

Darlington Joint Local Health and Wellbeing Strategy



2025 - 2029

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Foreword

It cannot be right that a man living in one area of the Borough of Darlington can expect to live 12 years less on average, than a man in another area of the Borough. Unfortunately, this is just one example of the health inequalities that exist. This strategy seeks to focus collective efforts on how we can tackle these health inequalities and bring better health and wellbeing for all residents of our Borough.

The strategy outlines priority areas that the evidence and partners have identified as causing the greatest issues to poor health and inequality. Priorities we can work together on to make the most difference to people's lives.

This focus on priorities means that the strategy doesn't include the huge numbers of ways that local partners are improving health and wellbeing in our Borough every day. Staying focused, good quality partnership working and listening to those with first-hand experiences will be critical to our success.

I would like to thank all those who have contributed to this strategy, including all the members of the Darlington Borough Health and Wellbeing Board.

I would also like to thank Lorraine Hughes, Darlington Borough Council Director of Public Health, for leading on the production of this report in collaboration with all our partners.



Cllr Matthew Roche

Chair, Health and Wellbeing Board

Acknowledgements

Thanks are given to everyone who has contributed to the development of Darlington's Joint Local Health and Wellbeing Strategy. Particular thanks

are given to members of the Health and Wellbeing Board and those individuals who attended one or more of the workshops held in May and June 2024.

Endorsement

The following organisations have endorsed the content of Darlington's Joint Local Health and Wellbeing Strategy.

- County Durham and Darlington NHS Foundation Trust
- Darlington Borough Council
- Darlington Post-16 Education
- Darlington Primary Care Network
- Darlington Primary Schools
- Darlington Secondary Schools
- Durham Police and Crime Commissioner's Office
- Harrogate and District NHS Foundation Trust
- Healthwatch Darlington
- NHS England and Improvement
- North East and North Cumbria Integrated Care Board (NENC ICB)
- St Teresa's Hospice
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Teesside University

Introduction

Sadly, many people in the Borough of Darlington die earlier and have longer years of ill health than they should. There is also too much inequality in health between different areas and communities in the Borough.

Our Joint Local Health and Wellbeing Strategy (JLHWS) sets out the local priorities for improving the health and wellbeing of the population of Darlington. The development of the strategy has been informed by the Joint Strategic Needs Assessment (JSNA) ¹ and a series of workshops with members of the Health and Wellbeing Board and wider partners.

A life course approach has been taken in the development of the JLHWS, with the themes of *Best Start in Life - Children and Young People*, *Staying Healthy - Living Well and Staying Healthy - Ageing Well*.

Adopting a life course approach is helpful for promoting health and reducing avoidable health inequalities, as it recognises that each stage of a person's life impacts on the next stage of their life. Many factors can influence a person's health and wellbeing over their lifetime, positively and negatively. Understanding what can help to protect someone's health and taking action to increase such opportunities, for example by providing access to a safe and pleasant environment which supports a person to be physically active on a day-to-day basis or opportunities for good work which allows the working age population to have a job which is secure and provides a good income, will help to improve overall health.

¹ Darlington Joint Strategic Needs Assessment - <https://www.darlington.gov.uk/your-council/council-information/documents/darlington-joint-strategic-needs-assessment-2024/>

At the same time, by understanding the risk factors which contribute to worse health outcomes, we can be proactive in our efforts to reduce the likelihood of the risk occurring in the first place whilst also supporting individuals and communities to reduce or remove the risk factors.

Whilst it is true that some of this action can only be taken at a national level, like it was with previous interventions such as removing advertising of tobacco products, raising the cost of products and increasing the age of sale, there are still lots of actions we can take in Darlington to reduce the impact of risks.

For example, continuing with the theme of tobacco, specialist stop smoking services are available to support people who smoke and want to quit. We need to make sure we are reaching as many people as possible and making it easy for them to come forward for help, whilst reducing the number of people who take up smoking in the first place.

It is important that as a Borough we take action to improve the wider determinants of health as these are the building blocks of good health and are essential if we want to have better health and wellbeing for all of our communities in Darlington, as not everyone has the same opportunities to live long and healthy lives.^{2 3} Poverty, poor housing, low paid or insecure jobs, no access to affordable, nutritious food, poor educational opportunities, a lack of healthy, outdoor spaces and barriers to accessing health and social care services can all impact on people's physical and mental health.

Many of the actions needed to strengthen these building blocks for good health have already been identified as a priority in other strategies and plans, including the Council Plan, Darlington Local Plan, North East and North Cumbria Integrated Care Strategy and Tees Valley Place Plan. There is a focus on issues such as job creation and continuing to grow the economy, provision of affordable and secure homes, high quality and inclusive education for our children and young people, increased access to healthy and safe environments and

reducing inequalities in access to health and care services and improving health outcomes.

It is the intention that the JLHWS will not duplicate actions which are being driven through other strategies and partnerships, especially as many of them are outside the direct remit of the Health and Wellbeing Board. However, this strategy does recognise that the Board and its members have a key role in influencing and promoting positive change to the wider determinants of health. In addition, the wider determinants of health will also be considered as action plans are put together for each of the strategy's priorities. Through the thematic priority of Healthy Places in particular, the JLHWS will ensure there is a focus on healthier environments in Darlington, to support better health and wellbeing for all.

It is important to note that this JLHWS is not designed to outline all of the aims and actions of members of the Darlington Borough Health and Wellbeing Board in relation to health and wellbeing. There is a whole range of work that will continue to be undertaken to improve health and wellbeing in the Borough that is not described in the JLHWS. Rather, this strategy is designed to identify the main priorities for health and wellbeing that partners of the Darlington Borough Health and Wellbeing Board and beyond can work on together.

The JLHWS also emphasises the importance of listening and acting on the views of the community and those with lived experience of the issues we are seeking to address.

Through these joint efforts we have a real opportunity to improve the health and wellbeing of the population in Darlington, allowing people to be born well and grow, live, work and age well.

We also need to make sure that our efforts are focused on reducing the health inequalities which exist within Darlington, many of which have widened over time.

² The Health Foundation. 16 May 2024. Accessed 29 May 2024. <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-builds-good-health#download%20resources>.

³ The Health Foundation. July 2024. Accessed 17th July 2024. <https://doi.org/10.37829/HF-2024-HL02>

⁴ World Health Organization (2018) The life-course approach: from theory to practice. Case stories from two small countries in Europe. <https://www.who.int/europe/publications/i/item/9789289053266>, accessed 20th August 2024.

Our Vision

Our vision is that Darlington is a place where everyone has the opportunity to thrive and live well.

How Will We Work Together?

The Health and Wellbeing Board have agreed an approach to support *Healthy Ways of Working*, which will help to deliver the vision, shared ambitions, priorities and actions set out in the JLHWS.

Healthy Ways of Working

We will work together to:

- Make the best use of resources to achieve the greatest impact, including ensuring there is always a focus on seeking to understand and reduce health inequalities
- Build upon what we already have in place and do well
- Embed an approach of early support and prevention
- Challenge racism, discrimination and their outcomes
- Develop a culture of high support and high challenge
- Celebrate successes
- Use data and evidence to develop our priorities, including maintaining the JSNA so data is good quality and provides a picture of health inequalities in Darlington
- Listen to what our communities tell us, including hearing the voice of lived experience and co-producing programmes of work and interventions, where it is possible and appropriate to do so
- Share learning from engagement surveys, service user feedback and community leaders
- Adopt a 'think family' approach in all of our work
- Monitor progress being made against our priorities
- Seek to understand if we are making a difference
- Be willing to try new things to help build the evidence base when it is not there, making sure we reflect and learn

Marmot Principles

In the 2010 Marmot Review 'Fair Society Healthy Lives' ⁵ six evidence based policy objectives were identified for action to reduce health inequalities. In 2020 'Health Equity in England: The Marmot Review 10 Years On' ⁶ was published, highlighting the continued importance of the policy objectives. Since then, two additional objectives (7 and 8) have been included.

Whilst some of the policy objectives are of greater relevance than others to the JLHWS they highlight the importance of a 'Health in All Policies' (HiAP) approach ⁷ and the contribution which can be made through the work of the Health and Wellbeing Board and delivery of the strategy.

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention
7. Tackle racism, discrimination and their outcomes
8. Pursue environmental sustainability and health equity together

⁵ Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M (2010) Fair Society, Healthy Lives: The Marmot Review. London. [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](#), accessed 17th July 2024.

⁶ Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity. [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#), accessed 17th July 2024

⁷ LGA (2016) Health in All Policies: a manual for local government, [health-all-policies-hiap--8df.pdf \(local.gov.uk\)](#), accessed 29th August 2024. A HiAP approach provides a framework for local authorities to take into account the health implications of decisions.

A walk through the life course in Darlington

Key	
Darlington	
Best	
Worst	
North East	
England	



Themes

The themes, priorities and actions have been informed by the JSNA and the output from three workshops, which had a total of 58 participants. The workshops considered the topics of:

- Best Start in Life - Children and Young People
- Staying Healthy - Living Well
- Staying Healthy - Ageing Well
- Healthy Places and Ways of Working.

The development of the JLHWS provides an opportunity to set out the agreed priorities and actions for partners to address the identified health and wellbeing needs of the population

of Darlington, supporting a regular process of assessing need through the JSNA and local intelligence and agreeing actions to meet the needs identified. ⁸



⁸ <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance>
Accessed 17th July 2024

Best Start in Life (Children and Young People)

Giving our children and young people the best start in life is about establishing those important early foundations for a healthy life, from pre-conception to young adulthood.

When there is a need for support providing this as early as possible, using a 'think family' approach and hearing the voice of the child, will give the greatest opportunity for making a difference to the child and family.

Ambition

We want to support children to thrive - reducing inequalities and improving health and wellbeing outcomes for children and families.

What is the local need?

There are many examples of collaboration and delivery already happening in Darlington to improve maternal and child health outcomes, these efforts will continue. Evidence from the JSNA and information gathered through the workshops highlights the following areas of concern in Darlington:

- around 1 in 10 (10.6%) of pregnant women smoke during pregnancy (smoking status at time of delivery)
- the percentage of all births recorded with low birth weight and very low birth weight has increased between 2017 and 2021
- whilst overall rates of breastfeeding have improved in Darlington there is variation across wards
- supporting children to develop good communication skills and be ready for school

- reducing levels of tooth decay in children
- increasing the number of children who are a healthy weight
- reducing the impact of alcohol harms and substance misuse
- improving the mental health and resilience of children and young people
- reducing hospital admissions caused by unintentional and deliberate injuries

Priorities

- Pregnancy and early years
- Mental health and resilience



What is the difference we want to see?

We will focus first on:

Pregnancy and early years

- Reduction in the proportion of mothers who are recorded as smokers at the time of delivery
- Address the health inequalities in rates of smoking during pregnancy across Darlington
- Fewer women returning to smoking after they have had their baby, to reduce the risk of harm from second hand smoke
- Build upon the momentum of increasing rates of breastfeeding in Darlington, to ensure this includes the wards which have the lowest rates of breastfeeding currently
- Undertake an audit of hospital admission data for unintentional and deliberate injuries in children, to understand the cause and develop a local plan of action
- Increased levels of school readiness in children as measured at the end of reception, including for children who have free school meal status and children with Special Educational Needs and Disabilities (SEND)

Mental health and resilience

- Reduction in the rate of hospital admissions as a result of self-harm in young people (aged 10 - 24 years)
- Halt the increase in hospital admissions as a result of self-harm in girls and young women
- Reduction in the rate of hospital admissions for mental health conditions in young people under the age of 18 years
- Young people who need support for mental health and wellbeing know what services are available for support and how to access them
- Through the continued provision of mental health support teams in education settings a greater number of children and young people will be able to access NHS-funded mental health services



Staying Healthy: Living Well

Creating healthy environments that actively support good health, and ensuring local services are accessible for those who need to use them, can help people to stay well and healthy for longer and prevent or delay the onset of illness.

Staying healthy in adulthood has many benefits, including helping people to participate in day to day activities, go to work, socialise, do things they enjoy in their spare time and support good mental health and wellbeing.

Ambition

We want to support people to live well in more resilient communities - supporting better physical and mental wellbeing, increasing average life expectancy and narrowing the gap in life expectancy across the Borough of Darlington.

What is the local need?

Many different services are available in Darlington to support people to stay healthy and live well, including sexual and reproductive health provision, specialist support for people to stop smoking or get help with drug and alcohol conditions, NHS Health Checks, leisure services, health screening and immunisation and primary and secondary care services for people who have illnesses and diseases such as mental ill health, diabetes, chronic obstructive pulmonary disorder (COPD) and high blood pressure.

Life expectancy is a measure of the average number of years a person would expect to live at the time of birth. Data shows that life expectancy has been declining in Darlington (a trend also seen in the North East and England), after a sustained period over recent decades of increasing life expectancy.

How healthy we are and how long we live is influenced by many different things, including our socioeconomic conditions, access to healthcare, the physical environment in which we live and health behaviours.

The theme of Staying Healthy: Living Well is concerned with health behaviours, risk factors and healthcare..

Evidence from the JSNA and information gathered through the workshops highlights the following areas of concern in Darlington:

- Life expectancy for men has fallen from a peak of 78.7 years to 77.2 years
- Life expectancy for women has fallen from a peak of 82.5 years to 81.3 years in women
- Within Darlington life expectancy can vary significantly, with data showing an average difference in life expectancy between the best and worst off areas in Darlington of 11.6 years for men and 8.9 years for women. These inequalities have widened over time
- Healthy life expectancy, a measure of the number of years a person can expect to live in 'good' health, has been reducing in Darlington over the last 5 to 10 years for men and women
- Increasing rates of the chronic health conditions of diabetes and hypertension
- Declining rates of uptake of breast and cancer screening amongst eligible women
- It is estimated that 9,200 adults in Darlington smoke⁹
- Obesity in adults has been rising steadily, with 1 in 3 adults in Darlington categorised as obese
- Rates of suicide have increased over time for men and women
- An increasing burden of harms from alcohol, including alcohol dependency and ill health



⁹ https://ashresources.shinyapps.io/ready_reckoner/, accessed 29th August 2024.

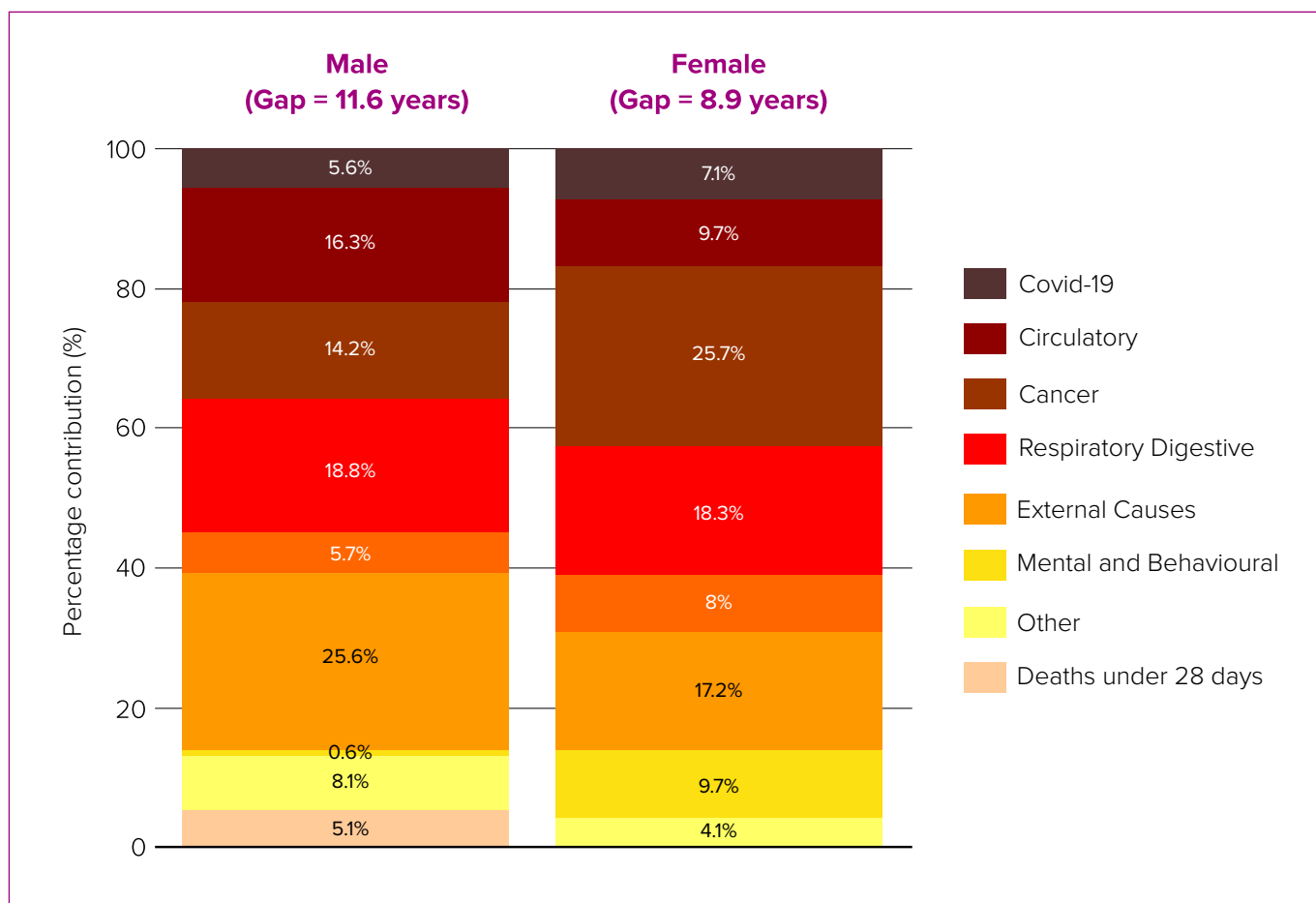
Through understanding more about the causes of death which are driving inequalities in life expectancy across Darlington it is possible to take action to address the risk factors which have the greatest impact. This approach will support efforts to reduce health inequalities.

The charts below show that in 2020-21 the 4 leading causes of death for males in Darlington were external causes (deaths from injury, poisoning and suicide), respiratory diseases (COPD, flu and pneumonia), circulatory (heart disease, stroke) and cancer (particularly lung cancer). Overall, in this time period there were 254 deaths in the most deprived areas of Darlington, 127 (50%) of which would have been avoided if the areas had the same mortality rate as the least deprived areas.

In the same period, the leading causes of death for females in Darlington were cancer (there has been an increase in the number of deaths from lung cancer), respiratory diseases, external causes, circulatory and mental and behavioural (dementia and Alzheimer’s disease). Overall, in this time period there were 237 deaths in the most deprived areas of Darlington, 103 (43%) of which would have been avoided if the areas had the same mortality rate as the least deprived areas.

This highlights that increasing efforts to reduce rates of smoking and support good mental health and wellbeing could have a positive impact on health outcomes and reducing inequalities.

Gap in Life Expectancy (years) - 2020/2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Priorities

- Making smoking history
- Mental health and wellbeing

What is the difference we want to see?

We will focus first on:

Making smoking history

- Reduce rates of smoking in Darlington to 5% or less by 2030
- Reduce rates of smoking in routine and manual workers
- Address the health inequalities in rates of smoking across Darlington
- Reduce levels of vaping amongst young people aged 18 and under

Mental health and wellbeing

- Reduce rates of suicide in men and women
- Increase the number of people with drug and alcohol dependency accessing treatment
- Increase the number of people with drug and alcohol dependency successfully completing treatment
- Support the work of Darlington Mental Health Network to enable greater collaboration and partnership working, using the learning which emerges to strengthen preventative approaches and inform the future commissioning and delivery of mental health services.

Staying Healthy: Ageing Well

In Darlington men and women are spending an increasing period of their lives in poor health, which means they may often struggle with day to day tasks, can no longer do things they used to enjoy, are less likely to be able to continue to work and will be suffering from illness or disability. All of this has a very real impact on people, for example not being able to spend quality time with family and loved ones, having less money to spend on bills, essentials and hobbies, being unable to provide informal care giving to others or needing care and support themselves.

This does not have to be the case, if we can enable people to maximise their health going into the period of older age it will be possible to start to shift this trend and reduce the length of time people spend in periods of ill health. Through actions to promote healthy ageing and prevent disease it is possible to reduce or delay the experience of ill health and disability and prolong independence, so people can continue to do the things they enjoy and have a good quality of life. ¹⁰

Loneliness and isolation can also have a big impact on health and wellbeing. Supporting people to stay well for longer can make a big difference, as people will be able to continue to socialise and access local services and activities for longer, as they get older.

Dying well (often described as a good end of life experience) is important for individuals at end of life and their families and carers, and it could be argued a reflection of how as a society we care for the most sick and vulnerable. Whilst there are specialist NHS and palliative services which provide this very important support it continues to be the experience of many that we don't have the right language to talk about death and this can sometimes get in the way of making sure people get the right support for them as they approach the end of life. Through people providing care asking about peoples wishes and taking these into account we can help people at end of life care to live as well as possible until they die, and to die with dignity.

¹⁰ Chief Medical Officer's annual report 2023: health in an ageing society, Chief Medical Officer's annual report 2023: [health in an ageing society- GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/health-in-an-ageing-society-2023.pdf), accessed 21st August 2024.

Ambition

We want to support people to enjoy a healthy and independent older age.

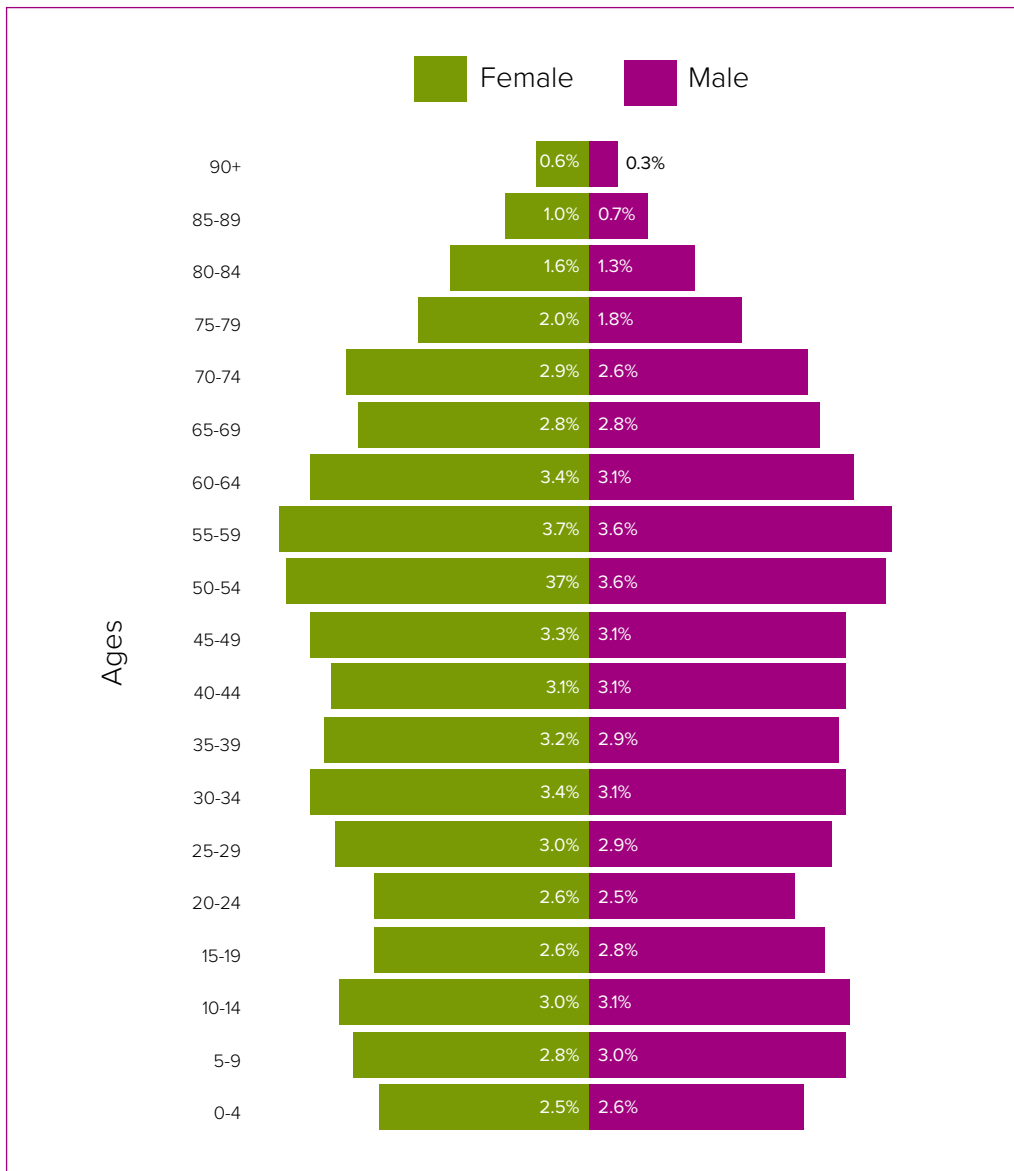
What is the local need?

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

Between 2011 and 2021 the average age of a resident in Darlington increased by two years, from 41 to 43 years of age. Over this same time period there has been:

- a decrease of **2.5%** in children (477) aged under 15 years
- a decrease of **1.2%** in people (848) aged 15 to 64 years
- an increase of **11.7%** in people (2,449) aged 50 to 64 years
- an increase of **19.9%** in people (3,663) aged 65 years and over
- an increase of **15.8%** in people (1,378) aged 75 years and over

Darlington Age Profile



¹¹ Darlington population change, Census 2021 - ONS

Evidence from the JSNA and information gathered through the workshops highlights the following areas for action:

- Healthy life expectancy at 65, a measure of the average number of years a person aged 65 years would expect to live in good health, has been reducing over time in Darlington for men and women, although the last data point shows an improvement for men from 8.6 years to 10.5 years.
- Disability-Free Life Expectancy at 65, a measure of the number of years a person can expect to live free from a limiting long-term illness or disability, has been reducing over time in Darlington, for both men and women.
- Life expectancy at 65 shows a small reduction for men and not much change for women.
- Falls are the biggest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes.
- Falls and fractures in those aged 65 and over account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion in England.
- The rate of hospital admissions for falls in all those over 65 years has been increasing over the last 10 years in Darlington.
- The rate of those requiring hospital treatment due to a fall increases with age, with the eldest (over 80 years) having the highest rates of admission.
- Support people at end of life to have a good death.

Priorities

- Minimise time in ill health
- Maximise independence

What is the difference we want to see?

We will focus first on:

Minimise time in ill health

- Making Every Contact Count (MECC) embedded within the health and social care sector in Darlington
- Increase in the number of older people accessing health improvement services, including stop smoking support and drug and alcohol services
- Review the offer and uptake of NHS Health Checks to support increased uptake in wards with the greatest levels of need

Maximise independence

- Develop an integrated falls prevention strategy, for the purpose of reducing falls in older people and minimising the impact of a fall on a person's health and independence
- Increase awareness of the importance of supporting people to have a good death and help those working in health and social care to increase their confidence in having conversations about dying and death



Healthy Places

A healthy place is somewhere it is easy to be healthy. This includes a physical environment which encourages active lifestyles, such as having access to green open spaces, walking routes and integrated cycle lanes, good local employment, good quality housing and being able to eat well. These are some of the building blocks of good health.

We also know that advertising and marketing of unhealthy products can be harmful to people's health, and we need to do more to reduce this influence.

Ambition

We want to support healthier environments that promote better health and wellbeing for all.

Priorities

- Workplace health and good work
- Healthier environments

What is the difference we want to see?

We will focus first on:

Workplace health and good work

- Develop a Darlington offer for workplace health, including a wellbeing pledge

- Continue to expand the Making Every Contact Count (MECC) approach to local workplaces, to support health promoting behaviours and reduce health inequalities

Healthier environments

- Enable a community centred approach to improve health and wellbeing and reduce health inequalities, through a focus on neighbourhoods
- Take action on the commercial determinants of health to reduce the negative health impacts of commercial products, such as tobacco, alcohol and ultra processed foods.
- Work with council officers and developers to ensure the Darlington Borough Local Plan requirements for a Health Impact Assessment are met, to support the evaluation of the impacts of proposed developments on health and wellbeing
- Use opportunities within the planning system to develop and increase access to healthy environments, including improving access to green spaces and exploring criteria for restricting new hot food takeaways
- The Good Food Local programme is taken forward in Darlington, working with Sustain and the North East Public Health network, to prioritise good food and commit to action on a breadth of food issues



Turning this Strategy into Action

For each of the next four years, partners from the Darlington Borough Health and Wellbeing Board and beyond will take two of the eight priorities in the JLHWS - undertaking a thorough review of them. These reviews will map existing services and gaps, consider how partners can better work together and include new initiatives to fill gaps and bring better outcomes. The reviews will involve relevant public bodies, charities and businesses and will also be influenced by community views and the voice of lived experience. This approach will allow action plans to be put together, which will be discussed, reviewed and monitored by the Darlington Borough Health and Wellbeing Board.

In addition, the JLHWS will be reviewed every year, to review progress and impact, as well as to ensure that it remains relevant. In the final year of the JLHWS the Darlington Borough Health and Wellbeing Board will focus on reviewing the overall impact of the strategy, learn from what has worked well and not so well, and use all of this to develop the next JLHWS.



DARLINGTON
Borough Council