

## **HEALTH AND HOUSING SCRUTINY**

### **3 September 2025**

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## **CHRONIC ILLNESS PREVENTION**

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### **SUMMARY REPORT**

#### **Purpose of the Report**

1. This report provides members with a clear overview of the impact of long-term conditions (LTCs) on Darlington's population. It draws on key national and local data to highlight current challenges and outlines evidence-based actions to reduce the burden of LTCs through prevention and improved care planning.

#### **Summary**

2. Long-term conditions (LTCs) are ongoing health issues that cannot currently be cured but can be effectively managed with the right support. Common examples include diabetes, coronary heart disease, heart failure, and hypertension. In Darlington, the number of people living with these conditions is rising, particularly among older adults. Many are also living with multiple conditions at once, placing increasing pressure on health and care services. This report describes a three-tier prevention model—primary, secondary, and tertiary—each offering a framework for targeted interventions to prevent illness, support self-management, and improve the sustainability of the health and care system.

#### **Recommendation**

3. It is recommended that Health and Housing Scrutiny :-
  - (a) Acknowledge the disproportionate burden of long-term conditions in Darlington's more deprived communities.
  - (b) Note the increasing prevalence of LTCs and projected growth, which will place greater strain on local health and care systems.
  - (c) Endorse a system-wide approach focused on early detection, personalised care, and community-based support.
  - (d) Continue leading efforts to reduce health inequalities and improve outcomes for those most affected.

### **DIRECTOR OF PUBLIC HEALTH**

#### **Background Papers**

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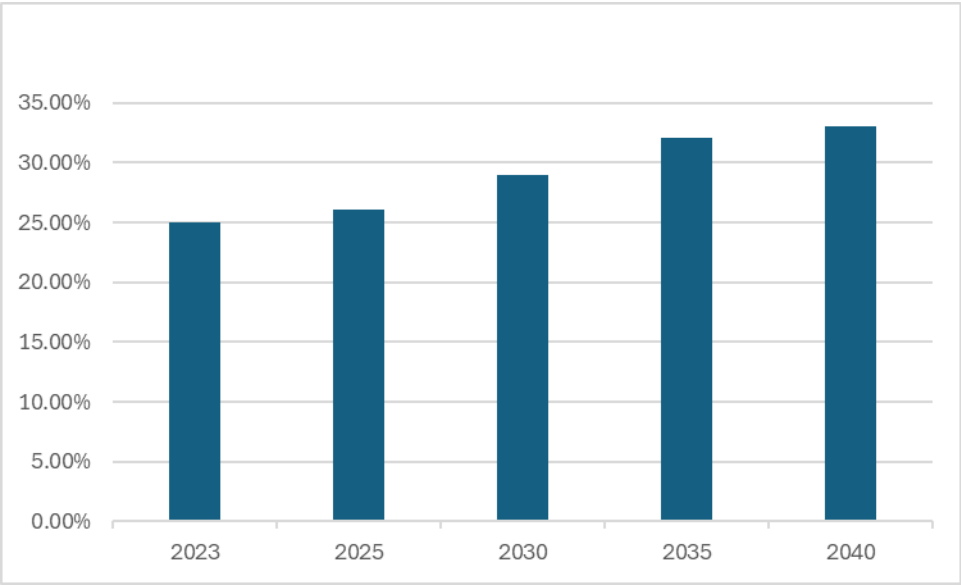
Council Plan	This addresses Council Plan Ambition Living well and Staying healthy
Addressing inequalities	This highlights inequalities in prevalence of those experiencing Long Terms Conditions
Tackling Climate Change	None
Efficient and effective use of resources	Awareness of chronic disease enables the authority to understand where to focus resources where they're most needed
Health and Wellbeing	This report is linked to the Aging Well objective of the Darlington Joint Health and Wellbeing Strategy
S17 Crime and Disorder	None
Wards Affected	All wards
Groups Affected	Those who are affected by long term conditions in Darlington
Budget and Policy Framework	None
Key Decision	None
Urgent Decision	None
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

- 4. The number of people aged 65 and over in England is projected to rise significantly by 2040. While all age groups will grow, the most rapid increase will be among the oldest age groups, particularly those aged 85 and over. By 2040, one in three people in England—approximately 33%—will be aged 65 or older.

Fig 1 population aged 65 and over as a percentage of the total population, projected to 2040



- 5. Living with multiple long-term conditions is becoming increasingly common, with nearly half of those affected managing two or more illnesses at the same time. These complex health needs are more concentrated in areas of deprivation. In Darlington, over one-third of neighbourhoods fall within the 20% most deprived nationally, highlighting elevated levels of need across many communities.
- 6. Lifestyle behaviours continue to shape health outcomes for people with LTCs. Around 18% of individuals with a long-term condition smoke, contributing to more frequent exacerbations and hospital admissions. Carers, who play a vital role in supporting those with LTCs, also report negative impacts on their own health and wellbeing.
- 7. People living with LTCs account for a significant share of healthcare activity: 50% of all GP appointments, nearly two-thirds of outpatient visits, and 70% of hospital bed days. They also represent 70% of total health and social care spending, highlighting the scale of their impact on the system.
- 8. Health conditions in Darlington are unevenly distributed due to a complex mix of social, economic, and environmental factors. The borough faces stark health inequalities, with life expectancy varying by up to 13 years between the most and least deprived areas.

9. These inequalities are driven by factors such as poorer housing, lower incomes, and limited access to services in more deprived areas. As a result, conditions like cardiovascular disease, chronic respiratory illnesses (including COPD and asthma), type 2 diabetes, and mental health disorders are more common in these communities.
10. Deprivation is linked to earlier onset and higher rates of long-term conditions. In Darlington, people in more deprived areas are more likely to develop illnesses such as diabetes, heart disease, and COPD, increasing demand for healthcare. Figure 2 shows the Index of Multiple Deprivation rankings across Darlington, highlighting the areas most affected by disadvantage. These patterns are reflected in health outcomes: Figure 3 shows higher COPD admissions in more deprived communities, indicating the burden of chronic illness, while Figure 4 highlights greater economic inactivity among working-age adults, often due to the impact of living with multiple long-term conditions

*Fig 2 Index of Multiple Deprivation (IMD) Average Rank (lower = more deprived)*

Ward	%
Northgate	3,810
Stephenson	4,559
Park East	4,969
Bank Top & Lascelles	5,287
Cockerton	7,840
North Road	8,172
Eastbourne	9,047
Red Hall & Lingfield	9,603
Haughton & Springfield	11,373
Pierremont	12,207
Whinfield	16,444
Brinkburn & Faverdale	19,768
Harrowgate Hill	20,521
Heighington & Coniscliffe	21,816
Park West	22,370
Sadberge & Middleton St George	23,115
Hurworth	24,554
College	28,102
Hummersknott	29,550
Mowden	31,327

*Fig 3 Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio 2016/17 - 20/21 Indirectly standardised ratio - per 100*

Ward	Value
North Road	231.2056
Cockerton	224.1906
Bank Top & Lascelles	204.4986
Stephenson	189.1993
Eastbourne	177.6084
Park East	168.5457

Northgate	162.8802
Haughton & Springfield	143.6823
Pierremont	132.9206
Whinfield	118.8712
Harrowgate Hill	116.0308
Red Hall & Lingfield	111.9254
College	73.9819
Park West	71.8782
Brinkburn & Faverdale	71.325
Hurworth	58.3054
Sadberge & Middleton St George	50.9989
Hummersknott	48.5385
Heighington & Coniscliffe	42.2798
Mowden	40.16

11. Long-term conditions can significantly limit workforce participation, especially among working-age adults managing illnesses like diabetes and cardiovascular disease. This reduced engagement not only impacts individual financial stability but also poses broader challenges for economic productivity and resilience at a community level.

**Fig 4 Economically inactive: Long-term sick or disabled (Census 2021) %**

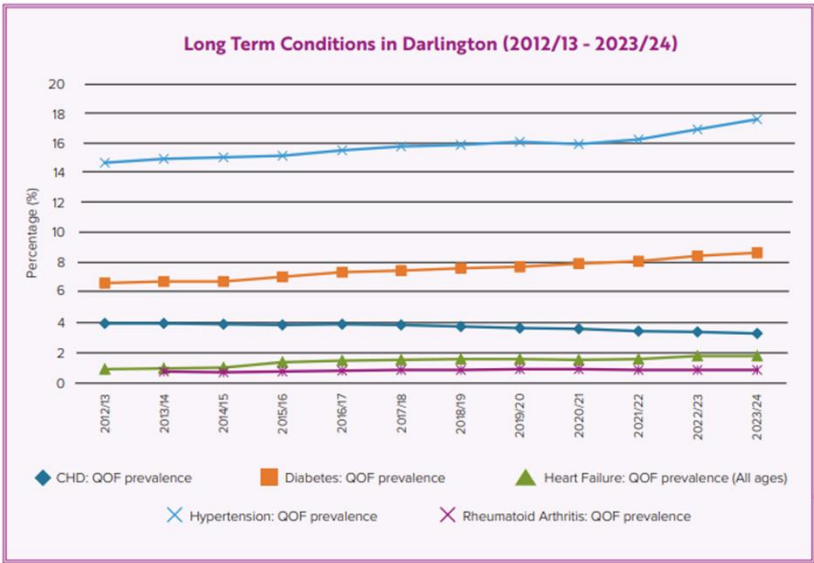
Ward	%
Park East	8.54%
Northgate	7.88%
Bank Top & Lascelles	7.75%
North Road	7.17%
Cockerton	7.12%
Stephenson	6.39%
Red Hall & Lingfield	5.72%
Haughton & Springfield	5.30%
Eastbourne	5.02%
Pierremont	4.95%
Whinfield	4.26%
Brinkburn & Faverdale	3.00%
Hurworth	2.76%
Heighington & Coniscliffe	2.59%
Sadberge & Middleton St George	2.58%
Harrowgate Hill	2.49%
Park West	2.33%
College	1.81%
Hummersknott	1.64%
Mowden	1.18%

12. The prevalence of long-term conditions in Darlington has steadily increased over the past decade. This trend reflects a growing number of people living with one or more chronic

conditions—a pattern likely to continue as the population ages and lifestyle-related risk factors remain.

13. Figure 5 illustrates the rising and sustained pressure on local health and care services, particularly in managing chronic conditions over extended periods. This ongoing trend highlights the urgent need to prioritise prevention, early intervention, and integrated care to lessen the impact of long-term conditions on individuals, communities, and the wider system.

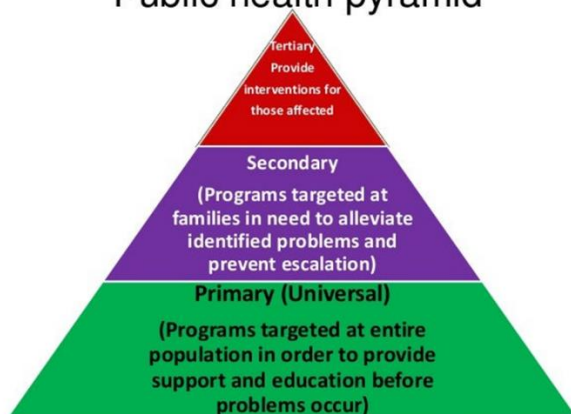
Fig 5 Trends in Long-Term Conditions in Darlington (2012/13- 2023/24)



14. Illness in individuals often results from complex, personal factors that can be addressed through medical advice and behaviour change. In contrast, disease patterns in populations are shaped by wider social and environmental influences, requiring broader, system-level prevention that does not depend on individual choice.
15. A prevention-focused approach to long-term conditions is key to improving health outcomes, reducing inequalities, and easing pressure on services. As more people live longer with multiple conditions, helping them stay well for longer is as important as treating illness. Early prevention, timely detection, and effective management support independence, enhance quality of life, and make better use of local resources.
16. Figure 6 outlines a model of three levels of prevention in public health. Primary prevention aims to reduce the risk of illness through actions like promoting healthy lifestyles. Secondary prevention focuses on early detection, using tools such as screening and health checks to catch conditions early. Tertiary prevention involves managing existing long-term conditions to reduce complications and support quality of life.

Fig 6 Prevention Pyramid

## Public health pyramid



17. In managing long-term conditions, local priorities can be shaped and delivered through multiagency collaboration across all three levels of prevention—reducing risk (primary), early identification (secondary), and ongoing management and rehabilitation (tertiary).
18. Coordinated action across the system—including stakeholders and local communities—is essential to helping people live well with long-term conditions, reduce prevalence, and tackle health inequalities.