
**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE –
HEALTH PROFILES 2015**

SUMMARY REPORT

Purpose of the Report

1. To inform members of the key messages in the Darlington Community and Child Health Profiles 2015. The profiles utilise the latest available data to provide a snapshot of child and adult health in Darlington. They enable comparisons over time and against the regional and England averages. The profiles are designed to help the local authority and health services better understand local need and plan services to improve the health and wellbeing of the local population and reduce health inequalities.

Summary

2. The Darlington Health profiles 2015 provide an overview of the health and wellbeing of adults and children in relation to 56 indicators. The indicators fall into the following five broad domains:
 - (a) Life expectancy and causes of death
 - (b) Wider determinants of ill health
 - (c) Health protection
 - (d) Disease and poor health
 - (e) Health improvement
3. The profiles show that for 22 of the reported indicators Darlington is worse when compared to England and 10 of these are also worse when compared to the regional figures.

Life expectancy and causes of death

4. The premature death rate amongst men and women in Darlington is decreasing but remains higher than the England rate.
5. The life expectancy gap between the richest and poorest men in Darlington is 11.8 years; the gap between women is 9.4 years. The life expectancy gap between

richest and poorest is narrowing for both men and women but to a lesser extent for women.

6. Whilst the rate of smoking related deaths in Darlington is decreasing the rate remains significantly higher than the England rate.
7. The infant mortality rate (under 1 year of age) in Darlington is similar to the England rate whilst the child mortality rate (1 – 17 years of age) is lower than the England rate.

Health improvement

8. Smoking prevalence in Darlington is decreasing with the latest reported rate being the lowest for four years. The rate is similar to the England rate and lower than the regional rate. However the rate of smoking amongst women at time of delivery is 20.4% in Darlington which is higher than the England and regional rates.
9. Rates of obesity are known to increase throughout the life course. The profiles show that in Darlington 11.2% of 5 – 6 year olds is obese, this rate increases to 18.4% amongst 10 – 11 year olds. 23% of adults in Darlington are estimated to be obese. The rate of hospital admissions due to alcohol specific conditions (under 18 years of age) and substance misuse (15 – 24 years) in Darlington are higher than the regional rates and significantly higher than the England rates.
10. The rate of hospital admissions amongst 10 – 24 year olds as a result of self-harm is higher than the regional rate and significantly higher than the England rate. A more detailed analysis of local data identified that the majority of these were amongst those aged 15 years and over and that females accounted for 68.2% of the admissions. It should be noted that the rates are calculated using admission episodes rather than individual persons and as such it may be that a few individuals are having multiple admissions rather than large numbers of individuals being admitted.
11. The under 18 conception rate in Darlington continues to decline and is now similar to the England rate.
12. The proportion 2 year olds in Darlington completing a course of immunisation against diphtheria, tetanus, pertussis and Hib is higher than the England rate.

Priorities

13. To continue to improve the health and wellbeing of people in Darlington and reduce inequalities in health between Darlington and England the focus for action needs to be on indicators highlighted as being significantly worse locally than in England. Specifically these actions relate to:-
 - (a) Focus on stop smoking support via the Baby Clear Programme to reduce rates of smoking in pregnancy.
 - (b) Undertake a more detailed review of available data in relation to mental health in Darlington and consolidate work already undertaken on suicide prevention to produce a Darlington Suicide Prevention Plan.

- (c) Identify and utilise opportunities offered through the implementation of a 0 – 19 years pathway to improve the health and wellbeing of children and young people in Darlington.
- (d) Continue to develop collaboration and support by all partners to tackle health inequalities through action on the wider social determinants of health.

Recommendation

14. It is recommended that :-

- (a) Members’ note the attached report for information and receive further reports as appropriate to lines of enquiry.

Miriam Davidson
Director of Public Health

Background Papers

Darlington Health Profile: 2015, Public Health England, June 2015
Darlington Child Health profile: 2015, Public Health England, June 2015

author : Extension

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 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 specific group is considered to be minimal.
Budget and Policy Framework	This report does not represent any 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.
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