

North Tyneside Overview of health and wellbeing

December 2023



North
Tyneside
Council

North Tyneside Health Profile

Overall

In the last two decades, many of the indicators of health and wellbeing have improved significantly in North Tyneside however they remain today on average worse than those for England. Health inequalities persist within the borough and as a result the overall picture of health and wellbeing across North Tyneside is mixed.

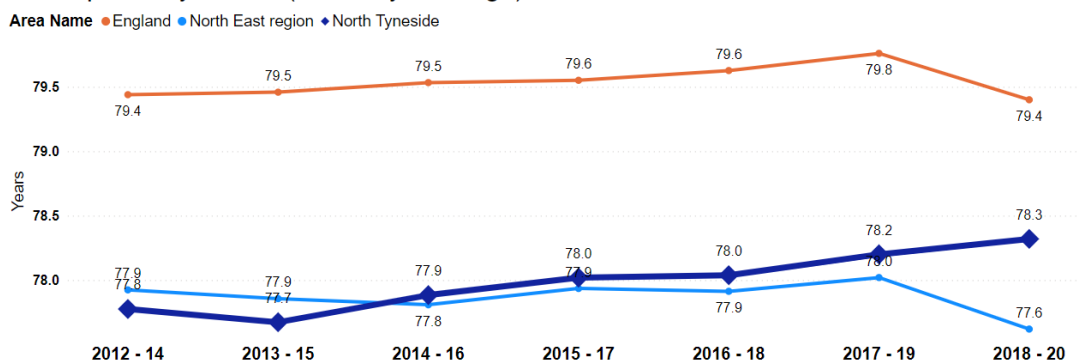
Our health is shaped by a diverse range of social, economic and environmental factors which influence people’s mental and physical health. The availability of good jobs, good and affordable homes, the neighbourhoods and communities which surround us, all shape our health. These essential conditions for good health vary, and that can constitute social inequality, an important driver of the health inequalities.

Life expectancy

Life expectancy at birth in England has generally increased over many decades, however, there have been two turning points in trends in life expectancy in England in the past decade. From 2011 increases in life expectancy slowed after decades of steady improvement. Then in 2020, the Covid-19 pandemic was a more significant turning point, causing a sharp fall in life expectancy.

Average life expectancy at birth in North Tyneside over the last decade for both males and females has stalled this is similar to the trend across England.

Life expectancy at birth (Male, 3 year range)

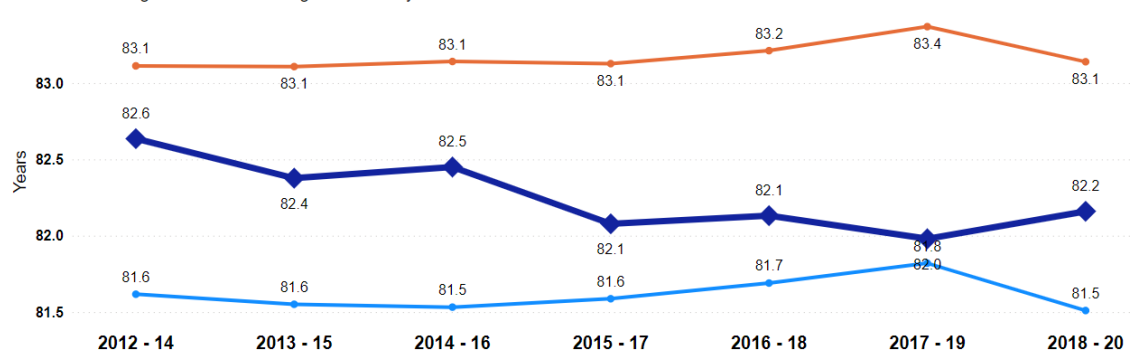


(Source: OHID Fingertips March 2024)

For males it is currently 78.3 years which is higher than the average for the North East (second best in the region after Northumberland) but is significantly lower (1.1 years) than that for England.

Life expectancy at birth (Female, 3 year range)

Area Name ● England ● North East region ● North Tyneside



(Source: OHID Fingertips March 2024)

For females is currently 82.2 years. This is better than the North East average (second best in the region after Northumberland) but is 0.9 years lower than the average for England.

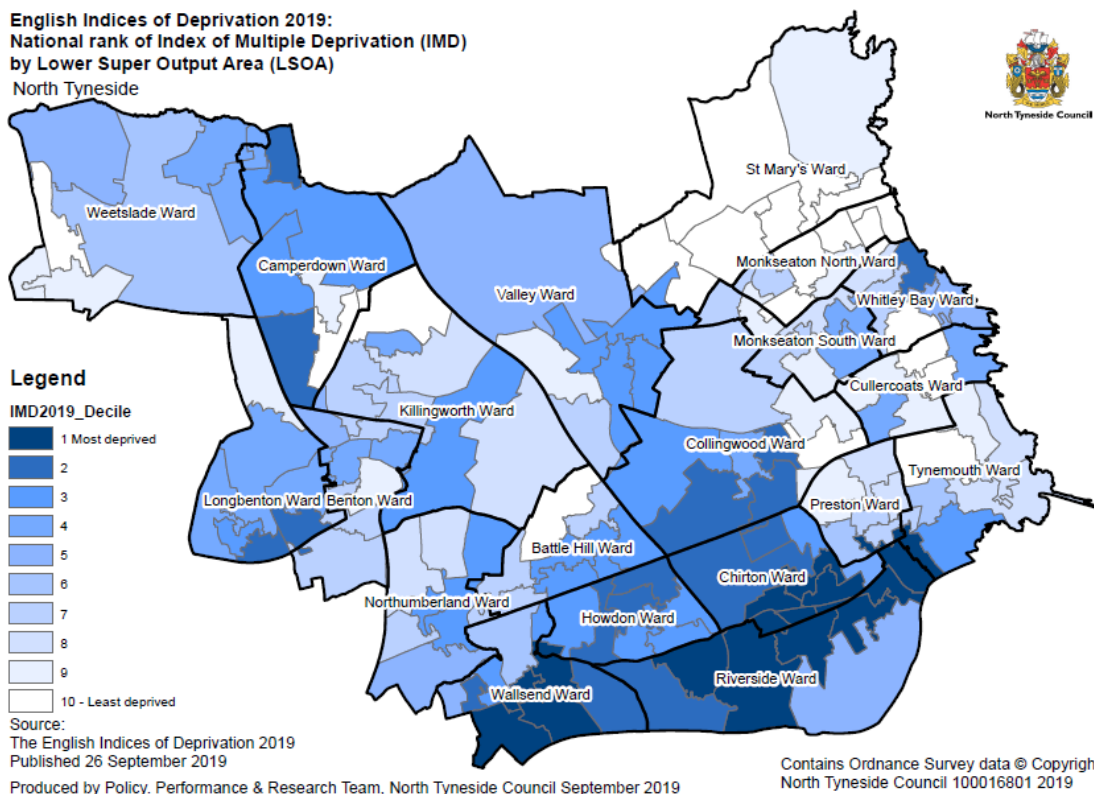
Life expectancy is closely related to the overall level of deprivation in an area. People living in less deprived areas live significantly longer than people living in deprived areas. There is a social gradient to health.

Deprivation (Index of Multiple Deprivation – IMD)

Deprivation is in a broad way to encompass a wide range of aspects of an individual's living conditions. IMD is based on seven different domains, which in turn are created from several different data sets.

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

Every neighbourhood in England is ranked, and then ordered into 10 groups, to rank the most to the least deprived. The map below highlights the IMD ranks across the borough.



The more deprived areas in both England and Wales experienced a higher number of deaths from leading causes such as heart diseases, chronic respiratory diseases and lung cancer than less deprived areas.

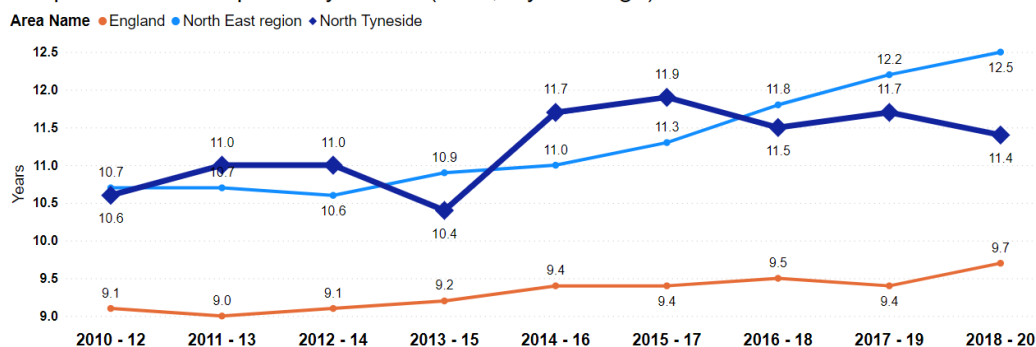
Inequalities in life expectancy

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

Males

The gap in life expectancy in the borough is 11.4 years for males.

Inequalities in life expectancy at birth (Male, 3 year range)



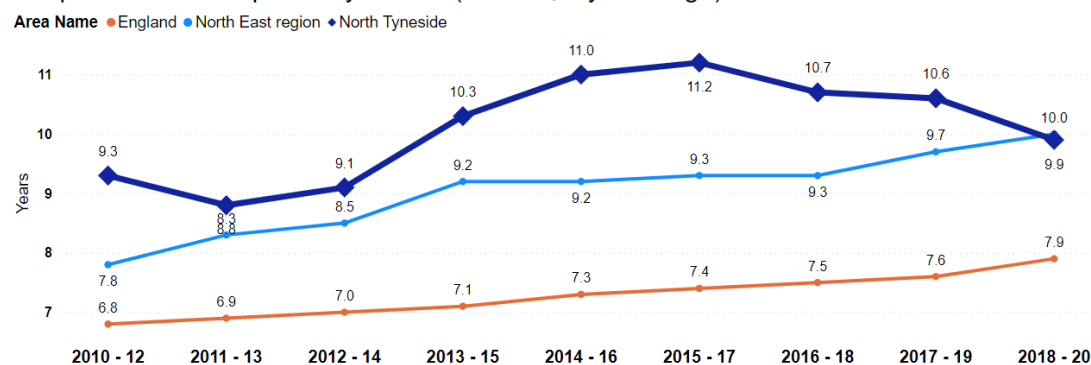
(Source: OHID Fingertips March 2024)

This has remained stable since 2014–16. The gap is lower than the average for the NE (the largest gaps are found in all Tees authorities Stockton on Tees is the largest of all at 14.5 years) and the gap is larger than that for Newcastle and Northumberland.

20.4% of the gap due to deaths from heart disease and stroke, followed by deaths from injury, poisoning or suicide.

Females

Inequalities in life expectancy at birth (Female, 3 year range)



(Source: OHID Fingertips March 2024)

The gap is 9.9 years for females lowest since 2015–17 when it was 11.2 years. Similar to the NE value (10 years) and similar to Northumberland. Stockton has the biggest gap (13.9 years).

The largest contributors are deaths from heart disease and stroke, cancer and COPD.

What conditions contribute to this gap?

Higher mortality rates (causes of death) in more deprived areas from heart disease, lung cancer, and chronic lower respiratory diseases account for around a third of the total gap in life expectancy for both sexes.

Smoking and obesity are the main risk factors for these diseases.

Although smoking prevalence in England has declined, people in the more deprived areas are still more likely to smoke than people in the least deprived areas.

Healthy life expectancy

Healthy life expectancy (HLE) can be defined as ‘a measure of the average number of years a person would expect to live in good health based on mortality rates and prevalence of self-reported good health’.

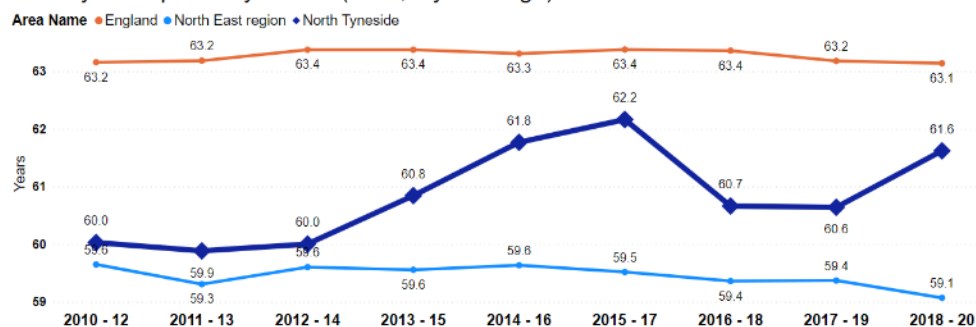
There are two components which determine the measure of HLE :

- the prevalence of self-reported good health in the population
- mortality rates

Males

For men the HLE is 61.6 years, this is the best in the NE region (followed closely by Northumberland) and statistically similar to that for England. This is a decrease from at 62.2 years in 2015–2017. England has remained stable.

Healthy life expectancy at birth (Male, 3 year range)

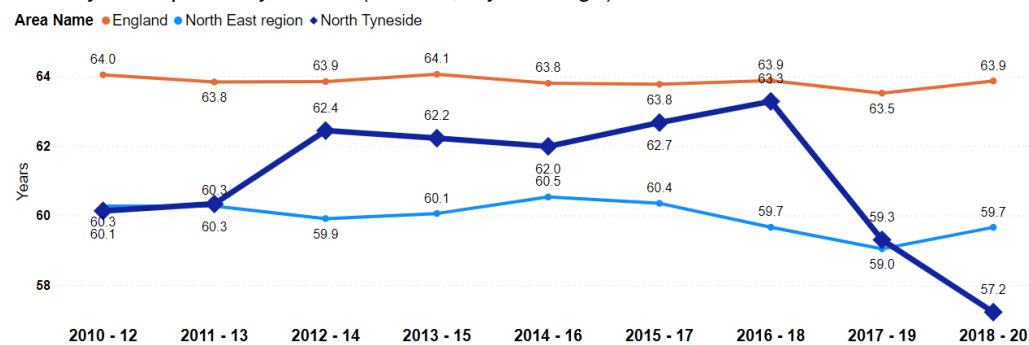


(Source: OHID Fingertips March 2024)

Females

For women it is 57.2 years, which is lower than the value for the North East (59.7 years) and for England (63.9 years). The value for North Tyneside is the second worst in the region after Sunderland. This is a decrease from 63.3 years 2016–2018. England has remained stable.

Healthy life expectancy at birth (Female, 3 year range)



(Source: OHID Fingertips March 2024)

Healthy life expectancy at birth in North Tyneside over the last decade has fallen for both males and females however the decrease for females is more significant while healthy life expectancy for England has held steady.

Inequalities

Healthy life expectancy over time, has not increased at the same rate as life expectancy so more years are spent in poor health. Not only do people living in more deprived areas have shorter life spans, they also live more years in poor health.

What may this mean?

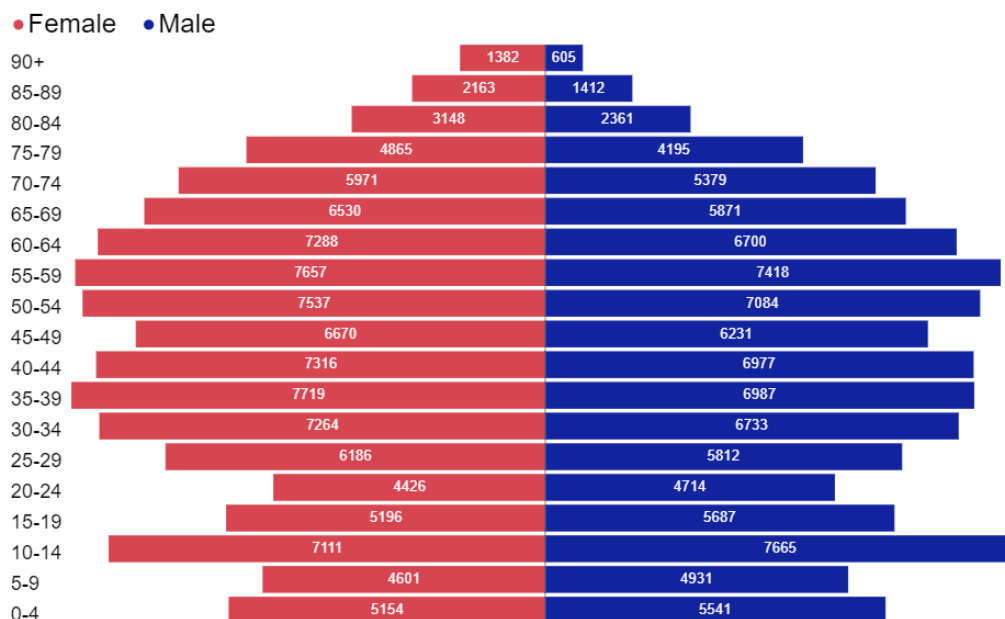
Changes in self-reported good health prevalence have a larger impact on HLE than changes in mortality rates.

Chronic health conditions and multimorbidity are the clearest drivers of self-reported poor health. Those with chronic Musculo-skeletal (MSK) conditions have over three times the odds of reporting poor health than those without. Access to treatment during the pandemic and subsequently for these conditions may further impact self-reported poor health.

Risk factors such as physical activity, smoking status, education, and household income are also associated with self-reported poor health in England and likely to have important and complex relationships with each other and physical health status.

Population pyramid

North Tyneside population by age group



(Source: ONS mid-year population estimates 2022)

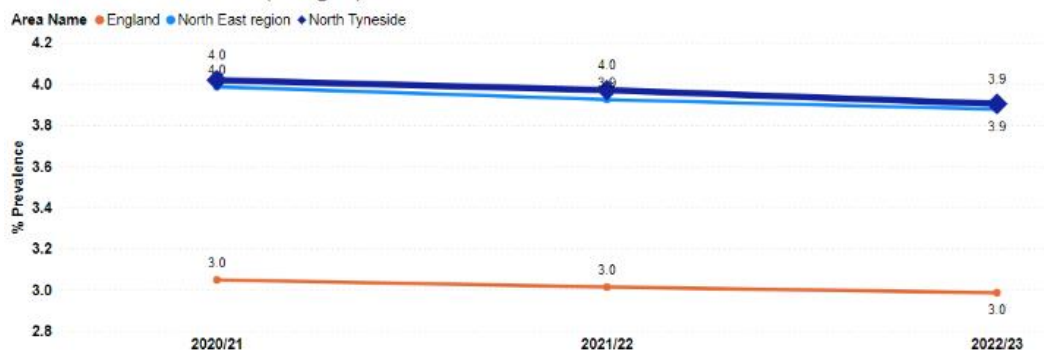
Related indicators which impact life expectancy and healthy expectancy

The indicators below are known drivers of life expectancy and healthy life expectancy and provide some insight into possible key areas which determine these outcomes. There will be separate JSNA topics to understand these indicators in detail.

Coronary heart disease (CHD)

In North Tyneside, the prevalence of heart disease is 3.9%, the same as the North East average, both are above the England average of 3.0%

CHD: QOF Prevalence (all ages)

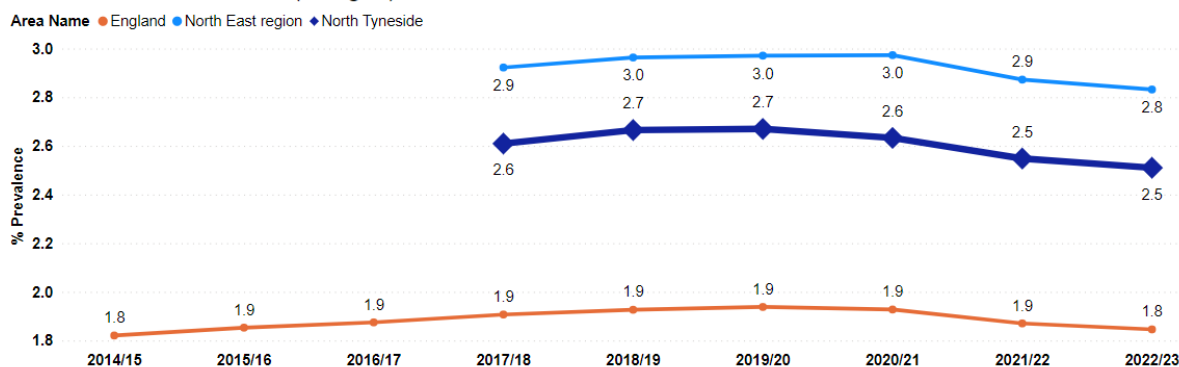


(Source: OHID Fingertips March 2024)

Respiratory disease – Chronic Obstructive Pulmonary Disease (COPD)

In North Tyneside, the prevalence of COPD is 2.5% compared with 2.8% in the North East and 1.8% in England.

COPD: QOF Prevalence (all ages)

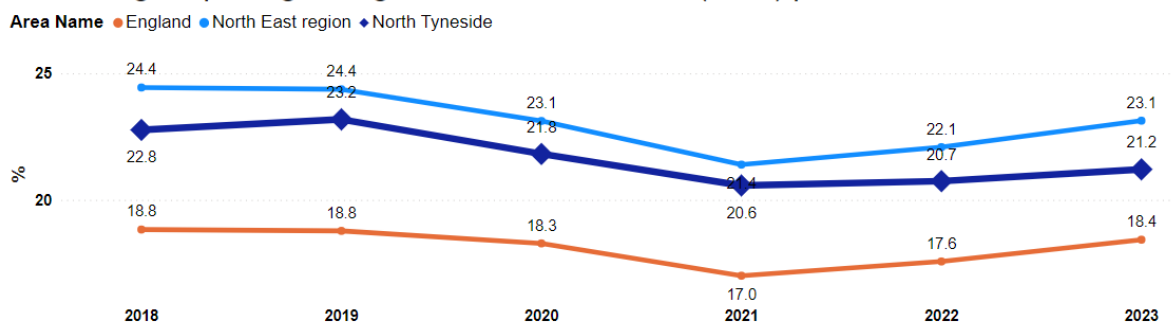


(Source: OHID Fingertips March 2024)

Musculo skeletal (MSK) conditions

In North Tyneside the prevalence of MSK is 21.2%. The North East is 23.1% and England is 18.4%.

Percentage reporting a long-term Musculoskeletal (MSK) problem



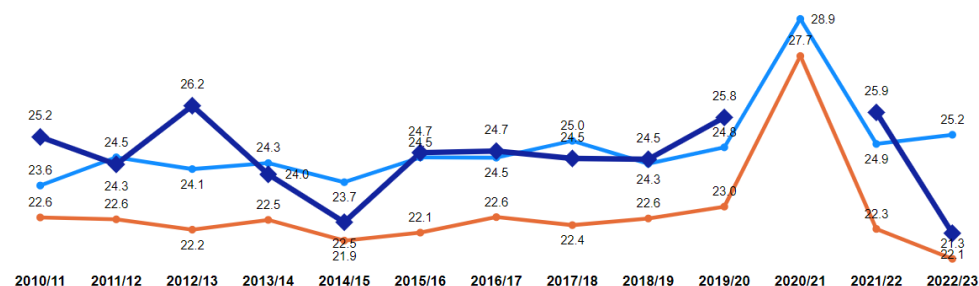
(Source: OHID Fingertips March 2024)

Overweight and obesity

In North Tyneside, the prevalence of excess weight (overweight and obese) in Reception is 22.1%, below the North East average of 25.2% and England average of 21.3%.

Reception - Prevalence of overweight (including obesity) (5-6 yrs) (%)

Area Name ● England ● North East region ● North Tyneside

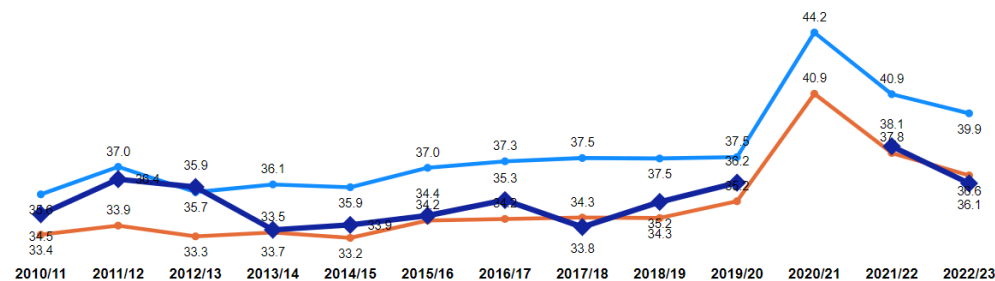


(Source: OHID Fingertips March 2024)

In North Tyneside, the prevalence of excess weight (overweight and obese) in Year 6 is 36.1%, below the North East average of 39.9% and England average of 36.6%.

Year 6 - Prevalence of overweight (including obesity) (10-11 yrs) (%)

Area Name ● England ● North East region ● North Tyneside

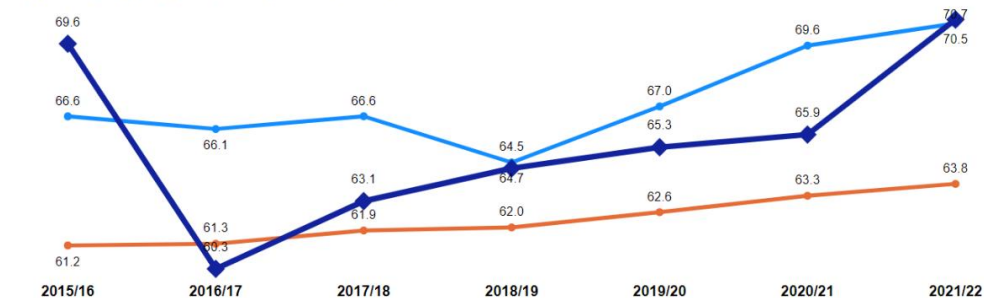


(Source: OHID Fingertips March 2024)

In North Tyneside, the prevalence of obese adults is 70.7%, above the North East average of 70.5% and England average of 63.8%.

Prevalence of adults (aged 18+) classified as overweight or obese (%)

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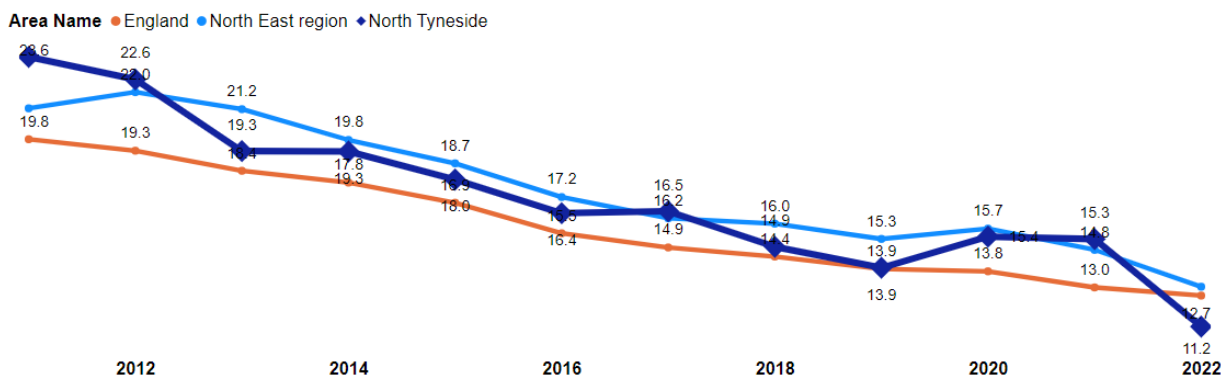


(Source: OHID Fingertips March 2024)

Smoking prevalence

In North Tyneside, smoking prevalence is 11.2% compared to 13.1% in the North East and 12.7% in England.

Smoking prevalence in adults (18+) - current smokers (APS) (%)



(Source: OHID Fingertips March 2024)

Resident median full time weekly earnings

The weekly earnings in North Tyneside are £652.40 compared to the national average of £682.60 and the North East average of £613.70.

(Source: NOMIS March 2024 Earnings by place of residence (2023))