

# **Joint Strategic Needs Assessment**

## **Executive Summary**

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## **Introduction**

This Executive Summary presents an overview of the health and well being needs in the borough of Darlington using the key findings from the Joint Strategic Needs Assessment. The aim of the JSNA is to improve the health and well being of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and well being. Darlington's JSNA contains eight sections each considering a particular health and social care issue or the health and social care needs of specific groups. The full JSNA can be accessed using the following link <http://www.darlington.gov.uk/your-council/council-information/documents/strategic-needs-assessment/>

It is only possible to present an overview of the information in this summary and so it should be used in conjunction with the full JSNA.

All supporting data and information including references can be found in individual sections.

### **What is a Joint Strategic Needs Assessment?**

The Joint Strategic Needs Assessment (JSNA) is an information resource that we can use locally to help inform decisions. It pulls together into one place the best available information to help us understand the current and future health and well-being needs of the Darlington population.

It combines quantitative data with softer intelligence and feedback from the community and service users. For each area of need it provides information on:

- Current and future levels of needs
- Who is the most vulnerable?
- What people have to say?
- What the issues are

The information helps us to identify where needs are not being met and/or where residents are experiencing poor outcomes.

The JSNA is not a vehicle for explaining what we currently do, how well we do it, or for setting out strategies to meet needs.

### **What is it for?**

The JSNA is used to support strategic planning by all partner organisations and help guide decisions about our services. It is an important guide to aide our decision-making as we continue to work with reduced resources.

The JSNA is fundamental in making sure that the services we provide are identifying and tackling the right issues, and helping us to work together to provide services in areas of greatest need.

To this end the JSNA is used to guide strategy documents, service planning and commissioning decisions.

### **Why should we do a Joint Strategic Needs Assessment (JSNA)?**

We have a duty to complete a Joint Strategic Needs Assessment (JSNA) as part of the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012. It is the responsibility of the Directors of Public Health, Children's Services and Adult Social Services to produce the JSNA on an annual basis. The Darlington JSNA update fulfils all these requirements.

It also makes good business and professional sense to use this information to better provide the services that people need with the resources we have.

The JSNA is structured to enable information to be grouped for ease of access as listed below. In addition to the groupings as follows there is a comprehensive A-Z available on the JSNA webpages and cross-references where appropriate with Strategies, Plans and Profile documents providing additional information e.g. Sustainable Community Strategy – *One Darlington Perfectly Placed*, Darlington Health Profile 2015.

#### **Our Community**

- Population
- Vulnerable Groups
- Housing
- Crime and Community Safety
- Economic Factors

#### **Behaviours and lifestyles that influence health and well being**

- Alcohol
- Smoking
- Eating Habits
- Drug and Substance Misuse
- Sexual Health

#### **Other factors that influence health and well being**

- Adults' Health and Lifestyle
- Children and Young People's Health and Lifestyle
- Carers and Young Carers
- Preventative Services
- Dental Care
- Maternity

#### **Life Expectancy and Mortality**

- Life Expectancy
- Mortality
- Causes of Death

**Illness and Disease**

- Hypertension (High Blood Pressure)
- Diabetes
- Circulatory Disease (Cardio-vascular Disease – CVD)
- Stroke
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Tuberculosis
- Trauma and Accidents
- Long-term Conditions
- Mental Health including dementia

**What people say**

- Community Survey 2013
- Healthy Lifestyles Survey 2014
- What about YOUth? (WAY Survey 2014)

## DARLINGTON AT A GLANCE

105,396 population<sup>1</sup>

48,644 dwellings<sup>2</sup>

46,670 households<sup>2</sup>

5.3 people per hectare<sup>2</sup>

80% of Darlington's population live in the urban wards<sup>2</sup>

97<sup>th</sup> most deprived local authority area, out of 326 local authorities<sup>3</sup>

7,848 more people live in Darlington Borough since Census 2001<sup>2</sup>

7,712 patients in Darlington had NHS Health Checks (age 40-74)<sup>5</sup>

11,048 people in Darlington are carers (all age groups) <sup>2</sup>

\*2,678 older people live in poverty in Darlington<sup>4</sup>

1,107 people in Darlington died aged less than 75 years<sup>5</sup>

8,071 households in the borough experience fuel poverty or 17.6% of all households<sup>6</sup>

653 tenants affected by under occupation in social rented sector<sup>7</sup>

(\*based on the national poverty figure for over 65s of 13%)

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<sup>1</sup> Source: ONS Mid-year population estimates 2014

<sup>2</sup> Source: ONS Census update 2014

<sup>3</sup> Source: DCLG - IMD 2015 (rank of average scores of deprivation)

<sup>4</sup> Source: Joseph Rowntree Foundation Report 2014

<sup>5</sup> Source: NHS HSCIS 2014

<sup>6</sup> Source: Department for Energy and Climate Change 2014 – 10% measure

<sup>7</sup> Source: DBC Revenues and Benefits – May 2015

## **SECTION 3: OUR COMMUNITY**

### **POPULATION AND DEMOGRAPHY**

Darlington's population current mid-year estimate (2014) is 105,396, having risen by over 6% since 2001. The population is projected to rise to 105,900 in 2017, 107,600 in 2027 and 108,600 in 2037. The population is ageing as older people live longer due to better health and well being. The over 50s population is currently 38,690 or 37% of the overall population; by 2020 this is projected to be 44,220 or 40% of the overall population. Similarly, the over 65s are set to increase from the current level of 18,439 (17.5%) to 22,306 or 20% of the overall population.

Over the last five years birth rates in Darlington have fallen from 1,357 in 2010 to 1,226 in 2014. The proportion of male babies remains higher than female. Although the gap reduced to just three births (0.2% of total births) in 2012 it has increased to 62 (5.1%) in 2014.

In terms of ethnicity, the 2011 Census reported 96.2% of Darlington's population as White and 3.8% from Black and Minority Ethnic (BME) groups, which are defined as everyone who is not White British. This is an increase from 2.1% in 2001 however these populations remain a lower proportion of the population than the North East at 4.7% and England at 14.6%.

### **DEPRIVATION, SOCIO ECONOMIC STATUS AND WIDER DETERMINANTS OF HEALTH AND WELL BEING**

The Index of Multiple of Deprivation (IMD) published in 2015 gives a good summary of a range of wider determinants and allows comparison of the borough with England and other areas, and also identifies inequalities within Darlington.

Darlington is in the 30% most deprived local authority areas in England. It is ranked as the 97<sup>th</sup> most deprived local authority area out of 326 on the IMD 2015, which is an improvement of 22 places from its rank of 75<sup>th</sup> on the IMD 2010. In the Tees Valley, Darlington appears to have bucked the general trend by improving its relative position, effectively swapping positions with Stockton-on-Tees to become the least deprived authority area in the region. Darlington's rank rose significantly since 2010, indicating a relative decline in deprivation, and this pattern is broadly followed by the Extent and Concentration ranks. This indicates that its most deprived parts have become relatively less deprived over the last five years, however it is important to note that these increases follow a sharp decrease in many of the same rankings between 2007 and 2010. The general picture therefore indicates more of a return to 2007 levels of deprivation, rather than a sharp decline overall.

The highest levels of deprivation in Darlington continue to be in the centre of the borough. The overall mapping of deprivation by wards shows the five most deprived areas are North Road, Northgate, Redhall and Lingfield, Park East and parts of Cockerton Ward. The least deprived areas are Hummersknott, Mowden, College, Park West and Brinkburn and Faverdale. The distribution across the main domains of Income, Crime, Health deprivation and disability, Education, skills and training and Employment closely reflects the overall mapping.

## POVERTY

Darlington has improved its' IMD ranking in 2015, however there are still issues for some residents in terms of fuel poverty, the effects of Welfare Reform and Child Poverty. Across the borough 9,582 households (20.5%) experience fuel poverty of which over a third or 3,203 households are in the most deprived wards of North Road, Northgate, Redhall and Lingfield, Park East and parts of Cockerton.

Welfare Reforms affect many people. The following statistics show the potential impacts for some of the most vulnerable in the community:-

- 19.6% of the population are disabled (Census 2011) and are the most severely affected by changes to disability benefits or the under-occupancy rules;
- 653 households are affected by under occupation, a marked reduction from 889 in 2014; of these 436 are Council tenants and 217 live in Housing Association properties.

Child poverty is measured in two ways. The % of all Darlington children living in low income families<sup>8</sup> is currently 19.6% [2015]; and the percentage of children under the age of 16 living in low income families which is slightly higher at 20.6% compared to an England average of 19.2%.

## CRIME AND COMMUNITY SAFETY

In 2015, Darlington Community Safety Partnership published its' new Community Safety Plan [ONE DARLINGTON PERFECTLY SAFE 2015-2020](#) [external link]. Current figures show that Darlington is a safe place to live, with falling rates of crime and alcohol related Anti-social Behaviour.

- Overall Darlington is a safe place and overall crime continues to fall.
- All crimes have fallen by 314 for the rolling 12 months to March 2015 compared with the same period the previous year – a reduction of 4% compared to a fall of 8% in England and Wales.
- Incidents of domestic abuse have risen by 264 or 9% and represent 8% of all incidents.
- Anti-social behaviour (ASB) in Darlington has shown a small increase of 2% in the year to March 2015 or 116 additional incidents reported.
- The recorded incidents of alcohol related ASB fell to 772 for the 12 months to March 2015 a reduction of 14% compared to the same period in 2014.
- In the most recent Community Survey 2013, 50.7% reported being very/fairly satisfied with the way the 'Police and others' deal with anti-social behaviour.

Incident and crime data is available for Darlington by Beat Area. These 24 areas correspond well to the 20 Wards within the borough. In 2015 the levels of both Crime and All Incidents show that the five most deprived wards for IMD (North Road, Northgate, Redhall and Lingfield, Park East and parts of Cockerton) also have the highest levels of All Crime and All Incidents; similarly the least deprived areas for IMD show the lowest levels of All Crime and All Incidents.

## ECONOMIC FACTORS

Darlington's overall employment rate fell between 2013 and 2014 by 1,100 people, representing a 1.3% reduction in working age population in employment. This reduction

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<sup>8</sup> Source: CPI 2013 published Sept 2015



follows three years of steady growth in employment within the borough. Darlington's in employment level (72.2%) is higher than the North East average and is not far behind the national average (73.1%) suggesting Darlington's economy is performing well even following this recent reduction.

Since 2011 Darlington's unemployment level has fallen by 1,400 people or 2.9%, this is mirrored by similar reductions in the number of residents claiming out of work benefits including job seekers allowance.

Youth unemployment recorded in November 2015 shows 410 young people claiming JSA which represents 5.1% of the resident population aged 18-24. The numbers claiming JSA for more than six months are 80 or 1% of the relevant population. This is the same as the North East (0.5%) but slightly higher than England (0.3%).

For 18-24 year old claimants the gap has reduced from a high of 21.94 percentage points in December 2012 (highest figure 21.94%, lowest 0%) to 11 percentage points in December 2015 (highest figure 11.0%, lowest 0%).

The official labour market statistics (NOMIS) uses a range of data to indicate the qualification levels of residents. The most recent Census in 2011 shows that the population aged 16 to 64 was 66,918 and in the year January to December 2014 55,100 people were qualified to at least NVQ Level 1. In the same period 5,900 of the relevant population had no qualifications or 9.1% of the population aged 16 to 64; this is higher than the national percentage (England 8.8%).

## **HOUSING**

The two most common types of tenure are households owned outright or with a mortgage with 30,289 or 64.9% of households falling into these categories. The numbers of households renting from either the Council or an equivalent body forms 11.2% of 5,238 households. Overcrowding in Darlington is much lower than both regional and national levels with the highest proportion of under-occupancy in the five least deprived Wards of Hummersknott, Mowden, College, Park West and Brinkburn and Faverdale.

- In 2015 the net additional dwellings increased to 479 compared to 190 in 2013-14.
- The numbers of homeless people accepted as the responsibility of Council is comparatively small with just 28 out of 55 decisions.
- The numbers approaching the Housing Options service has increased by 451 since 2007-08 or 29%.
- 2,800 new homes are planned on the Eastern Fringe of Darlington as part of the new Healthy Town's Initiative announced in March 2016.

## **VULNERABLE GROUPS**

People may be vulnerable at different times in their lives or for certain issues and it is important that the characteristics of vulnerable groups are highlighted to inform service planning and provision.

The Equality Act 2010 lists nine protected characteristics – age, sex, race, religion/belief, sexual orientation, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity.

For the purposes of this SNA vulnerable people are those for whom equality of opportunity and outcome in relation to their health and well-being is diminished which includes groups of people not falling within the Protected Characteristics of the Equality Act.

Darlington’s JSNA provides information about a number of vulnerable groups including:-

- Gypsy Roma Traveller
- Lesbian, Gay, Bi-sexual and Transgender (LGBT)
- Veterans
- People with Learning Impairments and/or Autism
- Carers and Young Carers
- Victims of domestic abuse
- Children who are sexually exploited
- Disabled people
- Children with special educational needs and/or disabilities (SEN/D)

The term ‘vulnerable group’ may be viewed negatively by some individuals and it is not the intention of the JSNA to stigmatise individuals or groups of people. We are all likely to be vulnerable at some point in our lives. Balancing the health needs of the most vulnerable in the community with improving the health of the wider population is a challenge and understanding the local community and the needs of the most vulnerable within it are important to improving outcomes for all.

## BEHAVIOUR AND LIFESTYLES THAT INFLUENCE HEALTH AND WELL BEING

### ALCOHOL

Overall, alcohol misuse costs Darlington an estimated £41.09 million per year - £8.97 million to the NHS, £13.4 million to Crime and Licensing, £14.57 million to Workplace and Economy and £4.34 million to Social Services. One adult problematic alcohol misuser is estimated to cost society £11,767 per year, including costs of crime, costs to the health service and lost productivity<sup>9</sup>. The overall cost for Darlington is £390 per head of population. The following table shows the costs distributed between the NHS, Crime, Social Services and the Workplace for Darlington and comparisons from the North East and England<sup>10</sup>.

Sector	Darlington	North East	England
NHS	£85	£93	£74
Crime	£127	£99	£106
Social Services	£41	£37	£34
Workplace	£138	£121	£126

It is estimated that 28.5% of the population are binge drinkers and 6.6% of the drinking population are higher risk drinkers. In 2014-15, 271 adults have been treated for alcohol use.

The Healthy Lifestyles Survey conducted in 2014 amongst pupils aged 11 to 16 found that 56% have ‘never had an alcoholic drink’ a steady year on year reduction from 81% in 2009. In the week prior to the survey 12% of young people reported having ‘had an alcoholic drink in the

<sup>9</sup> Frontier Economics – Specialist drug and alcohol services for young people – a cost benefit analysis 2011

<sup>10</sup> Balance North East Alcohol Office

last seven days' again a marked year on year reduction from 29% in 2009. The percentages increase within each year group from less than 10% (Year 7 to Year 9) to 32% of Year 11 pupils.

Alcohol related hospital admissions for all ages are higher than the national average but the direction of travel is positive, approximately flat lining since 2010/11 where previously there was an increasing trend. Under-18 alcohol admissions have been decreasing since 2006/07 and the gap between England and Darlington narrowing.

## **SMOKING**

Approximately 20.1% of adults in Darlington smoke (2014), which is higher than the national average and a slight increase from the previous year. It is estimated that smoking costs around £24 million per year in Darlington in lost productivity, smoking related diseases, smoking related social care, passive smoking and smoking related fires.

Around 5.9% of young people in Darlington are currently smoking. Approximately 15% of young people in secondary schools had tried smoking in their lifetime; and approximately 5% had smoked in the last 7 days.

Smoking during pregnancy causes premature births, miscarriages and perinatal death and a range of lifelong health conditions. In Darlington 19.6% of women smoke at the time of delivery which is higher than the North East region average and significantly higher than the national average of 11.4%.

Quitting smoking is the best way for smokers to improve their life expectancy and well being. In 2014/15, 998 individuals set a quit date in Darlington, with 38% reporting they had quit at four week follow up. This is lower than the national rate of 51% and the regional rate of 43%.

## **DRUG AND SUBSTANCE MISUSE**

Drug dependency leads to significant harms in Darlington – impacting on health, social care, crime and the economy.<sup>11</sup> One adult problematic drug user is estimated to cost society £44,231 per year. Adults (number of individuals aged 15 – 64) estimated to be using Opiates is 635, Cocaine - 1,357, Cannabis - 3,954, and Novel Psychoactive Substances - 531. Treatment data suggests that service users in Darlington are more likely to use amphetamines and more likely to inject than the national average.

There are indications that there has been a slight increase in younger, treatment naïve, opiates users (aged 18+) accessing treatment which is counter to the national trend. Nationally and locally there are concerns about increasing use of Novel Psychoactive Substances (NPS, also known as legal highs). In 2014-15 a total of 577 adults have been in treatment for drug use: Of this number 481 were being treated for opiate misuse and 96 for non-opiates with alcohol.

Among young people at secondary school, 94% have NEVER used drugs. However, in 2014-15, 123 people under the age of 18 have been treated for drug and substance misuse including alcohol use.

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<sup>11</sup> Frontier Economics. Specialist drug and alcohol services for young people - a cost benefit analysis. s.l. 2011

## SEXUAL HEALTH

Statistics for the diagnosis of sexually transmitted infections shows Darlington has a significantly lower rate of Gonorrhoea diagnosis at 26.6 per 100,000 compared to 63.3 in England and 54.1 in the North East. Similarly, diagnosis of HIV per 1,000 of the population is low in Darlington at 0.88. During 2014 2,818 young people aged 15-24 were screened for Chlamydia just under the national rate of 24.3% and 25.8% regionally.

Darlington has lower rates of pregnancy terminations under 10 weeks (68.4%) than the Northeast (75.9%) or England (80.4%). Teenage pregnancy rates in Darlington are falling, but remain higher than the national average at 28.1 per 1,000 population compared to the England average of 24.3. The rates for under-16 conceptions are 5.76 per 1,000 compared to the England rate of 4.8 per 1,000. The actual numbers are very low at 11 in 2013.

There is a strong relationship between teenage conceptions and deprivation within Darlington which is evidenced by only 37% of teenage mothers in education, employment or training compared with 84% of all 16 to 19 year olds. It should be noted that 36 individuals (58%) in the cohort are 'not available' for employment, education or training due to imminent or recent birth or choosing to be a full-time carer for their child until statutory school age.

## EATING HABITS

Healthy eating affects all ages of the population from babies to the elderly. This section of the JSNA highlights key information about Five a Day and Sugar Swaps, Breastfeeding, National Child Measurement programme identifying obese and overweight children and the prevalence of adult obesity in the borough. Data is also available providing comparisons with the North East region and England for a number of indicators.

As part of the Healthy Lifestyles Survey 70% of young people felt they had a balanced diet. Further information relating to young people's lifestyle choices is detailed in Section 8 – What People Tell Us.

## SECTION 5: OTHER FACTORS THAT INFLUENCE HEALTH AND WELL BEING

### ADULTS' HEALTH AND WELL BEING

The Adults Health and Well being section contains a range of information about social care services as well as projections for the future sourced from Projecting Older People's Population Information - [POPPI](#) [external link]. Some headline messages for 2015 are the reduction in adults age 19+ receiving a service; higher numbers of people feeling safe and secure compared to England; and a very low proportion of the population subject to delays in transfers of care.

- The numbers of adults aged over 18 receiving a service from Adult Social Care has reduced from 3,683 in 2013-14 to 3,431 in 2014-15;
- 83.1% of adults using services feel they have control over their daily life compared to 77.3% in England;
- 64.3% of people reported being satisfied with their care and support;
- 72.1% of people who use services feel safe compared to 68.5% in England;

- 86.7% of people in Darlington reported the services they receive make them feel safe and secure compared to England (84.5%);
- The proportion of delayed transfers of care attributable to adult social care is very low (1 per 100,000 population) compared to 3.7 in England.

## **CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELL BEING**

Children and young people's health and well being are affected by a range of factors from birth to adulthood. There are specific groups of young people who are more vulnerable to these factors which can inhibit their life chances and cause inequalities for health and well being. These include children in need, children subject to child protection, children at risk of sexual exploitation, those living in poverty or caring for a parent or sibling.

### **Children in Need (CIN)** [Source: DBC Carefirst 2015]

The numbers of children in need<sup>12</sup> are measured by rate per 10,000 of the relevant age population. In March 2014 there were 897 children in need or 395.6 per 10,000 compared to 456.7 in the North East and 346.4 in England. At the end of March 2015 there were 845 children in need or 372.2 per 10,000 population compared to the North East rate of 451 and England rate of 337.3. This is a reduction on 2014 of nearly 6% in Darlington.

Education contributes significantly to improving inequalities in health and well being. The numbers of children in need eligible for free school meals was 58.4% at the end of March 2015 compared to 54.5% in England. The numbers of children in need missing school sessions was 8.7%, lower than the England rate of 9.4%. No children in need have been permanently excluded from school in 2014.

### **Child Protection** [Source: DBC Carefirst 2015]

There has been a significant reduction in the numbers of children subject to Child Protection Plans. In 2015 the numbers had reduced from 140 in March 2014 to 86 in March 2015: with children aged 5 -10 years forming the largest group subject to child protection. The numbers of unborn babies subject to child protection remain low with fewer than five cases as at March 2015. The risk factors associated with Child Protection show 52% were due to neglect; 47% emotional abuse; 1% physical abuse and none as a result of sexual abuse.

Children at risk of Child Sexual Exploitation are also included within Section 3: The Community - Vulnerable Groups.

In Darlington, the Missing, Exploited and Sexual Abuse Sub Group (MESA), a multi-agency sub group of the Local Safeguarding Children Board (LSCB) meets on a monthly basis. It has met six times since it was established and has discussed 45 young people identified at risk of Child Sexual Exploitation, Missing from home or working with Barnardo's.

Barnardo's with the agreement and support of Darlington Borough Council have created a sexual exploitation project specifically for the Darlington area. The project is called the Barnardos CATE Project (Children Affected Through Exploitation).

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<sup>12</sup> DfE Local Authority Interactive Tool 2015

## Looked After Children (LAC)

The numbers of children looked after by the local authority at the end of March 2015 is 200 which equates to 88 per 10,000 of the relevant population. The numbers continue to fluctuate from 185 in 2011 to 210 in 2013 falling to 190 in 2014 and rising to the current level in 2015.

The Local Authority has 71 sets of in-house foster carers with 49 children currently placed with these foster carers. In addition there are 22 Independent Fostering Agencies available to provide placements for looked after children. The Council has three residential homes in Darlington providing accommodation for young people and a single establishment providing specialised respite care for disabled children. These providers supply a range of care services including respite, long-term, short-term and emergency placements.

Further data about looked after children are available from the Department for Education using the [Local Authority Interactive Tool](#).

## Education, Qualifications and Skills

Darlington has 42 schools of which 30 are Academies, nine Local Authority Maintained and three Free Schools. There are two further education colleges providing post 16 education and a campus of Teesside University providing degree level opportunities.

The percentage of pupils attaining five GCSEs (A\*-C) including English and Maths is currently 52% compared to an England average of 52.8%. Five out of eight secondary schools are good or outstanding, two require improvement and one is inadequate.

Good school attendance is important in maximising pupils' attainment. Attendance at primary schools is good with only 4.1% of pupils being absent during 2013-14 (England 3.9%). Secondary absence is higher with 5.6% (England 5.2%) of pupils being absent during the period. Exclusions of pupils across all schools are 4.8% compared to North east rate of 4.7% and England at 4.5%. Since 2012 there have been no permanent exclusions in Darlington schools.

The most recent information concerning students aged 16-17 shows that 88% of young people are in Education or Training (Dec 2015) with over 90% of the population aged 18 to 64 having at least an NVQ Level 1 Qualification.

Narrowing the Gap in educational attainment can contribute significantly to improved outcomes for children and young people in adulthood. Attainment gaps are monitored for the following groups of pupils. The most recent gap analysis uses data available for 2011 to 2015.

### Level 4+ in reading, writing and mathematics

- Free School Meals attainment gap has reduced from 19.9% to 12.5%
- Special Educational Needs and Disability attainment gap has increased from 53.2% to 53.5%
- Gypsy and Traveller Children attainment gap has widened from -29.7% to -54.9%
- Black and Minority Ethnic Groups attainment gap has reduced from 14.3% to 9.6%

### 5+ GCSE A\*-C including English and Maths

- Free School Meals attainment gap has reduced from -34.3% to -32%

- Special Educational Needs and Disability attainment gap has reduced from -57.7% to -43%
- Gypsy and Traveller Children attainment gap has reduced from -40.7% to -5.9%
- Black and Minority Ethnic Groups attainment is now better than the main cohort improving year on year from minus 1.5% in 2011 to +11% in 2015.

Narrowing the gap information should be used with caution as some groups contain low numbers in the cohorts which means substantial variation year on year. The SEN/D group does not distinguish between pupils with low level needs (SEN Support) and the more complex needs cases with an Education Health and Care Plan (EHC) or Statement.

#### **Young Carers: [SOURCE: CENSUS 2011]**

Young carers continue to provide substantial support to either or both parents and siblings. There are 11,048 carers in Darlington of whom 2,758 provide 50 hours or more care per week. In the North East there has been a 4% increase in carer numbers, but Darlington's numbers have increased by 10% (the highest in the North East region). The numbers of young carers recorded in the 2011 census is 738 (aged 0-24). Young carers continue to be supported by DISC, a voluntary sector organisation that supported 153 in the year ended March 2015.

## **SECTION 6: LIFE EXPECTANCY AND MORTALITY**

#### **Life Expectancy and Mortality: [Source: Darlington Health Profile 2015]**

The health of people in Darlington is varied compared with the England average. Although the most recent IDACI rankings shows Darlington improved from 75<sup>th</sup> to 97<sup>th</sup> deprivation remains higher than average and about 20.6% (4,100) of children live in poverty.

Life expectancy is 11.8 years lower for men and 9.4 years lower for women in the most deprived areas of Darlington than in the least deprived areas. Ward areas containing the most deprived areas include Northgate, Park East, Redhall and Lingfield, Bank Top and Lascelles, North Road and Cockerton. The following table shows the latest data from Public Health England [2011-2013] for life expectancy at birth for males and females for these areas.

<b><i>Life Expectancy at birth</i></b>	<b><i>Females</i></b>	<b><i>Males</i></b>
<b><i>England</i></b>	<b><i>82.8</i></b>	<b><i>78.9</i></b>
<b><i>Darlington UA overall</i></b>	<b><i>82.1</i></b>	<b><i>77.8</i></b>
Bank Top	76.8	70.4
Central	78	71.7
Lascelles	78.1	73.7
Park East	80.7	73.9
Northgate	82	73.9
Cockerton West	84.9	75.1
Lingfield	78.3	75.4
North Road	80.5	76.1
Haughton East	81	76.4

[Source: PHE – Local Health]

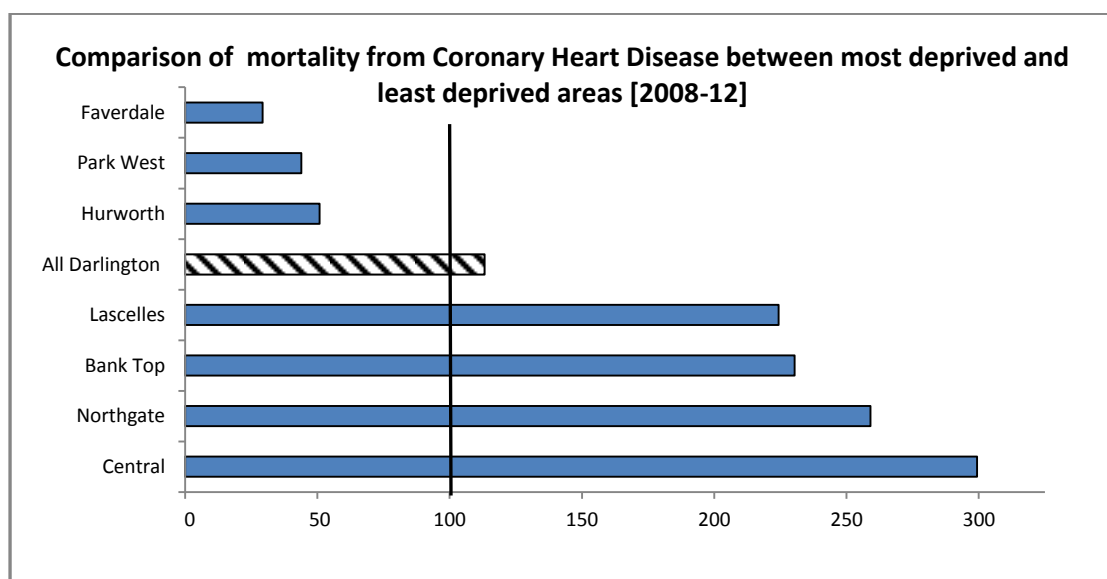
\*It should be noted that the Ward boundaries changed in 2015 and the data above is a best matched to the previous boundaries in terms of deprivation.

**SECTION 7: ILLNESS AND DISEASE:** [Sources: Darlington Health Profile 2015/HSCIC 2013]

The most recent data available relating to Cardio Vascular Disease (CVD) is available in the CVD Profile produced by the South East Public Health Observatory. Some of the data used to produce the profile is 2011-2013; the most recent information available. Key headlines for CVD, COPD, Cancer and premature mortality are listed below:-

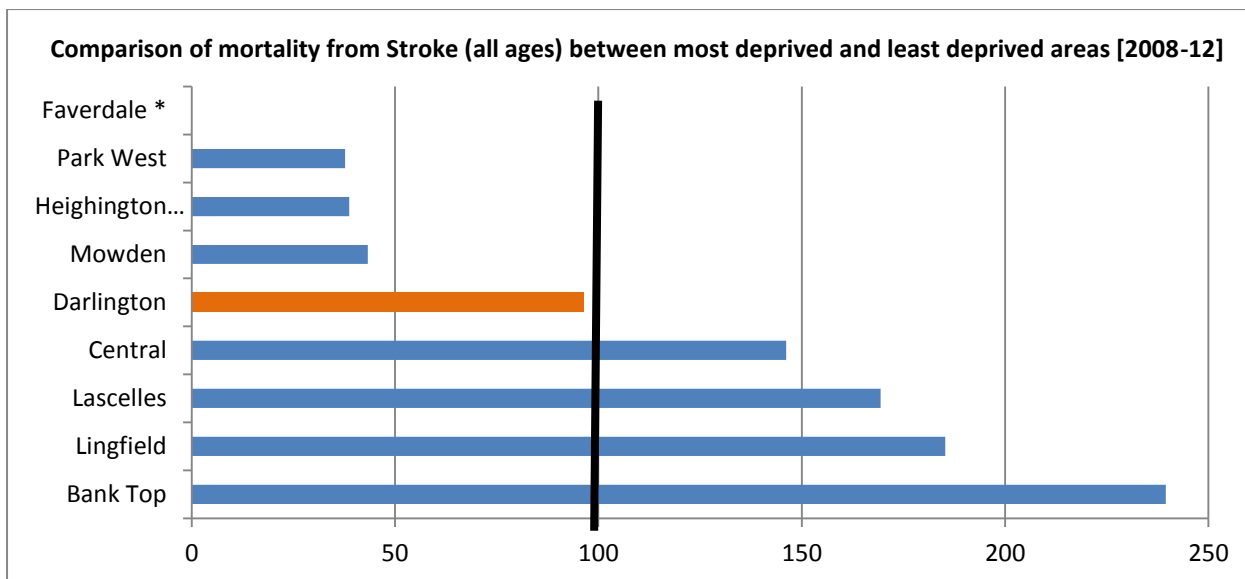
- Mortality rates from Cancer and Cardio Vascular Disease (CVD) continue to fall in line with England but remain marginally higher than the England.
- CVD and Cancer account for around 65% of early or premature deaths in Darlington.
- Cancer incidences remain higher for men than women with 26% of all cancer deaths from lung cancer.
- Premature mortality rates (under 75 years) for the ‘biggest killers’ (heart disease, cancer, stroke) in Darlington are higher than England accounting for 29% of all premature deaths.
- 1,123 people in Darlington died aged less than 75 years [2011 – 2013]; an increase of 16.
- Smoking remains the biggest single contributor to the shorter life expectancy in Darlington.
- Smoking related mortality is currently 333 per 100,000 population.
- The prevalence of Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) in Darlington is worse than England. 4,269 are registered with CHD and 2,705 people with COPD, it is thought a number of people are ‘missing’ from their GP register and not receiving treatment.

Across the borough there are marked variations between the most deprived and least deprived areas. Mortality from Coronary Heart Disease (CHD), Cancer and Stroke indicate strongly a correlation between greater deprivation and mortality. The graphs below show comparisons between Ward areas (2013) for deaths from CHD and Stroke, and the Middle Super Output Areas for cancer. These figures are Standardised Mortality Ratios (SMR) and indicate the range where 100 is England where lower is better.



[Source: HSCIC via Tees Valley Shared Service 2015]

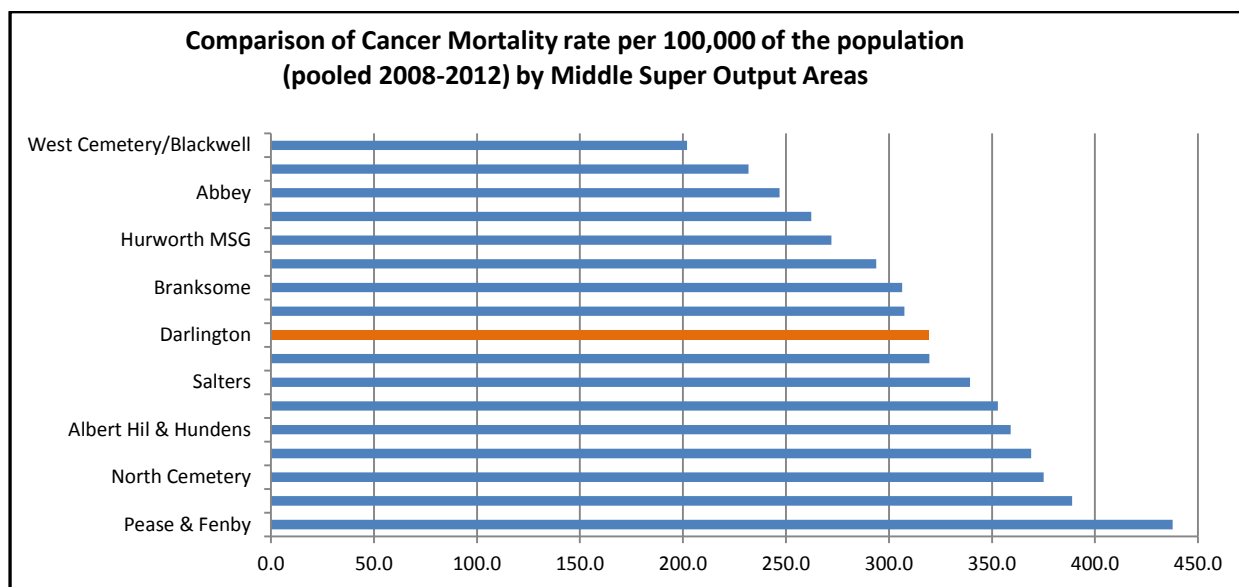




[Source: HSCIC via Tees Valley Shared Service 2015]

\*The SMR figure for Faverdale relates to zero deaths from Stroke and does not show a figure on the chart.

The data available from the Northern and Yorkshire Cancer Registration and Intelligence Service (NYCRIS) is not available at Ward level only Middle Super Output Area.



**Mental Health** [Source: POPPI/PANSI 2015]

Serious mental illness covers a range of symptoms and experiences, which can bring distress and reduce the ability to cope with the demands of everyday life. Treatments are available and recovery is possible. However, people with a serious mental illness have mortality rates 2-3 times higher than the total population. This is mainly due to physical disorders which may be undiagnosed or not treated due to the focus on the mental illness.

Social and health inequalities can result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. For Darlington PANSI predicts 10,109 people aged 18-64 to have a common mental health problem in 2015 of which 37% are men and 63% women. The prediction for 2030 reduces to 9,451 with percentage split remaining the within 1% of the current split.

## **Children and Young People's Mental Health [Source: ChiMat]**

In Darlington the exact prevalence of mental and emotional disorders in children and young people is not known. The Child and Maternal Health Intelligence Network Service Snapshot; and the Child and Adolescent Mental Health Services (CAMHS) reports<sup>13</sup> by the Clinical Commissioning Group, estimate that there were 1,445 children and young people of school age with a mental health disorder in 2014 across Darlington. This represents 9.8% of the population, slightly lower than the regional estimate but in line with the national average estimated value.

Child admissions for mental health aged 0-17 in Darlington are 140.6 out of 100,000 of the population, higher than both the regional and national averages with hospital admissions for self-harm amongst 10 – 24 year olds at 360.6 per 100,000 of the population again higher than both the regional and national averages.

Darlington CCG published the Children and Young People's Mental Health Transformation Plan in October 2015 which covers the next five years up to 2020 and the journey required for children and young people's mental health. It provides a local profile of need, key data and importantly what children, young people, their families and stakeholders told us was important to them.

### **Dementia: [Source: Quality Outcomes Framework (QOF), POPPI 2015]**

The Adult Social Care Market Position Statement 2014-15 provides demographic trends for dementia up to 2020. In 2012 1,400 individuals in Darlington were estimated to have dementia. There has been an estimated increase of 11.9% of people in Darlington with dementia between 2007 and 2012 and a further 20.8% predicted increase of the numbers with dementia by 2020, which will amount to an increase of 300 individuals.

In Darlington the dementia diagnosis rate in 2012 was 56.6% meaning that 43.4% of those who have dementia lack a formal diagnosis. This equates to some 1,300 individuals. There was a 41.9% increase in the number of recorded cases with a diagnosis of dementia between 2006/7 and 2011/12.

The recorded prevalence of dementia in 2014-15 was 0.96 in Darlington, 0.87 in the North East and 0.74 in England. This further confirms an increase in the North East of 35.8% in the last six years (2006-2012), marginally higher than the national average. It is possible to show this as a rate per 100,000 at regional and England levels. This is significantly higher in the region at 618 compared with the England average of 529.

The projected prevalence of dementia may be calculated using data from PANSI and ONS. The prevalence of early onset dementia for people aged 30 to 64 years of age is predicted to remain stable from 2015 to 2030. The numbers of individuals is 28 in 2015 and 27 in 2030. The rates for men are higher than women and proportionately remains stable. The modelled prediction uses the Alzheimer's Society report, Dementia UK - the full report together with the ONS population projections for the 18-64 population to give this estimate to 2030.

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<sup>13</sup> National Child & Maternal Health Intelligence Network

## WHAT DO PEOPLE TELL US

There are a number of sources of information provided by the public about services and expressing their views. For the JSNA information has been drawn from the Community Survey 2013, The Healthy Lifestyles Survey 2014 and a national survey What About YOUTH? (WAY)

**The Community Survey** was last carried out in 2013 across the Borough and provides a comprehensive suite of data about people's views across a wide range of subjects from overall satisfaction with Darlington as a place to live to an individuals' view of their community, crime and leisure activities. A postal survey was completed by 5,508 people of which:

- 51% were aged under 50
- 52% were female
- 60% have lived in Darlington for more than 20 years
- 67% were employed full-time (at least 30 hours per week) or wholly retired from work

**The Healthy Lifestyles Survey** formerly the Social Norms/Healthy Behaviours survey is carried out across Darlington's Secondary schools. Since 2008 the survey has gathered information regarding drug and alcohol use by young people in seven Darlington Secondary Academies and the further education colleges - Queen Elizabeth Sixth Form and Darlington College. The responses to the survey are at a point in time and have been used to counter 'urban myths' surrounding the perceived behaviours of young people especially in relation to alcohol and drugs.

The 2014 survey included a sample of Primary schools to assess the possibilities for extending the survey across all Primary schools in the future.

Some headlines from the 2014 Survey are:

- the numbers of young people smoking has seen since a reduction since 2010 from 9% to 5.9% in 2014.
- 73% of the school population responded to the alcohol questions with 56% stating they had not had a drink of alcohol in their lifetime an increase of 19% since 2009
- 70% of respondents felt they had a balanced diet
- 9 out of 10 respondents said "it was not ok to take drugs"
- 8 out of 10 agreed that "it's not safe to take legal highs"

The next survey will be conducted in the Spring of 2016 to enable the results to be collated and analysed for use to plan for the new academic year in September 2016.

### **What about YOUTH? (WAY)**

IpsosMori was commissioned by the Department of Health/HSCIC in 2014 to provide more robust information about teenagers and their health. The focus of the survey was 15 year olds. Questionnaire packs were sent to 295,245 young people of which 120,115, an unadjusted response rate of 40%.

The WAY survey was developed to address gaps in the PHOF and to better understand the needs of teenagers across a range of issues. The final subject areas selected for the survey were:

- Diet;
- Free time;
- Physical activity;
- Smoking including e-cigarettes
- E-cigarettes;
- Drinking;
- Cannabis;
- Other drugs;
- Emotional and mental well being; and

A copy of the full report is available [HERE](#) [external link]