A new vision for ‘The Taylors’
Improving health in County Durham
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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>2</td>
</tr>
<tr>
<td>Health and wellbeing across County Durham</td>
<td>3-7</td>
</tr>
<tr>
<td>Reducing smoking levels in County Durham – our challenges and achievements</td>
<td>8-13</td>
</tr>
<tr>
<td>Introducing the Taylor family</td>
<td>14-17</td>
</tr>
<tr>
<td>Our priorities and actions</td>
<td>18-19</td>
</tr>
<tr>
<td>What will this mean for the Taylor family?</td>
<td>20</td>
</tr>
<tr>
<td>Recommendations</td>
<td>21</td>
</tr>
</tbody>
</table>
Foreword

I would like to welcome you to my first annual report. It is my role as Director of Public Health to promote and protect the health and wellbeing of people in County Durham.

Good health is central to people’s happiness and wellbeing. It also makes an important contribution to the local economy as healthy people live longer and are more productive.

I am delighted to be working in County Durham. As the largest local authority in the North East with over 524,000 residents, I was attracted to the role due to the scale of the opportunity but also the diversity across the county.

County Durham has so many positive aspects, from the Heritage Coast to the City of Durham with its top 100 university, cathedral and castle making it a centre of culture, to towns and villages steeped in history.

It is also diverse from a health and wellbeing perspective. The county’s residents have different experiences of health and illness patterned by socioeconomic status, which includes their life expectancy, healthy life expectancy and key challenges across the lifecourse in smoking levels, breastfeeding, mental health and an increasingly older population with a range of health conditions. There are a wide range of organisations working in County Durham committed to improving health and wellbeing which is also very positive.

It is time to think afresh about how we address these challenges with our local communities, and in a positive way. It has been five years since public health teams transferred to local authorities from the NHS. It is therefore timely to review our approach to improving and protecting the public’s health, as well as the public health function in Durham County Council.

This report shares the work that has been done in the last year and sets out a new plan for the health and wellbeing of County Durham. This plan is built on some huge achievements over the last five years, including a major reduction in our smoking levels. This is highlighted in the report and demonstrates what we can achieve by working together. However we have much more to do. In this report I have set out our approach to understanding local health and wellbeing through our Joint Strategic Needs Assessment (JSNA). This has helped me to look at the health and wellbeing across County Durham and determine the priority areas to focus our collective efforts on.

Our vision and plan sets out how the whole council can contribute to the health and wellbeing of the people in County Durham. As Director of Public Health, my team can only achieve change by working with others and this includes those seeking to improve housing, employment, education and our local environment.

In setting out refreshed priorities, it has been really important to ensure that we seek to reduce any differences in health across our county, and between County Durham and the rest of England that are unacceptable and preventable.

Most importantly, my role is about working with and on behalf of local residents and the Elected Members that represent those residents.

To that end I have used a family approach throughout this report. You will be introduced to the Taylor family. This is a fictional family, but they serve to highlight the issues some of our local families do face as well as what we can achieve collectively to improve better health and wellbeing.

I hope you enjoy this report and see how you can get involved in the actions that I have set out.

Amanda Healy
Director of Public Health
Health and wellbeing across County Durham

The Joint Strategic Needs Assessment (JSNA) has a range of information to help us understand the major health and wellbeing issues of importance locally.

It helps to inform the planning and improvement of local services and guides us to make the best use of the funding. It is a must do for the local authority working with colleagues in the clinical commissioning groups in County Durham which are responsible for commissioning healthcare and informs our Joint Health and Wellbeing Strategy (JHWS) locally. This responsibility is carried out by the Health and Wellbeing Board.

County Durham’s JSNA is not just about health and social care, but reflects the many factors that can influence people’s health and wellbeing. Locally it has provided the evidence base for the JHWS, and has informed the development of other key strategies and plans, including the Sustainable Community Strategy, the Children, Young People and Families Plan, the Mental Health and Wellbeing Strategic Plan, the Smoke Free Tobacco Control Alliance Plan, the Domestic Abuse and Sexual Violence Plan, the Affordable Warmth Strategy and Cold Weather Plan, and the Oral Health Strategy.

Traditionally JSNAs have adopted what can be described as a deficit model of health and wellbeing focusing on problems, needs and deficiencies in communities such as deprivation, illness and death. Whilst it is important that we continue to understand population health and wellbeing needs and health inequalities, it is no less important that we understand the assets (or strengths) that people, communities and groups have in order to use this support and improve their health and wellbeing. By focusing on what’s strong not what’s wrong, a good JSNA can identify those local assets (strengths) which are improving health and wellbeing such as groups, networks, activities, spaces and service provision. Our local JSNA is starting to include these assets to provide a whole picture of health and wellbeing.

Durham Insight is a shared intelligence, research and knowledge base for County Durham, informing strategic planning across Durham County Council and its partners, and by thematic partnerships. The aim is to provide users an easy way to access and share information, intelligence, research and knowledge for deeper insights about their local area or communities. The main aim of this site is informing and supporting our Joint Strategic Needs Assessment and other assessments and strategies managed by the authority and its partners.

https://www.durhaminsight.info/
Key messages from the JSNA

Our county

- County Durham is the seventh largest authority in England, lying at the heart of the North East region. It covers a total area of 862 square miles with a variety of landscapes rich in wildlife, attractive countryside, villages, historic towns and coastline. It is home to around 524,000 people, of whom 238,500 are in employment. The population is projected to grow to 566,000 people by 2039. There are around 17,120 businesses employing nearly 170,000 employees. County Durham shares many of the problems of the North of England, arising from a long term pattern of sectoral change and industrial decline. It also has unique challenges arising from its legacy of scattered industrial settlements, and its lack of large urban areas to drive growth.

- The county, though commonly regarded as a predominantly rural area, varies in character from remote and sparsely populated areas in the west, to the former coalfield communities in the centre and the east, where villages tend to accommodate thousands rather than hundreds. Around 90% of the population lives east of the A68 road in approximately half of the county by area.

- Overall health and wellbeing has improved significantly in County Durham but it still remains worse than the England average. In addition, large health inequalities still remain across County Durham, especially with regards to breastfeeding, babies born to mothers who smoke, childhood obesity and premature deaths. The impact of this becomes obvious when looking at life expectancy; a child born today in the most deprived areas of County Durham could expect to live between 7 and 8 years less than one born in the least deprived areas.

Our children

- There are around 28,000 children under 5 years old living in the county and over 100,000 under 18s.

- Unlike the national trend, the county has seen a gradual fall in the number of its children and young people since 2001.

- However, the number of pre-school children aged 0 to 4 is projected to increase by 3% by 2039.

- Almost 21,000 of our children and young people live in poverty.

- Childhood obesity is a persisting issue, with almost one in four 10-11 year olds being obese; this is significantly worse than England.

- Admissions to hospital caused by unintentional and deliberate injuries are significantly higher than England at almost 1,500 admissions per year.

- GCSE attainment and the number of children with a good level of development at the end of reception is similar to national levels.

- First time entrants to the youth justice system saw a reduction of 45% between 2010 and 2016.
Our adults

- There are around 316,000 people of working age (18-64) living in County Durham and this is predicted to decline by over 2% by 2039.
- Over 90,000 people are living in income deprivation and over 30,000 households in fuel poverty.
- Long term unemployment is higher locally than the national average; 5 people per 1,000 of the working age population are in long term unemployment.
- Smoking rates are reducing over time but there is still a long way to go to reach our target of 5% prevalence by 2025.
- Smoking prevalence is still much higher in the more deprived areas of the county.
- Similar to the rest of the UK, poor mental health is a significant burden of illness in the population. In County Durham there are over 42,000 people registered with depression.

Our older people

- County Durham has an ageing population with over 105,000 people aged 65+ and over 12,000 aged 85 and over.
- The number of people aged 65 and over has increased by nearly 30% over the last couple of decades, and now represents one fifth of the county’s resident population – this increase is predicted to continue.
- Around 25,000 pensioners are living alone and there are similar numbers living in deprivation. Many older people experience both isolation and poverty.
- Almost 5,000 people live with dementia. This is predicted to increase over the coming years.

Our assets

- The county has many physical assets with a World Heritage Site, 70 parks and open spaces, an area of outstanding natural beauty covering the upper Teesdale and Weardale and 15km of defined Heritage Coast. The attractiveness of the local environment is reflected in the number of awards the county has received which includes 21 green flags for parks and green spaces.
- Partnership working in County Durham is very well established and there is a real commitment to improve and protect the health of local residents.
- There are many examples of community volunteering projects through which local people give their time to improve their local environment. The most high profile event is the Big Spring Clean which runs on an annual basis and saw 4,131 volunteers giving up 5,417 combined hours to collect 4,123 bags of rubbish.
A walk through the lifecourse in County Durham

Some of the health issues are set out in the walk and how we compare across County Durham. Understanding these differences helps us to focus our attention to ensure our local people can ‘start well, live well and age well’.

Starting Well
- 18.4% Smoking at time of delivery
- 2.1% Deliveries that are to teenage mothers
- 54.3% Breastfeeding initiation
- 27.6% Breastfeeding at 6/8 weeks
- 23.9% Children living in poverty
- 23.7% Children with excess weight (reception)
- 36.2% Children with excess weight (Year 6)
- 2.1% Deliveries that are to teenage mothers

Living Well
- 14.2% Estimated smoking prevalence *
- 6.6% Diagnosed with Asthma (all ages) *
- 3.3% Diagnosed with Chronic Obstructive Pulmonary Disease (COPD) *
- 16.6% Percentage of people reporting a long-term mental health problem *
- 2.4% Unemployment
- 57.6% GCSE Achievement (5A*-C inc. Eng & Maths)
- 17.8% Living with low income

Ageing Well
- 33.0% Pensioners living alone
- 23.6% Living with a limiting long term illness or disability
- 0.9% Diagnosed with dementia *
- 19.4% Older people living in deprivation

Healthy Life Expectancy
- 52.6% Life expectancy at birth
- 61.6% Life expectancy at age 65

Key
- Best Middle Super Output Area in County Durham
- Worst Middle Super Output Area in County Durham

Note: *denotes GP registered population

A Middle Layer Super Output Area (MSOA) is a small geographic area. They are part of a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. There are 66 MSOAs in County Durham with an average population of around 7,500.
How we have made a difference to health and wellbeing

While we have outlined many health and wellbeing challenges in the JSNA and walk through the lifecourse, we have also had some major achievements in improving health in recent years. Reducing levels of smoking is one such area and of critical importance given the impact it has on people’s health, finances and those that live with them.

Reducing levels of smoking

Vision statement

A child born now in any part of County Durham will reach adulthood breathing smoke free air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make it happen.

In refreshing our priorities based on the JSNA, I have reflected on where we have made real changes to local people’s health and wellbeing and what contributed to that change.

The impact of smoking on our local residents has been a key challenge over many years. The current impact of smoking in County Durham can be seen on page 10 (smoking in County Durham our challenges).

In the Taylor family, John and Sarah smoke and this has an impact on them and those around them. John and Sarah are two of the 60,000 smokers in County Durham.

In years gone by, that number would have been much greater. Even since 2012, there has been a reduction of 22,000 smokers, more than the capacity of an international cricket match at the Emirates Riverside Stadium.
County Durham tobacco alliance partners deliver a comprehensive tobacco control package of eight key strands:

- Building infrastructure, skills and capacity, and influencing decision making through advocacy
- Reducing exposure to tobacco smoke
- Motivating and supporting smokers to stop
- Media and communications, social marketing
- Tobacco regulation
- Reducing availability and supply e.g. on illicit tobacco
- Reducing advertising and promotion
- Research, monitoring and evaluation

Working together we can support our local residents to give up smoking and to make their home and local environment smoke free.

We have a clear ambition for where we want to be:

**To achieve 5% smoking prevalence level by 2025.**

This has not happened by chance alone but by the concerted effort and support of local people wanting to make changes. We have taken a long term ambitious approach to reducing smoking levels in County Durham through the work of our local tobacco alliance. The tobacco alliance is made up of several organisations including the NHS, partners across Durham County Council, stop smoking service provider and the voluntary sector, and is championed by elected members.
Smoking in County Durham

Our challenges

- **Smoking at time of delivery**: 900 babies are born to mothers who smoke.
- **Low birth weight**: 3% of newborns have a low birth weight.
- **Young people**: One in ten 15 year olds smoke.
- **Smoking prevalence**: 14% of adults smoke. People working in routine and manual jobs are more likely to smoke. Smoking and smoke-related ill health are higher in more deprived areas.
- **Hospital admissions**: Over 6,500 people set a quit date with the stop smoking service last year.
- **Over half of these had quit at four weeks**.
- **Cost to the economy**: Hospital admissions due to smoking cost £35 per head.
- **People in poverty**: Over half of these had quit at four weeks. Around 1,000 people a year die from causes attributable to smoking. Nearly 7,000 households would be lifted out of poverty if money wasn’t spent on tobacco.
- **Disease**: 20,000 people are registered with COPD, 40,000 people are registered with asthma, 500 new cases of lung cancer a year, 75 new cases of oral cancer a year.
- **Hospital admissions**: Over 7,000 hospital admissions are attributable to smoking. Nearly 300 children admitted to hospital for asthma.
- **Mortality**: Around 1,000 people a year die from causes attributable to smoking. 30% of adult deaths were smoking-related. 200 premature deaths from lung cancer.
- **Emergency admissions**: Nearly 2,000 emergency hospital admissions for COPD last year.
Making smoking history in County Durham

Our achievements

- Reducing exposure to secondhand smoke
  - Smokfree families
- Reducing the availability of tobacco products
  - Protecting children from under age sales
- Helping smokers quit
  - A new stop smoking service launched in 2016
  - Working with maternity services to reduce smoking in pregnancy
  - Wellness on wheels
- Tobacco regulation
  - Smokefree play parks
  - Smokefree touchlines
- Media, communications and social marketing
  - Infrastructure to deliver tobacco control
  - Stoptober
- Research, monitoring and evaluation
  - Targeted wellbeing community asset based approach
  - Health Equity Audit
  - Small area geography
  - Lead commissioner of Fresh, an award winning tobacco programme
  - Fire service safe and well visit referrals to the stop smoking service
  - A Smokefree NHS, leading the way
- Reducing the supply of illicit tobacco
  - Stamping down on illicit tobacco sales - detection dogs highlight dangers of illegal tobacco
- Durham receives CLeaR award for local tobacco control work
Introducing the Taylor family

This is a fictional County Durham family – the Taylor family. However, they face some of the key challenges that a lot of our local communities face.

This is Sarah and John

John is in a low paid job and worries about money especially with a new baby on the way. Sarah is pregnant and has been drinking quite a lot to cope. They live in a privately rented house. John and Sarah are smokers.

And Dan, teenage son from a previous relationship

Dan is Sarah’s son from a previous relationship. He was doing well at school but felt under pressure to do better and ended up dropping out of school. He has been staying at a friend’s house on the sofa and taking drugs to fit in with his friends.

They have two younger children, Olivia and Callum

Callum has a learning disability and Olivia is overweight. They both eat lots of fast food and play video games for hours after school.

And grandparents, Jean and George

Their house is always cold and damp and George was very ill with the flu last winter. Both struggle to get around their home safely. Jean has just had a fall and can no longer care for George. They often feel isolated from their community.
And while the Taylor family may face challenges they also have some real positives in their lives:

- Strong sense of family and support for one another.
- Callum receives good support in school.
- John enjoys his job and has some great friends. He coaches at the local football team.
- Sarah is very caring and spends time helping out at Olivia’s school.
- Jean until recently volunteered at the knit and natter group, teaching others to knit.
- Dan enjoys physical activity and runs on a regular basis.
- Olivia goes to arts and crafts at the children’s centre.
- Sarah and John provide a loving, safe home for Olivia and Callum and keep in touch with Dan.
- George enjoys researching his family history.

Supporting and working with the Taylor family to improve health and wellbeing in County Durham are a plethora of organisations. The County Durham Partnership is made up of key public, private and voluntary sector organisations that work together to improve the quality of life for the people of County Durham. The County Durham Partnership is made up of five thematic groups, altogether wealthier, altogether better for children and young people, altogether healthier, altogether safer and altogether greener. These groups work collectively in a range of partnerships including the County Durham Health and Wellbeing Board, the Safer Durham Partnership, County Durham Children and Families Partnership and the Area Action Partnerships. Improving the public’s health can only happen by working with other partnerships in County Durham which are a key asset.
The JSNA has helped us to draw out some key challenges faced by the Taylor family. Identifying these challenges have helped us to agree our priorities for action.

The Taylors 2018

- Around 1/3 of dwellings are social or private rented.
- Over 25,000 people are economically inactive due to long term sickness.
- Over 30,000 households experience fuel poverty.
- 46 full classrooms of 4-5 year olds with excess weight.
- For every 1,000 school aged children there are 44 with a known learning disability.
- Over 600 16-18 year olds are not in education, employment or training.
- Each year over 60 young people are admitted to hospital for substance misuse.
- 1 in 6 mums are smokers when they have their baby.
- 1 in 3 adults drink over 14 units of alcohol a week.
- For every 100 routine and manual workers 21 are current smokers.
- 2 out of 3 adults are overweight or obese.
- Around 19,000 people aged over 65 are lonely.
- 7 out of 10 eligible people aged over 65 received the flu vaccination.

Seven strategic priorities to make a difference

- Good jobs and places to live, learn and play
- Every child to have the best start in life
- Mental health at scale
- Promoting positive behaviours
- High quality drug and alcohol services
- Better quality of life through integrated health and care services
- Healthy workforce
Our priorities and actions

It is my role to ensure that the priorities identified are turned into action. It is only by joined up action, similar to that I have described around smoking that the Taylor family will be able to have healthier lives.

Key actions that will take place in the next year are set out below.

**Good jobs and places to live, learn and play**

**Action**
- To develop health standards for private landlords to implement.
- Older people to have support to ensure their homes are warm and safe and not at risk of fuel poverty.
- Set out a plan to restrict the increase in take-away food premises.

**Every child to have the best start in life**

**Action**
- All schools in County Durham working towards healthy schools with emphasis on mental health.
- Provide dedicated support for women smoking while pregnant and include support for their partners.
- Introduce breastfeeding friendly venues.
- To understand the health and wellbeing needs of children with special educational needs and disability.

**Mental health at scale**

**Action**
- Support small businesses to take action about mental health, and train staff to become mental health first aiders.
- Get involved in *time to change* to reduce stigma and discrimination due to mental health.
Promoting positive behaviours

**Action**
- Introduce the Active 30 to help children to become more active.
- Reducing exposure to second hand smoke.
- Increase awareness about the risks of alcohol.

High quality drug and alcohol services

**Action**
- To support people needing help with our new drug and alcohol service.
- To work with families to help them with drug and alcohol issues.
- Promote awareness about sensible levels of alcohol intake.

Healthy workforce

**Action**
- Support organisations to promote the wellbeing of their staff.
- To reach more organisations with our Better Health at Work award.
- To support a range of marketing campaigns to promote health and wellbeing.

Better quality of life through integrated health and care services

**Action**
- To encourage people to have the flu vaccination.
- To work with health and social care organisations to integrate services to improve quality of life.
- Support people to get involved in local social and physical activities to reduce social isolation.
What will this mean for the Taylor family?

Sarah and John
Both have stopped smoking with the help of the local stop smoking service and encouragement from their midwife. Their baby is doing well in their smoke free home and Sarah is attending a breastfeeding support group every week. They support others trying to become healthier as well as having more disposable income. Sarah receives support for alcohol use at a local children’s centre. At work, John has become a mental health first aider.

Dan
Dan is accessing services for his substance misuse. His mental health has improved and he is an advocate for Stamp It Out a local community group.

Dan has been helped to find a flat. He volunteers at a local leisure centre and is working towards his lifeguard certificate.

Olivia and Callum
They now live in a smoke free home. They are eating more home cooked meals.

They go swimming once a week at their local leisure centre where Dan volunteers.

Jean and George
Jean and George are now better prepared for winter weather. They have both had their free flu immunisation and receive help to improve the energy efficiency in their home. With support from carers, Jean is back at her knit and natter class and George is taking an IT class at the local library.
Recommendations

1. Develop the use of assets within the Joint Strategic Needs Assessment

2. Continue with the key ambition of 5% smoking levels by 2025

3. Implement the actions for each priority, working with partners across County Durham

Hexagons:
- Every child to have the best start in life
- Mental health at scale
- Promoting positive behaviours
- Better quality of life through integrated health and care services
- Healthy workforce
- High quality drug and alcohol services
- Good jobs and places to live, learn and play
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