

Healthy New Towns Darlington

Annual Report of the Director of Public Health, Darlington 2018/19



“Bringing a healthy life to communities,
bringing healthy communities to life”



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Miriam Davidson
Director of Public Health

Foreword

Welcome to the Annual Report of the Director of Public Health Darlington, 2018/2019.

I am pleased to share the report which is a focus on the Darlington experience and legacy of the Healthy New Towns. In 2016 Darlington was selected as one of 10 programme sites in England, chosen from over 100 applicants. Early thinkers who influenced the bid included Dr Jenny Steel, Timothy Crawshaw, Dr Ian Briggs, Ian Prescott and members of the Red Hall community.

Funding was awarded from NHS England for a programme to explore how the development of new places could improve health and wellbeing through the built environment, healthcare, service design and strong communities.

Our Darlington programme was a complex collaboration across the Council, County Durham and Darlington NHS Foundation Trust, Housing Developer, Academic partner, Digital Technology partner, NHS England, Darlington Clinical Commissioning Group and community leaders.

The NHS funding was key to accelerating plans and resourcing a range of activities, it also provided a 'match funding' to attract support for a number of related programmes.

While all partners were aware that the NHS funding was fixed term, the 'coalition of the willing' brought together the cumulative efforts of partners to improve health and wellbeing. At the final Healthy New Towns stakeholder event in March 2019, system leaders (Sue Jacques, County Durham and Darlington NHS Foundation Trust, Nicola Bailey, Darlington NHS Clinical Commissioning Group, Amanda Riley, Primary Healthcare Darlington and Paul Wildsmith, Darlington Borough Council) gave their commitment to maintaining the legacy of the programme.



Healthy New Towns Steering Group

Local Legacy

- More collaboration - health, housing, planning, digital and better appreciation of the inter-dependencies and contributions each can bring to the health and wellbeing agenda
- Local Plan and policies to influence development over the medium and longer term
- Stronger foundations for developing new care models as a collective approach and greater commitment to delivering integrated care
- Primary care acknowledged as heart of provision but more open to working at scale to build resilience and improved ability to meet the needs of 'Hub' populations
- Red Hall - foundations of community leadership and empowerment
- Lessons learned regarding neighborhood renewal

The Darlington Healthy New Towns partnership was delighted to be shortlisted finalists for two national awards - the LGO in the Public Health (2019) category and APSE Best Health and Wellbeing Initiative (2019).



Acknowledgements

My thanks to the team of people who have contributed to this report -

- Becky James, Public Health Portfolio Lead
- Jon Lawler, Public Health Registrar
- Abbie Metcalfe, Public Health Business Officer
- Ken Ross, Public Health Principal
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- Michael Conway, PA
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- Toni Geyer, PA Support Assistant
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- Special Thanks to Hilary Hall, Healthy New Towns Manager (2017-2019)



Hilary Hall
Healthy New Towns Manager

Actions Arising from the Director for Public Health Annual Report 2017-18: Recommendations

The 2017/18 report set out the following 3 recommendations:

Best Start in Life - promoting a whole system approach to improving children and young people's health and wellbeing outcomes across all settings

Living and Working Well - addressing barriers to employment, promoting a healthy workforce and implementing Making Every Contact Count

Healthy Ageing - taking an asset-based approach to older people's health promoting the importance of ageing well.



Examples of actions contributing to the above priorities include:



Ensuring the Darlington Stop Smoking service includes direct access to a specialist stop smoking advisor for pregnant women

The Local NHS Trusts are working towards becoming Smoke Free in 2019



The Darlington Health Visiting Team

achieved the Gold standard for the UNICEF breastfeeding accreditation scheme

We are working with schools to prepare for statutory Relationship and Sexual Education guidance coming into effect in 2020 and using this as a key opportunity to embed key public health messages

Darlington Childhood Healthy Weight Plan launched, promoting a whole system approach to tackling childhood obesity across the borough. An action plan has been developed as a result of a multi-agency event



We are implementing a phased approach to rolling out Make Every Contact Count training for front line staff within Darlington Borough Council



Work with Community Safety partners, including Voluntary sector, to plan together how to tackle drug and alcohol problems, drug related deaths, suicide prevention and domestic abuse (Big Conversation 2018)

Continued support for health and social care services delivering the Better Care Fund programmes so that people can manage their conditions and live independently

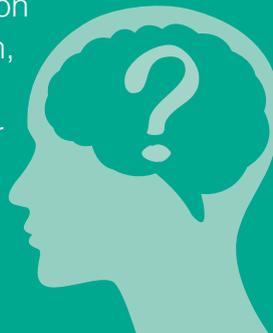
Integration and Better Care Fund



Darlington Sexual Health service offers open access to Prevention, testing and treatment



Healthy Workforce promoted with a focus on mental health, e.g. staff training, peer responders and wellbeing promotion



Joint work with HR and Occupational Health to promote free seasonal flu vaccinations for Darlington Borough Council staff



Chapter 1

What is a Healthy New Town?

The NHS launched the Healthy New Towns programme in 2015 to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality health services.

In 2016 Darlington was selected to be one of ten demonstrator sites, from over 100 applicants. The ten demonstrator sites were at different stages of their development with diverse partnerships, health needs and inequalities.

The national aims of the programme were:

1. To shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people independent;
2. To radically rethink delivery of health and care services, supporting learning about new models of deeply integrated, place-based care;
3. To spread learning and good practice to other local areas and other national programmes.



The programme aimed to drive closer collaboration between Local Authorities, planners, developers and the NHS.

Why was NHS England investing in housing developments and planning?

- Shared agenda in preventing long term conditions and helping keep people independent;
- Significant evidence linking health to environment;
- Healthier individuals contribute to wider economy;
- Planning and housing are key components of a “whole systems” approach to improving health;
- The NHS can improve health and care infrastructure by liaising with developers;
- NHS strategy is increasingly place-based.

The places where people live have an impact on mental and physical health but that impact can be negative and linked to complex determinants of health such as income and education.



Why is the combining of housing and health such a key priority both nationally and locally?

In terms of housing, there is great pressure on local authorities to meet the five-year housing land supply in accordance with the National Planning Policy Framework. However, whilst there has been attention focused on the need to increase the rate of house building because there are problems with under-supply and affordability, alongside this there have also been growing concerns about the quality of the houses under development. The quality of housing can be either a greatly positive or negative contributor to health improvement.

According to the Health Foundation, 1 in 5 homes do not meet the decent standard in England. This goes up to 1 in 4 for private rentals. The King's Fund and National Housing Federation have estimated the cost of poor housing to the NHS is £1.4 billion per year (*Opportunities for sustainability and transformation partnerships*, D. Buck and S. Gregory, March 2018).



Evidence suggests that children living in cold, overcrowded or unsafe housing are more likely to be bullied, to have a longstanding health problem, and be below average in key academic achievement as a direct consequence of living in poor-quality housing (NatCen Social Research 2013). The Marmot Review team found that children living in cold homes are twice as likely to develop respiratory problems as those in warm homes and there are clear effects of fuel poverty on the mental health of adolescents.

Many issues around quality, including daylight, sound reduction, space standards, and amenity space, are not dealt with by current regulations. The All Party Parliamentary Group report 'More Homes, Fewer Complaints' (July 2016) - contains several recommendations including improving the systems in place to check quality and workmanship and developing a new quality culture within the construction industry.

The quality in the built environment must extend beyond the home itself and cover the surrounding neighbourhood. There is wide ranging and robust evidence that green spaces have measurably positive effects on people's health. People living in greener urban areas tend to be happier than people in areas with less urban greenery.

General health questionnaire scores have shown that people living in greener areas experience significantly lower levels of mental distress. There are strong links between the availability of green space and greater levels of physical activity.

Natural capital is one of the key determinants of health, and air quality is one area where great gains can be made. Trees and other vegetation can remove pollutants from the air and reduce atmospheric carbon dioxide thereby improving air quality.

Positive impact on health is gained from promoting physical activity and active lifestyles. Exploring ways of promoting active travel and designing active travel to meet local needs is a key Healthy New Towns principle.

Establishing healthy eating, access to affordable, attractive healthy food is a key element of the Darlington Childhood Healthy Weight Plan which is partly legacy from the HNT programme.



Children in Reception
(overweight including obese)

23.8% Darlington

25% North East

22.6% England

Children in Year 6
(overweight including obese)

33.6% Darlington

37.5% North East

34.3% England



Adults overweight or obese

68.3% Darlington

66.5% North East

62% England

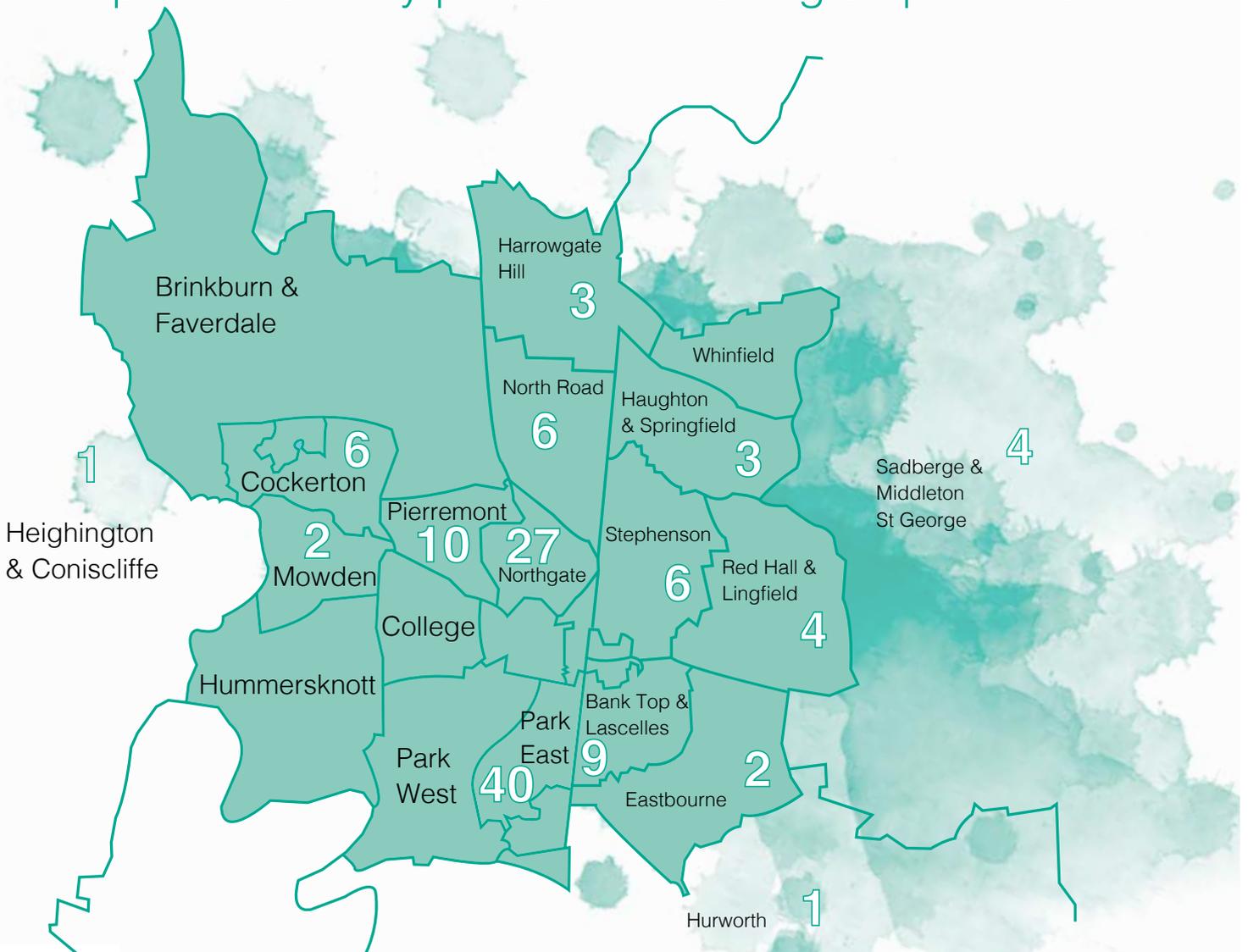
The increasing consumption of out-of-home meals has been identified as an important factor in the rising levels of obesity. Public Health England estimated, in 2014, that there were over 50,000 fast food and takeaway outlets in England.

Information and education are solid foundations for improving diet, however the growing body of international and national evidence is that more structural changes are needed i.e. the quality of the environment is hugely influential.



Over
50,000
fast food and
takeaway outlets in
England

Map 1: Take-away provision in Darlington per ward



How did the Healthy New Towns (HNT) programme fit with our strategic direction of improving the health of local people?

The NHS locally in Darlington was involved in the planning and initial thinking about Darlington as a pilot for Healthy New Towns. Dr Jenny Steel was particularly influential in shaping the original bid.

There is a recognition that the increasing need and demand for health and care services create an increasing cost to the individual and society. Long-term conditions are making a bigger contribution to health spending and hospital bed days.

Care models need to change to take account of the demand alongside understanding the other factors which can protect health, prevent some illnesses and slow the deterioration in health in a range of conditions.

There is an increasing concern about the widening inequalities between the health outcomes of those in the most disadvantaged communities compared with the more affluent and recognition that housing and the environment have a vital role in influencing change.

(Note, see Annual Report of the Director of Public Health 2017/2018, Health Inequalities in Darlington: Narrowing the Gap)

In many ways the HNT programme in Darlington was a natural development of thinking that had already started about taking a place-based approach to population health improvement.

Some of the challenges were:

- Although there was agreement that the current model of care would not be able to meet growing health needs in the future, there was not agreement on what it should look like.
- There was a general belief that harnessing the advantages of digital technology to help manage demand and assist care services to be more user-focused was positive - but needed clarity.
- There was an interest in bringing together local authority plans for housing expansion with health plans for jointly responding to the needs of local communities.

The Darlington (HNT) coalition of the willing

In response to the challenges above a HNT Steering Group was formed, a “coalition of the willing”. This included local NHS partners, some private sector partners, (a national house builder, Keepmoat and a digital infrastructure provider, Inhealthcare) and Council representation of housing, public health and planning. An academic partner joined the Steering Group in 2017.

An initial stakeholder event in 2016 brought together representatives from voluntary and community organisations, Fire and Rescue service, Police, NHS, Council, Education and the private sector.

The “Healthy New Town Conversation” confirmed, in this initial ‘pilot’ phase of the programme, that we would set foundations for a way of working in partnership across Darlington that would leave a legacy that could be built on in future years.

The governance arrangements were approved by each partner organisation, with HNT progress reports shared with the Health and Wellbeing Board, Health and Partnerships Scrutiny Committee and NHS Executive Groups.

The HNT ambitions were broad and long term, although NHS funding was provided on a pilot basis in Year One (2016) and subsequently available two further years, the longer term view was provided by the context of the following strategies:

- Darlington Sustainable Community Strategy (2008-2026);
- Darlington Local Plan (2016-2036) (draft);
- NHS Five Year Forward View and subsequently the NHS Long Term Plan (2019).



Chapter 2

Built and Natural Environment

The Right Context

Our environment and surroundings are important determinants of health, supporting and incentivising activity and exercise, access to open, green and blue spaces, improving air quality and bio-diversity within our borough, enabling connectivity and social cohesion, access to employment, education and opportunities for social interaction and offering connections to facilities and services.

The value of good quality housing and its links to health have long been recognised:

- dating back to the Victorian times and key individuals such as Edwin Chadwick and the 1848 Public Health Act, which instituted major reforms in urban sanitation and public health;
- the 1909 Housing and Town Planning Act which recognised the link between housing squalor, over-density of slum housing and spread of disease;
- the introduction of the Town and Country Planning Act in 1947 (at the same time as the creation of the NHS in 1948) marked the key social values of the era immediately post war - i.e. that the state had a legitimate role in the development of land and the question of betterment, aiming to create a system capable of fulfilling the social, environmental and economic objectives of reconstruction and long term land management.

The HNT programme in many ways builds on that vast evidence base and history of public health improvement.



Pauline Mitchell
Assistant Director
Housing and Building Services
Darlington Borough Council



Before and after Red Hall development

Through the HNT Programme, Darlington Council recognised the opportunity to create the right environment to influence the quality of housing design and development so that it could be a positive contributor to health improvement through a variety of actions.

These have included:

- The assessment of housing needs for the town for the next 25 years and its economic growth plans;
- The designation of potential strategic allocation sites to ensure 5 year land supply;
- The creation of the Local Plan;
- Ongoing relationship development with potential developers within the town as well as plans for its own social housing stock.

As HNT Darlington was established, the Eastern Growth Zone development site was already in the early planning stages. This was the Keepmoat site at Red Hall on the east side of the town, located next to an existing social housing estate which had been earmarked for significant investment over the next ten years to promote regeneration and renewal. It was felt that this provided the ideal conditions for a public/private partnership aligned to achieving the same goals of improving health and social outcomes.

Planners and developers came together to collaborate on a design that would consider how the built and surrounding natural environment could support a health enabling neighbourhood. Keepmoat Homes also embraced this challenge by adapting their existing home designs to reflect life time home principles i.e. because of the way the houses are designed - at little or minimal cost the houses can be adapted to cater to the changing needs of occupants over their life course.



Keepmoat House Opening Ceremony at Red Hall, Darlington - February 2019

Darlington's Healthy New Town Design Principles

Early work began to show real potential for better collaborative design of houses and some key principles started to emerge about what makes a great place in which to live - combining the immense amount of evidence that has been published on this subject nationally along with the more hands on experience of local planners and developers.

The output of that work has been the 6 HNT Darlington design principles that aim to represent high quality place design.

In summary these 6 design principles seek to define what makes a great place within which to live that supports people's physical and mental health and wellbeing. It is having access to:

- **Blue and/or Green infrastructure** - to promote recreation, exercise and activity, play, good air quality, conservation, social interaction spaces
- **Local healthy food options** - through local retail options or facilities to grow your own food
- **Creating a sense of place and identity** - a permeable, legible environment with landmarks, good wayfinding (including for those with heightened needs e.g. dementia), creating a sense of neighbourhood with natural surveillance and community
- **Economy** - good links to employment and education opportunities and to facilitate the needs of the local labour market as economic growth goes hand in hand with new developments, job creation, income flow and wealth creation
- **Social Infrastructure** - healthcare/education, local services and facilities, leisure and retail must be clustered together to create natural local centres within walking distance and which enhance opportunities for social integration and interaction
- **Transport and Movement** - the creation of a hierarchy within the design that encourages walking and cycling and use of public transport rather than a default to the private car and which supports access to employment, education, services and aids connectivity and social cohesion



David Hand
Head of Planning, Policy Economic
Strategy and Environment
Darlington Borough Council

Transport and Movement

- Transport, access and movement must be planned with the following hierarchy:
 1. Walking
 2. Cycling
 3. Public transport
 4. Rail
 5. Private cars, taxis and motorcycles.
- Facilities for those on foot or cycle must be provided in new developments and supported in existing neighbourhoods such as benches, cycle parking and adequate signage.
- Connectivity and safe, well lit, routes between neighbourhoods, local services and schools must be provided for new developments.



Social Infrastructure

- Healthcare, leisure, playing pitches, local services and retail must be clustered together into nodes with adequate public transport connections in local centres identified in the Local Plan.
- Local services, social infrastructure and local facilities must be provided in the first phases of development to establish a sense of community.
- The public realm must be high quality, benefit from natural surveillance and be means to connecting communities to each other and to facilities.
- Developments above a threshold of 100 units must demonstrate that there are local services and access to community facilities within 400-800 m (or 5-10 minutes walk) or that these will be created.



Economy

- New developments must ensure that there is access to good links to employment opportunities and that these are integrated into mixed-use areas wherever possible.
- New employment sites must be well connected to the walking and cycling network and the public transport system.
- New developments must take the opportunity to employ local labour and provide training and skills through their construction.
- Local and town centres should be supported to ensure that the local population can be served, with an emphasis on local centres providing for community needs.
- Flexibility should be built-in to new local centres to allow change of use to commercial over time.



Green Infrastructure

- New developments must protect, enhance and create multi-functional green-blue infrastructure to support human and natural life contributing to combatting the urban heat island effect, tackling air pollution, improving water quality and reducing flood risk. In providing green infrastructure, which should constitute 40% of the developable area the following hierarchy must be observed:

1. Habitats and Ecology
2. Flood and Water Management, and Air Quality
3. Access Recreation and Movement
4. Play and Education
5. Amenity and Landscaping

Local food provision and sports facilities are to be allocated separately.



Healthy Food Choices

- New developments must provide adequate opportunity for local food production either through the provision of private gardens, communal spaces or where there is a lack of provision identified.
- The establishment of hot-food takeaways will be controlled in areas of over-concentration and where close to schools.
- The change of use of existing buildings to facilitate innovative approaches to local food production and distribution will be actively supported.
- Developments above a threshold of 100 units must demonstrate that there are local services and access to healthy food choices within 400-800 m (or 5-10 minutes walk).



Placemaking

- New developments must provide a legible and permeable environment that is easily understood and has clear signage and wayfinding*.
- Existing neighbourhoods and the historic environment must be conserved to ensure that local landmarks and key buildings and features can be used to orientate and be familiar*.
- Public spaces, streets and greenspaces must benefit from natural surveillance with a lack of clutter*.
- Car parking is to be accommodated in such a way so it does not interfere with walking and cycling*.
- The density of development must support good access to shops and services within 400-800m (or 5-10 minutes walk)*.



* Denotes measures that support a Dementia Friendly Environment

Influencing the Local Plan

During the HNT timeframes, detailed work has been undertaken by the council on its emerging Local Plan, underpinned by a health and wellbeing policy, which is due to be examined in 2020. This is a key milestone for Darlington, and may set the strategic framework for developments within the borough for the next 20 years and more. The Local Plan includes specific reference to the improvement of health and wellbeing plan including integrating the 6 design principles within it - setting the bar high for improving the quality of design in future developments.

Health and Wellbeing - influencing masterplans

Developers have been very open to integrating the HNT design principles into their masterplans for the sites and can see the added value of creating health enabling neighbourhoods that are attractive places within which to live. If Darlington can show that good quality design and development in this way is viable - both from the Keepmoat early example and future bigger developments, it helps to build the case for this as a way of working.

It is hoped that the Local Plan can become an exemplar that influences not just Darlington but has wider impact with other local authorities in their planning work. The development sites themselves over time will show just what is possible by joint working in this way and embracing the principles.

Integrating with health



Dr Ian Briggs
JSR Management and
Consulting Services

There has been early sharing of these plans with health colleagues to start the discussions on the implications for health demand and impact on health providers to inform their longer term planning. This is a much more integrated approach than has previously been the case with developers who are keen to understand the likely requirements that could be incorporated into masterplans ensuring appropriate access to services as populations develop over a long timeframe. One way the HNT project has sought to help with improved predicting and forecasting of need, has been to work with Durham University on a predictive model that can be used to model the impact of different growth scenarios - reflecting either a change in model of care, demographics or housing expansion on primary care provision.

Council Leading by Example

The council has also led by example in improving its own council stock. As part of the regeneration work at Red Hall some of the older housing stock was demolished and new houses were built in their place. These are built to a new design and offer better lifetime home principles/mobility standards than has been the case in the past. This improved accommodation has been received very well by residents and it certainly allows much more flexibility, being adaptable to changing needs and keeping people independent in their own homes for as long as possible.

In addition the council has invested significantly in refurbishing its other council owned houses in the area too, improving the look, feel and energy efficiency of the homes to make them cheaper to run and more attractive for residents.

The council now has a major council house expansion programme planned for the next 10 years with 1000 additional houses planned, the majority of which will build on residents' experience and will use the same high quality design. It is important that the council meets the same high standard in terms of modern housing that supports independence and wellbeing.



Example of new houses at Red Hall, Darlington

Contributing to National Learning - influencing policy

National Health Service: England, as a result of its HNT programme nationally and the experience of the demonstrator sites, has established a national developer network and aims to create a Healthy New Town Standard including a **Homes Quality Mark** that is awarded to places that meet the higher standards of design that promote health and wellbeing within the built environment. The work of demonstrator sites, like Darlington, has directly influenced these future plans and has recognised that other wider factors impact on health and wellbeing beyond the delivery of health and care services. The call for 'Garden Community' applications, the upcoming Housing White Paper and the revision of the National Planning Policy Framework are also recognising the value of place making. NHSE has published '*Putting Health into Practice*' - a document that collates learning from across the HNT Programme and all demonstrator sites, in order to help other areas learn about best practice and how to create healthier places - truly recognising the value of place making in improving population health.



Extract from: The NHS Long Term Plan

Appendix: How the NHS Long Term Plan supports wider social goals

Health and the environment

16. Looking beyond healthcare provision, the NHS has a wider role to play in influencing the shape of local communities. Through the Healthy New Towns programme, the NHS is playing a leading role in shaping the future of the built environment. In spring 2019 we will set out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment. These have been developed with a network of 12 housing developers who are committed to developing homes that fit these principles. This covers approximately 70,000 homes over the next 5 years. In 2019/20, NHS England will build on this by working with government to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing. Embedding these principles within local planning guidance would ensure all future developments have a focus on design that support prevention and wellbeing.



Chapter 3

Community Asset Building

Creating healthy communities however, is not just about the built environment, it is very much about the people that live within those neighbourhoods and what they can do to support themselves and others in their communities to become more self-reliant, resilient, to raise aspirations and take advantage of opportunities.

Where did we focus?

The community development work within the HNT Programme has focused on an existing challenged area in the eastern fringe of the town, known as Red Hall. Three factors came together that made it an obvious focal point for this initial work through HNT:

- The identified need for regeneration and renewal of this community.
- The opportunities that the development of the eastern side of the town, with Red Hall at its heart, would bring. As well as the local Keepmoat development neighbouring the existing Red Hall community, there are draft longer term plans within the Local Plan for significant developments to the surrounding areas. This could provide opportunities including additional employment prospects for the existing Red Hall community which has traditionally been isolated on the edge of town.
- The obvious need to address long standing health and social inequalities that were so evident in the area.

The council and partners have sought to work from the grass roots up through the development of a Neighbourhood Renewal Strategy, Regeneration Programme and Masterplan all aligned to focus resources on both place and people to address:

- fuel poverty and energy efficiency of houses;
- image and reputation;
- improvements to housing and infrastructure within the area;
- opportunities for social interaction; and
- a sense of community and resilience.

The key objective of HNT in respect of community development was to provide an opportunity to try out ideas which, if successful, could be rolled out elsewhere in the borough. One of the mechanisms used initially to co-ordinate the work of partners working in Red Hall has been the Liaison Group including: a variety of council services, local councillors, Red Hall residents representatives, Department for Work and Pensions (DWP), Step Forward Tees Valley, Police, YMCA, Keepmoat, Groundwork, Tees Valley Arts and local Artists, Learning and Skills, Red Hall Primary School, Darlington Partnership and Darlington Cares.



Sarah Small
Community Activities Coordinator
Darlington Borough Council

The community of Red Hall is on a journey that will take time; it is a difficult task for a community to move from a place of disengagement - to a place of trust and engagement - and then to active involvement, ownership and activation. Yet there are sure signs that this gradual evolution is taking place and the community is building its community assets and resilience. These are all a key part of a sense of health and wellbeing, a community feeling more in control and connected, with local community leadership, knowing where to access help and also how to become more self-reliant.



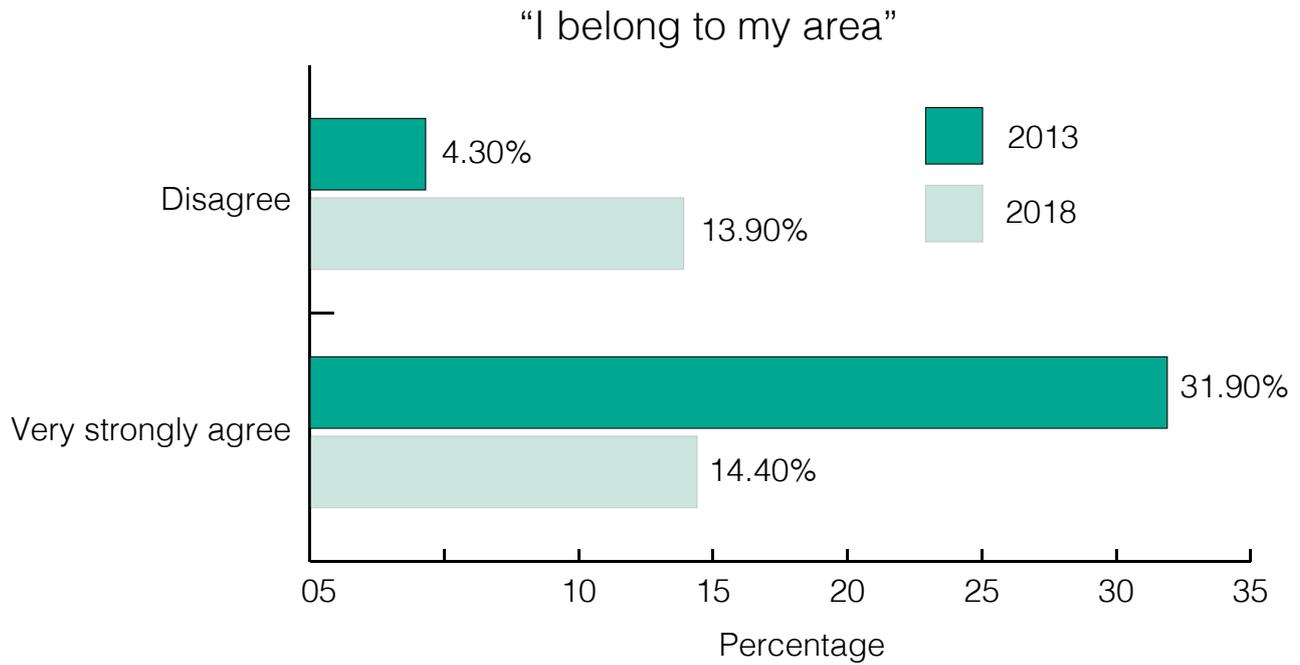
Smoothie bikes

Have we made a difference?

This cannot be borne out quickly through health statistics but through local survey data people are starting to report they can see a difference and Red Hall is feeling more like a community moving positively.

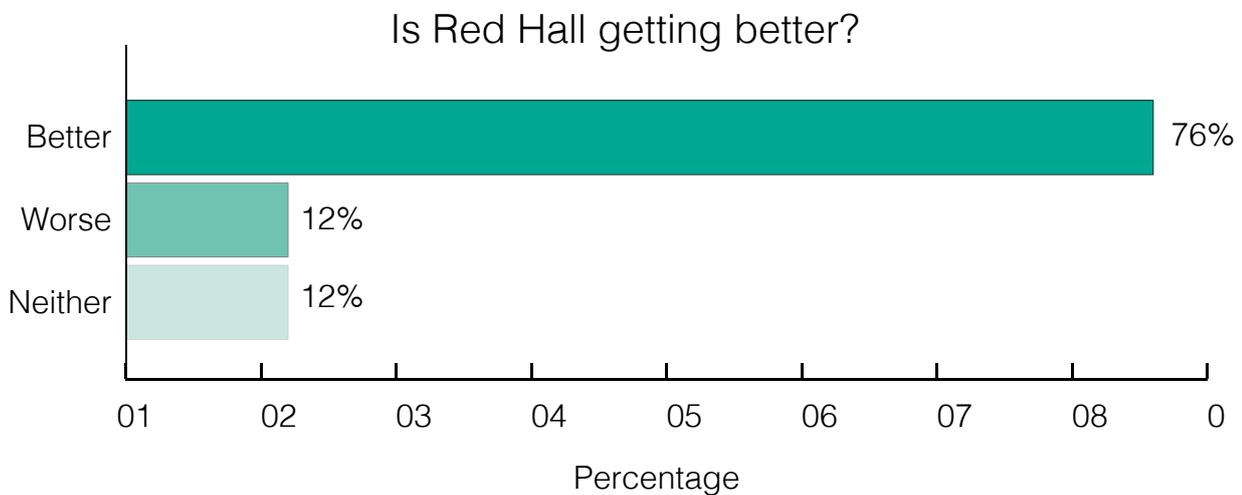
Within the council's community survey undertaken in January 2018 - residents at Red Hall showed an increase in the percentage who would very strongly agree that they belong to their local area compared to 2013:





Source - Darlington Borough Council Community Survey 2013 and 2018 (Red Hall ward)

- This is also borne out in figures from a survey with families at the local primary school in December 2018



Source - School Survey December 2018

It is appreciated that these are snapshots in time but it does indicate that the community is more positive about the area and the community working together which is a good indicator for social interaction, people feeling like they belong and is an important issue in terms of people’s mental health and wellbeing.

A selection of images below capture some of the community activities that have taken place during the lifetime of the HNT project. These have been received well and there is a desire amongst residents for similar opportunities and activities to continue. As HNT national funding comes to an end, there continues to be investment in community development support at Red Hall. There is a priority of supporting local residents to come together to meet, plan activities and events, gain the skills and capacity to bid for external funding sources and develop local resources as these community assets will be key in providing community leadership and support over the longer term.



All ages enjoying the Summer Carnival



Getting fit through Boxercise

Legacy

The HNT project have left a legacy for Red Hall and other communities within Darlington.

A good example is the “holiday hunger” provision first started in Red Hall. This is now increasingly being rolled out to other communities in Darlington based on the experiences of what has worked well at Red Hall. Over the last two years similar holiday club experiences have been delivered to three other areas within Darlington combining not only the provision of healthy food to children that ordinarily would access free school meals during term time but also an extensive range of activities that have encouraged exercise, team work, social interaction and stimulation all in a fun way.

The feedback from both children and parents has universally been very positive and genuinely appears to fulfil a need not just in healthy eating but in opportunities for social interaction and growth that has a positive impact on the whole family.

Darlington Borough Council and partners are trying to build on these early successes to attract funding to expand this kind of provision. Through Darlington Cares, additional initiatives are being supported, harnessing resources and support from within the wider Darlington community, acting together to support this work.

Equally, building on an initiative offering free access to exercise opportunities within the community and support for “Bikeability” within the local primary school, further support will be going into the school to support children to access exercise and life skill acquisition opportunities such as cycling and swimming. This ensures that when the children are offered council provided lessons they are in fact familiar with and confident enough to take advantage of those opportunities. This has often not been the case in the past and can hold children back. These are just some of the ways that the project has been attempting to tackle social inequalities issues.



The HNT project has been committed to a community asset building approach which recognises the people in the community as key resources and assets to support that community develop and grow, building both the resilience and aspirations of its residents for the future. Local ownership is absolutely key and cannot be rushed.

Efforts have gone into trying to support residents develop their own group that can take greater ownership of community development. Indeed various community events, increasingly led by members of the community, have taken place. However, it has to be acknowledged that community development and activation takes time and must be supported from the grass roots up.

In understanding this, community development support will continue to work alongside residents beyond the timeframes of HNT to build confidence, ability and capacity to be able to plan, organise and deliver activities and events by themselves and for themselves going forward. Local residents are showing considerable enthusiasm for this approach.

Spreading the Learning

HNT impact is not just seen at Red Hall but the experiences and knowledge gained through the HNT project has helped to feed into wider borough discussions about priorities for resources going forward. This has included how, by working collectively together through the Darlington Partnership, we can support more challenged communities.



Chapter 4

New Models of Care

As well as influencing the built environment and community development, the HNT project has also included partnership working with local health and care organisations to co-design a new model of care for Darlington that is genuinely owned by stakeholders.

At the outset of HNT there had been some work done to describe new ways of working with a well-attended conference taking place in 2015 across the health, care and wider third sector community, outlining a direction of travel. There was a desire for a more integrated way of working but the challenge was how to overcome some of the key barriers facing the health and care system, and how to start to realise a better, more joined up way of working on the ground.

Various strands of work have been taken forward during the lifetime of HNT.

Developing Primary Care

It has been recognised both locally and nationally that primary care should be at the heart of any new care model. Primary care are the gatekeepers often into the rest of the system and know their registered populations well. However, we face a shortage of GPs as well as other care staff in the UK. An increasing demand for health and care services, changing demographics including an ageing population, the presentation of many more people with multiple long term conditions that require a different approach and the development of new technology means more is possible.

There is also an increasing understanding of the importance of patient education, taking a greater ownership in their care, making self-management easier and providing more convenience for patients.

In Darlington, over the last 3 years there has been a growing acknowledgement that primary care needs to be more resilient, be able to achieve economies of scale through working together and ensure we make the best use of limited resources and skills.



Dr Amanda Riley
Chief Executive
Primary Healthcare Darlington
and Clinical Director of the
Darlington Primary Care Network



Rebecca Thomas
Commissioning Manager
NHS South Tees CCG



Graeme Earl
Business Management Lead
NHS South Tees CCG

Increasingly across the UK, primary care has been starting to work together to better provide for population level management - typically across populations of 30-50,000 working together 'at scale'.

Darlington has been on this journey and the HNT programme supported practices to work together as virtual 'hubs' with an increasing number of initiatives being taken forward at this level. Public health-led needs analysis has developed health profiles for the various hub populations which will help to inform what services are required to be delivered locally at GP practice and hub level and which need to be delivered once at a Darlington level. Good, strong working relationships are key to this way of working. It takes time to develop but the Darlington primary care system is well placed to develop as a Primary Care Network in line with the NHS Long Term Plan.

Integrated Delivery

The development of a new model of care across partners including primary, community, social care and mental health is also providing opportunities to streamline workforce as integration brings the chance to do things once but better, reduce duplication and re-assess how staff are deployed. An early example of this more proactive way of planning and delivering care is the introduction of frailty multi-disciplinary teams and the care home service, which are already having an impact on hospital admissions and the need for unscheduled care.



The introduction of "Wellbeing Navigators" will also help to provide far more holistic care directing patients to a wide range of both formal and informal support that better meet their overall needs. This includes helping to reduce social isolation and loneliness rather than relying on a medical model of delivery. This reinforces that there are wider determinants of health that impact on health over and above the delivery of direct healthcare.

Supporting self-management, choice, convenience and control

Progress has been made with self-management initiatives including achieving some of the best on-line consultation uptake rates in the North East. This has proven to be very popular with patients offering convenience and choice in how they interact with their GP practice staff.

E-consultations

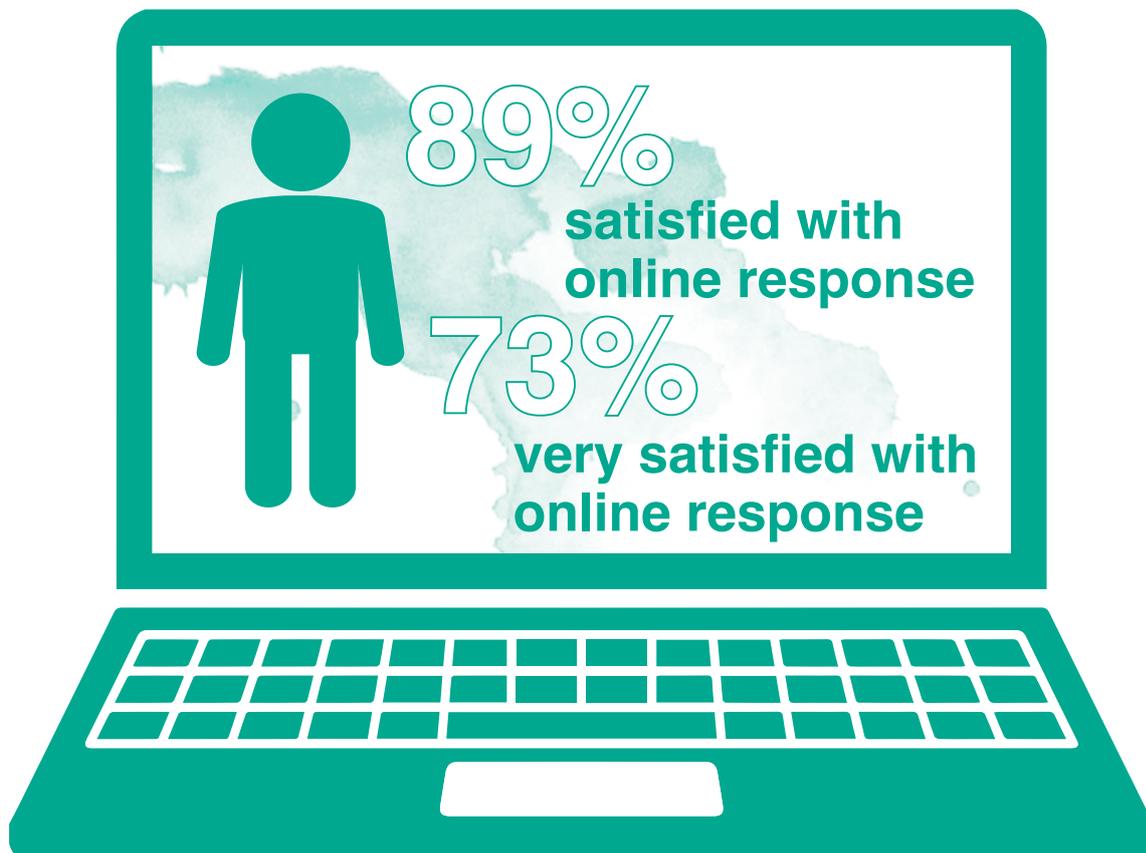
A few quotes from patients are included here which are typical of the feedback received to date:

“It was very convenient for me as a mum of 2 young children to do at home, outside of surgery opening times and I felt that I wasn't wasting the surgery's time as they were able to assess my needs and direct me to appropriate care”

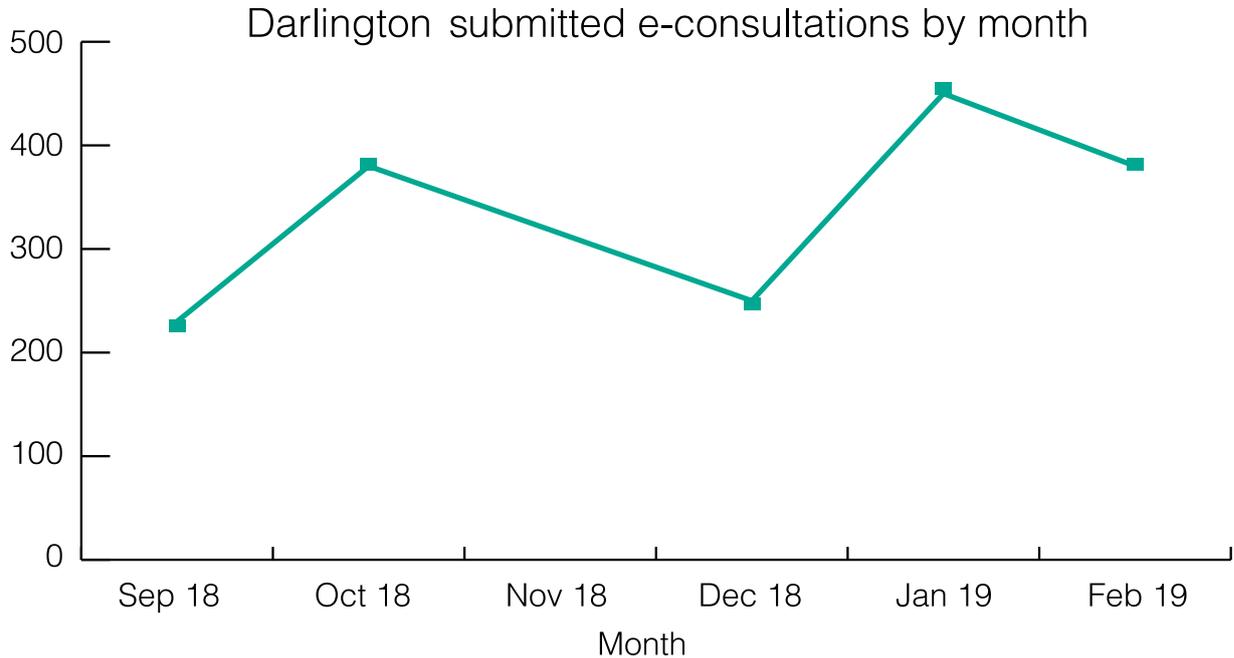
“I didn't need to take any time off work or travel to the surgery. Response was very quick and my question was fully answered”

“I think this is an excellent alternative to seeing a GP. Sometimes you don't want to take up a GP's time and know the solution is simple but previously the only quick way is to contact a GP”

The diagram overleaf shows the uptake in on-line consultations in a six month period and the upward trend. Primary care staff as well as patients gave positive feedback about how this form of consultation makes excellent use of clinical and administrative time whilst still dealing appropriately with the patient's concern. 89% of patients giving feedback in the first 6 months were satisfied with the response to their on-line request - of these 73% were very satisfied.



Darlington online consultations trend since launch Sept 2018



The start of behavioural health coaching for front line staff is helping them support patients, particularly with long term conditions, to better self-manage and take more personal control of their condition. Personalisation, integration and more upstream intervention are key goals for the new model of care work across Darlington, which HNT has helped to support.



Brynn Sage
Chief Executive
Inhealthcare

Digital Enabling

The HNT project started from the premise that we use digital means of support every day in most areas of our lives and yet we don't always harness the advantages of these in delivering healthcare and keeping patients informed and monitored. The key issue in addressing this is the ability to be able to exchange information quickly, securely and efficiently between patient and care professional and between staff groups.

The HNT programme has been instrumental in testing out the technology that can support a secure, clinically-led digital information exchange by working across different care boundaries. Through this work, Darlington partners understand how to streamline clinical pathways and importantly, give control back to residents and patients.



Ian Dove
Business Development Manager
County Durham and Darlington
NHS Foundation Trust

Evidence suggests that an informed and empowered person is far more likely to comply with their care plan and more likely to self-care, whilst knowing they have the back-up of professional support and that they can access information and support in a time and way convenient to them.

Increasingly we need to understand how we can use this technology to intervene and offer support further upstream and prevent health deterioration in the first place.

In the last two years since May 2017 there have been over 10,000 patients using digital health services in Darlington, over 140,000 interactions and over 30,000 appointments have been saved freeing up both staff and patient time, often by enabling the staff member and patient to interact remotely.

This provides a much more convenient service with the patient choosing when and how to send information to the clinician to review. Where digital remote monitoring is available, for example in the anti-coagulation clinic at Darlington, staff have ongoing data available about the patient's condition, not having to rely on the patient's next presentation at clinic and self-reporting.

In the pilot period for this service 71% of patients improved the time they spent in the right therapeutic range so 'digital' has good indications for improving clinical safety. It is also popular with the patients using the service, maintaining their independence out in the community, safe in the knowledge that monitoring is taking place.

over
10,000

Patients using digital health services in Darlington

over **140,000**

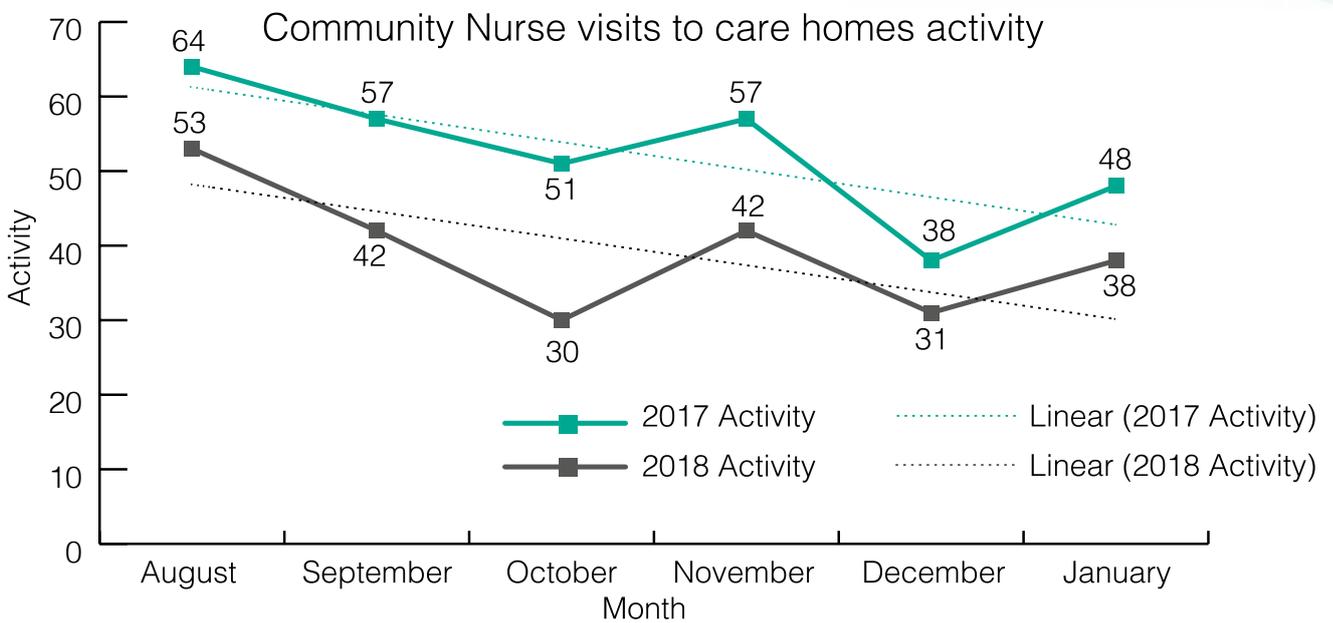
interactions &

over **30,000**
appointments saved



Care Homes

Importantly, digital is supporting new models of care work around integration and maintaining people in their own homes. The results look to be very promising - for example recently a digital e-referral service has been introduced to care homes in the Darlington area, connecting care homes more directly into the community nurse teams. Based on positive feedback and results this service is set to be rolled out across Darlington during 2019/20. In a 'pilot' care home - there has been a 25% reduction in unscheduled visits by community nurses (shown in the diagram below) and 31% reduction in hospital admissions over 6 months (during the hours of operation). Staff are feeling much more supported, this is maintaining residents in their own home, reducing pressure on acute services and reducing unscheduled care.



'Pilot' Care Home reducing unscheduled community nurse visits

HNT Darlington has provided leadership, vision and steer to the now emerging digital network and infrastructure to support the wide-scale implementation of digital pathways across the North East.

Chapter 5

Lessons from Darlington: Healthy New Towns - Evaluation



Dr Victoria McGowan
Author of the Evaluation Report

The Darlington collaboration of local organisations selected an academic partner, FUSE: The Centre for Translational Research in Public Health in partnership with the five North East Universities.

The evaluation design brief emphasised that a systems change evaluation was appropriate for monitoring complex change across partners from a range of sectors.

The academic partner participated fully in the programme (2017-2019) and the full evaluation report is available on the Council website. The evaluation recognises the complexity and ambition of the programme.

A number of the English Healthy New Town sites (including Darlington) with academic partners, have submitted a bid for funding for a longitudinal study to monitor changes over a longer period of time.



Darlington Healthy New Towns Evaluation - Key Messages

Despite numerous challenges during the development and implementation of the Healthy New Town (HNT) programme in Darlington, there is emerging evidence to suggest the initiative is on a journey to improve health outcomes over the longer term.

The programme has facilitated the development of new, and maintenance of existing, partnerships both within Darlington and the wider Tees Valley region which have been fundamental in attracting extra resources to further HNT work.

These partnerships have benefited from the creation of new spaces which have allowed stakeholders to develop innovative new ideas, reflect on emerging findings and adapt the programme accordingly. They have identified key trusted assets at the community level to continue building capacity among residents in Red Hall.

The HNT programme has perhaps been most successful in developing a learning space, although not protected from outside elements, the initiative has allowed stakeholders to develop new ideas, and work through a process of testing, learning, and adapting.

These spaces, for example, have facilitated a cultural shift among GP practices in the area to begin working at scale and in more integrated ways with wider health and social care partners through Primary Care Networks.

Moreover, a significant outcome of the programme has been the inclusion of HNT design principles in the draft local plan for Darlington which, if accepted at examination, will embed health within local policy.

Although the HNT programme has acted as a catalyst to accelerate ideas and innovations that were percolating before the HNT programme was announced, there is a risk that the dissolution of these spaces post-March 2019 will lead to stakeholders falling back into silo working due to existing work commitments. The HNT programme has provided resources and spaces for working collaboratively which should be maintained to ensure the journey to health improvements is realised.

The HNT programme has begun a journey starting from partnership and cross-organisation working, creation of new spaces, and attracting extra resources to facilitate improvements in health outcomes over the longer term.



Key points:

Overall the programme has provided a catalyst for change and facilitated partnership working to take action on the wider determinants of health. However, maintaining these partnerships beyond the life of HNT funding will require strategic leadership and resources to facilitate these positive collaborative networks and ensure the programme achieves the longer-term goals of a more prosperous, healthier, and equitable borough.

The programme acted as a catalyst to push forward innovative ideas that may not achieve clear quantitative outcomes in the short-term. Health outcomes are important, but they lie at the end of a complex causal pathway and may not manifest for some time.

Identifying intermediate factors that are associated with improvements in health and monitor alongside population health profiles were important. Factors such as community cohesion, perceptions of safety, increased employment, and educational outcomes may provide proxy outcomes that are strongly associated with longer term improvements in health.

Sharing learning from Darlington Healthy New Towns

A key aim of the national programme was that the ten pilot sites would share the experiences and learning throughout the programme.

Darlington contributed significantly throughout the three years, presenting and sharing system learning including:

- Presentation at conferences -
Housing;
Public Health;
Town Planners;
Communities and Local Government
NHS events;
Digital Technology events.
- Local stakeholder events were held each year to involve the range of wider partners across sectors, organisations and communities.

Putting Health into Place

Darlington HNT programme contributed to the learning from the full, English Healthy New Towns programme. A publication, **“Putting Health Into Place”** collates the learning from the programme, published as four documents:

- Executive Summary;
- Plan, Assess and Involve;
- Design, Deliver and Manage;
- Develop and Provide Healthcare.

“Putting Health into Place” (PHiP) is based on the learning of the ten sites and was produced by NHS England, The King’s Fund, Public Health England, the Town and Country Planning Association and The Young Foundation.

www.england.nhs.uk/ourwork/innovation/healthy-new-towns



Case Study: Design Principles

From design principles to policy

Like many places, the Borough of Darlington has an ageing population and increasing health inequalities. To address this the council worked with a number of partners and external agencies during 2017 to include six Healthy New Towns design principles in the new Local Plan, these covered;

- Green infrastructure;
- Healthy food choices;
- Placemaking;
- Economy;
- Social infrastructure;
- Transport and movement;

The principles provide a framework against which planning applications will be assessed and have been used across the borough in planning and development management¹.

Applying the principles has been challenging where viability is marginal (value generated by the development is more than the cost of developing it), but they produced an early win: Keepmoat Homes used the principles in their design and access statement to support the planning application for the Red Hall Fairway development, demonstrating their real-world application.



¹ <https://www.darlington.gov.uk/health-and-social-care/healthy-new-towns/>

Case Study: Primary Care at Scale

Developing 'primary care at scale'

Darlington has strengthened primary and community care by clustering 11 local GP practices into three virtual hubs, each covering a population of between 30,000 and 50,000.

The hubs are working towards developing a Primary Care Network which will span the population of Darlington. In each hub, practices will work with other health and social care professionals to develop new services and pathways.

The hubs also provide a platform for working together on workforce development and technology, and for sharing premises, back office and other resources.

The hubs build on a strong history of partnership working in Darlington and a vision created through dialogue with all partners, including listening to patients about what is important to them.

Tangible changes made so far as a result of the development of primary care hubs, include giving people extended access to GP services outside core hours, seven days a week (delivered by the local GP federation from one centrally located hub), and trialling online consultations in eight of the 11 practices.

Furthermore community services have been re-procured in order to wrap teams around the needs of neighbouring populations.



Case Study: Digital Technology

Using digital technology to support self-management

Health and wellbeing services in Darlington have used digital technologies to collect clinical data remotely, avoiding the need for patients to attend an appointment. This was successfully trialled with patients taking warfarin (often prescribed to people at risk of developing a blood clot) and those at risk of malnutrition and under a dietician's care.

Anyone taking warfarin needs to have their INR levels tested regularly. INR - international normalised ratio - is the standardised measurement of the time it takes for blood to clot. In Darlington a digitally enabled INR pathway places the monitoring of INR levels in the hands of the patient through a digital device that remotely reports back to the primary care provider.

This change has had two primary impacts:

- Empowering patients to take control of their own health outcomes. This has resulted in more people keeping their INR levels within safe limits, and the risk of stroke decreasing.
- Reducing pressure on primary care by avoiding the need for frequent check-ups in general practice.

Implementing the new approach to INR testing and other digitally enabled pathways has exposed several potential barriers to change, including challenges associated with linking up IT systems across the different organisations involved. One of Darlington's core principles has been the use of open platforms based on national interoperability standards to allow data to be moved between different systems used by health and care providers. This supports better integration across organisations and more patient-centred care.

Key successes reported across the digital projects in Darlington include:

- patients feeling better supported and cared for
- improved clinical capacity due to improved triaging of patients and ability to plan caseloads
- patients meeting their goals more quickly
- improved self-management.

Patients using the digital INR pathway have said they value the freedom, control and knowledge they have gained regarding their condition.

Case Study: Landscape Architect



Ian Prescott
Land and Partnership Director
Keepmoat Homes

Long Term Benefits of Healthy New Towns

Long Term Benefits of Healthy New Towns encompass a range of elements which can be created through the landscape design of residential developments. When a client agrees to support the landscape design consultants, alongside other environmental professionals, such as ecologists, and promote these disciplines, Landscape Architects can work alongside other built environment professionals such as architects, engineers and transport planners to provide solutions to problems which offer an holistic response to problems. Direct long term benefits of Healthy New Town design include:

- High quality and attractive streetscapes - space for trees and verges as well as consideration of the sense of place which will result
- When a streetscape is attractive, it tends to be well used and therefore well activated . As a result it feels safe and residents enjoy it as their own.
- When residents feel safe and populate a space they take pride in it, don't drop litter, children are raised to value their environments and a healthy cycle of respect begins.
- Safe and enjoyable spaces are well used. When spaces are well used, people meet and a real sense of community begins to develop - families with children in the play spaces, choosing to walk to school or the shops through safe and active streets, residents get fresh air and exercise improving both physical and mental health.
- Opportunities to meet result in conversations, a sense of being rooted in a neighbourhood and a real community develops.

As Landscape Architects we have noticed that Keepmoat encourage early inclusion of our skills within their design teams, when considering a development. They also support the principles of sustainable design and encourage the landscape consultants to take an active and early role in guiding the design of residential development.

Southern Green, Landscape Institute Award Winners

