

**HEALTH AND WELL BEING BOARD  
7 SEPTEMBER 2023**

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**HEALTH INEQUALITIES IN DARLINGTON: THE ROLE OF THE DARLINGTON HEALTH AND  
WELLBEING BOARD**

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**SUMMARY REPORT**

The following report is in two parts; 8.1 is a description of the health status of the population of Darlington with a focus on inequality. The second part of the report (8.2) is focused on the Health and Wellbeing Board in the context of the inequality described in 8.1.

**Purpose of the Report**

**8.1 Health Inequalities**

1. The purpose of the report is to bring to the attention of Health and Wellbeing Board members information about the health status of the population of Darlington with particular focus on how long and how well their lives are led. There are a number of sources of factual information, the purpose of this report is to describe the wider factors that contribute to creating inequalities in Darlington that are evident in a widening gap between communities.
2. This paper and the accompanying presentation provides the Health and Wellbeing Board an overview of the health inequalities in Darlington, contributory factors and how they affect health outcomes in Darlington.
3. Health inequalities are differences in health between people or groups of people that may be considered unfair. There is a social gradient in lifespan; people living in the most deprived areas have on average the lowest life expectancy and conversely, life expectancy is higher on average for those living in areas with lower deprivation.
4. These health inequalities are seen in the North East and in the borough of Darlington. The life expectancy gap between the richest and poorest wards in Darlington is 13 years for men and 10.6 for women.
5. These and other health inequalities affect residents at every stage of the life course - in childhood, in adult life, and in old age with the most disadvantaged citizens consistently experiencing worse outcomes.

**Summary**

6. Inequalities can occur in health outcomes and health care. These inequalities are systematic, avoidable and unfair differences in health outcomes and arise from

inequalities in social determinants of health, risk factors and health care access and provision.

7. Health is absolutely linked with wider determinants such as housing, income, education, employment and environment with health inequalities being driven by inequalities in the broad social and economic circumstances which influence health with a strong correlation to poverty and other disadvantage.
8. Darlington experiences endemic and entrenched health inequalities across all indicators across the life course related to child health, smoking, alcohol misuse as well as the factors which affect healthy life expectancy.
9. Action is needed to tackle the social gradient in health tackling on health inequalities action across all the social determinants of health as well as consciously not contributing to widening existing inequalities due to decisions around policies, service provision, planning or employment, etc.
10. Changes are required at a national level, e.g. fiscal policy and legislation however actions at regional, Combined Authority and borough level that improve equity of access to services and a focus on improving health in vulnerable groups also make an important contribution to preventing further increases in health inequalities.
11. Darlington is rich in health assets including green space, diverse and active communities, a growing economy, flourishing town centre along with voluntary and community organisations who provide informal and formal support across the population. An asset based approach will allow partners and stakeholders to better understand and work with local communities, to join up and coordinate services around identified needs and address those social and economic factors that result in the social gradients within and between our communities that produce health inequalities.

## **8.2 Darlington Health and Wellbeing Board**

12. The Health and Care Act 2022 introduced a change to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs). In this new landscape Darlington Health and Wellbeing Board will continue to play an important statutory role in joint working across health and care organisations and setting the strategic direction to improve the health and wellbeing of our local population.
13. Within ICB areas there is a wide diversity of geography, population size, NHS organisations and local authorities so these are different levels of maturity of establishment. Darlington Health and Wellbeing Board provides a strong focus on place. The core statutory membership of the Health and Wellbeing Board is unchanged other than requiring a representative from the ICB rather than clinical commissioning group.
14. Health and Wellbeing Boards continue to be responsible for assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA). The Board also is responsible for publishing a joint local health and wellbeing strategy (JLHWS) which sets out the local priorities for improving the health and wellbeing of the local population and how the identified needs will be addressed, including

addressing health inequalities. The Darlington JSNA and the Joint Local Health and Wellbeing Strategy are due to be reviewed and refreshed to make sure they are effective tools for decision making.

15. The Health and Wellbeing Board will consider the integrated care strategies (e.g. NHS North East and North Cumbrian Joint Forward Plan) when preparing our own local plan to make sure they are complementary. The strategy will focus on health inequalities and a small number of specific issues that benefit from being tackled at scale. In order to take this forward a Health and Wellbeing Network will be created which will include local charities, businesses and public sector organisations. The purpose of the network will be to provide two-way communication and engagement with the Board which will strengthen the potential of the Health and Wellbeing Board to focus on health inequality and drive partnership working.

### **Recommendations**

16. It is recommended that:-

- (a) Health and Wellbeing Board members note the overview of health status in Darlington, note the narrative on health inequalities and how they affect outcomes.
- (b) Agree a review of the Health and Wellbeing Board “way of working” and support the development of a Health and Wellbeing Network.
- (c) Approve the establishment of a Task and Finish workstream to review and refresh the Joint Strategic Needs Assessment.
- (d) Approve the establishment of a Task Group to review and refresh the current Health and Wellbeing Strategy so it is a “fit for purpose” Joint Local Health and Wellbeing Strategy.

### **Reasons**

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

- (a) It is a statutory duty of the Health and Wellbeing Board to improve the health and wellbeing of their local population and reduce health inequalities and produce a Joint Local Health and Wellbeing Strategy.
- (b) The current Health and Wellbeing Plan has expired.
- (c) To enable the Health and Wellbeing Board to ensure that the ICB’s forward plan takes proper account of local health inequalities and the Joint Local Health and Wellbeing Strategy.

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## Background Papers

- (i) Department of Health and Social Care Guidance - Health and Wellbeing Board. November , 2022

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S17 Crime and Disorder	Not applicable
Health and Wellbeing	The Health and Wellbeing Board has a statutory role to work in partnerships and set strategic direction to improve the health and wellbeing of local people
Carbon Impact and Climate Change	None
Diversity	None
Wards Affected	All
Groups Affected	All, with an ambition to address health inequalities.
Budget and Policy Framework	No
Key Decision	No
Urgent Decision	No
Council Plan	Aligned
Efficiency	No
Impact on Looked After Children and Care Leavers	No

## MAIN REPORT

1. See presentation on Health Inequalities.