Community Foundation

Vital Signs North East: Health

Health

How philanthropy can help improve the health of our region

www.communityfoundation.org.uk/vitalsigns

Newcastle Building Society

About this Vital Signs report

Vital Signs is a Community Foundation resource presenting information about a range of issues affecting our area. It draws on statistics, published research, local expertise and knowledge gathered through funding across the region to 'take the pulse' of communities and inform a better philanthropic response to their needs. We see it as the start of a conversation and would love to hear your views about the ambitions of local communities and what more philanthropy and charitable funding could do to meet them.

This is our fifth Vital Signs North East 2024 report, examining how charitable funders can help to improve our region's health, in particular by tackling health inequalities.

Vital Signs will explore ten themes during 2024:

Economy – How can philanthropy help build a strong regional economy where everyone benefits from increased prosperity?

Education – What opportunities can charitable funding create for people to learn, develop skills and achieve their potential?

Health – How can charitable funders improve the overall health of our region, and reduce differences in health outcomes between richer and poorer people?

Homes – Can philanthropists help ensure that there are decent, secure homes for everyone who needs them?

Environment – What support can philanthropy provide to help communities look after the environment and ensure the region rises to the challenge of climate change?

Access – How can philanthropists help people overcome the barriers they face in getting access to opportunities and services?

Community – What can charitable giving contribute to the task of ensuring our communities are strong, welcoming and able to cope with the challenges of uncertain times?

Culture – How can philanthropy help foster the North East's unique culture, from iconic theatres, museums and concert halls to diverse community arts, heritage and sports groups?

Justice – How can charitable funding support work to protect people from crime, prevent discrimination and give opportunities for offender rehabilitation?

Living standards – How should philanthropic funds support those faced with a decline in living standards due to economic pressures and rising costs?

In addition to reporting on each of these themes we will produce a brief printed summary of our findings.

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"Put simply, if health has stopped improving it is a sign that society has stopped improving."

Michael Marmot, Health Equity in England: the Marmot review 10 years on. 2020

A note on terminology

In this report we use the following geographic terms:

"The North East" or "The North East region": this refers to the North East English region which will soon cover the Tees Valley Combined Authority and new North East Combined Authority

Tees Valley: this refers to the area covered by the Tees Valley Combined Authority comprising Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees

The North East sub-region: this refers to the area to be covered by the new North East Combined Authority comprising Northumberland, Newcastle-upon-Tyne, North Tyneside, South Tyneside, Gateshead, Sunderland and County Durham.

Executive summary

This publication is one of a series of Vital Signs reports that the Community Foundation Tyne & Wear and Northumberland will publish in 2024 looking at the needs and aspirations of communities from Northumberland to Teesside and how philanthropy can help meet them.

This report examines how our region's health problems are exacerbated by poverty, resulting in health inequalities. As Michael Marmot's quote on page 3 reminds us, addressing these inequalities will involve more than looking at the availability and quality of health services or how individual behaviour affects health. The King's Fund[i] think-tank states that: *"Worse health outcomes occur when people have limited access to health care, experience poorer-quality care, and practice more risky health-related behaviours..."* but they add: *"These factors are often influenced by wider determinants such as income, housing, environment, transport, education and work. Tackling health inequalities requires an understanding of the complex interaction between all these factors."*

Improving the physical and mental health of our region is therefore likely to require action across all of the themes covered by our Vital Signs reports. And a number of the recommendations for local philanthropic action we have already set out in our Economy, Education, Environment and Culture reports will impact positively on individual health and wellbeing, particularly in poorer neighbourhoods. But in other ways, we need to be realistic about the role philanthropy can play. It lacks the capacity to make good significant shortfalls in the £211.6 billion government health budget[ii] or address the "...fundamental weaknesses in both social care and public health" that the British Medical Journal says were exposed by Covid-19.[iii] And its support for medical research, though important, will always be constrained by competing priorities.

So how can we best target philanthropic funding to support work on the health-related issues our communities face every day? Drawing on the findings of the Health Profile for North East England,[iv] published in 2021, and comparing them with data from the Health Profile of England,[v] enables us to identify the most significant issues the region faces. These are many and varied, so we also need to understand how they inter-relate. For example, low levels of physical activity have an impact on the prevalence of obesity which affects both physical and mental health, with more serious implications as people get older, including the risk of dementia.[vi]

The poor state of our region's health is starkly highlighted by the difference in both life expectancy (LE) and healthy life expectancy (HLE) when compared to the England average. Already on a downward trend prior to 2019, nationally there is almost a 20-year difference for HLE of both females and males, and 7.9 and 9.3 years respectively for LE in the least and most disadvantaged areas.[vii] And it was largely due to the worse state of our health that mortality rates during the Covid-19 pandemic were higher here than in most other English regions. The prevalence of comorbidities like diabetes, cancer, cardio-vascular disease, poor mental health and obesity made us vulnerable to the disease, particularly in communities experiencing educational, economic and social exclusion.

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To ensure philanthropy has the greatest impact it seems sensible to focus on those issues which can be mitigated by early interventions, targeting those that present the biggest inter-related risks. This will involve supporting work that improves people's awareness of how the choices we all make impact on our health, and which helps build our motivation and confidence to adopt healthier behaviours. But on a broader level it will require investment in communities to address the wider determinants of ill-health and health inequalities.

Of particular importance is the support charitable funding can provide for improving mental health, which impacts on people's day-to-day lives and is a driver of the region's high suicide rates of people under 50.[viii] This is critical for young people, whose general mental health was already on a downward trend before the pandemic, and who were adversely impacted by lockdowns[ix] and the associated lack of services providing social activity and engagement.

The reduction in activities during lockdowns also had an adverse impact on older people, with Age UK reporting[x] what it termed the "...drastic impact of the pandemic on our older population's health and morale" which caused negative impacts on both physical and mental health, the latter exacerbated by increased feelings of isolation. We will need to support people as they get older, providing activities which keep them active, both physically and mentally, to address the effects of aging on the body, the effects of isolation and reduced activity on mental health, and mitigate the impact of conditions like Alzheimer's and dementia.

Promoting inclusive economic growth and closing the educational attainment gap would have a major impact by promoting social mobility[xi] which contributes to better health.[xii] Ensuring children and young people have the opportunity for vocational learning is therefore important, but it is also imperative that they have the knowledge to make better informed lifestyle choices around drugs, alcohol and sexual health to achieve more immediate positive health outcomes.

Philanthropy cannot solve every health issue our communities face, but it can contribute to important interventions that can build better health from a young age and support people as they get older.

The Community Foundation suggests that philanthropic funding should focus on:

1

Working upstream to address root causes of ill-health and health inequalities by:

- funding services for women that reduce the risk of low birth weight, such as those that promote informed choices around pregnancy for younger women, support good maternal health and diet, and reduce alcohol, drug and tobacco use in pregnancy.
- nurturing early years' provision, particularly in poorer communities, alongside services that enable those failed by mainstream education to make up lost ground.
- funding activities for young people that promote healthy lifestyles and learning around diet, and build on the slowly improving physical activity levels in children post-pandemic.
- supporting work that helps to alleviate the detrimental effects of poverty and deprivation on physical and mental health (e.g. Food Banks; community transport; advice, support and counselling services).

2

Providing funding and in-kind support to small- and medium-sized community organisations that address gaps in, or add value to, other services, for example by:

- re-engaging adults in sport, exercise and other healthy activities so addressing social isolation and building awareness of good dietary habits and the risks to health in later life that obesity, drinking and smoking cause.
- providing access to dental products through Food Banks, raising awareness of dental hygiene and offering access to dental services as a last resort to people in most need.
- providing targeted support including crisis response, information, advice, advocacy and recovery services to those at greater risk of physical and mental ill-health (including older people, non-English speakers, residents of disadvantaged, rural and/or coastal communities, transient populations, people in the criminal justice system and ex-offenders).

3

Alleviating the health disadvantages experienced by groups at most risk of social exclusion, for example by supporting:

- community anchor organisations that function as accessible hubs for providing health information and services e.g. counselling, addressing drug and alcohol use, stopping smoking, improving diet etc. This could include assistance so these organisations can be contract-ready to work with public health bodies.
- services that address needs that arise from the combination of physical/mental ill-health and age, disability, sexual orientation and/or ethnicity.
- advocacy and lobbying services that can give voice to and remove barriers for marginalised groups.

Health in the North East, and how philanthropy can help

*Unless otherwise indicated, all statistics are derived from **The Health Profile for the North East of England (HPNE)** and the **Health Profile for England (HPE)**, both published in 2021.*

The North East faces particular challenges due to high levels of ill-health and deep health inequalities. The table in Appendix 1 of this report provides comparative data that gives a sense of the scale of the challenge facing us compared to the other English regions.

The health of many people in the region is affected by their experience of disadvantage. The HPNE notes that a third of people here live in areas that are in the top 20% most disadvantaged in the country. This is amplified by disparities within the region. A ranking of 318 local authorities by the proportion of local neighbourhoods in the most deprived 10% nationally includes Middlesbrough ranked at number 1 and North Tyneside at number 85. This means that someone living in Middlesbrough is more likely to experience poor health than someone in North Tyneside, and this is reflected in a 2.5-year lower life expectancy.[xiii] Wider gaps may exist between neighbourhoods just a few miles apart. We also need to consider quality of life and how many years people live in good health. In the North East, healthy life expectancy reported in 2022 was 58.4 years for males and 59.8 for females, which compares with England figures of 62.6 and 63 years respectively.[xiv]

It is not just about where people live, but how they live. People in good quality employment are less likely to be in poverty,[xv] so will have a better standard of health and wellbeing and are therefore less likely to experience isolation, a major driver of poor mental health and loneliness.[xvi] So, as income increases, so too does physical and mental health, and there is a direct link to improved life expectancy, as well as the conditions experienced in later life, and the overall number of years a person spends in good health.[xvii]

Our **Vital Signs Economy report** has referred to the gap between average weekly median earnings in the North East (£451) and the England average (£496).[xviii] For many people, this relatively modest amount may make the difference between making ends meet or not, between a broken fridge being a minor inconvenience or a major upset, or being able to get out and socialise or be stuck at home. We also discussed the elevated unemployment rate in our region, and the high level of economic inactivity, which is in large part explained by the prevalence of long-term health conditions.[xix] Recent research suggests that, for the overwhelming majority of low-income households, Universal Credit may be inadequate to cover even essential expenditure.[xx] For households dependant on benefits or low wages, the struggle to make ends meet can negatively affect both physical and mental health: it both limits the scope to amend diet or levels of physical activity and raises levels of stress, whilst reducing access to leisure and social activities that promote mental health.[xxi]

Childbirth and early development

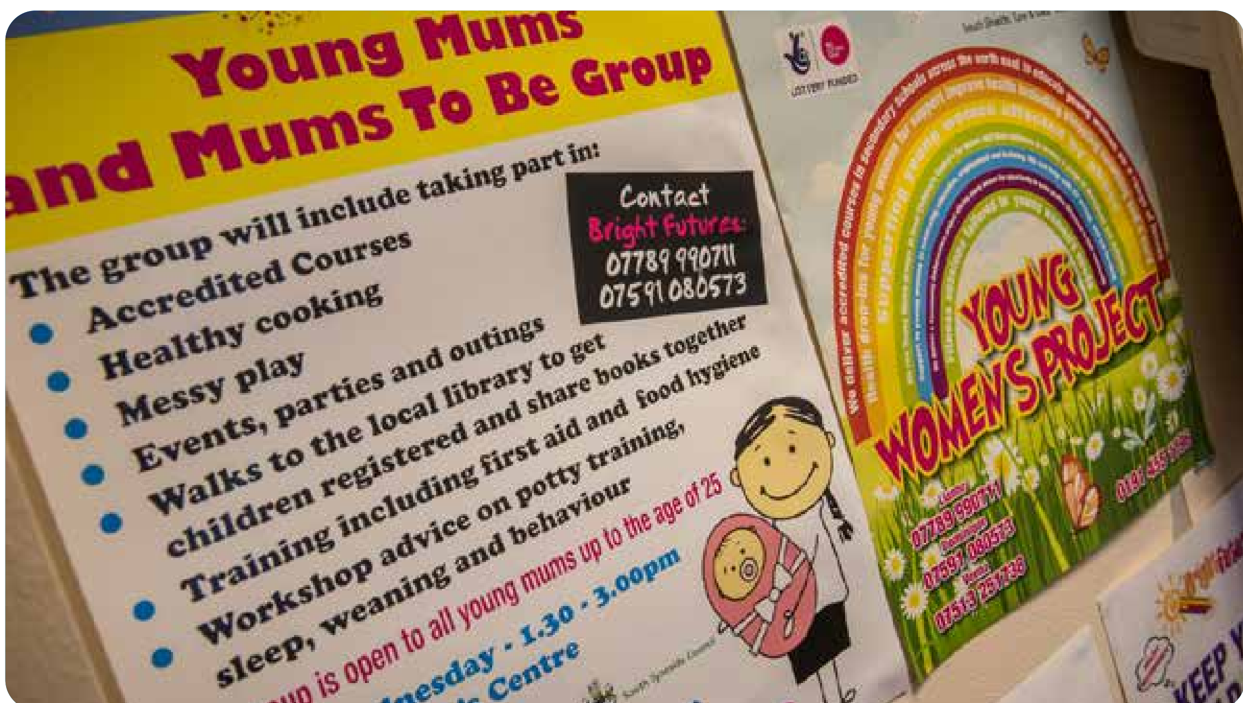
Infant mortality refers to deaths within the first year of life. The North East fares slightly better than the England average, with only 3.5 deaths per 1,000 births (2018-20) against the England average of 3.9 in the same period. However, low birthweight – defined as a live birth where the baby weighs under 2,500 grams[xxii] – is an area where the North East does less well, with a regional average of 3.2% against a national average of 2.9% in 2020, and with significantly high rates in Newcastle upon Tyne, Redcar and Cleveland and Middlesbrough. Low birth weight raises the risk of infant mortality and its effect on normal development and health in later life can also be significant.[xxiii]

These findings indicate the need for philanthropic support for services for women that reduce the risk of low birth weight such as those that promote informed choices around pregnancy for younger women, support good maternal health and diet, and reduce alcohol, drug and tobacco use in pregnancy. Awareness around the dangers of smoking is imperative as, during pregnancy, it plays a significant part in the likelihood of premature birth, infant mortality and low birth weight. Although the North East has been steadily improving in this area, the percentage of mothers smoking at the time of delivery remains a third higher than the England average of 9.6%, with Sunderland and County Durham a particular concern at just over 15%.

HPNE places emphasis on child development and the importance of gaining a sound foundation for educational attainment as the key to employment and good mental health in later life. The emphasis here should be on levelling the playing field between children from richer and poorer backgrounds. **As proposed in our Vital Signs Education report, there is a good case for using philanthropic funding to support early years' provision, particularly in poorer communities, alongside services that enable those failed by mainstream education to make up lost ground.** The effects of Covid, which impacted on "children's socio-emotional and behavioural development and mental health, physical development and school readiness"[xxiv] lends urgency to this aim.

Obesity

The NHS identifies obesity as a serious health risk, leading to a range of health problems, including Type 2 Diabetes, coronary heart disease and strokes, as well as increased risk of breast and bowel cancer.[xxv] Being obese can also cause people to experience poor mental health and low self-esteem, which limits their ability to engage in activities that might have a positive impact on their lives.[xxvi]



Unfortunately, the North East is the worst performing region in England, with an estimated 69.7% of adults classified as obese or overweight against the England average of 63.5%.[xxvii] Childhood obesity in the region also does not present positive news, with a higher than average rate for both Reception and Year 6 children.[xxviii] Perhaps the more alarming statistic is that the prevalence of obesity doubles between Reception and Year 6,[xxix] pointing to the need for effective interventions for young people aged 5-11. Once again, Teesside does not fare well, with obesity higher than the regional average for reception age in Hartlepool, Middlesbrough, Redcar and Cleveland. Meanwhile, South Tyneside presents the highest obesity rate of 27% in Year 6, from under 10% in Reception.

Part of the issue is healthy diet and nutrition, with only 53.7% of people in the region consuming the recommended '5-a-day' on a 'usual day'. Although this is not too much lower than the England average of 55.4%,[xxx] there are wider inequalities reported at England level which will also apply here,[xxxi] such as unemployed people (45.2%), those living with a disability (52.1%), those working in routine and manual occupations (45.8%), minoritised communities, such as Asian (47.2%) and Black (45.7%), or people living in the most deprived areas (45.7%).

A **World Health Organisation report** in 2023 confirmed that disabled people are twice as likely to be obese as non-disabled people, which is linked to systemic barriers in the health system as well as poverty. Those with learning disabilities experience additional health inequality, not because their requirements are any different in terms of diet and exercise but because their more complex needs require tailored services.[xxxii]

The other issue is lack of physical activity: the UK Chief Medical Officer advises that a regime of regular physical activity is essential for people of all ages.[xxxiii] Their report recommends that children and young people aged 5 to 18 years should be physically active for an average of at least 60 minutes every day, with proposed activities including physical education, after-school activities, play and sports. Adults aged 19-64 should be engaged in activity every day, including things that maintain and improve muscle strength, and should also reduce sedentary activity. For people over 65, there is not only a need to maintain muscle strength and flexibility, but also for activity that improves balance to avoid falls, which are a major health risk as people get older.

Again, the pandemic has played a big part in fanning the flames of an already burning issue, as the general increase in food

consumption[xxxiv] and reduction in physical activity during lockdowns will impact on people's health in the long-term.[xxxv] As with adults, we wait to learn the effects of the pandemic on child obesity but the HNE notes that these factors will lead to further increases in obesity levels and associated widening of inequalities.

It is also important to note that obesity cannot simply be seen in terms of people's lack of knowledge around food preparation or their ability to effectively budget, although some media outlets and politicians have tended to dwell on this theme. Although improving people's understanding of nutrition is key to improving diets, other issues contribute. It is difficult to eat healthily on a low income, and the cheapest food is often also the unhealthiest and most likely to cause obesity.[xxxvi] It's estimated that healthy food costs three times as much as unhealthy food and ongoing increases in cost are disproportionately higher for the former.[xxxvii]

Affording food is now a major issue both nationally and in the North East, with a rapid rise in Food Bank use over the last 12 years. The number of food parcels distributed by the Trussell Trust charity's network rose to three million in 2023, with the North East receiving more per head than any other English region.[xxxviii] Food Banks are something that people living in poverty – both in work and on benefits – have come to rely on. **Food Pantries** are an evolution of the model, which can play an important role, as they destigmatise the need to access Food Banks. They provide choice for a small contribution, can bring communities together around food and anti-poverty work, and may have a deeper impact on addressing health inequalities. Beyond this, we will also need to see a reduction in energy costs, so that people do not need to turn to processed food that can be prepared easily and at lower cost than traditional cooking.

Philanthropic support for services that feed those who might otherwise go without is a clear priority. And, if we are to get ahead of the problem, so will be support for activities for young people that promote healthy lifestyles and learning around diet, to build on the slowly improving physical activity levels in children post-pandemic (up from 46.2% in 2020/21 to 47.1% in 2022, and just above the national average of 44.6%). For example, the Community Foundation's **Playschemes** programme, run since 2019, brings donor funds together to support provision of nutritious meals and physical activities during school holidays, a time when contact with peers and other social and educational opportunities diminish and physical health declines.

Philanthropy can also support activities that (re-)engage adults in sport, exercise and other healthy activities and programmes that address social isolation or teach people about good dietary habits and the risks to health in later life that obesity causes. There is a case here for targeting groups at risk of experiencing greater health inequalities, such as disabled people and those from Black, Asian and minoritised ethnic backgrounds. For older adults, there is a particular need to keep people active, with activities like yoga or dance also helping reduce the risk from falls, or for those less able this can include chair-based activities.

Alcohol consumption

The NHS currently advises that men and women should not drink more than 14 units a week on a regular basis and should aim to have three days a week where they do not drink.[xxxix] The NHS also tells us that, after 10 to 20 years, people who regularly consume more than 14 units are at greater risk of cancers, heart and liver disease, and damage to the brain and nervous system.[xl]

The charity Alcohol Change UK notes that alcohol is *"...the UK's favourite coping mechanism"*[xli] and advises of the mutually reinforcing relationship between depression and excess consumption of alcohol. Unfortunately, the HPNE reports that both alcohol-specific and alcohol-related mortality in the North East are higher than average, and on an upward trend. The prevalence of *"...increasing or higher risk drinking"* was 28.7% against the national average of 22.7% (2019). As with other health issues in the North East, there was disparity by local authority for both alcohol-specific and alcohol-related deaths.

Excess alcohol consumption is not the domain of children and young people; instead, the likelihood increases as we get older and is more likely for males than females, with more than twice as many males as females dying as a direct result of alcohol consumption.

In what is known as the 'alcohol harm paradox', while excess alcohol consumption is more likely in higher income households, the incidence of greater harm is more than twice as likely in lower income households. So *"...people of low socioeconomic status (SES) tend to experience greater alcohol-related harm than those of high SES, even when the amount of alcohol consumption is the same or less than for individuals of high SES"*.[xlii]

Therefore, for the North East, when thinking about how philanthropy can help, we may wish to consider both educational and preventative work with young people and services for those at greater risk, such as older adult males in deprived communities.

Drug misuse

Unlike alcohol consumption, drug misuse is more likely to affect younger people than older. The HPNE reminds us that deaths from drug misuse have been increasing since 2012, and it is the leading cause of mortality for males aged 20 up to 50 and females 20 up to 35.

The North East has a very high rate of deaths due to drug misuse at 9.9 per 100,000, compared to a national average rate of just 5, and only one local authority area in the region has a lower rate than the national average. Death rates in the most disadvantaged areas can be up to ten times more than in the least, underlining a link to deprivation, both for prescription medication[xliii] and opiate and crack cocaine use.[xliv]

Unfortunately, much like with alcohol addiction, the number of people successfully completing structured drug treatment programmes was lower than the national average. Public Health England reported[xlv] a need to implement better monitoring, treatment and support for patients with dependence on prescription medication. This includes the need to identify more appropriate options for patients, such as talking therapies and social prescribing, as an alternative to antidepressants.

Organisations such as the charity **Turning Point UK** offer a wide range of services for people with drug and alcohol issues, including disabled people. This is an important consideration as, in 2020, it was reported that 28% of people in treatment at specialist alcohol misuse services reported having a disability[xlvi] and Public Health England[xlvii] (PHE) reported that people with borderline or mild learning disabilities are more at risk from substance misuse, and so more at risk of problematic substance misuse. PHE also reported that the available evidence suggests that adults with learning disabilities who engage with services are less likely to smoke tobacco or drink alcohol compared to the general population, providing some basis for philanthropy to support organisations in this field.

When considering non-prescription drug use, the organisation DrugWise comments on the higher rate of drug-related deaths amongst people who are homeless,[xlviii] while an independent review for government[xlix] concluded that to achieve and sustain recovery, treatment must be provided alongside safe accommodation and meaningful employment, education or training. This report also states that:

> *"The drugs market is driving most of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug addiction occupy one in three prison places."*

It's easy to judge people who fall foul of the criminal justice system as a result of their addictions but, to a considerable extent, levels of offending will reflect the priority society affords to providing adequate health and welfare services to drug-users and addressing their offending behaviour. **Philanthropy cannot be an alternative funder of services best provided with government funding, but it can help charities working with people in recovery, including those within the criminal justice system, to ensure they have the best chance of addressing their problems**. This can include housing initiatives

that provide a safe and secure home with targeted employment and training support, for both those in recovery and those at risk.

Smoking

Smoking unfortunately still plays a big part in adverse health outcomes in the North East. There is a strong link to deprivation,[l] as well as to employment status and type, presenting another example of how health is negatively impacted by a range of factors. The Office for National Statistics (ONS) reports that approximately one in four people in routine and manual occupations smoke, compared to one in ten people in managerial and professional occupations.[li] For females, there are particular risks around chronic lower respiratory diseases and lung cancer, as well as smoking in pregnancy and at time of delivery, which is above the England average, at 13.3% to 9.6%, and with particular note for Sunderland at 15.1% and County Durham at 15.5%. As males approach 50, lung cancer and heart disease start to become issues, indicating a need to provide effective interventions to stop smoking.

Smoking by teenagers is becoming less of an issue, as opposed to drug use explored elsewhere in this report. However, we are yet to see the long-term effects of vaping, which is a growing concern amongst young people, as detailed in **ASH's 2023 report**, which also notes that vaping is much more prevalent in people who have never smoked and who are just "giving it a try." For young people, this is a major risk, as evidence suggests that their developing brain is more sensitive to its addictive effects.[lii]

The NHS of course provides services to help people quit smoking,[liii] but **philanthropy can help voluntary organisations provide additional and complementary services, often as part of their work on general health issues at a grassroots level**.

Sexual health

The UK Health Security Agency reported in 2022[liv] that sexually transmitted infections (STIs) are a significant concern in the North East, which experienced the fourth highest rate in England. Young people are at particular risk, making up 57% of new diagnoses. Some rates of increase are startling, with syphilis up by 55%, gonorrhoea by 153% and chlamydia by 27%. The only good news was that genital herpes had decreased by 4% and genital warts by 18%, the latter due to the introduction in 2008 of a vaccination for the Human Papillomavirus.

The CTAD Chlamydia Surveillance System[lv] is used to record the proportion of chlamydia tests that are positive and the chlamydia detection rate in England. Unfortunately, the North East lags behind Public Health England's recommendation[lvi] that local areas should achieve a chlamydia detection rate no lower than 2,300 per 100,000 amongst individuals aged 15 to 24 years, and recorded only 1,897 per 100,000. The British Medical Journal attributed these rises to cuts to sexual health services over the last ten years,[lvii] and recommended a government strategy on sexual health be created to tackle the rising incidence of STIs.

Part of the issue is that young people are sexually aware and active at an age where they are not able to recognise the risks associated with their behaviours, and the age at which they begin sexual experimentation is falling.[lviii] NSPCC research[lix] suggests that young people learn about puberty and sex less so from parents and carers and more from day-to-day interactions in school and wider society, as well as peers, friends and family, with social media, pornography and other online sources playing a significant part in influencing understanding and behaviour.

Stigmatisation of sexually transmitted infections can cause people to feel anxious about their perceived status and lead to inaction in seeking a diagnosis.[lx] This not only leads to the further potential spread of STIs but also has long-term health ramifications as, if left undiagnosed and untreated, STIs can lead to a range of issues,[lxi] such as adverse pregnancy outcomes, neonatal and infant infections and blindness, and cardiovascular and neurological damage.

HIV remains an important health issue in the region, although its prevalence is relatively low compared to England as a whole and appears to be declining as a result of prevention measures and medications. The new diagnosis rate was 3 per 100,000 in 2021, and free and effective antiretroviral therapy (ART) has transformed HIV from a fatal infection into a chronic, manageable condition. People living with HIV in the UK can now expect to live into old age if diagnosed promptly but late diagnosis is, however, associated with higher mortality and is a particular concern in the region. This highlights the importance of public health messaging and testing services.

So, what can philanthropy do to help? There is a strong case for supporting charitable organisations working with groups at risk, particularly young people in deprived areas. This work could include: raising awareness of the issues; promoting an informed approach towards sexual relationships; supporting young people at risk of sexual exploitation; improving access to sexual health services and contraception; and creating a destigmatising culture.

Mental health

It will come as no surprise that mental health is one of the major themes of this report. The World Health Organisation defines it as:

> *"...a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."*[lxii]

So, if our collective mental health is not so good, then our communities themselves are not doing so well, which echoes Marmot's view at the start of this report. Wellbeing is measured by four indicators: anxiety, low happiness, low life satisfaction and low worthwhile feelings. Nationally, up to 2020, there had been a decline in the proportion of people with low life satisfaction and low happiness, with little change in high anxiety and low worthwhile feelings. Low wellbeing scores were more prevalent for economically inactive people, particularly the unemployed, those living with a disability, those from mixed ethnicity communities, and people aged 45 and 64. However, all wellbeing indicators worsened with the onset of the pandemic.

Research by the mental health charity MIND[lxiii] in 2021 reinforced the picture of a decline in mental health and wellbeing. It found that approximately one third of adults and young people reported that their mental health had worsened since March 2020. For people receiving benefits, 58% said their mental health was poor, whilst 88% of young people said loneliness during the pandemic had made their mental health worse. Worryingly, one in five adults did not seek support during this time, because they did not see their problem as serious enough.

The North East performs worse on the wellbeing measures than England as a whole as the table below indicates, and has shared the worsening trend, albeit that the rate of change has been less pronounced on the happiness and satisfaction scores:

Wellbeing indicator	Change in North East 2019 - 2021	Change in England 2019 - 2021
People with a high anxiety score	20.2% - 25.1% (+4.9%)	19.7% – 24.1% (+4.4%)
People with low happiness score	9.7% - 10.1% (+.4%)	7.8% - 9.2% (+1.4%)
People with low satisfaction score	5.4% - 7% (+1.6%)	4.3% - 6.1% (+1.8%)
People with low worthwhile score	4.5% - 5.6% (+1.1%)	3.6% - 4.4% (+.8%)

Civil society organisations deliver flexible, responsive and sustainable mental health support services, including crisis response, alongside statutory provision locally. These organisations are often especially good at giving people a voice to tackle stigma and discrimination, and promoting participation to ensure that things are done for people, not to them. **Philanthropy can help by supporting such services, particularly those that address overlapping needs that arise from the combination of mental ill-health and age, disability, sexual orientation and/or ethnicity.**

Government Social Research in 2022 pointed to a concern around the increasing rates of adolescent mental health issues prior to the pandemic and the subsequent downward trend had increased adolescent depressive symptoms and decreased life satisfaction beyond what would have been expected. In the North East, hospital admissions for self-harm have risen to the second highest rate in the country in the 10 to 24 age group. There is a clear link between self-harm and suicide,[lxiv] so we need to be aware that this is likely to be a contributory factor to our higher suicide rate. There's a distinct need for charities that work with young people who self-harm, both to reduce this phenomena and to reduce the likelihood that they move to having suicidal thoughts.

ONS data from 2019[lxv] tells us that, for disabled people, the effects on self-reported wellbeing are amplified, and their average ratings for happiness, worthwhile and life satisfaction are lower than for non-disabled people. This is further lowered where the disability is more severe and, generally, the effects are the same for both males and females. In 2018, 13.3% of disabled people reported feeling lonely "often or always," compared to 3.4% for non-disabled people.

Disabled people have a higher rate of suicide than non-disabled people,[lxvi] so services need to adapt to address these quite specific needs, creating accessible and inclusive provision and providing services which promote positive mental health in young people and work towards suicide prevention, through awareness raising of emotional wellbeing and training activities.

It's also important to remember that lesbian, gay, bisexual and transgender people are also more likely to experience depression, self-harm, alcohol and drug abuse and suicidal thoughts.[lxvii] This may be attributable to what some have argued is a continued **hostile environment** people in these communities face, so work to promote tolerance and inclusivity is an area where philanthropy can have a major impact.

As people get older, the spectres of Alzheimer's Disease and dementia raise their heads, and the diagnosis rate of dementia is generally higher than the England average across our region. Females are at an earlier risk, between the ages of 65 and 79, whilst males are at more risk at age 80 plus; ignoring Covid related death, dementia and Alzheimer's disease is a significant risk, and the North East's estimated dementia diagnosis rate was 66.2% for people aged 65 and over, or almost 22,000 registered patients.

An aging community presents compounded issues, as we will have to consider the specific needs of older people of Black, Asian and minoritised ethnic backgrounds, and of lesbian, gay, bisexual and transgender communities, who will have their own **specific requirements** as they get older and perhaps face Alzheimer's and dementia. This raises issues that traditional provision for older people is perhaps not suitably prepared for; for example, the lack of family due to **estrangement or 'heteronormative' language**.

Dental health

"As adults, we are able to use pliers to extract our own teeth, but I feel that this shouldn't be something that our children should have to endure." **Healthwatch: The Public's Perspective (2023)**

The lack of NHS dentists has been a burgeoning problem since before the pandemic, with nine out of ten NHS dentists now not able to offer services for adults, and the Chair of the British Dental Association's General Dental Practice Committee warning that NHS dentistry is at a "tipping point."[lxviii] There are a number of factors involved in England, including the lowest number of NHS primary care dentists per person, as well as a reduced number of dentists within the general dental services, both coinciding with "unprecedented demand from patients," all meaning that current capacity cannot meet the need.[lxix]

Without radical reform and policy action, The Nuffield Trust think tank predicts that the NHS dentistry service will not have a future.[lxx] Many commentators cite the government's recent action plan[lxxi] to ensure easier and faster access to NHS dental care across England but the British Dental Association believes that it does not go far enough and will not provide the radical reform needed.[lxxii] Whilst the action plan can ensure extra provision, the issue presents a widening health inequality in the North East. The HPE reported that, to 2019, 23.4% of children aged five years had dental decay; more significantly, the prevalence was nearly four times higher in the most deprived areas compared to the least deprived areas. Although the HPE reported that the hospital admission rate for extraction of teeth due to dental decay in children had reduced, this was likely caused by cessation of services during the pandemic and suggested that this might mean that more children are actually living with severe dental decay as a result.

Good dental hygiene is not just about brushing and caring for teeth; there's also the need for healthier diets with low sugar. However, as explored earlier, healthier diets are more costly, so children living in poverty are much more likely to have dental issues. There's also the impact of the cost-of-living crisis, which has increased the price of toothpaste so much so that teachers have been providing it to pupils to ensure they have regular access to toothpaste.[lxxiii]

There are significant health implications due to poor dental hygiene, which can lead to social isolation, a range of serious health conditions[lxxiv] such as obesity, cancer, cardiovascular disease and Alzheimer's, with associated links to a reduced life expectancy. As with all health issues, there's a disproportionate impact on vulnerable communities including those who face barriers through cost[lxxv] or that have difficulties managing self-care without appropriate support.[lxxvi]

Philanthropy can play an obvious part here in ensuring access to dental hygiene products through Food Banks, raising awareness of dental hygiene, and funding charitable dental services providing a last resort to people in most need.

Vaccination

Despite the generally good take-up of vaccinations in the region, there has been lower take-up amongst some minoritised ethnic groups and people living in areas of deprivation.

The North East has a lower proportion of people from non-White backgrounds than others in England.[lxxvii] Nonetheless, during the pandemic, those in our most deprived communities experienced a much greater mortality rate and, according to the HPNE, this reflects the *"...disproportionate direct and indirect impact of the pandemic on Black and Asian groups and deprived areas."* The reasons for this are complex and not fully understood, but may include a much lower uptake of vaccinations by people born outside the UK (81.8% compared with 93.4%)[lxxviii] and those whose main language is not English and who do not speak it or speak it well (72.0% compared to 88.6%). Over-50s were at greater risk, and national research showed that 93% of those with English as the main language received two Covid vaccinations against 73.1% who do not speak English.

Low take-up in the most deprived areas is as worrying, at 80.8% against 93.5% in the least deprived. National Institute for Clinic Excellence (NICE) guidelines on improving the uptake of vaccination in the general population[lxxix] identified language and literacy problems as a key barrier and people who live in areas of high deprivation are at risk of low take-up.

This suggests we must do more to ensure that people have the tools to interpret the information they receive. Rather than focusing on the process of 'informing' itself, which is the remit of the NHS and public health agencies, **philanthropy can play an important part in this area by supporting work that improves language skills, as well as funding work that engages diverse communities by providing safe community spaces where people can access information or by helping to provide advocacy and lobbying services that can remove barriers for marginalised groups**.

Specialist civil society organisations and medical research

There are many civil society organisations based nationally, regionally or locally that assist people affected by particular health conditions, or which meet needs for health-related information, advocacy and services. These range from medical research institutions of global significance in the fight against disease, like the Wellcome Trust, to agencies with a strong regional service-provision role, such as Macmillan Cancer Support and a host of small community organisations, often set up by people with lived experience of specific health issues to work at a very local level.

Philanthropy has a role in supporting all such organisations, whether through unrestricted donations to large national charities, support with the core costs of larger-scale service provision or more focused grants that develop the capacity and local activities of volunteer-led community groups. **The region's Community Foundations are particularly well-placed to support giving to small and medium-size organisations, especially those that address demonstrable gaps in, or add value to, existing provision.**

All aboard?

Health inequalities in coastal and rural areas of the North East

When we think of coastal and rural areas, we imagine bustling seaside towns and noisy amusement arcades or green rolling countryside and picture-postcard houses. Our conception of a coastal and rural idyll is perpetuated by numerous TV shows offering us a place by the sea or escape to the country. But the reality is somewhat different and in this section we examine the health challenges facing our coastal and rural communities, and the role of philanthropy in helping to tackle them.

Coastal and rural communities face significant economic, social and environmental challenges but their needs have tended to be overlooked given the focus on urban regeneration in social policy. The viability of coastal communities has been adversely affected by a combination of higher levels of deprivation; inward migration of older people; high levels of population transience, which may place additional demands on local services; outward migration of young people and associated shortages in the local labour market; poor housing and dependence on seasonal employment. Rural communities face many of the same underpinning issues. Their population is on average older and ageing at a higher rate than in more urban areas, which also reflects the inward migration of older people and a loss of young people. There are the same problems in the labour market and the same dependency on seasonal employment, and the supply of suitable housing is restricted. Poverty although perhaps better hidden is widespread and, as on the coast, there are additional challenges relating to transport networks in more isolated areas; the accessibility of services and, in the longer-term, the likely impact of climate change.

There is a commitment from government to address the needs of rural and coastal communities. But whilst the Round 5 of the government's Coastal Communities Fund distributed just over £100m across the UK, the North East shared a pot of £4.6m with three other regions.[lxxx] Rural communities fared better in the Rural England Prosperity Fund allocations,[lxxxi] with just over £7.1m allocated but this remains a modest amount given the scale of the issues.

> *"Coastal communities, the villages, towns, and cities of England's coast, include many of the most beautiful, vibrant, and historically important places in the country. They also have some of the worst health and wellbeing outcomes in England."*
> **BMJ, 2021**[lxxxii]
>
> *"...within even the most affluent (rural) areas, there can be real hardship, deprivation, ill health and inequalities."*
> **Public Health England, 2017**[lxxxiii]

The poor health of many people living in our coastal and rural communities is a cause for concern. **A 2021 report by the Chief Medical Officer** showed that coastal communities had higher rates of physical and mental ill-health and worse outcomes in terms of life expectancy and healthy and disability-free life expectancy. There was also a higher prevalence of risk factors for poor health correlating with deprivation such as obesity, smoking and excessive alcohol use. And, on top of the impact of a higher number of older residents and people living in deprivation, there appeared to be a "coastal effect" that increased rates of chronic obstructive pulmonary disease and serious mental health issues. In rural areas, inward and outward migration is also leading to an ageing population, with an associated increase in physical and mental ill-health. Deprivation may be less prevalent, but its impact on health

inequality is compounded by specific issues like the precariousness and seasonality of employment; fuel poverty; travel costs; digital exclusion and the inadequacy of much rural housing. There are also specific issues around social isolation and loneliness, especially amongst older people who may be new residents that lack social support networks.

Addressing health inequalities in coastal and rural communities will require a focus on philanthropic support for civil society organisations that address their specific challenges. Examples of fundable activities include:

- healthy living activities, and in particular those that aim to promote physical activity and a reduction in harmful behaviours such as smoking and alcohol and drug consumption.
- activities that help to alleviate social isolation and address mental ill-health. Research suggests that this issue affects both rural and coastal communities, and there are particular concerns around engaging older people, men, disabled people and lesbian, gay, bisexual and transgender communities. There is particular value in supporting community buildings as social centres, including initiatives like community pubs which can create social networks in isolated communities and provide a hub for localised services, such as post office and banking.
- work that alleviates deprivation, including work on general issues associated with poverty (e.g. advice on benefits or housing matters); support for foodbanks; work that alleviates fuel poverty; and community transport schemes. which support access to health and care services.

There needs to be a particular focus on the needs of isolated members of minoritised communities, and transient groups, such as those temporarily placed in coastal bed and breakfast accommodation or Gypsy, Roma and Traveller communities.[lxxxiv]

Philanthropy and health:
case studies

How Weights & Cakes CIC addresses health inequality through the medium of weightlifting

Weights & Cakes CIC was founded by Zoe Chandler, an Olympian Weightlifter, to raise spirits and confidence through the medium of Olympic Weightlifting. It supports children and young people aged 8 to 18 to achieve their potential and works in deprived communities across Sunderland, including Southwick, which is one of the most disadvantaged wards. Many children and young people in the city face rising levels of household poverty and a wide range of daily challenges, such as low educational engagement and poor health, with 36.7% overweight by Year 5 and 24.8% considered obese by Year 6. Levels of youth anti-social behaviour are high. Social isolation and mental health issues are also concerns, with the reduction of out-of-school activities and the cost-of-living crisis.

Weights & Cakes CIC received two grants from the Community Foundation Tyne & Wear and Northumberland's pilot participatory grant-making programme, which targeted local community organisations in Sunderland in late 2023 and early 2024. A grant of £2,000 in November supported a Christmas circus skills workshop/party for children and their families in and around Southwick, whilst a grant of £5,000 in January contributed to costs of organisational overheads for activities during 2024.

The smaller grant targeted families with children receiving free school meals, those struggling with the cost-of-living, disabled people, and lesbian, gay, bisexual and transgender communities. The project was successful in bringing the wider community together in a multi-generational event where everyone got to know more about each other, their families and children. The organisation reported an increased awareness in the club, its facilities and opportunities. Member enquiries increased and there was more 'buy in' from parents/carers to help with volunteer roles in the organisation. Weights & Cakes' programmes have shown a wide range of health-related benefits, such as improved physical and mental health and increased engagement in school and teamwork, as well as reducing engagement in anti-social behaviour. These are all factors that can contribute to reducing long-term health inequalities. And there have been personal achievements, with several children and young people becoming competition medal winners, improving their confidence, ambition and aspiration.

"Philanthropic funding enables us to help children and young people reach their potential at the earliest possible stage, by contributing to their personal, social and physical development. This is achieved through skills development, meaningful activities and positive pastimes. Helping them to develop skills in teamworking and independence supports them to understand their physical and mental health, and personal wellbeing. Our provision is unique, meaning we appeal to a wide audience and engage children and young people from diverse backgrounds across Sunderland, which helps to build strong relationships in and across these communities."

Zoe Chandler, Director and coach

How SEARCH - Services For Older People CIO address health inequality in the west end of Newcastle

Search was first registered as a charity 1979 to support pensioners living in the Benwell and Scotswood areas to get their 'entitlements.' Today it supports people aged 50+ living in Newcastle, with its main focus still on the poorer areas of Newcastle's west end. The majority of the people it supports are over pension age, and it finds that those most in need of its support are people on low incomes and living with multiple health conditions. The diversity in its communities has changed over the years and it now finds it is supporting an increasing number of people from the South Asian and Chinese Communities, for which it provides tailored support.

In March 2022, Search received a £9,845 grant from the Prime Fund at the Community Foundation Tyne & Wear and Northumberland for project and core costs over two years to support older people in the Inner West of Newcastle to stay healthy, safe and actively engaged in their communities. It had been unable to fully cover the salary of its Inner West activity worker but realised this was a key role within the organisation, as it played a vital part in its mission to reduce loneliness and isolation, give people purpose and structure to their days and improve the health outcomes for people in some of the most deprived areas of the city. The work included a broad programme of community-based activity, including social, wellbeing, arts, crafts, singing, dancing, and exercise groups, as well as Dementia Friendly activities and lunch clubs with Transport.

"We are extremely grateful for the Prime funding which has made a key contribution to helping us sustain this role along with a few other small grants and a contribution from our reserves. It helped people like Mr B, a 90-year-old widower, who had involvement with his local church. He was in the church one day when he spoke to our Activities Worker, she explained the groups she had running in the church and encouraged him to come along, which he did. The first time he didn't partake in the activity but observed with a cup of tea, he came back 2 weeks later and enjoyed a chat with his cup of tea and by week 4 he was involved in the activity – seated dance. Mr B was given one of our monthly activity schedules and he began to show up at other events and activities. He began to stay behind at the end of sessions and talk to staff as they cleared up, it was obvious he enjoyed the company, he begun to get involved in the clearing up saying he "wanted to feel useful." Sadly, Mr B passed away but the last part of his life when he was lonely he found friendship and purpose being involved with Search.

Philanthropic funding is essential for a small organisation like ours, it helps us retain and invest in staff and volunteers, supporting our work in the deprived communities in which we work, who rely on and trust in us. We don't have a national reach, or large fundraising campaigns, the infrastructure or receive the level of donations and corporate support which larger charities with a national presence would. Being grassroots based, we reach, engage, and gain the trust of people at neighbourhood level, we are shaped by the communities we support and engage those who are harder to reach, and we work on a very tight budget, so we can demonstrate the impact of every pound we receive.

The support we provide is important especially in areas in which we work where there is poor health outcomes, 55% of the people we support live alone so isolation and loneliness is a big contributory factor for the wellbeing and health of older people. Our support delays and prevents people needing formal care and support reducing demand on already stretched statutory services by supporting people to live healthier, happier, and independently for longer."
Chief Officer, Simon Luddington

Philanthropy in action:

Spotlight interview with Chris Drinkwater

Professor Chris Drinkwater CBE, FRCGP, FFPH (Hon), FRSA was an inner-city GP in Newcastle for 23 years and is emeritus Professor of Primary Care Development at Northumbria University.

Chris' pioneering work on health inequalities in the North East led him to work across the academic, public and community sectors, and his contribution in this field over more than three decades is recognised as being of national significance. He also understands the world of philanthropy having played an active role on the Board at the Community Foundation Tyne & Wear and Northumberland.

We asked Chris about health and health inequalities in the region, the role of civil society organisations in addressing the root causes of ill-health and how philanthropic funding can help.

Health inequalities seem to have many inter-related causes, and they affect not just how long people live but how healthy their lives are. Is the NHS able to address these issues on its own?

The NHS is increasingly focused on demand rather than long-term prevention and its definition of addressing inequalities tends to be about access rather than outcomes. But if you look at NHS data, demand is disproportionately coming from our disadvantaged communities, where people die younger and spend much longer in unhealthy lifestyles. The need for early intervention and prevention to tackle inequalities hasn't been addressed, which is why they have got worse rather than better over the last 14 years.

Unfortunately, most governments seem to think that better use of data and funding new scanners will solve the problem of inequalities and overlook the fact that if people don't have meaning and purpose in life this will impact their health and wellbeing! Local civil society organisations are the essential glue that hold communities together and they are great at providing activities that give people meaning and purpose.

So do we need charitable providers to work more closely with the NHS?

Yes! In recent years I have been involved in a registered charity called **Ways to Wellness** that has demonstrated significant financial savings for the NHS and gone from strength to strength. Its services include, for example, maternal mental link workers and a service for children and families with complex neuro-disability which get NHS and charitable funding to work across the North East and Cumbria.

But unfortunately there's currently a default position where the NHS funds bigger national charities and forgets about smaller local charities. Some of these bigger charities are announcing redundancies as they are finding it harder to cover shortfalls in funding. Smaller charities will however struggle to fill the gap. They don't have the reserves to cover the shortfall in delivering NHS contracts, which squeeze their overheads and expect miracles with small amounts of money and a reliance on volunteers rather than paid staff.

Interestingly the National Lottery Community Fund has just launched a paper on what they call '**Co-missioning**', which proposes that providers, charities, and the NHS will need to sit down together if they are going to get serious about a collaborative approach, building on community assets. A particular barrier currently is that NHS commissioning and contracting with civil society organisations usually involves a complex standard NHS contract. Ways to Wellness got around this by developing a special purpose vehicle model to provide their long-term conditions and maternal mental health service. This holds the NHS contract and sub-contracts with local providers that then employ the local link workers and deliver the service.

It also provides training and support to them through a learning community approach and ensures a common approach to data collection to demonstrate impact. The advantage of having staff in civil society organisations but paid for by the NHS is that they have far more autonomy to do what is best for the patient, they are more likely to know and understand what might work within the local context and they are less bound by inflexible rules and guidelines.

I have some concerns that the NCLF haven't necessarily recognised the need for this type of special purpose vehicle to support and drive collaboration at a local level. Of course, this isn't always easy to do, as it can be seen as taking all the money and leaving scraps for others.

It sounds like more thought needs to be given to creating genuine partnerships that make the most of what civil society organisations and communities themselves can do to improve health...

Yes, I think that's right. But nobody seems to recognise the costs of driving collaboration. It needs people to do it, basically, and it needs both community and NHS credibility, which isn't that common, and it consumes a fair amount of time. Some of this also carries over into how to spread good practice. Local systems want to do their own thing and often resist attempts to get them to adopt practice from elsewhere. This needs someone or an organisation with a nuanced approach who is able to work with the local system to help them adapt and adopt a common good practice approach within the local context.

I think it would be interesting to look at the number of new charities dealing with the range of children's issues, like autism, mental health and neurodivergence, which I think has mushroomed. My experience is when you don't have statutory services, you get people coming together to take action. And there's no statutory support for this, so personally I think there should be a 'Council Tax' for this, a 'Voluntary Sector Tax', if you like, which could sit in a regional pot to be distributed to disadvantaged and needy areas.

People's long-term health relies on good support in their early years. What needs can you identify around children's health, and are there adequate services to meet them?

We have a major crisis in our schools, as there's too much focus on educational attainment and STEM and not enough focus on social and

emotional learning, so there's not enough of a culture around creating more empathic and resilient young people. This is something that needs to be tackled urgently and the NHS isn't going to do this. If you look at waiting times for mental health services, they are through the roof. The NHS is struggling to deal with demand and so we need to be looking more upstream. We need to be doing more about what is causing increased demand and provide more support to schools.

Until recently I was a Director of West End Schools Trust, made up of nine schools in the West End of Newcastle, which has a degree of autonomy from the local authority. We were getting self-harming behaviour in years five and six in primary schools. This used to be a secondary school phenomenon but we're getting it in younger and younger age groups. The level of anxiety in primary school children and of school absence and school refusal are higher than they used to be. Some of that is around the cost-of-living crisis, and the number of families attending Food Banks, as well as the weakening of parent's relationships with schools when they were closed by the pandemic.

I've been involved with link workers in primary schools who are working with children at risk of mental health issues. They are looking at early interventions, using the **Young People's Strengths and Difficulties questionnaire**, so they identify those at risk. It's often the most disruptive pupils who are noticed, and not the quiet, anxious and depressed children, who don't cause bother so are overlooked, so we really do need a whole school approach.

Dental health is another major issue. There is work going on with the Dental School and the West End Food Bank in Newcastle, talking to children and families about oral health which is part of a bundle of issues we're not really addressing in any sustained and systematic way. It needs a more collaborative approach between education, health services and local authorities, so that they can manage the problems in schools and support the families they identify as vulnerable.

What is your advice to people who might be thinking of philanthropic giving but worry that this might just duplicate the work of statutory services?

I think my advice would be that health and wellbeing are much broader than health or local authority services, and there is a big role for civil society organisations.

If you look, there are an enormous number of organisations with health and wellbeing as part of their charitable purposes. They don't always collaborate, and they sometimes compete, but if you focus on a small geographic area, you can learn which organisations are effective. Over time you can begin to influence links between organisations you've funded, and your Philanthropy Advisor can really help here by suggesting connections, as they will have that local knowledge. And you can influence people and local organisations to be inclusive and collaborative rather than exclusive.

And philanthropic funding can support the local ecosystem of civil society providers, targeting 'left behind' communities that have less assets. I'm still wedded to this idea of place-based funding, although this might be seen as local or combined authority responsibility. Everywhere is different, and it's important to address local need, for example, getting people job ready and into meaningful employment where there is high unemployment, which will impact on health inequality.

So should philanthropy focus on the places, issues and approaches where it will have the greatest impact in reducing health inequalities?

Yes, and most importantly, the impact in areas like mental health and wellbeing that you can have as a philanthropist will improve people's healthy life expectancy much more than the NHS could, because the organisations you fund aren't as constrained and controlled by central policy directives.

Appendix 1:

Table of Indicators

Health indicator		North East	England	South East
Life expectancy	female male	81.2 77.2	82.8 78.9	83.8 80.1
Expected years of good health	female male	59.0 59.4	63.5 63.2	65.8 65.5
% adults overweight or obese		69.7%	63.5%	62.4%
% adults who smoke cigarettes		13.1%	12.7%	11.5%
% adults drinking more than 14 alcohol units a week		24%	21%	22%
% of adults taking part in 150 mins or more a week of physical activity 2021-22		60.9%	64.2%	66.5%
Obesity in children at:				
Reception	female male	11.3% 10.8%	9.7% 10.1%	8.6% 9.2%
Year 6	female male	20.3% 26.1%	18.4% 23.6%	15.7% 19.8%
Deaths from Covid for every 100,000 people in 2021		263	245	219
Deaths by suicide for every 100,000 people		12.8	10.5	10.4
Anxiety disorders for every 100,000 people	female male	519.6 325.1	517.2 324.7	519.5 326
Emergency hospital admissions for self-harm for every 100,000 people		273.9	181.2	201.9

References

i **https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/health-inequalities-nutshell#:~:text=Health%20inequalities%20are%20experienced%20between,groups%20(for%20example%2C%20people%20who**

ii **https://www.statista.com/statistics/301992/health-spending-uk/**

iii **https://www.bmj.com/content/371/bmj.m4973**

iv **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#overview**

v **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#introduction**

vi **https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health/adult-obesity-applying-all-our-health** and **https://www.alzheimers.org.uk/about-dementia/managing-the-risk-of-dementia/reduce-your-risk-of-dementia/physical-activity**

vii **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#summary-11---healthy-life-expectancy**

viii **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#trends-in-mortality-and-leading-causes-of-death**

ix **https://assets.publishing.service.gov.uk/media/6241787ce90e075f07426de0/The_impact_of_the_COVID-19_pandemic_on_adolescent_mental_health.pdf**

x **https://www.ageuk.org.uk/latest-press/articles/2020/10/age-uk--research-into-the-effects-of-the-pandemic-on-the-older-populations-health/**

xi **https://www.gov.uk/government/publications/improving-social-mobility-through-education**

xii **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#key-findings**

xiii **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalareasoftheuk/between2001to2003and2020to2022**

xiv **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2020to2022#healthy-life-expectancy**

xv **https://www.jrf.org.uk/we-can-solve-poverty-in-the-uk**

xvi **https://www.mind.org.uk/about-us/our-strategy/working-harder-for-people-facing-poverty/facts-and-figures-about-poverty-and-mental-health/**

xvii **https://www.health.org.uk/evidence-hub/money-and-resources/income/relationship-between-income-and-healthy-life-expectancy-by-neighbourhood**

xviii **https://fingertips.phe.org.uk/profile/wider-determinants/data#page/3/gid/1938133045/pat/15/par/E92000001/ati/6/are/E12000001/iid/93351/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1**

xix **https://www.ippr.org/articles/working-well-improving-work-health-in-the-north-east**

xx **https://www.jrf.org.uk/social-security/guarantee-our-essentials-reforming-universal-credit-to-ensure-we-can-all-afford-the**

[xxi] **https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/be-active-for-your-mental-health/**

[xxii] **https://www.who.int/data/nutrition/nlis/info/low-birth-weight**

[xxiii] **https://www.nuffieldtrust.org.uk/resource/low-birth-weight**

[xxiv] **https://post.parliament.uk/impact-of-covid-19-on-early-childhood-education-care/**

[xxv] **https://www.nhs.uk/conditions/obesity/**

[xxvi] **https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health/adult-obesity-applying-all-our-health**

[xxvii] **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#obesity**

[xxviii] **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#childhood-obesity**

[xxix] **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#detailed-analysis-and-charts-1**

[xxx] **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#obesity**

[xxxi] **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html#detailed-analysis-and-charts-4**

[xxxii] **https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance**

[xxxiii] **https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf**

[xxxiv] **https://www.sciencedirect.com/science/article/pii/S0167629622000601#sec0022**

[xxxv] **https://www.gov.uk/government/publications/direct-and-indirect-health-impacts-of-covid-19-in-england-emerging-omicron-impacts/direct-and-indirect-health-impacts-of-covid-19-in-england-emerging-omicron-impacts**

[xxxvi] **https://www.nice.org.uk/guidance/cg189/documents/health-inequalities-briefing-2**

[xxxvii] **https://foodfoundation.org.uk/press-release/major-report-highlights-impact-britains-disastrous-food-policy**

[xxxviii] **https://researchbriefings.files.parliament.uk/documents/CBP-8585/CBP-8585.pdf**

[xxxix] **https://www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units/**

[xl] **https://www.nhs.uk/live-well/alcohol-advice/the-risks-of-drinking-too-much/**

[xli] **https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-mental-health**

[xlii] **https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30119-5/fulltext**

[xliii] **https://www.gov.uk/government/news/dependence-on-prescription-medicines-linked-to-deprivation**

[xliv] **https://www.drugwise.org.uk/is-drug-use-mainly-in-deprived-areas/#:~:text=Opiate%20and%20crack%20use%20are%20also%20strongly%20linked,ranked%20in%20the%2030%25%20most%E2%80%AFdeprived%20areas%20in%20England** and **https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority**

xlv **https://www.gov.uk/government/news/dependence-on-prescription-medicines-linked-to-deprivation**

xlvi **https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics#:~:text=28%25%20of%20people%20in%20alcohol%20treatment%20reported%20having,treatment%20live%20in%20the%2030%25%20most%20deprived%20areas**

xlvii **https://www.gov.uk/government/publications/substance-misuse-and-people-with-learning-disabilities/substance-misuse-in-people-with-learning-disabilities-reasonable-adjustments-guidance**

xlviii **https://www.drugwise.org.uk/is-drug-use-mainly-in-deprived-areas/#:~:text=Opiate%20and%20crack%20use%20are%20also%20strongly%20linked,ranked%20in%20the%2030%25%20most%E2%80%AFdeprived%20areas%20in%20England**

xlix **https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#radical-reform-of-leadership-funding-and-commissioning**

l **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/deprivationandtheimpactonsmokingprevalenceenglandandwales/2017to2021**

li **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018**

lii **https://www.nhs.uk/better-health/quit-smoking/vaping-to-quit-smoking/young-people-and-vaping/**

liii **https://www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service/**

liv **https://www.gov.uk/government/publications/sexually-transmitted-infections-north-east-data/spotlight-on-sexually-transmitted-infections-in-the-north-east-2022-data#summary**

lv **https://www.gov.uk/guidance/ctad-chlamydia-surveillance-system**

lvi **https://assets.publishing.service.gov.uk/media/5a7d738eed915d2d2ac09097/NCSP_achieving_DR.pdf#:~:text=In%20June%202013%2C%20in%20consultation%20with%20PHE%2C%20the,that%20local%20authorities%20work%20toward%20achieving%20this%20level**

lvii **https://www.bmj.com/content/384/bmj.q202**

lviii **https://www.sciencedirect.com/science/article/abs/pii/S175172221730241X**

lix **https://learning.nspcc.org.uk/media/3030/children-young-people-views-learning-about-relationships-sex-sexuality.pdf**

lx **https://www.brook.org.uk/your-life/stis-and-stigma/**

lxi **https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis**

lxii **https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response**

lxiii **https://www.mind.org.uk/about-us/our-policy-work/coronavirus-research/**

lxiv **https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/why-people-self-harm/**

lxv **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilitywellbeingandlonelinessuk/2019**

[lxvi] **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/sociodemographicinequalitiesinsuicidesinenglandandwales/2011to2021**

[lxvii] **https://www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics**

[lxviii] **https://www.bda.org/media-centre/nhs-dentistry-at-a-tipping-point-as-bbc-reveal-true-extent-of-access-crisis/**

[lxix] **https://www.nature.com/articles/s41415-023-5737-5**

[lxx] **https://www.nuffieldtrust.org.uk/sites/default/files/2024-01/Nuffield%20Trust%20-%20NHS%20dentistry%20policy%20briefing_WEB_Jan.pdf**

[lxxi] **https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry**

[lxxii] **https://www.bda.org/media-centre/nhs-recovery-plan-unworthy-of-the-title-say-dentists/**

[lxxiii] **https://www.bda.org/media-centre/4-in-5-teachers-providing-pupils-with-toothpaste-and-brushes-as-cost-of-living-crisis-bites/**

[lxxiv] **https://www.aaosh.org/connect/15-health-issues-caused-by-poor-oral-health**

[lxxv] **https://www.nature.com/articles/s41404-021-0675-x**

[lxxvi] **https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-8-oral-hygiene#specific-oral-hygiene-issues-for-vulnerable-children-and-adults**

[lxxvii] **https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest/**

[lxxviii] **https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#covid-19-vaccinations**

[lxxix] **https://www.nice.org.uk/guidance/ng218/chapter/Recommendations**

[lxxx] **https://www.gov.uk/government/publications/coastal-communities-fund-round-5-progress-report/coastal-communities-fund-round-5-progress-report-england-accessible-version#how-ccf-round-5-was-invested-in-england**

[lxxxi] **https://www.gov.uk/government/publications/rural-england-prosperity-fund-prospectus/rural-england-prosperity-fund-allocations**

[lxxxii] **https://blogs.bmj.com/bmj/2021/07/21/the-health-of-coastal-communities-a-national-problem/**

[lxxxiii] **https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf**

[lxxxiv] This section draws on Public Health England (2019) ‘An evidence summary of health inequalities in older populations in coastal and rural areas’ and the joint report with Age UK on health inequalities for older men, older people from ethnic minorities and older LGBTQ+ people in coastal and rural communities together with the 2021 report from the Chief Medical Officer (CMO) on Health in Coastal Communities. Additional material is included from the LGA/PHE (2017) report at **https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf**

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While the group advises on data sources, analysis and findings, the Community Foundation has overall editorial responsibility. The content and findings of our Vital Signs reports reflect the Community Foundation's conclusions not the individual views of editorial group members or of Newcastle Building Society.

Let's talk

We hope that this report will inspire more of you to give to causes that contribute to improving health. You can help inform our work on this and the other Vital Signs themes by completing the Vital Signs North East 2024 questionnaire. Just visit **www.communityfoundation.org.uk/vitalsigns** or scan the QR code below.

If you would like to discuss this report further, or what you could do to help, please contact us:

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