
**‘HEALTH INEQUALITIES IN DARLINGTON : NARROWING THE GAP’
ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017**

SUMMARY REPORT

Purpose of the Report

1. To share with Health and Partnerships Scrutiny Committee the 2017 statutory report from the Director of Public Health. This is the fourth annual report following the transfer of public health responsibilities from the NHS to local government, as part of the Health and Social Care Act (2012).

Summary

2. Good health is unevenly distributed across our country, our region and our town, and the life expectancy gap between the richest and poorest wards in Darlington is almost twelve years. These and other health inequalities affect our residents at every stage of the life course – in childhood, in adult life, and in old age, with our most disadvantaged citizens consistently experiencing worse outcomes than their more affluent counterparts. This fourth annual report from the Director of Public Health explores the breadth and extent of these ‘health gaps’, and proposes measures to narrow them, drawing on our health assets and working across a number of sectors to address the socioeconomic factors that determine so much of our health and wellbeing.

Recommendation

3. It is recommended that Health and Partnerships Scrutiny Committee note the 2017 Annual Report of the Director of Public Health.

**Miriam Davidson
Director of Public Health**

Dr. Malcolm Moffat: Extension 6205

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report has recommendations to improve the health and wellbeing of the whole population.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All

Groups Affected	All
Budget and Policy Framework	There are no implications arising from this report.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Falls under, 'More people healthy and independent', 'Children with the best start in life' 'More people active and involved' 'Enough support for people when needed'
Efficiency	There are no implications arising from this report.

MAIN REPORT

4. The life expectancy of those living in the North of England, has for the first time in a generation, started to slow down and in some cases reverse. Whilst life expectancy has been falling in the North, it has been improving in the South, increasing the health inequalities across the country.
5. Darlington experiences health inequalities across all indicators related to child health, smoking, alcohol misuse as well as the factors which affect healthy life expectancy. The cumulative impact of health inequalities is a matter of 'life and death'.
6. Some of the most effective changes need to be addressed at a national level e.g. fiscal policy and legislation but local actions that improve equity of access to services and a focus on improving health in vulnerable groups would make an important contribution to preventing further increases in health inequalities.
7. Action can be taken to improve the quality of housing, access to healthy food, safe environment and good working conditions. Alongside this is the potential positive impact of 'normalising' increased physical activity, practising mental health resilience in all settings, 'de-normalising' the extent of the role of alcohol in our lives and 'Making Every Contact Count'.
8. Darlington is rich in health assets e.g. green space, diverse leisure offer and many voluntary and community organisations who provide informal and formal support across the population.
9. The recommendations are set out with the intention of addressing inequality whether at a geographical level or the health inequality which is experienced across protected characteristics including ethnicity, gender, age and sexual orientation.

Annual Report Recommendations

10. The recommendations recognise that health is absolutely linked with wider determinants such as housing, income, education, employment and environment.
11. The report describes inequalities across the life course, structured around best start in life, living and working well and healthy ageing.
12. At a local level, health inequality can be tackled through asset-based community development approaches, there are a number of positive examples of this approach across partners in Darlington.
13. An approach public sector organisations in Darlington could adopt is to consider the impact of key decisions and all policies on both health and healthy inequalities.

Recommendation 1 – Best Start in Life

14. Promote a whole system approach to improve children and young people's health and wellbeing outcomes across all settings.
 - (a) Identification of maternal issues e.g. including smoking
 - (b) Promotion of breastfeeding
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- (c) Provision of quality Personal Social and Health Education (PSHE)
- (d) Implementation of local 'Healthy Weight' plan, including oral health, sugar reduction and promotion of activity
- (e) Living and Working Well

Recommendation 2 - Living and Working Well

- 15. Address barriers to quality employment and promote inclusive growth e.g. Routes to Work and similar initiatives.
- 16. Promote a healthy work force including good mental health e.g. via Darlington Cares, employers network.
- 17. Implement the practice of Making Every Contact Count (MECC), triggering brief conversations about workplace health.

Recommendation 3 – Healthy Ageing

- 18. Take an asset-based approach to older people's health, recognising their contribution and skills and promoting the importance of ageing well.
 - (a) Promote a whole system approach to supporting older adults to remain independent and healthy
 - (b) Recognise the impact of social isolation, fuel poverty, transport and poverty on health and well being
 - (c) Reinforce prevention across the life course recognising the negative cumulative impact of inequalities
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