Darlington Borough Council
Health Improvement Strategy

2008-2012

Version 2

Contents

Foreword

To be completed by the Elected Member, Health and Leisure Portfolio holder. Councillor Nick Wallis.

Purpose of the Strategy

Darlington Borough Council is the largest Public Sector organisation in the area and recognises the potential it has to improve the health of the population of Darlington.

Promoting healthier communities and narrowing health inequalities is a shared priority. Darlington Borough Council, working with Darlington Primary Care Trust and other partners are developing their local plans to improve peoples overall life expectancy and reduce health inequalities.

This strategy describes the context of national policy and how it is translated into local policy and actions. It identifies health improvement as a theme of the new Sustainable Community Strategy (SCS) and the development of the Local Area Agreement (LAA) as the delivery plan.

The strategy describes the health status of the residents of Darlington and starts to identify inequalities in health. Inequalities in health can be described in relation to geographical areas (e.g. geographical communities) and wards or particular groups within the population (communities of interest) i.e. “at risk” groups, LGBT community.

The overall health of the population of Darlington is poor compared with the national picture. There is a health gap between the population of Darlington and that of England, and gaps between the populations of the wards within Darlington. The reasons for the differences can be summarised as:

- Inequalities in opportunity – poverty, family, education, employment and environment (the wider determinants of health)
- Inequalities in lifestyle choices – smoking, physical activity, food, drugs, alcohol and sexual activity
- Inequalities in access to services for those who are already ill or have accrued risk factors for disease

It is vital that all actions to improve health explicitly address inequalities in health. It is known that those who are already more “advantaged” (education, employment, social networks) are more able to exercise control over their ability to make healthier choices and access healthcare services. A blanket approach to health improvement runs a real risk of widening health inequalities. Specific **and** targeted approaches are needed.

(Tackling Health Inequalities: Annual Report of the Director of Public Health 2006/07, 2007)

This strategy does not cover **all** the contributions Darlington Borough Council makes and will make to health improvement. However it does highlight some priority areas where action is feasible and likely to achieve measurable change for improvement in the short to medium term.

National Context

The Government's White Paper, *Choosing Health; Making Healthier Choices Easier* was published in 2005 and set out the steps necessary at both a national and local level to prevent unnecessary deaths and to help people who want to make positive steps to improve their health and that of their families.

It stated that; "The key to success will be effective local partnerships led by local government and the NHS working to a common purpose and reflecting local needs".

The Government published *Our Health, Our Care, Our Say* in 2006 setting out a framework to develop a health and social care system that will meet the needs of communities in the 21st century. The strategy confirms policy shift towards the following principles:

- Personal and responsive health and social care services that reflect people's needs and wishes
- Prevention, public health and well-being
- Tackling inequalities
- Focussed support for people with long-term conditions
- More services provided outside of hospitals closer to where people live

The shift towards prevention and reducing health inequalities is a theme throughout the strategy.

There is a move towards greater partnership working between health organisations and local authorities. Joint Strategic Needs Assessments (JSNA) will be a key tool to effectively identify and prioritise the health and well-being needs of local people. The Local Government White Paper *Strong and Prosperous Communities (2006)* provides a means of supporting this joint approach through a jointly appointed Director of Public Health and developing a new joint performance framework.

The national inequalities Public Services Agreement (PSA) target is:

- *To reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth*

This target is under pinned by two more detailed objectives, as defined in 2004:

- *Starting with local authorities, by 2010 to reduce by at least 10% the gap (in life expectancy) between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole.*

- *Starting with children under one year, by 2010 to reduce by at least 10% the gap (in infant mortality) between the "routine and manual" socio-economic group and the population as a whole.*

The above targets focus on closing the gap between the least and most affluent or between the poorest and best off.

Darlington Primary Care Trust is key to delivering on the health improvement agenda in Darlington, but must do this in partnership with Darlington Borough Council. The mechanism to do this is via the Darlington Strategic Partnership and the Local Area Agreement. The Strategic Partnership brings together public services, private, voluntary and community sector organisations to work in local communities to improve services in their areas.

Life Expectancy in Darlington

In 2006 the North East Public Health Observatory (NEPHO) prepared an analysis of life expectancy in Darlington.

The key findings are:

- The relative position for male and female life expectancy at birth for Darlington is poor. Darlington males live on average 1.7 years less than English males and Darlington females live on average 1.1 years less than English females.
- Although not a Spearhead local authority, Darlington has life expectancies at birth that are not statistically significantly different from those of the Spearhead group.
- There is large variation in life expectancies between the wards in Darlington. For males, the difference between the best and worst wards is 13.0 years; for females, it is 11.8 years.
- The trends in male and female life expectancy at birth for Darlington are upwards.
- The gap between Darlington and England has increased for both males and females over the period 1995-1997 to 2003-2005
- For males circulatory diseases are a key contributory cause of the poor life expectancy, and for females circulatory diseases and cancers are key contributory causes of the poor life expectancy

Darlington is not a Spearhead local authority, and is therefore not required to meet the target of narrowing its own relative gap with the England average by 10% by 2010.

Analysis of progress for Darlington as if it were a spearhead Local Authority and required to meet the target shows that according to current trends, both male and female life expectancies at birth are predicted to be short of the target, by 1.4 years and 1.5 years respectively by 2010.

Darlington PCT is required to meet a specified target reduction in all age all cause mortality, as part of its Local Delivery Plan (equating to reductions of 5.6% for males and 1.2% for females between 2003-2005 and 2009-2011). It should be noted that this is not intended be equivalent to the life expectancy target, but rather maps out the current trend in all age all cause mortality.

In summary, if current trends continue, the national target as applied to Darlington for narrowing the gap in life expectancy will not be met for either men or women.

Note: “Spearhead” areas are those local authorities defined as with the worst health and deprivation indicators.

To improve life expectancy and close the gap requires effective interventions particularly in relation to circulatory disease and cancer. These must be delivered equitably in order to narrow the inequalities gap. This means targeted interventions for those at greatest need **in addition** to the total population actions.

Example of Joint Approach by Darlington Borough Council and Darlington Primary Care Trust:

- **Primary prevention**
    - The following health improvement strategies are being implemented: breastfeeding strategy; obesity strategy for children and young people; adult obesity strategy; physical activity action plan; 0-5 year olds healthy eating policy; alcohol action plans; tobacco control strategy; Healthy Schools.
    - Recommendations from the recent health equity audits of Stop Smoking Services must continue to be implemented to ensure that programmes are targeted to provide adequate support in more deprived neighbourhoods, where the prevalence of smoking is higher. Particular attention needs to be given to the uptake of Stop Smoking Services for pregnant women.

Note: All these primary prevention interventions will also impact on reducing stroke and cancer incidence.

- **Proactive risk factor and case finding** – early identification of those with risk factors for disease or early signs of disease in particular through cancer screening programmes and through risk factor assessment for heart disease by General Practices

- **Fair access to effective treatment for established disease**

(Reference: *Tackling health inequalities: Reducing the gap in coronary heart disease,* Darlington Primary Care Trust Board Paper, January 2008)

Darlington Health Profile

Headline information about the health status of residents of Darlington was published by the Department of Health, *Health Profiles for Local Authorities 2007 Darlington* and informed the presentation of the Annual Report of the Director of Public Health 2006/07 to the Darlington Partnership (November 2007*)*

Summary

- On average, men in Darlington live 75.2 years compared with 76.9 years for England and life expectancy for women is 80.0 years compared with the England average of 81.1 years

- The death rate from smoking and the rate of early deaths from heart disease and stroke are higher than the England average; on average smoking kills over 200 people each year in Darlington

- The rate of road injuries and deaths is lower than average

- About 24% of children live in households dependent on means-tested benefits

- The rate of people claiming sickness benefits because of mental health problems is higher than average

- Darlington has a lower level of statutorily homeless households and a lower rate of reported violent crime

- Compared with England, the teenage pregnancy rate is higher than average

- Estimates suggest that about 25% of adults binge drink. The rate of people admitted to hospital for alcohol specific conditions is also higher than average

- A lower than average percentage of Darlington's adults are estimated to be eating healthily; about 19% of adults are estimated to eat five portions of fruit and vegetables each day

- Local priorities include: tobacco control including stop smoking services; reducing alcohol misuse; tackling obesity; improving mental health; promoting good sexual health; improving sexual health services.

Source: APHO and Department of Health © Crown Copyright 2007

Delivering Improvement in Darlington

The health improvement agenda will only be delivered effectively through partnerships bringing together the Borough Council, NHS, other public services and private, voluntary and community sector organisations to work with local communities.

The mechanisms to achieve this are through the Sustainable Community Strategy, Darlington Partnership and the Local Area Agreement.

The purpose of this document is to describe the contribution Darlington Borough Council will make to health improvement. However it can not cover all the factors contributing to health inequalities. Some of them are already being tackled through agreed joint planning processes or through one organisation leading on behalf of others. Examples include:

- *The Social Inclusion Strategy for Darlington 2005*

- *Darlington Borough Council Corporate Plan 2008/11*, which encompasses Department Service Plans contributing to health improvement i.e.:

    - Adult Social Care
    - Business Development
    - Climate Change
    - Countryside
    - Housing
    - Human Resources
    - Public Protection
    - Transport Policy
    - Waste Management
    - Community based physical activity programmes

- *Darlington Children and Young People's Plan*

- *Darlington Drugs and Alcohol Action Plans 2008/09 (Children and Young People and Adults)*

- *Darlington Neighbourhood Renewal Strategy*

- *Darlington Primary Care Trust Operational Plan 2008/09, which is underpinned by the Public Health Delivery Plan 2007/09 "Tackling Health Inequalities in County Durham and Darlington"*

- *Making Darlington Safer: Crime and Disorder Reduction Partnership, Priorities 2008/09*

- *Sustainable Travel Programmes, e.g. Local Motion*

Local Area Agreement: Young People – Our Future

Darlington joined the Second Round of LAAs that were developed in 2005/06. The Darlington LAA included the delivery of at least 28 individual and linked packages of work delivered from 2006.

The projects extended across a variety of service areas with the common goal of improving outcomes for children and young people, "Young People – Our Future". A number of projects across the Blocks contributed to health improvement. Block 3, "Healthier Communities" included a range of programmes with direct impact on health, e.g.:

- Working with priority areas to develop better access to healthy food and information awareness on the benefits of healthier eating.
- Increasing the take up and maintenance of breastfeeding specifically in priority wards.
- Reducing the numbers of pregnant women smoking through pregnancy.
- Increase the number of people living in priority wards to stop smoking.
- Increasing immunisation rates for Measles, Mumps and Rubella (MMR).

"Refreshing" the Local Area Agreement

The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators (October 2007) sets out 198 indicators reflecting the Government's national priorities. Performance against each of the indicators will be reported. Members of Darlington Partnership will agree a set of up to 35 indicators from the 198 against which the delivery of the Sustainable Community Strategy will be measured.

The draft LAA will be completed by the end of February 2008 and the selection of "high level" indicators will have resource implications for the Darlington Partnership

A large number of the indicators can be allocated against the three elements of addressing health inequalities:

- Inequalities in opportunity – poverty, family, education, employment and environment (the wider determinants of health)

- Inequalities in lifestyle choices – smoking, physical activity, food, drugs, alcohol and sexual activity

- Inequalities in access to services for those who are already ill or have accrued risk factors for disease

Darlington Borough Council: Delivering Health Improvement: Action Plan

The action plan aims to:

- Identify the areas that Darlington Borough Council will lead on to address health inequality and which will have an impact on life expectancy in the short to medium term.

- Raise awareness of Darlington Borough Council's role to improve health by communicating internally across departments and externally with partners.

- Establish a process for agreeing a plan for long-term improvements in health.

Service Plans identify the many contributions to health improvement from tackling teenage pregnancy, homelessness, sports and leisure to planning decisions that take account of accessibility. The attached priorities have been identified as the service improvements that will make the council's biggest contributions to improving health.

A Health Improvement Group with representation for all departments will be chaired by the Cabinet Member for Health and Leisure, supported by the Director of Public Health.

	Priority	Service Improvement	Expected outcome	Lead Department
1.	Sustainable travel programme.	Promote healthier lifestyles and provide travel choice to aid accessibility.	Increased levels of walking and cycling.	Chief Executive's
2.	Work with DAAT to refresh the alcohol strategy.	Tackle binge drinking and crime relating to the night-time economy.	Reduced levels of binge drinking.	Chief Executive's
3.	Deliver the Healthy schools action plan.	Emphasis on the teaching and delivery of PSHE in all health areas including alcohol and mental health issues.	Improve health and well-being of children and young people.	Children's
4.	Encourage more parents to make use of services provided at children's centres.	Early intervention and preventative working.	Improve health and well-being of children and young people.	Children's
5.	Improve workforce health.	Review Darlington Borough Council workforce health in anticipation of Darlington Workplace Health Scheme.	Reduction in sickness absence. Health and well-being of council workforce.	Corporate
6.	Integrate council and PCT commissioning arrangements for adult services.	Responding to recent government announcements on transforming adult social care.	Streamline services for users.	Community
7.	Develop the personalisation agenda within adult social care and health.	Responding to recent government announcements on transforming adult social care.	Improved services for users.	Community

	Priority	Service Improvement	Expected Outcome	Lead Department
8.	Tackle obesity.	Develop projects that support schools and grass-root sports and healthy eating.	More participation in sport and healthier diet.	Community
	These will be enabled by the following:			
9.	• Co-ordinating the council's response to delivering the health elements of the SCS and LAA. • Instigating and administering the Improving Health Group within the council. • Conducting a joint analysis of predicted health and well-being outcomes (JSNA). • Conducting a health needs assessment to BME/socially excluded groups.			DPH/ Chief Executive's DPH/ Chief Executive's DPH/ Community DPH/ Chief Executive's

APPENDIX 1

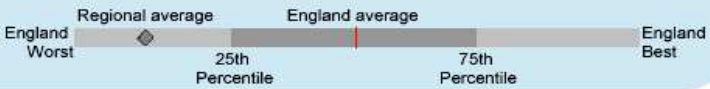
Health summary for Darlington

The chart below shows a number of indicators of people's health in this local authority. It shows the local value for each indicator compared to the England worst, England best, England average and Regional average. The circle indicating the local value is shown as amber if it is significantly better or red if it is significantly worse than the England average. An amber circle may still indicate an important public health burden. A white circle is not significantly different from the England average. For technical information about each indicator, see www.communityhealthprofiles.info

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Income deprivation	14680	14.9	12.9	31.1		3.3
	2 Ecological footprint	n/a	5.227	5.470	6.430		4.904
	3 Homelessness	187	6.6	7.8	35.8		0.0
	4 Children in poverty	4776	24.1	21.3	58.8		5.2
	5 GCSE achievement *	705	57.9	57.5	33.6		81.9
	6 Violent crime	1708	17.3	19.8	41.1		5.0
Giving children and young people a healthy start	7 Smoking in pregnancy						
	8 Breast feeding						
	9 Obese children						
	10 Physically active children *						
	11 Teenage pregnancy (under 18) *	94	48.3	42.1	95.3		12.8
The way we live	12 Adults who smoke *	n/a	28.4	26.0	37.3		15.5
	13 Binge drinking adults	n/a	24.6	18.2	29.2		8.8
	14 Healthy eating adults	n/a	19.3	23.8	11.4		38.1
	15 Physically active adults	n/a	11.6	11.6	7.5		17.2
	16 Obese adults	n/a	22.8	21.8	31.0		14.6
How long we live and what we die of	17 Life expectancy - male *	n/a	75.2	76.9	72.5		82.2
	18 Life expectancy - female *	n/a	80.0	81.1	78.1		86.2
	19 Deaths from smoking	207	270.2	234.4	366.5		147.6
	20 Early deaths: heart disease & stroke *	120	107.4	90.5	151.3		44.9
	21 Early deaths: cancer *	137	124.1	119.0	168.0		81.6
	22 Infant deaths *	6	4.9	5.1	9.9		1.2
	23 Road injuries and deaths	40	40.6	59.9	214.1		20.2
Health and ill health in our community	24 Feeling 'in poor health'	9329	8.5	7.8	15.4		4.2
	25 Mental health	2290	38.1	27.4	72.0		8.5
	26 Hospital stays due to alcohol	447	457.3	247.7	652.4		85.6
	27 Drug misuse	591	9.3	9.9	34.9		1.3
	28 People with diabetes	3609	3.6	3.7	5.9		2.1
	29 Children's tooth decay	n/a		1.5	3.2		0.4
	30 Sexually transmitted infections						
	31 Older people: hip fracture	121	569.5	565.3	936.8		259.7

- Significantly better than England average
- Significantly worse than England average
- Not significantly different from England average

* PSA Target Measure 2005-2008



Note (numbers in bold refer to the above indicators)

1 % of residents dependent on means-tested benefits. 2003. **2** Land (hectares per capita) required to support an average resident's lifestyle; no significance calculated. 2001. **3** % of households on local authority housing register who are statutorily homeless. 2004/05. **4** % in low-income households. 2001. **5** % achieving 5 A*-C. 2005/06. **6** Crude rate/1,000 pop 2005/06. **7** **8** **9** **10** **30** No comparable local data currently available. **11** Crude rate/1,000 female pop. aged 15-17. 2002-04. **12** **13** **14** **16** %. Modelled estimates from the Health Survey for England. **12** **13** **16** 2000-02. **14** 2001-02. **15** %. 2005/06. **17** **18** Years. 2003-05. **19** Directly age standardised rate/100,000 pop. aged 35 or over. 2003-05. **20** **21** Directly age standardised rate/100,000 pop. under 75. 2003-05. **22** Crude rate/1,000 live births. 2003-05. **23** Crude rate/100,000 pop. 2003-05. **24** Directly age standardised %. 2001. **25** Crude rate claimants of benefits/allowances for mental or behavioural disorders/1,000 working age pop. 2005. **26** Directly age sex standardised rate/100,000 pop. 2005/06. **27** Crude rate/1,000 pop. aged 15-64; no significance calculated for lower tier authorities. 2004/05. **28** %. 2005/06. **29** Average no. of decayed, missing and filled teeth in children aged 5; data incomplete or missing for some areas. 2005/06. **31** Directly age standardised rate/100,000 pop. aged 65 and over. 2005/06.