



Community  
Foundation

# Northumberland's Vital Issues 2017

Healthy Living

# 1 Healthy Living

## 1.1 Overview

We regard mortality rates from circulatory disease as a major indicator of the health of local residents, and these are relatively good in Northumberland. In 2014 the rate was 69.5 per 100,000 residents, compared to a national average of 78.2. In addition the rate at which mortality rates were falling was nearly 9% faster than the national average.

However the local picture is perhaps more mixed than it first appears, and the county has significant health problems. In looking at the figures it must be remembered that there is a significant gap between rich and poor neighbourhoods. Therefore local problems can be “hidden” in generally positive county-wide statistics. If one looks more closely at the figures for circulatory disease, for example, it is apparent that the rate of circulatory disease is falling far more quickly in better off areas.

The IMD health and disability measure (2015), which measures the risk of premature death and the impairment of quality of life through poor physical or mental health, shows the size of the gap. The worst neighbourhood (LSOA) ranks 523 out of 34,703 whilst the best comes in at 30,091<sup>i</sup>.

Public health and social care agencies are, of course, the key players in improving health across the county. With the continued pressure on health services, the boundary between statutory and voluntary services is becoming less clearly defined. The challenge increasingly is to be proactive in meeting local need whilst avoiding the use of philanthropic funds simply to compensate directly for lost state funding.

## 1.2 Life expectancy and the major causes of ill-health

For Northumberland in 2013/15, the life expectancy at birth for men was 79.2, and for women it was 82.6 years. The rate for females is somewhat worse than for the country as a whole.

There are some positive findings on the health of Northumberland. Infant mortality is lower than for England and Wales as a whole. We have seen above that the figures for circulatory disease in the county are good, and Northumberland isn't all that far off the national average for cancer mortality either: the rate is 145 per 100,000 compared to 144.4. There has been an increase in mortality over the 14 years from 1999 to 2014, but this is far lower than the regional and national figures<sup>ii</sup>. Long-term sickness in general is below the national average amongst the working population, although a higher percentage of working age people receives disability living allowance than in the country as a whole.

However, there are some areas of concern.

- **Health inequalities:** life expectancy is 9.5 years lower for men and 7.1 years lower for women in the most deprived areas of Northumberland than in the least deprived areas.
- **Smoking related deaths** are higher than for England as a whole, although there has been a fall and good progress is being made in encouraging people to give up.

- **Problem drinking** appears to be more prevalent than elsewhere in the country as a whole. This includes those drinking significantly more than the safe limit, and those who binge drink. Levels of alcohol related hospital admissions in Northumberland are relatively high, and the rate for under-18s is a particular concern
- **Sexual health:** good progress has been made in reducing teenage pregnancy rates, and the level of sexually transmitted infections (STIs) remains relatively low. A recent increase in STIs may be just a blip, but shows the need for continued work in this area.
- **Lifestyle, obesity and diabetes** seem to be areas where action is definitely needed. The participation of those over 16 in sport is declining. Nearly 1 in 5 children aged 10-11 is obese, whilst nearly 70% of adults are overweight or obese. Rates of diabetes are amongst the highest in the country.
- **Road traffic casualties:** The rate of traffic accidents in Northumberland is significantly higher than the national average and 50% higher than the whole of the North East. The county has major through routes. This means that the volume of traffic is high and a high proportion of road users are non-residents (i.e. tourists). This is reinforced by the observation that the worst districts in the country are also rural holiday areas.
- **Suicide:** the rate of self-harm hospital stays is above the national average, and the mortality rate from suicide in Northumberland per 100,000 was 11.15, compared to a national figure of 8.1 in 2012-2014. The percentage change during 1999 -2014 was +19.4, compared to a drop of 15.2 nationally. This issue needs further investigation, in particular to find out what some of the underlying causes might be. Is there a difference between rates in urban and rural areas, for example? <sup>iii</sup>

### Potential roles for philanthropy

- There is a good case for focusing attention on areas of high deprivation, to close the gap between the life chances of rich and poor within the county. General work on lifting people out of poverty is likely to impact on the health of the Northumberland population.
- Encouraging healthier lifestyles through providing opportunities to learn about healthy eating, take exercise or address harmful behaviours is an area where the local voluntary sector has established a good track record of achievement and could continue to be supported.
- Support for services for those contemplating self-harm emerges as a clear priority. However the provision of opportunities to socialise and engage in purposeful activity, both for those with mental health issues and people at risk of social isolation, is another way that philanthropy can help address the needs of those at risk.
- Support for alternatives to car use has emerged as an area of philanthropic investment in the county, and may help to do something in relation to the concerning statistics for road traffic casualties.

- Funding that enables civil society organisations to continue to add value to the work of health and social care agencies may also be considered a priority.

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<sup>i</sup> **Grant Thornton Place Analytics (subscription service)** <http://gt-placeanalytics.com>

<sup>ii</sup> **Grant Thornton Place Analytics (subscription service)** <http://gt-placeanalytics.com>

<sup>iii</sup> The statistics in this section came from a number of sources including **Grant Thornton Place Analytics (subscription service)**; the excellent **Know Northumberland report on Population and Health** (Feb 2017) at [www.northumberland.gov.uk](http://www.northumberland.gov.uk) and the Public Health England 2017 Public Health Profile for the county at <http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000057.pdf>