

**Darlington’s Health and Wellbeing Strategy**

**2024 – 2028**

**FRONT PAGE**

DRAFT

## CONTENTS

Foreword

Acknowledgements

Endorsement

Introduction

Our Vision

How Will We Work Together?

Marmot Principles

Life Course Data Map

Themes

Best Start in Life (Children and Young People)

Staying Healthy: Living Well

Staying Healthy: Ageing Well

Healthy Places

## **Foreword**

To be added.

Cllr Roche

Chair, Health and Wellbeing Board

DRAFT

## **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

---

<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.

DRAFT

---

<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

---

<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

---

<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**

DRAFT

## 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

---

<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.

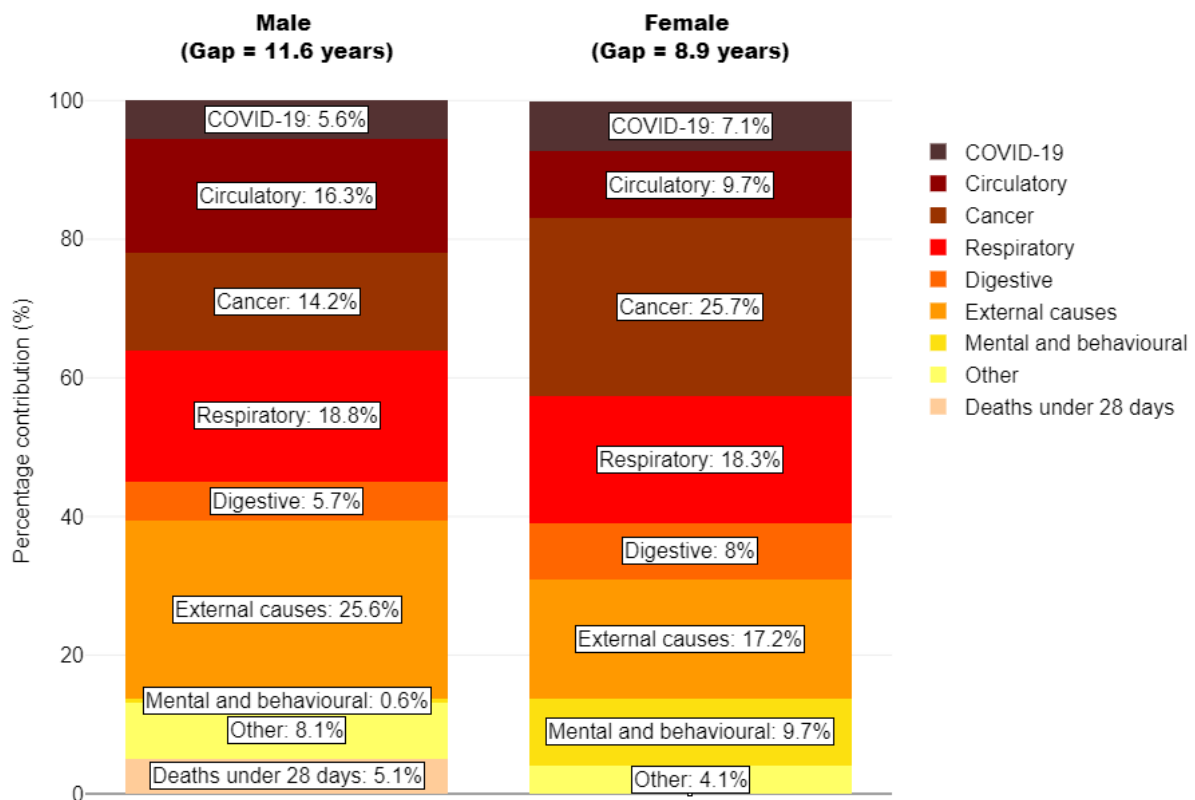
---

<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>

---

<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/118444/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?**

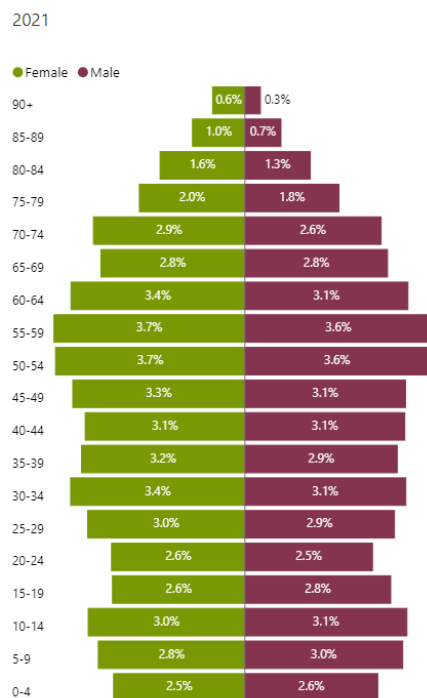
Census data<sup>11</sup> shows that Darlington has an ageing population, the impact of which if nothing else changes would be increased levels of health and social care need. This makes it more important than ever that people are able to stay as healthy as possible for as long as possible, in adulthood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

---

<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

DRAFT