

Health and Wellbeing Board

28 July 2023

Joint Health and Wellbeing Strategy 2021-25: Annual Performance Update Report



Report of Strategy Service, Corporate Affairs, Durham County Council

Purpose of the Report

- 1 To provide an overview of annual performance against the six objectives outlined in the [Joint Health and Wellbeing Strategy 2021-25](#).
- 2 This is the final performance report for the JHWS 21-25 as, following [confirmation at the Health and Wellbeing Board](#) in May 2022, this has now been replaced by the [Joint Local Health and Wellbeing Strategy 2023-28](#).

Executive summary

- 3 In line with national guidance, a new Joint Local Health and Wellbeing Strategy 2023-28 (JLHWS 23-28) was approved at the Health and Wellbeing Board in May 2023. This replaced the existing Joint Health and Wellbeing Strategy 2021-25 (JHWS 21-25). This report provides an overview of performance against the six objectives in the JHWS 2021-25:
 - **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.**
 - Both the prevalence of adults smoking and the percentage of pregnant women smoking in County Durham have reduced over time.
 - Latest data show that 16.2% of adults in Durham smoke (2021). This is statistically significantly higher than both the regional and national rates.

- In Durham approximately 68,000 adults smoke. To reach our target of over 95% of adults not smoking a further 47,000 people are required to stop smoking by 2030.
 - In 2021/22 14.6% of pregnant women smoked. Again, this is statistically significantly higher than both regional and national rate.
 - To reach our ambition that no pregnant women are smoking by 2025, approximately 710 pregnant women are to stop.
- **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.**
 - Recent data demonstrates a small increase in the percentage of reception children (aged 4-5) who are of a healthy weight in County Durham. There is no statistically significant difference in healthy weight between reception children in Durham and the national average.
 - There has been a nationwide decrease in the percentage of children in Year 6 (aged 10-11) who are of a healthy weight. Data for 2021/22 demonstrates a reduction of Year 6 children in County Durham by 2.3 percentage points. Whilst nationally there is a similar reduction the percentage of Year 6 children of a healthy weight, County Durham remains significantly lower than the national average.
- **Improved mental health and wellbeing evidenced by self-reported wellbeing scores and reduced suicide rates.**
 - Self-reported wellbeing scores in County Durham typically track overall national trends and are not statistically different to data for England
 - Latest suicide rates for County Durham are continuing to increase and are statistically significantly higher than England. The gap between County Durham and England is also rising and has been increasing for several years.

- **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)
 - 76 organisations are signed up to the award programme, reaching over 39,000 employees.
 - County Durham is recognised as having achieved the highest number of business sign-ups and the largest number of health advocates in the North East.
 - We have been awarded the 'Maintaining Excellence' status for the BHAWA which recognises our ongoing commitment towards achieving and maintaining excellent workplace health and wellbeing.

Recommendations

- 4 The Health and Wellbeing Board is recommended to:
 - (a) Note the key messages above and detailed analysis below relating to the JHWS 2021-25 key objectives.
 - (b) Consider where further action may be required to improve specific outcomes in light of the new outcomes for the recently approved JLHWS 2023-28.

Background

- 5 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:
 - Starting Well
 - Living Well
 - Ageing Well
- 6 The JHWS 2021-25 supports the delivery of the Vision's objectives through a focus on the key priorities listed above.
- 7 These specific objectives have been developed for the JHWS 2021-25 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)
- 8 It was agreed that an annual review of our performance would be completed against the objectives to support our ongoing work to ensure that these targets are achieved by 2025.
- 9 Performance against each of the objectives follows in greater 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

- 10 Healthy life expectancy measures 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.
- 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.

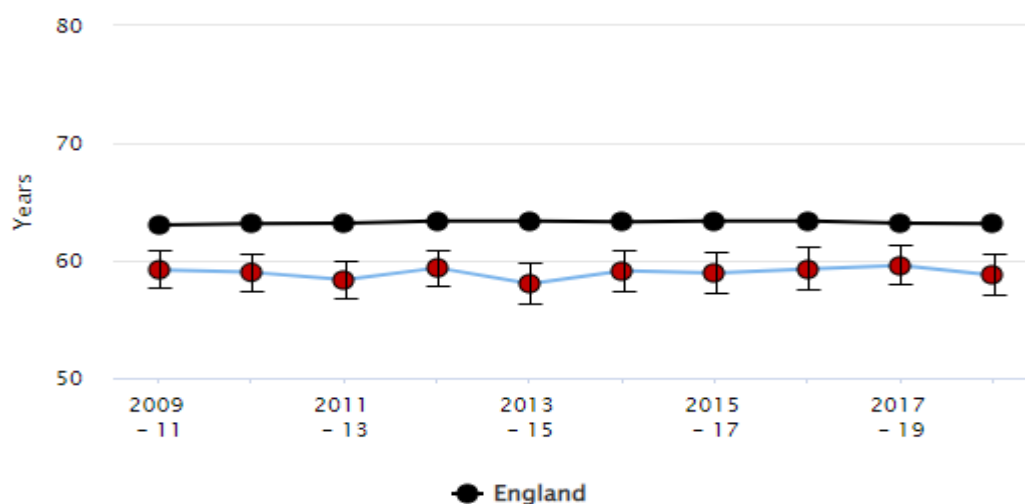
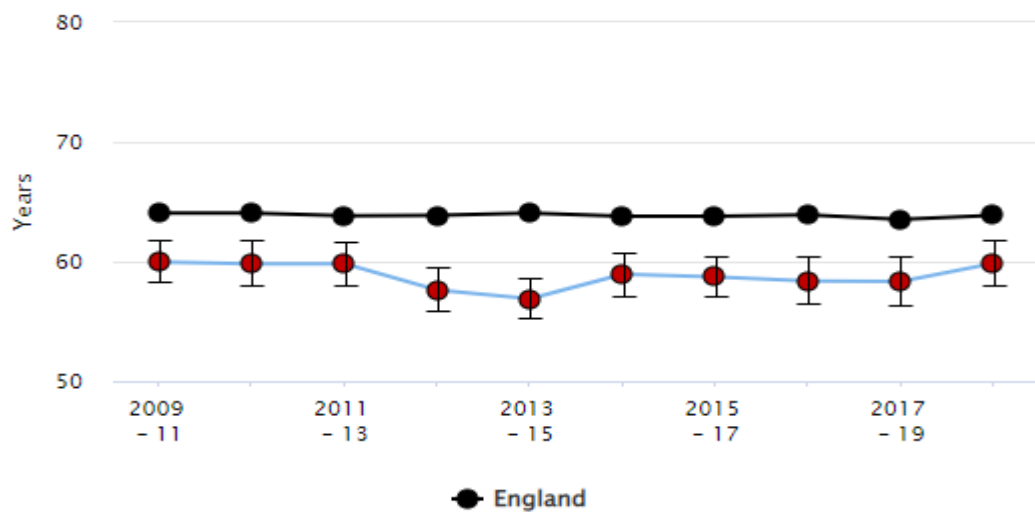
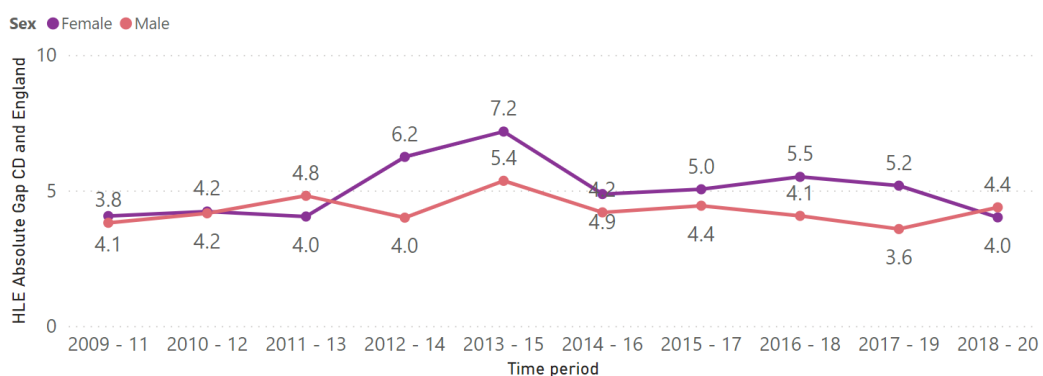


Figure 2. Healthy life expectancy at birth (2018-20), women, County Durham and England. Source: OHID Fingertips.



- 16 Healthy life expectancy at birth for both males and females have seen no significant change over time.
- 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.

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

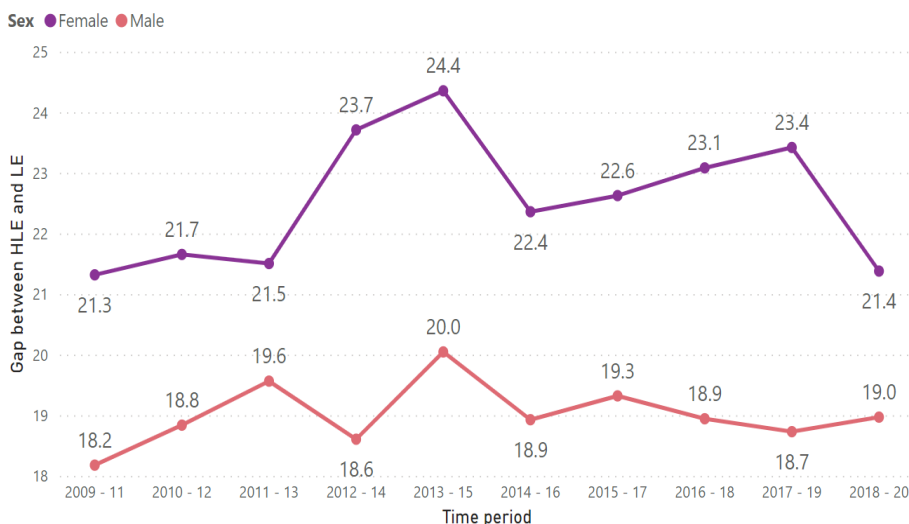


Figure 5. The absolute gap in years between healthy life expectancy and life expectancy at birth, men and women, County Durham, North East, England. Source: OHID Fingertips

	Durham			North East			England		
	2009-11	2018-20	Change	2009-11	2018-20	Change	2009-11	2018-20	Change
Male	18.2	19	0.8	17.7	18.6	0.9	15.8	16.3	0.5
Female	21.3	21.4	0.1	21.1	21.9	0.8	18.7	19.3	0.6

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

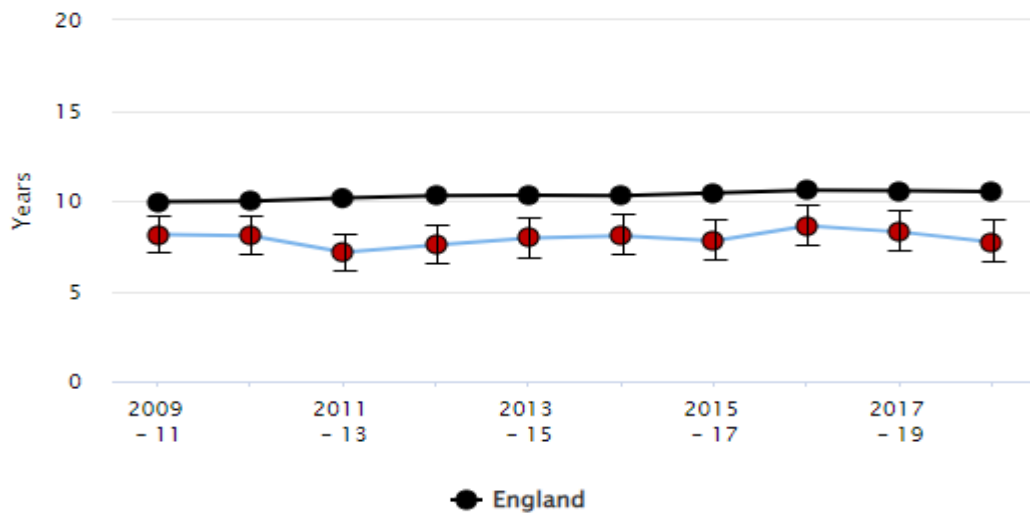
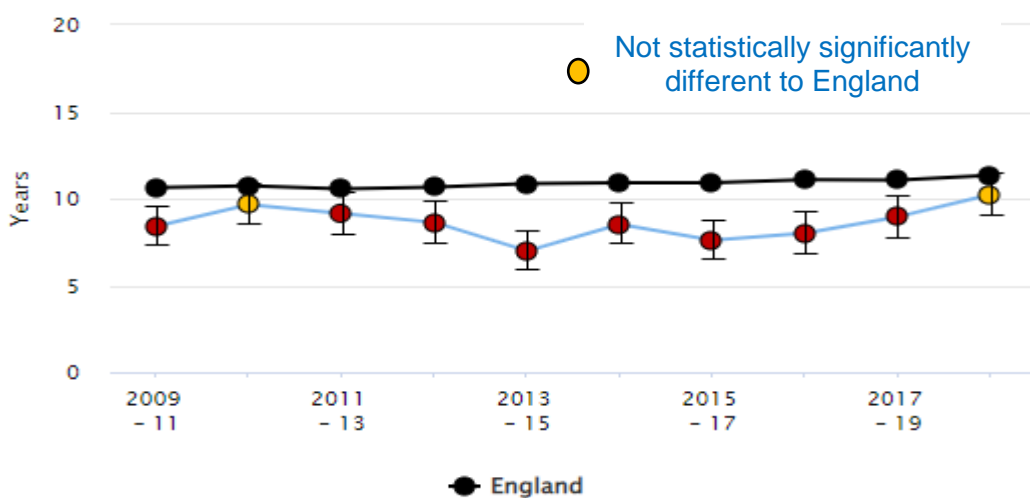


Figure 7. Healthy life expectancy at 65 (2018-20), women, County Durham and England. Source: OHID Fingertips



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 with the strategic plan being refreshed and aligned to the Fresh outcomes for a comprehensive [Tobacco Control Plan](#), this continues to be implemented. The plan has added in more elements around supporting individuals through poverty by stopping smoking, increase in information and support to quit through vaping and better work with local businesses to target those working in routine and manual workforces.
- 24 The latest prevalence data for 2021 suggests that there are approximately 68,500 people in County Durham who continue to smoke (16.2% of the total population). To reach our target of 95% of residents not smoking, analysis of the data indicates that a further 47,000 people are required to stop smoking by 2030.

Figure 8. Smoking prevalence in adults (% aged 18+), County Durham and England (APS). Source. OHID Fingertips.

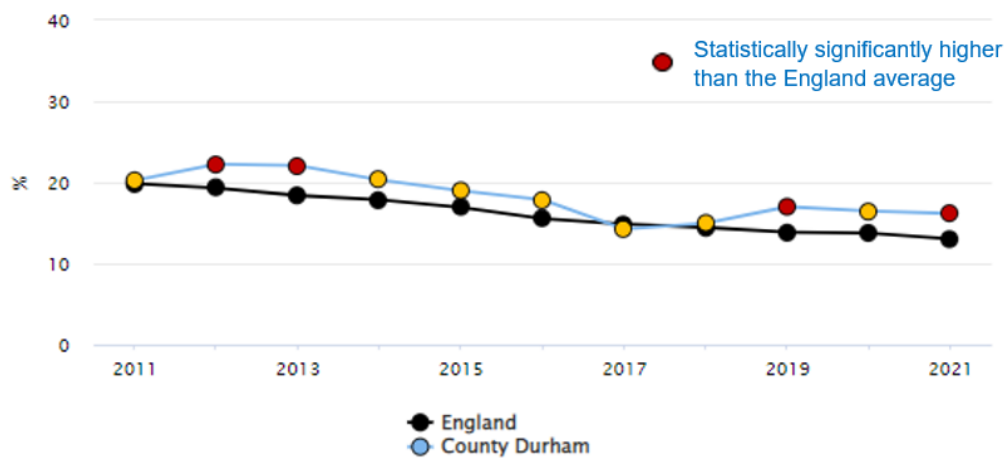
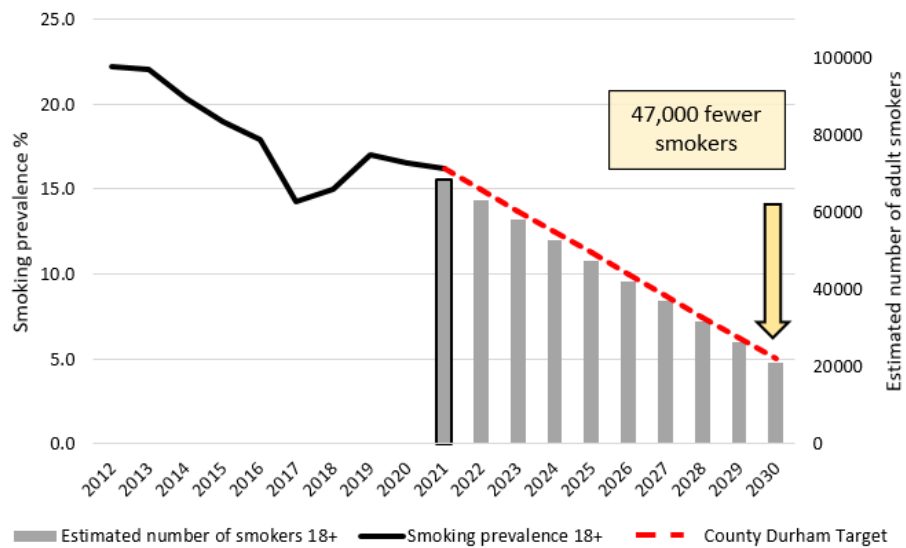
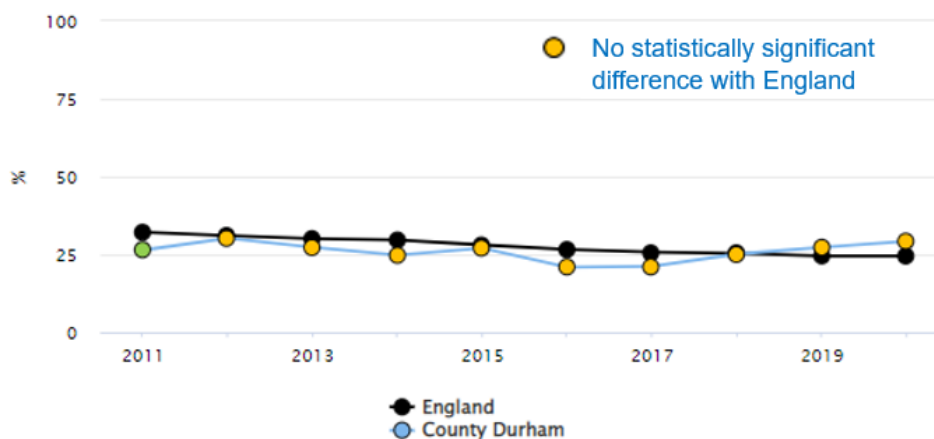


Figure 9. Estimated number of smokers required to quit to achieve our ambition of 5% smoking prevalence by 2030



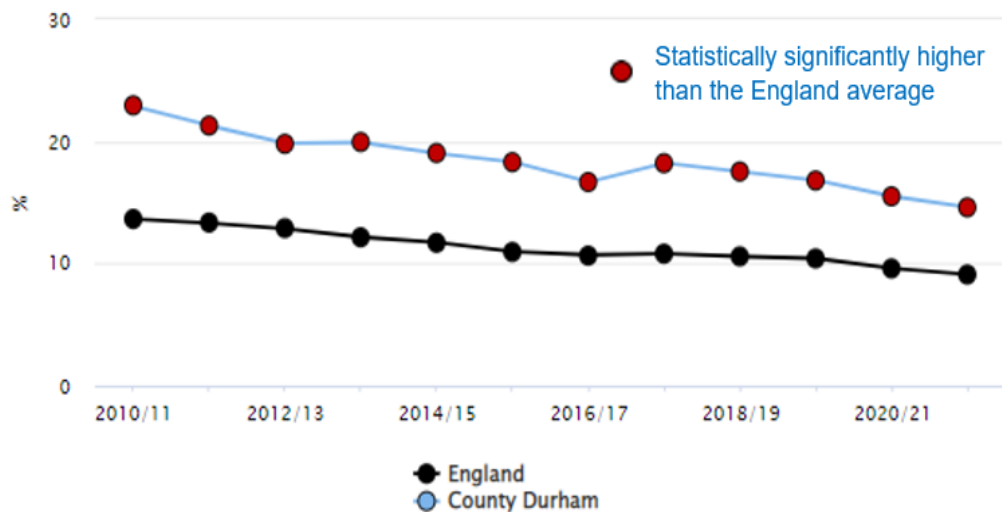
25 The greatest contribution to prevalence in County Durham is through the routine and manual workforce. Data for 2021 shows prevalence of 29.2% which is higher than both regional and national figures, however, the difference is not statistically significant. Trend data for 2019 and 2020 has shown that there has been an increase in prevalence for this group with the figures in 2018 being 25.1% which has contrasted to the regional and national picture where there has been a decline over the same period.

Figure 10. Smoking prevalence in adults in routine and manual occupations (18-64), County Durham and England (APS). Source. OHID Fingertips.



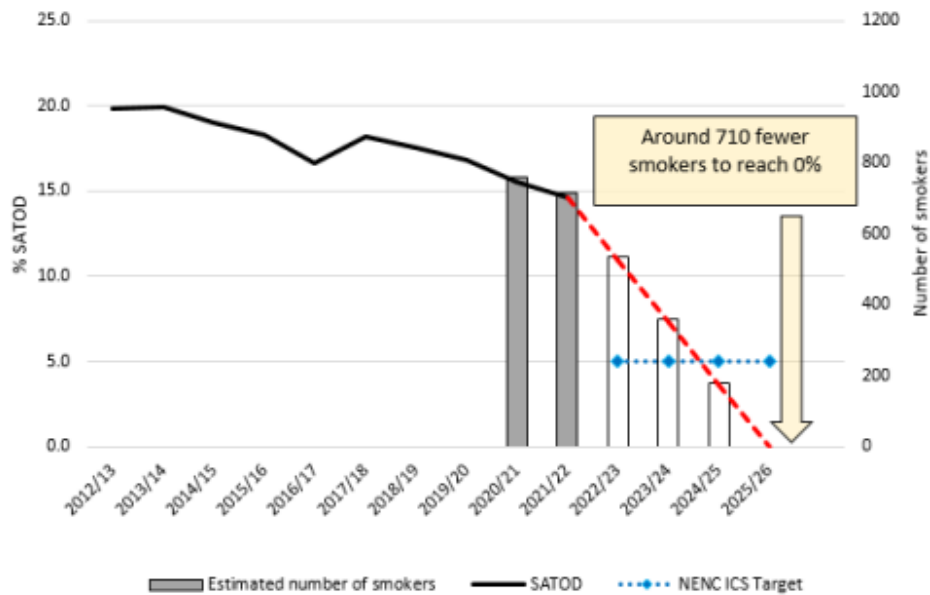
- 26 The County Durham, the Tobacco Control Alliance continues to work collaboratively to drive towards the regional goal of reducing smoking at time of delivery to 5% or less by 2025 and a local ambition that all pregnant women and mothers will not smoke.
- 27 Smoking at Time of Delivery (SATOD) has been decreasing in County Durham over time. Latest SATOD data (2021/22) demonstrates that County Durham (14.6%) continues to be statistically significantly higher than both the North East (12.6%) and England (9.1%). The absolute gap between County Durham has been decreasing and currently stands at 5.5%, the lowest since this time series began.

Figure 11. Smoking status at time of delivery (%), County Durham and England. Source. OHID Fingertips.



- 28 To achieve our ambition for all pregnant women to stop smoking by 2025 equates to approximately 710 pregnant women no longer smoking in County Durham (previously 760).

Figure 12. Estimated number of smokers required to quit to achieve our ambition of 5% smoking prevalence by 2025

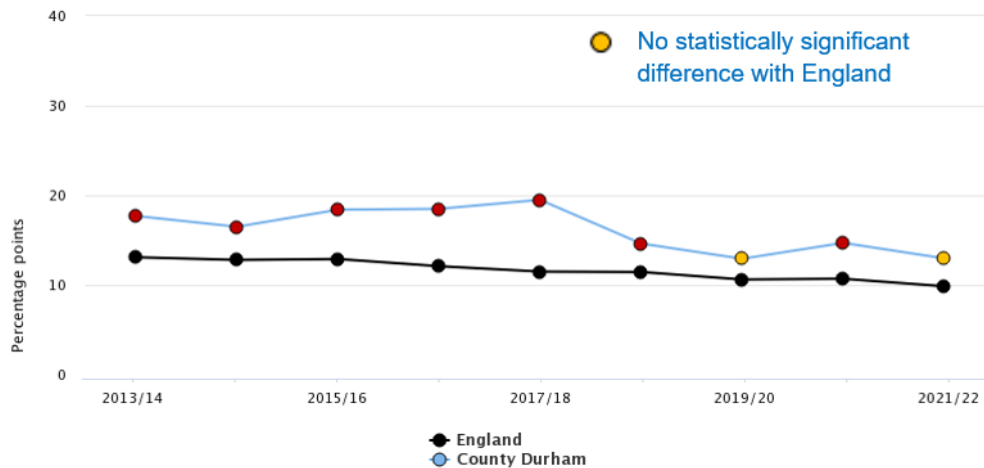


Objective 3: Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability

- 29 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.
- 30 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.
- 31 The [Durham Enable](#) service continues to support residents across County Durham who continue to face significant barriers to entering work as a result of disabilities, autism, mental health needs, or other long term health conditions.
- 32 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 13.0% a statistically significant reduction from 19.5% in 2017/18 (a fall of 6.5 percentage points). The

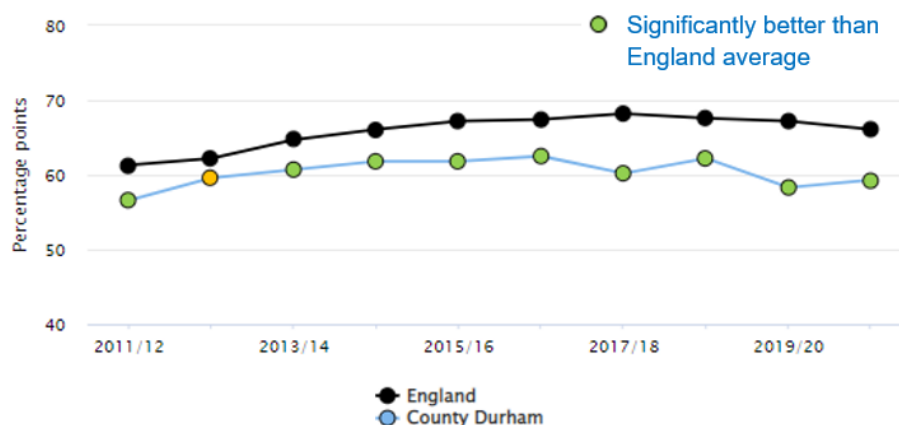
gap has been reducing since 2017/18 and current data shows that the gap is not statistically significant to the England average.

Figure 13. Gap in the employment rate between those with a long-term health condition (aged 16-64) and the overall employment rate, County Durham and England. Source: OHID Fingertips



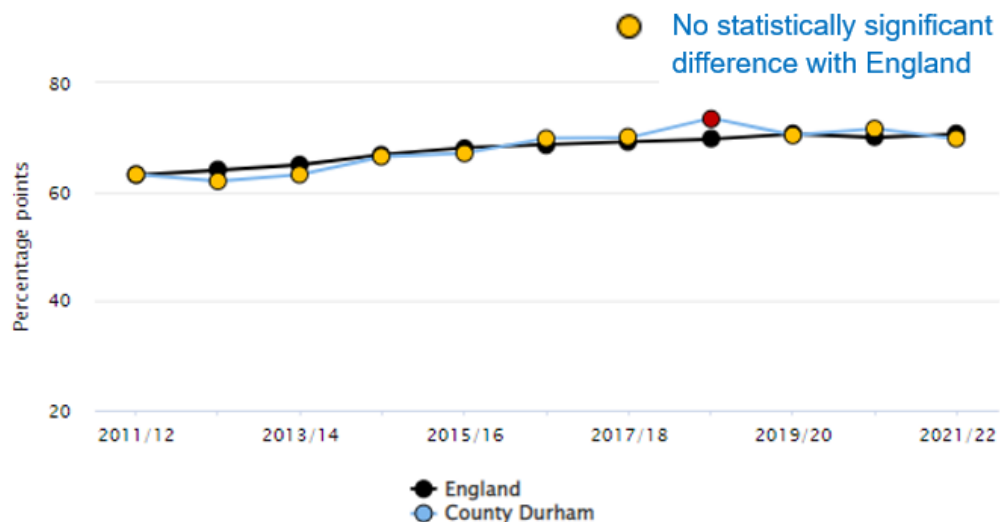
33 The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in County Durham (59.3%) is significantly lower than the England rate (66.1%). It is also lower than the gap for the North East, though not significantly. Whilst a slight increase from the previous year (2019/20) is evident the gap (6.8 percentage points) remains significantly better than the England rate.

Figure 14. 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



- 34 The gap in the employment rate for those with a learning disability and the overall employment rate in County Durham (69.7%) is not statistically significantly different to England (70.6%) or the North East (66.6%). Over time this gap, however, has been increasing both locally, regionally and nationally.

Figure 15. 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

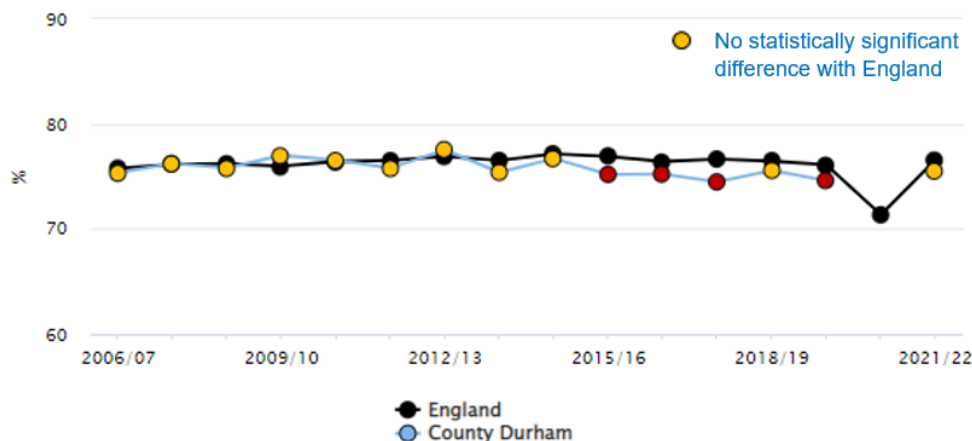
- 35 Reducing childhood obesity and increasing healthy weight is both a local and national priority. In childhood, excess weight can directly cause mobility problems, hypertension and abnormalities in glucose metabolism. In addition, there may be emotional issues related to low self-esteem.
- 36 Public 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.
- 37 The Director of Public Health has also provided updates to the Health and Wellbeing Board regarding the ongoing development of the [Physical Activity Strategy](#). Regular physical activity, or indeed increased movement is known to have a positive effect on both mental and physical health and wellbeing.
- 38 The National Child Measurement Programme (NCMP) is a key element of the national approach to tackling childhood obesity. This involves annually measuring over one million children to provide reliable data on the rates of children living with obesity. The 2021/22 NCMP data was

released in November 2022 and key points for the national picture show:

- Prevalence of obesity decreased for both reception children (from 14.4% in 2020/21 to 10.1% in 2021/22) and those in Year 6 (from 25.5% in 2020/21 to 23.4% in 2021/22). Latest figures are higher than the pre-pandemic levels.
- Boys continue to have a higher prevalence of obesity than girls. In reception, particularly in Year 6.
- Children living in the most deprived areas were more than twice as likely to be living with obesity than those in the least deprived areas.

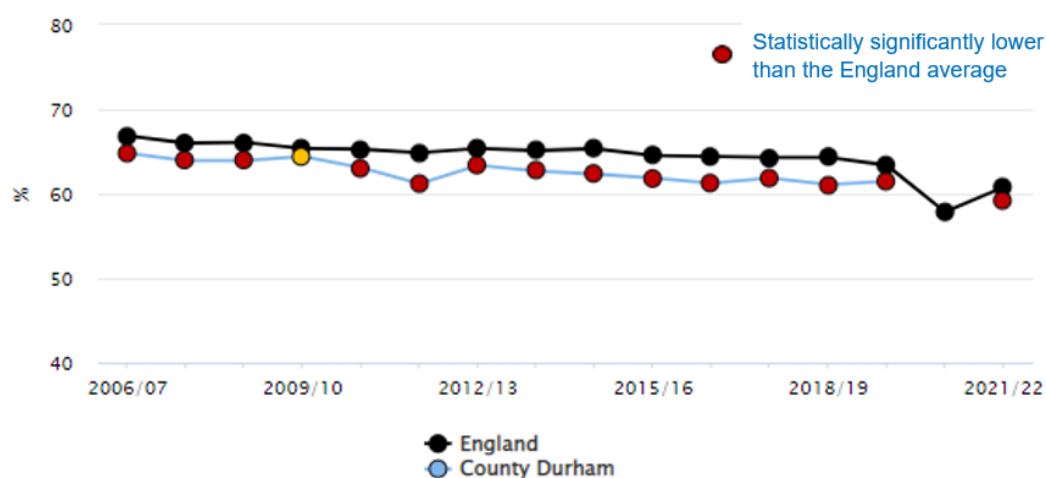
39 Data released from the NCMP for County Durham demonstrates that in 2021/22, 75.5% of children in reception were of a healthy weight. This has increased from 2019/20 (last available data) by 0.9 percentage points. Over the same period healthy weight in reception in the North East has declined by 0.2 percentage points (from 74.5% to 74.3%) and has increased nationally by 0.5 percentage points (76.1% to 76.5%). The latest data shows no statistically significant difference in the prevalence of healthy weight for reception aged children between Durham and the regional and national averages.

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



40 In 2021/22, 59.2% of children aged 10-11 years (Year 6) were of a healthy weight. This has decreased by 2.3 percentage points since 2019/20. Both the regional and national averages have declined by a similar percentage over the same period; the North East has reduced from 62.8% to 60.4%, a reduction of 2.4 percentage points, whilst nationally a reduction of 2.6 percentage points is outlined (from 63.4% to 60.8%). The data for 2021/22 demonstrates that the prevalence of healthy weight in Year 6 children in Durham is statistically significantly lower than the national average.

Figure 17. 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

- 41 The Joint Health and Wellbeing Strategy is underpinned by the County Durham Approach to Wellbeing which helps us focus on the key role that people, families and communities play in supporting health and wellbeing. This approach has been evaluated by Teesside University during the time of the strategy, who recommended that we develop joined up, practical mechanisms to enable colleagues and residents to engage with the Approach to Wellbeing, making it part of everyone’s job and influencing decision making.
- 42 Work is ongoing to ensure the Wellbeing Principles are embedded in strategic initiatives like the Community Engagement Review, Strategy Development, County Durham Together Partnership and Family Hubs. In addition, at a delivery level through our health commissioning teams, self-assessment processes, development of resources and support for staff involved in co-production and other engagement activities. The County Durham Approach to Wellbeing remains a key underpinning feature of our new Joint Local Health and Wellbeing Strategy.
- 43 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 community¹.
- 44 Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand, and is

¹ World Health Organisation (2013) Mental Health Action Plan 2013-2020

fundamental to physical health, relationships, education, work, and to achieving potential.

- 45 Conversely, 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.
- 46 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 and still remains relevant.
- 47 The [role and remit of the Mental Health Strategic Partnership](#) has recently been reviewed to reflect system-wide mental health and wellbeing approaches across the local population. This has included a restructure of the Partnership to reflect the life-course (Starting Well, Living Well and Ageing Well), and is underpinned by action targeting priority areas that include children and young people, suicide prevention, urgent care, dementia and Resilient Communities.
- 48 Alongside the refresh of the MHSP delivery plan, the MHSP Board are considering approaches to engage with the Voice of Lived Experience to support, share and co-produce County Durham's mental health strategy moving forwards.
- 49 New programmes of work have also been started such as the Mental Health Transformation working at a local level helping to reform the access to mental health services at a place-based level. The development of a Mental Health Alliance model has also been developed to address the underlining factors that lead to low level anxiety and depression. All of this work is underpinned by the Approach to Wellbeing which encourages an assets-based approach, placing the person at the centre of any level of mental health support they require.
- 50 The County Durham Suicide Alliance delivers a multi-agency approach to implement the actions identified through the national Suicide Prevention Strategy. Suicide is a significant cause of death in young adults and men 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.
- 51 The Suicide Prevention Alliance Action Plan has been developed with partners address the need for every local area to focus on this agenda

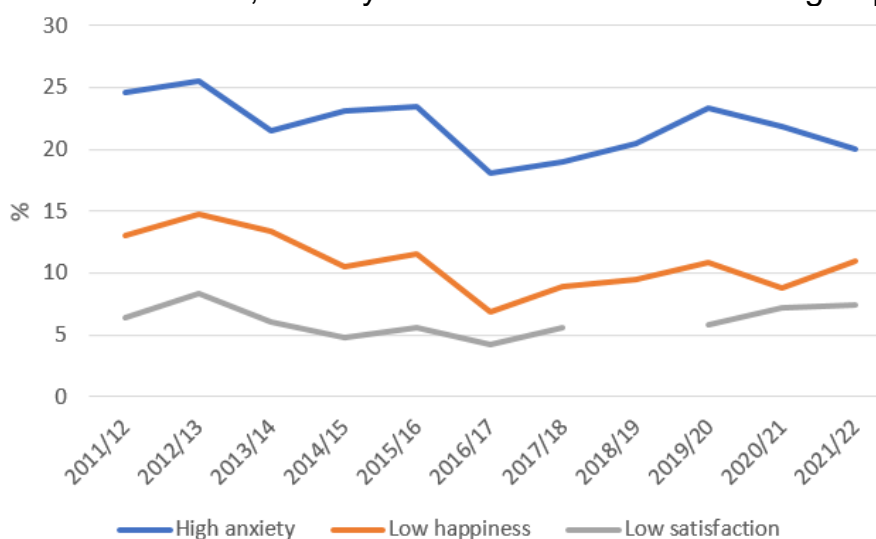
and meet the key objectives. This includes reducing suicide rates in the population by helping people engage with wellbeing approaches and providing better support for those bereaved or affected by suicide, including families and the wider community.

52 Action initiated by the Alliance has included the development of a Real Time Data Surveillance (RTDS) system, community prevention initiatives including those at high-profile locations, development of postvention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives. Programmes to reduce levels of self-harm have also been developed to help build improved mental health resilience in young people.

53 The proportion of people in County Durham reporting:

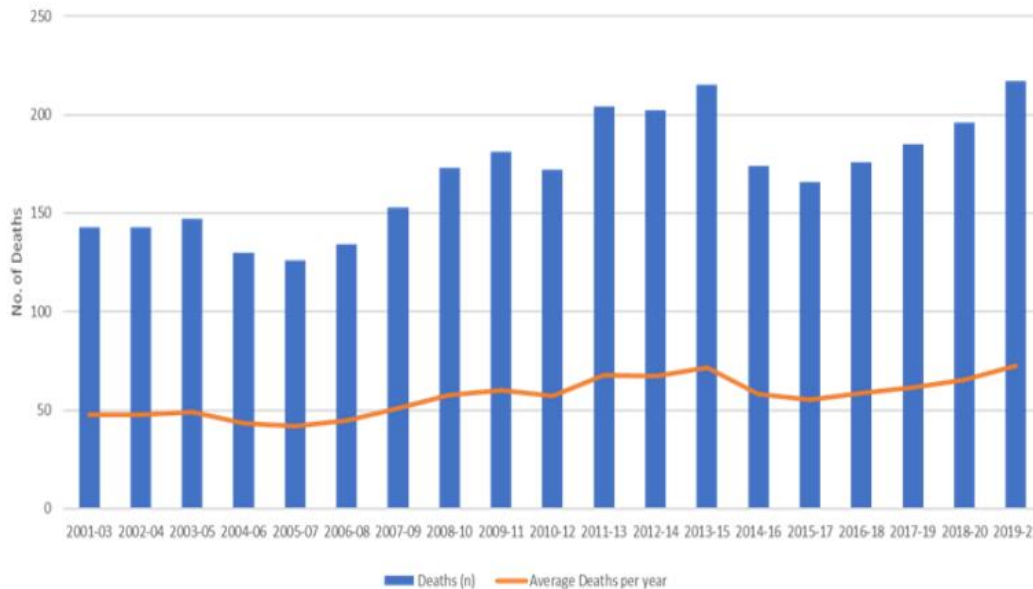
- a low satisfaction score for self-reported wellbeing (7.4%) has been increasing in County Durham, however, it is not statistically significantly different to England (5.0%). It is also higher than the score in the North East (6.2%).
- a low happiness score for self-reported well-being (11.0%) is not statistically significantly different to England (8.4%). Rates in Durham have experienced a slight increase since 2016/17 (6.9%).
- a high anxiety score for self-reported well-being (20.0%) is relatively high compared to other measures of self-reported wellbeing. This measure is not statistically significantly different to England (22.6%) of the North East (22.2%). Locally, regionally, and nationally, rates have largely been static over the last ten years (ranging from 18.1% to 25.5%).

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



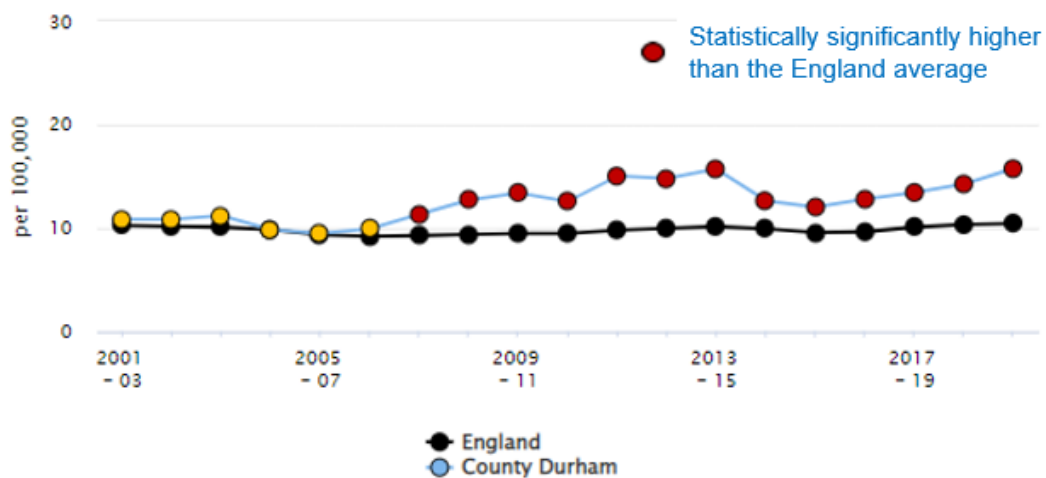
54 The latest publication of Office of National Statistics indicates on average there were 48 annual deaths by suicide in 2001-03 in County Durham, compared to an average of 72 annual deaths by suicide in 2019-21.

Figure 19. Number of deaths by suicide per 3-year pooled period. County Durham. Source. ONS



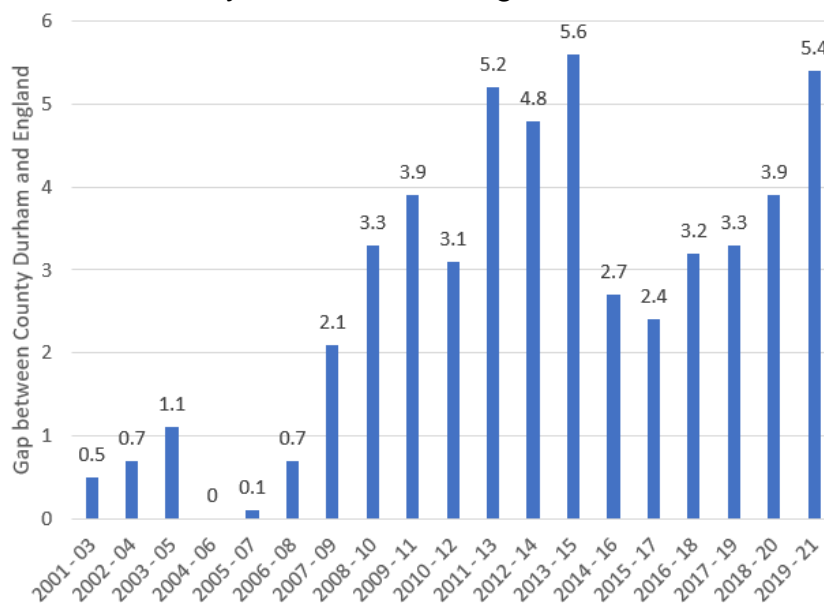
55 The rate of suicide and death by undetermined injury (persons) for the period 2019-21 in County Durham (15.8 per 100,000) is statistically significantly higher than England (10.4 per 100,000).

Figure 20. Suicide and undetermined injury mortality rate per 100,000. Persons. County Durham and England. Source. OHID Fingertips.



56 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 3.8 per 100,000 between 2015-17 (12 per 100,000) to 2019-21 (15.8). This increase between 2015-17 and 2019-21 is accounted for by an additional 51 deaths over the period (and therefore around 12 additional suicides a year in the latter period).

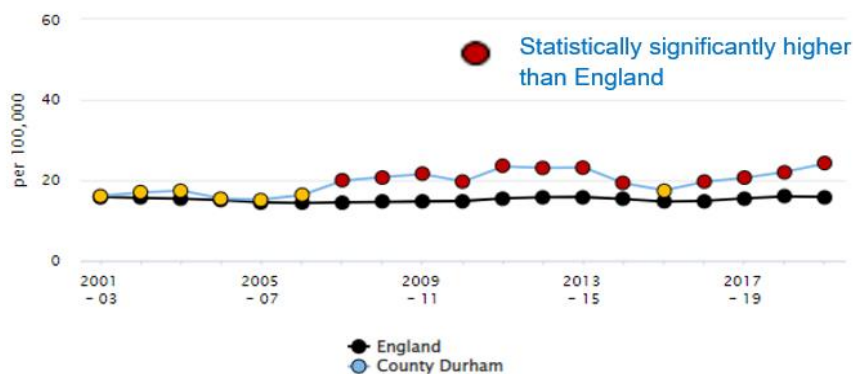
Figure 21. Absolute gap in suicide rates per 100,000 (persons) between County Durham and England. Source: OHID Fingertips



57 Suicide mortality rates for men are statistically significantly higher than women locally, regionally and nationally. Of the 217 deaths by suicide in County Durham in the period 2019-21 more than 75% were male.

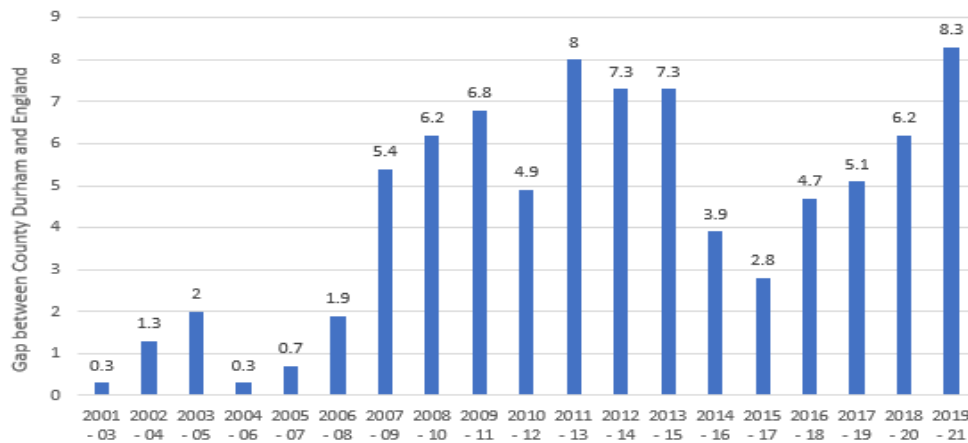
58 The male suicide mortality rate for 2019-21 in County Durham (24.2 per 100,000) was statistically significantly higher than England (15.9 per 100,000), and higher than the North East (20.8 per 100,000) but the difference is not statistically significant.

Figure 22. Suicide and undetermined injury mortality rate per 100,000. Men. County Durham and England. Source. OHID Fingertips.



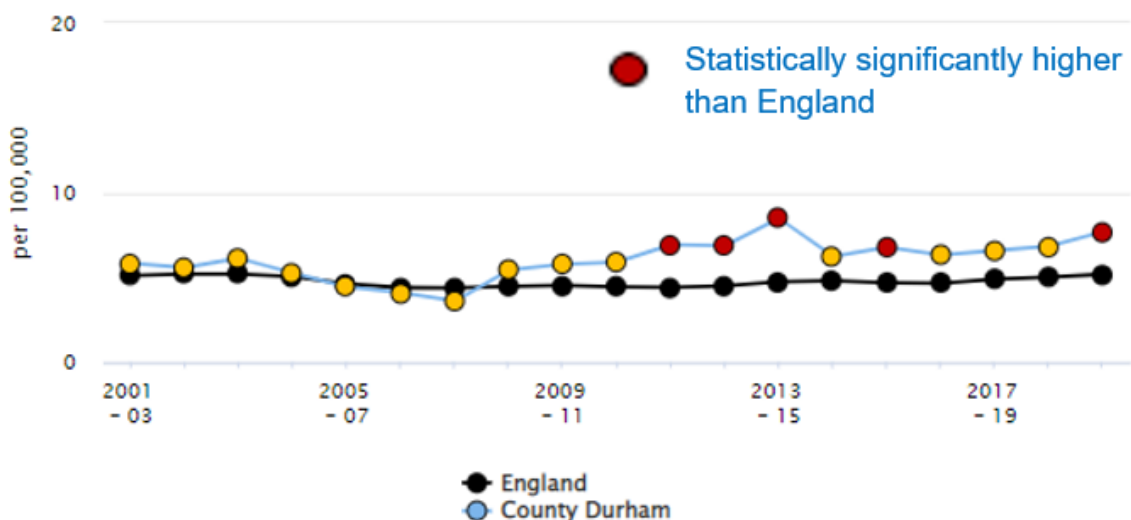
59 The gap in male suicide rates between County Durham and England has been rising over time. The gap between Durham and England is the highest recorded in this data (8.3 per 100,000). Suicide mortality rates for men have been increasing locally, with an increase of 6.7 per 100,000 between 2015-17 (17.5 per 100,000) to 2019-21 (24.2 per 100,000). In the same period there has been a national increase of 1.2 per 100,000.

Figure 23. Absolute gap in suicide rates per 100,000 (men) between County Durham and England. Source: OHID Fingertips



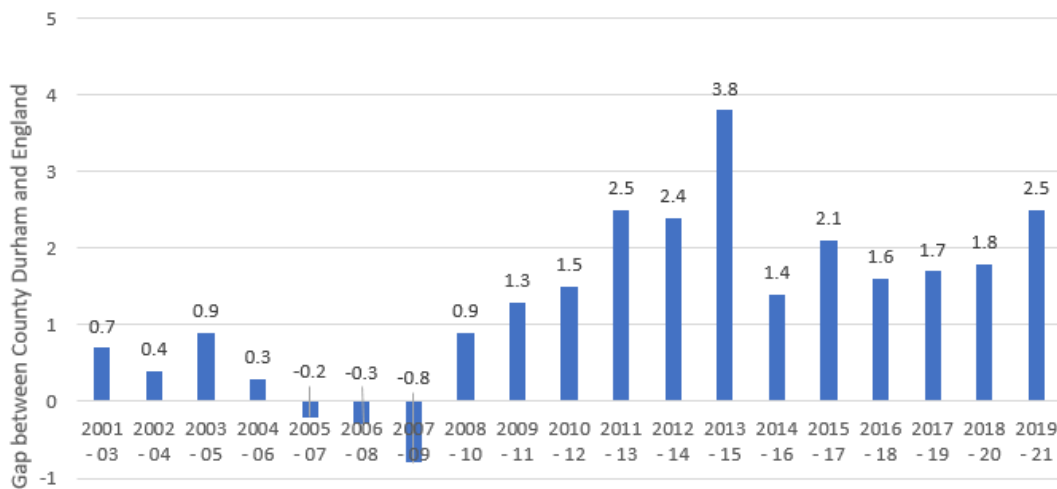
60 The female suicide mortality rate in County Durham (7.7 per 100,000) is statistically significantly higher than England (5.2 per 100,000), and the North East (5.4 per 100,000) but the difference is not statistically significant.

Figure 24. Suicide and undetermined injury mortality rate per 100,000. Women. County Durham and England. Source. OHID Fingertips.



61 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 25. 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)

62 The main conduit for supporting workplace health across the county is the Better Health at Work Award. The council is both a signatory to the award and a facilitator of the award to external workplaces.

63 There are currently 76 organisations (with over 39,000 employees collectively) signed up to and active in the Award within County Durham. 151 new Health Advocates within those organisations have also received training.

64 County Durham compares very favourably to other Northeast councils in terms of participation in and reach of the Award. The county has achieved both the highest number of businesses signed up as Award participants and the greatest number of health advocates trained per Local Authority area. Latest data showed that almost a fifth of regional businesses signed up were located within County Durham.

65 In 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 have

continued 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.

Key points

- 66 This report outlines progress made against those objectives contained within the JHWS 2021-25, leading into the publication of the HWB JLHWS 2023-28 and its key priorities.
- 67 Whilst progress has indeed been made in areas such as female HLE at 65, smoking prevalence, SATOD, and prevalence of healthy weight in reception class children, it should be noted that County Durham performance against these indicators remains statistically significantly lower (or higher in the case of smoking prevalence) than the England average.

Healthy Life Expectancy

- 68 As well as being below the England average, challenges remain to address the fact that overall improvement in HLE has stalled in recent years.
- 69 The majority of public health policies and interventions contribute to improving HLE and reducing health inequalities associated with this indicator, and these are priorities for the HWB – not only to improve outcomes, but to reduce the gender disparity and narrow the gap between County Durham and the England averages.
- 70 As well as socio-demographic factors and the impact of the wider determinants of health, behavioural factors such as smoking, overweight and obesity, and alcohol consumption are key influences on both LE and HLE. These are three of the four key priorities of the HWB JLHWS 2023-25, and progress against them will be monitored by the HWB during the life of its new strategy.

Smoking

- 71 Smoking prevalence has reduced over time; however, 'making smoking history', remains a key challenge and priority for the HWB, as rates in County Durham are higher than both regional and England averages - SATOD being 5.5% above the national average.
- 72 Reducing smoking and SATOD and addressing existing health inequalities associated with tobacco use are key priorities of the HWB

JLHWS 2023-28, supported by multi-agency efforts to address this priority through the County Durham Tobacco Control Alliance.

Healthy weight in children and young people

- 73 Matters relating to overweight and obesity across the life course remain stubborn public health issues.
- 74 National data show a reduction in the number of Year 6 children who are a healthy weight, and County Durham has followed this trajectory. Whilst both national and local rates have worsened, County Durham remains lower than the national average.
- 75 The HWB schedule for 2023-24 will see the introduction of the 'Moving Together in County Durham', our local physical activity strategy. Furthermore, the board will be presented with the results of a review of approaches to healthy weight in County Durham.
- 76 These two important public health programmes, combined with healthy weight as a key priority of the JLHWS 2023-28, demonstrate a clear and focussed approach to address and increase healthy weight, as well as reducing health associated health inequalities across our population of children and young people.

Mental health, wellbeing, and suicide rates

- 77 Mental health and wellbeing underpins an individual's ability to cope with the normal stresses of life, to ensure they can work productively and fruitfully, and is able to contribute to their geographical or community of interest.
- 78 Data highlighting low satisfaction score for self-reported wellbeing (7.4%) has been increasing in County Durham, however, it is not statistically significantly different to England (5.0%), but it is higher than the score in the North East (6.2%). High anxiety scores for self-reported well-being (20.0%) is relatively high compared to other measures of self-reported wellbeing. This measure is not statistically significantly different to England (22.6%) of the North East (22.2%).
- 79 The latest publication of Office of National Statistics indicates on average there were 48 annual deaths by suicide in 2001-03 in County Durham, compared to an average of 72 annual deaths by suicide in 2019-21. The gap in suicide rates between County Durham and England has been rising over time.
- 80 The work of the Mental Health Strategic Partnership has been reviewed to reflect system-wide mental health and wellbeing approaches across

the local population. This has included a restructure of the Partnership to reflect the life course (Starting Well, Living Well and Ageing Well), and is underpinned by action targeting priority areas that include children and young people, suicide prevention, urgent care, dementia, and Resilient Communities.

81 Work is also ongoing to ensure that the Approach to Wellbeing Principles are embedded in wide strategic initiatives including the Community Engagement Review, Strategy Development, County Durham Together Partnership and Family Hubs.

Next Steps

82 A new Joint Local Health and Wellbeing Strategy 2023-28 was approved by the Health and Wellbeing Board in May 2023. This replaced the current JHWS 2021-25 following national guidance to review plans in light of NHS changes.

83 As well as overseeing the health and care contribution to health and wellbeing and the strong links to the wider determinants of health, the new JLHWS focuses on the four priorities of the Health and Wellbeing Board for 2023-28:

- Making smoking history
- Enabling healthy weight for all
- Improving mental health, resilience, and wellbeing
- Reducing alcohol harms

84 Key outcomes have also been developed for the new strategy under each of the above priorities:

Priority	Key outcomes
Making smoking history	<ul style="list-style-type: none"> • Reduction in the number of people smoking to 5% by 2030 • Reduction in the number of hospital admission episodes for diseases related to smoking • Continued reduction of smoking related deaths • Reduction in the proportion of mothers smoking at time of delivery • Significant move towards: <ul style="list-style-type: none"> • Being smoke free • Age of sale increase • Fairer access to stop smoking services to help those who need them, to use them
Enabling healthy weight for all	<ul style="list-style-type: none"> • Improved stakeholder engagement, where all services are committed to working together to increase levels of healthy weight • A reduction in the access to and promotion of unhealthy food, with a focus on ensuring prevalence of hot food takeaways does not exceed the County Durham Plan threshold of 5%, and monitoring of the policy that restricts advertising of foods that are high in fat, salt and sugar on Durham County Council platforms • Increase the number of children who are a healthy weight • Reduction in the proportion of adults who are overweight and obese • Increase in the number of physically active children, young people and adults
Improving mental health, resilience and wellbeing	<ul style="list-style-type: none"> • Improvement in self-reported wellbeing • Reductions in reported anxiety levels • Reductions in depression levels • Reductions in demand for specialist mental health services • Reduction in suicide rates • Increase in people reporting they can access the right help when they need it • Reducing premature mortality for adults with Severe Mental Illness
Reducing alcohol harms	<ul style="list-style-type: none"> • Cultural and policy changes in relation to alcohol consumption • Reduction in the number of hospital admission episodes for alcohol related incidents and disease • Reduction of under 75 death rates from chronic liver disease • Increase in the numbers of adults and young people suffering from drink dependency, who are in treatment • An increase in successful completions from alcohol treatment • A reduction in alcohol related anti-social behaviour and crime rates • More children and young people have an alcohol-free childhood

- 85 Work is to be undertaken to develop a performance framework around these outcomes. Once agreed, sub group updates will be provided to the Health and Wellbeing Board to outline progress against the priorities and to highlight achievements and areas of concern.

Conclusion

- 86 The report provides an overview of performance against the six objectives in the JHWS 2021-25. It demonstrates the impact of our work in these specific areas whilst highlighting the key performance messages for each objective. Finally, the report will both support the work of the new JLHWS 2023-28 and a developing performance framework in which the strategy may be framed.

Authors

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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

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.