Health and Wellbeing Board

12 July 2022

Joint Health and Wellbeing Strategy Annual Performance Update Report

Durham County Council

Report of Stephen Tracey, Corporate Equality and Strategy Manager, Policy, Planning and Performance Service, Durham County Council

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To provide an overview of our annual performance against the six objectives outlined in the Joint Health and Wellbeing Strategy (JHWS).

Executive summary

2 The JHWS features six objectives across our three strategic priorities of starting well, living well and ageing well. These are long-term health and wellbeing outcomes which take time to show meaningful change. This update is intended to demonstrate the impact of our work has on the trajectory people's health and outline where we aim to be in 2025.

- **Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England.**
  - Healthy life expectancy at birth in County Durham has not shown any significant change over time for men or women and remains statistically significantly lower than England. However, latest data for female healthy life expectancy at 65 shows significant improvement and has halved the long-term gap with England.
- **We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke.**
  - Whilst progress is evident against both measures further substantial improvement is required to in order to meet these objectives within their stated timeframes.
  - Collection of smoking prevalence data has changed since agreeing this objective so like for like trend analysis is advised against prior to latest (2020) data. However, latest data shows Durham is not significantly different to England. Using previous

methods smoking had been reducing but was significantly worse than England at 2019.
   - To meet this objective Durham would need 40,000 fewer active smokers by 2025.
   - Smoking at time of delivery (2020/21) in County Durham (15.5%) remains statistically significantly higher than England (9.6%) but has been falling over time locally and nationally.
   - Again significant improvement is required to meet the objective.

- **Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability**
   - Overall, the gap in the employment rate between those with a long-term health condition and the overall employment rate is improving and is now not statistically significantly different to England. The gap for those living with a mental health condition, or with a learning disability is improving too.

- **Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight.**
   - No Durham data are available to track progress locally, but national trends imply outcomes are significantly worse than prior to the pandemic.
   - Nationally, there was an unprecedented increase in the prevalence of obesity and severe obesity for Reception and Year 6, for boys and girls, between 2020 and 2021.

- **Improved mental health and wellbeing evidenced by self-reported wellbeing scores and reduced suicide rates.**
   - Nationally, during periods of the coronavirus (COVID-19) pandemic, both males and females saw an increase in anxiety and a reduction in life satisfaction, feeling that the things done in life are worthwhile, and happiness.
   - County Durham level data broadly tracks these overall national trends but the reduced sample size means statistically significant change is unlikely year on year.
   - Latest suicide rates for County Durham show no signs of reduction and remain statistically significantly higher than England and the gap between County Durham and England is rising.

- **Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work).**
   - Public Health continues to work with partners to deliver the North East Better Health at Work Award (BHAWA) and 79 organisations are now signed up to the award programme,

reaching over 40,000 employees. In 2021, County Durham was recognised as having recruited the highest number of workforce health advocates.

- We now hold the ‘Continuing Excellence’ status for the BHAWA and work is ongoing to present a portfolio of evidence in support of an application for ‘Maintaining Excellence’ status.

Recommendations

3 The Health and Wellbeing Board is recommended to:

(a) Note the key messages above and detailed analysis below relating to the JHWS key objectives;

(b) Consider where further action may be required to improve specific outcomes.

Background

4 The County Durham Vision 2035 was developed with partners to provide a shared understanding of what everyone wants our county to look like in 15 years. The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. These priorities are:

a. Starting Well
b. Living Well
c. Ageing Well

5 The JHWS supports the delivery of the Vision's objectives through a focus on the key priorities listed above.

6 These specific objectives have been developed for the JHWS to support these priorities which outline both the impact on the health of the population and what we intend to achieve by 2025. These are:

- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
- Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work)

7 It has been agreed that an annual review of our performance will be completed against the objectives. This will support our ongoing work to ensure that our targets are achieved by 2025.

8 Much of the data collection used to evaluate these objectives has been affected by the pandemic. Specifically, the National Child Measurement Programme and indicators collected through the Annual Population

Survey[1]. This report will now consider performance against each of the objectives individually in more detail.

Review of Performance by Objective

Objective 1: Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England

9 The Health and Wellbeing Board adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all our priorities. These priorities are:

a. Starting Well
b. Living Well
c. Ageing Well

10 Healthy life expectancy are key population outcome measures that reflect the long-term impact of the Board and the wider County Durham Partnership.

11 Specifically, life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state adding a ‘quality of life’ dimension.

12 Both are key summary measures of a population's health. Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole and result in increases in life expectancy.

13 Conversely, increases in premature mortality can demonstrate the opposite and result in decreases in life expectancy. This is the current situation as locally, regionally and nationally life expectancy at birth has fallen as a direct result of 2020 deaths (and therefore excess deaths as a result of the pandemic) being included in the calculations.

14 Healthy life expectancy at birth in County Durham has not shown any significant change over time for men or women and remains statistically significantly lower than England. However, latest data for female healthy life expectancy at 65 shows significant improvement and has halved the long-term gap with England.

[1] Specifically smoking prevalence, personal well-being and employment gap further information about APS changes here Data collection changes due to the pandemic and their impact on estimating personal well-being - Office for National Statistics (ons.gov.uk)

15 Healthy life expectancy at birth (2018-20) in County Durham for men (58.8 years) and women (59.9 years) is statistically significantly worse than England (63.1 years and 63.9 years respectively) and has shown no significant change over time.

Figure 1. Healthy life expectancy at birth (2018-20), men, County Durham and England. Source: OHID Fingertips.

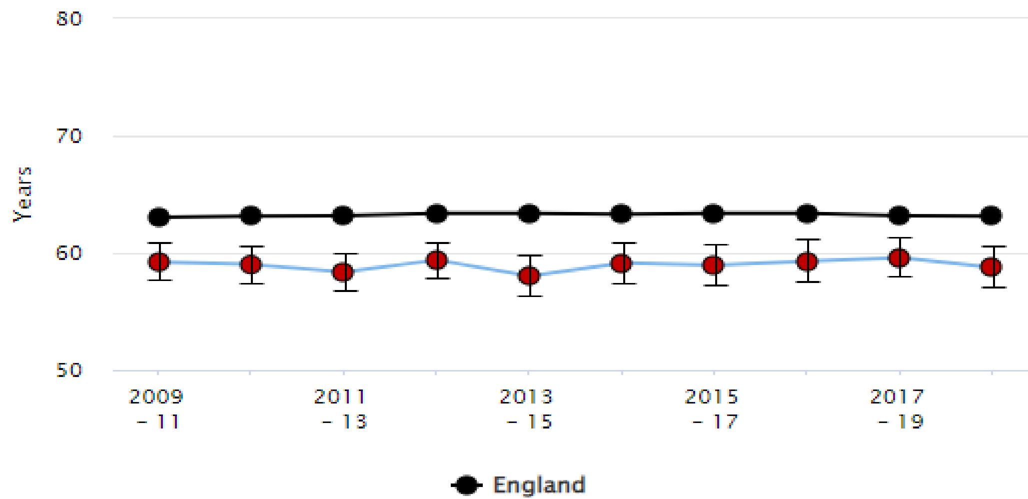
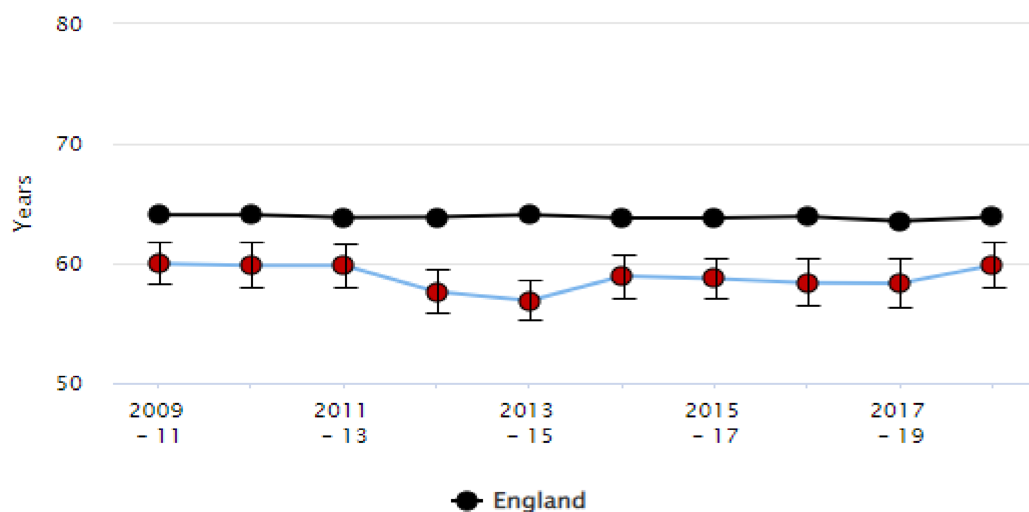


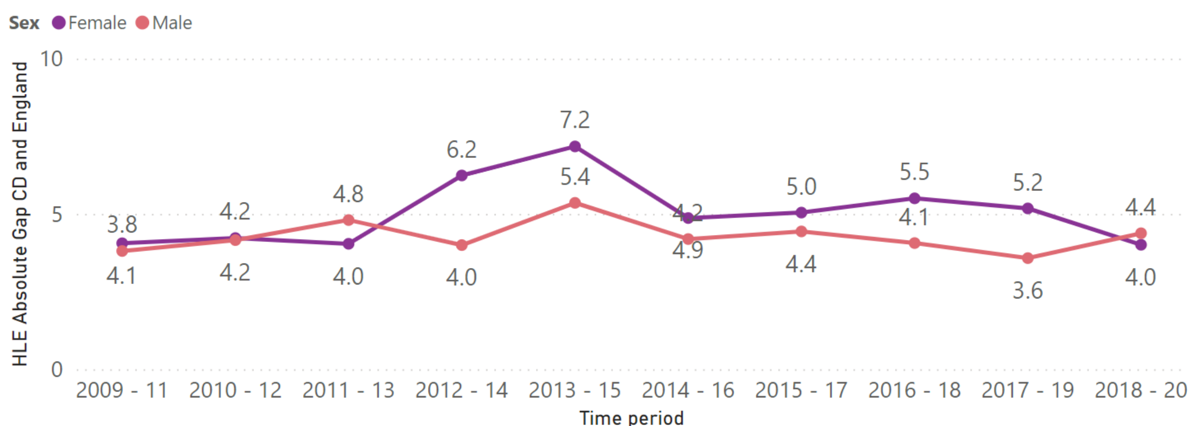
Figure 2. Healthy life expectancy at birth (2018-20), women, County Durham and England. Source: OHID Fingertips.



16 Nominally, healthy life expectancy at birth for females improved but over the long term is similar to 2009-11 and 2011-13 levels. However, again nominally, male healthy life expectancy at birth reduced both over the long term and compared to a 2015-17 reference point. However, none of these trends are statistically significant.

17 The absolute gap in healthy life expectancy between County Durham and England for men (4.4 years) and women (4 years) has shown some variation over time but is now similar to 10 years ago. The gap for women has closed from a highpoint of 7.2 years in 2013-15.

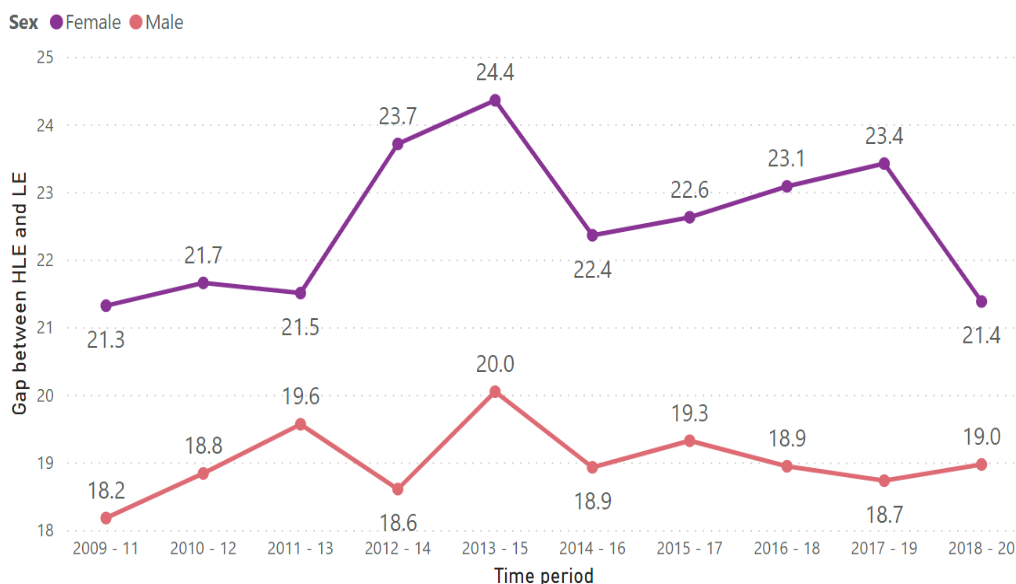
Figure 3. The absolute gap in years in healthy life expectancy (2018-20), men and women, County Durham and England. Source: OHID Fingertips



18 As described above locally and nationally women have a greater life expectancy than men, and a greater healthy life expectancy than men. However, they also live longer in poor health than men.

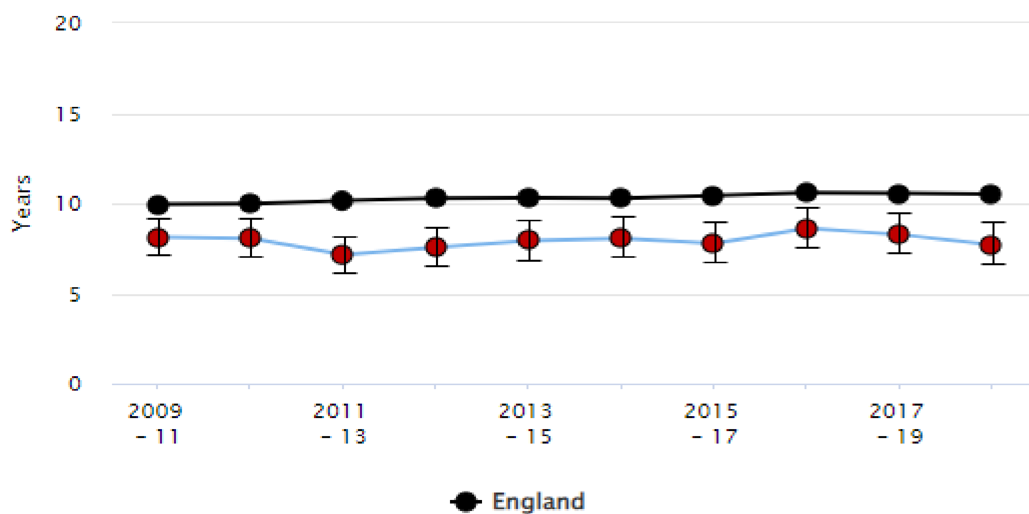
19 The absolute gap between healthy life expectancy and life expectancy in County Durham (i.e. the number of years in poor health) is 21.4 years for women, and 19 years for men. This is similar to the North East (21.9 years for women and 18.6 years for men) but greater than England (19.3 years for women and 16.3 years for men). Despite small year on year variation locally between 2009-11 and 2018-20 the overall change has been minimal, with an increase of 0.1 years for women and 0.8 years for men.

Figure 4. The absolute gap in years between healthy life expectancy and life expectancy, men and women, County Durham. Source: OHID Fingertips



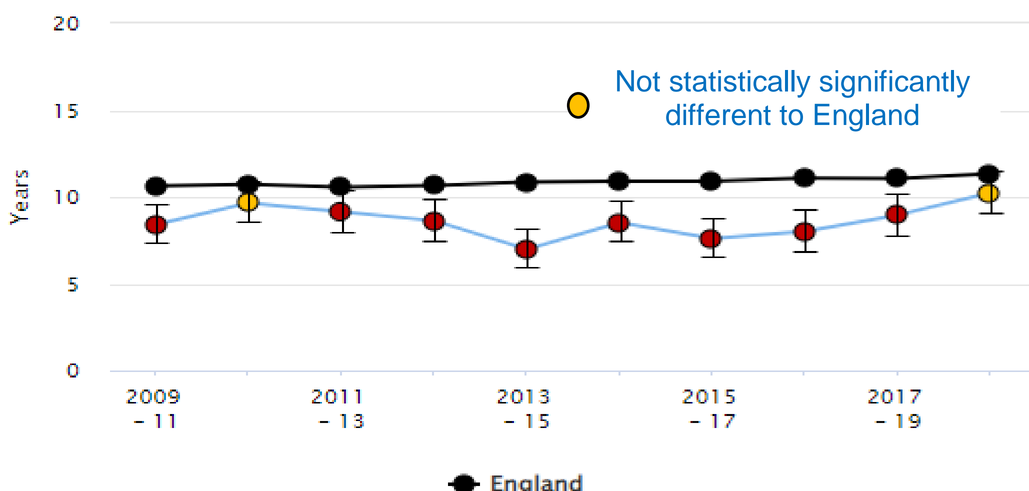
20 Healthy life expectancy at 65 is an important summary measure of the mortality and morbidity in those aged 65 years and over. Healthy life expectancy at 65 (2018-20) in County Durham for men (10.2 years) is statistically significantly worse than England (10.5 years). There has been no significant change over time in male HLE at 65 locally or nationally. The gap between County Durham and England has been increasing since 2016-18 and is currently similar to that seen in 2011-13.

Figure 5. Healthy life expectancy at 65 (2018-20), men, County Durham and England. Source: OHID Fingertips



21 However, healthy life expectancy at 65 in County Durham for women (10.2 years) is not statistically significantly different to England (11.3 years) and has seen a statistically significant improvement since 2013-15. This improvement has halved the gap with England.

Figure 6. Healthy life expectancy at 65 (2018-20), women, County Durham and England. Source: OHID Fingertips



Objective 2: We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke

22 Smoking remains the most important cause of preventable ill health and premature mortality in the UK, and locally. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking during pregnancy causes premature births, miscarriage and perinatal deaths. It also increases the risk of stillbirth, complications in pregnancy, low birthweight, and of the child developing other conditions in later life.

23 The Tobacco Control Alliance has continued to meet during the Covid response, and its strategic plan has been refreshed. The plan now embraces activity to address the impact of Covid on tobacco control. These include the communications drive to engage smokers at a local level in the Stop Smoking Service (SSS), changes in the operational delivery of SSS to address capacity issues of Level 2 providers and the Consumer Protection Enforcement staff being redeployed to support compliance with Covid secure measures.

24 FRESH continued to work on the denormalization programme for tobacco control in 2021/22 across the LA7 areas. Continued Outbreak Management Funding (COMF) enabled Public Health to work with FRESH to run a tobacco control campaign alongside the Don’t Wait promotional activity to amplify the awareness of the health harms of smoking at a local level.

25 The SSS has retained a continuity of service during the pandemic, promoting quitting smoking as a way of reducing the harms caused by Covid. Whilst referrals into the Stop Smoking Service are continuing to increase (up 7.5% since Quarter 4 last year) they are still below pre-pandemic levels. This is largely down to the reduction in Level 2 services during the pandemic. The Stop Smoking Service are engaging with Primary Care Networks which will result in specialist advisers attending GP clinics to support people to stop smoking. A new Secondary Care Tobacco Dependency Service is also due to commence in June which will engage people, currently in hospital, who are aiming to stop smoking.

26 There is ongoing engagement with County Durham and Darlington NHS Foundation Trust (CDDFT) to ensure the implementation of an `Ottowa` type model of tobacco treatment in secondary care. This approach has

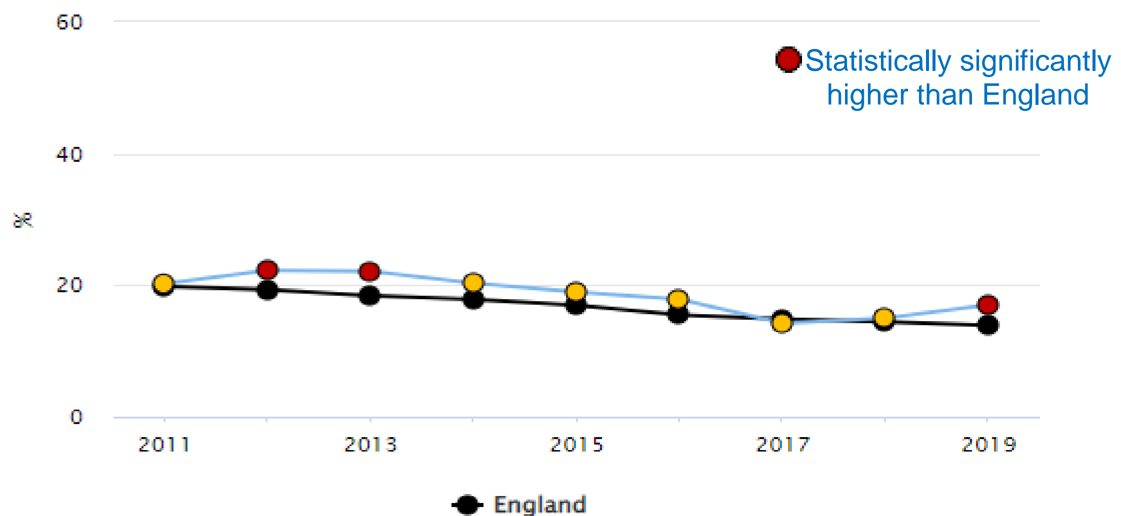
been advocated and championed on a regional basis by Dr. Ruth Sharrock (Respiratory Consultant) and builds on existing plans for an automated referral system for smokers in hospital.

27 Further developments for Smokefree Homes, an E-Cig pilot in Stanley and the procurement of the Smokefree database QuitManager also continue to progress.

28 Smoking prevalence[2] for 2019 in County Durham (17%) was statistically significantly higher than England (13.9%). This is the first time since 2013 that there has been any statistically significant difference between smoking prevalence locally and nationally[3].

29 Locally smoking prevalence had been falling over time, but the last two reported years have seen an increase from a low of 14.3% in 2017 to 17% in 2019. Over the same period the North East and England maintained their downward trajectory.

Figure 7. Smoking prevalence in adults (% aged 18+), County Durham and England (APS 2019 method). Source. OHID Fingertips.



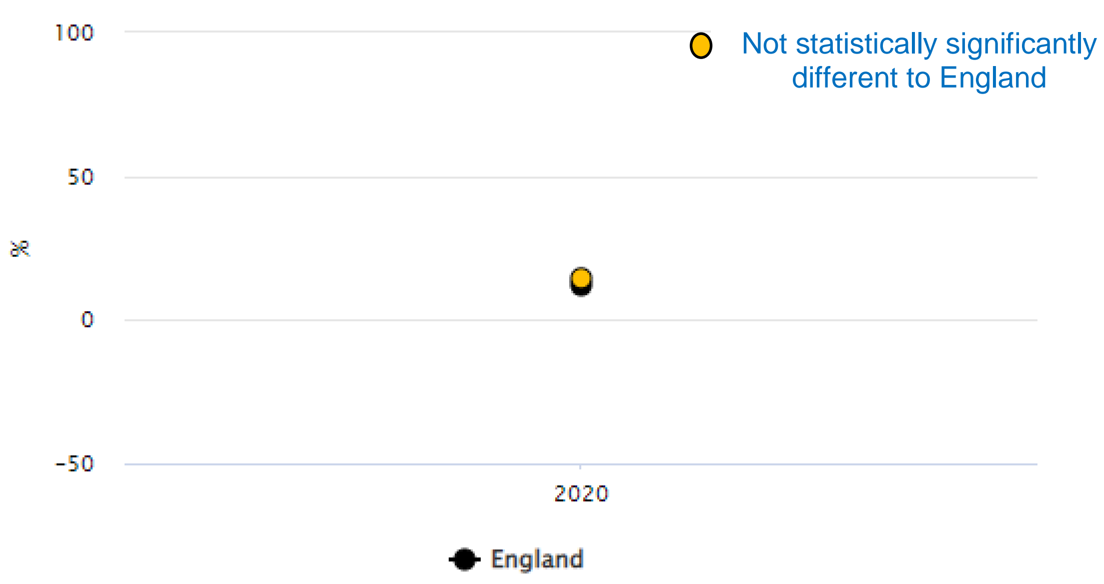
30 A smoking prevalence of 19% means there are almost 72,900 smokers aged 18+ in County Durham. This is an increase of over 12,500 smokers locally since 2017, a rise of almost 21%).

[2] Smoking prevalence APS method via OHID Fingertips
[3] A new measure of smoking prevalence is now available via OHID Fingertips using the GP Survey, and also using a new APS methodology. Currently only 2020 is reported at local authority level (14.3% for County Durham, not significantly different from England (12.1%).

31 However, there has been a recent change in the way smoking prevalence is calculated nationally. Generally smoking data is taken from the Annual Population Survey (APS) which, prior to the COVID-19 pandemic, was collected via face-to-face interviews. In 2020, due to the impact of the pandemic, this moved to telephone only collection. The Office for National Statistics (ONS) has concluded that published prevalence figures are lower than would have been expected if data collection had remained the same for 2020, therefore, direct comparison of these data sets is not possible. ONS has agreed that the move to data collection by telephone only will become a permanent change to provide a consistent trend going forward.

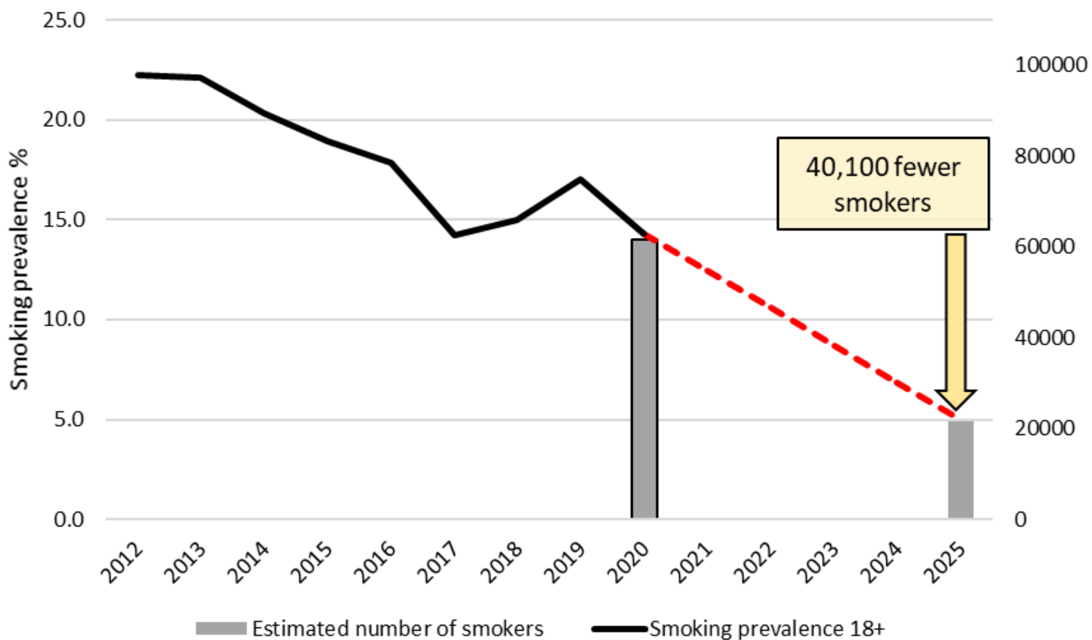
32 Using the new APS method smoking prevalence for County Durham is estimated to be 14.3%. Whilst this is lower than the prevalence for 2019 (which was 17.0% in County Durham), due to changes in the way the data is collected it is not possible to compare them directly. This is higher than both the regional (13.6%) and national (12.1%) prevalence but the difference is not statistically significantly different (although prevalence in the North East is statistically significantly higher than England).

Figure 8. Smoking Prevalence in adults (% aged 18+) - current smokers (APS) (2020 definition)



33 The latest prevalence data for 2020 suggests that there are approximately 62,000 people in County Durham who continue to smoke (14.3% of the total population). To reach our target of 95% of residents not smoking, analysis of the data indicates that a further 40,100 people are required to stop smoking by 2025.

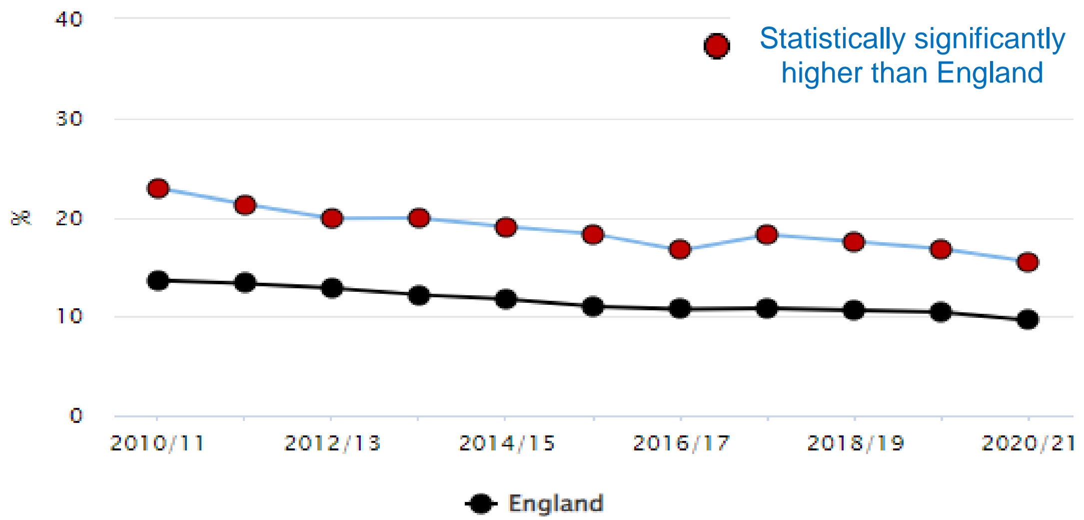
Figure 9. Estimated number of smokers required to quit to achieve our ambition of 5% smoking prevalence by 2025 (based on APS 2020 method)



34 The greatest contribution to prevalence in County Durham is through the routine and manual workforce. Data for 2020 shows prevalence of 23.3% which is higher than both regional and national figures but the difference is not statistically significant. Trend data for 2018 and 2019 also demonstrated an increase in prevalence in the routine and manual workforce from 25.1% in 2018 to 27.3% which contrasted to both the regional and national picture where this population saw a decline.

35 Smoking at time of delivery (2020/21) in County Durham (15.5%) remains statistically significantly higher than England (9.6%) but has been falling over time locally and nationally. Between 2017/18 and 2020/21 this reduction locally was almost 3 percentage points (from 18.2% to 15.5%). However, smoking in pregnancy in County Durham has been consistently significantly higher than England and this remains the case in 2020/21.

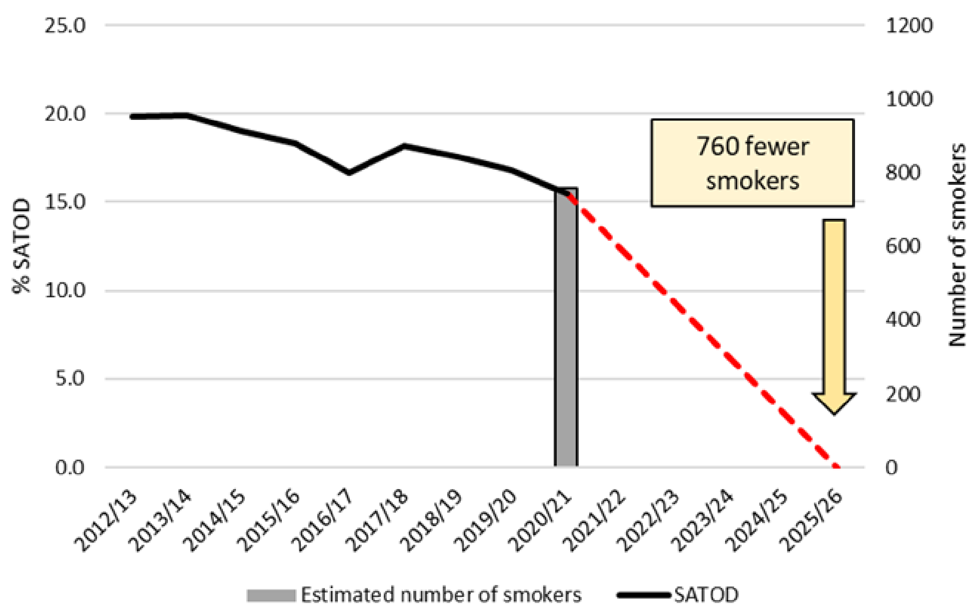
Figure 10. Smoking status at time of delivery (%), County Durham and England. Source. OHID Fingertips.



36 A prevalence of 15.5% means 704 women were smoking a time of delivery in 2020/21. This was a reduction of 80 from the previous year. As recently as 2013/14 this number was consistently above 1,000.

37 Achieving our ambition for all pregnant women to stop smoking by 2025 equates to approximately 700 pregnant women no longer smoking in County Durham.

Figure 11. Estimated number of smokers required to quit to achieve our ambition of 5% smoking prevalence by 2025



Objective 3: Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability

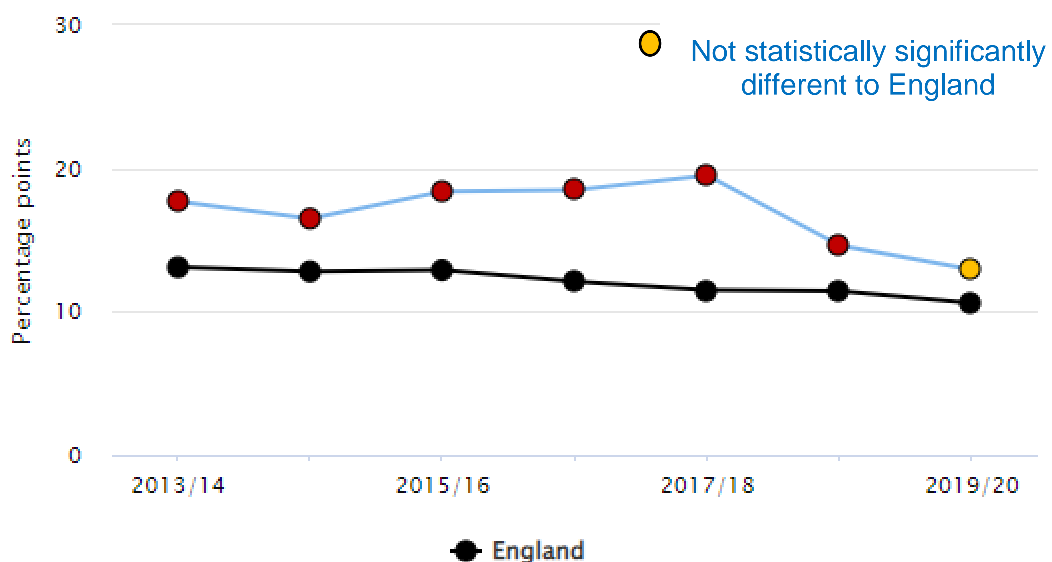
38 The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing, where appropriate for the individual. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

39 The Health and Wellbeing Board received a report and presentation of the Corporate Director of Regeneration, Economy and Growth on the Inclusive Economic Strategy. This new key partnership strategy will help strengthen the links with this objective through better co-ordination, co-production and action planning.

40 Durham Enable continues to support residents across County Durham who continue to face significant barriers to entering work as a result of the long-term nature of their disability, or the potential long term impact of deteriorating mental health.

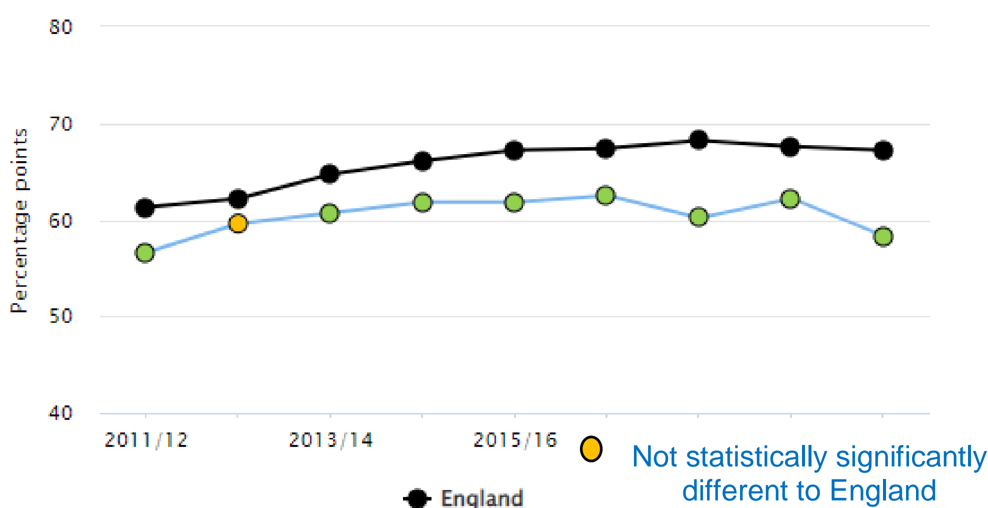
41 The gap in the employment rate for those with a long-term health condition and the overall employment rate is reducing in County Durham, with the current gap of 12.9% a statistically significant reduction from 19.5% in 2017/18 (a fall of 6.6 percentage points). This gap is not statistically significantly to England (for the first time since reporting began in 2013/14).

Figure 12. Gap in the employment rate between those with a long-term health condition and the overall employment rate, County Durham and England. Source: OHID Fingertips



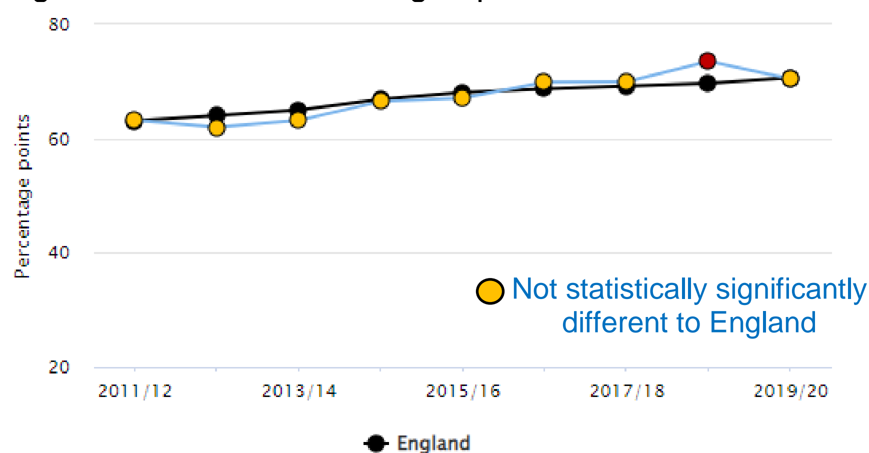
42 The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in County Durham (58.3%) is lower than both England (67.2%) and the North East (6.1%) although the difference is not statistically significant. Following a period of slow increase this gap in County Durham has seen a reduction in two of the last three reported years, although the change is not statistically significant.

Figure 13. Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, County Durham and England. Source: OHID Fingertips



43 The gap in the employment rate for those with a learning disability and the overall employment rate in County Durham (70.4%) is not statistically significantly different to England (70.6%) or the North East (66%). However, over time this gap has been increasing both locally, regionally and nationally. Over time this increase has been statistically significant in County Durham.

Figure 14. Gap in the employment rate between those with a learning disability and the overall employment rate, County Durham and England. Source: OHID Fingertips



Objective 4: Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight

44 Reducing childhood obesity and increasing healthy weight is both a local and national priority. In childhood, excess weight can directly cause mobility problems, hypertension and abnormalities in glucose metabolism. In addition there may be emotional issues related to low self-esteem.

45 Public Health (PH) has worked collaboratively with colleagues in Durham County Council (DCC) Education and Early Help, Inclusion and Vulnerable Children (EHIVC) Services and schools to develop a healthy settings framework for schools and education settings.

46 Due to Covid-19 and the current pressures facing education settings the launch of the framework has been delayed. Initial plans were to launch the framework within the Autumn term of 2020 however, there has been a soft launch of the framework in early 2021 followed by a larger launch in September 2021.

47 PH will continue to work with partners such as County Durham Sport and Food Durham to promote the framework and engage pledged schools within specific aspects of the core offer. This will include building upon major sporting events to promote engagement within the School Games with targeted education settings alongside county wide provision. There will also be the opportunity to promote the framework through the School Games Organisers and their delivery increasing the number of settings involved.

48 The 2020/21 NCMP data collection was severely hampered by COVID, with the result being that most local authorities have no data for that

year due to an insufficient sample. However, analysis by NHS Digital and OHID shows that national data is reliable and comparable to previous years. Key points from the national release were:

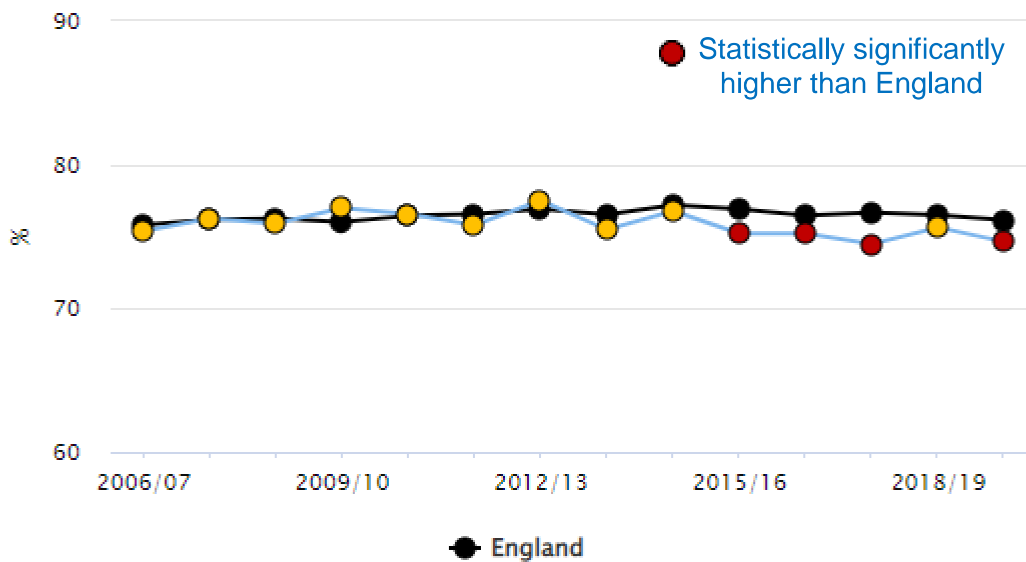
- There was an unprecedented increase in the prevalence of obesity and severe obesity for Reception and Year 6, for boys and girls, between 2020 and 2021 (nationally).
- Boys, particularly in Year 6, have experienced the largest increases in obesity and severe obesity.
- These increases in child obesity and severe obesity prevalence in 2020 to 2021 follow the COVID-19 pandemic which resulted in school closures and other public health measures. More data is needed to know whether this is a long-term increase.
- The largest increases in the prevalence of obesity and severe obesity in boys and girls have occurred in the most deprived areas of England, resulting in the large and persistent disparities in child obesity having worsened.
- Disparities in obesity prevalence between ethnic groups have also increased with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases.

49 In County Durham childhood obesity has been rising over time, so we can reasonably expect that trend to continue into the pandemic period. Based on the national data we can also reasonably assume that the gap between the most and least deprived children in terms of obesity will also increase locally.

50 Prevalence of healthy weight children in County Durham is statistically significantly lower than England for Reception and Year 6 for the period 2019/20. There has been no significant change in healthy weight in County Durham school children aged 4-5 years or 10-11 years.

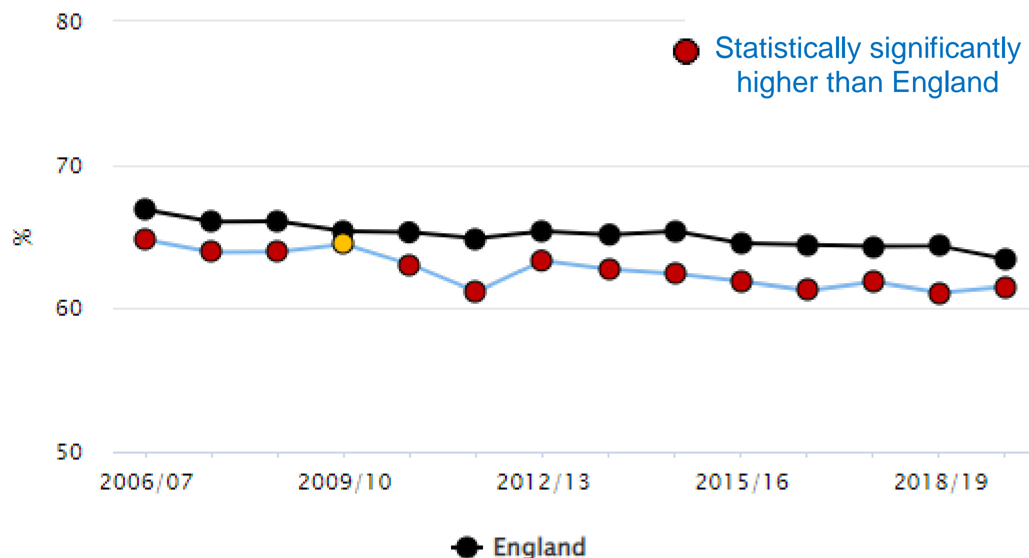
51 There were 74.6% of children aged 4-5 years (reception) of a healthy weight in 2019/20. Between 2018/19 and 2019/20 healthy weight in reception have decreased by 1 % from 75.6 to 74.6. Over the same time period the healthy weight prevalence in England declined by 0.4%.

Figure 15. Reception. Prevalence of healthy weight (%), County Durham and England. Source: OHID Fingertips.



52 In children aged 10-11 years (year 6) there were 61.5% of children of a healthy weight. Between 2018/19 and 2019/20 healthy weight prevalence in Year 6 has increased by 0.4% from 61.1% to 61.5%. Over the same time period the healthy weight prevalence in England declined by 0.9%.

Figure 16. Year 6. Prevalence of healthy weight (%), County Durham and England. Source: OHID Fingertips.



Objective 5: Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates

53 Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community[4] .

54 Poor mental health and wellbeing contribute to poorer outcomes across the life course and reinforces inequalities. The concept of well-being is a key issue locally. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost.

55 The Mental Health Strategic Partnership (MHSP) Board, Mental Health Strategy and Concordat (2018-21) document highlights the ambition and commitment of the MHSP to work towards better mental health in County Durham according to the principles in the national Prevention Concordat for Better Mental Health.

56 Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams have continued to deliver on agreed operational plans and their response to address an increase in demand for mental health support during Covid lockdown.

57 As part of the Covid response, funding from central government has instigated the development of several new initiatives to address the increased demands on mental health provision. These areas of work have initiated at speed, sometimes with a reduced capacity to enable a considered system-wide cross reference to other areas of mental health delivery.

58 The Suicide Prevention Alliance Action Plan has been developed with partners address the need for every local area to focus on this agenda and meet the key objectives. This includes reducing suicide rates in the population and providing better support for those bereaved or affected by suicide, including families and the wider community.

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[4] World Health Organisation (2013) Mental Health Action Plan 2013-2020

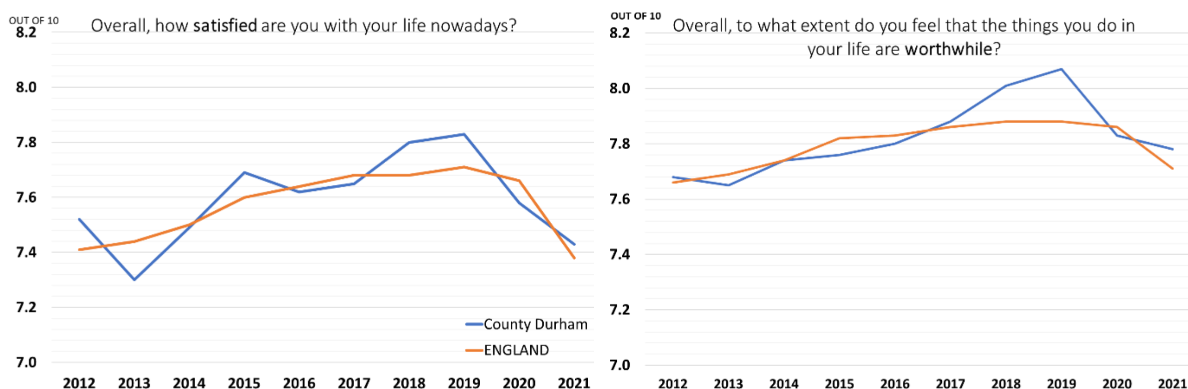
59 The Alliance also successfully progressed a local comprehensive work programme which has included the initiation of a Real Time data Surveillance (RTDS) system, community prevention initiatives including those at high-risk locations, development of post-intervention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.

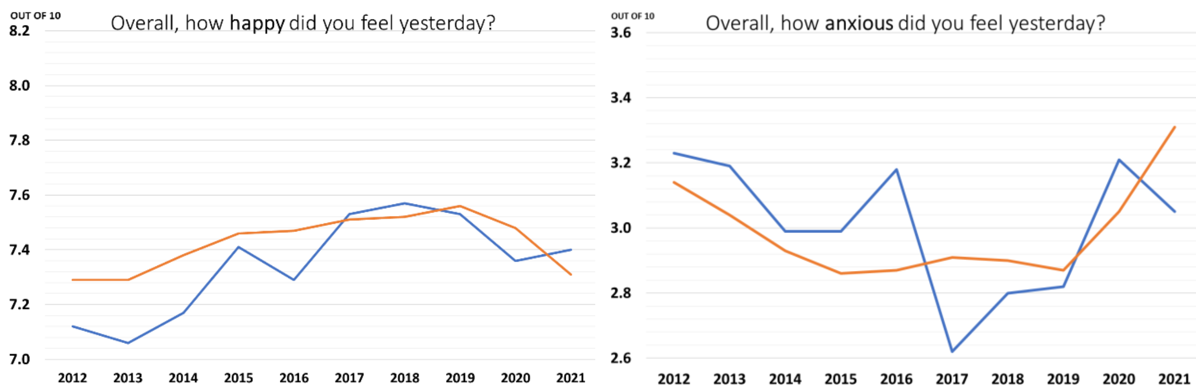
60 The local Suicide Prevention Alliance Plan has embraced the delivery of NENC ICS Mental Health programme for suicide prevention via funding allocations disseminated through the ICS and has also worked to address local need. The Samaritans have commended County Durham's approach to suicide prevention during a review of all national suicide prevention plans.

61 The local governance arrangements managed by the MHSP has enabled the suicide prevention agenda to link directly with the Crisis Care Concordat and the Durham, Darlington and Teesside Mental Health and Learning Disabilities Partnership to work on the ambition for reducing suicide rates.

62 Nationally, during periods of the coronavirus (COVID-19) pandemic, both males and females saw an increase in anxiety and a reduction in life satisfaction, feeling that the things done in life are worthwhile, and happiness. At times during the coronavirus pandemic, females experienced lower life satisfaction and happiness than males, which differs from pre-coronavirus pandemic research. County Durham level data broadly tracks these overall national trends but the reduced sample size means statistically significant change is unlikely year on year.

Figure 17 Average personal well-being ratings, County Durham and England, years ending March 2012 to March 2021

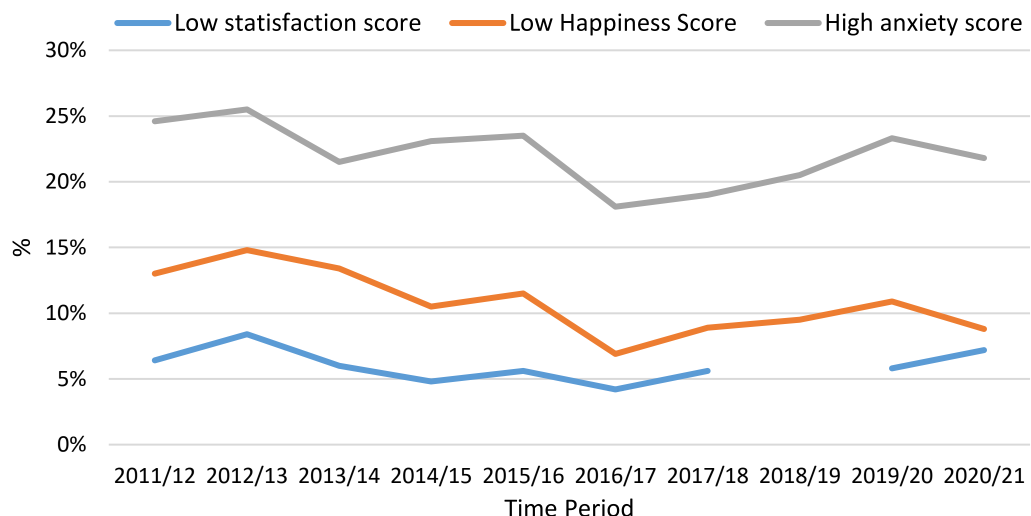




63 The proportion of people in County Durham reporting:

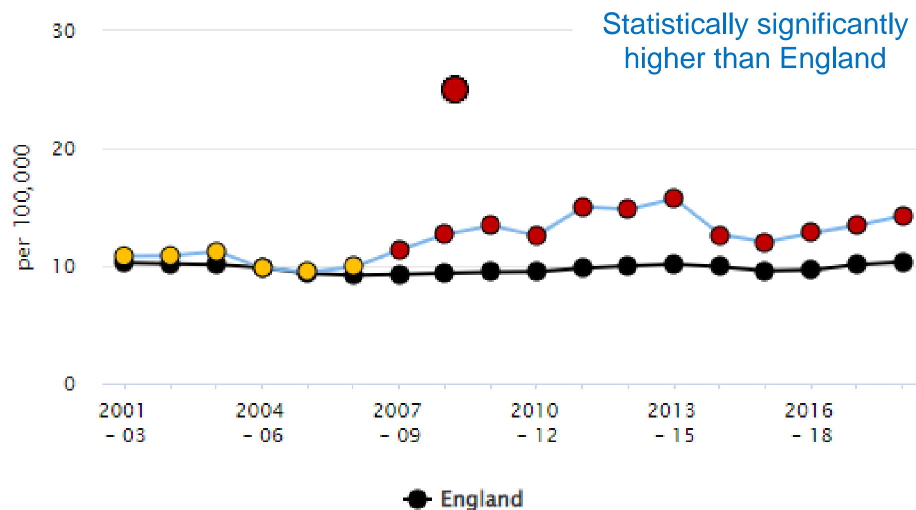
a. a low satisfaction score for self-reported well-being (7.2%) is increasing, but is not statistically significantly different to England (6.1%). There has been little change in either geography over time.
b. a low happiness score for self-reported well-being (8.8%) has seen relatively little change over time, and is not statistically significantly different to England (9.2%).
c. a high anxiety score for self-reported well-being (21.8%) is relatively high compared to other measures of self-reported wellbeing. This measure is not statistically significantly different to England (24.2%) and has been relatively static over time (between 18.1% and 25.5%).

Figure 18. Self-reported wellbeing. Low satisfaction, Low happiness and High anxiety scores, County Durham. Source. OHID Fingertips.



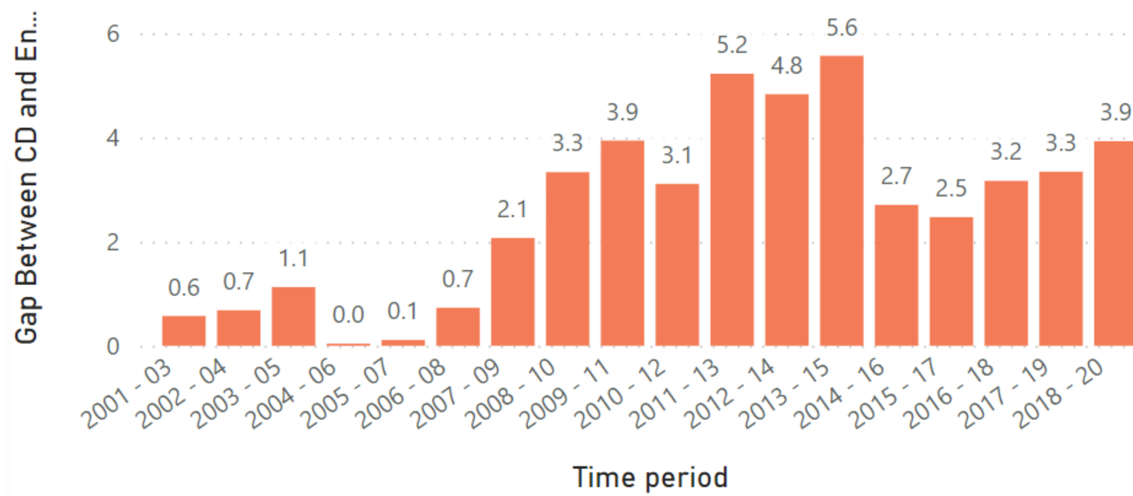
64 The rate of suicide and death by undetermined injury (persons) for the period 2018-20 in County Durham (14.3 per 100,000) is statistically significantly higher than England (10.4 per 100,000).

Figure 19. Suicide and undetermined injury mortality rate per 100,000. Persons. County Durham and England. Source. OHID Fingertips.



65 The gap in suicide rates between County Durham and England has been rising over time. Suicide mortality rates have been increasing over time locally, with an increase of 2.3 per 100,000 between 2015-17 (12 per 100,000) to 2018-20. This increase between 2015-17 and 2018-20 is accounted for by an additional 30 deaths over the period (and therefore around 10 additional suicides a year in the latter period).

Figure 20. Absolute gap in suicide rates per 100,000 (persons) between County Durham and England. Source: OHID Fingertips

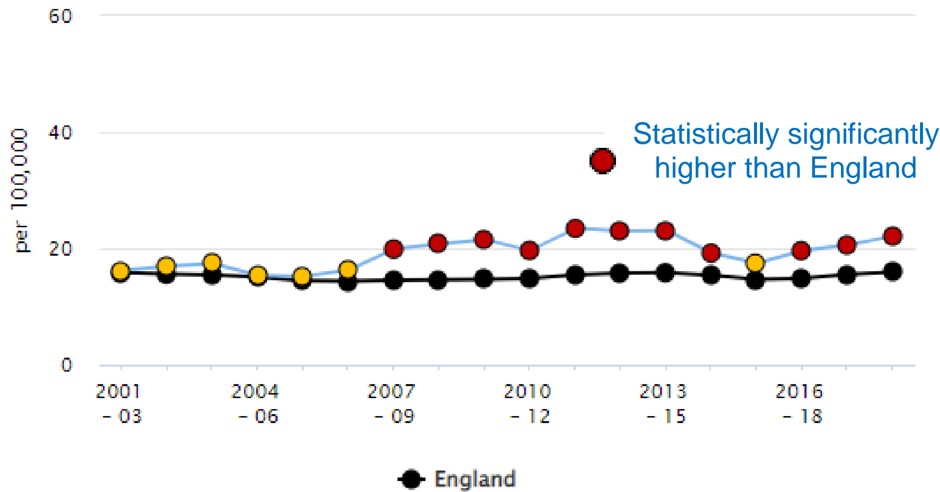


66 Suicide mortality rates for men are statistically significantly higher than women locally, regionally and nationally. Of the 196 deaths by suicide in County Durham in the period 2018-20 more than 75% were male.

67 The male suicide mortality rate for 2018-20 in County Durham (22.1 per 100,000) was statistically significantly higher than England (15.9 per

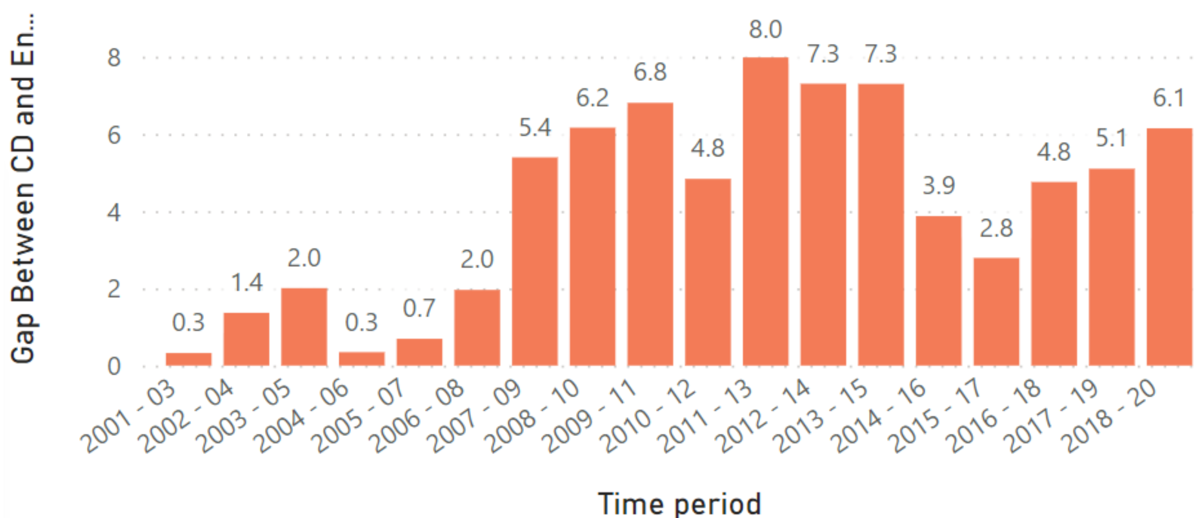
100,000), and higher than the North East (20.2 per 100,000) but the difference is not statistically significant.

Figure 21. Suicide and undetermined injury mortality rate per 100,000. Men. County Durham and England. Source. OHID Fingertips.



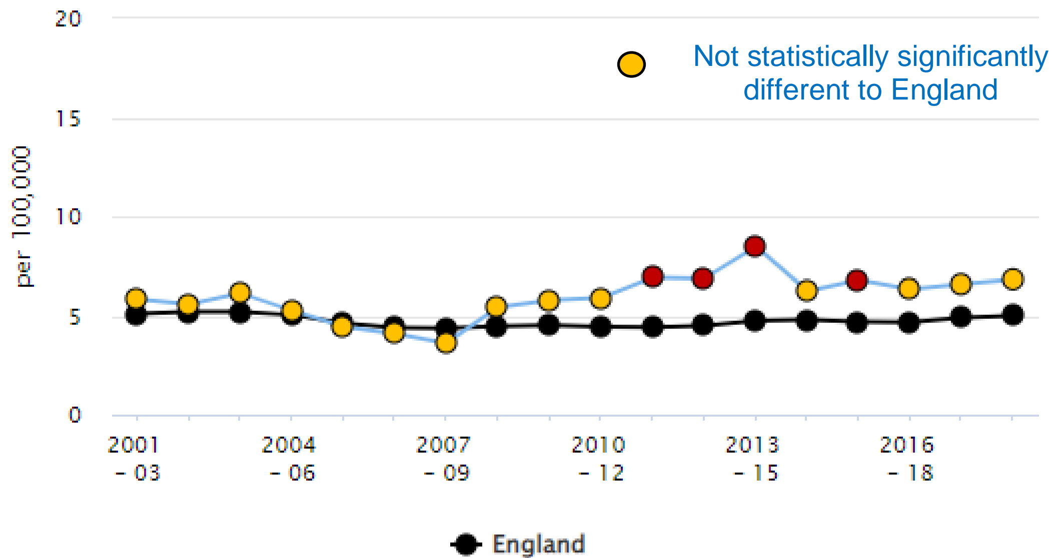
68 The gap in male suicide rates between County Durham and England has been rising over time. Suicide mortality rates for men have been increasing locally, with an increase of 4.6 per 100,000 between 2015-17 (17.5 per 100,000) to 2018-20 (22.1 per 100,000). This change is not statistically significant.

Figure 22. Absolute gap in suicide rates per 100,000 (men) between County Durham and England. Source: OHID Fingertips



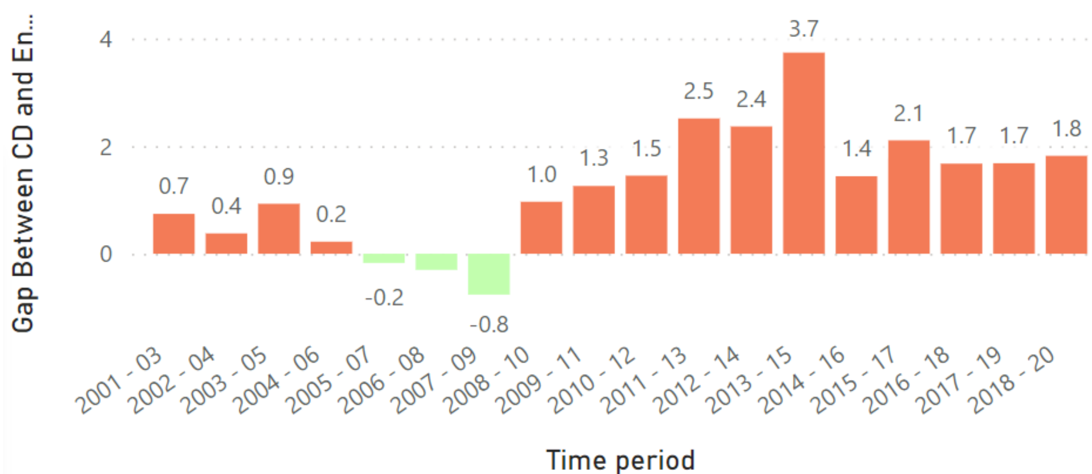
69 The female suicide mortality rate in County Durham (6.2 per 100,000) is higher than England (4.8 per 100,000) and the North East (5.4 per 100,000) but the difference is not statistically significant.

Figure 23. Suicide and undetermined injury mortality rate per 100,000. Women. County Durham and England. Source. OHID Fingertips.



70 The gap in female suicide rates between County Durham and England has seen little change over time as suicide rates for women have been relatively stable over an extended period locally, regionally and nationally.

Figure 24. Absolute gap in suicide rates per 100,000 (women) between County Durham and England. Source: OHID Fingertips



Objective 6: Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work)

71 In January 2022, Durham County Council was awarded the Better Health at Work 'Maintaining Excellence' Award, which recognises the council's ongoing commitment towards achieving and maintaining excellent workplace health and wellbeing. Throughout 2022-23, the

council will continue to promote good workplace health and wellbeing through targeted staff campaigns on matters such as mental health, financial wellbeing, menopause, healthy eating, musculoskeletal issues and cancer awareness.

72 Public Health continues to work with partners to deliver the North East Better Health at Work Award (BHAWA) and 79 organisations are now signed up to the award programme, reaching over 40,000 employees. In 2021, County Durham was recognised as having recruited the highest number of workforce health advocates.

73 We now hold the 'Continuing Excellence' status for the BHAWA and work is ongoing to present a portfolio of evidence in support of an application for 'Maintaining Excellence' status.

Conclusion

74 The report provides an overview of annual performance against the six objectives outlined in the JHWS. It demonstrates the impact of our work in these specific areas and reviews our current position against our aims for 2025. Whilst highlighting the key messages for each objective the report also considers where further action may be required to improve specific outcomes.

Background papers

- Joint Health and Wellbeing Strategy 2021-2025

Authors

Stephen Tracey, Corporate Equality and Strategy Manager

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Appendix 1: Implications

Legal Implications

No implications.

Finance

No implications.

Consultation

There is no requirement for consultation in relation to this report.

Equality and Diversity / Public Sector Equality Duty

Some of these measures relate to the discharge of the council's duties under the Equality Act 2010. Public bodies are subject to the Public Sector Equality Duty (PSED) as set out in the Act to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not

Specific duties contained in the Act which mean that we must:

- Publish information to demonstrate how we are complying with the Public Sector Equality Duty, and
- Prepare and publish equality objectives (at least every four years).

Climate Change

No implications.

Human Rights

No implications.

Crime and Disorder

No implications.

Staffing

No implications.

Accommodation

No implications.

Risk

No implications.

Procurement

No implications.