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County Durham Adult Population Health and Wellbeing Survey

September 2025

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1. Executive Summary

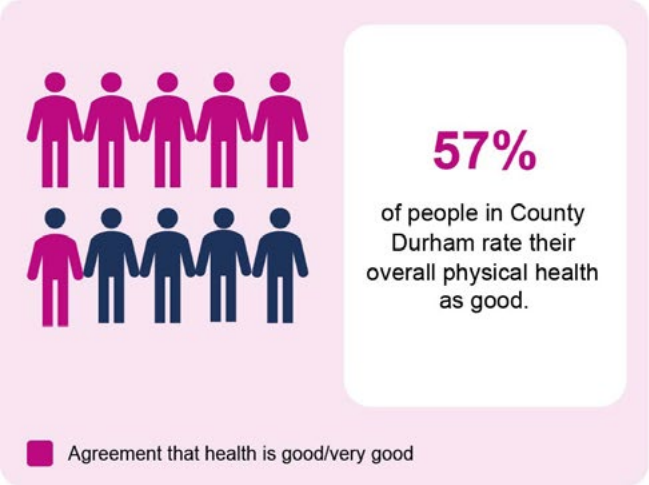
This report presents the findings from the County Durham Adult Population Health and Wellbeing Survey 2025. The report offers insights into key aspects of County Durham residents' physical and mental health; alongside the things they do and experience in daily life.

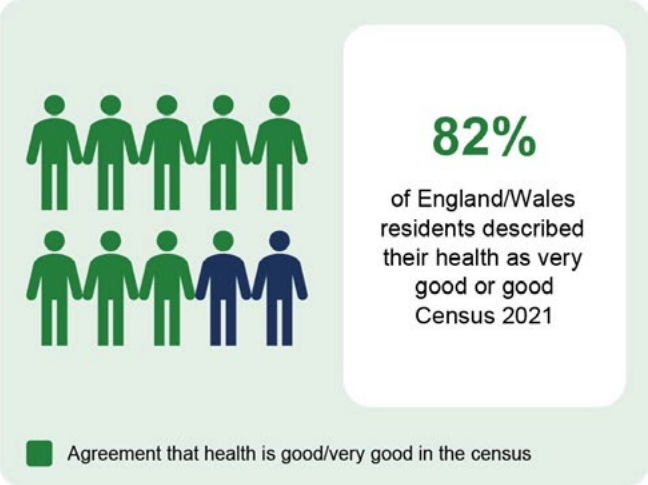
While this report highlights the main trends and themes emerging from the data, the survey results provide a rich source of information that can be explored in greater depth. Stakeholders, partners, and communities will have the opportunity to further explore the dataset beyond this report to understand the more detailed relationships that may exist, for example investigating the relationship and impact of wider determinants of health such as financial wellbeing and other aspects of health and wellbeing. It is hoped that these insights will also inform service and policy planning, the development of targeted interventions, and aid local decision-making.

Summary of key findings related to overall health

- 57% of residents rate their physical health as good or very good.
- 62% of residents rate their mental health as good or very good.
- Older residents are less likely to say their physical health is good or very good. (46% of those aged 65+.)
- Younger residents are less likely to say their mental health is good or very good; 57% of those aged 18-34 say their mental health is good or very good, compared to 73% of residents aged 65+.
- The more deprived the area where residents live, the less likely they are to describe both their physical and mental health as good or very good.
    - In the most deprived areas:
        - 43% of residents say their physical health is good or very good,
        - 50% say their mental health is good.
    - In the least deprived areas:
        - 69% of residents say their physical health is good or very good,
        - 73% say their mental health is good.
- There is no significant difference by sex.
    - Although 56% of male residents and 59% of female residents describe their physical health as good or very good.
    - 60% of male residents and 60% of female residents describe their mental health as good.

Proportion of residents who said their health was good or very good.





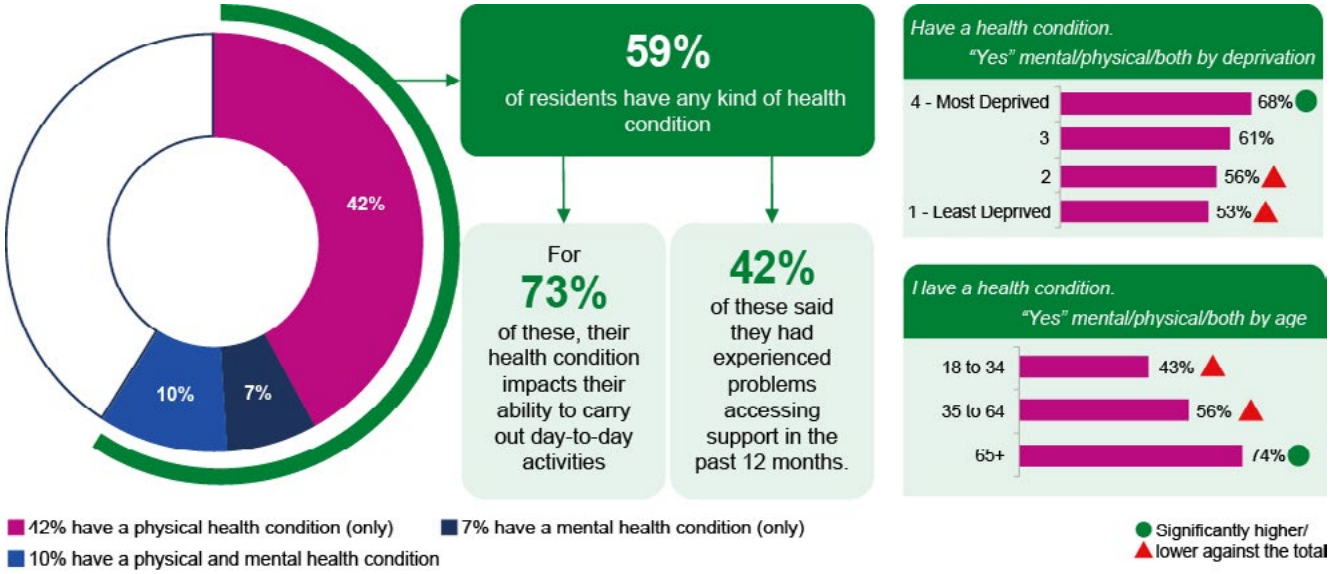
Summary of key findings related to improving mental health resilience and wellbeing

- Residents were asked to rate how they feel in certain areas of their life on a scale from 0 to 10, from which a mean score was calculated.
- Satisfaction with life sits at 6.82, which is below the UK average of 7.45, based on Census 2021.
- Residents report a higher score for the feeling that things they do in their lives are worthwhile, at 7.16, although this is also below the UK average (7.73). Residents' happiness score of 6.93 is closer to the UK average of 7.39, however it still remains lower. The metric closest to the UK average is anxiety, which scores 3.46 (cf. 3.23 for the UK).
- Scores across the bank of questions are significantly less positive among residents in the most deprived areas, residents who are male (in comparison to female residents) and residents aged 35-64.

Summary of key findings related to health and social care

- 59% of residents have a health condition lasting, or expected to last, 12 months or more.
    - 42% have a physical health condition, 7% have a mental health condition, 10% have both physical and mental health conditions.
    - 73% of those who have a health condition say it impacts their day-to-day activities (which equates to 42% of all residents).
    - 42% of those who have a health condition say they have experienced issues accessing support for their condition in the past 12 months (which equates to 24% of all residents).
    - As the below charts show, deprivation and age correlate with having a health condition; 68% of those in the most deprived areas, and 74% of those aged 65 or over have any health condition.

Proportion of residents who said they have a long-term health condition.



- Male residents are more likely than female residents to report a physical health condition (46% cf. 39%), whilst there is no significant difference by sex in the likelihood of having a mental health condition.
- 18% of residents said they provide unpaid care; 15% provide care to one person, and 3% to more than one person.
    - This figure is higher among those aged 55 to 64 (24%). (The proportion of those aged 65+ providing unpaid care is 18%, matching the general population). This is likely to be driven by residents of this demographic caring for elderly relatives, as when asked the ages of the people being cared for, most of those who do provide care said they were providing it to people aged 65 or over (64%).

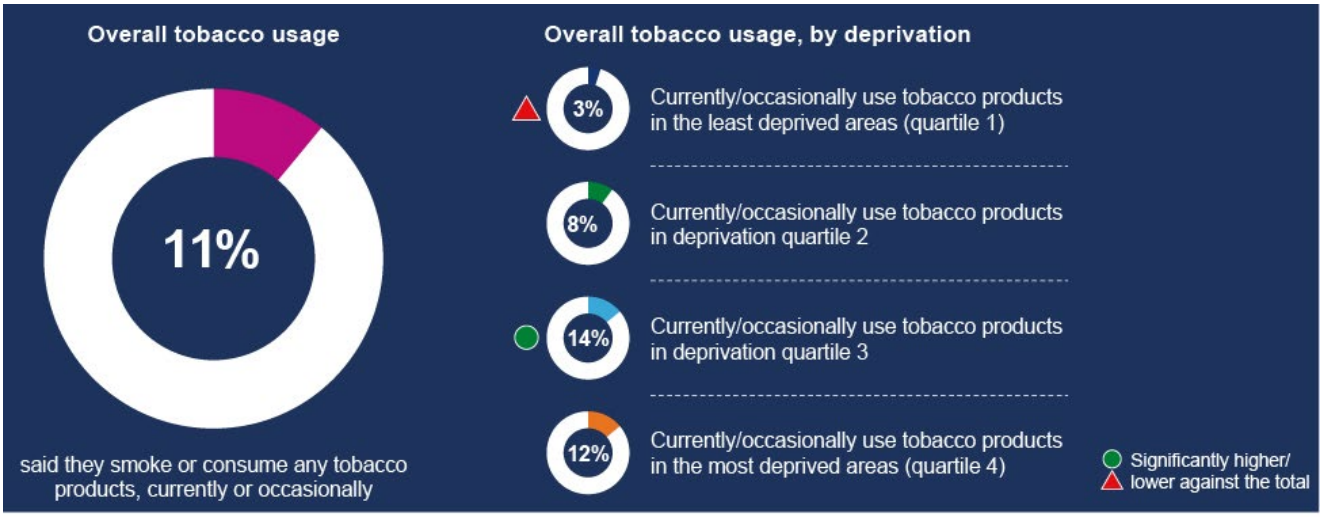
Summary of key findings related to health-related behaviours

Health related behaviours are key drivers of health and wellbeing. They can influence and affect the opportunities we have access to and are an important driver of our overall health, accounting for around 40% of our health and wellbeing. The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) 2023-28 identified key health related behaviours as priority areas: making smoking history; enabling healthy weight for all; and reducing alcohol harms.

Making smoking history

- 11% of residents said they smoke cigarettes (including hand rolled), currently or occasionally.
    - Those living in areas with higher-than-average levels of deprivation are more likely to smoke cigarettes, with 3% of those in the least deprived areas smoking, and 14% in IMD quartile 3 and 12% in IMD 4.
    - Cigarette use peaks at 35 to 44 years of age, with 16% of this age group smoking at all, and 11% smoking regularly.
    - 10% of male residents currently/occasionally smoke, and this is significantly higher than the 8% of female residents.

Proportion of residents who smoke cigarettes, including hand rolled, and by deprivation quartile.



Enabling healthy weight for all

- 37% of residents are living with overweight, and 29% are living with obesity.
    - There is no difference by sex with 28% of both male and female residents living with obesity, although male residents are more likely to be living with overweight, 42%, than female residents, 33%.
    - Residents are more likely to be classed as living with obesity if they live in the most deprived areas (35%).
- 79% of residents eat fewer than 5 portions of fruit or vegetables in an average day. The groups with the highest percentage eating under 5 portions of fruit or vegetables a day are: those aged 18 to 34 (85%); those in the most deprived areas (85%); and those who are living with extreme obesity (90%). (There is no significant difference by sex, or whether there are children in the household or not).

Summary of findings among residents who eat fewer than 5 portions of fruit or vegetables in an average day.

- 34% of residents eat fast food or take away meals multiple times in an average month.
  - Unlike other dietary-related measures, there is no correlation between fast food and deprivation, suggesting accessibility may be key, rather than price.
- 53% of residents do the recommended amount of physical activity per month, and 47% do less than the recommended amount.
  - The following groups of residents are especially likely to undertake less than the recommended amount of activity: residents living in the most deprived areas (58%); female residents (50%); residents aged 75 or over (66%); those with a physical health condition (52%) or with a physical and mental health condition (60%); those who are living with obesity (54%) or extreme obesity (77%); smokers (54%).

Reducing alcohol harms

To ascertain levels of alcohol consumption, the survey incorporated questions taken from AUDIT-C (Audit C is a shortened version of the AUDIT test, or Alcohol Use Disorders Identification Test – Consumption, developed by the World Health Organization using The Health Survey for England (HSE) calculation to define alcohol risk level per NHS guidance).

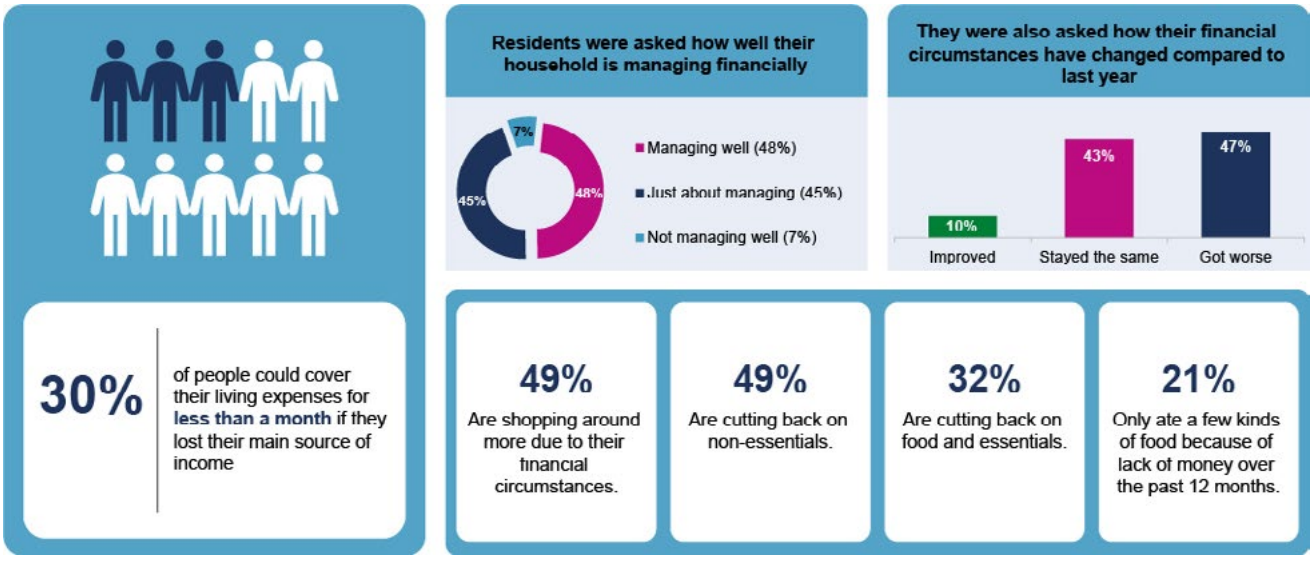
- **A low-risk drinker** is defined as someone who drinks **14 units or less across 3 days or more.**
- **A hazardous drinker** is defined as someone who drinks **15 to 49 units if male or 15 to 34 units if female.**
- **A harmful drinker** is defined as someone who drinks **50 units or more if male or 35 units or more if female.**

- 62% of residents who drink alcohol, drink at levels which are considered to be low risk. Approximately a quarter (23%) are classed as increasing risk drinkers, and 14% are at higher risk, whilst 2% evidenced possible alcohol dependency.
    - In total, 37% of surveyed residents evidenced increasing or higher risk levels of alcohol consumption, which is considerably higher than the UK average of 21%, recorded in 2021.
    - Those who are more likely to drink at riskier volumes are male residents (20%, cf. 9% of female residents), and those who currently smoke tobacco (21%, excluding vaping).
    - The life stage more likely to drink alcohol at higher risk levels are those aged 35 to 64 (24% are drinking at levels of increasing risk, and 17% are drinking at levels of higher risk).
    - Unlike other measures in the survey alcohol risk does not increase as deprivation increases; the greatest proportion of those with increasing risk are found in the least and second least deprived quartiles (25% in both).

Summary of key findings related to wider determinants of health

Socio-economic and environmental factors are key in determining health outcomes; these wider determinants have the greatest impact on health, accounting for around 45% of our health and wellbeing.

- 71% of residents are satisfied overall with their local area, which is in line with the 74% satisfaction level recorded nationally.
    - However, satisfaction level varies significantly depending on the deprivation levels of the area, with 85% satisfaction in areas that are the least deprived, compared to 56% in areas that are most deprived.
- Thinking about their financial situation, 48% of residents said they were managing well, whilst a similar proportion (45%) said they are just about managing. A further 7% said they are not managing well.
    - The groups of residents most likely to say they are not managing well financially are those aged 25-34 (14%); those who smoke (14%); those who use drugs (13%); those in private rented accommodation (16%); and those with poor mental health (26%).



- At 71%, a clear majority of County Durham residents are satisfied with their local area as a place to live, with 30% saying they are very satisfied.
- Following a slight decline in the national average, perceptions of the local area in County Durham are in line with the figure for England as a whole (74% satisfaction).
- Reflecting the national data, female residents are more likely than male residents to be satisfied (73%, cf. 68% of male residents).
- By age, County Durham data evidence a different picture compared to the national figures, which show that in England satisfaction with the local area increases with age. In County Durham there is no such correlation, with those aged 18 to 24 most satisfied at 82%.
- Levels of dissatisfaction with the local areas increase significantly as deprivation increases 27%. Of those in the most deprived areas are dissatisfied, compared to 18% overall (and 9% in the least deprived areas).

2. Introduction

Background

In 2024, Durham County Council commissioned BMG Research, an independent research agency, to conduct research that provides a comprehensive dataset on physical, emotional, social, and economic wellbeing of people across County Durham.

County Durham is the fifth largest Unitary Authority in England and the largest Local Authority in the North East of England, with a population of over 532,000 (ONS 2023 Mid Year Estimates). It covers an area of over 223,000 hectares, around 90% of which is rural. Despite this rural nature, the county has a diverse range of population sizes in its towns and villages. The population is ageing with ONS projections suggesting this trend will continue. Overall, the county experiences poorer health outcomes across all life stages; and has higher levels of deprivation than the national average**.** County Durham is the 48th most deprived upper tier local authority in England, out of 151. According to the Index of Multiple Depriation 2025 (MHCLG), County Durham is the 40th most deprived upper tier local authority in England. It also experiences realtively poor health outcomes and significant health inequalities across the lifecourse.

Therefore, it is of considerable value to collate validated, comprehensive, and sufficiently granular data on all determinants of health across the County Durham population. This research sets out to support the Council in understanding, monitoring, and crucially, reducing health inequalities across County Durham. The research aims to accomplish the following objectives:

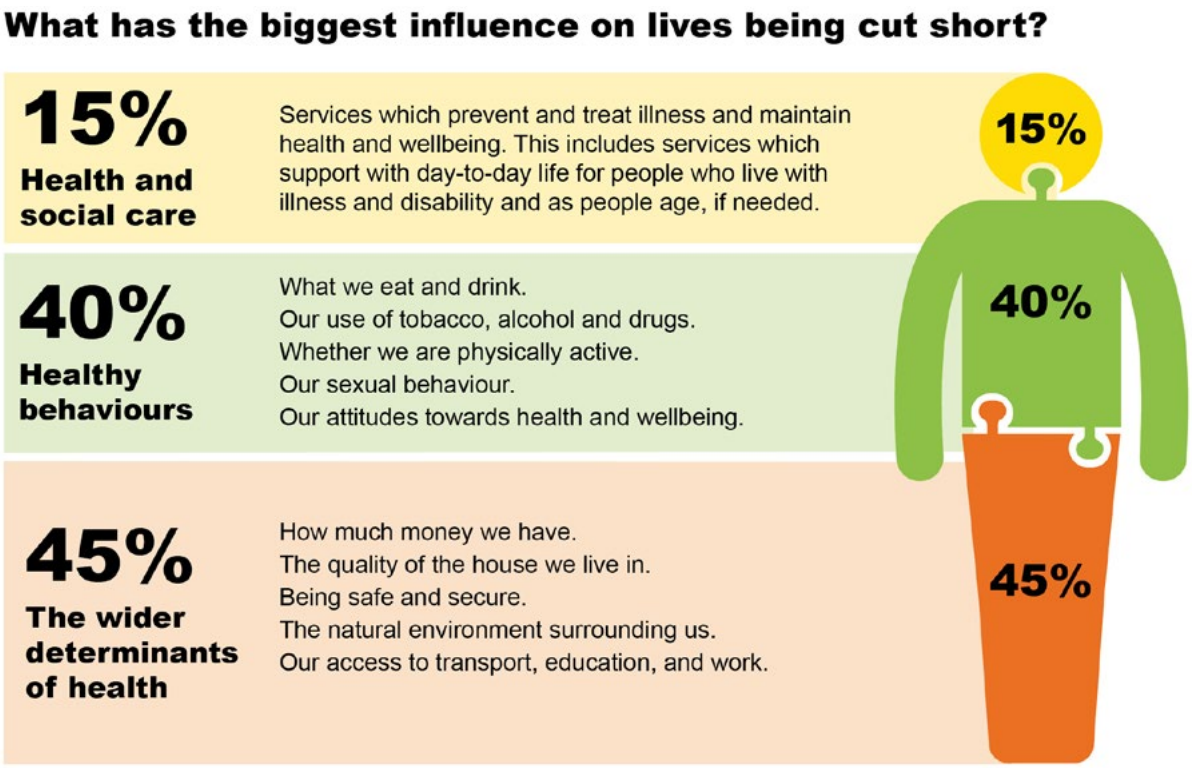
- Establish a reliable method for evaluating the current and future health and wellbeing of the population.
- Address intelligence gaps identified by the health and care system.
- Identify health and wellbeing needs and inequalities within the county.
- Provide data that can be aggregated from smaller areas to larger sub-county geographies for analysis.
- Provide data that can be used to assess the success of interventions and changes at a local level.
- Collect data that can be used to demonstrate progress towards the Joint Local Health and Wellbeing Strategy (JLHWS) outcomes.

This report sets out the key findings from this research.

Research principles

This research is based on the understanding that our health and wellbeing are shaped by a wide range of factors which includes the environment in which we grow and live, access to health and social care and our health-related behaviours. It builds on the work of JM McGinnis et al., that demonstrates that the biggest influences on our health are the broader social and environmental conditions in which we live; these wider determinants of health include access to education, income, employment, transport and housing play a far more significant role in our overall health outcomes (McGinnis JM, Williams-Russo P, Knickman JR, “The case for more active policy attention to health promotion,” Health Affairs 2002; 21:78-93).

The below image, taken from County Durham's Joint Local Health and Wellbeing Strategy 2023-2028, shows the relative importance these wider determinants have in terms of health outcomes.



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: www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health (Accessed: 9 March 2023).

As the above image summarises, access to, and quality of, health and social care, health related behaviours and the wider determinants of health impact a person's health and wellbeing. Therefore, Section 3 of this report will outline the prevalence of health conditions in the county, including the JLHWS priority area to improve mental health, resilience and wellbeing, the impact these have on residents, and the support available. Section 4 will explore in more detail health and social care needs; these contribute to around 15% of a person's overall health and wellbeing.

Socio-economic factors significantly influence health-related behaviours and the opportunities individuals have access to, with health-related behaviours accounting for around 40% of our health and wellbeing. The JLHWS identified key health priority areas for their residents: making smoking history; enabling healthy weight for all; and reducing alcohol harms (JLHWS 2023-2028). Section 5 in this report will outline the current picture for County Durham in terms of these priority health related behaviours and support the identification of areas where support, services and interventions can be most effectively targeted.

The most influential factor on health outcomes is the wider determinants of health, accounting for around 45% of our health and wellbeing. These socio-economic factors are key to understanding health inequalities in County Durham, and the findings from the data in regard to the local areas, safety, use of green spaces, financial situation and the emotional impact of caring responsibilities are outlined in Section 6.

Methodology

The survey was conducted from 12th February to 28th March 2025, using a paper and push-to-web methodology, supplemented by face-to-face interviews. Initially, 30,000 letters were sent to selected households, containing a paper survey and an option to complete the survey online via a URL or QR code. A reminder letter was sent to non-respondents, reiterating instructions for completing the survey online. Additionally, 200 face-to-face interviews were conducted to boost responses from young people aged 18 to 34 and residents in underrepresented wards - Chilton and Tow Law. The 30,000 addresses initially sampled were selected to ensure accurate representation by the Index of Multiple Deprivation (IMD). Using the Postcode Address File (PAF), addresses were stratified by ward and sampled relative to their population size within County Durham. Within each ward, they were further sampled by IMD quartile. For the 200-boost sample, 3,164 addresses were sampled in 10 wards, targeting younger residents to increase responses from the 18-34 age group.

Of the total 33,164 residents sampled, 3,799 responded to the survey. For a demographic profile of the sample, please see Appendix I. According to the 2021 Census, the adult (18+) population of County Durham is 422,927. This response rate is in line with comparable surveys and has produced a sufficient sample size for robust analysis (www.Wakefield-District-Population-Health-Survey-2023-Final-Report.pdf). The data are subject to a maximum standard error of +/-1.58 at the 95% confidence level on an observed statistic of 50% (adjusted). This means that we can be 95% confident that the responses are representative of those that would be given by every adult resident in County Durham, had a census of the entire population been undertaken, to within +/-1.58 of the percentages reported. For example, if a measure received endorsement from 50% of respondents, we can be 95% confident that if we had actually gained responses from every resident in County Durham, the score would lie between 48.42% and 51.58%. Similarly, on an observed statistic of 90%, or 10%, the maximum standard error is +/- 0.95, meaning that if 90% of the respondents responses gave a particular response, we can be 95% confident that if all County Durham residents had responded the score would lie between 89.05% and 90.95%. To ensure the dataset is wholly representative, data from both surveys have been weighted by Middle Layer Super Output Area (MSOA), gender, age, and IMD (It takes into account various indicators of deprivation, such as income, employment, health, education, crime, housing, and the local environment, and then ranks Lower-layer Super Output Areas from most deprived to least deprived, depending on the measurable levels of all of these factors within these areas. In this report, areas are grouped into deprivation quartiles. Quartile 1 contains the 25% least deprived areas, Quartile 2 the next 25% least deprived areas, and so on through to Quartile 4, which contains the 25% most deprived areas).

The questionnaire booklet consisted of 16 pages and was designed to be completed in no more than 20 minutes. Contact details for BMG Research were provided in the three most common languages spoken in County Durham, excluding English; no surveys were conducted in other languages.

County Durham residents also had the option to complete an online survey, which was open to all adult residents and publicised by the Council. As this is a self-selected survey, the data from this is analysed separately.

Reporting conventions

Throughout the report, responses are analysed based on the Index of Multiple Deprivation (IMD). The IMD is the most widely used index to measure deprivation in the UK, incorporating 65 separate indicators organised across seven domains of deprivation to classify the relative deprivation of Middle Layer Super Output Areas (MSOAs). MSOAs are small geographic units used in the UK for statistical reporting and analysis, with an average population of around 7,200. They are designed to provide consistent, standardised areas for the collection and publication of small area statistics). These domains are combined and weighted to produce an overall measure of multiple deprivation experienced by people living in an area. For this dataset, all 65 MSOAs in County Durham were ranked according to their IMD and grouped into quartiles. The first quartile (quartile 1) represents areas with the lowest levels of deprivation, while the fourth quartile (quartile 4) represents areas with the highest levels of deprivation.

This report also uses Local Networks as a sub-county geographical unit. Local Networks are newly established community-focused partnerships designed to enhance local engagement and service delivery in County Durham. There are 12 Local Networks across County Durham, bringing together local people, councillors, businesses and key partner organisations to focus on improving life in our local communities.

Data in this report is rounded to the nearest whole percentage point. Consequently, tables or charts may occasionally add up to 99% or 101%. Discrepancies between tables, graphics, and text in the report occur due to rounding when responses are combined. Such differences will not exceed a variance of 1%.

Unless otherwise stated, all data in this report are based on valid responses. Responses such as “don’t know” or unanswered questions are excluded from the figures for that question.

Significance testing has been used to identify statistical differences in responses between groups of respondents. In this case, the T-Test has been employed. When differences in the data are referred to as statistically significant, it indicates variations that are statistically significant at the 95% confidence level or above. This means there is only a 5% probability that the difference occurred by chance, rather than being a ‘real’ difference. Significance is indicated in charts and infographics in this report by circles.

A *% symbol represents a percentage that is lower than 0.5% but higher than 0%.

In this report, the abbreviation **cf**. (from Latin confer, meaning “compare”) is used to indicate a comparison between figures for different groups.

3. Overall Health

Summary of key findings related to overall health

- 57% of residents rate their physical health as good or very good.
- This evidences a lower proportion of residents who describe their health as good compared to the 2021 UK-wide census, in which 82% of residents in England and Wales described their health as very good or good, whilst 77% of County Durham residents said the same.
- 62% of residents rate their mental health as good or very good.
- Older residents are less likely to say their physical health is good or very good. (46% of those aged 65+ say their physical health is good or very good).
- Younger residents are less likely to say their mental health is good or very good; 57% of those aged 18-34 say their mental health is good or very good, compared to 73% of residents aged 65+.
- The more deprived the area where residents live, the less likely they are to describe both their physical and mental health as good or very good.
- In the most deprived areas, 43% of residents say their physical health is good or very good, and 50% say their mental health is good. This compares to 69% and 73% of those in the least deprived areas who describe their physical and mental health as good respectively.

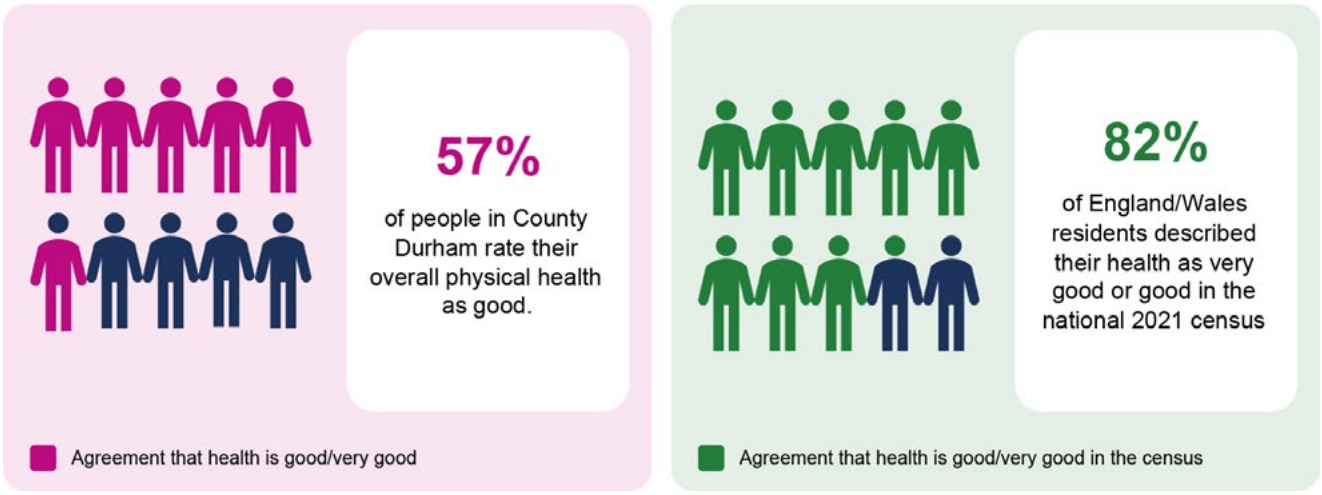
Summary of key findings relating to improving mental health resilience and wellbeing

- Residents were asked to rate how they feel in certain areas of their life on a scale from 0 to 10, from which a mean score was calculated.
- Satisfaction with life sits at 6.82, which is below the UK average of 7.45, based on Census 2021 estimates (Personal well-being in the UK - Office for National Statistics Accessed 04/05/2025). Residents report a higher score for the feeling that things they do in their lives are worthwhile, at 7.16, although this is also below the UK average (7.73). Residents' happiness score of 6.93 is closer to the UK average of 7.39, however it still remains lower. The metric closest to the UK average is anxiety, which scores 3.46 (cf. 3.23 for the UK).

Overall physical and mental health

It is important to understand the overall picture of health and wellbeing in County Durham. Residents were asked to rate their overall health on a scale from very good to very bad, and 57% said their physical health was good or very good, whilst 62% said their mental health was good or very good. To contextualise this, in the 2021 UK-wide census, 82% of UK residents described their health as very good or good, whilst in the same census 77% of County Durham residents said their health, was good or very good, likely thinking primarily about physical health (Office for National Statistics (ONS) released 19 January 2023, ONS website, statistical bulletin, General health, England and Wales: Census 2021 Accessed 25/04/25. Census 2021 methodology was predominately online, with paper completion as a secondary completion method). Responses to the question in this research asked residents to rate their health, therefore records much poorer ratings than the equivalent question in the Census. Whilst it is possible that residents who received surveys and who are impacted by poor health could have been more likely to be engaged by the subject matter and therefore perhaps were slightly more likely to complete the survey, the data suggests poorer health outcomes in County Durham than the UK average.

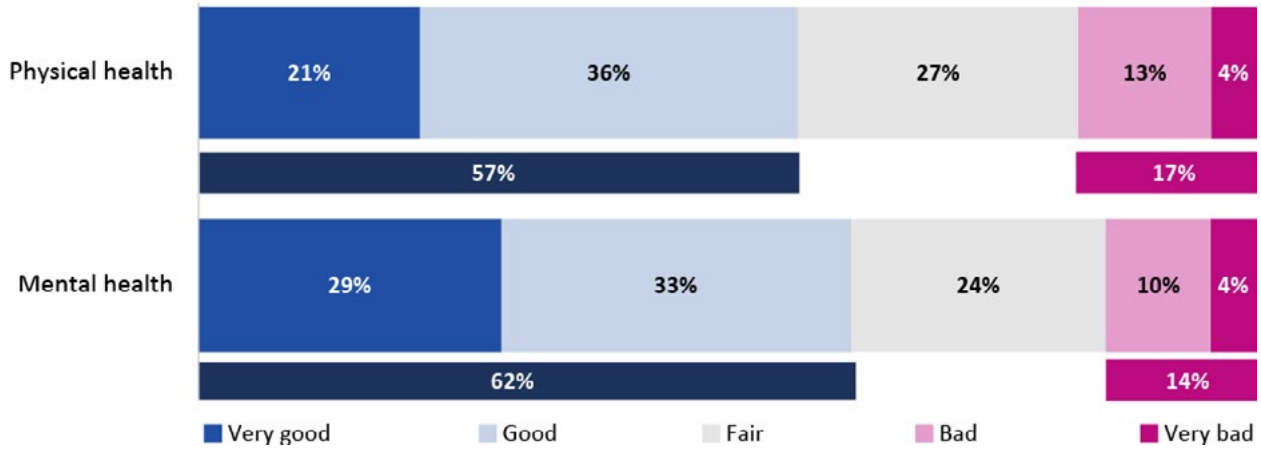
Figure 1: Overall health of adult residents – summary



QB01 Base: All valid responses (physical health: 3750, mental health: 3660).

Breaking this down further, we see that 21% of residents say they have very good physical health, and a further 36% say they have good health, whilst 17% say they have poor physical health. Experiences of mental health are more positive, with 29% saying their mental health is very good, and 14% indicating that it is bad or very bad. Taking these figures as a base, these data indicate that 90,474 residents in County Durham are living with "bad" physical health, and 74,508 residents are living with "bad" mental health.

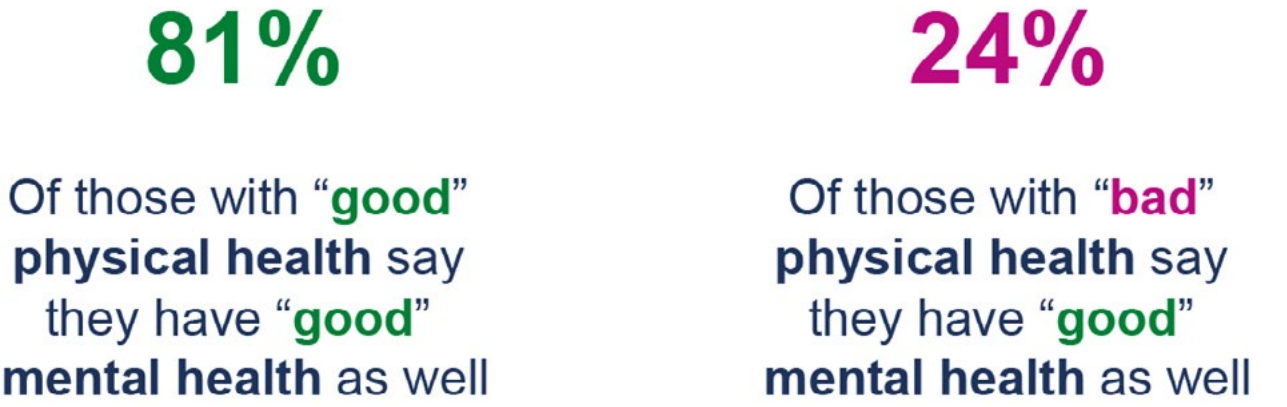
Figure 2: Overall health of adult residents – breakdown



B01. How would you rate your overall health in general in terms of ... Base: All valid responses (physical health: 3750, mental health: 3660).

A link is evident in the data between physical and mental health; 81% of those with good physical health also say they have good mental health, whilst among those with poor physical health, just 24% say that their mental health is good.

Figure 3: Mental health of residents, among those with good physical health and poor physical health



B01. How would you rate your overall health in general in terms of ... Base: All valid responses (good physical health: 2087, poor physical health: 381).

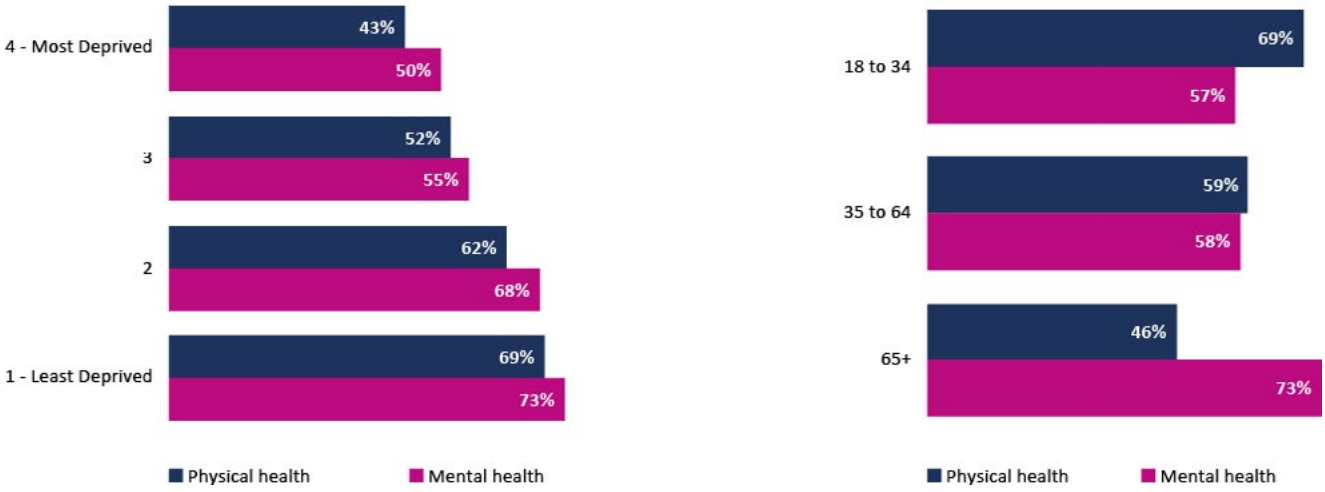
Overall physical and mental health, by socio-demographics

As we would expect, the data evidences a strong correlation between physical health and both age and level of deprivation, with older residents and those in the most deprived areas significantly less likely to say their physical health is good (46% and 43% respectively), as shown in figure 4. A similarly striking correlation emerges between deprivation and mental health, with those in the most deprived areas being the least likely to have good mental health (50%). However, the pattern is reversed when looking at the data by age, with those aged 65 or over having significantly better mental health (73%).

Looking by gender we see that 56% of male residents and 59% of female residents describe their physical health as good or very good, although this does not constitute a significant difference between male and female residents. Moreover, 60% of male residents and 60% of female residents describe their mental health as good.

By Local Networks, the proportion of residents who say their physical and mental health is good is lowest in areas with higher levels of deprivation: Horden and Peterlee (physical health: 47%; mental health: 54%), Stanley (physical health: 48%; mental health: 57%) and Easington and Seaham (physical health: 49%; mental health: 54%).

Figure 4: Proportion of those who said they have very good/good health, by deprivation and age



B01. How would you rate your overall health in general in terms of ... Base: All valid responses (physical health: 3750, mental health: 3660).

Improving mental health resilience and wellbeing

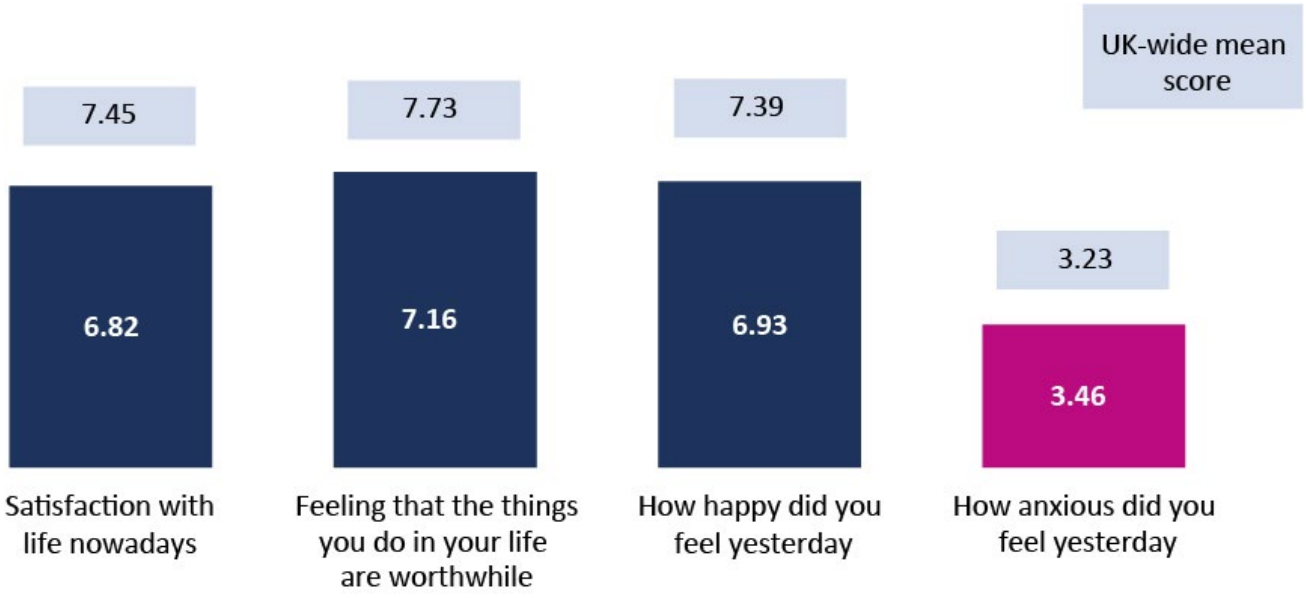
Improving the mental health and resilience of County Durham residents is a key priority of the JLHWS, therefore a series of questions was asked in order to understand further the mental health and resilience of County Durham residents.

Residents' feelings about aspects of their lives

Residents were asked to rate how they feel in certain areas of their life on a scale from 0 to 10. For all responses, 0 was the most negative response, and 10 was the most positive, with the exception of "How anxious did you feel yesterday?", for which the lower a score the answer was given, the lower the anxiety levels. Responses can be seen in the below figure, which summarises answers to these questions as mean scores out of 10 (A mean score is an average calculated by adding up all the values in a series of values and dividing the sum by the number of values).

Satisfaction with life sits at 6.82, which is below the UK average of 7.45, based on Census 2021 estimates (Personal well-being in the UK - Office for National Statistics Accessed 04/05/2025). Residents report a higher score for the feeling that things they do in their lives are worthwhile, at 7.16, although this is also below the UK average (7.73). Residents' happiness score of 6.93 is closer to the UK average of 7.39, however it still remains lower. The metric closest to the UK average is anxiety, which scores 3.46 (cf. 3.23 for the UK).

Figure 5: Feelings about aspects of life (mean score out of 10)

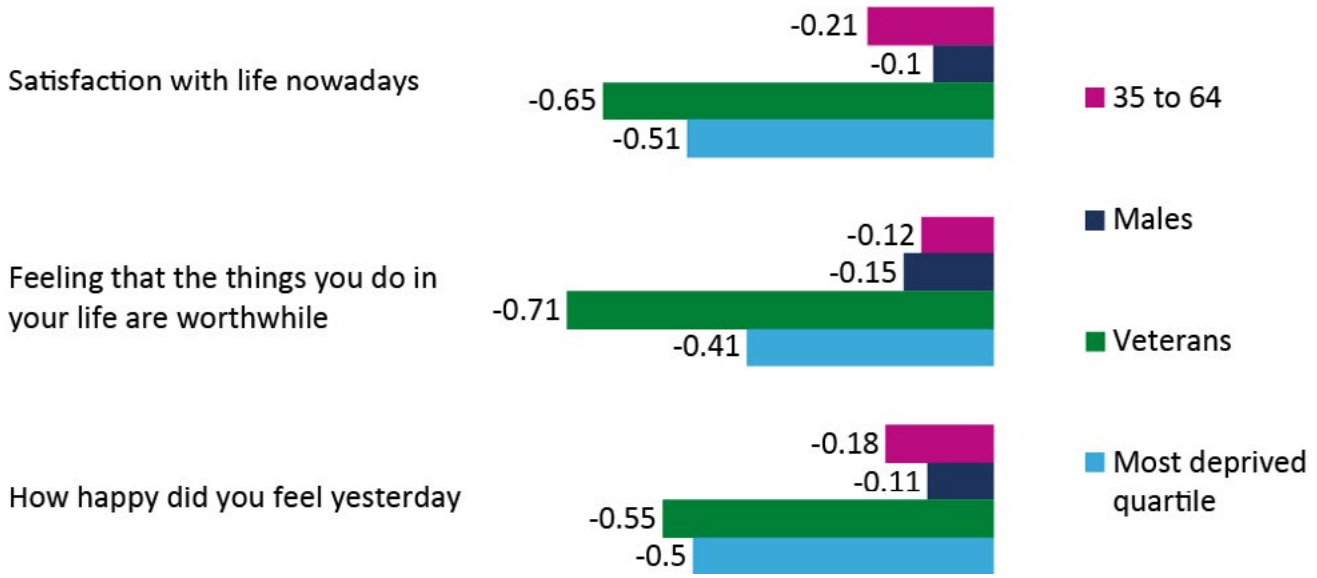


B06 Overall, how satisfied are you with your life nowadays? Base: All valid responses (3681).
B07 To what extent do you feel the things you do in your life are worthwhile? Base: All valid responses (3668).
B08 How happy did you feel yesterday? Base: All valid responses (3706).
B09 On a scale where 0 is not at all anxious and 10 is completely anxious, how anxious did you feel yesterday? Base: All valid responses (3698).

Residents' feelings about aspects of their lives, by key socio-demographics

Across all life satisfaction measures (overall satisfaction, happiness, and feeling things in life are worthwhile), scores are significantly less positive among residents in the most deprived areas, residents who are male (in comparison to female residents) and residents aged 35-64.

Figure 6: Difference from the total population among groups significantly less positive (mean score)



B06 Overall, how satisfied are you with your life nowadays? Base: All valid responses (3681).

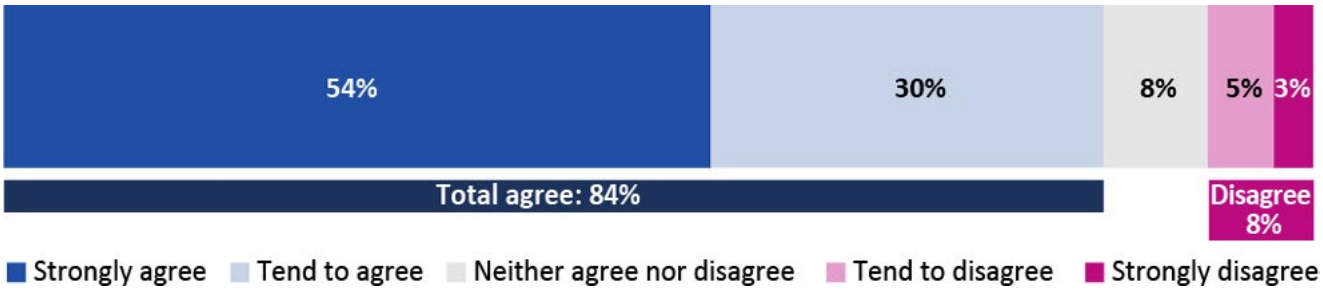
B07 To what extent do you feel the things you do in your life are worthwhile? Base: All valid responses (3668).
B08 How happy did you feel yesterday? Base: All valid responses (3706).

B09 On a scale where 0 is not at all anxious and 10 is completely anxious, how anxious did you feel yesterday? Base: All valid responses (3698).

How far residents feel they can rely on people in their lives if a problem occurs

To understand the availability of support networks for residents, they were asked how much they agree with the statement that they can rely on people in their lives if they have a serious problem. Just over half (54%) of residents strongly agreed that they could, and in total 84% agreed (either strongly or said they tend to agree). It is encouraging that a strong majority agree with this statement, and that it is in line with the national figure of 86% reported in March/April 2023 (Office for National Statistics (ONS), released 12 May 2023, ONS website, statistical bulletin, Quality of life in the UK: May 2023).

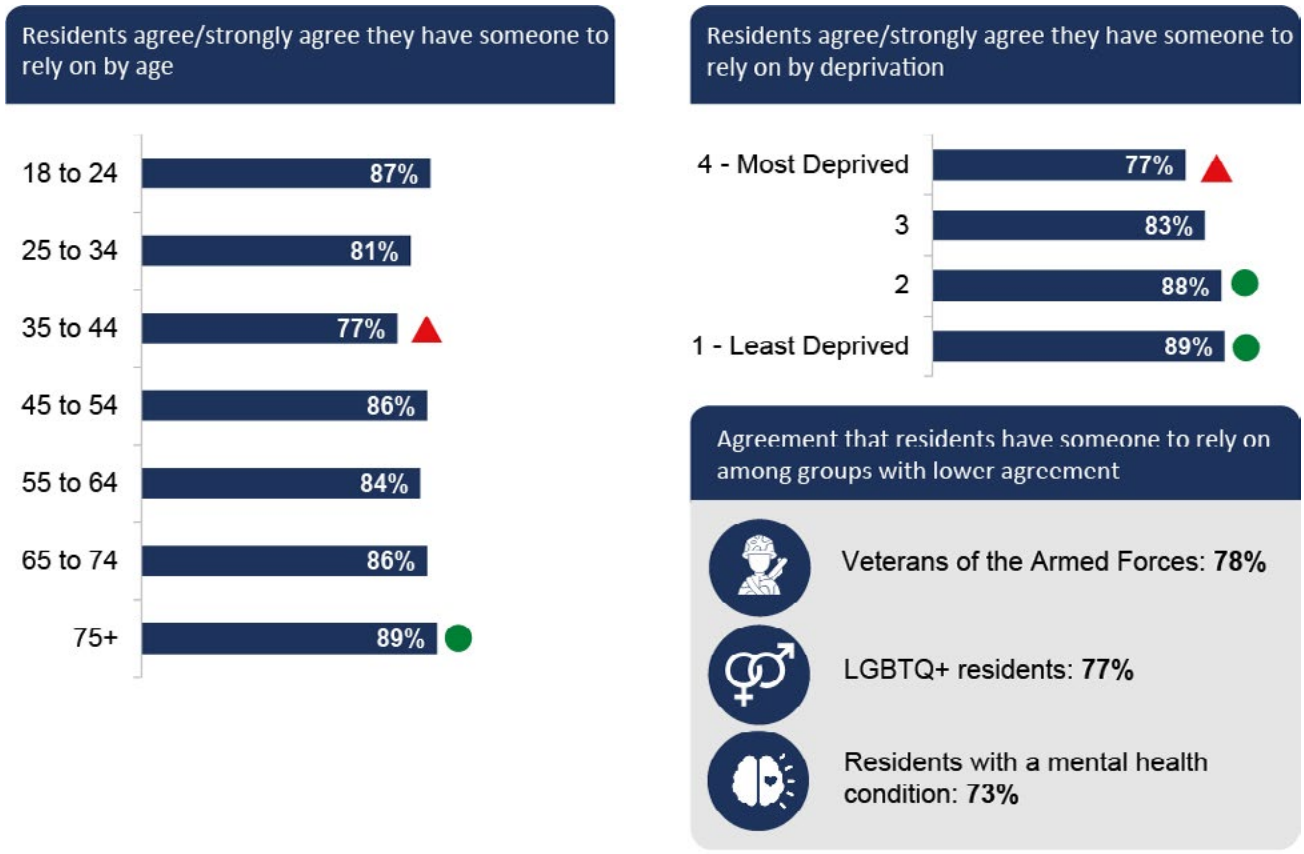
Figure 7: Agreement or disagreement on how much they can rely on people in their life if a problem occurs



B10. How much do you agree or disagree with the statement...'I can rely on the people in my life if I have a serious problem'? Base: All valid responses (3716).

Agreement decreases to 78% among veterans of the armed forces, 77% among residents who are LGBTQ+, those aged 35-44 and among those in the most deprived areas, and to 73% among those with a mental health condition.

Figure 8: Agreement that residents can rely on people in their life if a problem occurs, by socio-demographic group



B11 And how often do you feel lonely? Base: All valid responses (18 to 24: 92, 25 to 34: 326, 35 to 44: 300, 45 to 54 431, 55 to 64: 740, 65 to 74: 935, 75+: 850, Least Deprived- 1: 1336, 2: 957, 3: 792, Most Deprived- 4: 631, Veterans of the Armed Forces: 218, LGBTQ+ residents: 133, Residents with a mental health condition: 173)

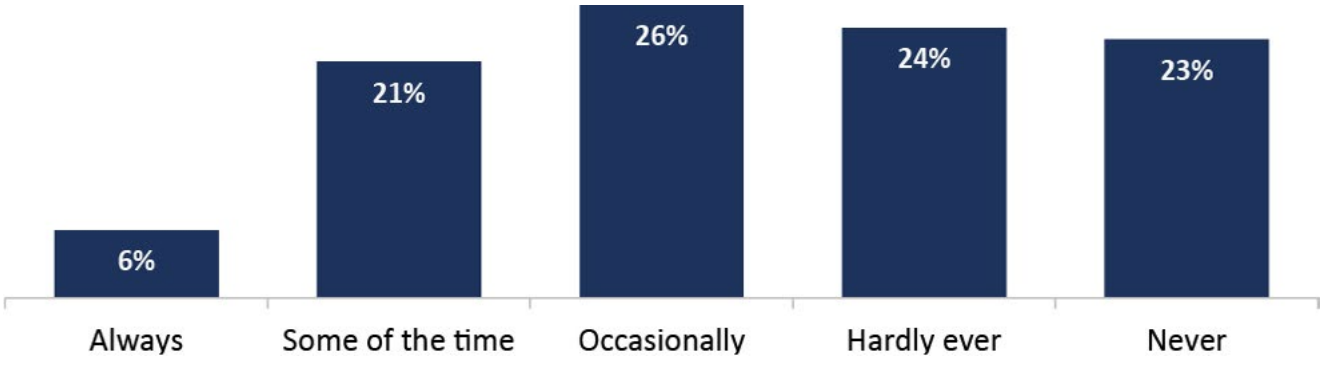
Significantly higher/ lower against the total

How often residents feel lonely

The final question in relation to mental health and resilience asked residents how often they feel lonely. Overall, 6% said they always feel lonely, with a further 21% saying they feel lonely some of the time, and 26% feeling lonely occasionally. This amounts to just over half of residents (53%) who feel lonely, at least occasionally. These data are in line with national benchmarks, as in 2023/2024 7% of UK residents felt lonely always or often (cf. 6% of County Durham residents) (Community Life Survey 2023/24: Loneliness and support networks - GOV.UK. A self-completion paper and online methodology. Accessed 04/05/2025).

Self-reported instances of loneliness are very high among those who report poor mental health, and 25% of this group report that they are always lonely. The proportion of those who are always lonely is also notably high among residents who have a weight under the recommended BMI (14%) or who are classed as living with extreme obesity (14%). By demographics, there is less variation, but notably 12% of residents who are LGBTQ+ say they are always lonely.

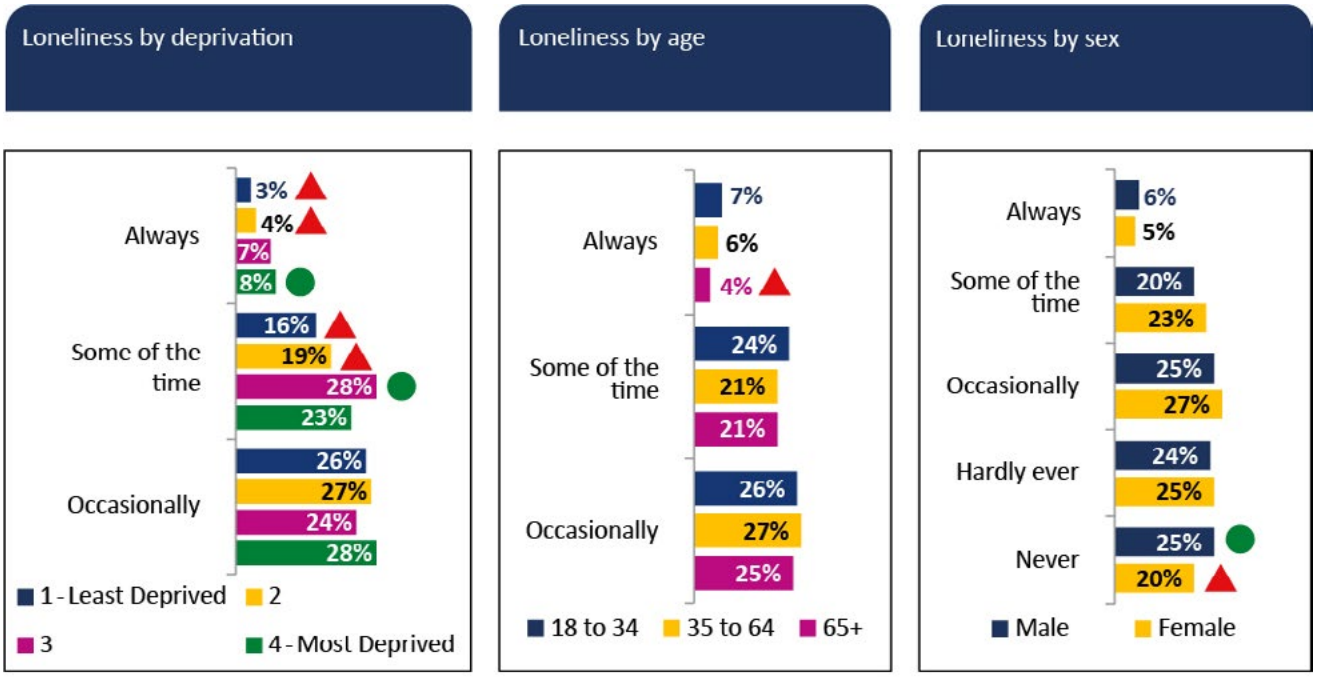
Figure 9: How often do respondents feel lonely



B11 And how often do you feel lonely? Base: All valid responses (3713).

Encouragingly, older residents are not more likely to feel lonely and are statistically less likely to say they feel lonely always. By deprivation, those in the most deprived areas are twice as likely to always feel lonely as those in the areas that are less deprived than average. By sex, responses from male and female residents are consistent, although female residents are less likely to say they are ever lonely.

Figure 10: How often do respondents feel lonely, by deprivation, age and gender

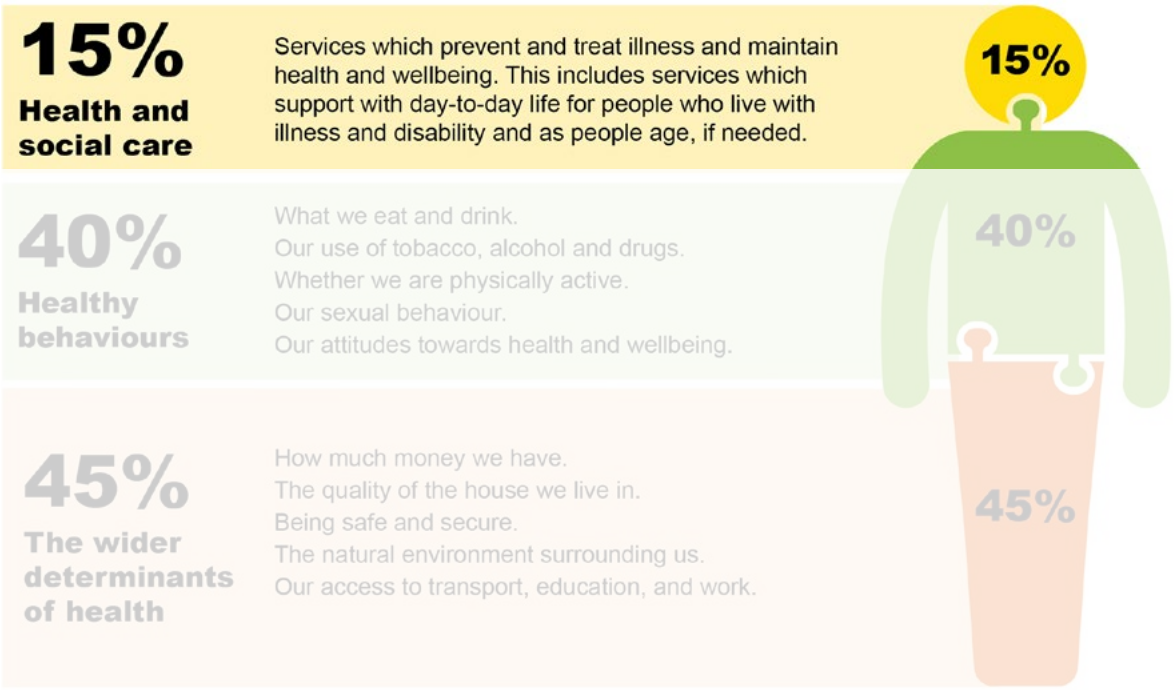


B11 And how often do you feel lonely? Base: All valid responses (Least Deprived- 1: 1332, 2: 956, 3: 792, Most Deprived- 4: 633, 18 to 34: 412, 35 to 64: 1467, 65+: 1762, male: 1454, female: 2150)

Significantly higher/ lower against the total

Responses to this question about loneliness are broadly consistent across Local Networks, except for a higher incidence of residents who always feel lonely in Horden and Peterlee (9%- driven by a smaller proportion who say they are hardly ever lonely in this Network), and a smaller proportion of those who say they are never lonely in Durham City (18%).

4. Health and Social Care



This section of the report looks at data related to health and social care, which accounts for around 15% of a person's health outcomes, and comprises of services which treat illness, maintain health and wellbeing, and support people who live with illness or disability, or while they age.

Summary of key findings related to health and social care

- 99% of County Durham residents surveyed are registered with a GP. This is consistently high across socio-demographics.
- 59% of residents have a health condition lasting, or expected to last, 12 months or more.
  - 42% have a physical health condition, 7% have a mental health condition, 10% have both physical and mental health conditions.
  - 73% of those with a long-term condition said it reduced their abilities to carry out day-to-day activities.
  - 42% of those with a long-term condition said they had experienced problems accessing support in the past 12 months.
- 18% of residents said they provide unpaid care; 15% provide care to one person, and 3% to more than one person.
  - This figure is higher among those aged 55 to 64 (24%). (The proportion of those aged 65+ providing unpaid care is 18%, matching the general population). This is likely to be driven by residents of this demographic caring for elderly relatives, as when asked the ages of the people being cared for, most of those who do provide care said they were providing it to people aged 65 or over (64%).

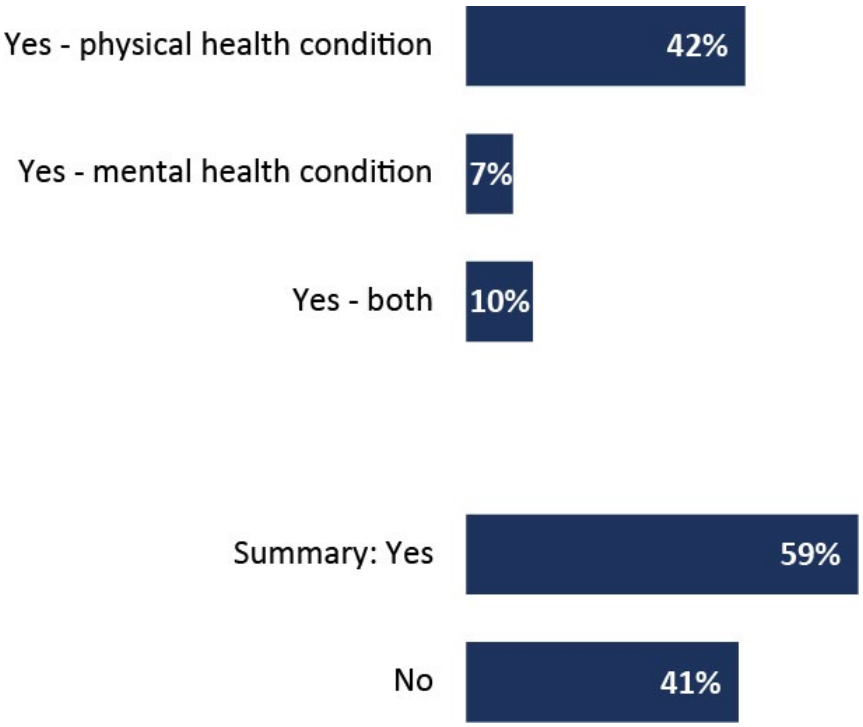
Proportion of County Durham residents who are registered with a GP

Overall, 99% of County Durham residents are registered with a GP, a figure that is broadly consistent across demographics, although it is lowest among those aged 18-24, of whom 95% are registered with a GP. Across Local Networks the picture is consistent, although in Crook, Mid Durham and Willington and Teesdale, 98% of residents are registered with GPs.

Proportion of County Durham residents who have a health condition or illness lasting, or expected to last, 12 months or more

Residents were asked whether they had any health conditions or illnesses lasting, or expected to last, 12 months or more, either physical or mental. In total 59% of respondents said they had a long-term health condition or illness. This was primarily driven by physical health conditions, indicated by 42% of respondents. A further 7% said they have a long -term mental health condition, and 10% indicated that they have both a physical and mental health condition. To contextualise this finding, the Health Survey for England found that in 2022 41% of adults had at least one longstanding illness or condition (Health Survey for England, 2022 Part 2, Sept 2024, Adults' health - NHS England Digital. Accessed 05/05/25. Face-to-face with telephone option and paper self-completed surveys). As noted in Section 3, the sample frame for this survey was designed to be representative of the County Durham population, although it is possible that residents impacted by public health issues may have been more likely to complete the survey when they received it.

Figure 11: Health conditions or illnesses that are expected to last 12 months or more

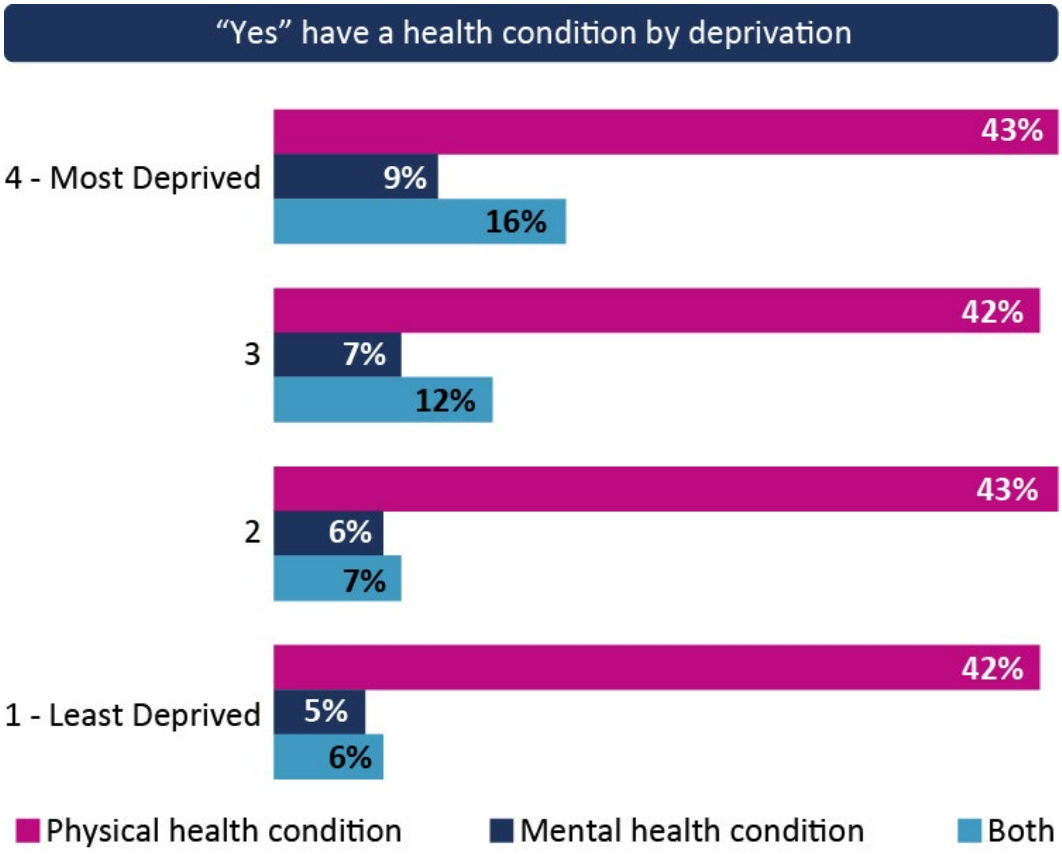


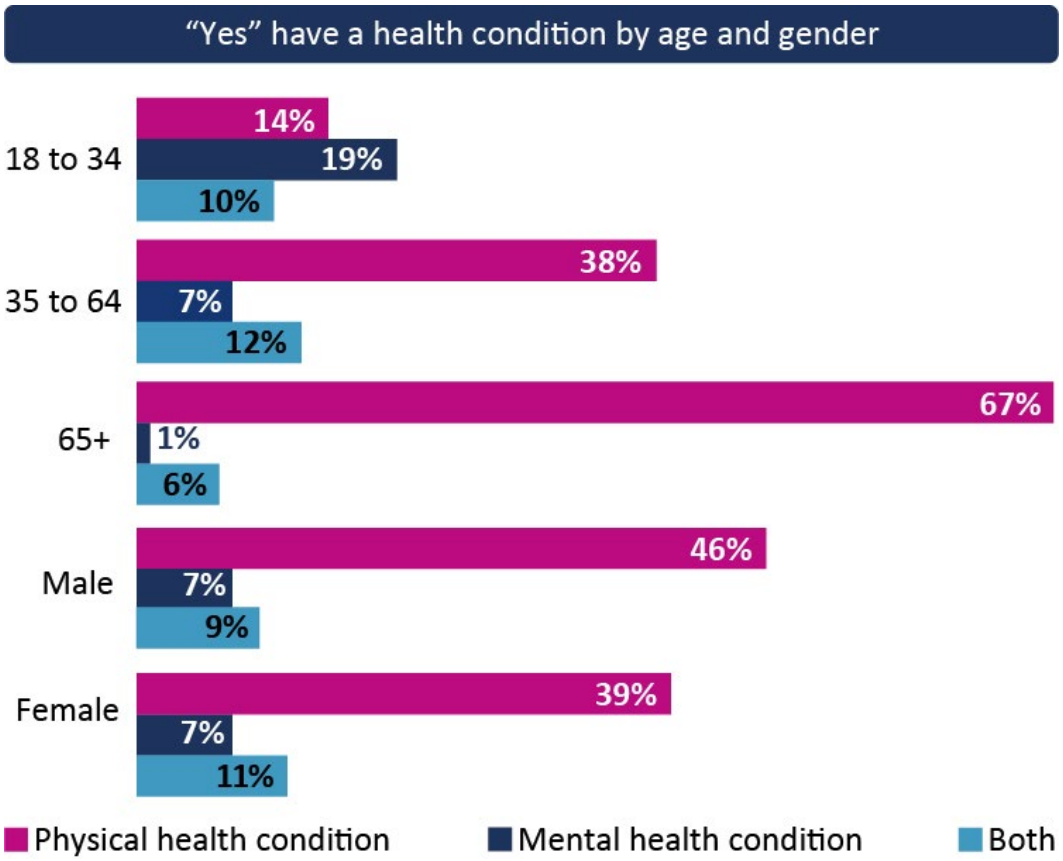
B03. Do you currently have any health conditions or illnesses lasting, or expected to last, 12 months or more?
Base: All valid responses (3454).

As we would expect, as residents increase in age, their likelihood to record having a long-term physical health conditions increase, with 62% of those aged 65-74 and 72% of those aged 75 or over saying they have a physical health condition (albeit with 28% of those aged over 75 without a health condition). Conversely, whilst they are less likely to have a health condition overall, the younger the resident, the greater the likelihood of them having a mental health condition. Accordingly, 18% of 25–34-year-olds, and 21% of 18–24-year-olds record having a long-term mental health condition. The data also evidences several other variations in the probability of having a long-term health condition: male residents are more likely than female residents to report a physical health condition (46% cf. 39%); those in the most deprived areas are more likely to record having both a physical and mental health condition (16%, cf. 6% of those in the least deprived areas), as are those who are living with obesity (15%) or extreme obesity (38%, cf. 6% of those with healthy weight).

The following figure shows the proportion of those who have a long-term health condition by deprivation, age and gender.

Figure 12: Health conditions or illnesses that are expected to last 12 months or more by deprivation and age and gender



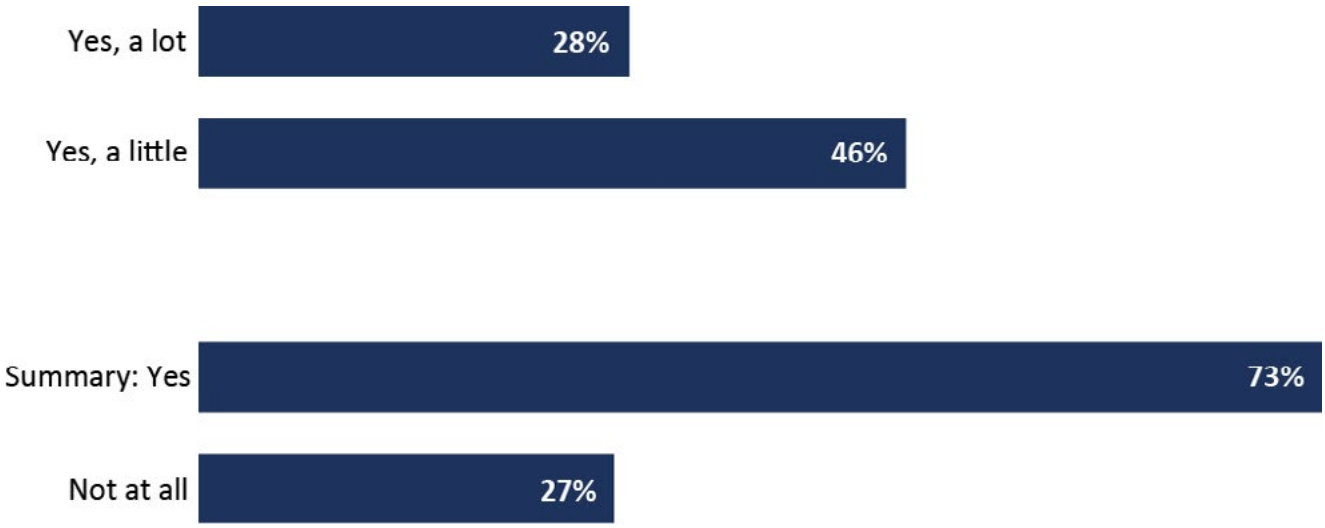


B03. Do you currently have any health conditions or illnesses lasting, or expected to last, 12 months or more? Base: (Least Deprived- 1: 1266, 2: 899, 3: 727, Most Deprived- 4: 562, 18-34: 400, 35-64: 1367, 65+: 1624, male: 1,364, female: 200)

Impact of long-term health conditions

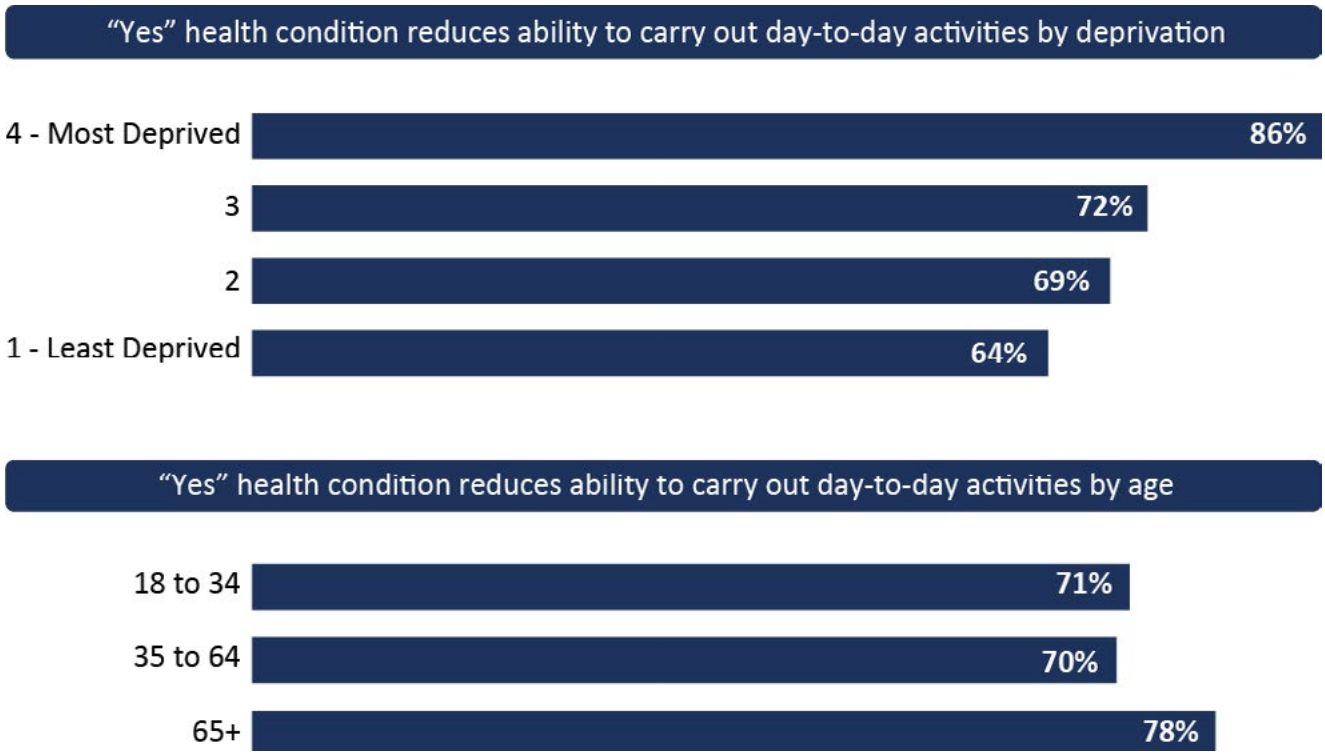
Those residents who recorded a health condition or illness were then asked whether it reduced their abilities to carry out day to day activities. In total 73% said that yes, it did reduce their abilities to carry out daily activities, with 28% saying that it impacted them "a lot." Those with a physical health condition were less likely to say their condition impacted them (68%) compared to those with a mental health condition (80%), whilst 91% of residents with both a physical and mental condition said their ability to carry out day-to-day activities was reduced, and 45% said it was reduced "a lot." The other groups of residents most likely to say that their health condition impacts them a lot are those living in the most deprived areas (40%), those aged 75 or over (38%) and those living with extreme obesity (49%).

Figure 13: Health conditions or illnesses reducing the ability to carry out day-to-day activities



B04 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? Base: Where have health conditions or illnesses. All valid responses (2085).

Figure 14: Health conditions or illnesses reducing the ability to carry out day-to-day activities by age and deprivation



B03. Do you currently have any health conditions or illnesses lasting, or expected to last, 12 months or more? Base: (Least Deprived- 1: 708, 2: 530, 3: 465, Most Deprived- 4: 383, 18-34: 155, 35-64: 719, 65+: 1165

Access to support for long-term health conditions

Residents who have a long-term health condition were also asked whether they have encountered any problems accessing support for their condition in the past 12 months. A large minority of residents with a health condition, 43%, said they have not had any problems, and a further 8% have not sought help over this period. However, approximately a third of residents who sought help encountered problems accessing it, and a further 10% encountered a lot of problems. The proportion of those who said they have had lots of problems accessing support for their condition increases to 14% in the most deprived areas and among those with children in the household, 22% among those aged 35-44, and 21% among those with both a physical and mental condition.

7% of residents who answered this question said they did not know what support was available, highlighting an information and communication need.

Figure 15: Incidence of problems accessing help for health conditions when needed

B05 In the last 12 months have you had problems accessing help for your health conditions when needed?
Base: Where have health conditions or illnesses. All valid responses (2065).

Proportion of residents providing unpaid care

To understand the extent of care within the community and its impact on residents as part of the wider factors that drive health outcomes, a series of questions were asked about instances of providing unpaid care. In total, 18% of residents provide unpaid care to someone who has a long-term illness, health problem or disability that limits their daily activities or the work they do.

Figure 16: Do residents provide unpaid care

H01. Do you provide unpaid care for someone who has a long-term illness, health problem or disability that limits their daily activities or the work they do? Base: All valid responses (3734).

This figure is broadly consistent across the County Durham population, and is consistent across deprivation quartiles (1 - Least Deprived (17%), 2 (17%), 3 (18%), 4 - Most Deprived (19%). However, the proportion of those providing unpaid care peaks among those aged 55 to 64 (24%). The proportion of those aged 65+ providing unpaid care is 18%, matching the general population. Within this group, the proportion of those aged 65+ who provide care and are in good health matches the proportion of 65+ carers who are in poor health-16% and 17% respectively.

Table 1: Proportion of residents who provide unpaid care by index of multiple deprivation quartiles

Do you provide unpaid care?	1 - Least Deprived	2	3	4 - Most Deprived
Sample Size	*1335*	*962*	*799*	*638*
Yes, one person	15%	15%	15%	14%
Yes, more than one person	2%	2%	3%	**5%** HIGHER
Summary: Yes	17%	17%	18%	19%

Significantly HIGHER / LOWER against the total

Table 2: Proportion of residents who provide unpaid care by sex

Do you provide unpaid care?	Male	Female
Sample Size	*1466*	*2156*
Yes, one person	14%	15%
Yes, more than one person	2%	**4%** HIGHER
Summary: Yes	**16%** LOWER	**20%** HIGHER

Significantly HIGHER / LOWER against the total

Table 3: Proportion of residents who provide unpaid care by age

Do you provide unpaid care?	18 to 34	35 to 64	65+
Sample Size	*419*	*1467*	*1772*
Yes, one person	**7%** LOWER	**16%** HIGHER	16%
Yes, more than one person	2%	**4%** HIGHER	**1%** LOWER
Summary: Yes	**8%** LOWER	**20%** HIGHER	18%

Significantly HIGHER / LOWER against the total

The increased likelihood of those providing unpaid care being aged 55 to 64 is likely to be driven by residents of this demographic caring for elderly relatives, as when asked the ages of the people being cared for, most of those who do provide care said they were providing it to people aged 65 or over (64%), as Figure 17 shows.

Figure 17: Summary: Ages of people being cared for

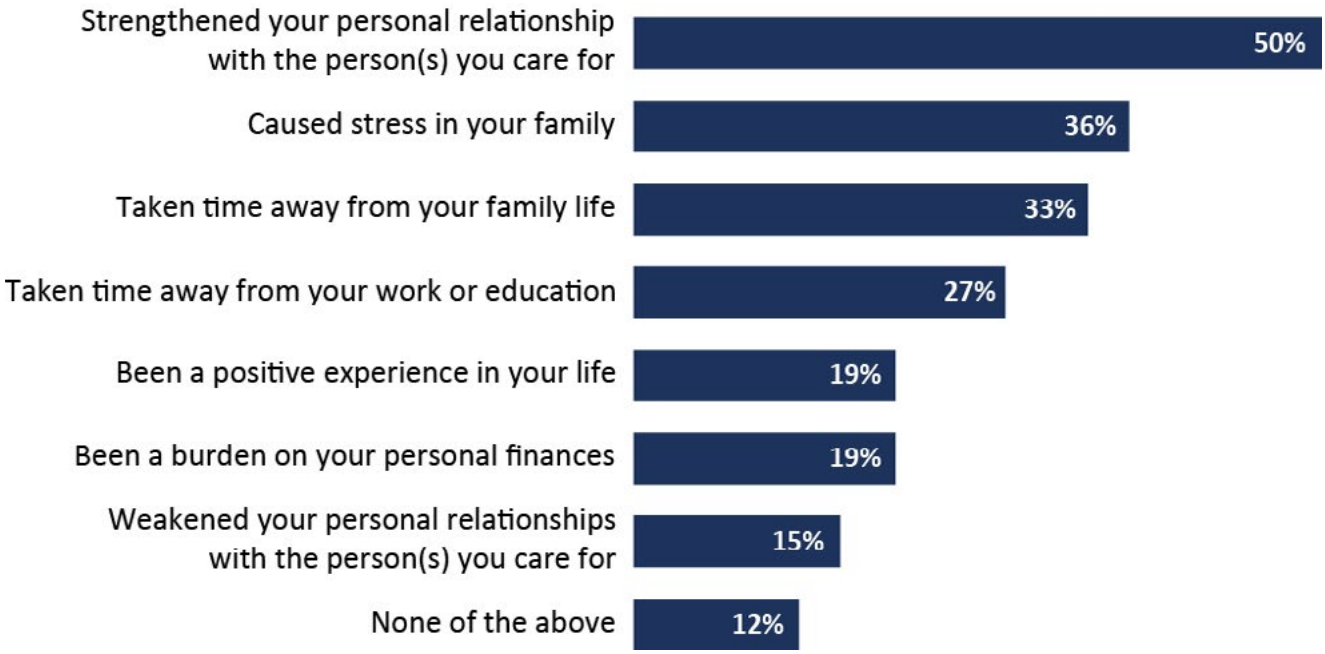
H02. What are the ages of the people you provide unpaid care for? Base: Where provide unpaid care for someone who has a long-term illness. All valid responses (747).

This pattern is consistent across deprivation. In relation to age, there is a higher frequency of those in the most deprived areas caring for people under the age of 18 (14% cf. 10%).

Residents' experiences of providing unpaid care

The data implies there may be a link between providing care and poorer mental health, as only 15% of those with good mental health provide care, compared to the 23% of those with poor mental health that do, perhaps suggesting a level of mental strain that comes with providing care. When those who provide unpaid care were asked about the impact this has had on them, a third said that it caused stress in the family (36%) and took time away from their family life (33%), whilst 27% said it took time away from work or education. However, encouragingly half (50%) of those who provide unpaid care say it has strengthened their relationship with the person they care for, and a further 19% said it has been a positive experience.

Figure 18: Personal experience of providing unpaid care

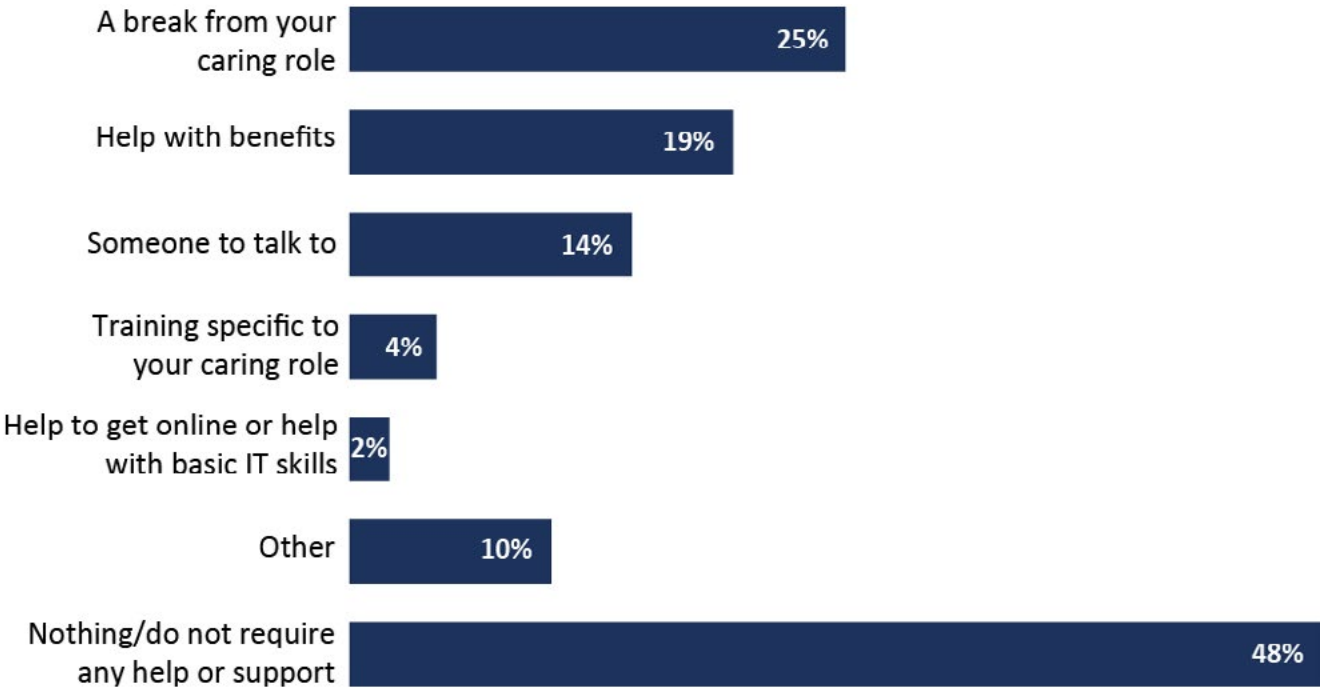


H03. When you think about your personal experience of providing unpaid care, would you say it has… Base: Where provide unpaid care for someone who has a long-term illness. All valid responses (632).

Help and support that would help providers of care in the community

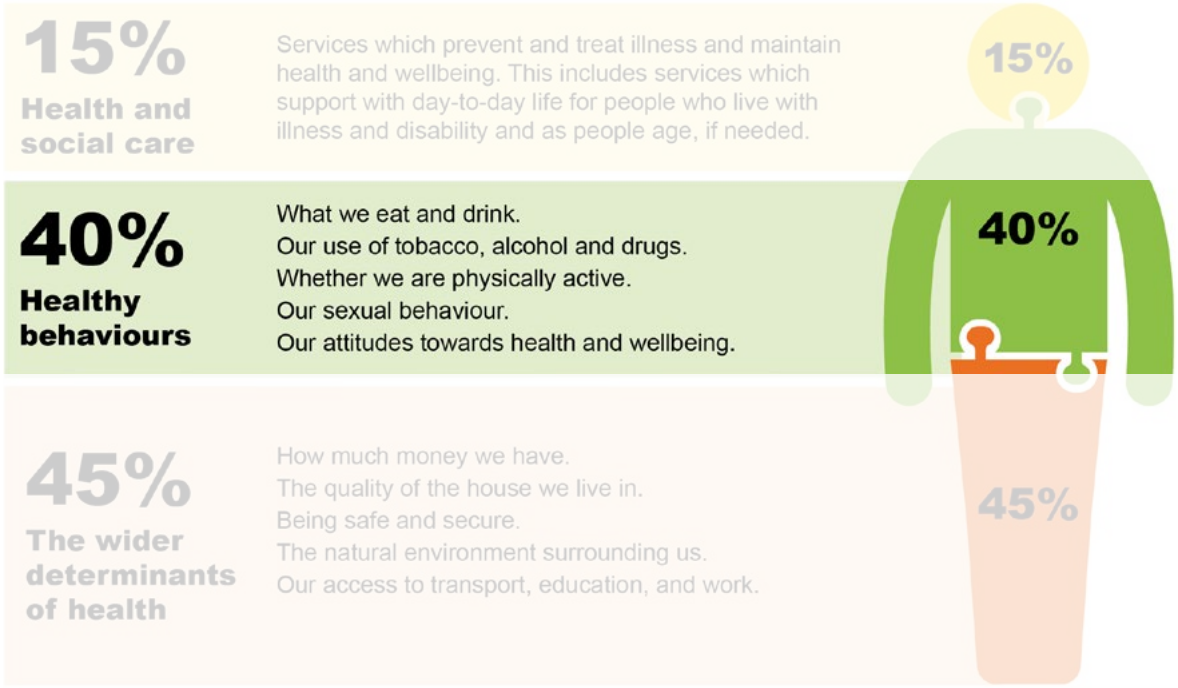
Those who provide care for someone who has a long-term illness, health condition or disability were asked what help and support would help them in their role. Almost half said nothing, or that they do not require help or support (48%). A quarter (25%) said they would benefit from a break, 19% said help with benefits, and 14% said someone to talk to. The follow range of responses is shown in Figure 19.

Figure 19: Help and support that would help unpaid carers



H04. What help and support would help you in your role as an unpaid carer? Base: Where provide unpaid care for someone who has a long-term illness. All valid responses (614).

5. Healthy Behaviours



This section of the report explores health related behaviours. These behaviours, shaped by wider social, economic and environmental factors account for around 40% of a person's health outcomes.

Summary of key findings related to healthy behaviours

Making smoking history

- 11% of residents said they smoke cigarettes (including hand rolled), currently or occasionally.
    - Those living in areas with higher-than-average levels of deprivation are more likely to smoke cigarettes, with 3% of those in the least deprived areas smoking, and 12% in IMD quartile 4.
    - Cigarette use peaks at 35 to 44 years of age, with 16% of this age group smoking at all, and 11% smoking regularly.
    - 10% of male residents currently/occasionally smoke, and this is significantly higher than the 8% of female residents.
- 11% of residents said they vape, currently or occasionally.
    - Vaping correlates strongly with age, and the younger the residents, the greater the likelihood that they vape, with 25% of those aged 18-25 vaping currently or occasionally.

Enabling healthy weight for all

- 37% of residents are living with overweight, and 29% are living with obesity.
    - Residents are more likely to be classed as living with obesity if they live in the most deprived areas (35%).
- 79% of residents eat fewer than 5 portions of fruit or vegetables in an average day.
    - Residents are more likely to eat fewer than 5 if they live in the most deprived areas (85%).

    - The probability of residents eating fewer than five portions per day correlates with obesity (82%), extreme obesity (90%) and those who do not do the recommended amount of physical activity per week (86%).
- 34% of residents eat fast food or take away meals multiple times in an average month.
    - Unlike other dietary-related measures, there is no correlation between fast food and deprivation, suggesting accessibility may be key, rather than price.
    - Higher levels of fast food/take away consumption are found among male residents (38%, cf. 29% of female residents), LGBTQ+ residents (44%) and most notably, among those aged under 35 (52%).
- 53% of residents do the recommended amount of physical activity per month, whilst 47% do less than the recommended amount.
    - The following groups of residents are especially likely to undertake less than the recommended amount of activity: residents living in the most deprived areas (58%); female residents (50%); residents aged 75 or over (66%); those with a physical health condition (52%) or with a physical and mental health condition (60%); those who are living with obesity (54%) or extreme obesity (77%); smokers (54%).

Reducing alcohol harms and drug use in County Durham

- 62% of residents who drink alcohol drink at levels which are considered to be low risk. Approximately a quarter (23%) are classed as increasing risk drinkers, and 14% are at higher risk, whilst 2% evidenced possible alcohol dependency.
    - In total, 37% of residents evidenced increasing or higher risk levels of alcohol consumption, which is considerably higher than the UK average of 21%, recorded in 2021.
    - Those who are more likely to drink at riskier volumes are male residents (20%, cf. 9% of female residents), and those who currently smoke tobacco (21%, excluding vaping).
- 3% of residents consume any illegal or controlled substance at least monthly.

Gambling

- 28% of residents said that they had gambled in the past 12 months.
    - Among these residents who have gambled, only 3% said their gambling has had a negative impact.

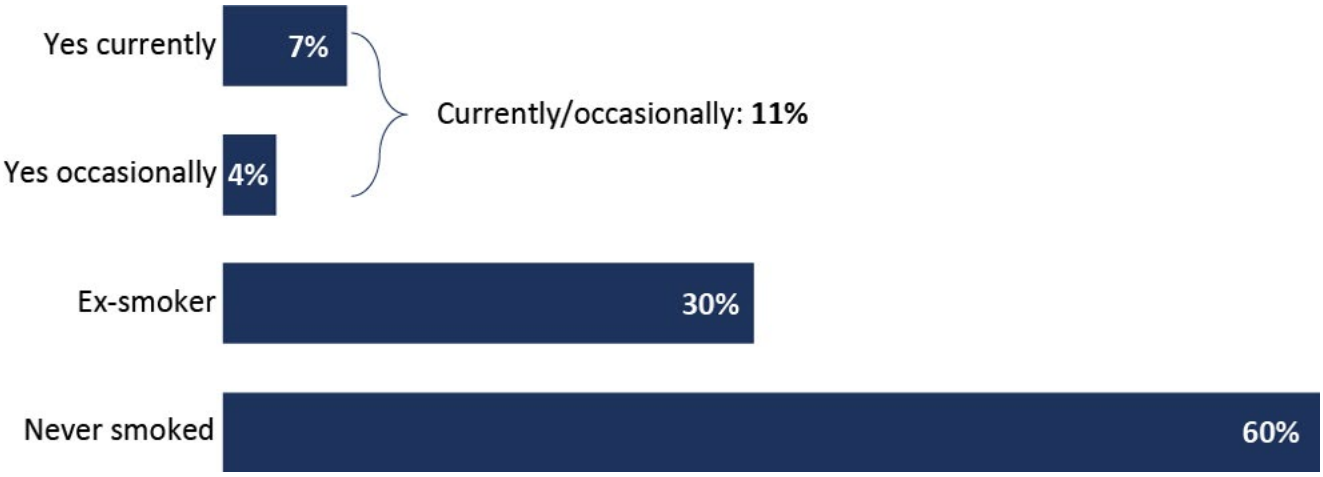
Making smoking history

Smoking remains the single largest cause of preventable deaths and one of the largest causes of unfair health differences in County Durham and England. In County Durham, around 900 people die every year from smoking-related illnesses (JLHWS 2023-2028).

Cigarette usage

In total, 11% of County Durham residents smoke cigarettes (including hand rolled) currently or occasionally, which equates to 53,220 residents of County Durham. This breaks down to 7% of residents who smoke currently, and 4% who smoke occasionally. A further 30% have smoked cigarettes in the past but have now stopped.

Figure 20: Overall usage of cigarettes, including hand rolled*



C01. Which of the following types of tobacco, smoking or vaping have you used? Cigarettes or hand rolled cigarettes Base: All valid responses (3483). *Figures do not sum to 100% due to rounding

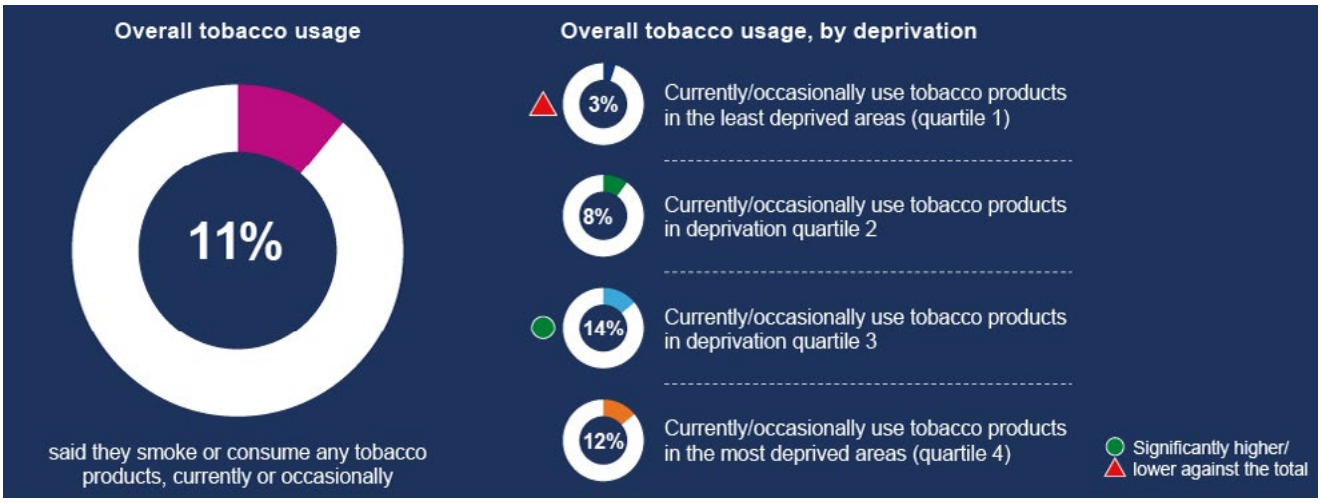
Compared to 7% of the total population, those with a mental health condition are significantly more likely to be current smokers, at 16%, whilst those with both a mental and physical health condition smoke at 11%. Accordingly, there is a strong correlation between a resident being a current smoker and describing their mental health as bad, with almost 1 in 5 (18%) of this latter group being current smokers. Those who are most likely to be current smokers are those who have ever been in care (19%) (64 surveyed residents) and those who are unable to work due to long-term sickness or disability (21%).

Smoking prevalence is significantly higher among people with a mental health condition (16%) than in the overall population (7%). Those with both a mental and physical health condition also have a higher smoking prevalence (11%). Despite looking within a smaller sample size of residents, the data shows that those who consume recreational drugs at least monthly are more likely to smoke (31%), although residents who use drugs are especially likely to be ex-smokers (42%). Those with a possible alcohol dependence, albeit a small group of residents, are also more likely to smoke at 19% (99 surveyed residents consume recreational drugs at least monthly, and 59 surveyed residents showed signs of possible alcohol dependency).

Cigarette usage, by deprivation, age and sex

As Figure 21 shows, tobacco smoking usage (including hand rolled) is more commonly found in the areas in County Durham that experience higher than average levels of deprivation. Tobacco smoking prevalence is at 3% in the least deprived areas, but 14% in the second most deprived areas and 12% in the most deprived areas.

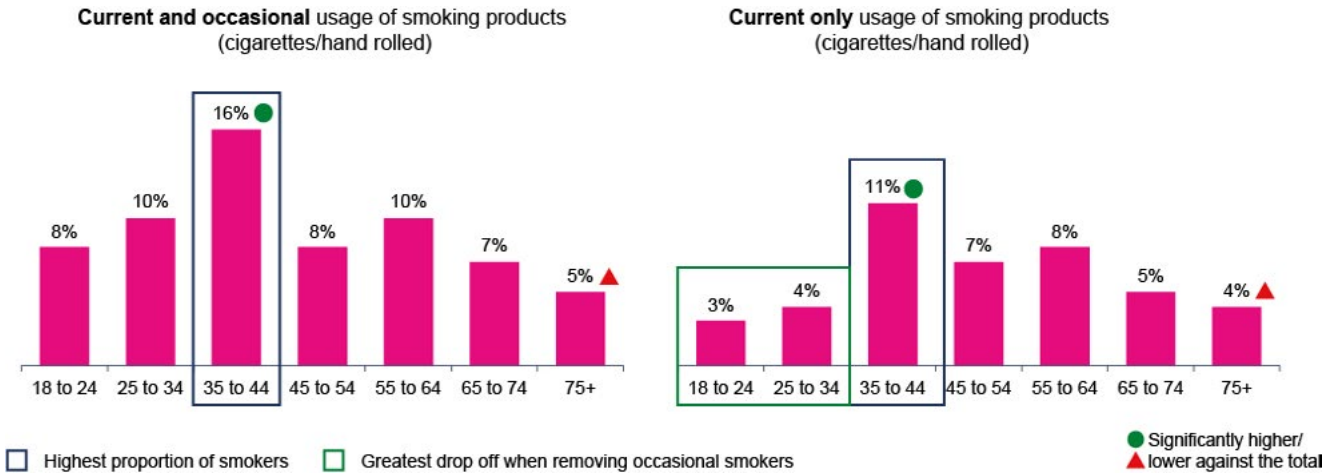
Figure 21: Usage of cigarettes, including hand rolled by deprivation quartile



C01. Which of the following types of tobacco, smoking or vaping have you used? Base: All valid responses (Least Deprived- 1: 1268, 2: 885, 3: 732, Most Deprived- 4: 581)

The data show variation in smoking behaviour by age. The figure below presents the proportion of residents who smoke occasionally (left) and the proportion who smoke more regularly (right), by age group. Smoking prevalence is highest among those aged 35–44. Among people aged under 35, prevalence falls when occasional smokers are excluded, suggesting that younger smokers are more likely to smoke socially or occasionally rather than regularly.

Figure 22: Current/occasional use of cigarettes by age, compared to current use by age



C01. Which of the following types of tobacco, smoking or vaping have you used? Base: All valid responses 18-24 (86), 25-34 (318), 35-44 (292), 45-54 (409), 55-64 (678), 65-74 (860) 75+ (752)

Looking by sex, the data shows that 7% of male residents smoke currently compared to 6% of female residents, which is not significant. However, 3% of male residents occasionally smoke, compared to 2% of female residents. Taken together this means 10% of males smoke (current and occasional), and this is significantly higher than the 8% of female residents.

Vape usage

Turning to vaping, 9% currently use vapes, whilst 2% occasionally vape, and 5% have vaped before, but have now stopped. Vaping is strongly correlated with age, with younger residents being significantly more likely to vape.

Table 4: Proportion of residents who vape, by age

How often do you use vapes?	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+
Sample Size	*86*	*320*	*293*	*413*	*671*	*791*	*86*
Currently use	**20%** HIGHER	**15%** HIGHER	11%	10%	7%	**4%** LOWER	**1%** LOWER
Occasionally use	**5%** HIGHER	**6%** HIGHER	3%	3%	**1%** LOWER	**1%** LOWER	***%** LOWER
Have used before, but now stopped	**11%** HIGHER	**8%** HIGHER	**10%** HIGHER	6%	4%	**3%** LOWER	**2%** LOWER
Never used	**64%** LOWER	**71%** LOWER	**76%** LOWER	81%	**88%** HIGHER	**93%** HIGHER	**97%** HIGHER

Significantly HIGHER / LOWER against the total

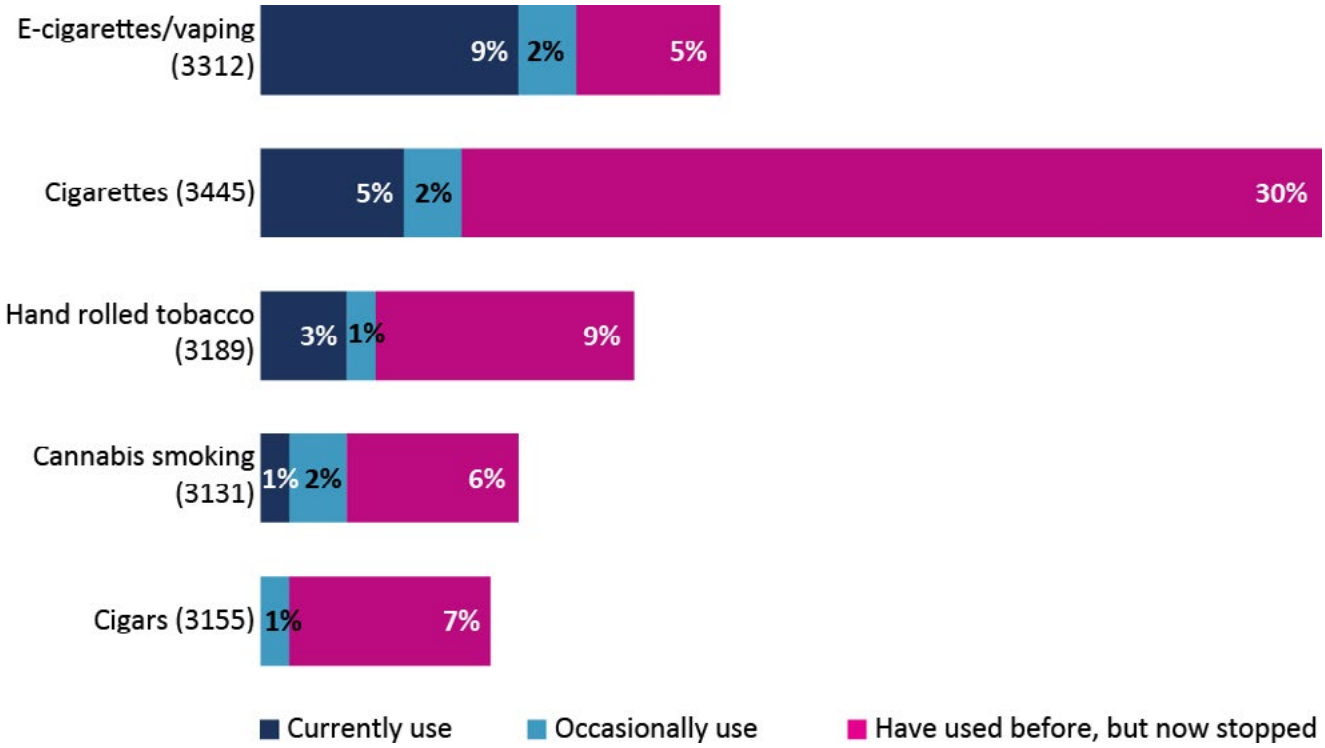
Current use is also higher among:

- LGBTQ+ residents (14%),
- those living in the most deprived areas (13%),
- and female residents (10%).

Proportion of total tobacco usage across all product types

The below chart breaks down the full range of smoking, tobacco or nicotine containing products consumed in County Durham. The results highlight tobacco or nicotine usage is most common in cigarettes and hand rolled tobacco (11%) and vaping (11%). Cannabis and cigars were recorded as used, currently or occasionally, by 3% and 1% respectively, which matches the recorded cannabis usage at the questions about recreational drug use, which is outlined below in this section. Pipes, heated tobacco, chewing tobacco and snus were used by fewer than 1% of residents, and are not included in the Figure.

Figure 23: Proportion of residents consuming tobacco, smoking and vaping products across all product type

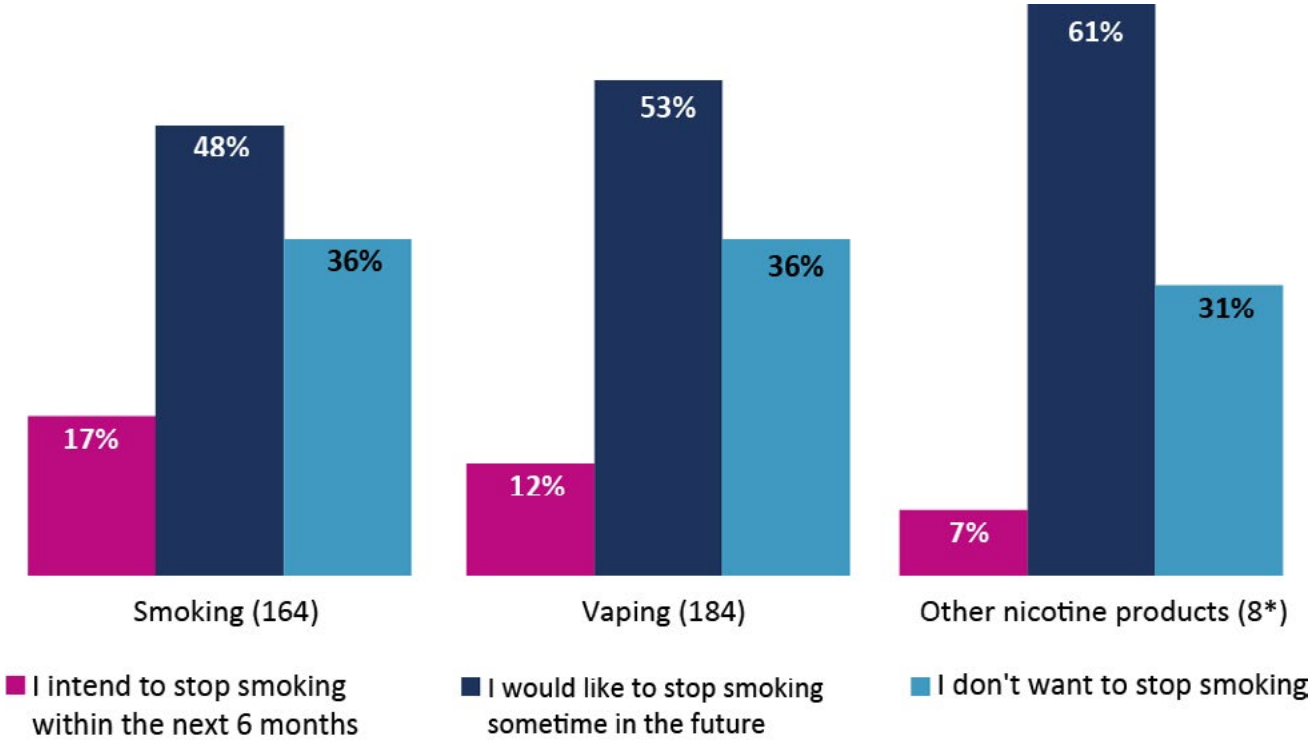


C01. Which of the following types of tobacco, smoking or vaping have you used? Base: All valid responses (base size in parenthesis).

Future intention regarding tobacco usage

Within the next six months 17% of cigarette smokers and 12% of vapers wish to quit. A further 48% of smokers and 53% of vapers wish to quit in the future. This means that just over a third of both smokers and vapers (36%) do not wish to quit. The proportion of those who do not wish to quit is higher among residents in the most deprived areas (48%), those aged 55-64 (46%) and male residents (42%) (The desire to quit in the next 6 months is highest in Stanley, so this area may be a key area to focus resources in. However, the data is based on a small number of responses (32) and therefore the figures are not considered to be robust and therefore not reported).

Figure 24: Of current users, those looking to stopping smoking or using other nicotine products



C02. Which of the following statements best describes your feelings about stopping smoking or vaping? Base: Where used tobacco, smoking or vaping. All valid responses (361).

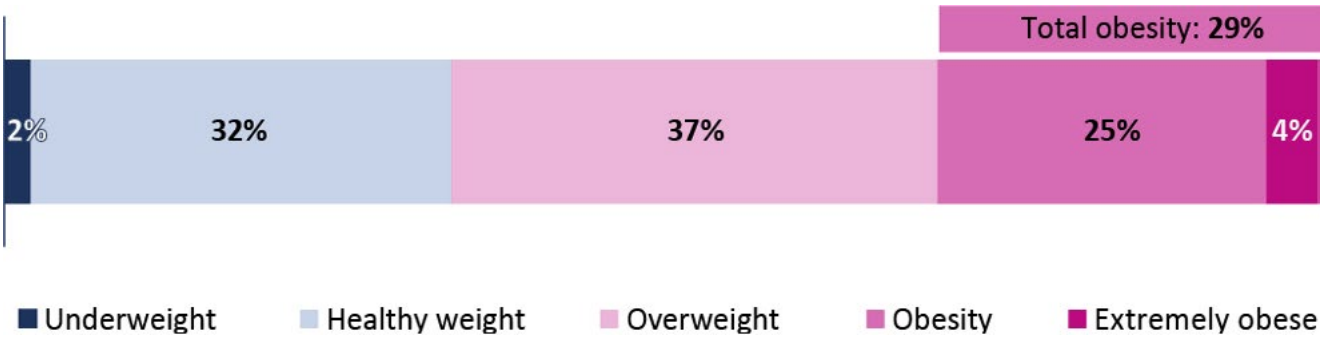
Enabling healthy weight for all

Enabling Healthy weight for all, a key priority of the JLHWS, aims to address the increased risk of significant health issues associated with living with overweight or very overweight. The strategy includes taking action to better equip residents to make healthier food choices, and to empower residents to be more active.

Calculated body mass index

To contextualise the survey's findings about diet and physical activity, residents were asked about their height (in feet and inches or metres and centimetres) and their weight (in stones and pounds or in kilograms). From this, their Body Mass Index, or BMI was calculated (BMI is not designed to be diagnostic, and there are limitations given that ethnicity is not taken into account, and that muscle weighs more than fat, so very athletic people are more likely to be classed as living with overweight. Calculate your body mass index (BMI) for adults - NHS Accessed 03/05/2025). As Figure 25 shows, approximately a third of residents have a healthy weight (32%), and marginally more have overweight (37%). In total 29% have a weight that is classed as obese (obese: 25%; extremely obese: 4%).

Figure 25: Height and weight measurements – body mass index



T04. How tall are you (without shoes)? // T05. What do you weigh? All valid responses (3328).

Residents are more likely to have a weight that is classed as obese if they live in the most deprived areas, are male, and especially if they have both a physical and a mental health condition.

The table below shows statistical variation in weight among socio-demographics which evidence significant differences shown in bold.

Table 5: Proportion of residents in weight categories by index of multiple deprivation quartiles

Weight category	1 - Least Deprived	2	3	4 - Most Deprived
Sample Size	*1335*	*962*	*799*	*638*
Underweight	2%	2%	2%	3%
Healthy weight	**41%** HIGHER	34%	30%	**24%** LOWER
Overweight	38%	38%	35%	38%
Obesity	**18%** LOWER	24%	**28%** HIGHER	**29%** HIGHER
Extreme obesity	**1%** LOWER	3%	**5%** HIGHER	**6%** HIGHER

Significantly HIGHER / LOWER against the total

Table 6: Proportion of residents in weight categories by sex

Weight category	Male	Female
Sample Size	*1381*	*1905*
Underweight	2%	2%
Healthy weight	**28%** LOWER	**36%** HIGHER
Overweight	**42%** HIGHER	**33%** LOWER
Obesity	**26%** HIGHER	23%
Extreme obesity	**2%** LOWER	**5%** HIGHER

Significantly HIGHER / LOWER against the total

Table 7: Proportion of residents in weight categories by age

Weight category	18 to 34	35 to 64	65+
Sample Size	*321*	*1343*	*1652*
Underweight	**5%** HIGHER	1%	2%
Healthy weight	**38%** HIGHER	31%	32%
Overweight	34%	36%	**42%** HIGHER
Obesity	**19%** LOWER	**27%** HIGHER	23%
Extreme obesity	4%	**4%** HIGHER	**2%** LOWER

Significantly HIGHER / LOWER against the total

Table 8: Proportion of residents in weight categories for those with both a physical and mental health condition

Weight category	Both physical and mental health condition
Sample Size	*244*
Underweight	**5%** HIGHER
Healthy weight	**20%** LOWER
Overweight	**25%** LOWER
Obesity	**36%** HIGHER
Extreme obesity	**14%** HIGHER

Significantly HIGHER / LOWER against the total

Portions of fruit and vegetables eaten in a day

In order to understand dietary habits of County Durham residents, the survey asked respondents about their diet and the quantity of fruit and vegetables eaten per day. Around one in five residents (21%) eat at least five portions of fruit and vegetables per day, with the remaining 79% of residents eating fewer.

Figure 26: Portions of fruit and vegetables eaten in a day

D01. How many portions of fruit and vegetables do you eat a day? Base: All valid responses (3750).

Proportion of fruit and vegetables eaten in day, by socio-demographics

The proportion of residents who eat fewer than five portions of fruit and vegetables a day increases as deprivation increases, with 82% of those in the third most deprived quartile and 85% of those in the most deprived quartile eating fewer than five. The figure is also higher among those who are aged below 35 (85%) and those who have a mental health condition (88%). The probability of residents eating fewer than five portions per day correlates with obesity (82%), extreme obesity (90%) and those who do not do the recommended amount of physical activity per week (86%).

Figure 27: Proportion of residents who eat fewer than 5 portions of fruit or vegetables a day, by deprivation

D01. How many portions of fruit and vegetables do you eat a day? Base: All valid responses (Least Deprived- 1: 1346, 2: 961, 3: 803, Most Deprived- 4: 640)

Figure 28: Proportion of residents who eat fewer than 5 portions of vegetables a day, by age

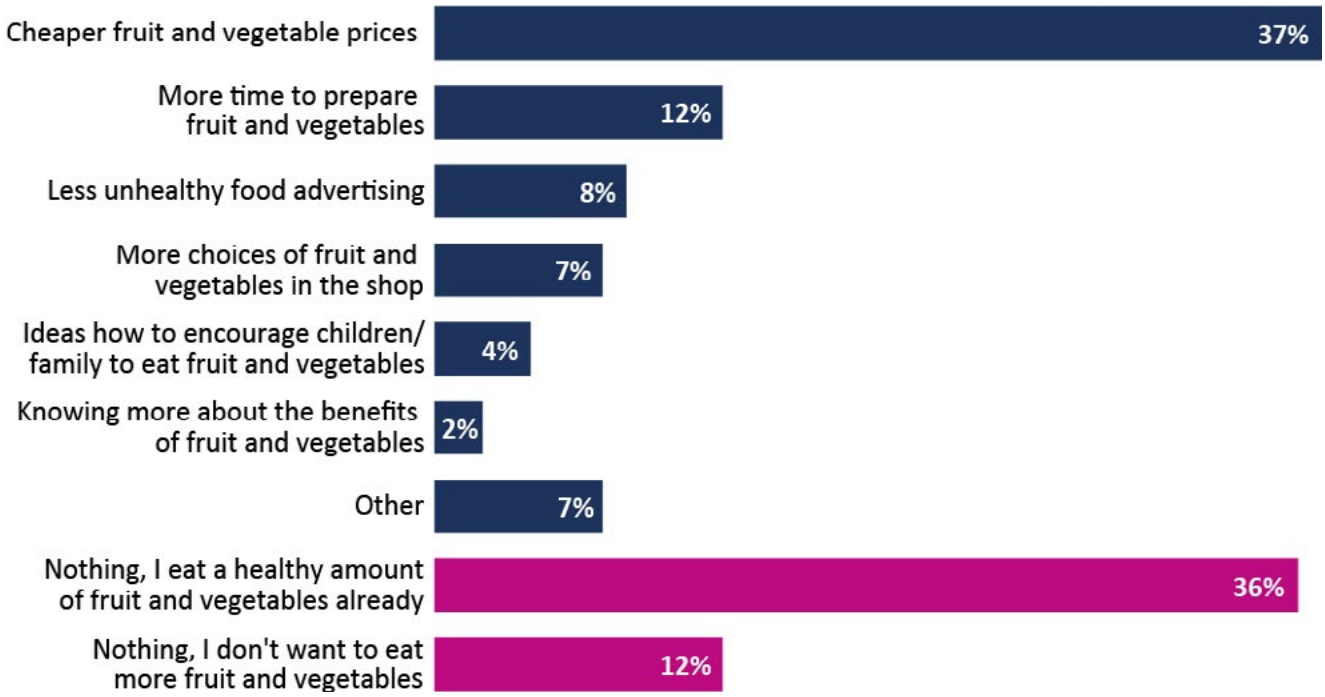
D01. How many portions of fruit and vegetables do you eat a day? Base: All valid responses (18-34: 418, 35-64: 1471, 65+: 1785)

Actions that would help people in eating more fruit and vegetables

Residents were asked what would help them in consuming more fruit and vegetables and the most common answer by a notable margin was cheaper fruit and vegetable prices, indicated by 37%. This increases to 43% among residents in the most deprived areas. This was followed by more time to prepare fruit and vegetables at 12%, less unhealthy food advertising at 8% and more choice in shops at 7%.

Interestingly, a similar proportion said they already eat enough fruit and vegetables (36%) as those who cited cost as a barrier. A further 12% said they do not wish to eat more fruit or vegetables, meaning that 48% of residents said they did not wish to increase the amount of fruit and vegetables consumed, over double the proportion of residents who eat at least five (21%). Those who are aged 65+ are especially likely to say they do not want to eat more fruit and vegetables, with 50% saying they already eat a healthy amount, and 20% saying they simply do not wish to, despite this age group being no more likely than other age groups over 34 to eat five portions a day.

Figure 29: Actions that would aid people in consuming more fruit and vegetables



D02. What would help you eat more fruit and vegetables? Base: All valid responses (3534).

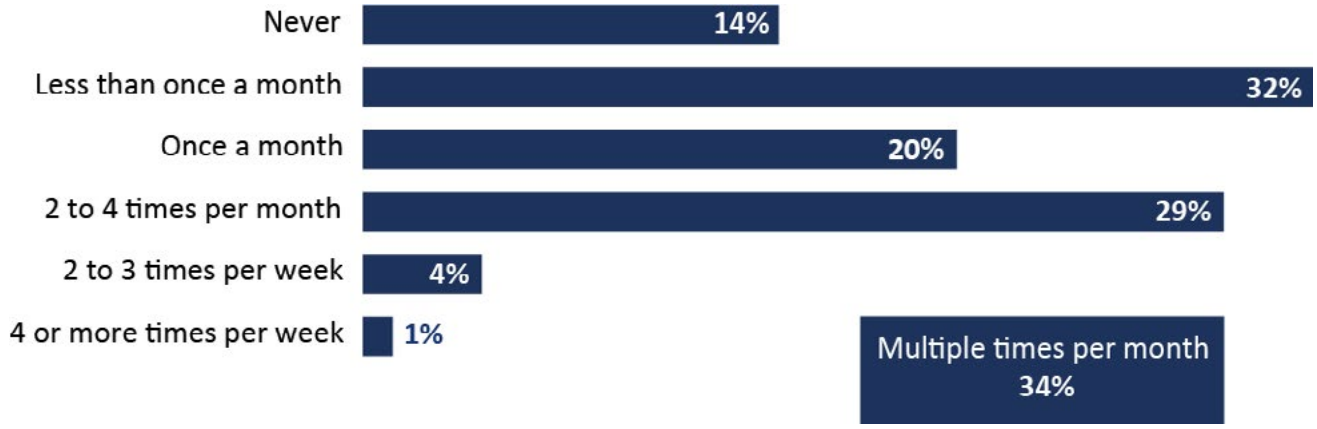
Fast food and take away meal consumption

To further deepen understanding of residents' eating habits, they were asked how often they eat fast food or take away meals. The full breakdown of responses is detailed in the chart below, which shows that a third of residents (34%) eat fast food or take away meals multiple times a month, and a further 20% eat them once a month. Therefore, just over half (54%) eat these types of meals at least once a month. Frequency of these meals is highest in Coxhoe, Ferryhill and Spennymoor, where 39% eat them multiple times per month. Unlike other dietary-related measures, there is no correlation with deprivation, suggesting accessibility may be key, rather than price.

Higher levels of fast food/take away consumption are found among:

- male residents (38%, cf. 29% of female residents).
- LGBTQ+ residents (44%).
- and most notably, among those aged under 35 (52%).

Figure 30: Frequency of eating fast food and take away meals

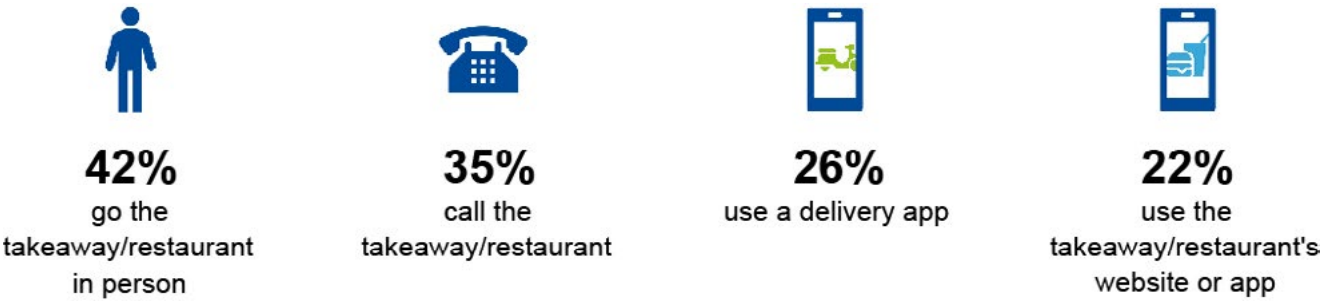


D03. How often do you usually eat fast food or take away meals? Base: All valid responses (3729).

The most common method of ordering this type of food is to go to an establishment in person, at 42%. This is lowest in Coxhoe, Ferryhill and Spennymoor (33%), despite the higher-than-average consumption in this area, and highest in Teesdale, at 57%, perhaps reflecting more instances of takeaways or restaurants in this area. There is significant variation in the method of ordering food by age, with those aged 18-34 much more likely to use delivery apps (60%, cf. 26% county average) or restaurant apps or website (35%, cf. 22% county average). Conversely, those aged 65 or above are more likely to go to the restaurant in person (49%, cf. 37% of those aged below 35).

Figure 31 below shows the responses to the question about method or ordering, and Figure 32 shows the proportion of takeaways that are from independent restaurants and international chains.

Figure 31: Most common methods of ordering fast food and take away meals



D04. How do you usually order/get your fast food or takeaway meals? Base: Where eat fast food or take away meals. All valid responses (2941).

Figure 32: Types of establishments fast food and take away meals are most frequently bought in

D05. And where do you usually get your fast food or takeaway meals from? Base: Where eat fast food or take away meals. All valid responses (2925).

Proportion of residents who achieve the weekly recommended physical activity

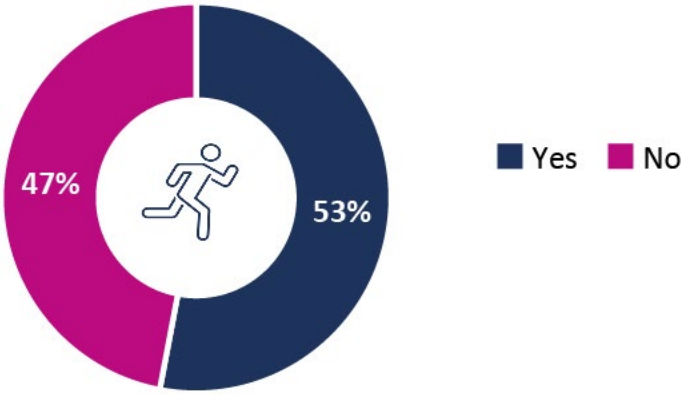
Residents were also asked about their physical activity. All respondents were asked how many minutes of physical activity they do in an average week at two different intensity levels:

- Moderate – this is activity that raises your heart rate, makes you breathe faster and feel warmer.
- Vigorous – this is activity that makes you breathe hard and fast.

The NHS states that adults should aim to do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week. These two different levels have been combined to calculate overall active minutes for each respondent, with vigorous minutes being doubled.

These data demonstrate a fairly even split between residents who achieve the weekly recommended amount of physical activity (53%) and those who do not (47%) (In 2022 63% of people in England aged 16 and over were classified as physically active by Sport England. This is not a direct comparison, as it includes those aged 16-18, and was a push-to-web methodology, but suggests that County Durham under performs in terms of physical activity compared to the national average. In the Sport England data, the lowest proportion of adults meeting this threshold was in the Northwest (58%). Active Lives | Sport England Accessed 02/05/25).

Figure 33: Achieving the weekly recommended physical activity summary



F01. Summary: Does recommended weekly physical activity – moderate and vigorous activity combined Base: All valid responses (2428).

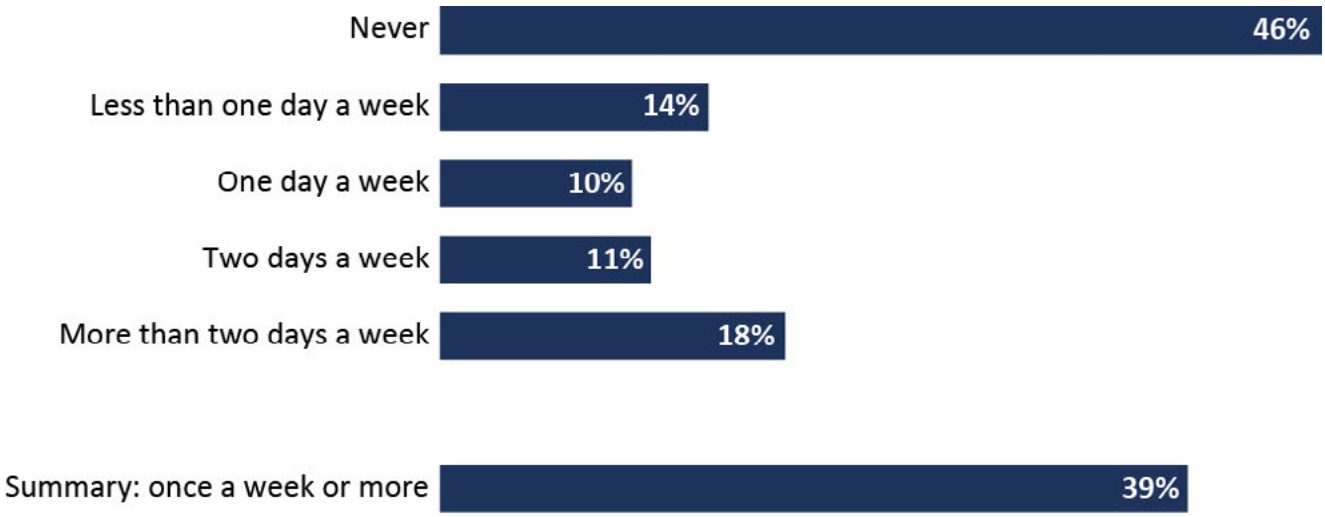
The following groups of residents are especially unlikely to achieve the recommended amount of activity and therefore represent key populations to consider for targeted resource allocation to improve health outcomes and reduce inequalities.

- Residents living in Easington and Seaham (56% do not do the recommended weekly physical activity).
- Residents living in the most deprived areas (58%).
- Female residents (50%).
- Residents aged 75 or over (66%).
- Those with a physical health condition (52%); this is especially the case among those who also have a mental health condition (60%).
- Those who are living with obesity (54%) or extreme obesity (77%).
- Smokers or vapers (55%).

Proportion of residents who do muscle strengthening activity in an average week

Residents were also asked about how often they do a muscle strengthening activity in an average week. Overall, 39% of residents said they did this type of activity at least once a week, 14% said they did so less often than one day a week, and 46% said they never did a muscle strengthening activity.

Figure 34: Days of muscle strengthening activity in an average week



F02. In an average week, how often do you do some form of muscle strengthening activity? Base: All valid responses (3714).

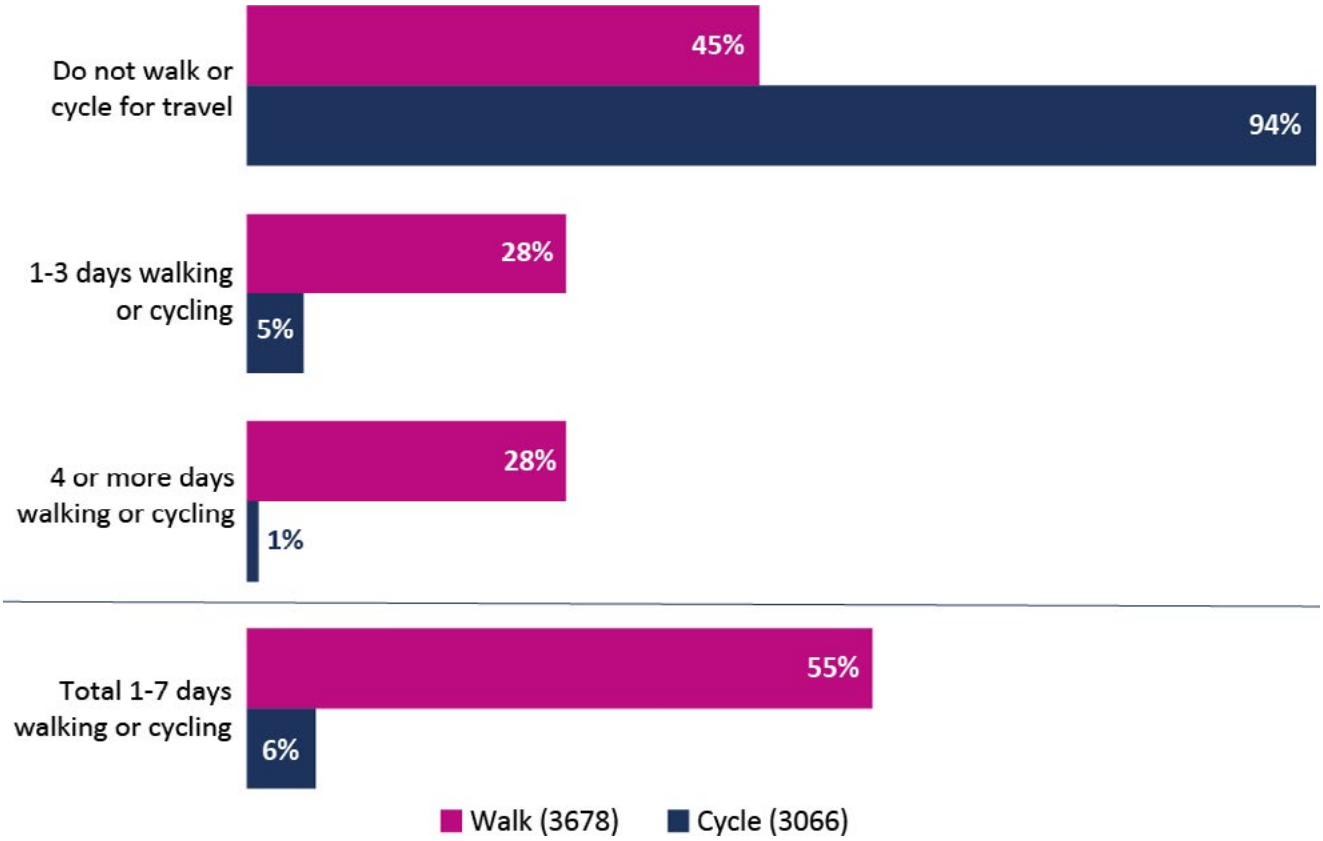
The data for frequency of muscle strengthening activities mirrors very closely those for the recommended weekly physical activity in general. Accordingly, those who are least likely to participate in any activity that strengthens muscles at least once a week are more likely to live in the most deprived areas (33%), are female (37%), are aged 75 or over (26%), have a physical health and mental health condition (27%), are living with obesity or extreme obesity (31% and 20% respectively) and smoke or vape (33%).

Proportion of residents who walk or cycle for travel in an average week

All respondents were then asked how many days they walk or cycle for travel in an average week. This is where arriving at a destination is the purpose of the journey and not simply for exercise. Figure 35 shows the proportion of residents who walk for travel in pink, and who cycle for travel in blue. It shows that just over half of respondents (55%) walk for the purpose of travelling at least one day a week. There is an even split between the proportion of respondents who walk 1-3 days a week and 4 or more days a week (28% for each). The remaining 45% do not walk for the purpose of travelling.

Cycling as a form of transport is much less common, as 94% of residents do not travel in this way at all, and only 1% cycle to travel 4 or more days in an average week. Taken together, 56% of adults walk or cycle at least once a week as a form of travel, and so those residents who cycle are almost always those who walk as well.

Figure 35: Days walking and cycling in an average week where the purpose is commuting



F03. In an average week, how many days do you walk or cycle for travel (where arriving at a destination is the purpose of the journey, and not simply for exercise)? Base: All valid responses (base size in parenthesis).

Reducing alcohol harms

The North East has some of the highest rates of alcohol specific mortality rates, therefore reducing the harm from alcohol is a key priority area of the JLHWS. In County Durham there has been a significant increase in liver disease contributing to the increase in alcohol specific deaths. Alcohol has a negative impact on children, young people and vulnerable adults. The following pages outline the findings from the survey relating to alcohol consumption. The survey also asked residents about drug use, these results are also reported in this section.

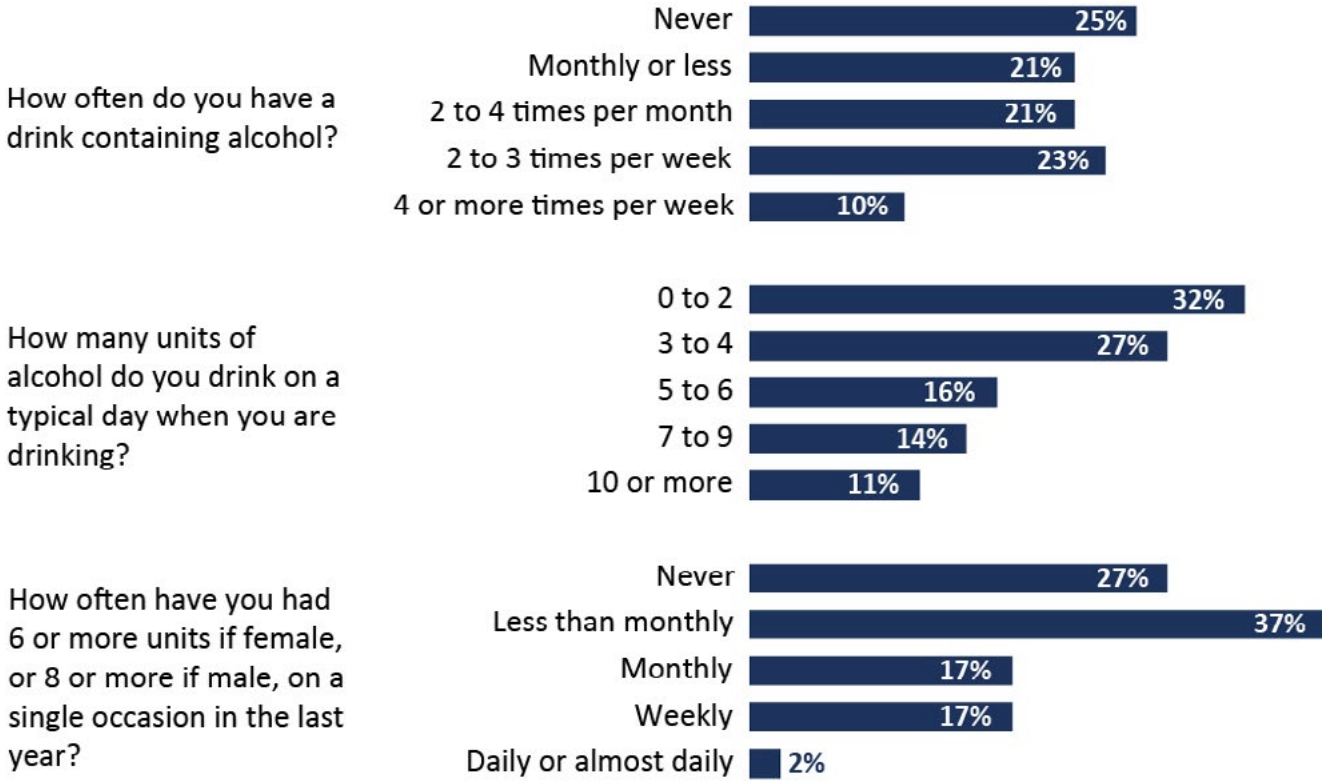
Levels of alcohol consumption in County Durham

To ascertain levels of alcohol consumption, the survey incorporated questions originally taken from the AUDIT-C (Audit C is a shortened version of the AUDIT test, or Alcohol Use Disorders Identification Test – Consumption, developed by the World Health Organization) using The Health Survey for England (HSE) calculation to define alcohol risk level per NHS guidance.

- **A low-risk drinker** is defined as someone who drinks **14 units or less across 3 days or more**
- **A hazardous drinker** is defined as someone who drinks **15 to 49 units if male or 15 to 34 units if female**
- **A harmful drinker** is defined as someone who drinks **50 units or more if male or 35 units or more if female**

Responses to these questions are shown in the Figure below. Responses for frequency of drinking alcohol are fairly split, with 25% saying they never drink, and just over one in five saying respectively that they drink monthly or less, two to four times a month, and 2 to 3 times a week. A further 10% say they drink 4 times a week or more frequently. Responses to the question of how many units those who drink alcohol consume also varied, tending towards the lower end of the scale, with one third of respondents drinking 0-2 units per occasion and 27% drinking 3-4. At the other end of the scale, 11% drink 10 or more units per occasion. Among those who consume alcohol, when asked how often male residents have consumed 8 or more units on a single occasion, and female residents have consumed 6 or more, 27% said they never consume this many, and 37% said less than monthly. However, 17% said both monthly and weekly, and 2% said daily.

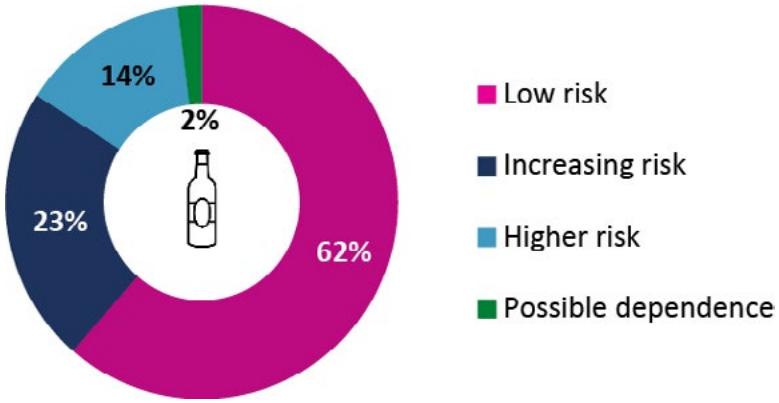
Figure 36: Audit C questions to determine alcohol risk in individuals



E01. How often do you have a drink containing alcohol? Base: All valid responses (3693).
E02. How many units of alcohol do you drink on a typical day when you are drinking? Base: Where have a drink containing alcohol. All valid responses (2711).
E03. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? Base: Where have a drink containing alcohol. All valid responses (2697).

To summarise these data, 62% of residents drink at levels which are considered to be low risk (including nondrinkers). Approximately a quarter (23%) are classed as increasing risk drinkers, and 14% are at higher risk, whilst 2% evidenced possible alcohol dependency. In total, 38% of residents evidenced increasing or higher risk level of alcohol consumption, which is considerably higher than the UK average recorded of 21% in 2021 (NHS Digital, Health Survey for England, 2021 part 1, https://digital.nhs.uk/data-andinformation/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol Accessed 04/05/2025).

Figure 37: Alcohol risk summary



E01/E02/E03 Summary: Alcohol risk Base: All valid responses (3752).

Levels of alcohol consumption by socio-demographics

There were a number of demographics that were more likely to consume alcohol at levels associated with higher risk, notably:

- male residents (20%, cf. 9% of female residents).
- and those who currently smoke tobacco (21%).

As the table below shows, the highest proportion of low-risk drinkers is found in the most deprived areas, whilst the greatest proportion of those with increasing risk are found in the least, and second least deprived quartiles. The life stage more likely to drink alcohol at higher risk levels are those aged 35 to 64.

Table 9: Levels of alcohol consumption by index of multiple deprivation quartiles

Alcohol risk	1 - Least Deprived	2	3	4 - Most Deprived
Sample Size	*1357*	*978*	*815*	*649*
Low risk	**57%** LOWER	59%	62%	**69%** HIGHER
Increasing risk	**25%** HIGHER	**25%** HIGHER	21%	**18%** LOWER
Higher risk	16%	13%	15%	12%
Possible dependence	2%	2%	2%	1%

Significantly HIGHER / LOWER against the total

Table 10: Levels of alcohol consumption by age

Alcohol risk	18 to 34	35 to 64	65+
Sample Size	*419*	*1481*	*1813*
Low risk	66%	**57%** LOWER	**68%** HIGHER
Increasing risk	25%	**24%** HIGHER	**18%** LOWER
Higher risk	8%	**17%** HIGHER	**12%** LOWER
Possible dependence	1%	2%	2%

Significantly HIGHER / LOWER against the total

Drug use in County Durham

Turning now to drug use, in total 3% residents consume any illegal or controlled substance at least monthly.

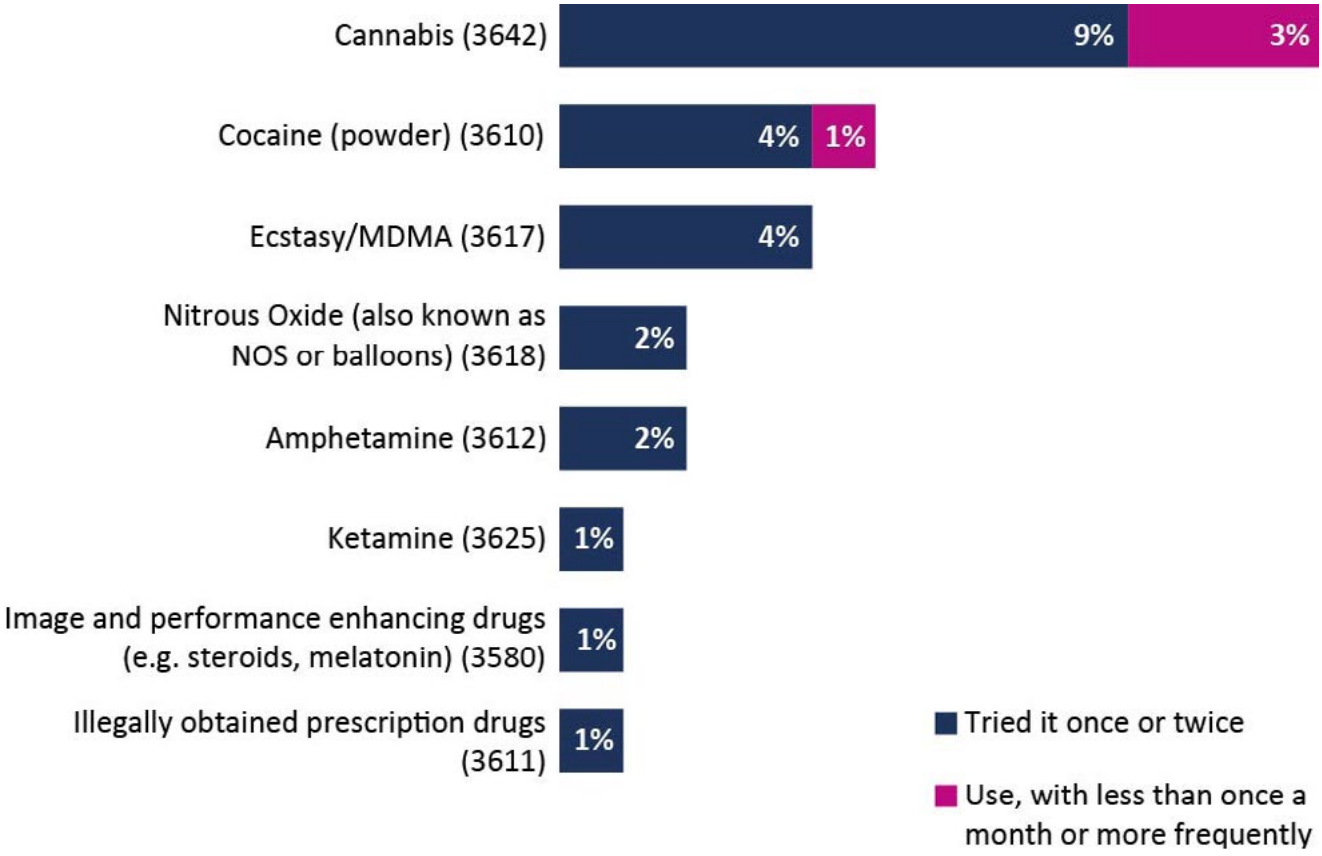
The most commonly used drug is cannabis, used by 3% of residents. Given the prevalence of drug use in general is at 3%, cannabis is almost used universally by drug users in the county, regardless of whether they try other drugs in addition. A further 9% of residents surveyed say they have used cannabis once or twice. The only other drug used with any frequency among survey residents is cocaine powder, used by 1%. All other drugs are used regularly by fewer than 0.5% of the population, although it should be noted that an element of self-selection is inherent in the survey, as users of drugs associated with high risks are less likely to complete a survey.

When looking at the frequency of drug use, there are a number of demographics for whom drug use at least monthly is higher:

- have a mental health condition (14%).
- be living with underweight (11%).
- be LGBTQ+ (9%).
- be aged 35-44 (6%).
- and live in Horden and Peterlee (6%).

Those living in the most deprived areas are not statistically more likely to consume recreational drugs (4%).

Figure 38: Use of drugs



E04. Have you used, or are you using, any of the following drugs? Base: All valid responses (base size in parenthesis).

Gambling

Gambling is an emerging public health area of concern, understanding of gambling is vital to support mental and physical wellbeing objectives. An evidence review by Public Health England found that at-risk and problem gambling has a higher prevalence among people with poor health, low life satisfaction and low wellbeing. The review also found that poor mental health is a stronger predictor of at-risk gambling than both poor physical health and negative health behaviours, with the notable exception of alcohol (Gambling-related harms evidence review: summary - GOV.UK Accessed 04/05/2025). Therefore, the gambling data should be viewed in the context of gambling's relationship with poor mental health resilience and alcohol harms.

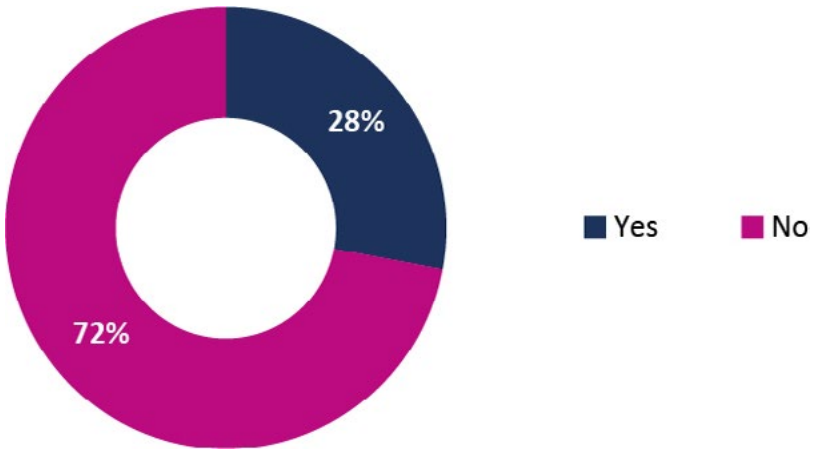
Instances of gambling in the last 12 months

When asked whether they have gambled in the past 12 months, 28% of residents said that they had. The proportion of those who have gambled increases significantly among:

- Male residents (33%).
- Residents who have obesity or extreme obesity (34%).
- Those aged 34-44 (35%) or 45-54 (32%).
- Veterans of the armed forces (36%, although this group is more likely to be male, which is also a demographic that is more likely to gamble).
- Those who are LGBTQ+ (39%).
- Those with a higher risk of alcohol-related negative health outcomes (43%).
- Those who are working (33%).

There are no significant variations by deprivation, and those in the most deprived areas, are exactly as likely as the county average to have gambled in the past 12 months (28%).

Figure 39: Gambling done in the last 12 months

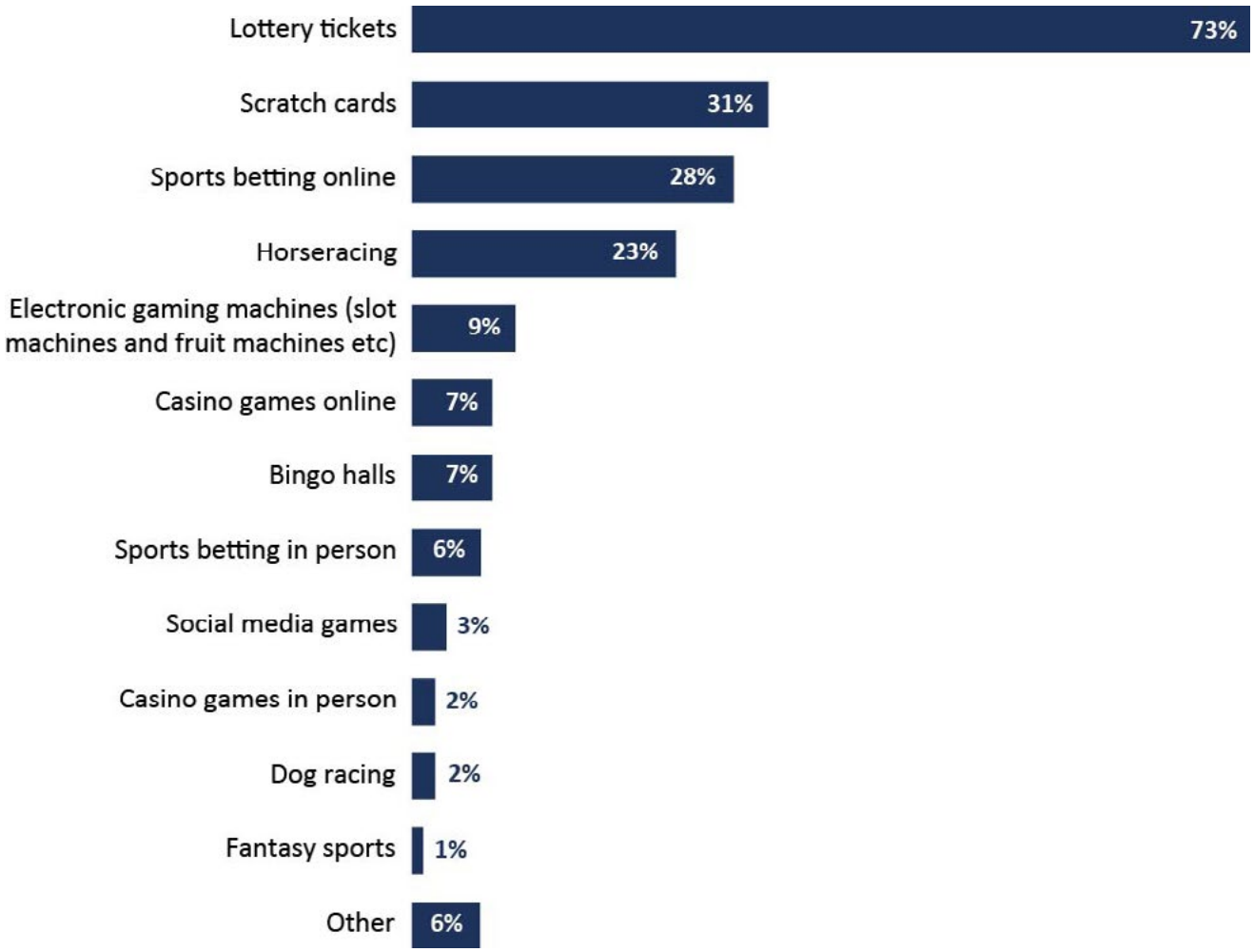


G01. Have you gambled in the last 12 months? Base: All valid responses (3696).

Type of gambling undertaken

The majority of gambling takes the form of purchasing lottery tickets, comprising approximately three in four instances of gambling (73%). This equates to 19% of residents who have bought lottery tickets over the past 12 months. Among instances of gambling the next most common forms are scratch cards (31%), sports betting online (28%) and horseracing (23%).

Figure 40: Forms of gambling engaged with

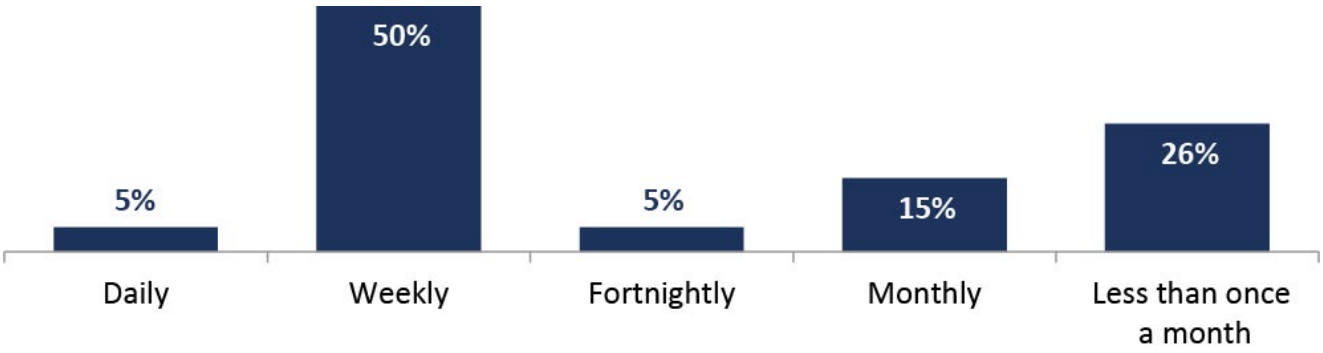


G02. What forms of gambling have you engaged in? Base: Where gambled in the last 12 months. All valid responses (918).

Frequency of gambling

Regardless of the type of gambling carried out, half of all those who have gambled in the past 12 month, do so weekly. The next most commonly given answer to the question of frequency of gambling was “less than once a month” (26%). Five percent of residents say they gamble on a daily basis, and this increases to 10% in Consett, and among those aged 65 or over. Therefore, although those aged 65 or over are not more likely than the county population to gamble overall, when they do gamble, they are more likely to do so with problematic frequency.

Figure 41: Frequency of gambling

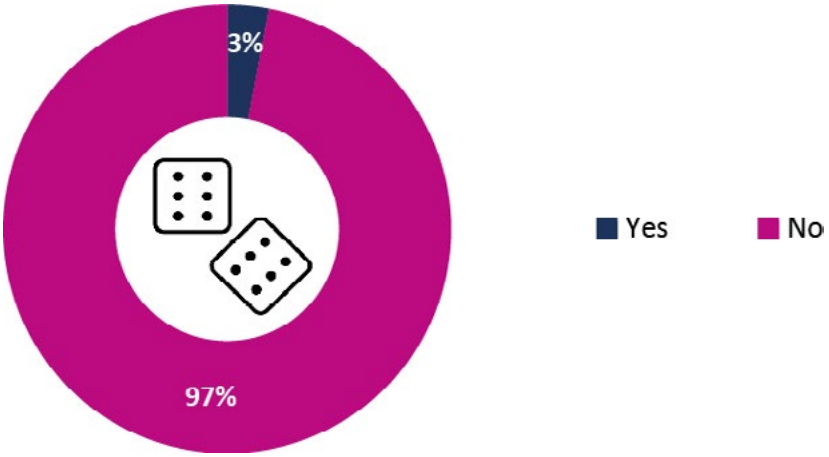


G03. How often do you gamble? Base: Where gambled in the last 12 months. All valid responses (908).

Impact of gambling

Those who have gambled in the past 12 months were asked whether their gambling has had a negative impact on their lives. Overall, 3% of respondents said that it has, which equates to 0.84% of all residents. The proportion of those who reported a negative impact is highest among those aged 25-34 and 45-54 (8%), those with a mental health condition (15%), those who have extreme obesity (13%) and those who are LGBTQ+ (14%).

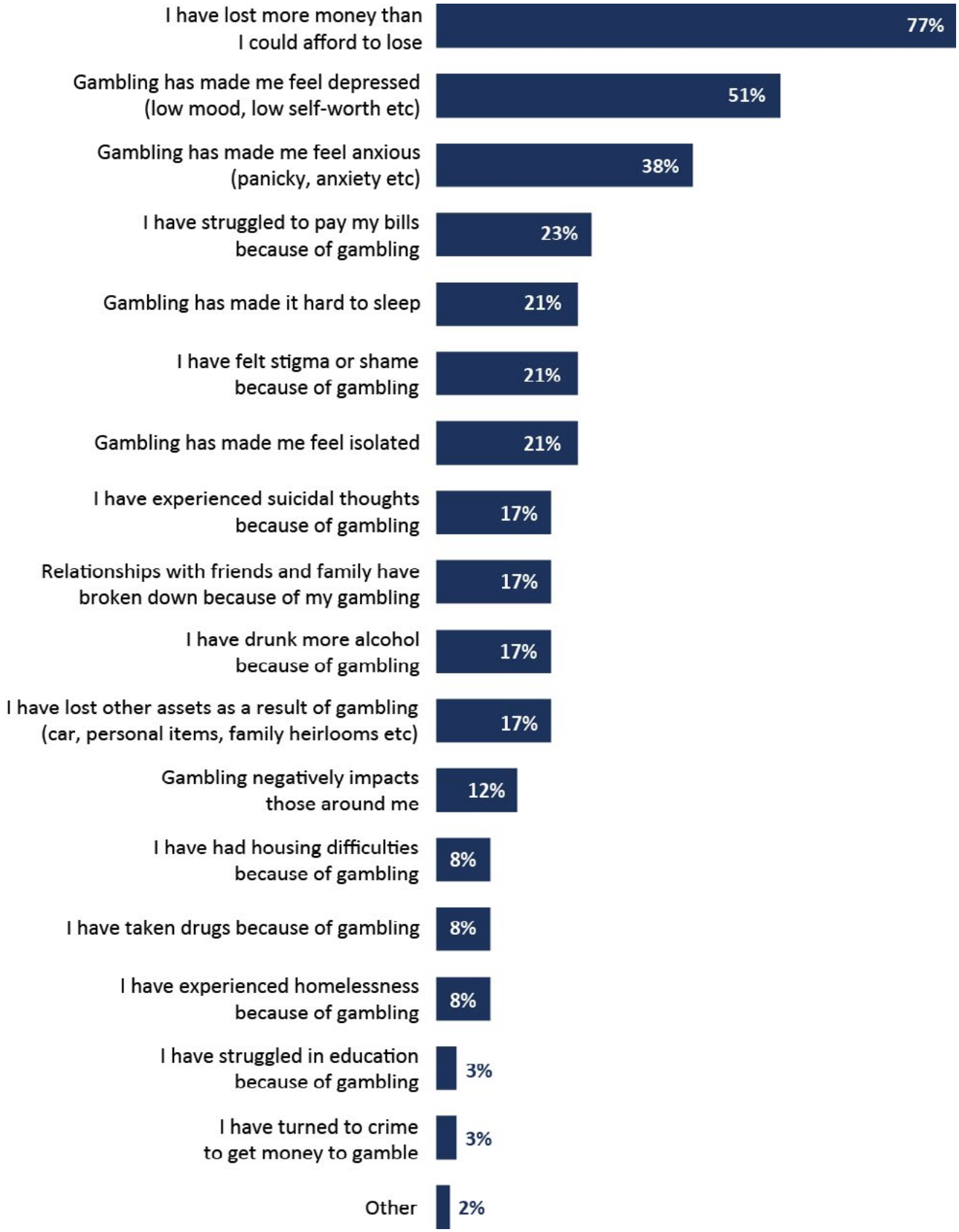
Figure 42: Has gambling had a negative impact



G04. Have you been negatively impacted by your own gambling in the last 12 months? Base: Where gambled in the last 12 months. All valid responses (906).

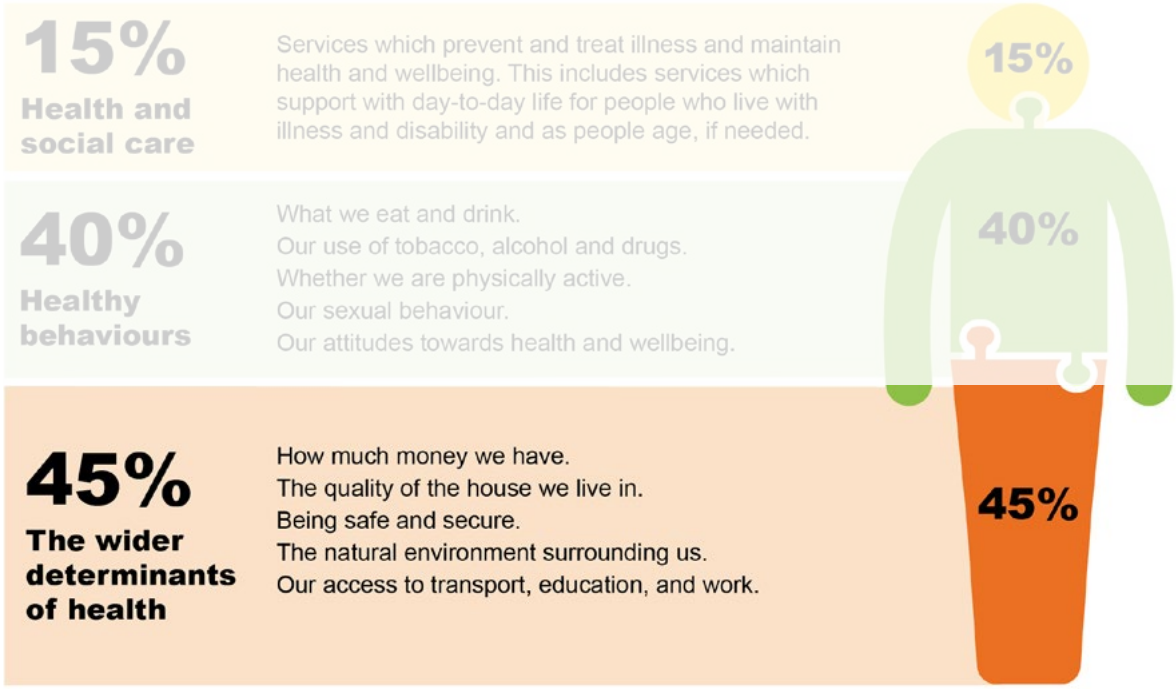
Those who said that gambling has had a negative impact on them were asked what this impact has been. This impact tended to consist of losing more money than the residents could afford to lose, and making the resident feel depressed. The full range of responses are shown in Figure 43, but it should be noted that the base size for these data is very low, since the question was asked of 18 respondents. The figures should therefore be viewed with caution.

Figure 43: Negative impacts of gambling



G05 Which of the following impacts have you felt or experienced? Base: Where experienced impacts. All valid responses (18*).

6. Wider Determinants of Health



Socio-economic and environmental factors are key in determining health outcomes; these have the greatest impact of all determinants of health, accounting for 45% of our health and wellbeing. This section outlines the research findings on these crucial factors.

Summary of key findings related to wider determinants of health

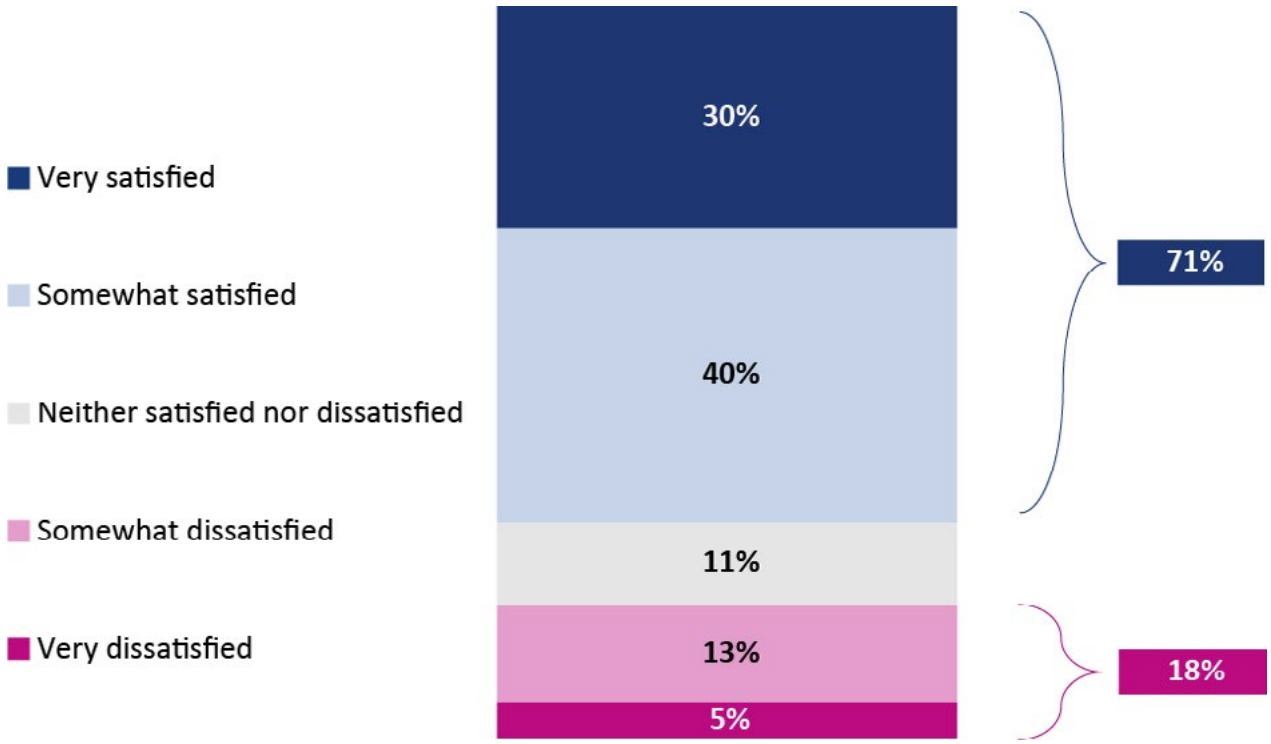
- 71% of residents are satisfied overall with their local area.
  - This is in line with the 74% satisfaction level recorded nationally (Community Life Survey 2023/24: Neighbourhood and community - GOV.UK. Accessed 25/04/25. Online and paper methodology).
  - 18% are dissatisfied with their local area. However, dissatisfaction increases as deprivation increases, and 27% in the most deprived areas are dissatisfied.
- Thinking about their financial situation 48% said they were managing well, whilst a similar proportion (45%) said they are just about managing. A further 7% said they are not managing well.
  - The socio-demographic groups most likely to say they are not managing well financially are: those aged 25-34 (14%); those who smoke (14%); those who use drugs (13%); those in private rented accommodation (16%); and those with poor mental health (26%).
  - Over 47% said their financial situation has gotten worse, and 49% said they are shopping around more, whilst the same proportion said they are cutting back on non-essentials. 21% said they are only eating a few kinds of foods due to lack of resources.

Perceptions of local area

Satisfaction with the local area

At 71%, a clear majority of County Durham residents are satisfied with their local area as a place to live, with 30% saying they are very satisfied. Overall, 18% say they are dissatisfied, and only 5% are very dissatisfied. Following a slight decline in the national average, perceptions of the local area in County Durham are in line with the figure for England as a whole (74% satisfaction) (idem). Reflecting the national data, female residents are more likely than male residents to be satisfied (73%, cf. 68% of male residents). By age, County Durham data evidence a different picture compared to the national figures, which show that in England satisfaction with the local area increases with age. In County Durham there is no such correlation, with those aged 18 to 24 satisfied at 82%.

Figure 44: Overall satisfaction with local area as a place to live - breakdown



A01. Overall, how satisfied or dissatisfied are you with your local area as a place to live? Base: All valid responses (3763).

Levels of dissatisfaction with the local areas increase significantly as deprivation increases, as shown in the table below. Tables 12 - 15 shows dissatisfaction by tenure type, suitability of the accommodation for the household's needs, and persons that constitute the household. This shows that dissatisfaction is higher among those in social rented property, albeit not statistically significantly, and also considerably higher among those who are dissatisfied with the property itself, regardless of the tenure (28% of those who say their accommodation is unsuitable live in social housing so there is a degree of overlap between these factors, but social renting is not the only factor influencing satisfaction). However, the presence of children in the household, and the number of adults living in the property does not significantly interact with dissatisfaction levels.

Table 11: Dissatisfaction with local area as a place to live by deprivation level

Satisfaction with local area	1 - Least Deprived	2	3	4 - Most Deprived
Sample Size	*1348*	*970*	*806*	*639*
Proportion of dissatisfied residents	**9%** LOWER	**15%** LOWER	**22%** HIGHER	**27%** HIGHER

Significantly HIGHER / LOWER against the total

Table 12: Dissatisfaction with local area as a place to live by accommodation tenure

Satisfaction with local area	Own/shared ownership	Social rented	Private rented	Live rent free
Sample Size	*2724*	*499*	*319*	*56*
Proportion of dissatisfied residents	18%	20%	15%	12%

Table 13: Dissatisfaction with local area as a place to live by accommodation suitable for needs

Satisfaction with local area	Yes	No
Sample Size	*3339*	*241*
Proportion of dissatisfied residents	**17%** LOWER	**34%** HIGHER

Significantly HIGHER / LOWER against the total

Table 14: Dissatisfaction with local area as a place to live by household makeup (children in household)

Satisfaction with local area	Yes	No
Sample Size	*602*	*2805*
Proportion of dissatisfied residents	17%	19%

Table 15: Dissatisfaction with local area as a place to live by household makeup (number of adults)

Satisfaction with local area	1	2	3 or more
Sample Size	*1402*	*1657*	*348*
Proportion of dissatisfied residents	18%	18%	18%

By Local Networks, dissatisfaction is highest in:

- Bishop Auckland and Shildon (27%).
- Stanley (27%).
- Horden and Peterlee (27%).
- Easington and Seaham (25%).

Use of parks and green spaces

To further understand how residents use their local area, they were asked how often they use parks or greenspaces. In total, 43% of residents use green spaces at least once a week, with a further 29% using them at least once a month, but less than once a week. Therefore 72% of residents use green spaces regularly, at least once a month. At the other end of the scale, 12% of residents have not used any green spaces in the past 12 months.

Regular use of green spaces is more common among those who are satisfied with their local area as a place to live. Nearly half of those who are satisfied with their area (46%) use green spaces at least once a week, compared to 36% of those who are dissatisfied with the area.

Figure 45: Use of parks, other green spaces, countryside and the coast in County Durham in the last 12 months - breakdown

A02. In the last 12 months, how often have you used parks, other green spaces, countryside or the coast in County Durham? Base: All valid responses (3771).

The positive impact of green spaces on mental health is well documented (Green and blue spaces and mental health: new evidence and perspectives for action. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO). The County Durham data evidence this link, as there is significant correlation between happier and healthier respondents and those who use the park at least once a week. Of those who say their mental health is good, 48% use green spaces weekly, compared to 29% of those whose mental health is bad. The data also evidences a relationship between healthy weight, exercise, and use of green spaces, although these variables also correlate with mental health, as these factors are closely interconnected. Accordingly, respondents living with a healthy weight or overweight are more likely to use green spaces weekly (52%), as are those who complete the recommended weekly physical activity (58%).

By geographic areas, weekly use is most common in:

- Weardale (64%).
- Teesdale (61%).
- The least deprived areas (53%).

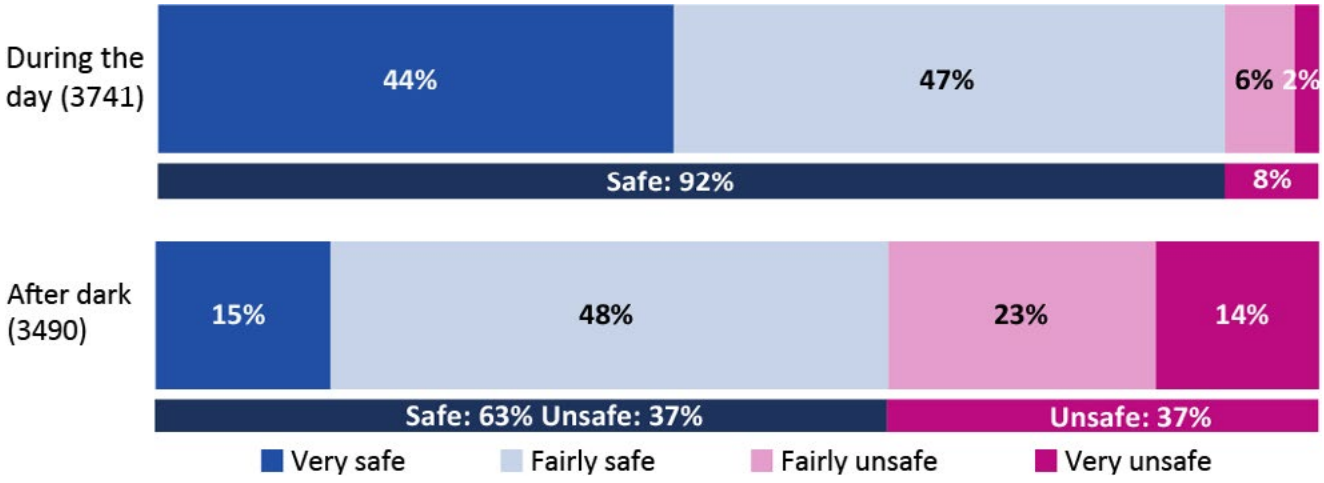
Conversely, it is least common in:

- Stanley (34%).
- Horden and Peterlee (34%).
- The most deprived areas (34%).

Perceptions of safety in the local area

Respondents were also asked how safe they feel outside in their local area, and nine in ten residents (92%) feel safe outside in their local area during the day, with 8% feeling unsafe. After dark, almost two in three residents (63%) feel safe in their local area, whilst 37% feel unsafe.

Figure 46: Feeling of safety in local area during the day and after dark



A04. How safe do you feel when outside in your local area? Base: All valid responses (base size in parenthesis).

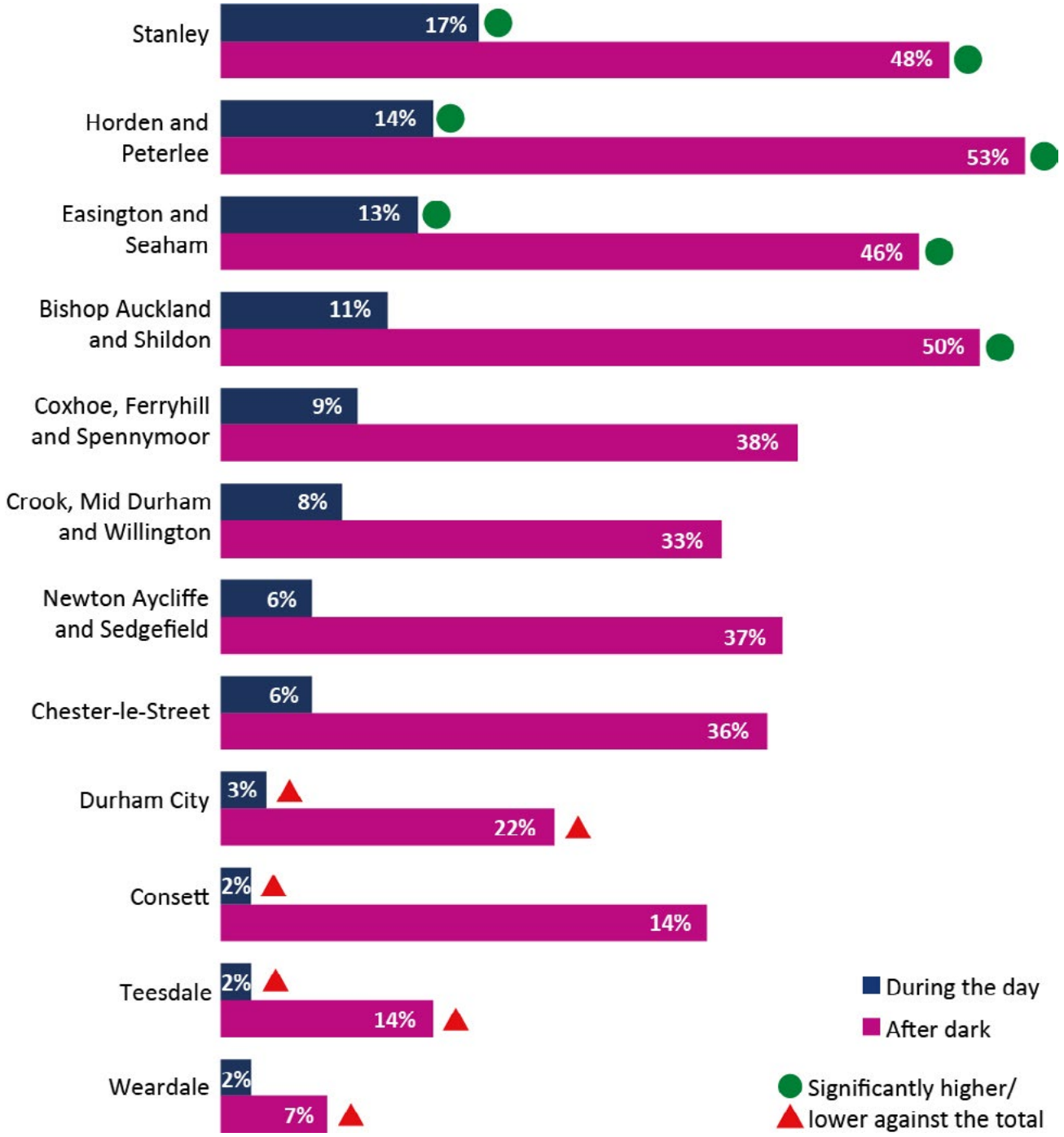
Perceptions of safety in the local area by socio-demographics

It should be noted that the data suggests a weaker sense of safety during the day among veterans of the armed forces, with 86% of veterans feeling safe during the day (cf. 92% of non-veterans), albeit that this evidences a strong majority of veterans saying that they feel safe (The data also shows some variation between veterans' and non-veterans' sense of safety at night (59% and 63% respectively) but this is not statistically significant). There is a relationship between living in the most deprived areas and being a veteran of the armed forces- 10% of those in the most deprived areas are veterans, compared to 5% of those in the least deprived areas. Accordingly, this is reflected in perceptions of the local area among veterans, and environmental impact on their health outcomes.

By sex, the perceptions of safety during the day are similar (91% of male and 93% of female residents said they feel safe), which deviates from the national picture, as women surveyed across Great Britain in 2022 consistently felt less safe than men (Perceptions of personal safety and experiences of harassment, Great Britain - Office for National Statistics Accessed 25/04/25. Online data collection methodology). However, there is significant variation in perception of safety at night by sex, as 57% of female residents said they felt safe at night, compared to 69% of male residents. This reflects the national level data.

The data shows variation in perception of safety by area, with Stanley, Easington and Seaham, Horden and Peterlee and Bishop Auckland and Shildon evidencing lower levels of perceived safety. This is summarised in the figure below, which contains data by area for the proportion of residents who feel unsafe in their local area.

Figure 47: Feeling unsafe in the local area by Local Network

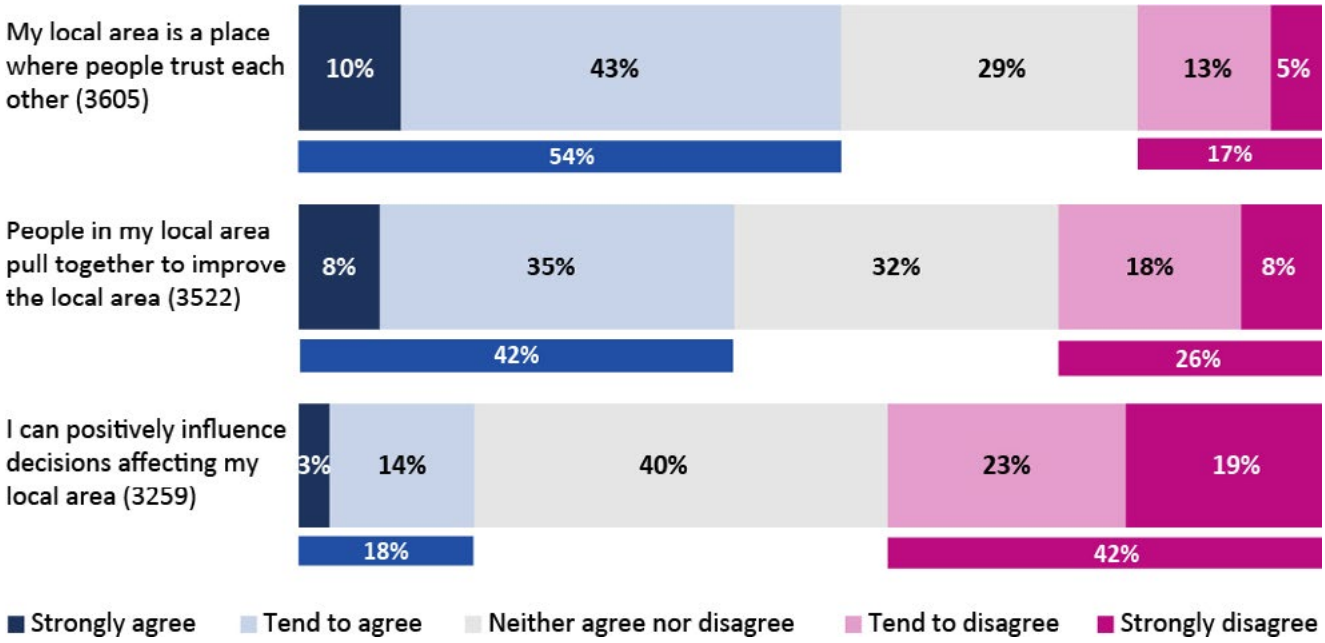


A04. How safe do you feel when outside in your local area? Base: All valid responses (Newton Aycliffe and Sedgefield: 243, Bishop Auckland and Shildon: 226, Chester-le-Street: 488, Consett: 357, Durham City: 465, Easington and Seaham: 301, Horden and Peterlee: 290, Crook, Mid Durham and Willington: 395, Coxhoe, Ferryhill and Spennymoor: 390, Stanley: 223, Teesdale: 266, Weardale: 97)

Perceptions regarding social cohesion in the local area

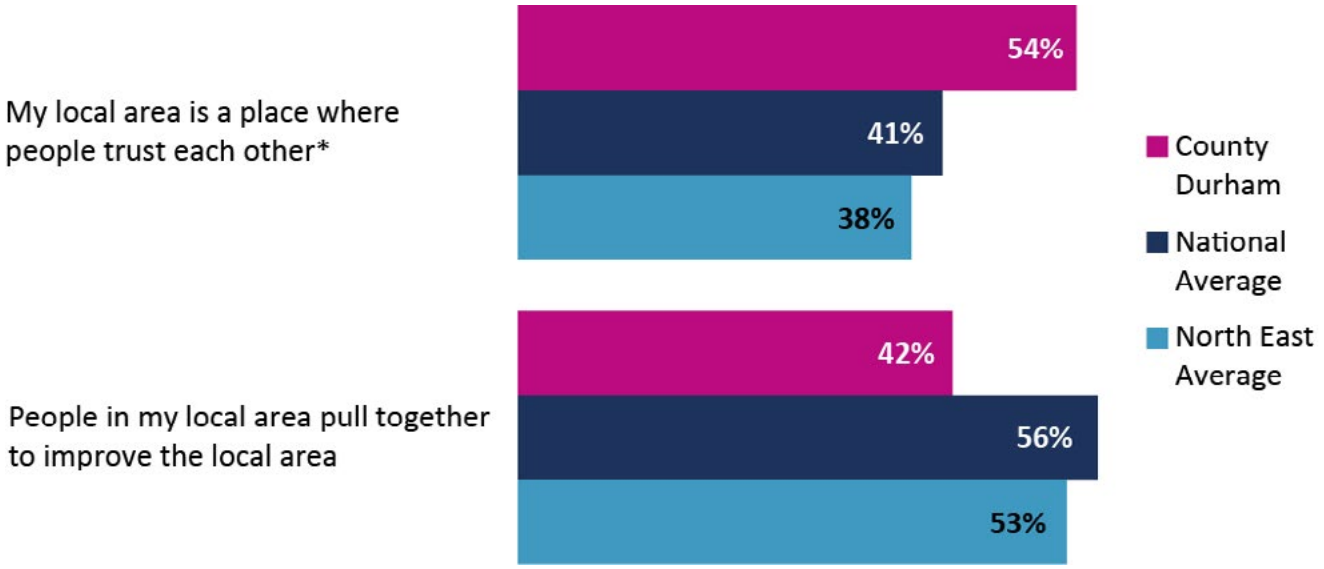
To further understand what is driving perceptions of the local area, residents were asked how much they agree with three statements. The breakdown of responses to this question are shown in the figure below. Overall, trust in fellow residents is high, with over half of residents indicating that they trust each other (54%). Although not directly comparable due to differences in the wording, this sits above the equivalent data from the Community Life Survey, which records agreement at 41% for the national average, and 38% across the North East. However, slightly fewer than half of County Durham residents agree that locals pull together to improve the local area (42%), underperforming in comparison to the national average (56%). The data records much lower levels of agreement that residents can positively influence decisions affecting their local area, at 18%. It is to be expected that this measure would have low levels of agreement, as it is inherently a challenge to support residents in utilising their feedback channels. Nonetheless, it is worth noting that the low agreement is driven by high levels of disagreement, rather than neutrality (42% disagree).

Figure 48: Perceptions of the local area



A05. How much do you agree or disagree with the following statements? Base: All valid responses (base size in parenthesis).

Figure 49: Perceptions of local area compared to the community life survey 2023/24 - % agreement

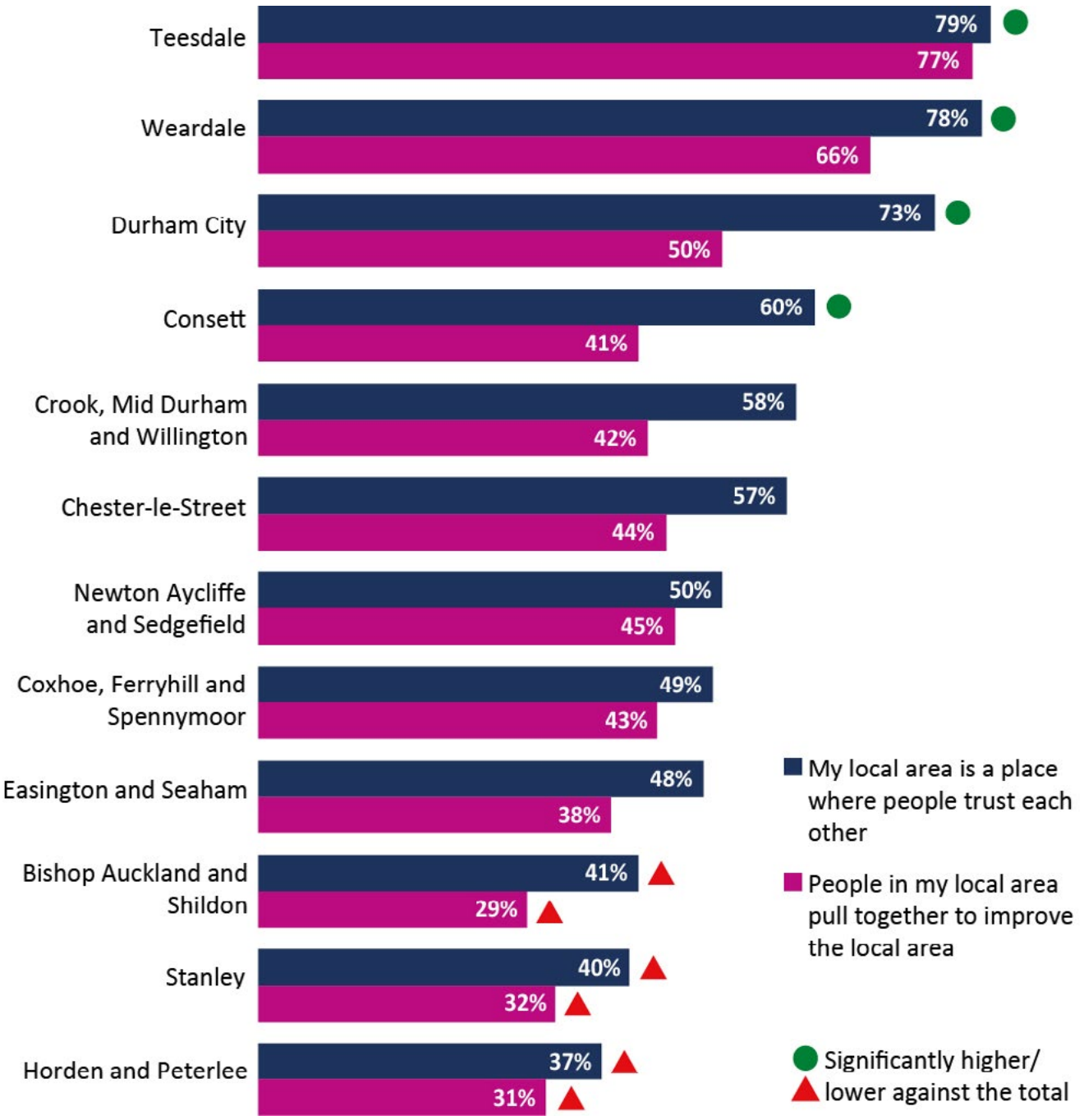


* Community Life Survey 2023/24: Neighbourhood and community - GOV.UK The question asks whether people in their neighbourhood can be trusted.

A05. How much do you agree or disagree with the following statements?

Social cohesion varies by Local Network, with higher perceived levels observed in Durham City, Teesdale and Weardale. It is consistently lower in three of the four areas that also evidence lower area satisfaction: Bishop Auckland and Shildon, Horden and Peterlee and Stanley.

Figure 50: Agreement of local social cohesion questions by Local Network

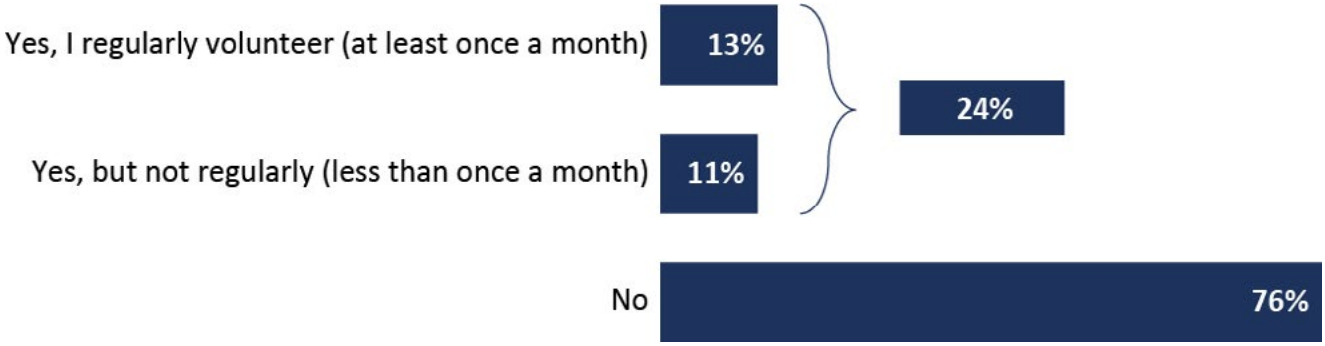


A04. How safe do you feel when outside in your local area? Base: All valid responses (Newton Aycliffe and Sedgefield: 235, Bishop Auckland and Shildon: 217, Chester-le-Street: 473, Consett: 341, Durham City: 445, Easington and Seaham: 293, Horden and Peterlee: 284, Crook, Mid Durham and Willington: 375, Coxhoe, Ferryhill and Spennymoor: 377, Stanley: 211, Teesdale: 262, Weardale: 92)

Frequency of volunteering

Volunteering can have considerable impact on social cohesion, and a number of longitudinal studies in the UK show a link between volunteering and improved mental health (Casiday, R., Kinsman, E., Fisher, C. and Bamra, C. (2008) Volunteering and Health: What Impact Does It Really Have?, Final Report to Volunteering England; Lawton, R.N., Gramatki, I., Watt, W. et al. Does Volunteering Make Us Happier, or Are Happier People More Likely to Volunteer? Addressing the Problem of Reverse Causality When Estimating the Wellbeing Impacts of Volunteering. *J Happiness Stud 22*, 599–624 (2021). https://doi.org/10.1007/s10902-020-00242-8). Accordingly, County Durham residents were asked whether they had volunteered in the last 12 months. In total, almost a quarter (24%) said they had, comprising of 13% who volunteer at least once a month, and the remaining 11% who volunteer less frequently.

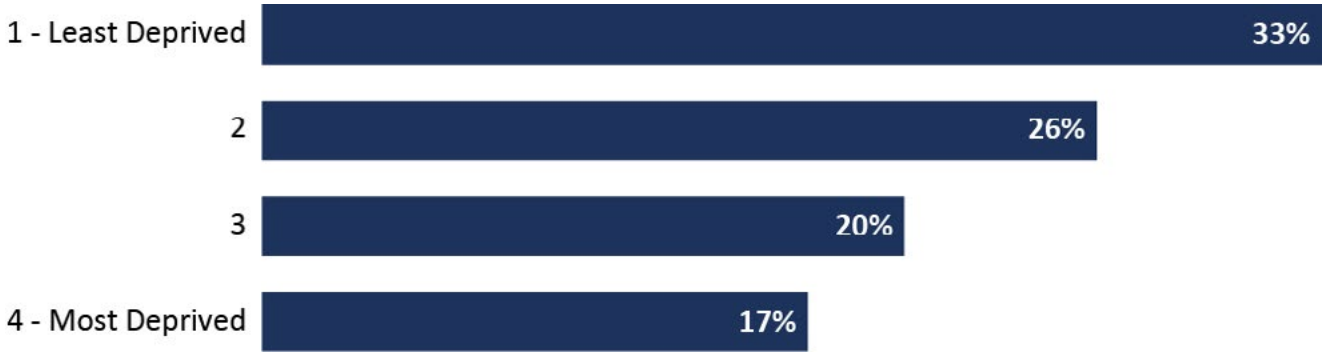
Figure 51: Volunteering in the last 12 months



A03. In the last 12 months, have you taken part in any volunteering? (Examples of volunteering could include helping run a local club or group or event, fundraising, giving time to a charity or cause, or improving your local area). Base: All valid responses (3765).

This picture is broadly consistent by area with only variation seen in Durham City (38%) and Teesdale (35%), and in Easington and Seaham (13%), where volunteering is less common. However, there is a significant correlation between volunteering and deprivation, with residents living in the least deprived areas being the most likely to volunteer, as the below Figure shows.

Figure 52: Volunteering in the last 12 months - total yes - by index of multiple deprivation



A03. In the last 12 months, have you taken part in any volunteering? (Examples of volunteering could include helping run a local club or group or event, fundraising, giving time to a charity or cause, or improving your local area). Base: All valid responses (Least Deprived- 1: 1350, 2: 971, 3: 806, Most Deprived- 4: 638)

The data also evidences some variation by demographics:

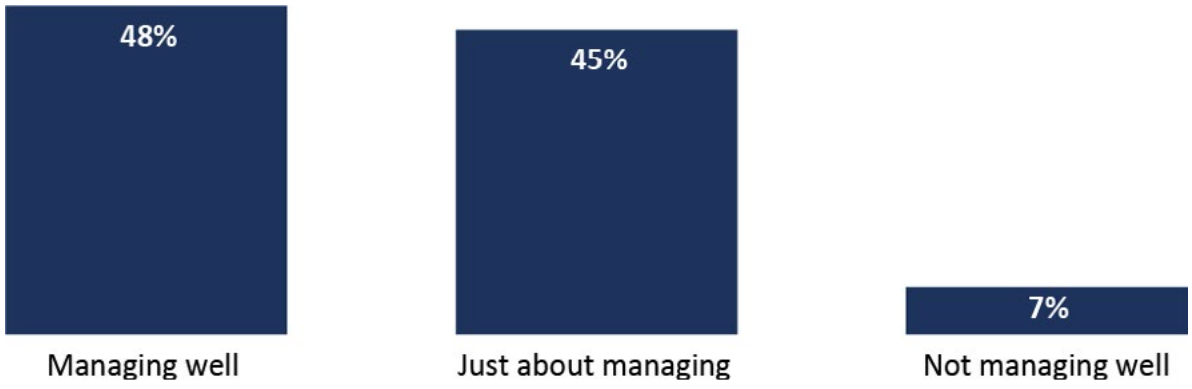
- Volunteering peaks among those aged 55 to 64 (28%) and is lowest among 25-34s (16%).
- It is higher than average among residents who are not white British (34%).
- It is higher among those with a degree (33%) and lower among those with no qualifications (6%) and those whose highest attained qualification are GCSEs (17%).

Financial wellbeing

Overall financial wellbeing

Financial wellbeing is a key determinant of health. Therefore, residents were asked about their financial situation, starting with their overall financial wellbeing. Just under half of residents (48%) said they were managing well, whilst a similar proportion (45%) said they are just about managing. A further 7% said they are not managing well. It is indirectly comparable due to differences in question wording and scale, but the Understanding Society, UK Household Longitudinal Study found that 7% of UK residents were finding it difficult or very difficult to manage financially in 2021/2022. This study comprises of a comparable data collection of online and in-person. (University of Essex, Institute for Social and Economic Research. (2024). Understanding Society: Waves 1-14, 2009-2023 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 19th Edition. UK Data Service. SN: 6614, http://doi.org/10.5255/UKDA-SN-6614-20).

Figure 53: How well households are managing financially



I03. How well do you feel your household is managing financially? Base: All valid responses (3617).

Financial wellbeing by socio-demographics

Several demographic groups record higher proportions of those who say they are not managing well financially. Those who are aged 25-34 are twice as likely to say they are not managing well (14%), whilst those aged 35-44 also said this at significantly higher levels (12%). Moreover, 16% of those in private rented accommodation said they are not managing well; those who rent privately skew much younger, as 54% are aged below 45 (cf. 25% of the total sample). Those who are considered the most deprived based on the IMD are significantly more likely to not be managing well financially (10%). Those who smoke (14%) or use drugs (13%) are also more likely to be struggling financially, although smokers tend to be younger than the general population, so the data describing tobacco usage and age interact.

A clear link is evidenced in the data between struggling financially and poor mental health, as a quarter (26%) of those who say their mental health is bad, also say they are not managing well financially.

The data also evidences significant variations between some demographics in the proportion who say they are just about managing, or not managing combined, resulting in a drop off for those who are managing well among some protected characteristics. These variations are:

- 37% of those with children in the household are managing well, cf. 51% of those without.
- 35% of LGBTQ+ respondents are managing well, cf. 48% of heterosexual respondents.
- 45% of female respondents are managing well, cf. 51% of males.
- 35% of veterans are managing well, cf. 49% of non-veterans.

This variation is broadly reflected through the questions related to financial circumstances, to a greater or lesser extent, as shown throughout this section.

By occupation status, those who are unemployed and available for work, carers, looking after family or home full time, or long term sick or disabled are less likely to be managing well, whilst those who are wholly retired from work are the most likely to managing well, as the table below demonstrates.

Table 16: Financial wellbeing by occupation status

Occupation Status	*Sample size*	Managing well	Just about managing	Not managing well
Working	*1409*	48%	45%	7%
Unemployed and available for work	*49**	**26%** LOWER	50%	**24%** HIGHER
In education	*67**	41%	53%	6%
Long term sick or disabled	*249*	**18%** LOWER	**63%** HIGHER	**19%** HIGHER
Wholly retired from work	*1636*	**63%** HIGHER	**36%** LOWER	**2%** LOWER
Looking after family/home	*133*	**37%** LOWER	**55%** HIGHER	7%
Carer	*132*	**27%** LOWER	**61%** HIGHER	12%

*Caution: low base

Significantly HIGHER / LOWER against the total

Table 17: Financial wellbeing for where respondent is in work, number of jobs

Number of paid jobs	*Sample size*	Managing well	Just about managing	Not managing well
1	*1254*	48%	45%	7%
More than 1	*141*	44%	47%	9%

Table 18: Financial wellbeing for where respondent is in work, type of non-standard contract

Non-standard Contract Types	*Sample size*	Managing well	Just about managing	Not managing well
Zero-hours contract	*66**	36%	54%	10%
Temporary contract	*43**	34%	60%	6%
Agency worker	*25**	43%	46%	11%
Shift worker	*133*	**38%** LOWER	**56%** HIGHER	5%

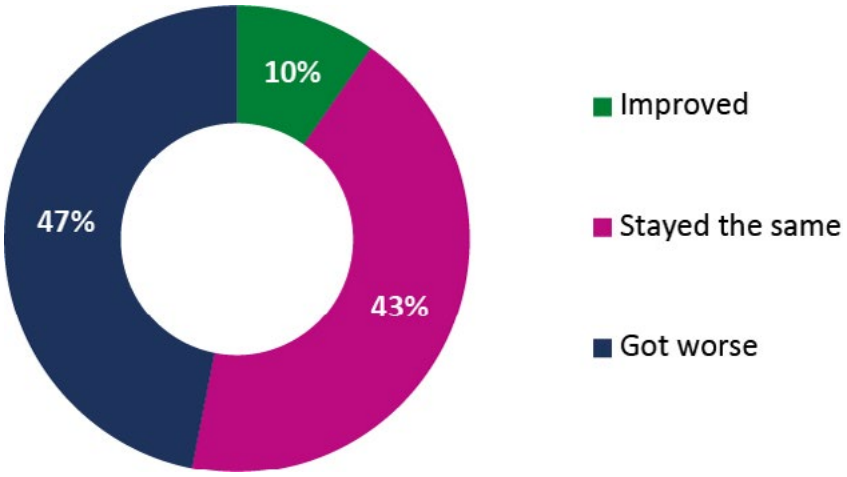
*Caution: low base

Significantly HIGHER / LOWER against the total

Financial wellbeing compared to 12 months ago

Compared to last year the overall picture has deteriorated. Residents were asked about the change in their financial circumstances over the past 12 months, and the greatest proportion, 47%, said finances had got worse. A further 43% said their financial situation was unchanged, and only 10% said it had improved. Looking among those who were particularly likely to say they were not managing well, the data evidences a higher likelihood of drug users and smokers saying that their financial situation has worsened, (57% and 54% respectively). By age, the pattern does not follow through, as younger residents are more likely to say their financial situation has improved, whilst older residents are the least likely, which is to be expected given the likelihood of changes in working status across these age ranges. However, veterans of the armed forces are more likely than average to say their financial circumstances have worsened (60%), as are those with children in the home (51%).

Figure 54: Change of financial circumstances compared to previous year



I04. Compared with the last year do you think that your financial circumstances have improved, stayed the same or got worse? Base: All valid responses (3650).

By occupational status, residents are more likely to say their financial situation has become worse if they are unemployed and available for work, a carer, looking after family or home full time, or long term sick or disabled, as well as those who have zero-hour contracts. The data for this question by occupational factors are summarised in the table below.

Table 19: Change in financial circumstances over the past 12 months by occupation status

Occupation Status	*Sample size*	Improved	Stayed the same	Got worse
Working	*1413*	**14%** HIGHER	**41%** HIGHER	45%
Unemployed and available for work	*47**	9%	**25%** LOWER	**67%** HIGHER
In education	*67**	13%	**56%** HIGHER	**31%** LOWER
Long term sick or disabled	*253*	7%	**36%** LOWER	**57%** HIGHER
Wholly retired from work	*1664*	**5%** LOWER	**51%** HIGHER	44%
Looking after family/home	*135*	**2%** LOWER	40%	**58%** HIGHER
Carer	*133*	5%	34%	**61%** HIGHER

*Caution: low base

Significantly HIGHER / LOWER against the total

Table 20: Change in financial circumstances over the past 12 months for where respondent is in work, number of jobs

Number of paid jobs	*Sample size*	Managing well	Just about managing	Not managing well
1	*1256*	**14%** HIGHER	**41%** HIGHER	45%
More than 1	*142*	14%	44%	42%

Significantly HIGHER / LOWER against the total

Table 21: Change in financial circumstances over the past 12 months for where respondent is in work, type of non-standard contract

Non-standard Contract Types	*Sample size*	Managing well	Just about managing	Not managing well
Zero-hours contract	*68**	11%	**27%** LOWER	**62%** HIGHER
Temporary contract	*42**	13%	44%	43%
Agency worker	*26**	15%	36%	48%
Shift worker	*132*	15%	41%	43%

*Caution: low base

Significantly HIGHER / LOWER against the total

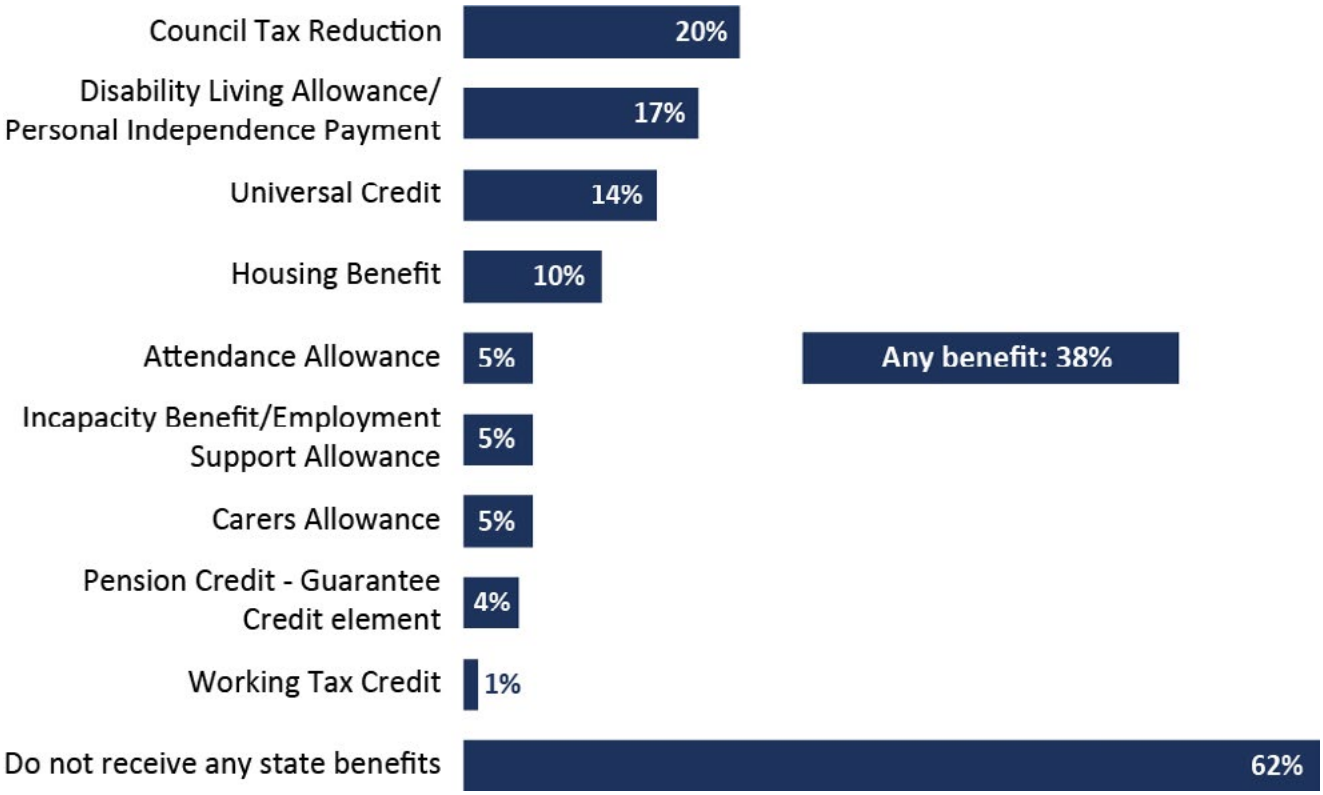
Proportion of residents who receive state benefits

To further understand residents' financial circumstances, they were asked which, if any, state benefits their household receives. The full breakdown of responses to this are shown in the below Figure, but the most commonly received are Council Tax Reduction (20%), Disability Living Allowance or Personal Independence Payment (17%), and Universal Credit (14%). In total, 38% of residents receive at least one state benefit, whilst 62% do not receive any.

Receipt of any state benefit is higher among:

- Those in more deprived areas (55% of those in the most deprived quartile, and 44% of those in the second most deprived).
- Those who are aged 75 or older (58%).
- Smokers (54%).
- Drug users (54%).
- Those in rented accommodation (social rented accommodation: 79%; private rented accommodation: 55%).

Figures 55: Household receipt of state benefits

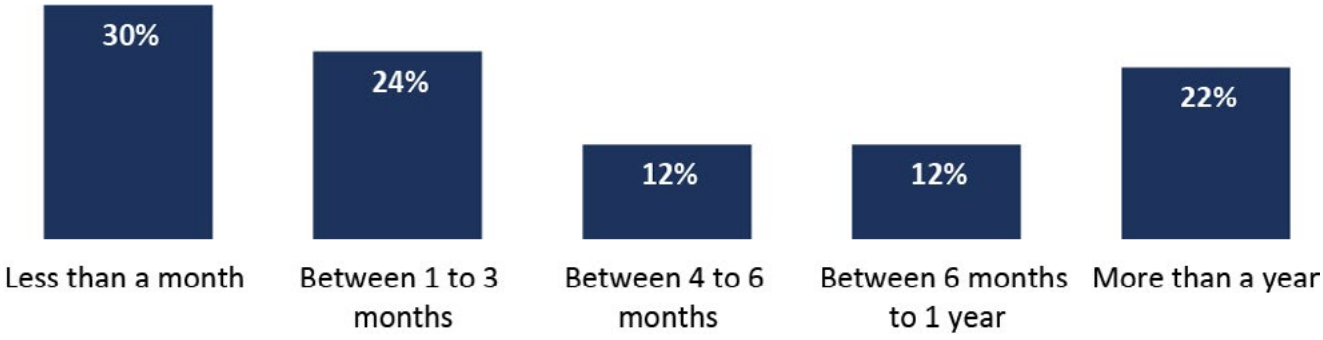


I01. Do you or any other member of your household receive any of the following state benefits? Base: All valid responses (3404).

Length of time a household could cover living expenses if they lost their main source of income

Respondents were also asked for how long they could cover their living expenses if they lost their main source of income. Responses were mixed, but the most common response was “less than a month” which was given by 30%, and a further 24% said between 1 and 3 months.

Figure 56: Length of time a household could cover living expenses when they lost their main source of income



I05. If you lost your main source of household income, how long could your household continue to cover living expenses without having to borrow any money or ask for help from friends or family? Base: All valid responses (2589).

Length of time a household could cover living expenses if they lost their main source of income by socio-demographics

As is expected, there is a strong correlation between deprivation, and a resident being able to cover living expenses for less than a month if they lost their main source of income. As deprivation increases, so does the proportion of residents who say they could cover expenses for less than a month, with 44% of those in the most deprived areas indicating this. Younger residents are also more likely to give this answer (53% of 18-24s and 42% of 25-34s), as are those in rented accommodation (social rented accommodation: 63%; private rented accommodation: 51%). Finally, those with children in the household (41%), and LGBTQ+ residents are more likely than average to say they could cover costs for less than a month (both at 41%). Crucially, just over two thirds (68%) of those who are out of work because they are long term sick or disabled say they could cover living expenses for less than a month if they lost their main source of income.

Table 22: Length of time a household could cover living expenses by occupation status

Occupation Status	*Sample size*	Less than a month	Between 1 to 3 months	Between 4 to 6 months	Between 6 months to 1 year	More than a year
Working	*1213*	**27%** LOWER	**30%** HIGHER	**14%** HIGHER	13%	**16%** LOWER
Unemployed and available for work	*38**	**46%** HIGHER	22%	4%	15%	14%
In education	*52**	**47%** HIGHER	21%	10%	10%	11%
Long term sick or disabled	*187*	**68%** HIGHER	**17%** LOWER	8%	**3%** LOWER	**5%** LOWER
Wholly retired from work	*1004*	**16%** LOWER	**15%** LOWER	**9%** LOWER	12%	**48%** HIGHER
Looking after family/ home	*88*	**44%** HIGHER	**14%** LOWER	11%	13%	20%
Carer	*96*	**49%** HIGHER	22%	8%	7%	14%

*Caution: low base

Significantly HIGHER / LOWER against the total

Table 23: Length of time a household could cover living expenses for where respondent is in work, number of jobs

Number of paid jobs	*Sample size*	Less than a month	Between 1 to 3 months	Between 4 to 6 months	Between 6 months to 1 year	More than a year
1	*1078*	**28%** LOWER	**29%** HIGHER	**15%** HIGHER	13%	**15%** LOWER
More than 1	*123*	22%	**35%** HIGHER	14%	12%	17%

Significantly HIGHER / LOWER against the total

Table 24: Length of time a household could cover living expenses for where respondent is in work, type of non-standard contract

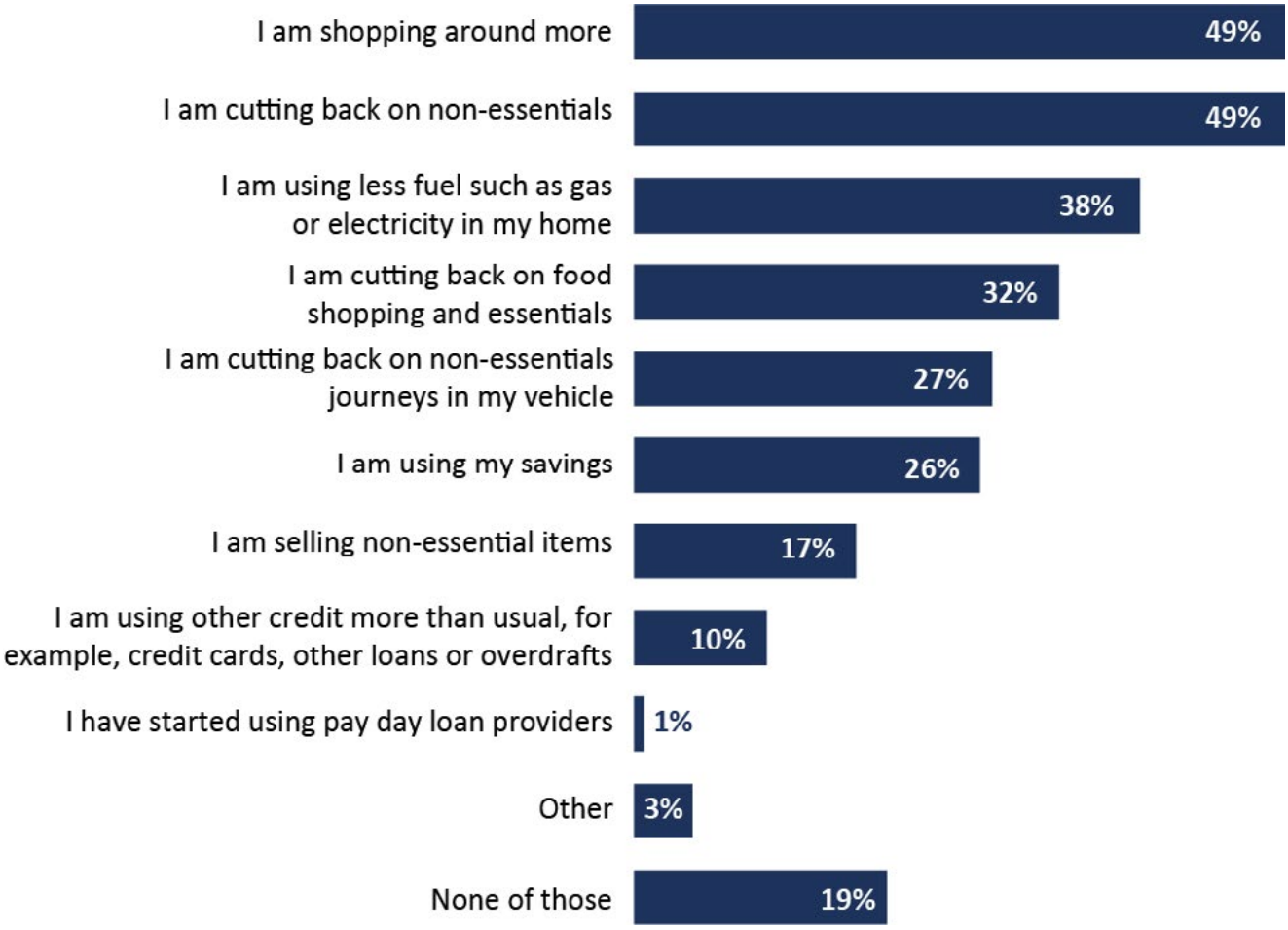
Type of non-standard contract	*Sample size*	Less than a month	Between 1 to 3 months	Between 4 to 6 months	Between 6 months to 1 year	More than a year
Zero-hours contract	*56**	28%	32%	11%	10%	19%
Temporary contract	*38**	33%	29%	11%	17%	11%
Agency worker	*21**	27%	50%	2%	10%	11%
Shift worker	*106*	34%	31%	14%	13%	9%

*Caution: low base

Cost of living impact on every-day financial activities and food security

As a result of financial insecurity, almost half (49%) of residents are shopping around more and cutting back on non-essentials. Additionally, 38% are using less fuel in the home, and 32% are cutting back on essentials, whilst just over a quarter are cutting back on non-essential vehicle use (27%) and using savings (26%). Just 19% of residents are doing none of these, and this figure drops to 12% among smokers, 11% of private renters, of those in Horden and Peterlee and of drug users, and 8% among those with poor mental health or who have obesity.

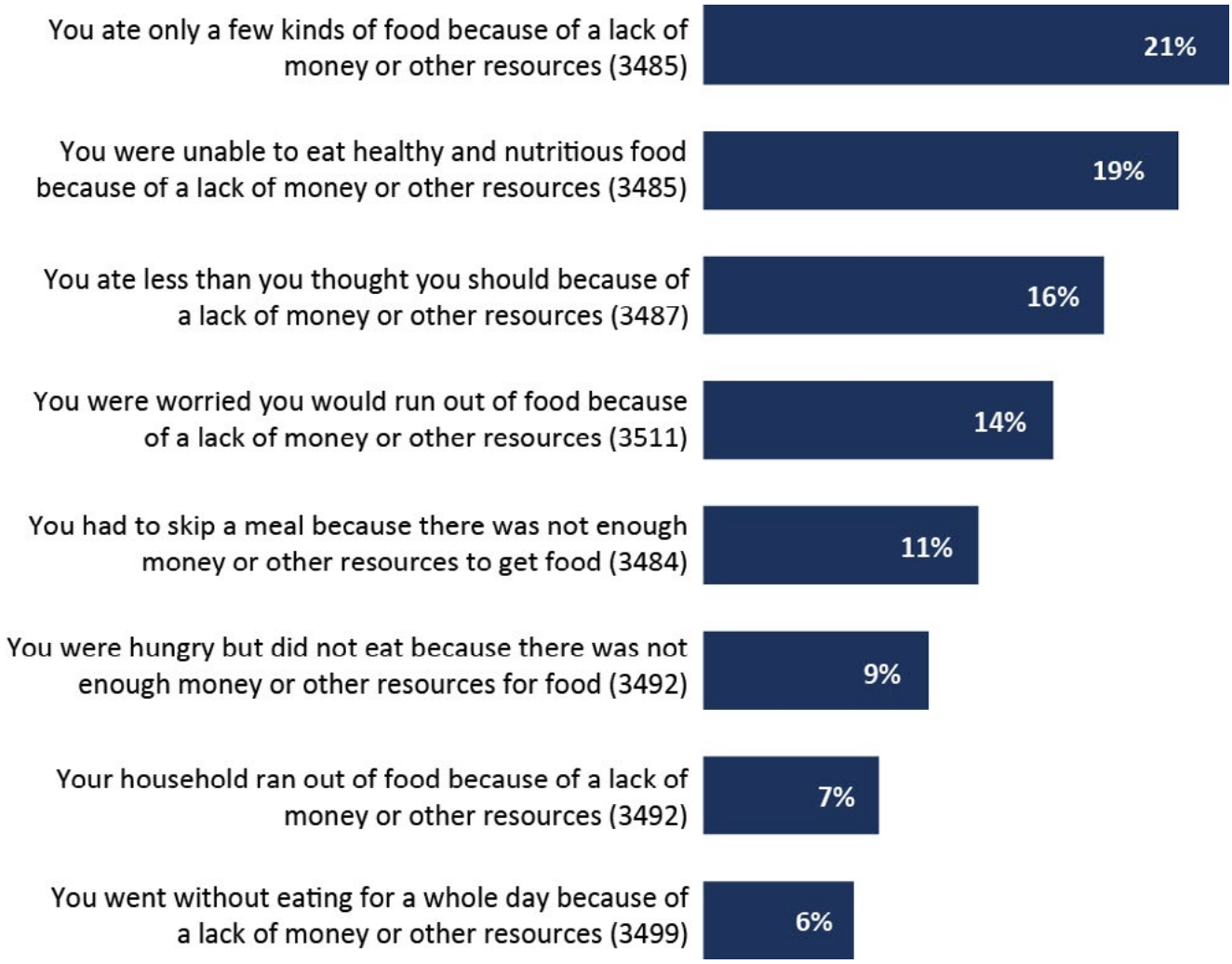
Figure 57: Changes in activities due to cost-of-living crisis



I02. Are you doing any of the following because of the recent cost of living increases? Base: All valid responses (3700).

Residents were also asked about their financial situation in the context of the impact it has on their food security. The responses are shown in Figure 58, which demonstrate the tangible impact financial circumstances on approximately one in five residents' ability to eat a healthy, varied diet. 21% of residents said they had eaten a limited variety of food types due to lack of money or other resources, 19% said they were prevented from eating healthily as a result of finances, and 16% said they had eaten less than they thought they should. Diet is discussed in more detail above, in the Healthy Behaviours Section, and the impact of financial circumstances on dietary options should be taken into consideration.

Figure 58: Impact on food security

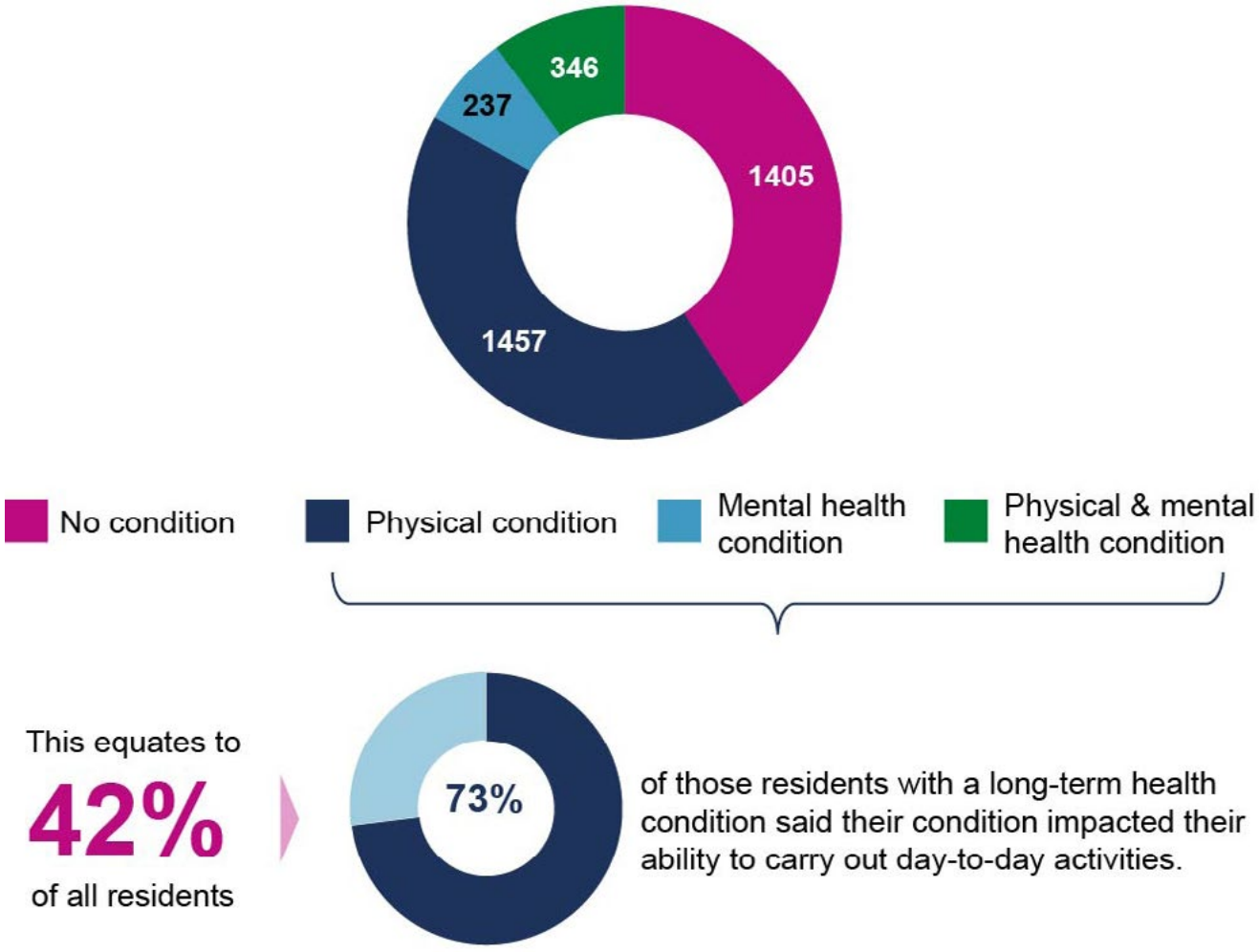


I06. During the last 12 months was there a time when… Base: All valid responses (base size in parenthesis).

7. Key Findings by Socio-demographic Groups

Residents with a disability (defined as a long-term health condition that impacts their ability to carry out everyday tasks)

The survey asked residents: "Do you currently have any health conditions or illnesses lasting, or expected to last, 12 months or more?" Of the 3,445 respondents, 1,405 (41%) reported no condition, 1,457 (42%) reported a physical condition, 237 (7%) reported a mental health condition, and 346 (10%) reported both. In total, 2,039 residents (59%) reported having a long-term health condition or illness. 73% of those residents with a long-term health condition said their condition impacted their ability to carry out day-to-day activities. This equates to 42% of all residents.

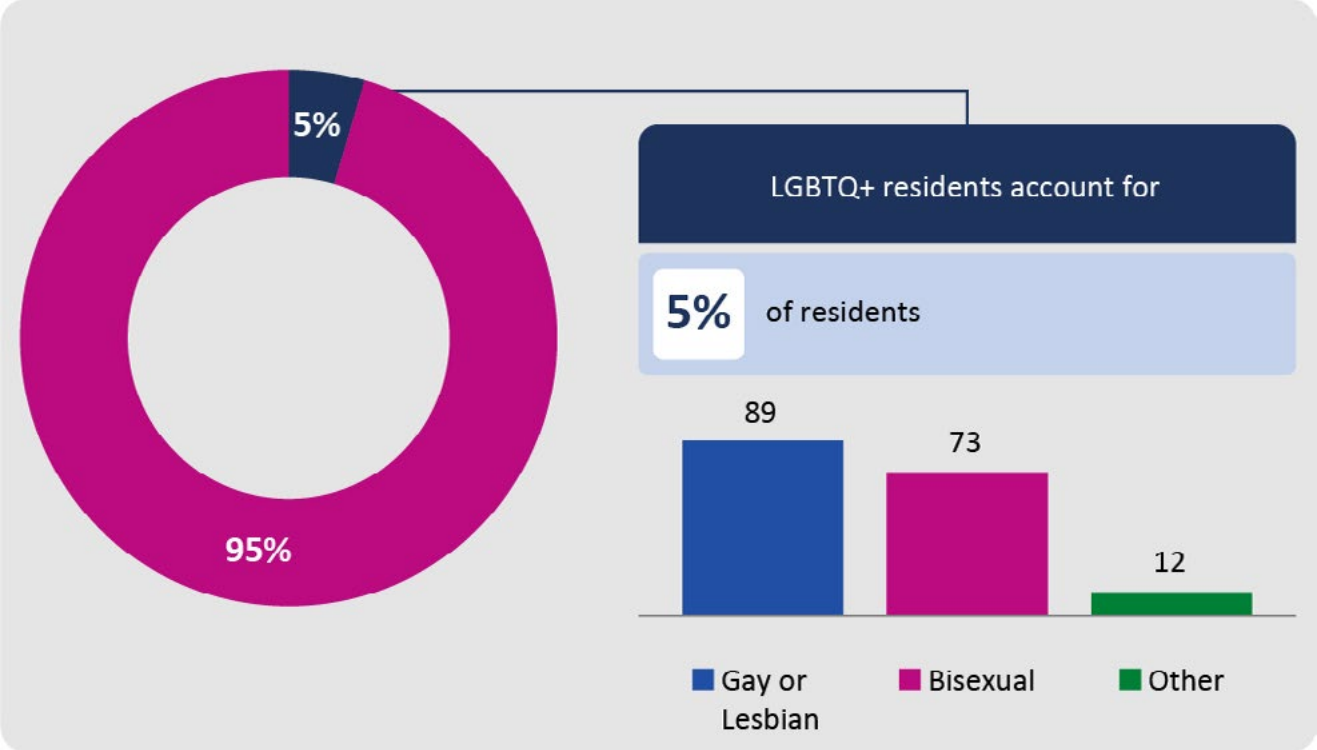


Residents with a health condition that impacts their daily lives reported less positive outcomes across health, wellbeing and lifestyle measures:

- These residents are more likely to record lower mental health resilience across all measures; they are more likely to report feeling lonely all the time (9%) and some of the time (28%).
- 61% of this group are satisfied with their local area, compared to 71% across County Durham overall.
- Financial wellbeing is lower among residents impacted by health conditions in their daily lives. 39% say they are managing well financially, compared to 48% across the county as a whole. 54% say their financial circumstances have gotten worse (cf. 47% overall).
- 14% of this group smoke (cf. 11% overall).
- Residents in this group are more likely to never drink alcohol (30% cf. 25% of County Durham overall) and are statistically more likely to be classed as low risk drinkers (66% cf. 62% overall).
- Residents who are impacted by their health conditions are more likely to eat fewer than 5 portions of fruit and vegetables a day (83% cf. 79%).
- Only 42% of these residents meet the recommended weekly physical activity levels, compared to the county average of 53% of those without disabilities.

LGBTQ+ residents

A question in the survey asked, Which of the following best describes your sexual orientation? Of the 3,626 responses, 89 answered gay or lesbian (2.5%), 73 answered bisexual (2%) and 12 gave a different answer other than straight or heterosexual (0.3%). Taken together, this group of 174 residents have been classified as LGBTQ+ which accounts for 5% of residents.

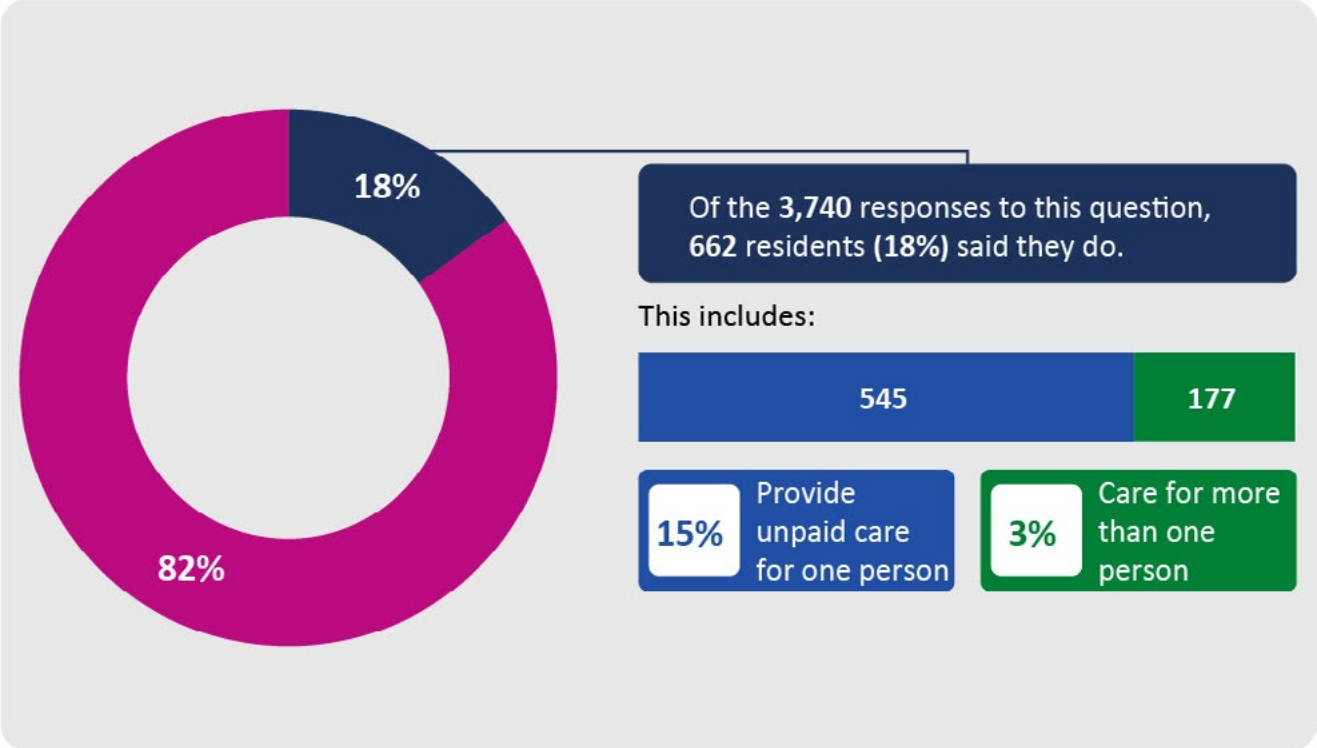


There are a number of measures to which LGBTQ+ residents responded less positively, or evidence riskier health behaviours.

- These residents are more likely to be current or occasional smokers. (30% cf. 17% of heterosexual respondents). This includes both tobacco products and cigarettes (17% of LGBTQ+ residents, cf. 10% of heterosexual residents) and, especially, vaping (18% of LGBTQ+ residents, cf. 10% of heterosexual residents).
- They are more likely to consume take aways or fast-food multiple times per month (44% of LGBTQ+ residents cf. 33% of heterosexual residents).
- They are more likely to gamble (39%, cf. 28% of heterosexual residents). Those who do gamble, are more likely to say that it has had a negative impact on their lives (14% cf. 2% of heterosexual residents).
- LGBTQ+ residents are less likely than average to say that they can rely on people in their lives if they have a serious problem (77% cf. 85% of heterosexual respondents). Moreover, 12% residents who are LGBTQ+ say they are always lonely, compared to 5% of heterosexual residents.
- LGBTQ+ residents are more likely to be struggling financially. Just 35% of LGBTQ+ respondents are managing well, cf. 48% of heterosexual respondents. Moreover, they are more likely than average to say they could cover costs for less than a month (41%, cf. 29% of heterosexual respondents).

Residents who provide unpaid care

A question in the survey asked residents whether they provide unpaid care for someone. Of the 3,740 responses to this question, 662 residents (18%) said they do. This includes 545 residents who provide unpaid care for one person (15%) and 117 who care for more than one person (3%).

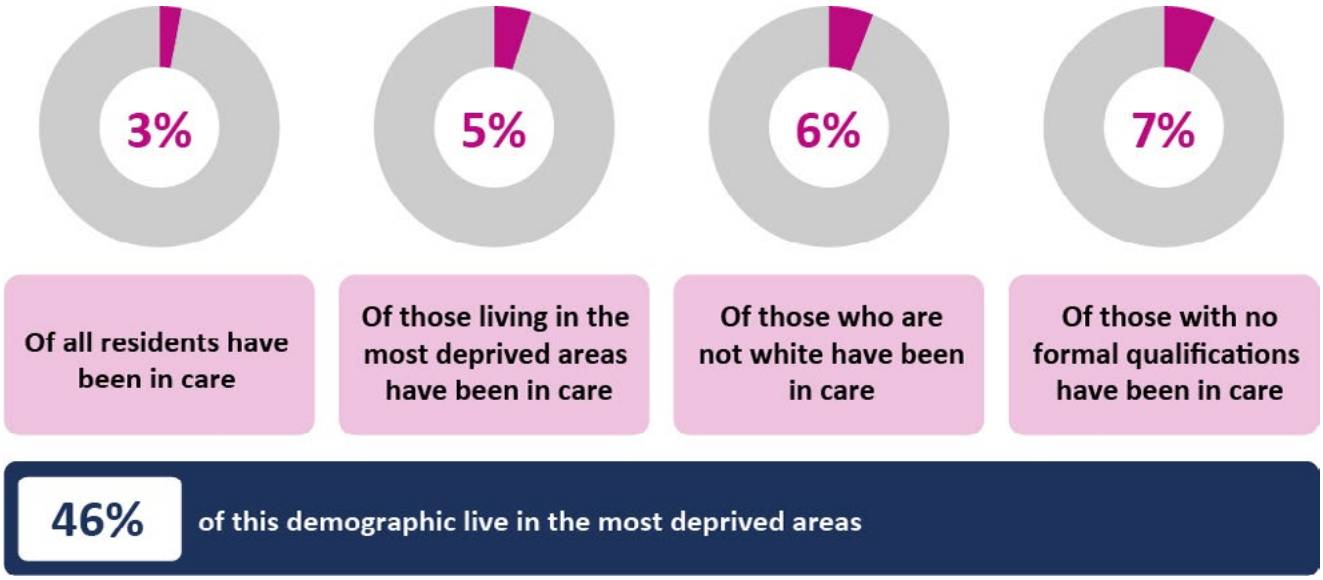


Carers are generally less likely to report good physical or mental health compared to non-carers (49% cf. 59% for physical health; 53% cf. 64% for mental health).

- Carers are more likely to be current smokers, excluding vaping (61% cf. 44% of non-carers).
- They are slightly more likely to report drug use (5% cf. 3% of non-carers).
- Carers are less likely to say they are managing well financially (39% cf. 49% of non-carers), with over half (52%) saying they are just about managing.
- A significantly higher proportion of carers report that their financial situation has worsened in the past year (56% cf. 45% of non-carers).
- When asked how long they could cover costs if household income stopped, carers were more likely to say they could manage for less than a month without help (37% cf. 28% of non-carers).

Residents who are care leavers or previously looked after

Residents were asked whether they had been in care at any point, and 110 said that they had, which equates to 3% of the residents who responded. Among those living in the most deprived areas, this increases to 5%, among those who are not white the figure doubles to 6% (albeit not significantly due to the small sample size of non-white residents) and among those with no formal qualification, the proportion of those who have been in care increases to 7%.



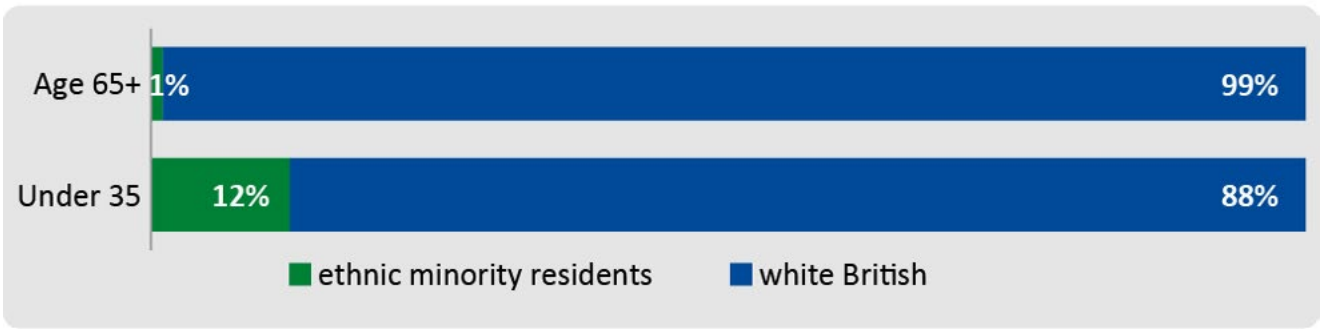
Although the sample size of those who have been in care is small, there are some very significant variations among this demographic, which are influenced by almost half of this demographic (46%) living in the most deprived areas.

- Just 23% of residents who have been in care rated their physical health as good (cf. 58% of those who had not) and 30% said their mental health was good (cf. 62%).
- 78% have a long-term health condition (cf. 58% of those who have not been in care).
- 32% of those who have been in care currently or occasionally use tobacco products (excluding vapes) (cf. 10% of non-care leavers).
- Residents who have been in care are more likely to say they never eat fruit or vegetables (11%, cf. 4%) or only eat 1 or 2 portions per day (57% cf. 37%).
- 11% use drugs at least weekly, compared to 3% total sample. As with other demographics, the drug most used by this group is cannabis, with 6% using it weekly and 8% using it at least monthly (cf. less than 3% of those who have not been in care who use cannabis at least monthly). However, those who have been in care are more likely to have tried other types of drugs at least once or twice (7% have tried cocaine; 9% have tried Ecstasy/MDMA; 6% have tried Ketamine; 6% have tried Amphetamines and 2% use them weekly; and 3% have tried Synthetic cannabinoids.)
- However, residents who have been in care are less likely to consume alcohol. 42% say they never drink alcohol, compared to 24% of residents who have not been in care.
- Residents who have been in care are less likely to do the recommended amount of weekly physical activity (31%, cf. 54% of those who have not been in care).
- Residents who have never been in care are less likely to feel safe in their local area during the day (79%, cf. 92% of those who have not been in care) and at night (45%, cf. 64% of non-care leavers).
- They are more likely to feel lonely, with 17% saying they always feel lonely, and a further 36% saying they feel lonely some of the time.

Findings by ethnic groups

County Durham is predominantly populated by white British residents, who account for 94% of survey respondents (3,473 out of 3,709), whilst a further 3% of residents (98 respondents) are white and have a nationality other than British. In contrast, 3% (124 respondents) identified having an ethnicity other than white. This includes the nationalities and ethnicities of: Irish, Gypsy, Irish Traveller or Roma, other white backgrounds, Indian, Pakistani, Bangladeshi, Chinese, other Asian backgrounds, African, Caribbean, other Black backgrounds, Arab, mixed backgrounds including white and Black Caribbean, white and Black African, white and Asian, other mixed or multi-ethnic background, and other ethnic groups which were not listed in the questionnaire, but provided through a write in text box.

Overall, 6% of respondents identified as non-white British. For analytical purposes, residents from various ethnic backgrounds have been grouped together to ensure an adequate sample size; this should be considered when interpreting the data. Whilst responses given by this group are summarised below, it is also important to interpret the findings with caution both due to range of backgrounds of residents included in this group and due to the relatively small sample size. It should also be noted that this demographic skews younger, with 12% of those aged under 35 being not white/British, compared to 1% of those aged 65+.



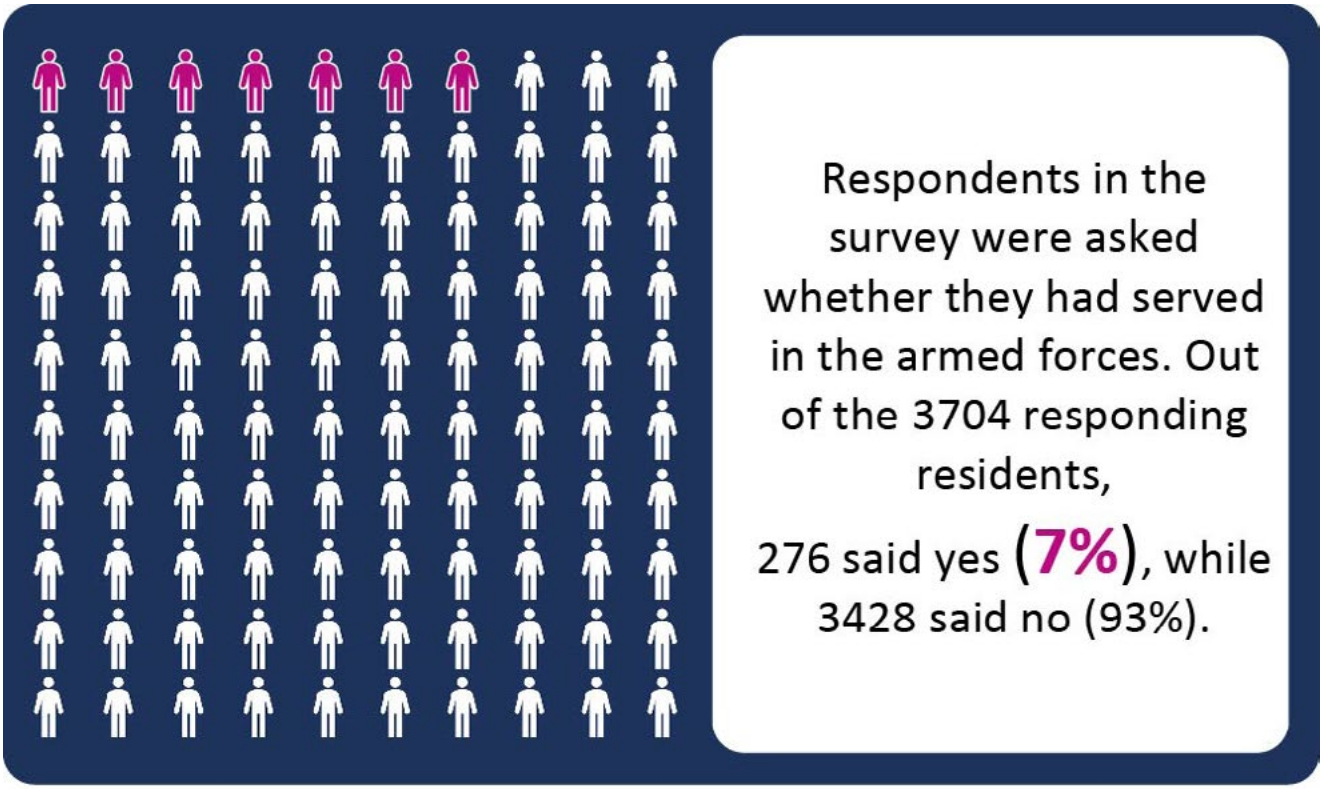
Overall, self-reported physical and mental health does not differ significantly between the two groups. However, there are several specific health-related areas where notable differences emerge:

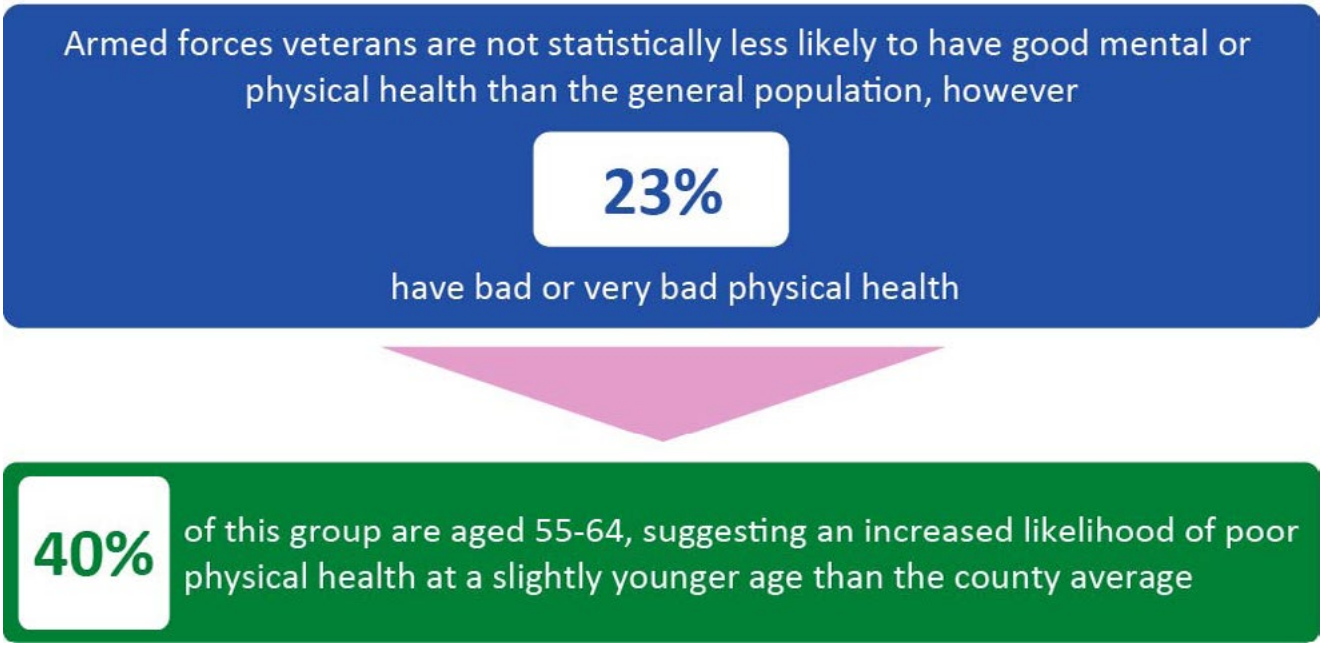
- Ethnic minority residents are less likely to be registered with a GP (3% unregistered vs. 1% unregistered).
- Fewer ethnic minority residents report having a long-term health condition or illness lasting 12 months or more (47%) than their white British counterparts (60%).
- When it comes to social support, 67% of ethnic minority residents agree they can rely on others during serious problems, compared to 85% of white British residents.
- Reports of never having smoked are more common among ethnic minority residents (77%) than among white British respondents (56%).
- Ethnic minority residents are more likely to consume fast food or takeaway meals 2 to 4 times per month (41%), in contrast to 29% of white British residents.
- According to the AUDIT-C alcohol risk assessment, 79% of ethnic minority residents are considered low risk for alcohol dependency, compared to 60% of white British residents.
- Engaging in muscle-strengthening exercises at least once a week is more common among ethnic minority residents (20%) than among white British residents (10%).
- Just 25% of ethnic minority residents report claiming any type of benefit, significantly lower than the 38% reported by white British residents.
- Financially, 18% of ethnic residents say their situation has improved in the past year, compared to only 9% of white British residents.

Veterans of the armed forces

Respondents in the survey were asked whether they had served in the armed forces. Out of the 3704 responding residents, 276 said yes (7%), while 3428 said no (93%).

Armed forces veterans are not statistically less likely to have good mental or physical health than the general population (51% have good physical health, cf. 57%; and 57% have good mental health, cf. 62%). However, 23% have bad or very bad physical health. 40% of this group are aged 55-64, suggesting an increased likelihood or poor physical health at a slightly younger age than the county average.





There are several areas where veterans differ from the general population:

- They are more likely to be current or occasional users of nicotine products (25% cf. 18%).
- Based on the AUDIT-C alcohol dependency scale, veterans are more likely to show signs of possible alcohol dependence (5% cf. 1%).
- Gambling is more common among veterans (36% cf. 27%).
- Financial wellbeing is lower among veterans. Only 35% report managing well financially, compared to 49% of the general population. Additionally, 60% say their financial situation has worsened in the past year, compared to 46% of the general population.
- Veterans are less likely to agree that they can rely on people in their lives if they have a serious problem (78% cf. 85%).

Appendix 1: Sample Profile

Local Network	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Newton Aycliffe and Sedgefield	245	266	7%
Bishop Auckland and Shildon	232	330	9%
Chester-le-Street	494	423	11%
Consett	362	340	9%
Durham City	467	420	11%
Easington and Seaham	307	362	10%
Horden and Peterlee	301	377	10%
Crook, Mid Durham and Willington	400	411	11%
Coxhoe, Ferryhill and Spennymoor	397	378	10%
Stanley	228	251	7%
Teesdale	269	167	4%
Weardale	97	74	2%

Sex	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Female	2,185	1,886	47%
Male	1,487	1,774	50%
Other/Prefer Not to say	127	138	3%

Age	Sample Unweighted	Sample Weighted	Weighted % (all responses)
18-24	92	115	3%
25-34	327	410	11%
35-44	302	406	11%
45-54	436	656	17%
55-64	743	1,129	30%

Age	Sample Unweighted	Sample Weighted	Weighted % (all responses)
65-74	948	521	14%
75+	865	463	12%
Prefer Not to say	86	99	3%

Sexual orientation	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Straight/Heterosexual	3,472	3,452	91%
Gay or lesbian	64	89	2%
Bisexual	56	73	2%
Other sexual orientation	15	12	*%
Prefer not to say	192	173	4%

Health condition	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Yes	2,127	2,039	54%
No	1,327	1,405	37%
Prefer not to say	345	355	9%

Served in the armed forces	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Yes	224	276	7%
No	3,492	3,428	90%
Prefer not to say	83	95	3%

Employment situation	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Working full-time (30 hrs or more per week)	971	1,338	35%
Working part-time (Under 30 hrs per week)	357	409	11%
Self-employed or freelance	151	179	5%
Unemployed and available for work	50	80	2%

Employment situation	Sample Unweighted	Sample Weighted	Weighted % (all responses)
In full-time education at school, college or university	55	64	2%
In part-time education at school, college or university	15	20	1%
Long-term sick or disabled	269	379	10%
Wholly retired from work	1,723	1,119	29%
Looking after family/home	137	122	3%
Carer	138	163	4%
Doing something else	82	82	2%
Prefer not to say	174	150	4%

Contract type (if in work)	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Zero-hours contract	68	85	5%
Temporary contract	44	59	3%
Agency worker	26	35	2%
Shift worker	137	204	11%
None of the above	1,139	1,477	78%
Not answered	42	45	2%

Highest level of qualification	Sample Unweighted	Sample Weighted	Weighted % (all responses)
No qualifications	416	355	9%
1 - 4 O-levels/CSEs/GCSEs (any grade) or equivalent (e.g. BTEC/NVQ Level 1)	371	394	10%
5+ O-levels/CSEs/GCSEs (grades A*- C or grades 9 to 4) or equivalent (e.g. an Intermediate Apprenticeship, BTEC/NVQ Level 2)	383	413	11%
2+ A-levels/4+ AS-levels or equivalent (e.g. GNVQ Advanced, Advanced Apprenticeship, BTEC/NVQ Level 3)	364	433	11%

Highest level of qualification	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Foundation Degree, Degree (BA, BSc), Higher Apprenticeship, Higher Degree (e.g. MA, PhD, PGCE), NVQ Level 4+ or equivalent	1,217	1,277	34%
Other professional/vocational/work-related qualifications/technical skills	504	448	12%
Prefer not to say	544	479	13%

Home tenure type	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Own, either outright or with a mortgage	2,726	2,595	68%
Part-own, part rent (shared ownership)	19	19	1%
Rent from the council	251	292	8%
Rent from another registered provider (e.g. Housing Association or charity)	254	260	7%
Rent from a private landlord	319	413	11%
Live rent free or with family	56	65	2%
Prefer not to say	174	72	4%

Appendix 2: The Open Survey

Alongside the County Durham adult population health and wellbeing survey, an open survey was carried out, whereby a link to the online survey was posted by Durham County Council on their website and across social media platforms. This allowed any resident to complete the survey and gave all residents the opportunity to feed in their views and experiences, even if they were not sampled as part of the main survey. The data to the open survey was gathered separately, as the self-selecting nature of the survey meant that the data are less robust. However, it was a useful communication channel to give residents an opportunity to share their voices. In total, the survey received 136 responses, so caution should be applied, both to the self-selecting nature of the sample, and also the low base size.

Question	Answer	Open Survey
A01 Overall, how satisfied or dissatisfied are you with your local area as a place to live?	Satisfied	65%
	Dissatisfied	21%
A02 In the last 12 months, how often have you used parks, other green spaces, countryside or the coast in County Durham?	At least once a week	49%
	At least once a month	29%
	At least once in the last 12 months	13%
	Have not used these in the past 12 months	8%
A03 In the last 12 months, have you taken part in any volunteering?	Yes, I regularly volunteer (at least once a month)	37%
	Yes, but not regularly (less than once a month)	10%
	No	53%
A04/1 How safe do you feel when outside in your local area?: (During the day)	Summary: Safe	88%
	Summary: Unsafe	13%
A04/2 How safe do you feel when outside in your local area?: (After dark)	Summary: Safe	55%
	Summary: Unsafe	43%
A05 My local area is a place where people trust each other	Summary: Agree	56%
	Summary: Disagree	24%
A05 People in my local area pull together to improve the local area	Summary: Agree	45%
	Summary: Disagree	24%

Question	Answer	Open Survey
A05 I can positively influence decisions affecting my local area	Summary: Agree	18%
	Summary: Disagree	36%
B01 How would you rate your overall health in general in terms of ...: (Physical health)	Summary: Good	57%
	Summary: Bad	15%
B01 How would you rate your overall health in general in terms of ...: (Mental health)	Summary: Good	59%
	Summary: Bad	16%
B02.1 Are you currently registered with a ...: (GP)	Yes	99%
B02.2 Are you currently registered with a ...: (Dentist)	Yes	74%
	No	24%
B03 Do you currently have any health conditions or illnesses lasting, or expected to last, 12 months or more?	Yes - physical health condition	40%
	Yes - mental health condition	8%
	Yes - both	13%
	No	35%
B04 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	Yes, a lot	23%
	Yes, a little	44%
	Not at all	30%
B05 In the last 12 months have you had problems accessing help for your health conditions when needed?	No problems accessing support	33%
	Some problems accessing support	43%
	A lot of problems accessing support	12%
	I don't know what types of support are available	6%
	I have not sought help in the last 12 months	5%
B06 Overall, how satisfied are you with your life nowadays?	Low (0-4)	15%
	Medium (5-6)	24%
	High (7-8)	42%
	Very high (9-10)	18%

Question	Answer	Open Survey
B07 To what extent do you feel the things you do in your life are worthwhile?	Low (0-4)	10%
	Medium (5-6)	24%
	High (7-8)	39%
	Very high (9-10)	25%
B08 How happy did you feel yesterday?	Low (0-4)	15%
	Medium (5-6)	26%
	High (7-8)	32%
	Very high (9-10)	27%
B09 On a scale where 0 is not at all anxious and 10 is completely anxious, how anxious did you feel yesterday?	Very low (0-1)	29%
	Low (2-3)	23%
	Medium (4-5)	15%
	High (6-10)	30%
B10 How much do you agree or disagree with the statement...'I can rely on the people in my life if I have a serious problem'?	Summary: Agree	74%
	Summary: Disagree	15%
B11 And how often do you feel lonely?	Always	7%
	Some of the time	20%
	Occasionally	24%
	Hardly ever	25%
	Never	23%
C01 Summary: Tobacco, smoking or vaping usage	Yes currently or occasionally	7%
	Yes currently or occasionally (excluding vaping)	4%
	Ex-smoker	25%
	Never smoked	66%

Question	Answer	Open Survey
C01 Summary: Currently use	Smoking	2%
	Vaping	4%
	All (excluding Vaping)	3%
	Other nicotine products	1%
C02 Which of the following statements best describes your feelings about stopping smoking or vaping?	Summary: Intend to stop in 6 months	38%
	Summary: Would like to stop in the future	50%
	Summary: Don’t want to stop	13%
D01 How many portions of fruit and vegetables do you eat a day?: A portion is a handful.	5 a day or more	26%
	3 - 4 a day	38%
	1 - 2 a day	32%
	I don't eat fruit or vegetables	4%
D03 How often do you usually eat fast food or take away meals?	Never	15%
	Less than once a month	23%
	Once a month	26%
	2 to 4 times per month	28%
	2 to 3 times per week	7%
	4 or more times per week	1%
E01/E02/E03 Summary: Alcohol risk	Low risk	67%
	Increasing risk	19%
	Higher risk	12%
	Possible dependence	2%
E04 Summary: Drugs use	No	100%
F01 Summary: Does recommended weekly physical activity	Yes	56%
	No	44%

Question	Answer	Open Survey
F02 In an average week, how often do you do some form of muscle strengthening activity?	Never	30%
	Less than one day a week	18%
	One day a week	11%
	Two days a week	12%
	More than two days a week	29%
F03 Summary: In an average week, how many days do you walk or cycle for travel	Do not walk or cycle for travel	43%
	1 to 3 days walking	32%
	4 or more days walking	23%
	1 to 3 days cycling	1%
	4 or more days cycling	0%
	1 to 3 days walking and cycling	34%
	4 or more days walking and cycling	23%
	Walk or cycle for travel	57%
G01 Now some questions about gambling. Have you gambled in the last 12 months?	Yes	18%
	No	82%
H01 Do you provide unpaid care for someone who has a long-term illness, health problem or disability that limits their daily activities or the work they do?	Yes, one person	22%
	Yes, more than one person	4%
	No	73%
I01 Do you or any other member of your household receive any of the following state benefits?	Summary: Yes	36%
I03 How well do you feel your household is managing financially?	Managing well	48%
	Just about managing	41%
	Not managing well	7%

Question	Answer	Open Survey
I04 Compared with the last year do you think that your financial circumstances have improved, stayed the same or got worse?	Improved	13%
	Stayed the same	44%
	Got worse	39%
I05 If you lost your main source of household income, how long could your household continue to cover living expenses without having to borrow any money or ask for help from friends or family?	Less than a month	18%
	Between 1 to 3 months	21%
	Between 4 to 6 months	14%
	Between 6 months to 1 year	11%
	More than a year	18%

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