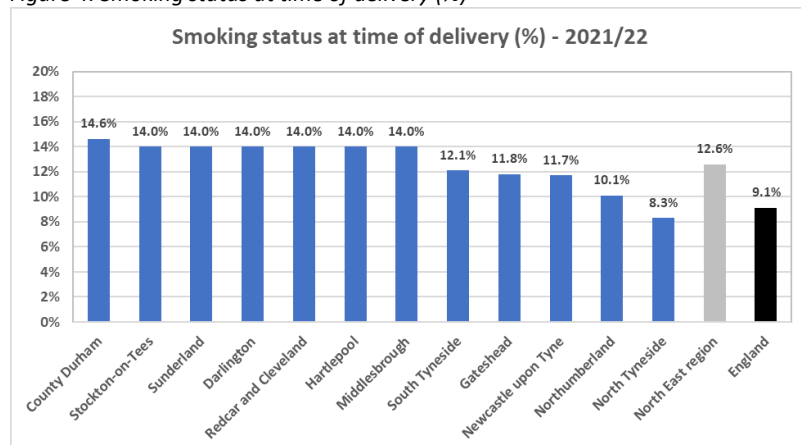
Source – National general practice profiles, OHID

#### 4.1.4 Pregnant smokers

Supporting people who are pregnant to be smokefree is important, as protecting an unborn baby from tobacco smoke is one of the best ways to give a child a healthy start in life. Smoking when pregnant increases the risk of complications in pregnancy and birth such as stillbirth, premature birth, miscarriages, low birth weight, and sudden infant death syndrome (NHS, 2024).

Although rates have reduced significantly over the previous 10 years, the majority of local authorities in the North East have higher rates of women smoking at time of delivery compared to the England rate. As shown in figure 4, Middlesbrough and Redcar & Cleveland both have a value of 14%. This is the 12<sup>th</sup> and 13<sup>th</sup> highest local authority rates in England.

Figure 4: Smoking status at time of delivery (%)



Source – National general practice profiles, OHID

### 4.1.5 Smoking related admissions and mortality

Smoking attributable hospital admissions looks at patients admitted for diseases that are wholly or partially attributed to smoking in persons aged 35 and over. In 2019/20 as shown in figure 5, Middlesbrough alongside the North East had significantly higher rates compared to England. Middlesbrough has the 14<sup>th</sup> highest rate for local authorities in England. Redcar & Cleveland was higher than the England rate but not to the same degree.

Middlesbrough has a significantly higher rate of smoking attributable deaths compared to England at 335 per 100,000 compared to 202 per 100,000. This is the 6<sup>th</sup> highest rate for local authorities in England. Rates have fallen in Redcar & Cleveland and England, however rates in Middlesbrough have remained similar for the previous four years.

Figure 5: Smoking attributable hospital admissions and mortality

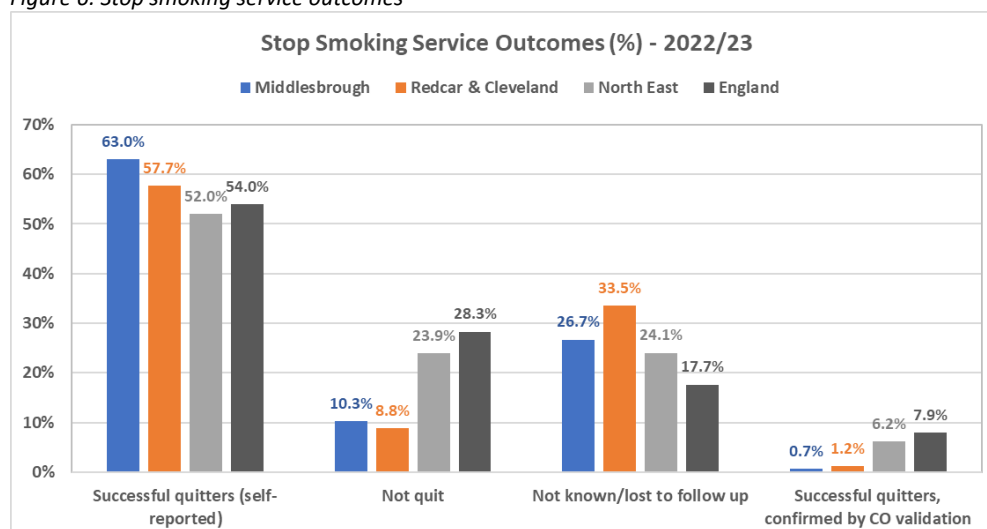
Area	Smoking attributable hospital admissions (2019/20)		Smoking attributable mortality (2017-19)	
	Number	Rate per 100,000	Number	Rate per 100,000
Middlesbrough	1,529	2,083	713	335
Redcar & Cleveland	1,628	1,758	737	269
North East	33,355	2,050	12,911	271
England	448,031	1,398	191,903	202

Source – Fingertips, OHID

### 4.1.6 Stop smoking services

Data provided by NHS Digital shows the outcomes for stop smoking services across England. Figure 6 below shows the outcomes locally for 2022/23. Middlesbrough residents have a higher rate of successful quitters at 63% compared to the North East (52%) and England (54%). Redcar & Cleveland’s rate is lower at 57.7% but still higher than the England rate. The rate of not quit is significantly lower in South Tees compared to England, however the rate of not known/lost to follow up is higher in South Tees, particularly in Redcar & Cleveland, suggesting those whose status is unknown are likely to have not quit. Locally the rate of successful quitters who are confirmed by CO validation is very low compared to the England rate.

Figure 6: Stop smoking service outcomes



Source – NHS Digital

Figure 7 below shows a breakdown in the rate of successful quitters by demographics. Locally and nationally males have higher quit rates compared to females. In Redcar & Cleveland the rate of successful quitters is far lower for females compared to Middlesbrough and national rates. Nationally quit rates are highest in the older age groups, with rates lowest in the 18-34 year old cohort. In Middlesbrough this difference is more profound where the 60+ year old cohort is significantly higher than the England rate. In Redcar & Cleveland however the youngest cohort of 13-34 years old has the greatest quit rate and the lowest quit rate is in the 35-44 year old cohort.

Quit rates by socio-economic classification show that quit rates locally are highest in the managerial & professional occupations. Locally there are high proportions of clients accessing the service who are unemployed and the quit rates in both Middlesbrough and more so in Redcar & Cleveland are higher than the North East and England rates. Quit rates by the top 3 pharmacotherapy show locally that a combination of a licensed medication and an unlicensed Nicotine Containing Products (NCP) concurrently has the greatest quit rates which is in line with North East and England proportions.

Figure 7: Stop smoking service outcomes by demographics

		Middlesbrough		Redcar & Cleveland		North East	England
		No.	%	No.	%	%	%
Sex	Male	169	64%	137	55%	55%	56%
	Female	180	61%	152	42%	49%	52%
Age	18-34	61	51%	47	64%	43%	50%
	35-44	63	58%	43	48%	50%	52%
	45-59	112	67%	116	61%	54%	55%
	60+	113	72%	82	56%	57%	57%
Socio-economic classification	Managerial & professional occupations	27	77%	27	73%	54%	57%
	Intermediate occupations	35	59%	25	63%	59%	57%
	Routine and manual occupations	60	71%	29	48%	54%	57%
	Full time students	5	*	4	*	59%	53%
	Home carers (unpaid)	9	*	11	*	46%	50%
	Never worked/unemployed for over 1 year	113	56%	106	66%	45%	48%
	Prisoners	-	*	-	*		63%
	Retired	66	69%	48	52%	56%	57%
	Sick/disabled and unable to return to work	34	62%	36	49%	51%	53%
Unable to code	-	*	3	*	39%	50%	
Top 3 Pharmacotherapy	Combination of licensed NCPs concurrently	168	58%	147	56%	53%	53%
	Single NCP only	108	66%	91	59%	56%	56%
	Combination of a licensed medication and an unlicensed NCP concurrently	54	76%	28	72%	63%	61%

\*numbers too small to calculate proportions

Source – NHS Digital

#### 4.1.7 Stop smoking service data by wards

Figure 8 below shows the number and rate per 1,000 population of people accessing the South Tees Stop Smoking Service for wards across South Tees for a period between August 2022 and October 2023. The table also shows the proportion of duplicate clients accessing the service more than once

during the period. The most deprived wards across South Tees have the highest rates of people accessing the Stop Smoking Service. There is a much greater number of Middlesbrough residents accessing the service with 56% of total compared to Redcar & Cleveland with 32.4% of total. A further 11.6% of people who access the service live outside of Middlesbrough or Redcar & Cleveland.

Figure 8: People accessing South Tees Stop Smoking Service by ward (blue = Middlesbrough and orange = Redcar & Cleveland wards).

Wards	People Using Stop Smoking Service	% Duplicate People	Rate per 1,000
North Ormesby	50	12%	15.3
Longlands & Beechwood	171	24%	15.2
Park End & Beckfield	120	17%	14.4
Berwick Hills & Pallister	128	18%	14.1
Grangetown	88	31%	13.8
Eston	102	24%	13.7
Central	147	20%	12.8
South Bank	69	20%	12.7
Brambles & Thorntree	117	24%	12.6
Kirkleatham	95	29%	12.6
Newport	133	17%	12.4
Ayresome	72	26%	11.4
Dormanstown	53	23%	11.4
Ladgate	58	16%	10.5
Hemlington	69	17%	10.5
Coatham	49	18%	10.1
Newcomen	52	27%	10.1
Park	95	29%	9.9
Coulby Newham	79	22%	9.5
Teesville	55	22%	9.2
Linthorpe	47	15%	7.0
Normanby	45	9%	6.8
Kader	32	25%	6.6
Longbeck	25	32%	6.3
St Germain's	37	19%	5.6
Ormesby	36	22%	5.6
Acklam	32	19%	5.4
Trimdon	29	14%	4.6
Zetland	20	15%	4.6
West Dyke	27	30%	4.5
Saltburn	22	5%	3.4
Marton East	17	24%	2.8
Stainton & Thornton	10	40%	2.7
Nunthorpe	14	29%	2.6
Marton West	14	36%	2.6
Lockwood	6	0%	2.6
Wheatlands	11	27%	2.0
Skelton East	8	0%	1.8
Brotton	10	0%	1.5
Guisborough	9	33%	1.2
Loftus	6	33%	0.9
Belmont	<5		
Hutton	<5		
Skelton West	<5		
Out of Area	296	5%	
Total	2,559	20%	9.1

Source – South Tees Stop Smoking Service

#### 4.1.8 Hospital admissions - smoking

Data provided by South Tees NHS Foundation Trust business intelligence team shows the number and rate of the smoking status for patients admitted to hospital for both total admissions and emergency admissions, for a period between April 2022 and September 2023. Figure 9 below shows these admissions by Middlesbrough and Redcar & Cleveland wards, with the tables ordered by the wards with the largest rate for all admissions. Rates are closely linked with deprivation with the highest rates amongst the most deprived wards across both local authorities. The rate of smoking status higher for emergency admissions compared to all admissions.

Figure 9: Smoking status of patients admitted to hospital

**Middlesbrough**

Ward	All Admissions			Emergency Admissions		
	Total	Smoker	Rate	Total	Smoker	Rate
Brambles & Thorntree	4,592	731	159.2	1,878	394	209.8
Berwick Hills & Pallister	4,520	713	157.7	1,889	347	183.7
Park End & Beckfield	4,142	612	147.8	1,771	327	184.6
Newport	4,415	624	141.3	1,727	376	217.7
North Ormesby	1,405	198	140.9	629	129	205.1
Hemlington	2,879	385	133.7	1,149	226	196.7
Longlands & Beechwood	5,721	753	131.6	2,431	436	179.4
Central	4,368	574	131.4	1,863	376	201.8
Ayresome	2,594	335	129.1	1,005	172	171.1
Park	4,141	385	93.0	1,699	228	134.2
Linthorpe	2,933	227	77.4	1,044	94	90.0
Coulby Newham	3,670	282	76.8	1,448	157	108.4
Ladgate	2,564	195	76.1	1,047	119	113.7
Acklam	2,368	122	51.5	759	57	75.1
Kader	2,500	113	45.2	872	68	78.0
Trimdon	2,481	70	28.2	821	40	48.7
Marlon East	2,343	60	25.6	728	34	46.7
Marlon West	2,118	52	24.6	699	25	35.8
Stainton & Thornton	1,843	40	21.7	722	24	33.2
Nunthorpe	2,222	45	20.3	780	24	30.8
<b>Total</b>	<b>63,819</b>	<b>6,516</b>	<b>102.1</b>	<b>24,961</b>	<b>3,653</b>	<b>146.3</b>

**Redcar & Cleveland**

Ward	All Admissions			Emergency Admissions		
	Total	Smoker	Rate	Total	Smoker	Rate
Grangetown	2,817	426	151.2	1,013	205	202.4
Dormanstown	2,311	311	134.6	871	145	166.5
South Bank	2,354	304	129.1	894	179	200.2
Brotton	2,882	361	125.3	1,061	147	138.5
Eston	3,917	489	124.8	1,688	288	170.6
Coatham	2,361	264	111.8	1,146	172	150.1
Kirkleatham	3,840	384	100.0	1,627	224	137.7
Lockwood	1,072	102	95.1	401	54	134.7
Guisborough	3,685	350	95.0	1,537	193	125.6
Loftus	2,375	218	91.8	961	119	123.8
Skelton West	1,521	136	89.4	571	70	122.6
Newcomen	2,407	190	78.9	868	103	118.7
Zetland	2,062	162	78.6	714	78	109.2
Skelton East	1,846	137	74.2	661	81	122.5
St Germain's	2,976	191	64.2	1,139	127	111.5
Normanby	2,974	180	60.5	1,066	105	98.5
Saltburn	2,717	164	60.4	1,137	98	86.2
West Dyke	2,916	162	55.6	958	86	89.8
Teesville	3,193	176	55.1	1,159	112	96.6
Ormesby	2,827	152	53.8	1,021	89	87.2
Longbeck	1,753	79	45.1	559	32	57.2
Belmont	1,770	59	33.3	554	25	45.1
Hutton	2,920	82	28.1	1,024	50	48.8
Wheatlands	1,848	37	20.0	521	24	46.1
<b>Total</b>	<b>61,344</b>	<b>5,116</b>	<b>83.4</b>	<b>23,151</b>	<b>2,806</b>	<b>121.2</b>

Source – South Tees NHS Trust business intelligence team

#### 4.1.9 Drivers for change - smoking

[Towards a Smoke-free generation: A tobacco control plan for England - GOV.UK \(www.gov.uk\)](#) published 2017

In 2019, [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](#) the green paper signals a new approach to public health that involves personalised, prevention model, putting prevention at the centre of decision making.

[Health matters: stopping smoking – what works? - GOV.UK \(www.gov.uk\)](#) in 2019 made recommendations for Stoptober, pharmacy teams, primary care, secondary care, mental health services, maternity services, local authorities, CCGs, Local stop smoking service

Linked to nearly half a million hospital admissions each year! [NHS long term plan](#) 2019 aims to cut smoking, cut smoking in pregnancy by providing preventive services - smoking cessation services.

[North East 'Better health and wellbeing for all' strategy](#) in 2021 highlighted a goal to reduce smoking from 13% of adults in 2020 to 5% or below by 2030.

[The Khan Review: Making smoking obsolete \(publishing.service.gov.uk\)](#) in 2022 highlighted investment required to reach smokefree by 2030, stop people especially young people starting to smoke, encourage quitters to stop smoking for good, and system change requiring collaborative working.

## 4.2 What are we doing already in relation to this goal?

### 4.2.1 Specialist Stop Smoking Service

The South Tees Specialist Stop Smoking Service (SSS) is provided by Public Health South Tees, provides stop smoking face to face clinics or telephone appointments. Clinics are delivered from a range of community venues including Live well centre, Live Well East, Redcar civic centre, Redcar library and sunny field house Guisborough. The service offers late night and weekend appointments as well as home visits for house bound and care home residents. The service offers the full range of NRT as well as vapes that are free to all.



#### **4.2.2 NHS Treating Tobacco Dependency Service**

As part of the NHS Long Term Plan, by 2023/24 all people admitted to hospital who smoke will be offered tobacco treatment services; all pregnant women and their partners will be able to access an NHS smoke free pregnancy pathway and all those accessing specialist mental health services long term will be able to access a smoking cessation offer. The treating tobacco dependency service in South Tees is provided by NHS South Tees Foundation Trust, it provides tobacco dependency services for adult inpatients across the James Cook University Hospital and Friargate Hospital Northallerton. Patients are assessed on admission and referred to the team for support and NRT. The service works closely with the SSS in the community and refers patients on discharge, ensuring seamless transition for the patient.

#### **4.2.3 Maternity pathways**

Maternity pathway is part of the treating tobacco dependency service delivered by NHS South Tees. The service is staffed by three SSS advisors who support pregnant women quit smoking. The service provides home visits and out of hours services for pregnant women.

#### **4.2.4 North East North Cumbria Severe Mental Illness Pilot**

This service is delivered by Public Health Stop Smoking Service in partnership with GPs across Middlesbrough.

#### **4.2.5 Pharmacy provision**

Community pharmacies supply stop smoking products (Nicotine Replacement Therapy) to quitters when requested by specialist advisers on dispensing vouchers. They also conduct a clinical check to ensure suitability.

Community pharmacists can support the 12-week quit program where commissioned (not currently), including supply of varenicline against a Patient Group Direction, avoiding the need for a prescription (where stock is available).

Many pharmacies are also ready to deliver the NHS commissioned Advanced Stop Smoking service.

#### **4.2.6 FRESH**

Middlesbrough, Redcar & Cleveland are members of Fresh (North East regional tobacco control programme) set up to address smoking related illness and death in the England. Smoking rates in the North East have more than halved from 29% of adult smoking in 2005 to 13.1% of adults smoking in 2022. However, approximately 313,000 North East adults still smoke, and the latest evidence shows that up to two in every three long term smokers are killed by tobacco.

### **4.3 What are the key issues?**

- Concerns Middlesbrough, Redcar & Cleveland will not meet the national 5% target by 2039.
- Low numbers of people with severe mental illness (SMI) being referred into SMI pilot for enhanced smoking cessation support.
- Increase in young people using vapes who have never smoked.
- Targeting the right people for SSS – health equity audit.

### **4.4 What is the current evidence base in relation to this goal?**

The below evidence base was collated by Teesside University as part of the Health Determinants Research Collaborative (HDRC):

- Approximately 15% of the percentage point reduction in smoking prevalence during 2001–2016 in England may be attributable to the NHS SSS, although uncertainty remains regarding the actual impact of the formal smoking cessation services (Song *et al.*, 2020).
- Almost all combinations with smoking rates higher than 50 per cent included worklessness. One other combination exceeded 50 per cent and included respondents reporting all of the following: unhelpful neighbours, no further education, low liveability and low income (Blackman, 2008).
- The impact of vaping products will depend on how much they displace smoking completely, including among disadvantaged smokers, the extent of uptake among young people, and the absolute health effects of vaping, as well as the relative health effects compared with smoking (McNeill *et al.*, 2021).

#### **The main recommendations put forward by the above papers include:**

- Campaign ‘Smoke Free 2030’ endorsed by 74 organisations and 600 individuals – adopted the roadmaps recommendations for a new control plan to deliver the campaign.
- Certainty over long-term funding is needed to meet this ambition. Local authority’s public health grant has been cut by 24% on a real-terms per capita basis since 2015 which has had an adverse effect on council’s ability to invest in services and functions that prevent ill health, reduce health inequalities and support a sustainable health and social care system. This includes smoking cessation and tobacco control.
- By improving people’s living conditions, appreciable reductions in smoking prevalence are likely. These reductions might be even greater if interventions to improve neighbourhoods and job opportunities are combined with the timely provision of smoking cessation services. Targeting these transitions could be a more effective strategy than simply targeting all deprived neighbourhoods.

### **4.5 What do local people say?**

Focus groups carried out with young people from Y7 – Y13 on vaping in January 2023 in Middlesbrough found a number of factors that were perceived as barriers to young people stopping vaping. These factors were categorised under the following three themes:

- **Capability** – easy to get, cheaper than smoking, limited education on dangers/addiction, easy to vape in school.
- **Opportunity** – parental influence, easy to vape in school toilets, peer pressure, positive social media imagery, vape in groups, social behaviour, teachers punish rather than support.
- **Motivation** – perceived as better than smoking, stress relief, seen as cool, curiosity, fruity flavours, colours, norm, vape out of boredom, don’t want to admit if they want to stop.

### **4.6 What are the key actions required in relation to smoking?**

- Health Related Behaviour Questionnaire (HRBQ) annual survey carried out across all primary and secondary schools could provide valuable insight into health-related behaviours across a whole range of health topics including smoking, vaping, alcohol consumption, 5 a day, physical activity, mental health. This information could provide a snapshot of health-related trend data associated with our young people across South Tees.
- Carry out a Health Equity Audit across all stop smoking service services in South Tees to ensure services are equitable and reaching those for our most disadvantaged communities.
- Ensure a joined-up approach to stop smoking services across the system, ensuring inpatients smokers in acute settings are referred onto community stop smoking services with outcomes and data sharing to measure the quit rate.
- Social care staff and service providers to promote stop smoking amongst their client groups, this will involve training staff to give Very Brief Advice (VBA) linked to Making Every Contact Count (MECC).

- Social Housing / Adult social care to promote swap to stop in social housing supporting tenants to quit by swapping cigarettes for vaping.
- Primary Care identifying smokers and smokers with SMI to give VBA as part of the MECC and signpost onto specialist stop smoking service support.
- Further Development of SMI pilot (Health are collecting data on all smokers across Tees Valley as part of the targeted lung health check programme – work in partnership to identify SMI smokers and make contact to offer SSS enhanced support to quit.
- Utilise the Advanced Smoking Cessation Service in community pharmacy to improve access for those wanting to quit.
- Provide support for Health and Social care staff to help them quit smoking.
- STH NHS FT cancer services to work with FRESH and ex-smokers/survivors of smoking related conditions to promote stopping smoking media campaign, lived experience.

## 5. Alcohol

### 5.1 What key data do we have and what are the drivers for change?

#### 5.1.1 Alcohol prevalence

Figure 10 below shows a selection of alcohol related indicators split by mortality, admissions and availability. All of the indicators show that rates in Middlesbrough and Redcar & Cleveland are similar or significantly higher than the England average. Rates of alcohol-related mortality are very high in Middlesbrough at 51.6 per 100,000 in 2021 compared to 38.5 per 100,000 in England. The Middlesbrough rates is 13<sup>th</sup> highest of local authorities in England. Redcar & Cleveland's rate is lower at 47.4 per 100,000 but still higher than the national average. Alcohol specific mortality rates are higher in Middlesbrough and Redcar & Cleveland compared to England. The Redcar & Cleveland rate of 21.6 per 100,000 is 12<sup>th</sup> highest nationally and the Middlesbrough rate of 21.5 is 15<sup>th</sup> highest.

Potential years of life lost (PYLL) is a measure of the potential number of years lost when a person dies prematurely. The basic concept of PYLL is that deaths at younger ages are weighted more heavily than those at older ages. To enable comparisons between areas and over time, PYLL rates are age-standardised to represent the PYLL if each area had the same population and rates are presented as years of life lost per 100,000 population. Middlesbrough and Redcar & Cleveland have significantly higher rates of PYLL compared to England for both males and females. The Middlesbrough rate of PYLL for males is 8<sup>th</sup> highest of local authorities in England and the Redcar & Cleveland rank is 10<sup>th</sup> highest. For females the ranks are even higher where Middlesbrough is ranked 5<sup>th</sup> highest and Redcar & Cleveland is ranked 8<sup>th</sup> highest.

Admission episodes for alcohol- specific conditions and admissions for alcohol related conditions are significantly higher than the national average. All of the North East has very high rates and both Middlesbrough and Redcar & Cleveland have lower rates across the different indicators compared to the rest of the North East. Under 18s rates of alcohol admissions are statically similar to England and have seen significant reductions locally over recent years.

Figure 10: Alcohol dashboard

Indicator		Period	Middlesbrough			Redcar & Cleveland			England
			Number	Value	Rank (LA)*	Number	Value	Rank (LA)*	Value
Mortality	Alcohol-related mortality (rate per 100,000)	2021	66	51.6	13/150	69	47.4	32/150	38.5
	Alcohol-specific mortality (rate per 100,000)	2021	28	21.5	15/150	31	21.6	12/150	13.9
	Under 75 mortality rate from alcoholic liver disease (rate per 100,000)	2021	17	14.3	45/146	23	17.7	18/146	11.5
	Mortality from chronic liver disease, all ages (rate per 100,000)	2021	21	16.1	62/149	29	19.8	22/149	14.5
	Potential years of life lost due to alcohol-related conditions (Male) (rate)	2020	1,122	1,796	8/149	1,146	1,737	10/149	1,116
	Potential years of life lost due to alcohol-related conditions (Female)	2020	594	968	5/149	628	914	8/149	500
Admissions	Admission episodes for alcohol-specific conditions	2021/22	1,125	855	33/150	1090	802	43/150	626
	Admission episodes for alcohol-related conditions (Narrow)	2021/22	843	638	21/150	885	627	23/150	494
	Admission episodes for alcohol-related conditions (Broad)	2021/22	2,791	2,138	31/150	2,922	1,985	45/150	1,734
	Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	35	35.6	51/150	30	36.2	54/150	29.3
Availability	Number of premises licensed to sell alcohol per square kilometre	2021/22	425	7.9	47/132	411	1.7	95/132	1.3

Compared against England

Significantly higher

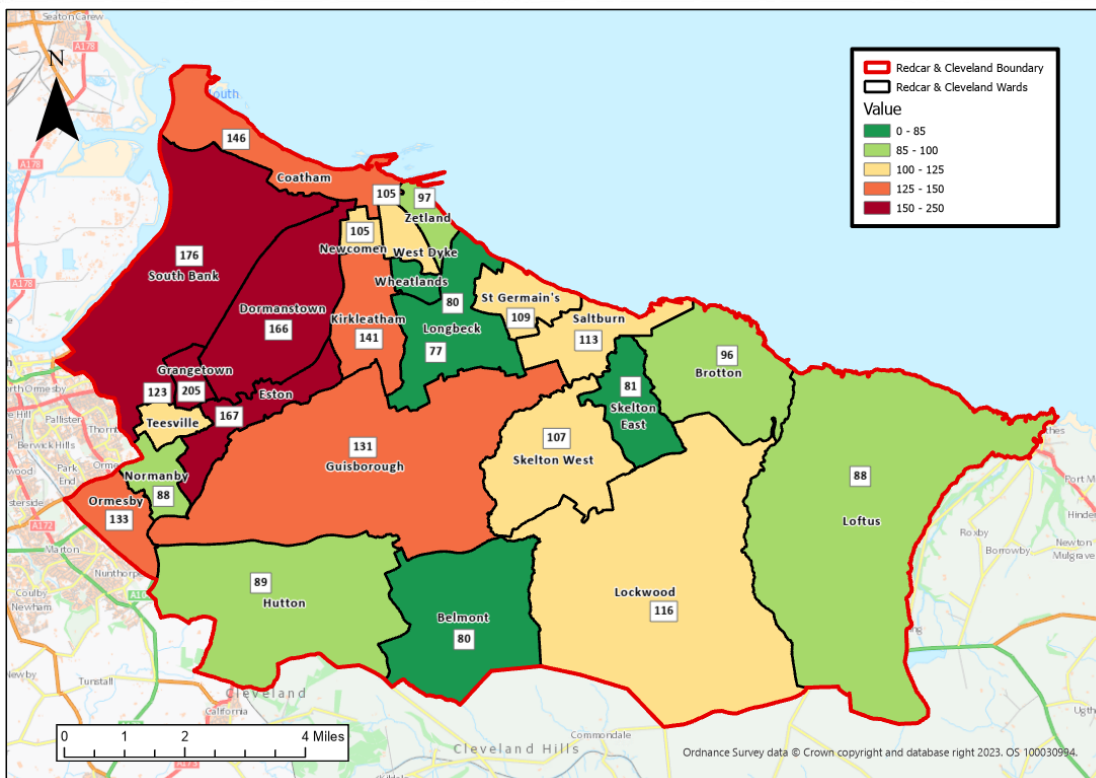
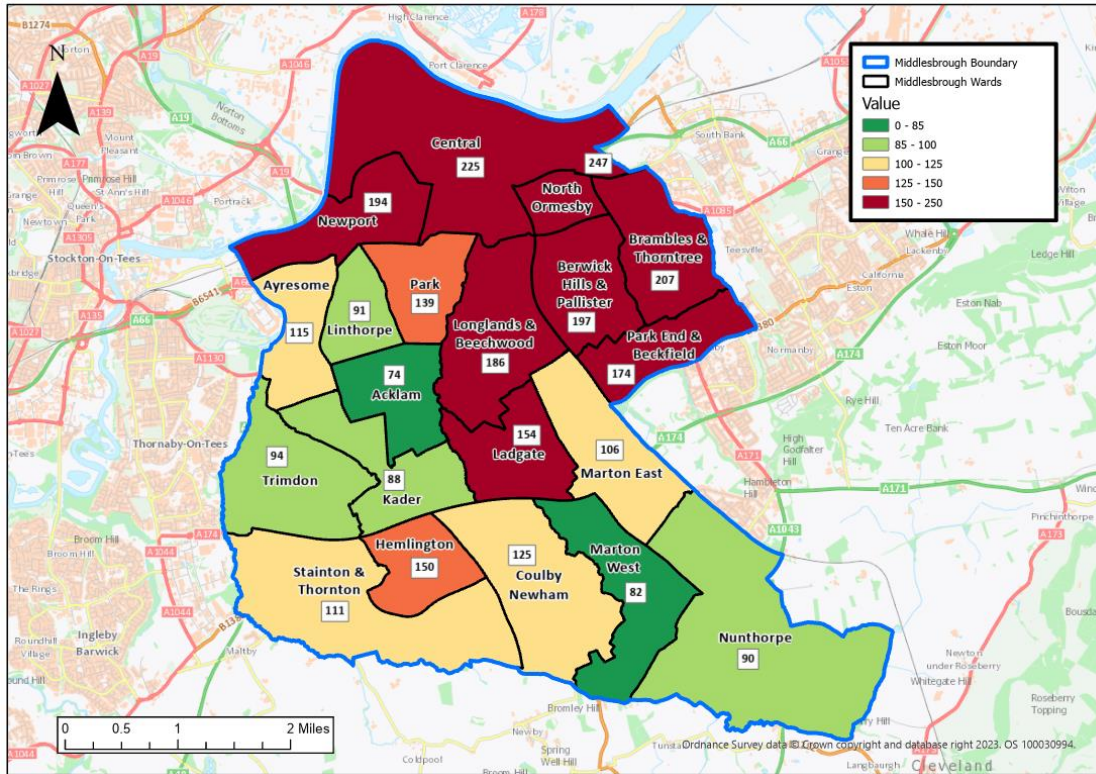
Similar

Significantly lower

Source – Fingertips, OHID

Figure 11 below shows the rate of hospital admissions for alcohol-related conditions (narrow definition) for the wards across Middlesbrough and Redcar & Cleveland across a five-year period between 2016/17 – 2020/21. The rate is expressed as a standardised ratio with England value of 100. There are some high rates in the North and East of Middlesbrough, particularly in North Ormesby ward at a rate of 247 and Central ward at a rate of 225. Redcar & Cleveland also has high rates in Grangetown ward at a rate of 205 and South Bank ward at a rate of 176.

Figure 11: Hospital admissions for alcohol-related conditions (narrow)



Source – Fingertips, OHID

### 5.1.2 Drivers for change - alcohol

National Alcohol strategy is 2012 Alcohol Change are lobbying for a lobbying for an effective Alcohol Strategy. [Why we need an effective Alcohol Strategy | Alcohol Change UK](#)

[nhs-long-term-plan-june-2019.pdf \(longtermplan.nhs.uk\)](#) NHS Long term plan driver to limit alcohol related A&E admissions, NHS prevention programme alcohol is one of top 5. Long term plan driver for establishment of Alcohol Care Teams (done!).

[North East 'Better health and wellbeing for all' strategy](#) in 2021 includes a goal to reduce alcohol related hospital admissions by 20% by 2030. And mentions higher smoking and alcohol rates among SMI patients.

## 5.2 What are we doing already in relation to this goal?

### 5.2.1 Recovery Solutions and We are with you

Alcohol reduction harm minimisation is provided by Public Health South Tees, provides face to face clinics or telephone appointments. Clinics are delivered from a range of community venues including Live well centre, Live Well East, Redcar civic centre, Redcar library and sunny field house Guisborough. The service offers late night and weekend appointments as well as home visits for house bound and care home residents.

### 5.2.2 NHS Alcohol Care Team

The Alcohol Care Team are based within Accident and Emergency department at James Cook University Hospital, the team screen for alcohol use using the AUDIT C tool which identifies hazardous, harmful drinking, brief advice and early intervention support and referral. The team also see chronic drinkers within the hospital.

### 5.2.3 Alcohol and Licensing

A number of policies, strategies and services have been introduced to help reduce the issues and the levels of harm experienced, including:

- Middlesbrough's Statement of Licencing and Cumulative Impact Polices (currently being refreshed)
- Middlesbrough's Alcohol Harm Reduction Strategy
- Responsible Authorities Group that regulates licensed premises
- Town centre strategic partnership looking at night- time and daytime economy issues including alcohol related violence, knife crime and all other serious violence.
- [Middlesbrough Safehaven](#) Service located in bus station with both static and mobile clinical facilities. Operating every Fri 22:00-03:30 & Sat 23:00-04:30 and Bank holidays 23:00-04:30 (11+hours per week) The aim of the service is to reduce hospital admissions and the demands placed on all blue light services including NEAS and Police. Also looking to accommodate other health services that require clinical space for the delivery of clinical intervention.
- Introduction of new pathways to redirect ambulances to Safehaven with patients collected from Middlesbrough's night-time economy to ease the pressure off Emergency departments at busy times. Also working with Cleveland police and licensed premises to facilitate the use of Safehaven by Officers and staff to prevent hospital attendances.
- Delivery of a night-time economy safety campaign to educate, promote safety and promote services operating in the night-time economy. This has generated a lot of publicity for the Safehaven and has increased the amount of service users.
- Refresh of the South Tees information sharing agreement regarding alcohol related hospital admissions and attendances to formulate and overlap crime, health and all other alcohol related data that is held to provide a better understanding of the issues and highlight hotspot areas to promote and direct effective practice towards prevention.

- Mapping of alcohol availability and introduction of Minimum Unit pricing and licensing conditions that prevent the sales of cheap high strength alcohol (above 6,5%)

### 5.3 What are the key issues?

- Alcohol related admissions for Middlesbrough Redcar & Cleveland are higher than the National average, particularly in our most deprived wards.
- Functional heavy drinkers who think they don't have a problem as they are holding down a family and job.
- Long term funding for acute trust Alcohol care teams
- Tees Valley do not commission BALANCE North East therefore not eligible for campaigns, support and marketing
- Primary care delivering audit C as part of NHS health check but few referrals to services are being made.
- The system needs to be working together to identify problematic drinking early to provide early intervention.
- Night time economy, licensed premises and alcohol consumption leading to violence, vulnerability and harm causes an intensity of problems for blue light services and NHS accident and emergency departments at times when such are under great pressure.

### 5.4 What is the current evidence base in relation to this goal?

The below evidence base was collated by Teesside University as part of the Health Determinants Research Collaborative (HDRC):

- The North East suffers disproportionately from alcohol misuse with the highest rates of alcohol-related admissions and alcohol specific deaths in England and there is evidence to suggest that capacity issues are hampering training of professionals to address this issue (Williams *et al.*, 2018)
- Alcohol consumption increased significantly during the COVID-19 pandemic, particularly amongst 18-30 year olds in the area, and for many this has not returned to pre-pandemic levels (Divers, 2022)
- Middlesbrough has one of the highest rates of consumption of, and exposure to, cheap alcohol (Brennan *et al.*, 2023)
- Results show that interventions in the prison setting have the potential to positively impact on alcohol use (Newbury-Birch *et al.*, 2018).
- The Public Health Burden of Alcohol and the effectiveness and cost effectiveness of alcohol control policies (WHO/PHE) : an evidence review highlighted the following as most effective interventions for reducing population level consumption, minimum unit pricing, MUP Scotland saw 10% reduction in alcohol related specific deaths after first year of MUP), availability, alcohol outlet density hours and days of sale and marketing exposure to marketing encourages children to start drinking at an earlier age and engaging in risky drinking practices.

#### **The main recommendations put forward by the above papers include:**

- There is a need to work with communities to address the causes of excessive alcohol consumption and to look at support for those in need.
- Alcohol minimum unit pricing may reduce hazardous drinking associated with an abundance of cheap alcohol in the area.
- Implementing a local £0.50 MUP (Minimum Unit Price) for alcohol in northern English regions is estimated to result in larger percentage reductions in harms than the national average. In such regions, the minimum unit price policy would achieve larger reductions in alcohol



consumption, alcohol-attributable mortality, hospitalization rates, NHS costs, crime rates and health inequalities.

- Education over alcohol content (units) in drinks could be an effective way of reducing consumption through education.

## 5.5 What do local people say?

BALANCE public perception report 2020

- 4 in 10 adults were drinking above the CMO's low risk drinking guidelines of 14 units a week.
- Heavier drinkers were 3 times more likely to have increased how often they drank.
- Parents were twice as likely as non-parents to be drinking more often.
- Over half of men were drinking at risky levels
- 1 in 4 drinkers (around 443,000 people) were bingeing at least weekly.
- Young adults (18-24) were now just as likely to be non-drinkers (27%) as heavy drinkers (27%)
- Risky drinking was highest among 45–54-year-olds with almost 1 in 2 (59%) drinking above recommended limits.
- 1 in 3 adults over 65 were drinking above the low risk drinking guidelines.
- More than 8/10 people drinking above the recommended limits classed as 'responsible drinkers)
- While most people know that alcohol is linked to liver disease, only 1 in 3 were aware of the link to cancer; 1 in 4 that it increases the risk of heart disease (27%); 1 in 5 (19%) that it is associated with depression and anxiety; and fewer than 1 in 10 (7%) that it is linked to stroke.

## 5.6 What are the key actions required in relation to alcohol?

- Continue to commission high quality local alcohol and substance misuse services which focus on recovery and meet the needs of service users.
- Early identification of alcohol problems across the system by embedding delivery of brief interventions for alcohol through making every contact count with front line services in health and social care settings ensuring staff are trained to give VBA and signposting.
- Primary Care identifying functional drinkers through use of Audit C
- Development of maternity pathway for alcohol
- Continue to support and build on the North East Alcohol Free Childhood programme to ensure messages around social norms are embedded across the system
- Continue to work with secondary schools across South Tees and ensure that alcohol harm messages are appropriate to the needs of young people.
- Commission balance North east so that South Tees can benefit from the work around alcohol and cancer campaigns as well as support the work around minimum price
- Promote ICS Alcohol campaign across Health and Social Care Staff – drink coach.
- Provide education over alcohol content (units) in drinks could be an effective way of reducing consumption through education.
- Work with communities to address the causes of excessive alcohol consumption and work together to look at support for those in need.

## 6. Physical Inactivity

### 6.1 What key data do we have and what are the drivers for change?

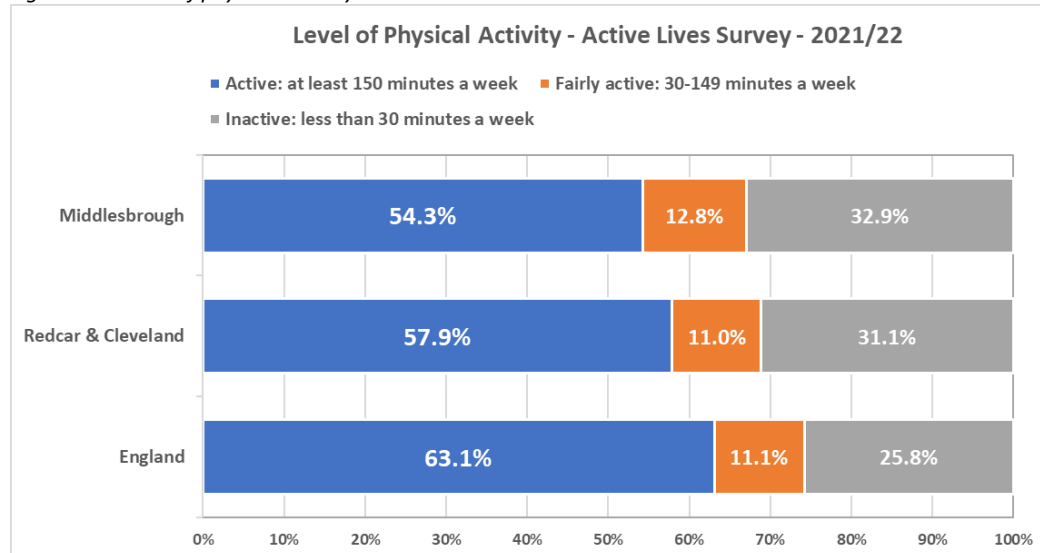
#### 6.1.1 Physical activity prevalence

Sport England commission the Active Lives Survey that looks at the level of sport and physical activity behaviours in adults. Figure 12 below shows the levels of physical activity for the population aged 16 and over in 2021/22. The active category is defined as 150 minutes or more of moderate intensity physical activity a week. Activities include cycling for sport & leisure or travel, fitness activities, dance, sporting activities and walking for leisure or travel. This is at least at moderate intensity, but vigorous intensity counts as double.

Middlesbrough has a significantly smaller proportion of adults who are classified as active, with 54.3% compared to 63.1% in England. Redcar & Cleveland is slightly higher at 57.9% but still below the England average. Middlesbrough's rate in 2021/22 is ranked the 20<sup>th</sup> highest out of 320 local authorities and county councils in England. Middlesbrough has a slightly higher percentage of those classified as fairly active at 12.8% compared to 11.1% in England. This results in approximately a third of adults in South Tees classified as inactive.

Overall activity levels have increased for Middlesbrough, Redcar & Cleveland and England in the most recent data following a period of reductions resulting from the Covid-19 pandemic. Whilst England has return to pre pandemic rates, Middlesbrough and Redcar & Cleveland are still below levels seen in 2018/19.

Figure 12: Levels of physical activity



Source – Active Lives Survey

Figure 13 below shows the breakdown of levels of physically active adults by demographics. Levels of activity for the most deprived (deciles 1-3) communities in Middlesbrough and Redcar & Cleveland are lower at 48% compared to the most deprived areas in England. The most affluent areas (deciles 7-10) in Middlesbrough do have higher rates at 60.8% but these are still below the most affluent areas across the rest of England. Redcar & Cleveland is higher at 64.8% but still below the England average.

Activity rates by sex shows that in England, males have higher rates at 65.6% compared to females at 60.8%. This is more profound in Middlesbrough where 59.5% of males are physically active compared

to 47.8% of females. In Redcar & Cleveland however, rates are the same at 58%. Activity rates by age show that in England rates are highest in the youngest age group at 16–34-year-olds and slowly decrease with age until by 75+, 41.2% of adults are physically active. In Middlesbrough rates are also highest in the youngest age group of 16–34-year-olds with 59% and slowly decrease (75+ numbers were too small to calculate a rate). In Redcar & Cleveland however the most active group is 35–54-year-olds at 69.9% followed by 55–75-year-olds. The youngest age group 16–34-year-olds actually has the smallest activity rate at 49.6%.

Activity rates for those that have a disability or long-term health conditions are lower in England at 47.5% compared to those that do not have a disability or long-term condition with 68.1%. In Redcar & Cleveland those with a disability or long-term condition have higher rates than England at 54% compared to those who do not with 61.1%. In Middlesbrough rates are low for those with a disability or long-term condition at 37.7% compared to 60.6% who do not.

Figure 13: Levels of physical activity

		Middlesbrough	Redcar & Cleveland	England
Deprivation	Most deprived	48.4%	48.8%	55.3%
	Least deprived	60.8%	64.7%	68.1%
Sex	Males	59.5%	58.5%	65.6%
	Females	47.8%	58.4%	60.8%
Age	16-34	59.0%	49.6%	69.6%
	35-54	54.4%	69.9%	65.9%
	55-75	51.7%	57.1%	62.0%
	75+	-	50.0%	41.2%
Disability or long term condition	Yes	37.7%	54.0%	47.5%
	No	60.6%	61.1%	68.1%

Source – Active Lives Survey

### 6.1.2 Drivers for change – physical activity

[Physical activity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/physical-activity-applying-all-our-health) published in 2022 to help health professionals prevent ill health by promoting physical activity.

[Get Active: a strategy for the future of sport and physical activity - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/get-active-a-strategy-for-the-future-of-sport-and-physical-activity) In order to deliver this ambition, we recognise that this shift needs to be driven at the local level. We are committed to addressing the imbalances that exist across the nation and focusing on the places most in need of levelling up. To achieve this, we will:

- increase activity rates in all parts of the country.
- decrease inactivity rates in all parts of the country.
- ensure at least 75% of Sport England place investment is committed to areas with the lowest levels of physical activity and social outcomes.
- Tackle disparities in participation,
- Ambition that all children should meet the CMO’s guidelines on physical activity of at least 60 mins per day or 20 mins for disabled people,
- improve quality and access to PE and school sports for all pupils,
- Deliver investment in active spaces and facilities.

## 6.2 What are we doing in relation to this goal?

### 6.2.1 You've Got This

You've Got This (YGT) is one of twelve Place Partnerships funded by Sport England that are testing whole systems approaches to increasing physical activity at a population level. Taking a systems approach involves looking at policies, physical environment, and organisational action to promote physical activity, as well as interventions and individual behaviour change. The vision of YGT is "Active Lives as a Way of Life".

YGT's approach has included creating a wide partnership, The Exchange, build on common purpose rather than accountability, prioritising the gathering of insight and learning to inform programme priorities, and creating leaders for physical activity in organisations. Most of YGT's work is commissioned through The Exchange using a collaborate commissioning model.

Physical activity has a key role to play in preventing ill health and YGT is supporting the prevention of ill health in many ways, including:

- Encouraging policy development that creates environments that encourage physical activity, including funding a specific role to build greater collaboration between Public Health, planning and transport planning.
- Supporting the work of social prescribers to encourage them to build physical activity into patient pathways and looking to develop a green social prescribing programme.
- Working with the community organisations to enable them to build physical activity into their work, including schools and young people's groups.
- Creating opportunities for local people to move more, for example supporting community growing projects and running a grants scheme for smaller community organisations to create opportunities for physical activity.

### 6.2.2 Specialist Physical Activity (SPA) Team

The Exercise Referral Programme is delivered by the SPA Team for Middlesbrough residents free of charge. The team support people with health conditions, people recovering from illness and older adults to become more active by providing a range of activities. People are referred onto the programme from either their GP or other health professional. The intervention consists of a 12-week programme where after assessment individuals will join one of three programmes:

1. Active Stage – suitable for anybody who is identified as 'at risk' of health issues and would benefit from increased physical activity.
2. Functional Stage – to reduce the impact of underlying health issues.
3. Maintenance Stage – long term condition management (MS, Parkinson's, Stroke)

As well as practitioner support throughout the 12 weeks, participants on the programme will also have access to a range of activities including, aqua aerobics, tai chi for rehab, chair-based sessions, stroke rehabilitation and neuro bootcamp.

### 6.2.3 Waiting Well

Waiting Well is a service supporting patients who are waiting for planned surgery or treatment, such as knee and hip replacements. Evidence suggests that by taking some simple steps before surgery or treatment to improve fitness, diet and mental health helps you to make a better quicker recovery. It also reduces the risk of treatment being cancelled because someone is not fit enough to have the operation. Patients that are eligible for the programme will be contacted by the hospital they are scheduled to have surgery.

### 6.2.4 Tees Valley Sport

Tees Valley Sport is one of 43 Active Partnerships in England. The team, work with partners across Tees Valley rolling out a range local sport England initiative across the life course, working with schools, communities, and older adults.

### 6.2.5 Everyone Active

Everyone Active provide a range of leisure services across South Tees, facilities include The Rainbow Leisure Centre, Manor Youth and Community Centre, Middlesbrough Municipal Golf Centre, Middlesbrough Sports Village, Neptune Centre, Eston Leisure Centre, Guisborough Swim & Fitness Centre, Redcar Leisure Centre, Saltburn Leisure Centre, and Loftus Leisure Centre.

## 6.3 What are the key issues?

- Low levels of physical activity for both adults and children across South Tees
- Males have higher activity levels than females.
- Rates of physical activity are higher in the younger population 16 -34
- Rates of physical activity are lower for those living in the most deprived communities

## 6.4 What is the current evidence base in relation to this goal?

The below evidence base was collated by Teesside University as part of the Health Determinants Research Collaborative (HDRC):

- Physical inactivity accounts for 16.6% of deaths in the United Kingdom. Overall, this costs the (UK) about £7.4 billion yearly. Furthermore, approximately 20% of (UK)'s population is less active than in the 1960s; if this present trend continues, approximately 35% of (UK)'s population will be less active by the year 2030 (Mbabazi *et al.*, 2022).
- Past research has identified that individuals from Ethnic Minorities communities face health inequalities and report poorer outcomes from numerous health interventions (FRSPH *et al.*, 2022).
- There is a strong correlation between physical activity and mental health (Jacob *et al.*, 2020).

### **The main recommendations put forward by the above papers include:**

- There were connections made between physical activity and improved mental health. One key intervention to prevent certain diseases is to increase the percentage of people who are physically active. Offer low/no cost alternatives through community-led initiatives.
- Promote physical activity campaigns like Change4Life and Better Health – offer online activities or health apps which encourages low impact activity such as 10 minutes of walking each day.
- However, often campaigns take on an ableist approach to physical activity and alternative methods that are inclusive need to be considered to allow activity to be accessible to all

## 6.5 What do local people say?

The national surveys 'Health Survey for England' (HSE) and 'Active Lives Survey' (ALS) collect information about what local people say regarding physical activity.

## 6.6 What are the key actions required in relation to physical inactivity?

- Ambition that all children should meet the CMO's guidelines on physical activity of at least 60 mins per day or 20 mins for disabled people.

- Create healthy environments, more access to green space, parks and activity trails to encourage physical activity.
- Take a public health approach to embed physical activity into South Tees FT taking an Active hospitals approach for staff, patients, and visitors. This will involve working with staff groups around their understanding of the health benefits of physical activity, increase the number physical activity champions across the trust and incorporate physical activity in MECC conversations.

## 7. Obesity

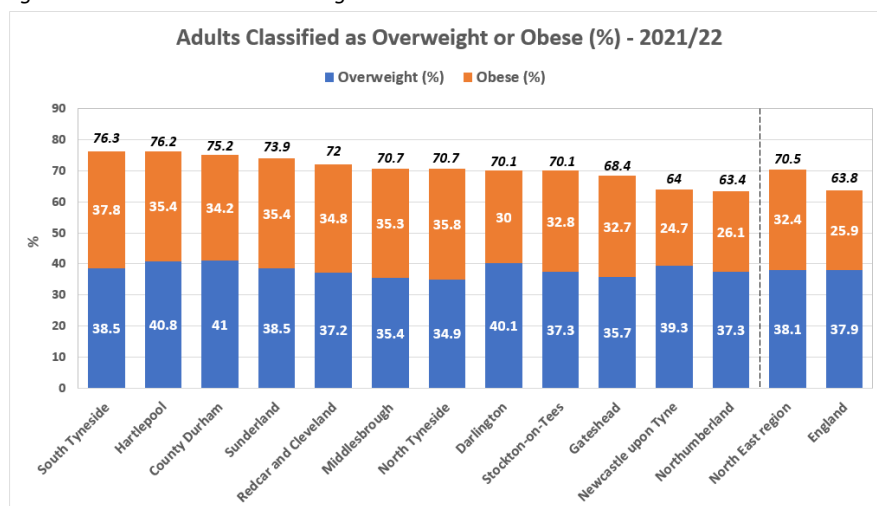
### 7.1 What key data do we have and what are the drivers for change?

#### 7.1.1 Obesity prevalence - adults

Data provided by OHID from the Active Lives Survey provides an estimate of the percentage of adults (aged 18 and over) who are classified as overweight (BMI 25kg/m<sup>2</sup> or over) or obese (BMI 30kg/m<sup>2</sup> or over) as shown in Figure 14 below by North East local authorities.

All local authorities apart from Northumberland have a higher rate of those classified as overweight or obese compared to England. Redcar & Cleveland has a higher rate of those classified as overweight or obese at 72% compared to 70.5% in North East and 63.8% in England. Middlesbrough has a lower rate at 70.7%, similar to the North East rate. Redcar & Cleveland is ranked 12<sup>th</sup> highest local authority in England and Middlesbrough is ranked 23<sup>rd</sup> highest. In Middlesbrough 35.3% of adults are classified as obese and in Redcar & Cleveland the rate is 34.8%. Middlesbrough is ranked 12<sup>th</sup> highest, and Redcar & Cleveland is ranked 14<sup>th</sup> highest of local authorities in England.

Figure 14: Adults who are overweight or obese

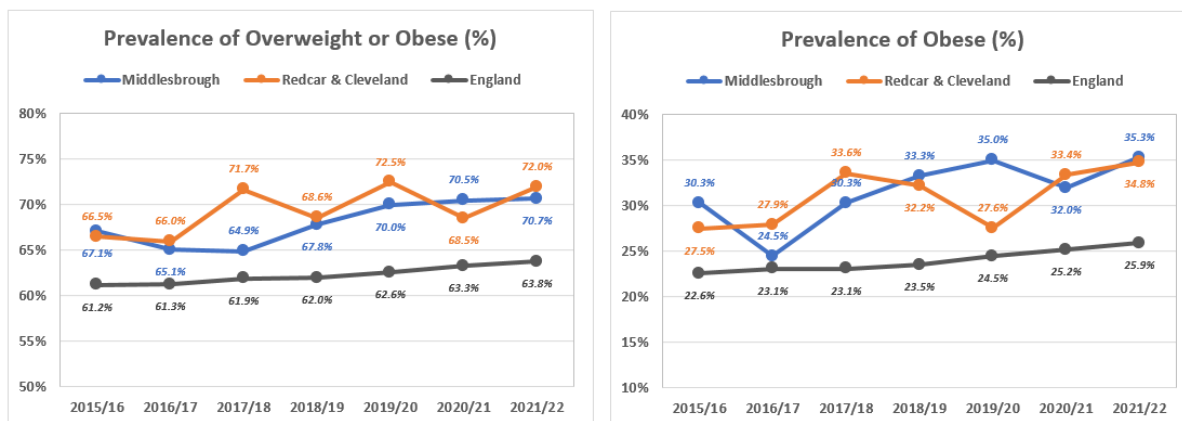


Source – Fingertips, OHID

Trends as shown in Figure 15 below show that for the prevalence of adults who are overweight or obese, rates have been gradually increasing over the previous 7 year period in England. Locally although annual estimates fluctuate, the rates are also increasing with the highest rates seen in 2021/22. Middlesbrough has seen a significant rise from 64.9% in 2017/18 to 70.7% in 2021/22.

For adults estimated to be obese, the rates are increasing at a greater rate proportionally in England compared to those overweight. Locally 2021/22 saw the highest rates, with increases seen in Middlesbrough apart from a dip in 2020/21 and Redcar & Cleveland has seen two years of increases since a significantly lower rate seen in 2019/20.

Figure 15: Trends in adults who are overweight or obese

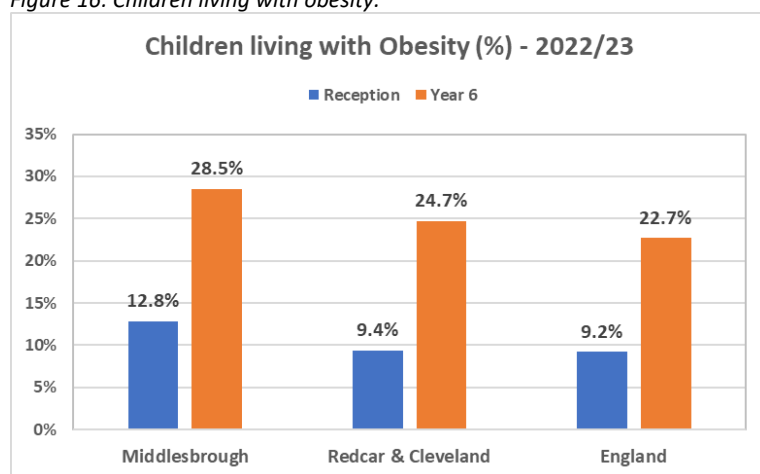


Source – Fingertips, OHID

### 7.1.2 Obesity prevalence - children

Childhood obesity rates are a good prediction of future obesity rates in adults. Obese children and adolescents are around five times more likely to be obese in adulthood than those who were not obese. Around 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will still be obese in adulthood and around 70% will be obese over age 30 (Simmond, et al. 2016). Figure 16 below shows the rate of children living with obesity in 2022/23 in South Tees. Middlesbrough has a significantly higher rate of childhood obesity with 12.8% in reception compared to 9.2% in England and 28.5% in year 6 compared to 22.7% in England. Redcar & Cleveland has lower rates than Middlesbrough but still higher than the England rate.

Figure 16: Children living with obesity.



Source – NHS Digital

### 7.1.3 Hospital admissions – obesity

Data provided by South Tees NHS Foundation Trust business intelligence team shows the number and rate of obesity for patients admitted to hospital for both total admissions and emergency admissions, for a period between April 2022 and September 2023. Figure 17 below shows these admissions by Middlesbrough and Redcar & Cleveland wards, with the tables ordered by the wards with the largest rate for all admissions. Rates are linked with deprivation with the highest rates amongst the most deprived wards across both local authorities. The rates are lower when compared to smoking status and are lower between all admissions and emergency admissions, suggesting an issue with data recording.



Figure 17: Obesity rate of patients admitted to hospital.

#### Middlesbrough

Ward	All Admissions			Emergency Admissions		
	Total	Obese	Rate	Total	Obese	Rate
Hemlington	2,879	249	86.5	1,149	43	37.4
North Ormesby	1,405	95	67.6	629	25	39.7
Brambles & Thorntree	4,592	309	67.3	1,878	66	35.1
Longlands & Beechwood	5,721	363	63.5	2,431	111	45.7
Ayresome	2,594	160	61.7	1,005	36	35.8
Coulby Newham	3,670	223	60.8	1,448	47	32.5
Berwick Hills & Pallister	4,520	267	59.1	1,889	54	28.6
Central	4,368	241	55.2	1,863	61	32.7
Park End & Beckfield	4,142	224	54.1	1,771	54	30.5
Newport	4,415	234	53.0	1,727	52	30.1
Park	4,141	213	51.4	1,699	52	30.6
Ladgate	2,564	126	49.1	1,047	24	22.9
Linthorpe	2,933	141	48.1	1,044	38	36.4
Trimdon	2,481	107	43.1	821	16	19.5
Stainton & Thornton	1,843	76	41.2	722	14	19.4
Acklam	2,368	94	39.7	759	15	19.8
Marion East	2,343	82	35.0	728	10	13.7
Nunthorpe	2,222	75	33.8	780	12	15.4
Kader	2,500	74	29.6	872	18	20.6
Marion West	2,118	62	29.3	699	8	11.4
<b>Total</b>	<b>63,819</b>	<b>3,415</b>	<b>53.5</b>	<b>24,961</b>	<b>756</b>	<b>30.3</b>

#### Redcar & Cleveland

Ward	All Admissions			Emergency Admissions		
	Total	Obese	Rate	Total	Obese	Rate
Grangetown	2,817	261	92.7	1,013	35	34.6
Teesville	3,193	231	72.3	1,159	44	38.0
South Bank	2,354	168	71.4	894	26	29.1
Kirkleatham	3,840	260	67.7	1,627	61	37.5
Dormanstown	2,311	154	66.6	871	25	28.7
Eston	3,917	251	64.1	1,688	61	36.1
Coatham	2,361	151	64.0	1,146	35	30.5
Loftus	2,375	144	60.6	961	32	33.3
Brotton	2,882	174	60.4	1,061	56	52.8
Guisborough	3,685	220	59.7	1,537	37	24.1
Skelton East	1,846	110	59.6	661	32	48.4
Zetland	2,062	120	58.2	714	18	25.2
Longbeck	1,753	102	58.2	559	14	25.0
Newcomen	2,407	129	53.6	868	21	24.2
Normanby	2,974	158	53.1	1,066	39	36.6
Lockwood	1,072	56	52.2	401	6	15.0
Ormesby	2,827	140	49.5	1,021	37	36.2
Skelton West	1,521	73	48.0	571	13	22.8
Belmont	1,770	81	45.8	554	27	48.7
West Dyke	2,916	126	43.2	958	24	25.1
Hutton	2,920	107	36.6	1,024	17	16.6
Wheatlands	1,848	67	36.3	521	10	19.2
St Germain's	2,976	104	34.9	1,139	32	28.1
Saltburn	2,717	81	29.8	1,137	24	21.1
<b>Total</b>	<b>61,344</b>	<b>3,468</b>	<b>56.5</b>	<b>23,151</b>	<b>726</b>	<b>31.4</b>

Source – South Tees NHS Trust business intelligence team

### 7.1.4 Obesity in Pregnancy

Data showing obesity levels in early pregnancy from maternity services shows very high levels locally. In Redcar & Cleveland the obesity rate was 30.4% and in Middlesbrough the rate was 28.8%, significantly higher than the national average of 22.1%. The Redcar & Cleveland rate is 3<sup>rd</sup> highest and Middlesbrough the 9<sup>th</sup> highest out of 150 local authorities in England.

#### 7.1.5 5-a-day

Data from the Active Lives Survey ran by Sport England shows the proportion of adults meeting the '5-a-day' fruit and vegetable consumption recommendations in 2021/22. In Redcar & Cleveland, 31% of adults and 28.9% of adults in Middlesbrough are meeting the recommendation. This is lower compared to the England rate of 32.5%.

#### 7.1.6 Fast-Food Outlets

Density of fast-food outlet data shows the variation across local authorities in England. In 2017, there were 184 fast food outlets in Middlesbrough or a rate of 131.1 per 100,000 and 160 outlets or 118.1 per 100,000 in Redcar & Cleveland. This is higher than the England rate of England is 96.1 per 100,000. There is a strong link between the density of fast-food outlets and deprivation, where the local authorities with a higher deprivation score have a greater density of fast-food outlets.

#### 7.1.7 Drivers for change - obesity

[Tackling obesity: the role of the NHS in a whole-system approach \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/tackling-obesity-the-role-of-the-nhs-in-a-whole-system-approach) published by the Kings fund in 2021 which outlined the health and care systems role in tackling obesity.

[Tackling obesity: future choices - project report \(2nd edition\) \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90442/tackling-obesity-future-choices-project-report-2nd-edition.pdf) 2007

[Childhood obesity: a plan for action - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/41442/childhood-obesity-a-plan-for-action-2017.pdf) 2017 policy paper. Recommendations: Create environments for healthy food, creating environments for physical activity, Embedding system change – planning, active spaces etc

## **7.2 What are we doing already in relation to this goal?**

### **7.2.1 Healthy Weight Declaration**

Middlesbrough Council are currently in the process of adopting the Healthy Weight Declaration. The Healthy Weight Declaration is a council-wide commitment to promote healthy weight and improve the health and well-being of the local population. It comprises of 16 core commitments to address healthy weight and provides the opportunity for local authorities to identify additional local commitments based on the needs of the area. The declaration focuses on population-level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.

Redcar & Cleveland Borough Council will continue to develop wider actions around obesity by working with Council departments and partners to influence and address areas that encourage an obesogenic environment and unhealthy weight gain through the adoption of the Healthy Weight Declaration. The Healthy Weight Declaration will also support the wider work of the newly established Redcar & Cleveland Food Partnership including the Sustainable Food Cities award.

### **7.2.2 Eat Well Schools**

An Eat Well Schools award has been developed for South Tees to tackle high rates of overweight and obesity in schools. The award recognises schools that are meeting the standards for school food to ensure all children have access to nutritional food during the school day, as well as educating children and their carers to allow them to make healthier choices now, and in the future. The award supports schools in increasing their free school meal uptake, to ensure as many children as possible who are entitled to free school meals are receiving them.

The award also encompasses the promotion of oral health, ensuring schools are signed up to the toothbrushing scheme that is available as a universal offer to primary schools in Middlesbrough.

### **7.2.3 Eat Well Early Years**

Early years settings and childminders have a big role to play in helping children to get the best start in life. An Eat Well Early Years Award has been developed to recognise that are committed to providing healthy food, as well as teaching children about the importance of being healthy.

### **7.2.4 Breastfeeding**

The Family Hubs Transformation Programme is delivering the infant feeding workstream to increase rates across South Tees through increasing the capacity of the Maternity Care Assistants on the postnatal wards to support families with breastfeeding before discharge, a Peer Support Service, a South Tees Tongue Tie clinic, Enhanced Maternity Support Workers conducting infant feeding conversations at 20-24 weeks antenatally and proactive calls with families from targeted wards by the Health Visitors, to increase breastfeeding rates in wards with current low breastfeeding rates.

### **7.2.5 South Tees Welcome to Breastfeeding Scheme**

Welcome to Breastfeed scheme is embedded within both the Eat Well Early Years and Eat Well Schools Awards, to normalise breastfeeding from a young age and educate children and young adults on the benefits of breastfeeding. This also ensures that feeding parents are catered for if visiting these settings.

### **7.2.6 HENRY**

The HENRY programme is delivered across South Tees. HENRY supports families in choosing healthy lifestyles, including making health food choices for their children and gives parents and carers ideas for lots of fun ways to get children moving around.

HENRY programmes are aimed at families with children aged 0-12 and cover a range of topics including starting solids, eating well less, fussy eating and healthy families right from the start.

### **7.2.7 Healthy Start**

Healthy Start Cards provide free vouchers that are available every week to spend on milk, plain fresh and frozen fruit and vegetables, and infant formula milk. The cards are available to people who are 10 weeks+ pregnant or have a child up to the age of 4 and in receipt of certain benefits.

Healthy Start vitamins are available universally across South Tees to women whilst they are pregnant and for children up to the age of 4.

### **7.2.8 Holiday Activity Fund HAF**

The Holiday Activity and Food programme runs throughout the Easter, Summer and Christmas school holidays and is aimed at children who receive benefit related free school meals. Any provider that delivers this programme must ensure that all children attending their HAF provision have access to at least 60 minutes of Physical Activity per session, a hot meal that meets the School Food Standards & children must receive some basic nutritional education. The HAF Team have provided training on the elements listed above and attend each provision to complete a quality assurance assessment.

### **7.2.9 National Child Measurement Programme (NCMP)**

The National Child Measurement Programme looks to measure the BMI levels of children in Reception, aged 4-5 and year 6 aged 10-11 to assess the levels of obesity within those populations. These BMI scores are grouped into six categories: underweight, healthy weight, obese, excess weight and severely obese.

### **7.2.10 Tier 3 weight management service**

The Tier 3 Specialist Weight Management service is delivered by South Tees Foundation Trust. The team works closely with the bariatric surgery team to support patients who require hospital treatment. This integrated approach is unique to James Cook and ensures that patients have a smooth journey as possible. Types of surgery available include:

- Gastric (stomach) bypass,
- Sleeve gastrectomy
- Gastric balloon

To become eligible for Tier 4 surgery patients should have completed a Tier 3 programme with the specialist weight management service. The referral for this service should be by the patients GP, and patients must meet the criteria and have a BMI of over 40 (or a BMI over 35 with other medical risks). Once the patient has completed a pathway with Tier 3 services a referral is then made to the bariatric surgery team at James Cook for assessment.

## **7.3 What are the key issues?**

- No updated national strategy for obesity and delays to implementing proposed policies.
- South Tees continues to be an area with high levels of deprivation and food poverty exaggerated by the cost-of-living crisis which has significant impacts on food choices and levels of obesity.
- Obesity continues to be a global issue that requires a whole system approach across multiple agencies.
- No current local services for tier 2 weight management due to lack of consistent government funding.
- Whilst some schools are eager to engage regarding Eat Well Schools it is not a mandatory programme of and therefore there is no leverage to support Public Health in engaging with harder to reach schools.

- Levels of overweight, obesity in our SMI population and in in reach for Tier 3 services in our secure inpatient facilities

## 7.4 What is the current evidence base in relation to this goal?

The below evidence base was collated by Teesside University as part of the Health Determinants Research Collaborative (HDRC):

- The association between obesity and deprivation are strongly evidenced and socioeconomic disparities of exposure to the food environment are known to exist (Eskandari *et al.*, 2022a)
- According to the Kinsey report, obesity has the second largest public health impact after smoking, and it is inextricably linked to physical inactivity. Although there are clear care pathways and clinical guidelines for evidence-based practice, there remains no single stakeholder willing to take overall responsibility for obesity care. There is a lack of provision of adequate services characterised by a noticeable ‘postcode lottery’, and little political will to change the obesogenic environment (Capehorn *et al.*, 2016).
- The building blocks of health are the environmental, commercial, economic and social factors that largely determine our health and wellbeing and impact our capability, opportunity and motivation to maintain healthy-weight behaviours (Roy-Highley & Briggs, 2023).

### **The main recommendations put forward by the above papers include:**

- Tackling obesity is one of the greatest and growing long-term health challenges the UK faces. Today around two-thirds of adults are above a healthy weight and of these over 50% are living with obesity. Obesity prevalence is highest amongst the most deprived groups in society. This is sowing the seeds of adult diseases and health inequalities in early childhood.
- Introducing a new campaign – a call to action the population to take steps to move towards a healthier weight with evidence-based tools and apps with accessible advice on how to lose weight and maintain a healthy weight.
- Work to expand weight management services available through the NHS (to increase support capacity) publishing a 4-nation public consultation to gather views and evidence on our current ‘traffic light’ label to help people make healthy food choices.
- Introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell, consulting on our intention to make companies provide calorie labelling on alcohol, legislating to end the promotion of foods high in fat, sugar or salt (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England.

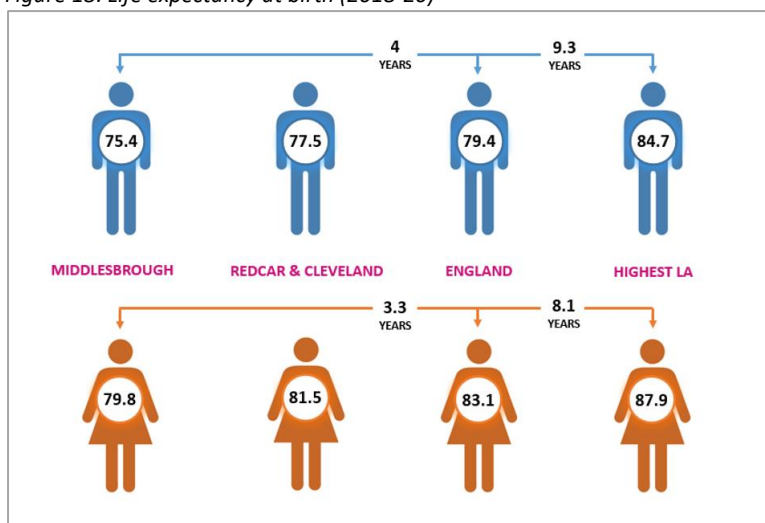
## 7.5 What are the key actions required in relation to obesity?

- Develop ways to effectively engage with the public in relation to healthy weight to assess areas of need and shape future services.
- Primary prevention campaign – a call to action the population to take steps to move towards a healthier weight with evidence-based tools and apps with accessible advice on how to lose weight and maintain a healthy weight.
- Carry out a review of the evidence from the previous Tier 2 weight management service and carry out scoping exercise to identify the potential to offer new weight support services across South Tees.
- Ongoing commitment and resource to implement the Healthy Weight Declaration in Middlesbrough and commitment to begin the process in Redcar & Cleveland.

## 8. Life expectancy & healthy life expectancy

Life expectancy at birth in Middlesbrough and Redcar & Cleveland is significantly lower than the England average, as shown in Figure 18 below. The life expectancy for Middlesbrough males is 75.4 which is 4 years below the England value of 79.4 and 9.3 years below the highest local authority in England. Redcar & Cleveland is slightly higher at 77.5 but still below the England value. Middlesbrough has the second lowest life expectancy for males for local authorities in England. Female life expectancy is also lower in Middlesbrough at 79.8 years, 3.3 years below the England value and 8.1 years below the highest local authority in England. Middlesbrough has the 4<sup>th</sup> lowest life expectancy rate for females for local authorities in England.

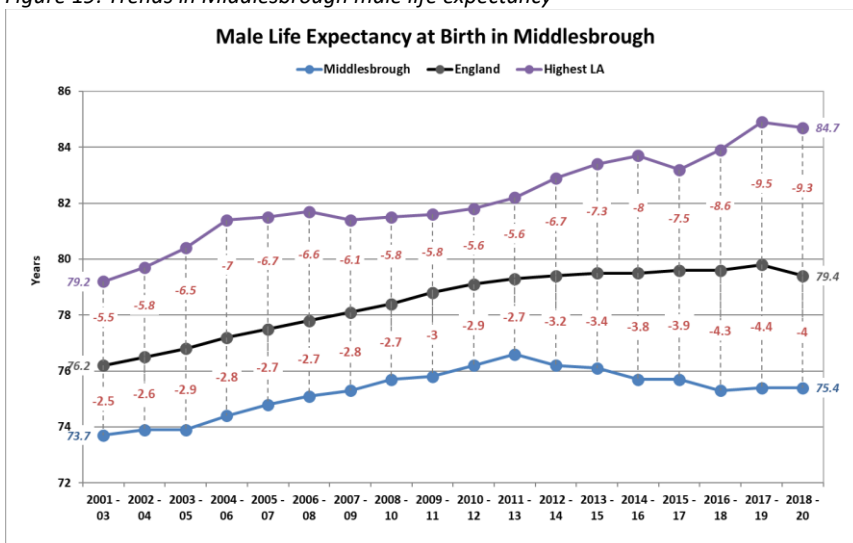
Figure 18: Life expectancy at birth (2018-20)



Source – Fingertips, OHID

The gap between the life expectancy rate in Middlesbrough and Redcar & Cleveland compared to England has been widening in recent years. Figure 19 below shows the trends in male life expectancy in Middlesbrough and since 2011-13 where the gap with England was 2.7 years, the life expectancy has reduced and the gap with England has widened to 4 years in 2018-20. Whilst the Middlesbrough male life expectancy gap has reduced, the local authority with the highest male life expectancy has seen increases over the same period.

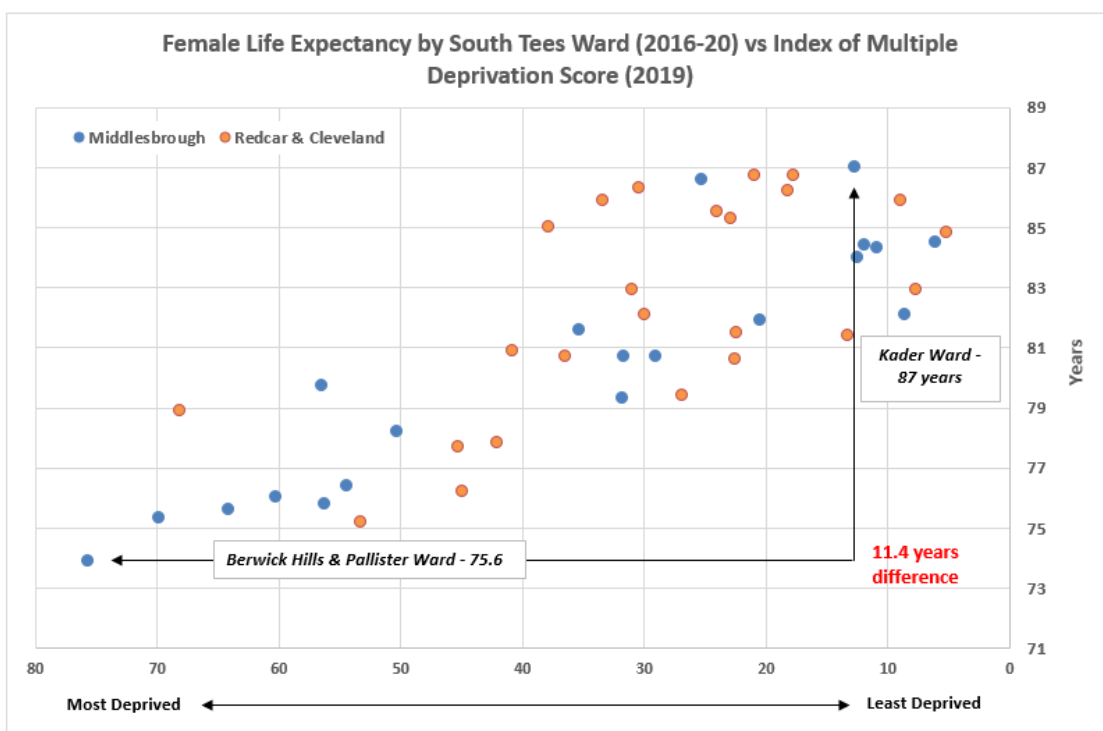
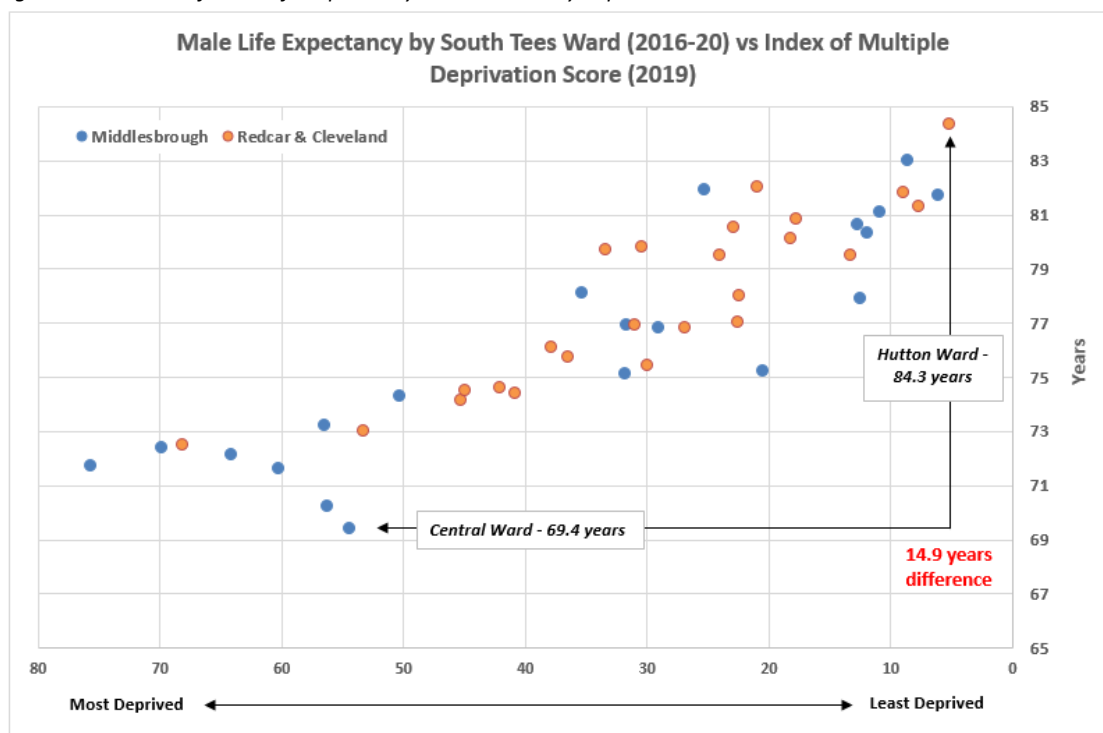
Figure 19: Trends in Middlesbrough male life expectancy



Source – Fingertips, OHID

Even though the average life expectancy is lower for males and females in Middlesbrough and Redcar & Cleveland compared to England, there is significant inequalities across the wards in South Tees. Figure 20 below shows male and female life expectancy against the deprivation deciles from the Index of Multiple Deprivation (IMD), where the lower score indicates a higher level of deprivation. There is a strong correlation between deprivation and life expectancy, particularly for males. There is a 14.9 year gap between the lowest life expectancy ward of Central at 69.4 years to the highest life expectancy ward of Hutton with 84.3 years. The gap is smaller for females but still significant at 11.4 years between Berwick Hills & Pallister at 75.7 years and Kader with 87 years.

Figure 20: Male and female life expectancy in South Tees by deprivation score

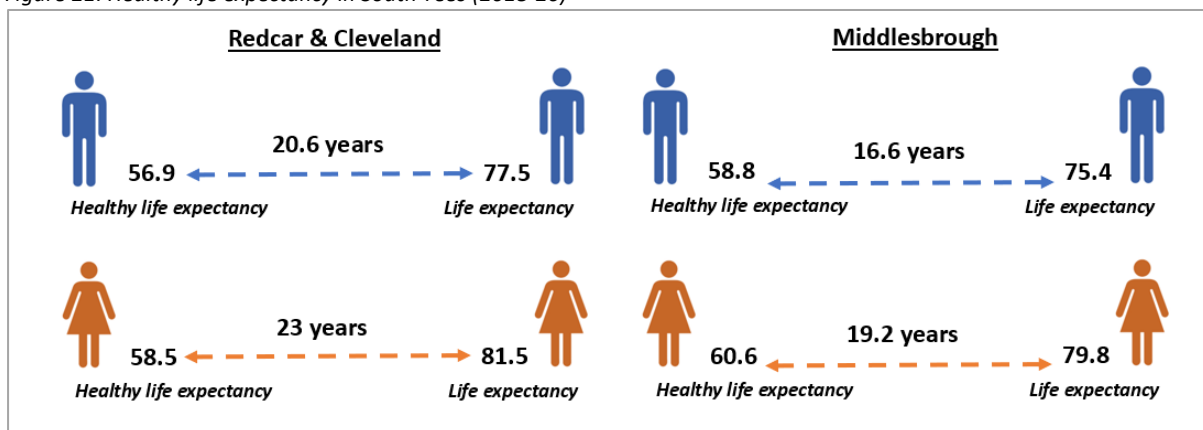


Source – Fingertips, OHID

Whereas life expectancy is an estimate of how many years a person might be expected to live, healthy life expectancy is an estimate of how many years they might live in 'good' health. The healthy life expectancy estimate is calculated using self-reported prevalence of 'Good' general health collected in the Annual Population Survey (APS).

Figure 21 below shows the healthy life expectancy rate in Middlesbrough and Redcar & Cleveland for males and females. Residents in South Tees live shorter lives than the national average and furthermore spend a smaller proportion of their shorter lifespan healthy and disability-free compared to England (63.1 for males & 63.9 for females). Healthy life expectancy for both men and women is lower in Redcar & Cleveland compared to Middlesbrough and England and is the 8<sup>th</sup> lowest for males and 21<sup>st</sup> lowest for females compared to all local authorities in England. Healthy life expectancy for women in Redcar & Cleveland reduced from 61.4 in 2015-17 to 58.5 in 2018-20.

Figure 21: Healthy life expectancy in South Tees (2018-20)



Source – Fingertips, OHID

## 9. Leading causes of premature mortality

### 9.1 What key data do we have and what are the drivers for change?

#### 9.1.1 Cause of death

ONS annual mortality statistics show the number of deaths registered annually by the underlying cause of death. Figure 22 below shows number of deaths for the top 10 causes and the percentage out of total deaths for Middlesbrough and Redcar & Cleveland for a three-year combined period between 2019 and 2021. The tables are split by all ages and those aged under 75 years old. For all ages, the top 10 causes accounted for 3,688 deaths or 77.8% of the total deaths in Middlesbrough and 3,943 deaths or 77.4% of the total in Redcar & Cleveland. Cancer is the most common cause of death, accounting for 25.6% in Middlesbrough and 27.2% in Redcar & Cleveland. Locally there are higher rates for chronic lower respiratory diseases and accidents.

For those aged under 75 years there were a total of 1,776 deaths and 1,792 deaths. This means that 37.4% of deaths for Middlesbrough were premature deaths (under 75) and 35.2% in Redcar & Cleveland were premature deaths. This is significantly higher than the national rate of 25.5% of deaths were premature deaths. For the top 10 causes there were 1,412 deaths or 79.5% of all deaths under 75 years in Middlesbrough and 1,400 deaths or 78.1% in Redcar & Cleveland. Cancer was the highest category both nationally and locally but accounting for a greater proportion compared to all ages at 32% in Middlesbrough and 35.4% in Redcar & Cleveland. There were higher rates of chronic lower respiratory diseases and accidents in South Tees and higher rates of accidental poisoning in Middlesbrough.

Figure 22: Leading causes of death – 2019 - 2021

#### All Ages

Top 10 cause of death (2019-21)	England	Middlesbrough		Redcar & Cleveland	
	%	No.	%	No.	%
Cancer (malignant neoplasms)	25.5%	1,214	25.6%	1,386	27.2%
Dementia and Alzheimer disease	11.6%	537	11.3%	524	10.3%
Ischaemic heart diseases	9.7%	457	9.6%	496	9.7%
COVID-19	8.2%	415	8.7%	371	7.3%
Cerebrovascular diseases	5.1%	195	4.1%	255	5.0%
Chronic lower respiratory diseases	4.9%	306	6.5%	330	6.5%
Influenza and pneumonia	3.6%	162	3.4%	149	2.9%
Symptoms, signs & ill-defined	2.7%	130	2.7%	162	3.2%
Accidents	2.7%	188	4.0%	169	3.3%
Cirrhosis & other diseases of liver	1.6%	84	1.8%	101	2.0%
<b>Total Top 10</b>	<b>75.7%</b>	<b>3,688</b>	<b>77.8%</b>	<b>3,943</b>	<b>77.4%</b>
<b>Total deaths all causes</b>	<b>100%</b>	<b>4,743</b>	<b>100%</b>	<b>5,096</b>	<b>100%</b>

#### Under 75 years old

Top 10 cause of death (2019-21)	England	Middlesbrough		Redcar & Cleveland	
	%	No.	%	No.	%
Cancer (malignant neoplasms)	35.6%	569	32.0%	634	35.4%
Ischaemic heart diseases	11.1%	176	9.9%	200	11.2%
COVID-19	7.4%	119	6.7%	101	5.6%
Chronic lower respiratory diseases	5.0%	142	8.0%	122	6.8%
Cirrhosis & other diseases of liver	4.2%	72	4.1%	74	4.1%
Accidents	4.2%	125	7.0%	100	5.6%
Cerebrovascular diseases	3.6%	42	2.4%	55	3.1%
Suicide and injury/poisoning	2.8%	36	2.0%	53	3.0%
Accidental poisoning	2.2%	91	5.1%	41	2.3%
Influenza and pneumonia	1.9%	40	2.3%	20	1.1%
<b>Total Top 10</b>	<b>78.0%</b>	<b>1,412</b>	<b>79.5%</b>	<b>1,400</b>	<b>78.1%</b>
<b>Total deaths all causes</b>	<b>100%</b>	<b>1,776</b>	<b>100%</b>	<b>1,792</b>	<b>100%</b>

Source – ONS

#### 9.1.2 Gap in life expectancy

Figure 23 below shows which category of cause of death are contributing most as a percentage to the gap in life expectancy between Middlesbrough and Redcar & Cleveland compared to England for the two-year period between 2020 and 2021. The graph shows the highest rates as a percentage alongside the number of excess deaths that the percentage relates to. Some causes such as external causes will have lower numbers but a higher percentage as the deaths usually occur at younger ages and thus contributing more to lowering the overall life expectancy in years.

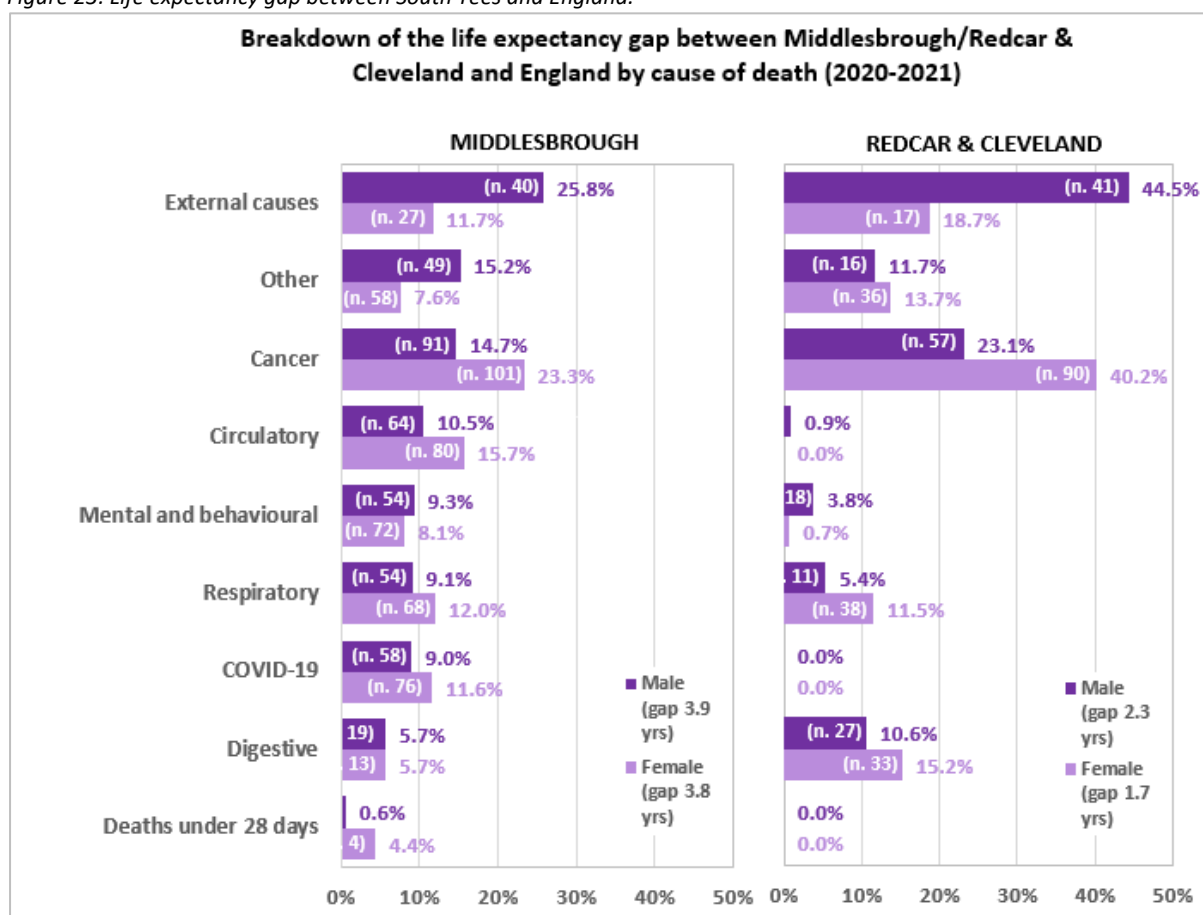
In Middlesbrough there were a total of 430 excess deaths for males and 499 excess deaths for females that contribute towards the 3.9-year life expectancy gap for males and 3.8-year gap for females when compared with England. For males, external causes (deaths from injuries, poisonings, and suicide)



contributed most to the life expectancy gap with 25.8% followed by other with 15.2% and cancer with 14.7%. For females, cancer contributed the most to the life expectancy gap with 23.3% followed by circulatory (including coronary heart disease and stroke) with 15.7% and respiratory (including flu, pneumonia, and chronic lower respiratory disease) with 12%.

In Redcar & Cleveland there were a total of 170 excess deaths for males and 214 excess deaths for females that contribute towards the 2.3 year life expectancy gap for males and 1.7 year gap for females when compared with England. For males, external causes contributed most to the life expectancy gap with 44.5% followed by cancer with 23.1% and other with 11.7%. For females, cancer contributed the most to the life expectancy gap with 40.2% followed by external causes with 18.7% and digestive (including alcohol-related conditions) with 15.2%.

Figure 23: Life expectancy gap between South Tees and England.



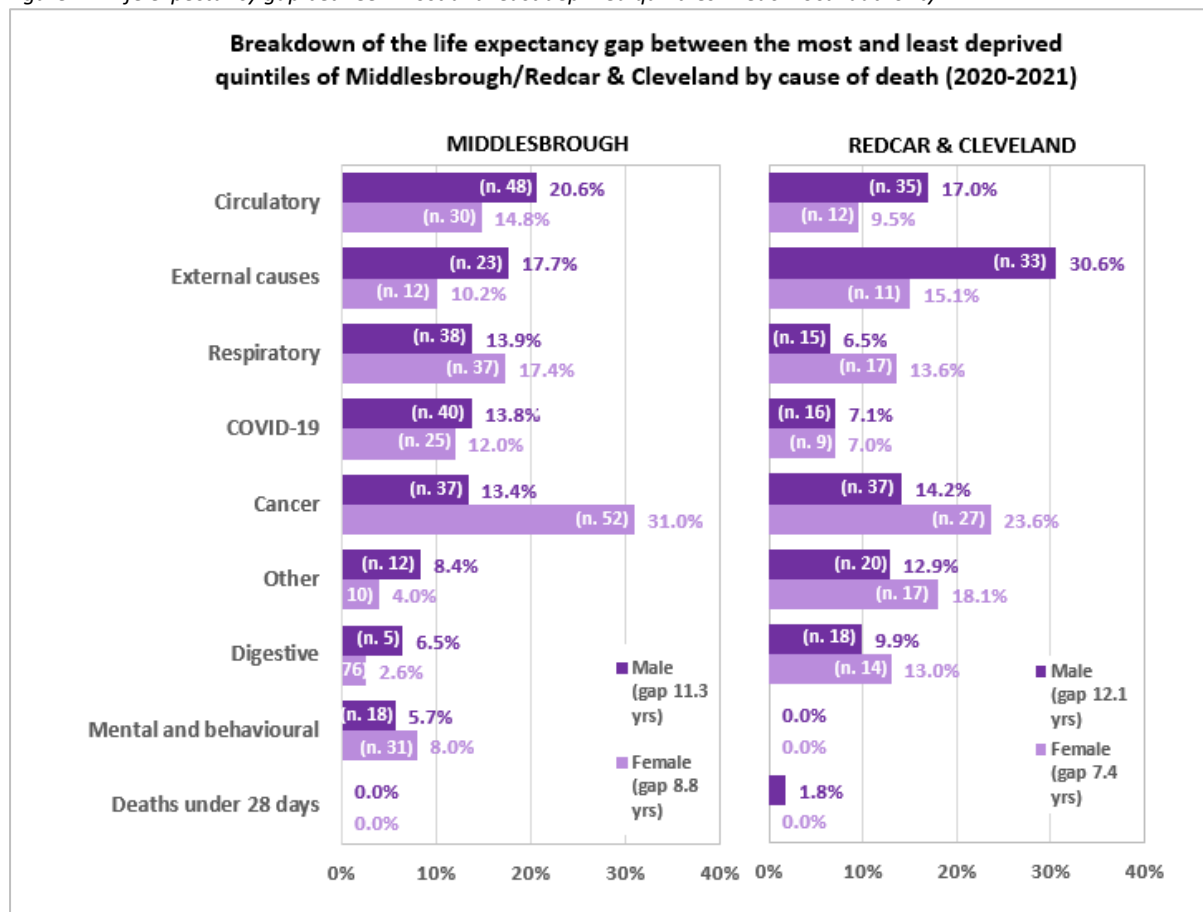
Source – Segment Tool, OHID

Available data also shows which category of cause of death are contributing most as a percentage to the gap in life expectancy between the most 20% deprived and the 20% least deprived communities within Middlesbrough and Redcar & Cleveland for the two-year period between 2020 and 2021. The graph shows the highest rates as a percentage alongside the number of excess deaths that the percentage relates to.

In Middlesbrough there were a total of 231 excess deaths for males and 202 excess deaths for females that contribute towards the 11.3 year life expectancy gap for males and 8.8 year gap for females when compared between the most and least deprived areas. For males, circulatory disease was the largest contributor with 20.6%, followed by external causes with 17.7% and respiratory diseases with 13.9%. For females, cancer contributed the most to the life expectancy gap with 31% followed by respiratory with 17.4% and circulatory with 14.8%.

In Redcar & Cleveland there were a total of 175 excess deaths for males and 107 excess deaths for females that contribute towards the 12.1 year life expectancy gap for males and 7.4 year gap for females between the most and least deprived areas. For males, external causes contributed most to the life expectancy gap with 30.6% follower by circulatory with 17% and cancer with 14.2%. For females, cancer contributed the most to the life expectancy gap with 23.6% followed by other with 18.1% and external causes with 15.1%.

Figure 24: Life expectancy gap between most and least deprived quintiles in each local authority



Source – Segment Tool, OHID

### 9.1.3 Cardiovascular disease

Cardiovascular disease (CVD), also referred to as circulatory disease is an umbrella name for conditions that affect the heart or circulation including high blood pressure, stroke, and vascular dementia. CVD as shown above is one of the major causes of deaths in the under 75s and to reduce these rates there needs to be concerted action in both prevention and treatment.

Figure 25 below shows a selection of indicators covering both prevalence and premature mortality in Middlesbrough and Redcar & Cleveland. The prevalence of CHD, stroke and hypertension in GP patient registers is significantly higher in Redcar & Cleveland compared to England. Middlesbrough rates are similar to England levels. Redcar & Cleveland’s older population as whole will contribute towards the higher rates compared to Middlesbrough where a larger proportion of the population are younger. The rates for under 75 mortalities from CVD are statistically similar to England for persons and males, however for females the rates are higher compared to England, particularly in Middlesbrough where the rate is the 16<sup>th</sup> highest nationally.

Rates for under 75 mortalities from heart disease also show higher rates in females compared to England with Middlesbrough’s rate the 15<sup>th</sup> highest for local authorities in England. Numbers of under

75 deaths for stroke are lower but as a rate locally the rates are higher compared to England but not significantly higher.

Figure 25: CVD indicators

Indicator	Period	Middlesbrough			Redcar & Cleveland			England
		Number	Value	Rank (LA)*	Number	Value	Rank (LA)*	Value
CHD: QOF prevalence (all ages)	2021/22	-	3.3%	62/151	-	4.1%	16/151	3.0%
Stroke: QOF prevalence (all ages)	2021/22	-	1.9%	69/151	-	2.5%	13/151	1.8%
Hypertension: QOF prevalence (all ages)	2021/22	-	13.0%	94/151	-	17.6%	8/151	14.0%
Under 75 mortality from CVD (persons) - rate per 100,000	2021	106	86.8	55/150	107	75.5	86/150	76.0
Under 75 mortality from CVD (males) - rate per 100,000	2021	62	103.7	90/150	69	102.4	92/150	107.7
Under 75 mortality from CVD (females) - rate per 100,000	2021	44	70.8	16/150	38	50.8	55/150	46.1
Under 75 mortality from CVD considered preventable (persons) - rate per 100,000	2021	44	35.8	46/150	45	31.0	80/150	30.2
Under 75 mortality from heart disease (persons) - rate per 100,000	2021	61	49.4	43/150	67	46.4	54/150	40.7
Under 75 mortality from heart disease (males) - rate per 100,000	2021	37	61.5	90/150	48	70.0	63/150	63.8
Under 75 mortality from heart disease (females) - rate per 100,000	2021	24	37.8	15/150	19	24.6	48/150	19.0
Under 75 mortality from stroke (persons) - rate per 100,000	2021	21	17.4	20/150	17	12.3	83/150	12.7

Compared against England

Significantly higher

Similar

Significantly lower

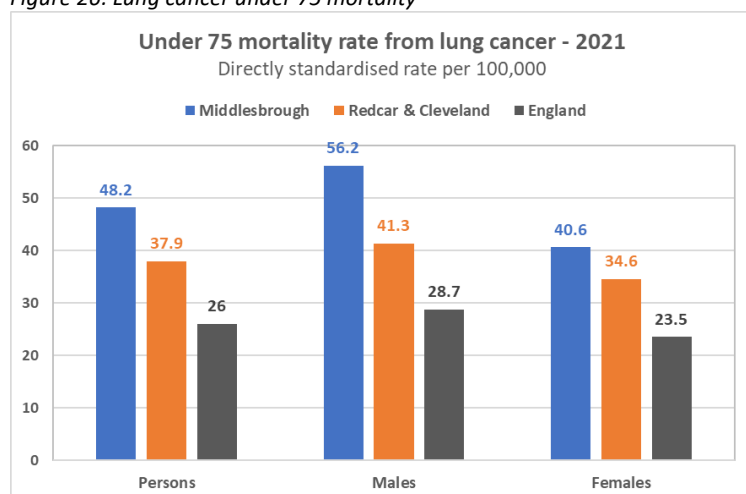
Source – Fingertips, OHID

### 9.1.4 Cancer

As shown above cancer is the highest cause of death in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment.

Lung cancer is the most common cause of cancer death locally and nationally. Of the under 75 deaths from cancer in 2021, 30% in Middlesbrough and 26% in Redcar & Cleveland were for lung cancer. Figure 26 below shows the rate of under 75 mortality from lung cancer in 2021 split by persons, males and female in Middlesbrough and Redcar & Cleveland. Both local authorities have significantly higher rates for both sex with 48.2 per 100,000 in Middlesbrough and 37.9 in Redcar & Cleveland compared to England. The Middlesbrough rate is the 3<sup>rd</sup> highest of local authorities in England. The rates are higher in males compared to females both locally and nationally, however the rates for males particularly in Middlesbrough are far higher with a rate of 56.2 per 100,000 compared to 28.7 per 100,000 in England.

Figure 26: Lung cancer under 75 mortality



Source – Fingertips, OHID

Figure 27 below shows data around prevalence and diagnosis of cancer by primary care network (PCN) in South Tees. The proportion of practice populations who are 65+ years olds are far higher in the Redcar & Cleveland PCNs compared to Middlesbrough, which contributes towards the higher incidence rates, with more cancer diagnosed at older ages. Some PCNs such as Central Middlesbrough and Greater Middlesbrough PCN have a smaller two-week wait referral ratio but have higher rates of those referrals resulting in cancer diagnosis compared to some of the other PCNs, particularly in Redcar & Cleveland, suggesting that there potentially are too few patients being referred who may be suffering with cancer.

Figure 27: Cancer indicators

Cancer Indicator	Period	Central Middlesbrough PCN	Greater Middlesbrough PCN	Holgate PCN	East Cleveland PCN	Eston PCN	Redcar Coastal PCN	England
GP registered population 65+ (%)	2022	12.8%	17.3%	17.3%	24.6%	18.5%	23.4%	18.4%
Cancer: QOF prevalence (%)	2021/22	2.3%	2.8%	1.9%	4.0%	3.6%	4.1%	3.3%
New cancer cases (rate per 100,000)	2020/21	461	418	492	604	531	655	456
Two-week wait referrals (ratio)	2017/18 - 21/22	84.6	92.2	94.0	95.4	103.8	99.8	100
Two-week wait referrals resulting in cancer diagnosis (%)	2017/18 - 21/22	7.8%	8.0%	7.6%	9.0%	7.8%	8.4%	6.8%
Emergency admissions with cancer (rate per 100,000)	2021/22	503	523	474	568	553	606	514

Source – Fingertips, OHID

### 9.1.5 Respiratory Disease

Respiratory diseases are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancers. Incidence and mortality rates for those with respiratory disease are higher in disadvantaged groups and areas of social deprivation, where there is often higher smoking incidence, higher levels of air pollution, poor housing conditions and exposure to occupational hazards.

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. Figure 28 below shows a selection of indicators covering both prevalence and premature mortality in Middlesbrough and Redcar & Cleveland for respiratory disease. The prevalence of COPD in GP patients is significantly higher in South Tees with 3.5% in Redcar & Cleveland and 2.8% in England. The Redcar & Cleveland rate is the 3<sup>rd</sup> highest of local authorities in England. Those living with COPD in Middlesbrough have a much greater rate of emergency admissions, the 6<sup>th</sup> highest nationally with a

rate of 832 per 100,000 compared to 415 per 100,000 in England. Under 75 mortality rates for respiratory disease for persons, males and females alongside mortality considered preventable are significantly higher locally compared to England. Rates in Middlesbrough for all four indicators are within the top 10 local authorities in England.

Figure 28: Respiratory disease indicators

Indicator	Period	Middlesbrough			Redcar & Cleveland			England
		Number	Value	Rank (LA)*	Number	Value	Rank (LA)*	Value
COPD: QOF prevalence (all ages)	2021/22	-	2.8%	16/151	-	3.5%	3/151	1.9%
Emergency admissions for COPD (35+) - rate per 100,000	2019/20	615	832	6/151	545	579	32/151	415
Under 75 mortality from respiratory disease (persons) - rate per 100,000	2021	62	51.5	4/150	52	35.4	37/150	26.5
Under 75 mortality from respiratory disease (males) - rate per 100,000	2021	32	55.3	9/150	25	35.1	59/150	30.8
Under 75 mortality from respiratory disease (females) - rate per 100,000	2021	30	47.8	5/150	27	35.3	23/150	22.5
Under 75 mortality from respiratory disease considered preventable (persons) - rate per 100,000	2021	40	33.1	4/150	36	24.6	25/150	15.6

Compared against England

Significantly higher

Similar

Significantly lower

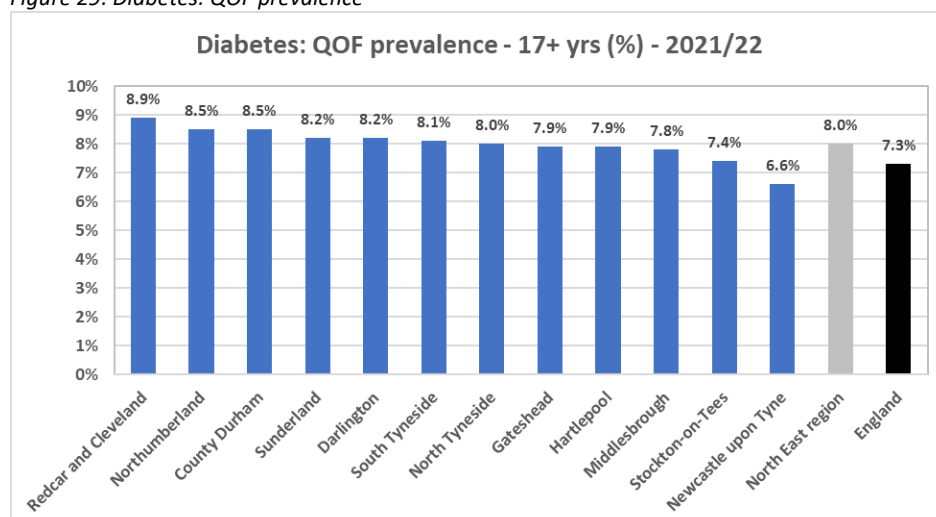
Source – Fingertips, OHID

### 9.1.6 Diabetes

Approximately 90% of people with diabetes have type 2 diabetes in the UK. If not managed correctly, diabetes can lead to a range of serious health problems such as heart disease, stroke, nerve damage, foot problems such as infections which in extreme cases can lead to gangrene and loss of limbs. The prevalence of diabetes across Tees Valley is 7.7%, with the risk of developing type 2 diabetes up to six times higher in certain Black, Asian and Minority Ethnic groups. Expanding the NHS Diabetes Prevention Programme is a key area for focusing on prevention and tackling health inequalities, however we require significantly higher engagement from Ethnic Minority communities.

Figure 29 below shows the prevalence of diabetes in GP practices in Middlesbrough and Redcar & Cleveland for those aged 17 years and over in 2021/22. As of 2021/22 there were 20,359 people living with diabetes in South Tees. As a proportion of the practice population, Middlesbrough has a similar prevalence rate at 7.8% compared to England at 7.3%. Redcar & Cleveland has a higher prevalence rate at 8.9% of the practice populations. This is the 14<sup>th</sup> highest rate for local authorities in England. Diabetes is more common in those aged over 40 years old and prevalence rates follow a similar trend to the age structure of local authorities, with lower rates in authorities that have a younger age profile.

Figure 29: Diabetes: QOF prevalence



Source – Segment Tool, OHID

### 9.1.7 Hospital admissions - diabetes

Data provided by South Tees NHS Foundation Trust business intelligence team shows the number and rate of diabetes for patients admitted to hospital for both total admissions and emergency admissions, for a period between April 2022 and September 2023. Figure 30 below shows these admissions by Middlesbrough and Redcar & Cleveland wards, with the tables ordered by the wards with the largest rate for all admissions. Rates are linked with deprivation but are not as correlated compared to smoking and obesity status. The rates are higher compared to obesity status suggesting better recording practices. Rates are higher for both local authorities for emergency admissions compared to all admissions.

Figure 30: Diabetes rate of patients admitted to hospital.

#### Middlesbrough

Ward	All Admissions			Emergency Admissions		
	Total	Diabetes	Rate	Total	Diabetes	Rate
North Ormesby	1,405	253	180.1	629	156	248.0
Coulby Newham	3,670	641	174.7	1,448	285	196.8
Park End & Beckfield	4,142	667	161.0	1,771	362	204.4
Longlands & Beechwood	5,721	850	148.6	2,431	473	194.6
Hemlington	2,879	422	146.6	1,149	222	193.2
Central	4,368	631	144.5	1,863	354	190.0
Brambles & Thorntree	4,592	642	139.8	1,878	360	191.7
Berwick Hills & Pallister	4,520	623	137.8	1,889	365	193.2
Kader	2,500	342	136.8	872	166	190.4
Ladgate	2,564	331	129.1	1,047	182	173.8
Ayresome	2,594	320	123.4	1,005	164	163.2
Park	4,141	505	122.0	1,699	280	164.8
Newport	4,415	510	115.5	1,727	297	172.0
Stainton & Thornton	1,843	210	113.9	722	126	174.5
Marthon West	2,118	237	111.9	699	103	147.4
Linthorpe	2,933	328	111.8	1,044	167	160.0
Trimdon	2,481	262	105.6	821	107	130.3
Nunthorpe	2,222	229	103.1	780	96	123.1
Acklam	2,368	227	95.9	759	92	121.2
Marthon East	2,343	208	88.8	728	97	133.2
<b>Total</b>	<b>63,819</b>	<b>8,438</b>	<b>132.2</b>	<b>24,961</b>	<b>4,454</b>	<b>178.4</b>

#### Redcar & Cleveland

Ward	All Admissions			Emergency Admissions		
	Total	Diabetes	Rate	Total	Diabetes	Rate
Zetland	2,062	403	195.4	714	139	194.7
Kirkleatham	3,840	715	186.2	1,627	404	248.3
Guisborough	3,685	595	161.5	1,537	338	219.9
Coatham	2,361	381	161.4	1,146	236	205.9
Normanby	2,974	464	156.0	1,066	184	172.6
Eston	3,917	611	156.0	1,688	332	196.7
Skelton East	1,846	286	154.9	661	142	214.8
Skelton West	1,521	233	153.2	571	110	192.6
Brotton	2,882	440	152.7	1,061	209	197.0
Teesville	3,193	476	149.1	1,159	241	207.9
Loftus	2,375	352	148.2	961	179	186.3
Dormanstown	2,311	342	148.0	871	160	183.7
Longbeck	1,753	259	147.7	559	99	177.1
West Dyke	2,916	418	143.3	958	189	197.3
Newcomen	2,407	343	142.5	868	143	164.7
St Germain's	2,976	424	142.5	1,139	208	182.6
Belmont	1,770	236	133.3	554	112	202.2
Saltburn	2,717	355	130.7	1,137	218	191.7
Grangetown	2,817	368	130.6	1,013	192	189.5
Lockwood	1,072	136	126.9	401	67	167.1
South Bank	2,354	291	123.6	894	153	171.1
Ormesby	2,827	318	112.5	1,021	167	163.6
Hutton	2,920	269	92.1	1,024	141	137.7
Wheatlands	1,848	160	86.6	521	71	136.3
<b>Total</b>	<b>61,344</b>	<b>8,875</b>	<b>144.7</b>	<b>23,151</b>	<b>4,434</b>	<b>191.5</b>

Source – South Tees NHS Trust business intelligence team

### 9.1.8 Ward variation

Figure 31 below shows a selection of indicators by ward for emergency hospital admissions for COPD, coronary heart disease (CHD), myocardial infarction (MI) also known as heart attack and stroke alongside incidences of different cancers in the population. The wards in the tables for each local

authority locally are ordered by most to least deprived. Emergency admissions are heavily weighted towards the most deprived wards in both local authorities, particularly for the smoking related conditions of COPD and lung cancer. The rate of 589 for COPD admissions in Brambles & Thorntree ward was the highest of any ward in England for the period. Incidence of all cancers are higher in the more deprived wards across both local authorities, however there is more variation for breast, bowel, and prostate cancers across the wards by deprivation.

Figure 31: Ward variation in hospital admissions and incidences of cancer

	Emergency hospital admission - standardised admission ratio (2016/17 - 20/21)				Incidence of cancer - standardised incidence ratio (2015-19)				
	COPD	CHD	MI	Stroke	All	Breast	Bowel	Lung	Prostate
<b>Middlesbrough</b>	<b>215</b>	<b>119</b>	<b>132</b>	<b>127</b>	<b>113</b>	<b>92</b>	<b>106</b>	<b>178</b>	<b>95</b>
North Ormesby	202	202	217	170	117	121	211	150	109
<b>Brambles &amp; Thorntree</b>	<b>589</b>	144	183	168	141	110		<b>360</b>	85
<b>Berwick Hills &amp; Pallister</b>	<b>402</b>	120	135	140	142	119	132	<b>299</b>	108
<b>Newport</b>	<b>437</b>	<b>242</b>	<b>276</b>	139	115	<b>50</b>	132	<b>253</b>	91
<b>Park End &amp; Beckfield</b>	<b>307</b>	126	143	133	122	101	110	<b>226</b>	92
<b>Longlands &amp; Beechwood</b>	<b>386</b>	155	170	154	133	126	128	<b>244</b>	95
<b>Central</b>	<b>353</b>	172	188	181	132	103	114	<b>274</b>	112
<b>Hemlington</b>	233	136	131	104	106	85	99	<b>170</b>	<b>60</b>
<b>Ayresome</b>	197	150	192	128	129	<b>81</b>	<b>142</b>	<b>230</b>	112
<b>Park</b>	190	88	107	142	118	99	110	<b>160</b>	122
<b>Ladgate</b>	158	73	71	145	104	85	130	<b>162</b>	82
<b>Coulby Newham</b>	151	91	88	119	104	88	<b>66</b>	<b>160</b>	79
<b>Stainton &amp; Thornton</b>	110	114	108	166	89	105		<b>129</b>	92
<b>Linthorpe</b>	128	133	138	99	107	<b>68</b>	115	<b>150</b>	95
<b>Kader</b>	59	77	88	99	87	74	<b>62</b>	<b>77</b>	101
<b>Trimdon</b>	118	104	103	77	102	104	90	<b>153</b>	104
<b>Marton East</b>	61	100	96	104	99	94	101	91	96
<b>Acklam</b>	60	88	107	114	93	93	121	96	94
<b>Marton West</b>	67	61	59	78	104	<b>57</b>	122	101	106
<b>Nunthorpe</b>	61	86	113	116	97	86	90	88	89
<b>England</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

	Emergency hospital admission - standardised admission ratio (2016/17 - 20/21)				Incidence of cancer - standardised incidence ratio (2015-19)				
	COPD	CHD	MI	Stroke	All	Breast	Bowel	Lung	Prostate
<b>Redcar and Cleveland</b>	<b>150</b>	<b>94</b>	<b>106</b>	<b>107</b>	<b>108</b>	<b>99</b>	<b>100</b>	<b>133</b>	<b>103</b>
Grangetown	386	143	187	140	121	88	157	222	42
South Bank	336	115	139	122	130	92	117	274	80
Coatham	225	107	121	134	117	129	101	187	88
Kirkleatham	232	99	119	133	108	84	67	151	116
Eston	268	111	121	138	124	90	132	213	81
Dormanstown	233	135	152	112	143	129	139	211	136
Lockwood	211	76	105	104	118	137		96	124
Loftus	132	70	85	105	100	70	88	142	105
Skelton West	203	98	107	116	100	118	62	146	108
Brotton	132	92	114	103	96	58	86	131	112
Newcomen	142	111	117	117	124	130	110	169	140
Guisborough	156	95	93	131	106	81	108	136	113
Teesville	225	97	111	128	102	86	107	133	67
Ormesby	106	107	111	85	124	130	140	124	116
Normanby	127	83	95	99	98	79	99	98	92
Saltburn	72	86	94	97	92	106	78	90	90
Zetland	119	117	161	121	125	113	124	117	116
West Dyke	85	85	102	80	102	83	92	98	110
Skelton East	96	97	104	79	99	115	61	130	66
St Germain's	104	88	89	104	106	85	127	104	110
Longbeck	81	111	95	57	94	89	91	94	121
Belmont	65	57	79	78	94	110	65	115	104
Wheatlands	40	39	34	73	79	99		51	99
Hutton	39	69	61	90	101	138	97	59	121
<b>England</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source – Local Health, OHID



## 10. Recommendations

1. Establish the governance for the Ill health prevention programme including wider partnership meetings, internal team meetings and a multi-agency action plan that delivers the key actions in relation to each topic.
2. Implement a Health Equity Audit process across all services to ensure that resources are fairly distributed and health inequalities are not being widened.
3. Ensure the use of population health data to design and commission high quality joined up prevention services (tobacco, alcohol, substances(linked) physical inactivity and obesity) that meets the needs of service users, improves access, experience and outcomes, and reduces inequalities.
4. Development and delivery of a robust primary prevention offer which includes raising awareness of health issues through communications plan that utilised local, regional and national campaigns / resources.
5. Workforce training for adult social care, children services, front line services, health care, education, in relation to MECC, brief intervention, and promotion of primary prevention campaigns and referrals to ill health prevention services.
6. Gaining insight through community consultation (especially with young people) to codesign all commissioned services to address inequalities in access, experience and outcomes.
7. Systematic approach to integration – across primary care, secondary care, public health and adult social care, exploring opportunities to pool/align budgets across health and social care and jointly commission services so they are joined up and patient centred.

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