
IMPROVING HEALTH STRATEGY

Responsible Cabinet Member – Councillor Nick Wallis, Health & Leisure Portfolio
Responsible Director – Miriam Davidson, Locality Director of Public Health

Purpose of Report

1. To identify Darlington Borough Council's strategy for improving health over the next 4 years.

Summary

2. The Council has long played a significant role on improving health within the borough. There are new opportunities arising from the appointment of the Locality Director of Public Health and the new lead Cabinet portfolio to strengthen our arrangements and co-ordinate our actions on health improvement and prepare for the emerging health implications of the Sustainable Community Strategy.
3. Many council services contribute to health improvement, from tackling teenage pregnancy to homelessness; sport and leisure to planning decisions. The purpose of the strategy is not to list all such contributions but to highlight the main priorities for the organisation.

Information and analysis

4. Local government had its origins in the improvement of public health. New policy emphasis on place-shaping brings a renewed focus on health as being core to the authority's business as well as an important element of our partnership working.
5. Improving health has been a theme of the existing community strategy since 2003 with progress monitored via the Health and Social Inclusion Group of the LSP and the Health and Well-being Scrutiny Committee.
6. The Council's service plans note where services have a significant health linkage and range from teenage pregnancy to environmental health, sport and leisure to planning.
7. The emerging Sustainable Community Strategy identifies healthier Darlington as a priority theme to tackle significant health inequalities within the borough. As the Sustainable Community Strategy is finalised and partners agree on the individual and collective action required to make a difference, we need to make sure that the Council is well-positioned to respond to the revised priorities and targets.
8. The overall health of Darlington's population does not compare favourably with the national average, with a health gap existing between the population of Darlington and that of England. There is also a large variation in life expectancies between wards in Darlington. For males, the difference between the best and worse wards is 13.0 years; for

females 11.8 years.

9. The reasons for these differences in health can be summarised as:
 - (a) inequalities in opportunity –poverty, family, education, employment and environment (the wider determinants of health);
 - (b) inequalities in lifestyle choices – smoking, physical activity, food, drugs, alcohol and sexual activity;
 - (c) inequalities in access to services for those who are already ill or have accrued risk factors for disease.

10. To improve life expectancy and close the gap requires effective interventions, especially with regard to circulatory disease and cancer. These must be delivered equitably in order to narrow the inequality gap. The Health Improvement Strategy and high level action plan therefore aim to identify the areas that need to be tackled to address health inequality and which will have an impact on life expectancy in the short to medium term, and those which require a longer term approach. The strategy describes the health status of the residents of Darlington and starts to identify inequalities in health, described in relation to geographical areas (geographical communities) or particular groups within the population (communities on interest) i.e. “at risk” groups. The strategy is appended in **Appendix 1**.

11. The following work is already underway or completed:
 - (a) the draft Sustainable Community Strategy is being finalised following consultation;
 - (b) action plans for the short medium and long term are being developed;
 - (c) actions within the next 3 years and appropriate measures are being identified to form part of the LAA for health as well as other community strategy themes;
 - (d) draft departmental plans and the corporate plan have been examined to identify the most important contributions to tackling health inequality;
 - (e) a lead portfolio for health has been appointed;
 - (f) Darlington’s direction of public health has been appointed jointly with the PCT.

12. It is proposed to strengthen co-ordination of the authority’s approach to health improvement by:
 - (a) separately agreeing the authority’s main priorities for improving health (**Appendix A**);
 - (b) setting up a Health Improvement Group with representation across all departments, to be chaired by the Cabinet Member for Health and Leisure, supported by the Director of Public Health;
 - (c) analysing the priorities and measures arising from the Sustainable Community Strategy and Local Area Agreement and ensuring that the council proactively contributes to delivery;
 - (d) identifying appropriate local measures to chart the council’s delivery;
 - (e) arrange member and officer briefing sessions/workshops to raise awareness of this work.
 - (f) to monitor progress against the priorities outlined in **Appendix A**.

Outcome of Consultation

13. The main source of consultation for this report is the extensive consultation that has been undertaken as part of the Sustainable Community Strategy development, including the enquiry group on health improvement led by Peter Barron, the editor of the Northern Echo.

The results of that consultation have shaped the draft Sustainable Community Strategy. The priorities identified in this strategy will help ensure that we are ready to respond to this challenge.

Legal Implications

14. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. There are no issues which the Borough Solicitor considers need to be brought to the specific attention of Members, other than those highlighted in the report.

Section 17 of the Crime and Disorder Act 1998

15. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.

Council Policy Framework

16. The issues contained within this report do not represent change to Council policy or the Council's policy framework.

Decision Deadline

17. For the purpose of the 'call-in' procedure this does not represent an urgent matter.

Recommendations

18. It is recommended that Cabinet approve the Improving Health Strategy appended in **Appendix 1** and commission Health and Well Being Scrutiny Committee to monitor the action plan.

Reasons

19. To strengthen the co-ordination of the council's approach to improving health.

Miriam Davidson
Locality Director of Public Health

Lorraine O'Donnell ext: 2013

Background Papers

There are no background papers