

Joint Local Health and Wellbeing Strategy (JLHWS)

2023–28



Better for everyone

Vision: County Durham is a healthy place, where people live well for longer



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Foreword

As Chair and Vice Chair of the County Durham Health and Wellbeing Board, we are pleased to introduce the County's Joint Local Health and Wellbeing Strategy (JLHWS) for 2023-28.

The word local emphasises that the strategy is anchored in place, it is about County Durham and the focus needed by partners working together locally to improve health and wellbeing outcomes for local people. It also informs those plans which are made at an Integrated Care Board level, what Durham's strengths and needs are, and it is the job of the Health and Wellbeing Board to make sure these needs are being properly considered.

Our health and wellbeing is influenced by a range of factors. Health and social care accounts for as little as 15%, whilst healthy behaviours such as what we eat and drink, how often we are physically active, whether we smoke, or drink alcohol and our mental health will impact 40%. The wider determinants of health such as how much money we have, the quality of the house we live in, the natural environment surrounding us and our access to transport, education and work have the greatest impact on our health and wellbeing at 45%.

In this strategy we are focusing on a few key priorities; we have used evidence from the Joint Strategic Needs and Assets Assessment (JSNAA) to determine the four things upon which a focused effort would have the biggest impact on Durham's health outcomes. We are clear that if partners throughout the system, communities, and individuals, put our efforts, assets and resources into making smoking history, enabling healthy weight for all, improving mental health, wellbeing and resilience, and reducing alcohol harms, we will move closer towards our vision of making:

“County Durham a healthy place, where people live well for longer”

We recognise that the wider determinants of health also influence decisions about food, exercise, smoking, alcohol use, and certainly impact our mental health, resilience and wellbeing. We are proud of the strong partnerships which exist in County Durham, and we are committed to working across these groups, strategies and plans, through formal and informal arrangements, to tackle health inequalities.



**Councillor
Chris Hood**

Chair of the Health and Wellbeing Board
Portfolio Holder for Adult & Health Services
Durham County Council



Michael Laing

Vice Chair of the Health and Wellbeing Board
Director of Integrated Community Services
County Durham Care Partnership

Our Vision

Our vision is that County Durham is a healthy place, where people live well for longer

Our strategic approach across County Durham is to work together to:

- Put people at the heart of everything we do and work with communities in the decisions that affect them
- Ensure place (County Durham) remains at the forefront of our actions and delivery of this strategy
- Maintain focus across the life course, from starting well, through living well, to ageing well, in our four priority areas
- Build upon what we already have and what works well
- Continue to implement the Approach to Wellbeing
- Draw on evidence to help us decide where our money is spent, and where possible, spend money on trying to stop problems before they happen
- Learn lessons from what we have done in the past, when things have worked well and when things have not worked well
- Tackle unfair* differences in health and wider contributing factors so everyone has the best chance of good health
- Ensure key leads in partner organisations do what they say they will around delivery of the Joint Local Health and Wellbeing Strategy (JLHWS)
- Invest in projects which will have a positive impact on our priority areas
- Ensure that we make it easy to access advice and support

Enablers (things that will help us achieve our vision)

- A sustainable workforce with good physical and mental wellbeing
- Clear communication with the public and staff
- Using the [Approach to Wellbeing](#) focusing on how we work with communities
- Adopt a family focus in all our work
- Strong and robust governance (being accountable for the decisions we make)
- Using data and evidence from local conversations to influence our decisions
- Build and make best use of our evidence base
- Make sure partners use the 'making every contact count' approach

What difference can we expect to see

- **Tobacco** - Reduction in the percentage of people who smoke to 5% by 2030
- **Healthy weight** - Increase the proportion of children who are a healthy weight
- **Mental Health**: Improvement in mental health measures
- **Alcohol**: Increase the number of people in treatment for drink dependency

* We describe health inequalities as unfair as they are "differences in health across the population and between different groups in society, that are systematic, unfair and avoidable" (NICE) <https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities>

County Durham Wellbeing Principles

The County Durham Approach to Wellbeing uses seven principles to help us focus on the key role that people, families and communities play in supporting health and wellbeing.

People and Places

Empowering communities
working with communities to support their development and empowerment

Being asset focused
acknowledging the different needs of communities and the potential of their assets

Building resilience
helping the most disadvantaged and vulnerable and building up their future resilience

Using what works
everything we do is supported by evidence informed by local conversations

Supporting Systems

Working better together
working together across sectors to reduce duplication and ensure greater impact

Sharing decision making
designing and developing services and initiatives with the people who need them

Doing with, not to
making our interventions empowering and centred around you as an individual



Drivers of differences in health outcomes

(Inequalities and Wider Determinants of Health)

Our health and the health of our population is dependent on a complex relationship between our genes, the broader factors of health care, our behaviours and the wider determinants of health. In the image below, we show an estimate of the contribution that these wider factors have on health and wellbeing and ultimately lives being cut short.

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).

- We often think of health as being defined by access to and quality of health care. While this is of course really important, it accounts for as little as **15%** of the health and wellbeing of a population. The County Durham Care Partnership Executive (CDCPE) is directly responsible for health and social care services in County Durham. The CDCPE is a subgroup of the Health and Wellbeing Board.
- Behavioural risk factors, such as what we eat, how often we are physically active, whether we smoke or drink alcohol (and if so, how much), all have a huge effect on our state of health and wellbeing. It remains, however, that achieving and maintaining a healthy lifestyle can be challenging for many within our population – and it is not just down to individual choice.

These healthy behaviours/risk factors' account for **40%** of our health and wellbeing. The Health and Wellbeing Board has oversight and influence over these behavioural risk factors.

Decisions about food, exercise, smoking, and drugs and alcohol use, are often influenced by other factors such as:

- * Family and social networks
- * Education
- * Poverty
- * Culture

The conditions in which we are born, grow, live, work and age have a greater impact on health outcomes. These are known as the 'wider determinants', which help to build good health, and account for approximately **45%** of our health and wellbeing.

Distribution of these wider determinants, such as good education, employment, the safety of our neighbourhoods, the quality of our homes and our environment and climate, can result in avoidable and unfair differences in health between different groups of people – or health inequalities.

Rates of some of the risk factors for ill health are all negatively associated with poverty. Simply put, some of our residents and families with the least money in their pockets are likely to live in poorer health, and die earlier, than those who have more money.

Action to address these wider causes of poor health and avoidable health inequalities is essential if we are to achieve our vision that *'County Durham is a healthy place where people live well for longer'*. Our other strategic partnerships, and their plans, which focus on things such as poverty, employment, education, safety of our neighbourhoods, the quality of our homes and the environment we live in, play a key role. These strategic partnerships will support improving and protecting people's health by ensuring good health is a key factor in these plans. These plans include but are not limited to the:

- County Durham Vision
- Inclusive Economic Strategy
- Safe Durham Partnership Plan
- Growing Up in County Durham Strategy
- Poverty Action Plan
- County Durham Housing Strategy
- Environment and Climate Change Partnership Plan

We also need to uncover and promote other factors that protect and build health and wellbeing. Many of these are at a family and community level and include community life, social connections and having an equal voice in local decisions. Clearly, preventing poor health and tackling the wider determinants in a meaningful way requires system-wide action across a range of partners, including those for which health is not their primary focus.



Joint Strategic Needs and Assets Assessment (JSNAA)

The JSNAA in County Durham is an evidence base that builds a picture of the health, care and wellbeing needs of local people and communities, based on a range of data and analysis.

The JSNAA informs our plans and strategies, which allows the council and partners to plan and buy services to meet the needs that have been identified.

It is important that we also understand what we already have available to support good health in communities. These are what we call assets, strengths, or protective factors. Things that can support good health are things like buildings, facilities and services as well as people and families who live, work and volunteer in communities, with their skills, knowledge, social networks, and relationships.

This combined view of both needs and assets builds on our [Approach to Wellbeing](#) and allows us to build a better picture of health, care and wellbeing, for example, community networks, physical environment, economic resources, skills and knowledge (the evidence).

This helps us to plan and work with communities to improve and protect the health and wellbeing of our residents. All this information can be found on [Durham Insight](#), our shared intelligence and local evidence base.

The information contained in our JSNAA helps us compare County Durham to other parts of the region and the country, and to see what has been happening over time. This gives us a view of how well County Durham is doing, and where we need to do better. Our JSNAA includes intelligence on:

- The current and future health and wellbeing needs of local people
- Wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment
- The inequalities between County Durham and elsewhere, and also inequalities between communities in County Durham
- What is strong and good in our communities to support good health

The evidence in the JSNAA identifies the four priority areas of the Health and Wellbeing Board as being the biggest contributors to dying early and living in poor health or with illness: smoking, unhealthy weight, mental health and alcohol use.

We also need to work with our communities and partners to understand what underpins these factors, being clear in terms of what works and targeting our work and resources appropriately at those most in need. This will give us the best chance of bringing about change and reducing the unfair differences in outcomes we see currently.



Health and Wellbeing Board priorities

The Health and Wellbeing Board has chosen four priority areas of focus for 2023-28, which have been identified from the evidence base in the JSNAA. These are the biggest contributors to people in County Durham dying early, living in poor health or with illness.

To achieve our overarching objective of **'Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England'** these are the priorities we need to focus on.

Leadership in each of the four priority areas will be through a formally established Partnership or Alliance, each of which will deliver against a high-level action plan.



1. Making smoking history

Why is this a priority?

- Smoking remains the single largest cause of preventable deaths and one of the largest causes of unfair health differences in England
- Nationally, approximately 64,000 people die from smoking each year
- In County Durham, around 900 people die every year from smoking related illnesses
- Smoking continues to have the biggest impact on some of our residents with the least money in their pockets. When income and smoking costs are taken into account, over 25,000 households are driven into poverty each year
- Smoking causes cancer, heart disease, stroke, asthma and chronic lung disease
- Smoking in pregnancy impacts on the health of the mother, the unborn baby and wider family members by inhaling second hand smoke. In County Durham we have higher numbers of women who smoke while they are pregnant than the national average
- In County Durham, over 41,000 children live in households with adults who smoke, this not only damages their health but increases their chance of becoming smokers themselves
- In the UK, 207,000 children start smoking each year. Among adults who smoke, 2 in 3 reported that they started smoking before the age of 18 with 75% regretting ever starting smoking in the first place
- In County Durham, there are approximately 69,000 people who continue to smoke, 16% of the adult population – this is higher than the national average

Vaping key messages:

- The evidence is clear that for smokers, vaping is a far less risky option.
- In the short and medium term, vaping poses a small fraction of the risks of smoking.
- Vaping can be an effective tool to help people to quit smoking tobacco.
- However, those who don't smoke should not vape. Vaping is not for children.



JSNAA Focus area: Smoking

Arrow indicates direction of travel over time



Statistically significantly higher than England ●
Not statistically significantly different to England ●

Smoking prevalence (2021): 16.2%



...that's around 70,000 smokers



...or around **1 in 6** aged 18+



Smoking at time of delivery (21/22): 14.6%



...that's around 570 mums



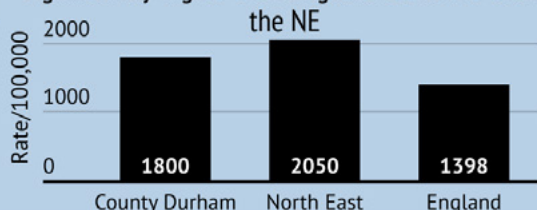
...or around **1 in 7**



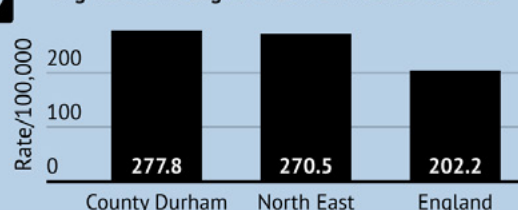
The burden of smoking is higher in County Durham than England



Smoking related hospital admission rates are significantly higher than England but lower than the NE



Smoking related mortality rates are significantly higher than England but similar to the NE



29.2%



People working in manual jobs are twice as likely to smoke than other occupations

Around 900

people die a year in County Durham from illnesses linked to smoking

102.6

/100K



Lung cancer registrations remain statistically significantly higher than England

In County Durham we use the eight-strand approach supported by Fresh North East, the tobacco control office, and we will work towards making smoking history through the Tobacco Control Alliance, by focusing on the following key priorities:

- All partners using an evidence-based approach to reducing smoking prevalence in County Durham
- Motivating and supporting smokers to stop and stay stopped including the use of vapes as a swap to stop approach
- Reducing the demand and supply of illegal tobacco products, increasing price and addressing the supply of tobacco to children

This ambition is driven by a vision to achieve a tobacco-free generation and requires around 60,000 smokers in County Durham to quit by 2030.



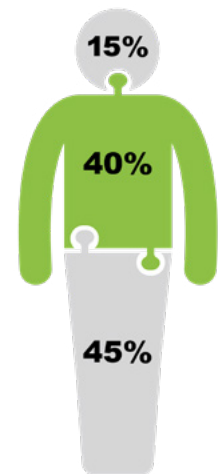
What difference we can expect to see in these areas across the life of the JLHWS (2028)

- 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:
 - * Being smoke free
 - * Age of sale increase
 - * Fairer access to stop smoking services to help those who need them, to use them
 - * A better understanding of youth vaping trends
 - * To review ways to impose stronger enforcement and regulations to limit the sale of e-cigarettes to underaged children pending the outcome of the national consultation on youth vaping

2. Enabling healthy weight for all

Why is this a priority?

- What we eat has a big impact on our health, and being overweight or very overweight can lead to significant issues throughout people's lives and into old age (their life course)
- Being overweight is linked to a wide range of preventable diseases including heart disease, stroke, type 2 diabetes, high blood pressure, and some cancers
- One in five children are overweight or very overweight when they start school, rising to one in three children when they leave primary school. Not only does this increase the risk of becoming overweight in adulthood, but it increases the risk of ill-health and dying early in adult life
- There is a strong link between those who are overweight and some of our residents with the least money in their pockets
- High BMI (Body Mass Index) is strongly associated with all deaths
- Depending on how severe it is, being very overweight can reduce life expectancy by an average of three to ten years
- We want to lessen the impact of advertising and the environment which tends to cause unhealthy weight, such as highly concentrated numbers of take aways
- We want to increase breastfeeding rates, as breastfeeding has significant health benefits for babies and their mothers, which include reducing a child's risk of being overweight or very overweight. In County Durham, fewer women breastfeed than the England average



JSNAA Focus area: Excess Weight

Arrow indicates direction of travel over time



Statistically significantly higher than England ●
Not statistically significantly different to England ●

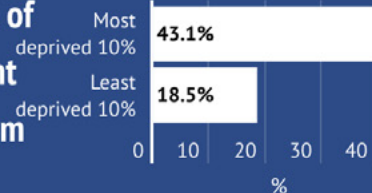
Year 6 excess weight (21/22): 39.8%
...that's around 2,300 11 year olds



...or around **2 in 5**



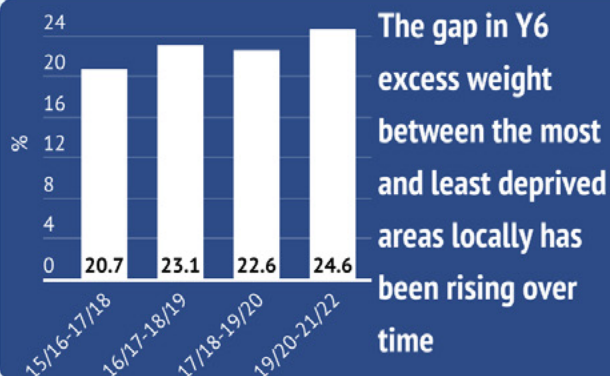
The distribution of Y6 excess weight in County Durham is unequal...



It is higher in the more deprived areas

In Reception there is no significant difference in levels of excess weight between boys and girls

by Y6 it is significantly higher in boys



The gap in Y6 excess weight between the most and least deprived areas locally has been rising over time

7 in 10 adults locally are classed as overweight or obese



6 in 10 adults in County Durham are physically active



In County Durham we will work through the Healthy Weight Alliance, who will work with the Physical Activity Strategy Committee and the Food Partnership, to support people to achieve a healthy weight by focusing on the following key priorities:

- Improve the local food environment so that our residents are able to make more healthy choices
- Empower our residents to be more active in their daily lives by shifting the culture towards moving more, and making this an easy option
- Taking action to improve support and information so that residents are better informed and equipped to make healthier food choices



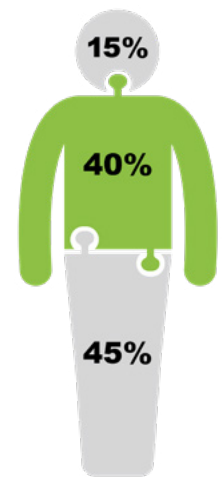
What difference we can expect to see in these areas across the life of the JLHWS (2028)

- 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

3. Improving mental health, resilience and wellbeing

Why is this a priority?

- Mental and physical health are equally important parts of overall health, and can impact on each other
- Depression increases the risk of many types of physical health problems, particularly long-lasting conditions like heart disease, stroke and diabetes
- Poor mental health affects a high proportion of the population, of all ages and from all stages of life
- Its impacts are felt across society on family life, friends and relationships, education, finding work, working, caring for others, leisure pursuits and retirement
- Serious mental illness can cause people to die earlier than those who don't have a serious mental health issue
- Reduced levels of mental resilience, making it harder to recover from challenging events, is more likely to affect residents with the least money in their pockets, who were also worst hit by Covid-19
- Deaths by suicide have been rising over time across the North East, including County Durham. Every life lost to suicide is a tragedy affecting individuals, families and communities
- Children and young people are now more likely to have a mental health disorder compared with before the Covid-19 pandemic



JSNAA Focus area: Mental Health

Arrow indicates direction of travel over time



Statistically significantly higher than England ●
Not statistically significantly different to England ●

12% aged 5-17
with a diagnosable mental health condition (estimate)
...that's around **9,000** in County Durham

18.3% Estimated prevalence of poor mental health
● ...that's around **79,300** people
...or almost **1 in 5**

APMS 2017

Self-reported wellbeing
Low Satisfaction 7.2% ●
Low Happiness 8.8% ●
High Anxiety 21.8% ●

3.1% Pupils with social, emotional and mental health needs
●
...that's almost **2,300** children

Depression (QOF): 15%
● ...that's around **68,500** people
 ...or around **1.5 in 10**

(2021)

15.8/100K suicide rate aged 10+
● ...that's around **72** deaths per year

County Durham	15.8
North East	13
England	10.4

(18-20) Rate /100,000

450.9/100,000 self-harm admissions aged 10-24

...that's **430** admissions
(20/21)

Severe Mental Illness (QOF): 0.99%
● ...that's around **5,500** people
 ...or around **1 in 100**
(2021)

148.8/100K Premature mortality in adults with SMI
● ...that's almost **600** deaths per year

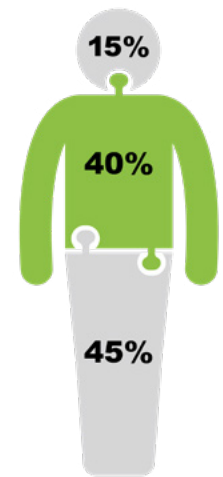
County Durham	148.8
North East	144
England	103.6

(18-20) Rate per 100,000

In County Durham, we will work together to improve mental health, resilience and wellbeing, through the Mental Health Strategic Partnership (MHSP), focusing on the following key priorities:

- Improving the mental health of children and young people
- Suicide prevention
- Developing robust system responses for urgent and emergency mental health care
- Develop and implement a consistent dementia strategy
- Resilient communities
- Deliver and embed new transformed models of care for adults with serious mental health issues

The Mental Health Strategic Partnership are developing new approaches to improve everyone's mental health and to enable local residents to gain access to mental health support within their communities.



What difference we can expect to see in these areas across the life of the JLHWS (2028).

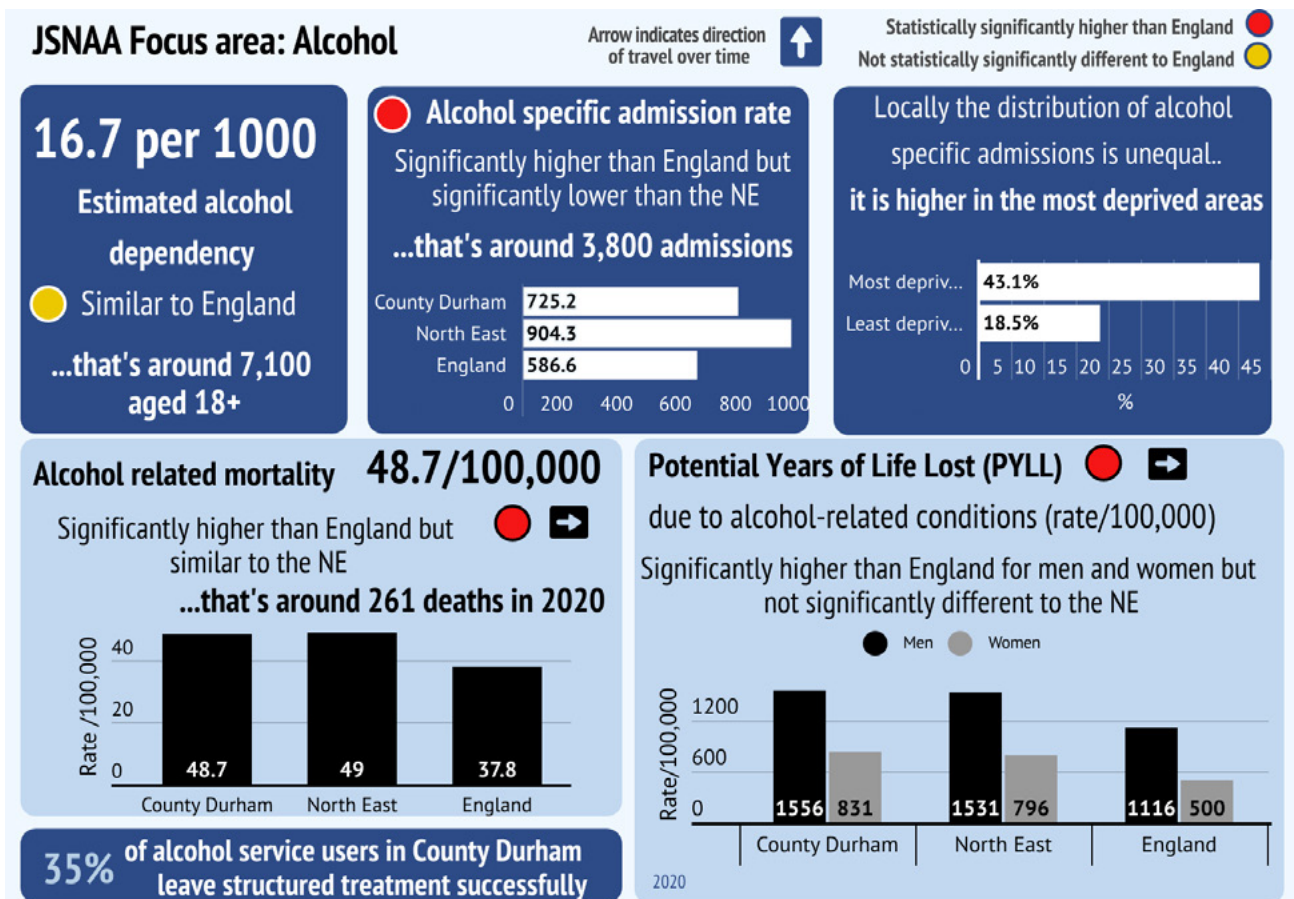
- Improvement in self-reported wellbeing
- Reductions in reported anxiety levels
- Reductions in depression levels
- Reductions in demand for specialist mental health services
- Reduction in suicide rates
- Increase in people reporting they can access the right help when they need it
- Reducing premature mortality for adults with Severe Mental Illness



4. Reducing alcohol harms

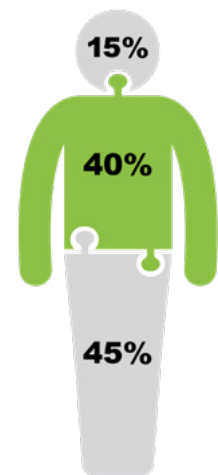
Why is this a priority?

- 2020 was the worst year on record for alcohol specific deaths nationally, with the rates being highest in the North East
- There has also been an increase in alcohol-deaths in County Durham, driven by a significant increase in alcoholic liver disease above levels seen before the pandemic
- Despite a decrease in the rates of alcohol-specific admissions to hospitals across the country during Covid-19, County Durham saw an increase in rates
- Increases in alcohol intake are linked to rises in domestic abuse, tension within the family home, antisocial behaviour and crime rates in communities
- This increases the negative impact and risk to children, young people and vulnerable adults
- Alcohol harms have the biggest impact on some of our residents with the least money in their pockets, who were also worst hit by Covid-19
- An estimated 80% of those who are alcohol dependent in County Durham do not access specialist alcohol treatment services. This increases the numbers of people living with long term conditions, including heart disease, stroke and cancer



In County Durham we will work, through the Combating Drugs and Alcohol Strategic and Operational Partnerships, with the support of Balance, our alcohol control office for the North East, to reduce alcohol harms by focusing on the following key priorities:

- Use of an integrated evidence-based strategic approach to reducing alcohol harms in County Durham
- Motivating and supporting people to reduce alcohol intake and encourage those who are drink dependent to access support
- Promote an alcohol-free childhood for all children and young people
- Support minimum unit pricing and lobby for policy change



What difference we can expect to see in these areas across the life of the JLHWS (2028)

- 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

Alcohol before 18. What's the harm?

DRY JANUARY®

Dry January is brought to you by **ALCOHOL CHANGE^{UK}**

ALCOHOL CAN CAUSE CANCER.

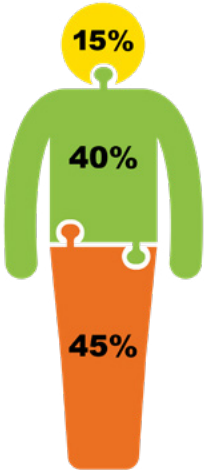
Informing where we spend our time and money (influencing resources)

We will work to ensure that our money and resources are used in ways which support delivery against the four priorities in the JLHWS. The commissioning process will consider the County Durham Approach to Wellbeing and spend will be determined against the impact on reducing health inequalities, improving outcomes, and ensuring high quality service delivery.

Where we don't think the money is being spent in the best way, we will spend it somewhere else to ensure efficient and effective use of our resources. System planning will be focused on longer term transformation, with a clear focus on prevention, as well as ensuring sustainability of current service delivery.

The County Durham Pound focuses on increasing wealth in the County as a determinant of health, it also seeks to ensure that what is commissioned and provided has a health promoting aspect (or 'health in all policies') approach to it. For example, further development of sustainable transport, action on climate change, maximising health benefits relating to planning applications and new developments, and other principles such as community wealth building.

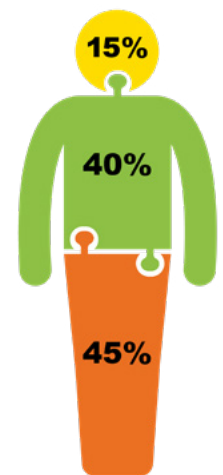
Beyond financial resources we will ensure the County Durham Approach to Wellbeing is adopted in decisions affecting resource allocation, to support the best use of community assets, human resources, expertise and time to guide and influence the focus of health improving activity.



Role of Health and Wellbeing Board

The Health and Wellbeing Board will maintain a focus across the life course, from starting well through living well to ageing well in our four priority areas:

1. Making smoking history
2. Enabling healthy weight for all
3. Improving mental health, resilience and wellbeing
4. Reducing alcohol harms



It will do this by:

- Receiving updates and assurance from the governance groups around our four priorities so the Health and Wellbeing Board can ensure our collective actions are having an impact on our priorities across County Durham
- Providing added value by holding others to account and supporting partners across the wider system with their agendas, and gaining assurance, for example, relating to health service commissioning and delivery, economic, environment, housing and planning impacts on health across the life course
- Strengthening the relationship with partners who will support the wider influences on health
- Having a health advocacy role by speaking up for our communities in relation to their health and wellbeing, and championing policy change

The Health and Wellbeing Board will also ensure their statutory role of governance around key pieces of work is fulfilled. Areas include:

- Health Protection Assurance
- Better Care Fund
- Joint Strategic Needs and Assets Assessment
- Joint Local Health and Wellbeing Strategy
- Pharmaceutical Needs Assessment
- Transforming care
- Special Educational Needs and Disabilities

Further information on the County Durham Health and Wellbeing Board can be found here: <https://countydurhampartnership.co.uk/health-wellbeing-board/>