

The Director of Public Health Annual Report 2024

Unfair and avoidable

Looking ahead to health in 2040



Contents

Foreword	4
Health of our people	6
Future health of our people	18
Health and Social Care	24
Healthy behaviours	28
Wider determinants of health	34
Conclusion and recommendations	40
Acknowledgements	42

Foreword

Welcome to my annual report for 2024.

As Director of Public Health, it is my role to promote and protect the health and wellbeing of people in County Durham.

The first section of this year's report provides information on the current health and wellbeing of County Durham residents and highlights some of the work to support people and families to live healthier, fairer, and protected lives.



Amanda Healy

In last year's annual report, I looked back at 10 years of public health within the local authority. This year I focus on the potential future health needs of County Durham residents and the action we need to see. While the projections covered within this report are alarming, they are not inevitable and by acting now we can secure a better future for our communities and residents.

Life expectancy (how long you live) and healthy life expectancy (how long you live in good health) are important measures of the overall health of our residents. In County Durham, life expectancy is significantly lower than the England average, this means that a child born in County Durham today will not live as long as those born in other parts of the country. Although life expectancy is projected to increase over the coming years, in County Durham this means that more people will potentially be living longer in poor health.

Using the national projections developed by the Health Foundation, applying these to our local population, and supplementing with further local analysis where necessary we can project what our population's health might look like by 2040 should nothing change. If the rates of illness continue to follow the same projected trend, it is projected that by 2040, around **86,000** people within County Durham will be living with major illness, that's an estimated **1 in 5** people. Pages 18 to 23 explain in detail what this means for County Durham residents and what we can do about it.

This projected increase in major illness is a key concern and will have significant implications on our local health and social care services, wider community-based services including carers, both paid and unpaid, and the local economy; it is likely we will all be impacted by this in some way.

Health, illness, and access to health and social care is not always evenly distributed across County Durham. It is these inequities that contribute to existing health inequalities.

Evidence tells us that people living in our deprived communities are more likely to be affected by the increased burden of ill health than others. My report projects a **46%** increase in major illness in the most deprived areas versus **35%** in least deprived areas. This means in some of our towns and villages people's life expectancy and healthy life expectancy will be even lower, because of the differences in the environment where they were born and live.

These stark health inequalities are **unfair and avoidable**.

Despite these challenges, the projections for our future health can be changed, and for lots of people prevented. Throughout the report I highlight examples of things that can drive change and create a healthier 2040.

Moving forward, I want to focus more on the things that have the greatest impact on people's lives and health. For example, the support and opportunities we have while growing up; how much money we have; the quality of the house we live in; the natural environment around us; access to transport, education, and work; but we cannot do this alone.

Working with communities and wider partners to use what we know works, will help develop joined up systems, services and interventions that promote wellbeing and prevention rather than just treating the illness itself. Working with communities, listening and empowering, increasing involvement in joint actions with a wider range of services and supporting the most disadvantaged is key.

There is no doubt this work will require a shift in culture and practice for some, and for others the ability to scale up existing work programmes. It should also be recognised that in some areas improved outcomes will be visible in the short term, while others may take a number of years.

What has the biggest influence on lives being cut short?



McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) cited in The King's Fund (n.d.). Time to Think Differently. Broader determinants of health: future trends. Available at: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health> (Accessed: 9 March 2023).

The image above is a visual representation of what factors make the biggest contribution to lives being cut short and highlights the importance of focusing on preventative interventions, particularly targeting the wider determinants of health.

Over time, our commitment to develop and deliver change through collective ambition and actions can alter and improve the current projected health outcomes for our residents.

To take on this work now, or at any time is a challenge, but if not now, when?

There will never be the perfect time for change, but the opportunity to change is presented to us every day. Let us take on that challenge together.

Amanda Healy, Director of Public Health

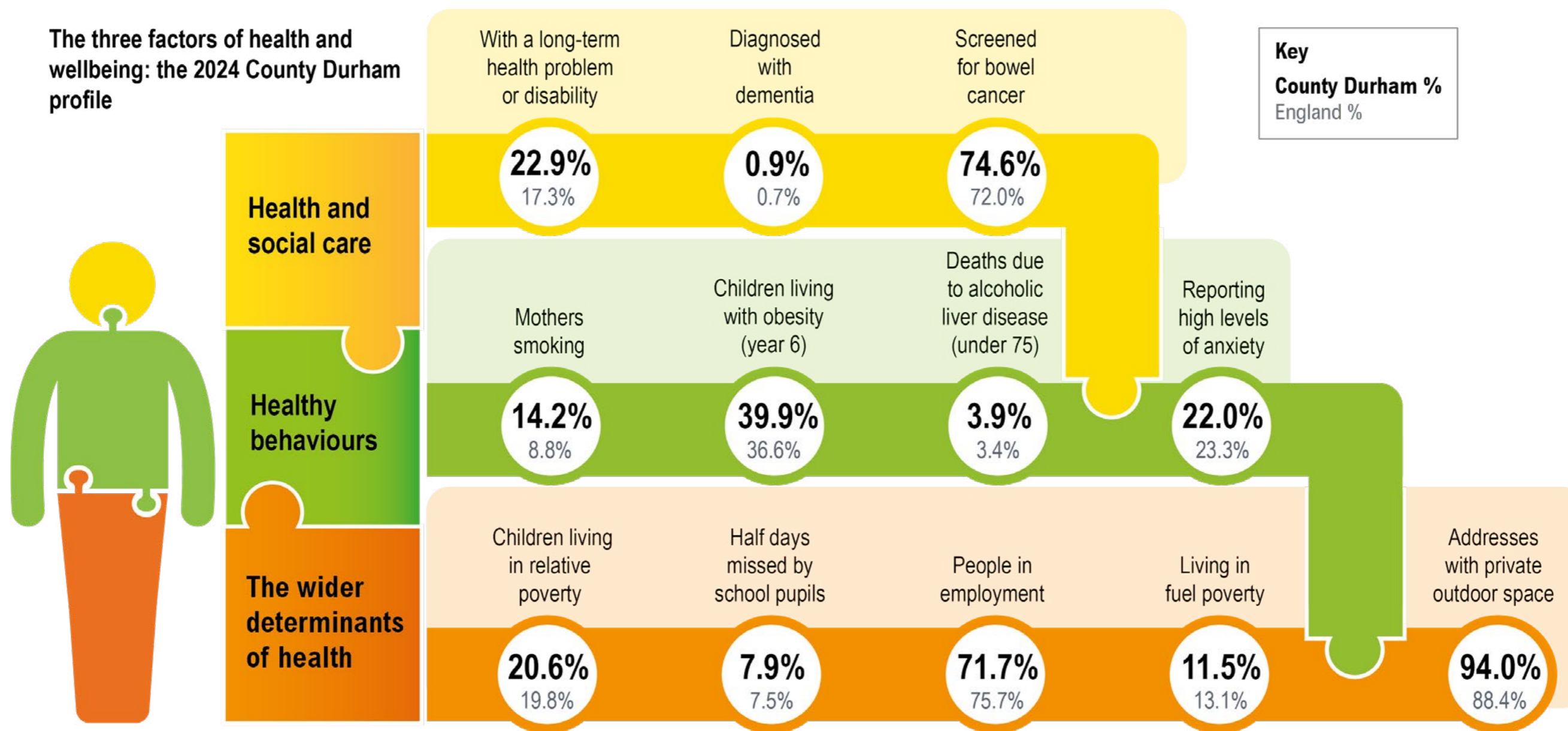
Health of our people

Health inequalities are **unfair and avoidable** differences in people's health outcomes across populations and between groups and communities. Health inequalities can be a consequence of the conditions people are born into, grow up in, live in, work and age in. These social factors are often referred to as the wider determinants of health or the 'causes of the causes' of ill health.

We must strive to work towards improving the lives and health of our residents and communities through early detection and prevention of disease; high quality treatments; equitable access to health services; and the promotion of healthy behaviours.

Healthy behaviours are also shaped by the environment in which we live, the impact of health strategies and policies, health education and information along with other social and economic influences. The health and wellbeing of our residents is dependent on a range of often complex factors. If we get this right, we should see reductions in health inequalities for our residents.

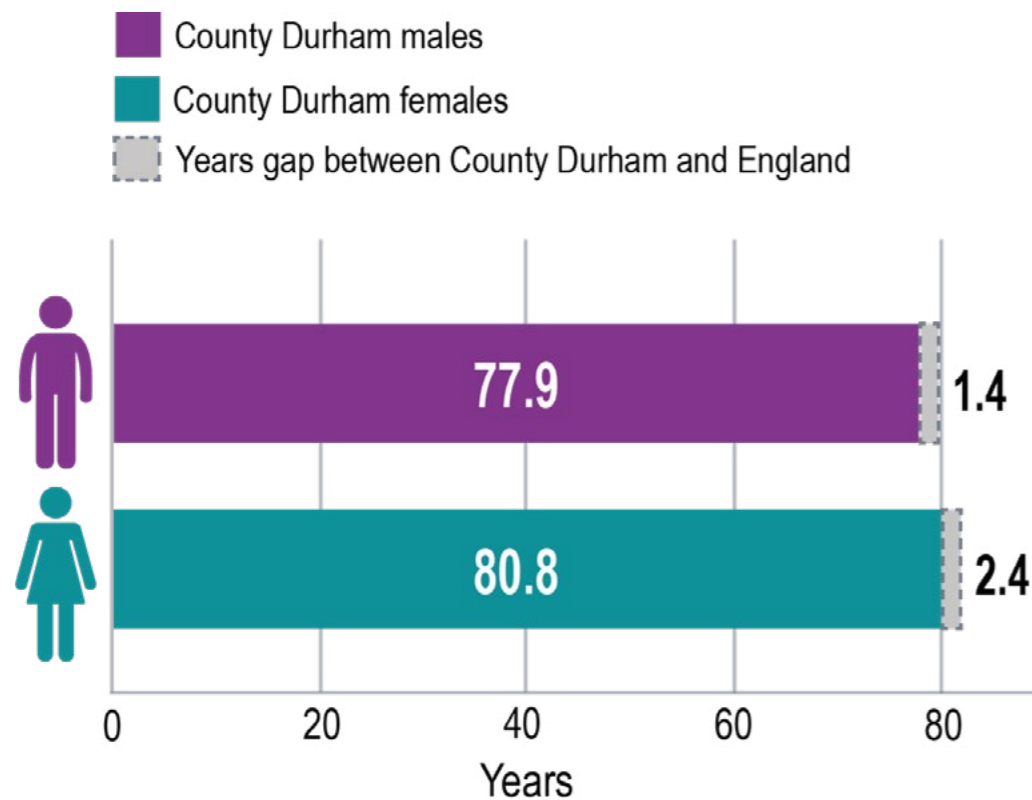
On pages 24 to 39 of this report we focus on the three factors which make the biggest contribution to lives being cut short; health and social care, healthy behaviours and the wider determinants of health. The infographic below provides some examples of how we are doing in County Durham and the challenges we face.



Life expectancy

Life expectancy is an important measure which helps indicate the overall health and wellbeing of a population. Life expectancy is an estimate of the average number of years a newborn baby would live based on current death rates.

In County Durham, how long people live is statistically significantly lower than the England average. The latest life expectancy data (for 2022) tells us that a boy born in County Durham today would be expected to live to the age of 77.9 years and a girl born today in County Durham would be expected to live to the age of 80.8 years. In comparison, life expectancy in England is 79.3 years for boys and 83.2 years for girls. The gap between County Durham and England is shown in the chart below.



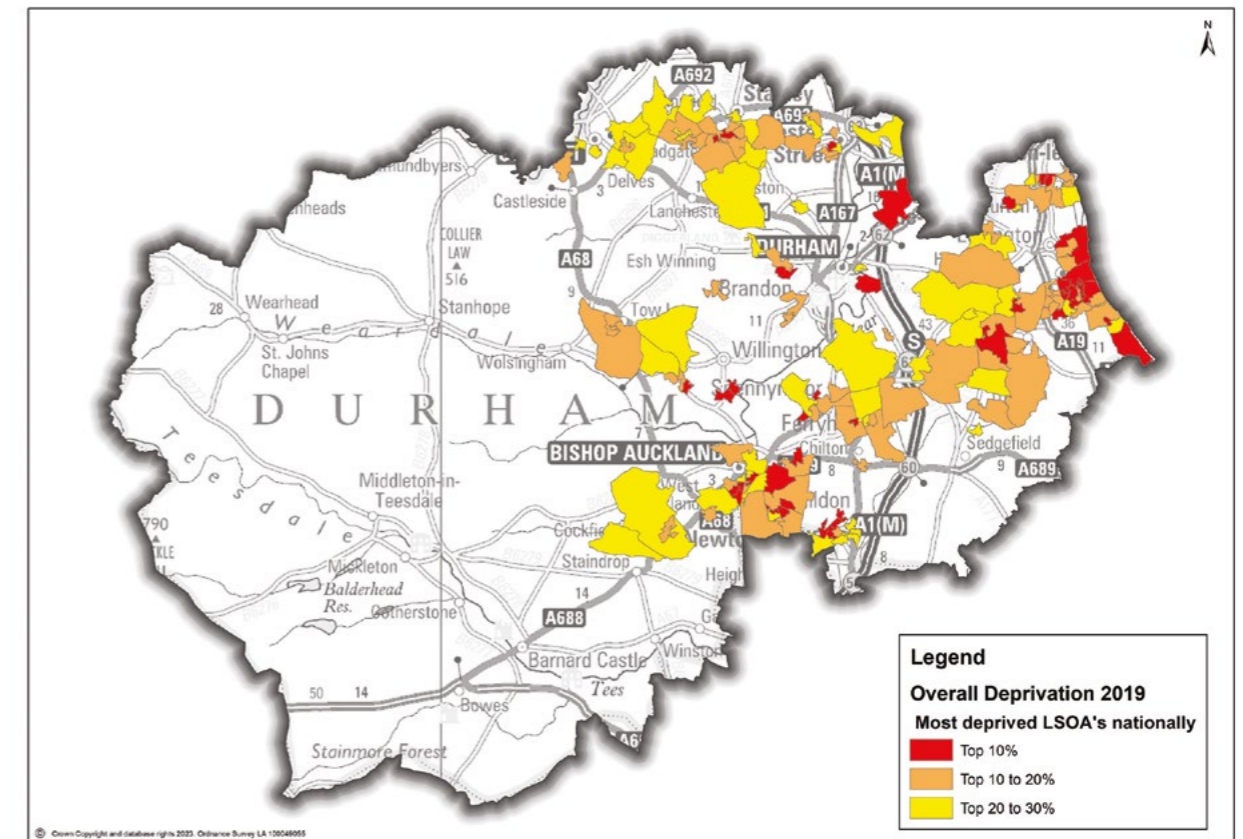
Life expectancy at birth, County Durham, Male and Female, 1 year range.
Source: OHID Fingertips.

Inequality: unfair and avoidable differences

The first part of this section describes County Durham as a whole, but the way people grow, live and age is not equal across County Durham.

The health inequalities in this report are **unfair and avoidable**, and we should not accept them for our communities and residents. Evidence tells us that inequalities in health across the population, and between different groups are greatest within areas of deprivation.

The term deprivation covers a broad range of issues and refers to unmet needs of all kinds, not just financial. The English Indices of Deprivation attempts to measure a broad concept of multiple deprivation, made up of several distinct domains, for example, income, crime, and housing.



The map above shows the distribution of the most deprived Lower Super Output Areas (LSOAs) across County Durham. LSOAs are small geographic areas used in the UK for statistical purposes (smaller than an electoral ward). They are designed to be relatively uniform in population size, making it easier to compare data across areas.

It is clear that the LSOAs that fall within the top decile (or ten percent) of most deprived LSOAs nationally are to the east and south of the county. Understanding the distribution of our most deprived areas is helpful in the planning, delivery and adaptation of services and interventions aiming to reduce health inequalities.

Other factors that contribute to health inequalities are often categorised under the following headings:

- Socio-economic factors, for example, income, employment education.
- Specific characteristics including those protected in law, such as sex, ethnicity or disability.
- Socially excluded groups, for example, people experiencing homelessness.
- Geography, as seen in the map above.

People experience many different combinations of these factors. Evidence tells us the effects of health inequality are multiplied for those experiencing more than one type of inequality.

There is more detailed information on these factors on page 34 and 35.

What is the gap in life expectancy between the most and least deprived areas within County Durham, and which causes of death are driving that gap?

There are inequalities in life expectancy and deaths in County Durham. We know from evidence seen in our JSNAA that in areas of high deprivation there are higher premature mortality rates, meaning more people die under the age of 75 years.

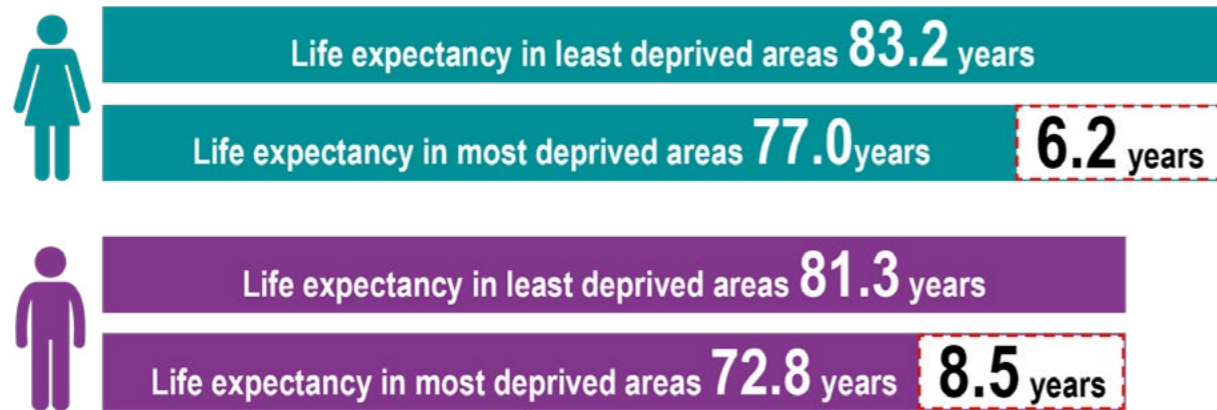
The Office for Health Improvement and Disparities Segment Tool (also known as life expectancy gap tool) provides information on the causes of death and age groups that are driving inequalities in life expectancy at national, regional and local levels.

County Durham's Segment Tool shows inequality in life expectancy at birth between the most and least deprived areas in the county.

For girls born in 2020/21, those in the least deprived areas can expect to live 83.2 years, while those in the most deprived area have a life expectancy of 77 years. Similarly, boys born in 2020/21 in the least deprived areas have a life expectancy of 81.3 years, compared to 72.8 years in the most deprived areas.

This results in an absolute life expectancy gap of 6.2 years for women and 8.5 years for men between the most and least deprived areas in County Durham (as shown below).

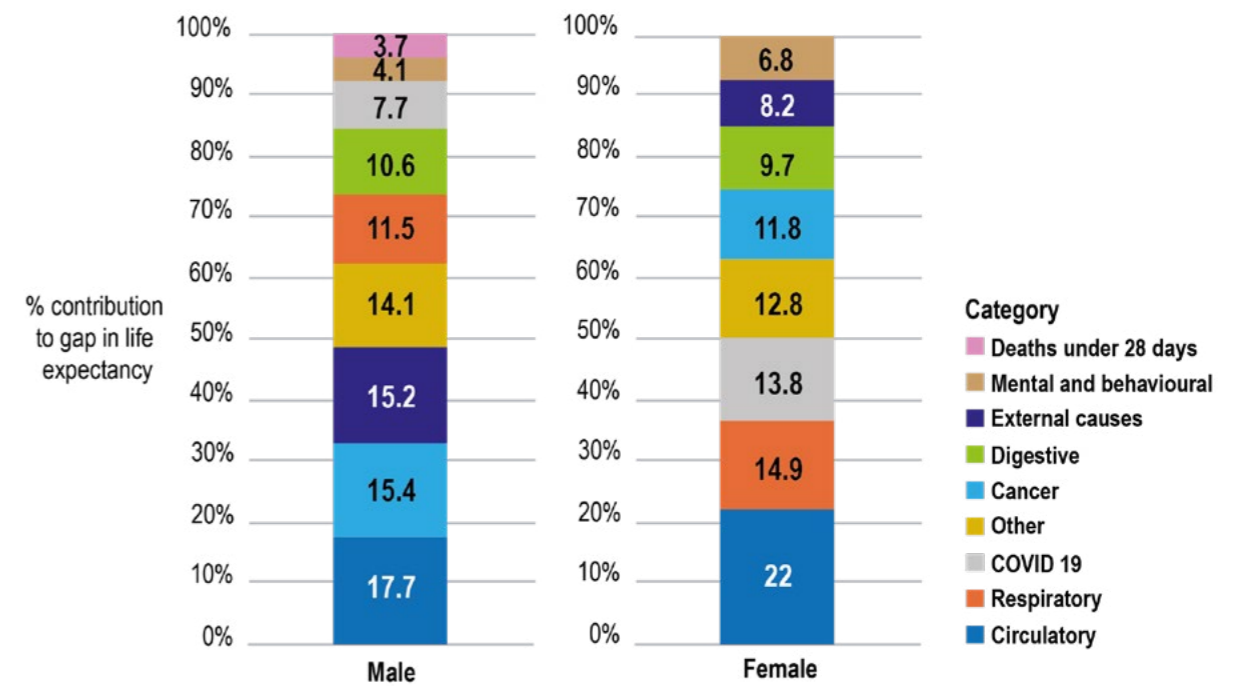
Inequality in Life Expectancy (2020/21)



Source: The Segment Tool, Fingertips, OHID.

The scarf chart over the page shows the percentage contribution of each broad cause of death to the gap in life expectancy between the least and most deprived areas in County Durham. Targeting the causes of these diseases will have the biggest impact on reducing inequalities.

Breakdown of the life expectancy gap between the most and least deprived areas in County Durham by cause of death, 2020 to 2021



Source: The Segment Tool, Fingertips, OHID

Focusing on the top 3 conditions contributing to the gap in life expectancy for men and women within County Durham we see:

For males

- Almost 18% of the gap between least and most deprived is caused by higher rates of circulatory mortality in the most deprived areas
- Around 15% is caused by higher rates of cancer mortality in the most deprived areas
- Around 15% of higher rates of external causes (including death by injury, poisoning and suicide) in the most deprived areas

For females

- 22% of the gap is caused by higher rates of circulatory mortality in the most deprived areas
- Almost 15% is caused by higher rates of respiratory mortality in the most deprived areas
- Almost 14% is caused by higher rates of COVID-19 in the most deprived areas

Effective disease prevention and management often involve targeting both the underlying causes of these diseases and their associated risk factors. Risk factors are characteristics, conditions or behaviours that increase the likelihood of developing a disease. This can be lifestyle factors such as smoking, physical inactivity, unhealthy diet and alcohol consumption. Risk factors also include environmental factors such as exposure to harmful substances, such as pollutants or occupational hazards that can increase the risk of respiratory diseases, cancer, and other health issues.

Understanding these risk factors allows healthcare professionals and researchers to develop effective prevention, intervention, and treatment strategies. This will ultimately have the biggest impact on reducing inequalities.

Understanding our health, wellbeing and assets

Having access to high quality health data, health intelligence and wider partner data helps us understand the health of our people. This underpins our work to plan, commission, deliver and target services and resources to improve health. We work with local, regional, and national organisations, alongside our communities to gather health data and information. Our Joint Strategic Needs and Assets Assessment (JSNAA) is where we describe County Durham's current and future health needs, and it is used to inform strategic decision making. We share this information publicly through Durham Insight (www.durhaminsight.info). This is a resource for everyone.

Our JSNAA describes the health and wellbeing of the people in County Durham. In some areas we have improved over recent years however there are many measures where people in County Durham fare less well than elsewhere in England, including life expectancy, childhood obesity, smoking at time of delivery and premature mortality. Our priority areas are chosen when data identifies those long-standing and deep-rooted inequalities that still exist within our county. Our JSNAA work programme monitors progress towards addressing priority areas and helps to identify new and emerging topics of concern.

Public health interventions and programmes are informed by evidence and data, including understanding published research findings, analysis of existing data, gathering new data and insight and stakeholder engagement. These bespoke needs assessments help to improve the quantity, quality and distribution of services and wider system support and improve health and wellbeing outcomes.

We use tools like health needs assessments and health equity audits, along with information from partners, and where possible, our residents lived experiences to help us plan and deliver the most appropriate interventions to improve public's health.

Within the last year, the following pieces of work have been undertaken to inform our JSNAA.

Mothers smoking at time of delivery equity analysis

Smoking when pregnant is a leading cause of preventable harm and health inequalities in County Durham. Smoking is an addiction that can require support to quit. Smoking in pregnancy can lead to a range of poor pregnancy outcomes including premature births and low birth weight and increases the risk of infant deaths. Currently, around **1 in 7** mothers smoke at the time of giving birth, which is significantly higher than the average for England. We conducted an equity analysis to understand more and to identify inequalities across the county. We gathered smoking data from the various NHS hospitals where County Durham mothers gave birth and mapped the results to where they live.

Our key findings were:

There is a significant difference in smoking rates among mothers across County Durham. In some areas, as many as **1 in 3 mothers smoke**, whereas in other areas, the rate is less than 1 in 20.



- The areas with the highest smoking rates have remained the same since our previous analysis, with only two areas showing a significant reduction in smoking rates.
- Babies born to mothers who smoke are more likely to live in the most deprived areas.
- The inequality in smoking rates has widened, indicating that the risks for mothers and babies are not evenly distributed across the county.

We are using these findings to target resources and services to where the risk is highest, strengthen partnerships, and enhance collaboration among stakeholders. Our aim is to develop comprehensive and joined up services that address the complicated nature of smoking during pregnancy.

Evidence into practice

County Durham and Darlington Foundation Trust's new Matron for Health Inequalities is using the findings of the equity analysis to inform and drive system improvements. Smoking cessation support is a routine part of maternity care for pregnant women and by working closely with public health, midwives, health visitors, family hubs and local stop smoking services, the Matron is strengthening partnerships and moving towards improved targeted interventions to address smoking in pregnancy. This is especially important in the high-risk areas highlighted by the equity analysis.



Amy Hodgson, Matron for Health Inequalities

Amy said:

"The goal is to create integrated services that provide the support needed to reduce smoking rates, particularly in the most disadvantaged areas. This ongoing work is crucial to ensure healthier pregnancies and better outcomes for mothers and babies throughout County Durham".

Dementia Health Needs and Asset Assessment

Over the last 12 months, we have worked with a range of key stakeholders to produce a comprehensive Dementia in County Durham Needs and Asset Assessment to evaluate local dementia prevention, care, and support. The assessment detailed the increasing prevalence of dementia and highlighted the critical need for early diagnosis, targeted interventions, and timely support networks.



Key findings revealed that while most patients and carers are satisfied with the existing services, improved communication about available resources is needed. Recommendations include enhanced training for healthcare professionals, improved public awareness campaigns about dementia risk factors, and stronger collaboration among service providers to ensure integrated care for individuals and their carers.

The assessment identified strengths such as the Dementia Strategy Implementation Group, the Alzheimer's Society, County Durham Carers and Dementia-Friendly Communities and the commitment towards a holistic, patient-centred approach to dementia prevention and care in County Durham.

**Looking ahead - capturing the voice of County Durham residents:
Adult Health and Wellbeing Survey**

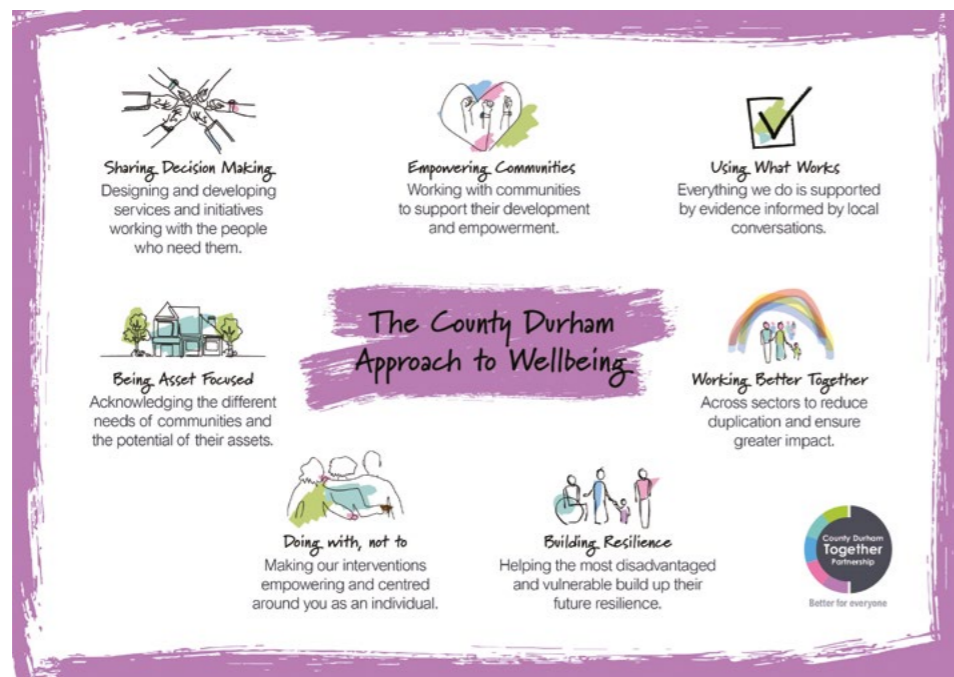
Our approach to JSNAA works well, however, there are some gaps in our knowledge about health-related behaviours, activities, and mental health concerns. We want and need to understand differences between communities and population groups, however this data is not routinely collected. We will fill this gap by carrying out an Adult Health and Wellbeing Survey. Whilst we engage with children and young people on a regular basis through surveys such as the Student Voice, it has been over twenty years since the last adult focussed survey of this kind was conducted across County Durham. We want to ensure that as many people as possible complete the survey including those who engage less with traditional services.



In the coming year we will work with internal and external partners including local residents, members of County Durham Partnership (which brings together public and voluntary organisations to develop shared ways of working with our communities), Durham University and other partners, to plan and conduct the survey. The survey results will provide a much richer evidence base and understanding of need than routine data alone. This approach will allow us to work more effectively with local communities to make a positive difference to the future lives of our people. Updates on the progress and results of the survey will be presented in future reports.

Approach to wellbeing

Evidence tells us that by sharing more power and giving communities a meaningful say in the decision-making process, we can help them to have greater control over their lives and begin to reduce inequalities. Using a person-focused, asset-based approach we can harness local creativity to develop solutions tailored to local problems. This builds resilience, capacity, and capability among local people and makes sure that communities are not defined by their problems but are a key part of creating and implementing solutions.



www.countydurhampartnership.co.uk/county-durham-together-partnership/approach-to-wellbeing/

The County Durham approach to wellbeing has been adopted by the Health and Wellbeing Board, and underpins the County Durham Vision and Council Plan and puts our residents at the heart of everything we do.



The approach to wellbeing has been used to develop the Growing up in County Durham Strategy by involving stakeholders and families at an early stage and is written in a way that is easier for non-professionals to read. The Moving Together Strategy is another good example of using the approach to wellbeing to focus on working with existing assets to empower local communities and strengthen resilience. Important changes were made to the language in County Durham’s Sexual Health Strategy following workshops and consultation with local young people.

The County Durham Together Community Champions programme is part of our approach to empower communities. It uses a network of recruited volunteer champions from across County Durham to share information, address barriers and improve connections between services and communities.

Community Champions are trusted voices within their community who help to get public health information to people who otherwise might not access it. They keep their local communities informed so that people can make informed choices to help them stay healthy, safe and well and they keep us informed by sharing their local insights, knowledge and experiences.

To continue to support wider partners in adopting the approach to wellbeing principles in new and existing areas of work we are developing an assurance framework.

By adopting the approach to wellbeing principles we can ensure that local voices are heard and understood so that all decisions, strategies and policies can have the maximum positive impact for our communities, helping to reduce health inequalities across County Durham.

Why co-production?

Co-production is an integral element of the approach to wellbeing. The Parent Carer Panel (PCP) case study below describes the equal relationship we can have from design to delivery, strategy and decision-making between people who use the service and those delivering them to improve future services. This approach can unearth ideas, assets, and resources, leading to innovative solutions that are much more effective than using a 'top-down' or 'one-size-fits-all' type approach. To enhance this, we must co-produce research projects designed to fully understand what life is like for our communities, and what really matters to them.



Evidence into practice

Using the principles of our approach to wellbeing a panel of parents and carers were recruited and supported to take part in the decision making and development of Family Hubs. This has included work to develop the Start for Life 'offer' for families, recruitment processes, pathways, and the logo development. The work has also helped panel members gain confidence, skills and experience and has had significant impact on them as individuals.



Operational Manager Sarah Morris said:

"The PCP really is the heart of the Family Hubs and we couldn't be more grateful to them".

Embedding Research into Practice

As part of the approach to wellbeing we want to help create the conditions where our local communities have greater control over their lives. Developing high quality local research projects can help inform and influence future priorities, public health initiatives and add to our existing data and intelligence sources. It is vital that our communities have a greater say in what matters to them and we record their views to help shape solutions to local problems and strengthen our JSNAA and evidence base.



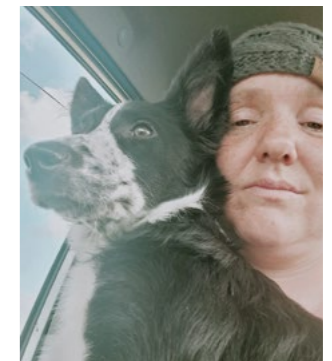
We recently launched our Health Determinants Research Development Programme (HDRD) in collaboration with Durham University and Durham Community Action, with co-production of health and wellbeing research being led by a dedicated Community Involvement Lead. The aim of the programme is to, "together harness the power of research and innovation to tackle the causes of unfair differences in health outcomes across County Durham." This approach enhances the approach to wellbeing and enables Durham County Council to continue to work towards being a research active organisation, ensuring that local research and evidence are embedded into policy, strategy, and other key decisions.

Evidence into practice

Becky Land is a farmer in County Durham and is passionate about the effects of poor mental health on the farming and rural communities.

"We live in some of the most beautiful parts of the country, but we face some of the worst hardships, physically and mentally."

44.5% of our population (235,149) live in rural County Durham and around 2,200 people work in the local agricultural industry. Becky wanted to play an active role in supporting fellow farmers to access health services and signed up to become a Community Champion. This led to Becky working with Healthwatch County Durham who were developing a survey consultation for the farming community about access to services.



Becky and her dog Whisper

Becky was able to influence the survey design so that the results gained much broader insight from the farming community. The responses highlighted challenges local farmers are facing relating to their physical and mental health, financial issues, and the ability to access services.

The insights from the survey have been presented to the Mental Health Strategic Partnership, the Poverty Action Steering Group and the County Durham Economic Partnership to inform and instigate actions for rural areas and rural communities.

"Understanding that it might be a 30-mile round trip for petrol for the car, or that you may not have access to Wi-Fi or phones. The military planned operation required to get to services when they are open if you live remotely. If you link all that up to physical health, it is easy to see why it gets ignored by the people who may need it most. And everything has an impact on your mental health. Having people willing to listen and be proactive with change has been a humbling experience."

Becky has presented findings to Tees Esk and Wear Valley Trust's Dales Area Mental Health Transformation Steering Group and continues to champion actions to support and include rural communities. One example of active change from Becky's involvement has seen a local GP surgery providing a successful walk-in clinic for farmers. Of those attending 63% required further treatment or investigations. Health issues discovered included diabetes, hypertension, asthma and cardiovascular disease (CVD) which otherwise would have gone untreated.



Future health of our people

In the previous section we described some of the key health and wellbeing outcomes and challenges currently experienced by our residents. In 2023 the Director of Public Health Annual Report 'Looking back to plan ahead' described the positive integration of public health in the local authority and our ambition and commitment to see future improvements to health and wellbeing. In this section we look to the future and ask what the health and wellbeing for people and families could be in 2040.

Life expectancy projections are based on the Office for National Statistics' historical and projected life expectancy data. Long-term illness projections are derived from the Health Foundation's Addendum to Health in 2040 and local analysis.

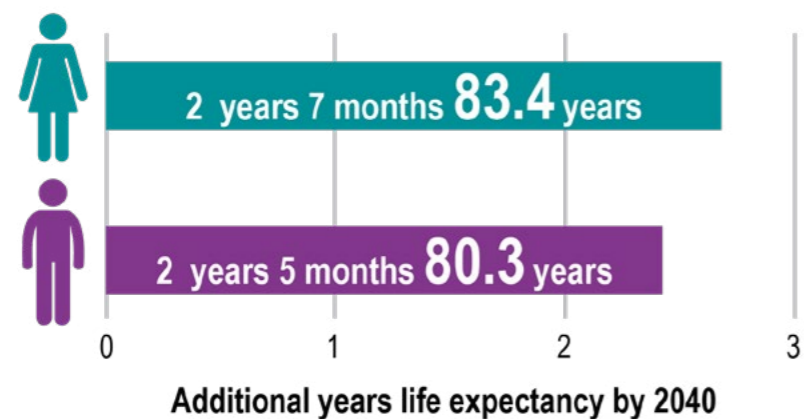
Projected life expectancy

Despite the challenges of the COVID-19 pandemic and the related drop in life expectancy for 2020 both nationally and locally, subsequent years saw a small increase in life expectancy for men and women, it is projected that this increase will continue to 2040.

What might the future hold?

Between now and 2040 we are likely to see a slow, steady rise in years of life. In County Durham this will mean an additional:

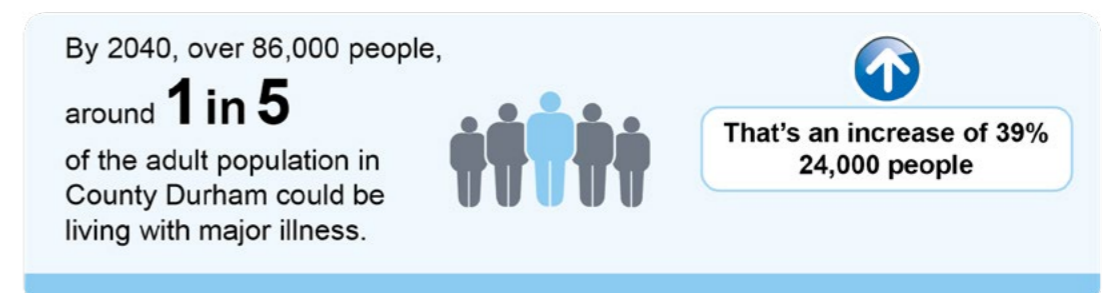
- 2 years and 7 months for females (83.4 years)
- 2 years and 5 months for males (80.3 years)



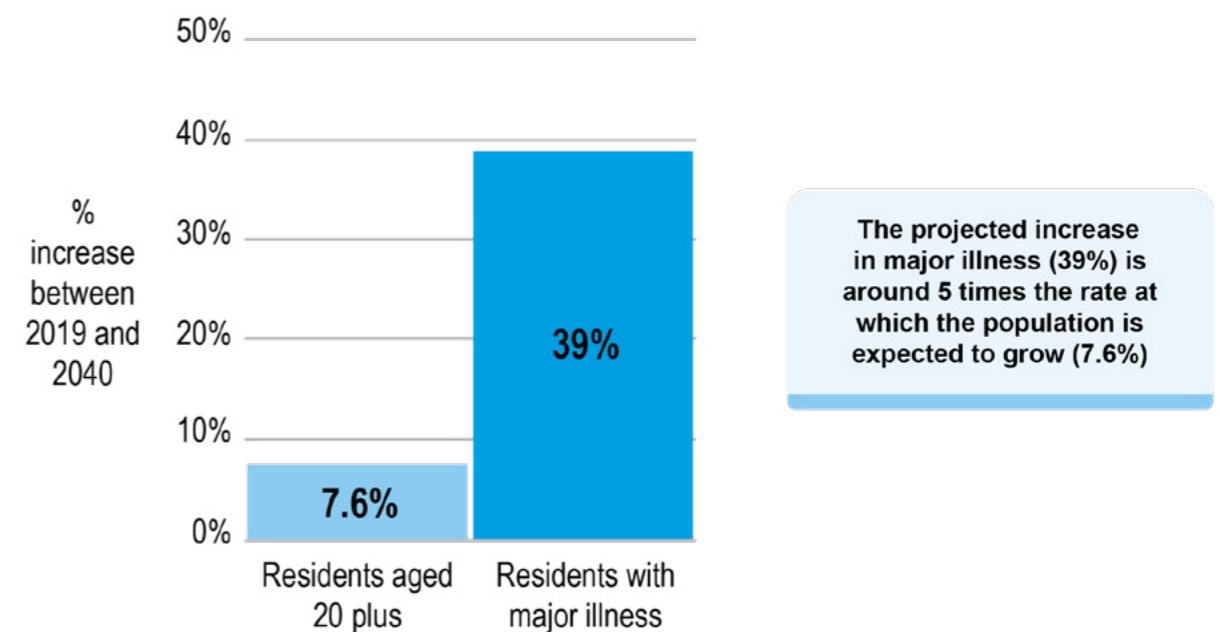
Whilst living longer is something to celebrate, based on historic trends we have assumed that the gap in life expectancy compared to England will remain consistent over the period to 2040, meaning our people will continue to live shorter lives, on average, than the population of England as a whole.

How many people are living with major illness in County Durham now and what may the future look like?

It is more difficult to live well for longer if you are living with a major illness. Between now and 2040 population growth in England will be driven by increases in the numbers of older people, particularly those aged 70 years and over. The Health Foundation published their Health in 2040 report www.health.org.uk/publications/health-in-2040 in July 2023. They used a detailed microsimulation modelling approach to project levels of diagnosed major illness amongst adults in England. The findings show a huge challenge for our future. In this section of the report, we share what this could look like for people living in County Durham by applying the Health Foundation and locally derived projections to our local population.



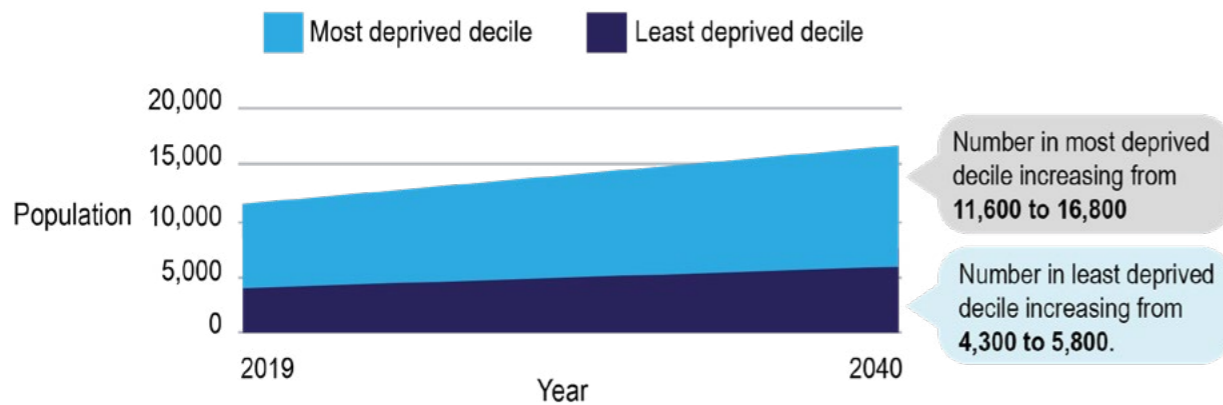
The chart below shows projections to 2040 for County Durham's population (aged 20+) and the prevalence of major illness.



Given what we know about the inequalities that exist now it will come as no surprise to learn that inequalities are expected to grow, and the gap between some communities widen further. These increases will affect all ages and stages of life, from early years to older people and will further impact on the conditions and circumstances in which our residents live. Systems will see increases in demand for services to support more people and families with more complex health and social care problems should we choose not to act.

The projected rise in major illness and specific conditions in County Durham by 2040 will not be spread evenly across the county. This is unfair, unjust and should not be accepted.

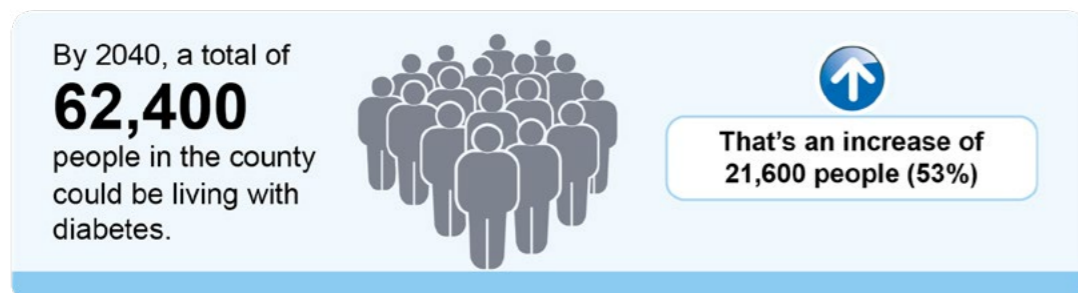
We project a **46%** increase in major illness in the most deprived areas versus **35%** in least deprived. The number of people with major illness is projected to increase by **5,200** (from 11,600 to 16,800 people) in the most deprived communities. Whereas in the least deprived communities it is projected to increase by **1,500** people (4,300 to 5,800 people).



Some health conditions are projected to increase more than others. The sections which follow provide more detail on projections for three conditions, and the remainder of the report considers what is being done and what more could and should be done to create a healthier 2040.

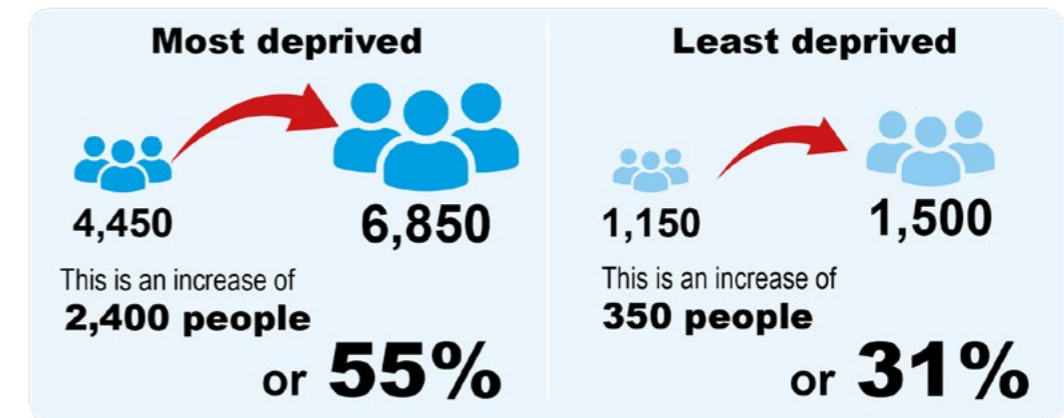
Diabetes projections and inequalities

Applying the Health Foundation's diabetes prevalence projections to County Durham's projected population shows us:



Applying the inequalities projections in the same manner shows a clear social gradient to this increase, as shown below.

Projected increase in Type 2 Diabetes prevalence in the most and least deprived areas in County Durham, to 2040.



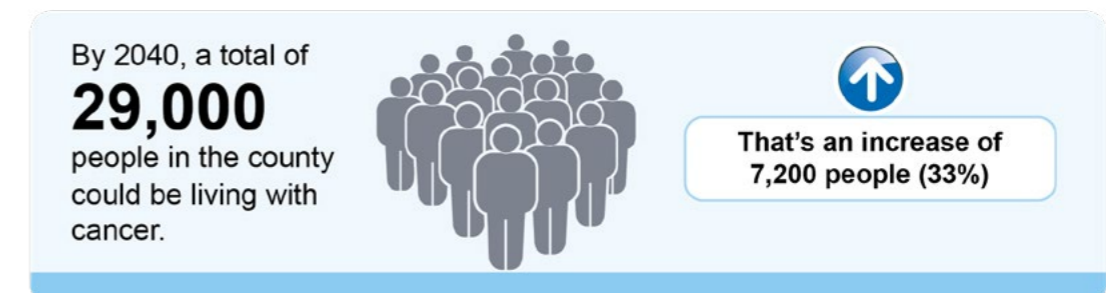
Changing these projections will require a sustained focus on primary, secondary and tertiary disease prevention programmes. Fair access to high quality health and social care services and empowering residents to have as much control over their health and wellbeing will also be very important.

Addressing key risk factors, including smoking, alcohol and healthy weight will also contribute to addressing the projections. Ensuring any intervention seeks to reduce inequalities for where the projected increase is greatest will also be needed.

We know that underlying influences also affect these inequalities across the life course. This will include access to a healthy environment and tackling issues such as cheap high fat, salt, sugar content in foods via advertising policies.

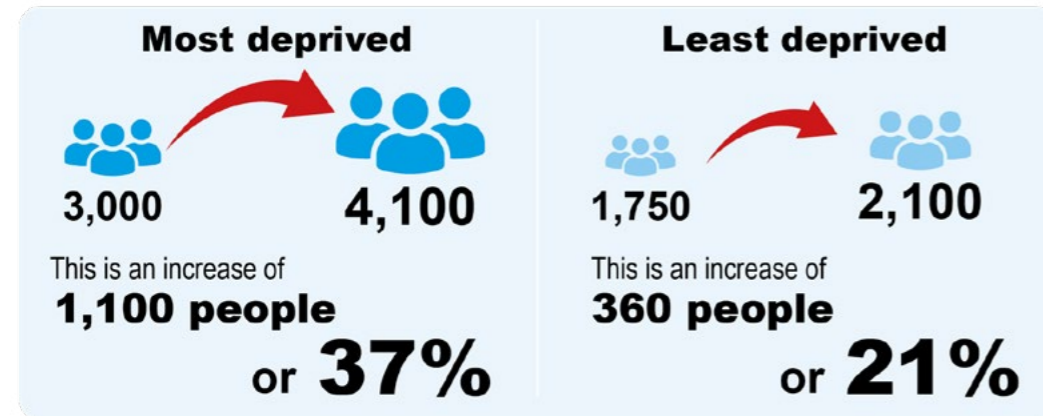
Cancer projections and inequalities

Applying the Health Foundation's cancer prevalence projections to County Durham's projected population shows us:



There were no Health Foundation inequalities projections for cancer but locally produced forecasts again show a clear social gradient to this increase, as shown below.

Projected increase in all Cancer prevalence in the most and least deprived areas in County Durham, to 2040.

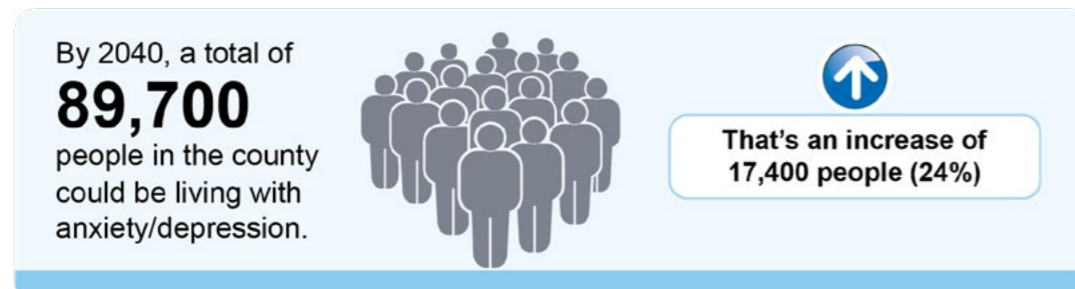


In seeking to halt or reverse the projections, in a similar way to diabetes, we need to be ambitious in preventing cancer, having equitable access to cancer screening programmes and treatment for our residents. Understanding the access to services and how that varies will enable a focus on those in the most deprived areas to have greater access to treatment.

Smoking remains the largest single contributory factor to cancer levels, and it can be seen on page 30 that a reduction in smoking levels has been achieved. However, this must be sustained, alongside tackling the harms due to alcohol and unhealthy weight. These issues are shaped from birth and impact on every aspect of residents lives including sickness levels and the ability to work. The illnesses also put a huge demand on our local services.

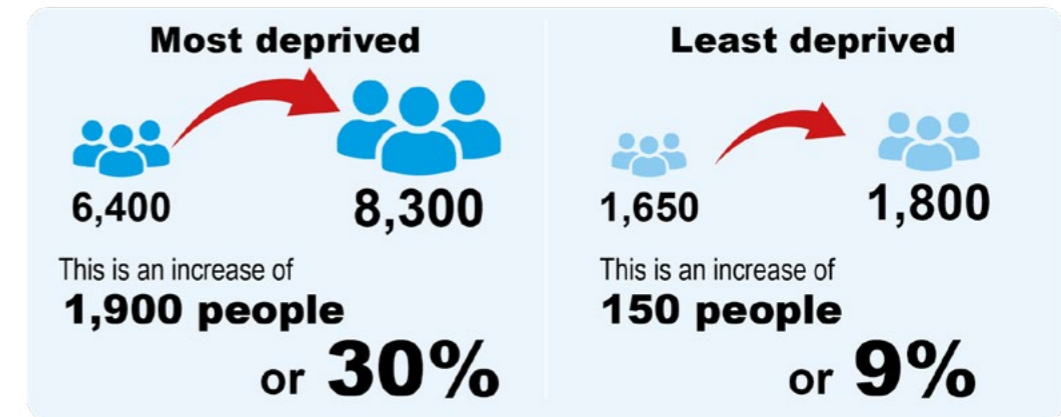
Anxiety and depression projections and inequalities

Applying the Health Foundation's anxiety and depression prevalence projections to County Durham's projected population shows us:



Applying the inequalities projections in the same manner again shows a clear social gradient to this increase, as shown below.

Projected increase in Anxiety prevalence in the most and least deprived areas in County Durham, to 2040.



The increase in anxiety and depression will have a profound effect on our residents and our county. While the projections focus on adults the increase in mental health conditions in children was highlighted in last year's report. Focus on improving mental health will have benefits not only for our residents but our economy and for County Durham to thrive. Mental health and wellbeing across all ages is highlighted in more detail on page 32. However, it will need fair access to health and social care services as well as addressing issues which impact on mental health. These include having access to good education and employment, a safe and warm home environment, a supportive social network and an environment which stamps out discrimination.

Unfair and avoidable

It should be alarming to read that communities experiencing the highest levels of deprivation, including the greatest burden of ill health, disease and shorter lives will experience far greater increases in certain conditions than those living in the least deprived areas. These health inequalities are unfair and avoidable.

To change the long-term trajectory of these projections, we must build on the successes outlined throughout this report and continue to work together to ensure that resources are distributed equitably and where necessary targeted towards those at greatest risk; by doing this we can narrow the gap between our most and least deprived communities.

Recommendation

We will translate the projections into local ambitions, similar to smoking prevalence and focus our attention on the actions which will lead to the greatest reduction in unfair differences in health and wellbeing for our people.

The following sections describe how health and social care, healthy behaviours, and the wider determinants of health effect our lives and health. The examples of interventions highlighted demonstrates the positive impact of implementing evidence-based practice, how by utilising this approach health outcomes have improved, reducing the risk of future major illness for some of our residents.

Health and Social Care

It is estimated that around 15% of a person's health status are met by health and social care services.

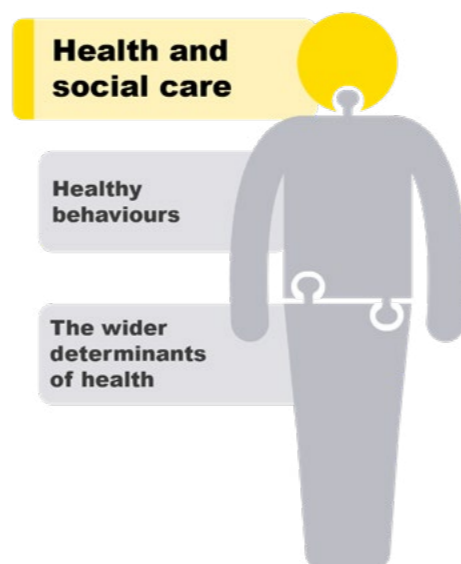
Health and social care is not one organisation providing a service, it is a range of organisations and partnerships working together as a system to deliver a blend of support and service interventions.

We know that heart disease, stroke, cancer and lung and liver disease are some of the main contributors to major illness and are also some of the leading causes of death.

All of these illnesses require health and social care support and service intervention and yet the conditions outlined above are for many people largely preventable.

As we move forward, we need to continue to focus on primary prevention programmes, these are interventions that can stop people from developing a disease or condition, for example the NHS Health Checks Programme, a free check-up for people aged between 40-74 years that can help prevent heart disease, diabetes, kidney disease and stroke. For those people identified at risk, secondary prevention programmes like the NHS Diabetes Prevention Programme, which supports people to make positive changes and can help reduce their blood sugar levels and lower the risk of developing type 2 diabetes.

To support the transformation required across systems, we need to ensure that existing resources are allocated in a targeted way ensuring that those at greatest risk have equitable access to support and interventions. Using tools such as the Adults Social Care Insight Report highlighted below and our approach to health equity audits, described in detail on page 12, we can continuously assess how well resources are allocated and identify areas of improvement to ensure we continue to address inequalities.



Adult Social Care Insight Report

A new JSNAA Insight Report on Adult Social Care went live this year. The page on Durham Insight provides a comprehensive overview of our assessment of social care needs now and in the future. There are bespoke reports covering topic areas such as long-term care, safeguarding and care homes. Alongside this are reports which provide insight into our population including how we project the number of older people to grow and what we can expect to see in terms of their health and wellbeing needs.

These insights help partners and services build on the strengths and assets in our communities to help create the conditions for people to live well, so that resources target those who need them most.

As set out in the recent Carers Health Needs Assessment, unpaid carers are recognised as a critical asset in our communities, and we have developed a linked section to provide insight into this often-hidden population, the levels of care they provide and their experience and own needs.



Adult Social Care in County Durham

Whilst we have clearly set out the challenges we face, we must also celebrate the good practice that exists within our systems.

Durham County Council's Adult Social Care have been recently rated as good by the Care Quality Commission. Their assessment highlighted the strength of the JSNAA and how this supported service development, partnership working, and that people felt listened too. Some communities in County Durham were felt to be well understood and for these outcomes were good.

The assessment has helped us focus on areas of continued development. For example, further work is required to embed preventative approaches across the system, this includes the use of co-production with the voluntary and community sector and our communities focusing on engagement of those who face the greatest inequalities and inequity of access to services and support.

Supporting Carers

Unpaid carers are a critical part of the health and social care system and help lots of people with major illness to continue to live independently. According to the Census in 2021 there are around **52,700** unpaid carers in County Durham, of those **52%** described themselves in poor health, this is an increase of 35% from the previous return in 2011. This means that over time more unpaid carers are likely to experience major illness themselves and will be unable to carry out their caring role.

Evidence into practice

Durham County Carers Support service provides an accessible, high quality, countywide independent service offering a range of support for adult and parent carers.

This includes help for unpaid carers to maintain their health and wellbeing through opportunities and initiatives such as pilates and yoga courses, encouraging carers to join their local GP carers register, promoting awareness of health conditions such as diabetes, promoting vaccinations and offering carer breaks. The service is flexible to meet the differing needs of carers and uses marketing to increase the numbers of carers that access the service, particularly targeting hidden or hard to reach carers, such as male carers, working age carers, Black, Asian and Minority Ethnic (BAME) carers, substance misuse carers and young adult carers.



Jenni Wood

Jenni Wood, Chief Executive of Durham County Carers told us:

"Our mission is to improve the lives of Carers. We support Carers to understand the importance of self-care and to access a wide range of tools and opportunities to improve their health and wellbeing. Through events, courses, peer support groups, counselling, and specialist advice as well as funding to access activities and equipment like gym memberships. Carers tell us they feel valued and enabled to focus on their own needs which is crucial for them and the people they care for."

Recommendation

Using the approach to wellbeing, we will work with all stakeholders to co-produce future systems and services as we move towards more preventative models of care and support.

Engaging underrepresented groups and communities in healthcare – The role of Gypsy, Roma, and Traveller Health Visitor to support access to health and social care provision

Health and social care services are crucial for making sure everyone gets the support they need, but some groups, like the Gypsy, Roma, and Traveller (GRT) community, are still underserved. The GRT community faces serious health challenges, with higher rates of death, long-term illnesses, and mental health issues than the general population. These issues are worsened by lower levels of employment and education compared to other groups, making it even harder for GRT families to access the healthcare they need. Barriers like difficulty registering with a GP, low literacy, and fear of discrimination often push them to avoid healthcare or rely on accident and emergency services.

There are around 9,456 people in County Durham who identify as GRT (Census 2021).

Evidence into practice

The Specialist Health Visitor for the GRT community in County Durham faced a critical situation when a woman, travelling to the Appleby Horse Fair, went into labour and required a caesarean section. Due to the family's temporary roadside living conditions, providing healthcare was challenging. The Specialist Health Visitor acted quickly, working with local midwives and healthcare providers to ensure that they understood any potential cultural differences that exist and to make sure the mother received the care she needed.



They arranged for specialist equipment and supplies to be made available to the family at the temporary site. After the birth, midwives visited the family regularly to check the health of both the mother and the baby and provide healthcare and postnatal advice and guidance.

Bernie Crooks, Specialist Health Visitor for GRT Families said:

"My job is to help GRT families get the best advice and support for their health. Because I have built good relationships with families, they feel comfortable asking me for advice on different health issues. This situation shows how important it is to have a Specialist Health Visitor for GRT families and help other parts of the health system understand and to address the unique challenges they face."

The success of this case study shows how important targeted support is to bridge the gap and reduce inequalities, however there is more to be done to reduce the long-term health issues that affect this community.

Recommendation

To reduce health inequalities and improve outcomes for marginalised communities, we will keep working towards removing barriers to healthcare by increasing cultural awareness among healthcare providers, making it easier for people to access health services.

Integrating maternity services in County Durham

The first 1,001 days, from conception to age two, are crucial for a child's development and growth. During this time, babies' brains and bodies develop rapidly. It is essential that families receive adequate antenatal and postnatal care, which supports the baby's brain development, emotional well-being, and physical health. Midwives and other health and social care providers help set a strong foundation for the child's future health and development.

Evidence into practice

The Matron for Health Inequalities plays a key role in connecting maternity services with family hubs. These hubs offer a range of support, like breastfeeding help, emotional support for parents, and parenting advice. By linking these services, the Matron ensures that families get consistent support from pregnancy through the early years of a child's life. The goal is to give every child the best start in life, by identifying problems early and helping to prevent them.



The Matron works with lots of health and social care partners to improve care pathways, ensuring families are supported not just during pregnancy and birth, but also as they navigate broader health issues. This coordinated approach helps to address health and social concerns early, preventing minor issues from becoming more serious problems. By offering this kind of ongoing support, this initiative helps to build a strong foundation for lifelong health. It also aims to reduce health inequalities, making sure that all families, no matter their background, have access to the care they need.



Maternity Support Workers

Recommendation

Ensure that services remain focused on early intervention and support, identifying gaps in care and making sure all families can easily access these essential services.

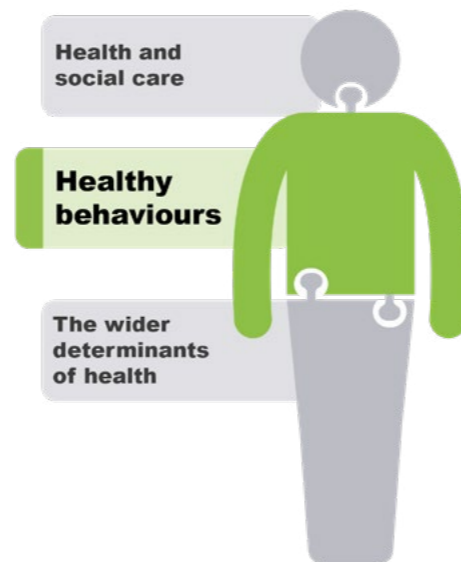
Healthy behaviours

It is estimated that around 40% of a person's health is influenced by our attitudes to health and wellbeing. This includes what we eat and drink, our use of tobacco, alcohol or drugs, whether we are physically active and our sexual behaviours.

Using our JSNAA, we identified the four areas that are the biggest influences on lives being cut short in County Durham: smoking, excess weight, mental health and alcohol.

These contributors to early death and poor health and wellbeing are reflected in the following priorities of the Joint Local Health and Wellbeing Strategy 2023-2028;

- Making Smoking History
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harm



As set out in the future health of our people section on pages 18 to 23, the projected increase in major illness would see the following increases should nothing change.



Although there is an increasing awareness of how our behaviours can affect our health in these areas, wider social, economic, and environmental factors often prevent long-term change. In this case behaviours are not formed by individual choice but shaped by our environment, the impact of health strategies and policies, health education and information along with other social and economic influences.

Working with partners, using the approach to wellbeing to develop preventable solutions and by doing more of the things that have the greatest impact on people's lives and health we can help to drive change and create a healthier 2040.

Enabling healthy weight for all - living healthy for longer

Approximately **78%** of adults are overweight or living with obesity. Rates remain higher in more deprived areas of the county. There are a number of the long-term health conditions associated with excess weight including type 2 diabetes and cardiovascular disease (CVD), these diseases contribute significantly to rates of major illness now and in the future.

In County Durham, **1 in 6** children and **1 in 3** adults do not move enough each day to enjoy good health. Making small changes every day to increase our activity and become part of our daily routine can have a significant and positive impact.

Move in County Durham is an initiative which promotes and provides people with opportunities for movement every day, no matter who they are, what age they are, what they do or where they live.

We have 47 regular Move walking sessions across County Durham, set up to help reduce health inequalities. Most walks are volunteer led and range from 45 minutes up to 90 minutes.



Evidence into practice

Noel, one of our volunteer walk coordinators, states that joining a walking group helped him lose weight. Noel gave up work to become a full-time carer for his wife. Noel's change in circumstances contributed to him gaining weight making him feel very unfit and unhappy. Noel decided to join a Move walking group as he felt walking was something he could manage. Regular walking helped Noel lose 6 stone in weight. He saw improvements in his physical health and mental health and decided to become a volunteer walk leader himself.

"Due to walking regularly and eating healthier, I have lost over 6 stone and this in turn gave me the confidence to become a volunteer and try to help other people improve their health both mentally and physically, which walking in a group is perfect for"



Noel Harrison

Recommendation

Increase the number of opportunities and supportive, accessible environments that enable people to be more active, from early years through into adulthood and older years.

Making smoking history

Smoking is the leading cause of preventable death in the UK.

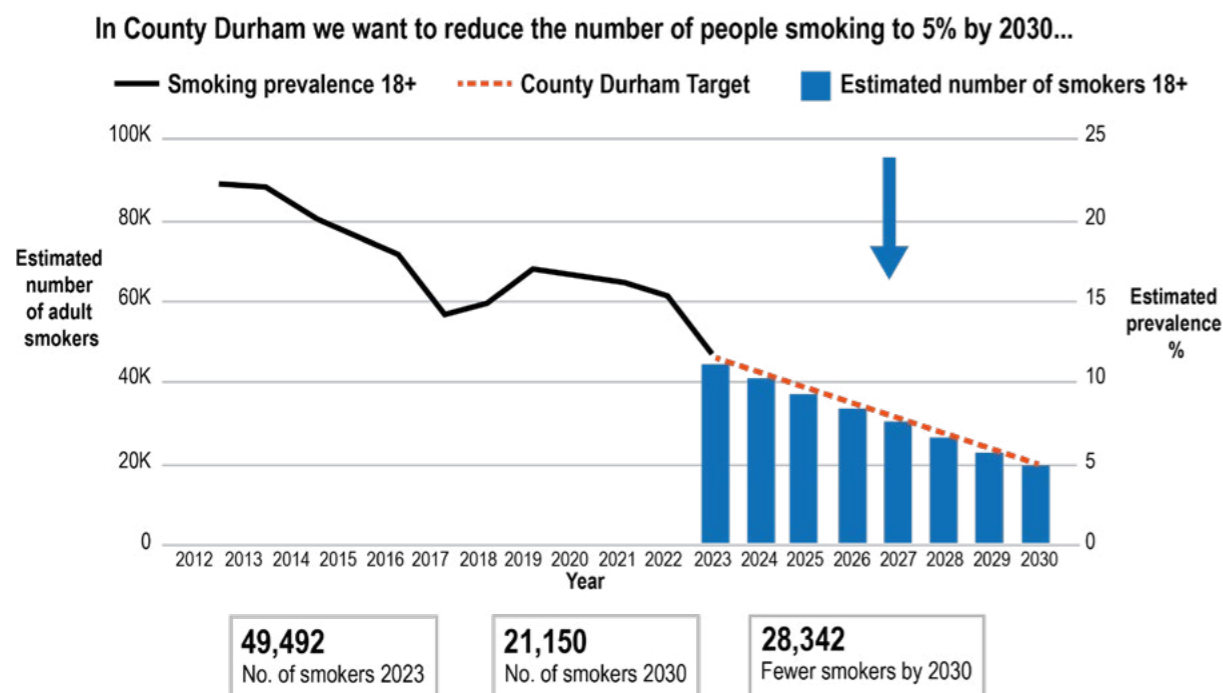
In County Durham, around **894** people die each year from causes linked to smoking which could have been prevented, around **1 in 9** (11.7%) adults smoke and around **1 in 7** (14.2%) mothers smoke during pregnancy.

Our approach to 'making smoking history' has contributed to positive long-term reductions in smoking rates, for example the County Durham Tobacco Control Alliance has worked with FRESH, the regional tobacco programme to co-create interventions and campaigns that educate and amplify messages. Improvements to local pathways mean that GP's and wider partners can make seamless referrals into specialist stop smoking services.

In 2023 a full council motion was put forward, it was passed with cross party agreement and with the support of young people, on 'Stopping the Start: Our plan to create a smokefree generation'. The motion supported the tobacco and vapes bill which outlines the first smoke-free generation by raising the age of sale for tobacco each year, and eventually phasing out the sale of tobacco altogether.

However, there is much more that can be done. We know that some people are more likely to be affected by smoking than others therefore we must target resources towards those at greatest risk.

To reach our goal of 5% prevalence in County Durham we still need 28,342 fewer smokers.



Specialist Stop Smoking Services, supported by the continued work of the County Durham Tobacco Control Alliance will continue to deliver interventions to reduce the harm from smoking. For example, we have significantly increased the number of professionals accessing brief intervention training, so that more people can have meaningful conversations about stopping smoking and what support there is available.

Supporting the motivation to quit and offering the right support to quit will help us reach our target of reducing smoking to **5% by 2030**.

Evidence into practice

Routine and manual workers are more likely to smoke than the overall population. The latest data shows that 22% of routine and manual workers smoked in County Durham compared to 15% of adults across the county. This led County Durham's specialist stop smoking service to target resources at Amazon, one of the largest employers of routine and manual workers in the region. Staff attended a staff health and wellbeing week at Amazon to promote their services. This was followed by internal promotion for an onsite weekly clinic. The clinic was set up on a day and time that captured all shift patterns and is very well attended. The service worked with Amazon to ensure that staff were allowed to leave the shop floor for their appointments each week.



Tanya, Stop Smoking Advisor

Tanya, Stop Smoking Advisor told us:

"The clinic has been really successful and through word of mouth and Amazons internal promotion, appointments are filling fast! Clients have convinced their friends to join them, and they have set up regular support groups. The feedback has been fantastic, one client told me he would not of made an appointment if it wasn't for us coming into work. He said he had never felt better and had managed to save over £1,000 towards a new car. The support of Amazon management has been great, allowing staff to attend appointments has made such a difference."

Recommendation

To achieve the 5% smoking prevalence rate by 2030, we must continue to use tools like the health equity audit and the collective influence of the County Durham Tobacco Alliance to ensure that we continue to target resources, tackle inequality, and promote equity of access to those at greatest risk.

Mental health and wellbeing across all ages

Good mental health can be affected by external influences like our employment or education prospects, how much money we have, the stability and condition of our home and our connections with people around us.

In County Durham **15.7%** of our adult population (72,302 people) have a clinical diagnosis of depression (2022/23). If we do nothing, this is projected to rise by a further 24% by 2040. People with severe mental illness are at greater risk of poor physical health and reduced life expectancy than the general population.

The proportion of children and young people with a mental health condition is around **1 in 6**.

The County Durham Mental Health Strategic Partnership promotes models of care that encourage self-help, prevention, wellbeing, and recovery interventions such as The Five Ways to Wellbeing:

- **Connect with others.** This can be done in person, on-line, virtually, in written form, in groups or individually and help us feel valued and closer to people.
- **Be active.** This can help you sleep better, have happier moods, and reduce feelings of stress, anxiety and racing thoughts.
- **Take notice.** This can help you to be aware of how you're feeling and to understand what makes you feel positive or the triggers of stress and anxiety.
- **Keep learning and developing.** Setting goals and learning new things can help you to feel more productive and more in control of your life.
- **Give.** Taking part in social and community life can be very fulfilling. Those who help others and give back, are more likely to rate themselves as happy.

Evidence into practice

Tanfield Lea Community Primary School wanted to create a positive way for children in their school to communicate and share their concerns and worries as part of the Durham County Council Health and Wellbeing Framework for Schools.

Designated mental health and wellbeing leads, created a specific wellbeing area for the children including positive prompts and affirmations, information on moods and how to understand them, books on life problems and a wellbeing post box to post any worries confidentially and are followed up with their designated adult.

The children have found it really valuable and had lots of other ideas and comments to improve wellbeing:

"Have a friendship bench".

"Brain breaks away from class".

"Provide fidget / stress ball".

"Wellbeing afternoon once a term".

Recommendation

Ensure sound understanding of changing patterns of need relating to mental health and wellbeing across the life course and, underpinned by the approach to wellbeing, work with stakeholders to further develop preventative models of care and support.

Reducing the rates of alcohol related cancer

Cancer is one of the leading causes of death in County Durham. Our projections show a potential **33%** increase in cancer prevalence by 2040. A major contributor to a person's likelihood of developing cancer is drinking alcohol.

Drinking any amount of alcohol regularly increases the risk of cancers of the mouth and throat, voice box, gullet, large bowel, liver, of breast cancer in women and cancer of the pancreas. This risk increases with the amount of alcohol being drunk. Many of these cancers are among those projected to increase by the greatest amount.

Data published by the Office for Health Improvement and Disparities (OHID) shows that County Durham has significantly higher rates of harms associated with alcohol including alcohol-related mortality, alcohol-specific mortality, and alcohol-related hospital admissions than England.

The County Durham Combating Drugs and Alcohol Strategic Partnership has a clear focus on reducing alcohol related health harm. We work closely with The North East Alcohol Office, Balance, who are advocating for an increase in alcohol duty and the introduction of Minimum Unit Pricing (MUP), evidenced to have a positive impact on health harms from evaluations in Scotland. Balance also delivers alcohol and cancer public awareness campaigns including the widely acclaimed Alcohol is Toxic campaign which details the journey of alcohol through the body, mutating cells and leading to the formation of a tumour.



Evidence into practice

Dependant drinkers are at high risk of disease and physical harm. The Drug and Alcohol Recovery Service (DARS) supports people to reduce drinking and identify harm at the earliest opportunity. Using additional grant funding, the service has invested in a FibroScan, a non-invasive procedure that can detect early liver damage, a major cancer risk factor. Working closely with the local hospital-based Alcohol Care Teams they are supporting dependant drinkers with interventions within the hospital setting when physical health is compromised.



Judith Durkin, nurse within the DARS told us:

"The FibroScan is a great tool allowing us to quickly assess liver health within DARS, a test our clients are unlikely to access elsewhere. This can identify disease early and prevent further damage as well as being a powerful visual aid in educating patients about the impact of their drinking. Seeing their liver health in real-time often motivates them to take their recovery seriously, making the FibroScan an invaluable part of our intervention process".

Recommendation

Use a system-wide approach to reduce alcohol consumption at all levels across the county and engage dependent drinkers to access support to reduce the risk of long-term conditions.

Wider determinants of health

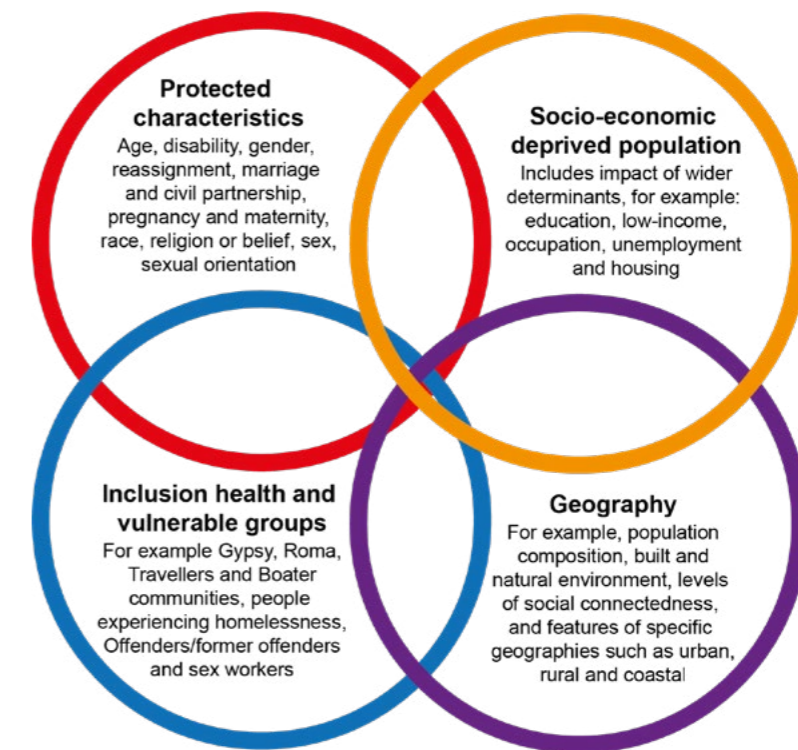
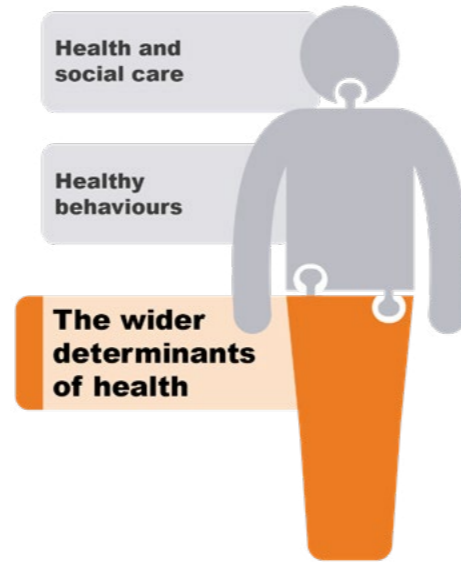
It is estimated that around 45% of a person's health is determined by the social, economic, and environmental conditions in which they are born, grow up and live.

As set out earlier in this report, these external influences are known as the wider determinants of health or more simply the causes of the causes. How much money we have, the quality of the house we live in, the natural environment surrounding us, our access to transport, education and work, all impact on our chances of living a long and healthy life.

In County Durham there are significant differences between communities and the resources people have access to, this contributes to **unfair and avoidable** inequalities.

Our data projections suggest we will see a significant increase in major illness, that our most deprived areas will carry a greater percentage of this increase and our people are more at risk of having multiple health conditions.

The effects of living with major illness and long-term ill-health can impact negatively on the full spectrum of the wider determinants of health described in the image below. Pressures on family lives, children, childcare, and unpaid carers. The numbers available for work and this influence on employment rates and work productivity. Environmental impacts such as housing requirements and adaptations. Individual and collective mental wellbeing and the ability to cope. While we would also expect to see increased demand on primary care, adult social care, supported and assisted living, financial welfare and benefit support.



Source: Office for Health Improvement and Disparities

Individuals and groups experience many different combinations of these factors in addition to the characteristics overlapping and interacting with each other. Evidence tells us the effects of these complex interactions on health inequality are multiplied for those experiencing more than one type of inequality.

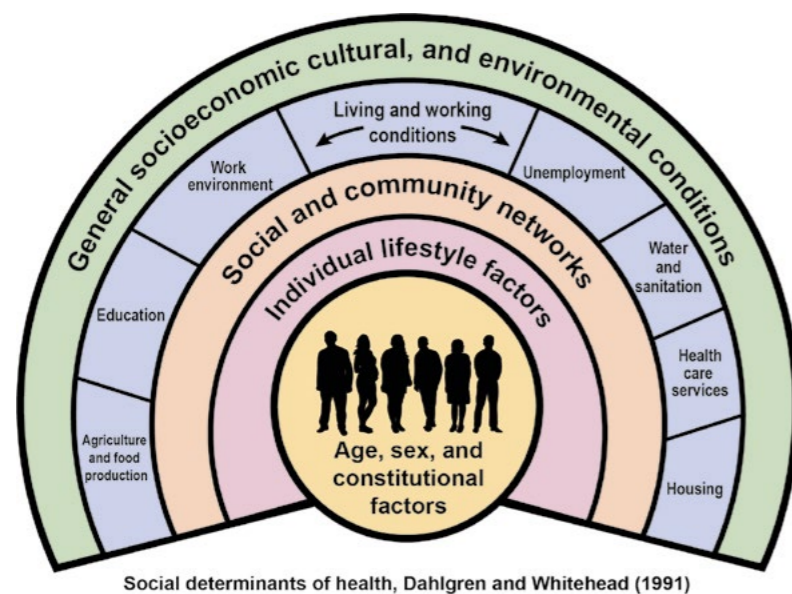
The case studies set out over the next few pages are good examples of work already underway to reduce health inequalities and increase protective factors across the life course.

Moving forward we must look to build on this by doing more of the interventions we know work and working with our communities to develop long-term solutions if we want to change the major illness projections and improve healthy life expectancy for County Durham residents.

The HDRD Programme, a core element of our approach to wellbeing, will further enable us to understand health inequalities, their causes and links. With this insight, we can shape our services more effectively and improve our population's health and wellbeing.

If we continue to work on improving the wider determinants of health by using the approach to wellbeing to develop preventative approaches, this will have a significant impact on the projected increases in major illness outlined earlier in this report.

There is no doubt future action will require a shift in culture and practice for some of us, and for other areas of need the ability to scale up existing work programmes.



Social determinants of health, Dahlgren and Whitehead (1991)

The Dahlgren and Whitehead model places individuals at the centre, with various layers of influences on health surrounding them, such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

Education as a protective factor

Education provides knowledge and capabilities that contribute to lifelong mental, physical, and social wellbeing. We know that people who have a good education are less likely to suffer from long-term conditions or mental health conditions such as depression and anxiety.

It is important that children and young people receive the best start in life. In County Durham **1 in 7** pupils are achieving a good level of development at the end of reception, however we know that for children eligible for free school meals this falls to **1 in 5**.

Education supports healthier futures, mitigates social stressors, and provides access to employment opportunities and life chances that could protect individuals from later-life disadvantage.

Evidence into practice

We worked with education system partners to identify key issues children and young people are struggling with. School staff and young people told us that mental health and emotional wellbeing was their main concern, particularly anxiety, emotional regulation, and self-esteem.



Dr Peter Mulholland

We used these experiences, alongside what we know works, to collaboratively develop mental health and emotional wellbeing support that helps children and young people as early as possible and promote wellbeing and resilience. Our approach aims to keep the young person at the centre and ensure they have support at the earliest opportunity in the community and their education setting.

Dr Peter Mulholland, Strategic Manager for Specialist SEND and Inclusion Support, and Principal Educational Psychologist shared his thoughts about collaborative working:

"Lots of factors affect the wellbeing of children and young people, and working closely with Public Health and our wider partners has really helped us better understand these influences and use available support more effectively. Through their conversations with the entire partnership, Public Health has helped us focus on how we can support the mental health and wellbeing of all children and young people from the earliest opportunity, promoting prevention and early intervention in our work."

Recommendation

Embed our approach to integrated mental health support into educational settings, creating supportive environments that enable children and young people to thrive. Review and evaluate the impact of our approach, in collaboration with children, young people and their families to make sure it continues to support and meet the needs of those involved.

Why good work matters - Local community-focused arts charity prioritises workplace health

A good working environment is good for health and employment. Good work involves access to employment, a fair and decent living wage, a role in which the individual has control and a voice, and a role which has positive impacts on an individual's health and wellbeing. This can include a workplace which prioritises the health and wellbeing of their workforce.

Unemployment and poor access to good work is linked to reduced economic activity, deprivation and increased risks of cardiovascular disease, poor mental health and suicide and other long-term conditions and health damaging behaviours.

The Better Health At Work Award (BHAWA) encourages organisations to improve the health and wellbeing of their employees. Organisations committed to the award report lower absenteeism and increased engagement from staff benefitting from the award.

In the financial year of 2022 to 2023, the County Durham BHAWA team successfully aided 92% of people in their improvement of their lifestyle and physical health, and supported a total of 40,776 employees with good work, health and wellbeing information.

Evidence into practice

Arts organisation, Jack Drum Arts, signed up to the BHAWA in October 2023. Jill Chambers, Operations Coordinator at Jack Drum Arts, said:

"Looking after our own staff team is key to providing a strong foundation for our community work and since our central ethos is to enable people and communities to thrive through creative practice, it is only natural that we extend this aspiration to our own team too. Our small and busy team works on a part-time basis on a variety of projects, so sometimes it is easy to lose track of each other when we are focused predominantly on work. The training sessions and away-days that we have had have helped reaffirm our communal efforts for a common beneficial cause and has raised our morale and given us events to look forward to. The award has opened up honest discussions within our team and we are more inclined to be proactive about looking out for each other and more receptive to approaches from colleagues."



Jack Drum Arts

Karen Stubbings, BHAWA County Durham Project Lead, said:

"We are so pleased that Jack Drum Arts have signed up to the award. The award was created to improve workplace health in as many organisations as possible, no matter the size of the organisation or the amount of employees. By signing up to the award, Jack Drum Arts will receive full support to help them improve the health and wellbeing of their staff"

Recommendation

Establish a County Durham Workplace Alliance that will bring together businesses to share good practice and resources relating to health and wellbeing in the workplace. Carry out a community wealth building review and strengthen our position as an anchor organisation.

Supporting people into training and employment

Education, employment and income are strongly linked with health behaviour and positive health outcomes.

Addiction is an issue which affects many of our communities. A key part of recovery is the support offered to clients to empower and enable them to live happy and successful lives through employment opportunities, vital for both wellbeing and relapse prevention. The DARS facilitate an Ambassador programme twice yearly, to support those in recovery into volunteering and/or employment.

Evidence into practice

Recruitment onto the Ambassador programme involves an application, shortlisting and interview process, ensuring those in recovery are ready to take on the challenge of supporting others. The programme offers 6 weeks of intensive learning, volunteer opportunities are explored, all learners are allocated a supervisor, receiving an induction plan, supervision and skills record.

"Never in a million years did I think that I would be where I am today with a job doing something I am passionate about for an organisation that helped me so much over the years and never gave up on me." (Amy)

"I graduated from the Ambassador programme in 2017 and volunteered for DARS for two years. I gained confidence, strength, resilience, structure, purpose, life skills, felt part of a team and respected. I learned so much about the service also gaining an NVQ level 2 qualification, and with support and guidance from staff I was successful in gaining employment on the 16.09.2019 - a day I will never forget" (Anonymous)

Since 2022, 42 people have completed the Ambassador programme, 18 are in full time employment and 23 are volunteering within the service. A success rate of nearly 100%.

Good employment is a protective factor for health and contributes to a reduction in wider risk factors including substance misuse. Interventions like the Ambassador programme will have a positive impact on reducing the rates of major illness as it improves people's mental and physical health and the wider circumstances in which they live.



Recommendation

To continue to support the Ambassador programme and similar interventions, utilising learning from them to help encourage and establish further initiatives that facilitate good paid and unpaid employment opportunities for underserved groups.

Safe accommodation for victims of domestic abuse

It is estimated that around **1 in 4** women and **1 in 6** men experience domestic abuse. Domestic abuse is a major contributor to poor physical and mental ill health, for example victims of domestic abuse, including children and young people, are more likely to suffer from anxiety and depression and chronic pain. They are more likely to experience poverty, live in unsecure housing and/or experience homelessness.

In County Durham there were **14,022** of police reported incidents of domestic abuse in the last 12 months, that's an increase of 4% from the previous year. The Countywide Domestic Abuse Specialist Service received **8,412** referrals in 2023, this is an increase of 10% since 2022.

The national Domestic Abuse Commissioner identified the partnership between County Durham's Early Help Service, the One Point Service and Harbour Support Services, specialist domestic abuse service as an example of best practice for their work supporting children and young people within safe accommodation.

Evidence into practice

Children and young people living within refuge in County Durham can access 1-1 therapeutic support. This child centred approach is tailored to meet their individual needs and explores the impact of the abuse in a safe and secure environment. This support can follow the families as they leave refuge and move into a secure home where they can then access the full offer of outreach support including co-delivered programmes that increase the chances of long-term recovery free from abuse.

Feedback from families:

"We have loved being included in activities and loved cooking the food together as well as the 1 on 1 support for us both. It is lovely how they have made a separate garden to support anxiety so I can still get outside. I have got lots of support with getting my child into college and my baby is now starting college after being out of education for years. My support worker has also got me a family fund grant and been someone to talk to, a shoulder to cry on and a person who has helped me."

"Thank you for keeping in touch even when we have left refuge, we needed it during all this change."



Recommendation

Continue to work with partners to deliver a comprehensive and systematic offer of support to victim/survivors of domestic abuse, including children and young people alongside work with perpetrators and those who cause harm.

Conclusion and recommendations

In 2023 I reflected on 10 years of public health in the local authority alongside the creation of Health and Wellbeing Board.

The positive integration of public health in the local authority and our ambition and commitment to see future improvements to health and wellbeing has increased and refined the organisational understanding of what affects our health, how we collaborate with partners and communities and what we can do about it.

From this firm foundation I have chosen to look forward and focus this year's annual report on the future health of County Durham residents and highlight what increases in **unfair and avoidable** inequalities some could face should nothing change.

Using indicators including life expectancy (how long you live) and healthy life expectancy (how long you live in good health) I have highlighted that a child born in County Durham will have a shorter life than a child born in other parts of the county, and over the coming years will live in poorer health for longer.

The projected increases in major illness set out on pages 18 to 23 will impact not only on individual people and families but will place additional pressures on a range of local systems and services.

As is often the case, the projected increases will be unfairly distributed across the county, people living in our most deprived communities will see a 45% increase in major illness compared to a 35% increase in other less deprived parts of the county.

Changing these projections will require a sustained focus on primary, secondary, and tertiary prevention programmes; fair access to high quality health and social care services; empowering residents to have as much control over their health and wellbeing; addressing key risk factors, including smoking, alcohol, and healthy weight. Ensuring interventions seek to reduce inequalities for where the projected increase is greatest, including having access to good education and employment, a safe and warm home environment, a supportive social network and an environment which stamps out discrimination.

These projections are challenging to read; however, throughout this report I have highlighted examples of good practice in health and wellbeing strategies, projects, interventions, services, collaboration and engagement, research, and development that, if replicated and/or scaled up, can improve outcomes for our residents.

Success relies on the continued development of strong partnership working. Over the coming year we will maximise opportunities to embed research into practice, and where appropriate, increase the use of evidence-based interventions across systems. We will apply the major illness projections to the priority areas identified throughout this report; by doing this we can be clear on the actions required that will help change the trajectory of the projections and reduce inequalities. We will demonstrate our progress through the development of a range of measures and indicators, including the voice and lived experience of our residents.

The following recommendations highlight opportunities to build on existing work and identify new opportunities to further embed the approach to wellbeing in the development and implementation of new systematic preventative approaches.

I hope that in future annual reports I will be able to continue to report on the systematic progress we are making to ensure that the projections set out in this report do not become a reality.

Future health of our people

- We will translate the projections into local ambitions, similar to smoking prevalence and focus our attention on the actions which will lead to the greatest reduction in unfair differences in health and wellbeing for our people.

Health and social care

- Using the approach to wellbeing, we will work with all stakeholders to co-produce future systems and services as we move towards more preventative models of care and support.
- To reduce health inequalities and improve outcomes for marginalised communities, we will keep working towards removing barriers to healthcare by increasing cultural awareness among healthcare providers, making it easier for people to access health services.
- Ensure that services remain focused on early intervention and support, identifying gaps in care and making sure all families can easily access these essential services.

Healthy behaviours

- Increase the number of opportunities and supportive, accessible environments that enable people to be more active, from early years through into adulthood and older years.
- To achieve the 5% smoking prevalence rate by 2030, we must continue to use tools like the health equity audit and the collective influence of the County Durham Tobacco Alliance to ensure that we continue to target resources, tackle inequality, and promote equity of access to those at greatest risk.
- Ensure sound understanding of changing patterns of need relating to mental health and wellbeing across the life course and underpinned by the approach to wellbeing, work with stakeholders to further develop preventative models of care and support.
- Use a system-wide approach to reduce alcohol consumption at all levels across the county and engage dependent drinkers to access support to reduce the risk of long-term conditions.

Wider determinants of health

- Embed our approach to integrated mental health support into educational settings, creating supportive environments that enable children and young people to thrive. Review and evaluate the impact of our approach, in collaboration with children, young people and their families to make sure it continues to support and meet the needs of those involved.
- Establish a County Durham Workplace Alliance that will bring together businesses to share good practice and resources relating to health and wellbeing in the workplace. Carry out a community wealth building review and strengthen our position as an anchor organisation.
- To continue to support the Ambassador programme and similar interventions, utilising learning from them to help encourage and establish further initiatives that facilitate good paid and unpaid employment opportunities for underserved groups.
- Continue to work with partners to deliver a comprehensive and systematic offer of support to victim/survivors of domestic abuse, including children and young people alongside work with perpetrators and those who cause harm.

Acknowledgements

Many thanks to:

Sean Barry, Public Health Advanced Practitioner

Julia Bates, Consultant in Public Health

Andrea Bracewell, Public Health Advanced Practitioner

Deborah Breen, Assistant Public Health Practitioner

Ali Cooke, Public Health Management Support

Katie Dunstan-Smith, Public Health Intelligence Specialist

Michael Fleming, Strategic Manager, Research and Public Health Intelligence

Thelma Lambert, Regional Public Health Programme Assistant

Lisa Lynch, Public Health Programme Manager

Yusuf Meah, Public Health Advanced Practitioner

Bryn Morris-Hale, Public Health Intelligence Specialist

Hannah Murray-Leslie, Wellbeing Approach Implementation Officer

Rachel Osbaldeston, Public Health Advanced Practitioner

Nichola Pitt, Public Health Practitioner

Helen Riddell, Public Health Principal

Kelly Rose, Public Health Advanced Practitioner

Bekki Shenfine, Acting Consultant in Public Health

Marie Urwin, Public Health Practitioner

Matt Walker, Public Health Strategic Manager

Kirsty Wilkinson, Public Health Strategic Manager

Glen Wilson, Consultant in Public Health

Corporate Design Team, Durham County Council

Partner organisations and everyone who contributed to a case study

Please ask us if you would like this document summarised in another language or format:



Braille,



Audio,

AAA

Large print.

العربية Arabic, (中文 (繁體字)) Chinese, اردو Urdu,
polski Polish, ਪੰਜਾਬੀ Punjabi, Español Spanish,
বাংলা Bengali, हिन्दी Hindi, Deutsch German,
Français French, Türkçe Turkish, Melayu Malay.

Telephone: 03000 264 109

Email: PublicHealth@durham.gov.uk