

## Levelling Up Darlington – A Proposed Vision and Framework for Action

### Background

The concept of 'levelling up' is high on the national policy agenda. Focussed on regional inequalities across the UK, the approach is intended to address relative economic underperformance, poor living standards and opportunities in areas that feel left behind. A White Paper, due later this year, will outline a range of new central policy interventions which are expected to focus on key headline measures of local economic performance such as productivity, household incomes, labour market and qualifications, and physical infrastructure.

### Why a Local Levelling Up Strategy?

#### Current activity

The council is already working with partners to support deprived communities, for example:

- In March 2021 the council worked with locally companies, Cummins and Darlington Building Society to bring The Bread and Butter Thing charity to Darlington which helps hundreds of struggling families access affordable food every week.
- Public sector agencies in Darlington, led by the council, have come together to form an 'anchor network'. The purpose of the network is to maximise the added social value their suppliers commit to Darlington over and above goods or service being procured, with a particular emphasis on helping local residents in need of support.
- A pioneering multi-agency approach, 'The Northgate Initiative' has been established. Workstream groups, led by relevant professionals from partner agencies, direct action on particular domains which collectively deliver a holistic, systems approach to improving local residents' lives. These domains are brought together in one steering group and provide a template for how a Levelling Up Darlington programme could be delivered.

Outside of the Northgate Initiative, however, work focussing on addressing borough inequalities is often ad hoc and fragmented. A clear local strategy and framework to drive and direct partnership action would ensure both ongoing and new activities can be clearly identified, monitored and shaped.

#### Impact of COVID on local inequalities

In addition to the effects of the pandemic on regional inequalities, Covid-19 has also highlighted and exacerbated significant inequalities *within* places. Whilst health and employment impacts have varied between regions, the starkest differences in measures such as unemployment, mental health and mortality rates have been recorded between the most and least deprived *within* areas, across the country. Analysis by the COVID Recovery Commission, an independent group of UK business leaders, on the impact of the pandemic has shown the most deprived neighbourhoods are found in every part of the country, including in some of the wealthiest areas, and that the pandemic has hit disadvantaged communities hardest<sup>1</sup>; most starkly in the finding that mortality rates from the virus have been twice as high in poorer areas than the richest. The commission consequently concluded that 'a levelling up agenda which targets interventions at the local level will have the best chance of success in reducing long-running inequalities' and that 'to level up will require interventions at a national and local level'.

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<sup>1</sup> <https://covidrecoverycommission.co.uk/wp-content/uploads/2020/10/Levelling-up-communities.pdf>

Consequently, a common theme of researchers analysing the impact of COVID-19 and suggesting how to effectively address these has been to conclude that there is a vital need for strategic, place-based cooperation between local partners, led by the public sector to collectively:

- Develop a shared long-term vision and approach to recovery, ensuring that this includes a focus on addressing health and income inequalities
- Inform how agencies deploy their resources and use any additional discretionary funding
- Action plan, based around best practice and led by evidence

In addition, public sector agencies have long recognised the interconnected nature of the issues they face, and that inequality and deprivation are core drivers of demand and have joined the growing consensus that a place-based approach, bringing together local partners from the public sector, civil society and the private sector, is integral to deliver any meaningful measure of levelling up. One size policies will not fit all areas, and many of the levers to address inequalities and regenerate neighbourhoods rests with local institutions. Our proximity to and experience of working with local communities means we understand where investment is likely to be most impactful and what works to address our particular needs and priorities.

### What is Levelling Up Darlington?

The Levelling Up Darlington Strategy will clearly outline our collective approach to addressing local inequalities and how we will complement action being taken nationally to ensure that all local residents can benefit from it.

### Aims/Principles

The Levelling Up Darlington Strategy will seek to:

- bring partners and stakeholders together around a shared long-term vision and approach to recovery, reflecting and building on the national focus on inequalities in health, opportunities and income
- direct local agencies' action planning and resource deployment, based around best practice and led by evidence
- take a wider determinants approach: rather than waiting for residents to fall into crisis before partners intervene, the strategy will seek to minimise the likelihood of residents falling into needing emergency support by acting upstream to address the underlying causes of poor outcomes and crises and improve households' resilience to manage

### Vision

*Darlington is a place where residents, no matter where in the borough they live, have the same opportunity to make the best of their talents and live*

# *a healthy and happy life as any other part of the UK.*

## Framework for Action

The proposed Levelling Up Darlington framework is a successor to the Local What Works for Wellbeing framework<sup>2</sup> which has been used by the Council and partners for a number of years to direct and measure activity, including the ongoing Northgate Initiative. Whilst it retains the same wellbeing focus and general structure, the new framework has been adapted to reflect the dramatic impacts the pandemic continues to have on residents by incorporating elements of a recovery framework developed by Professor Michael Marmot<sup>3</sup> which reflects priority areas for action and places health equity at the heart of our approach.

As highlighted in the below diagram, the framework is structured around the social determinants of health and outlines a systems approach to tackling inequalities across all of the identified domains.



The draft framework:

- Supports the national levelling up ethos by referencing priority areas of health and income inequalities, as well as local conditions known to impact wellbeing including place, education, work, and communities.
- Provides a balanced and easily readable view of the different elements that support places to thrive, cutting across a range of policy areas to ensure a holistic way of approaching Darlington's priorities
- Is evidence-based; both of the frameworks our approach is based on have been developed using the most up-to-date government evidence on the causes of health inequalities.

<sup>2</sup> <https://whatworkswellbeing.org/resources/understanding-local-needs-for-wellbeing-data/>

<sup>3</sup> <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf>

- Supports understanding of local inequality by providing a suite of robust, valid and representative 'beacon' measures of local wellbeing (Appendix A), aligned to the various headings, allowing us to:
  - o Regularly benchmark progress both across the borough and against regional and national comparators,
  - o Quickly understand what's going well and which areas are experiencing particular challenges, and so
  - o Effectively develop priorities for action
- Can be mapped across to existing frameworks, including those used for the Northgate Initiative programme and Council Plan.



	Beacon Indicator	England	North East	Tees Valley	Darlington		Bank Top & Lascelles	Brinkburn & Faverdale	Cockerton	College	Eastbourne	Harrowgate Hill	Haughton & Springfield	Heighington & Coniscliffe	Hummersknott	Hurworth	Mowden	North Road	Northgate	Park East	Park West	Pierremont	Red Hall & Lingfield	Sadberge & Middleton St George	Stephenson	Whinfield
	AHAH Air quality domain	26.7%	9.2%	14.5%	6.1%		6.4%	6.3%	5.9%	6.3%	6.2%	6.2%	6.4%	4.8%	5.4%	4.9%	5.8%	6.5%	6.6%	6.0%	5.6%	6.4%	6.5%	5.9%	6.5%	6.3%
	Annual Mean Nitrogen Dioxide (NO2) Concentrations							15.6%			19.9%	26.0%	22.6%					19.0%	26.3%	22.2%	26.0%			14.2%		
Communities	Feelings of safety in local area - After dark	79.0%		-	61.1%		44.6%	57.1%	60.3%	71.0%	56.0%	56.5%	61.7%	78.2%	70.1%	81.4%	69.6%	62.3%	58.3%	57.7%	72.4%	58.1%	51.4%	69.6%	51.6%	66.1%
	Feelings of safety in local area - During day	94.0%		-	91.1%		85.9%	87.6%	90.2%	97.0%	94.2%	86.0%	91.5%	94.4%	94.3%	97.7%	93.1%	91.4%	90.9%	88.9%	96.8%	91.0%	84.6%	91.9%	87.8%	94.1%
	People with different backgrounds get on well together	83.0%	84.0%	-	64.9%		50.4%	58.6%	61.3%	70.3%	67.7%	58.3%	68.2%	78.0%	76.2%	70.5%	78.4%	62.6%	72.6%	59.5%	66.9%	69.6%	60.9%	71.9%	58.6%	56.8%
	Antisocial behaviour	26.5%	42.8%	47.2%	32.7%		37.0%	16.2%	30.4%	17.3%	38.1%	12.5%	28.3%	16.3%	13.5%	19.3%	14.8%	44.3%	54.5%	79.3%	34.0%	26.0%	48.1%	20.8%	48.6%	25.2%
Health	Poor health	52.4%	57.7%	57.8%	56.3%		59.8%								60.1%	44.6%		64.8%	50.9%	58.3%		49.5%		55.3%		57.0%
	Bad health	4.2%	5.8%	5.4%	4.5%		5.7%	2.6%	7.0%	2.3%	4.9%	3.6%	5.9%	2.5%	3.2%	3.2%	3.2%	5.5%	5.4%	5.7%	2.5%	3.8%	5.9%	3.1%	7.3%	4.0%
	Low wellbeing in adults	10.5%	13.3%	13.9%	12.9%		10.9%								9.6%	4.5%		25.7%	16.9%	13.7%		8.1%		10.3%		12.6%
	Emergency readmissions for ambulatory sensitive conditions																									
	Obese children in reception	9.7%	10.9%	11.3%	9.8%		13.4%	8.6%	8.8%	11.5%	10.2%	9.0%	10.3%	9.8%	4.6%	9.4%	6.0%	10.9%	13.0%	13.4%	12.4%	5.0%	13.1%	8.1%	13.4%	5.5%
	Obese children in year 6	20.4%	22.9%	22.7%	22.1%		29.7%	19.7%	22.8%	9.2%	27.2%	19.0%	20.8%	16.7%	12.0%	18.8%	12.0%	24.6%	26.9%	27.7%	14.9%	22.2%	32.9%	18.3%	31.4%	17.5%
	Obese adults	24.1%	27.8%	28.1%	27.7%		29.9%	28.3%	30.9%	18.5%	31.5%	30.8%	28.1%	25.3%	22.7%	25.5%	22.7%	29.9%	27.7%	27.5%	21.9%	28.1%	31.1%	25.5%	30.8%	28.7%
	Obese adults (GP data)	10.5%	14.0%	13.5%	14.6%		13.7%								10.2%	9.4%		15.1%	12.0%	18.6%		16.7%		13.1%		14.8%
	Smoking prevalence	14.3%	14.9%	16.0%	15.2%		29.1%								14.5%	7.5%		16.5%	15.4%	15.8%		11.9%		11.3%		13.3%