

# Health and Well Being Board Agenda



**3.00 pm Thursday, 4 July 2019**  
**Committee Room No. 1, Town Hall,**  
**Darlington. DL1 5QT**

**Members of the Public are welcome to attend this Meeting.**

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To consider the times of meetings of this Committee for the Municipal Year 2019/20 on the dates as agreed in the Calendar of meetings by Cabinet at Minute C110/Feb/19
4. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
5. To approve the Minutes of the Meeting of this Board held on 17 January 2019 (Pages 1 - 8)
6. Integration Board Governance Arrangements – Report of the Director of Children and Adults Services, Darlington Borough Council. (Pages 9 - 12)
7. Starting Well: Giving Every Child the Best Start in Life
  - (a) Darlington Child Health Profile 2019 – Report of the Director of Public Health, Darlington Borough Council. (Pages 13 - 18)
  - (b) Darlington Healthy Lifestyle Survey – Report of the Director of Public Health, Darlington Borough Council (Pages 19 - 22)

- (c) Children and Young People's Plan 2017/2022 - Progress Report –  
Report of the Director of Children and Adults Services, Darlington Borough  
Council.  
(Pages 23 - 28)
- 8. Integrated Care Systems - Update by the Chief Clinical Officer, NHS Darlington  
Clinical Commissioning Group.
- 9. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this  
Board are of an urgent nature and can be discussed at the meeting.
- 10. Questions.



**Luke Swinhoe**  
**Assistant Director Law and Governance**

**Wednesday, 26 June 2019**

**Town Hall**  
**Darlington.**

**Membership**

Councillor Crudass, Cabinet Member with Children and Young People Portfolio  
Councillor Mills, Cabinet Member with Adult Social Care Portfolio  
Councillor Tostevin, Cabinet Member with Housing, Health and Partnerships Portfolio  
Councillor Harker  
Councillor Mrs H Scott, Leader of the Council  
Paul Wildsmith, Managing Director  
Suzanne Joyner, Director of Children and Adults Services  
Miriam Davidson, Director of Public Health  
Dr Posmyk Boleslaw, Chair, NHS Darlington Clinical Commissioning Group  
Nicola Bailey, Chief Officer, Darlington Clinical Commissioning Group  
Michael Houghton, Director of Commissioning Strategy and Delivery, NHS Darlington  
Clinical Commissioning Group  
Richard Chillery, Operational Director of Children's and Countywide Care Directorate,  
Harrogate and District NHS Foundation Trust  
Marion Grieves, Dean of Health and Social Care, Teesside University  
Sam Hirst, Primary Schools Representative  
Ron Hogg, Police, Crime and Victims' Commissioner, Durham Police Area  
Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust  
Rita Lawson, Chairman, VCS Strategic Implementation Group  
Jonathan Lumb, Darlington Secondary Schools Representative

Colin Martin, Chief Executive, Tees, Esk and Wear Valley Mental Health Foundation Trust

Dr Chris Mathieson, Clinical Governor, Primary Healthcare Darlington

Alison Slater, Director of Nursing, NHS England, Area Team

Michelle Thompson, Chief Executive Officer, Healthwatch Darlington

Carole Todd, Darlington Post Sixteen Representative, Darlington Post Sixteen Representative

**Since the last meeting of the Board, the following items have been sent to the Chair/Members of the Board:-**

- Letter – NHS England- Cumbria and North East – Views on CCG’s contribution to delivery of joint health and wellbeing strategy – January 2019
- Invite – Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account Stakeholder Event – 5 February 2019
- Invite - North East Regional Best Practice Seminar and Networking Event – The Sage, Gateshead – 13 March 2019
- Briefing NHS South Integrated Care Partnership – Clinical Strategy- Hospital Services – March 2019
- Consultation – Tees, Esk and Wear Valleys NHS Foundation Trust Draft Quality Account 2018/19
- NHS North of England Commissioning Support and CCG – Annual Reports – May 2019
- Invite – Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account Stakeholder Event – 9 July 2019

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Fay, Democratic Officer, Resources Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail [hannah.fay@darlington.gov.uk](mailto:hannah.fay@darlington.gov.uk) or telephone 01325 405801

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## HEALTH AND WELL BEING BOARD

Thursday, 17 January 2019

**PRESENT** – Councillor A J Scott (Chair), Councillor C L B Hughes, Suzanne Joyner (Director of Children and Adults Services), Miriam Davidson (Director of Public Health), Nicola Bailey (Chief Officer) (Darlington Clinical Commissioning Group), Karen Hawkins (Director of Commissioning and Transformation) (NHS Darlington Clinical Commissioning Group), Jonathan Lumb (Darlington Secondary Schools Representative), Dr Chris Mathieson (Clinical Governor) (Primary Healthcare Darlington) and Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington), Jill Foggin (Communications Officer) (County Durham and Darlington NHS Foundation Trust), Aimee Preston (Harrogate and District NHS Foundation Trust) and Charles Oakley (Office of the Police, Crime and Victims' Commissioner)

**ALSO IN ATTENDANCE** – Dr Malcolm Moffat (Specialty Registrar Public Health), Dr Helen Duncan (Observer, Public Health England), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Ann Baxter (Independent Chair, Darlington Safeguarding Adults Partnership Board) and Tony Murphy (Head of Education and Inclusion)

**APOLOGIES** – Councillor Harker, Councillor S Richmond, Councillor H Scott, Paul Wildsmith (Managing Director), Posmyk Boleslaw (Darlington Clinical Commissioning Group), Richard Chillery (Operational Director of Children's and Countywide Care Directorate) (Harrogate and District NHS Foundation Trust), Marion Grieves (Dean of Health and Social Care) (Teesside University), Sam Hirst (Primary Schools Representative), Ron Hogg (Police, Crime and Victims' Commissioner), Sue Jacques (Chief Executive) (County Durham and Darlington NHS Foundation Trust), Colin Martin (Chief Executive) (Tees, Esk and Wear Valley Mental Health Foundation Trust), Carole Todd (Darlington Post Sixteen Representative)

### **HWBB22 DECLARATIONS OF INTEREST.**

There were no declarations of interest reported at the meeting.

### **HWBB23 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.**

In respect of Minute HWBB25 below, representations were made by a member of the public in attendance at the meeting.

### **HWBB24 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 13 SEPTEMBER 2018.**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 13 September 2018.

**RESOLVED** – That the minutes be approved as a correct record.

**REASON** – They represent an accurate record of the meeting.

**HWBB25 DIRECTOR OF PUBLIC HEALTH DARLINGTON ANNUAL REPORT 2017 - 'HEALTH INEQUALITIES IN DARLINGTON : NARROWING THE GAP'**

The Director of Public Health submitted a report (previously circulated) presenting the Director of Public Health Darlington Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap' (also previously circulated).

The submitted report stated that this was the fourth annual report following the transfer of public health responsibilities from the NHS to local government, as part of the Health and Social Care Act 2012; good health was unevenly distributed across the country, region and town; life expectancy for those living in the North of England had started to slow down and in some cases reverse; the report explored the breadth and extent of the health gaps within Darlington; and proposed measures to narrow those gaps.

Dr Malcolm Moffat, Specialty Registrar, Public Health, in presenting the Director of Public Health Darlington Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap', highlighted the link between health and wider determinants including housing, income, education, employment and the environment; provided a walk-through of Darlington's 'life course' approach, which highlighted the inequalities in existence within Darlington; outlined the life expectancy gap between the richest and poorest wards in Darlington, which was almost twelve years; stated that the average number of years of good health was a way of measuring inequalities; and that health inequalities were preventable.

Particular reference was made to the recommendations contained with the Director of Public Health's Annual Report under each of the 'life course' approaches, namely Starting Well, Living and Working Well and Healthy Ageing, aimed at addressing those health inequalities.

Discussion ensued on the importance of prevention and intervention; cultural change; education; the need to engage better across all organisations and listen to the 'community' voice; and for those organisations not to work in isolation. Reference was also made to the work already being undertaken by a number of organisations within Darlington to ensure the views of the community were captured.

A member of the public in attendance at the meeting raised concerns in respect of the statistics relating to tooth decay of five year olds in Darlington within the Director of Public Health Darlington Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap'. The Director of Public Health responded thereon to the accuracy and timeliness of the data.

**RESOLVED** – That the contents of the Director of Public Health Darlington Annual Report 2017, entitled 'Health Inequalities in Darlington: Narrowing the Gap' as appended to the submitted report, be noted.

**REASON** – The Health and Social Care Act 2012 stipulates the responsibility of the Director of Public Health to provide an annual report and for Council's to publish that report.

## **HWBB26 HEALTH AND WELL BEING PLAN PRIORITIES:-**

In introducing the Health and Well Being Plan priorities, the Chair requested at the meeting that consideration be given to the future focus and governance arrangements of the Board.

In particular, reference was made to the 'life course' approach adopted by the Board namely Starting Well, Living and Working Well and Healthy Ageing (see subsections (1) to (3) below); infrastructure around the Board; its purpose; operational management; use of resources; reporting mechanisms; and the role of the Integration Board.

Reference was made to the fact that all key organisation were represented at the Board, providing an opportunity to identify common areas of work with partners with similar priorities, in order to share resources.

### **(1) STARTING WELL - CHILDREN AND YOUNG PEOPLE'S PLAN 2017/22 - PROGRESS REPORT**

The Director of Children and Adults Services submitted a report (previously circulated) updating the Board on the delivery of the Children and Young People's Plan 2017/22.

The submitted report stated that the Children and Young People's Plan 2017/22 was adopted by Council on 27 September 2017; it was one of the identified delivery plans within the Sustainable Community Strategy (SCS); it identified the key actions to be taken to deliver the agreed SCS priority of the 'best start in life'; stated that a multi-agency steering group (MASG) had been established to bring together key partners to ensure effective monitoring and delivery of the plan; provided an update on the progress of Year One Priorities; and identified the Priority Actions for Year Two.

**RESOLVED** – That the progress to date on delivering the Children and Young People's Plan 2017/22, be noted.

**REASONS** – To inform the Board on the progress of the Children and Young People's Plan 2017/22.

### **(2) LIVING WELL**

Further to Minute HWBB25 above, Dr Malcolm Moffatt, Specialty Registrar, Public Health, presented the recommendations of the Director of Public Health Annual Report 2017 'Health Inequalities in Darlington: Narrowing the Gap' in relation to Living and Working Well namely: addressing barriers to quality employment and promoting inclusive growth e.g. Routes to Work and similar initiatives; promoting a healthy work force including good mental health e.g. via Darlington Cares (an employer's network); and implementing the practice of Making Every Contact Count (MECC), triggering brief conversations about workplace health.

**RESOLVED** – That the recommendations to address health inequalities relating to Living and Working Well, as detailed within the Director of Public Health Annual Report 2017 ‘Health Inequalities in Darlington: Narrowing the Gap’, be noted.

**REASON** – To inform the Board of the recommendations contained within the Director of Public Health Annual Report 2017 ‘Health Inequalities in Darlington: Narrowing the Gap’.

**(3) AGEING WELL - BETTER CARE FUND 2017/19**

The Director of Children and Adults Services submitted a report (previously circulated) updating the Board on the delivery of the 2017/19 Better Care Fund (BCF) submission and associated plans and providing information to the Board on updated guidance received in respect of how BCF will continue into 2019/20.

The submitted report outlined the current position and work undertaken to date on the workstreams, established to support the delivery of the BCF priorities; outlined the areas where the additional iBCF grant funding was being used; and provided a summary of the 2018/19 Q3 national monitoring report. It was reported that only one of the four metrics was not on track, namely ASCOF 2B, the number of people referred to Social Care Reablement who were still at home 91 days after their hospital discharge. This had been subject to a significant overhaul and as such the new collection procedure was still bedding in, and that Darlington was on track in respect of the implementation of the High Impact Change Model, which was required to be established by the end of March 2019.

The proposal for the BCF plan for 2019/20 was agreed with minimal changes from the current plan, with the inclusion of a Length of Stay metric.

**RESOLVED** – (a) That progress to date on delivering 2017/19 Better Care Fund objectives as detailed in the submitted report, be noted.

(b) That the position in respect of BCF 2019/20, as detailed in the submitted report, be noted.

(c) That the position in respect of the national metrics and the actions taken, as detailed in the submitted report, be noted.

**REASON** – (a) The two-year plan remains in place with delivery progressing well; new guidance issued in June 2018 has not required any amendment or addition. Scheme reviews during the year have led to small changes in the expenditure plan for 2018/19 but not at a material level.

(b) There is an expectation that a further plan will be required for 2019/20 but no guidance has yet been received.

(c) This report summarises the current position.



## **HWBB27 TERMS OF REFERENCE**

The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the revised Terms of Reference for the Health and Well Being Board (also previously circulated).

The submitted report stated that the revised governance arrangements and Terms of Reference for the Health and Well Being Board were considered and approved by the Board at its meeting held on 10 May 2018; it was agreed to review them on a regular basis; and that a number of minor amendments had been proposed.

Discussion ensued on the frequency of meetings; task and finish review groups; working more collaboratively with existing partnership groups; membership of the Board; links to the Darlington Partnership Board; its role as the Children's Trust; and strengthening the links between the Board and agencies who promote employment. Particular reference was made to the need for the Board to have a more strategic role and for it to focus on addressing the health inequalities highlighted at Minute HWBB25 above.

**RESOLVED** – (a) That the Terms of Reference be approved, with the inclusion of the following amendments:-

- (i) the Darlington Integration Board overseeing the delivery of local plans to ensure that they are in line with the Joint Needs Assessment and Joint Health and Well Being Strategy;
  - (ii) the deletion of the NHS Darlington Clinical Commissioning Group's Chief Clinical Officer from the Membership of the Board;
  - (iii) the deletion of Darlington Borough Council's Chief Executive/Managing Director from the Membership of the Board; and
  - (iv) the Vice Chair of the Board will be the Chair of the NHS Darlington Clinical Commissioning Group.
- (b) That it be agreed that the Board meet three times a year.
- (c) That the Board undertake a more strategic role, promoting joint working with partners where possible, with a focus on health inequalities.
- (d) That the Integration Board deal with the day to day issues.
- (e) That the Terms of Reference be updated accordingly.

**REASON** – (a) To enable the Terms of Reference to be updated with a number of minor changes.

(b) To enable the Board to consider any further amendments to the Terms of Reference, following the stocktake of priorities.

## **HWBB28 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY**

The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the content of the updated Special Educational Needs and Disabilities (SEND) Strategy (2019-2022) (also previously circulated).

The submitted report outlined the content of the updated SEND strategy 2019-2022 which proposed a local vision along with priorities for the future provision and development of services to support children with SEND; stated that further work had commenced with the Clinical Commissioning Group (CCG) to develop the draft strategy so that it could be adopted by the Local Authority and the CCG as a local area strategy for Darlington; and provided an update on the public consultation which had been undertaken.

Particular reference was made to the number of pupils with social, emotional and mental health (SEMH) needs that were placed in high cost specialist provisions out of area, due to the lack of suitable local specialist provision, and stated that the strategy had identified this as a key area of consideration for commissioning local provision to meet the need and manage demand.

Discussion ensued on the role of the multi-agency SEND steering group in progressing the SEND strategy.

**RESOLVED** – (a) That the key objectives, as outlined in the draft SEND Strategy, as appended to the submitted report, be agreed and the development of a local area strategy be supported.

(b) That a joint approach to delivering the SEND Strategy and the opportunity to work together on an integrated approach to SEND, be endorsed.

(c) That an update report be submitted to the next meeting of the Board, to include any identified risks.

**REASON** – The strategy provides a framework to drive the work of the SEND partnership in Darlington through to 2022 to deliver the best possible outcomes for children and young people with SEND and their families.

## **HWBB29 INTEGRATED CARE SYSTEMS - UPDATE BY THE CHIEF OFFICER, NHS DARLINGTON CLINICAL COMMISSIONING GROUP.**

The Chief Officer, NHS Darlington Clinical Commissioning Group, circulated a summary of the NHS Long Term Plan at the meeting. The summary outlined the priorities of the plan; stated that local NHS organisations would work with partners to turn those ambitions into improvements; and set out how the NHS would overcome the challenges it faced, such as staff shortages and growing demand for services by doing things differently, preventing illness and tackling health inequalities, backing the NHS workforce, making better use of data and digital technology and getting the most out of taxpayers' investment in the NHS.

The Chief Officer gave an update to the Board on the Integrated Care Systems (ICS). The ICS was a group of local NHS organisations working together with each other, local councils and other partners, on developing and implementing their own strategies for the next five years on how they intended to take the ambitions of the NHS Long Term Plan and turn them into local actions to improve services and the health and wellbeing of the communities they served. It was reported that the North Cumbria and North East ICS was the biggest ICS, with a population of around 3.2M and it would focus on prevention and early intervention; ambulance services; work force planning; specialist services; policy development in order to eradicate the 'post code' lottery of services; local partnership working; and on 'wrapping' services around local communities. Particular reference was made to the fact that the region had one of the best performing health authorities but tended to have the poorest outcomes.

Discussion ensued on the aligning of services; NHS targets; making the NHS resilient; the changes that have been implemented to date to improve services; delayed discharges; and the prevention and intermediate care agenda.

**RESOLVED** – That the thanks of the Board be conveyed to the Chief Officer, NHS Darlington Clinical Commissioning Group, for her update.

**RESOLVED** – To convey the views of the Board.

### **HWBB30 HEALTHWATCH DARLINGTON**

The Chief Executive Officer, Healthwatch Darlington, submitted a report (previously circulated) updating the Board on its key statutory priorities and projects from September 2018 to December 2018.

The submitted report outlined the role of Healthwatch Darlington as a strong independent community champion which gave local people a voice that improved health and social care provision on behalf of the people of Darlington; and the activities and projects it was involved with.

Particular reference was made to the 'What's important to you?' 2018/19 survey which had been launched for six months to determine what was important to the community.

**RESOLVED** – (a) That the report and the progress made to date for Healthwatch Darlington, as detailed in the submitted report, be noted.

(b) That members of the Board be requested to share the results of the survey to seek as many views as possible to inform the Healthwatch Darlington work plan for 2019/20.

**REASON** – To enable the Board to consider the work of Healthwatch Darlington.

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## HEALTH AND WELL BEING BOARD 4 JULY 2019

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### INTEGRATION BOARD GOVERNANCE ARRANGEMENTS

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#### SUMMARY REPORT

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

1. To consider the proposed governance arrangements for the Integration Board.

##### **Summary**

2. The proposed Integration Board Governance Arrangement, attached at Appendix 1, details how the Integration Board relates to strategic, operational and joint commissioning working groups, various Boards and Strategies, and to the Health and Well Being Board.

##### **Recommendation**

3. It is recommended that the governance arrangements for the Integration Board, as detailed at Appendix 1, be noted.

##### **Reasons**

4. The recommendation is supported to inform the Board of the governance arrangements for the Integration Board.

**Suzanne Joyner,  
Director of Children and Adults Services**

##### **Background Papers**

No background papers were used in the preparation of this report.

Christine Shields ext 5851

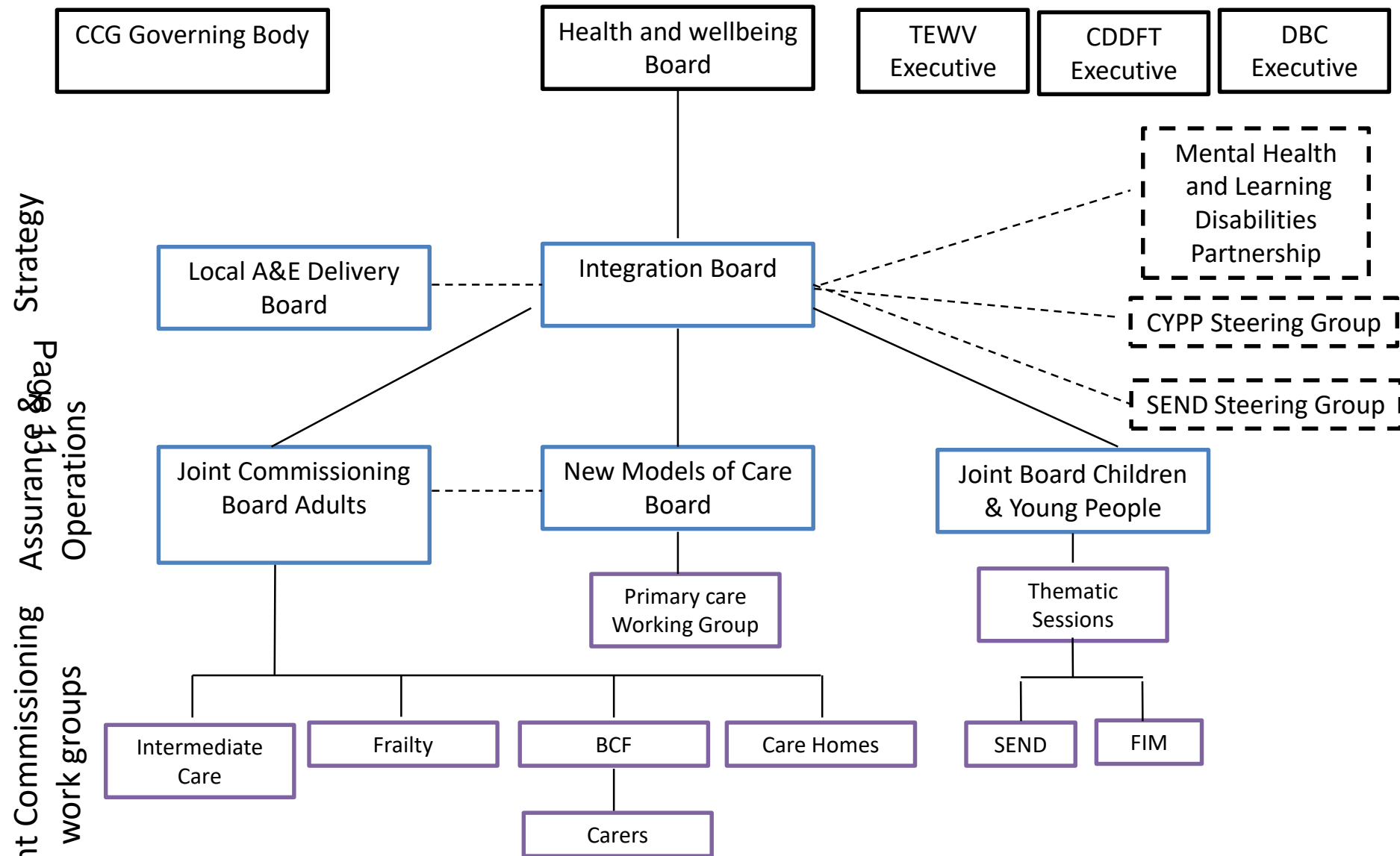
S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	There are no direct implications on Health and Well Being arising from the report.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
One Darlington: Perfectly Placed	N/A
Efficiency	N/A
Implications for Looked After Children and Care Leavers	There are no direct implications for looked after children arising from the report.

## MAIN REPORT

### Information and Analysis

5. At the meeting of the Health and Well Being Board held on 17 January 2019, a number of amendments to the terms of reference for the Board were agreed. One of those amendments was to pass the responsibility for the day to day issues of the Board to the Integration Board.
  
6. The Governance Arrangements, attached at Appendix 1, have been proposed for the Integration Board, to enable it to undertake that role and they detail how the Integration Board relates to strategic, operational and joint commissioning working groups, various Boards and Strategies, and to the Health and Well Being Board.

# Proposed Integration Board Governance - Darlington Borough



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**HEALTH AND WELL BEING BOARD  
4 JULY 2019**

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**DARLINGTON CHILD HEALTH PROFILE 2019**

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**SUMMARY REPORT****Purpose of the Report**

1. To inform members and partners of the key messages in the Darlington Child Health Profile 2019. The 2019 profile reports data from 2017/18 to provide a snap shot of child health in Darlington. It allows for comparisons over time and against the regional and England averages. Child Health Profiles are designed to help the local authority and local health services better understand local need and to plan services to improve the health and wellbeing of local children and young people, and to reduce health inequalities.

**Summary**

2. The Darlington Child Health Profile 2019 provides an overview of the health and wellbeing of children in relation to 32 indicators. The indicators fall into the following five broad domains:
  - Premature mortality i.e. death rate in infants (under 1 year) and children (1-17 years).
  - Health protection in relation to vaccination and immunisation rates.
  - Wider determinants of ill health for example child development, GCSE attainment rates and family homelessness.
  - Health improvement including obesity and under 18 conception rates and hospital admission rates relating to alcohol and substance misuse.
  - Prevention of ill health, for example smoking status at time of delivery and hospital admissions for accidents and other specific conditions.
3. The profile shows that the health and wellbeing of children in Darlington is generally worse than the England average. Eleven of the reported indicators for Darlington are significantly worse than the England average.

**Recommendation**

4. It is recommended that Health and Wellbeing Board members and partners note the attached report for information and receive further reports as appropriate to lines of enquiry.

**Reason**

5. To inform the Board of the key messages in the Darlington Child Health Profile 2019.

**Miriam Davidson  
Director of Public Health**

**Background Papers**

Darlington Child Health profile: 2019, Public Health England, March 2019.

Author: Dr Malcolm Moffat PH Registrar

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	Effective use of healthcare and health improvement resources must take account of local needs assessments, appropriateness and acceptability of the action, efficiency and effectiveness of the action and the duration of the action.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	The impact of the report on any individual ward is considered to be minimal.
Groups Affected	The impact of the report on any specific group is considered to be minimal.
Budget and Policy Framework	This report does not represent any change to the budget and policy framework.
Key Decision	No.
Urgent Decision	No.
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy.
Efficiency	There are no issues relating to efficiency which this report needs to address.

**MAIN REPORT**

**Information and Analysis**

**Premature Mortality**

6. The infant (under 1 year of age) mortality rate in Darlington in 2015/17 was similar to previous years and statistically similar to the England average rate. An equivalent rate for child (1-17) mortality could not be calculated due to the very small number of cases.

## Health Protection

7. Encouraging comprehensive vaccination coverage offers benefits to the individual recipient as well as to the wider community. If sufficient numbers of individuals are vaccinated the overall burden of disease within the population is reduced as person to person transmission is less likely to occur. As a result, even those who have not been vaccinated have increased protection against the viral or bacterial pathogen. This is referred to as *herd* immunity. The World Health Organisation recommends that at least 90% of the eligible population should be vaccinated for herd immunity to occur.
8. Achieving vaccination coverage of 95% offers the potential to eradicate some diseases, for example measles and mumps.
9. Childhood immunisation rates amongst 2 year olds in Darlington are good and are above the recommended coverage rate of 90%.
10. 88.8% of children in care in Darlington were up to date with immunisations in 2018. This is in keeping with the England average and a significant improvement on the local uptake rate of 53.8% reported in 2016 and assumed at the time to be a data error.

## Wider Determinants of Ill Health

11. There is a growing appreciation that the material, social and economic circumstances into which we are born and raised are important determinants of health and wellbeing. Research into health inequalities has argued that addressing the wider determinants of ill health in childhood is likely to offer the most significant long-term benefit, as health inequalities often emerge in the antenatal period and accumulate through life. Sir Michael Marmot and others, therefore, have advocated for a life course approach to health inequalities, which recognises the crucial importance of these early years of life in determining future health outcomes. Local authorities, with responsibilities for public health, education, housing and the local environment, are well placed to consider and address these wider determinants.
12. Rates of good developmental progress at the end of reception and average GCSE attainment in Darlington remain similar to the English averages. The proportion of 16-17 year olds not in education, employment or training (NEET) in Darlington is 4.4%, statistically significantly better than the national and regional averages and significantly improved since 2017.
13. The rate of 10-17 year olds in Darlington coming into contact with the youth justice system for the first time remains similar to the England average and has fallen since 2010.
14. 20% of children under 16 in Darlington lived in low income families in 2016 (the most recently reported data period), significantly worse than the England average. Values for Darlington and England were statistically similar in 2010 but have since diverged, with the rate of improvement faster in England than in Darlington. However, the rate of family homelessness in Darlington in 2017/18 was the lowest in England.
15. The rate of children in care in Darlington is significantly higher than the rate for England, and has increased since 2011.

## Health Improvement and Prevention of Ill Health

16. 1.4% of all births were to teenage mothers in Darlington in 2017/18, significantly worse than the England average and statistically similar to previous reporting periods. 16.2% of new mothers were smokers at the time of delivery, the same figure as 2016/17 and significantly higher than the rate for England (10.8%).
17. Rates of childhood obesity in Darlington remain similar to previous years and to the England average, although obesity rates among 10-11 year olds have increased.
18. Hospital admissions due to substance misuse among 15-24 year olds in Darlington have increased to a rate of 132 admissions per 100,000 population since the previous reporting period. The rate in 2016/17 was 125 admissions per 100,000 population and had improved over the previous several years to be similar to the England average. The most recent data for Darlington is once again statistically significantly worse than the England average.
19. The rate of admission episodes for alcohol-specific conditions among under 18s in Darlington remains significantly higher than the England average in 2015/16-2017/18, but the gap between Darlington and England has narrowed very significantly since data were first collected in 2006/7-2008/9.
20. Hospital admissions caused by injuries in 0-14 year olds and in 15-24 year olds remain significantly higher in Darlington than in England, with little change since the previous reporting period. A&E attendances among 0-4 year olds in Darlington continue to reduce from a peak of 1,662 admissions per 1,000 population in 2015/16 to 1,150 admission per 1,000 population in 2017/18, but remain significantly higher than the England average and among the highest in the country.
21. The rate of hospital admissions among 10-24 year olds as a result of self-harm and the rate of hospital admissions among 0-17 year olds for mental health conditions in Darlington in 2017/18 were similar to the England averages and in keeping with data from the previous reporting period.

## Priorities

22. The Child Health Profile for 2019 re-emphasises the importance of continuing to work collaboratively to improve the health and wellbeing of children and young people in Darlington and of supporting initiatives that will reduce inequalities in health between Darlington and England. The focus for action should be informed by the indicators highlighted as being significantly worse locally than in England. Specifically, these actions relate to:
  - Advocating for a 'Best Start in Life' approach to health inequalities, as per the key recommendations of the Director of Public Health's most recent annual report, recognising the crucial importance of childhood and adolescence to health and wellbeing in later life. Efforts here should include work to decrease smoking in pregnancy and the implementation of the healthy weight plan. A whole-system approach requires the involvement of various local authority partners to address the wider determinants of health that give rise to these persistent and pernicious health inequalities.
  - Supporting ongoing work to better understand children and young people's use of hospital-based healthcare services in Darlington. Actions arising from this work

are likely to involve partnership working with healthcare providers to ensure that local services are responsive to local need.

- Recognising the particular needs of vulnerable children and young people, including looked after children, children with substance misuse problems and children in contact with the criminal justice system. A health needs assessment of children and young people engaged with the Youth Offending Service (YOS) was produced in April 2019, and includes specific recommendations concerning the health and wellbeing needs of this group.

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## HEALTH AND WELL BEING BOARD 4 JULY 2019

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### DARLINGTON HEALTHY LIFESTYLE SURVEY

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#### SUMMARY REPORT

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

1. To update the Health and Wellbeing Board of the results and key messages from the latest Healthy Lifestyle Survey (HLS) for Darlington.
2. To inform the Health and Wellbeing Board of the review of the Healthy Lifestyle Survey currently underway.

##### **Summary**

3. The Healthy Lifestyle Survey gathers and analyses information from children and young people in Darlington about their attitudes and behaviors across a range of health related topics using systematic evidence based methodology.
4. This information once analysed is used to inform strategic planning service delivery and practice by the local authority and other partners and stakeholders including the NHS, local schools and academies and Police.
5. The HLS also provides key data and intelligence to a range of different professional groups and agencies in the Borough including Public Health, individual Schools and Multi Academy Trusts, Darlington Safeguarding Children's Board (DSCB) and more widely by Children's and Education Services within the authority.
6. The results of the survey are disseminated in a variety of different ways including formally reporting to a range of different partners as well as through tailored reports to schools and Multi Academy Trusts.
7. These results are also used inform discussions and planning at a range of strategic, partnership and operational forums as well as through local dissemination events such as conferences and workshops.
8. The results of the report are also used to challenge peer pressure and negative stereotypes of young people. The findings and key messages of the report are fed back to local children and young people who completed the survey. This provides them with the accurate information regarding their peers' behavior to help them make informed decisions about their own behaviors to support them in changing their own behavior. The results are also used to feed back to local communities with positive messages about the behaviors and pressures on young people and how they make choices rather than focusing on the negative effects of behaviors of young people in Darlington.

9. The results indicate that young people of this age in Darlington largely understand the health information and messages they receive and report that they act on this information and messages through exhibiting positive attitudes and health seeking behaviors. They report negative attitudes to behaviors that have a detrimental effect on their health or the health of others.

### Recommendation

10. It is recommended that:-

- (a) The Health and Wellbeing Board note the results of the survey and consider these in future discussions in relation to young people’s priorities.
- (b) Support the current review of the Healthy Lifestyle survey and consider any recommendations.

### Reasons

11. The recommendations are supported by the following reasons :-

- (a) The survey is an annual process using an established methodology and provides a ‘snap shot ‘of the attitudes and beliefs and self-reported health behaviours of young people in Darlington.
- (b) The survey has been running in Darlington for a number of years and it has been identified that the survey has become large and complex to administer and complete. Work is required to revisit the size and identify the key questions and themes for the survey to achieve the original purpose.

**Miriam Davidson**  
**Director of Public Health**

### Background Papers

None

Ken Ross Public Health Principal 01325 406200

S17 Crime and Disorder	This report provides information which can be used to inform planning and delivery of services or programmes in relation to aspects of Crime and Disorder affecting children and young people in Darlington.
Health and Well Being	This report provides information which can be used to inform planning and delivery of a range of services which can affect the Health and Wellbeing of residents of Darlington.
Carbon Impact	There are no implications arising from this report.



Diversity	This report has information provided by children and young people about their experiences of living and growing in Darlington.
Wards Affected	All
Groups Affected	Children and Young People in Darlington aged between 9 -16 years
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
One Darlington: Perfectly Placed	N/A
Efficiency	N/A
Implications for Looked After Children and Care Leavers	All Children and Young People in Darlington aged between 9 -16 years.

## MAIN REPORT

### Information and Analysis

12. The Healthy Lifestyle Survey for primary schools this year was undertaken by **6,560 pupils** aged between 9 – 16 years **across 30 schools** (23 primary and 7 secondary). The key messages from Healthy Lifestyle Survey for the academic year of 2018/19 headline include:
- (a) The majority of young people have positive emotional attitudes, stating they feel happy in their lives and have strong social networks with friends and family. Around a third of all pupils reported that they do not have someone to confide in.
  - (b) Just over three quarters of primary aged pupils feel stress, this increases to over 8 in 10 of secondary pupils with homework cited as the main cause of stress for all pupils. Out of school stress is reported as the next greatest cause of stress in all pupils with issues such as body image and bullying being reported.
  - (c) A third of primary pupils have seen something upsetting or offensive online, this increases to half of secondary pupils.
  - (d) The majority of all pupils in primary and secondary schools have never tried any form of smoking. Those who tried any form of smoking reported that they were more likely to try a vape than a cigarette, and most only tried it once.
  - (e) Half of primary pupils and a quarter of secondary pupils have never tried an alcoholic drink
  - (f) Nearly all pupils agreed that relationships should be based on respect and affection and the majority could identify unacceptable behaviours in relationships.
  - (g) The majority of pupils aged 13 to 16 knew where to access sexual health advice, support and treatment.
  - (h) A significant minority of pupils reported to have been offered illegal drugs and the overwhelming majority have reported to have never tried any kind of drugs.

13. The surveys are analysed and an individualised report of the results produced for each school. This report forms the basis for the discussion a multiagency Team Around the School (TAS) meeting at each school. This identifies specific issues for each school and support and an action plan for the school in response to those issues and concerns identified.
14. There is an aggregated analysis of all the participating schools which is used to produce a whole Darlington report. This is used to disseminate the results of the survey to wider partners including the public and elected members. It is also used to inform service planning for a range of different services for children in Darlington. This has been used to inform the development of the Childhood Healthy Weight Plan for Darlington.
15. A review of the Healthy Lifestyle Survey in Darlington is currently underway. This review is focussed on revisiting the core Social Norms principles and purpose of the Healthy Lifestyle Survey and to understand if the survey continues to achieve this original purpose and make recommendations about how the survey could be conducted in future years.
16. There is a programme of engagement underway with a range of different partners and stakeholders including schools, other professionals, parents and young people. There are a series of questionnaires and focus groups planned where the stakeholders will be asked about their views of the survey, how it achieves the founding principles or not and the impact that the survey has on them.
17. The review will be completed over the summer and will inform the next survey which is due to commence in the new academic term.

## HEALTH AND WELL BEING BOARD 4 JULY 2019

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### CHILDREN AND YOUNG PEOPLE'S PLAN 2017- 2022 – PROGRESS REPORT

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#### SUMMARY REPORT

##### Purpose of the Report

1. This report provides an update to the Health and Well Being Board on the progress to date against the delivery of the Children and Young People's Plan 2017-2022.

##### Summary

2. The Children and Young People's Plan (CYPP) is one of the identified delivery plans within the Sustainable Community Strategy (SCS) and identifies what key actions will be taken to deliver the agreed SCS priority of the best start in life for every child.

##### Recommendation

3. It is recommended that Health and Well Being Board members note the report, and the progress made to date.

##### Reason

4. To update the Board on the progress made to date.

**Suzanne Joyner**  
**Director of Children and Adults Services**

##### Background Papers

No background papers were used in the preparation of this report.

Christine Shields: Extension 5819

S17 Crime and Disorder	N/A
Health and Well Being	Children’s social care is central to well-being
Carbon Impact	There are no implications arising from this report
Diversity	There are no implications arising from this report
Wards Affected	All
Groups Affected	Children and young people
Budget and Policy Framework	N/A
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivering support and care of the capacity to generate efficiency
Impact on Looked After Children and Care Leavers	This report impacts on all children and young people including looked after children or care leavers

## MAIN REPORT

### Information and Analysis

#### Summary

4. The CYPP 2017- 2022 was adopted by Council on 29th September 2017 and since being adopted a professionally designed version of the plan has been produced and published.
5. The plan covers a period of five years from 2017- 2022, and this report provides an update on progress made to date on delivery of the agree priority actions.

#### Delivery of the plan

6. The plan contains the following priority actions for the next five years:
  - (a) Increase breastfeeding rates and reduce the incidence of smoking at the time of delivery.
  - (b) Reduce obesity levels.
  - (c) Improve the mental health and emotional wellbeing of all children and young.
  - (d) Reduce the number of children and young people living in poverty

- (e) Improve school attendance and attainment.
  - (f) Increase the number of young people in work, education or training.
  - (g) Strengthen families to reduce the need for statutory intervention
7. As this is a five-year plan, it was agreed by the Multi Agency Steering Group (MASG) to have a year one focus on two of the priority actions. Moving into year two of the five year delivery plan, it was agreed to continue with the focus on priority (c) and that the priority of youth unemployment (f) should be replaced by child poverty (d). This issue is often the root cause of many poor health and social outcomes, and is projected to increase significantly over the next few years, both nationally and within Darlington.

### **Year Two Priorities updates**

#### **8. Priority 3: Improve the mental health and emotional wellbeing of all children and young people**

Darlington CCG have applied for additional NHSE funding to purchase 'Kooth' – an online counselling and support tool for Children & Young People aged 11-19. This is currently being rolled out by Tees, Esk & Wear Valley (TEWV) in partnership with Kooth. TEWV have also launched an online Recovery College for CYP, with self help resources for children, parents and teachers.

Work has been undertaken to support the mental health needs of Children Leaving Care, and a Psychological Wellbeing Practitioner works with this cohort one day a week offering outcome focused CBT interventions.

Darlington has participated in the Anna Freud School Link programme on two occasions, enabling the majority of schools to participate and improve their understanding and working relationship with CAMHS. We have recently used the principles of the Anna Freud Programme in a workshop for GP's to improve their knowledge and pathways for appropriate referrals into CAMHS.

Significant work has been undertaken with Darlington schools, through training, understanding their issues with CAMHS and what services they purchase for their pupils to support their responsibilities for maintaining a child's mental health. We have worked with a cohort of 11 schools to look at joint commissioning opportunities and through a great partnership with CCG, LA and these schools, we have developed and are in the process of implementing, a pilot service, whereby schools will have an allocated Psychological Wellbeing Practitioner working into their school for a designated period of time per week. This is transformational in terms of commissioning, and it is felt by all involved that we will be able to better support CYP and measure their outcomes more successfully through this pilot.

As a partnership Darlington is also applying for the second round of the NHSE Trailblazer programme which, if successful, will see Mental Health Support Teams working into schools. The result of the bid is due in July. The bid has focused on supporting all schools and opening up other opportunities to these children linked to

the strong sport and culture services available in Darlington. If we are not successful, we will take forward the principles of the bid and look to have a strategic approach to mental health & wellbeing utilising sport and culture.

We have a strong Local Transformation Group with representatives from CAMHS, CCG, Early Help, DBC Commissioning Team, Education, GP, Healthwatch, YMCA, Harrogate District Foundation Trust (0-19 service), schools and social care. Linking into the CYPP and having mental health as a priority is enabling partnership and new ideas to be explored, making improvements and innovation more possible.

An example of this work being undertaken is with the Culture & Leisure teams. The CCG, TEWV and managers from Culture & Leisure have met to determine ways in which TEWV can support on current initiatives such as In2 pilot and the Hullabaloo programmes. We are also looking at how we can utilise sporting activities to support children and young people with low level mental health issues as an alternative intervention.

**9. Priority action 4 – Reduce the number of children and young people living in poverty**

A comprehensive bid was submitted for Department for Education (DfE) Holiday Activities and Food funding to develop and deliver a borough-wide offer for low income children and families over the upcoming summer holidays. Unfortunately, the number of awards from this fund was extremely limited and Darlington was not successful.

Work is therefore underway to develop and deliver an alternative, more targeted offer for children and families in need. A working group has been established to identify resources for this work, develop a programme which will ensure participants are able to enjoy a variety of enriching activities and nutritious food, make sure work complements similar provision by partners, and engage the schools identified to guarantee participants are those most likely to benefit.

Alongside this work, a number of other initiatives aiming to address family poverty are underway including the benefits take up campaign #DarloMillions which, after an extraordinarily successful first year of maximising residents' incomes by £1.5m, has been continued for another year.

Work is also continuing with the Centre for Local Economic Strategies (CLES) to address the root causes of child poverty by maximising the impact of the council and other local anchor institutions' spend locally, for example by increasing the number of good quality employment opportunities in Darlington.

**Multi-Agency Steering Group (MASG)**

10. A multi-agency steering group (MASG) has been established to bring together key partners to ensure effective monitoring and delivery of the Children's and Young People's Plan, and to encourage and strengthen links between the plan and professional bodies. The delivery of the plan is partnership wide, owned by all

stakeholders from a range of statutory agencies. This Group meets on a quarterly basis and is chaired by the Councils Assistant Director for Commissioning, Performance and Transformation.

### **Communication/participation update**

11. The Councils Communications Team continue to work with children's services on any communications activities deemed necessary in relation to specific elements of the CYPP, or on other projects that may link to the CYPP.
12. The DYP and the Youth MP use social media to both promote the CYPP (for example the campaign for better Mental Health Services and free school breakfasts), and to publish positive messages.

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