

The Director of Public Health Annual Report 2025

# Healthier Futures

our ambitions and actions



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## Foreword

Welcome to my independent annual report for 2025. As Director of Public Health, it is my responsibility to promote and protect the health and wellbeing of people in County Durham. I hope you will find this update on our work, and our ambitions for the future, both interesting and inspiring.

While public health has been the statutory responsibility of local authorities in England for over a decade now, I want to begin with a brief overview of what this actually means.



Amanda Healy

The Health and Social Care Act 2012 declares that local councils have a legal obligation to protect and improve the health and wellbeing of their local residents. Therefore, I am responsible for:

- All of the local authority's duties to improve the health of our people.
- Any of the Secretary of State's public health protection or health improvement functions that are delegated to local authorities, either by arrangement or under regulations.
- Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.
- Publication of an independent annual report.

While we as a local authority lead on all things public health, delivering this is very much a collaborative effort involving our NHS partners including the North East and North Cumbria Integrated Care Board (NENC ICB), other public bodies, Durham University, the Voluntary, Community and Social Enterprise (VCSE) sector, and our communities themselves.

From local authority policy development through to front line service delivery, public health influence and collaboration has increased and refined the understanding of what affects health and what can be done about it. We use data and information from a wide variety of sources through our Joint Strategic Needs and Assets Assessment (JSNAA) to identify local health needs and local health priorities, collaboratively develop strategic plans, commission services and deliver evidence-led interventions to improve health and reduce health inequalities.

### There are some statutory responsibilities that are delivered in a similar structure across all public health teams in England. These are:

- Health protection.
- Sexual health services.
- NHS Health Checks.
- Alcohol and drug misuse services.
- National Child Measurement Programme.
- Health visitors for all 0–2 year olds.
- Specialist public health advice to NHS commissioners.

### Public health has more flexibility in other areas of their statutory responsibilities to shape local services based on JSNAA. Here are some examples:

- Tobacco control and stop smoking services.
- Services for children including school nursing.
- Obesity and weight management.
- Local nutrition and physical activity programmes.
- Mental health and wellbeing services.
- Oral health.
- Accident prevention.
- Workplace health.
- Support and challenge on NHS services (immunisation and screening).
- Seasonal mortality initiatives.
- Aspects of community safety.
- Initiatives to tackle social exclusion.

The first half of this year's report covers the most recent data relating to the health and wellbeing of our people, and highlights the variation in good health across County Durham, providing comparable data for the North East and England more widely.

This year we commissioned a large-scale adult health and wellbeing survey to provide a comprehensive dataset on the physical, emotional, social, and economic wellbeing of adults across County Durham. Throughout my report you will see "survey bites" to give you a flavour of some of the information we have learned.

These insights will be used to guide strategic decision making and shape future interventions. They will enhance our understanding of the health and wellbeing needs in County Durham and provide a vital source of intelligence for our JSNAA. You can read more about the survey on page 9.

Additionally, this section provides information on health needs assessments we carried out to understand the met and unmet need of various health themes. It also covers the use of the Durham Index of Need (DIoN) to inform the delivery of a targeted campaign to increase pension credit take up, as well as an update on REACH County Durham – our research development partnership project.

The section 'our ambitions for future health and wellbeing' follows up on my 2024 report and the long-term projected increase of major illnesses, and the unfair and avoidable inequalities some of our residents may face if nothing changes. Naturally, we constantly seek to improve the health and wellbeing of our residents, and this section details some of our work and actions, and the progress we have made, providing evidence-based case study examples of how our evidence is being put into practice to enable effective, positive change.

This section also introduces 6 key ambitions that we have developed to inform focused action. We believe that working towards these ambitions will result in the greatest reduction in unfair differences in health and wellbeing. Our commitment to develop and deliver change through collective action continues to drive us forward to improve health outcomes for everyone in County Durham, particularly those who are more likely to experience poorer health.

Amanda Healy, Director of Public Health

## Health of our people

Around 540,000 people live in County Durham. We want to support all our residents and families to be born, to live, to work and to age in good health and in connected and resilient communities. How well our residents live and the quality of their lives and their health, can be described using some important measures, which are the focus of this section. By sharing them here we can compare the overall health of our residents to other areas and highlight where there are differences.

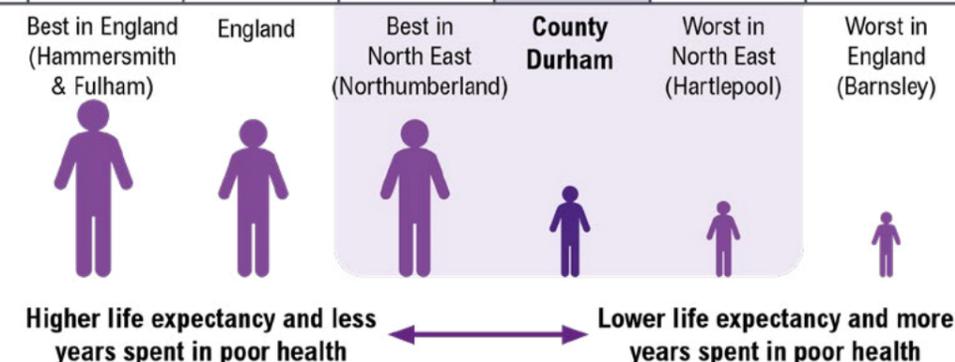
In County Durham, a boy born today can expect on average to live for 77 years (this is known as male life expectancy), but 21 years of that will be spent in poor health. For a baby girl, she can expect to live for 81 years (this is known as female life expectancy), but 24 years will be spent in poor health. This means that from the age of 57 many people experience a level of illness or disability which impacts on their day-to-day enjoyment and their ability to live life to the fullest (this is known as healthy life expectancy). This is worse than most other parts of England and is therefore, unfair and avoidable.

In 4 out of 5 other Local Authorities (LAs) residents spend fewer years in ill-health than in County Durham. Even across the North East, there are areas where people spend fewer years in poor health than those in County Durham. The images below highlight this variation, and show the best and worst local authorities in England, the England value, the best and worst in the North East and the County Durham value. For both sexes, shorter lives and yet more years of life spent in poor health are experienced in County Durham and the North East than compared to England as a whole.

**Survey bite**

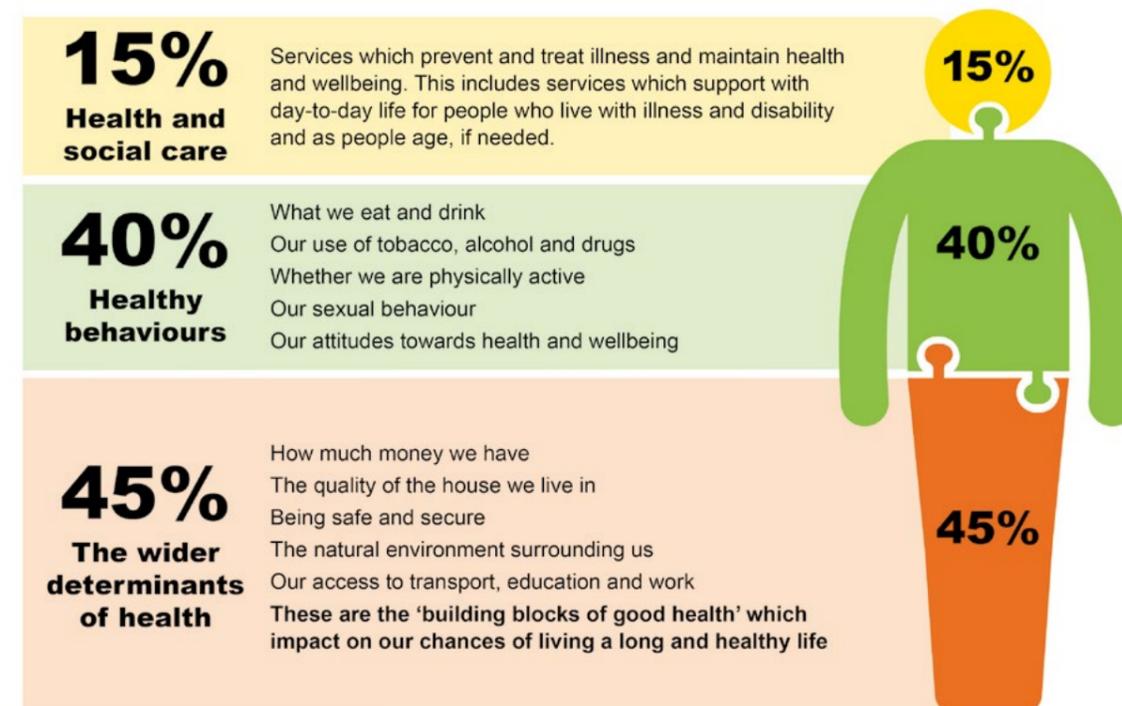
**57%** of residents rate their physical health as good or very good.

Differences within England - males (2021-2023)						
Average years of life	79	79	79	<b>77</b>	77	77
Years of poor health	12	18	18	<b>21</b>	23	24



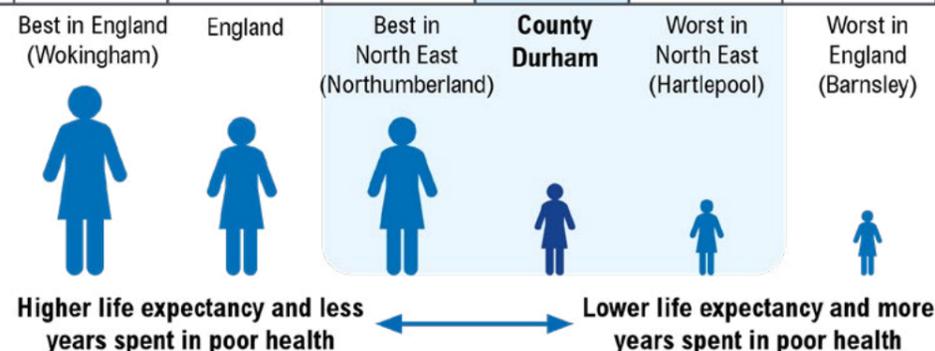
Why are there such unfair differences? In last year's report, we introduced an image of a person, with the different sections representing the contribution different factors have in cutting lives short. These sections have a knock on effect on each other, so to make meaningful progress towards health improvement, we are committed to taking action across all 3 sections.

### What has the biggest influence on lives being cut short?



McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) cited in The King's Fund (n.d.). Time to Think Differently. Broader determinants of health: future trends. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/articles/time-to-think-differently-broader-determinants-of-health-trends>. (Accessed: 4 September 2025).

Differences within England - females (2021-2023)						
Average years of life	86	83	83	<b>81</b>	80	80
Years of poor health	15	21	21	<b>24</b>	27	28



The image on page 7 shows that healthy behaviours play a role in influencing our health. This includes what we eat and drink, whether we are physically active and our use of tobacco, drugs and alcohol. These behaviours influence around 40% of why lives are cut short and contribute to people spending years of life in poor health.

So why don't we just change our behaviours?

Unfortunately it is not as simple as that.

Our choices are shaped by the options available to us at the time. Every day we are faced with making decisions like these;

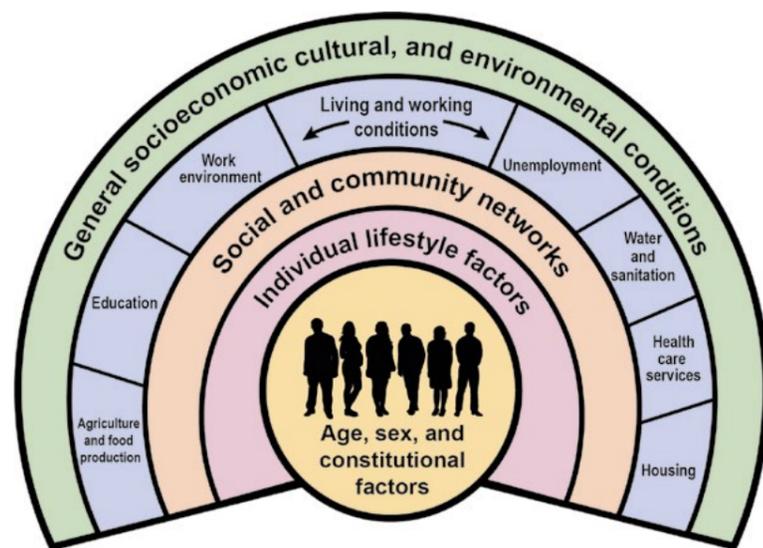
- What food can I afford for myself and my family? Do I have a working fridge to store it so it doesn't go off? Do I have gas or electrical power, and the right equipment, skills and knowledge to cook it?
- What is the quality and safety of the places to live, shop and play/spend my free time in my local area?
- What services are accessible to me in my community and beyond? What are my transport options to get there?
- How easy is it for me to understand the information about how to improve my health and wellbeing and the services available to help me?
- Are my social networks, including family, friends and neighbours able to support each other to live well?

**Survey bite**

**48%**

**of residents are managing their financial situation well.**

On pages 10 and 11 we take a look at some key facts about County Durham. It is a visual summary taken from nationally published sources.



Social determinants of health, Dahlgren and Whitehead (1991)

This model places individuals at the centre, with various layers of influences on health surrounding them, such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

In last year's report we looked ahead to tell you about our plans to carry out an **Adult Health and Wellbeing Survey**. Now we are delighted to share with you the success of the survey alongside our initial findings and plans to use this rich evidence base.

In 2024, we commissioned an independent research agency, to carry out a large-scale adult health and wellbeing survey. Adult health and wellbeing surveys are valuable tools for local authorities and their partners to make informed decisions that positively impact residents' quality of life and place. The survey used a fully stratified sample, meaning that the results are representative of County Durham residents.

**Survey bite**

**Just under 1 in 5 residents provide unpaid care to someone with a long term condition and/or disability.**

We received 3,799 responses to the survey which has provided us with a detailed understanding of the physical, emotional, social, and economic wellbeing of people across the county. The survey used a mix of existing validated survey questions along with locally developed questions. Themes included quality of life and of place, personal wellbeing, relationships and community cohesion as well as questions that explored the priority areas of the Joint Local Health and Wellbeing Strategy (JLHWS).

Outcomes of the survey include:

- The provision of a comprehensive and representative dataset that can be used by the council and its partners to guide strategic decision making and shape future policy and resource planning.
- Increased understanding of the health and wellbeing needs of the adult population, including areas not typically monitored through routine data collation methods. The insight derived from the survey has provided a rich source of intelligence for our JSNAA and will inform key strategic documents.
- Comprehensive data on physical, emotional, social, and economic wellbeing, incorporating perceptions of the local area from people across County Durham. This enables further insight into the impacts of the wider determinants of health on the population.

**Survey bite**

**11%**

**of residents said they smoke tobacco. As deprivation increases, so does the likelihood of smoking.**

The delivery of the survey builds on our Approach to Wellbeing by effectively engaging with our communities, giving a voice on what matters most to them regarding health and wellbeing, and enabling decision makers to stay informed about their communities and make informed decisions that positively impact residents' quality of life and place.



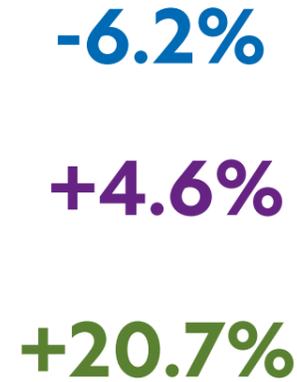
# COUNTY DURHAM KEY FACTS

## COUNTY DURHAM POPULATION



OFFICE OF NATIONAL STATISTICS (ONS)  
MID-YEAR ESTIMATE 2024

BETWEEN 2022 AND 2032  
THE POPULATION IS  
PROJECTED TO CHANGE



ONS BASED SUB-NATIONAL  
POPULATION PROJECTIONS 2022

### FEMALES



### MALES



MORE THAN  
**1 in 4**  
CHILDREN IN  
RELATIVE  
POVERTY

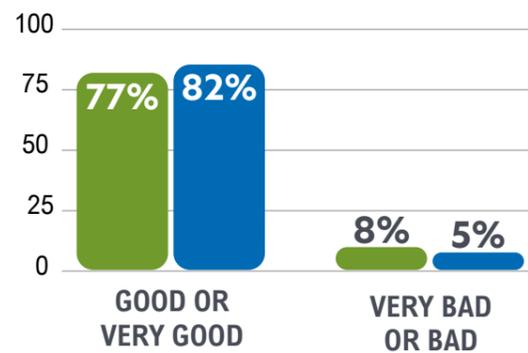


2023/24

GCSE PASS RATES (LEVEL 4 OR  
ABOVE IN ENGLISH AND MATHS)



## GENERAL HEALTH



COUNTY DURHAM  
ENGLAND

2021

## CHILDREN AND YOUNG PEOPLE

NEARLY  
**1 in 10**  
MOTHERS SMOKING  
AT TIME OF DELIVERY



**94%**  
OF 5 YEAR OLDS HAVE  
BOTH DOSES OF THE  
MMR VACCINE



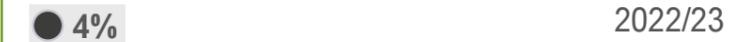
**6 out of 10**  
YEAR 6 CHILDREN LIVING  
WITH HEALTHY WEIGHT



AROUND  
**150**  
CONCEPTIONS IN  
WOMEN UNDER  
THE AGE OF 18



AROUND  
**2,700**  
SCHOOL CHILDREN HAVE IDENTIFIED SOCIAL,  
EMOTIONAL AND MENTAL HEALTH NEEDS



## ADULTS

**1 in 10**  
SMOKE



**70%**  
OVERWEIGHT  
(INCLUDING OBESITY)



**6 out of 10**  
PHYSICALLY ACTIVE



AROUND  
**3,400**  
HOSPITAL ADMISSIONS  
FOR ALCOHOL RELATED  
CONDITIONS



OVER  
**75,200**  
PEOPLE AGED 60-74  
SCREENED FOR  
BOWEL CANCER

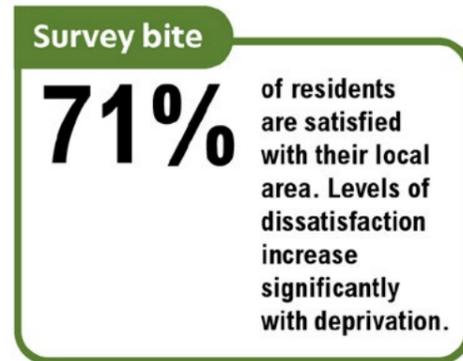


KEY ● SIGNIFICANTLY WORSE THAN ENGLAND ○ SIMILAR TO ENGLAND ○ SIGNIFICANTLY BETTER THAN ENGLAND

Our Joint Strategic Needs and Assets Assessment (JSNAA) is an evidence base of the current and future health and wellbeing needs of our people. Our JSNAA is published on Durham Insight [www.durhaminsight.info](http://www.durhaminsight.info).



A Joint Strategic Needs Assessment (JSNA) is a legal requirement. It is where we describe the population and understand what contributes to our people being in good or poor health at the different stages in their life. We also provide information on how wider issues, such as the economy, education and housing (also known as the wider determinants of health), significantly impact our wellbeing, and they play a vital role in our vision to make 'County Durham a healthy place where people live well for longer'. It is produced to support the role of the Health and Wellbeing Board and to inform the Local Joint Health and Wellbeing Strategy.



### Assets

Assets are things that contribute positively to health, wellbeing and communities. They can be people, places, resources, organisations and services. County Durham has many assets that can support and protect the health of our residents. We need to understand what is already available across County Durham to make the most effective and efficient decisions about what is needed and delivered.

One of our approaches to recognising what is good and strong within our communities is to identify **Strategic Assets**. This represents the additional 'A' in our JSNAA.

In the last year we have identified Strategic Assets for the 4 priority areas of the Joint Local Health and Wellbeing Strategy; 1) Tobacco Control, 2) Healthy Weight, 3) Alcohol Harm, 4) Mental Health and Wellbeing. This means that for these key priorities all stakeholders can have a shared understanding of what already exists to benefit communities and can collaborate effectively to develop new or enhanced services and resources.

*"It has been an important step to identify strategic assets in our JSNAA. By sharing what services and resources are already available we can ensure that they work well for our communities and identify any gaps. I am pleased to see that the Strategic Assets for the Health and Wellbeing Board's four priority areas are available for all to access on Durham Insight".* Michael Laing, Interim Corporate Director of Adult and Health Services.

Strategic Assets help us to ask questions such as:

- What services, resources, experience and knowledge are already available to communities?
- Where there are gaps in services, resources, experience and knowledge?
- Where can we work more collaboratively and pool funding and can additional funding add value to existing resources?
- What do communities think is good about strategic assets and what could be better?

Durham Insight [www.durhaminsight.info/strategic-assets/](http://www.durhaminsight.info/strategic-assets/)

We regularly update our JSNAA, refreshing the data and intelligence and adding new themed topic areas.

In 2024 we:

- Conducted a large-scale, fully stratified sample adult's health and wellbeing survey.
- Produced a JSNAA insight report on family help and protection to inform our understanding of need for children's social services.
- Produced a JSNAA insight report on Long-Term Conditions.

Used the Health Needs Assessment tool to understand the health and wellbeing needs:

- Of adult carers.
- Of young people who offend.
- Caused by gambling-related harms.

Conducted equity analysis on the topics of:

- Breastfeeding.
- Access to commissioned sexual health services.

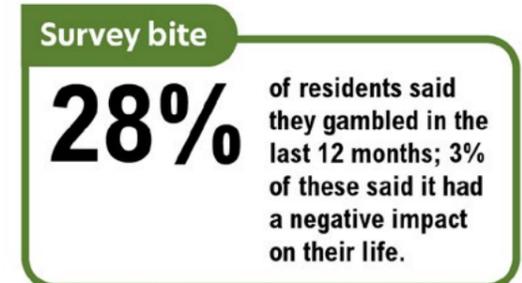
Produced a tool called the Durham Index of Need (DIoN) which helps identify community needs by combining local data at small area level. We have already used DIoN to:

- Inform a pension credit uptake project.
- Identify priority areas for winter interventions.

On the following pages we describe some of these pieces of work in more detail. For each we explain the actions that have taken place as a result.

### Gambling Health Needs Assessment

A Gambling Harms Health Needs and Assets Assessment was also carried out in 2024. The aims were to understand the met and unmet need across the county, identify support services and stakeholders' assets, gather insights from people affected by gambling addiction and explore potential related health inequalities.



The assessment found that in County Durham gambling prevalence is estimated to be 3% for moderate-risk gambling and 2.4% for higher risk problem gambling. This equates to an estimated 13,197 residents at moderate-risk and 10,558 at higher risk problem gambling. Gambling addiction is a recognised mental health condition which impacts on families, friends and colleagues, with many people not recognising they have a gambling addiction. Gambling harms are the negative impacts of gambling on the health and wellbeing of individuals, families, communities, and society. The estimated cost of problem gambling in County Durham is over £9 million.

To counter this, we will carry out actions to prevent harm by taking a systemwide approach to improve knowledge and training for professionals and organisations in relation to gambling risks and health, financial and mental health harms, and improve local services for support and advice and how to access treatment.

## Durham Index of Need (DIoN)

Durham Index of Need (DIoN) [www.durhaminsight.info/durham-index-of-need](http://www.durhaminsight.info/durham-index-of-need) is a visual tool designed to help us better understand community-based needs. It is a thematic based needs index bringing together data across a range of themes at small area level. This data relates directly to the hyper-local experience of income and poverty, health and wellbeing, risk factors and the wider determinants of health that can lead to poorer outcomes in communities. It is designed to inform local conversations and support targeted action where it's needed most at a local level, providing partners with a focus of where to look.

DIoN underpinned the current Pension Credit Take Up Uptake Campaign, with Revenues and Benefits staff using insights from DIoN to target areas where they thought eligible pensioners were missing out on pension credit and other benefits. This campaign involved:

- A targeted outreach approach using letters to 1,300 households.
- A wider awareness leaflet campaign to over 30,000 households and 20,000 community venues (including pharmacies, schools and libraries).

This campaign has led to 692 more pensioners receiving Pension Credit. Combining both Pension Credit and Winter Fuel Payment, the campaign has resulted in an estimated extra £2,871,800 in financial support per year for pensioners across County Durham. This will reduce fuel poverty, boost financial security, and help address inequalities in deprived areas.

## Smoking at Time of Delivery (SATOD)

In last year's report I described the findings of the equity analysis on mothers smoking at time of delivery. In some parts of County Durham, 1 in 3 mothers smoke compared to 1 in 20 in other areas, with the higher rates being most common in communities facing greater disadvantages.

Working with our NHS Foundation Trust and wider partners, the findings have been used to shape more targeted support in areas with higher smoking rates. In May 2025, over 70 professionals came together for a workshop, "A Call for Collaborative Action: Reducing Smoking in Pregnancy and Promoting Smoke-free Families". The event focused on how we can reduce smoking in pregnancy and support more families to live smoke-free, with a strong emphasis on tackling health inequalities.

Building on the findings, our next steps include:

- Targeting high-prevalence areas with enhanced outreach and co-located support in trusted community settings.
- Strengthening referral pathways between maternity, health visiting, and stop smoking services to reduce missed opportunities.
- Building workforce confidence so that all frontline professionals - not only midwives - feel equipped to have supportive, non-judgemental conversations.
- Extending prevention and early intervention through family hubs, schools, youth services and other community settings.

This work will drive a more joined-up response across services in 2025/26 and beyond, aiming to reduce inequalities and improve outcomes for children and families across the county.

## Research

Last year's report talked about our research development project designed to increase research capacity, capability, infrastructure and activity across Durham County Council.

By fully understanding what life is like for our residents we can recognise what will make a positive difference in their lives. This project is a partnership between Durham County Council, Durham University and Durham Community Action. By coproducing research with our residents, our communities have a stronger voice from start to finish – from the research design phase, to ensuring the research insights and decisions informed by these, are shared with everyone who may be interested or affected.

To help us do this, we have developed REACH County Durham, with 'REACH' standing for 'Research and Engagement Across Communities for Health.'

### REACH County Durham vision:

*Together we harness the power of research and innovation to tackle the causes of unfair differences in health outcomes across County Durham.*



We aim to use the local research insights to inform our decisions, our programmes and our policies. With these insights we can positively shape the services, environments, settings and behaviours that impact our communities, empowering us all to live our best lives.

Building the foundations of this project, we have achieved the following in the last 12 months:

- Secured external funding from the National Institute for Health Research (NIHR) for a large-scale evaluation to understand how the Horden Together Partnership facilitates access to services and if it represents value for money.
- Delivered a training needs analysis for the public health team and implemented an action plan to meet the identified training needs. This will enhance the research capacity and capability of our team.
- Developed a sustainable approach to inform how we evaluate our public health interventions – with a clear process to ensure consistently high quality evaluations and to enable continuous improvement of all our programmes.
- Developing a governance and ethics framework to reduce barriers to research and duplication of effort, while upholding vital governance to ensure appropriate safeguarding of participants and security of all data.
- Developing research applications based on the needs of our communities, to help us unlock vital national funding pots to enable this work.
- Established a Community Involvement Steering Group to develop a procedure for co-producing research insights, drawing on expertise from the VCSE sector to ensure community involvement is at the heart of health determinants research and evaluation activity.
- Worked collaboratively with Durham University to design and carry out a robust evaluation of our Stop Smoking Service.
- Undertook a rapid evidence review in partnership with Durham University relating to suicide prevention.

To keep updated with our plans and progress, please take a look at our website

[www.durhaminsight.info/county-durham-reach/](http://www.durhaminsight.info/county-durham-reach/)

# Our ambitions for future health and wellbeing

My 2024 Annual Report described what health and wellbeing for our residents could look like by 2040 by using long-term illness projections. The findings showed a huge and alarming challenge for our future, with a projection that over 86,000 people in County Durham could be living with major illness by 2040, that's around 1 in 5 of our residents.

By 2040, over 86,000 people, around **1 in 5** of the adult population in County Durham could be living with major illness.



That's an increase of **39%**  
**24,000 people**

My 2024 report also contained the worrying finding that people living in our most deprived communities are likely to experience the biggest increases in major illness. These are our residents who already have more ill-health and shorter lives. These unfair differences in health should not exist and can be changed.

## Projected increase in major illness in the most and least deprived areas in County Durham, to 2040

Most deprived	Least deprived
 <p><b>11,600</b></p>	 <p><b>4,300</b></p>
<p>→</p>  <p><b>16,800</b></p>	<p>→</p>  <p><b>5,800</b></p>
<p>This is an increase of <b>5,200 people</b> or <b>46%</b></p>	<p>This is an increase of <b>1,500 people</b> or <b>35%</b></p>

### How are we going to change these projections?

The first recommendation of my 2024 report was to translate the projections into local ambitions. The aim is to focus our attention on actions that will result in the greatest reduction in unfair differences in health and wellbeing for our people.

Over the last 12 months, we reviewed a range of outcomes and indicators across key priority areas. From this, we developed 6 long-term ambitions for the next 10 years that have now been adopted by multi agency partnerships including the Health and Wellbeing Board.

### Over the next 10 years we want to:

1. Reduce self-reported high anxiety to **10% or less**  
This equates to around **53,000** fewer people.
2. Reduce the number of people living with obesity to less than **1 out of 5**  
This equates to around **61,000** fewer adults.
3. Reduce the number of people smoking to **5%**  
This equates to around **28,300** fewer smokers.
4. Reduce alcohol specific deaths by **20%**  
This equates to around **20** fewer deaths per year than current levels.
5. Reduce under 18 conceptions by **half**  
This equates to around **80** fewer conceptions.
6. Increase levels of breastfeeding at 6 to 8 weeks to **2 out of 3** mothers  
This equates to **1,400** more women breastfeeding.

The ambition to reduce smoking prevalence to 5% by 2030 has been adopted regionally across the North East and North Cumbria and aligns with UK government's ambition to be smoke-free by 2030.

### Our approach to developing local, meaningful ambitions was to:

- Examine the historical times series trend in County Durham and benchmark these against the England and North East trends.
- Calculate forecasted annual values up to 2035.
- Facilitate structured workshops within the public health team to discuss the forecasted results. This involved breaking down the ambitions into smaller, manageable steps and using numbers alongside the percentages and rates, to make them achievable.
- Apply professional expertise and local knowledge to the forecasts to reach an initial consensus for each ambition.
- Collaborate and reach agreement and endorsement with relevant partnerships and key stakeholders.

These shared goals are helping us work more effectively together and are designed to be meaningful and relevant to all partners. These collaborations, underpinned by the County Durham Approach to Wellbeing, are helping us identify opportunities to do things differently. This includes, for example, sharing resources, embedding research into practice and ensuring that the voice of service users and the wider community is central to decision making.

Progress towards these ambitions will help reduce health inequalities by tackling the unfair and avoidable differences in outcomes that some County Durham residents experience. Together these will help us in our mission to reverse the unfair increase in illness that would happen if nothing changed.

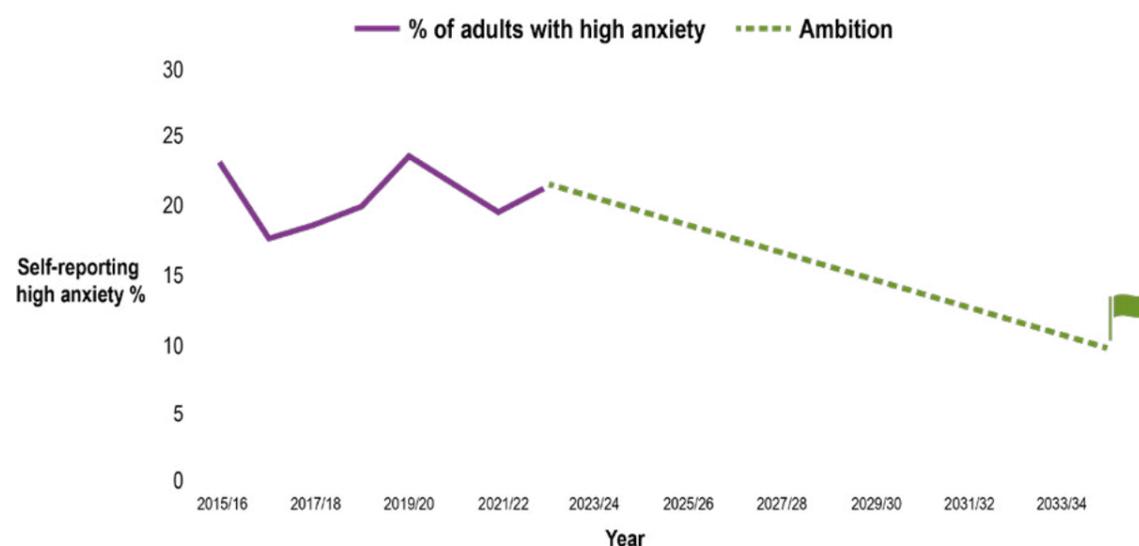
### Survey bite

**59%** of residents have a long term health condition.

**73%** of these said it reduced their ability to carry out daily activities.

Over the next few pages we share the detail our 6 new ambitions. For each ambition we will share the collaborative work already undertaken.

## AMBITION: Reduce self-reported high anxiety to 10% or less



Around 53,000 fewer people reporting high anxiety 

Mental health and wellbeing refer to the ways we think, feel, and cope with life's ups and downs. These start developing even before we are born, and things like our family, friends, schools and our local communities can help us to thrive and be more resilient. As we grow, factors like friendships, a sense of purpose, physical health, and wider social determinants such as housing, income, and education can help to keep us well. Many mental health concerns don't need a medical professional and things like talking to others, being active, eating well, getting enough sleep and learning new things can help us feel better.

### Survey bite

**57%** of residents aged 18-34 rate their mental health as good compared to 73% of residents aged 65+. Deprivation is a significant driver of poor mental health.

### What we know

Evidence shows that half of all mental health conditions start by the age of 14, so it's important that our children and young people are supported from an early age. Helping people learn how to take care of their own mental health and showing them where to get early help and support can keep people well and prevent problems from increasing.

### What we have done

To achieve our ambition, it is vital to work with our partners and local communities – it is not just what we do, but how we do it. Working with our residents and partners, rather than doing 'to' them, ensures all voices are heard and enables us to work together towards our shared goal. Some of the things we have done this year include:

- Hosted a Making Suicide Prevention Everyone's Business Conference: identifying necessary actions to increase momentum to prevent suicides across County Durham.
- Carried out a Mental Health Governance Review to ensure we work better together across the mental health and wellbeing system, for the benefit of all residents.
- Commissioned the development of a social marketing and communications campaign for mental wellbeing and suicide prevention.
- Implemented recommendations following the children and young people's mental health review.
- Identifying and publishing Strategic Assets for mental health across all ages
- Working with partners to develop and co-design Connecting County Durham online supported directory.
- Developing a County Durham Together Young Community Health Champions Programme to complement the existing adult County Durham Together Community Health Champions.
- Recruiting a Making Every Contact Count Workforce Development lead and beginning the roll-out of MECC across the council.
- Continually developing the Employer Supported Volunteering Scheme in the Council.

### Evidence into practice

At 26, Kieren was struggling with severe depression and suicidal thoughts following a mentally abusive relationship. Feeling isolated and lacking motivation, he reached out to the County Durham Resilience service, which referred him to Wellbeing for Life (WBFL).

Kieren was matched with Kevin, a WBFL Practitioner whose own lived experience helped build trust. "I felt immediately comfortable talking to Kevin," Kieren shared. "His support was invaluable."



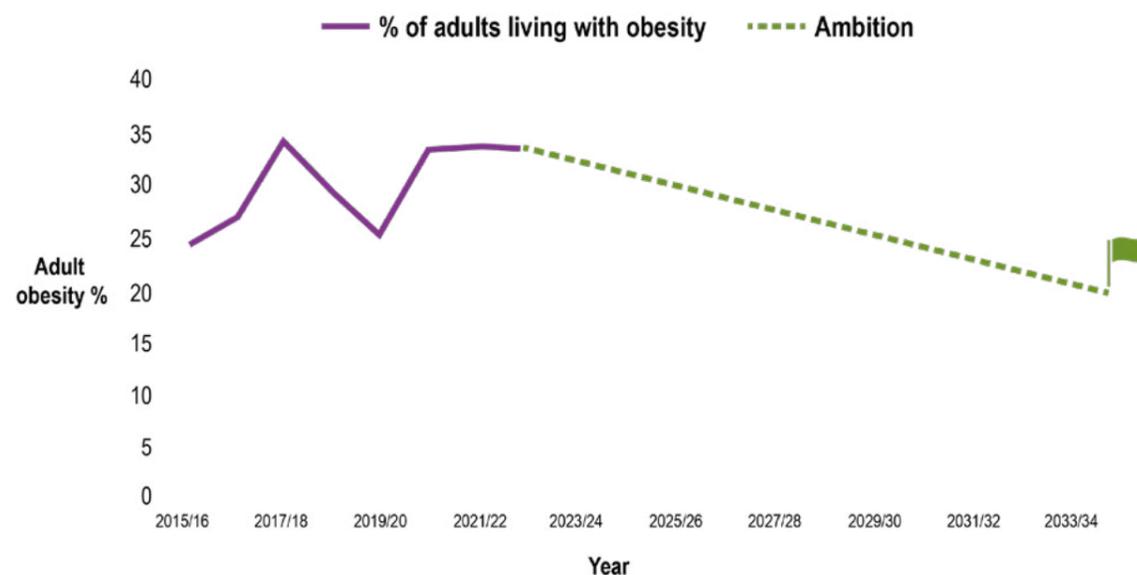
Kevin and Kieren

Kevin took a holistic approach, helping Kieren improve both his mental and physical health. With guidance, Kieren focused on healthier eating to gain weight and received emotional support to rebuild his confidence.

Over 12 weeks, Kieren gained 4kg, secured a new job, and saw a dramatic improvement in his wellbeing. "The difference is like night and day," Kevin said. Kieren now feels optimistic: "I'm enjoying my new self-confidence and healthier lifestyle. I want others to know they're not alone—support is out there."

Kieren's story highlights the impact of personalised, community-based support through the partnership between County Durham and Darlington NHS Foundation Trust and the Pioneering Care Partnership. Wellbeing for Life helped Kieren take back control of his life and proving that with the right support, recovery is possible.

## AMBITION: Reduce the number of people living with obesity to less than 1 out of 5



Around 61,000 fewer adults living with obesity

What we eat and maintaining a healthy weight have a powerful impact on our overall health. Living with a healthy weight helps people feel better, live longer, and lowers the risk of preventable illnesses like heart disease, type 2 diabetes, and some cancers. It also boosts mental wellbeing, improves productivity, and eases pressure on health and social care services. But shame and weight stigma can prevent people from seeking help, so creating supportive environments that encourage healthy eating, and physical activity can make a real difference. This means fewer people get sick, more people can thrive at work, and our communities become healthier, stronger, and happier.

### Survey bite

**29%**

of residents are living with obesity.

Overweight and obesity rates rise with deprivation and peak in middle age.

### What we know

- Poor diet is one of the biggest preventable risks to health.
- Our weight and health are influenced by many things, like how much money we have, where we live, and how easy it is to find healthy food or be active.
- Rates of obesity are higher in poorer areas, and these unfair differences mean not everyone gets the same chance to live a healthy life.
- Obesity and excess weight cost the UK economy £126 billion each year through increased healthcare spending, reduced productivity, and unemployment, making nutrition not just a health issue, but an economic one.

### What we have done

- Durham County Council has signed the Food Active Healthy Weight Declaration, strengthening its commitment to support residents to lead healthier, more active lives.
- The Free School Meals auto-enrolment pilot has been made permanent, meaning that all eligible children can now access a healthy, nutritious lunch.
- We worked closely with local secondary school students to explore ways of improving the nutritional quality of food available during the school day. These insights provide an important evidence base to inform wider efforts to help children eat well and make healthier choices.
- We made free health checks available to employees in workplaces across County Durham, including blood pressure monitoring, weight status assessments, and general health and wellbeing advice.
- We worked with primary care colleagues to increase the number of GP practices referring people into the Digital Weight Management Programme, Wellbeing for Life, and the National Diabetes Prevention Programme.
- We have progressed actions in our County Durham Healthy Weight Plan (2024-28) which focus on Healthy at Place, Healthy Families, Sustainable Healthy Food for All, Healthy Workforce, and Healthy Patient Care.

### Evidence into practice

Maisy-May, a Year 10 student from North Durham Academy, was one of 15 students who volunteered to run 6 CanTeam events at her school. She was trained by Future Foundations, an organisation specialising in student leadership to work with her peers to create an after-school dining event for her community. Maisy-May was in charge of organising the activities for families of those within the school and from local primary schools. She describes her experience below:



North Durham Academy introduce CanTeam – Lets Eat and Thrive Together (Thriving)

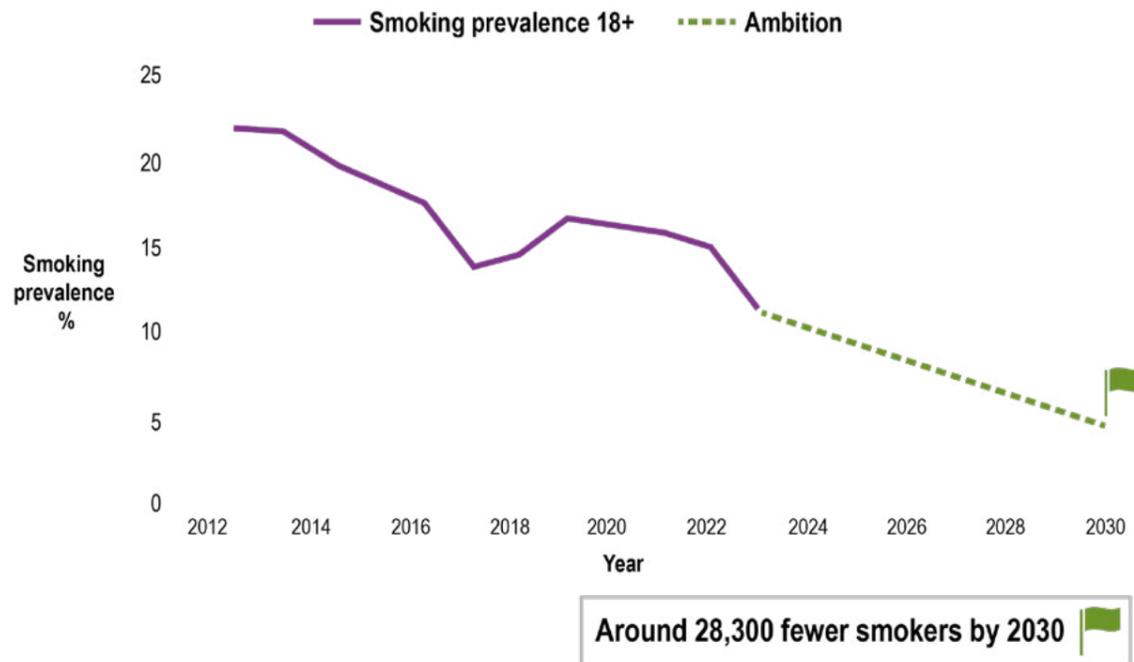
*“Through my time working in CanTeam, me and my team have gained and strengthened our own skills such as teamwork and the importance of communication. I have discussed with the team, and we all agree we have grown as not only people but as a community.*

*Most of all my experience in CanTeam has been very eye opening to how just some simple TLC and events can make people’s days and improve an individual’s wellbeing. This really supports my belief that, if we all do one kind thing a day, the world will be a slightly better place for everyone no matter who you are or what you are.*

*My biggest challenge was getting over the anxiety of hosting people and figuring out how to be accommodating and not burning ourselves out. CanTeam has taught me how no matter how anxious or worried you are, you can really do it if you put your mind to it. It also showed me to always show support to others around you.*

*It was such a fulfilling and amazing experience to work with so many wonderful people. My message to others is, Don’t let people around you or your own worries hold you back from doing things you want and you enjoy.”*

## AMBITION: Reduce the number of people smoking to 5%



Smoking is the biggest cause of cancer and the leading cause of preventable death in the UK. It increases the risk of type 2 diabetes and can worsen existing diabetes. In County Durham smoking is linked to 894 deaths per year, with 1 in 6 adult deaths being smoking related. Smoking has a negative impact on mental health. It can contribute to some mental health conditions including depression. It is a myth that smoking reduces stress and anxiety. Smoking traps people in a cycle of addiction and withdrawal and stopping smoking improves mental health and wellbeing. Smoking and poverty are interconnected, as deprivation increases so does the likelihood of smoking; 14% of those in the most deprived communities compared to 5% in the least deprived areas, with the cost of smoking deepening poverty. In County Durham each year there is £73.6 million lost income to smoking-related ill-health.

Durham County Council leads on the comprehensive tobacco control plan exploring key themes to reduce smoking prevalence including; advocating for policies and legislation to achieve a Smokefree Future, reducing exposure to second-hand smoke, supporting smokers to stop and stay stopped and also to reduce harm, year round media, communications and education and to raise the price and reduce illicit trade of tobacco.

### What we know

- In County Durham around 894 people die each year from causes linked to smoking.
- Smoking rates are higher for those who work in routine and manual occupation groups (21.6%) compared to those in other employment groups.
- Smoking rates are higher in those with a long-term mental health condition (23.2%) compared to the general population.

To reduce smoking rates across County Durham we must continue to work together as a system to deliver the comprehensive tobacco control plan.

### What we have done

- Employed dedicated workers to target priority groups and develop co-located clinics in areas of need, such as in workplaces, social housing, social care, family hubs and GP Federations which have been targeted in geographical locations where smoking prevalence is higher.
- Responded to consultations and calls to action to advocate for tighter tobacco control measures as detailed in the Tobacco and Vapes Bill.
- Ensured that the Stop Smoking Service provides a wide range of quit aids including Varenicline and vapes to support more smokers to make and maintain their quit attempts.
- Worked alongside young people to understand their attitudes and behaviours towards vaping to inform future work.

### Survey bite

Smoking prevalence is highest among people aged 35 - 44.

**65%** of smokers report that they want to stop.

### Evidence into practice

Leanne began smoking at 14 and was smoking up to 30 cigarettes a day. Concerned about a persistent cough and the impact on her health, she decided it was time to quit. Although she had tried before with limited success, this attempt felt different thanks to the support of the Wellbeing Coordinator at Burnhope Community Centre, part of a Durham Community Action project offering emotional and practical support.



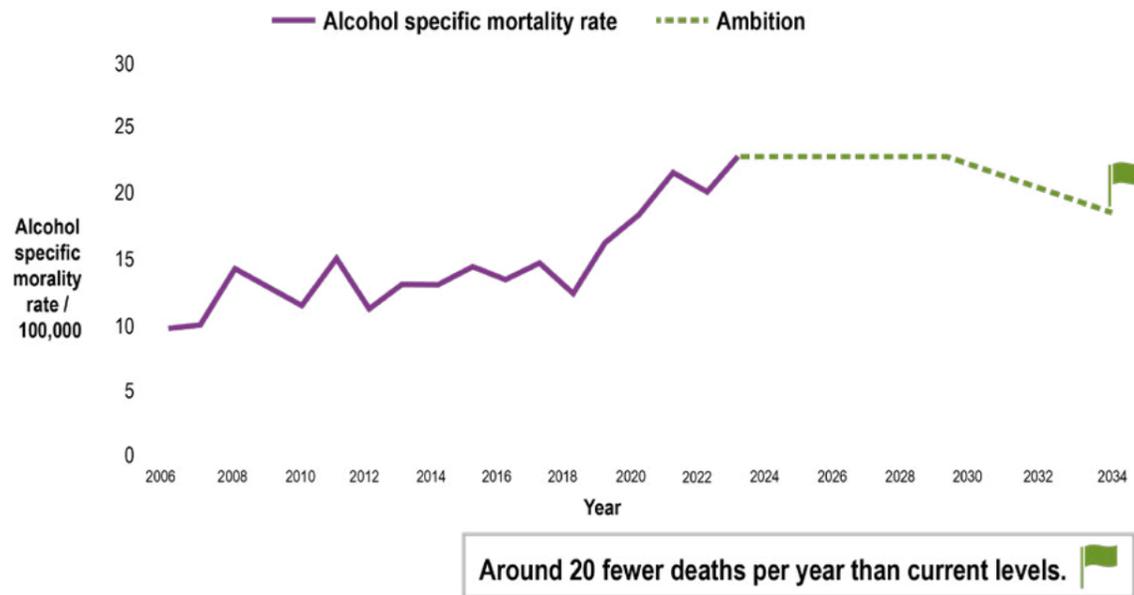
Leanne

With trusted, local encouragement and access to community activities, Leanne stayed motivated and distracted from cravings. She was referred to Smoke Free County Durham for telephone support and initially used vaping to help quit, eventually giving that up too. Now smoke-free for 8 weeks, she receives fortnightly check-ins to maintain progress.

Since quitting, Leanne has noticed significant improvements: better taste and smell, increased energy, easier breathing, and more disposable income. Engaging in community activities has also boosted her sense of belonging and helped her form new friendships. A friendly competition with a neighbour who was also quitting added extra motivation.

Leanne credits her success to willpower, mindset, and the empathetic support from the VCSE organisation, which helped her manage anxieties and stay focused on her health and wellbeing.

## AMBITION: Reduce alcohol specific deaths by 20%



Alcohol plays a role in many people’s lives and contributes to the economy. However, high consumption can cause serious health and social issues – including liver disease, cancers, mental health problems, domestic abuse, child neglect, relationship breakdowns, accidents, crime, and antisocial behaviour. The financial impact is also significant, with alcohol-related harm costing £562 per person in the North East, compared to £485 in England (Balance cost profiles 2022).

Reducing alcohol harm is a key focus of the Combatting Drugs and Alcohol Partnership. With alcohol-specific mortality rising in the North East, County Durham aims to reduce deaths by 23 per year. The Partnership also oversees delivery of the national 10-year Drug Strategy From Harm to Hope and is informed by the NHS 10-Year Health Plan for England. Both include objectives supporting this ambition, such as mandatory health warnings on alcohol packaging and improved treatment and recovery systems.

### Survey bite

**3 in 4** residents drink alcohol.

**38%** of residents consume it at riskier levels, this is higher than the UK average of 21%.

### What we know

- Nearly half of adults in the North East (47%) drink above recommended low-risk guidelines.
- In 2023–24, hospital admissions for alcohol-specific conditions in County Durham were 659 per 100,000 people – worse than England (612) but better than the North East (986). For under-18s, County Durham’s rate (50 per 100,000) was worse than England (23) but similar to the North East (44).
- An estimated 16.5 per 1,000 adults in County Durham are dependent drinkers – around 7,067 people.

### What we have done

As part of the Combatting Drugs and Alcohol Partnership delivery plan and Health and Wellbeing Board, the actions required to help reduce alcohol harms on our local communities include:

- Introduced a systematic approach to reducing alcohol misuse through the use of the 8 key strands of evidence-base for the alcohol harm reduction blueprint.
- Delivered local campaigns - Alcohol Is Toxic and Cancer Prevention Week.
- Delivered Making Every Contact Count training to support early identification and to increased referrals to the County Durham Drug and Alcohol Recovery Service.
- New Drug and Alcohol Care Teams implemented in the acute and mental health trusts.
- Piloting an alcohol pathway within primary care in collaboration with the Integrated Care Board.
- Development of our local death information system, to prevent premature deaths.
- Increasing community outreach approaches such as outreach vehicles.
- Targeted support for rough sleepers, including housing support.
- Working with health partners to reduce alcohol harm to unborn babies – Fetal Alcohol Spectrum Disorder, by offering tailored support to pregnant women.

### Evidence into practice

Scott (not his real name) joined the weekly walking football sessions 6 months ago. Initially, he appeared withdrawn, unfit, and sometimes smelled of alcohol. Over time, he opened up and shared that he was struggling with alcohol dependency.



Men playing walking football

Through informal chats with Josh Ridley, Community Wellbeing Coordinator, Scott admitted to drinking heavily before and after sessions. Though initially in denial, he gradually recognised the toll alcohol was taking on his health and relationships.

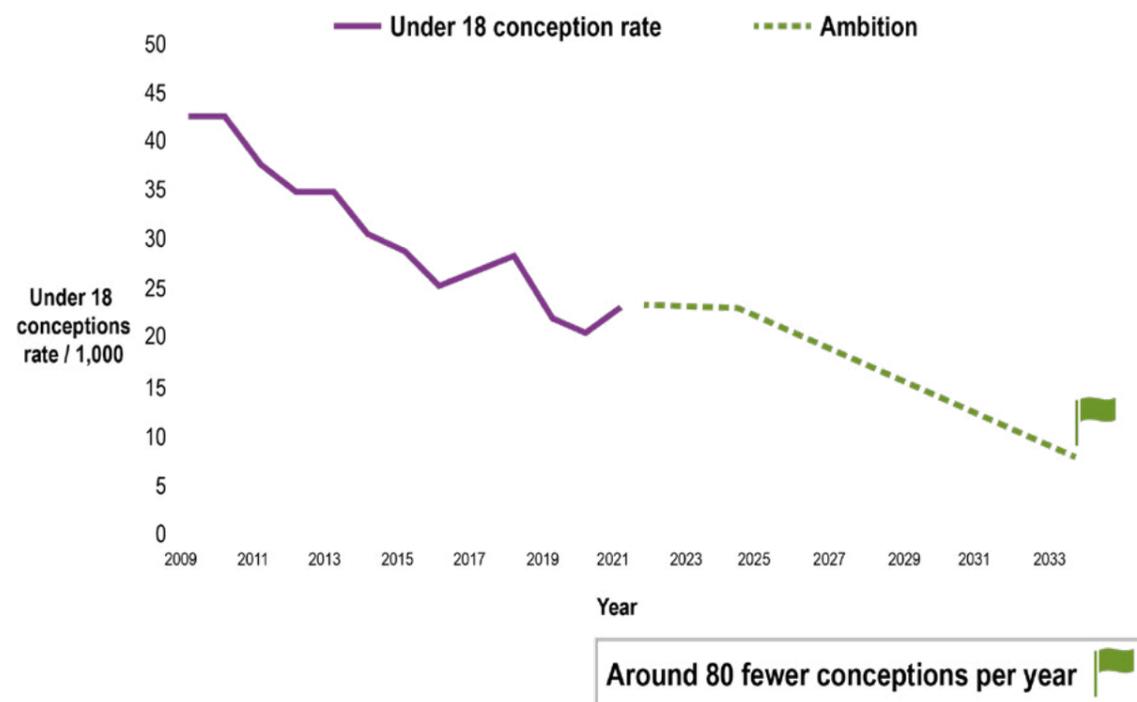
Josh applied the Making Every Contact Count (MECC) approach by:

- Brief Intervention: Expressing concern and asking open-ended questions in a non-judgmental way.
- Providing Information: Sharing facts about alcohol misuse and available support.
- Signposting: Encouraging him to speak to his GP and connecting him with local alcohol and mental health services.

Scott accepted a referral to a local recovery service and began attending support meetings. He credits the welcoming environment of walking football and the MECC approach for helping him take the first steps towards recovery.

This case shows how informal physical activity sessions can be powerful tools for early intervention. With MECC, Josh was able to support Scott in recognising his issue and accessing the help he needed.

## AMBITION: Reduce under 18 conceptions by half



We work collaboratively with a wide range of partners to support young people in making informed choices through the provision of high-quality, age-appropriate Relationship, Sex and Health Education (RSHE). For some, an unplanned pregnancy may bring challenges that affect their education, aspirations, and emotional wellbeing. However, by ensuring that young people in County Durham know where to access timely support, teenage parents will continue to thrive.

The under 18 conception rate in County Durham is 18 per 1,000 compared to 14 per 1,000 across England as a whole. Our ambition is to achieve:

- a 25% reduction for the 5 years from 2025 to 2029 (to 14.9 per 1,000).
- a 50% reduction for 10 years from 2025 to 2034 (to 9.9 per 1,000).

We want all our young people to receive high quality education and service provision, with relatable role models and staff, and with access to a full range of easily accessible contraceptive options and services to support them into adulthood.

### What we know

- Young women accessing high quality RSHE are less likely to be pregnant by 18.
- Child poverty, unemployment and deprivation have a strong influence on conception rates.
- Locally, the rate of young people accessing Sexual Health Services for contraception is below the England average.
- There are fewer numbers of GP practices offering Long Acting Reversible Contraception (LARC) and fewer Pharmacies delivering free Emergency Hormonal Oral Contraception (EHOC) in some of our most deprived areas.
- The rural nature of our county can impact on access to our condom distribution scheme and online condom offer (C-Card).

### What we have done

- Established a whole system approach to RSHE for secondary age pupils.
- Delivered enhanced training to multi-agency workforces improving confidence and expertise in subjects such as consent, healthy relationships, online influencers, and violence against women and girls.
- Provided a targeted young person's Mobile Sexual Health Outreach Service.
- A supportive pathway is in place for all young people 16 and under and vulnerable under 18s.
- Increased the number of under 25 clinics and walk-in appointments as part of the new Integrated Sexual Health Service contract and increased access to all services in the east and south of the county.
- Introduced a new GP Long Acting Reversible Contraception (LARC) service level agreement and supported work to increase take up.
- Delivered training sessions to pharmacists on their contraception offer including the delivery of enhanced contraception services.
- Set up a multi-agency working group to enhance existing work and bring more focus on under 18 unplanned pregnancies.
- Increased our condom distribution scheme – 226 access points in youth services, schools and colleges, community and voluntary agencies, young people's health services, GP services, pharmacies, children centres, and sexual health services. In 2024 a total of 2541 visits were made by 2059 young people and there was a 25% increase in online condom orders.

### Evidence into practice

The Mobile Sexual Health Service aims to increase and widen access to RSHE and sexual health services for young people aged 13-19 years, helping to reduce the risk of unplanned conceptions and of contracting Sexual Transmitted Infections (STIs).

It provides sexual health outreach services in targeted areas and in a variety of settings, including youth and community settings, colleges, schools, and other locations in which groups of young people gather. It delivers contraception advice and signposting, STIs screening, C-Card, the RSHE programme and provides individual support, advice, guidance and information for young people, plus appropriate signposting and referrals.



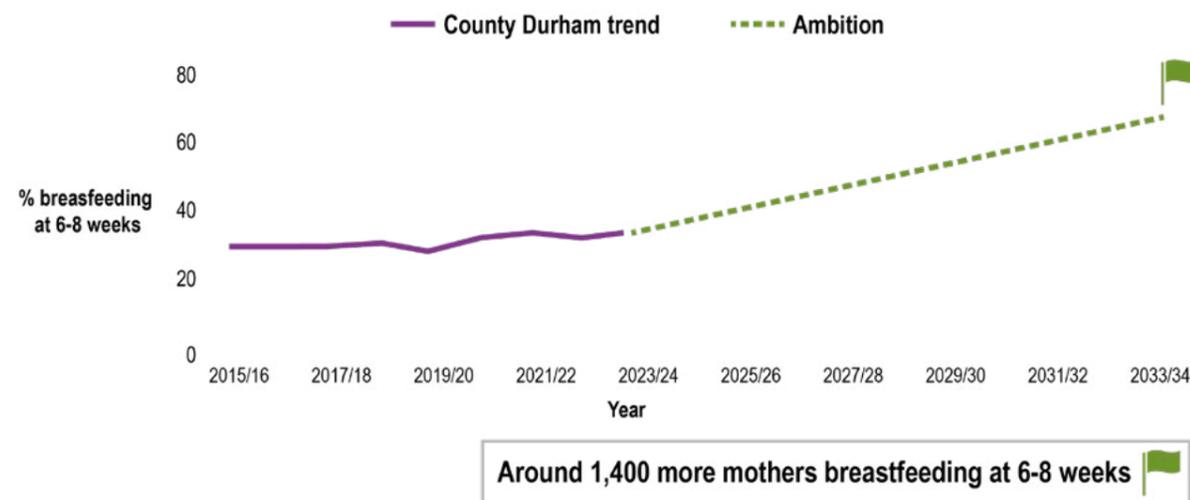
Clive Nambhard Outreach Worker

### Young person's comments

*'I feel like I can talk about stuff that I don't talk to my mam about. I felt safe and educated, a safe space to share ideas and ask questions.'*

*'The staff were great to just talk to about things. I didn't realise the choices I had, they went through them all with me. Yeah, I feel more confident about contraception now.'*

## AMBITION: Increase levels of breastfeeding at 6 to 8 weeks to 2 out of 3 mothers



Breastfeeding has many important health benefits for both babies and mothers – protecting against infections, supporting emotional wellbeing, and lowering the risk of illness later in life. However, breastfeeding rates in County Durham remain low. In 2023/24 half of local babies (50.5%) received breastmilk as their first feed, compared with 71.9% in England. But many stop within weeks, with only 31.1% of babies in County Durham still breastfed at 6-8 weeks, compared with 52.7% in England – showing families need more support to continue.

By 2034/35, our ambition is for County Durham to match the England average - around 2 in 3 mothers breastfeeding at 6-8 weeks. That means around 1,400 more mothers in total will continue breastfeeding - roughly 128 more each year.

### What we know

- Breastfeeding rates vary widely across the county. In some areas, only 1 in 10 babies are breastfed at 6-8 weeks, while in others it's nearly 8 in 10.
- The gap between areas is getting bigger, with the lowest rates in more disadvantaged communities.
- Reasons for this include not enough access to support, negative attitudes towards breastfeeding, limited awareness of health benefits, and social or cultural pressures.
- Families who would benefit most from support are often the least likely to receive it. This means tackling inequalities is essential if we are to reach our ambition.

### What we have done

- Carried out a local equity analysis to see where breastfeeding rates are lowest and help professionals focus support where it's needed most.
- Listened to parents to learn more about their experiences, barriers they faced, and what would help them to breastfeed.
- Launched a local campaign through Family Hubs and Start for Life using photos of County Durham parents and babies, with adverts in the areas where breastfeeding rates are lowest.
- Brought together local health services, the council, and community groups to make breastfeeding support easier to find and more welcoming.
- Committed to repeat the equity analysis every 2-3 years to check progress and make changes if needed.

Without stronger action, the gap with England will continue to widen, particularly in disadvantaged communities. Our local equity analysis shows the biggest gaps are in these communities, so our breastfeeding action plan is focused on reducing inequalities by tailoring support to local needs and making breastfeeding the easier choice for families.

### Evidence into practice

Catherine Zanichelli, a mum of 2 from County Durham, faced early challenges breastfeeding her son. He struggled to latch, and she was also coping with postnatal depression. With support from the local infant feeding team, she persevered. *"It wasn't easy, but we carried on... Without it, I don't think we would have managed."*



Catherine Zanichelli

Breastfeeding became a source of comfort and a special connection. *"I struggled a lot, but this was something only I could do for him, and that really mattered to me."*

Now feeding her daughter, Catherine says, *"Feeding her has been a dream...and it means I haven't had to fuff around with bottles in the middle of the night. It's ready when she needs it."*

*She's always felt comfortable feeding in public and recalls, "The only time anyone approached me while feeding was in a café, when a kind man offered to top up my drink because my hands were full."*

Catherine believes breastfeeding has supported her children's health and strengthened their bond. *"My son grew so well, staying healthy through the winter, and I've enjoyed that same closeness and connection with my daughter too."*

She also values the practical benefits. *"I can just get on with everyday life - shopping, haircuts, all the normal jobs - without having to prepare bottles. It makes things so much easier."*

Catherine encourages other parents to give breastfeeding a try. *"It isn't always easy, but it's worth it... Even if it didn't work out before, there's no reason not to try again."*

Her story shows how the right support at the right time can make all the difference. Across County Durham, families can access infant feeding groups, peer support, and expert advice to help them on their breastfeeding journey.

## Conclusion

My report this year clearly sets out the ambitions and actions that are underway to address the unfair and avoidable differences in health and wellbeing across and within County Durham that were highlighted in my 2024 report.

I have revisited the statutory responsibilities that local authorities have for their residents and provided evidence and data to describe health and wellbeing, including the differences. Identifying these differences has helped us to focus practical action, as demonstrated by evidence into practice examples and the ambitions and actions set out.

The ambitions I have described are challenging but worth striving for. While the local authority has responsibility for the public health of our residents, I cannot emphasise enough the importance and value of our existing working relationships and partnerships. None of the actions in this year's report are carried out in isolation but depend on productive and collaborative partnership arrangements.

As well as effective partnership working, my report has highlighted that our work is informed by a reliable, robust and relevant evidence base. Last year's report covered the projections related to health inequalities, while this report describes our ambitions – both of which are informed by the data we and our partners work hard together to obtain. By refreshing and improving our existing datasets and working with our communities, we will continue to glean ever more useful insights to understand what is needed to deliver practical positive changes.

I would like to thank those who have shared their experiences in the report and described how a service or programme or legislation has enabled them to be healthier. Listening to local people, as well as recognising the scale of change needed, ensures we will stay focussed on achieving our ambitions and will continue to see positive change.

Quite simply, we have to turn the tide against health inequalities. We are absolutely committed to delivering positive change for our residents through collective action. With both effective partnerships, and transforming evidence into practice, we can achieve our ambitions together. I very much look forward to updating you on our progress.



Amanda Healy, Director of Public Health

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