

Director of Public Health Annual Report 2024 - 2025

Foreword

The Annual Public Health Report is an opportunity for me to present an independent report on the health and wellbeing of Darlington, and at the end of my first year as Director of Public Health it is timely to use this opportunity to present a snapshot of health across the life course. This report describes some of the key health issues for Darlington, whilst also celebrating some of the amazing work happening across the Borough.

I will, in future reports, focus on the different stages of the life course in greater detail.

As I reflect on my first year as Director of Public Health for Darlington, I am struck by the strong commitment to partnership working I have found since taking up my role. I do not pretend there are not issues for which we need to build upon this strong foundation even further, but I have been impressed by the commitment to do so for the benefit of the people of Darlington. It is for this reason I feel positive about what we can do together going forward to reduce health inequalities and improve health outcomes.

Over the last 12 months I have worked with the Health and Wellbeing Board and partners to develop a new Joint Local Health and Wellbeing Strategy for Darlington, which sets out the strategic priorities for improving the health and wellbeing of our local residents over the next five years. This is underpinned by a refreshed Joint Strategic Needs Assessment, which we will continue to develop further going forward.

We have also seen continued additional investment in our drug and alcohol services, which work with some of our most vulnerable residents, and new funding for specialist stop smoking services to help move us towards the national ambition of a smokefree generation. It is encouraging, therefore, to see an increase in the numbers of people accessing our public health services, but importantly as shown in this annual report the outcomes for people accessing our services are also improving overall, which places us in a strong position moving forward.

There is much to be proud of, but also big challenges ahead. We need to continue to 'shift the dial' at a population level to improve health outcomes whilst also understanding the inequalities which exist within Darlington and taking action to address them. Some of this will need to be informed by a greater understanding of our local communities whilst better access to data will also be important, so we can measure changes.

Finally, I would like to take this opportunity to thank everyone for giving me such a warm welcome when I came to Darlington as the Director of Public Health. I feel very lucky to have the opportunity to do this job, and it is made all the easier when you get the chance to work with a great team and supportive colleagues and partners.



Lorraine Hughes
Director of Public Health



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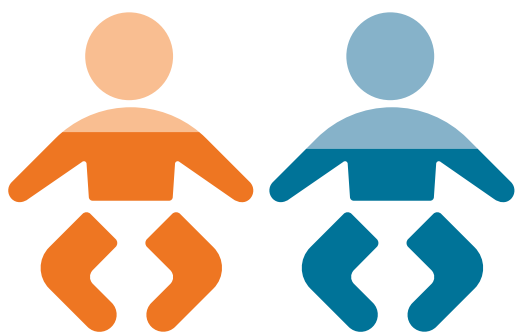
Acknowledgements

References

Bibliography



Starting Well



Life expectancy at birth

Female
81.1

Male
77.9



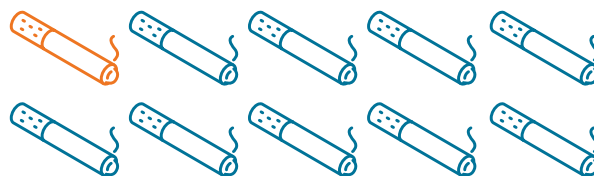
1%
of births are to
teenage mothers



28%
of children are living
in relative poverty
(this varies from
6% to 60% across
Darlington)



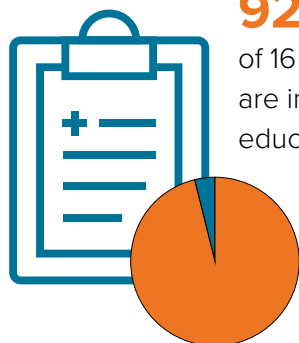
25.3%
of 5 years olds have
obvious tooth decay



10.6%
of mothers are still smokers
when they have their baby



40.6%
of babies are
breastfed
at 6 to 8
weeks of age



92.2%
of 16 to 17 year olds
are in employment,
education or training



92.1%
Child development
at 2 to 2.5 years



Hospital admissions caused
by unintentional and
deliberate injuries in children
(aged 0 to 14 years)
149 per 10,000



Introduction

Early childhood experiences can have a lifelong impact on a range of outcomes, including social and emotional development, health and education. As children and young people grow and develop their experiences and opportunities, (or lack of them), will impact on them through those important early years and into adulthood and older age¹.

This is why it is important there is a focus on giving all children the best start in life, from conception onwards. There is increasing evidence of the impact of early life experiences and therefore it is important that children are exposed to positive experiences as early and as much as possible, including positive parenting, creative play, establishing good eating habits, introducing tooth brushing routines at an early age, being physically active and the opportunity to explore and understand their feelings².

In Darlington the 0-19* Growing Healthy Service is provided by Harrogate and District NHS Foundation

Trust, providing support covering all aspects of growing healthy including:

- infant feeding support
- new birth health visiting contacts and regular health visiting led development reviews
- screening tests
- support for parents on healthy lifestyle choices and a school nursing offer which includes advice and support on issues such as emotional health and wellbeing
- risk taking behaviour and relationships and sexual health.

The Early Help offer in Darlington is designed to ensure children, young people and their families get the right support at an early stage before things are too difficult. It is for use as soon as possible when a family's needs cannot be met by universal services or addressed by a single organisation.



*The service is provided up to the age of 25 for those with special educational needs and disabilities.



Smoking During Pregnancy

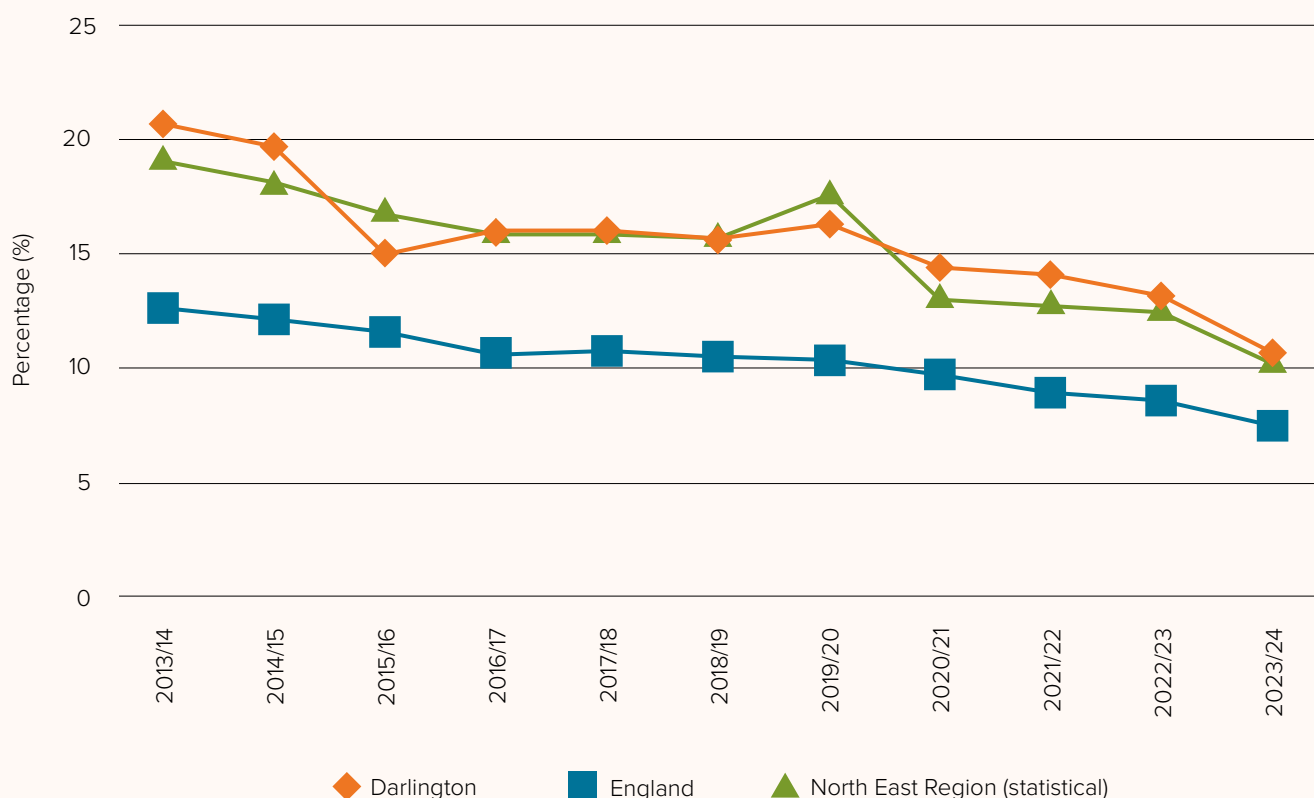
Protecting your baby from tobacco smoke is one of the best things you can do to give your child a healthy start in life, both during pregnancy and as infants. Smoking during pregnancy increases the risk of complications in pregnancy and of the child developing a number of conditions in later life, such as³ :-

- miscarriage
- premature birth
- stillbirth
- birth defects
- low birth weight
- respiratory conditions
- sudden infant death syndrome (SIDS)
- problems of the ear, nose and throat
- future obesity

For pregnant women with a tobacco dependency, it can be hard to quit, and that is why support is available in Darlington from Specialist Maternity Support workers, who have been trained as treating tobacco dependency advisors. The team provide support and access to treatment to achieve a smoke free pregnancy.

It is great news that the proportion of deliveries where mothers are smokers has been reducing over time in Darlington. However, there is a need to go further and faster, if we are to achieve the 2030 Smoke-free ambition of 5% smoking prevalence.

Smoking Status at Time of Delivery (2013/14 - 2023/24)



Breastfeeding

Whilst the proportion of babies who have breastmilk for their first feed has not changed much over the last few years, and is reported at 55.6% in 2023/24, the prevalence of breastfeeding at 6 to 8 weeks has increased over time. Latest data shows that in 2023/24 40.6% of babies were still breastfed at 6 to 8 weeks, an increase of 5.5% points compared to 2021/22. It is important to build upon this momentum, to ensure rates of breastfeeding in Darlington continue to improve, but that this is evident across all areas of the borough.

The percentage of babies being breastfed at 6 to 8 weeks in Darlington is statistically similar to the North East (38.5%), but lower than England (52.7%).

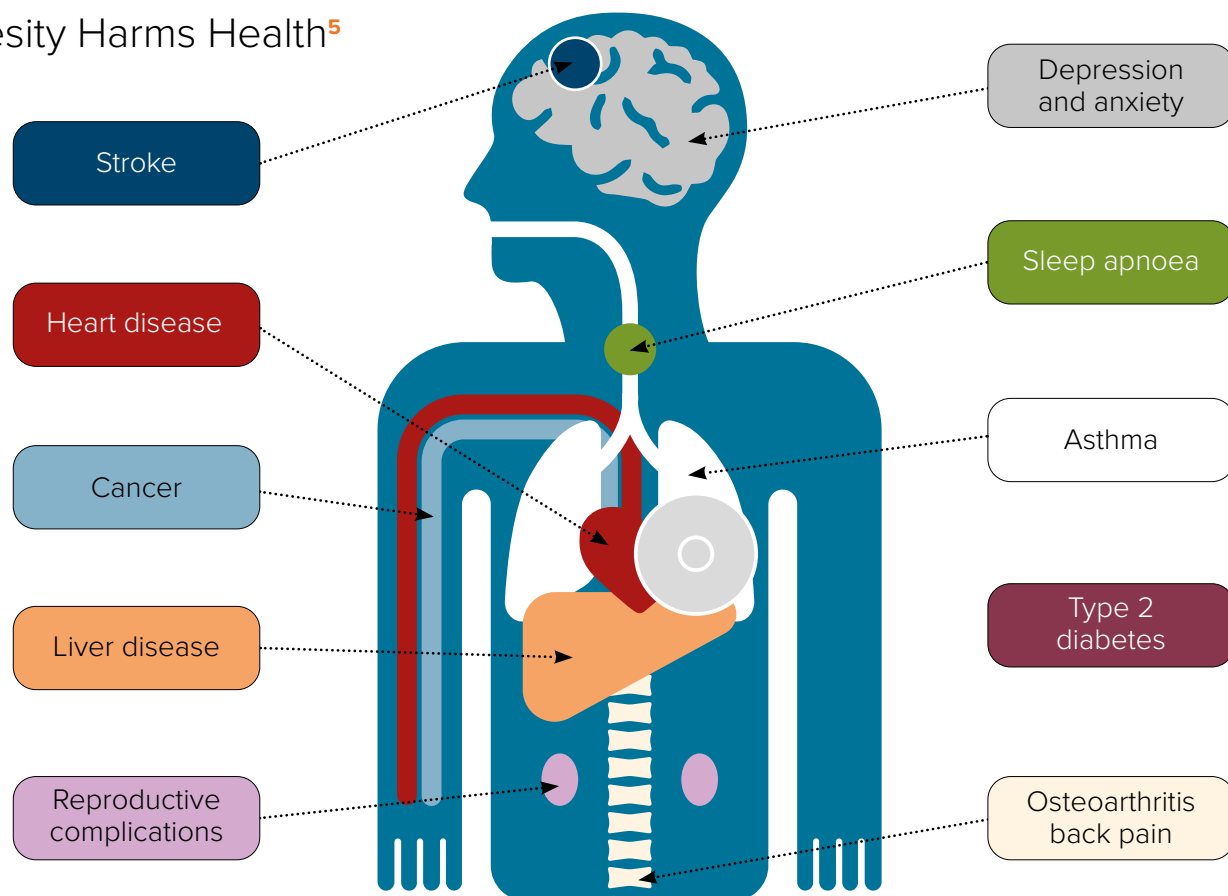
The 0-19 Growing Healthy Service has a dedicated infant feeding specialist health visitor, who leads the work in Darlington to ensure our approach to breastfeeding and supporting mothers and babies meets the UNICEF Baby Friendly Initiative standards. The progress made has been recognised through attainment of the Gold UNICEF infant feeding status.

Healthy Weight and Good Food

The causes of obesity are varied and complex and the World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st Century. The health harms from obesity are well recognised, as it increases the risk of a number of common diseases and causes

of premature death, such as heart disease, stroke, high blood pressure, diabetes and some cancers⁴. There are also social impacts, resulting from the stigma of being an unhealthy weight and the discrimination some people will experience.

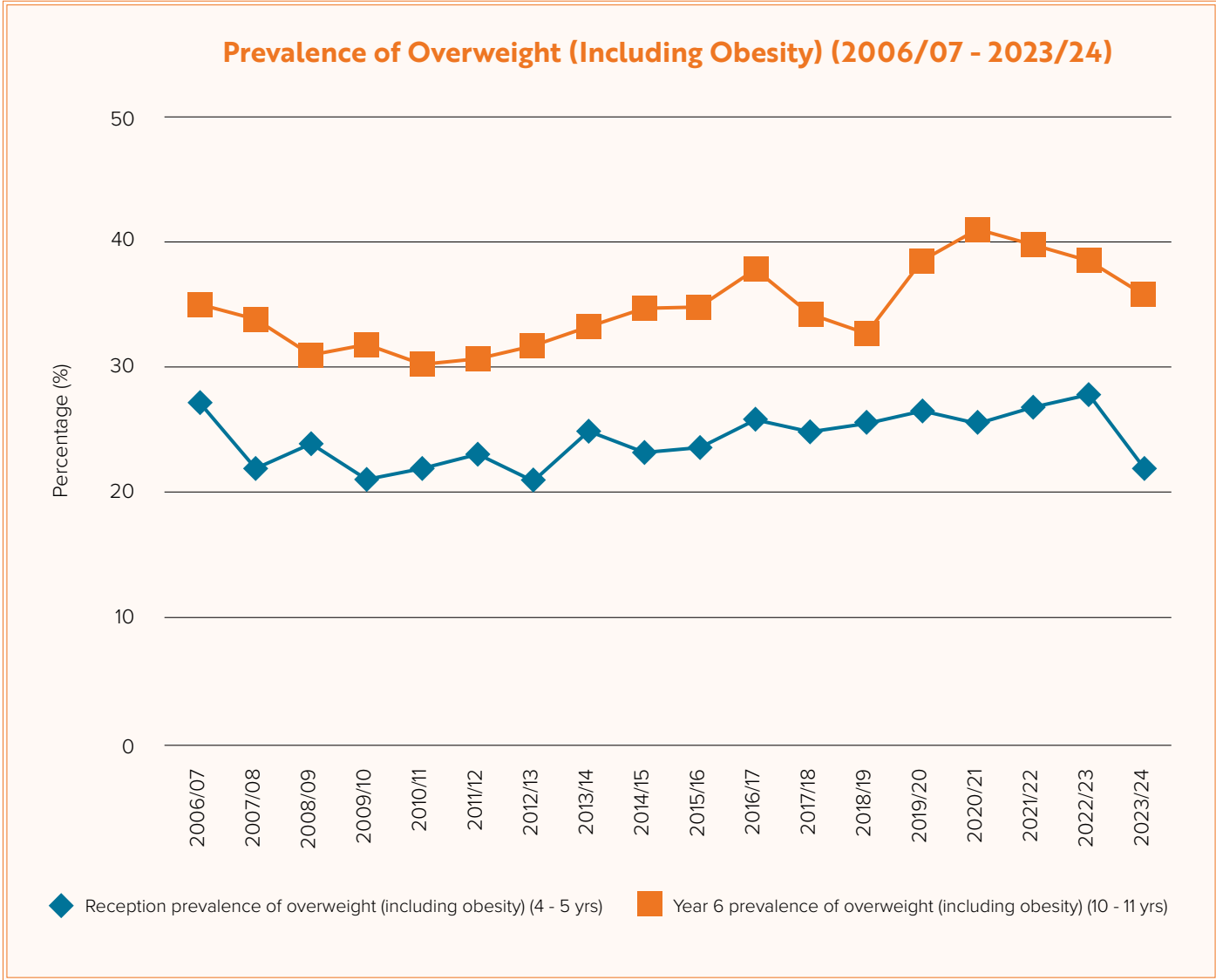
Obesity Harms Health⁵



Worryingly, rates of overweight and obesity in young children are showing little sign of improvement, in Darlington or nationally⁶, and children who are overweight have an increased chance of developing other health conditions including heart disease, high blood pressure and diabetes. We also know that

55% of children living with obesity will continue to do so during adolescence, and 80% of adolescents living with obesity will also experience obesity as adults⁷. The wider harms for children can include bullying, low self-esteem, school absence (which can impact negatively on attainment).

In 2023/24, Darlington had 23.3% of Reception aged children (4-5 years) classed as overweight (including obesity). This is statistically similar to the England average of 22.1%, with Darlington ranked 8th in the North East. This increases to 35.4% of Year 6 aged children (10-11 years) being classed as overweight (including obesity). This is statistically similar to the England average (35.8%), with Darlington ranked 11th in the North East.

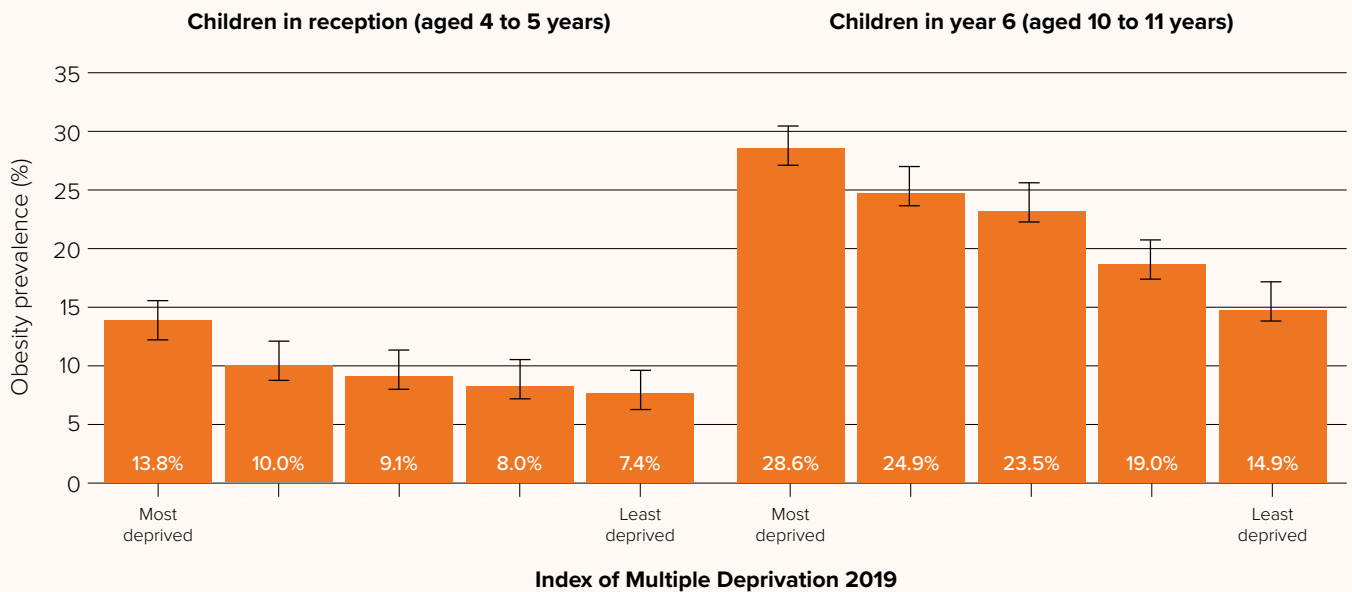


There are also evident inequalities in the experience of obesity amongst children, with those living in the most deprived areas in Darlington almost twice as

likely to be living with obesity compared to those living in the least deprived areas, at reception and year 6.



Obesity Prevalence by Deprivation and Age in Darlington National Child Measurement Programme



Data combined 5-years (2018/19, 2019/20, 2021/22, 2022/23, and 2023/24)

If more children and adults in Darlington were a healthy weight this could help to reduce the risk of a range of long term health conditions and have a positive impact on healthy life expectancy. However, as has already been recognised, this is a complex issue and there are many reasons why someone may struggle to maintain a healthy weight or to lose excess weight. There is increasing awareness of the impact of ultra processed foods on our health, although there is much more to understand, and we are surrounded by advertising prompting us to eat certain foods or make use of takeaways.

A regular activity such as food shopping can present an endless number of choices to be made, often influenced by price and price promotions, and if we do eat out it is difficult to know the nutritional information and calories of the food we choose.

Doing what we can to help create an environment which provides opportunities for people to eat well and be physically active will support people to maintain a healthy weight.

Some of the ways we are doing this are:

- Our Healthy Families Catering Award - available to food producers, to reassure families that there are balanced and nutritious items on the menu that meet government guidelines

- Healthy Early Years Award - this is for early years providers and includes a focus on healthy catering, offering guidance on balanced meals, eating environments and relationships with food
- Working with Sustain, to implement the North East Good Food Local Programme
- Increasing rates of breastfeeding across the borough
- Developing local approaches to increase the proportion of children eligible for free school meals who access the offer
- Developing a healthy weight strategy
- Developing a physical activity strategy

The Good Food Local Programme, delivered in collaboration with Sustain, is focused on creating a more healthy and sustainable food system to support access to affordable and healthy food, which is climate and nature friendly. Whilst the programme in Darlington is at an early stage of development the focus is on a joined up approach to improve access to nutritious and affordable food, with actions focused on increasing uptake of Healthy Start amongst eligible families, making school food healthier, broadening uptake of holiday activity provision and building upon and celebrating the Gold UNICEF infant feeding status achieved by our 0-19 Growing Healthy service.



Case study - Oral Health, Physical Activity and Healthy Catering in Little Lingfield's Ltd

There are several ways we help parents and carers promote good oral health, physical activity and healthy eating at home. Parents can come into the nursery and collect their children and whilst walking

down our corridor, we have three large display boards that we use to provide advice on these three important areas.

Board 1: Healthy Eating

Even before we accessed the Healthy Catering Award we had this display in place to help parents understand correct portion sizes and how we promote a balanced diet. We like to draw our parents' attention to this board, as we often find that parents and carers struggle with ideas for providing healthy meals that children enjoy.

Parents often talked about their children not eating everything they were given, so we have tried to help parents understand the portion sizes that children are more able to eat at different ages. Parents were surprised by this and would often reflect that they had unintentionally been overfeeding their children.

We offer three-week rolling menus and always seek to provide variety whilst ensuring we aren't overusing processed foods.

When our setting was assessed for the Healthy Early Years award we were able to show that we were providing homemade meals with lots of variety, leading to a well-balanced menu which also incorporated children's dietary and religious requirements.

It is really important to us as a nursery that we are providing healthy and nutritious meals, which will often include hidden fruit and vegetables in meals! We also often share recipes with parents, as they talk highly of the meals we provide and ask for the recipes to try at home. We often hear *"I think we will come for lunch today"* and *"the children eat better here than at home"*.



Board 2: Oral Health

I accessed a course on oral health, which provided ideas about how we could support our families to improve the oral health of their children. This course really opened my eyes on the impact certain drinks and foods have on our teeth and how if we do not look after them as children it can affect us when our adult teeth come through.

The oral health display helps us to show parents the correct 'pea' sized amount of toothpaste needed for different ages, the sugar content within popular items and information on taking children to the dentist.

We feel this has a big impact on parents, due to displaying the amount of sugar in clear bags so that it is easier to see the impact. Parents are often taken aback by this visual image. The older children will often take part in oral activities, using brushes to remove dirt from homemade teeth, talking about good foods and not so good foods.

If we do cook cakes we reduce the amount of sugar used and we only provide milk and water for children to drink.



Board 3: Physical Activity

On this board we focused on the great outdoors and incorporated physical development, language development and personal, social and emotional development (PSED).

We encourage children and staff to get moving, whether its indoors or outside. We also have Coach Shane who attends on a Wednesday to offer football sessions to the boys and girls over two years of

age. We talk with the children about the effects of exercise on our bodies and why it is important to keep active.

We include light activity such as moving around, rolling and playing, as well as more energetic activity like skipping, hopping, running and jumping, throughout the day.



Oral Health

The most recent results of the national Oral Health Survey of 5-year-old school children⁸ show an increase in the percentage of Darlington children with decay experience. The data was collected during the 2023/2024 academic year. An enhanced survey was carried out across the North East,

examining every 5 year old school child where there was consent to participate. The North East sample was just over 11,500 children, providing a more precise estimate of oral health and dental decay rates in the region.

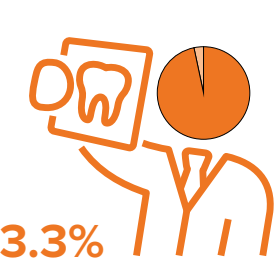


The oral health of 5 year olds in Darlington has got worse, as the prevalence of dental decay was **25.3%**, compared to **24.8%** in the 2022 survey.

This means that 1 in 4 5-year-olds have experience of visually obvious dental decay. This is statistically similar to the England average of 23.7%



22.3% of 5 year old children had untreated decayed teeth across Darlington



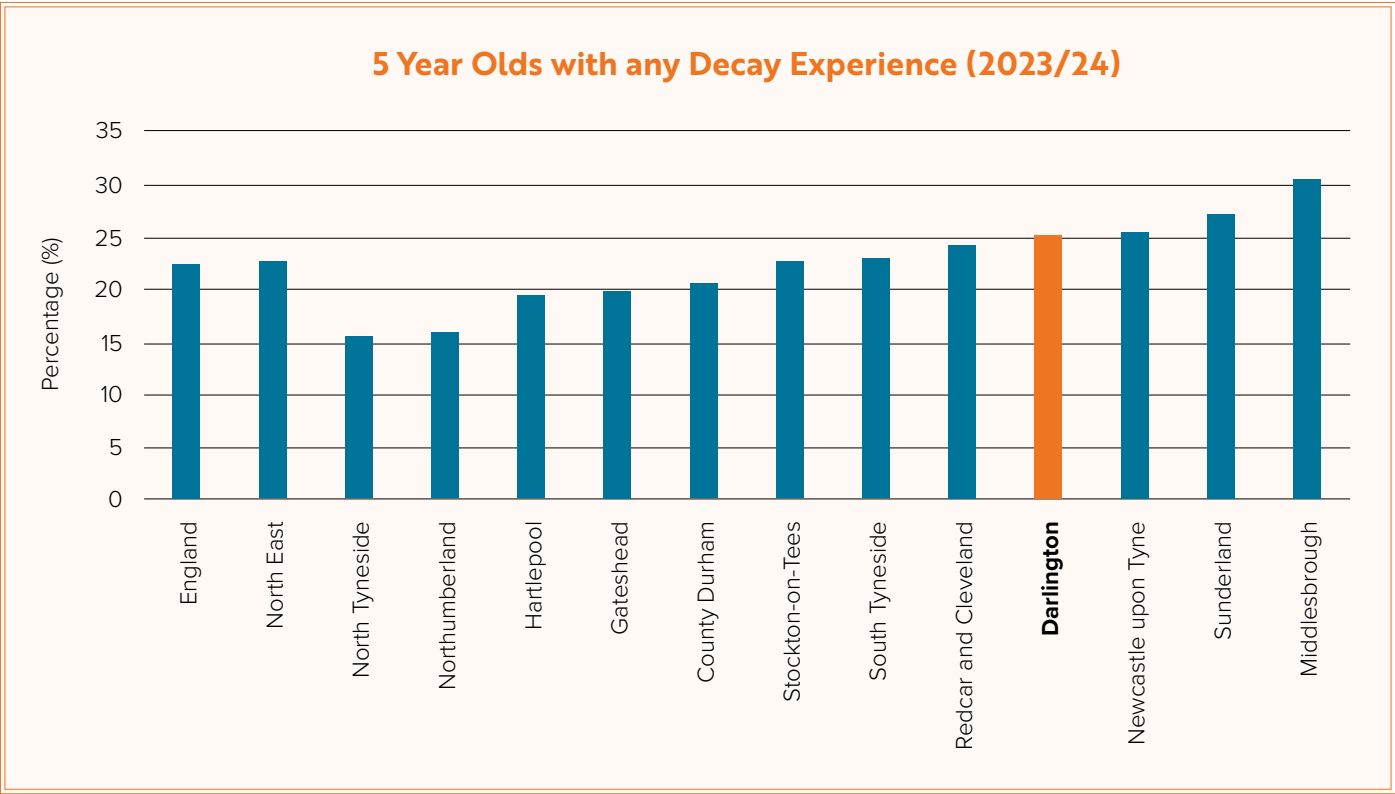
of the decayed teeth had been extracted because of decay.



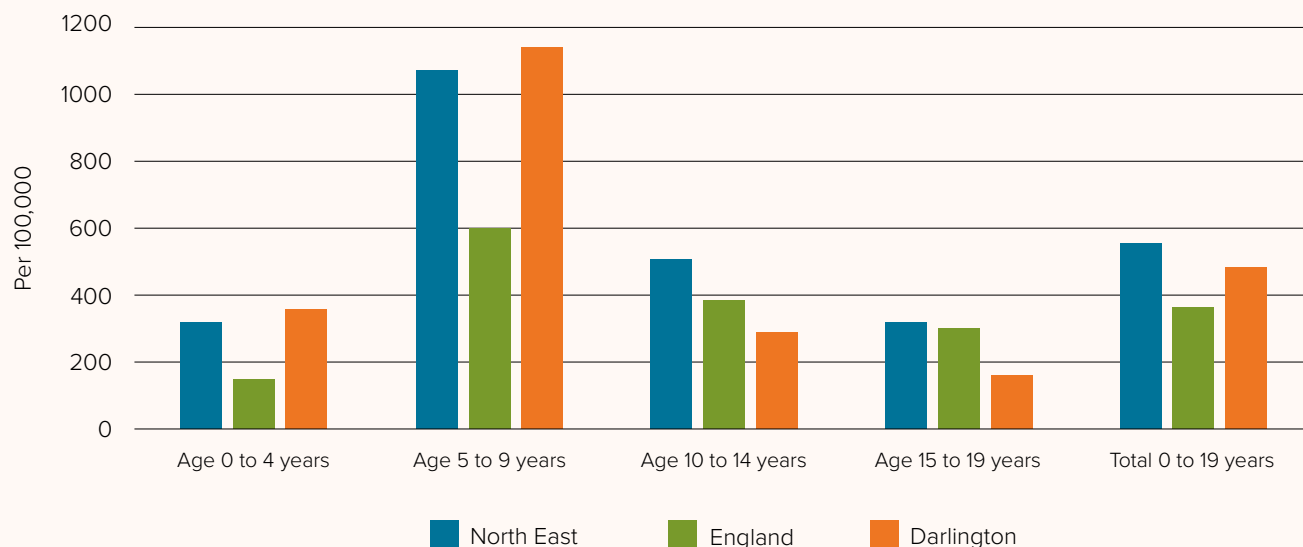
In 2024, the rate of hospital tooth extractions for children was the most common reason for hospital admissions for children in Darlington



The rate of hospital tooth extractions for children in Darlington is almost double the rates for England



Finished Consultation Episodes (FCE) Tooth Extraction Rate (All Diagnoses) (2024)



Case study - Oral Health - St John's C of E Primary School

The Oral Hygiene Programme at St John's has proven to be highly beneficial for our Early Years children, helping them develop essential habits for lifelong dental health. Research shows that tooth decay is the most common reason for hospital admissions among young children in England, with almost 23% of five-year-olds experiencing dental decay. By introducing this programme early, we have seen improvements in children's understanding of brushing techniques, awareness of healthy eating, and overall oral health.

Given these positive outcomes we have decided to extend the programme to the rest of Key Stage 1, ensuring that all children receive the same valuable support and guidance. With poor oral health linked to pain, difficulty eating, and even school absences, we believe this initiative will not only support children's wellbeing but also enhance their overall learning experience.



Childhood Immunisation

Vaccination is the most important thing we can do to protect our children against infectious diseases. Every year immunisation prevents millions of deaths worldwide every year. When your child is vaccinated their immune system responds, reducing the risk of getting a disease by working with your body to build protection and immunity.

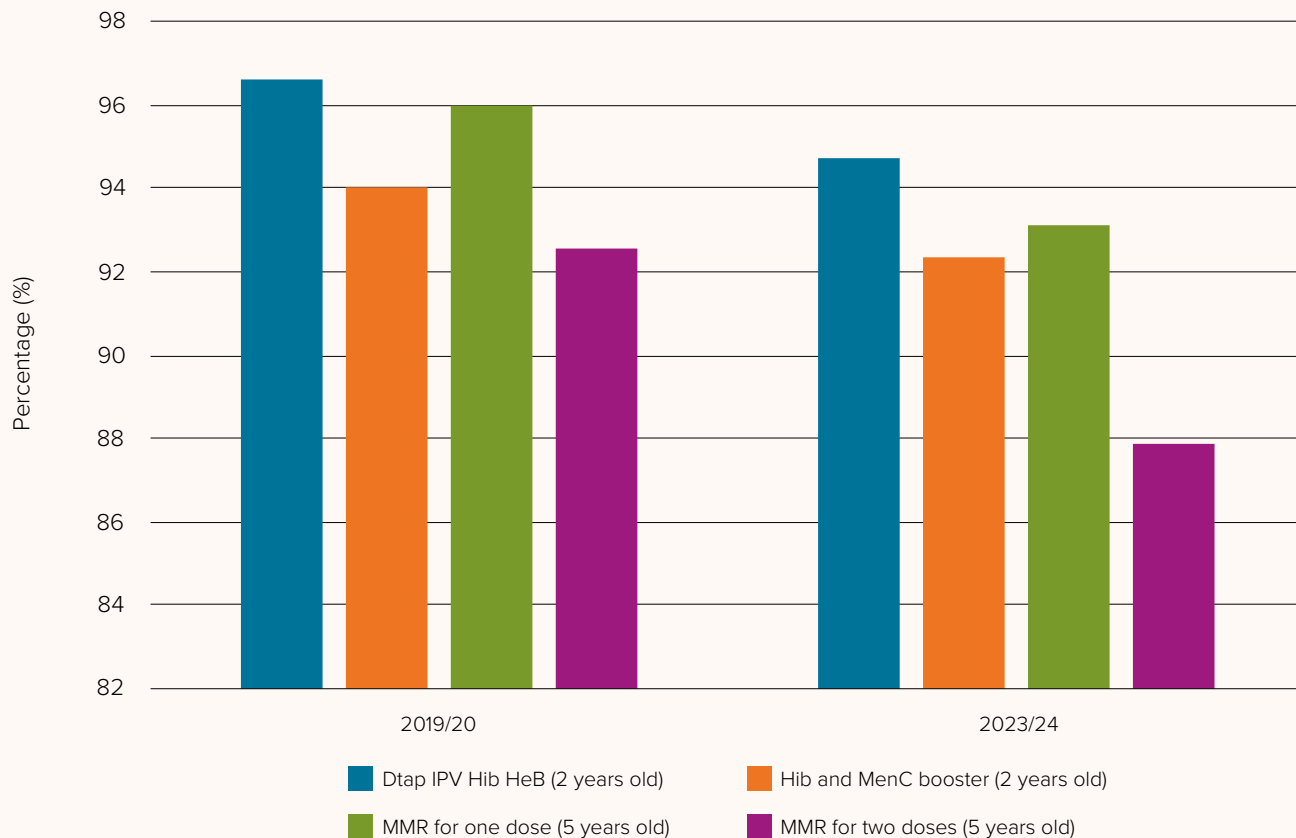
The success of vaccines in the UK means that diseases like smallpox, polio and tetanus are either gone, or very rarely seen, whilst other diseases like measles have reduced to a very low number of cases each year since vaccines were introduced. However, infectious diseases could quickly spread if enough people are not vaccinated.

In 2019/20, the childhood immunisation rates for Darlington were relatively better than the England average. Since the COVID-19 pandemic levels of

immunisation have decreased nationally and locally the proportion of immunised children in Darlington decreased significantly more than the proportions in England. This trend has been seen across most of the available vaccines.

In Darlington, the biggest decrease from pre-2020 to the most recent data was the proportion of children aged 5 having 2 doses of the MMR vaccine. Pre 2020, 92.6% of children aged 5 had received two doses of MMR, whereas the most recent data for 2023/24 shows only 87.9% of children aged 5 have received two doses of MMR. Although this is higher than the England average (83.9%), it is lower than the North East average (89.7%) and below the 95% coverage needed for herd immunity. This is the first time the proportion of 5 year olds in Darlington having two doses of MMR has dropped below 90% since 2011/12.

Childhood Immunisations in Darlington (2019/20 and 2023/24)

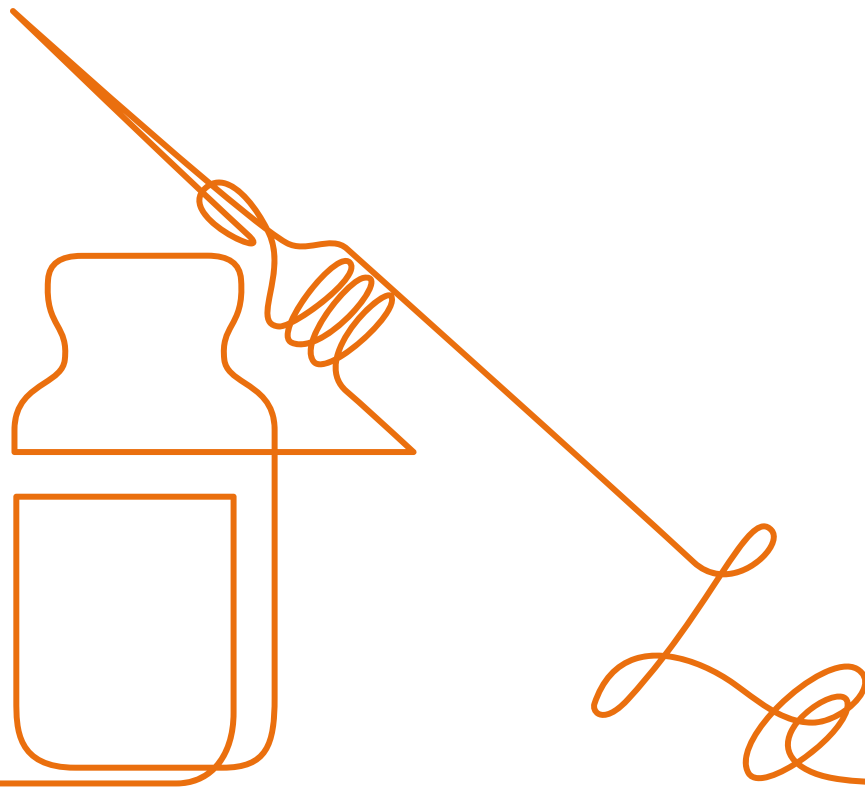
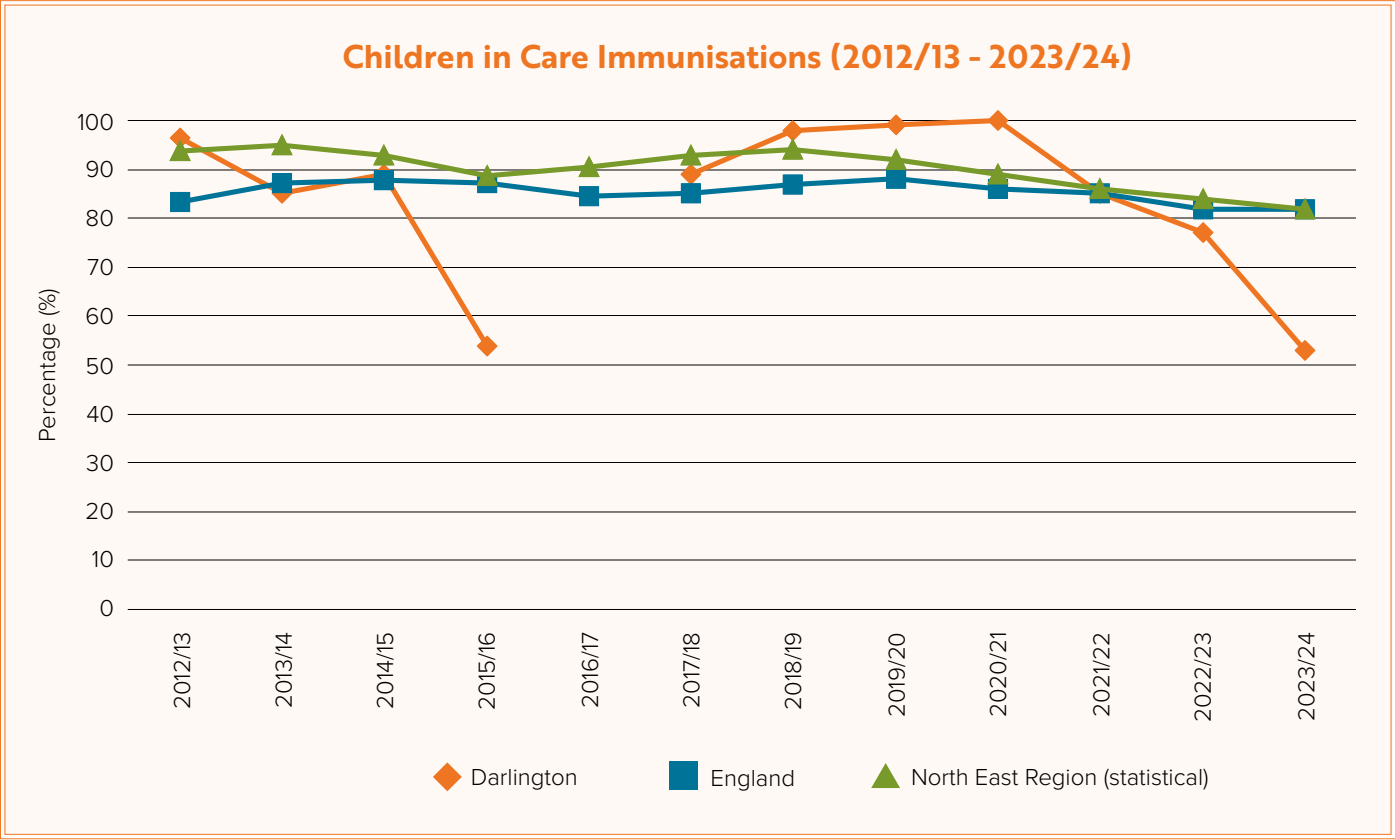


*This graph is truncated to give more context; the y-axis starts at 82%



Children who are looked-after can be at a higher risk of missing out on childhood vaccinations. The proportion of children in care immunisations for Darlington has been decreasing since 2020/21,

and is now at 53%. This is statistically worse than England and the North East, both of which are 82%, and Darlington has the lowest level of uptake in the North East.



Recommendations

1. Develop an oral health promotion strategy and action plan for Darlington.
2. Expand toothbrushing schemes to more early years settings.
3. Use data to develop a better understanding of rates of smoking in pregnancy within Darlington, to ensure support can be targeted at those areas with the highest rates.
4. Build upon the recent success with increasing rates of breastfeeding at 6 to 8 weeks, with a clear focus on reducing the inequalities in breastfeeding that exist within Darlington.
5. Undertake work to understand the variation in uptake of childhood vaccination across Darlington, working with primary care and the school age immunisation service to increase the uptake of routine childhood vaccinations.
6. Take steps to understand why there has been a reduction in the percentage of children in care who are up to date with the vaccine schedule, and use this information to implement action locally to improve uptake.
7. Undertake an audit of hospital admission data for unintentional and intentional injuries in children, using the findings to develop an action plan to address identified priorities.

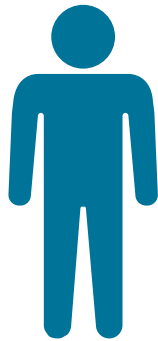


Living Well



58 years

is the healthy
life expectancy
for women

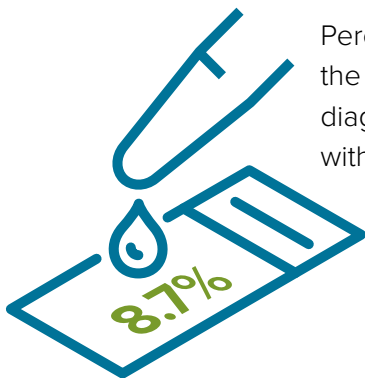


57.6 years

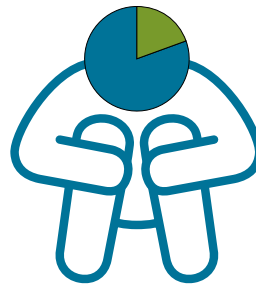
is the healthy
life expectancy
for men



7.9% of adults smoke



Percentage of
the population
diagnosed
with diabetes

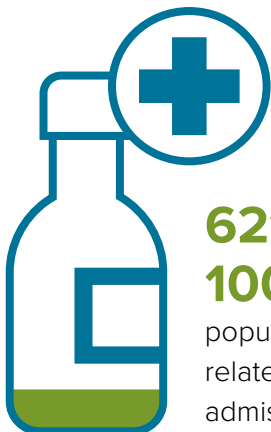


Suicide rate of
**19.6 per
100,000**

population

(male = **28.64 per 100,000**)

(female = **10.95 per 100,000**)



**621 per
100,000**

population alcohol
related hospital
admissions



of adults are
overweight or obese

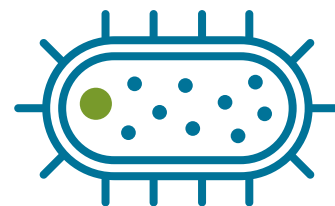


80.4%

of people in
Darlington are
employed



of people
are living
in fuel
poverty



540 per 100,000

population diagnoses rate of new
sexually transmitted infections

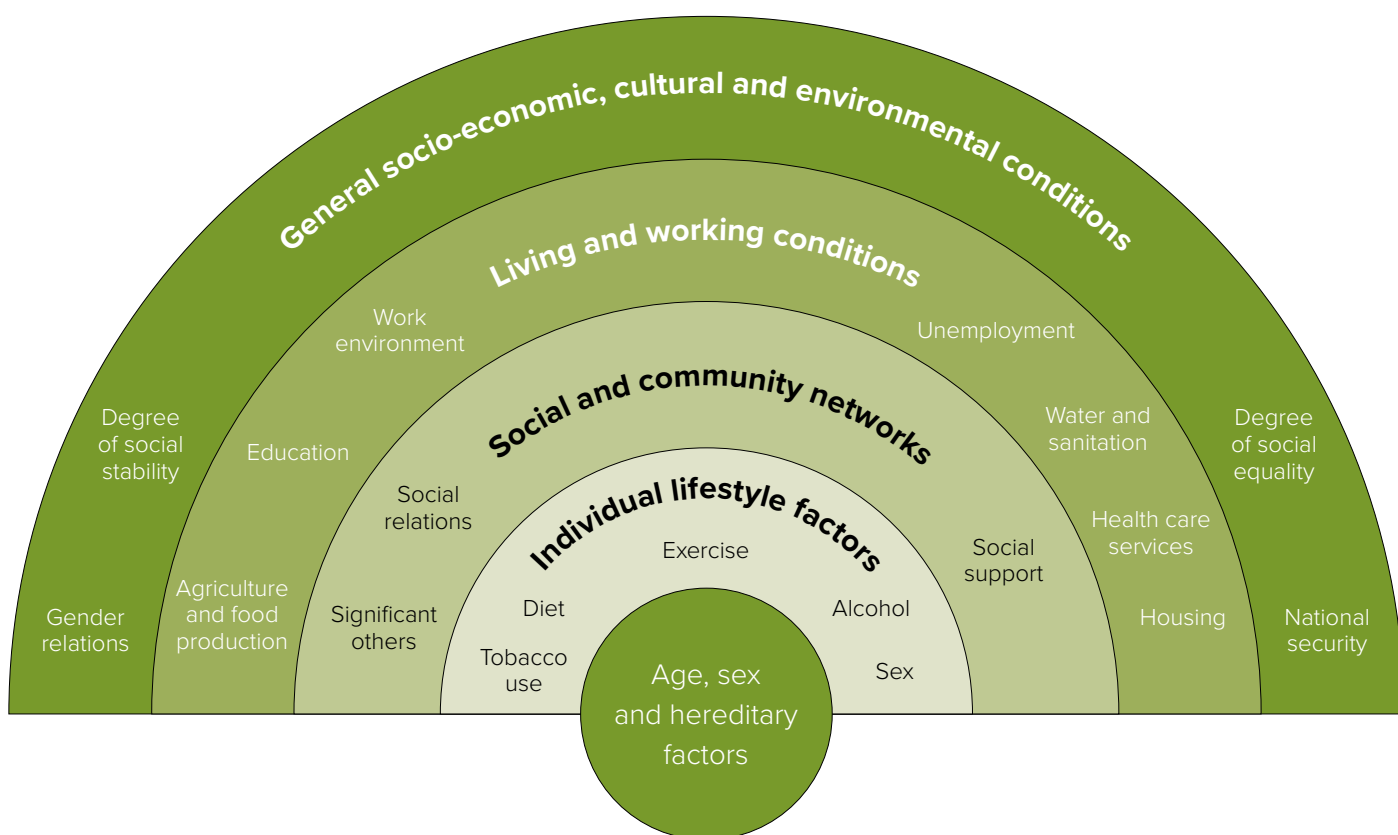


Introduction

Staying healthy in adulthood has many benefits and is an important measure of quality of life. Whilst health varies from individual to individual and can be influenced by individual lifestyle factors there are many other factors, often referred to as the wider determinants of health, which have a greater influence.

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.

Dahlgren and Whiteheads Model of Determinants of Health⁹



Mental Health and Suicide Prevention

Everybody has mental health. Good mental health is more than the absence of mental illness. It describes a person's ability to cope with everyday stresses, be resilient to adverse circumstances, maintain good relationships, work productively, make good decisions and make a positive contribution in their community¹⁰.

Mental health is not static, and is influenced by individual factors (such as personal and family circumstances), social determinants (including poverty, discrimination) and environmental factors (such as housing, access to green spaces), and therefore there is no "one size fits all" approach to improving mental health.

It is estimated that the economic and social costs of mental ill health in England reached £300 billion in 2022¹¹.

Public Mental Health describes a population level approach to improving mental health by addressing inequalities in both access to services and wider determinant of poor mental health.

This includes:

- Supporting the creation of effective mental health support pathways for those who need them
- Supporting those in crisis to receive appropriate help and preventing suicide
- Improving opportunities for those experiencing and recovering from mental health problems

ONS Census data reports that Darlington residents rate themselves below the England average on measures of personal wellbeing such as happiness, sense of satisfaction and feeling that life is worthwhile¹².

Like many parts of the country, Darlington has also seen an increase in the demand for local mental health services, both for children and young people and for adults, particularly post-covid and in the wake of the cost-of-living-crisis.

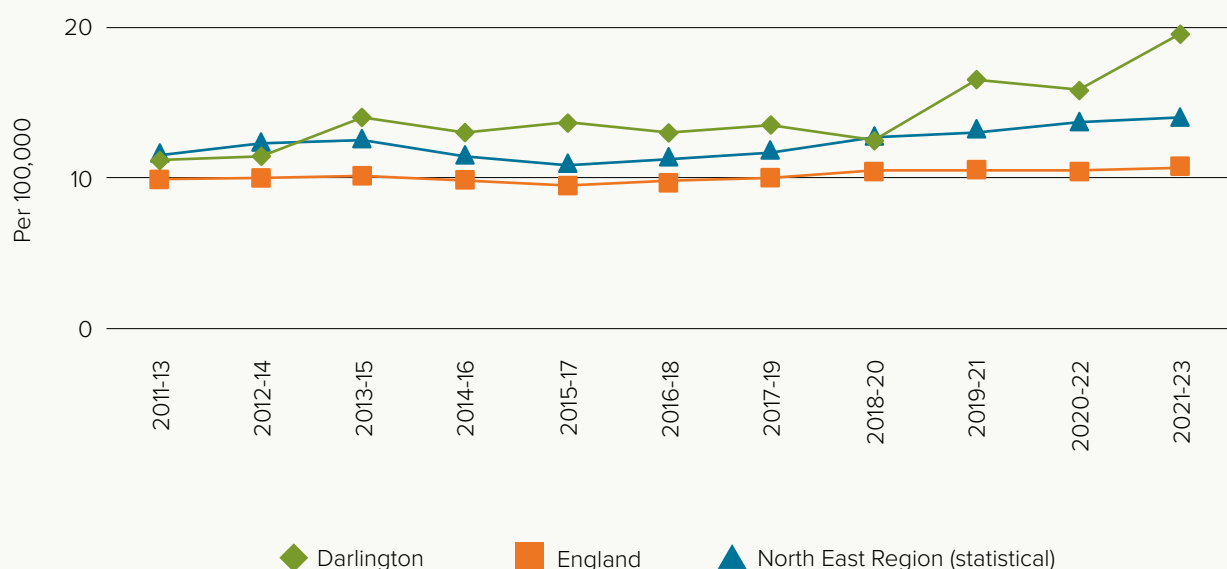
Last year, Darlington Public Health commissioned Healthwatch Darlington to establish a pilot Mental Health Network to start to bring together statutory and VCSE services and commissioners to facilitate greater communication, collaboration and a more joined up approach to mental health services across the borough. This network has been positively received by those working in mental health support across the borough and has created opportunities to inform further actions and commissioning opportunities. Further information can be found in the case study on [page 21](#).

Suicide prevention is a key focus in the borough with work underway to refresh the strategic action plan through collaboration between the Local Authority, Tees, Esk and Wear Valley NHS Foundation Trust, North East and North Cumbria Integrated Care Board, statutory services such as Police, Fire and Rescue Service and Coroners, as well as grass roots organisations, charities and CICs, and those affected by suicide.

Darlington has, unfortunately, seen an increase suicide rates over recent years. As in many other parts of the country, men are 2.5 times as likely as women to die by suicide, and most deaths by suicide occur in the 20 to 60 age group.



The Suicide Rate in Darlington as Compared to Other Areas (2011-13 - 2021-23)



The 2023 National Suicide Prevention Strategy¹³ identified key areas for action that will guide the focus of the collaborative strategic approach within the borough and with wider partners across the region.

These include:

- improving crisis support and pathways
- improving the quality of interventions

- increasing access to training
- providing support to those bereaved by suicide
- reducing stigma
- developing targeted support for those communities and individuals at greatest risk to find the right help when they need it.



Case Study - Partnership working through the Mental Health Network

In 2024, Healthwatch Darlington was commissioned by Darlington's Public Health Team to re-establish the Mental Health Network, in response to an identified need for improved collaboration, communication, and partnership working among key stakeholders, to enhance the mental health and emotional wellbeing of Darlington residents.

The network provides a platform for sharing information, updates, and best practices related to mental health services in Darlington. It identifies and addresses gaps, challenges, and opportunities within the local mental health system. Additionally, it collaborates on initiatives to improve the quality, accessibility, and effectiveness of mental health services. The network also facilitates communication and partnership working among commissioners, providers, and service users to enhance the overall mental health support system in Darlington.

Key Successes:

- **Enhanced Collaboration:** The network has facilitated valuable partnerships, including Darlington PCN and joint funding bids for mental health coordinators.
- **Improved Referral Pathways:** Organisations have reported increased confidence in signposting and referrals, ensuring individuals receive the right support.

- **Knowledge Sharing:** Participants from VCSE and statutory services have gained insights into available services, policy changes, and best practices, strengthening the mental health landscape in Darlington.
- **Community-Centred Approach:** The network has been instrumental in identifying gaps, shaping discussions, and co-producing solutions that reflect the needs of service users.

The Darlington Mental Health Network has been successful in fostering strong partnerships, improved collaboration, and measurable impacts on mental health services in Darlington. Through regular engagement, participants have highlighted the value of networking, shared learning, and the ability to shape services collaboratively.

As the current funding comes to an end on March 31, 2025, the network's achievements have led to the transition to a sustainable, structured model under a partnership with the Integrated Care Board (ICB) and Darlington Primary Care Network (PCN), so that the good practice and collaboration can continue to improve support and services for people in Darlington.



Mental Health Network collaboration: International Women's Day

In response to social media feedback, Healthwatch Darlington and Darlington Connect hosted a "Tea and Talk/Coffee and Chat" event on International Women's Day, with representation from other providers in the Mental Health Network. The event provided a welcoming space where women could enjoy free refreshments while sharing their thoughts and ideas about what they would like from a support group. For those unable to attend in person, an online survey was offered to ensure everyone had the opportunity to have their voices heard. The feedback gathered will be shared with the Mental Health Network, providing valuable data to support future funding bids for peer support initiatives in Darlington.

Following the success of this event, Healthwatch Darlington are planning to host two full days dedicated to social interaction in a safe, central location, supported by other organisations within the network. Anyone is welcome to drop by, whether they're feeling lonely, want to learn more about available support services, or simply want to enjoy a hot drink and connect with new people.

By collaborating in this way, the Mental Health Network not only provides support for the community but also demonstrates a collective commitment to improving services and fostering a stronger, more connected Darlington.



Substance Misuse

Darlington STRIDE (Support, Treatment and Recovery in Darlington through Empowerment)¹⁴ is an 'all age' specialist substance misuse treatment and recovery partnership, which is based upon a co-located and integrated model of delivery, with providers working together to support anyone living in Darlington who is experiencing difficulties with drug and/or alcohol use.

The service is delivered by staff from 3 organisations who each provide specialist support at any stage of active substance use, through to structured treatment and sustained recovery.

- Darlington Borough Council (Public Health ACCESS Team)
- WithYou (A national provider of specialist services)
- Recovery Connections (A national Lived Experience Recovery Organisation)

The STRIDE engagement function is delivered via the ACCESS team, who work across the partnership on an outreach basis, developing pathways into treatment services and providing rapid assessment of individuals to facilitate timely access to specialist treatment and recovery provision, as well as wider community resources, with the aim of reducing substance related harm and building pathways of recovery for the benefit of individuals, families and the wider community.

This ensures individuals are offered fair access to services and where it exists, challenges stigma, discrimination, and less favourable treatment, as well as helping individuals to navigate existing systems and identify any barriers they face to accessing their preferred treatment/care pathway. The team deliver time limited person-centred support, tailored to an individual's needs/strengths and which facilitates engagement and retention into structured treatment, with the aim that they are enabled to successfully complete treatment and sustain long-term recovery.

Our STRIDE harm reduction, clinical services and psychosocial interventions are delivered by WithYou, who provide structured interventions. These are delivered by a team of Recovery Navigators and clinical staff delivering everything from needle and syringe provision, one to one and group sessions through to specialist prescribing, community detoxification, relapse prevention and access to inpatient detoxification/residential rehabilitation.

Our STRIDE recovery provision is delivered by Recovery Connections, which has a team of recovery coaches, recovery ambassadors, and dayhab coaches, offering a full group timetable with various groups running each day from various locations across Darlington. They also offer one to one support with recovery coaches and an intensive dayhab programme. This has resulted in a welcome expansion to recovery activity within the borough and a rapid uptake of recovery support. The visibility of our recovery communities has given us a real opportunity to demonstrate the positive impact of treatment, and that recovery is a real possibility for the people of Darlington.

Recovery Connections also provide our Individual Placement Support, which supports people looking for employment at the earliest opportunity, using trained employment specialists alongside treatment for substance misuse as part of a multi-disciplinary treatment team, rather than separately provided by the generic Jobcentre Plus or Work and Health Programme. There is a high prevalence of unemployment among people with illicit drug and alcohol dependence and many of the people in this population can and want to work, but struggle to access the open job market and achieve stable employment. Access to paid employment is associated with improved treatment outcomes as well as a range of other personal gains, such as greater independence, financial resilience, and new social networks. All of these gains can strengthen the benefits of treatment for an individual, long after the treatment ends.



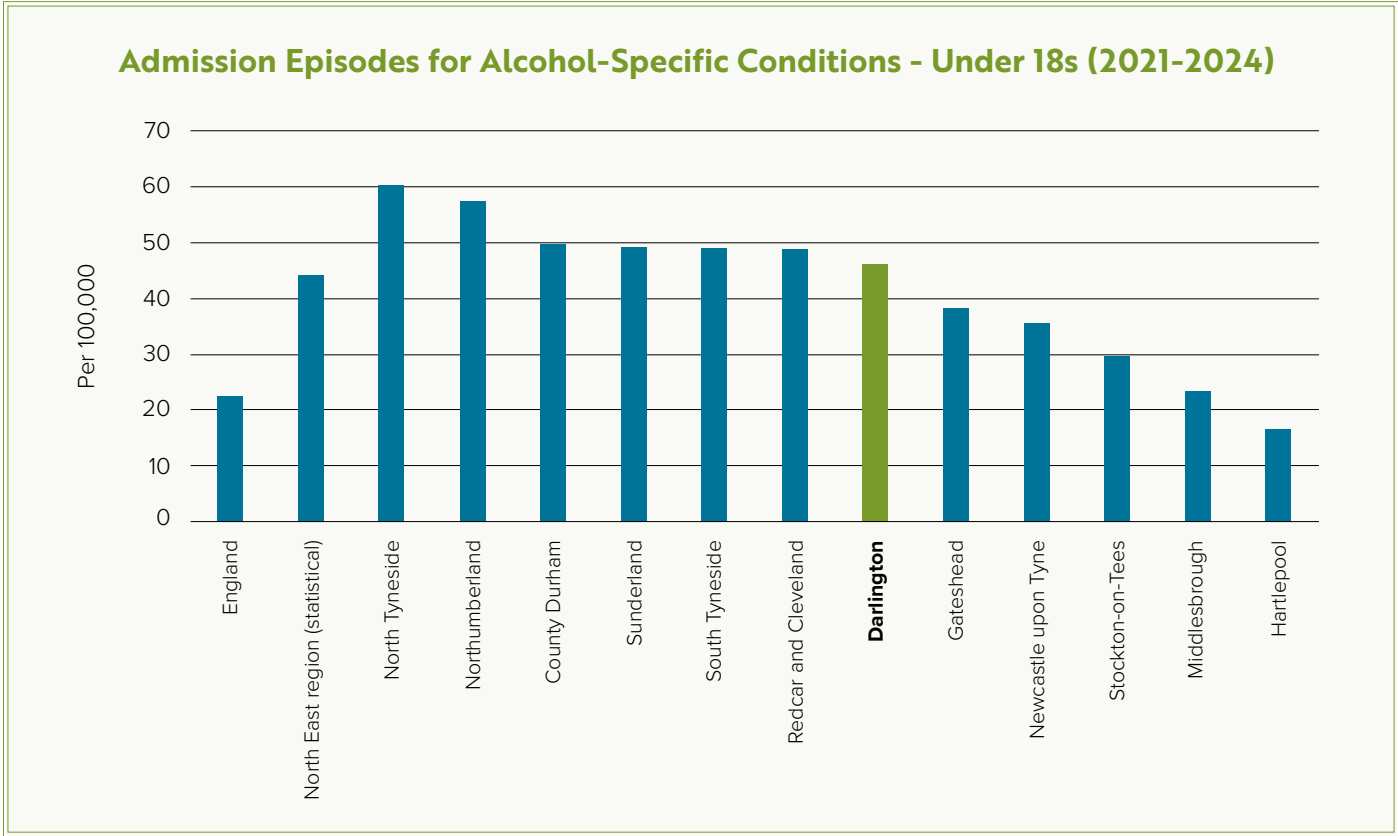
Our STRIDE Young People’s provision has undergone reconfiguration and strengthening to both bolster our prevention and early intervention activity and ensure we have an enhanced offer for young people within the borough. The service has a dedicated lead to support the wider team and deliver care to those with greater complexity/care needs, alongside the addition of both dedicated young people’s engagement and outreach as well as lived experience posts to enhance the offer, increase engagement and deliver intensive support.

The STRIDE partnership also offers:

- Recovery Ally training to a wide section of the community, with the aim of reducing stigma and raising awareness of recovery
- a harm minimisation programme offering advice and information to people using substances

- pharmacy, centre based and mobile naloxone distribution and needle exchange facilities and an onsite dispensing program
- a mobile outreach vehicle working within communities to support improved access to both specialist and wider health and social care services.

In Darlington, between 2021/22 to 2023/24, the rate of admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses is an alcohol-specific (wholly attributable) condition was 46.3 per 100,000 population. This places us 6th best performing regionally, but higher than both the regional (44.1) and national (22.6) average rates per 100,000 population regionally.



Comparing this to the rate of admissions to hospital for alcohol-specific conditions for adults, Darlington is placed 2nd best in the region, closely followed by Durham who we work with as a joint Combating Drugs and Alcohol Partnership.

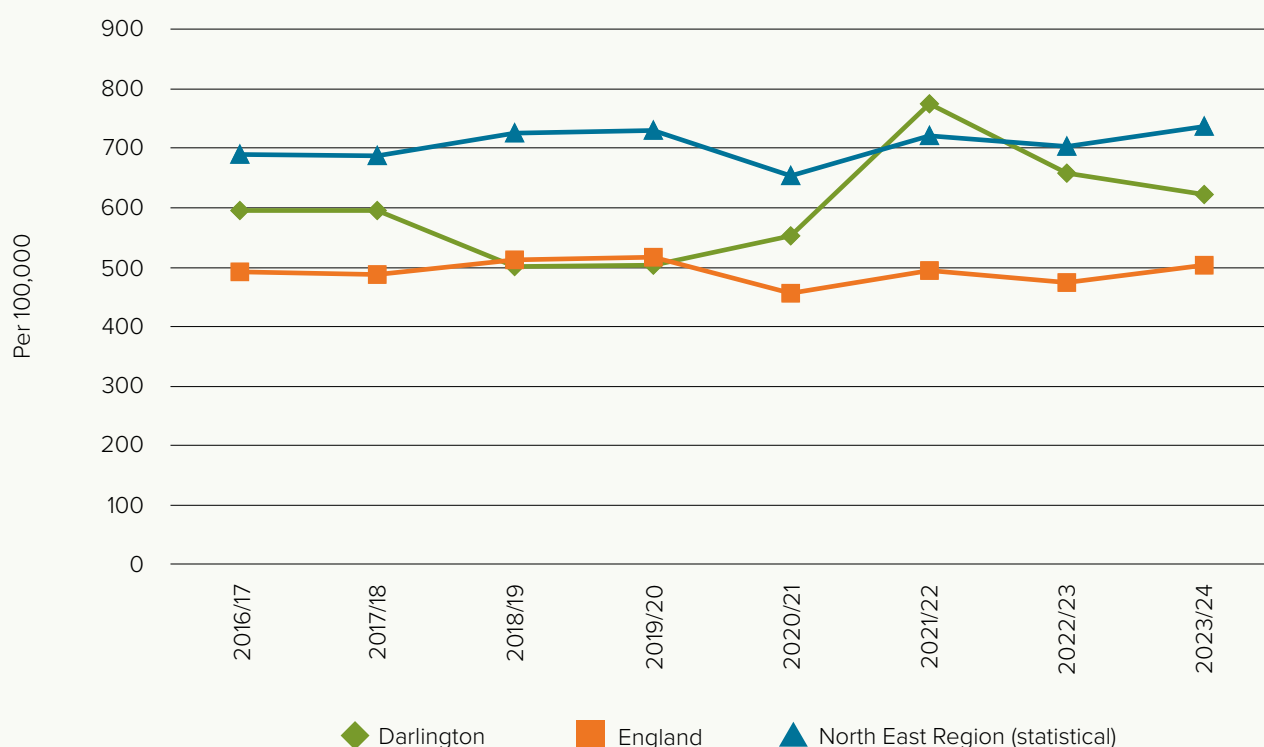
In Darlington, in 2023/24, the rate of admissions to hospital where the primary diagnosis or any of the secondary diagnoses is an alcohol-attributable

condition was 621 per 100,000 population. This is lower than the regional average (737) but higher than the national average (504) per 100,000 population.

The data shows a spike in admission episodes for alcohol related conditions in 2021/22 at 721 per 100,000 population, although this has decreased slightly over the past two years.



Admission Episodes for Alcohol-Related Conditions (Persons) (2016/17 - 2023/24)



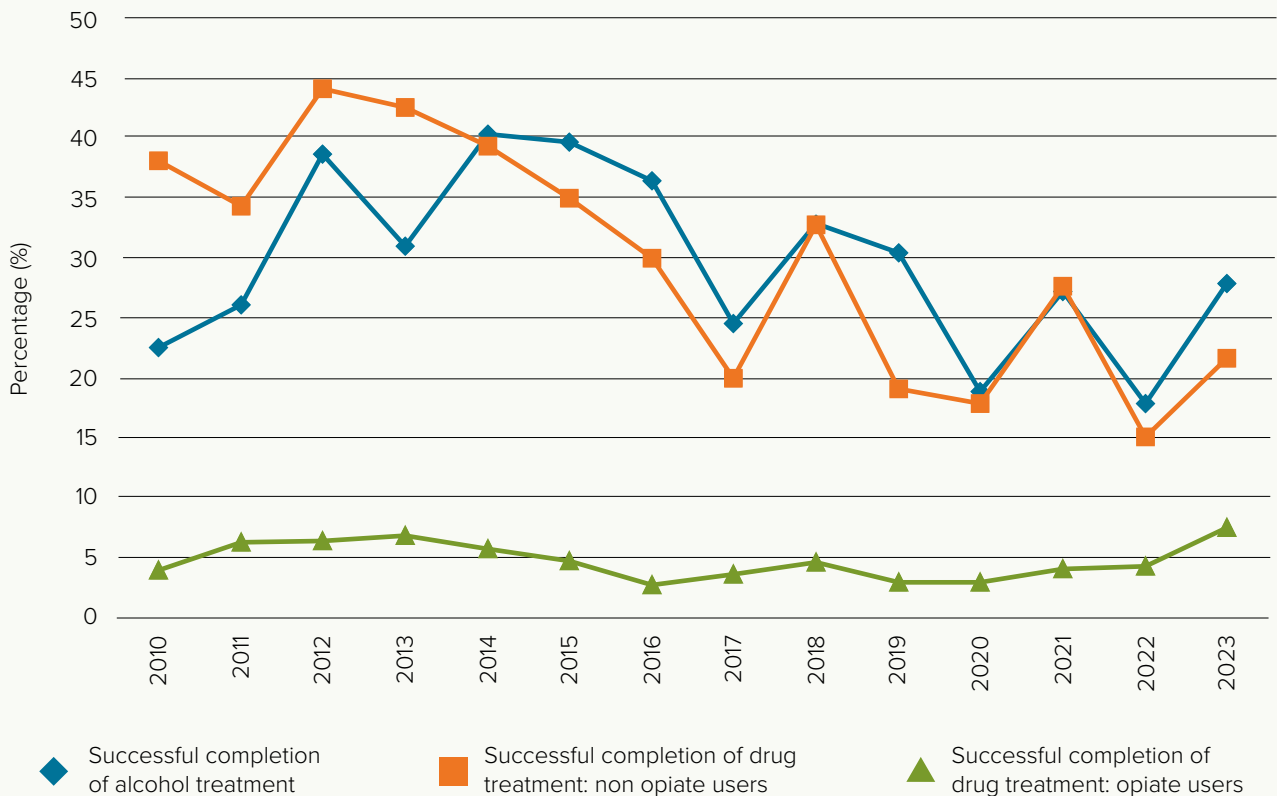
The percentage of those in alcohol treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 28.1% for Darlington**. This has improved significantly from the baseline period although is statistically significantly worse than England (34.2%).

The percentage of those in opiate treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 7.6% for Darlington**. This has improved from the baseline period and is statistically significantly better than England (5.1%).

The percentage of those in non-opiate treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 21.8% for Darlington**. This has improved from the baseline period but is statistically significantly worse than England (29.5%).



Successful Completion of Treatments in Darlington (2010-2023)



Case Study - Alcohol Harm and Recovery

I was still at school when I had my first taste of alcohol, it was the done thing to slip out at break time for a quick smoke and sip. Also, my mother never bothered to stop me from helping myself when I wanted to. So, I was given consent from a young age, this went on for years binge drinking with my mates but after losing one of my best friends I began to use drink to help get me through the day, I slowly lost family members, friends and had no money and no stable job, I just wanted to drink and didn't care about myself or anybody else, after crashing my car from drink driving I realised I needed to sort myself out. I took a long look at how I was living and knew that if I didn't get help that my children would be without a Father so I took the love of my family as my starting point to gain control of my thinking again and I asked We Are With You for help, they got me to cut down on my alcohol intake and I had regular

meetings with my key worker, then came the first lockdown which also helped me as I had a reason not to go out.

When I first went to the services, I didn't really have much faith in them, but I found what I wanted from what was offered and used it to help me. For me it was enough to know I could talk to someone. I also learnt a fair bit about recovery and how with my experience, can help others too.

After working with my key worker for a while we decided it would be a good idea for me to join an online support group and also told me about an ambassador course with Recovery Connections. I thought the idea of becoming an Ambassador for the service and helping people going through the same thing as I did was a great idea as I believe in peer-to-peer support.



The skills I learnt whilst doing the course have become part of my day-to-day life now, from a simple 'hi' to a passing stranger to a full-on conversation in a group I no longer judge people, and I can respect them also. Probably the best part is being able to listen, understand and advise especially when I deal with my children's issues. Since I have finished the course, I have become so much calmer and can see more potential and opportunity each day. I have so much confidence nowadays that chaos is not

part of my life anymore and I can enjoy my leisure time properly. The next stage of my life will consist of doing what I can to be a better person than I once was. I have found myself to be a useful part of other individual's recovery therefore I will probably volunteer to gain some extra skills as I feel this will complete my recovery.

My children are so proud of me now, it makes my selfish sacrifice well and truly worth it.

Case study - From Addiction to Hope

June 2023, I took myself to Accident and Emergency because I thought I was going into withdrawal from drinking alcohol. After being checked out the doctor asked me if I would like to talk to someone about my drinking. I said yes and within half an hour the ACCESS team came to speak to me in the Hospital. They were warm and welcoming, and we had a good conversation about my situation, how I was feeling, and what services were available to me. I was very impressed with the communication between the hospital and recovery services and how swiftly they were able to come and see me. It was exactly what I needed at the time. I arranged an appointment for an assessment and entered structured treatment through With You. I began to attend as many of the groups, activities and outings as I could fit in around work. I was grateful that there was such a full and varied timetable so that I had something to attend

when I needed it. In September 2023 I approached by the Individual Placement Support (IPS) team who helped me put together a CV, discussed what kind of work I was looking for and went over some interview techniques with me which ended in me starting a new Job. In March 2024 I started the Ambassadors Course and with the continued support and encouragement from Recovery Connections I completed it. In June 2024 I applied for a position with Recovery connections, went for the interview in July and started working in September 2024. When I first entered the service back in June 2023 I had absolutely no confidence. Without the opportunities and multidimensional services and resources that have been made available to me through STRIDE I would never have believed that I could achieve what I have.

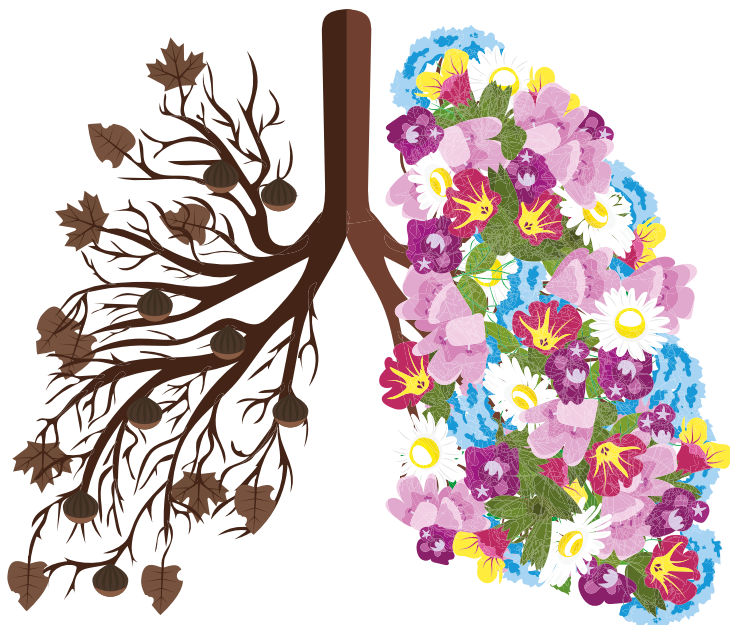


Smoking and Tobacco Control

Smoking is the single largest driver of health inequalities, and a lack of investment in prevention not only costs the economy but also results in lost opportunities for people and lost lives. Up to two thirds of smokers who don't quit will die of a smoking related illness.

Smoking causes 16 different types of cancer and increases the risk of heart attacks and strokes, whilst there is also strong evidence to suggest smoking can increase your risk of dementia.

The Council commissions a specialist stop smoking service¹⁵ which offers advice and support to help someone quit smoking. The service can provide Nicotine Replacement Therapy (NRT), Vapes and medications. Support is tailored to meet the individual's needs to support the quit attempt. The service operates five days a week in venues across

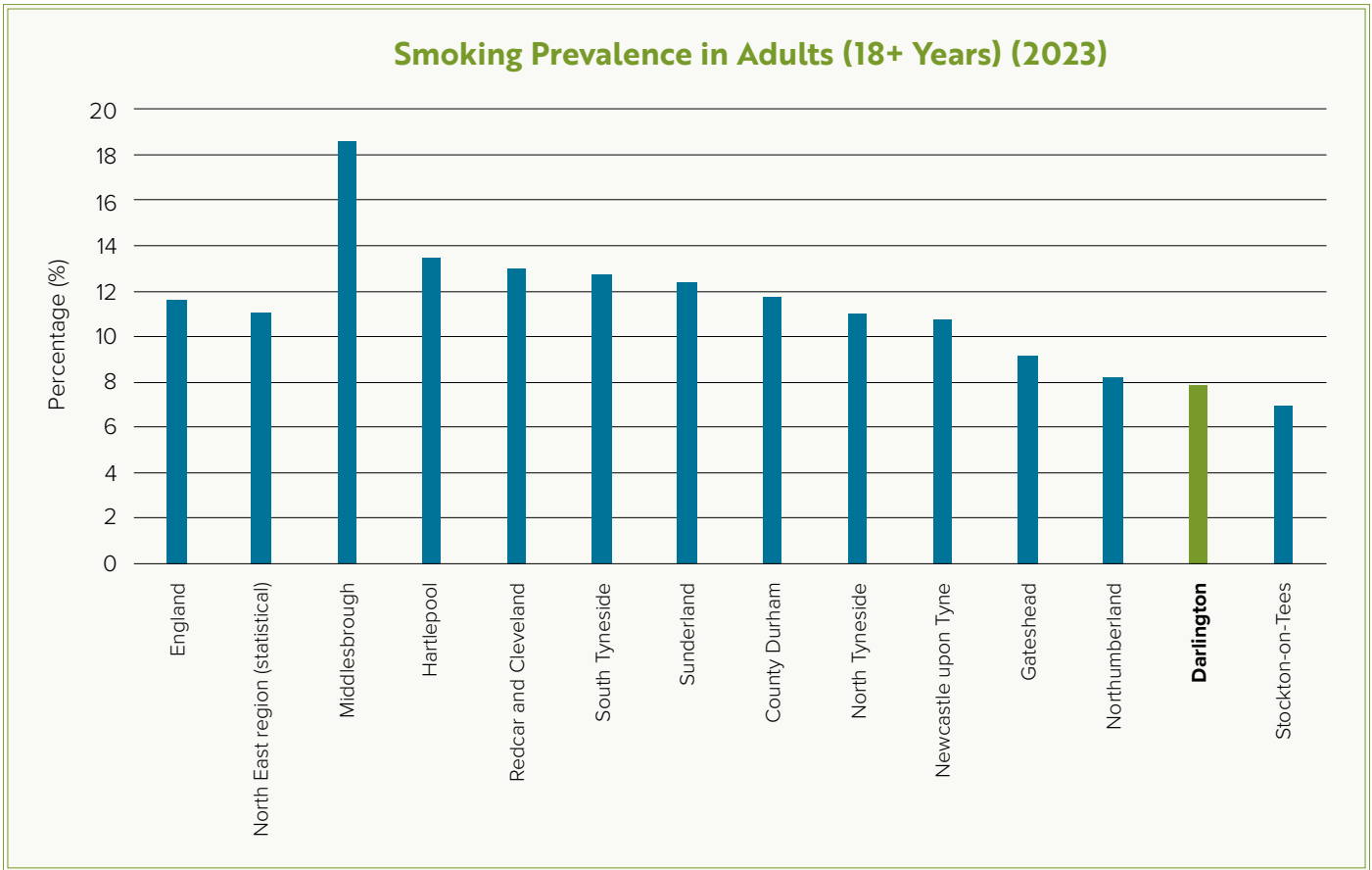
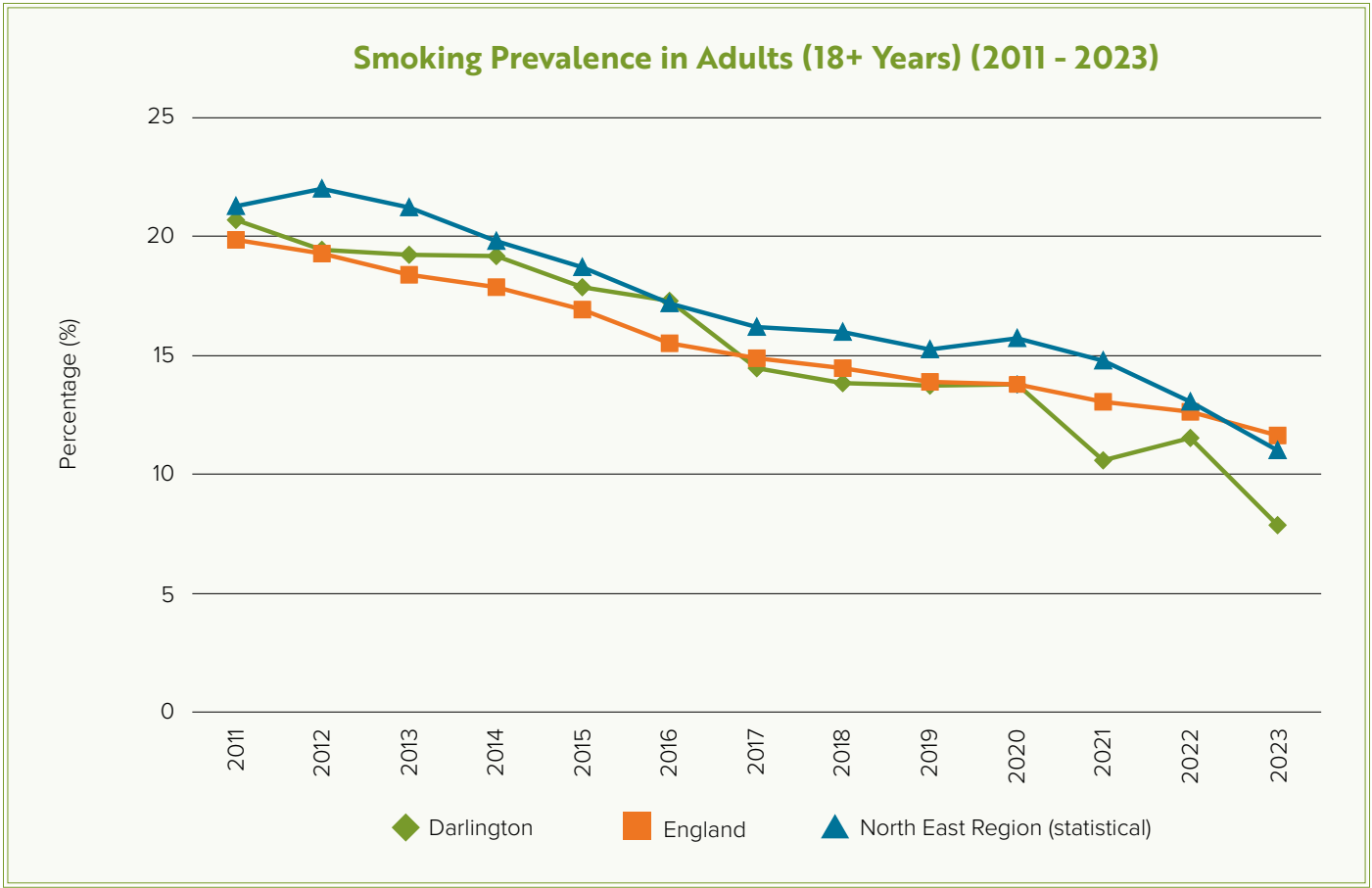


the borough, with face to face and telephone appointments available.

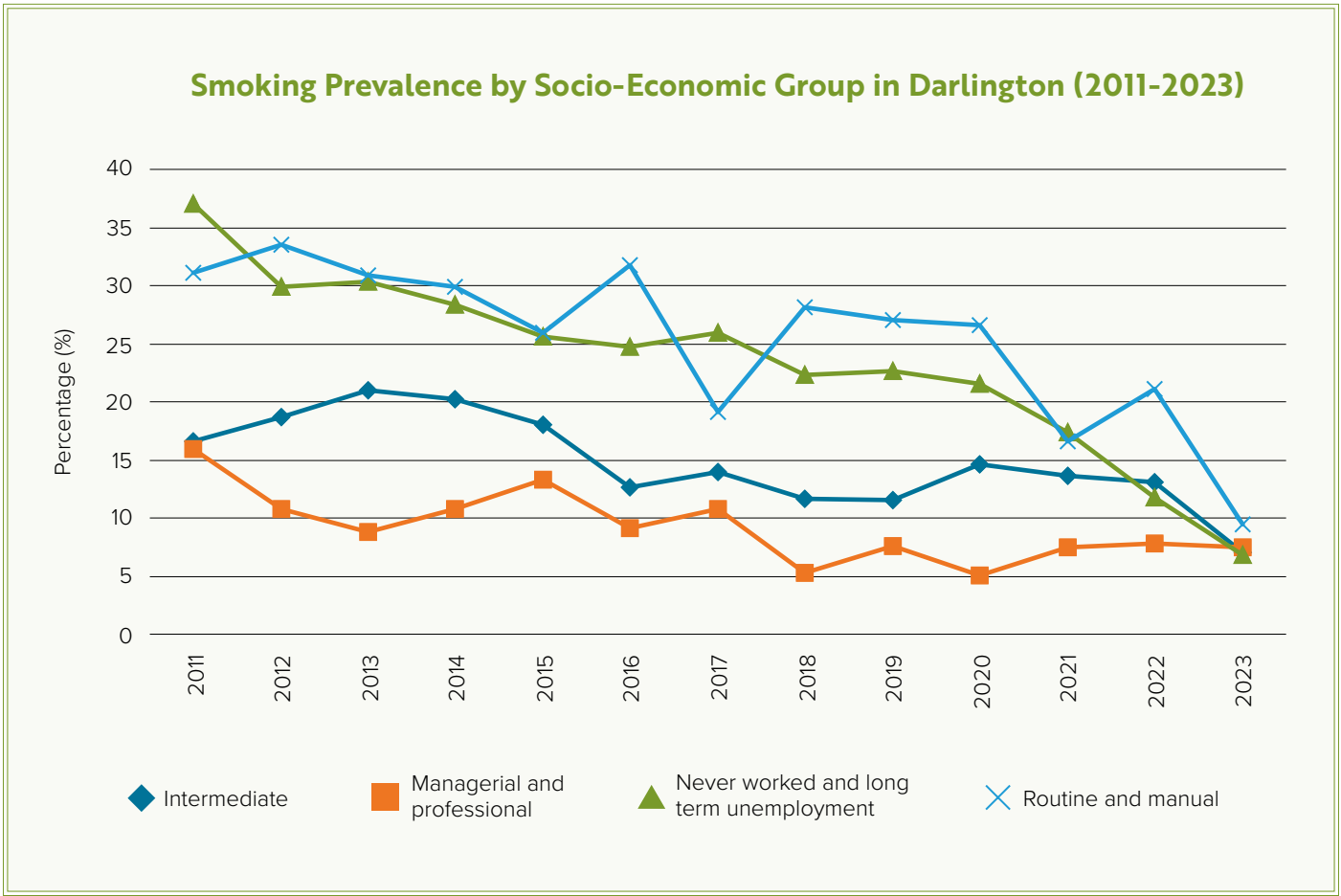
Alongside the 11 other North East Local Authorities public health provides funding to FRESH, a regional programme office which delivers eight key strands of activity, all designed to reduce smoking prevalence.



The prevalence of smoking for people aged 18 and over has dropped significantly in Darlington between 2022 (11.5%) and 2023 (7.9%). This is statistically better than the prevalence proportion in England (11.6%) and the North East (11%).

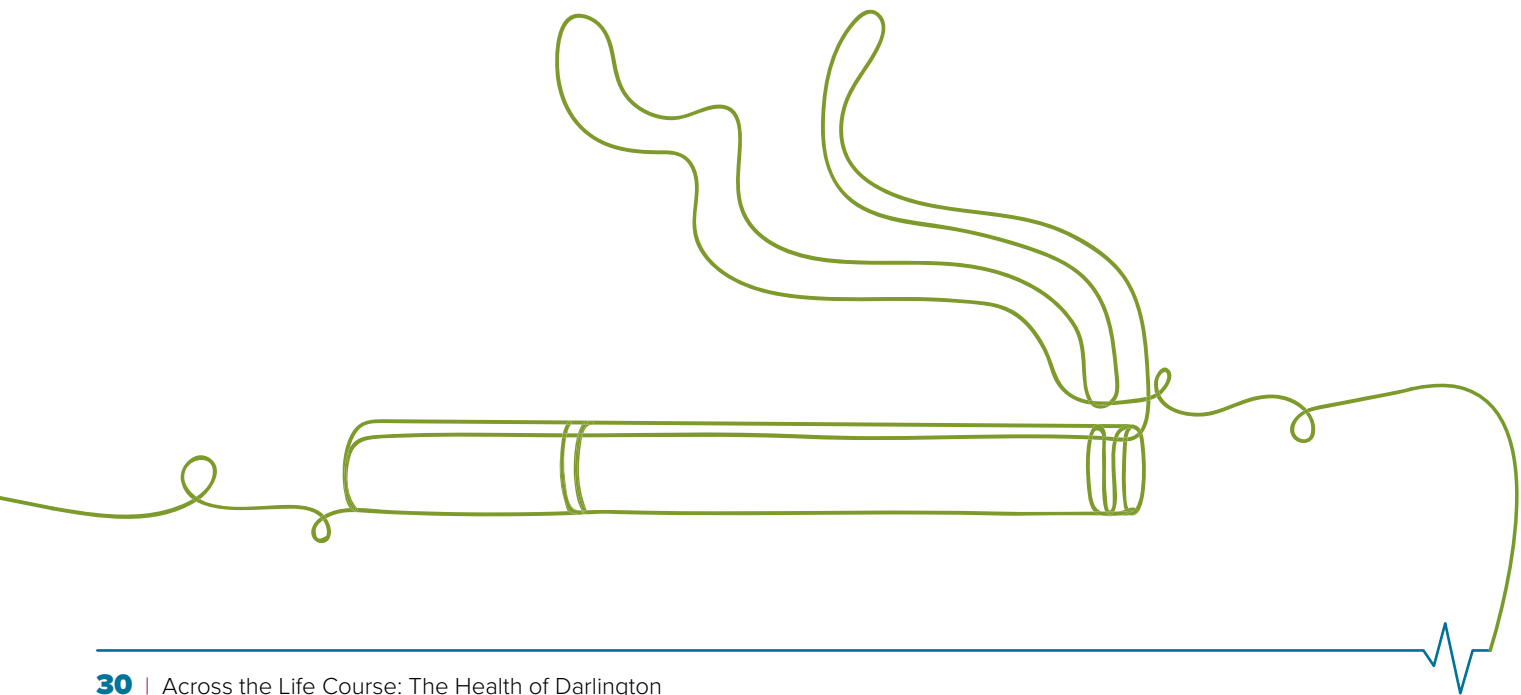


The prevalence of adults in routine and manual occupations (aged 18 to 64) who currently smoke follows the same pattern as the overall prevalence of people smoking. Darlington has a prevalence of 9.5%, which is statistically better than England (19.5%) and the North East (18%).



Evidence tells us that routine and manual workers have a higher prevalence of smoking compared to other social economic groups. Our stop smoking service will begin to tackle this in the next few months

by targeting employers and holding swap to stop events at workplaces, encouraging people who smoke to swap their cigarettes for a vape.



Case Study - Mr T

Background

Mr. T is a 35-year-old man with Bi-polar, ADHD and Learning Difficulties. He has been living in supported accommodation for 13 years and receives assistance with daily living activities such as medication management, budgeting, attending appointments and social activities.

Smoking History

Mr. T began smoking in his late teens and has been a daily smoker for over 15 years. At his peak, he smoked approximately 15-20 cigarettes per day. He often used smoking as a coping mechanism for stress and boredom. His family and support staff noticed that his smoking contributed to his poor finances and episodes of poor health both physically and mentally. Mr. T had a really poor sleep routine that was made worse by an increase in Nicotine.

Intervention

With the support of his family, health care professionals and his support workers, Mr. T decided to gain support from the Darlington Stop Smoking Service. After an initial assessment appointment Mr T decided to try a vape to support his quit attempt. The service offered one to one support that was specific to Mr. T needs, weekly Co readings and a vape with 12 weeks of vape liquids.

It was discussed with Mr. T that an abrupt stop was needed for the best results, and he transitioned to using a vape really well. Mr. T started with a high strength liquid and over a 12-week period reduce to the lowest strength of 5mg during this time.

The venue was in a place that Mr. T was used and felt comfortable in, a rapport was built at the initial appointment and the same advisor supported Mr. T throughout his quit attempt.

Outcome

After 12 weeks, Mr. T has successfully stopped smoking. He has now been smoke-free for 6 months. He has recently been discharged from the service. During his discharge appointment he reported that he felt better in himself, he is sleeping better and has saved enough money to purchase an up-graded I Phone, designer clothes, flights for his family holiday and is saving for an Apple watch. His family and support team continues to monitor his progress and offer encouragement.

Support Strategies

- Behavioural and Motivation support from the Stop Smoking Service
- 12 weeks of vape liquid - delivered to Mr. T address
- Gradual plan to reduce nicotine in the vape over time
- The family made sure Mr. T support team encouraged him to take part in new day time activities to reduce boredom and improve health.
- Ongoing encouragement from family, support staff and the stop smoking service as this is a good motivation for Mr. T
- Health education adapted to his learning style from Health care professional
- Continued emotional support during stressful periods

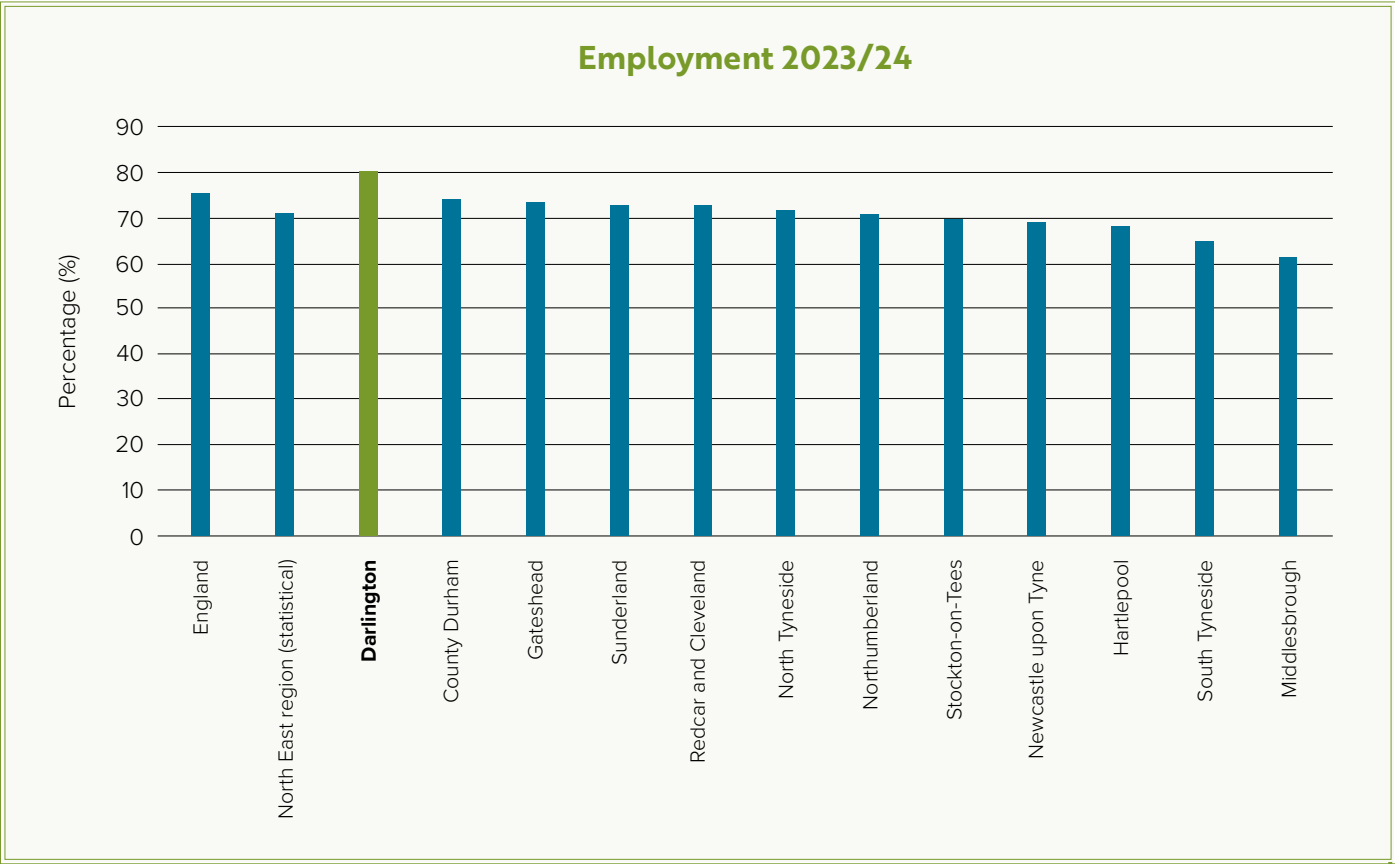
Conclusion

Mr. T is now a successful quitter. He still uses a vape with a 5mg liquid but is hoping in the future to reduce the amount he uses his vape and be Nicotine free. Mr. T said that he feels better, sleeps better and has a better quality of life.

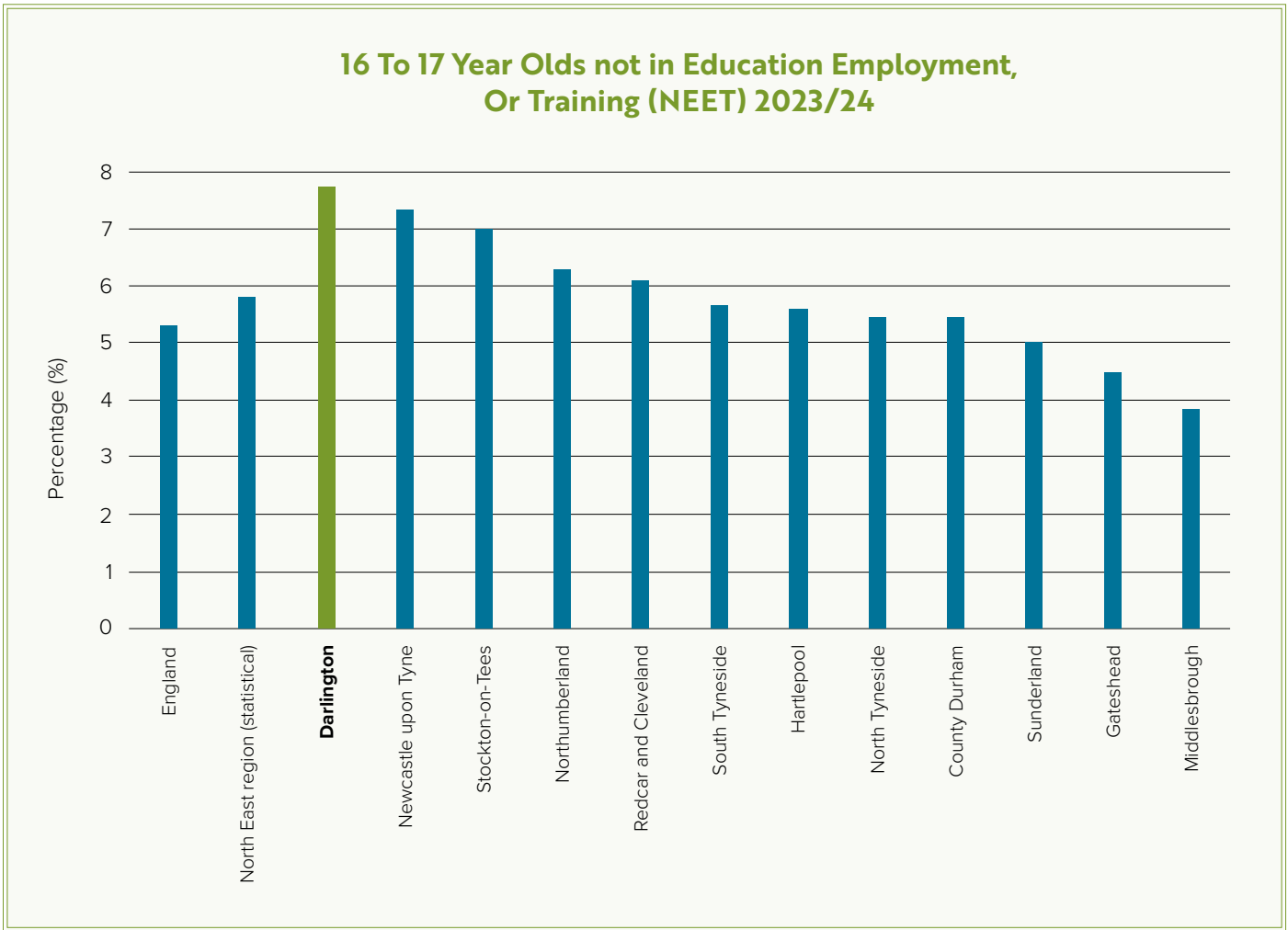


Employment

Darlington has seen a significant increase in the proportion of people aged 16 to 64 in employment. In 2023/24, 80.4% of people in Darlington were in employment, compared to England at 75.7%. Darlington has the highest proportion of people in employment in the North East. A greater proportion of males (82%) are in employment than females (78.7%).



In 2023/24, the proportion of 16 to 17-year-olds not in education, employment, or training had increased to 7.8%, from 3.8% in 2022/23. This data is statistically worse than the North East average of 5.8% and the England average of 5.4%. and is the highest proportion in the North East.



Case Study - Learning and Skills¹⁶

A couple of months ago twenty-year-old Charlie had nowhere to live and no job. Now, an exciting initiative from Learning & Skills is helping him, and others, to turn their lives around and get work in as little as one week!

Working together with local employers including Arriva, Aldi, Blackwell Grange, and several care homes, Learning & Skills has developed a series of one-week, bespoke employment courses offering guaranteed interviews upon completion. The 'employment academy' courses, which aim to equip

people with the basic skills required for a career in care, customer services, hospitality or warehousing, are helping to build people's confidence and give them the skills they need to be successful at interview. The courses have been running since 2022 and in this time have supported over 220 people, directly securing gainful employment for 182 individuals, including Charlie who enrolled on a course following a chance encounter with staff from Learning & Skills.



Charlie said: *"I was unemployed and going through a tough time. I became homeless and moved to Darlington to live with my grandma which was not ideal. Together we went to Darlington Jobs Fair where I met Tammy and Heather from Learning & Skills. They signposted me to an employment academy course with Blackwell Grange Hotel.*

"I haven't got any formal qualifications, don't like being in big groups and have really low confidence. Until recently I couldn't go anywhere without someone with me. Staff on the course were really supportive. They met me on the first day, before the other learners arrived, and helped me to settle into the classroom. They went through my timetable and what we would be doing each day, quietly checking in on me throughout the course.

"During the course we covered basic skills including customer service, food and beverage service and health and safety. The confidence and interview techniques session helped me to understand that I

needed to be vocal in my interview and even how to sit properly and how to talk about myself in a positive way. Because the course was taught in the workplace, I got the chance to see first-hand what a career in hospitality would be like and what Blackwell Grange expects of their employees. I also got to meet existing staff and the recruiting manager which helped me to feel more confident at interview.

"The course helped me to enter the interview with a positive mindset and I was really happy to be offered a job as a commis chef. I now work four shifts a week and am saving up for my own set of knives and to live independently. I have been told that when I complete my probation period, I will be going to Ireland to train at the parent hotel and I am looking into starting a professional cooking qualification.

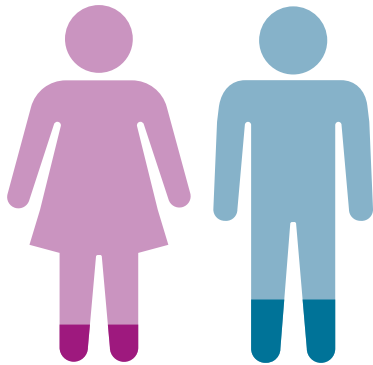
"Learning & Skills and Blackwell Grange have changed my life and given me a future."

Recommendations

1. Develop and deliver a multiagency suicide prevention action plan, informed by the evidence base set out within the Suicide Prevention Strategy for England and local suicide data and trends, to support a reduction in rates of self-harm and suicide.
2. Engage with local employers to inform the development of a healthy workplace offer for Darlington.
3. Continue to increase the numbers of people with drug and / or alcohol addictions accessing treatment and recovery support, through reviewing all pathways into the service and working with local stakeholders such as the prison and probation services to increase referrals.
4. Develop the rehab provision available to Darlington residents.
5. Continue to increase the numbers of people accessing the smoking service and the number of successful quit attempts.



Ageing Well



Inequality of life expectancy at birth

Female
10.3

Male
15.7



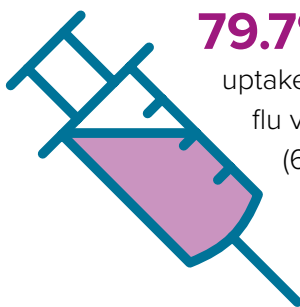
17.7%
of GP patients
have hypertension



0.9%
of GP patients
registered with
dementia



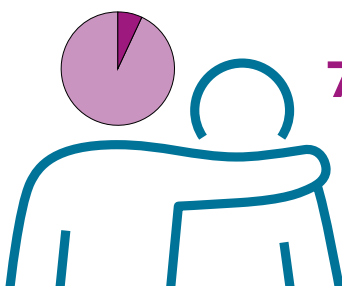
People taking up a
NHS Health Check
invite



79.7%
uptake of
flu vaccine
(65+ years)



**1,623 per
100,000**
Emergency hospital
admissions for falls
(65+ years)



7.1%
of adults feel lonely
often or always

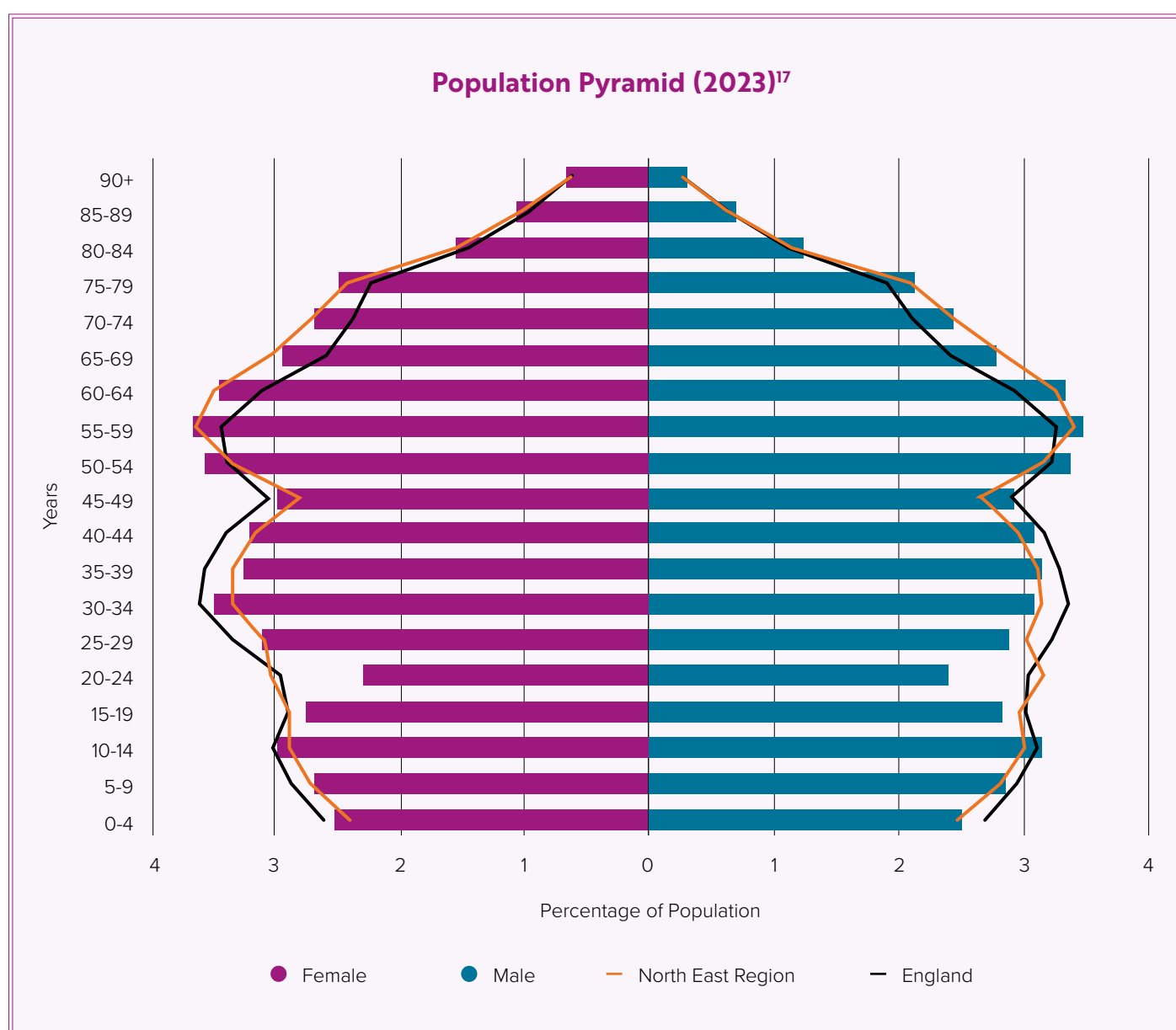


Introduction

Staying healthy as we age is crucial for everyone. Good health and wellbeing in later life result from the complex interaction of genetic and environmental factors across the life course. Education, socio-economic conditions, housing, nutrition, activity, smoking status, social support networks, health behaviours, and access to services all play a part in good health as we age. Inequalities in these factors can lead to greater inequalities in older adulthood.

Like many parts of the UK, Darlington has an ageing population (census data) creating an increased demand for health and social care. People born in Darlington, like much of the North East, have a shorter life expectancy than the England average.

In 2021/23, the average life expectancy at birth for males in Darlington is 77.9 years, for females it is 81.1 years. This compares to the averages for England of 79.3 years for males and 83.2 years for females.



We also see considerable variation across wards within Darlington, **in 2020-21 there was a gap of life expectancy for males of 15.7 years, and 10.3 years for females within the most and least deprived areas of Darlington. Data from 2021/23 shows that both men and women in Darlington only live in good health for around 58 years.**

There are many ways that public health plays a role in supporting people to live in better health for longer, and support older people to maintain their independence.

The NHS Health Check programme is available to all people aged 40 -74 at their GP practice (excluding those with certain diagnosed conditions). This service gives the participant an indication of the risk of developing certain conditions, particularly cardiovascular disease, stroke, type 2 diabetes, and kidney

disease, as well as offering advice and referrals to services which can help reduce the risk, such as smoking cessation services and weight management information.

Supporting adults to maintain their physical activity levels can be highly beneficial as people age.

Taking action to stay active can improve mental health and social connections and reduce the risk of:

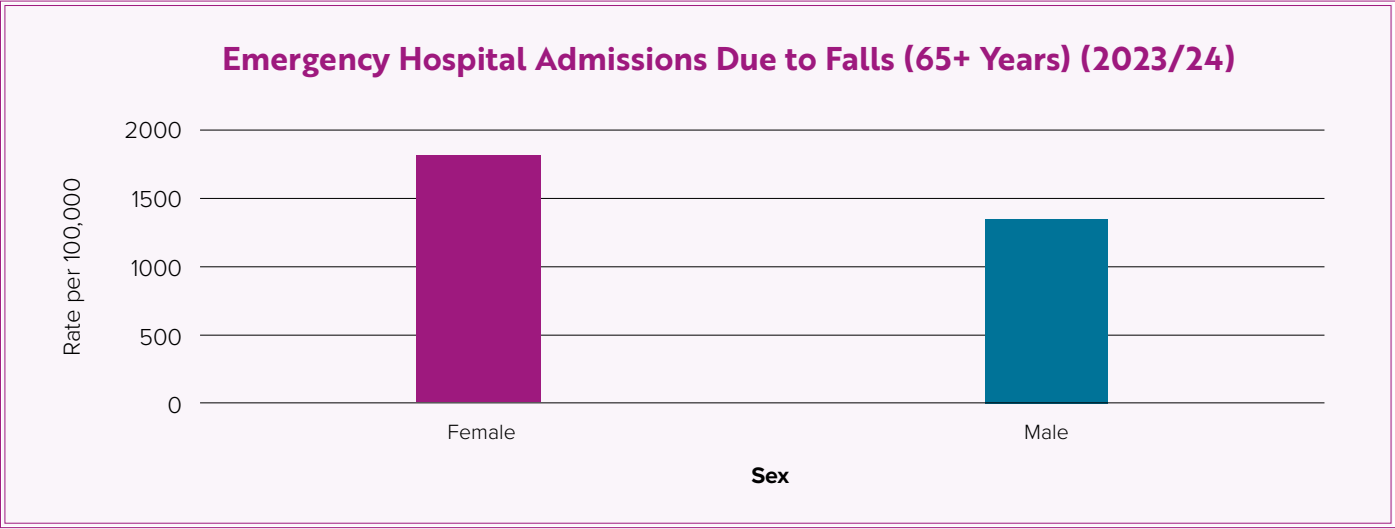
- cardiovascular disease
- type 2 diabetes
- some cancers
- falls and subsequent hospitalisation

Darlington's Move More team run a wide variety of activities to keep people moving in later life, including for those in sheltered accommodation and community-based sessions.



Falls in Older People

Since 2021/22, which was a peak of emergency hospital admissions due to falls in people aged 65+ (3,051 per 100,000), the trend has decreased significantly to 1,623 per 100,000. This new statistic is statistically better than the England average of 1,984 per 100,000. Darlington is in the top 5 areas in the North East with the lowest rate of emergency admissions due to falls for people aged 65+.



In 2023/24 52.7% of adult social care users had as much social contact as they would like (18+ years). This proportion is slowly increasing and is statistically similar to England (45.6%).

The percentage of adult carers who have as much social contact as they would like (18+ years) was 27.8% in 2023/24. This is also statistically similar to England, which has an average of 30%.



Case Study - Ageing Well and Physical Activity

Regular physical activity brings positive benefits to people of all ages, and those over 65 are no exception. Being active supports overall health and wellbeing, as well as reducing the risk of major illnesses such as heart disease and stroke. Exercises that improve strength, balance and flexibility can reduce the risk of falling, increase confidence and improve ability to participate in a range of tasks or activities. There is also increasing evidence that physical activity can boost self-esteem, mood, sleep quality, and energy, as well as reducing risk of stress.

NHS guidelines¹⁸ state that adults 65 and older should aim to

- be physically active every day, even if it's just light activity
- do activities that improve strength, balance and flexibility on at least 2 days a week
- do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity if you are already active, or a combination of both
- reduce time spent sitting or lying down and break up long periods of not moving with some activity

Lynne Fawcett, aged 74, supports older adults in Darlington to stay fit and well through her weekly exercise classes across the borough. Lynne was inspired by a local news report aiming to help older adults become active, and at the age of 69 she sourced and completed her exercise instructor training.

Once qualified, she contacted sheltered accommodation properties in Darlington, and was directed to Darlington Borough Council's Move More team. Move More offer a range of activities in the community, at Eastbourne Sports Complex and in sheltered housing to encourage people of all ages and abilities to keep active. Activities range from gentle or seated exercise, and boccia, to seated games and Nordic walking.

Lynne began to shadow sessions, then fill in for other instructors, and now teaches a number of classes each week, including chair-based exercise, seated dance and she supports the Breathe-Easy sessions for people with COPD, alongside a respiratory nurse.

Ladies from one chair-based exercise class have all experienced Lynne's welcoming approach and are keen to share the benefits with others in Darlington. She makes everyone feel comfortable, while adapting for individual needs, including for people with limited mobility or impairments. She offers a range of exercises and options so that no-one is left out, and she offers challenge and support to ensure everyone gets the workout they want.

They come for a variety of reasons: some are life-long exercisers, some joined when they wanted to "keep everything moving" as they age, and others have been signposted by friends, families or health professionals following procedures such as hip replacements. Some exercise so that they can keep up with the gardening, or the grandchildren, and all report that they can do so much more now that they have become more active.

Attending the exercise sessions has had more than physical benefits - the members have become friends as well as exercise buddies. Most people come every week, and some even attend several sessions a week, and all report that they look forward to coming as they feel much better every time, both from the activity and from seeing one another.

Through physical activity, Lynne has a new role and social group, as well as benefiting from all the positive impacts that being physically active can bring. Lynne's approach to exercise...? "Find something that piques your interest and then do it!"



Long Term Conditions

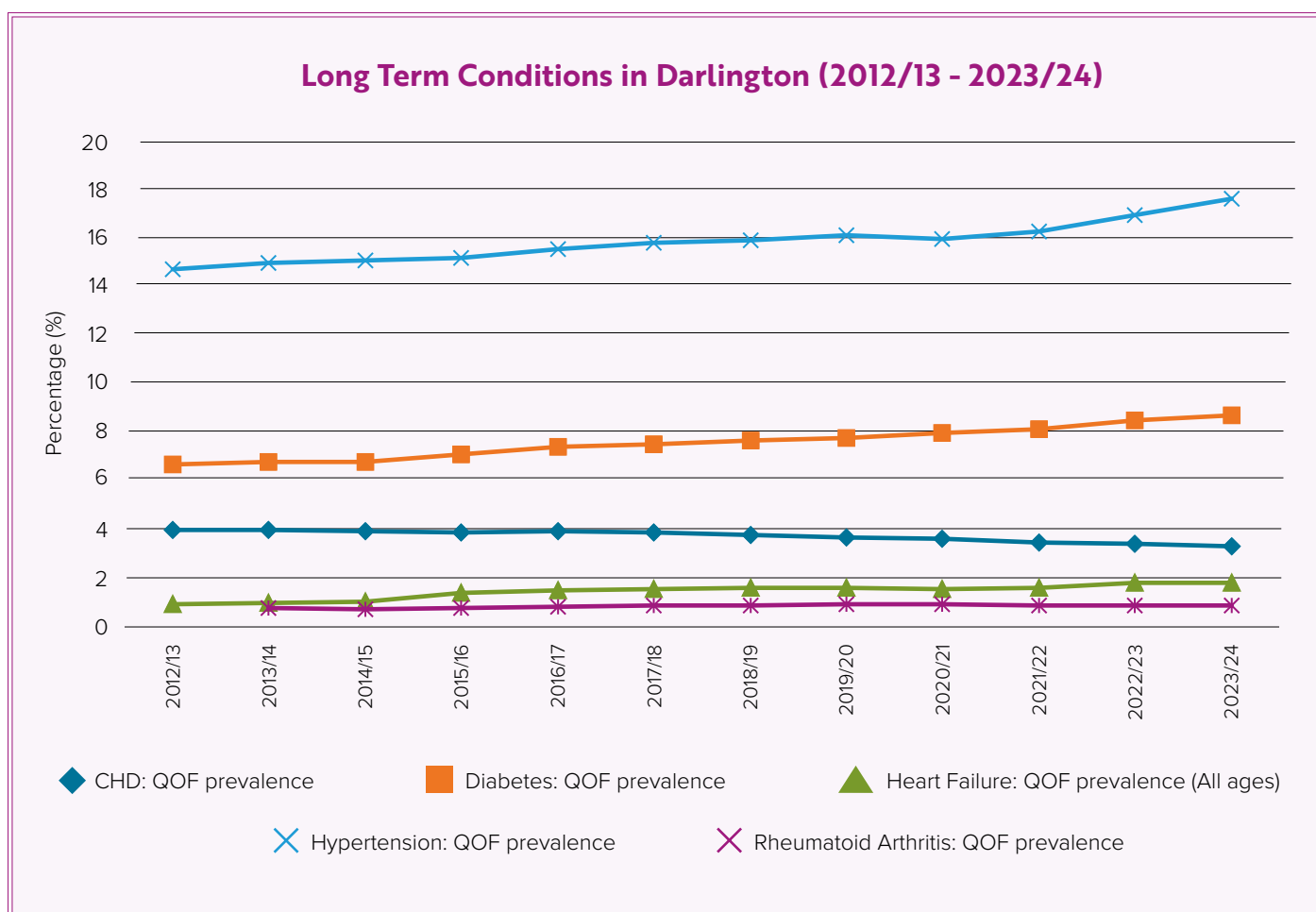
A long term physical health condition is a health problem that requires ongoing management over a period of years or decades and cannot currently be cured but can be controlled with the use of medication and/or other therapies.

Examples of long term physical health conditions¹⁹ include:

- Diabetes
- Cardiovascular disease (hypertension, angina)
- Chronic respiratory disease (asthma, COPD)
- Chronic neurological conditions (multiple sclerosis)

- Chronic pain (arthritis)
- Long COVID
- Other long-term conditions (e.g. chronic fatigue syndrome, IBS, cancer)

The Quality Outcomes Framework (QOF)²⁰, used by all GP practices in England, shows that the prevalence of most long term conditions are steadily increasing, except for coronary heart disease, which is steadily decreasing.



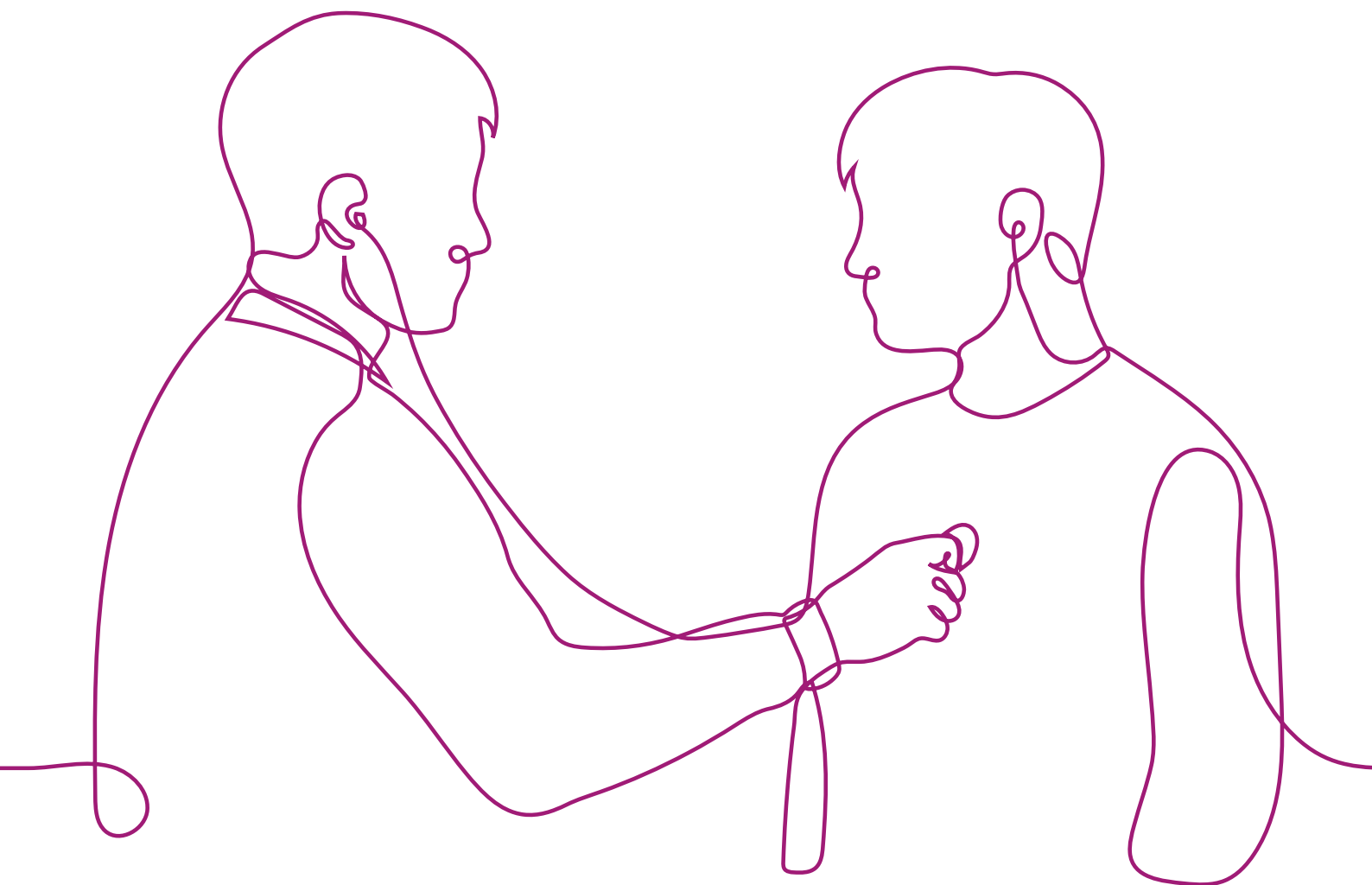
In 2025 there were 6,574 people over the age of 65 in Darlington with a limiting long term illness. Using the Projecting Older People Population Information

System²¹, it is predicted there will be 8,204 people over the age of 65 in Darlington with a limiting long term illness in 2040. This is an increase in 24.8%.



Recommendations

1. Build upon the delivery of the NHS Health Check Programme to identify opportunities to reach a broader cross section of the eligible cohort, to ensure those who could benefit most are accessing the offer.
2. Review and strengthen pathways into services from NHS health checks, including stop smoking services and drug and alcohol services.
3. Develop a public health approach to ageing well.



Acknowledgements

I would like to thank everyone involved in developing this report, particularly Emily Reed, Jane Sutcliffe, Sarah Foster and everyone who provided case studies.

Thanks also go to Abbie Kelly, Emily Crathorne, Joanne Hennessey, Mark Harrison and Rebecca Morgan.



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