

OUR PLACE

Why is this important?

Health and well-being are affected by the environment - air pollution can aggravate breathing problems, noise pollution can affect mental well-being.

People in isolated rural areas can have problems accessing services or can experience loneliness.

A sense of belonging to the community can enhance people's mental well-being.

Homeless people have poorer health than the rest of the population.

Crime, particularly violent crime, can affect residents both emotionally and physically. Antisocial behaviour has adverse effects on the rest of the community.

The health (particularly mental health) of offenders (especially young offenders) in prison tends to be much poorer than average.

OUR PEOPLE

Why is this important?

People in certain age groups (e.g. the very young and the very old) are more likely to have health problems than other age groups. This affects the individuals concerned, any carers and the demand for health and social services. Areas with larger proportions of older people tend to have more people with long term conditions and with dementia.

People in deprived areas generally suffer more health problems than those in less deprived areas. Children in poverty are especially vulnerable, falling prey to a range of physical and emotional problems. Fuel poverty is a specific concern, with the oldest and youngest suffering the most, and older people sometimes becoming really unwell through lack of heat.

Areas with high levels of unemployment have poorer health, in the same way as deprived areas but with the added complications of low self-esteem contributing to mental ill-health.

The physical and emotional health of people with lower educational attainment is poorer than that of people with higher attainment.

Looked-after children have worse health (both physical and emotional) than average. High numbers put strain on social services in particular.

Living alone (especially for elderly infirm residents) can lead to poorer emotional well-being, as can being a carer or a social care user who is not receiving enough support.

OUR STATE OF HEALTH

Why is this important?

Certain lifestyle behaviours lead to ill-health:

Smoking contributes heavily to cancers, particularly lung cancers, to stroke,

to heart disease and to respiratory diseases (especially COPD);

Being overweight or obese (often through poor diet or lack of exercise) causes or exacerbates circulatory problems;

Risky sexual behaviour can lead to an increase in sexually transmitted diseases as well as to unwanted pregnancy;

Misuse of alcohol or drugs contributes to a range of physical problems and, particularly to mental or emotional ill-health.

Lower life expectancy and higher than average death rates are signs of poorer health in an area. Where deaths from specific causes are considered preventable, this might indicate that improvements can be made in lifestyle or in the way the health service diagnoses, offers preventive measures or provides treatment.

In areas with high rates of conditions such as diabetes, heart disease or stroke, not only are there more patients suffering but there are greater demands for health and social care. For some conditions, appropriate measures should be taken to reduce the number of 'avoidable admissions' to hospital (i.e. where action in primary or community care can prevent unnecessary admission).

Where an area has high rates of road traffic accidents, there is possibly scope for improvements to road design, including road signs and speed limit enforcement.

Some areas have high rates of hip fractures in their elderly populations. This might indicate that improvements in the home (such as installing grab rails and removing trip hazards such as rugs) would be a good investment.

OUR SERVICES

Why is this important?

Appropriately designed, accessible services can reduce many of the problems of poor health and well-being.

Social services might be

in the community, such as providing help to people to remain safely in their own homes;

in permanent residential care, providing care and support for those unable to live in their own homes;

supporting looked-after children or other vulnerable groups, such as gypsies, travellers or refugees.

Health services might be at the preventive end of the spectrum e.g.

stop-smoking services to reduce risk of lung cancer and circulatory and respiratory disease);

help for those with drug or alcohol problems to reduce the risk particularly of mental health problems;

screening to detect diseases (such as breast, cervical or bowel cancer, heart disease or depression)

early so that treatment is likely to be more effective;

immunisation/vaccination to prevent people from catching a disease (such as measles, rubella, influenza in particularly vulnerable groups of patients.

Some health service activity takes place in hospital. Quality of service can improve patients' well-being, as can other measures such as appropriate reduction of length of stay, which also leads to reduced costs (further detail on length of stay appears in the 'long term conditions' topic summary).

Education services improve standards of education (and increase the chances of a better standard of living and better health)

Third sector organizations play a huge part across the spectrum of preventive and community-based activity. Provision of advice on benefits or housing or help to move back into employment, as well as initiatives to reduce loneliness and improve mental well-being or to support those with particular conditions and their carers, are vital to a community's overall well-being.

Our place

Three quarters of residents (75%) are satisfied with their local area as a place to live (2012). This is a drop from 2008, when 81% of residents were satisfied. Satisfaction varies by area: in the South East, only 65% were satisfied, compared to the North (82%) and the West (83%). ([Northumberland Resident Perception Survey 2012](#))

In the Northumberland Resident Perception Survey 2012, residents were presented with a list of 22 factors thought to impact on the quality of life of an area. From this they selected the following as being the most important in making somewhere a good place to live:

- Health services (42%);
- Education provision / schools (41%);
- Clean streets (39%);
- The level of anti-social behaviour (35%); and
- Affordable decent housing (35%).

Residents felt that the least important of the factors were:

- High profile events and tourist attractions (3%); and
- Cultural facilities (3%).

The county

Northumberland is home to around 316,000 people and covers an area 5013km² ([Our Place](#))

With 97% of its land area classed as rural, the county is sparsely populated with 63 people per km². Over half of the county's population live in the 3% of urban land found in the south east of the county ([Northumberland Knowledge – rural/urban](#))

Sense of community

Almost three quarters of residents feel strongly that they belong to their local area, with a similar pattern of variation across the four areas. Residents in the North and West of Northumberland appear to have more links with their local community than those living in the South East of the county. ([Northumberland Resident Perception Survey](#))

About a quarter of Northumberland residents do some form of voluntary work at least once a month for group, club or organization. A larger proportion (40%) has given unpaid informal help at least once a month in the last 12 months to someone who is not a relative. Levels of volunteering vary across the county and tend to be lower in the more deprived areas (as is the case nationally). (expand to table as below. . ([Northumberland Resident Perception Survey](#))

| | <i>North</i> | <i>West</i> | <i>South East</i> |
|--|--------------|-------------|-------------------|
| <i>Formal volunteering at least once a month</i> | 29% | 29% | 21% |
| <i>Informal volunteering at least once a month</i> | 41% | 43% | 37% |

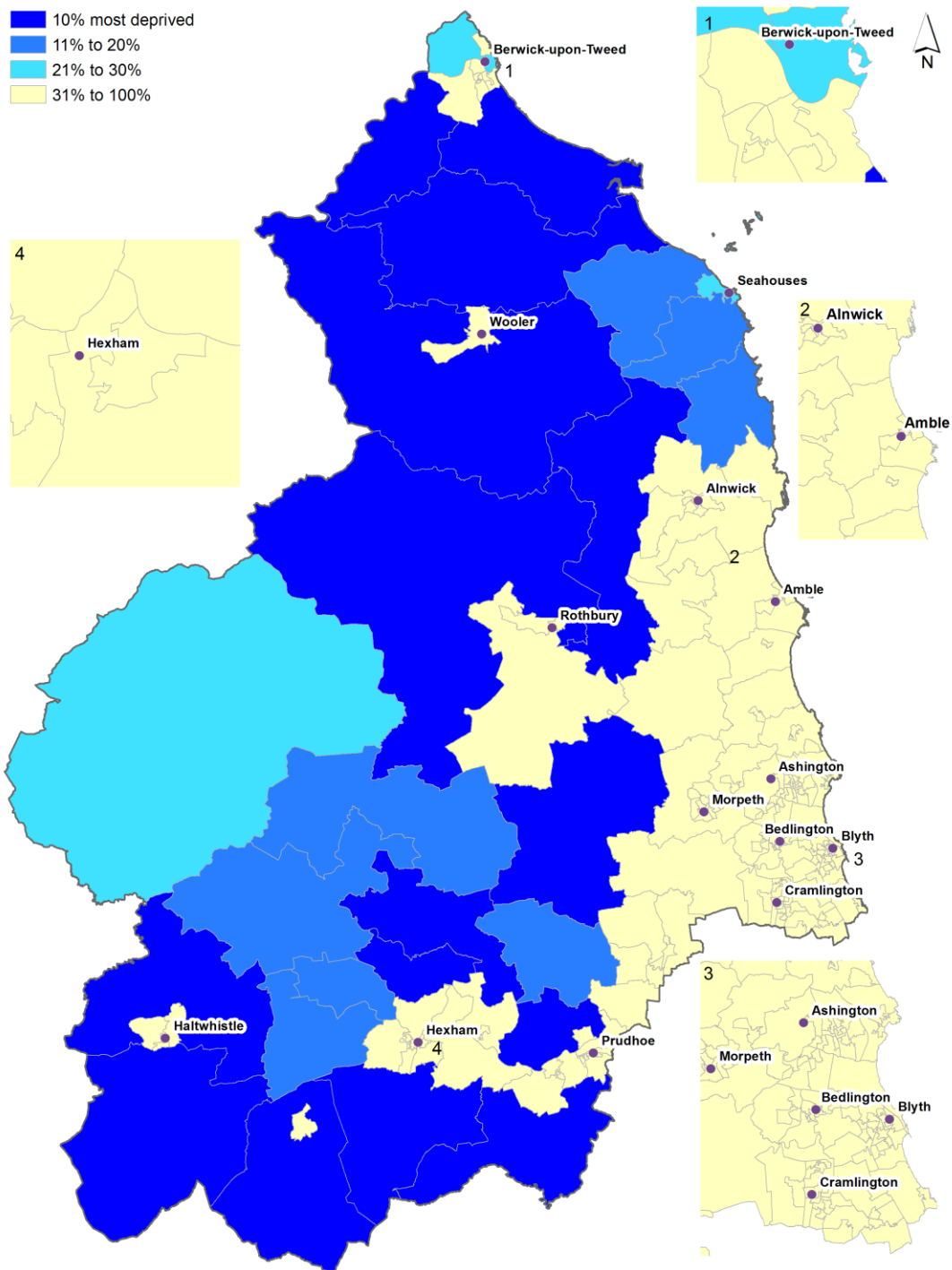
The environment

Northumberland has very few complaints about noise. Only 1.8% of residents are exposed to road, rail and air transport noise of 65dB(A) or more during the daytime, compared to 5.2% in England. Only 2.6% are exposed to those noises at a level of 55dB(A) or more at night, compared to 8.0% in England ([PHOF](#))

Only 3.8% of mortality in Northumberland is attributable to particulate air pollution (compared to 5.3% in England ([PHOF](#)))

Fewer than 8% of Northumberland's population are in the worst 10% of England when it comes to living environment deprivation (which considers air quality, road traffic accidents and the quality of housing) (*fig 30 in report 'Northumberland indices of deprivation'*)

Map of the ID 2015 distribution of the most deprived areas in the Living Environment Deprivation Domain



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Northumberland LSOAs in each decile of the ID 2015 Living Environment Deprivation

Domain

| ID Living Environment Deprivation Domain Decile | ID 2015 Living Environment Deprivation Domain | | | Change from ID 2010 | |
|---|---|----------------------------|------------------------------------|---------------------------|---|
| | Number of LSOAs | Proportion of N'land LSOAs | Total Mid 2012 Population of LSOAs | Change in Number of LSOAs | Percentage Point Change (proportion of N'land LSOA's) |
| 10% most deprived | 15 | 7.6% | 23,408 | 13 | 6.6 |
| 11% to 20% | 8 | 4.1% | 13,530 | 1 | 0.5 |
| 21% to 30% | 4 | 2.0% | 5,807 | -2 | -1.0 |
| 31% to 40% | 3 | 1.5% | 4,808 | -12 | -6.0 |
| 41% to 50% | 10 | 5.1% | 15,152 | 1 | 0.6 |
| 51% to 60% | 6 | 3.0% | 10,212 | -7 | -3.5 |
| 61% to 70% | 10 | 5.1% | 16,481 | -6 | -3.0 |
| 71% to 80% | 13 | 6.6% | 19,416 | -5 | -2.4 |
| 81% to 90% | 24 | 12.2% | 39,331 | -8 | -3.9 |
| 91% to 100% | 104 | 52.8% | 166,833 | 23 | 12.1 |

Housing and homes

83% of residents own their own homes, similar to the England average

[\(Source: Live tables on dwelling stock Gov.UK\)](#)

Only 2% of Northumberland's dwellings are overcrowded (with one bedroom fewer than would be recommended for the number of occupants), compared to 4.5% in England and Wales as a whole (2011) [\(ONS 2011 Census LC4105EW Occupancy Rating \(bedrooms\) of -1 or less or LC4104EW Occupancy rating \(rooms\) of -1 or less\)](#)

For every 1,000 households, there are 1.3 homeless households (2013/14). This is lower than England's rate of 2.3 households per 1,000 [\(PHE Fingetips\)](#)

41% of private housing is classed as 'non-decent' (*'Non decent' is a term meaning that the dwelling does not meet the government's 'decent homes' standards. A dwelling is defined as 'decent' if it meets the statutory minimum standard, provides a reasonable degree of thermal comfort, is in a reasonable state of repair and has reasonably modern facilities.*), compared to the national average of 36%. In Northumberland this is primarily due to being difficult to keep warm because of solid wall construction.

Crime and the justice system

The number of **recorded crimes** in Northumberland has reduced over past years from 16,461 in 2008/09 to 10,352 in 2013/14. ([Northumberland Knowledge Community Wellbeing](#))

Northumberland has a low rate of violent crime. In 2013/14, there were 4.8 violent offences per 1,000 population, compared to England's rate of 11.1. The county also has a low rate of alcohol-related crime. However, the rate of domestic abuse incidents (24 per 1,000 population in 2012/13) is higher than England's rate.

Antisocial behavior incidents in the county have reduced from 18,144 in 2011/12 to 16,316 from 2012/13 ([Northumberland Knowledge Community Wellbeing](#))

99% of Northumberland residents say they feel very or fairly safe living in their neighbourhood ([Northumberland Knowledge Community Wellbeing](#))

Since 2010, Northumberland's rate of first time entrants to the youth justice system has been lower than England's. In 2013 there were 408 first time entrants per 100,000 in Northumberland (England had 441 per 100,000). The rate of custodial sentences for young people was only 0.07 per 1000 receiving a conviction, much lower than England's 0.68 per 1,000. ([LAIT](#)).

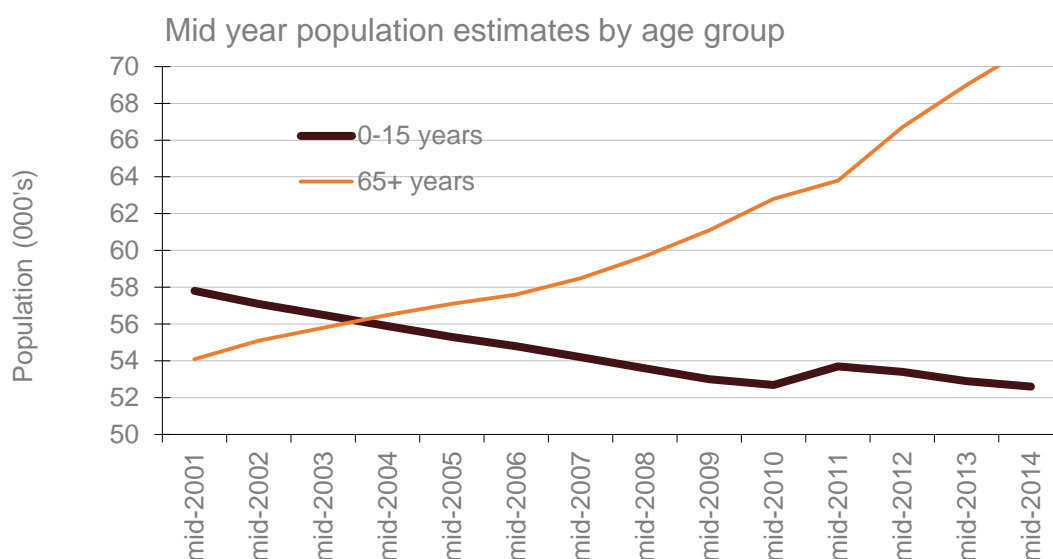
Reoffending rates in young offenders have generally been lower than England's over the last few years but in 2012 the proportion reoffending was 38.3%, whilst England's rate was only 35.7%. ([LAIT](#))

Our people

Demographics

Mid year population estimates NUMBERS (000's)

| | All persons | 0-15 years | 16-64 years | 65+ years |
|----------|-------------|------------|-------------|-----------|
| mid-2001 | 307.4 | 57.8 | 195.4 | 54.1 |
| mid-2002 | 308.0 | 57.1 | 195.8 | 55.1 |
| mid-2003 | 308.5 | 56.5 | 196.2 | 55.8 |
| mid-2004 | 309.0 | 55.9 | 196.6 | 56.5 |
| mid-2005 | 309.4 | 55.3 | 196.9 | 57.1 |
| mid-2006 | 309.3 | 54.8 | 196.9 | 57.6 |
| mid-2007 | 310.2 | 54.2 | 197.5 | 58.5 |
| mid-2008 | 310.9 | 53.6 | 197.6 | 59.7 |
| mid-2009 | 311.1 | 53.0 | 197.0 | 61.1 |
| mid-2010 | 312.0 | 52.7 | 196.4 | 62.8 |
| mid-2011 | 316.3 | 53.7 | 198.7 | 63.8 |
| mid-2012 | 316.1 | 53.4 | 196.0 | 66.7 |
| mid-2013 | 315.8 | 52.9 | 193.8 | 69.0 |
| mid-2014 | 316 | 52.6 | 192.3 | 71.1 |



Components of Population Change

mid-2013 to mid-2014

<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718>

| Number | Mid 2013 est | Live births | Deaths | Natural change | Net migration & other changes | Mid 2014 est | Total change |
|----------------|--------------|-------------|---------|----------------|-------------------------------|--------------|--------------|
| Northumberland | 315806 | 2796 | 3306 | -510 | 691 | 315987 | 0.06 |
| North East | 2610481 | 28881 | 25630 | 3251 | 4978 | 2618710 | 0.315 |
| England | 53,865,817 | 663,540 | 453,987 | 209,553 | 241,248 | ##### # | 0.84% |

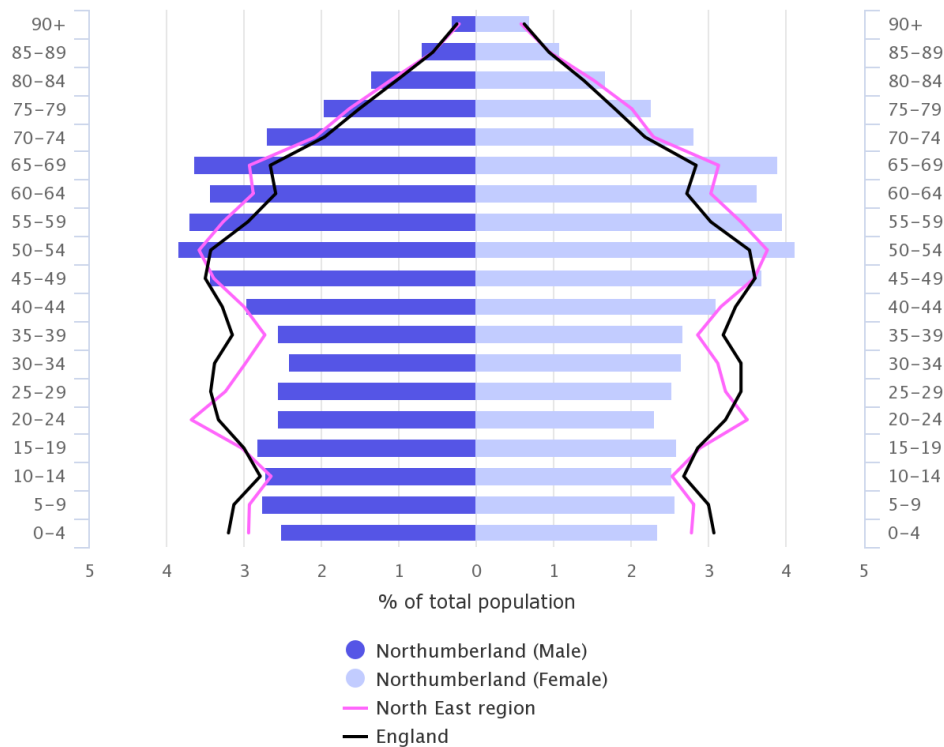
Source: Office for National Statistics

In 2014, there were 2753 births in Northumberland, a general fertility rate (the number of births per 1,000 women aged 15-64) of 54.0, lower than England's 62.2.

Northumberland in 2014 has a higher than average proportion of people aged 65+ (23% compared to 17%). The proportion of people aged 85+ is forecast to grow from 3% in 2015 to 7% in 2035. 51% of Northumberland's population is female.

Ageing Population Chart [PHOF](#)

Age Profile
ONS Mid-year population estimates 2015



(Source: Mid 2014 population estimate analysis tool)

| age group | Northumb | England & Wales |
|-----------|----------|-----------------|
| <19 | 21% | 24% |
| 20- 64 | 56% | 59% |
| 65-84 | 20% | 15% |
| 85+ | 3% | 2% |
| | 100% | 100% |

Table 2: 2012-based Subnational Population Projections for Local Authorities in England

| persons | 2015 | 2020 | 2025 | 2030 | 2035 |
|---------|------|------|------|------|------|
| 0-19 | 21% | 20% | 20% | 20% | 19% |
| 20-64 | 56% | 54% | 52% | 50% | 48% |
| 65-84 | 20% | 22% | 24% | 26% | 26% |
| 85+ | 3% | 3% | 4% | 5% | 7% |

As at March 2015, there are 321,829 patients registered with Northumberland practices, which vary greatly in size. The smallest practice population is 827 and the largest 18,934

5,000 residents (2%) classify themselves as non-white, with the greatest number of these being Asian ([Northumberland Knowledge – cultural Identity](#))

Northumberland’s dependency ratio (proportion of older people to people of working age) is about 41%, compared to England’s 29% (Calculated from ONS mid2014 population estimates)

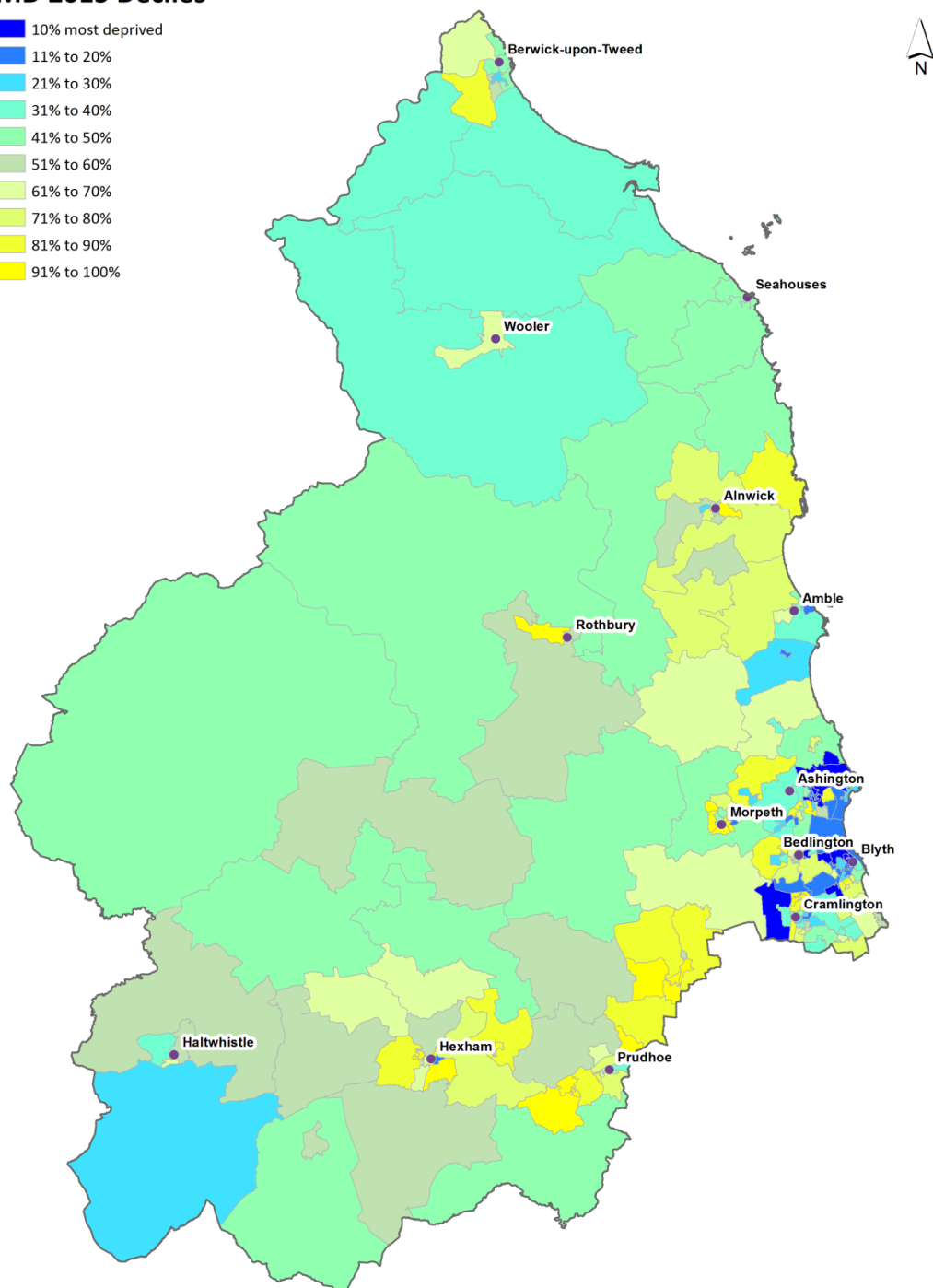
Socio-economics

Levels of deprivation vary considerably across the county but Northumberland overall compares well with England as a whole: only 15.4% of the population live in one of the 20% most deprived areas of England, significantly better than England's 20.4% average (2013)

(Northumberland Knowledge – IMD Deprivation by ward map), (PHE Northumberland health profile 2015).

IMD 2015 Deciles

- 10% most deprived
- 11% to 20%
- 21% to 30%
- 31% to 40%
- 41% to 50%
- 51% to 60%
- 61% to 70%
- 71% to 80%
- 81% to 90%
- 91% to 100%



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Northumberland, 17.6% of children under 16 live in poverty. Even though this is a much lower proportion than England's 19.2% (2012), it still means that there are 9,300 children in poverty. ([PHE Northumberland health profile 2015](#))

In 2012, 11.8% of Northumberland households experienced fuel poverty, worse than England's 10.4% ([PHOF](#))

Education and employment

At the end of reception year in 2013/14, 56.8% of children had achieved a good level of development. This was worse than England's 60.4% ([PHOF](#)). These results vary by ward and CCG locality. The provisional average for Northumberland in 2015 has increased to 65%. ([Director of Education Skills Presentation 2015 schools forum](#))

5.7% of Northumberland's 16-18 year olds are not in education, employment or training (2014), above the average of the county's statistical neighbours. England's rate was 4.7%. ([LAIT](#))

52.6% of Northumberland's pupils gained 5 or more GCSEs at levels A* to C (including maths and English) in 2014, lower than any of its statistical neighbours and lower than England's 53.4%. ([LAIT](#)) *If ward and CCG locality data (as seen in Local Health ward and CCG locality reports) have been updated to 13/14 then add* These results vary by ward and CCG locality *and link to ward and CCG locality data* In 2015, Northumberland's proportion increased to 57% but there was significant variation by individual school, by sex and by level of disadvantage ([Director of Education Skills Presentation 2015 schools forum](#))

Northumberland's percentages of half-days missed through unauthorised absence from schools were 0.8 for primary schools (the same as England) and 1.0 for secondary schools (lower than England's 1.3, although England's rate has been falling whilst Northumberland's is rising). ([LAIT](#))

Although deprivation levels are less severe than average, Northumberland's long term unemployment rate is 10.2 per 1000, significantly worse than England's 7.1%. ([PHE Northumberland health profile 2015](#))

Vulnerable groups

In 2014, Northumberland had 54 per 10,000 children under 18 who were looked after (compared to England's 60 per 10,000) ([LAIT](#)). In the same period, there were 607 children in need per 10,000, compared to England's much lower rate of 346 per 10,000 ([LAIT](#)). Northumberland had 58.4 per 10,000 children who were the subjects of Child Protection Plans (compared to England's 42.1 per 10,000.) ([LAIT](#)). The same year saw 5574 referrals to Northumberland's Children's Social Services. This equates to a rate of 920 per 10,000, whilst England's rate was only 573 per 10,000. ([LAIT](#)). Only 0.3% of these referrals were closed with no further action, whilst England (even with its much lower rate of referrals) closed 14% with no further action. ([LAIT](#))

6.2% of Northumberland's households have lone parents with dependent children (compared to England's 7.1%) ([PHE Fingertips Common mental disorders](#))

About 31% of pensioners in Northumberland live alone, a similar proportion to England. The proportion varies by ward ([Local Health profiles by ward](#))

The number of gypsies and travellers in the county is hard to ascertain. In January 2015 there were known to be 66 caravans in the county. ([Traveller caravan count Gov.UK](#)) It had been hoped that the 2011 census would provide a more accurate picture but only 156 individuals self-identified in Northumberland, possibly due to long-held fears of persecution or racism. ([NCC Strategy for Gypsies and Travellers in Northumberland 2013/16](#))

There is little evidence on the size of the lesbian, gay, bisexual and transgender (LGBT) population; people might be reluctant to answer questions on their sexuality, knowing that people who are LGBT often suffer discrimination and bullying. Government estimates have suggested that 5-7% of the population is lesbian, gay or bisexual.

Advances in military medicine mean that more of the ex-service community may be returning to civilian life with complex and long term needs, which require significant levels of expertise and financial resource to meet. ([Northumberland Knowledge Communities of interest](#)). Accurate figures for the number of ex-service personnel are not readily available.

In 2013/14, 50% of Northumberland's adult social care users had as much social contact as they would like (better than England's 44.5%) and among adult carers, 48.7% had as much social contact as they would like (higher than England's 41.3%) ([PHOF](#)). This means that, although Northumberland is better than England for people feeling they have enough social contact, half of social care users and over half of carers still do not have enough social contact.

Our state of health

Risk/behavioural factors

Weight, physical activity and diet

In 2012, only 1.9% of Northumberland's babies were born with low birth weight, better than England's 2.8% ([Local Tobacco Control Profile](#))

In 2013/14, 9.1% of Reception children were classed as obese (similar to England's proportion) and 17.7% of year 6 children (aged 13-14) were classed as obese (significantly better than England's 19.1 %.) ([Fingertips NCMP local authority profile](#)).

In 2012, 25.7% of adults were classed as obese (not significantly different from England's proportion) ([PHE Northumberland Health Profile 2015](#)). 12.98% of the CCG's registered population are on practice obesity registers (compared to England's 9.42%) but there is variation by GP practice, with proportions on obesity registers in 2013/14 ranging from 5.88% to 19.88% ([QOF](#))

In 2013, 52% of Northumberland's adults achieved at least 150 minutes of physical activity per week, not significantly different from England's proportion, ([PHE Northumberland Health Profile 2015](#)) and in 2014, 61.5% of Northumberland's population met the recommended '5-a-day' fruit and veg (higher than England's proportion of 56.3% ([PHOF](#)))

Sexual health

In 2013, Northumberland's under 18 conception rate was 22.9 per 1000 girls (aged 15-17), compared to England's 24.3 per 1000. Although the rate has fallen over the past few years, it has not fallen as quickly as England's rate ([LAIT \(as at Jul 2015\)](#))

Across Northumberland the rate of new sexually transmitted infections (excluding chlamydia) was 484 per 100,000, better than England's 829 per 100,000 ([PHE sexual and reproductive health profile](#)) Northumberland's chlamydia diagnosis rate in 2014 was 1981 per 100,000 aged 15-24, compared to England's 2012 per 100,000 ([LAIT](#))

Northumberland's rate of repeat abortions in women under 25 was 27% in 2014, similar to England's rate. ([PHE sexual and reproductive health profile](#)) In young women under 18 49.2% of conceptions led to an abortion, a similar rate to England. ([PHE sexual and reproductive health profile](#))

The prevalence of HIV in Northumberland is lower than in England (0.45 per 1000 people aged 15-59, compared to England's 2.14 per 1000. ([PHE sexual and reproductive health profile](#))

Substance misuse

An estimated 23.4% of Northumberland residents aged 16+ are increasing drinkers and higher risk drinkers (England 22.3%) ([Know Northumberland Population and Health bulletin 2015](#)). Estimates also suggest that 29.8% of Northumberland's adults are binge drinkers (*'adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, eight or more units for men and six or more units for women)'*), significantly higher than England's proportion ([LAPE Northumberland profile](#)). There is also variation by ward and CCG locality

In 2013, 19.7% of Northumberland's residents aged over 18 smoked (similar to England's rate) An estimated 4% of children aged 11-15, 11% of 15-year olds and 18% of 16-17 year olds were regular smokers in 2009-12, similar to England's rates. ([Local Tobacco Control Profile](#)) There is also variation by ward and CCG locality ([Local Health ward and CCG locality reports](#))

Northumberland has higher than average rates of mothers were smokers at the time of delivery, (16% in 2013/14, higher than England's 12%) ([Local Tobacco Control Profile](#))

The estimated rate of users of opiate and/or crack cocaine aged 15-64 was 6.5 per 1,000 population in 2011/12, significantly better than England's 8.4 per 1,000 ([PHE Northumberland Health Profile 2015](#))

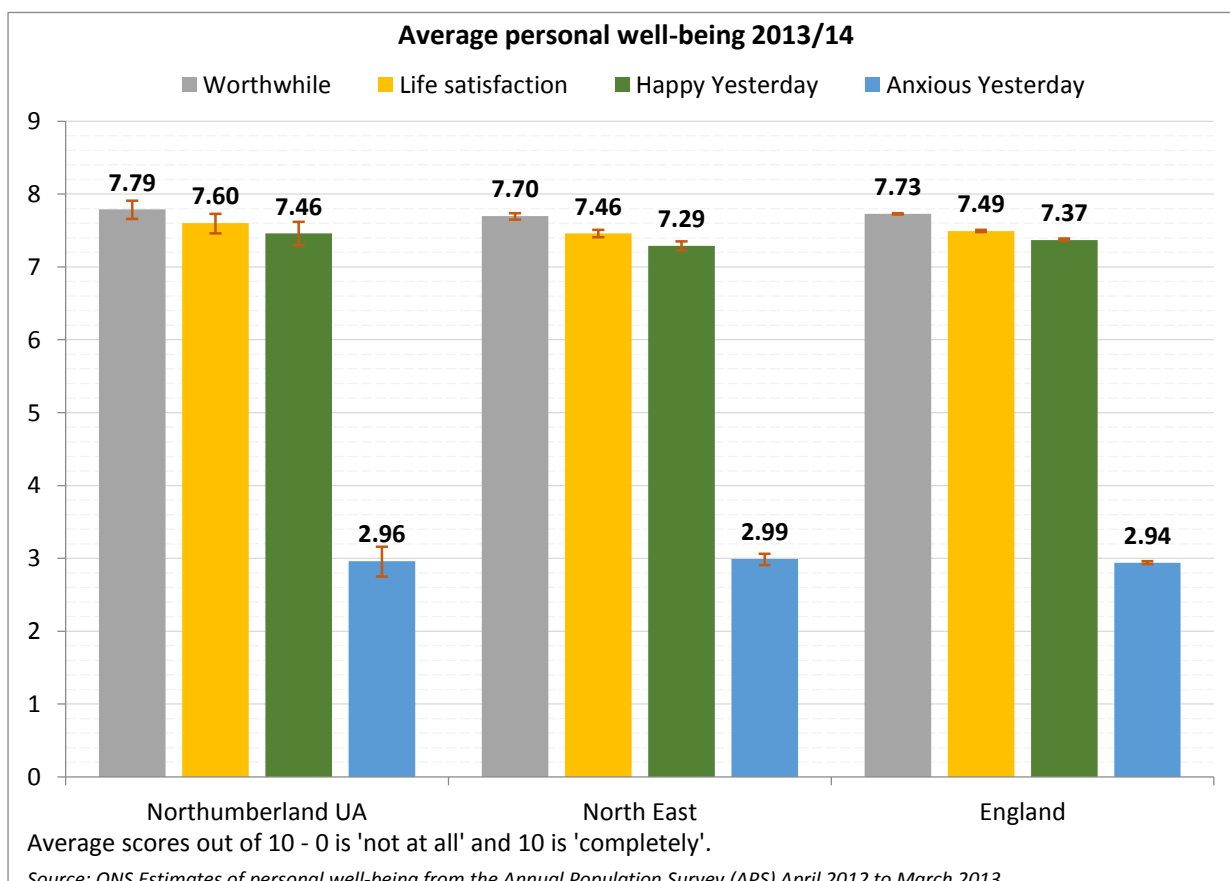
Well-being

Most Northumberland residents rate their health as a least good and only a small number (8%) consider it bad ([Northumberland resident perception survey 2012](#))

Self-described well-being in 2013/14 was not significantly different from England's. (*% describing themselves in each of the categories*)

- Low satisfaction score: 6.0% (England 5.6%);
- Low worthwhile score: 3.2% (England 4.2%);
- Low happiness score: 10.1% (England 9.7%)

([Source: PHOF](#))



In 2011, over 65,000 people in Northumberland (21%, higher than England’s rate) had long-term health problems or disability, with their condition limiting their day-to-day activities ([PHE Common mental health disorders](#))

Among children and young people, 4% of Northumberland children aged 0 to 15 felt that their day-to-day activities were limited in some way (a lot or a little), which was slightly lower than the percentage figure for the North East (4.2%) but higher than the figure for England (3.7%). It should be noted that these figures are based on information provided by the parent/guardian and not by the children themselves - (<http://www.northumberland.gov.uk/default.aspx?page=8811>)

The level to which the condition is disabling affects both the patient’s well-being and their need for support or services.

| <i>Northumberland: total population aged 65 and over unable to manage certain activities</i> | 2014 | 2015 | 2020 | 2025 | 2030 |
|---|--------|--------|--------|--------|--------|
| <i>unable to manage at least one mobility activity on their own. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level;</i> | 12,519 | 12,916 | 14,878 | 17,112 | 19,683 |

| | | | | | |
|---|--------|--------|--------|--------|--------|
| <i>getting to the toilet; getting in and out of bed</i> | | | | | |
| <i>unable to manage at least one self-care activity on their own. Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines</i> | 23,033 | 23,723 | 27,045 | 30,980 | 35,189 |
| <i>unable to manage at least one domestic task on their own. Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities</i> | 28,043 | 28,894 | 33,058 | 37,933 | 43,047 |
| | | | | | |
| <i>Sources: PF spreadsheet files 'poppi mobility 28 07-15...', 'poppi self-care 28 07-15...', 'poppi domestic tasks 28 07-15...'</i> | | | | | |

In Northumberland in 2014, 650 people were registered as blind (57% aged 75 or over) and 790 as partially sighted (65% aged 75 or over).

Life expectancy and mortality

Life expectancy at birth is 79.2 for males and 82.5 for females (2011-13). This is significantly lower than England's life expectancy (males 79.4 and females 83.1). However, it varies across the district, being 9.6 years lower for men and 7.2 years lower for women in the most deprived areas of Northumberland than in the least deprived ([PHE Local Health Profiles Northumberland](#)).

Life expectancy at birth is 78.8 for males and 82.5 for females (2010-12). This is significantly lower than England's life expectancy (males 79.2 and females 83.0). However, it varies across the district, being 9.6 years lower for men and 7.2 years lower for women in the most deprived areas of Northumberland than in the least deprived ([PHE Local Health Profiles Northumberland](#)).

Life expectancy at age 75 in 2011-13 is 11.3 years for males and 12.6 years for females in Northumberland. This is lower than England's values of 11.5 for males and 13.3 for females. ([Life expectancy at 75 Gov.UK](#))

In 2011-13, Northumberland's mortality rate from all causes was 1019 per 100,000 people, higher than England's rate of 978 per 100,000. ([NHS Indicators](#)) There is variation by ward which can be seen in the Local Health ward reports ([PHE Local Health Profiles](#)).

Northumberland's mortality rates for the major causes of death among people under the age of 75 (sometimes called premature mortality) are generally lower than England's. This is the case for cardiovascular disease (689 deaths in 2011-13), cancer (1,412 deaths in 2011-13), liver disease (178 deaths in 2011-13) and respiratory disease (319 deaths in 2011-13). However, for all persons (675 deaths in 2011-13) and for women, Northumberland's under 75 mortality rate from communicable diseases is higher than England's

[\(Source: PHE Local Health ward reports\)](#)

For adults with serious mental illness, Northumberland's excess under 75 mortality ratio in 2012/13 was 344.4. (*The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England.*)

Northumberland's Infant mortality rate was 2.6 per 1000 live births in 2011-13, significantly better than England's 4.0 per 1000 ([PHE Northumberland Health Profile 2015](#)) Northumberland's perinatal mortality rate in 2011-13 was 5 per 1,000 total births (England's rate was 7.1 per 1,000 total births) *source file phase 2 data collection) (expand to definition infant and perinatal mort rates)*

When it comes to preventable deaths, Northumberland does not perform so well: in 2011-13 in Northumberland, 194 people per 100,000 population died from causes considered preventable. This was worse than England's 184 per 100,000 ([Public health outcomes framework](#))

In 2011-13, Northumberland had 463 under 75 deaths from cardiovascular disease considered preventable, 836 under 75 deaths from cancer considered preventable, 178 under 75 deaths from liver disease considered preventable and 185 under 75 deaths from respiratory disease considered preventable. Although many of the associated death rates are not significantly different from England's, rates of female under 75 deaths from cancers and from respiratory disease were higher than England's.

If the potential years of life lost from causes amenable to healthcare are considered, Northumberland performs better than England's average.

Figures that can be used in chart

| <i>Years of life lost from causes amenable to healthcare 2013, all conditions</i> | <i>Years of life lost per 100.000 population</i> | |
|---|--|-------------|
| | <i>Nthum</i> | <i>eng</i> |
| <i>All persons</i> | <i>1707</i> | <i>2027</i> |
| <i>Females</i> | <i>1478</i> | <i>1845</i> |
| <i>Males</i> | <i>1942</i> | <i>2215</i> |

(Source: HSCIC CCG OIS 1.1)

In 2011-13, 1910 people in Northumberland died from smoking-related conditions. This is a rate of 312 per 100,000, worse than England's 289 per 100,000. ([PHE Tobacco Profiles](#))

In 2013, 159 people in Northumberland died from alcohol-related conditions. This is a rate of 47.8 per 100,000, similar to England's ([LAPE](#))

Northumberland had 111 deaths (85% of them in males) from suicide and injury of undetermined intent in 2012-14. This is a rate of 11.4 per 100,000, worse than England's 8.8 per 100,000. The small number of female deaths means a valid rate is not calculable but the male rate (20 per 100,000) is higher than England's 13.8 per 100,000. ([PHE Public Health Outcomes Framework](#))

The county tends to experience fewer than average excess winter deaths, both for the whole population and for those aged 85 and ([PHE Public Health Outcomes Framework](#))

Figure

| <i>time period</i> | <i>Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths, three year periods</i> | | | |
|--------------------|---|----------------|--------------------|----------------|
| | <i>nthum</i> | | <i>Eng</i> | |
| | <i>all persons</i> | <i>age 85+</i> | <i>all persons</i> | <i>age 85+</i> |
| | | | | |

| | | | | |
|----------------------------|--------------|--------------|--------------|--------------|
| <i>Aug 2006 - Jul 2009</i> | <i>20.78</i> | <i>21.49</i> | <i>18.11</i> | <i>25.97</i> |
| <i>Aug 2007 - Jul 2010</i> | <i>20.86</i> | <i>29.09</i> | <i>18.71</i> | <i>26.45</i> |
| <i>Aug 2008 - Jul 2011</i> | <i>20.53</i> | <i>25.30</i> | <i>19.05</i> | <i>26.15</i> |
| <i>Aug 2009 - Jul 2012</i> | <i>12.67</i> | <i>17.46</i> | <i>16.45</i> | <i>22.59</i> |

Disease and ill-health

In 2013-14, there were 106,000 people on one or more of Northumberland's GP practice registers for hypertension (55,000), diabetes (19,000), CHD (16,000), COPD (8,000) and stroke/TIA (8,000). The proportion of patients on registers tends to be higher in Northumberland than in England.

- *hypertension registers (17.26%, compared to England's 13.73%;*
- *diabetes registers (aged 17+, a rate of 7.13%, compared to England's 6.21%)*
- *CHD registers (a prevalence of 4.83%, compared to England's 3.29%),*
- *COPD registers (2.51%, compared to England's 1.78%)*
- *Stroke/TIA registers (2.42% compared to England's 1.72%)*

(Source: QOF prevalence March 2014)

In 2013/14 across the CCG there were 8,621 patients with a diagnosis of cancer, excluding non-melanotic skin cancers, diagnosed on or after 1 April 2003. This gives a rate of 2.41%, compared to England's 2.10% [\(QOF prevalence March 2014\)](#)

In 2012, almost 28% of five-year-old children in Northumberland were affected by dental decay, a similar rate to England. Prevalence of caries (decay) varies by ward and is very much linked to deprivation, with the least deprived areas having far lower proportions with decayed, missing or filled teeth. [\(PHE Oral Health Profile 2014\)](#) -

In 2013-14, Northumberland's GP practices had 2428 people on their dementia registers (0.76% of registered patients, compared to England's 0.62%) and 20,072 people on their depression registers (7.7% compared to England's 6.52%). Mental health is discussed in more detail in the JSNA special topic area 'mental health' and dementia is discussed in more detail in the JSNA special topic area 'long term conditions'

Northumberland has a much higher than average prevalence of Multiple Sclerosis [\(link to 'multiple sclerosis in Northumberland' report\)](#) (252 per 100,000 people, compared to England's 167 per 100,000). Multiple sclerosis and other neurological conditions are discussed in more detail in the JSNA special topic area 'long term conditions'

Hospital admissions and accidents

Northumberland had 10,200 emergency hospital admissions per 100,000 population for all causes, compared to England's 8,993 per 100,000. [\(HSCIC: Emergency hospital admissions: all conditions: indirectly standardised rate\)](#)

Diseases of the respiratory system and diseases of the circulatory system were among the top 5 causes of non-elective hospital admission (over 9,000 admissions between them). [\(Hospital Admission Statistics\)](#)

In 2014/15 there were 115,943 attendances of Northumberland CCG patients at Accident and Emergency departments, a rate of 360.26 per 1,000 patients, average for the North East. [\(Hospital](#)

[admissions - locally defined indicators](#)) There were over 25,000 A&E attendances by children and young people Admissions with an External Causes of Morbidity and Mortality *file CYP harm*)

There are particular concerns about particular emergency (unplanned) hospital admissions, including those for 'chronic ambulatory care sensitive conditions' (which effectively means a group of those conditions that should be manageable in primary care without the need for hospital admission) and those for acute conditions that should not usually require hospital admission. Northumberland's rates for these are generally significantly higher than England's.

- *Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults): 2013/14 per 100,000 registered patients: persons 835.2 (signif higher than Eng 790.8); females 812.1 (not signif diff from Eng 791.5); males 859.0 (signif higher than Eng 790.2) [\(HSCIC CCG OIS 2.6\)](#)*
- *Emergency admissions for acute conditions that should not usually require hospital admission 2013/14 per 100,000 reg patients. Persons 1279.9 (signif higher than Eng 1180.5); females 1337.0 (signif higher than Eng 1244.6); males 1221.2 (signif higher than Eng 1114.5) [\(HSCIC CCG OIS 3.1\)](#)*

There is variation by ward in the rates of emergency admissions. [Click here to view profiles](#)

- *Emergency CHD admissions*
- *Emergency stroke admissions*
- *Emergency MI admissions*
- *Emergency COPD admissions*

There were 151 emergency admissions for children under 19 with lower respiratory tract infections in 2013/14. This was a rate of 277 per 100,000, significantly lower than England's 373. [\(HSCIC CCG OIS 3.4\)](#)

In 2013/14 there were over 4300 alcohol-related hospital admissions [\(LAPE\)](#) In 2012/13, there were over 4500 smoking-attributable hospital admissions, costing £8.7million [\(Local Tobacco Control Profile\)](#). Northumberland's rates of alcohol-related and smoking-attributable admissions are both worse than England's.

- *Alcohol-related (13/14)- a rate of 1297 per 100,000 population, worse than England's 1253 per 100,000 [\(LAPE\)](#)*
- *2012/13 Smoking-attributable - rate of 2184 per 100,000 population, worse than England's 1688 per 100,000. [\(Local Tobacco Control Profile\)](#)*

Northumberland has a significantly high rate of people killed and seriously injured on roads (49 per 100,000 people in 2011-13, compared to England's 40 per 100,000) [\(PHOF\)](#)

In 2013 in Northumberland, 96 children were seriously injured on the roads, a drop of 31% from the 2005-09 average. England's average reduction over that time period was 34%. Since 2009 there has only been one child fatality on the roads in Northumberland. [\(Reported road casualties 2013 Gov.UK\)](#)

Northumberland's rate of hip fractures in people aged 65 and over (584 per 100,000) is similar to England's [\(PHOF Hip fractures 2015\)](#)

In 2013/14, there were 651 hip replacements (96% elective admission) and 722 knee replacements (only one non-elective admission) *(source: AB file' hip and knee replacements')*

Our services

Two fifths of residents are satisfied with the Council (43%), compared with one in three who are dissatisfied with it (30%) ([Northumberland Resident Perception Survey 2012](#))

Community well-being events

The public health team have been working with staff from partner agencies, and community members and champions, to deliver a World Café approach in the form of a 'Being Well' Café in Berwick. ([Addressing Health Inequalities in Northumberland – An asset based public health approach](#))

In South East Northumberland, an Arts Council award enabled more people of all ages to get creative and work alongside artists of all kinds over a three year period from spring 2013 (the Bait project, run by a consortium). ([Bait briefing and to Bait analysis June 2015](#)) Recent analysis suggests that this increases well-being scores.

Housing and homelessness

From late 2013 to date 180 new affordable homes have been built in Blyth and recently 48 new homes were completed in Amble. ([Northumberland Affordable Housing](#))

A relatively small but valuable addition to the number of affordable homes has been produced by community based groups this year with developments at Stocksfield by SCATA and Wooler by Glendale Gateway Trust.

The council provides two permanent sites for the Gypsy and Traveller community (one in Bedlington and one in Lynemouth). ([NCC Gypsy and traveller sites](#))

There are currently two homes at Shilbottle and one at Embleton which are being constructed with adaptations specific to the identified future tenants. ([Northumberland Affordable Housing](#))

Substance misuse

In 2013, 6.8% of opiate drug users successfully completed treatment, compared, similar to England's rate. Among non-opiate users, only 19.3% successfully completed treatment, worse than England's rate of 37.7% ([PHOF Drug treatment Opiate users](#), [PHOF Drug treatment Non-opiate users](#))

Northumberland's rate of smokers who successfully quit at 4 weeks is 3917 per 100,000 smokers, better than England's rate of 3524 ([Local Tobacco Control Profile](#))

Four Alcohol Brief Advice and Intervention training sessions were delivered in 2014/15, with 52 participants. ([HIMP Annual Report 2014-15](#))

Two Drugs Awareness training programmes were developed and delivered in 2014/15, with 40 participants. ([HIMP Annual Report 2014-15](#))

90% of schools are now accredited with achieving the Healthy Schools standard, which includes preventive education around substance misuse issues. ([Hyperlink to h&wb strategy promoting healthy lifestyles](#))

Good education through schools is taking place through the Drug Education consultant delivering sessions upon request from schools with a main focus on the effects of alcohol.

[Schools are linking their drug education to other areas of the curriculum, particularly Sex and Relationships Education \(SRE\)](#)

Health Champions and Health Trainers

Public Health commissions the Health Champions Programme, a capacity building programme that works with the local community. The specialist health improvement team offers training and support to enable Health Champions to promote key public health and wellbeing messages within their communities. The Health Champions can offer advice and support on healthy eating, physical activity, stop smoking, reducing alcohol intake and positive mental health, as well as signposting into other support services and promoting health promotion campaigns. In 2014/15 the Health Champion Programme was delivered to 15 participants. [\(HIMP Annual Report 2014-15\)](#)

Health Trainers offer tailored advice, motivation and guidance to people on a one-to-one basis or in a group work setting to support people who want help to adopt a healthier lifestyle (healthy eating, weight management, exercise and being more physically active, drinking sensibly and stopping smoking). Their work is focused within the most disadvantaged communities, particularly in the south-east corner of the county with its high levels of deprivation. In 2014-15 there were 425 one-to-one health trainer support sessions to make healthier lifestyle behaviour changes and 1,643 brief interventions delivered to people in a range of settings [\(HIMP Annual Report 2014-15\)](#)

Health checks, screening, immunisation and vaccination

In 2014, 88% of looked-after children had an annual medical check (the same proportion as England) and 95% of looked-after children had a dental check in 2014, compared to 84% in England [\(Outcomes for children looked after by local authorities Gov.UK\)](#)

In 2014/15, over 9,000 eligible people underwent the NHS health check programme. This was 8.5% of the eligible people compared to England's 9.6%. [\(NHS Health Check\)](#)

80.4% of Northumberland's eligible women aged 53 to 70 were screened for breast cancer in 2015, compared to 75.4% in England [\(PHOF Breast cancer screening\)](#)

In 2015, higher proportions of eligible women aged 25-64 were screened for cervical cancer in Northumberland than in England (78.6% compared to 73.5 %) [\(PHOF Cervical cancer screening\)](#)

75.2% of people aged 65 and over were immunised against Influenza (seasonal flu) by Local Authority, 2014-15 (compared to England's 73.2%) [\(PHOF Flu vaccinations aged 65+\)](#)

In Northumberland, the percentages of children immunised against a range of diseases by their 5th birthday are all higher than England averages [\(\(HSCIC: NHS Immunisation Statistics, England - 2013-14\)](#)

In 2014, Northumberland's coverage of HIV testing measured in GUM was only 48.9%, compared to England's 68.9% [\(PHE sexual and reproductive health profile\)](#)

Northumberland's uptake of Chlamydia screening in 15-24 year olds was better than England's in 2014. Over 9,000 people were screened, a rate of 28%, compared to England's 24% [\(PHE sexual and reproductive health profile\)](#) In 2013-14, 92% of Northumberland's females aged 12-13 were vaccinated against HPV (human papilloma virus), higher than England's proportion of 87% [\(PHE sexual and reproductive health profile\)](#)

In 2013/14, 83% of Northumberland's patients with diabetes underwent retinal screening, similar to England's rate. However, rates varied by practice, from 70% to 96% *source QOF* (There is further information on preventive testing for diabetics in the JSNA long term conditions section.

Children

Sure Start Children's Centres are a focal point in every community where families with children under five can access the services and information which they need. The Centres are there to ensure that all children get the best possible start in life. There are currently 20 Children's Centres in Northumberland. Sure Start services are provided across the whole county, some through Children's Centres, others through libraries, health centres and other community centres.

The Disabled Children Team promotes the care of children within their own families and communities and minimises the impact of disability by limiting social barriers that exclude disabled people from services. Activities or services that might be provided include: after school clubs; specialist holiday activity schemes; day care or sponsored childminding; respite support; aids for daily living and support with adaptations; specialist social workers for deaf children and for children with dual sensory needs. ([NCC Disabled Children Team](#))

The Specialist Health Improvement Healthy Weight Service provided training around childhood obesity to professionals working with children and offered proactive support to 342 families. Two thirds of children in a Get Active Northumberland programme had reduced their Body Mass Index by the end of the programme. ([HIMP Annual Report 2014-15](#)) The Healthy Weight Service focuses the majority of its work in the South East of the county.

Public Health works closely with the education sector, commissioning a Health and Wellbeing team to update teachers and support staff with regard to PSHE and generic health matters, including mental health and obesity

The Health and Wellbeing team works collaboratively with the HIMP team to provide sexual health training and support on safeguarding matters

Northumberland Adolescent Service works in a targeted way with schools using data on topics such as teenage pregnancy and youth offending

The school nursing team provides input to pupils around sex and relationship education and the extended PSHE agenda.

The Sexual Health Service provides weekly drop-in sessions in 14 of the 16 secondary schools across the county, which act as both clinical sessions and opportunities to make every contact count, so that safe sex and prevention are covered alongside advice on healthy lifestyle and resilience.

Northumberland County Council Locality Inclusion Support Teams incorporate an education service for Traveller children and their families. The Traveller Education Family Liaison officer supports schools and Traveller families to facilitate the access of Traveller children to a broad and relevant curriculum. It is also their role to support schools and other agencies that work with Traveller children. ([Strategy for Gypsies and Travellers in Northumberland](#))

The Healthy Child Programme ensures that 'Gypsy and Traveller children' under five and their families receive a universal, evidence-based preventive programme that protects and promotes the health of all children. ([Strategy for Gypsies and Travellers in Northumberland](#))

Accident prevention training was delivered to professionals in Northumberland to enable professionals to understand better the causes and effects of accidents to children. The accident prevention team provided 26 interactive presentations to 792 pupils, and also a training session to professionals working with young children for cascading onto families. As part of the accident prevention training, a pilot of cycle helmet awareness training was delivered to 599 pupils. The pupils received a free cycle helmet for training and on-going personal use and a Hi-viz vest to be easily seen by road users and pedestrians in daylight, dark and poor weather conditions ([HIMP Annual Report 2014-15](#))

Innovative methods have been developed and used to pass on information to parents and carers about 'handbag hazards' (linked to poisoning and choking in young children.) ([HIMP Annual Report 2014-15](#))

Residential care

In 2013/14, Northumberland had 30 permanent admissions to residential and nursing care homes in people aged 18-64 (a rate of 16.1 per 100,000, similar to England's. ([PHE Permanent admissions to care homes](#)))

In those aged 65+, there were 345 such admissions, a rate of 500 per 100,000, better than England's 651. ([PHE Permanent admissions to care homes 65+](#))

As on 31st March 2014, there were 1210 Northumberland adults in permanent residential care supported by adult social services (474 per 100,000, worse than England's 370) and 270 Northumberland adults in permanent nursing care supported by adult social services (106 per 100,000, better than England's 133) ([PHE Adult social care profile](#)) (ASC-CAR-S1)

Free school meals

In 2015, 12.9% of primary pupils and 11.9% of secondary pupils are eligible for and claiming free school meals (compared to 15.6% primary and 13.9% secondary in England. ([LAIT](#)))

Older people

The Ageing Well in Northumberland programme brings together a range of partners to address older people's issues and provide desired support and activities. The health improvement service facilitated a Step into Spring Road Show. This was attended by 163 people, 66% of whom were between 70 and 89 years old. Health and wellbeing was addressed in a holistic way with taster sessions for exercise and various activities, health checks by Health Trainers, information on local transport and support groups, finances and health and social care. Evaluation indicated that people enjoyed trying out new activities and also found the social aspects of the event beneficial.

Long term conditions

Long term conditions affect not only those diagnosed with a condition but their families and carers. More detail is provided in the JSNA special topic area 'long term conditions'

JSNA key issues

The key issues in the JSNA are summarised in a separate 'issues table' which includes notes on the scale and effects of problems, the views of stakeholders, any relevant policies (national or local) and comments on inequalities related to the issue. In the table, we also outline current and planned activities to address the issues, along with additional useful actions.