

Building Blocks for Good Health in Darlington



Annual Report of the Director of Public Health
Darlington 2013



Contents

	Page
1 Welcome and Recommendations	1
2 Building Blocks for Good Health - Demography	2
3 The Best Start - Children & Young People's Health	3
4 Protecting Health - Health Protection	5
5 Protecting Health - Inequalities and Health Protection	5
6 Building Better Health Outcomes - Disease and Poor Health	6
7 Small Changes Make a Big Difference	7
8 Building Better Health Outcomes - Health & Lifestyle	8
9 Building Better Health Outcomes - No Health without Mental Health	10
10 Building Better Health Outcomes - Growing Older, Ageing Well	11
11 Small Changes Make a Big Difference	12
12 Building Better Health Outcomes - Working Well	14
13 Building a Good Life - Improving Health in a Fairer Way	15
14 Small Changes Make a Big Difference	16
15 Building a Good Life - Building Resilient Communities	17

Acknowledgements:

Thank you to the people who provided information and helped me with the production of this report. This includes the following:

David Allaway, Jean Armstrong, Lynda Bosanko, Nathalie Carter, Jenny Dixon, Barbara Harris, Paul Hindle, Judith Hurst, Kate Jeffels, Andrea Jones, Neale Kipling, David Landes, Helen Leake, Shaun Marshall, Seth Pearson, Debbie Reynolds, Jacqui Robinson, Ken Ross, Janet Walke.

Building A Good Life



- ◆ Resilience is the capacity of people to deal with life's challenges – key factors that affect resilience include activities that promote wellbeing and building social capital.
- ◆ Actions that promote wellbeing are not just an individual responsibility, they can be shaped by communities coming together to promote opportunities for being active, connecting, continuing learning and looking after their environment.
- ◆ Building social connections is a strong factor in promoting wellbeing, the Council, service providers and community groups can make a positive impact.

Investing together: Value for money

- ◆ Local services should be planned by agencies working together, with common aims and measures to reduce health inequalities.
- ◆ The financial pressures on public services increases the need to make the most efficient use of all resources.
- ◆ The Health and Wellbeing Board is testing the extent to which integrating health and social care will address health inequalities.



Small Changes Make a Big Difference



David Allaway, Mayoral Support Officer:

“ I play golf at least once a week and also practice and although some may think that is a stroll, you should see the way I play - especially in the winter a good walk ruined over three hours.

I also try to walk our dogs if not three times a day then two very good walks. Eight legs of trouble and they don't like to hang about, so everywhere is in double quick time.

Yes, I am sure I could sometimes do more, but, like many, work and other commitments this year has not allowed time for me to go swimming but one hopes to start that again in the new year and keep up my other activities. ”

Judith Hurst, PA to Leader of the Council

“ Nordic Walking is a great way to exercise whilst on-the-go.

It not only provides fitness in equal amounts to the upper and lower body, it stimulates conversation within the group walking together and is a good way of meeting new people.

Nordic Walking burns far more calories than some gym-based activity (average 800 calories in just over an hour) and the pace can be adapted to many levels of fitness.

There is a drill/technique to Nordic Walking to ensure the best way of working the

” body.



Building Blocks for Good Health

Welcome

Welcome to my first annual report following the Health and Social Care Act 2012 which has given local authorities responsibilities and funding to lead public health at a local level.

My role, along with the public health team, is to provide leadership, advice and support to achieve improvement in health, influence the factors that cause differences in health and provide an assurance role for health protection.



My independent report describes the health issues we face in Darlington and proposes the key 'Building Blocks for Good Health' for people of all ages.

The aim is for people in Darlington to live longer, and with a better quality of life. We continue to see persistent inequalities in life expectancy between communities in the Borough which need to be addressed by individuals, social networks, the NHS, the Council, voluntary and community sectors and many other partner organisations.

Miriam Davidson
Director of Public Health, Darlington

My Recommendations for 2013:

Recommendation 1

Focus on interventions to provide children the best start, support women and families to stop smoking, take a life course approach to obesity, continue interventions to reduce teenage pregnancy and raise awareness of alcohol related harm.

Recommendation 2

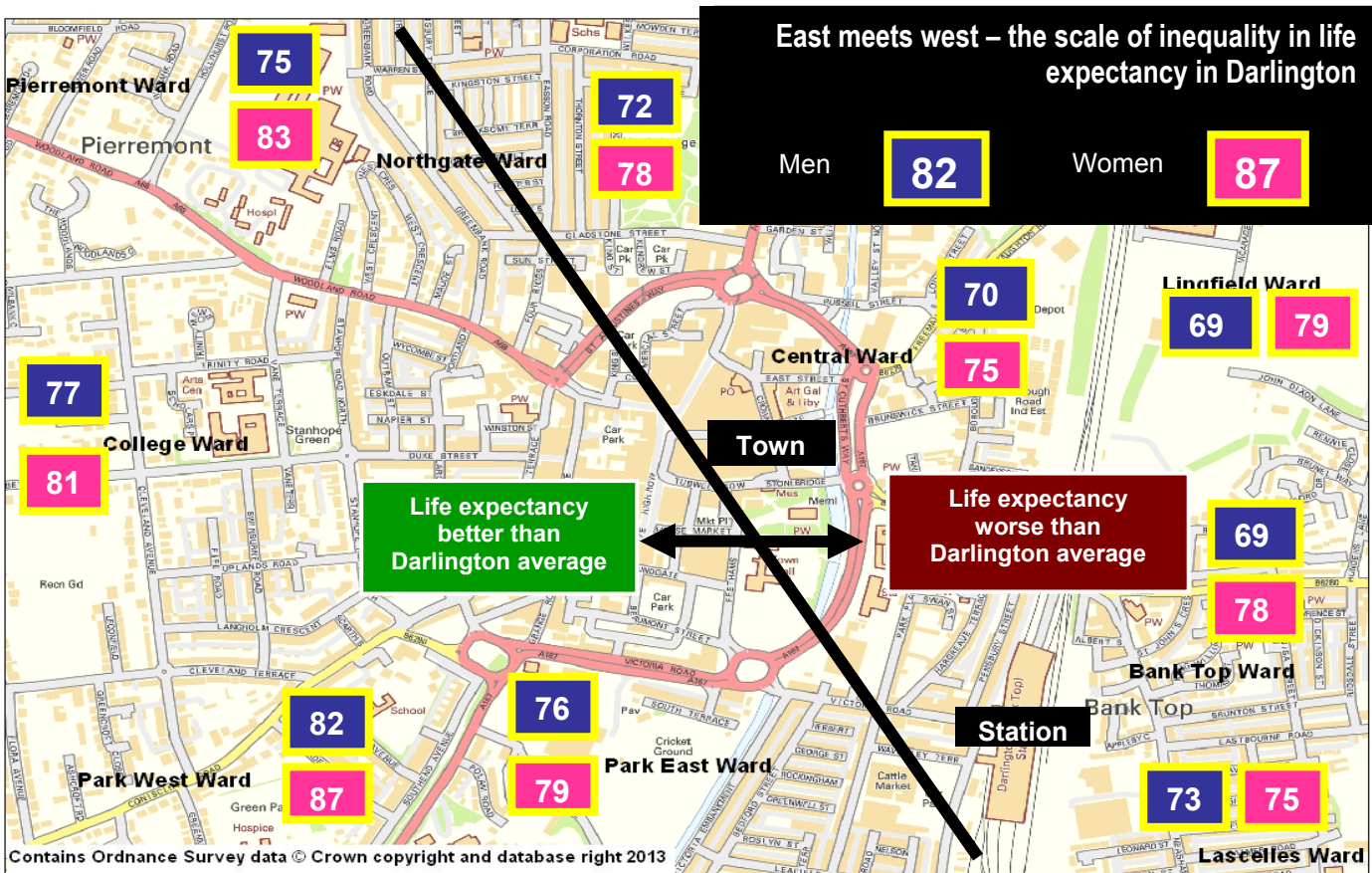
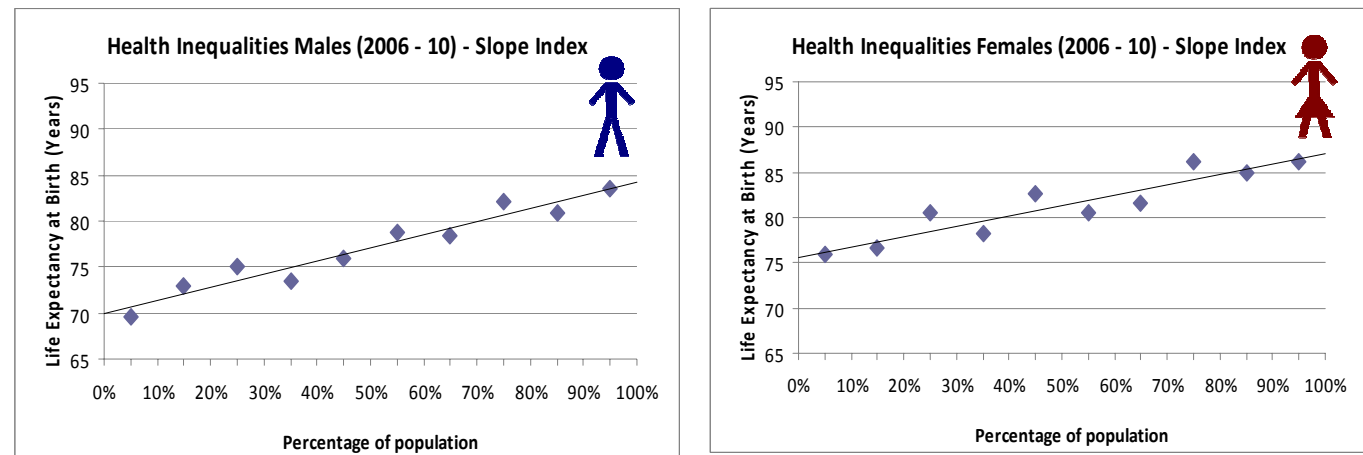
Build better health outcomes by addressing the causes of early deaths, by reducing the use of alcohol and tobacco, promoting physical activity and improving diet. Efforts should be escalated in areas experiencing poorest health outcomes. When commissioning programmes, reflect the principle that good mental and emotional wellbeing is required to lifestyle/behaviour change. As our population ages there should be a focus on the prospect of an independent and active old age. Recognise the role of health protection in addressing health inequalities and develop a local forum to ensure appropriate measures are in place.

Recommendation 3

Focus on interventions to build a good life by improving health in a more fair way, redesign public health provision to be more integrated, aimed at building self-care and resilience. Support communities using an asset based approach with a focus on reducing social isolation.



Demography



- ◆ There is wide variation in the experience of health and wellbeing and ill health and early deaths within Darlington.
- ◆ Men from the least deprived areas of Darlington live nearly 15 (14.6) years longer than

Improving Health in a Fairer Way



- ◆ There are many things that influence our health and while recognising the role of individual lifestyle choices, this section refers to broader social-economic conditions.
- ◆ The wider determinants of health include housing, water and sanitation, unemployment, work environment, food production and availability, leisure opportunities, education, community networks and access to health care services.
- ◆ Darlington achieves significantly better than the England average in rates of statutory homelessness and GCSE attainment. It is similar to England in levels of violent crime and children living in poverty.
- ◆ People in rural areas can be experiencing inequalities that may not be easy to identify.
- ◆ Men from the least deprived areas of Darlington live nearly 15 (14.6) years longer than those from the most deprived areas and the difference for women is nearly 12 (11.6) years.
- ◆ Health inequalities are caused by the complex interaction of many factors all of which are strongly affected by economic and social status. Action, therefore is required across all the wider determinants of health.



Working Well



- ◆ The workplace is a setting where there are opportunities to provide employers and employees support and information to positively influence choices to improve health. The wider community is potentially influenced through the social networks of the employee i.e. family and friends.
- ◆ Recorded figures for sickness absence in Darlington are similar to the England average.
- ◆ Employers of all sizes and across sectors can access the support provided by the Darlington Investors in Health Award or the North East Better Health at Work Award.
- ◆ In the last 12 months six businesses achieved Bronze for the Darlington Investors in Health award and six new businesses have joined Better Health at Work Award.



Darlington Cares is a partnership of the town's leading employers committed to making Darlington a better place through a coordinated approach to corporate social responsibility and employee-volunteering.

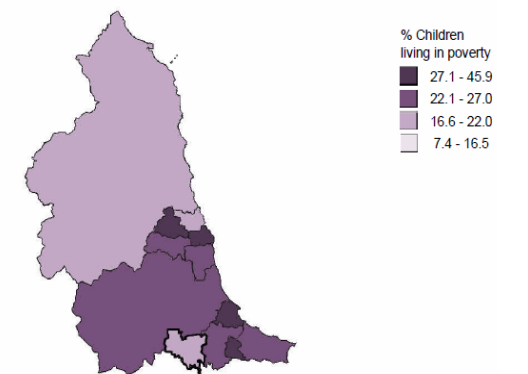
Children & Young People's Health



"Disadvantage starts before birth and accumulates throughout life."
Professor Sir Michael Marmot

- ◆ The level of child poverty (21.3%) is similar to the England average.
- ◆ Infant mortality rates are low, lower than the England average, however a focus is needed on a healthy pregnancy and support for families.
- ◆ The percentage of mothers smoking in pregnancy (19.6%) is significantly worse than the England average (13.3%). Darlington is one of the first Councils in the North East to commission the **Baby Clear** pilot which provided women and families with intensive support.
- ◆ The National Child Measurement Programme indicates that we have average levels of obesity overall in our children however by Y6 levels vary within Darlington and a whole life course approach is needed.

Children living in poverty
Map of the North East, with Darlington outlined, showing the relative levels of children living in poverty.



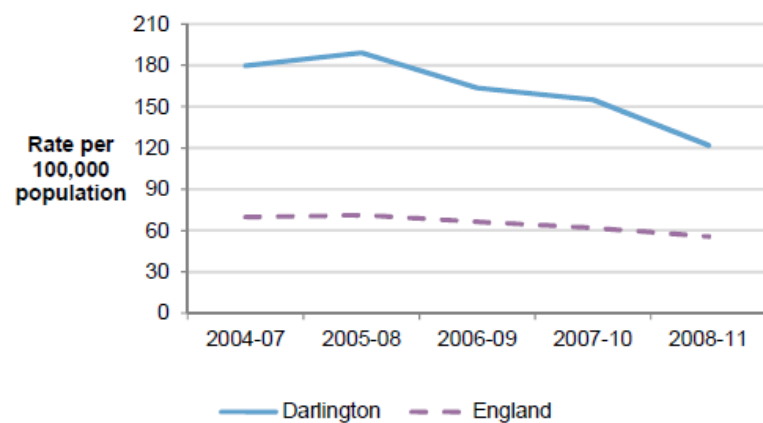
The Best Start - Children & Young People's Health

- ◆ 63.7% of women started (initiation) breast feeding in 2011/12, an increase on the previous year but continues to be a long way from the English average of 74.8%. Exclusive breastfeeding at 6-8 weeks in Darlington falls to 26%, (2010/11).
- ◆ A reduction in teenage (under 18 years) pregnancies is central to improved outcomes for young women and men. Although rates are reducing Darlington rates of teenage pregnancy remains significantly higher than the England average.
- ◆ Darlington has been an outlier for alcohol – specific stays for under 18 yrs but the Local Alcohol Profile shows the rate has been decreasing steadily. Investigation and action will be continued, including the Social Norms Survey in Darlington schools as the basis for positive messages.

Young people and alcohol

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

In comparison with the 2004-07 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose has decreased in the 2008-11 period. Overall rates of admission in the 2008-11 period are higher than the England average.



Data source: Local Alcohol Profiles for England, North West Public Health Observatory

- ◆ The latest survey of dental health and five year old children shows that 29% of the children examined had experienced dental decay. There are wide variations in the Borough, it ranges from 40% or more in the most deprived areas to 15% in least deprived areas. Prevention of dental disease is based upon controlling sugars and use of toothpaste - out reach oral health promotion particularly in Early Years settings is an effective strategy.
- ◆ GCSE achievement has been steadily improving, is higher than the England average and a focus remains on the attainment gap between vulnerable groups.

Small Changes Make a Big Difference



Neale Kipling, Policy Officer

“ I have been training for over 25 years since I joined Wear Valley Council, working with three people who all did some kind of keep fit. It rubbed off on me and I was encouraged to start too. I used to go with my uncle to a "Super Circuit" class at a local gym and got hooked on exercise to music and have never stopped. The classes have changed over the years but the enjoyment hasn't. Keeping fit has become a routine in my life for the reasons that it usually revitalises me on those days that I'm not feeling great and gives me a sense of achievement. My tips are, give different exercises a go to find the ones that you like, mix your exercises to keep it interesting and get an all-round workout and always pack your bag the night before! ”

Jacqui Robinson, SEN Information and Systems Manager

“ I run as a stress relief tool and firmly believe in my ASICS trainers (ASICS, an acronym for the Latin phrase "anima sana in corpore sano", which translates "a sound mind in a sound body") to achieve my own sound mind in a sound body. ”



Small Changes Make a Big Difference



Nathalie Carter, Public Health Practitioner

“ In my spare time I do a lot of cooking and baking and try to find healthy alternatives to traditional recipes.

I ran a mini pop-up restaurant at the Festival of Thrift recently as I believe that good quality food doesn't have to cost a lot!

The last dessert I made was a 'home-grown' apple crumble with apples from the Director of Public Health's garden!

As a treat I sometimes bring things I have baked into the office but make sure I walk to and from work to walk it off! ”

Shaun Marshall, Sport & Physical Activity

“ I choose to take part in sport because it raises my own self-esteem, it is very rewarding and I believe it is important to challenge yourself physically and mentally in order to become stronger as an individual.

I keep active by playing football weekly with friends as a social activity, I often cycle to work and perhaps my current greatest achievement so far was in Manchester on 28 April 2013 when after 6 months of intense training I ran my first marathon in under 3 hours and 45 minutes.

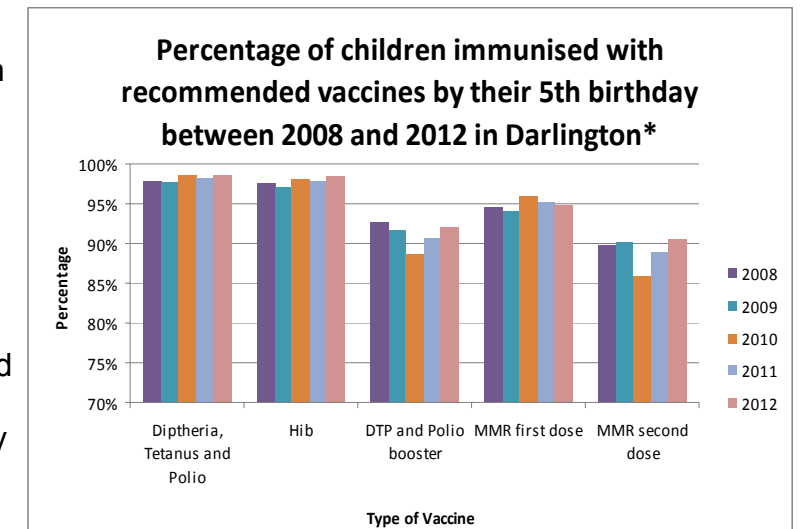
Since the marathon, physically and mentally, I have never been in better condition and I hope to challenge myself once more before the end of 2013! ”



Protecting Health

Health Protection

- ◆ Health protection is one of the domains of Public Health, the Director of Public Health has responsibility for the overview, prevention and control of infection and communicable disease in the population.
- ◆ It will never be possible to prevent all health care associated infections (HCAIs) but there are important actions that can be taken to reduce them to a minimum.
- ◆ Communicable disease cases reported in North East residents in 2012 is detailed in Public Health England Annual Report 2012/13. Diseases include measles, mumps, rubella, dysentery, whooping cough, TB, food poisoning, among others. A strong partnership exists between the Council, Public Health England and NHS England Area Team which is evident in the prompt way outbreaks and incidents are managed.



Inequalities & Health Protection

Some of the individuals and communities can include:

- ◆ People in travelling communities who have lower rates of immunisation than non-travelling communities
- ◆ Men who have sex with men
- ◆ Immunising children with physical or learning disabilities
- ◆ Vulnerable adults e.g. homeless
- ◆ People who inject drugs

“Health protection risks do not affect all parts of our community equality. Some individuals and communities are disproportionately affected by particular health threats resulting in poorer health and a greater likelihood of illness and disease”.

Public Health England Annual Report 2012/13.



Disease & Poor Health



“In order to address health inequalities, create the conditions for people to take control of their own lives.”

Professor Sir Michael Marmot

- ◆ Death rates from heart disease and stroke have shown a decline since 2006/08 but remain higher than the England average.
- ◆ Premature deaths (under 75 years) are caused by cancer, heart disease and stroke, lung disease and liver disease. Heart disease, stroke and cancer account for approximately 65% of early or premature deaths. Common causes of premature deaths include poverty, smoking, alcohol, poor diet and inactivity and high blood pressure.
- ◆ The NHS Health Check Programme is a national risk assessment and management programme for people aged 40-74 years.
- ◆ Awareness of the signs and symptoms of cancer, participating in national screening programmes (e.g. breast, cervical, bowel) and earlier diagnosis are key to tackling cancer.
- ◆ The Quality Outcomes Framework (QOF) used in GP practices provides data that may be used as proxy measures for disease prevalence for the borough. Analysis of four primary care disease registers (2010/11) found a strong relationship with deprivation for diabetes, hypertension, coronary heart disease and chronic obstructive pulmonary disease.
- ◆ Darlington’s Clinical Commissioning Group (CCG) is responsible for commissioning health (care) services, works collaboratively with the Council, NHS England, Healthwatch and other partners. The CCG priorities for 2013/14 are described in their *Operating Framework and Plan on a Page*.



Growing Older, Ageing Well



Good Friends is a pioneering scheme which aims in its first year to recruit 1,000 volunteers to help 1,500 older and vulnerable people with simple day-to-day tasks in a bid to increase independence, combat isolation and improve quality of life

- ◆ Our population is getting older due to improved health and wellbeing, which is good news. However, unless actions are taken by individuals and communities to create conditions that promote health, there will be an increased need for health and social care.
- ◆ The community and voluntary sector contributes hugely to improving the health and wellbeing of older people in Darlington.
- ◆ The Health and Wellbeing Board are addressing the health needs of older people in Darlington, taking into account the predicted rise in conditions such as dementia, limiting long term illness, social isolation and the need to retain independence.

Carers (of all ages) form over 10% of the total population, they should have access to support if required and an improved understanding of the range of conditions they cope with. Nearly 2,500 carers are over 65 years old.

- ◆ The stresses of living in poverty are particularly harmful to a number of vulnerable groups, income deprivation for older people is a significant issue in Darlington.
- ◆ Addressing lifestyle factors including physical activity, a varied and healthy diet, not smoking, avoiding excessive alcohol use, avoiding excess salt and taking medication as indicated can be health protecting for individual older people and the population as a whole.



No Health without Mental Health



- ◆ Improving mental health and wellbeing is a core part of improving the health of people in Darlington. A clear plan will be developed to describe “universal” actions, early intervention for people at risk and targeted actions to strengthen the role of ill health prevention.
- ◆ Mindfulness is a way of paying attention to what is happening in the present moment in our body, mind and the world around us. It can help with dealing with stressful situations.
- ◆ Mental Health First Aid training and applied suicide intervention skills training (ASSIST) have been delivered in Darlington and we need to review that the most appropriate groups are accessing the training.

Five Ways to wellbeing

Connect

With the people around you. With family, friends, colleagues and neighbours. At home work, school or in your local community. Think of these as the corner stones of your life and invest time in developing them. Building these connections will support and enrich you everyday.

Be active

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch, or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give

Do something nice for a friend or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself as well as your happiness linked to the wider community can be incredibly rewarding and creates connections with the people around you.



Jenny Dixon, Project Manager, Transformation Team

“ In my free time, you will always find me in my garden or baking. Visitors can't leave my house without a lettuce or freshly baked bread thrust in their hands to take away! This summer I created a Potager Garden - a French kitchen garden - by growing tumbler tomatoes, herbs, beans and cut and come again lettuce in old wooden apple crates. Simply cut the lettuce leaves for a fresh salad and sprinkle with balsamic vinegar and you have the most amazing, healthy fresh salad for dinner. ”

Seth Pearson, Darlington Partnership Director

“ With young children and working full-time it sometimes feels like I have no time. Despite this I know in myself how important it is to keep fit and active but I have to fit my exercise into my busy schedule. So, when I can, I cycle to work which a lovely way to start and end the working day. I play squash and five-a-side football mostly once a week at lunchtime and I go swimming with the kids at the weekend. On the occasions my wife and I can get away our favourite break is to go walking. There's nothing like filling your lungs with fresh air at the top of a fell or the sense of achievement when you've finished an exhilarating walk. ”





Health & Lifestyle

Inequality occurs at many levels, inequality in choice impact heavily on lifestyle factors

- ◆ Inequality occurs at many levels, inequality in choice impacts heavily on lifestyle factors.
- ◆ Drug misuse has an adverse impact on the health of people who take them and can also impact on the wellbeing of the wider community via effects on family and friends, the risk of blood borne viruses (BBV) and impact of crime and disorder.
- ◆ People under 25 years who need treatment are more likely to seek help with alcohol, cannabis and cocaine while people over 25 years are more likely to need treatment for opiate use. Key issues the DAAT is exploring with partners include: Cocaine misuse, Amphetamine use, Housing needs, Working with different groups with particular needs
- ◆ DAAT commissions a range of services for adults and young people to promote prevention, harm reduction, treatment and recovery.
- ◆ Alcohol consumption has more than doubled in the last 60 years and so has alcohol related harm. Alcohol related issues cost the Darlington economy £42.08m. It is recognised as a major cause of ill health and community damage linked to excessive consumption.
- ◆ Effective actions to tackle harm from alcohol focus on availability of alcohol, price and the “normalisation” of alcohol to the point where there are increasingly few alcohol free leisure activities.



- ◆ Awareness of minimum price alcohol is high in Darlington, a survey (2012) carried out by BALANCE found that:
27% people said supermarket prices for alcohol were too cheap
62% people said they support the introduction of MUP
- ◆ Specific awareness raising has been carried out with employers and a workplace focus, involving the Strategic Partnership.
- ◆ Sexually transmitted infections (STI's) are preventable, can cause long term health damage and disproportionately affect more vulnerable groups in the population. The rate of STIs in Darlington is better (lower) than the England average.
- ◆ Public health commissioners monitor a range of STIs including gonorrhoea, Chlamydia, syphilis, genital warts and herpes and HIV. Early diagnosis and effective partner notifications are crucial elements in managing STIs.
- ◆ The sexual health of young people is often the focus of public health initiatives, however sexual health is the entitlement of people of all ages and is an integral element of health and wellbeing.
- ◆ Efforts to reduce rates of **smoking** must be continued alongside wider tobacco control activity. The Darlington Tobacco Control Alliance promotes 8 evidence based strands of tobacco control, the work has led to:
Implementation of smoke free workplaces and public places
Helping people to stop smoking
Social norm Healthy Behaviour survey will inform the strategic needs assessment
Awareness aiming to trigger stop smoking attempts
Tobacco sales regulations
Test purchases – support for plain packaging consultation,
Use of research and evaluation for a rigorous approach to investments.



“A child born in Darlington will reach adulthood breathing clean air, free from tobacco addiction and living in a community where smoke is unusual.”

Darlington Tobacco Alliance Vision

