
HEALTH PROFILE 2013

SUMMARY REPORT

Purpose of the Report

1. To inform Members of the key messages in the Darlington Health Profile 2013. The profile provides a picture of health in the area. It is designed to give the Council and NHS services an understanding of local needs so that work can be jointly planned to improve health and tackle health inequalities.

Summary

2. The Darlington Health Profile 2013 shows how the health of people consists of thirty-two indicators across five domains: Communities, Children and young people's health, Adult's health and lifestyle, Disease and poor health and Life expectancy and causes of death.
3. The overall message is that the health of people in Darlington continues to be worse than the England average in over 50% of the indicators.
4. Life expectancy for both men and women has steadily increased, which is welcome, however a major gap remains for men and women between the most deprived and least deprived areas of Darlington. The top seven areas for action are high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption. An additional priority for narrowing the life expectancy gap is raising awareness of cancer, improving the update of screening programmes and earlier diagnosis.
5. There are enduring, complex challenges to improving the health of our population, this will continue to be core business for the Council, in partnership with other organisations and communities.

Recommendation

6. It is recommended that Members' note the attached report for information and receive further reports as appropriate to key lines of enquiry.

**Miriam Davidson,
Director of Public Health**

Background Papers

Darlington Health Profile: 2015, Public Health England, September 2013

author : Miriam Davidson, Director of Public Health Extension 2463

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	Effective use of healthcare and health improvement resources must take account of local needs assessments, appropriateness and acceptability of the action, efficiency and effectiveness of the action and the duration of the action.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications to diversity arising from this report.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal
Groups Affected	The impact of the report on any Group is considered to be minimal
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected Members' contributing to the Healthy Darlington Theme Group
Efficiency	There are no issues relating to Efficiency which this report needs to address

Summary of the 2013 Darlington Health Profile

7. The summary for Darlington shows how the health of people compares with the rest of England. The report consists of 32 indicators across five domains: Communities, Children and young people's health, Adult's health and lifestyles, Disease and poor health and Life expectancy and causes of death.
8. The overall message is that the health of people in Darlington continues to be generally worse than the England average. There are enduring complex challenges to improving the health and wellbeing of our local population. 17 out of 32 indicators are rated as significantly worse than the England average.

Children's and Young People's Health

9. Deprivation in Darlington is higher than the England average; over 4,000 children live in families receiving means tested benefits and low income. This is not significantly different to the England average, however, a local Task and Finish Enquiry Group on poverty describes a concerning level of variation within the Borough.
10. In order for children to have the best start in life a number of conditions need to be in place. Key indicators relating to these conditions include smoking in pregnancy, breastfeeding, teenage conceptions, alcohol and obesity. With the exception of Year 6 children (aged 10-11), where the percentage who are obese, (18%) is not significantly different from the England average, the other indicators are **all** significantly worse than the England average.

Adult's Health and Lifestyle

11. A range of indicators in this domain include lifestyle related factors eg alcohol, physical activity, smoking and healthy eating. A number of the indicators have not been updated as the data source is the same as the 1012 Health Profile, ie the Health Survey for England, (2006-2008), this applies to a range of the lifestyle indicators. The percentage of adults aged 18 years and over who smoke has increased and is significantly worse than the England average.

Disease and Poor Health

12. The burden of ill health and its impact is evident in the indicators reflecting hospital stays for self-harm, alcohol related harm, drug misuse and incidence of diabetes. The legacy of the impacts of the above diseases and poor health is reflected in the last domain.

Life Expectancy and Causes of Death

13. Life expectancy for both men and women has steadily increased year on year ie 78 years for men and 82.4 years for women (2009-2011). This is still lower than the England average, however, the real variation is the difference of 14.6 years for men and 11.6 years for women between the most deprived and last deprived areas of Darlington (2006-10).
14. Major contributions to the gap in life expectancy include smoking related deaths and early deaths from heart disease, stroke and cancer. Priorities in Darlington include reducing early deaths from heart disease, stroke and cancer and tackling alcohol related harm for narrowing the life expectancy gap. The top seven causes of preventable mortality are high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.
15. **The Health Profile 2013** provides a picture of health in our area, describing 32 indicators at a point in time. The value of the profile is in the key lines of enquiry stimulated by indicators which are outlined in areas demonstrating little improvement or worsening. The profile should be used as a tool alongside other assessments and reports on the health and wellbeing of people in Darlington. Some areas are rated as better or not significantly worse than the England average. They include statutory homelessness, GCSE achievements, rates of tuberculosis, excess winter deaths and road injuries and deaths.
16. In order to address the issues raised in the **Health Profile**, a range of organisations and communities are required to work together. The Clinical Commissioning Group (CCG) is responsible for commissioning health services, with the exception of:
 - services commissioned directly by NHS England (LAT)
 - health protection and promotion provided by Public Health England
 - public health services commissioned by the local authority
17. The extensive evidence base on health inequalities underlines the need to focus on the wide, social determinants of health in order to improve healthy life expectancy, e.g. education, employment, housing, leisure, work environment etc. The wider determinants of health are largely the agenda of the public local authority sector, community networks, voluntary and private sector.

Effective use of healthcare and health improvement resources must take account of local needs assessments, appropriateness and acceptability of the action, efficiency and effectiveness of the action and the duration of the action.