



**Community
Foundation**
Tyne & Wear and Northumberland



County Durham and Darlington's Vital Issues 2017

Healthy Living

1 Healthy Living

1.1 Overview

The North East region has a reputation as one of the least healthy areas in the UK, and it contains some of the most deprived neighbourhoods in the country in terms of health and disability. Table 22, below, shows that based on the number of LSOAs that fall into the 10% most deprived on health indicators, County Durham is the 25th most deprived local authority area in the country (putting it into the top 10%), and Darlington is the 46th most deprived (and therefore in the top 20%).

Table 22 - Rank of local authorities on health deprivation and disabilityⁱ

	Health Deprivation and Disability - Rank of proportion of LSOAs in most deprived 10% nationally (out of 326 areas)
Darlington	46
County Durham	25

As table 23, below, shows, 31% of all the LSOAs in County Durham area in the most deprived 10% in the country, (including 6 that are in the 1% most deprived), and a further 23% are in the 20% most deprived. In Darlington, the situation is not quite as severe, with 20% and 17% in the top two bands.

In County Durham only 12% of LSOAs are above average for health and disability, and in Darlington 28% are. If health issues were evenly spread across the country, by definition, you would expect 50% to be above average.

Across the two areas, only 1% of LSOAs are in the top 30% bandings.

Table 23 - Index of Multiple Deprivation 2015 - Health Deprivation and Disability

Health deprivation and disability decile	County Durham		Darlington		Durham and Darlington	
	LSOAs	%	LSOAs	%	LSOAs	%
1	101	31%	13	20%	114	29%
2	75	23%	11	17%	86	22%
3	48	15%	8	12%	56	14%
4	34	10%	10	15%	44	11%
5	27	8%	5	8%	32	8%
6	25	8%	10	15%	35	9%
7	9	3%	7	11%	16	4%
8	3	1%	1	2%	4	1%
9	1	0%	0	0%	1	0%
10	1	0%	0	0%	1	0%
TOTALS	324	100%	65	100%	389	100%

The IMD health and disability measure draws on a wide range of health indicators, including Years of Potential Life Lost (YPLL), Comparative Illness and Disability Ratio, Measures of acute morbidity (derived from Hospital Episode Statistics) and the proportion of adults under 60 suffering from mood or anxiety disorders based on prescribing, suicide mortality rate and health benefits data, to give a broad-based

score that covers physical and mental health as well as expected lifespan. Each of these is looked at in more depth below.

1.2 Life expectancy and causes of death

Life expectancy for people in both Durham and Darlington is close to the NE regional average, and around two years shorter than the national average. In terms of infant mortality, this is lower in County Durham than the national average (3.4 per 1,000 births compared to 3.9), but slightly higher than average in Darlington (4.1 per 1,000 births) – see table 23.

Table 23 - Life expectancy and causes of death, 2012-15ⁱⁱ

Indicator	Period	County Durham	Darlington	NE Region	England
Life expectancy at birth (Male)	2013 - 15	78.1	77.9	77.9	79.5
Life expectancy at birth (Female)	2013 - 15	81.2	81.9	81.6	83.1
Infant mortality (per 1000 births)	2013 - 15	3.4	4.1	3.6	3.9
Killed and seriously injured on roads	2013 - 15	38.2	31.3	32.4	38.5
Suicide rate	2013 - 15	15.7	14.2	12.4	10.1
Smoking related deaths	2013 - 15	381	320.7	369	283.5
Under 75 mortality rate: cardiovascular	2013 - 15	83	79.5	85.1	74.6
Under 75 mortality rate: cancer	2013 - 15	163.2	161.8	162.7	138.8
Excess winter deaths	2012 - 15	19.7	20.8	19.3	19.6

In numbers of people who die because of road accidents, County Durham is around average for the UK and the rate in Darlington is nearly 20% lower than the average, at 31.3 per 100,000 population compared to the average of 38.5.

However, in terms of the other causes of premature death, both County Durham and Darlington have far higher rates than the average. Cancer deaths are 17% higher than the national average in both areas, cardiovascular deaths are 11% higher in County Durham and 6% higher in Darlington, and smoking-related deaths are 35% higher in County Durham and 13% higher in Darlington. Saddest of all, the suicide rate in County Durham is 55% above the national average, and 40% higher in Darlington. Again, there are pockets where this is a particular issue, for instance in rural areas where isolation is a particular issue, and in very deprived communities such as Stanley and Derwentside, where people's choices are, or appear to be, limited, where young men in particular seem unable to ask for help, and where sources of help have been cut through austerity measures.

1.3 Health and lifestyles

Given the inflated death rates from smoking-related diseases, it is not surprising that rates of smoking in adults are higher in both County Durham and Darlington than the national average. However, the figures for physical activity and obesity are both better than the regional average, and not massively higher than the England averages, with people in County Durham being slightly more likely than in Darlington

to be physically active, but also more likely to be carrying excess weight. Nevertheless, while the figures are close to the national average, these are both issues that are important to maintaining a healthy lifestyle, so it would be beneficial to encourage more people to become physically active and regulate their weight. In some areas, this might be about encouraging people to move more, or to eat more healthily, but in other areas the issue might be around choice. For instance, in areas where there are limited shopping choices people might not be able to access, or afford, fresh fruit and vegetables. Here it might be necessary to look at alternative approaches such as developing community gardening or allotment schemes to teach and enable people to grow their own, or setting up healthy eating take-away services to combat the chips and burger alternatives.

Table 24 - Adults' health and lifestyle, 2015ⁱⁱⁱ

Indicator	Period	County Durham	Darlington	NE Region	England
Smoking prevalence in adults	2015	19.0%	17.9%	18.7%	16.9%
Percentage of physically active adults	2015	57.3%	56.5%	52.9%	57.0%
Excess weight in adults	2013-15	67.6%	65.4%	68.6%	64.8%

When it comes to children's health and lifestyle the picture is not as rosy (table 25, below). Far more women are smoking in pregnancy than the national average, and many fewer are choosing to breastfeed their child, both of which can have serious consequences for the future health of their children. Both issues are more widespread in County Durham than Darlington, with Darlington being one of the top performing areas in the region.

As they grow up, young people in County Durham and Darlington are more likely to require admission to hospital due to excess alcohol consumption than elsewhere in the UK, and more under-18 girls are likely to end up pregnant. However, the figures for both County Durham and Darlington are below the NE average, and Darlington fares better than County Durham.

Table 25 - Children's health and lifestyle, 2014-16^{iv}

Indicator	Period	County Durham	Darlington	NE Region	England
Mother smoker at time of delivery	2015-16	18.1%	14.8%	16.7%	10.6%
Breastfeeding initiation	2014-15	57.6%	63.2%	60.1%	74.3%
Obese children (Year 6)	2015-16	22.1%	21.0%	22.4%	19.8%
Admission episodes for alcohol-specific conditions (under 18, per 100,000)	2015-16	67.5	58.7	66.9	37.4
Under 18 conceptions (per 1,000 females aged 15-17)	2015	26.4	25.1	28.0	20.8

1.4 Disease and poor health

Among the wider population, hospital admission due to alcohol is also higher than the England average but among the lower in the NE region, and the incidence of

sexually transmitted disease is lower than the England average, though here Darlington's rates (724 per 100,000) are significantly higher than County Durham's (573 per 100,000).

In some areas, there are also issues with drugs and self-harming. Several years ago, legal highs were a big problem in Teesdale^v, while Darlington Memorial Hospital was reputedly among the worst in the country for admissions of young people with issues around alcohol and/or self-harm, and areas like Stanley have problems with hard drugs, evidenced by the large numbers of needle drop facilities in local chemists.

Early cancer diagnoses are slightly lower in Darlington than the average, and diabetes rates are slightly higher than average, particularly in County Durham, as are hip fracture rates. TB is much lower than the national average in both areas (though the national average is heavily skewed by exceptionally high rates of TB among homeless people in London and other large cities), with Darlington being close to the NE average rate, and County Durham's rate being exceptionally low.

Table 26 - Disease and poor health, 2013-16^{vi}

Indicator	Period	County Durham	Darlington	NE Region	England
Cancer diagnosed at early stage (Stage 1 or 2)	2015	53.3%	49.7%	52.3%	52.4%
Hospital stays for self-harm	2015-16	197.2	194.4	230.5	196.5
Admission episodes for alcohol-specific conditions (per 100,000)	2015-16	752	739	852	647
Recorded diabetes	2014-15	7.0%	6.8%	6.7%	6.4%
Incidence of TB (3 year average)	2013-15	1.9	5.1	5.5	12
New sexually transmitted infections (per 100,000)	2016	573	724	648	795
Hip fractures in people aged 65 or over (per 100,000)	2015-16	655	625	679	589

There are programmes in some areas designed to take a long-term approach to addressing ill-health and wellbeing issues. For instance, the Healthy New Towns project in Darlington involves planning and developing a whole new community designed to encourage better health and lifestyles, including using smart technology to promote health and refocus health services. If this is successful, a similar approach might be used elsewhere.

The CCG in Darlington has set up a multi-disciplinary team to address elderly care, which includes Age UK, Darlington Mind and Darlington Action on Disability. There are also moves for third sector organisations to share premises with GPs and others, allowing integrated service provision. This way of working is improving GPs' understanding of the third sector and the benefits of working together.

1.5 Mental health and wellbeing

The annual Personal Wellbeing Survey attempts to provide a snapshot of levels of wellbeing across the country, and results for the County Durham and Darlington are summarised in table 27.

Table 27 - Mean scores on personal wellbeing survey, 2011-12 and 2014-15^{vii}

	life satisfaction		worthwhile		happiness		anxiety	
	2011-12	2014-15	2011-12	2014-15	2011-12	2014-15	2011-12	2014-15
County Durham	7.49	7.68	7.64	7.74	7.09	7.37	3.27	3.00
Darlington	7.53	7.67	7.70	7.79	7.36	7.46	2.91	2.98
North East	7.43	7.55	7.62	7.73	7.18	7.34	3.22	3.01
England	7.40	7.60	7.66	7.81	7.28	7.45	3.15	2.86

The results indicate that people in County Durham and Darlington have similar levels of wellbeing on most measures.

- They have become more satisfied with their lives over time, and in 2015 recorded higher levels of satisfaction than the England average.
- In terms of feeling what they do is worthwhile, again rates increased in both areas, and both exceeded the regional average, but the increase was less than in other parts of the country, meaning they were both now below the average in England.
- When asked about happiness, people in Durham gave a much improved rating, and went from being one of the least happy parts of the NE to above average for the region. Darlington's score also increased, bringing the district to above the national average.
- However, while England's score for anxiety fell by almost 10%, bringing it down to 2.86, the rate in County Durham fell less, to 3.00, and the score for Darlington rose slightly to 2.98, meaning people in both areas are slightly less likely to feel anxiety than the NE average, but more so than elsewhere in the country.

There is increasing recognition of the importance of mental health to overall wellbeing, with the NHS's own mental health taskforce estimating that one in four adults experiences at least one diagnosable mental health problem in any given year^{viii}.

The government has improved access to mental health services through the Increasing Access to Psychological Therapies (IAPT) programme, which operates across the country, and is often delivered by third sector mental health organisations. The referral and success rates for IAPT programmes in Durham and Darlington are given in table 28.

Many people who are referred for IAPT services do not complete assessment. The target is that this is completed within 6 weeks in 75% of cases, but many people wait much longer than this, and either feel better, so do not take up the assessment when it is offered, or seek an alternative source of help in the meantime. Of those who do undertake assessment, just over half in Durham and Darlington complete their recommended treatment. Success rates vary, with only 26% of those who complete treatment in Darlington making a reliable recovery, compared to 33% in Durham.

People in Durham Dales, Easington and Sedgefield CCG area are least likely to report an improvement (45%) compared to 52% in Darlington and 56% in North Durham.

Table 28 – IAPT services referrals, completion and outcomes, March 2017^{ix}

CCGName	Referrals Received	Of whom, first assessment complete		Of whom, finished treatment		Of those finishing course:			
						Made a reliable recovery	Reported an improvement		
NHS Darlington CCG	910	490	54%	250	51%	65	26%	130	52%
NHS Durham Dales, Easington and Sedgefield CCG	1675	1655	99%	845	51%	280	33%	380	45%
NHS North Durham CCG	2290	1580	69%	805	51%	265	33%	450	56%

Overall this means that only 7% of people referred to IAPT in Darlington make a reliable recovery (54% x 51% x 26%), while 17% of people in Durham Dales, Easington and Sedgefield do, and 12% in North Durham. The rates for reporting any improvement are 14%, 23% and 20%.

At the more extreme end of need, people with multiple disadvantage (see section 1 – Fairness and inequality) also often have mental health issues. Making Every Adult Matter (MEAM) works across large parts of the UK to bring together partnerships of organisations to provide coordinated approaches to multiple needs. Unfortunately, there is no MEAM partnership in the Tees Valley area, and philanthropic support would be very beneficial to establish this kind of approach to support some of the people in most need in the area.

1.6 Changes to how health services are delivered

There are big changes taking place in how health services are delivered across the UK. The country has been split into 44 footprint areas, one of which is Durham Dales, Easington and Sedgefield, Darlington, Teesside, Hambleton, Richmondshire & Whitby, while North Durham falls within the Northumberland, Tyne and Wear and North Durham footprint. In each area, a partnership was formed and tasked with creating a Sustainability and Transition Plan (STP) setting out proposals to improve how health care is delivered by all agencies across the area.

The plans are designed to cover:

- Improving the health and wellbeing of the population
- Improving the quality of care that is provided
- Improving the efficiency of NHS services.

The plan that covers South Durham and the Tees Valley has four priority areas:

- Preventing ill health and increasing self-care
- Health and care in communities and neighbourhoods
- Quality of care in our hospitals – “Better Health Programme”
- Use of technology in health care

The priorities for the North Durham area are:

- Scaling up work on ill-health prevention and improving well being
- Improving the quality and experience of care by increasing collaboration between organisations that provide out of hospital care and making the best use of acute or hospital based services
- Closing the gap in local finances.

Both areas are prioritising preventative work, so there will be opportunities for local organisations to provide new and existing services through social prescribing or similar initiatives. Social prescribing usually involves one or more organisations providing 'navigators' who work with the person in need to help to identify appropriate community-based activities and support to address their health needs. Examples of existing social prescribing in County Durham include 'Colour Your Life' (see section 2 – arts and culture) and 'Wellbeing for Life'.

Alongside this, in County Durham, a new Director of Integration has been appointed with the specific remit of integrating the delivery of health and social care. They will be developing multi-disciplinary teams to provide support to patients in hospital and in the community, using a holistic approach to sustain people's independence and reduce hospital admissions. As part of this, they will be looking to extend the third sector's role in delivery of services, again probably using a social prescribing model, which may open other opportunities for third sector organisations across the county.

However, in most models of social prescribing there is little additional funding available to the organisation providing the activity, as most of the income accrues to the navigator organisation. This means that delivery organisations will still need financial support to be able to provide the activities prescribed unless organisations can successfully lobby the STP partnerships to ensure there are sufficient funds in the model to pay for service delivery.

Potential roles for philanthropy

Although County Durham and Darlington are close to the national average on a wide range of health indicators, they are still in the most deprived areas in the country on the measures used in the IMD, and there are some worrying statistics indicating issues that require urgent attention. Ways in which these could be addressed through philanthropic giving include:

- Supporting interventions to address lifestyle issues, including excess weight and lack of physical activity, encouraging exercise and sports activities, healthy eating interventions, and activities to increase awareness of issues around weight and lifestyle.
- Looking at what choices people have for accessing healthy foods and considering options such as community gardening or allotment programmes or healthy eating take-aways.
- Smoking cessation activities.

- Support for young women before and during pregnancy to educate them on the healthy choices they could make for themselves and their children.
- Diversionary activities for young people, especially in County Durham, to encourage better lifestyle choices.
- Exploring the reasons for the high suicide rates in both areas; ensuring support is available to those considering taking their own lives and helping the families and friends of those who commit suicide.
- Supporting the development of a MEAM partnership for the Tees Valley to coordinate support for people with multiple disadvantage.
- Providing support to organisations delivering preventative activities and work through social prescribing type arrangements.

References

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