



**Altogether
healthier**

County Durham Health
and Wellbeing Board

County Durham

Joint Strategic Needs Assessment 2014

Summary Document



**North Durham
Clinical Commissioning Group**



**Durham Dales, Easington and Sedgefield
Clinical Commissioning Group**



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Introduction

The 2014 Joint Strategic Needs Assessment (JSNA) Summary Document has been developed to highlight key messages with regard to the health and wellbeing needs of the people of County Durham.

The full JSNA 2014 is available on the Durham County Council website www.durham.gov.uk/jsna and should be read in conjunction with the JSNA 2014 Summary Document, as it contains the supporting data and narrative for the key messages presented in this summary document.

The key messages for the JSNA 2014 Summary Document are presented under the following headings as part of a 'Life Course' approach:

- Life in Durham
- Wider Determinants of Health
- Children and Young People (0-17)
- People of Working Age (18-64)
- People of Retirement Age (65+)

The concept behind a life course model is that the needs of individuals and groups, and the best ways to meet those needs, change over the course of a lifetime. As a person grows older, the health behaviours adopted, and environmental factors encountered, accumulate. This means that each individual has a unique and complex series of influences, both positive and negative, on their health and wellbeing.

The benefit of the life course approach is that it encourages thinking around the broad range of factors which impact on health at different stages of life and promotes an integrated strategic approach across the County Durham Partnership, consisting of the Children and Families Partnership, Health & Wellbeing Board, Safe Durham Partnership, Environment Partnership and the Economic Partnership.

This summary document and the JSNA 2014 informs a number of planning and commissioning documents including the Sustainable Community Strategy, Durham County Council's (DCC) Council Plan, Clinical Commissioning Group two-year Operational Plans and five-year Strategic Plans. The JSNA 2014 also informs the refresh of the Joint Health and Wellbeing Strategy and the Children, Young People and Families Plan for 2015/18.

Throughout the JSNA 2014, the most recently available data has been applied. A variety of data sources has been used, for example nationally published statistics and activity levels, information based on the Census 2011, ONS population estimates and DCC population and household projections.

(Further information on statistics for County Durham can be found on the Durham County Council website www.durham.gov.uk/stats).

Life in County Durham

County Durham, along with other areas across the country, is experiencing an ever ageing population which is predicted to increase significantly over the next ten to twenty years. This will place increased demand on some services which may in turn require changes to service provision across the county, as well as new ways of delivering services to the changing population.

However, an ageing population also presents various advantages. For example, in the years after retirement, older people have a chance to pursue new interests and hobbies and use their experience, skills and knowledge to contribute to the wellbeing of their local community, or to a specific interest group. This not only enhances their own personal health and wellbeing but also benefits their local community, neighbourhood or network.

County Durham is a large and diverse area. It is home to over half a million people, making it in terms of population size the largest local authority in the North East and the sixth largest in England. It covers an area of 2,226 km squared (859 square miles) with 236,710 residential properties.

Commonly regarded as a predominantly rural area, the county varies in character from remote and sparsely populated areas in the west to former coalfield communities in the centre and east, where villages tend to accommodate thousands rather than hundreds. Around 93% of the population lives east of the A68 road, in approximately half of the county by area. County Durham has 12 major centres of population, each acting as a service centre for surrounding communities which provides employment, shopping and other services.

Population change in County Durham (Figure 1)

In County Durham, the total population has increased by 4.5% between 2001 and 2013 from 493,700 to 515,900. This increase was greater than the 2.8% rise seen in the region but lower than the 8.8% growth across England & Wales.

Since 1981 the population of County Durham has remained relatively stable at around the 510,000 level and now has almost the same total population as it did 30 years ago (1981: 512,000; 2013: 515,900). Growth trends in this period have tended to be very similar to the North East average, in contrast to growth nationally where England has grown by 15.1 % over the same period. Trends vary considerably within the county, with the county's two Clinical Commissioning Groups (CCGs) and their sub-areas growing at different rates. Over the last ten years, growth has been strongest in the North Durham CCG area (7.2% / 16,400 people), particularly in Derwentside (8.2% / 7,000 people) and Durham City (10.1% / 8,900 people).

Within North Durham CCG, population growth can be attributed to different drivers. In Durham City, the main driver of population and household growth has been the expansion of the university; whereas in Derwentside, growth is the result of large housing developments such as those in and around the Consett area. Within the DDES CCG area, growth has been much slower in East Durham (1.2% / 1,200 people) and Sedgfield (0.4% / 300 people). However the population in Durham

Dales has grown by 5.1% / 4,400 people between 2001 and 2013, most of which can be attributed to housing developments in the Bishop Auckland area.

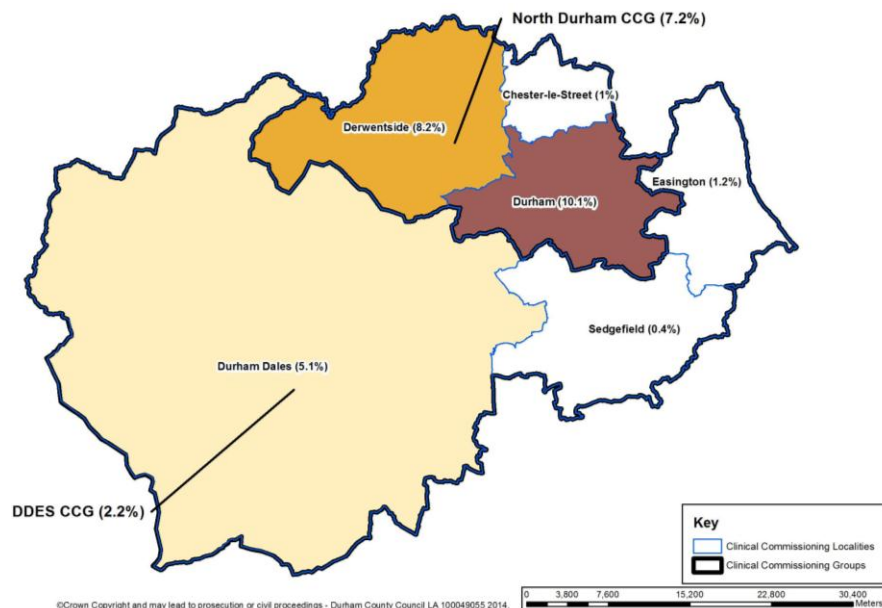
This increase in the county's population may continue, as population projections indicate that by 2021 the county's population will have increased by 4.6% to 539,900 people, rising to 560,700 people by 2030, which is an 8.7% increase from 2013.

Figure 1: Population change in County Durham 2001-2013

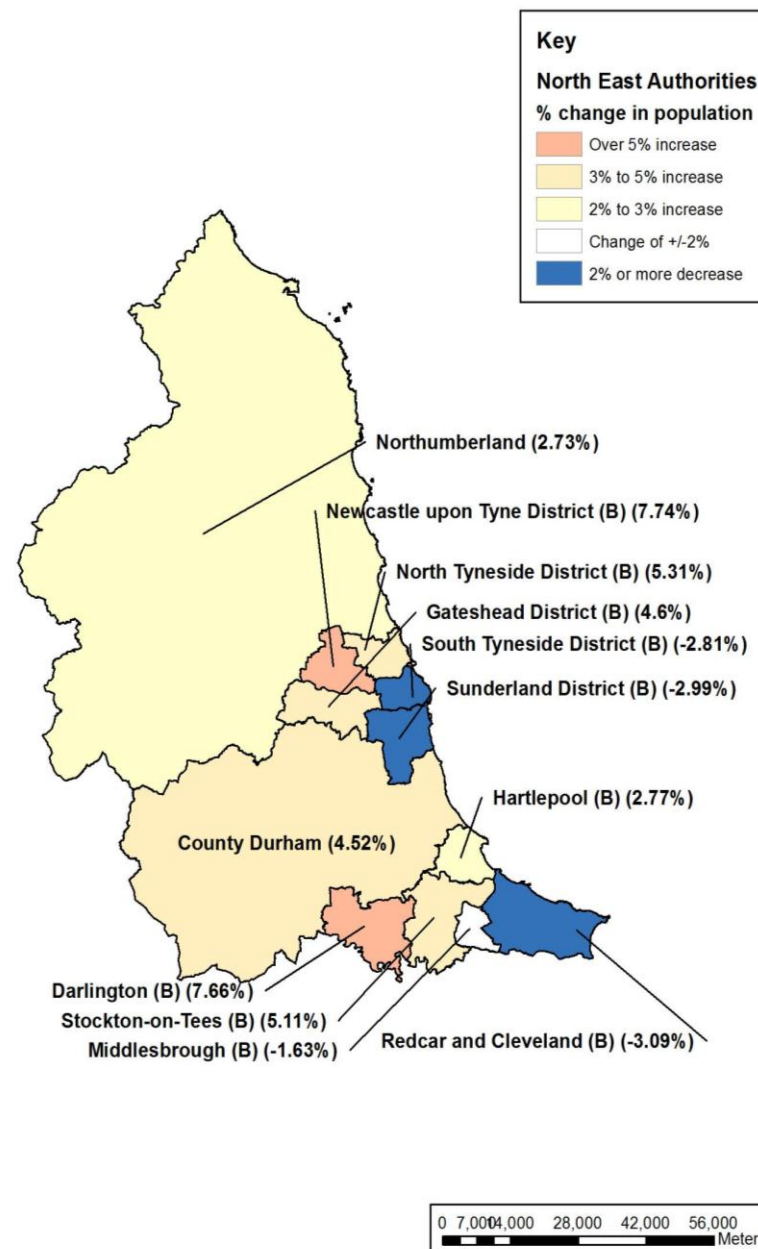
	Overall		
	Count	Proportion ¹	% Change ²
North Durham CCG	243,000	47.1	7.2
Derwentside CCL	92,200	17.9	8.2
Chester-le-Street CCL	54,200	10.5	1.0
Durham CCL	96,700	18.7	10.1
DDES CCG	272,900	52.9	2.2
Durham Dales CCL	90,200	17.5	5.1
East Durham CCL	95,100	18.4	1.2
Sedgefield CCL	87,500	17.0	0.4
County Durham	515,900	-	4.5
North East	2,610,400	-	2.8
England & Wales	56,948,300	-	8.8

Source: ONS mid-year population estimates

1. Proportion of the overall county population (2013)
2. Percentage change in overall population (2001 to 2013)



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Demographic trends

County Durham has an ageing population structure. This follows national and historical trends brought about by the post Second World War spike in births, followed by steadily decreasing birth rates until the start of the new millennium.

Since 2001, the population aged 65+ years has increased by 21.0%, an increase of 17,200 people, which is proportionally more than the 14.6% increase regionally and the 18.8% increase nationally. In 2013, around one in five people (19.2%) were aged 65 or over, higher than both regional (18.4%) and national (17.4%) comparisons.

The 65+ age group is projected to increase from almost one in five people in 2013 (19.2%) to nearly one in four people (24.7%) by 2030, which equates to an increase of 39.8% from 99,000 to 138,400 people.

The increases in 65+ population are greatest in the male population, which is set to grow by 43% to 64,500, adding another 19,400 by 2030 compared to 2013.

It is also important to note that the population aged 85+ has increased since 2001 by 2,700 people, a 31.4% increase (regionally 35.2% increase, nationally 29.3% increase). This group of people is predicted to increase by a further 31.1% by 2021 almost doubling (95.2%) by 2030, to 22,000 people (from a 2013 base). This elderly age group now accounts for 2.2% of the population, similar to regional and national proportions, and will rise to 3.9% of the total population by 2030.

In contrast, the number of children and young people aged 0-17 in the county has steadily fallen over the last twelve years. In 2013 there were almost 6,300 fewer 0-17 year olds than there were in 2001, which is a decrease of 6%. This was a slightly smaller fall than the North East region of 7.5%, but the trend is reversed at a national level, where the number of children and young people has increased by 2.8%.

It should be noted that because of the recent increases in birth rate, the numbers of children aged 0-4 have increased, by 10.4% to 28,900 in 2013, which is an additional 2,800 pre-school children compared to 2001. Furthermore, by 2030, the decreasing trends in growth of the total number of children and young people aged 0-17 are projected to reverse, increasing from 100,200 in 2013 to 106,700 in 2030, around about the same levels as in 2001.

An ageing population presents various advantages. The Local Government Association has highlighted that, valuing the contribution that older people make to their communities, it is possible to see the increasingly ageing population as an opportunity. For example, an estimated 65% of volunteers are aged 50 or over ([House of Lords: Ready for Ageing? - Select Committee on Public Service and Demographic Change](#)). In the years after retirement, older people have a chance to use their experience, skills and knowledge to pursue new interests and to create organisations, activities and networks to support these interests. Many older people are also involved in the care and support of others and, by 2030, projections suggest that the number of carers aged 65+ will increase by 30.6%, from 14,911 in 2014 to 19,481 (Projecting Older People Population Information, 2014).

Trends in household composition (Census)

At a county level, there was a 15.5% increase in the number of single person households (9,935 additional households) between 2001 and 2011, compared to a 10% increase regionally and 8.7% increase nationally. This is mainly due to the large increase (+38.6%) in single person working age households (aged 16-64), which equates to an additional 11,000 single person households.

Older single person households (aged 65+) decreased by 5% over the same period, equivalent to around 1,600 fewer households. However, this group is predicted to rise from 30,500 households in 2011 to 35,800 in 2021 and then to 40,100 in 2030, increases of 10.6% and 23.8% respectively. This increase will account for 72.3% of the total increase in single person households by 2030.

Overall, single person households are projected to continue to increase from 70,000 in 2011 to 72,100 in 2013, and then to 81,800 (DCC projections) by 2030, which reflects an increase of 3% and 16.7% respectively from 2011.

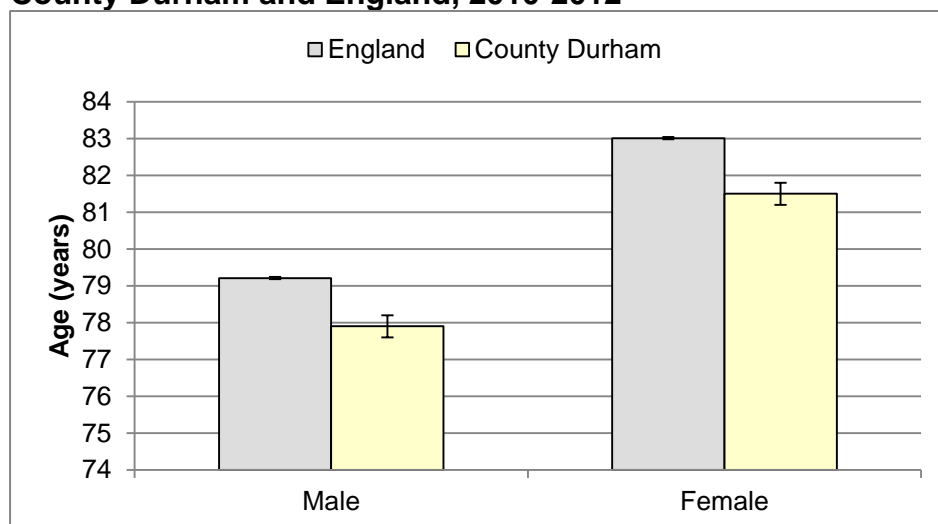
As the number of single person households and entirely retired households increase, there is also an increasing risk of social isolation, which can bring about other risks including increased health needs and mental health issues, increased poverty (particularly amongst single person households) and increased vulnerability to crime. However, it is important to note that social isolation can and does affect other areas of society including young people, ethnic groups and Lesbian, Gay, Bisexual and Transsexual groups.

Life expectancy at birth

Life expectancy can be used as a measure of the health of the population. It tells us how long a child born today would be expected to live if he/she experienced the current mortality rates of the area he/she was born in throughout his/her lifetime. There is inequality in life expectancy between County Durham and England, and within County Durham.

Absolute health inequality gaps between England and County Durham are the difference between the value for England and the value for County Durham for any given indicator; for example, for male life expectancy 2010-12, the England value is 79.2 years compared to 77.9 years for County Durham, so the absolute gap is 1.3 years (Figure 2).

Figure 2: Male and female life expectancy at birth with 95% confidence intervals, County Durham and England, 2010-2012



Source: ONS, Life expectancy at birth and at age 65, England and Wales, 1991-1993 to 2010-2012

Children born in County Durham will on average live just over a year less than the average for England, and in some parts of the county life expectancy is even lower. The average life expectancy for males in County Durham is 77.9 years, for females it is 81.5 years (at birth).

	County Durham	England	Gap (years)	Is the difference significant?
Male life expectancy	77.9	79.2	1.3	Yes
Female life expectancy	81.5	83.0	1.5	Yes

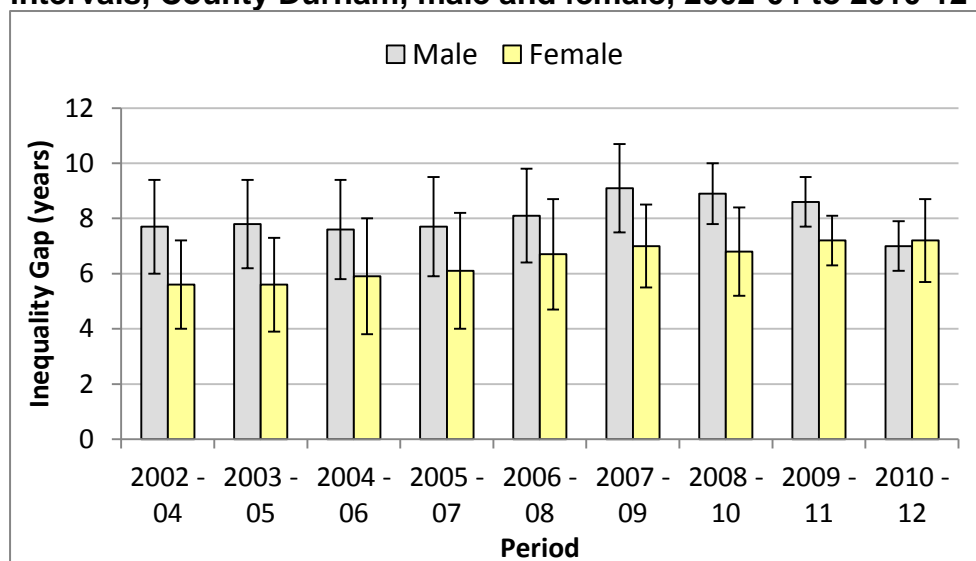
Source: ONS, Life expectancy at birth and at age 65, England and Wales, 1991-1993 to 2010-2012

Life expectancy at birth in County Durham has been improving over time for both males and females, although not as fast as England. The absolute gap is increasing for both males and females.

There is inequality in life expectancy within County Durham. The Slope Index of Inequality (Sii) in life expectancy is a single measure representing the size of the gap in life expectancy between the most and least deprived areas (10%) of a population. It provides a consistent measure of health inequalities across populations and takes into account 'the position of all groups across the [social] gradient simultaneously' (Low and Low, 2004).

Men born in the most affluent areas of County Durham will live 7 years longer than those born in the most deprived areas (Sii=7). The size of this gap has fallen for men from 8.2 years (2009-11). Females born in the most affluent areas of County Durham will live 7.2 years longer than those born in the most deprived areas (Sii=7.2). The size of this gap has increased for women from 6.7 years (2009-11). These gaps have not changed significantly over time in County Durham for either men or women, nor is the difference between the sexes significant (Figure 3).

Figure 3: Slope index of inequality in life expectancy at birth, with 95% confidence intervals, County Durham, male and female, 2002-04 to 2010-12



Source: Public Health Outcomes Framework 2014, Public Health England

Whilst these gaps are smaller than the England average for men and similar to the England average for women, it should be noted that almost 50% of County Durham’s population live in deprived areas and life expectancy is relatively low, therefore the difference between the most and least deprived is likely to be limited compared to the national average.

Healthy life expectancy at birth

Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. As life expectancy continues to increase in County Durham, it is important to determine whether these additional years of life are being spent in good health or prolonged poor health and dependency. Healthy life expectancy adds a quality of life dimension to life expectancy. Healthy life expectancy in County Durham is significantly worse than England for men (58.7 compared to 63.4 years) and women (59.4 compared to 64.1 years).

Key Messages

- County Durham has an ageing population and changing demographic structures which are likely to affect the scale of needs for health and social care services.
- Projections suggest that:
 - The 65+ age group will increase from almost one in five people in 2013 to nearly one in four people by 2030, an increase of 39.8% from 2013, (Projections for England suggest that the 65+ population will increase by 42% over the same period).
 - The proportion of the county’s population aged 85+ is predicted to almost double (+95.2%) by 2030. (Projections for England suggest that the 85+ population will increase by 85% over the same period).
 - These increases in the older population in County Durham are predicted to be greatest in the male population.
 - The number of young people will increase slightly by 6.5% by 2030, reversing some of the declining trends seen prior to 2011. Projections for England suggest that the 0-17 population will increase by 8.3% by 2030.

- DCC trend based projections indicate that the proportion of the county's population aged 18-64 is predicted to fall to 56.3% by 2030 (a fall of 1,900 people or 0.6% of the total population).
- Life expectancy at birth in County Durham has been improving over time for men and women, although not as fast as England.
- Men born in the least deprived areas of County Durham will live 7 years longer than those born in the most deprived areas. For women the gap is 7.2 years, which has increased from 6.7 years in 2009-11.
- The healthy life expectancy for County Durham is significantly worse for both males (58.7) and females (59.4) than for England (63.4 and 64.1 respectively).

Key figures for Life in County Durham

The information below, drawn from the full JSNA 2014, is intended to provide an overview of the key messages for 2014.

4.5%

Growth in the county's population between 2001 and 2013

560,700

Projected population in County Durham by 2030

10.4%

Increase in children aged 0-4yrs from 2001 to 2013

6,300

Fewer 0-17 year olds in 2013 compared to 2001

39.8%

Projected increase in 65+ age group by 2030

95.2%

Projected increase in 85+ age group by 2030

77.9 years

Male life expectancy compared to England 79.2

81.5 years

Female life expectancy compared to England 83.0

58.7 years

Healthy life expectancy males compared to England 63.4

59.4 years

Health life expectancy females compared to England 64.1

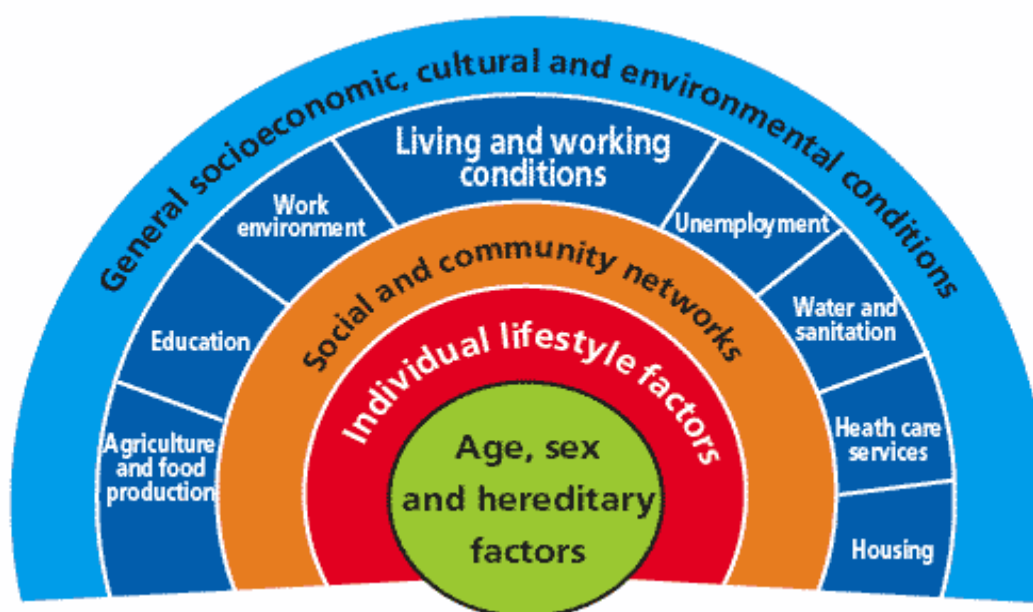
Wider Determinants of Health

The health and wellbeing of County Durham's population is shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment). These wider or social determinants of health can be described as being 'the causes of the causes of health inequalities' and are the conditions in which people are born, grow, live, work and age, and are central to our health and wellbeing.

The importance of these wider determinants of health inequalities is well established. Evidence such as the Marmot review, and the Black and Acheson reports, is very clear that health inequalities are the result of complex interactions caused by a number of factors, which can be described as:

- Inequalities in opportunity – caused by poverty, family circumstances, education, employment, environment, housing
- Inequalities in lifestyle choices – caused by smoking, lack of physical activity, poor food choices, drugs misuse, inappropriate alcohol consumption and risky sexual activity
- Inequalities in access to services for those who are already ill or have accrued risk factors for disease (health inequity).

Figure 4: The rainbow model of health



Source: Dahlgren and Whitehead, Policies and strategies to promote social equity in health, 1991

These determinants are broken down further and looked at with regard to the health and wellbeing needs of the people of County Durham.

The social determinants of health: The Marmot indicators

Fair Society, Healthy Lives, the Marmot Review (2010) set out the key areas to be improved to make a significant impact in reducing health inequalities. It found that the social conditions in which we are born, live, work and age determine variations in health and life expectancy.

The Marmot indicators are indicators of the social determinants of health, health outcomes and social inequality, which broadly correspond to the policy recommendations proposed in *Fair Society, Healthy Lives*.

The 2014 Marmot indicators release provides an update on progress to reduce inequalities in health against the Institute of Health Equity's 6 key policy recommendations:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention.

The 2014 Marmot indicators show that County Durham has significantly worse:

- Male and female healthy life expectancy than England
- Male and female life expectancy than England
- Inequality in disability-free life expectancy for males and females than England
- Levels of people reporting low life satisfaction
- Levels of children achieving a good level of development at age 5 than England
- Levels of long term claimants of Jobseeker's Allowance
- Levels of fuel poverty for high fuel cost households
- Utilisation of outdoor space for exercise / health reasons.

Despite the above indicators, the 2014 release indicates that:

- County Durham has significantly better GCSE achievement than England.

The Public Health Outcomes Framework sets out a vision for public health, the desired outcomes and the indicators which will help us to understand how well public health is being improved and protected (Department of Health). The framework outlines the overarching vision for public health "to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest".

The Public Health and NHS Outcomes Frameworks share many indicators on premature mortality. Shared indicators in the two outcomes frameworks mean that in addition to continuing their traditional roles, with public health covering prevention and the NHS covering treatment, they will each work harder to support a more holistic approach. For example, the outcomes frameworks recognise the role of public health in improving early cancer diagnosis and the role of NHS practitioners in providing advice to patients and the public on how to maintain and improve health.

The outcomes framework is split into four indicator domains:

Domain 1: Improving the wider determinants of health

Domain 2: Health improvement

Domain 3: Health protection

Domain 4: Healthcare public health and preventing premature mortality

Each domain has two outcomes, which are:

- Outcome 1: Increased healthy life expectancy - Taking account of the health quality as well as the length of life
- Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities - Through greater improvements in more disadvantaged communities.

The Public Health Outcomes Framework indicators for the wider determinants, where County Durham is significantly different to England, can be seen below:

Public Health Outcomes Framework Domain One: Improving the wider determinants of health

Indicators significantly better than England	Indicators significantly worse than England
First time entrants to the youth justice system	Children in poverty
Killed and seriously injured casualties on England's roads	16-18 year olds not in education, employment or training
Violent crime – violence offences (including sexual offences)	Violent crime – hospital admissions for violence
Percentage of the population affected by noise (number of complaints)	Re-offending levels – percentage of offenders who re-offend
Statutory homelessness - acceptances	Re-offending levels – average number of re-offences per offender
Statutory homelessness – households in temporary accommodation	

Source: Public Health Outcomes Framework 2014, Public Health England

Since 2012/13 and the publication of the annual report of the Director of Public Health County Durham which focused on reducing health inequalities, a range of organisations has taken forward actions to tackle the persistent and pervasive health inequalities suffered by some in the community. This work will continue to inform commissioning plans, service developments, the assessment of needs, as well as the future direction of early years' services and the integration of public health across council services.

Economy and employment and the effects on health and wellbeing

Employment and the working environment have a direct impact on the physical, social and economic wellbeing of employees and their families. The performance of the economy gives a good indication of both levels of employment and prosperity in the general population, in particular, levels of employment provide an indication of the health of the working age population. A review of evidence-based research over a substantial time period has served to demonstrate that unemployment and worklessness play a significant role in increasing poverty and social isolation and loss of self-esteem. These issues also decrease psychological wellbeing, physical health and mental health and wellbeing.

The government's welfare reform programme represents a fundamental restructuring of the benefits system, the biggest set of reforms in the history of the modern welfare state. 12,600 private rented sector households are affected by the reforms. These changes started in 2010 and were some of the earliest of the government's welfare reforms and in County Durham will save £13m per year from 2013 onwards. Specifically, these

changes lower the amount of benefit payable to tenants, thereby lowering tenants' income. In some cases this leads to accumulating arrears and potentially eviction.

Key Messages

- The employment rate in County Durham has started to increase. The proportion of 16-64 residents in employment in the year to September 2014 increased to 67.9% which is 2.5 percentage points higher than the same period to September 2013. This is the equivalent of an extra 7,200 residents in work.
- Long-term unemployment amongst young people has grown significantly over the last few years and 1,275 young people, aged 18-24, have now been claiming Job Seekers Allowance (JSA) for more than 6 months (12.4%, May 2014).
- By May 2014, there were some 45,650 persons (13.9%) workless in the county, a decrease from the previous year of 0.4%. This confirms a declining trend over the past one and a half years.
- The total number of Job Seekers Allowance (JSA) Claimants in May 2014 was 10,276, 3.1% of the working age population. This is below the regional rate of 3.9% but still above the national average of 2.5%. The total number of JSA claimants has shown a decline over the last 2 years from the high point of 15,545 (4.7%) in June 2012, which was the highest the total has been for County Durham in the last 10 years.
- The number of people with higher level qualifications (NVQ 3 and NVQ 4 or higher) in 2013 has risen slightly from 2012 at 47.6% and 45.8% respectively. The number of people with no qualifications is at 11.3%, which is a decrease of 2.2% but is above both the regional and national rates of 10.7% and 9.1% respectively.
- The proportion of young people in the county passing 5 or more GCSEs at C or above including Maths and English at Key Stage 4 was 57.6% in 2013/14. This percentage is above both the North East (54.6%) and England (56.6%).

Poverty and the effects on health and wellbeing

Many health-related issues are worse for people living in poverty, including an increased risk of early death. People living in poverty are likely to experience fewer life chances, shortened life expectancy, poorer health and fewer opportunities to lead a flourishing life. They are less likely to benefit from education to the same degree as others; are less likely to be in professional, managerial and skilled jobs; and are more likely to live in poor housing and in neighbourhoods where crime is more prevalent and where community safety is threatened. All of these conditions and circumstances can have an adverse effect on physical and mental health and wellbeing. The government's welfare reform programme will also impact on benefit recipients; disabled people are twice as likely as non-disabled people to live in poverty (Shaw et al, 2008, quoted in Edwards et al. 2013) and further reductions in benefits are likely to exacerbate income inequality.

Child poverty

Growing up in poverty has a significant impact on children and young people both during their childhood and beyond. Children who are unable to enjoy leisure activities with their peers may find that their education suffers, making it difficult for them to achieve their full potential and get the qualifications needed to sustain a well-paid job. This will impact on a child's development, as children from low income families are often excluded from extra curricula activities, e.g. school trips, etc. This in turn limits their potential to earn the money needed to support their own families in later life and so a cycle of poverty is created.

Key Message

- 23% of children aged under 16 years live in poverty compared with the England average of 20.6%.

Housing and the effects on health and wellbeing

Inadequate housing is a risk to health and living in housing which is in poor condition, overcrowded or unsuitable will adversely affect the health and wellbeing of individuals and families, young and old. Cold, damp housing has a direct impact on winter deaths, cardiovascular, respiratory and rheumatoid diseases as well as hypothermia and poorer mental health.

A household is said to be in fuel poverty if:

- It has required fuel costs which are above average (the national median level)
- It were to spend that amount, it would be left with a residual income below the official poverty line.

Well insulated houses require less energy to achieve temperatures necessary to ensure that vulnerable people are not cold and therefore increasingly susceptible to infection and other health conditions. Cold homes can lead to damp, which can cause or exacerbate respiratory problems.

Key Messages

- The government's welfare reform programme will have a significant impact on housing in County Durham, where around 8,700 households are affected by under-occupancy.
- Living in a cold home can present particular risks to health. Estimates suggest that over 25,000 households in County Durham experienced fuel poverty in 2012 (11.4% of all households).

Built and natural environment and the effects on health and wellbeing

Increasing risk of extreme weather events, for example colder winters and/or warmer summers will impact on the health and wellbeing of County Durham residents. Developing resilience through a combination of improved local infrastructure and nurturing communities, so as to better utilise their natural assets, are key elements of Durham County Council's Severe Weather Plan and the Altogether Greener Climate Change Strategy.

The increased reliance on cars has contributed to sedentary lifestyles and poses a risk to health, as does the resulting air pollution. Sustainable design is intrinsic to development schemes and the promotion of cycling and walking as a form of exercise will not only benefit health but will also improve wellbeing through increasing social interaction within communities.

In County Durham, 28.2 % of the adult population, compared to 25.6% nationally, meets the government's target to participate in at least 30 minutes of sport and active recreation of at least moderate intensity (including recreational walking and cycling) on at least 3 days a week (*Active People Survey 8, Sport England, April 2014*). This figure falls to 13.8% for those aged 55 and over.

Research has shown that a well-designed built environment with local access to the natural environment can provide effective and relatively inexpensive opportunities for communities to increase their levels of physical activity. Improvements to cycling and walking routes, the availability of parks and open spaces and safe areas for children to play are examples of the contribution the environment can make to health and wellbeing. In addition the wide range of natural landscapes within County Durham, from the North Pennines Area of Outstanding Natural Beauty across to the Durham Heritage Coast, provide excellent opportunities to be active in natural settings.

The increased number of flooding incidents in County Durham over the last year has highlighted the importance of both our immediate response to and the long term adaptations we need to make in relation to extreme weather events. The predicted increase in occurrences of both major flooding and hotter summers presents a threat to health and wellbeing. Direct exposure to extreme weather could result in injury from trauma or exposure to excessive heat or cold. Increased temperatures present particular risk of heat stroke to the over 75s, the chronically sick and the very young, as well as impacting on those suffering from cardiovascular diseases.

The risk of damage to the environment, involving air, water and changes to the ecosystem, is expected to increase. Those with lower incomes are most vulnerable to the effects of this, as they are less able to afford the appropriate adaptations to their homes. Demand pressures will increase on the council and emergency services to deal with these incidents and service provision will be impacted as a result.

Key Messages

- Encouraging more physical activity is central to improving the health and wellbeing of the population and reducing overall health care costs.
- Parks, open spaces and the natural environment in general are vital, cost-effective resources which allow a range of physical activities to be carried out to increase a person's health and wellbeing.
- There will be an increased frequency of extreme weather, which can have a negative effect on people's health. Plans are being developed to help people understand the likely impacts and prepare appropriately.

Crime and anti-social behaviour and the effects on health and wellbeing

Crime, anti-social behaviour and fear of crime can have a significant impact on the health and wellbeing of individuals and the community. Victims of crime often suffer from a wide range of physical and mental health problems, including injury, disability and severe mental illness. Offenders also have a range of health needs. In some cases, there is also an impact on the children of victims and offenders. Wider implications of crime and fear of crime include financial loss and social exclusion.

Key Messages

- 11.7% of all crime committed in 2013/14 was alcohol-related, compared to 8.7% in 2012/13. A drive to improve recording will have influenced this increase.
- Local Domestic Homicide data has highlighted that women aged 40+ are at risk of experiencing domestic abuse which either goes unreported or is not recognised by professionals.
- Rape is associated with the most severe cases of domestic abuse and is a risk factor for domestic homicide.

- The Safe Durham Partnership profile of the 2012/13 Integrated Offender Management (IOM) cohort showed that all but two of the 195 adult offenders being managed through the IOM programme had issues with substance misuse.
- As of February 2015, County Durham's Stronger Families programme had identified and worked with 1,695 families. 1,185 of these families have been 'turned around' through the Stronger Families programme.

Vulnerable People

Vulnerable groups are at higher risk of being affected by health inequalities. Health inequalities disproportionately affect disadvantaged groups and communities, including black and minority ethnic groups; disabled people; people with mental health problems or learning difficulties; gay, lesbian and bisexual people; gypsies and travellers; asylum seekers and refugees; and carers.

Stigma & discrimination

Discrimination can leave people feeling isolated. It affects daily life, health and wellbeing. It is caused by societal and individual prejudice against people viewed as being different (e.g. not white, able-bodied, heterosexual and male). This results in a range of oppressive attitudes such as homophobia, ageism, racism, sexism and disableism which pervade our society and have a negative impact on community and individual health and wellbeing. This not only has an impact on the individuals who are stigmatised but also diminishes the people (and organisations) who knowingly or unwittingly promote and support such prejudices. The effect of this on daily life and mental wellbeing is likely to be profound, not only impacting on mental health and self-worth but also preventing individuals from seeking help.

Black and Minority Ethnic Groups (including Gypsy, Roma and Travellers)

Black and Minority Ethnic populations may experience disproportionately high levels of deprivation, coupled with insufficient services and facilities to support them, and may face negative attitudes. In some cases English may not be the first language. Evidence suggests that older BME groups face more barriers to service access, alongside overcoming stereotype assumptions and the challenge of mainstream services which are not tailored to their specific needs.

The Gypsy, Roma and Traveller (GRT) community forms the largest single ethnic minority group in County Durham. According to the 2011 Census there were 467 people from the GRT community, although it is believed that this figure is not a true representation of the actual population number as many Gypsies, Romas, and Travellers will not self-identify. The Health Needs Assessment for County Durham and Darlington in 2011 estimated that the GRT population in Durham was between 2,200 and 2,940, which is 0.59 % of the county's population.

Analysis from the GRT Health Needs Assessment suggests that the health of this vulnerable group deteriorates more rapidly in older age than the rest of the population. GRT face a range of inequalities in terms of employment opportunities, housing options, the criminal justice system, educational attainment, ill-health and access to social care. People from the GRT community appear over four times more likely to die between the ages of 55 and 74 years than the population as a whole. Suicide rates are almost 7 times higher among GRT men compared with men in the general population.

The percentage of the population of County Durham recorded as non-white has risen over the last 20 years, from 0.6% in 1991 to 1.8% in 2011. The majority of the ethnic

population in the county have an Asian background and account for 51.3% of the ethnic population, 32.7% is from mixed backgrounds, 7.4% from a Black/African/Caribbean background and 8.7% from another non-white ethnic group.

Children living in households headed by someone from an ethnic minority are more likely to be living in a poor household. Evidence also suggests that children in the GRT community have problems with literacy and school attainment and they are likely to be assessed as much less school-ready than other children.

Lesbian, gay, bisexual & transgender (LGBT) population

LGBT are at higher risk of mental disorder, suicide ideation, substance misuse and deliberate self-harm. 41% of transgender people have reported attempting suicide compared to 1.6% of the general population.

Illicit drug use amongst LGB people is at least 8 times higher than in the general population. Nearly half of LGBT individuals smoke, compared with a quarter of their heterosexual peers.

One in ten men who have sex with men are living with HIV and one in three HIV positive men have undiagnosed HIV infection. 85% of men who have sex with men report not receiving information about same sex relationships at school.

Hate crime

There is clear evidence to show that being targeted because of who you are has a greater impact on your wellbeing than being the victim of a 'non-targeted' crime. Research also shows that low level hate crimes can escalate quickly if not dealt with early, with victims often being targeted repeatedly. As a number of high profile cases have shown, this escalation can have tragic consequences. The National Hate Crime Action Plan states that tackling hate crime effectively, and being seen to tackle it, can help foster strong and positive relations between different sections of the community and support community cohesion.

Key Messages

- Vulnerable groups are at higher risk of being affected by health inequalities and social isolation.
- Local and national data identifies that under-reporting is a significant issue amongst new migrant communities; Gypsy, Irish travellers and Roma communities; transgender victims; and disabled victims.

Social isolation and the effects on health and wellbeing

Social isolation and loneliness is a significant and growing public health challenge for County Durham's population. It affects many people living in the county and has a significant negative effect on health and wellbeing across the life course. Anybody can be affected by social isolation or loneliness and it can 'affect any person, living in any community'. It is costly to local health and care services and can increase the chances of premature death.

Older people are particularly vulnerable due to factors such as bereavement, reduced mobility, sensory impairment or limited income. However, other groups along the life course are also at risk including new, young or lone parents; carers (both young and old); women experiencing domestic abuse; lesbian, gay, bisexual or transgender young people; the long term unemployed; people with autism or a learning disability; those with

a physical disability or long term condition; black minority ethnic and recent migrant communities; those experiencing poverty and deprivation; the young, the homeless, and those with substance misuse problems.

Risk factors for isolation and loneliness can be categorised into four distinct areas:

Personal circumstance	Health and disability	Life changes	Wider determinants
Age Gender Ethnicity Sexuality Living alone Low income In care	Cognitive impairment Sensory impairment Mobility Chronic illness Incontinence / hygiene issues Malnutrition Drug and alcohol misuse	Young / lone parenthood Moving house Retirement Becoming a carer Bereavement Hospitalisation Recently stopped driving	Transport Rurality Crime / fear of crime Housing Built environment Natural environment Digital exclusion Availability of toilets Availability of parks / play areas

Further exploration of social isolation is provided in the [Annual Report of the Director of Public Health](#) County Durham 2014.

Key Messages

- There is a need to identify those who are, or who are at risk of becoming, socially isolated. There is a role for communities and individuals to support isolated people at a local level and to build resilience and social capital in their communities.
- Estimates suggest that in County Durham around:
 - 22,000 people aged 18-64 years are socially isolated (7%)
 - 19,400 people aged 65+ are lonely (20%), with over 10,600 (11%) experiencing intense loneliness.
- Around 23% of all dependent young people in County Durham and 29% of the overall population are classified as income-deprived. The relationship between poverty and social isolation can be described as cyclical, as each is driven by and drives the other.
- People from the GRT community appear over four times more likely to die between the ages of 55 and 74 years than the population as a whole.

Key figures for Wider Determinants of Health

The information below, drawn from the full JSNA 2014, is intended to provide an overview of the key messages for 2014.

67.9%

Employment rate which has fallen from 71.2% in 2006/07

1,275

Young people claiming JSA for more than 6 months

3.1%

Of the working age population claiming JSA compared to England 2.5%

23%

Children living in poverty compared to England 20.6%

25,079

Households experienced fuel poverty in 2012

11.7%

Of all crime committed in 2013/14 was alcohol related

282

Hate motivated incidents reported to the police in 2013/14 (under reporting)

22,000

People aged 18-64 socially isolated (estimated)

29%

Of overall population classified as income deprived

Children & Young People (0-17)

This section identifies the key issues regarding the health, wellbeing and social care needs of children and young people from birth to 17 years of age, and children and young people with Special Educational Needs and Disability (SEND) from birth to 25 years of age, in County Durham.

The council's projections indicate that the number of young people will increase slightly by 2030, reversing some of the declining trends seen prior to 2011.

Influences on health and wellbeing begin even before birth, for example, factors associated with the lifestyle of the mother (such as smoking and drinking) have an effect on the growing foetus and are associated with low birth weight, which is itself associated with health problems in later life.

Breastfeeding

There is a clear association between reduced rates of breastfeeding and deprivation. Breastfeeding duration has been found to be associated with socio-economic indicators and levels of multiple deprivation (Brown et al., 2010).

There are acknowledged links between sustained breastfeeding and a reduced risk of childhood obesity. There is significant reliable evidence to demonstrate that breastfeeding is a major contributor to public health and has an important role to play in reducing health inequalities.

Key Messages

- The proportion of women who start to breastfeed in County Durham (57.4%) is significantly lower than the England average (73.9%) and has been so over time. Breastfeeding initiation in County Durham fell from 59.3% in 2012/13 to 57.4% in 2013/14.
- Breastfeeding prevalence at 6 to 8 weeks from birth has been rising slowly over time in County Durham. The proportion of women breastfeeding at 6 to 8 weeks in County Durham has risen from 26.9% in 2010/11 to 28.5% in 2013/14. The figure for 2012/13 (28.1%) remains lower than the national average (47.2%).

Smoking in pregnancy

Smoking during pregnancy poses a significant health risk to both mother and unborn child and is one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality. Evidence shows that younger mothers are more likely to smoke throughout pregnancy than older mothers; 45% of mothers aged under 20 smoked throughout pregnancy, compared with 9% of mothers aged 30 and over. Mothers classed as having 'never worked' are significantly more likely to smoke throughout pregnancy than mothers in managerial and professional occupations. Reducing smoking in pregnancy continues to be a major priority in County Durham, as local rates are statistically significantly higher than England.

Key Messages

- Smoking during pregnancy poses significant risk to both mother and unborn baby.

- During 2013/14, 19.9% of mothers were smokers at the time of delivery compared to 20.9% regionally and 12% nationally.

Excess weight in children and physical activity

Excess weight / obesity is a key public health issue, posing a major challenge and risk to future health and wellbeing and life expectancy in County Durham. Being overweight or obese in childhood has consequences for both physical and mental health in the short and longer term.

Excess weight in childhood is a strong predictor for obesity in adulthood and children with excess weight are therefore more likely to develop health problems related to obesity such as heart disease and diabetes. Excess weight in children can directly cause mobility problems, hypertension and abnormalities in glucose metabolism.

The benefits of physical activity to individual health and wellbeing are well established. Regular physical activity results in lower risk for many chronic diseases including chronic heart disease, type 2 diabetes, stroke, poor mental health and some cancers. Research also shows that those who engage in regular physical activity experience reduced risk of stress, depression and dementia.

Key Messages

- Excess weight poses a major risk to health and wellbeing over both the short and longer term.
- In County Durham the prevalence of excess weight for 10-11 year olds (35.9%) is higher than the England average (33.3%).
- Increased physical activity across the life course will produce the greatest reduction in risk of poor health and wellbeing.
- Physical activity levels for children in County Durham are higher than the English average. 56.7% of children in years 1-13 spend at least 3 hours per week on high quality PE and school sport, compared to 55.1% nationally.

Children achieving a good level of development

Educational attainment or readiness for education is measured throughout a child's school-life, from age 4 to age 16 or more.

At the end of Reception year, teachers judge children's behaviour and understanding and record an Early Years Foundation Stage (EYFS) Profile score for each child. The EYFS is a statutory framework for children's learning, development and welfare from birth to the end of the academic year in which they turn 5. It was changed in 2013 and now covers: Communication and Language; Physical Development; Personal, Social and Emotional development; Literacy; Mathematics; Understanding the World; and Expressive Arts & Design. There are various Early Learning Goals within each area, each with a top score of 3. The maximum total score a child can be given is 51.

Key Messages

- 56% of County Durham's looked after children who were at the end of primary education achieved the expected levels in reading, writing and maths. Amongst all children in County Durham schools, this figure was 79%.
- In 2013/14, 65% of County Durham's pupils achieved 5 or more GCSEs at A*-C (or the equivalent), compared to 63.8% of pupils nationally.

- At 'A'Level 53.5% of pupils achieved 2 or more A*-B's, which was better than the national figure of 46.6%, whilst 98.7% of pupils achieved 2 or more A*-E's, which was higher than the national average of 98.0%. (Data relates to pupils at local authority maintained sixth forms and doesn't include further education colleges) (NCER 'National' dataset)
- The Department for Education defines 'disadvantaged' children as those who have been eligible for free school meals in the last 6 years and/or have been looked after for 6 months or more. The results for this group of children in County Durham in 2014 show that 38.3% of them achieved 5 or more GCSEs at C or above including English and Maths. This compares favourably to the national rate of 36.5%. In County Durham, 67.5% of children who were not classed as disadvantaged achieved the necessary grades, creating a gap of 29.2 percentage points between disadvantaged children and their peers.
- At the end of their primary school education, 69% of County Durham's disadvantaged children reached Level 4 or above in reading, writing and maths, compared to 67% nationally. In County Durham, 85% of non-disadvantaged children got the required levels, resulting in a gap of 16 percentage points between disadvantaged children and their peers.

Young Carers

Young carers are children or young people under the age of 18 who are caring for either another child, young person or an adult. Young carers are particularly likely to remain hidden. Systems are in place in County Durham to ensure that the needs of young carers, where identified, are included in social care assessments of adults, in order to recognise and protect young carers from inappropriate levels of caring.

Key Message

- The 2011 Census shows that in County Durham there were 4,201 carers aged less than 24 (3% of the under 24 population).

Special Educational Needs and Disability (SEND)

Special Educational Needs and Disability (SEND) refers to children and young people who have learning difficulties or disabilities which make it harder for them to learn or access education than most children of the same age. (SEND includes children and young people aged 0-25). Help and assistance will usually be provided to children and young people with SEND in their mainstream early education setting or school, sometimes with the help of outside specialists. Where a child or young person has severe and/or complex learning difficulties, it is sometimes appropriate for the child to be educated through special schools. Children who have autism spectrum disorder have a combination of difficulties with verbal communication, interacting with other children and adults. They often also have a particular focus on specific interests and find it difficult to engage in other subjects.

Key Messages

- In 2013/14 the gap at Key Stage 2 for achievement at Level 4 in reading, writing and maths between SEN (48.6%) and non-SEN (92.0%) pupils, was 43.4 percentage points.
- The gap at Key Stage 4 for achievement of 5 A*-C GCSE grades including English and Maths between SEN (20.5%) and non-SEN pupils (68.4%) was 47.9 percentage points.
- The rate of children who have autism spectrum disorder known to schools in County Durham was 9.9 per 1,000 children (January 2014). This shows a year on

year increase since January 2009 and is now higher than the 2012 figures for the North East (8.32) and England (8.17).

Not in Education Employment or Training (NEET)

Engagement in learning impacts on a range of outcomes and research has confirmed that people who are well educated and achieve high level qualifications generally enjoy better health, live longer, are happier and have greater economic prosperity. They are also better able to adapt to changes in economic circumstances.

NEETs are defined as 16-18 year olds who are not participating in education, employment or training. Non-participation in education, employment or training between these ages is a major predictor of later unemployment, low income, depression, involvement in crime and poor mental health.

Key Message

- County Durham's performance for 16-18 year olds who are not in education, training or employment (NEET) has fallen from 7.1% in 2013/14 to 6.7% in 2014/15; this is lower than the North East (7.0%) but higher than England (4.7%).

Disabled children

The number of disabled children and young people is growing globally due to advances in medicine and technology which prolongs life, according to the World Health Organisation and the World Bank.

Key Messages

- County Durham has 4,070 disabled children and young people in receipt of Disability Living Allowance, of which 358 are severely disabled and receive a statutory service from the Children's Disability Team (October 2014).
- The children and young people who receive a statutory social care service will in many cases have dual diagnosis. The two most prevalent types of disability are learning and communication:
 - 75.9% has a learning disability
 - 63.4% has a communication disability
 - 46.9% has a behavioural disability.

Smoking in young people

Smoking among young people is associated with a range of factors: individual, social, community and societal, which increase young people's risk of becoming smokers. Smoking uptake is linked to socio-economic disadvantage and young people are most at risk of becoming smokers if they grow up in families and communities where smoking is the norm and where they have access to cigarettes. Children whose parents and/or siblings smoke are more likely to become smokers.

Disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke than those from more privileged backgrounds, which is due to lower levels of smoking restrictions in the home.

Key Messages

- Estimates by Cancer Research UK suggest that in County Durham:
 - 145 children and young people start smoking each month
 - 1,746 children and young people start smoking each year.

- ‘Smoking, drinking and drug use among young people in England in 2012’ (Health & Social Care Information Centre) reported that:
 - 22% of school pupils had tried smoking at least once and 3% were regular smokers (smoking at least one cigarette a week)
 - Boys and girls are equally likely to smoke
 - Two thirds (67%) of pupils reported that they had been exposed to second-hand smoke in the past year.

Health needs of young people who offend

Children and young people who enter the youth justice system experience a range of negative outcomes and are less likely to achieve.

All young people who offend (pre and post court) in County Durham receive a basic health screening as part of the assessment process by County Durham Youth Offending Service. Young people who offend often have a poor diet through lack of knowledge and experience; lack of exercise; missed immunisations; smoking and alcohol consumption; and unhealthy relationships with friends and family.

Key Messages

- Rates (per 100,000) of first time entrants to the youth justice system in 2013/14 were lower in County Durham (458) than the North East (496), but higher than England (431).
- Over the past 7 years, an 81.4% reduction in first time entrants has been achieved, from 1,129 young people in 2007/08 to 210 in 2013/14.

Teenage conceptions

Teenage pregnancy is a significant public health issue, often resulting in poor outcomes for both the teenage parent and the child. It impacts on the baby’s health, the mother’s emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Over the last 10 years, approximately 100 babies were born to teenage mothers in County Durham each year.

Unplanned teenage conceptions and terminations in early parenthood are widely recognised to be associated with poor health and social exclusion. Rates of teenage pregnancy tend to be higher among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those communities which are already disadvantaged. The poorer outcomes associated with teenage motherhood also mean that the effects of deprivation and social exclusion are passed from one generation to the next. It is important to note that not all teenage conceptions are unplanned, as some are the choice of the young parents. Ultimately, public health seeks to reduce the number of unplanned teenage conceptions and to support young women to make an informed choice.

Key Messages

- Teenage conception rates (15-17 year olds) in County Durham (33.7 per 1,000) are greater than the England average (27.7 per 1,000) but lower than the North East average (35.5 per 1,000) and have been falling over time.

- For under-16 conceptions (13-15 year olds) the County Durham rate has varied across the years and in 2012 was higher than England, the North East and similar council averages.

Alcohol and substance misuse in young people

Children and young people who drink alcohol have an increased risk of a wide range of health and social problems, including injury, teenage pregnancy, drug use and attempted suicide. Research indicates that higher levels of alcohol consumption significantly increase problems such as sexual risk-taking, self-harm, criminal offences and anti-social behaviour. Drinking at an early age is more likely to develop alcohol dependence in adulthood.

Key Messages

- County Durham's under-18 alcohol specific hospital admission rate in 2012/13 was 81.5 per 100,000, higher than the regional rate of 72.2. County Durham is ranked 18th worst out of 326 local authorities.
- Hospital admission rates for substance misuse (aged 15-24) have fallen locally but remain higher than England.

Safeguarding young people

Local authorities have a responsibility to respond to all children who are identified as being in need, or in need of protection. This means that children and young people who are suffering from harm, abuse and neglect are quickly identified and the information is shared appropriately to afford them protection and ensure access to appropriate services in line with their assessed need.

Key Messages

- The rate of children in full time looked after care in County Durham is similar to England and lower than the North East. This has improved from March 2012, resulting from the implementation of the county's Looked After Children Reduction Strategy.
- 50.3% of children subject to a child protection plan were aged less than 5 years.
- Abuse / neglect is the most significant type of primary need encountered across the county.

Sexual violence towards children and young people

Children and young people are included amongst the victims of sexual violence in our society. Perpetrators can repeatedly abuse and rape the same victim and/or commit rape or other sexual assaults against different victims. Stranger rapes are very rare, with the majority of victims known to their offender. Sexual violence remains often unreported therefore it is difficult to accurately identify the scale of the problem in County Durham.

Key Messages

- Nationally, in just over half of all reported rapes, the victim was a young person under the age of 16 years. 21% of these were under the age of 13 and their relationship with the offender was most commonly that of family member or an acquaintance.
- 31% of victims were aged between 13 and 15 years old, and over a third (36%) of these were in a consensual relationship with the offender.

Oral health

Good oral health is essential for everybody's wellbeing, to effectively eat, speak and socialise; prevention of dental disease and oral health rehabilitation are essential to secure the health of our population. There is a significant burden of ill health from oral disease within our population, from the development of new disease and maintenance of restorations.

Key Message

- Children's tooth decay at age 5 in County Durham in 2011/12 (0.93%) was not significantly different to England (0.94%) but was lower than the North East (1.02%). However, there are wide variations in the oral health of 5 year old children across areas of the county.

Immunisations and vaccinations

Immunisation can protect individuals and communities from serious infectious diseases and has caused dramatic improvements in health with diphtheria, tetanus, whooping cough (pertussis), measles and polio now rare in many countries. After the availability of clean water, it is the most effective public health intervention globally for saving lives and promoting good health.

All children in the UK are offered vaccinations against key diseases, as part of the national childhood immunisation schedule. Vaccinations can prevent children from getting serious diseases which can kill or cause long-term health problems. Vaccinated babies are much less likely to suffer the devastating consequences of disease. Immunisations are commissioned by NHS England and the role of the Director of Public Health County Durham is to provide assurance to the Health and Wellbeing Board on how these programmes are being delivered locally.

It is important to ensure that the immunisation service is equitable and accessible to all, avoiding intervention-generated health inequalities, which can emerge if effective public health interventions are not used fairly and equally by different population groups. There is evidence that many efforts to improve health and prevent disease may disproportionately benefit less disadvantaged groups or communities. Often those with higher incomes or more education are better able to make use of opportunities for improving health / preventing disease, such as immunisation programmes.

Key Messages

- In County Durham in 2012/13, vaccination coverage for many childhood diseases is significantly better than England and the North East.
 - 96.1% of those eligible received their first dose of the MMR immunisation by the age of two, which was higher than England (92.3%) and the North East (94.1%).
 - 93.3% of children received their second dose of MMR immunisation by the age of five, which was higher than England (87.7%) but lower than the North East (97.1%).
 - 97.1% of eligible children received the completed course of Meningitis C vaccine by their first birthday, which was higher than England (93.9%) and the North East (96%).

Mental health and emotional wellbeing of children and young people

Stable families, consistent positive parenting, having friends, access to play, doing well in school, developing self-control, emotional intelligence, self-esteem and confidence are all key to ensuring that children and young people experience good emotional wellbeing, which creates the basis for securing improved outcomes throughout their lives.

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders, with 10% of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

Key Message

- The number of new referrals to Child and Adolescent Mental Health Services (CAMHS) increased by 24% from 2,150 in 2012/13 to 2,667 in 2013/14.

Self-harm (10-24 years)

The term self-harm refers to any act of self-poisoning or self-injury carried out by a person, irrespective of motivation, and commonly involves self-poisoning with medication or self-injury by cutting. Most self-harming behaviour is not lethal and is unlikely to lead to death and most young people and adults who self-harm do not intend to risk their lives.

A wide range of mental health problems are associated with self-harm, including borderline personality disorder, depression, bipolar disorder, schizophrenia, and drug and alcohol-use disorders. Self-harm is common, especially among younger people. People who self-harm have a 50 to 100 fold higher likelihood of dying by suicide in the 12-month period following an episode than people who do not self-harm.

Self-harm does not usually mean an attempt to commit suicide (NSPCC), and self-harming in young people is not uncommon; 10-13% of 5-16 year olds have self-harmed ('No health without mental health' HM Government, February 2011). Levels of hospital admissions for self-harm may not be accurate due to coding issues. In addition, many instances of self-harm may be treated in A&E rather than through admission to hospital and more do not come to the attention of health care services at all; hospital attendance rates do not reflect the true scale of the problem.

Key Message

- Admissions to hospital (2012/13) as a result of self-harm (aged 10-24) are significantly higher in County Durham (410.5 per 100,000) than England (346.3 per 100,000), and not significantly different to the North East (479.6 per 100,000). A local plan is being developed to reduce self-harm and suicide.

Unintentional injuries (0-19)

'Every year, 1 million children under the age of 15 are taken to accident and emergency (A&E) units after injuries occur in the home, and many more are treated at home or by their GP' (NHS Choices, 2011). 'In the UK, injuries that occur in and around the home are the most common cause of death in children over the age of one' (NHS Choices, 2011).

Injuries occur as a result of the interaction between the child and his or her physical and social environment and are often preventable. National Institute for Health and Care Excellence (NICE) guidance identifies several factors which make some children more vulnerable than others. These include the child's age, whether he/she is disabled or has a learning difficulty, the family income and their home.

Key Message

- Hospital admission rates for unintentional injuries are significantly higher in County Durham than England but not significantly different to the North East. This is true for those aged 0-14 years.

Key figures for children and young people (0-17)

The information below, drawn from the full JSNA 2014, is intended to provide an overview of the key messages for 2014.

57.4%

**Women initiate breastfeeding
(England 73.9%)**

19.9%

**Mothers smoking at delivery
(England 12%)**

35.9%

**Excess weight
(10-11 years old)
(England 33.3%)**

65%

**Achieved 5 or more GCSEs at A*-C,
(England 63.8%)**

4,201

**Young carers under the age of 24, which is
3% of the population**

1,746

Children and young people start smoking each year

24%

**Increase in new referrals to CAMHS from
2012/13 to 2013/14**

4,070

Disabled children and young people in receipt of Disability Living Allowance

50.3%

Of children subject to a child protection plan were aged under 5

410.5

**Hospital admissions
(per 100,000) as a result of self-harm
(England 346.3)**

33.7

**Teenage conception rate per 1,000
(England 27.7)**

People of Working Age (18-64)

This section identifies the key messages regarding the health, wellbeing and social care needs of people of working age.

Lifestyle: prevalence of risk factors

Tackling unhealthy lifestyles remains a key driver to reducing premature deaths. Many people in County Durham continue to display unhealthy lifestyle behaviours when compared to England. This is directly linked to the social, economic and environmental factors outlined in the 'Wider Determinants of Health' section (pages 12-22). Local priorities for tackling health inequalities include reducing smoking (especially women smoking during pregnancy), tackling obesity, reducing alcohol misuse (including admissions for acute intoxication), promoting positive mental health and reducing early deaths from heart disease and cancer. Lower than average levels of breastfeeding initiation and participation in physical activity are prevalent, together with a poor diet.

The King's Fund (2012) suggested that there is a clustering of unhealthy behaviours (or multiple risks) rather than individuals having single risks; for example, a smoker is more likely to eat unhealthily and exercise less. The report also stated that over time the number of people with multiple (three or four) risks has reduced.

Smoking

Smoking remains the single biggest preventable cause of premature death in the UK today. It has been identified as the single biggest cause of inequality in death rates between the most and least deprived in the UK and is responsible for one in five of all deaths in adults aged 35 and over. This is more than all deaths caused by alcohol, car accidents, suicide, AIDS, murder and illegal drugs combined.

Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest people in our communities, consequently, tackling tobacco use is central to realising the government's commitment to improve the health of the poorest, fastest (Department of Health, 2011).

Key Messages

- County Durham's Tobacco Profile (2013) estimates that 22.7% of adults smoke regularly, rising to 28.9% among people employed in routine and manual occupations, which equates to around 92,000 smokers aged 18+ across County Durham.
- Smoking-related death rates per 100,000 (2010-12) were significantly higher in County Durham (372) than England (292) but are falling over time¹; between 2007/09 and 2010/12, the rate fell by 51.5 per 100,000 (12%).
- The total annual cost to the NHS in County Durham as a direct result of smoking-related ill health is approximately £21m.

Diabetes, physical activity and obesity in adults

Diabetes is a common life-long health condition and is one of the most significant public health challenges today, affecting both children and adults. It can cause severe

¹ The smoking-related mortality indicator in PHOF is new and cannot be compared to previous measures.

difficulties for sufferers and their families and has a significant impact on life expectancy, type 1 reducing it by at least 5 years and type 2 by 5-7 years. Diabetes is the leading cause of blindness in people of working age, the largest single cause of end stage renal failure, and (excluding accidents) the biggest cause of lower limb amputation. It is a chronic and progressive condition for which there is no cure and which causes a heavy burden on health services. Effective control of blood glucose and hypertension can prevent the development and progression of complications. Cost effective treatment close to home is a priority, to reduce unnecessary admissions to or attendances at hospital.

Obesity is the excess accumulation of body fat resulting from the interaction between many factors and is considered to be a consequence of modern life, with the abundance of calorie-rich food and more sedentary lifestyles (Foresight, 2007). Excess weight is a leading cause of type 2 diabetes, heart disease, cancer and maternal obesity. It can lead to complications in childbirth for mother and baby. The costs of obesity to the NHS have been estimated to be over £5 billion (Department of Health, 2011).

Physical activity performed on a regular basis can deliver positive physical and mental health benefits and can reduce the risk of many chronic conditions including obesity, coronary heart disease, stroke, type 2 diabetes, cancer, mental health problems and musculoskeletal conditions (Department of Health, 2011). These benefits can deliver cost savings for health and social care services.

Key Messages

- Diabetes is the condition which is set to increase the most as prevalence of excess weight increases. Diabetes prevalence in County Durham has been increasing over time. Between 2006/07 and 2013/14, prevalence rose from 3.9% to 6.9% (Quality Outcomes Framework, Department of Health), placing a significant burden on local health care.
- However rising prevalence is not necessarily a bad thing as it means that more people with the condition are receiving treatment. There were 29,680 people aged 17+ on practice diabetes registers in 2013/14, with Public Health England estimating a further 2,700 as being undiagnosed.
- Within 20 years of diagnosis, most people with Type 1 diabetes and almost two thirds of those with Type 2 diabetes will have some degree of retinopathy. Current prevalence is around 7% in County Durham.
- Excess weight in County Durham (72.5%) is significantly higher than England (63.8%) but not significantly different to the North East (68%).
- 28.2 % of County Durham's adult population participates in at least 30 minutes of sport and active recreation of at least moderate intensity (including recreational walking and cycling) on at least 3 days a week, compared to 25.6% nationally (*Active People Survey 8, Sport England, April 2014*). This figure falls to 13.8% for those aged 55 and over.

Alcohol

Alcohol consumption is a major public health issue in County Durham, with high levels of hazardous, harmful and binge drinking. Nationally it is the second biggest cause of premature death.

Alcohol use has health and social consequences borne by individuals, their families, and the wider community. Health harms to individuals from drinking can be acute (immediate) or chronic (long term). The main health consequences of alcohol misuse

are liver disease, cancers (liver, oral, oesophageal, gastric, colon, breast), hypertension, stroke, acute intoxication and deaths from injuries. Additionally there are psychiatric consequences such as depression and self-harm, as well as the impact on the foetus, if pregnant.

Key Messages

The 2014 Local Alcohol Profile shows that County Durham experiences:

- Significantly higher under-18 alcohol specific hospital admission rates than England. Rates have been falling over time in County Durham, the North East and England. Proportionally, this decrease has been greater in County Durham (37%) than the North East (35%) and England (34%).
- Alcohol-specific hospital admission rates have been increasing over time for men and women both locally and nationally. The increase has been slower in County Durham compared to England. Between 2008/09 and 2012/13 male rates in County Durham increased by 3.6% compared to 15.1% for England. Female rates locally increased by 14.1% over the same period compared to 16.3% nationally

Prevalence of disease and long term conditions

A long term condition is a condition which adversely affects a person's quality of life over a number of years. It can be managed through self-care techniques and other interventions to maintain independence, with the help of assets and support from the community and health, social care and voluntary services. Tackling unhealthy lifestyles and taking action to address the wider determinants of health are central to reducing premature deaths and improving health and wellbeing.

Prevalence is a measure of the burden of a disease or health condition in a population at a particular point in time. Prevalence data within the Quality Outcomes Framework (QOF) are collected in the form of practice 'disease registers'. Disease registers can potentially be used to examine variations in the prevalence of the chronic diseases included in the clinical domains but they should be interpreted with caution. QOF registers do not necessarily equate to prevalence, for example, prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues.

Spatial analysis of practice disease registers across County Durham (September 2011) showed significant variation in registered disease prevalence by CCG in County Durham for:

- Coronary Heart Disease (CHD) prevalence
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes

There is no significant difference in hypertension prevalence between Durham Dales, Easington and Sedgfield CCG and North Durham CCG.

CHD prevalence in County Durham (4.9%) is higher than England (3.3%) (Quality Outcomes Framework 2012/13).

Hypertension prevalence in County Durham (16%) is higher than England (13.7%) (Quality Outcomes Framework 2012/13).

Chronic Obstructive Pulmonary Disease (COPD) prevalence in County Durham (2.7%) is higher than England (1.7%) (Quality Outcomes Framework 2012/13).

Key Messages

- Recorded prevalence of many long term conditions is greater in County Durham than England (for example, CHD, hypertension, COPD, diabetes).
- There is a high number of people with undiagnosed disease in our communities, often referred to as 'the missing thousands' (for example, with diabetes, circulatory and respiratory diseases).
- The number of people who will be living with sight loss in County Durham is set to increase over the coming decade. Current estimates suggest that 8,300 people in County Durham have moderate or severe visual impairment.
- 3,437 people are registered as blind / visually impaired with Durham County Council (as at July 2014).
- Estimates suggest that by 2020 the number of people aged 75+ in County Durham with a registerable eye condition will rise to 3,379 (from 2,746 in 2012).

Cancer

Cancer contributes significantly to the gap in life expectancy between County Durham and England and as such is a priority area for action locally. Premature death rates from cancer across the county are significantly worse than the England average but have been falling over time.

Key Messages

- Between 2010 and 2012 almost 40% of premature deaths in County Durham were from cancer.
- Estimates suggest that over 160 deaths a year (all ages) might be avoided across County Durham if more cancers were diagnosed early.

Mental health and wellbeing

Positive mental health is central to all other health-related choices. Mental wellbeing is key to understanding the impact of inequalities in health and other outcomes (Friedli, 2009). Relative deprivation and social injustice erode mental wellbeing.

Mental illness affects a high proportion of the population and is closely related to inequalities and is not uncommon. Estimates suggest that one in four adults will experience mental health problems at any one time. For some, mental health problems are treated and never return; however, for others, mental health problems last for many years, especially if not appropriately treated.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be greatest. County Durham has some of the most deprived areas in the country.

Projecting Adult Needs and Service Information (PANSI 2014) predicts that in County Durham the number of people predicted to have:

- A common mental disorder will fall from 50,894 in 2014 to 49,046 (3.6%).
- A borderline personality disorder will fall from 1,424 to 1,371 (3.7%).
- An anti-social personality disorder will fall from 1,098 to 1,067 (2.8%).

- A psychotic disorder will fall from 1,265 to 1,219 (3.6%).

Projecting Older People Population Information (POPPI 2014) forecasts that in County Durham the number of people predicted to have:

- Depression will rise from 8,763 to 11,897 (35.8%)
- Limiting long term illness will rise from 59,573 to 83,049 (39.4%)
- Severe depression will rise from 2,759 to 3,879 (40.6%)
- Dementia will rise from 6,625 to 10,896 (64.5%)

Key Messages

- There are over 4,600 people in County Durham registered with a diagnosis of mental illness (Quality Outcomes Framework 2012/13). This is around 0.9% of the registered population of County Durham, the same as England. This prevalence is predicted to increase significantly over the coming years due to a variety of factors, including an ageing population and the challenging economic climate.
- In County Durham in 2013/14, 266 individuals (16%) accessing community alcohol services had reported dual needs, while 271 individuals (13.7%) accessing the community drugs service had reported dual needs. (Dual needs is the term used when people have concurring mental health and substance misuse problems).
- For the period 2011/13, the suicide rate per 100,000 in County Durham (13.4) was significantly higher than England (8.8). Between 2001 and 2003, and 2011 and 2013, suicide mortality rates in County Durham have seen no significant variation.
- The number of adults referred and assessed with mental health needs increased year on year across County Durham, by 23.4% for referrals and by 22.9% for assessments when comparing 2010/11 figures with 2013/14.

Learning disabilities and autism

In October 2014, there were 2,214 people with a learning disability in County Durham known to adult social care (this includes any open social care cases where the service user has a recorded learning disability). However, baseline estimates from PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information) predict that by 2020 there will be 7,599 people aged 18-64 and 2,389 people aged 65+ in County Durham with a learning disability.

Key Messages

- County Durham supports 86% of adults with a learning disability within settled accommodation, which compares favourably to both the England average of 74.8% and the North East average of 80.8%.
- In 2013/14 there were 293 adults with autism aged 18-64 years in County Durham, a 3% increase from 2012/13.
- Information from PANSI suggests that by 2020 in County Durham, there will be 3,104 people (18-64) predicted to have Autism Spectrum Disorder.

Domestic abuse

Levels of domestic abuse related incidents reported to the police have seen a continuous but small increase, with 10,425 in 2010/11, 10,865 in 2011/12, 11,084 in 2012/13 and 11,550 in 2013/14. In 2012, the Victims' Services Advocate was commissioned by the Victims' Commissioner to look at which services are available and what victims need from local services. The report found that within County Durham, victims of domestic abuse felt that they were not always taken seriously, especially if there were no signs of

physical abuse. The first response was also considered to be the most important in terms of influencing outcomes relating to engagement with criminal justice processes, referrals for holistic needs assessment and subsequent development of appropriate pathways of support.

Key Message

- Local research also shows that rape is associated with the most severe cases of domestic abuse and is a risk factor for domestic homicide.

Ex-service personnel

When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS. The needs of armed forces community members are not identical and will be determined by factors such as their experience before their military service, during and as a civilian, including their transition from military to civilian life. Over half (52%) of the armed forces community report having a long term illness or disability compared to 35% in the general population.

Nearly three-quarters of service leavers reported that they found the return to civilian life as expected or easier. A small minority do experience more severe difficulties such as homelessness. Those who have served the shortest time are found to experience the transition to civilian life more difficult, for example, personnel who are discharged whilst under training or those personnel who are discharged compulsorily. Many recruits are drawn from educationally and socially disadvantaged backgrounds who, in many cases, also join with weak basic skills.

There is little evidence available locally in relation to the armed forces community. Some service leavers find it difficult to access services when they are discharged due to the lack of information provided locally. The processes, procedures and criteria which local services often apply also make it difficult for service leavers to prove eligibility.

Key Message

- Problems with mental wellbeing are common in ex-service personnel. These problems can include low mood, sleep difficulties and distressing recurring memories or nightmares.

Offender health

A study of all prisons in England and Wales housing adult men was published by the National Institute for Health Research in August 2013. The study established the current availability and degree of integration of health and social care services for older adults. The mental health needs of older prisoners have been found to vary significantly from those of their younger counterparts in prison. Older prisoners are at a greater risk of becoming isolated within the prison environment and are less likely to have social support, putting them at a greater risk of developing mental health difficulties. It has been established that, within the general prison population, just over one quarter of all self-inflicted deaths occur within one week of prison entry.

National data identifies that female offenders have a history within the care system and a disturbing background of abuse, self-harm, anxiety and depression. Many of them will have problems with drugs and alcohol misuse and nearly two thirds leave behind dependent children when entering prison.

Key Message

- Research across the former Durham Tees Valley Probation Trust area shows that concerns regarding mental health increased in 2011: anxiety / stress increasing from 23.1% in 2008 to 30.1% in 2011 and depression increasing from 24.1% in 2008 to 29.9% in 2011.

Key figures for people of working age (18-64)

The information below, drawn from the full JSNA 2014, is intended to provide an overview of the key messages for 2014.

22.7%

Smoking prevalence
(England 18.4%)

93,822

Lost days of productivity
per year due to smoking-
related sickness

£21m

Total cost to the NHS in
County Durham as a
direct result of smoking-
related ill health

6.8%

Diabetes prevalence
(18+)
(England 6%)

72.5%

Adults with excess
weight
(England 63.8%)

27.4%

Obese adults
(England 23%)

4.9%

CHD prevalence
(England 3.3%)

8,300

With a moderate or
severe visual
impairment

3,437

Registered blind / visually
impaired with Durham
County Council

40%

Of premature deaths
were from cancer

160

Deaths a year from
cancer could be avoided
with early diagnosis

4,604

People registered with
GPs with a diagnosis
of mental illness

13.4

Suicide rate
(per 100,000)
(England 8.8)

293

Adults aged 18-64
with autism known to
the council

11,550

Domestic abuse
related incidents
reported to the police

52%

Of armed forces community
reports having a long-term illness
or disability

People of Retirement Age (65+)

This section identifies the key messages regarding the health and wellbeing needs of people of retirement age.

Public Health Outcomes Framework indicators across all four domains which are specific to older people show County Durham to have significantly worse levels than England for:

Indicators significantly worse than England
Population vaccination coverage – Flu (aged 65+)
Population vaccination coverage – Flu (at risk individuals)
Preventable sight loss – age related macular degeneration (AMD)
Preventable sight loss – sight loss certifications
Preventable sight loss – glaucoma
Hip fractures in people aged 65 and over

Source: Public Health Outcomes Framework 2014, Public Health England

Dementia

Dementia presents a significant and urgent challenge to health and social care in County Durham in terms of both numbers of people affected and costs. Dementia is a clinical syndrome characterised by a widespread loss of mental function, including memory loss, language impairment, disorientation, change in personality, self-neglect and behaviour which is out of character. One of the main causes of disability in later life, it has a huge impact on capacity for independent living.

Key Messages

- The number of clients with dementia accessing residential / nursing services rose from 1,149 in April 2011 to 1,347 in April 2014, a rise of 198 clients (17.2% increase).
- Local GP data (Quality Outcomes Framework, 2012/13) indicates a prevalence of 0.6% for dementia in County Durham (similar to England) and 3,468 people on GP dementia registers.
- Dementia prevalence in the county is predicted to rise by 64.5% in 2030. Projections suggest that the population aged 60+ with dementia will rise from 6,625 (in 2014) and could almost double to 10,896 (by 2030).

Premature mortality

Premature mortality can be used as an important measure of the overall health of County Durham's population and as an indicator of inequality between and within areas. Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole.

Key Messages

- Mortality rates from the major causes of death (CVD, cancer, stroke, COPD) have fallen significantly over time in County Durham, in many cases faster than nationally, however they remain significantly higher than England.
- The distribution of premature mortality in County Durham is unequal for all of our biggest killers (CVD, respiratory disease, cancer, COPD and stroke) and is higher in the more deprived areas.

Safeguarding adults from harm

The number of reported concerns has remained constant for the past three years. The introduction of the new alert classification has meant that a sizeable number of those referrals which do not require a safeguarding response are now addressed in a more direct manner by care co-ordination and social work as part of routine case work. The annual safeguarding audit has again revealed a continued steady improvement in recording practices.

Key Message

- Neglect / Acts of Omission was the most common type of alleged abuse in 2013/14. (For example, failure to provide for medical, social or educational needs; withholding necessities such as food, drink and warmth; and a lack of protection from hazards.)

Adult social care

As well as presenting challenges for health, County Durham's increasingly ageing population will also present challenges for social care. Social care is increasingly being provided closer to home and a focus on early intervention and prevention enables people to be maintained in their own homes for longer.

Nationally, more people are reported to receive short term interventions such as intermediate care and reablement. These services may account for unrecorded success in delaying or preventing the need for on-going support and care, and may help to explain the decline in numbers of people who are supported by councils, when age and health related needs are rising.

Key Messages

- As people are supported in their own homes for longer, the average age of permanent admission for older people into residential care continues to show an increase from 85.5 years in 2010/11 to 86.63 years in 2013/14.
- Although the number of service users in receipt of day care reduced by 13.3% when comparing 2012/13 to 2013/14, Durham County Council is still above national and regional averages in terms of day care provision.
- Satisfaction of people who use services for their care and support in County Durham is above that of England and has been increasing locally.

Older carers

The definition of a carer is someone who: "*spends a significant proportion of their life providing unpaid support to family and potentially friends*", according to the Department of Health publication 'Carers at the Heart of 21st Century, Families and Communities' (2008). The document also highlights that people who provide unpaid care are twice as likely to be in poor health themselves, and need to be supported both in their own right and in their role as carers.

Key Messages

- The number of carers aged 65+ providing unpaid care is set to increase by 2030 by 30.6% (from 14,911 in 2014 to 19,481 in 2030).
- By 2030, the number of carers aged 65+ providing unpaid care is set to increase:
 - Between 1-19 hours per week by 25.9% (from 5,729 to 7,214)
 - Between 20-49 hours per week by 30.1% (from 2,094 to 2,725)
 - For 50 or more hours per week by 34.6% (from 7,087 to 9,541).

- The number of older carers aged 65+ receiving a service increased by 2.1% from 1,778 in 2010/11 to 1,815 in 2013/14.
- The number of older carers aged 75+ receiving a service (such as sitting service or respite break, including information and advice) increased by 3% from 853 in 2010/11 to 875 in 2013/14.

End of life care

The National End of Life Care Strategy aims for all adults to receive high quality end of life care regardless of age, condition, diagnosis, ethnicity or place of care.

Annually, around 500,000 people die in England and almost two thirds of these are aged over 75 years. Some people receive excellent care at the end of life, many do not. The majority of deaths (58%) occur in NHS hospitals, while 18% occur at home, 17% in care homes, 4% in hospices and 3% elsewhere.

Key Messages

In County Durham, around 5,300 people die each year from all causes; around two thirds of these are aged over 75 years (similar to the national experience). The 2012 National End of Life Care profile for County Durham states that for the period 2008-2010:

- 54% of all deaths were in hospital
- 22% occurred at home
- 19% occurred in a care home
- 3% were in a hospice
- 3% were in other places
- 29% of all deaths were from CVD
- 29% of all deaths were from cancer
- 28% of all deaths were from other causes
- 15% of all deaths were from respiratory diseases.

For the period 2013/14 in County Durham:

- 96% of people who stated their preferred place of death achieved it in the North Durham Clinical Commissioning Group area.
- 83% of people who stated their preferred place of death achieved it in the Durham Dales, Easington and Sedgfield Clinical Commissioning Group area.

Key figures for people of retirement age (65+)

The information below, drawn from the full JSNA 2014, is intended to provide an overview of the key messages for 2014.

3,468

People are on GP dementia registers

247,869

Bed days commissioned for people with dementia

2,153

Safeguarding reported concerns

7,931

Older people in receipt of social care personal budgets

86.63

Average age of permanent admission into residential care

643.7

Clients per 100,000 population in receipt of day care

1,450

Referrals to the reablement service

14,911

Carers aged 65 and over providing unpaid care

54%

Of all deaths were in hospital (End of Life Care Profile)

29%

Of all deaths were from cancer (End of Life Care Profile)

29%

Of all deaths were from CVD (End of Life Care Profile)

Glossary / List of Abbreviations

A&E	Accident & Emergency
AIDS	Acquired Immune Deficiency Syndrome
APHO	Association of Public Health Observatories
ASCOF	Adult Social Care Outcomes Framework
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CCL	Clinical Commissioning Locality
CHD	Chronic Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DDES	Durham Dales, Easington and Sedgfield
DLA	Disability Living Allowance
ESA	Employment Support Allowance
EYFS	Early Years Foundation Stage
GCSE	General Certificate of Secondary Education
HNA	Health Needs Assessment
IB	Incapacity Benefit
JSNA	Joint Strategic Needs Assessment
MMR	Measles, Mumps, Rubella
NEA	National Energy Action
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NSPCC	National Society for Protection of Cruelty to Children
NVQ	National Vocational Qualification
ONS	Office for National Statistics
PANSI	Projecting Adult Needs and Service Information
PHOF	Public Health Outcomes Framework
PIP	Personal Independence Payments
POPPI	Projecting Older People Population Information
QOF	Quality Outcomes Framework
SEN	Special Educational Needs
Sii	Slope Index of Inequality

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