North Tyneside Council

Director of Public Health

ANNUAL REPORT

2014/15

From Past to Present - Health and Wellbeing in North Tyneside 1970-2015

Local government has a long and proud history of promoting and protecting the public's health dating back to Victorian times

It was only in 1974 that the NHS took over most public health functions. However, after 39 years in the NHS, 2013 saw the 'return' of public health to local authorities. Two years' since the transition of Public Health back into Local Authorities and in the intervening years many things have changed in North Tyneside. My annual report considers some of the long-term trends and looks at changes, differences and improvements in health in the last 45 years.

Changes in the health status of the population occur slowly, and public health interventions generally have long-term rather than short-term impacts.
It is difficult to see progress when we look at the small incremental changes that occur from year to year. Looking back over a longer period and using information from archived Medical Officer of Health Annual Reports from the 1970s (from the administrative areas covering what we know as North Tyneside today) we have been able to identify the distinct differences in diseases, health status and public health priorities. Some of the health challenges we face now are significantly different but some of them have persisted and remain a challenge for us now and in the future.

WENDY BURKE
Acting Director of Public Health, North Tyneside Council
January 2016

OUR PLACE
1970

LOCAL AUTHORITY ADMINISTRATIVE AREAS

The four Local Authorities were led and managed by a Mayor, Aldermen and Councillors.

Tynemouth County Borough Council:
Covered: Tynemouth, North Shields, Percy Main, Preston, Chirton, East Howdon, New York, Moor Park, Chirton Grange, Marden and Cullercoats.

Wallsend Borough Council:
Covered: Wallsend, Willington Quay and Howdon – boundaries were from the river and up to the Coast Road.

Longbenton Urban District Council:
Covered: Benton, Forest Hall, Palmersville, Killingworth, Benton Square, Holystone, West Allotment, West Moor, Burradon, Annitsford, Dudley, Seaton Burn, Fordley, Wideopen and part of Hazlerigg.

Whitley Bay Borough Council:
Covered: Whitley Bay and Monkseaton up to Seaton Sluice and including St Mary's Island.

OUR PLACE 1970

In 1970 Local government had a key environmental role in housing, slum clearance, inspection of factories and air quality which conferred a major role in 'shaping local places'.

There was heavy focus on clean air and all four Local Authorities were delivering the Smoke Control Programme. There were slum clearance areas making way for new and improved houses across the Borough.

37.6% of the population lived in Council Housing (25,976 rented from the Local Authorities out of 69,079 total households).

All four Local Authorities had housing as a key priority in the 1970s, in addition to improving the general amenities and living conditions for residents.

"The development of a comprehensive council and private estate in Battle Hill is now almost complete. The 1970s saw the development of the first warden controlled flats for older people. Records show that initially "these were viewed with suspicion as being another example of the 'institution' but, with the settling in of the first residents, the flatlets are now a great success". *

In Tynemouth the total housing stock for the Borough Council was 24, 662 and 31% of these were Council Houses. The housing stock was undergoing extensive improvements and there were new building programmes.

* Source: Borough of Wallsend (1970) Annual Report of the Medical Officer of Health.

OUR PLACE
1970

"The recent Council estate built in Percy Main is of a particularly good design and layout, incorporating pedestrian ways, green spaces and self contained gardens.

On the other hand, dwellings on the South Meadow Well, although modernised about ten years ago still lack some of the basic amenities, and are not up to standards."

Source: County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

The FORUM shopping centre provided one of the largest integrated shopping precincts in the North-East enjoying a prominent site in the centre of Wallsend.

The design provided shoppers with the facility to shop in safety away from vehicular traffic in the busy streets surrounding the development.

"The development is as attractive at night when illuminated, as it is during the daylight hours".*

* Source: Borough of Wallsend (1970) Annual Report of the Medical Officer of Health .

OUR PLACE 2015

There is now one single Borough Council in 2015, with an Elected Mayor, Cabinet and Elected Councillors.

Today, local public and environmental health departments continue to be involved not only in food and air quality, but also housing, urban planning, transport and other policies that affect environmental and social determinants of health.

The proportion of people living in Council Housing has decreased to 16.0% (14,610 rented from the Local Authority out of 91,295 total households. 2011 Census).

OUR PLACE 2015

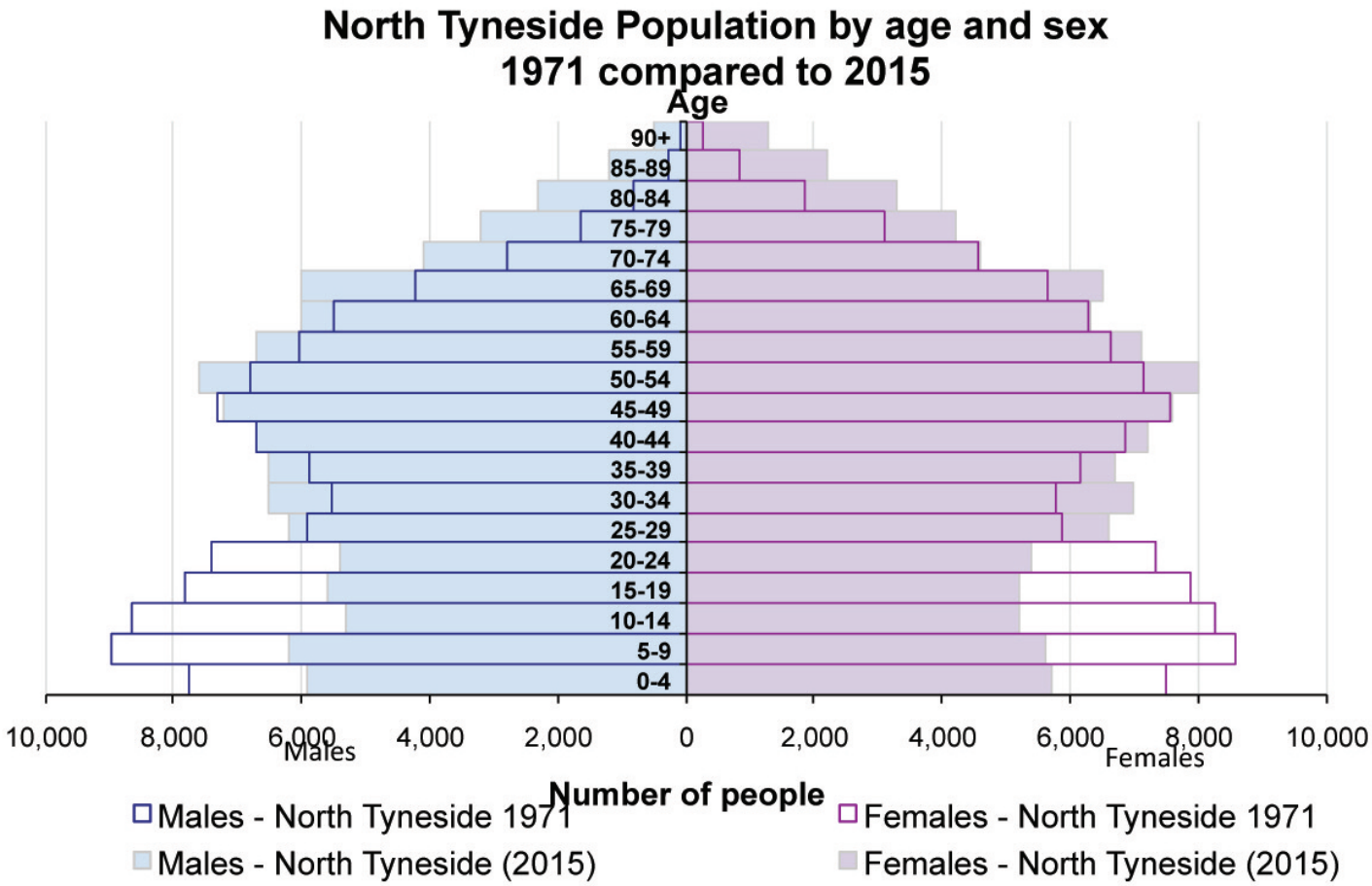
North Tyneside now has four main retail centres in the towns of Wallsend, North Shields, Whitley Bay and Killingworth and a further seven district centres at Tynemouth, Battle Hill, Collingwood Centre, Forest Hall, Longbenton, Monkseaton and Whitley Lodge. We also have two large retail parks at Silverlink and the Royal Quays.

Housing is still a priority for the Local Authority, in particular keeping people independent in their own homes. Retirement housing in 2015 has changed hugely since the 1970s.
The Authority's North Tyneside Living scheme provides modern and independent living homes for residents aged over 60.
They are very different to traditional sheltered accommodation being contemporary and stylish; but also thoughtfully and sensitively adapted to make life easier for our residents and enable them to keep their independence. There is also a therapy room/beauty salon and a guest apartment where visiting family and friends are able to stay.

THE POPULATION 1970-2015

Figure 1

Total population
1971 - 207,920
2015 - 204,900



Source data: ONS 2012-based Subnational Population Projections and 1971 Census

BIRTH RATES 1970-2015

There are interesting differences in recording births in 1970 the reports recorded the number of illegitimate births.

The average age of being a parent in North Tyneside in 1970 was 26 years.

The average age of being a parent in North Tyneside in 2015 was 30 years.

The birth rate reduced from 14 per 1000 in 1970 to 11 per 1000 in 2015.

In 2015 illegitimate births are no longer recorded, however conception rates in women aged 18 and under are recorded.

BIRTH RATES 1970-2015

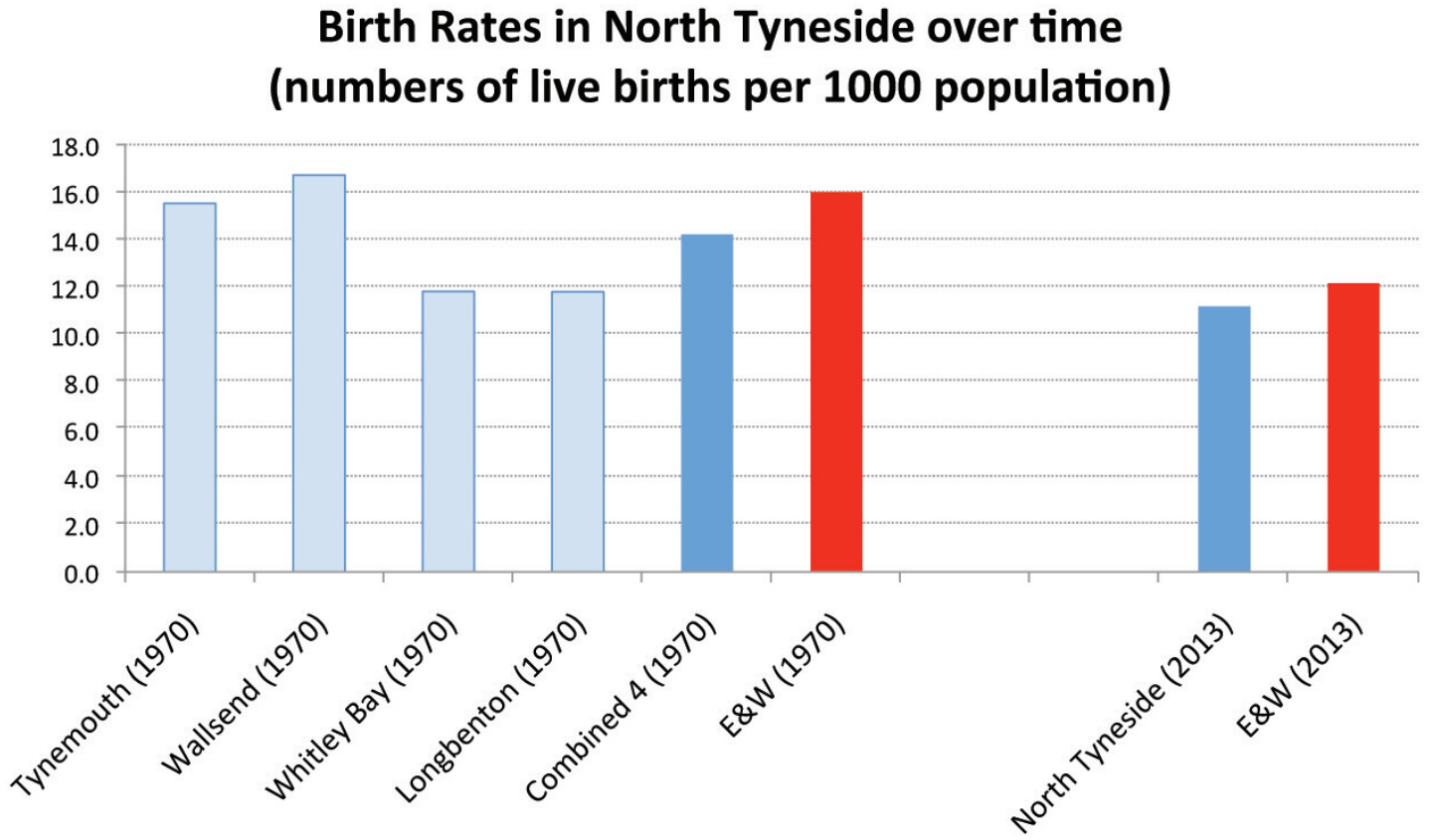


Figure 2

Source: 1970 Annual Reports of the Medical Officer of Health and Office of National Statistics.

OUR PEOPLE
1970

LIFE IN 1970...

"You smoked heavily. You missed out on university. You didn't take foreign holidays. You didn't have a car. You had a job in a factory. And you were likely to die at 68".

Source: Social Trends, No. 40, 2010 Edition. Office of National Statistics.

The population has changed dramatically in the last 45 years as the population pyramid on page 8 demonstrates.

In 1970 there were a greater proportion of young people in North Tyneside aged 24 and under and far fewer people living over 65 and into older age.

In 1970 there were only 4000 people over the age of 80 years compared to nearly 10,500 people over the age of 80 years in 2015.

As well as the population structure the way people dress has changed! But more importantly the way they live their lives is almost unrecognisable. In the last 40 years technology has changed every aspect of our lives. In a relatively short space of time, we've seen our work and leisure time completely transformed. The pace of innovation has been incredible.

OUR PEOPLE
2015

LIFE IN 2015...

"During the course of four decades, our lives, while similar in broad outline, have changed in a myriad subtle ways: we are living longer, being educated for longer, being alone more, taking more holidays and are healthier in some ways (fewer of us smoke) but are less healthy in others (more of us are obese)".

Source: Social Trends, No. 40, 2010 Edition. Office of National Statistics.

North Tyneside's population has undergone a 2.5% reduction since 1970. This is due to a lower birth rate, urban decline and unemployment in the 1970s and 1980s and outward migration of businesses and people.

The ageing population in North Tyneside should be regarded as one of our greatest achievements, because the trend reflects the significant advances in the quality of the environment, education, living conditions and advances in healthcare.

OUR ECONOMY 1970

In terms of the economy the 1970s were a time of austerity, manufacturing was beginning to decline; although there were still some collieries open and people were still employed in the shipyards. Most people were employed under the manufacturing industries category, with the remainder being in technical and distributive trades. Records show that in North Shields and Wallsend there were 134 manufacturing firms in business in 1973.

"1,800 men were employed in the North Shields shipyards in 1971. Apprenticeships have been cut back this year, as they have throughout the whole of the Swan Hunter Group."

Source: County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

The 1971 Census showed that 5,090 North Tyneside residents or 5.5% of our population were unemployed. (Office of National Statistics)

"Whitley Bay continues in popularity as a holiday resort and has excellent rail and bus connections to and from all parts of the country. Fine golden sands stretch for nearly two miles."

Source: Borough of Whitley Bay (1970) Annual Report of the Medical Officer of Health and the Chief Public Health Inspector.

OUR ECONOMY 2015

There are some remains of North Tyneside's industrial heritage for example the extensive redevelopment of Swans Shipyards in Wallsend. The redevelopment will see a hub for the offshore, renewable energy and advanced engineering sectors. However, in 2015 the nature of employment and the types of jobs people do has changed since the 1970s. Many more people are office based in service industries such as call centres.

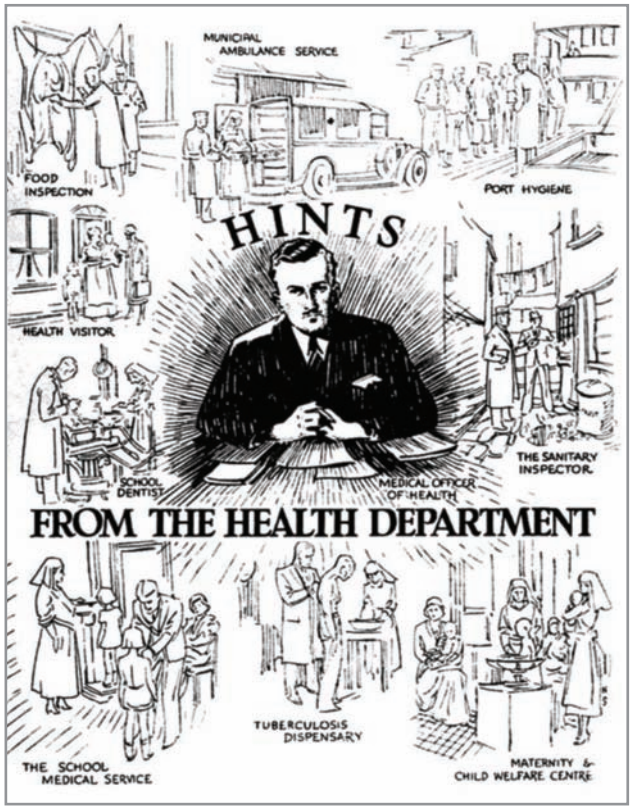
North Tyneside is also home to leading examples of innovative, people-friendly business parks, including Cobalt, the largest and most successful office park in the UK, offering over 2 million sq ft of office space. North Tyneside has among the best industrial and office space in the UK, fantastic transport links and low commuting times, an award-winning coastline, great schools, housing and much more.

The number of firms based in North Tyneside has grown considerably in recent years, and currently stands at 4,965, with 423 new businesses starting up in the borough in the last year alone.

The 2011 Census showed that 7,304 North Tyneside residents or 7.0% of our population were unemployed. (Office of National Statistics)

Whitley Bay Seafront Masterplan will see some £30m worth of development and investment along the borough's popular stretch of coastline.

PUBLIC HEALTH RESPONSIBILITIES 1970-2015



The Local Public Health System: the Role of the Director of Public Health

DH Department of Health

The DPH will:

- be jointly appointed by the relevant local authority and Public Health England and employed by the local authority with accountability to locally elected members and through them to the public
- be the principal adviser on all health matters to the local authority, its elected members and officers, on the full range of local authority functions and their impact on the health of the local population
- play a key role in the proposed new functions of local authorities in promoting integrated working
- Jointly lead the development of the local Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy (with Directors of Adult Social Services and Directors of Children's Services)
- continue to be an advocate for the public's health within the community
- produce an authoritative annual report on the health of the local population

PUBLIC HEALTH RESPONSIBILITIES 1970-2015

Leadership for health and wellbeing in 1970 was the responsibility for the Medical Officer for Health. In 1970 the positions were filled by Dr Hurman (Wallsend), Dr McArther Dowson (Tynemouth) and Dr McNaught Cubie (Whitley Bay and Longbenton). They each had an obligation to produce an annual report to the Mayor, Alderman and Councillors of the Council in accordance with the Department of Health and Social Security Circular 1/71.

The Medical Officer for Health's responsibility for population health and services, has some similarities with the current day Director of Public Health role in that there was a range of specified duties, spanning health education, prevention and treatment of diseases, maternity and child welfare services, immunization programmes and community care for older people and environmental health. The difference in 1970 in local government health departments was that they employed a much greater range of staff and employed clinical medical officers, health visitors, school nurses, district nurses, municipal midwives, dental officers, the ambulance service, medical welfare officers, home helps and public health inspectors.

There was a clear focus on tackling communicable diseases, maternal and child health and health service administration.

Local Authorities have a markedly different public health role in 2015 they are required to commission public health services traditionally delivered by the NHS, including sexual health and individual health checks. Many of the responsibilities that were transferred to the NHS remain with the NHS such as the ambulance service. Directors of Public Health need to ensure public health priorities remain embedded across other local organizations, such as primary care working with clinical commissioning groups (CCGs), and improving the strategic coordination of commissioning across NHS, social care and related services through the leadership of Health and Wellbeing Boards. The main mechanisms to foster local joint working include the development of joint strategic need assessments and health and wellbeing strategies. Directors of Public Health also work closely with national bodies such as Public Health England to deliver public health services locally. Child and maternal health remains a priority.

INFANT MORTALITY 1970-2015

"The number of deaths recorded during the year was 29 and, although this compares favourably with 35 deaths in 1969, the figure remains considerably in excess of the national average".

Source: County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

In 1970 high infant and child mortality was driven by the prevalence of acute and infectious diseases.

The highest rates were in the Tynemouth area. The infant mortality rate in 1970 in North Tyneside was higher than the England and Wales rate.

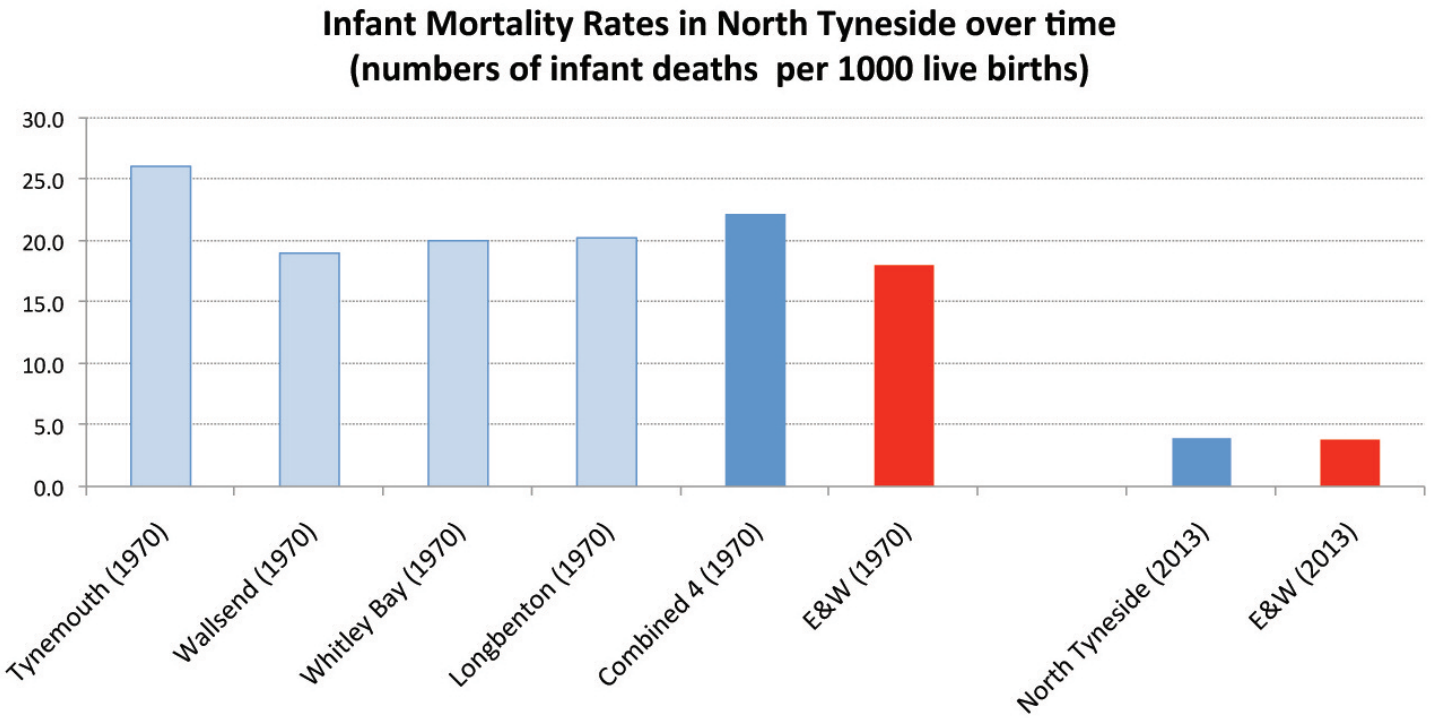
In the last 45 years there has been a drastic reduction in the infant mortality rate and North Tyneside's rates are not significantly different to the England and Wales rate today.

Infant mortality is often used as a major indicator of the health of a population. The reduction in infant mortality has been cited as the single greatest factor contributing to increased life expectancy over the past 100 years.

Reduction in infant mortality is largely due to improved living conditions, diet and sanitation, birth control, advances in medical science and the availability of healthcare.

INFANT MORTALITY 1970-2015

Figure 3



Source: 1970 Annual Reports of the Medical Officer of Health and Health and Social Care Information Centre (HSCIC)

LIFE EXPECTANCY 1970-2015

Life expectancy has improved dramatically. While the 1970 annual reports do not report life expectancy the graph (figure 4) from the Office of National Statistics shows very clearly the advances that have been made nationally over the last 100 years.

Life expectancy has increased from 68 years in 1970 to 78 for men and from 75 in 1970 to 83 for women.

The gap between North Tyneside and England has closed in recent years and life expectancy in the Borough is very similar to the figure for England for men and women. However healthy life expectancy in North Tyneside is lower than the England average. There are also inequalities between the most and least deprived areas in the borough.

	Average Healthy Life Expectancy	Average Life Expectancy	Gap between the most and least deprived areas
Males	59.9 years	78 years	11 years
Females	61 years	83 years	9 years

LIFE EXPECTANCY 1970-2015

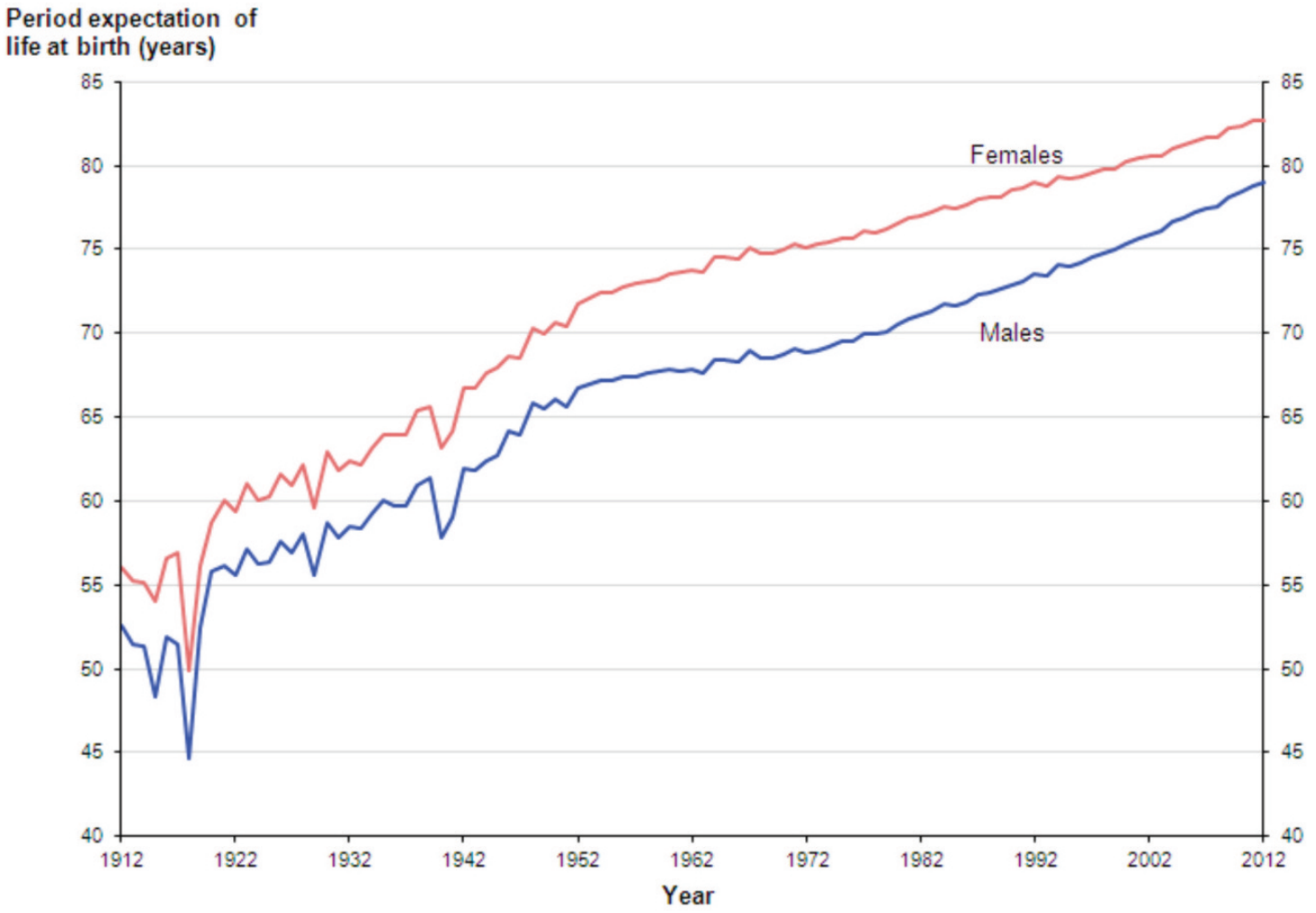


Figure 4

Source:ONS

MORTALITY
1970-2015

The overall health status of the people of North Tyneside has changed since the 1970s, but some similarities remain.

The main causes of death in North Tyneside then and now are cardiovascular disease (CVD) and cancer. While the causes of death have stayed the same over the last 40 years, the proportions have changed significantly as seen in Figure 5 on page 22.

There has been a dramatic reduction in premature deaths (deaths under 75 years) from CVD (figure 6, page 23) and research suggests the large reductions in mortality from heart disease has mainly been driven by a reduction in risk factors, notably smoking and the impact of lipid lowering drugs (statins). Despite these advances CVD remains a leading cause of premature death and illness today. Many residents are living with chronic disease and impaired quality of life and require support and care from health and social care services.

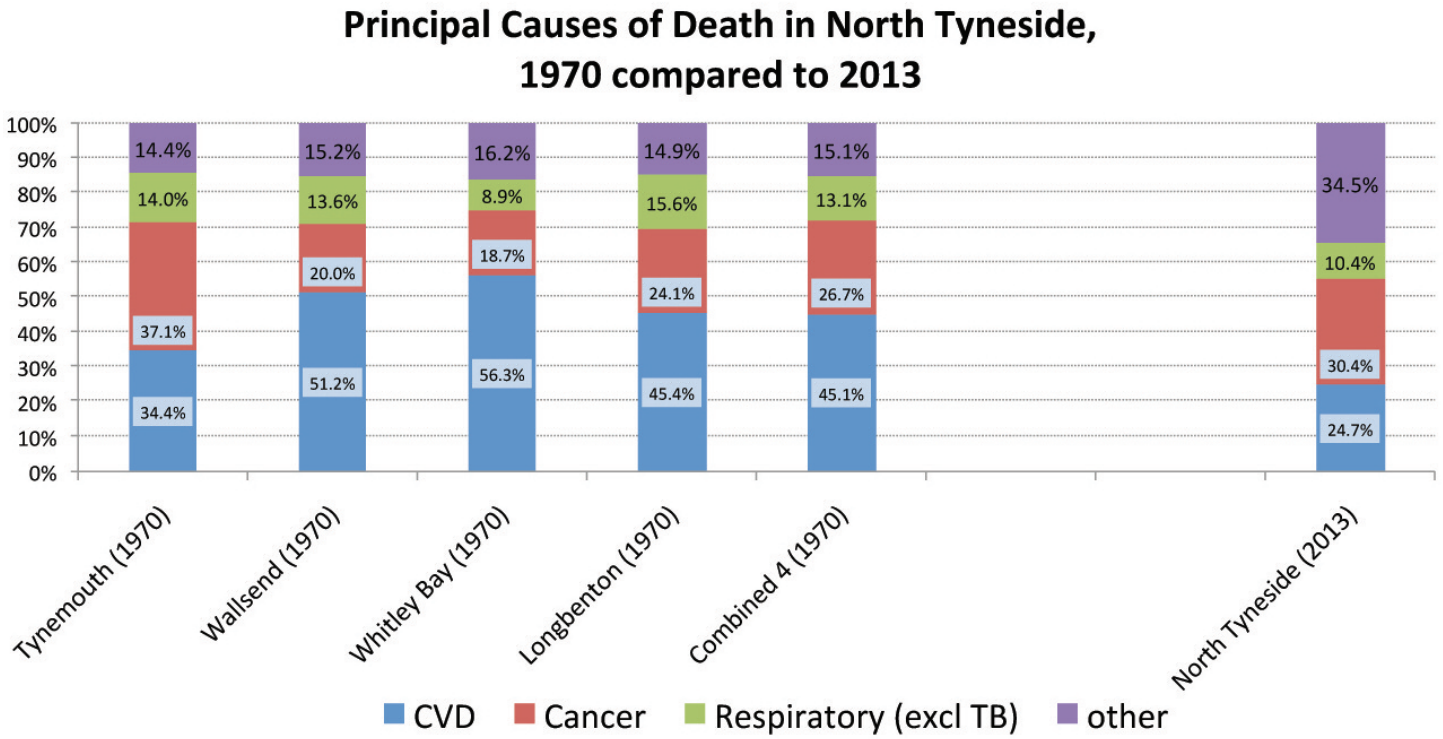
Cardiovascular disease (CVD) is the collective term for all diseases affecting the hear and blood vessels and is often referred to as heart disease. CVD problems result in chronic conditions that develop or persist over a long period of time, as well as acute events.

The premature death rate from cancer has fallen since 1970 as more people are surviving cancer, but it has not been as dramatic as the reduction in premature deaths from CVD (figure 7, page 24). The proportion (figure 5, page 22) of people dying from cancer has increased and this is largely due to lifestyle factors.

Cancer and CVD are also associated with a large burden of preventable illnesses today. Public health initiatives focus on improving healthy lifestyles by encouraging people to follow a healthy, balanced diet, avoid smoking, reduce alcohol consumption, control their blood pressure, lower their blood cholesterol if necessary, exercise regularly and, if they are diabetic, maintain good control of blood glucose.

MORTALITY
1970-2015

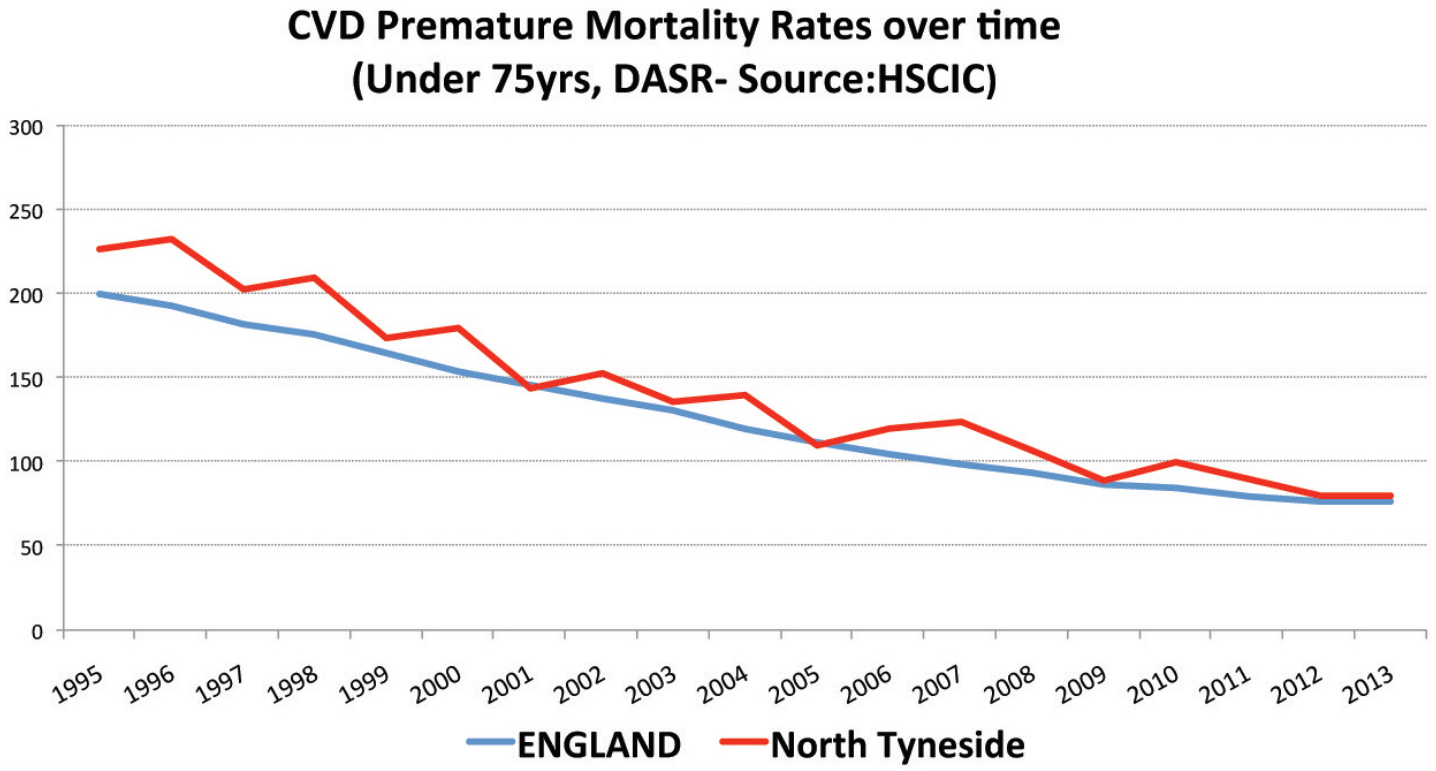
Figure 5



Source:2013 Mortality data. Health and Social Care Information Centre (HSCIC)

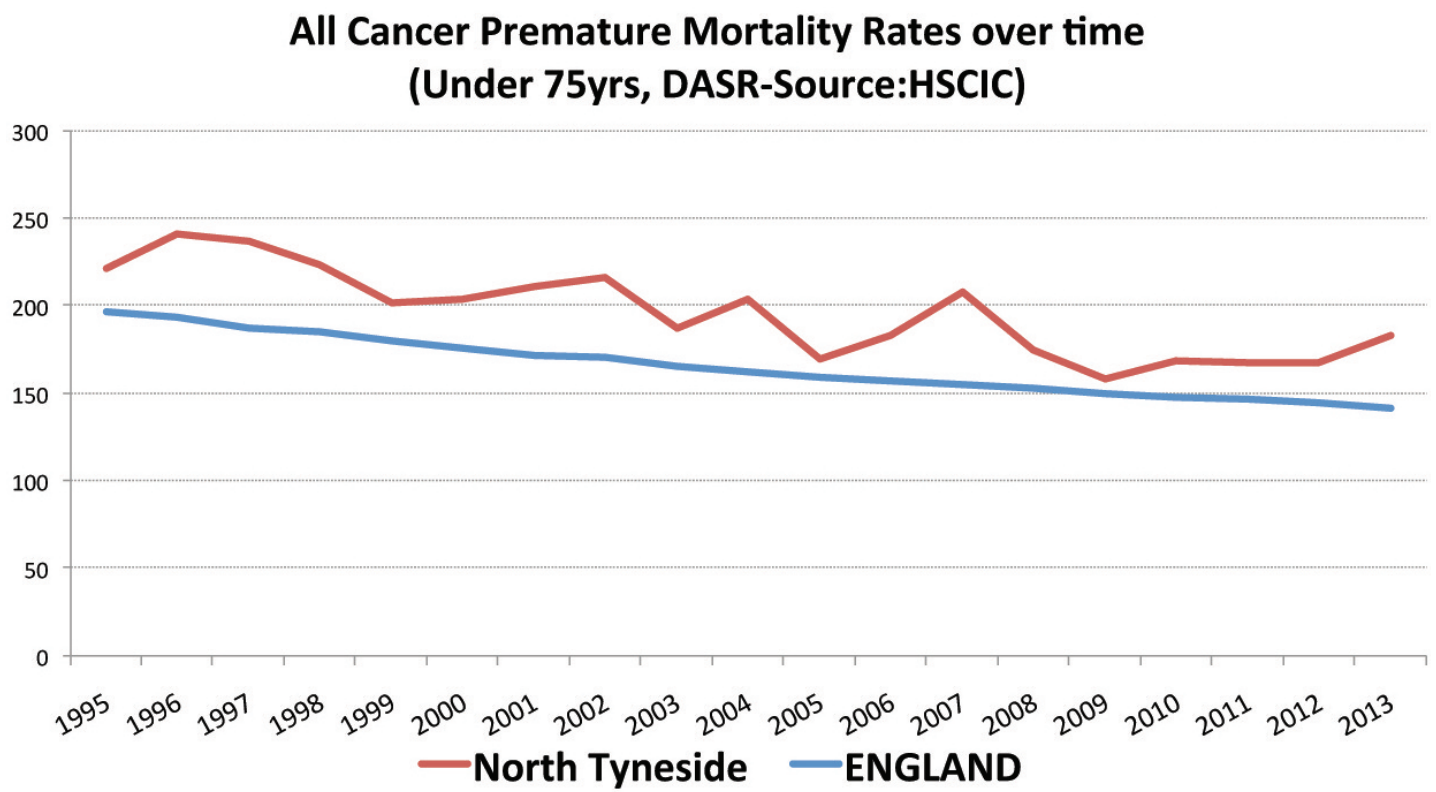
MORTALITY
1970-2015

Figure 6



MORTALITY
1970-2015

Figure 7



PUBLIC HEALTH PRIORITIES 1970-2015

When we look at public health today, we can see stark changes in where we focus our efforts compared to the 1970s.

In the 1970s there was a great deal of focus on the improvement of living conditions for the population of North Tyneside, and the increased control of infectious disease such as measles and TB was identified as being responsible for the reduction in mortality rates.

"The voluntary County Borough of Tynemouth Tuberculosis Aftercare Committee continued to carry out very good work during the year, and extra nourishment was granted to necessitous cases in the form of milk, eggs and other provisions'.

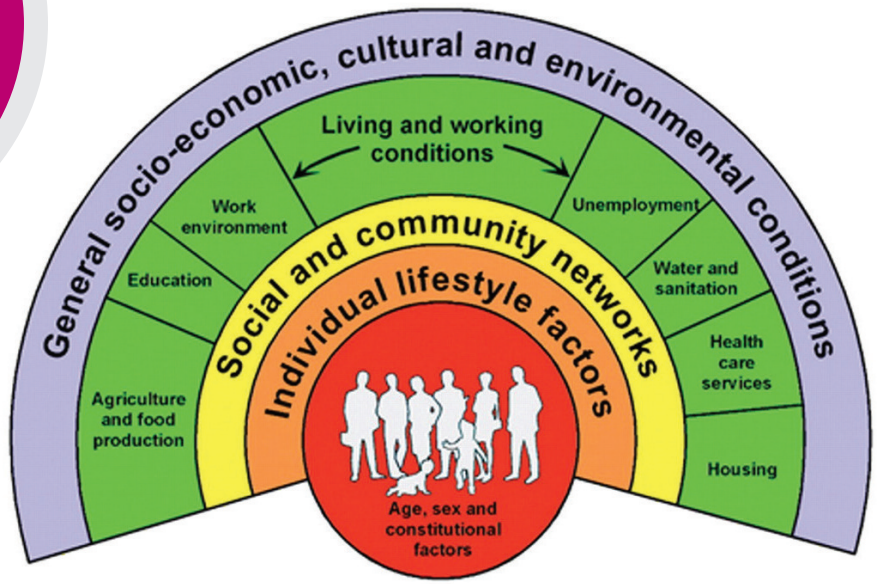
Source: County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

In 2015 we are concerned much more than we were then with unhealthy behaviours and lifestyle issues, because they contribute significantly to preventable ill health and premature death.

Unhealthy eating, alcohol or substance misuse, smoking and lack of physical activity which are risk factors for premature disease and death are areas of Public Health Priority today.

In order to reduce the number of years spent in poor health, a strong emphasis is now required on reducing the risk factors for poor health particularly reducing smoking, and alcohol consumption, and obesity and increasing physical activity, and also improving self-care so people are better able and confident enough to manage their own health and live independently. Key risk factors are underpinned by the wider determinants of poor health including, poverty poor housing, unemployment and poor educational attainment.

PUBLIC HEALTH PRIORITIES 1970-2015



1970

Infectious diseases
measles, scarlet fever, whooping cough, food poisoning, jaundice, malaria and various venereal diseases

Child and Maternal Health
ante-natal care, dental treatment, health visiting and vaccination & immunisation

Environment Health
Housing, chemical sampling & testing of milk, noise, slaughter house & meat inspections and water supply. Slum clearance and clean air.

2015

- **Obesity**
- **Alcohol misuse**
- **Tobacco control**
- **Mental health**
- **Sexual health**
- **Best start in life**
- **Cancer prevention**

INFECTIOUS DISEASES
MEASLES
1970

Total number of Measles Cases in **North Tyneside** was **2322**

Few medical interventions compete with vaccines for their cumulative impact on health and wellbeing of entire populations.

The MMR vaccine was introduced in 1971.

Paradoxically a vociferous anti vaccine lobby has grown despite the undeniable success of vaccination programmes world wide.

"There were no significant outbreaks of infectious diseases apart from an outbreak of measles during which 385 cases were reported".

Source:Borough of Wallsend (1970) Annual Report of the Medical Officer of Health

Measles is an extremely contagious disease caught through direct contact with an infected person, or through the air from coughs or sneezes. Measles is usually a childhood infection. It is most common in the one to four year old age group in children who have not been immunized. However, you can catch measles at any age if you haven't been vaccinated or haven't had the disease in the past. It is estimated that around one in every 5,000 people with measles may die as a result of a serious complication. It is now uncommon in the UK because of the effectiveness of the MMR vaccination.
The last death from acute measles was in 1992 but of course there has been huge controversy since Andrew Wakefield's flawed study published in the Lancet in 1998. The negative impact of this is still seen today in the recent outbreaks of measles in 2012 and 2013.

(Ref: Wakefield A, Murch S, Anthony A; et al. (1998). "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children". Lancet 351 (9103): 637–41.)

INFECTIOUS DISEASES
MEASLES
2015

Total number of Measles cases in the **North East** as a whole was **110**

Today vaccines are the mainstay of the NHS with responsibility of the local authority to promote and encourage uptake.

Vaccinations offer a range of disease control benefits including, eradication (smallpox), elimination (polio), and mitigation of disease severity (rotavirus disease), prevention of infection (human papillomavirus HPV) and the control of mortality, morbidity and complications at the individual and societal levels.

Efficacious vaccines not only protect the vaccinated, but can also reduce disease among unvaccinated individuals in the community through "indirect effects" or "herd protection".

There are a wide range of universal and routine childhood and adult vaccinations, as well as vaccines recommended for certain subsets of the general population deemed to have an increased susceptibility to infection. The uptake in North Tyneside for childhood vaccination exceeds the average uptake for England.

Children are more at risk from infections and environmental hazards and suffer more from health inequalities than the rest of the population. The role of vaccines in reducing disease continues to be an important part of work to improve the health of children.

INFECTIOUS DISEASES
TUBERCULOSIS 1970-2015

Tuberculosis (historically known as 'consumption') used to be very common in England. Tuberculosis was still an important concern in 1970, with the number of cases on the TB registers being 1126 for the year across the 4 administrative areas, but the rates had been reducing and new cases were fewer than previous years.

There were 2 deaths from TB in the Tynemouth Area in 1970.

In 2015, tuberculosis has become a disease of deprivation, found most often in vulnerable groups such as homeless people, drug users or those living in overcrowded accommodation or newly arrived migrant populations.

North Tyneside's incidence rate for TB is 4.9 per 100,000, which is less than the England rate. However while TB is much less of a threat to health in 2015 it still remains a challenge because of increasing resistance to antibiotics. (Public Health Outcomes Framework)

"There were 8 new cases during the year. Mass radiography is carried out by mobile units and public response is fairly good. At the end of the year there were still 164 cases on our register consisting of 96 males and 68 females. 143 of these were pulmonary and 21 non-pulmonary."

Source:Borough of Whitley Bay (1970) Annual Report of the Medical Officer of Health and the Chief Public Health Inspector.

INFECTIOUS DISEASES
TUBERCULOSIS 1970-2015

1970

1126 cases on register

2015

Fewer than **10** cases

1970	Cases on the register
Tynemouth	147
Wallsend	327
Whitley Bay	164
Longbenton	488
Combined North Tyneside	1126

SEXUAL HEALTH
1970-2015

"For an activity that ensures the continuation of the human race sex is, and has always been, a risky business!"

Source: London Borough of Barnet. The Annual Report of the Director of Public Health 2014.

1970 : Venereal diseases

"Syphilis has remained very constant in incidence during the last ten years, the incidence of gonorrhoea has trebled since 1961with the largest single increase occurring into the current time which reflects to a large degree the lowering of social mores."

Source: County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

2015: Chlamydia

Young people are encouraged to take responsibility for their sexual health and North Tyneside's rates of sexually transmitted diseases and teenage pregnancy are one of the lowest regionally. The teenage pregnancy rate in the borough has decreased by 61% since 1998.

SEXUAL HEALTH
1970-2015

Sexually transmitted infections (STIs) were a major public health concern in the 1970s and remains so today. This is because they place a significant burden on healthcare resources both directly, through individuals seeking treatment and care, and indirectly, resulting from management of the complications of untreated infections which can lead to infertility, cervical cancer and ectopic pregnancy. STIs also increase the likelihood of HIV transmission.

The epidemiology of STIs in the UK has shown big changes over the 20th and early 21st centuries, reflecting changes in sexual behaviour (womens liberation and the sexual freedom of the 60s saw a steady rise in STIs), new diagnostic techniques, changes in sexual health service delivery and the implementation of control programmes, in a context of social, economic and demographic shifts within society.

During the 40 year period we witnessed the emergence of HIV and AIDS. Initially survival rates were poor because of late diagnosis and treatment not being effective. In 2015 with drug technology, early diagnosis and treatment a person with HIV can now enjoy an average life expectancy. However late diagnosis remains a challenge.

Chlamydia is now the most commonly diagnosed bacterial STI in the UK.

The distribution of STIs in the population is highly uneven, as they disproportionately affect men who have sex with men, young people aged under 25 years and some ethnic minorities.

Access to good sex and relationship education (SRE) in schools, prevention campaigns, good access to sexual health services and vaccinations for HPV remain the mainstay of the work around sexual health.

TOBACCO CONTROL 1970

"It is disturbing to note that, despite local and nation-wide coverage of the dangers of cigarette smoking, the proportion of deaths due to cancer of lung and the bronchus has risen from one quarter to one third of that in total.

In 1970 in Tynemouth County Borough 53 men and 14 women died from this cause, of these 26 men and 11 women died under the age of 65 years old.
Although old habits die hard there is now reason to believe that the message is at least getting through to the younger generation, which is encouraging."

Source: County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

In the 1970s people smoked in large numbers, smoking was a habit carried out at home, in offices, theatres, restaurants and on transport.

Slowly people were beginning to realise that smoking could be harmful to health. The health education on smoking was basic and largely consisted of telling smokers to stop smoking without being given any specific help or support.

In 1970s some consideration was starting to be given to the implications of second-hand smoke. It wasn't until the early 2000s that new evidence was published and legislation was introduced.

TOBACCO CONTROL 2015

The approach to reducing tobacco use and protecting people from its harmful effects has been a significant Public Health achievement.

There has been a cultural shift to implement tobacco control measures in the UK. Clear evidence has demonstrated that the most effective means of controlling tobacco involve taking a multi-faceted and comprehensive approach at several levels.

Stop smoking services are provided in the Borough to ensure that every smoker in North Tyneside who wants help with stopping has access to evidence-based behavioural support along with a prescription for a smoking cessation medication.

North Tyneside has made considerable progress around tobacco control. Compared with the 1970s the numbers of people smoking has reduced significantly. However, smoking rates are still high and smoking still disproportionately affects the health of deprived communities and vulnerable groups such as children, young people and pregnant women. This is where targeted work must now be focussed to reduce the impact of smoking on health inequalities.

OBESITY & NUTRITION
1970

LIFE IN 1970...

"The extra physical activity involved in daily living in 1970s compared with today, has been estimated to be the equivalent of running a marathon a week."

Source: Social Trends, No. 40, 2010 Edition. Office of National Statistics.

People were generally more active in 1970s, there was less education about being overweight and obese at the time. Only 30% of households owned a car.

"There is a large open-air swimming pool at the southern end of Tynemouth Long Sands. In addition, there is an open-air swimming bath at Hawkey's Lane North Shields." (Tynemouth Medical Officer of Health Annual Report 1970)

More families ate a main meal together and there was much less processed food.

More people had manual jobs and children tended to walk to school and were more active.

OBESITY & NUTRITION 2015

THE CHALLENGES IN 2015...

Being overweight or obese increases the risk of diabetes, high blood pressure, heart disease and some cancers, which are among the biggest contributors to premature mortality.

Today's food environment is quite different to the 1970s and an extensive variety of food and drink products is now available and offers palatability, convenience and novelty. There are around 197 hot food takeaways in North Tyneside.

People are sedentary for most of the day, children get driven to school and nearly 70% households own a car in 2011 census. Office workers sit at computers all day. The environment within which we now live actively contributes to the increase in obesity. Combating the 'obesogenic' environment is a key public health challenge.

Data shows that the sugary drinks (which on average we consume every day) are leading to us having about 200 calories per day more than we need. If we could cut that, it would go a long way towards solving the nation's obesity problem.

ALCOHOL MISUSE 1970-2015

The Medical officer reports from the 1970s have no reference at all to alcohol harms.

Alcohol is a significant contributor to poor health and harms health in many ways. It is a risk factor for liver disease, cardiovascular disease and many cancers and is linked to poor mental health, depression and dependence.

Attitudes towards alcohol have changed in the last 40 years.

During this time the availability of alcohol has increased partly because its relative cost has reduced. In 1970, there were fewer licensed premises which also had shorter opening hours. Most pubs were serving last orders at 10.30pm (and closed between 3.00pm and 5.00pm) and nightclubs closed at 2.00am.

Since 1980, UK alcoholic drinks have been required to be labelled with their alcoholic strength in percentage, which gives a more easily understandable indication of the strength of the drink.

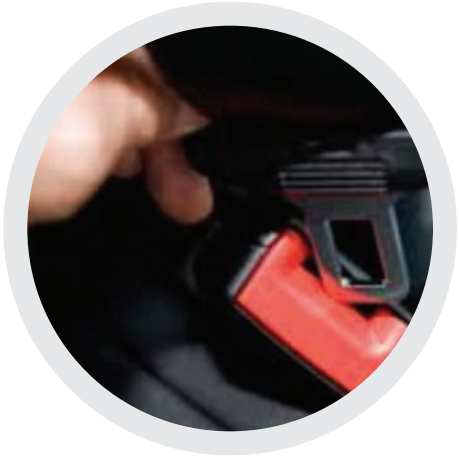
In April 2013 Directors of Public Health were given a statutory responsibility as a Responsible Authority and therefore contribute to Local Authority Licensing decisions. Alcohol also drives social and health inequalities: people from more deprived groups suffer greater harms from alcohol. There is an association between the number of licenced premises and alcohol misuse. To reduce the harm from alcohol, we have to reduce its availability and this requires a proactive approach to licensing.

MENTAL HEALTH
1970-2015

There was little awareness in 1970s of the importance of mental health. None of the Medical Officer for Health reports refers to wellbeing. The reports focus on mental illness and 'provision of care for the mentally subnormal.' Mental Welfare Officers kept in touch with patients and provided after-care after discharge from hospital, when required.

Nowadays we understand that mental health is more than just the absence of mental illness; it is about resilience and well-being. We now understand the importance of promoting good mental health across the population and it is a key public health priority.

THE IMPACT OF PUBLIC HEALTH POLICY



"Although further consideration has been given by the Council to the cases advanced for and against the fluoridation of domestic water supplies, no positive action has yet been taken in the County Borough of Tynemouth".

Source:County Borough of Tynemouth (1970) Annual Report of the Medical Officer of Health.

Many improvements in public health have come about because of legislation e.g. fluoridation of water, smoking legislation and compulsory use of seatbelts. Current discussions are taking place around proposals to introduce a sugar tax.

On July 1st 2007, smokefree legislation was introduced in England. The legislation helped to create a healthier environment, by making nearly all enclosed public places and workplaces in England smokefree. Even though there was opposition from the tobacco industry, this legislation has proven to be universally popular, not just with non-smokers, but also with those who still smoke or are trying to quit.

CONCLUSIONS

North Tyneside and the world is a very different place today compared with 1970s.

Public Health has improved dramatically in North Tyneside since 1970, but there are still challenges and significant inequalities.

Issues such as smoking, alcohol consumption and obesity and their underlying determinants are complex and require a long term approach. They are deeply rooted within the social circumstances and cultural norms of a population.

Improvements in Public Health are not amenable to short-term solutions. Systematic action, partnership approaches and sustained long term action is needed to deliver further health improvements and reduce inequalities.

FUTURE CHALLENGES

While we are living longer we are not all living longer in better health

Notwithstanding 60 years of universal, free healthcare and a doubling of NHS spend in recent times the gap in life expectancy and life in good health between the poor and the affluent has not altered in forty years.

There is a ten year difference in life expectancy and double that for life in good health. People in our most deprived communities experience a level of mortality similar to those who were more affluent in the 1990s.

Public Health England estimates that nationally there has been a 40% reduction in premature mortality since the 1990s, however there has only been a reduction of 1.4% in the level of ill health.

It is recognised that the three markers of good adult health are to have a job, a home and companionship. The overall challenge for North Tyneside is to improve population health and wellbeing and reduce health inequalities at a significant time of austerity for the public sector. The continuing challenge is to build a sustainable population with the foresight and resilience to adapt to future changes.

ACKNOWLEDGEMENTS

Photos kindly supplied by Johnston Press North East, FRESH and Balance.

Rachel Nicholson, Public Health Programme Manager
Diane Leggett, Librarian North Shields Customer First Centre
Paul Murphy, Public Health Information Specialist
Craig Anderson, Policy, Performance and Research Manager
Lee Paterson, Policy and Research Officer
Angela Melvin, Marketing Officer