



**DARLINGTON**

Borough Council

# Health and Wellbeing Board Agenda

3.00 pm

Thursday, 12 September 2024

Council Chamber, Town Hall, Darlington. DL1 5QT

**Members of the Public are welcome to attend this Meeting.**

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on 20 June 2024 (Pages 5 - 10)
5. Director of Public Health Annual Report 2023-24 –  
Report of the Director of Public Health  
(Pages 11 - 56)
6. Health and Wellbeing Strategy –  
Report of the Director of Public Health  
(Pages 57 - 78)
7. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of an urgent nature and can be discussed at the meeting.
8. Questions.



**Luke Swinhoe**  
**Assistant Director Law and Governance**

**Wednesday, 4 September 2024**

**Town Hall**  
**Darlington.**

**Membership**

Councillor Roche, Cabinet Member for Health and Housing, Cabinet Member with Health and Housing Portfolio

Councillor Harker, Leader of the Council, Leader of the Council

Councillor Holroyd

Councillor Tostevin

Cllr Mrs Scott

James Stroyan, Group Director of People

Lorraine Hughes, Director of Public Health

David Gallagher, Executive Director of Place-Based Delivery - Central and Tees Valley, North East and North Cumbria Integrated Care Board

Martin Short, Director of Place - North East and North Cumbria Integrated Care Board, North East and North Cumbria Integrated Care Board

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust

Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust

Jackie Andrews, Medical Director, Harrogate and District NHS Foundation Trust

Joanne Dobson, NHSE/I Locality Director for North East and North Cumbria, NHS England, Area Team

Alison MacNaughton-Jones, Joint Clinical Director, Darlington Primary Care Network

Sam Hirst, Primary Schools Representative

Dean Lythgoe, Principal, St Aidan's Academy, Secondary School Representative

Carole Todd, Darlington Post Sixteen Representative, Darlington Post Sixteen Representative

Michelle Thompson, Chief Executive Officer, Healthwatch Darlington

Ptolemy Neoptolemos, Acting Head of Department of Nursing & Midwifery, Teesside University

Andrea Petty, Chief of Staff, Durham Police and Crime Commissioner's Office

If you need this information in a different language or format or you have any other queries on this agenda please contact Michael Conway, Mayoral and Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail [michael.conway@darlington.gov.uk](mailto:michael.conway@darlington.gov.uk) or telephone 01325 406309

## HEALTH AND WELLBEING BOARD

Thursday, 20 June 2024

**PRESENT** – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, Councillor Tostevin, Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office) and Councillor Mrs Scott, Katie McLeod (Dep Director of Delivery, ICP), Lorraine Hughes (Director of Public Health)

**APOLOGIES** – Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board)

### **HWBB1 DECLARATIONS OF INTEREST.**

There were no declarations of interest reported at the meeting.

### **HWBB2 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.**

No representations were made by Members or members of the public in attendance at the meeting.

### **HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 14 MARCH 2024**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 14 March 2024.

A Board member asked that it be noted that the fluoridation consultation was highlighted in the meeting.

**Resolved** – That the minutes of the meeting held on 14 March 2024 be approved with the above noted.

### **HWBB4 DARLINGTON'S COMMITMENT TO CARERS 2023-2028 - UPDATE REPORT**

The Commissioning Officer - Commissioning, Performance and Transformation provided Board members with a presentation to provide an update regarding progress in implementing Darlington's Commitment to Carers 2023-28.

Darlington's "Commitment to Carers" was launched on 17<sup>th</sup> April 2024 at a well-attended launch event, during which attendees were asked to identify actions they would take as their own Commitment to Carers, including participation in the planned social media campaign with progress already made in implementing some actions that were identified.

Board members were provided with information on the methods of targeting carers and the support that carers would require and that officers are working closely with "Darlington Carers' Support".

It was highlighted that there is an aim to reach more carers in underrepresented groups alongside a social media campaign highlighting critical points and encouraging interactions from carers; with stories of various carers being provided and how social media is assisting their cared-for individuals and how it is assisting carers in making contact with other carers for support and advice where required. With further goals of the social media campaign being to involve organizations and “myth-bust” where possible alongside targeted monthly campaigns and regular updates with members being shown examples of upcoming campaigns.

Board members were also provided with a further presentation regarding “Young Carers Darlington” and the service offer provided including needs assessments, family work, 1-1 targeted support, group work and forums, supporting the transition of young adult carers, supporting schools and colleges to implement the young carers charter and utilise external funding opportunities to enhance the service. Current progress towards goals was presented with a focus on strengthening links between teams and services.

Discussions were held with the point being made that many carers don’t necessarily identify as carers and social media is a useful tool in assisting with this. Board members also expressed their appreciation for young carers being recognized and agreed to circulate information and posts where possible. A Board member also suggested re-posting social media posts periodically to help engagement.

It was also highlighted that online surveys may be useful to gather information from young carers who do not have chance to become “ambassadors” to have their opinions heard.

Questions were asked including why information is shared with social services with clarification that this is to help define the understanding of what a “young carer” is and that any information sharing is by consent. Members asked if information is available in languages other than English and it was confirmed that it is.

It was asked as to whether identifying individuals via benefits is a reliable system and officers confirmed that the algorithm that is in place is proven to be robust in this regard.

Board members asked further questions including if there is a Carers’ Discount Card in place with officers confirming this is in existence and that further online updates regarding this would be useful.

It was asked if material differences are being experienced by young carers with the response that this is the case and that analytics are employed to provide the most tailored messaging possible towards this end. It was then queried what the timescale is in seeing the impact of this once analytics are employed with officers confirming that smooth mobilization has been a core goal however the new plan is still in its first quarter and may need more time to form a fully representative picture with the overriding goal still being to impact carers in meaningful and tangible ways.

**RESOLVED** – That Board members note the update provided and continue to act as champions for carers in Darlington.

**REASON** – Board members consider the work being undertaken to be worthwhile and well-orchestrated.

## HWBB5 COMMERCIAL DETERMINANTS OF HEALTH

The Director of Public Health presented the position statement on Commercial Determinants of Health which has been produced by the Association of Directors of Public Health North East.

Board members were informed that Commercial Determinants of Health is a collective term used to describe the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work. They include political, scientific, and marketing practices which mainly cause health harm by maximising the use of potentially harmful products, either directly or by enabling corporations to block, delay, or weaken policy and deter litigation.

Information highlighted included that unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases), as well as other health and social issues.

Common industry tactics used include lobbying and political party donations; manufacturing doubt and shifting blame; aggressive marketing and advertising; and self-regulation and corporate social responsibility.

Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption, misinformation about risks and use of ambiguous terms such as 'responsible drinking').

Central to the approach is the narrative of the personal responsibility of the individual, without acknowledgement of the influence the UCIs have in shaping our environments and ultimately influencing choices.

The harms driven by the Commercial Determinants of Health occur at an individual and population level and include health, financial and relationship harms alongside significant monetary costs to society.

The following principles (ways of working) were suggested:

- (a) UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people.
- (b) Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities.
- (c) UCI marketing drives harmful consumption and health inequalities and needs to be tackled.
- (d) Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention.

A Board member expressed their concern that the report is politically motivated and presents a one-sided view with a further member expressing that they do not like the wording of the document.

Discussions held included that in the case of takeaway establishments, it is difficult to refuse

a license to these premises with a further point raised that food delivery is available town-wide and not just in areas with the greatest statistic risk or with the lowest life-expectancy.

The question was raised as to what the motivation for the report is with the response that it is a newly emerging area of work but one with a track record in the past (i.e. tobacco control) in which the results are tracked across decades rather than solely on immediate impacts. Officers added that gambling and smoking have a greatest impact on the most deprived areas where life expectancy is far lower than more affluent areas due to lung / liver illness and that many areas with health detriments are those that have the most takeaways and off-licenses for example.

Awareness that some industries cause harm to people's health and reducing the impact of this is the key however officers acknowledged that companies do not wish to damage their bottom line.

It was explained to members that at this stage, an agreement on the principals of the report is sought and that further updates would be provided to future meetings.

A "show of hands" was taken with the Chair noting that the results showed that the report met majority, but not unanimous support from the members present.

**RESOLVED** – That Health and Wellbeing Board Members note the content of the report and position statement on Commercial Determinants of Health and that the Board receive future updates on the regional commercial determinants of health work programme, as it progresses.

**REASON** – To enable further work to be undertaken considering the responses and questions raised in this meeting.

## **HWBB6 HEALTH AND WELLBEING STRATEGY UPDATE**

A verbal update was provided on the Health and Wellbeing Strategy with the Director of Public Health providing Board Members with information on recent workshops that were held in order to establish areas of work with gratitude expressed to those board members who attended and led workshop groups.

Points of note included the recognition of the importance of ageing well with a great deal of focus on the wider determinants and the key differences on life expectancy. Board Members also highlight the importance of engagement and setting immediate priorities.

A board member reported that the workshops were well attended with a cross-section of agencies being represented enabling a solid mandate. Conversations regarding process and way to enable young people to help drive targets were discussed with the belief that short-term achievable goals alongside the overarching vision would be extremely useful to build focus and momentum.

It was requested full results be fed back to board members on the usefulness of the exercise, this was agreed. With a further query as to whether those who could not attend the workshops would still be able to send ideas across, it was confirmed that this is still acceptable.

**RESOLVED** – That board members note the update provided.

**REASON** – To keep board members informed of the steps taken and the involvement of Board Members

#### **HWBB7 SUPPLEMENTARY ITEMS**

A discussion was raised regarding water fluoridation in Darlington and Teesside, including that the deadline for public consultation on this had been extended. The Board was reminded that the Director of Public Health had circulated a draft Health and Wellbeing Board response to this consultation.

The Chair reiterated that it is not the decision of local councils but the Secretary of State.

A Board member stated that they would not sign up to the draft consultation response and that residents of Darlington are opposed to fluoridation with other members responding that there is no evidence that this is the case. The Director of Public Health provided statistics from a survey that in the North East, 60% of those asked were in favour with 16% not being in favour.

A Board member expressed that any response from the Health and Wellbeing Board should be based on the majority view and that members of the Board did not have to sign up to the Board response, if they did not wish to.

The Chair asked that Board members, that haven't done so already, respond to the Director of Public Health regarding the draft Health and Wellbeing Board consultation response.

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**HEALTH AND WELLBEING BOARD  
12 SEPTEMBER 2024**

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**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - 2024  
WOMEN'S HEALTH: TAKING ACTION IN DARLINGTON**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The Women's Health Strategy for England, published in 2022, recognised that the health system has historically taken a 'men as default' approach in areas such as clinical trials, education and policy. With this in mind, this year's annual report has considered key areas of women's health, with the aims of highlighting inequalities that girls and women face and understanding what this means for Darlington.

**Summary**

2. Although generally on average women live longer than men data shows that women can spend a greater proportion of their lives living with ill health and disability, a trend which is also evident in Darlington. Of the average 81.3 years of life lived, women can expect only 60.6 years of good health. This means that women in Darlington spend approximately 20.7 years in ill health or with disabilities. In contrast, men spend 17.7 years dealing with health issues. Consequently, the gap in healthy life expectancy (1.1 years) is much smaller than the gap in average life expectancy.
3. The *first chapter* of the report focuses on early years and adolescence, emphasising the importance of giving every child the best start in life. It highlights the importance of prioritising the health of women during pregnancy, as a healthy pregnancy benefits both mother and baby.
4. Therefore, areas of focus include breastfeeding, where rates of breastfeeding continuation in Darlington have improved. Now all staff in the 0-19 Service are trained in infant feeding and relationship building, meaning that they are able to offer skilled and effective support to families when they are facing challenges with infant feeding.
5. The *second chapter* focuses on women's health services. In Darlington, Human Papillomavirus (HPV) vaccination rates are above regional and national averages for both males and females. However, to further increase uptake and address gender disparities (as females tend to have higher rates of this vaccination) targeted interventions should prioritise educating parents about the vaccine's importance and dispelling any misinformation.
6. Cancer screening coverage for Darlington in breast and cervical (both 25-49 and 50-64 years) exceeds both the regional and national averages, which is encouraging. However, efforts are underway to further improve uptake and address inequalities in uptake, including digital transformation and increasing greater accessibility and flexibility of programmes to meet the needs of all of our communities.

7. Mental health is a crucial consideration for all women, given the national focus on addressing declining mental health among women and the suboptimal outcomes experienced by some in mental health services. While suicide rates (per 100,000 population) are higher for males than females locally, regionally, and nationally, in Darlington the suicide rate for women exceeds the national average by more than double. Additionally, when examining mental health in young people in Darlington, the rate of emergency hospital admissions for intentional self-harm among females aged 10- to 24-year-olds is significantly higher than for males. This drives our local average above both the regional and England averages, highlighting the need for targeted interventions in this area.
8. It is essential to understand the reasons for the increasing suicide rate amongst women and the significantly higher rates of intentional self-harm. This understanding will inform targeted activity aimed at reducing female rates of self-harm and suicide rate in Darlington, alongside targeted interventions for males.
9. The *third chapter* focuses on employment and wellbeing, addressing topics such as menopause, period problems, and miscarriage in the workplace. Furthermore, this chapter explores how the gender pay gap is a crucial concern for women, given that income significantly influences a range of health outcomes.
10. Chapter 3 also examines the predominantly female composition of the NHS and social care workforces, highlighting the role of employers in recognising and supporting employees who also have unpaid caring responsibilities.
11. Recent research in Darlington highlighted the challenges faced by single mothers and female caregivers in balancing employment with their caregiving responsibilities. The disproportionate impact of the cost-of-living crisis and the stress of affording household necessities can impact health outcomes for groups of women negatively.
12. *Chapter 4* focuses on the importance of women's safety on their ability to live a healthy, fulfilling life. Some types of violence against women and girls, such as being touched or threatened, are so 'normalised' that many do not feel like it is worth reporting.
13. While both men and women experience sexual and domestic abuse, women are more likely to experience abuse. Furthermore, the government's Women's Health Strategy for England highlights that some groups of women are at higher risk of experiencing violence and abuse than others.
14. DASVEG (Domestic Abuse and Sexual Violence Executive Group) is the local domestic abuse partnership board and takes a whole system approach to ensure victims of domestic abuse have access to adequate and appropriate support. The governance structure in place across the system aims to reduce domestic abuse and sexual violence through effective partnership working across County Durham and Darlington.
15. Addiction to substances and alcohol also impacts on the ability of women to live happy, healthy and safe lives. The hospital admission episodes for alcohol-specific conditions in under and over 18's is lower than the North East average, but higher than the England average.

16. Within the treatment population in Darlington, 32.6% are women. STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) supports women through treatment and recovery through specific programmes which aim to meet the specific needs of women, such as mothers and women's groups. This enables women to connect with and support one another in treatment and within wider recovery support.
17. Ensuring safe and accessible physical activity for women is crucial for their health and well-being. At Eastbourne Sports Complex, 'women's only' running sessions are available during autumn and winter. These sessions provide a well-lit, secure, and welcoming environment for women to exercise during darker months.
18. Menopause is an important and natural aspect of ageing well for women. Research indicates that not enough women have appropriate information about menopause and its symptoms, and a significant proportion of women do not feel comfortable talking to healthcare professionals about menopause. Darlington Borough Council hold 'menopause learn and lunch' sessions to provide information to employees about the menopause and how to support women experiencing it. The GP Federation, Primary Healthcare Darlington, offers a 'Well Woman Clinic', where a specially trained Nurse practitioner can give advice on various aspects of women's health, including menopause.
19. Considering healthy ageing is essential for women's health, and it forms the *final chapter* of the report. Since the 2011 census, Darlington's population age structure has shifted. The proportion of the population aged 65 years and over has shown the greatest increase, rising by 19.9% in 2021, surpassing the England average of an increase of 18.4% in the same period.

### **Annual Report Recommendations**

20. The Director of Public Health Annual Report makes the following recommendations: -
  - (a) All organisations identify their role in giving every child the best start in life.
  - (b) All organisations recognise the specific health and care needs of women and take steps to ensure services are well positioned to respond to these needs.
  - (c) Organisations collectively take responsibility to create a safe environment for all people of Darlington, being mindful of implications from a female perspective.

### **Recommendations**

21. It is recommended that the Health and Wellbeing Board: -
  - (a) Receive the Annual Report of the Director of Public Health 2023/24.
  - (b) Note the inequalities which can be faced by girls and women, and what this means in Darlington.
  - (c) Note the recommendations made in the report, which are intended to recognise the contribution organisations can make in improving the health and wellbeing of girls and

women, either directly through the services they deliver or through policies and practices they have in place as an employer.

## Reasons

22. The recommendations are supported by the following reasons: -

- (a) The Health and Social Care Act 2012 sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.
- (b) The annual report has taken a thematic approach and highlights awareness of specific health issues in Darlington for women.
- (c) The annual report has used available epidemiological data, local case studies and research to highlight areas of concern and make recommendations for action, for consideration by partners and stakeholders.

**Lorraine Hughes**  
**Director of Public Health**

## Background Papers

Enc: Director of Public Health Annual Report, 2023/24

Lorraine Hughes extension 6203

Council Plan	This report supports the Council Plan priority of Living Well as it focuses on health outcomes, access to services and understanding needs specific to women.
Addressing inequalities	The report considers inequalities experienced by women and actions which could be taken to reduce such inequalities.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	The annual DPH report considers the health and wellbeing of women in Darlington, highlighting what is good and areas for improvement.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	The annual DPH report focuses on women's health.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers



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**DARLINGTON**  
Borough Council



# Women's Health: Taking Action in Darlington

Director of Public Health  
Annual Report 2023-2024





# Foreword

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It has been a privilege to return to Darlington on an interim basis until the successful appointment of Lorraine Hughes, incoming Director of Public Health, in March 2024.

My annual report (2023) is a focus on women's health, some of the actions being taken in Darlington and recommendations about actions that should be taken to address the inequality that many girls and women face. I acknowledge the challenges that boys and men also face but the focus in this report is on girls and women.

Whilst some health indicators were broken down to male and female populations, most indicators were presented at the population level. This makes it difficult to fully understand differences in health outcomes and the experiences of women.

## Acknowledgements

Thank you to all colleagues who have supported the work to develop this report:

- The Public Health team, particularly Sophie Ward and Jane Sutcliffe.
- Toni Geyer
- Xentrall Design and Print
- Darren Ellis
- Community Safety
- Caren Shephard, Harrogate and District Foundation Trust (HDFT).

Acknowledgment must also go to the Gateshead Director of Public Health Report 2023 for references and resource.

My recommendations range from actions to contribute to a child's best start in life, listening to voices of teenage girls via the self-reported Healthy Lifestyle Survey, understanding the barriers to accessing health and care services for women, the positive impact a supportive workplace can make, the importance of safe communities and the potential for health and wellbeing as we age.

I said in my report in October 2020, that while there are many challenges, Darlington is full of resourceful and creative people. With this in mind, I remain optimistic for the future.

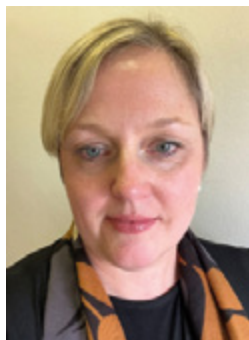
Huge thanks to the Darlington women who have contributed their thoughts in the case studies:

- Michelle Thompson BEM
- Aaliyah Hastings
- "G"
- Sue Jacques
- Alison Macnaughton-Jones
- "P".



**Miriam Davidson**

Interim Director of Public Health  
July 2023 - March 2024



**Lorraine Hughes**

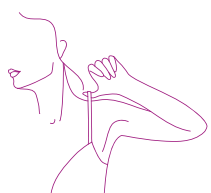
Director of Public Health  
March 2024 - ongoing



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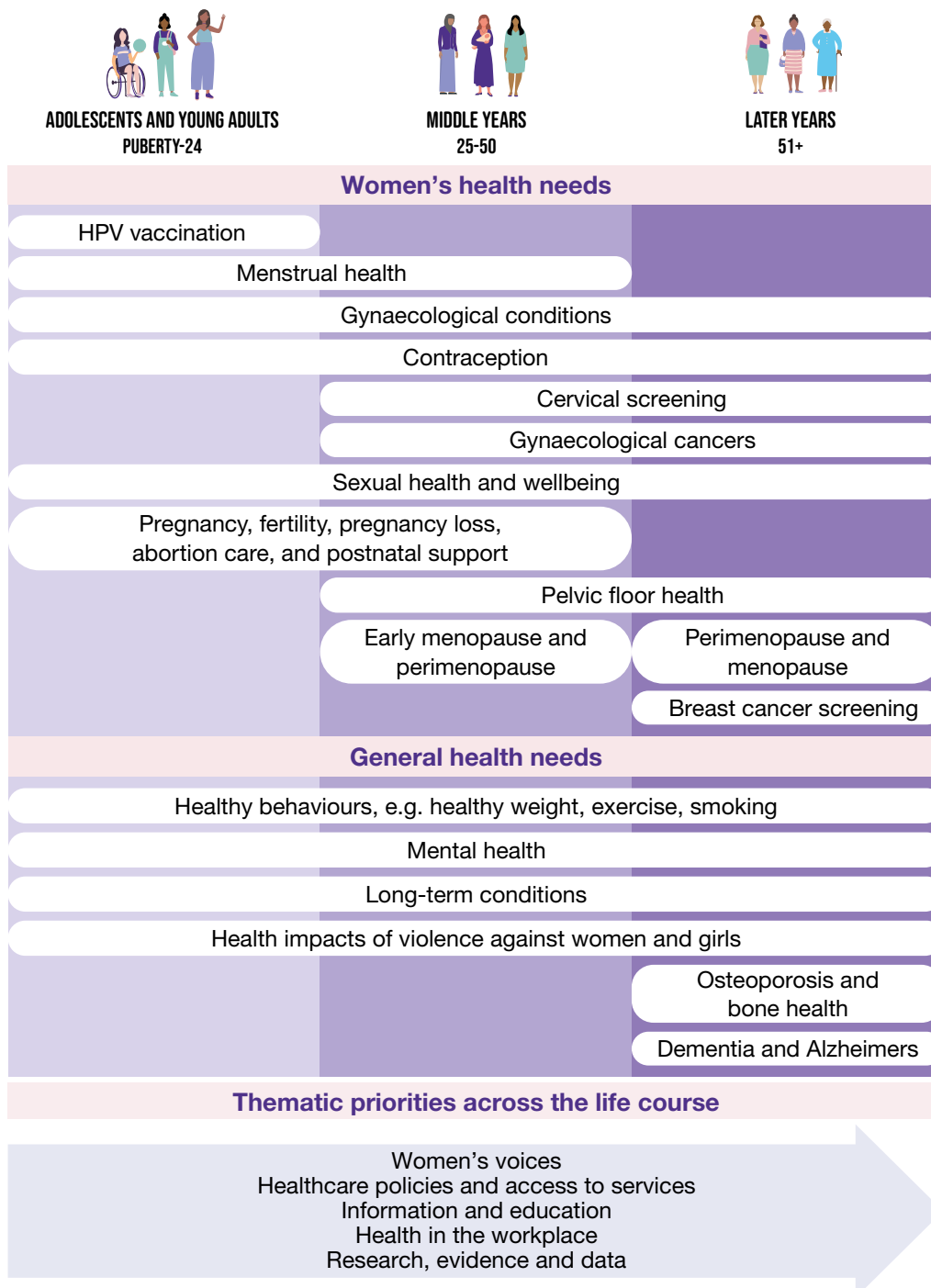


# Introduction

It is two years since the Women’s Health Strategy for England (WHSE) was published (2022). The Strategy adopts a life course approach, with a focus on understanding the changing health and care needs of women and girls across their lives.

In this report the life stages, transitions and settings in Darlington are identified where there are opportunities to prevent negative outcomes and to promote good health and wellbeing.

## Women’s health across the life course



Women’s Health Strategy reference (Department of Health and Social Care. Women’s Health Strategy for England 2022. Available from: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>)

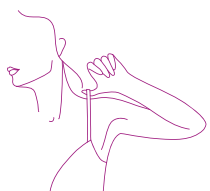
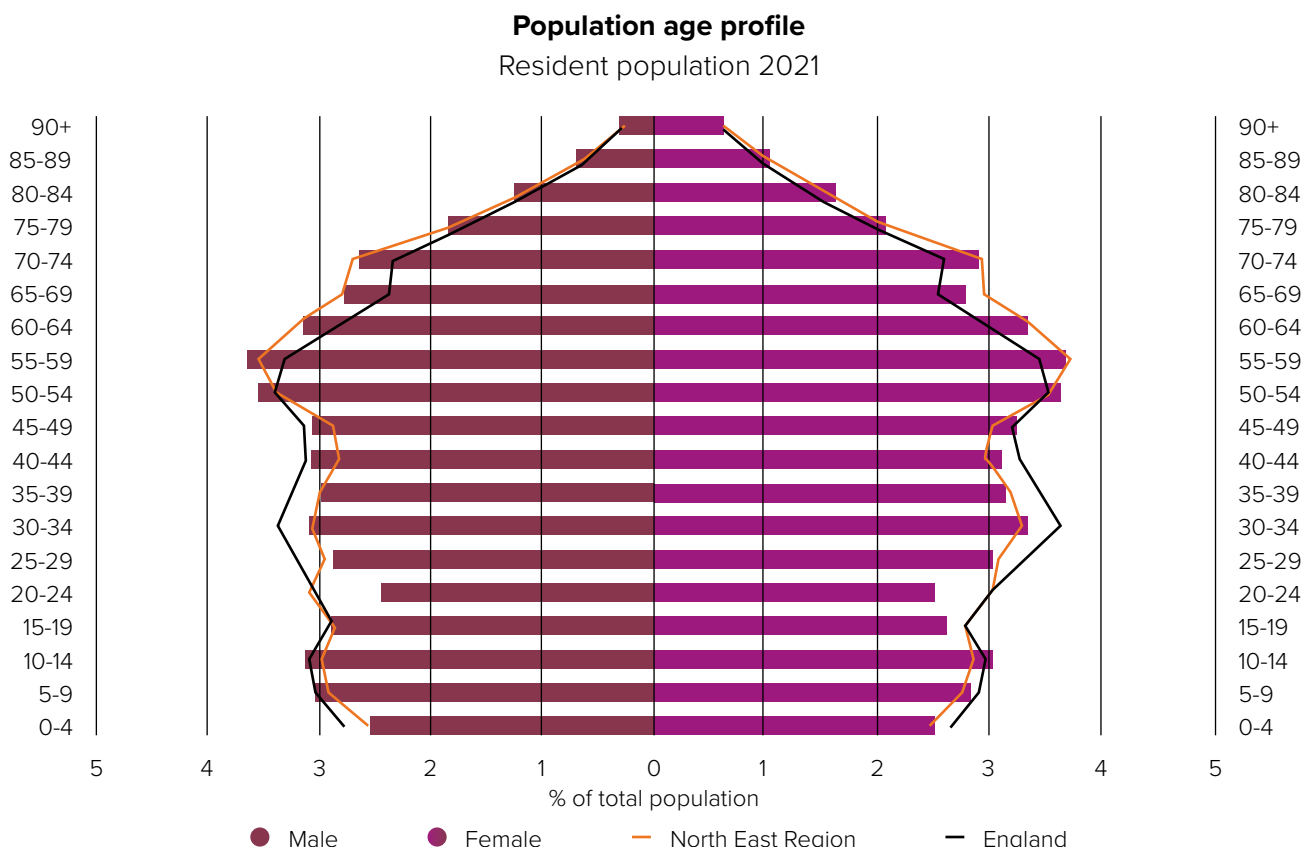


# Demography of Darlington

## Darlington's population 2021

The graph below presents Darlington's population segmented by age groups and sex. Darlington's population compared to the England percentages

for each age group shows that Darlington has a larger percentage of older age groups and a lower percentage of those aged 20 years to 39 years old.



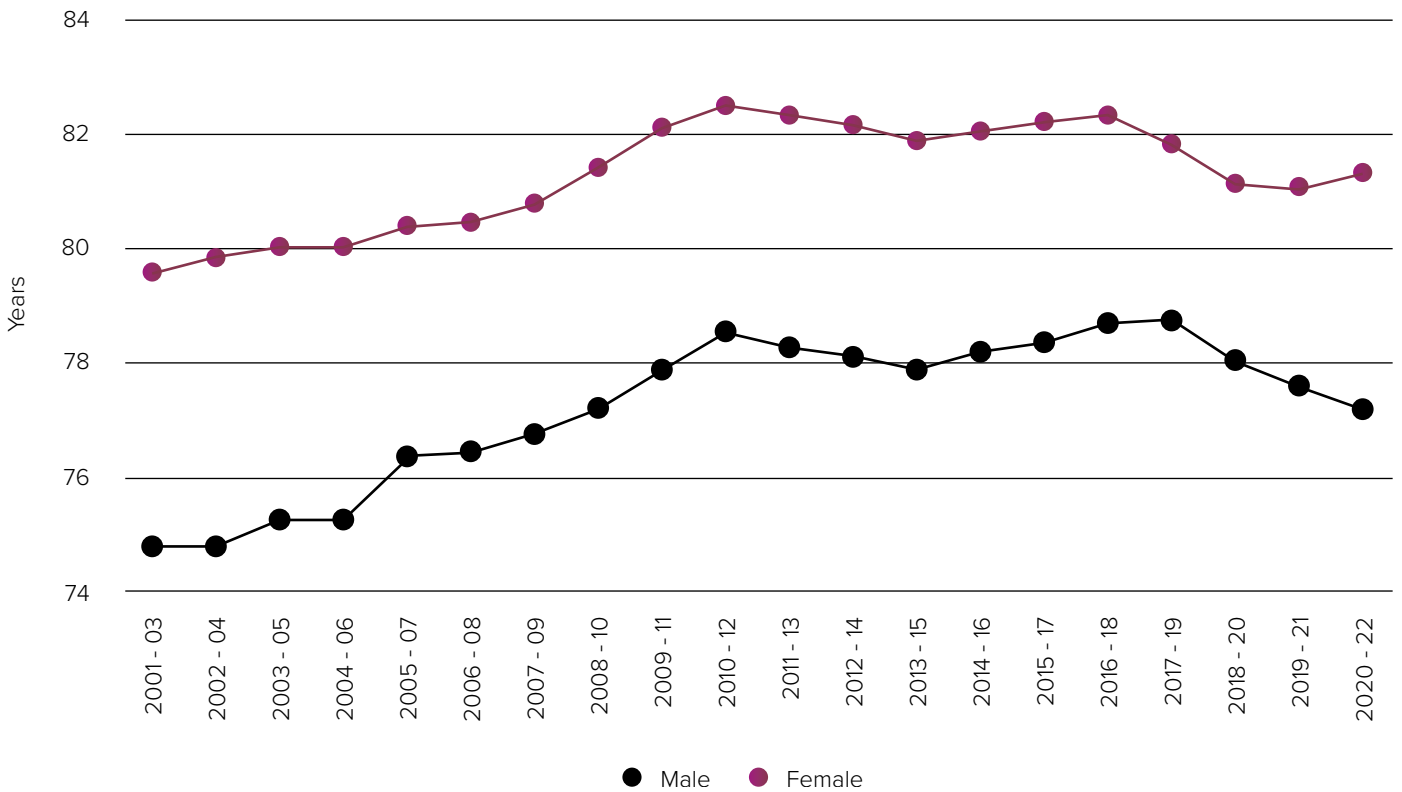
Darlington's population 2021: <https://fingertips.phe.org.uk/profile/wider-determinants/data#page/12/gid/1938133043/pat/6/par/E12000001/ati/402/are/E06000005/iid/93754/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

# Average Life Expectancy (2020-2022)

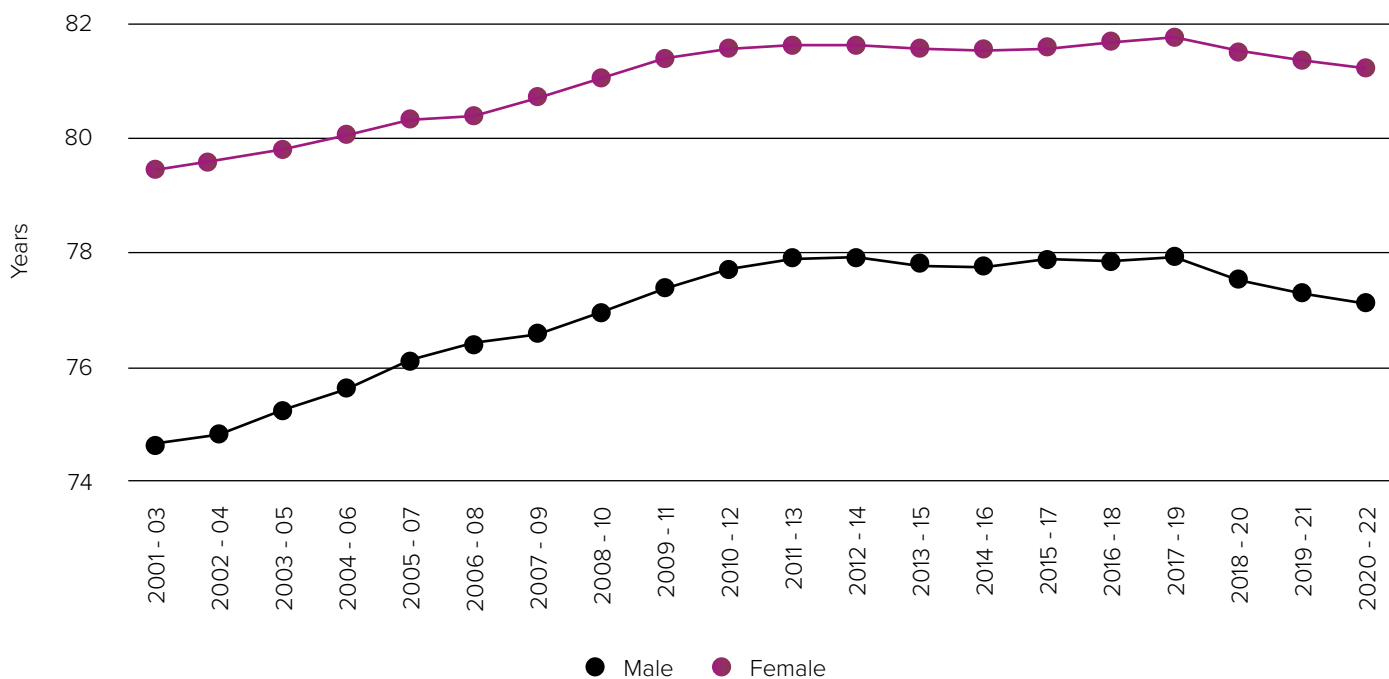
	Darlington	North East	England
Life Expectancy at Birth (Female) (Years)	81.3	81.2	82.8
Life Expectancy at Birth (Male) (Years)	77.2	77.2	78.9



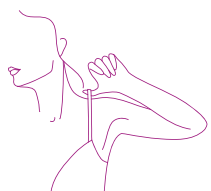
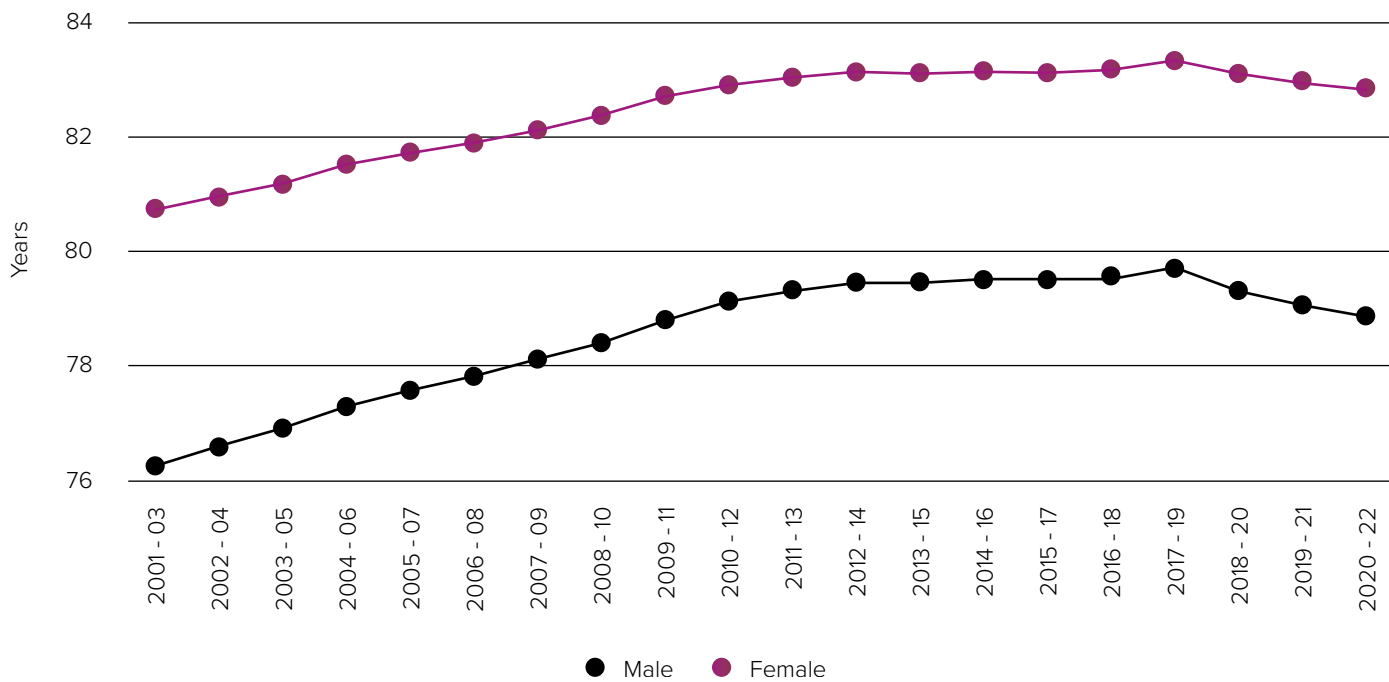
Life Expectancy at birth (3 year range) (years) in Darlington



### Life Expectancy at birth (3 year range) (years) in the North East



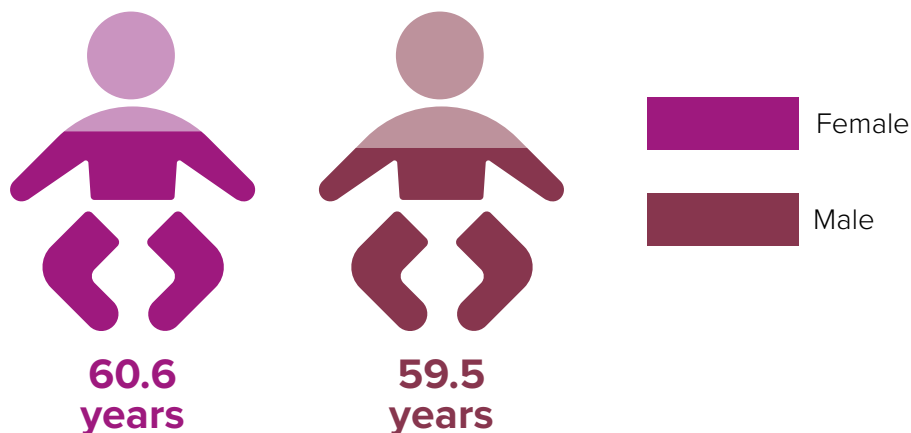
### Life Expectancy at birth (3 year range) (years) in England



<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1>

# Healthy Life Expectancy at Birth (2018-2020)

	Darlington	North East	England
Healthy Life Expectancy at Birth (Female) (Years)	60.6	59.7	64.9
Healthy Life Expectancy at Birth (Male) (Years)	59.5	59.1	63.1



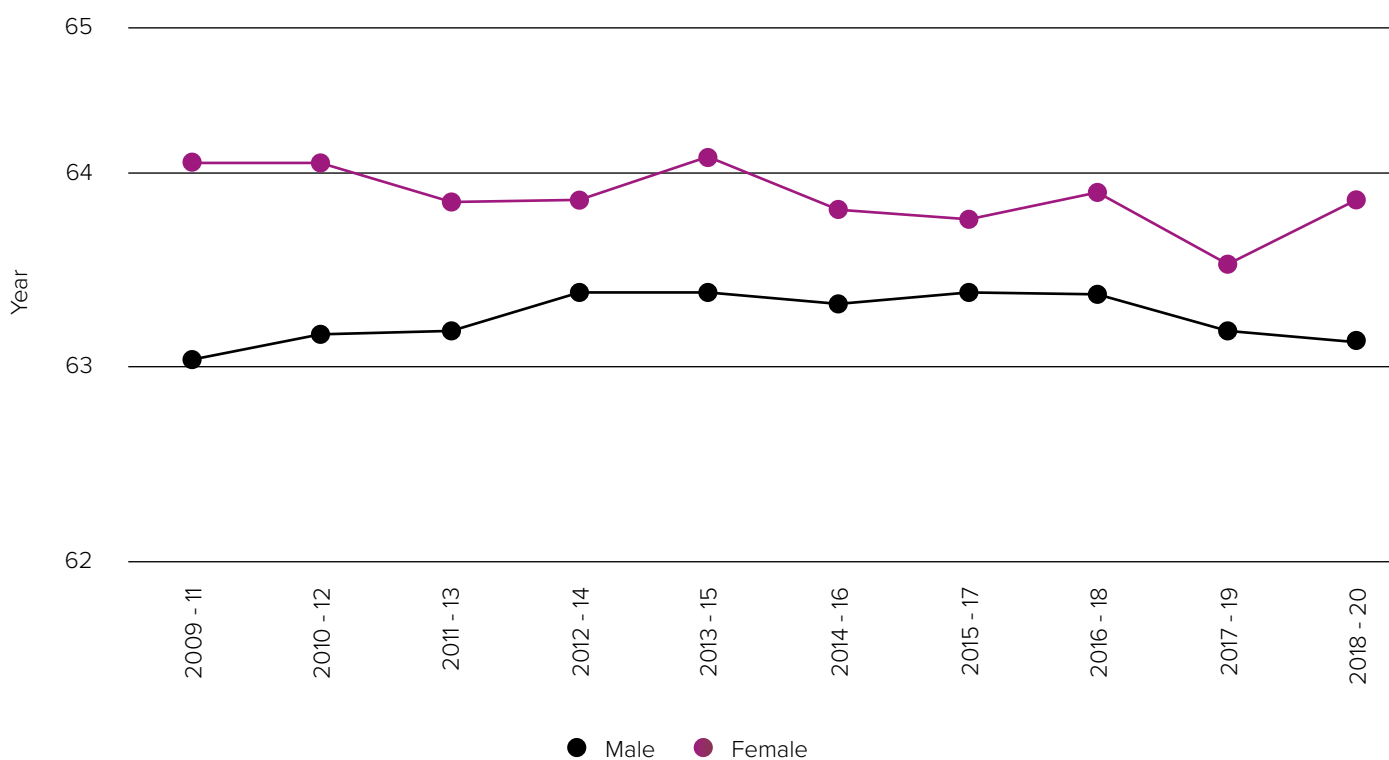
Healthy life expectancy in Darlington from 2009-11 to 2018-20



### Healthy life expectancy in the North East from 2009-11 to 2018-20



### Healthy life expectancy in England from 2009-11 to 2018-20



In Darlington, our life expectancy data shows that on average, women live 4.1 years longer than men, which is a slightly larger gap than both the England and North East average.

Although females live longer on average it is not necessarily in good health, as the gap between genders for healthy



life expectancy is much narrower (1.1 years). This means that women in Darlington spend a greater proportion (20.7 years on average) of their lives in ill health and disability. Men in Darlington spend on average 17.7 years of their life in ill health. Overall, healthy life expectancy has reduced in Darlington over time, particularly for females since 2015.



# Chapter 1 - Early Years and Adolescence

Darlington Health and Wellbeing Board partners have declared an ambition to give every child the best start in life.

To improve life chances for babies it is important to focus on the health of women during pregnancy as a healthy pregnancy benefits both mother and baby.

## Teenage Pregnancy

Nationally, there has been significant progress on reducing teenage pregnancy, where the under-18 conception rate has fallen by 62% and the under-16 conception rate by over 65% since 2000. Inequalities have also reduced as the biggest declines have been in areas with the highest level of deprivation and the proportion of young mothers in education or training has doubled. A whole systems approach has been undertaken with the aim to build the knowledge, skills, resilience, and aspirations of young people, whilst also providing easier access

to services, which supports a young person to delay sex until they are ready to enjoy healthy, consensual relationships and use contraception to prevent unplanned pregnancy. In Darlington the teenage conception rate has been on a downward trend since 2013 and was 17.1 per 1,000 population aged under 18 in 2021. This is lower than the regional average (19.7), but higher than the England average (13.1). Darlington will continue this holistic approach to ensure that young people are supported in decision-making and are able to access broad opportunities

## Stopping Smoking in Pregnancy

Stopping smoking is a key protective action that helps both mother and baby.

Support should be offered to wider family members as well as to pregnant women due to damaging exposure to second-hand smoke.

Stopping smoking at any stage of the pregnancy has health benefits.

Younger women are more likely to be smokers at the

time of delivery than women over the age of 30 and there is a deprivation burden, i.e. women in the most disadvantaged areas of Darlington are more likely to smoke at the time of delivery than those in the least disadvantaged areas.

Understanding these profiles informs the Stop Smoking Service and Specialist Midwives to focus their support.

	Darlington	North East	England
Smoking in early pregnancy (2018/19)	19.8%	18.6%	12.8%
Smoking status at time of delivery (2022/23)	12.9%	12.5%	8.6%

Reference: Under 18s conception rate / 1,000: <https://fingertips.phe.org.uk/search/conception#page/4/gid/8000036/pat/6/par/E12000001/ati/501/are/E06000005/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Smoking in early pregnancy and smoking status at time of delivery: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/6/par/E12000001/ati/402/are/E06000005/yr/3/cid/4/tbm/1>



# Breastfeeding

The World Health Organisation (WHO) recommends breastfeeding because of the long-term positive impact it has on the health of both baby and mother.

Support for breastfeeding is a key element of providing the best start in life.

There are many reasons, particularly social and cultural, that affect a woman’s decision to breastfeed.

In Darlington, 38.1%\* of women breastfeed at 6 to 8 weeks, which has shown an increase from recent data. The 0-19 Service, alongside others such as maternity, have played a key role, with all staff trained

in infant feeding and relationship building, meaning that they are able to offer skilled and effective support to families when they are facing challenges with infant feeding. In 2022, the Darlington 0-19 Growing Healthy Team were successful in revalidating the UNICEF Baby Friendly standards, maintaining the GOLD Status. This progress should support many more women to choose to breastfeed, alongside encouraging public and work spaces to accommodate and make breastfeeding accessible, to ensure women in Darlington have a positive breastfeeding experience.

	Darlington (2021/22)	North East (2022/23)	England (2022/23)
Breastfeeding prevalence at 6 to 8 weeks (2021/22)	38.1%*	36.7%	49.2%

\*unvalidated data

## Case Study - Aaliyah Hastings: New Mum

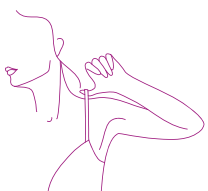
Health is a priority of mine as I like to try to keep as healthy and as fit as I can. If you have good health you will generally feel better in yourself than someone with poor health as you can be more active and feel more motivated to do things. I like going for walks as it takes baby out the house to show her new things and get the fresh air. Me and my partner walk as often as we can as we know it’s better for your health than sitting in cars or on buses all the time. Keeping good health will also improve your mental health as you will feel so much better in yourself.

For women’s health in the community I think the midwifery and health visiting services are brilliant. I very much enjoy it when my health visitor comes round to check on my babies health and seeing how she’s growing. If I ever had a question or didn’t quite know what to do they are a brilliant team to turn to.

I am a bit of an anxious person when it comes to new people and talking, but talking to my health visitor

I don’t feel that and she makes me feel like I am able to ask whatever I need to and am able to feel supported. She gives me the support I need when I need it.

Improving someone’s health is down to themselves really so to improve women’s health I would have to say that for one they would have to be willing to improve their own health even if it’s doing something small each day and gradually getting to bigger things. For two they would have to be willing to talk to someone and finding the right support for them. For three I can’t really think of much else to be honest but just to speak up if you’re not feeling the best because it can always help and there will be someone willing to help.



Breastfeeding prevalence: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938133222/pat/6/par/E12000001/ati/402/are/E06000005/yr/3/cid/4/tbm/1/page-options/car-do-0>



# Mental Health

The 0-19 years service is provided by HDFT including mandated health checks as well as family support, mental health parent/infant support and infant feeding support.

The WHSE reports that young women and girls are reporting increasing levels of “probable mental disorders” and self-harm. The compulsory relationships, sex and health education (RSHE) curriculum in schools teaches students about mental health and factors which may affect their wellbeing.

This includes learning about the impact of unhealthy comparison with others online including unrealistic expectations for body image.

Nationally the rate of young people being admitted to hospital as a result of self-harm is increasing. The Darlington rate is similar to the North East. Levels of self-harm are higher among young women than young men.

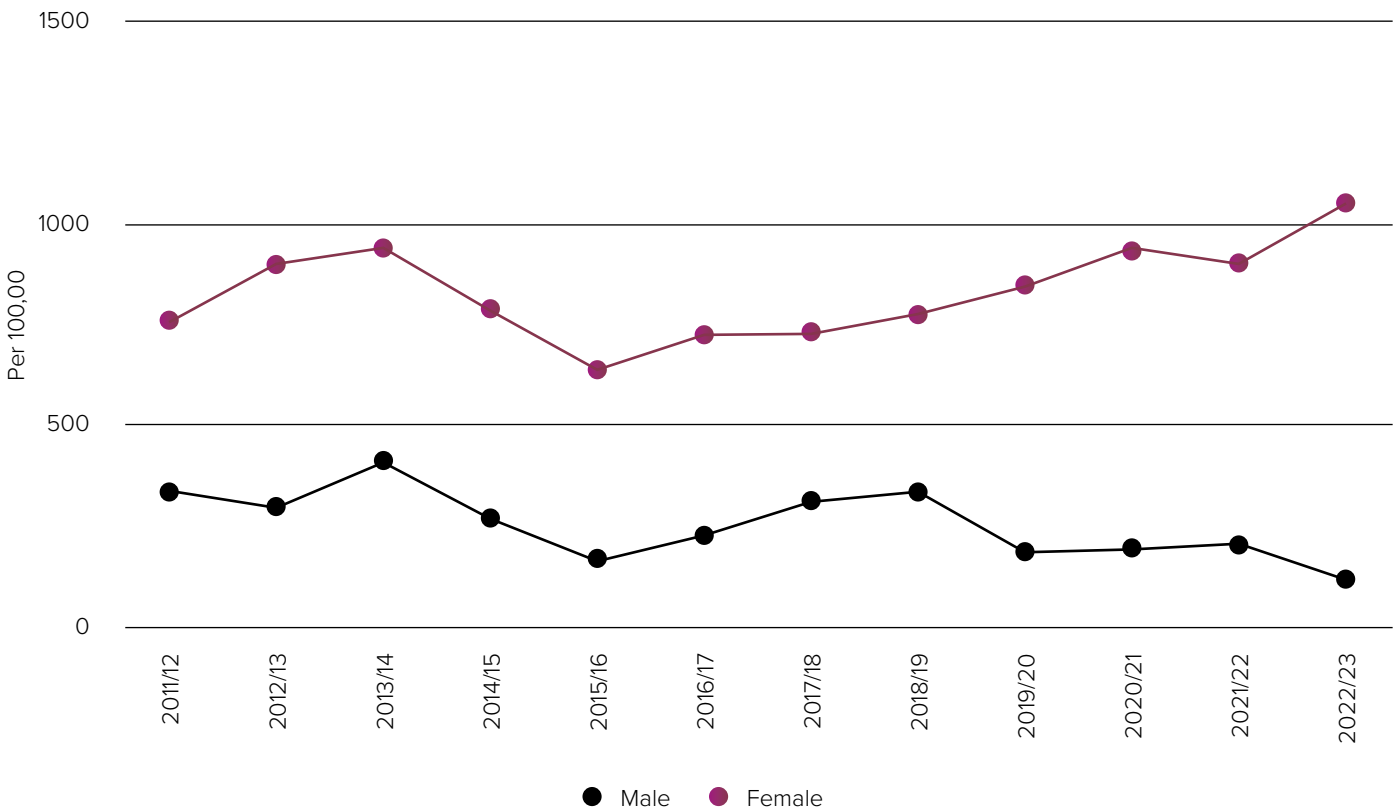
**Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in Darlington (2022/23)**

Female	Male
1,047.1	111.7

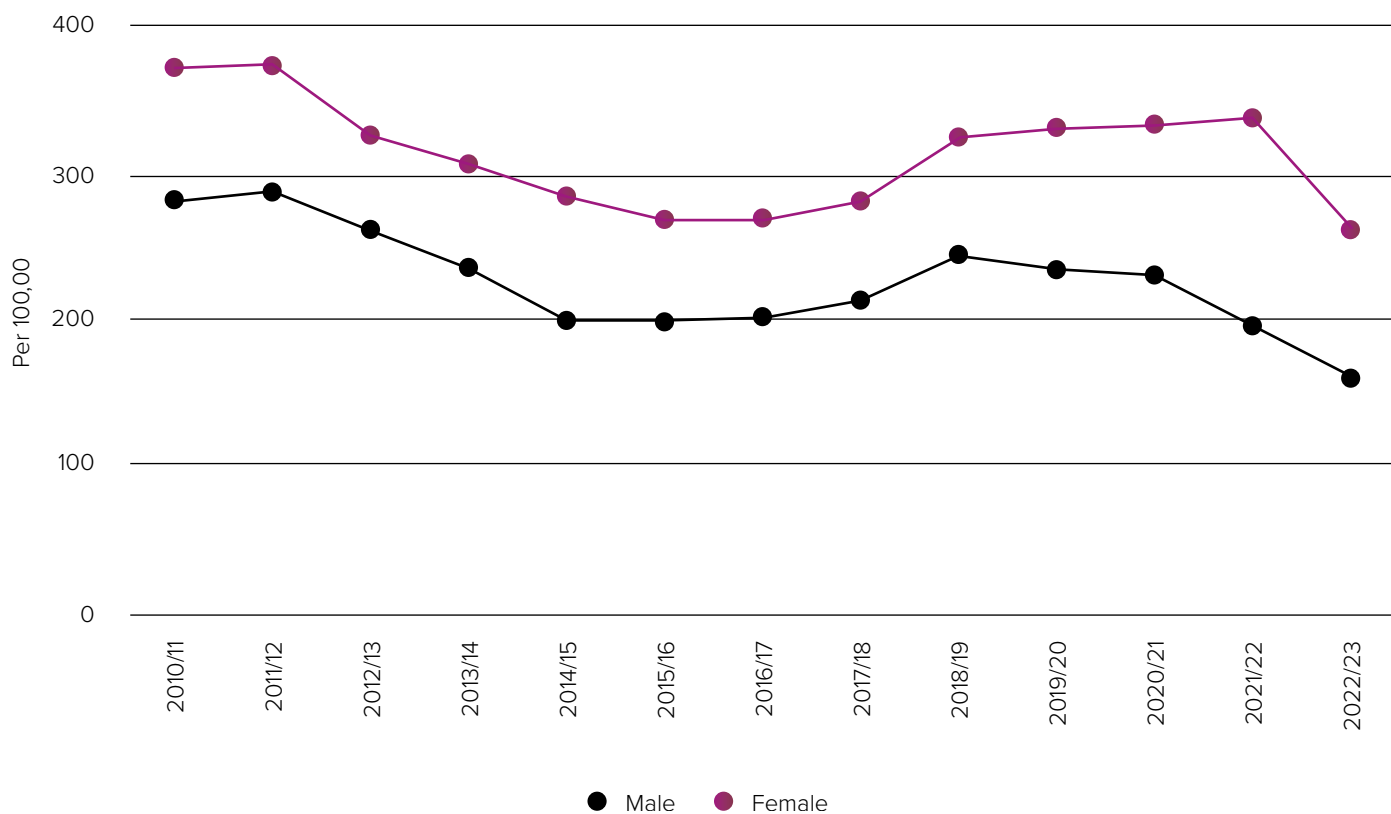
  

Darlington	North East	England
536.3	575	427.3

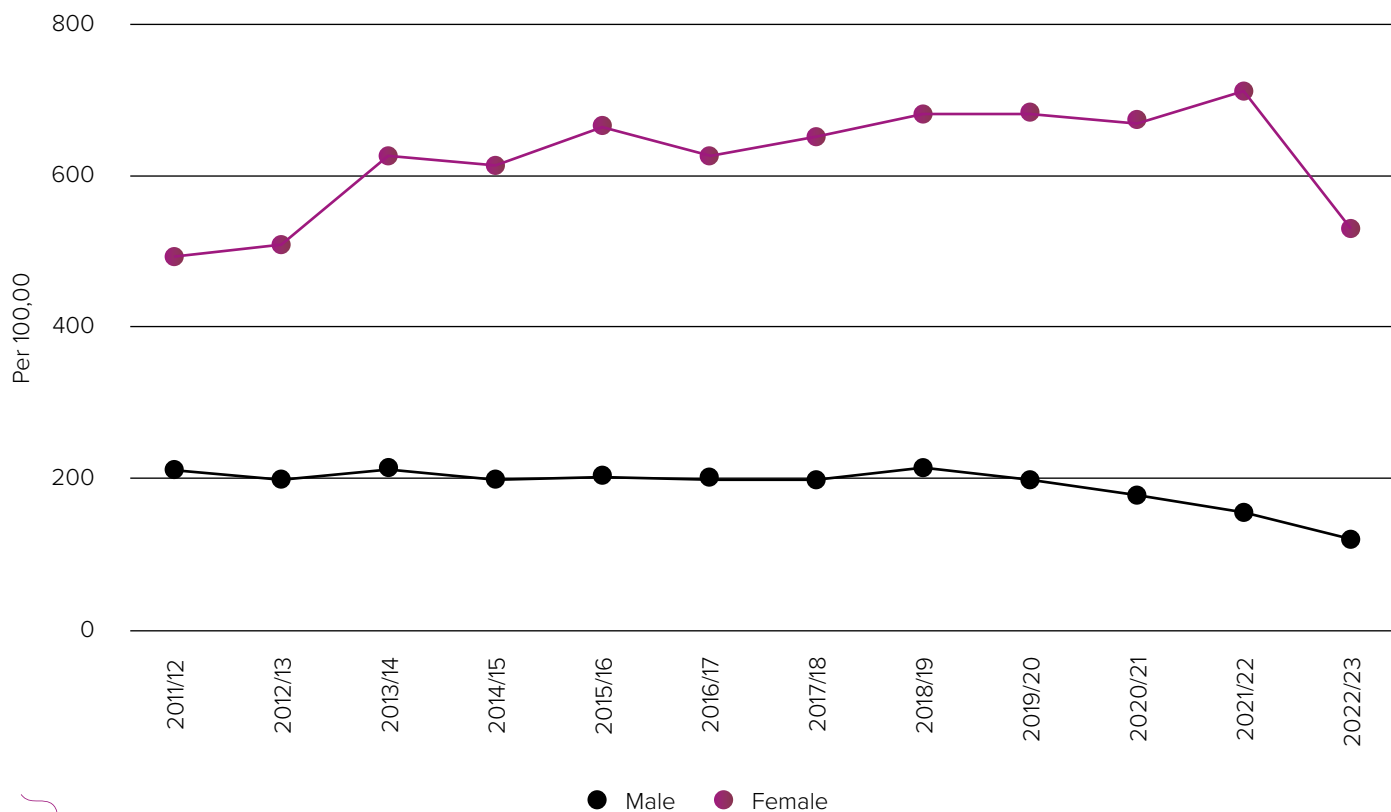
**Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in Darlington (2022/23) from 2011/12 to 2022/23**



**Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in the North East (2022/23) from 2011/12 to 2022/23**



**Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in England (2022/23) from 2011/12 to 2022/23**



Emergency Hospital Admissions for Intentional Self-Harm (10-24yrs) per 100,000 (2021/22): <https://fingertips.phe.org.uk/mh-jsna#gid/1938132923/ati/15>

Trends show that until 2022/23, Darlington followed the same trajectory as the North East and England for young people (10 – 24years) who are admitted to hospital as a result of self-harm. However, data shows that in Darlington there is a continued increase in the rate of females being admitted to hospital as a result of self-harm, compared to a decrease in both England and the North East. Levels of self-harm are also significantly higher in young women than in young men nationally, regionally and in Darlington.

## Healthy Weight and Physical Activity

The National Child Measurement Programme (NCMP) involves an annual height and weight check of children in Reception (age 4 to 5 years) and Year 6 (age 10 to 11 years).

While there are many children who are at a healthy weight in Darlington it is concerning to see the changes by Year 6. Further work is needed

to understand the percentage of girls who are categorised as Underweight, Healthy Weight, Overweight or Obese at each of these life stages.

Darlington Borough Council offers the Early Years Catering Award for Nurseries and Child Minders. The Active Schools programme addresses healthy eating and physical activity.

Overweight and obese 2022/2023	Darlington	North East	England
Reception	26.7%	25.2%	21.3%
Year 6	37.3%	37.9%	36.6%



Overweight and Obese <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

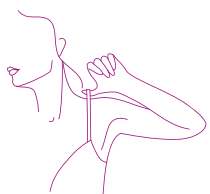


# Voices of Children and Young People

A healthy lifestyle survey has been conducted in Darlington Schools for a number of years. The data presented below is taken from the 2023/24 survey. 20 primary schools (year 5 and year 6 only) and 8 secondary schools (from year 7 – 11) participated

in the survey, this represents 2,085 primary school pupils and 5,993 secondary school pupils. The data presented below represents the findings of the survey for female students.

Original question	Primary	Secondary
"I feel happy about my life"	73% feel happy about their life	64% feel happy about their life
Your health?	83% feel happy about their health	74% feel happy about their health
your appearance (the way that you look)?	67% feel happy about their appearance	53% feel happy about their appearance
Do you know what changes you will experience during puberty?	79.5% know what changes they will experience during puberty	95.2% know what changes they will experience during puberty
Would you like more information about the changes that you may experience during puberty?	50.7% would like more information about changes in puberty	27.3% would like more information about changes in puberty
Do you know what HPV is?	Not Applicable	62% know what HPV is
Have you had your HPV vaccine?	Not Applicable	69.5% have had their HPV vaccine
Have you ever had sex?	Not Applicable	8.75% have had sex
How much physical activity you have done over the last 7 days? This is all physical activity including in and out of School.	Physically active 60+ mins 29.6% average in a day	Physically active 60+ mins 34.9% average in a day
Do you eat healthily? (examples for healthy eating are 5 or more fruit and vegetables per day, low sugar, low salt, low-fat foods)	Eat healthy 53.1% most of the time, 15.8% all of the time	Eat healthy 50.6% most of the time, 10.2% all of the time
Would you like to eat more healthy food and drinks?	76.2% would like to eat more healthy food and drinks	71.2% would like to eat more healthy food and drinks
Have you ever tried smoking?	90.8% have never tried smoking	71.2% have never tried smoking
Have you had an alcoholic drink to yourself?	1.4% have had an alcoholic drink to themselves	29.2% have had an alcoholic drink to themselves
Have you ever taken illegal drugs?	Not Applicable	88.2% have never tried illegal drugs



## Healthy Lifestyle Survey - Key Messages

- A high proportion of girls responded that they are happy about their life and their health.
- Half of respondents felt they ate a healthy range of food but would like opportunities to try more.
- The majority state they have not smoked and not taken drugs. In response to the question about

alcoholic drinks nearly 30% of secondary school responses said they have had an alcoholic drink (70% have not).

## School Readiness

In Darlington, in terms of 'school readiness' girls score significantly higher than boys. However, whilst both the North East and England has seen

continued increases in school readiness Darlington has seen a decrease from 2021/22, more so in females than males.

Female  
**73.0%**



Male  
**54.7%**

### School readiness: % of children achieving a good level of development at the end of reception (2022/23)

Darlington	North East	England
63.7%	66.3%	67.2%

School readiness: % of children achieving a good level of development at the end of reception (2022/23) : [https://fingertips.phe.org.uk/search/school%20readiness#page/7/gid/1/pat/6/par/E12000001/ati/502/are/E06000005/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-pt-1\\_ine-ao-0\\_ine-yo-1:2022:-1:-1\\_ine-ct-\\_car-do-0](https://fingertips.phe.org.uk/search/school%20readiness#page/7/gid/1/pat/6/par/E12000001/ati/502/are/E06000005/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-pt-1_ine-ao-0_ine-yo-1:2022:-1:-1_ine-ct-_car-do-0)

Average attainment 8 score (2021/22): <https://fingertips.phe.org.uk/search/attainment%20score>



# Chapter 2 - Women's Health Services

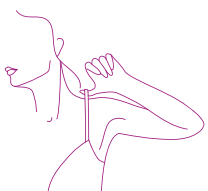
## Case Study - Sue Jacques, CEO of County Durham and Darlington NHS Foundation Trust

In simple terms health is a state of physical, mental and social wellbeing. When we are healthy we can enjoy a fulfilling life. Our health is influenced by many determinants including- access to good housing, clean air, education and employment. Lifestyle choices play an important part too as does access to good healthcare when we need it. Good health is something that everybody deserves, but not everybody has. We know there are inequalities within our communities and our Health and Wellbeing Board in Darlington has designed strategies for improving this and the overall health of our population.

Women make up 51% of the population but report that over the years their voices have not been heard when it comes to our health services. In 2022 the first ever Women's Health Strategy for England was published, resetting the dial on women's health and tackling decades of gender inequality in healthcare. This commitment heralds the beginning of the biggest change in health services for women with a six point long term plan for transformational change.

Three priorities to improve women's health:

1. Improving access to women's health services through women's health hubs and one stop clinics;
2. Tackling stigmas and taboos around menstruation, menopause and gynaecological conditions so that women feel able to speak up and access support;
3. Improving services for women who have poorer health as they are socially excluded. This includes the homeless, women in contact with the criminal justice system, vulnerable migrants and asylum seekers and Gypsy, Roma and Traveller communities.



The Women's Health Strategy for England (WHSE) sets out an approach to priority areas:

- Menstrual health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and post-natal support
- Menopause
- Mental health and wellbeing
- Cancers
- The health impacts of violence against women and girls
- Healthy ageing and long-term conditions

The WHSE sets out plans to deliver against the above priorities and describes progress to date, e.g. implementing informed decision making in maternity care, in menopause care and with the Royal College of Obstetricians and Gynaecologists on the Get it Right First Time (GIRFT) programme.

Improving access to women's health services is a strategic priority, at a local level it is about hospital, primary and community care working together.

Some women face additional barriers regarding access to services, including disabled women, women facing homelessness, refugees and women in prisons and have poorer health outcomes than women in general.

There are also barriers that come from economic and geographical disparities, e.g. differences in life expectancy across socio-economic groups.





## Case Study - Alison Macnaughton-Jones : GP

To me, health means to live with the full ability to do everything I need and want to do. To be happy, fulfilled, and free from pain and physical symptoms.

The biggest challenges I have seen in health services for women is long waiting times to access specialist care and increased awareness amongst women about HRT.

There are services available to treat many issues around periods, fertility and the menopause but

I feel women do not try to access them as they are not aware or think services will not listen so an increased awareness is needed.



## Mental Health and Wellbeing

In the national call for evidence survey, mental health was in the top 5 topics selected by respondents to be included in the Women's Health Strategy. The WHSE has committed to build upon significant work to improve outcomes in mental health, including the work of the Women's Mental Health Taskforce. The Taskforce was set up in response to evidence of deteriorating mental health among women and poor outcomes experienced by some women in mental health services. Research within the taskforce found a number of factors that can contribute to adverse mental health outcomes for women, which can stem from early in life, including lack of confidence, low self-esteem and/ or body image issues. As a result, women are a priority group in the health and wellbeing resource 'Better Health: Every Mind Matters', which is being tailored to support wider issues affecting women's mental health, such as menopause.

Other key factors impacting women's mental health, identified by women in the consultation for the WHSE, is the impact of pregnancy loss and miscarriage. Other issues include the variation in level of support from healthcare services and how postnatal support often focuses on the wellbeing of the baby, sometimes to the exclusion of the mother. Antenatal (during pregnancy) and postnatal (post pregnancy) depression is a common problem, affecting more than 1 in every 10 women, and it can also affect fathers and partners. The perinatal mental

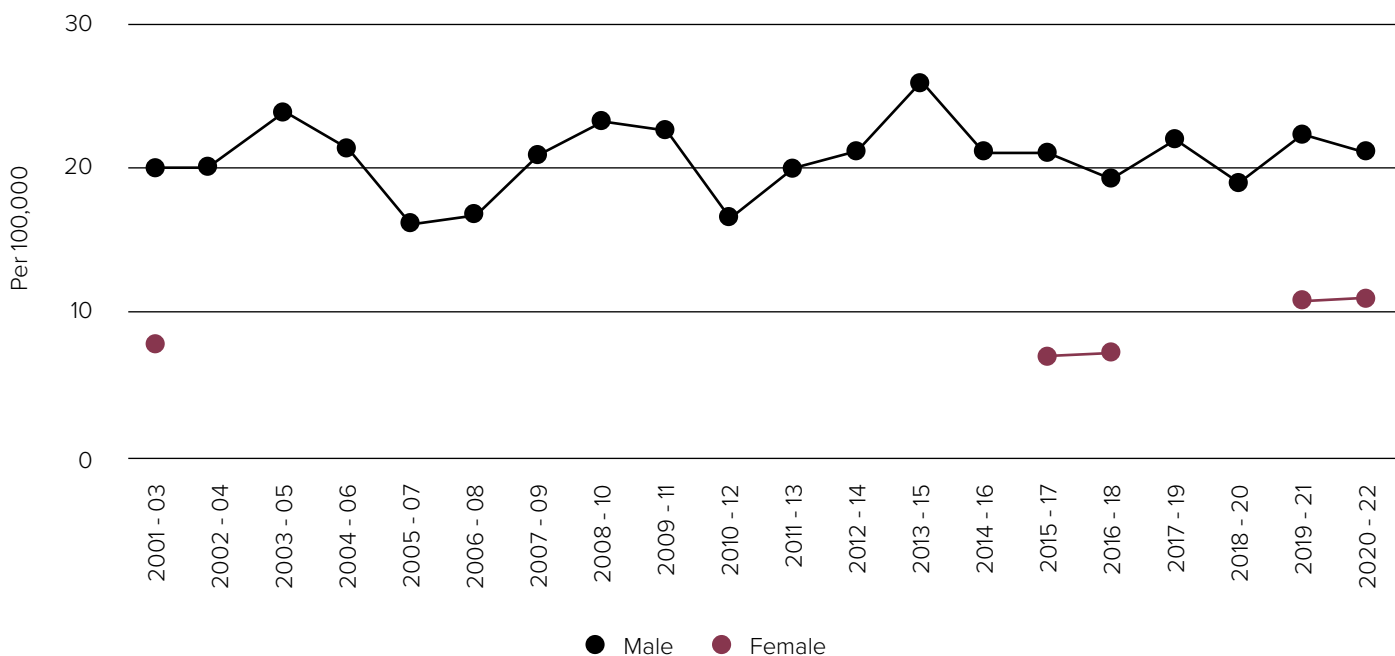
health team, provided by the local NHS Foundation Acute Trust, can provide support for women who are either pregnant or up to one year post-natal, with care plans developed to meet individual need and find solutions to support mothers on their road to recovery.

A focus on mental health in Darlington should support the broad mental health needs of all of its population. Suicide rates are consistently higher for men than women, locally, regionally, and nationally. However, as the data below demonstrates, the suicide rate for females in Darlington is higher than both the North East and England average and has risen since 2017-18. It is essential to do more to try and understand why suicide rates for women have been rising, which will support targeted activity to reduce the rate of women who die by suicide in Darlington, alongside targeted interventions for men.



## Suicide Rates (2022-23)

	Darlington	North East	England
Suicide Rate (Female, 10+ years) (per 100,000)	10.9	6.1	5.2
Suicide Rate (Male, 10+ years) (per 100,000)	21.0	21.4	15.8



Reference Suicide data: <https://fingertips.phe.org.uk/profile/suicide/data#page/1/gid/1938132828/pat/15/par/E92000001/ati/502/are/E06000005/iid/41001/age/285/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/cardo-0>

# Cancers

## Vaccinations

Vaccination against the Human Papillomavirus (HPV) protects against a range of cancers, particularly cervical cancer. From September 2023, the HPV vaccination programme moved to a single dose, following updated advice. In 2019 males became eligible for the vaccine, as evidence shows it protects all genders from HPV-related cancers, such as cervical cancer, some mouth and throat cancers and some cancers of the anus and genital areas. Young people who are eligible for the HPV vaccine

but who missed the school vaccinations can still be vaccinated up to their 25th birthday. The data presented below shows that although Darlington has higher coverage than the North East and very similar coverage to the England average, there is still work to be done to increase the coverage amongst both genders. For progress to be made, interventions should target misinformation and education for parents on the importance of the HPV vaccination.

Population vaccination coverage			
HPV vaccination coverage for one dose (12 to 13 years old) in 2023			
	Darlington	North East	England
Male	65.4%	64.1%	65.2%
Female	71.2%	70.5%	71.3%



HPV coverage <https://fingertips.phe.org.uk/search/hpv>  
Screening: <https://fingertips.phe.org.uk/profile/cancerservices/data#page/1>



## Screening

The WHSE aims for women and girls to be better educated on cancers from a young age, including risk factors and symptoms. Furthermore, there are aims to increase uptake of screening programmes through digital transformation and better access to data on protected characteristics, alongside greater accessibility and flexibility of programmes. There is further action needed to ensure transgender men and non-binary people with female reproductive

organs are aware of cancer symptoms and are also invited to and able to access screening for cervical and breast cancer. This is part of a wider initiative to remove barriers to accessing services, which can result in disparities in health outcomes between different demographic groups. A further example is women with disabilities, who can face additional challenges to access in-person services.

Cancer Screening Coverage (2022/23)			
	Darlington	North East	England
Breast	71.7%	67.1%	66.2%
Cervical (25-49 years)	73.2%	70.8%	65.8%
Cervical (50 yr to 64 yr)	76.9%	75.6%	74.4%

## Case Study - “G” - A Transgender Woman

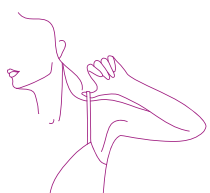
Health typically means being well or unwell. However, for me, I don't feel like I am 'healthy' because healthcare is not accessible. Anything to do with gender dysphoria/ re-assignment and gender affirming care is underfunded. This has an impact on my mental health, which leads to an impact on my physical health. If I would have been seen sooner for gender affirming care, my mental health would not have deteriorated as severely. I feel like my transition has impacted my ability to be as healthy as I could be.

I feel like education is the initial barrier to good health, when you're a kid for example, you get shown a plate with what a balanced diet looks like, but that's limited. As you get older, you get stuck in bad habits around food, with no support. If you went to the doctors with that, it doesn't get taken very seriously. But it can lead to things like eating disorders.

Since transitioning, I'm a lot more aware of my body and will avoid eating as much to not gain weight due to body image issues.

If I could say anything to my younger self regarding my health, it would be to prepare not to be listened to. Different medications have been tested to work for men, not for women, which is male privilege. I am unsure about things like prostate and how screening for this affects trans women.

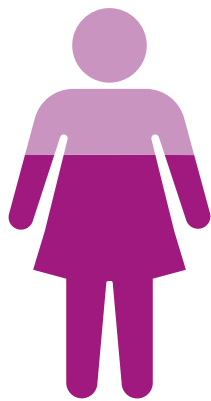
It has taken me about 14 months to find a job after applying for many. I feel like at an interview, they did not expect a trans person to walk in the room and as a result, I felt as if I was talking to a brick wall. It made me feel uncomfortable, judged and as if there was no point in me being there. Although there are equalities laws for discrimination for different identities, there is a definite unconscious bias, which impacts outcomes and prevented me from finding employment.



# Chapter 3 - Employment and Wellbeing

Health conditions and disabilities should not be barriers to women’s positive participation in the workplace. Women experiencing health issues such as period problems, endometriosis, fertility treatment, miscarriage and/or menopause should be supported in their workplace. This applies to general health conditions that may impact on women in the workplace, e.g. musculoskeletal conditions, cardiovascular disease, or mental health problems. The NHS workforce and social care workforce are predominantly female and employers in these sectors can lead the way in supporting health in the workplace. Employers are encouraged to consider the practical needs of employees who have caring responsibilities, as unpaid carers are predominantly female and need support to manage paid employment alongside other roles.

There is also the gender pay gap to consider, as income is a significant social determinant of health. In the UK, median hourly pay for full-time employees was 7.7% less for women than for men in April 2023. On the other hand median pay for part-time employees was 3.3% higher for women than for men (excluding overtime pay). However, a larger proportion of women are employed part-time and on average part-time workers tend to earn less per hour. The gender pay gap is larger than the full-time and part-time pay gaps; median pay for all employees was 14.3% less for women than for men in April 2023.

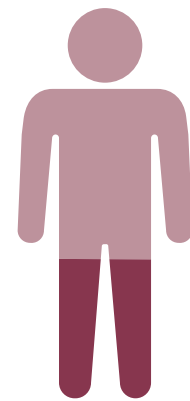


## Darlington Borough Council Workforce

Female  
**63%**

Male  
**37%**

\*January 2024, excluding schools



# Women's Health, Economic Inequalities and Single Mothers

This section is contributed by Sophie Ward. The following is adapted from from her Masters' Dissertation.

The cost-of-living crisis has impacted families across the UK, and Darlington is no different. Yet, women are more likely to feel the impact of the financial crisis, through their lower levels of wealth on average in comparison to men and their caring responsibilities, which often lowers their ability to engage in paid work<sup>1</sup>. Furthermore, women are more likely to hold the main responsibility for household budgets, including the purchasing of household necessities, the cost of which has risen exponentially over the last couple of years .

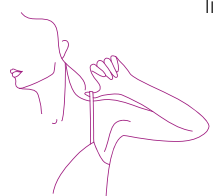
However, not all women will be impacted equally, and one group that are particularly vulnerable to the adverse effects of the cost-of-living crisis is single parents, which predominantly exists of women, as 86% of lone parent families are headed by women in the UK<sup>2</sup>. In 2021, 11.8% of Darlington households included a lone parent, which rose to 18.6% in our most deprived wards<sup>3</sup>. Single parents have significantly fewer financial resources, with savings that are 20 times smaller than the national average<sup>4</sup> and are more likely to report financial difficulties when compared to two-parent families<sup>5</sup>. Research also shows that single mothers are more likely to feel worried regarding their financial capacity to afford household essentials when compared to single fathers<sup>4</sup>. This implicates poverty for single mothers and their children, as nationally, 49% of children in lone parent families live in relative poverty, which is almost double the rate in two-parent families (25%)<sup>6,7</sup>.

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<sup>1</sup> The Women's Budget Group. The gendered impact of the cost-of-living-crisis. Available from: <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wbg.org.uk/wp-content/uploads/2022/03/The-gendered-impact-of-the-cost-of-living-crisis.pdf>

<sup>2</sup> The Office for National Statistics. Families and households in the UK: 2022 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2022> Accessed May 19th, 2023.

<sup>3</sup> Thomas T. Single-parent families 'most exposed' to cost of living crisis in Great Britain: The Guardian 2022. Available from: <https://www.theguardian.com/business/2022/apr/30/single-parent-families-most-exposed-to-cost-of-living-crisis-in-great-britain> Accessed January 1st, 2023



<sup>4</sup> Dixon Jami, Ruby Florence, Elizabeth C. Single Parents in 2023: Gingerbread, 2023. Available from: <https://www.gingerbread.org.uk/wp-content/uploads/2023/03/Single-Parents-in-2023-Single-Parents-Day-report.pdf> [Accessed 2nd June 2023]

<sup>5</sup> Joseph Rowntree Foundation. UK Poverty 2022. York, 2022. Available from: <https://www.jrf.org.uk/report/uk-poverty-2022> [Accessed 19th December 2022]

<sup>6</sup> IFS. Pre-pandemic relative poverty rate for children of lone parents almost double that for children living with two parents. 2022. Available from: <https://ifs.org.uk/articles/pre-pandemic-relative-poverty-rate-children-lone-parents-almost-double-children-living-two> [Accessed 2nd December 2022].

<sup>7</sup> Census. One family only: Lone parent: Dependent children: One Darlington; 2021. Available from: [https://darlington.communityinsight.org/?indicator=ks105ew0011\\_dr\\_20210101#](https://darlington.communityinsight.org/?indicator=ks105ew0011_dr_20210101#) [Accessed March 2nd, 2023].

There are a number of explanations for why single mothers have fewer financial resources on average. A prominent cause is that caring work limits the abilities of mothers (particularly single mothers) to access and retain employment. Research demonstrates that there is a lack of flexible, well-paid roles in the UK labour market, as flexible work excludes 7 out of 10 jobs and only 1 in 10 part time jobs have a salary of over £20,000 full-time equivalent<sup>8</sup>. Firstly, this reduces economic capacity, which implicates ability to live a long healthy life, but further, employment contributes to better mental health as a result of a designated social role, structure, and purpose.<sup>9 10 11</sup> Unemployment also increases the likelihood of limiting, long-term illnesses, and the prevalence of risky health behaviours and therefore has been shown to result in negative impacts for the families of unemployed individuals and the wider community.<sup>12 13 14 15</sup>

Financial difficulties, coupled with the cost-of-living crisis, present a complex predicament for single mothers and carers who are female. Recent qualitative research on the impact of the cost-of-living crisis for single carers who are female in Darlington found a complexity of negative implications. Significant findings were the suggestion that the cost-of-living crisis has increased loneliness for

single carers, limited their ability to fulfil their role as a mother/ carer and impacted their financial security, with many struggling to afford food, medicines, and household bills. The research carried out in Darlington further contributes to literature exploring the challenges single parents navigate and further, the impact of financial crises on low-income families. For instance, the increases in the cost of necessities, such as food, can cause families to turn to foodbanks and also compromise on the quality and nutritional value of food in order to satiate hunger<sup>16 17</sup>.



<sup>8</sup> Garthwaite KA, Collins PJ, Bambra C. Food for thought: An ethnographic study of negotiating ill health and food insecurity in a UK foodbank. *Social Science & Medicine* 2015;132:38-44. doi: <https://doi.org/10.1016/j.socscimed.2015.03.019>

<sup>9</sup> The Food Foundation. From purse to plate: implications of the cost-of-living crisis on health. London, 2023. Available from: <https://foodfoundation.org.uk/publication/purse-plate-implications-cost-living-crisis-health> [Accessed 2nd August 2023]

<sup>10</sup> Murray J. 'It's hard getting money to stretch': single mothers say they need support: *The Guardian* 2022. Available from: <https://www.theguardian.com/business/2022/jul/05/cost-of-living-single-mothers-support> [Accessed 2nd August 2023].

<sup>11</sup> Wiseman A, Lowey H, Bell Z, et al. *Mind the Gap: Women and Health Inequalities* Gateshead Council 2022.

<sup>12</sup> Aarntzen L, Derks B, van Steenbergen E, et al. Work-family guilt as a straightjacket. An interview and diary study on consequences of mothers' work-family guilt. *Journal of Vocational Behaviour* 2019;115:103336.

<sup>13</sup> Dunford E, Granger C. Maternal guilt and shame: Relationship to postnatal depression and attitudes towards help-seeking. *Journal of Child and Family Studies* 2017;26:1692-701.

<sup>14</sup> Collins C. Is maternal guilt a cross-national experience? *Qualitative Sociology* 2021;44(1):1-29.

<sup>15</sup> Henderson A, Harmon S, Newman H. The price mothers pay, even when they are not buying it: Mental health consequences of idealized motherhood. *Sex Roles* 2016;74:512-26.

<sup>16</sup> Avison WR, Ali J, Walters D. Family Structure, Stress, and Psychological Distress: A Demonstration of the Impact of Differential Exposure. *Journal of Health and Social Behavior* 2007;48(3):301-17. doi: 10.1177/002214650704800307

<sup>17</sup> Greer-Murphy A. *Invisible Inequalities of Austerity: everyday life, mothers and health in Stockton-on-Tees*. Durham University, 2018.





Single carers in Darlington expressed their reliance on foodbanks, but also the feelings of judgement and stigma which accompanies this. Furthermore, the increase in the cost of household necessities meant that single carers in Darlington were unable to afford leisure time for their children, which often results in feelings of guilt and stress <sup>18 19</sup>. On average, mothers experience vastly higher levels of guilt compared to fathers, which causes women to limit their own leisure time, in turn lowering their wellbeing <sup>20 21</sup>. Furthermore, mothers who feel like they are unable to fulfil parenting expectations are more likely to report feelings of stress, anxiety, and depression <sup>22 23</sup> and research finds that single mothers experience higher levels of psychological distress compared to married mothers, due to higher stress exposure <sup>24</sup>. Conclusively, time for oneself is valuable for mental health, yet women engage significantly more in caring work, leaving less time for rest, disproportionately for single mothers and women with less financial resources <sup>25</sup>. It was therefore not surprising that many single carers in Darlington discussed the impact the financial crisis has had on their mental health and wellbeing.

To conclude, the lives of Darlington single carers that were interviewed are complex and often demanding, as a result of financial insecurities, childcare responsibilities, and feelings of guilt, stress, and worry. Findings demonstrated how the challenges of this role are exacerbated due to the financial crises, as budgets are unable to stretch to fulfil the needs of single carers, for themselves and the children in their care. The findings demonstrated the complex impact of the cost of living crisis on health and wellbeing, which ultimately limits the ability of some low-income single carers in Darlington to live happy, healthy lives.



<sup>18</sup> Timewise. The Timewise Flexible Jobs Index 2022, 2022. Available from: <https://timewise.co.uk/wp-content/uploads/2022/10/Timewise-Flexible-Jobs-Index-2022.pdf> [Accessed 2nd May 2023]

<sup>19</sup> Warr P, Jackson P. Factors influencing the psychological impact of prolonged unemployment and of re-employment. *Psychological medicine* 1985;15(4):795-807.

<sup>20</sup> Fryer D. Employment deprivation and personal agency during unemployment: A critical discussion of Jahoda's explanation of the psychological effects of unemployment. 1986.

<sup>21</sup> Butterworth P, Leach LS, Strazdins L, et al. The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. *Occupational and environmental medicine* 2011;68(11):806-12.

<sup>22</sup> Bamba C, Eikemo TA. Welfare state regimes, unemployment and health: a comparative study of the relationship between unemployment and self-reported health in 23 European countries. *Journal of Epidemiology & Community Health* 2009;63(2):92-98.

<sup>23</sup> Bartley M, Plewis I. Accumulated labour market disadvantage and limiting long-term illness: data from the 1971-1991 Office for National Statistics' Longitudinal Study. *International journal of epidemiology* 2002;31(2):336-41.

<sup>24</sup> Moser KA, Fox AJ, Jones D. Unemployment and mortality in the OPCS longitudinal study. *The Lancet* 1984;324(8415):1324-29.

<sup>25</sup> Montgomery SM, Cook DG, Bartley MJ, et al. Unemployment, cigarette smoking, alcohol consumption and body weight in young British men. *The European Journal of Public Health* 1998;8(1):21-27.

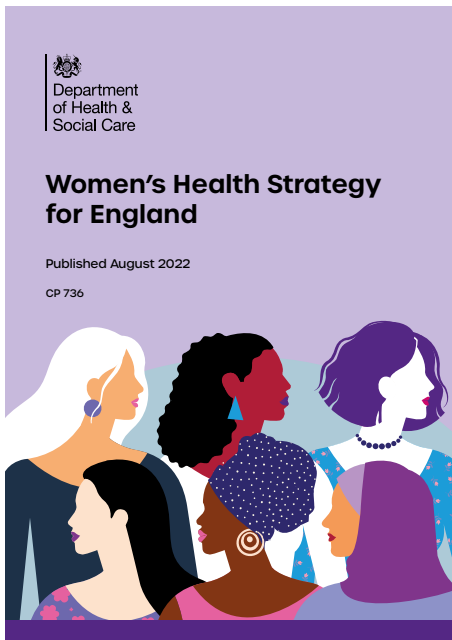


# Chapter 4 - Healthy and Safe

The health of women is hugely impacted when feeling threatened or unsafe. Maslow's hierarchy of need describes the essentials people require, among the basic needs are safety and security. In July 2021 the government launched the "Tackling Violence Against Women and Girls Strategy". Evidence presented in the Strategy reflected that some types of violence against women and girls are so "normalised" that many women and girls do not feel it is worth reporting, e.g. incidents like being touched, grabbed and/or threatened by strangers.

Although both men and women experience abuse, nationally, 20% of women are victims of sexual assault or attempted assault in their lifetime compared with 5% of men. There is also a higher proportion of women who experience domestic abuse; more than 27% of women aged 16 years or over have experienced domestic abuse, compared to 14% of men, with the rate of domestic increasing over time.

## Women's Health Strategy for England (WHSE)



**The Women's Health Strategy for England (WHSE)** highlights that some groups of women are at higher risk of experiencing certain forms of violence and abuse than others, including disabled women and lesbian and bisexual women. There is a need for health care professionals to be able to recognise signs of domestic abuse in order to support women and girls, the NHS is often the first point of contact for women who have experienced violence.

Being exposed to violence and trauma particularly affects children, in addition to direct harm is the hurt caused to children when they see the abuse of others.

Homicide Index Data 2020 - 2022 shows that 67.3% of the victims of domestic homicide were female. In the majority of female domestic homicides the suspect was a male partner or ex-partner, (74.7%)

## Children's trauma Support

Funding has been identified to support an additional year of Trauma work within Darlington Schools offering therapeutic support to children

who are identified as either currently living in a home with domestic abuse or have been affected by domestic abuse.

Home Office Homicide Index 2022: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendmarch2023>

Women's health Strategy: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>



# DASVEG

## (Domestic Abuse and Sexual Violence Executive Group)

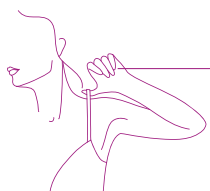
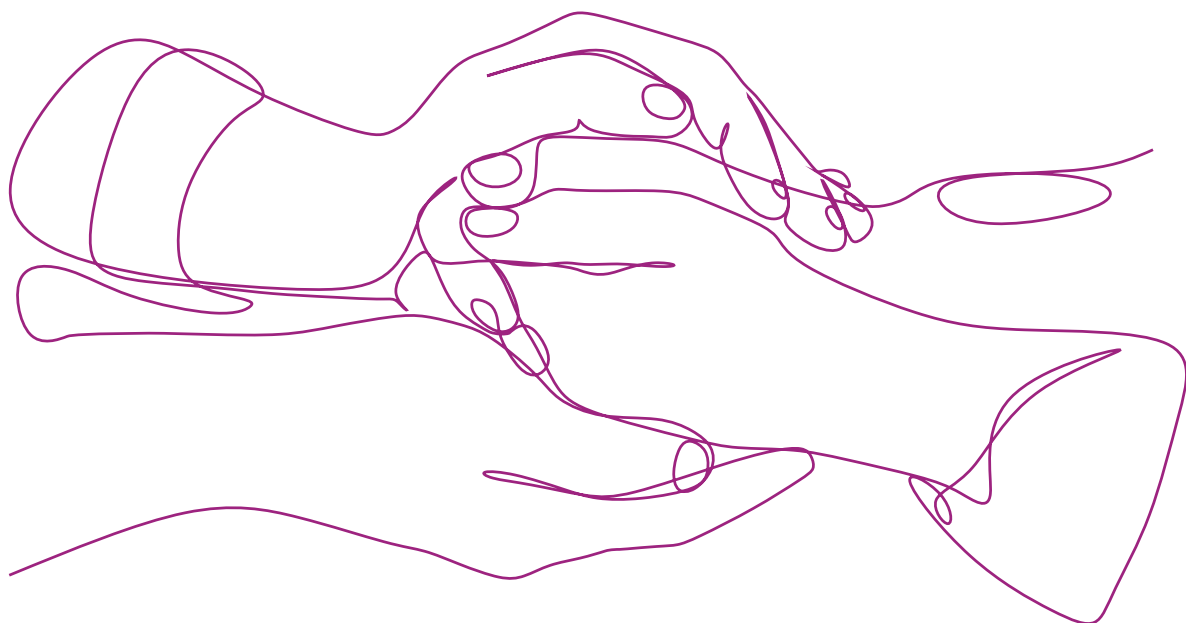
The Local Domestic Abuse Partnership Board is known as DASVEG (Domestic Abuse and Sexual Violence Executive Group) and takes a whole system approach to support, advise and work in partnership across County Durham and Darlington. DASVEG aims to:

- Ensure victims of domestic abuse have access to adequate and appropriate support within safe accommodation and wider domestic abuse services.
- Provides the governance structure for work across the system aimed at reducing and tackling sexual violence.
- Improve outcomes for victims of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within safe accommodation services and the wider system.
- Ensure that the system has a clear focus on perpetrators and tackling repeat perpetrators through a range of multi-agency, problem solving interventions and approaches.

## County Durham and Darlington Domestic Abuse Plan 2023 - 2025

DASVEG monitors the shared plan and receives updates from the workstreams that deliver against the priorities. The three priorities are based on evidence of need, principle of using best evidence, practice and has victim voice at the core:

- Prioritising prevention
- Supporting victims
- Tackling those who cause harm



County Durham and Darlington Domestic Abuse Plan 2023-2025 - <https://democracy.durham.gov.uk/documents/s181440/Agenda%20Item%207%20DASV%20Executive%20Group%20Annual%20Report.pdf>

# Domestic Abuse - Darlington Support Offer

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Darlington offers a range of safe accommodation for families and individuals who have experienced domestic abuse.

## **For adults:**

Outreach Support in the community for female and male victims of domestic abuse.

**Navigation** – The Navigator holds a small caseload of complex needs domestic abuse survivors.

## **Recovery Support Groups for women.**

Groups are high quality, client-led community-based support for those affected by domestic abuse. The Groups enable people to work to increase their resilience, recover from their experiences and live free from abuse.

## **Specialist Domestic Abuse Counselling**

**Prevention Scheme** – Work to support perpetrators, offering support to the victims, supports a whole family approach.

## **Children's Outreach Community Offer**

Uses evidence-based trauma informed support delivering interventions to children such as play therapy in community settings.

## **Children and Young Person support within safe accommodation**

Offers supported interventions for children and young people who have witnessed and/or experienced domestic abuse and had to move into refuge. Recovery support is provided addressing emotional and psychological effects of the trauma, within a safe environment including positive, stimulating and fun activities/sessions to encourage social and emotional development.

Provides interventions that support children and young people who have witnessed and/or experienced domestic abuse and had to move into refuge, support to enable the children and young people recover from the emotional and psychological effects of the trauma they have experienced within a safe environment including positive, stimulating and fun activities/sessions to encourage social and emotional development.

## **MASH (Multi Agency Safeguarding Hub) Link Worker**

Contributes to safeguarding for families affected by domestic abuse through effective liaison and information sharing with children's services, Police safeguarding team and other MASH part-ners.

## **Lead Practitioner**

Works with families using a trauma informed and needs lead approach to improve safety and wellbeing and make sustainable, positive changes to improve outcomes.



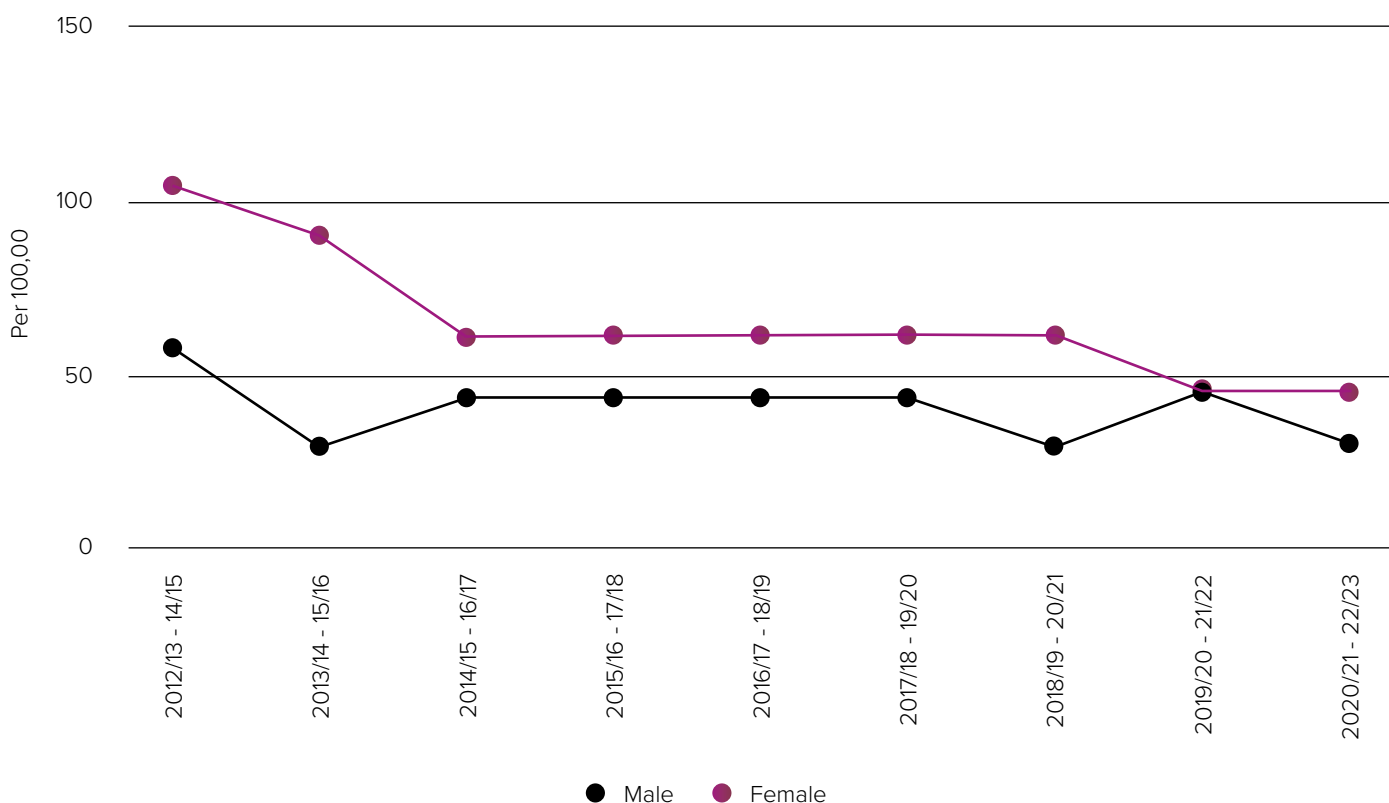
# Substance Misuse

Approximately 21% of the adult population in England regularly drink at levels that increase their risk of ill health. The UK Chief Medical Officers (CMOs) advise that to keep the risk from alcohol low, adults should not regularly drink more than 14 units of alcohol a week. There is no definitively “safe” lower limit as no level of regular alcohol consumption improves health.

The Alcohol Profile for Darlington (Fingertips 2022/2023) indicates that across all admissions and mortality indicators Darlington is worse than the England average. While services are working hard to improve accessibility there is a need to significantly increase the number of people successfully completing treatment for alcohol dependency.

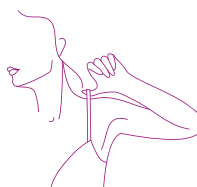
Admission episodes for alcohol-specific conditions for under 18's (per 100,000) (2020/21 - 22/23)			
	Darlington	North East	England
Female	46.0	63.0	34.7
Male	29.2	34.5	17.8

**Admission episodes for alcohol-specific conditions for under 18's (per 100,000) in Darlington**



Admission episodes for alcohol-specific conditions: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1>

Drug and Alcohol Services treatment: NDTMS <https://www.ndtms.net/>

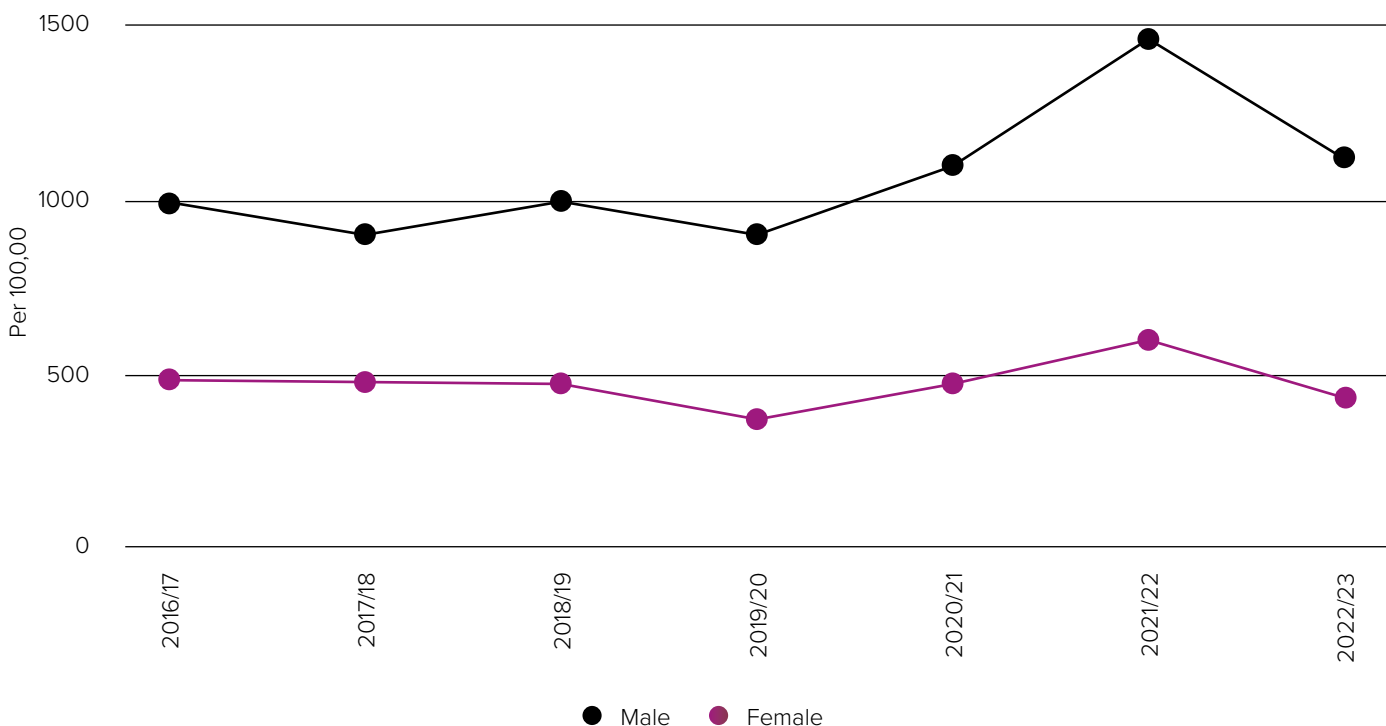


[https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol#:~:text=Estimated%20weekly%20alcohol%20consumption%2C%20by%20sex%20and%20age,-These%20estimates%20are&text=21%25%20of%20adults%20drank%20at,and%208.5%20units%20for%20women\)](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol#:~:text=Estimated%20weekly%20alcohol%20consumption%2C%20by%20sex%20and%20age,-These%20estimates%20are&text=21%25%20of%20adults%20drank%20at,and%208.5%20units%20for%20women))

### Admission episodes for alcohol-specific conditions - All ages (per 100,000) (2022/23)

	Darlington	North East	England
Female	424	629	355
Male	1,120	1,310	823

### Admission episodes for alcohol-specific conditions for all ages (per 100,000)



For under 18's there are more females admitted to hospital for alcohol-specific conditions. Although there has been a decline in the last 10 years, significantly so for females, the rate (per 100,000) is still higher than the England average. In contrast, males are significantly more likely to be admitted for alcohol related episodes for all age groups. Darlington is below the regional average for both males and females; however, the England average is significantly lower. Although Darlington does not fare poorly at the regional level, action is essential to reduce admission episodes and close the gap with England.

Of those accessing treatment in Darlington 67.4% are men and 32.6% are women. Nevertheless, there are just under 300 women in Darlington accessing treatment for substance misuse.

STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) encompasses three organisations to deliver treatment and recovery support, including the ACCESS team (an outreach support service), With You (a specialist drug and alcohol treatment service) and Recovery Connections (a lived experience recovery organisation). Recovery Connections provides specialist support for women, including a mothers group and women's group, to allow women to connect with and support one another in treatment and within wider recovery support.

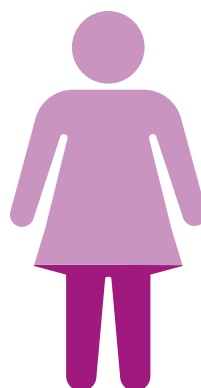


In relation to deaths in treatment, there is a higher proportion of women in Darlington, in comparison to men. The ACCESS team and With You are working to ensure that provision of Naloxone, which is a drug administered to reverse an opioid overdose, has full coverage across the borough, to support a reduction in drug related deaths. A higher proportion of females access continuity of care, which in

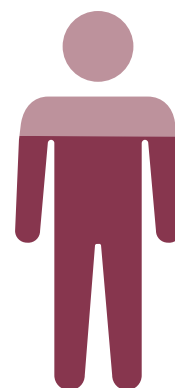
Darlington is higher than the regional average and significantly higher than the national average. STRIDE is working closely with our female prison population to ensure a smooth transition from custodial setting to community treatment and recovery.

## Adults in treatment

Females in treatment - **32.6%**



Males in treatment - **67.4%**



## Case Study - “P” - A woman in Recovery

‘Health’ to me means everything physically and mentally. My health is paramount to everything else around me functioning. If I have poor health, whether that be physically or mentally, then everything around me will suffer.

I feel that my physical health is a struggle at the moment as I have a number of conditions occurring and I am aware that with weight loss, this can assist in me being ‘healthier’ to tackle these conditions. However, these conditions also impact upon my weight. I feel that finding the balance to implement daily exercise to tackle this, around my home/work life, can be quite difficult.

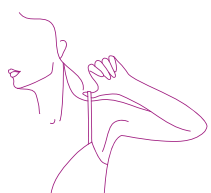
I would tell my younger self to be more aware of the dangers of substance misuse. I would also tell my younger self to be kind to myself to take care of my mental wellbeing.



## Safe Public Space

Partners in Darlington said they will work together to create safe and secure communities. When people feel safe they are more likely to exercise, meet friends and move about the area using public transport or walking.

Darlington Community Safety Partnership has consulted upon future action priorities to create safe and strong communities. The plan will be published later in the year.



Actions that the Community Safety team have led include:

- **Purple Flag Award**

A full re-assessment of Darlington's performance against Purple Flag criteria took place in December 2023. The assessment panel's conclusions were that Darlington meet or exceeded on all 5 core themes reviewing the evening and night-time economy environment.

There has been improved lighting around the town and the local CCTV system is efficient.

- **Car Parks**

Council car parks (with exception of East Multi-Storey) have "Park Mark" and Feethams has a design and security attainment certificate, "Pass Mark". These meet national standards as measures to reduce crime and fear of crime.

- **Number 40**

A multi-agency supported safe space at night, using a former retail outlet in the town centre.

Over 500 people have been assisted since opening in September 2022. Assistance has included first aid, signposting, providing food and hot drinks and the opportunity to re-charge electronic devices.

Staff and volunteers at Number 40 have responded when people have suspected their drinks have been spiked and have referred 12 people to other support teams, e.g. Substance Recovery and for rough sleeping support.

An evening a month is available for LGBTQ+ people to share. Specific campaigns are supported including National Women's Day and White Ribbon Day.

- **Partnership Working**

Durham police officers have patrolled the Town Centre area as part of the prevention of violence towards women and girls strategy, supported by the Police Crime Commissioner.

A "street friend" system is being planned from April 2024.

While many of these strategies are focused on public spaces and safety, effective prevention must include early intervention to influence values positively. The Community Safety team has delivered several public-facing campaigns, e.g. "You are on your own" - focused upon men, who, often with friends exhibit concerning, unwanted, uninvited behaviour towards women.

## Physical Activity Opportunities and Benefits

Physical activity brings many benefits to health and wellbeing and there are a range of opportunities across Darlington for women. The public health team is promoting the 2024 Darlington 10K to promote health improvements, with social media spotlight stories on different running experiences, including a number of women's stories to demonstrate to other women that they can do the same.

As a result of research into safety and running, 'women only' running sessions are offered at Eastbourne Sports Complex in Autumn and Winter as a well-lit safe and welcoming space for women to exercise in the darker months. Other women only activities include 'Fit Mamas' in the South Park,

which meets every Thursday and allows mothers to exercise with their prams, providing an opportunity to connect and socialise with other mothers, get out in green spaces with its mental health benefits and move their body without having to organise childcare. There are also 'Aqua Natal' classes organised by the Dolphin Centre, midwife led sessions that support pregnant women with a range of water-based exercises that are suitable during pregnancy.



# Chapter 5 - Healthy Ageing

The Women’s Health Strategy for England (WHSE) describes ambitions to improve strategies, policies and programmes addressing fragility fractures, osteoporosis, arthritis, heart disease and stroke, diabetes and dementia. The Strategy recognises that some of these conditions can present differently in women compared to men, in which instance women can face additional barriers to referral and diagnosis - particularly as diagnostic tests are often based on research mostly conducted in clinical trials with men.

The prevalence of dementia and Alzheimer’s is greater in women than men. More women are affected by dementia and Alzheimer’s not only in Darlington but also the North East and England.

The age structure of Darlington’s population has changed since the 2011 census. The age group of 65 years and over increased the most, 19.9% (2021) and is above the England average (18.4%).

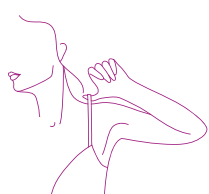
There are significant proportions of older people in Darlington living in income deprivation which can be a cumulative impact with fuel poverty, food insecurity and self-reported feelings of isolation.

\*Included male figures for comparison.

Darlington		England	
Female	Male	Female	Male

Disability free life expectancy at birth (2018-20)			
59.3 years	57.5 years	60.9 years	62.4 years

Emergency hospital admissions for COPD aged 35+ (per 100,000) (2019/20)			
529	532	413	422
Emergency hospital admissions due to falls aged 65 and over (per 100,000) (2021/22)			
3,486	2,493	2,360	1,750
Emergency hospital admissions due to falls aged 65-79 (per 100,000) (2021/22)			
1,906	1,179	1,142	825
Emergency hospital admissions due to falls aged 80 plus (per 100,000) (2021/22)			
8,068	6,302	5,890	4,430





Darlington		England	
Female	Male	Female	Male

Hip fractures aged 65 and over (per 100,000) (2022/23)			
636	344	675	401
Hip fractures aged 65 to 79 (per 100,000) (2022/23)			
331.9	137.1	309.9	170.1
Hip fractures aged 80 and over (per 100,000) (2022/23)			
1,518	945	1,733	1,071

Under 75 mortality rate from all circulatory diseases (per 100,000) (2022)			
43.1	138.8	47.4	110.0
Mortality rate from all cardiovascular diseases ages 65+ years (per 100,000) (2021)			
884.9	1,069.2	839.6	1,251.0
Under 75 mortality rate from respiratory disease (per 100,000) (2022)			
43.8	45.4	26.3	35.3
Mortality rate from respiratory disease ages 65+ years (per 100,000) (2021)			
410.6	742.6	570.0	544.7

Under 75 mortality rate from cancer (per 100,000) (2022)			
140.4	142.7	110.3	135.4
Mortality rate from cancer ages 65+ years (per 100,000) (2021)			
1,108.9	1,327.3	849.4	1,279.3
Winter mortality index age 85 plus (Aug 21 - Jul 22)			
37.8%	39%	10.9%	11.9%

Mortality rate of dementia and Alzheimer's disease all ages (per 100,000) (2020-22)			
	Darlington	North East	England
Female	119.6	123.8	121
Male	105.2	100.9	100.6



# Menopause

Menopause is an important aspect of ageing well for women and is also closely linked to wellbeing in the workplace. Research conducted for the WHSE shows that women require more information about menopause before they experience it, so they can recognise the symptoms and are empowered to seek support. The study showed that only 9% of respondents said they have enough information about the menopause and less than 2 in 3 (64%) of respondents felt comfortable talking to healthcare professionals about the menopause. There is further action needed to ensure there is more education and information and less stigma surrounding

menopause. Women in the workplace should feel supported by their employer when experiencing menopause symptoms. At Darlington Borough Council employees have had the opportunity to attend a 'menopause learn & lunch' session with the North East and North Cumbria menopause lead and an experienced nurse, to understand what menopause is, how you can support those going through menopause and how to manage symptoms. Public Healthcare Darlington also hold a 'Well Woman Clinic', where a specially trained Nurse Practitioner can give advice on all aspects of women's health, including menopause.

# Consensus Statement on Healthy Ageing

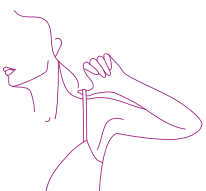
In February 2023 the Office for Health Improvement and Disparities (DHSC) together with the Centre for Ageing Better and over 120 partner organisations across England developed a consensus statement on healthy ageing. The ambition is for everyone to have 5 extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest.

Improved living standards, medical advances and public health initiatives have given many of us longer lives. However not everyone benefits equally from longer lifespans.

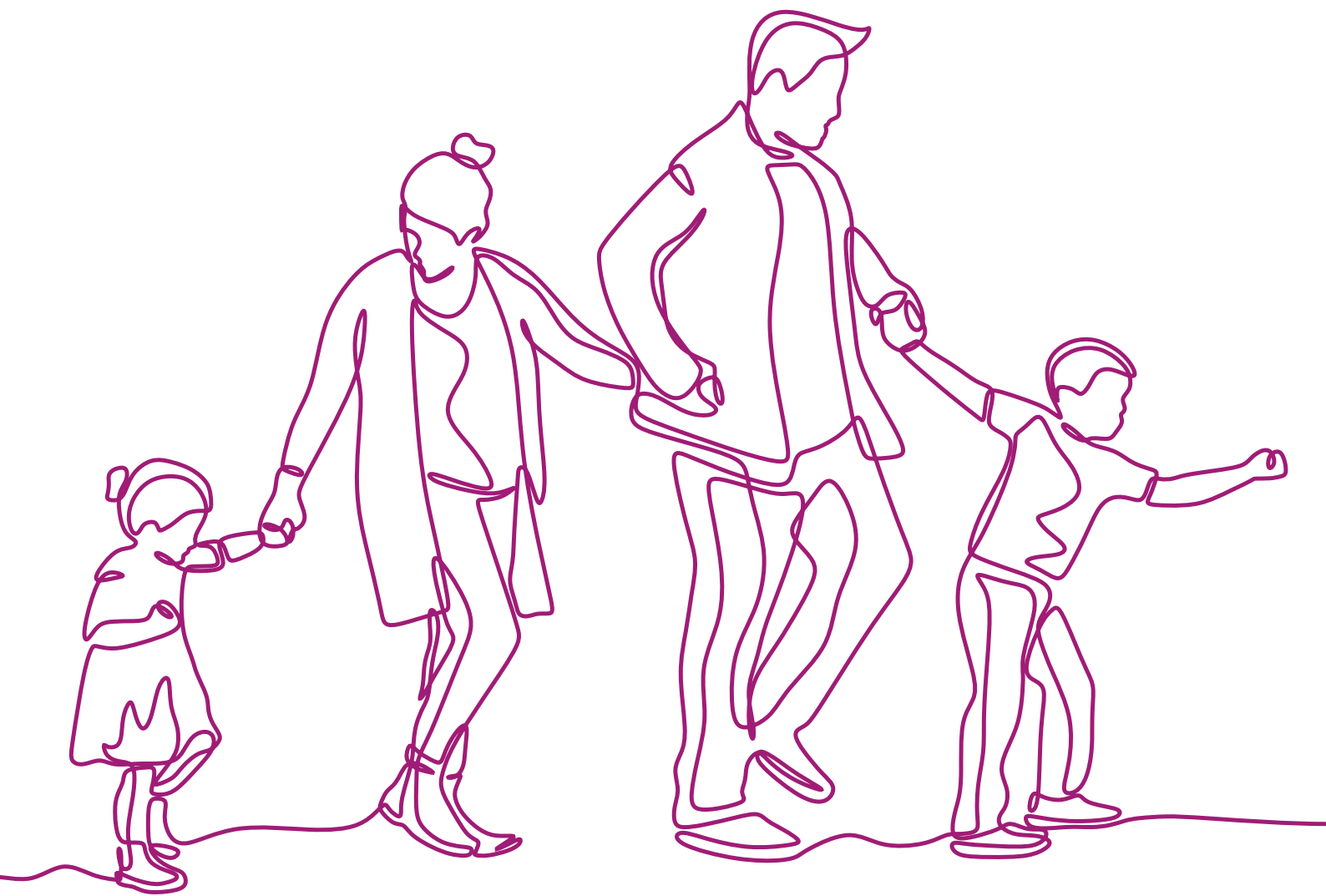
An accumulation in disadvantage in education, employment, living conditions and variations in health and social care services mean that people in the most disadvantaged circumstances can expect to spend 20 fewer years in good health than those who are better off and live in the least deprived areas of the country.

The Consensus Statement committed to **5** principles:

1. Putting prevention first and ensuring timely access to services and support when needed.
2. Removing barriers and creating more opportunities for older adults to contribute to society.
3. Ensuring good homes and communities to help people remain healthy, active and independent in later life.
4. Narrowing inequalities - focussing efforts on those most at risk.
5. Challenging ageist and negative language, culture and practices wherever they occur.



Healthy ageing: <https://fingertips.phe.org.uk/profile/healthy-ageing>



# Chapter 6 - Recommendations

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**1. It is recommended that all organisations identify their role in giving every child the best start in life.**

Actions to include:

- Support a healthy pregnancy
- Appropriate breastfeeding support, including public space and workplace
- A focus on Stop Smoking services and advice on secondhand smoking
- Raise awareness of the increased risk of domestic abuse
- Promote a diverse range of physical activities for children and young people
- Support girls and women to find opportunities for good employment.

**2. It is recommended that all organisations recognise the specific health and care needs of women and across the health and care systems services respond to the needs of women.**

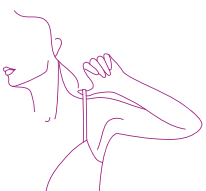
Actions to include:

- Commissioners and providers of services should seek to understand women's views and experiences of cancer, cardiovascular and dementia services and pathways.
- Raise awareness of screening benefits and opportunities, understanding barriers of access.
- That employers ensure they have supportive policies in place for smoking cessation, breastfeeding, domestic abuse and menopause.

**3. It is recommended that organisations together take responsibility to create a safe environment for all people of Darlington, being mindful of implications from a female perspective.**

Actions to include:

- Workplaces that support health at work
- Offer evidence-based interventions for health improvement including strength and balance programmes
- Improve the condition of the poorest quality private rented accommodation and future-proof new homes, built to be accessible and adaptable
- Ensure provision of accessible transport links
- Safe, green, well lit public spaces
- Extend opportunities to remain engaged with creative, learning and cultural activities as people age.

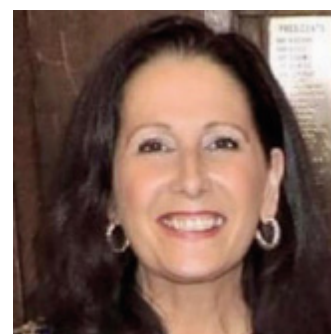


## Case Study - Michelle Thompson BEM, Chief Executive Officer, Healthwatch Darlington

Health is a sense of overall wellbeing, taking into account both physical, mental and social aspects. As well as being physically well, in that a person does not have an illness or injury, it embodies a holistic approach around peoples nutrition, activity, mental wellness, staying social and active and maintaining good relationships. It is about being well enough to enjoy your life and the choice and control to manage any issues you can, with your own wellbeing in mind.

Healthwatch Darlington are encouraged to hear regularly that health and social care services are often good in relation to women's health in the Borough, but we know this is not always the case. We hope to highlight both good and bad aspects of the expansive array of services in 2024-25 to ensure the patient and public voice are at the centre of all decisions around care and support.

Healthwatch Darlington are looking to prioritise sections of women's health in 2024-25. In order to do so, we will be consulting with members of the public and finding out what is important to them. We will also examine the insights from the 2023-24 Public Health report on women's health to guide our focus for the upcoming 2024-25 year. In addition we will monitor the Women's Health Strategy for England which aims to bring together healthcare professionals and existing services to provide integrated women's health services in the community, with a focus on reducing inequalities in health.





**HEALTH AND WELLBEING BOARD  
12 SEPTEMBER 2024**

ITEM NO.

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**JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024 - 2028**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To receive the draft Joint Local Health and Wellbeing Strategy (JLHWS)

**Summary**

2. The JLHWS sets out the local priorities for improving the health and wellbeing of the population of Darlington. The development of the Strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and a series of workshops with members of the Health and Wellbeing Board and wider partners.
3. The JLHWS has adopted a life course approach, with the themes of *Best Start in Life - Children and Young People, Staying Healthy – Living Well and Staying Healthy – Ageing Well*.
4. There is an additional theme of *Healthy Places*, in recognition of the importance of taking action to improve the wider determinants of health, as not everyone has the same opportunities to live long and healthy lives. However, it is acknowledged that many of the building blocks of health, including good educational attainment, availability of good quality and affordable housing and job creation, are outside the direct remit of the Health and Wellbeing Board and therefore are not included within the scope of the JLHWS.
5. The JLHWS sets out the vision that Darlington is a place where everyone has the opportunity to *thrive and live well*.
6. The Health and Wellbeing Board is a partnership and as such the JLHWS sets out the principles (*Healthy Ways of Working*) of how we will work together to deliver against the identified priorities.
7. For each of the themes of the JLHWS there is a brief description of why it is important, a stated ambition, summary of local need, identification of 2 overarching priorities and a description of the difference to be delivered, with the latter outlining the initial areas of focus.
8. The overarching priorities for each theme are:

- (a) Best Start in Life - Children and Young People: **pregnancy and early years; mental health and resilience**
- (b) Staying Healthy – Living Well: **making smoking history; mental health and wellbeing**
- (c) Staying Healthy – Ageing Well: **minimise time in ill health; maximise independence**
- (d) Healthy Places - **workplace health and good work; healthier environments.**

9. It is the intention that the JLHWS, alongside the JSNA and local intelligence, will support a regular process of assessing need and agreeing actions to meet the needs identified.

### Recommendation

10. It is recommended that the Health and Wellbeing Board: -

- (a) Receive the draft Joint Local Health and Wellbeing Strategy for consideration and review.
- (b) Note the content of the draft Joint Local Health and Wellbeing Strategy, including the overarching priorities identified to improve the health and wellbeing of the population of Darlington.
- (c) Agree any changes required to the content of the Joint Local Health and Wellbeing Strategy.

### Reasons

11. The recommendations are supported by the following reasons: -

- (a) It is a statutory duty of the Health and Wellbeing Board to develop a Joint Local Health and Wellbeing Strategy.

**Lorraine Hughes**  
**Director of Public Health**

### Background Papers

None

Lorraine Hughes extension 6203

Council Plan	The report supports the Council Plan priority of Living Well as it focuses on the health and wellbeing of the population.
Addressing inequalities	The report considers health inequalities and poor health outcomes experienced in Darlington, identifying key actions to be taken forward.
Tackling Climate Change	There are no implications arising from this report.



Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme as actions delivered will need to be contained within agreed budgets.
Health and Wellbeing	The report sets out the priorities of the Joint Local Health and Wellbeing Strategy, to improve the health of the population.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	The population of Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

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**Darlington’s Health and Wellbeing Strategy**

**2024 – 2028**

**FRONT PAGE**

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## **Foreword**

To be added.

Cllr Roche

Chair, Health and Wellbeing Board

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## **Acknowledgements**

Thanks are given to everyone who has contributed to the development of Darlington's Joint Local Health and Wellbeing Strategy. Particular thanks are given to members of the Health and Wellbeing Board and those individuals who attended one or more of the workshops held in May and June 2024.

## **Endorsement**

The following organisations have endorsed the content of Darlington's Joint Local Health and Wellbeing Strategy.

County Durham and Darlington NHS Foundation Trust

Darlington Borough Council

Darlington Post-16 Education

Darlington Primary Care Network

Darlington Primary Schools

Darlington Secondary Schools

Durham Police and Crime Commissioner's Office

Harrogate and District NHS Foundation Trust

Healthwatch Darlington

NHS England and Improvement

North East and North Cumbria Integrated Care Board

Tees, Esk and Wear Valleys NHS Foundation Trust

Teesside University

## Introduction

Our Joint Local Health and Wellbeing Strategy (JLHWS) sets out the local priorities for improving the health and wellbeing of the population of Darlington. The development of the Strategy has been informed by the Joint Strategic Needs Assessment (JSNA)<sup>1</sup> and a series of workshops with members of the Health and Wellbeing Board and wider partners.

A **life course approach** has been taken in the JLHWS, with the themes of *Best Start in Life - Children and Young People, Staying Healthy – Living Well and Staying Healthy – Ageing Well*.

Adopting a life course approach is helpful for promoting health and reducing avoidable health inequalities, as it recognises that each stage of a person's life impacts on the next stage of their life. Many factors can influence a person's health and wellbeing over their lifetime, positively and negatively. Understanding what can help to protect someone's health and taking action to increase such opportunities, for example by providing access to a safe and pleasant environment which supports a person to be physically active on a day-to-day basis or opportunities for good work which allows the working age population to have a job which is secure and provides a good income, will help to improve overall health.

At the same time, by understanding the risk factors which contribute to worse health outcomes, we can be proactive in our efforts to reduce the likelihood of the risk occurring in the first place whilst also supporting individuals and communities to reduce or remove the risk factors. Whilst it is true that some of this action can only be taken at a national level, like it was with previous interventions such as removing advertising of tobacco products, raising the cost of products and increasing the age of sale, there are still lots of actions we can take in Darlington to reduce the impact of risks. For example, continuing with the theme of tobacco, specialist stop smoking services are available to support people who smoke and want to quit, and we need to make sure we are reaching as many people as possible and making it easy for them to come forward for help, whilst reducing the number of people who take up smoking in the first place.

It is important that as a Borough we take action to improve the wider determinants of health as these are the building blocks of good health and are essential if we want to have better health and wellbeing for all of our communities in Darlington, as not everyone has the same opportunities to live long and healthy lives.<sup>2,3</sup> It is for this reason that the Strategy has an additional theme of *Healthy Places*. However, it is acknowledged that many of the building blocks of health, including good educational attainment, availability of good quality and affordable housing and job creation, are outside the direct remit of the Health and Wellbeing Board and therefore are not included within the scope of the JLHWS.

Through the joint efforts of the Health and Wellbeing Board we have a real opportunity to improve the health and wellbeing of the population in Darlington, allowing people to be

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<sup>1</sup> [Darlington BC - Darlington Joint Strategic Needs Assessment 2024](#)

<sup>2</sup> The Health Foundation. 16 May 2024. Accessed 29 May 2024. <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-builds-good-health#download%20resources>

<sup>3</sup> The Health Foundation. July 2024. Accessed 17<sup>th</sup> July 2024. <https://doi.org/10.37829/HF-2024-HL02>

born well and grow, live, work and age well<sup>4</sup>. We also need to make sure that our efforts are focused on reducing the health inequalities which exist within Darlington, many of which have widened over time.

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<sup>4</sup> World Health Organization (2018) The life-course approach: from theory to practice. Casestories from two small countries in Europe. [9789289053266-eng.pdf \(who.int\)](#), accessed 20<sup>th</sup> August 2024



## Our Vision

Our vision is that Darlington is a place where everyone has the opportunity to **thrive and live well**.

## How Will We Work Together?

The Health and Wellbeing Board have agreed an approach to support *Healthy Ways of Working*, which will help to deliver the vision, shared ambitions, priorities and actions set out in the JLHWS.

### *Healthy Ways of Working*

We will work together to:

- Make the best use of resources to achieve the greatest impact, including ensuring there is always a focus on seeking to understand and reduce health inequalities
- Build upon what we already have in place and do well
- Embed an approach of early support and prevention
- Develop a culture of high support and high challenge
- Celebrate successes
- Use data and evidence to develop our priorities, including maintaining the JSNA so data is good quality and provides a picture of health inequalities in Darlington
- Listen to what our communities tell us, including hearing the voice of lived experience and co-producing programmes of work and interventions, where it is possible and appropriate to do so
- Share learning from engagement surveys, service user feedback and community leaders
- Adopt a 'think family' approach in all of our work
- Monitor progress being made against our priorities
- Seek to understand if we are making a difference
- Be willing to try new things to help build the evidence base when it is not there, making sure we reflect and learn

## Marmot Principles

In the 2010 Marmot Review 'Fair Society Healthy Lives'<sup>5</sup> six evidence based policy objectives were identified for action to reduce health inequalities. In 2020 'Health Equity in England: The Marmot Review 10 Years On'<sup>6</sup> was published, highlighting the continued importance of

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<sup>5</sup> Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M (2010) Fair Society, Healthy Lives: The Marmot Review. London. [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](#), accessed 17th July 2024.

<sup>6</sup> Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity. [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#), accessed 17th July 2024

the policy objectives. Since then, 2 additional objectives (7 and 8) have been included. Whilst some of the policy objectives are of greater relevance than others to the JLHWS they highlight the importance of a 'Health in All Policies' (HiAP) approach<sup>7</sup> and the contribution which can be made through the work of the Health and Wellbeing Board and delivery of the Strategy.

1. Giving every child the best start in life

2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives

3. Creating fair employment and good work for all

4. Ensuring a healthy standard of living for all

5. Creating and developing sustainable places and communities

6. Strengthening the role and impact of ill-health prevention

7. Tackle racism, discrimination and their outcomes

8. Pursue environmental sustainability and health equity together

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<sup>7</sup> LGA (2016) Health in All Policies: a manual for local government, [health-all-policies-hiap--8df.pdf \(local.gov.uk\)](#), accessed 29<sup>th</sup> August 2024. A HiAP approach provides a framework for local authorities to take into account the health implications of decisions.

**Life Course Data Map**

– **to be added**

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## Themes

The themes and actions have been informed by the JSNA and the output from three workshops, which had a total of 58 participants. The workshops considered the topics of:

- *Best Start in Life – Children and Young People*
- *Staying Healthy – Living Well and Ageing Well*
- *Healthy Places and Ways of Working.*

The development of the JLHWS provides an opportunity to set out the agreed priorities and actions for partners to address the identified health and wellbeing needs of the population of Darlington, supporting a regular process of assessing need through the JSNA and local intelligence and agreeing actions to meet the needs identified.<sup>8</sup>

### **Best Start in Life (Children and Young People)**

Giving our children and young people the best start in life is about establishing those important early foundations for a healthy life, from pre-conception to young adulthood.

#### **Ambition**

We will reduce inequalities and improve health outcomes for children and families.

#### **What is the local need?**

There are many examples of collaboration and delivery already happening in Darlington to improve maternal and child health outcomes, these efforts will continue. Evidence from the JSNA and information gathered through the workshops highlights the following areas of concern in Darlington:

- around 1 in 8 (12.5%) of pregnant women reducing the number of women who smoke during pregnancy
- the percentage of all births recorded with low birth weight and very low birth weight has increased between 2017 and 2021
- reducing the proportion of babies born with a low or very low birth weight
- continue to increase rates of breastfeeding
- supporting children to develop good communication skills and be ready for school
- reducing levels of tooth decay in children
- increasing the number of children who are a healthy weight
- reducing the impact of alcohol harms and substance misuse
- improving the mental health and resilience of children and young people
- reducing hospital admissions caused by unintentional and deliberate injuries

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<sup>8</sup> [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards) Accessed 17<sup>th</sup> July 2024

## **Priorities**

- Pregnancy and early years
- Mental health and resilience

### **What is the difference we want to see?**

We will focus first on:

#### *Pregnancy and early years*

- Reduction in the proportion of mothers smoking at time of delivery
- Address the health inequalities in rates of smoking during pregnancy across Darlington
- Fewer women returning to smoking after they have had their baby, to reduce the risk of harm from second hand smoke
- Build upon the momentum of increasing rates of breastfeeding in Darlington, to ensure this includes the wards which have the lowest rates of breastfeeding currently
- Increase levels of school readiness in children as measured at the end of reception, including for children who have free school meal status and children with Special Educational Needs and Disabilities (SEND)

#### *Mental health and resilience*

- Reduction in the rate of hospital admissions as a result of self-harm in young people (aged 10 – 24 years)
- Halt the increase in hospital admissions as a result of self-harm in girls and young women
- Reduction in the rate of hospital admissions for mental health conditions in young people under the age of 18 years
- Young people who need support for mental health and wellbeing know what services are available for support and how to access them
- Through the continued provision of mental health support teams in education settings a greater number of children and young people will be able to access NHS-funded mental health services

## **Staying Healthy: Living Well**

Staying healthy in adulthood has many benefits, including helping you to participate in day to day activities, go to work, socialise and do things you enjoy in your spare time; supporting good mental health; preventing and delaying the onset of illness and disease which can contribute to people living longer and in good health.

### **Ambition**

We will increase average life expectancy and narrow the gap in life expectancy across Darlington.

## What is the local need?

Many different services are available in Darlington to support people to stay healthy and live well, including sexual and reproductive health provision, specialist support for people to stop smoking or get help with drug and alcohol conditions, NHS Health Checks, leisure services, health screening and immunisation and primary and secondary care services for people who have illnesses and diseases such as mental ill health, diabetes, chronic obstructive pulmonary disorder and high blood pressure.

Life expectancy is a measure of the average number of years a person would expect to live at the time of birth. Data shows that life expectancy has been declining in Darlington (a trend also seen in the North East and England), after a sustained period over recent decades of increasing life expectancy.

How healthy we are and how long we live is influenced by many different things, including our socioeconomic conditions, access to healthcare, the physical environment in which we live and health behaviours. The theme of **Staying Healthy: Living Well** is concerned with health behaviours and risk factors.

Evidence from the JSNA and information gathered through the workshops highlights the following areas of concern in Darlington:

- Life expectancy for men has fallen from a peak of 78.7 years to 77.2 years
- Life expectancy for women has fallen from a peak of 82.5 years to 81.3 years in women
- Within Darlington life expectancy can vary significantly, with data showing an average difference in life expectancy between the best and worst off areas in Darlington of 13 years for men and 10.6 years for women. These inequalities have widened over time
- Healthy life expectancy, a measure of the number of years a person can expect to live in 'good' health, has been reducing in Darlington over the last 5 to 10 years for men and women
- Increasing rates of the chronic health conditions of diabetes and hypertension
- Declining rates of uptake of breast and cancer screening amongst eligible women
- Rates of smoking have increased in people aged 18 and over and amongst routine and manual workers
- It is estimated that 9,900 adults in Darlington smoke<sup>9</sup>
- Obesity in adults has been rising steadily, with 1 in 3 adults in Darlington categorised as obese
- Rates of suicide has increased over time for men and women
- An increasing burden of alcohol harms across a range of measures

Through understanding more about the causes of death which are driving inequalities in life expectancy across Darlington it is possible to take action to address the risk factors which have the greatest impact. This approach will support efforts to reduce health inequalities.

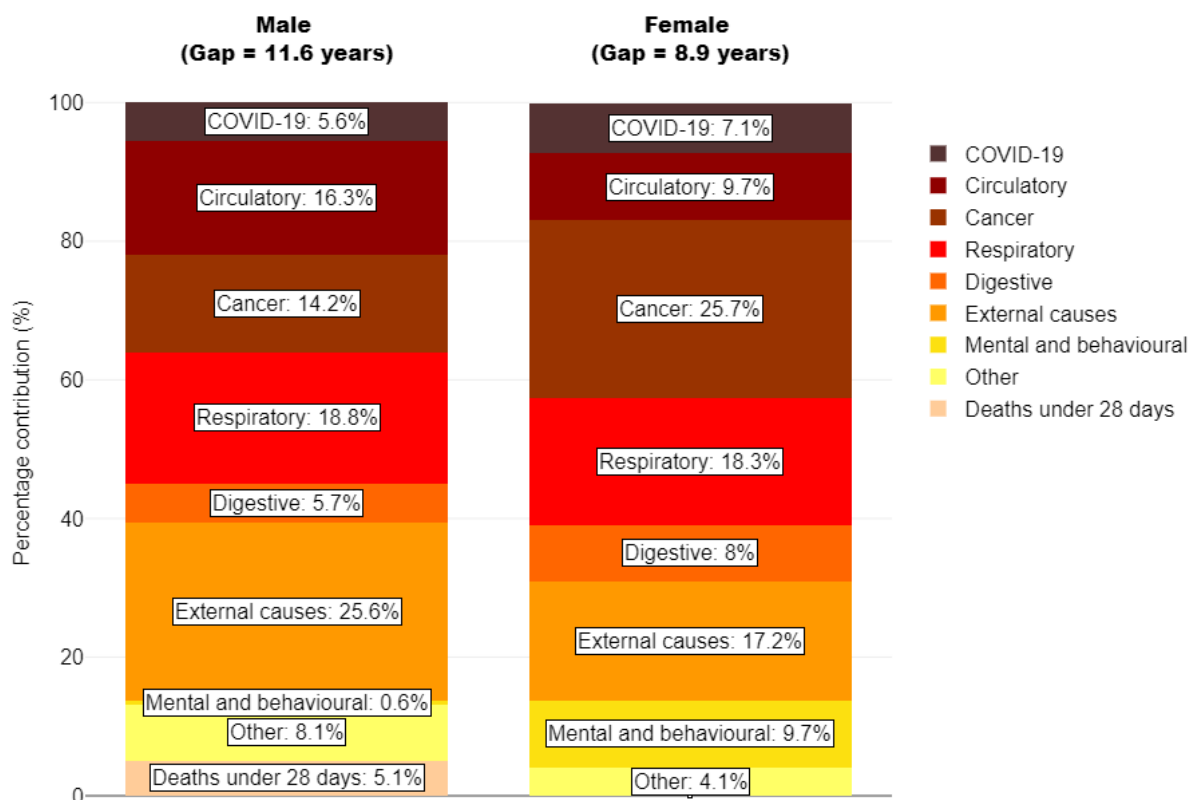
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<sup>9</sup> [ashresources.shinyapps.io/ready\\_reckoner/](https://ashresources.shinyapps.io/ready_reckoner/), accessed 29<sup>th</sup> August 2024.

The charts below show that in 2020-21 the 4 leading causes of death for males in Darlington were external causes (deaths from injury, poisoning and suicide), respiratory diseases (COPD, flu and pneumonia), circulatory (heart disease, stroke) and cancer (particularly lung cancer). Overall, in this time period there were 254 deaths in the most deprived areas of Darlington, 127 (50%) of which would have been avoided if the areas had the same mortality rate as the least deprived areas.

In the same period, the leading causes of death for females in Darlington were cancer (there has been an increase in the number of deaths from lung cancer), respiratory diseases, external causes, circulatory and mental and behavioural (dementia and Alzheimer’s disease). Overall, in this time period there were 237 deaths in the most deprived areas of Darlington, 103 (43%) of which would have been avoided if the areas had the same mortality rate as the least deprived areas.

This highlights that increasing efforts to reduce rates of smoking and support good mental health and wellbeing could have a positive impact on health outcomes and reducing inequalities.



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

### Priorities

- Making smoking history
- Mental health and wellbeing

## **What is the difference we want to see?**

We will focus first on:

### *Making smoking history*

- Reduce rates of smoking in Darlington to 5% or less by 2030
- Reduce rates of smoking in routine and manual workers
- Address the health inequalities in rates of smoking across Darlington

### *Mental health and wellbeing*

- Reduce rates of suicide in men and women
- Increase the number of people with drug and alcohol dependency accessing treatment
- Increase the number of people with drug and alcohol dependency successfully completing treatment
- Support the work of Darlington Mental Health Network to enable greater collaboration and partnership working, using the learning which emerges to strengthen preventative approaches and inform the future commissioning and delivery of mental health services

## **Staying Healthy: Ageing Well**

In Darlington men and women are spending an increasing period of their lives in poor health, which means they may often struggle with day to day tasks, can no longer do things they used to enjoy, are less likely to be able to continue to work and will be suffering from illness or disability. All of this has a very real impact on people, for example not being able to spend quality time with family and loved ones, having less money to spend on bills, essentials and hobbies, being unable to provide informal care giving to others or needing care and support themselves.

This does not have to be the case, if we can enable people to maximise their health going into the period of older age it will be possible to start to shift this trend and reduce the length of time people spend in periods of ill health. Through actions to promote healthy ageing and prevent disease it is possible to reduce or delay the experience of ill health and disability and prolong independence, so people can continue to do the things they enjoy and have a good quality of life.<sup>10</sup>

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<sup>10</sup> Chief Medical Officer's annual report 2023: health in an ageing society, [Chief Medical Officer's annual report 2023: health in an ageing society - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118441/Chief-Medical-Officer-annual-report-2023-health-in-an-ageing-society.pdf), accessed 21<sup>st</sup> August 2024.



Improving the environment for older adults, for example through urban planning and building design, also has an important role to play but is outside the scope of the JLHWS.

A good death (often described as a good end of life experience) is important for individuals at end of life and their families and carers, and it could be argued a reflection of how as a society we care for the most sick and vulnerable. Whilst there are specialist NHS and palliative services which provide this very important support it continues to be the experience of many that we don't have the right language to talk about death and this can sometimes get in the way of making sure people get the right support for them as they approach the end of life. Through people providing care asking about peoples wishes and taking these into account we can help people at end of life care to live as well as possible until they die, and to die with dignity.

### **Ambition**

People in Darlington are able to enjoy a healthy and independent older age.

### **What is the local need?**

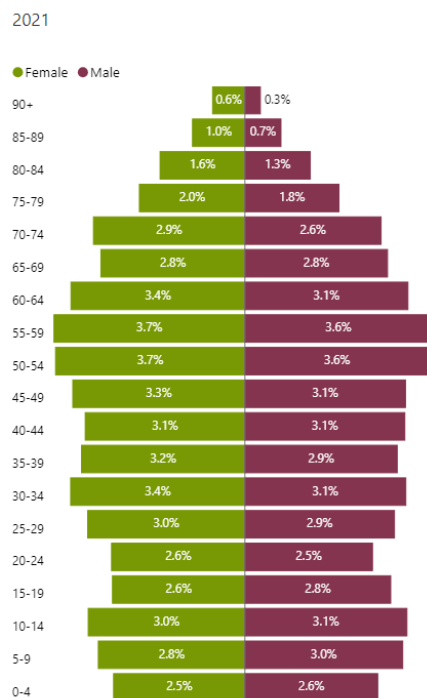
Census data<sup>11</sup> shows that Darlington has an ageing population, the impact of which if nothing else changes would be increased levels of health and social care need. This makes it more important than ever that people are able to stay as healthy as possible for as long as possible, in adulthood and through most of their older age.

Between 2011 and 2021 the average age of a resident in Darlington increased by two years, from 41 to 43 years of age. Over this same time period there has been:

- a decrease of 2.5% in children (477) aged under 15 years
- a decrease of 1.2% in people (848) aged 15 to 64 years
- an increase of 11.7% in people (2,449) aged 50 to 64 years
- an increase of 19.9% in people (3,663) aged 65 years and over
- an increase of 15.8% in people (1,378) aged 75 years and over

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<sup>11</sup> [Darlington population change, Census 2021 – ONS](#)



Evidence from the JSNA and information gathered through the workshops highlights the following areas for action:

- Healthy life expectancy at 65, a measure of the average number of years a person aged 65 years would expect to live in good health, has been reducing over time in Darlington for men and women, although the last data point shows an improvement for men from 8.6 years to 10.5 years.
- Disability-Free Life Expectancy at 65, a measure of the number of years a person can expect to live free from a limiting long-term illness or disability, has been reducing over time in Darlington, for both men and women.
- Life expectancy at 65 shows a small reduction for men and not much change for women.
- Falls are the biggest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes.
- Falls and fractures in those aged 65 and over account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion in England.
- The rate of hospital admissions for falls in all those over 65 years has been increasing over the last 10 years in Darlington.
- The rate of those requiring hospital treatment due to a fall increases with age, with the eldest (over 80 years) having the highest rates of admission.
- Support people at end of life to have a good death.

### Priorities

- Minimise time in ill health

- Maximise independence

### **What is the difference we want to see?**

We will focus first on:

#### *Minimise time in ill health*

- Making Every Contact Count (MECC) embedded within the health and social care sector in Darlington
- Increase in the number of older people accessing health improvement services, including stop smoking support and drug and alcohol services
- Review the offer and uptake of NHS Health Checks to support increased uptake in wards with the greatest levels of need

#### *Maximise independence*

- Develop an integrated falls prevention strategy, for the purpose of reducing falls in older people and minimising the impact of a fall on a person's health and independence
- Opportunities such as Dying Matters awareness week to increase awareness of the importance of supporting people to have a good death and help those working in health and social care to increase their confidence in having conversations about dying and death

### **Healthy Places**

A healthy place is somewhere it is easy to be healthy. This includes having access to green open spaces, good local employment and being able to eat well and be active.

### **Ambition**

We will encourage the development of healthier environments to promote health and wellbeing for all.

### **Priorities**

- Workplace health and good work
- Healthier environments

### **What is the difference we want to see?**

We will focus first on:

#### *Workplace health and good work*

- Develop a Darlington offer for workplace health, including a wellbeing pledge

- Continue to expand the Making Every Contact Count (MECC) approach to local workplaces, to support health promoting behaviours and reduce health inequalities

*Healthier environments*

- Opportunities to address the negative impacts of commercial determinants of health are explored further
- Work with council officers and developers to ensure the Darlington Borough Local Plan requirements for a Health Impact Assessment are met, to support the evaluation of the impacts of proposed developments on health and wellbeing
- The Good Food Local programme is taken forward in Darlington, working with Sustain and the North East Public Health network, to prioritise good food and commit to action on a breadth of food issues

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