

Health and Well Being Board Agenda



**3.00 pm Thursday, 12 July 2018
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 hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on 10 May 2018. (Pages 1 - 6)
5. Healthy New Towns - Presentation by Hilary Hall, Project Manager, Healthy New Towns.
6. Routes to Work - Presentation by Graham Hall, Operations Manager, Darlington Borough Council.
7. Integrated Care Systems - Update by the Chief Clinical Officer, NHS Darlington Clinical Commissioning Group.
8. Health and Well Being Priorities 2018/19 - Report of the Director of Public Health, Darlington Borough Council (Pages 7 - 12)
9. Tackling Domestic Abuse and Sexual Violence in Darlington - 'A Big Conversation' - Report of the Director of Public Health, Darlington Borough Council. (Pages 13 - 20)

FOR INFORMATION

10. Healthwatch Darlington - Report of the Chief Executive Officer, Healthwatch Darlington. (Pages 21 - 24)
11. Mental Health and Workplace.
12. Darlington Suicide Prevention Plan - Report of the Director Public Health, Darlington Borough Council. (Pages 25 - 40)
13. 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.
14. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Date Not Specified

Town Hall
Darlington.

Membership

Councillor Dixon
Councillor C L B Hughes
Councillor S Richmond
Councillor A J Scott
Councillor Mrs H Scott, Leader of the Main Opposition Party
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
Andrea Jones, Chief Clinical Officer, NHS Darlington Clinical Commissioning Group
Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group
Diane Murphy, Chief Nurse, 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

If you need this information in a different language or format or you have any other queries on this agenda please contact Lynne Wood, Elections Manager, 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 Lynne.Wood@darlington.gov.uk or telephone 01325 405803

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HEALTH AND WELL BEING BOARD

10 May 2018

PRESENT – Councillor A J Scott (in the Chair); Councillors C L B Hughes and S Richmond, Suzanne Joyner, Director of Children and Adults Services and Miriam Davidson, Director of Public Health, Darlington Borough Council; Dr Andrea Jones, Chief Clinical Officer and Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group; Richard Chillery, Operations Direction of Children's and Countywide Care Directorate, Harrogate and District NHS Foundation Trust; Jonathan Lumb, Darlington Secondary Schools Representative; Michelle Thompson, Chief Executive Officer, Healthwatch Darlington; and Carole Todd, Darlington Post Sixteen Representative. (11)

ALSO IN ATTENDANCE – Ken Ross, Public Health Principal and Yvonne Coates, Head of Family Support, Darlington Borough Council and Simon Hart, Independent Chair, Darlington Children's Safeguarding Board. (3)

APOLOGIES – Councillors Dixon and Mrs H Scott and Ada Burns, Chief Executive, Darlington Borough Council; Dr Alison McNaughton-Jones, Chair, Ali Wilson, Chief Officer and Diane Murphy, Director of Nursing and Quality, NHS Darlington Clinical Commissioning Group; Zoe Beach, Primary School Representative; Marion Grieves, Dean of Health and Social Care, Teesside University; Ron Hogg, Police, Crime and Victims' Commissioner, Durham Police Area; Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust; Rita Lawson, Chairman, VCS Strategic Implementation Group; Colin Martin, Chief Executive, Tees, Esk and Wear Valley Mental Health Foundation Trust; Dr Chris Mathieson, Clinical Governor, Primary Healthcare Darlington. (13)

HWBB46. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

HWBB47. REPRESENTATIONS – No representations were made by Members or members of the public in attendance at the meeting.

HWBB48. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 15 March 2018.

In respect of Minute HWBB40/Mar/18, the Director of Public Health reported that the Pharmaceutical Needs Assessment 2018 was now available to view on the Council's website.

RESOLVED – That the Minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB49. EARLY HELP OFFER – The Head of Family Support, Darlington Borough Council, gave a presentation to the Board on the Early Help Service in Darlington. It was reported that each local authority was required to make arrangements to promote co-operation between the authority, relevant partners and other persons or bodies working within the local authority area, with a view to improving the well-being of all children including protecting them from harm and neglect.

Particular references were made to the number of children who are receiving, or had received support, in Darlington; the sources of that support; and to the information and support available which included a refreshed Early Help Strategy 2017/20, agreed assessment tool known as the EHA, an Early Help Coordinator to support and champion Early Help and a Local Authority Early Help Team to support families.

It was reported that although there was a lot support available to children and their families, further developments had been identified to further improve that support, which included the need to develop a fully integrated offer to families which involved partnership support; increased Early Help Offer and the establishment of a Lead Worker role from partner organisations particularly Health and the Third Sector; processes whereby families were only required to tell their story once; for all agencies to think in a 'whole family' rather than 'individual' approach; evaluate the offer of early help by all agencies and measure the impact that it was having on the lives of Darlington residents; and the need to develop on line resources to support families which was accessible.

It was felt that the support given by early services could have could have a cost benefit to putting in specialist services at a later date, however, it was difficult to provide meaningful evaluation due to the complexities of measuring impact. As a result it would be necessary to make a number of predications and assumptions in order to evaluate early help offer in terms of the changes in lives of the child and the families concerned.

Particular reference was made at the meeting to a workshop that was to be held in June on Early Help, which members of the Board would be invited to attend.

RESOLVED – That the thanks of the Board be conveyed to the Head of Family Support, Darlington Borough Council, for her informative presentation.

REASONS – To convey the views of the Board.

HWBB50. INTEGRATED CARE SYSTEMS (FORMERLY SUSTAINABLE TRANSFORMATION PLAN) – The Chief Clinical Officer, NHS Darlington Clinical Commissioning Group, updated the Board on the current position in relation to the Integrated Care Systems (ICS). In giving the update it was stated that although some partnership working already existed in the NHS, the importance of closer partnership working was required through the 'coming together' of NHS organisations to become a better NHS team in order to put the patient first.

Reference was made to a recent development session, which approximately 30 NHS Chief Officers across the North Cumbria and North East attended, that focused on what the NHS could be more effective at achieving collectively and the rationale behind the larger foot print of the regional ICS covering North Cumbria and the North East. Particular references were also made to the different levels of working, for instance the scale of the ambulance service which covered the whole of the North East requiring a regional strategic approach and to the fact that other services might be delivered on a sub-regional level but the utmost importance of local place based plans and delivery underpinning the at scale work. It was felt the development session had been a positive start and the work undertaken to date had been shared with the national NHS leaders at a recent meeting at the beginning of May.

In relation to engagement, it was anticipated that communication on the rationale behind the larger foot print would be made available towards the end of May and that the stakeholder toolkit and narrative were being worked on, through the strapline of 'Join our Journey', with a view to engaging with the public and wider stakeholders.

It was reported that the five Clinical Commissioning Groups in County Durham and Tees Valley including NHS Darlington CCG continue to progress working together more collaboratively to drive out efficiencies from duplication and as such a Joint Management Team had been established, working directly across those organisations. Joint committees were also in place to ensure that the three hospital trusts CDDFT NTHFT and STFT were working collaboratively, although no key decisions had been made to date. It was also reported that at a national level two organisations were coming together, namely the NHSE (which oversees CCG's) and the NHSI (which oversees the Trusts) and that the footprint for the organisation regionally was currently being consulted upon.

Following a question by a Member of the Board, the Chief Clinical Officer stated that the commitment from the various organisations to work collaboratively was good and though inevitably getting a large number of organisations to work together would take time and ongoing development.

RESOLVED – That the thanks of the Board be conveyed to the Chief Clinical Officer for her informative update.

REASON – To convey the views of the Board.

HWBB51. DARLINGTON SAFEGUARDING CHILDREN BOARD AND DARLINGTON SAFEGUARDING ADULT PARTNERSHIP BOARD SECTION 11 SAFEGUARDING AUDIT REPORT 2017/18 – The Director of Children and Adults Services, Darlington Borough Council, submitted a report (previously circulated) requesting that consideration be given to the Darlington Safeguarding Boards' Multi-Agency Biennial Section 11 Safeguarding Audit Report 2017/18 (also previously circulated).

The submitted report stated that the Darlington Safeguarding Boards' Multi-Agency Biennial Section 11 Safeguarding Audit report 2017/18 had been considered by the Darlington Safeguarding Partnership Board (DSAPB) and the Darlington Safeguarding Children Board (DCSB) and that both boards were assured that the safeguarding processes in place were robust.

The Chair of the DCSB in presenting the report outlined the process for the audit, and stated that it had moved away from the an annual audit to a biennial audit; a moderation process had been introduced; that there had been a high level of return; there was a high level of compliance and understanding across all agencies to have safeguarding in place; and that where areas of weakness had been identified further work would be undertaken with those organisations to address those weaknesses and provide peer support as required.

RESOLVED – That the Darlington Safeguarding Boards’ Multi-Agency Biennial Section 11 Safeguarding Audit Report 2017/18, as detailed at Appendix 1 of the submitted report, be noted.

REASON - To enable the Board to consider the Darlington Safeguarding Boards’ Multi-Agency Biennial Section 11 Safeguarding Audit Report 2017/18.

HWBB52. DARLINGTON ORAL HEALTH PLAN 2017/20 – The Director of Children and Adults Services submitted a report (previously circulated) briefing the Board on the development of an Oral Health Plan for Darlington (also previously circulated).

The submitted report outlined the vision for the population which was to have good oral health through integrating oral health in relevant plans and reducing oral health inequalities; the focus would be on children, young people and older people in residential care homes; and stated that the Darlington Oral Health Plan proposed a whole system approach to tackling dental decay, improving oral health and reducing inequalities.

In presenting the report the Director of Public Health outlined the vision and objectives of the Oral Health Plan; the key messages contained within the plan relating to the number of children with tooth decay, the cost to families and the cost to the NHS; the top three interventions for preventing tooth decay; the percentage of children in Darlington with tooth decay in comparison with nearest neighbours and the England average; and the key areas of the action plan.

Discussion ensued on preventative measures, including water fluoridation, and the promotion of oral health in schools.

RESOLVED - That the work undertaken to date in developing the Oral Health Plan for Darlington and the associated guidance, be noted, and it be agreed to share the materials widely with relevant staff and partnership networks.

REASON - To enable the Board to consider the progress in developing an Oral Health Plan for Darlington.

HWBB53. DARLINGTON CHILDHOOD HEALTHY WEIGHT PLAN 2017-2022 – The Director of Children and Adults Services submitted a report (previously circulated) requesting that consideration be given to the development of a Childhood Healthy Weight Plan for Darlington (also previously circulated) and to a commitment to shared delivery of the Plan.

The submitted report stated that the vision of the Plan was to increase the proportion of children leaving primary school with a healthy weight and that the Plan proposed a 'whole system' approach to tackling childhood obesity and reducing inequalities by ensuring the healthy weight agenda was integrated in other relevant plans and to tackling environmental, physical and other determinants which made choosing to eat a healthy balanced diet and having a physical active lifestyle, an easier option.

In presenting the report the Public Health Principal outlined the aims and objectives of the Healthy Weight Plan; the harm caused to children caused by obesity; the percentage of children in Darlington who were obese in comparison with nearest neighbours, the North East and the England average; the 'whole system' approach; and stated that partnership working was the key to the success of the plan.

Discussion ensued on the need for schools and academies to encourage children to be more active; the availability of energy drinks and take away food; and to the need for a 'step' change to encourage children to be more active and eat healthier.

The Director of Public Health reported that an action plan was being developed and once finalised it would be circulated to partners.

RESOLVED - That the work undertaken to date in developing the Childhood Healthy Weight Plan for Darlington, be noted, and it be agreed that each partner commit their support to deliver the Plan.

REASON - To enable the Board to consider the Childhood Healthy Weight Plan for Darlington.

HWBB54. HEALTHWATCH DARLINGTON – The Chief Executive Officer, Healthwatch Darlington, gave a verbal update to the Board on its key statutory priorities and projects since the last update given to the Board at its meeting held in March 2018.

It was reported that key projects for this year include on-going work with Care Homes regarding "What's it like living in a care home?"; social isolation due to concerns received by the community as well as hospital discharges to Care Homes; children and young people to ensure that they had a voice in respect of mental health which will include in particular the work being undertaken with Darlington College and the Queen Elizabeth Sixth Form College; substance misuse and mental health issues was also highlighted and the raising of awareness of men's cancers; COPD and lung conditions was also mentioned, to ensure that patients and carers had a voice; and it was stated that a report on barriers facing the BME population when visiting their GP was being collated.

Other 'non-statutory' work included IAPTS (improving access to physiological services) community engagement; the Great North Care Record future engagement; and work with the Darlington Clinical Commissioning Group.

RESOLVED – That the thanks of the Board be conveyed to the Chief Executive Officer, Healthwatch Darlington, for her informative presentation.

REASON – To convey the thanks of the Board.

HWBB55. HEALTH AND WELL BEING BOARD – 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 25 July 2017; it was agreed to review them on a regular basis; and that one amendment to the membership of the Board was proposed.

RESOLVED – (a) That the addition of ‘Managing Director’ following ‘Chief Executive’, Darlington Borough Council, as highlighted on page 2 of the Terms of Reference, be approved.

(b) That the revised Terms of Reference, as detailed at Appendix 1 of the submitted report, be approved.

REASONS – (a) To enable the Terms of Reference to be updated following the Council’s restructure.

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

HEALTH AND WELL BEING PRIORITIES 2018/19

Purpose of the Report

1. To share information about the Priority Focus in 2018/19.

Background

2. In 2014 it was agreed by Council and subsequently by the Health and Wellbeing Board (HWBB) that “One Darlington Perfectly Placed”, the sustainable community strategy, would constitute the Health and Wellbeing Strategy for Darlington, with a suite of plans delivering the strategic objectives.
3. The Health and Wellbeing Plan is one of these plans and was endorsed by the Health and Wellbeing Board in October 2018.
4. The attached report summarises Key Priorities for 2018/19, describes NHS Clinical Commissioning Group actions, Darlington Borough Council actions and ‘integrated’ actions to deliver the priorities.

Recommendation

5. Health and Well Being Board is asked to note and endorse the attached report.

Reasons

6. In April 2017 The Health and Wellbeing Board agreed the Health and Wellbeing Plan 2017/2022 would take a “Life Course” approach. The Board’s role as Children Trust Board means the plan covers the 0 -19 years age group, as well as adults and older people.
7. Priorities for action set out in the plan are derived from the Joint Strategic Needs Assessment and a Development Session held with Health and Wellbeing Board in April 2017. A verbal update on the plan’s development was given in June and the Board had the opportunity to review the draft in September 2017.
8. The Plan has a five year initial life, with annual Health and Wellbeing Delivery Plans which will inform the Health and Wellbeing Board agendas.

9. Delivery of the Plan's objectives requires each partner to align their strategies and plans, to ensure focus and avoid either duplication of activity against the same objectives or activity which does not contribute to the delivery of the Health and Wellbeing Plan objectives.

**Miriam Davidson,
Director of Public Health**

Background Papers

The Health and Wellbeing Plan 2017 - 2022

Author: Pat Simpson : Extension 6082

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	This collaborative work will provide improvements for health and wellbeing of residents.
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	This report pertains to the delivery of the Darlington Health and Wellbeing Strategy, which is a function of One Darlington Perfectly Placed
Efficiency	N/A
Implications for Looked After Children and Care Leavers	There are no issues contained within the report that will have implications on Looked After Children or Care Leavers.

Darlington HWBB Priorities 2017 – 2022

Starting Well: Giving every child the best chance in life	Living Well: Adults live healthy lives longer with the right support at the right time	Ageing Well: Improving outcomes for older people
<ul style="list-style-type: none"> • All children and young people are safe from harm • All children and young people do well at all levels of learning and have the relevant skills to be prepared for life • All children and young people enjoy a healthy life • All children and young people growing up • All children and young people are listened to 	<ul style="list-style-type: none"> • Health inequalities between communities are narrowed • Standards of care are consistent across Darlington • Conditions are created which support a healthy and well population • More services are provided in community settings or GP Practices • Mental health is improved • Life expectancy is measurable improved • Older people are healthier for longer, and premature deaths are reduced • Adults in work have access to workplace health support 	<ul style="list-style-type: none"> • Social isolation is reduced • The onset of support needs is delayed • Independence is supported • Intermediate and transitional care outside of hospital is effective and supports people's journey out of hospital as well as keeping them from admission to hospital

* Priority Focus 2018/19 - Starting Well (priorities being addressed via the CYPP)

Starting Well: Giving every child the best chance in life	Key Priority for 18/19:	CCG actions to deliver priority	LA actions to deliver priority	Integrated actions (Health & Care) HWBB focus
<ul style="list-style-type: none"> All children and young people are safe from harm All children and young people do well at all levels of learning and have the relevant skills to be prepared for life All children and young people enjoy a healthy life All children and young people enjoy growing up All children and young people are listened to 	<p>All children and young people enjoy a healthy life</p>	<p>Develop a Children and Young Person's CCG Strategy</p> <p>Work with partners to jointly develop a needs assessment and gap analysis in order to identify current and future cohorts of C&YP needs in relation to SEND</p> <p>In partnership with Public Health, review the recommendations from the obesity strategy and scope and re-design the childhood obesity pathway and identify gaps in provision which require procurement</p> <p>Review specification, activity and spend on therapies in conjunction with LA and education to identify opportunities for pooling budgets and joint commissioning of different service lines</p> <p>Develop infrastructure for tier-less emotional wellbeing and mental health approach, to include implementation of 'early help offer' and 'better childhood' programme</p> <p>Implementation of Darlington 'Future In Mind' – implement best practice re: transition from children's mental health service to adult services and proactive follow up of C&YP who do not attend appointments</p> <p>Review current non elective pathway to identify changes to pathways to reduce unwarranted variation and streamline overall patient flow</p> <p>Work with partners to identify services that could be commissioned and delivered jointly to improve overall outcomes in relation to SALT, OT, Dietetics, continence and Physio</p>	<p>Develop a Children and Young People Commissioning Strategy and Market Position Statement</p> <p>Work with partners to jointly develop a needs assessment and gap analysis in order to identify current and future cohorts of C&YP needs in relation to SEND</p> <p>Identify and implement joint commissioning opportunities with partner organisations ie for children and young people with SEND (therapies and short breaks)</p> <p>Implement the 2017-2019 Delivery Plan for the CYPP</p> <p>Implementation of Darlington 'Future in Mind' – implement best practice re: Transition from children's mental health service to adult services and proactive follow up of C&YP who do not attend appointments</p> <p>Joint development of the Early Help offer and Edge of Care support</p> <p>Develop an Edge of Care model that supports young people to remain with their family as well as a reunification programme for children in care who have the potential with multi-agency support to be returned to their family</p> <p>Review demand for Children in care services to ensure provision and design is developed in line with emerging need</p>	<p>Joint Commissioning Strategy and MPS</p> <p>Work with partners to jointly develop a needs assessment and gap analysis in order to identify current and future cohorts of C&YP needs in relation to SEND</p> <p>Identify and implement joint commissioning opportunities with partner organisations ie for children and young people with SEND (therapies and short breaks)</p> <p>Implement the 2017-2019 Delivery Plan for the CYPP</p> <p>Implementation of Darlington 'Future in Mind' – implement best practice re: Transition from children's mental health service to adult services and proactive follow up of C&YP who do not attend appointments</p> <p>Joint development of the Early Help offer and Edge of Care support.</p>

Priority Focus 2018/19 – Living Well

Living Well: Adults live healthy lives longer with the right support at the right time	Key Priority for 18/19	CCG actions to deliver priority	LA actions to deliver priority	Integrated actions (Health & Care) HWBB focus
<p>• Health inequalities between communities are narrowed</p> <p>• Standards of care are consistent across Darlington</p> <p>• More services are provided in community settings or GP Practices</p> <p>Mental health is improved</p> <p>Life expectancy is measurable improved</p> <p>Older people are healthier for longer, and premature deaths are reduced</p> <p>• Adults in work have access to workplace health support</p>	<p>More services are provided in community settings or GP Practices</p> <p>Focus on this priority will result in delivery of:</p> <ul style="list-style-type: none"> • Health inequalities between communities are narrowed • Standards of care are consistent across Darlington • Mental health is improved 	<p>Undertake a review and procurement of IAPT services to implement best practice, consider existing thresholds to access services and strengthen and streamline the overall service delivery model in place</p> <p>Implement the New Models of Care Programme as per the Vision document which includes streamlining of back office GP functions, redesign of community service provision and increased integrated services across health and social care</p> <p>Support and increase the sustainability, capacity and capability of the primary care workforce</p> <p>Undertake a range of service reviews which aim to redesign existing acute and community pathways of care to increase access to services closer to home</p> <p>Support the regional Cancer Transformation Programme which aims to increase local support offered to individuals living with and beyond cancer</p> <p>Evaluate and implement plans to continue to support the management of unwarranted variation in GP referrals, increasing standardisation of care across the locality</p>	<p>Develop a Commissioning Strategy and Market Position Statement for Adults</p> <p>Implement the New Models of Care Programme as per the Vision document which includes streamlining of back office GP functions, redesign of community service provision and increased integrated services across health and social care</p> <p>Undertake a range of service reviews which aim to redesign existing health and community pathways of care to increase access to services closer to home</p> <p>Work with statutory Third Sector partners to strengthen community based support services aimed at reducing social isolation</p> <p>Support and increase the sustainability, capacity and capability of the Health and Social Care workforce, including the workforce in commissioned services</p>	<p>Joint Commissioning Strategy for Adults</p> <p>Implement the New Models of Care Programme as per the Vision document which includes redesign of community service provision and increased integrated services across health and social care</p> <p>Undertake a range of service reviews which aim to redesign existing health and community pathways of care to increase access to services closer to home</p> <p>Work with statutory Third Sector partners to strengthen community based support services aimed at reducing social isolation</p> <p>Support and increase the sustainability, capacity and capability of the Health and Social Care workforce, including the workforce in commissioned services</p>

Priority Focus 2018/19 – Ageing Well

Ageing Well: Improving outcomes for older people	Key Priority for 18/19	CCG actions to deliver priority	LA actions to deliver priority	Integrated actions (Health & Care) HWBB focus
<ul style="list-style-type: none"> • Social isolation is reduced • The onset of support needs is delayed • Independence is supported • Intermediate and transitional care outside of hospital is effective and supports people’s journey out of hospital as well as keeping them from admission to hospital 	<p>Intermediate care and transitional care outside of hospital is effective and supports people’s journey out of hospital as well as keeping them from admission to hospital</p> <p>Focus on this priority will result in delivery of:</p> <ul style="list-style-type: none"> • Social Isolation is reduced • The onset of support needs is delayed • Independence is supported • Standards of care are consistent across Darlington • Mental health is improved • Conditions are created which support a healthy and well population • Life expectancy is measurable improved 	<p>Review the older person’s journey against the STP frailty framework to identify areas of opportunity for improvement and to support the development of a local frailty strategy.</p> <p>Design and implement a new care home scheme to ensure support is wrapped around homes to prevent admissions</p> <p>Develop and implement a care coordination scheme across primary care to support older people to live well and independently for as long as possible.</p> <p>In collaboration with the LA implement the findings of the intermediate care bed review developing a model for both bed and home based intermediate care services.</p> <p>Undertake a review of the Stroke Pathway across Darlington to ensure people have access to the right services in the right place at the right time.</p> <p>Implement High Impact Actions for Delayed Transfer of Care to ensure people do not remain in a hospital bed once their acute care is completed and are transferred safely to receive care in the community.</p>	<p>Develop a joint Commissioning Strategy for older people</p> <p>Implement the findings of the Intermediate Care review</p> <p>Design and implement a new care home scheme to ensure support is wrapped around homes</p> <p>Work with statutory and Third Sector partners to strengthen community based support services aimed at reducing social isolation</p> <p>Social prescribing: review current pilot to determine appropriate next steps to ensure people can be resilient and self-reliant through primary prevention/early intervention and care navigation</p> <p>Review React and Reablement services and implement findings</p>	<p>Develop a joint Commissioning Strategy for older people</p> <p>Implement the findings of the Intermediate Care review</p> <p>Design and implement a new care home scheme to ensure support is wrapped around homes</p> <p>Work with statutory and Third Sector partners to strengthen community based support services aimed at reducing social isolation</p> <p>Social prescribing: review current pilot to determine appropriate next steps to ensure people can be resilient and self-reliant through primary prevention/early intervention and care navigation</p> <p>Review React and Reablement services and implement findings</p>

**TACKLING DOMESTIC ABUSE AND SEXUAL VIOLENCE IN DARLINGTON
“A Big Conversation”**

SUMMARY REPORT

Purpose of the Report

1. To receive feedback from the “Big Conversation” and shared planning session on Wednesday 6 June 2018 on Tackling Domestic Abuse and Sexual Violence in Darlington.

Summary

2. The Chairs of the Health and Wellbeing Board, Community Safety Partnership, Adult Safeguarding Board and Safeguarding Children Board held a “Big Conversation” and shared planning session on Wednesday 6 June 2018 in Central Hall, Dolphin Centre, Darlington. This was in recognition that domestic abuse and sexual violence are areas of common concern across all partners.
3. The session provided an opportunity for those organisations in attendance to describe the current programmes and services that are currently in place, an opportunity to share information and intelligence and to contribute ideas to address gaps.
4. The event was well attended, 55 people across sectors in Darlington participated in the conversation and contributed to a Darlington Domestic Abuse and Sexual Violence Action Plan.
5. The vision is that all agencies will work together to reduce the prevalence of domestic abuse and sexual violence, to provide a co-ordinated community response which includes preventative, support and protection services and deals with perpetrators.
6. The plan (which is a work in progress) is structured around four key objectives:
 - (a) Prevention through early identification and intervention
 - (b) Education, training and awareness raising
 - (c) More “invisible” victims are identified and offered support
 - (d) Reduce repeat victims and serial perpetrators of domestic abuse and sexual violence

- The contributions from the “Big Conversation” are being collated (June 2018) to refresh the plan. The Community Safety Partnership will review the work in progress and share the plan with the other key Partnership Boards, ie both Safeguarding Boards and the Health and Wellbeing Board.

Attached at Appendix A is an attendance list of participants and Appendix B is a copy of the “Big Conversation” programme.

Recommendation

- It is recommended that the Health and Wellbeing Board note the update on local work to further develop a Domestic Abuse and Sexual Violence plan.

Reasons

- Domestic abuse and sexual violence is a significant challenge in its scale, severity and impact across individuals, families, communities and organisations.

Background Papers

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

Miriam Davidson
Director of Public Health

S17 Crime and Disorder	Tackling domestic abuse and sexual violence are CSP priorities.
Health and Well Being	There is explicit reference to domestic abuse and sexual violence in the Health and Wellbeing Plan.
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 groups are affected, however the majority of victims are women, many with children.
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
One Darlington: Perfectly Placed	The strategy identifies priorities in relation to domestic abuse and sexual violence.
Efficiency	N/A
Implications for Looked After Children and Care Leavers	Awareness of impact of adverse childhood experiences.

DOMESTIC ABUSE AND SEXUAL VIOLENCE

“BIG CONVERSATION” ATTENDEES

WEDNESDAY 6TH JUNE 2018

NAME	ORGANISATION	EMAIL ADDRESS
APPLEBY, Stephen	DBC	Stephen.Appleby@darlington.gov.uk
BARKER, Deborah	Chief Executive - Rape & Sexual Abuse Counselling Centre	debbie@rsacc-thecentre.org.uk
BAXTER, Ann	Independent Chair	
BENSON, Jo	DBC	Joanne.Benson@darlington.gov.uk
BUCKLE, Barbara	Trustee - Citizens Advice in Darlington	
BUCKLE, Kevin		
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TACKLING DOMESTIC ABUSE AND SEXUAL VIOLENCE IN DARLINGTON

A BIG CONVERSATION and SHARED PLANNING SESSION

WEDNESDAY 6TH JUNE 2018

Central Hall, Dolphin Centre

PROGRAMME

1:30pm	Registration	Tea/coffee, a chance to talk with colleagues and look at material on tables
2:00pm	Welcome	Chief Supt. Adrian Green, Chair of Community Safety Partnership
	Greetings	Ann Baxter, Chair of Safeguarding Adults Board Simon Hart, Chair of Safeguarding Children's Board Cllr Andrew Scott, Chair of Health and Wellbeing Board
	Conversation 1: Speakers to inform the conversation	What is the problem? What do we know? Yvonne Dutson, Detective Insp. South Durham, Safeguarding and Domestic Abuse Dr Verna Fee, Office of Police Crime and Victims Commissioner, Policy and Projects Manager, Domestic Abuse and Sexual Violence Conversation supported by Traci McNally, Acting Detective Supt., Steve Chatterton, Det. Inspector, Safeguarding, Jo Hall, Safeguarding, NHS Voice of service user: Susan Degnan, Family Help
	Conversation 2: Speakers to inform the conversation	What do we have? Current services and programmes Christine Shields, Assistant Director, Darlington Borough Council, Commissioning, Performance and Transformation Kevin Weir, Detective Supt., SCOU/CID Jane Kochanowski, Assistant Director, DBC, Children's Services

		Voice of service user: Emma Goding, Harbour Janice Chandler, Barnardo's
	Note:	During Conversation 2 you will be invited to have refreshments
	Response:	In light of the information we have shared together, the last part of the workshop will focus on actions to reduce the prevalence of domestic abuse and provide a co-ordinated community response which include presentation, support, protection and perpetrators
4:15pm	Closing messages and thanks:	Ms. Suzanne Joyner, Director of Children and Adult Services, Darlington Borough Council
4:30pm	Depart	

HEALTHWATCH DARLINGTON

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to update Health and Wellbeing Board members on Healthwatch Darlington's key statutory priorities and projects for April 2018 to June 2018.

Summary

2. This report outlines Healthwatch Darlington's work, during the last 3 months, in championing the views of people in the Borough to influence and improve health and social care services.

Recommendation

3. It is recommended that Darlington Health and Wellbeing Board members accept this report for information and progress to date for Healthwatch Darlington.

Michelle Thompson
Chief Executive Officer Healthwatch Darlington

Background Papers

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

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	This report provides information about progress to date including work plan objectives to champion the views of people in the Borough to improve health and social care services.
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	This report contributes to the delivery of the objectives of the Community Strategy through the patient, carer and public voice.
Efficiency	N/A
Impact on Looked After Children and Care Leavers	There are no issues contained within the report that will have implications on Looked After Children or Care Leavers.

MAIN REPORT

4. Healthwatch Darlington Ltd (HWD) is a strong independent community champion giving local people a voice that improves and enhances health and social care provision on behalf of the people of Darlington.

Statutory Activities/Projects

5. **Community Outreach** – Our Volunteer and Outreach Co-ordinator and our team of volunteers have been out in the community holding various information sessions. This has been giving patients and their families an opportunity to ask any questions they may have about local health and social care services. We've visited places such as:
 - (a) Redworth Community Centre,
 - (b) Café JJ
 - (c) Dolphin Centre x 3
 - (d) Darlington College
 - (e) Friends Meeting House x 2
 - (f) Cockerton Baby Clinic
 - (g) Gold VIP Event
 - (h) McNay Children's Centre
 - (i) Kings Centre Foodbank
 - (j) TEWV Mental Health and Learning Disability Information Showcase

6. **Training** – Our volunteers completed their 4 module in-house Healthwatch Darlington training and went on to complete external courses including Safeguarding Children, Safeguarding Adults, and Dementia Friends.
7. **Further Training:** Coming up in July 2018, new volunteers joining the team will undertake our introductory training and learn more about the various roles volunteer Health Connectors can do and the policies they will be required to adhere to for Healthwatch Darlington. This will be the perfect opportunity for anyone thinking of joining as a volunteer to sign up now as our next round of training will be taking place very soon. The training is delivered by our very own CEO Michelle Thompson.
8. **Enter and View:** Our Enter and View team have been busy conducting authorised visits into local care homes across Darlington. You can read more about our findings via our report: www.healthwatchdarlington.co.uk/news/healthwatch-darlington-care-homeexperience-report
9. **Volunteer of the Month:** Our Volunteer of the Month for March 2018 was Jamie Odgers. We currently have a new recognition scheme ongoing for volunteers which is a chance for us to select one volunteer every 3 months to receive a recognition certificate for their enthusiasm and personal development as a Health Connector. Our next Volunteer of the Month is to be announced end of June 2018. To read Jamie's volunteer of the month interview please visit: www.healthwatchdarlington.co.uk/content/volunteering
10. **Volunteer Celebration and Recruitment Event:** This was our opportunity to celebrate and thank our volunteers whilst inviting members of our community to come and chat to us to find out more. It was a great success with another five people signing up for our volunteer Health Connector programme.
11. **'What's Important to you?' survey:** Over several months we asked our community to take part in our survey to find out exactly what the public want Healthwatch to look at in 2018/19 within health and care services. We were told by a staggering 45% of all our survey participants that Mental Health was a top priority with a particular focus on children and young people services. Across the summer we will be encouraging as many families and young people as possible to tell us what they think about mental health services and support for young people living in Darlington. We also took into account other local organisational strategies to ensure we are coterminous with local plans. As a result we have drawn up our Action Plan for the next year.
12. **Action Plan:** Our Action Plan for 2018/19 prioritises the following:
 - (a) Social Care:
 - (i) Enter and View – Care Homes
 - (ii) Continuing Health Care (CHC) and Personal Independence Payments (PIP)
 - (iii) Hospital Discharge
 - (b) Mental Health
 - (i) Substance Misuse

- (ii) Children and Young People
- (c) Cancer Services
- (d) Stroke Services
- (e) Chronic Obstructive Pulmonary Disease (COPD)
- (f) BME Health Inequalities

13. **Focus Groups:** We recently delivered focus groups for the following:

- (a) Darlington Clinical Commissioning Group (CCG) and North of England Commissioning Support (NECS) - Improving Access to Psychological Therapies (IAPT) services consultation.
- (b) Connected Health Cities (CHC) and Newcastle University – Health Data preference tool.

14. **DOT:** We continue to nurture closer connections with our community through our Darlington Organisations Together Network (DOT). Our weekly e-bulletins are proving very popular with other organisations asking us to include their information, events and services. We have centred ourselves as a convenient conduit for community information and signposting, encouraging smaller organisations to become stronger, more resilient and active and connecting with other smaller groups.

15. **Annual Report:** We have great pleasure in publishing our fifth Annual Report for the period April 2017 to March 2018. We would like to take this opportunity to thank everyone for all your help and support over the past year
<http://www.healthwatchdarlington.co.uk/news/healthwatch-darlington-annual-report-2017-2018>

DARLINGTON SUICIDE PREVENTION PLAN

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to provide information on the refreshed *Darlington Suicide Prevention Plan 2017-2022* including the plan's implementation and governance arrangements.
2. To provide an update on the NHS England Suicide Prevention Transformation fund allocation as part of the Mental Health Taskforce.

Summary

3. Suicides are not inevitable, in most cases they can be prevented. Suicide rates in England have increased since 2007, making suicide the biggest killer of men under 50 years.
4. The effects of suicide can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Public Health England advise every local area should make suicide prevention a priority whether its own suicide rate is high or low.
5. National guidance recommends that all local authorities have multi-agency suicide prevention plans in place based on the 6 key areas of the national strategy.
6. The Darlington Suicide Prevention Group was established in 2017 and includes representatives from Darlington NHS CCG, Darlington Mind, Darlington Samaritans, Durham Constabulary, TEWV Mental Health NHS Trust and Darlington Borough Council.
7. The Suicide Prevention Group developed a 5 year action plan.
8. The final document is attached as **Appendix A**.
9. A PowerPoint presentation summarising the plan is attached as **Appendix B**.
10. The plan will be further supported by the local allocation of NHS England suicide prevention fund on a Durham, Darlington, Tees Valley, Hambleton, Richmond and Whitby (DDTHRW) footprint.

Recommendation

11. It is recommended that:-

- (a) The Health and Wellbeing Board note the report and the plan.
- (b) The Health and Wellbeing Board support the Darlington Suicide Prevention Plan 2017 - 2022

Reasons

12. The recommendation is supported by the Health and Wellbeing Board as the Suicide Prevention Plan works towards the Health and Well Being Board's ambition for Living Well: Working with communities to live longer and healthier lives.

Miriam Davidson
Director of Public Health

Background Papers

- (i) Preventing Suicide in England: A cross-government outcomes strategy to save lives (2012)
- (ii) Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives (2017)

Rachel Osbaldeston : Extension 6202

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	This proposed collaborative project will provide improvements for health and well being of residents with the aim of reducing suicide
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	Universal approach with the targeted intervention of men aged 35 – 59 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 on Looked After Children and Care Leavers	There are no issues contained within the report that will have implications on Looked After Children or Care Leavers.

MAIN REPORT

Darlington Suicide Prevention Plan

13. *The Five Year Forward View for Mental Health (2016)* includes a recommendation that all local authorities will have multi-agency suicide prevention plans in place by 2017.
14. *Preventing Suicide in England: Third progress report of the cross-government outcomes strategy to save lives* was published in 2017 and sets out recommendations for local suicide prevention plans based on the 6 key areas of the national strategy.
15. The most recent figures (2014 - 2016) show that Darlington has a suicide rate that is higher than the rate for England and the North East average rate. It is 13.1 in Darlington and 11.6 and 9.9 respectively for the North East region and England. Please note this is a rate per 100,000 of the population not actual numbers of deaths.
16. There has been a decrease of 3 deaths by suicide and undetermined injury in Darlington from the previous figures (2013-2015).
17. The Darlington Suicide Prevention group was established in 2017 and includes representatives from Darlington NHS CCG, Darlington Mind, Darlington Samaritans, Durham Constabulary, TEWV Mental Health NHS Trust and Darlington Borough Council.
18. The Darlington Suicide Prevention Plan aims to facilitate a reduction in the suicide rate and provide better support for those bereaved or affected by suicide in Darlington.
19. The plan includes sections on national policy, an epidemiological assessment of need and a 5 year action plan.
20. The action plan is structured around 6 national key areas: reducing the risk of suicide in key high risk groups, tailoring approaches to improve mental health in specific groups, reducing access to means of suicide, providing better information and support to those bereaved or affected by suicide, supporting the media in delivering sensitive approaches to suicide and suicidal behaviour and supporting research, data collection and monitoring.
21. The development and implementation of the plan is delivered and overseen by the local Darlington Suicide Prevention Group which reports into the Darlington Mental Health multi-agency network.
22. In 2017 two targeted mental health anti-stigma and awareness raising campaigns were delivered across social media during Mental Health Awareness Week in May and World Mental Health Day in October.

NHS England suicide prevention transformation fund allocation as part of the Mental Health Taskforce

23. The Government in its response to the Five Year Forward View for Mental Health identified £25 million in funding allocated to NHS England to support the reduction in suicide rates by 10%; £5 million in 2018/2019, £10 million in 2019/2020 and £10 million in 2020/2021.
24. Although the funding was allocated to NHS England, suicide prevention is a public health issue. Two thirds who die by suicide are not in contact with mental health services.
25. In consultation with partners and based upon a rapid gap analysis a joint bid was submitted by the Durham, Darlington Tees Valley, Hambleton, Richmond and Whitby patch and was successful in receiving £415K grant finance for suicide prevention work.
26. Proposed projects included: enhanced local data analysis and audit, enhanced training offer and a consideration of a shared training hub across the patch, an extension of the Team Talk project which is targeting men through football bringing it into Darlington and North Yorkshire, a process for the allocation of small grants to local grass root organisations and a review of A/E pathways for the management of deliberate self- harm.
27. The public health representative will sit on the regional group and feed into the Darlington Suicide Prevention Group as necessary.



Darlington Suicide Prevention Plan 2017-2022

This plan builds on the *Darlington Suicide Prevention Plan 2016* and makes reference to previous actions building on the learning and achievements made. The development and implementation of the prevention plan is delivered and overseen by the local Darlington Suicide Prevention Group. This group is a multi-agency group led by public health and includes NHS Darlington, TEWV, Durham Constabulary and a strong VCS representation; it reports into the Darlington Mental Health Network.

The group was set up in response to the government's *Preventing suicide in England a cross-government outcomes strategy to save lives 2012* and the following document *Preventing Suicide in England: three year on annual report 2017*.

There is no universally accepted definition of suicide, as there are difficulties in determining the exact intent of a person who dies. However, a broad definition is that it is:

'..a fatal act of self-harm with a conscious intent to end life.'

Suicides are not inevitable, in most cases they can be prevented. Suicide rates in England have increased since 2007, making suicide the biggest killer of men under 50 as well as a leading cause of death in young people and new mothers. On average, 13 people kill themselves every day in England.

The overarching aim of the plan is to:

- To facilitate a reduction in the suicide rate in Darlington
- To provide better support for those bereaved or affected by suicide in Darlington

National Policy

Preventing suicide in England; a cross government outcomes strategy to save lives (2012) is a national all age prevention strategy.

The overall objectives of the National Strategy are:

- A reduction in the suicide rate in the general population in England; and
- Better support for those bereaved or affected by suicide

The Strategy identifies six key areas for action to support delivery of these objectives:

- 1. Reduce the risk of suicide in key high-risk groups**
- 2. Tailor approaches to improve mental health in specific groups**
- 3. Reduce access to the means of suicide**
- 4. Provide better information and support to those bereaved or affected by suicide**
- 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- 6. Support research, data collection and monitoring**

Epidemiological Assessment of Need

Suicide figures are compiled over a 3 year period as the use of 3-year rolling averages counteracts the effect of fluctuations over time. There is a delay in receiving the data due to awaiting the verdict of a coroner investigation on each case.

Summary of Darlington Suicide figures 2014 - 2016

- There were 36 deaths by suicide or undetermined injury in Darlington between 2014 and 2016
- This is a reduction of 3 deaths from the previous year's audit (i.e.2013 -2015)
- Of the 36 deaths 78% were male (28) and 22% were female (8)

The last full Darlington Suicide Audit was completed in 2016 using data from 2012 - 2014. Information from this audit showed:

- The greatest number of cases of deaths by suicide was in males age 50-59
- 52% (16) of all cases were men under the age of 50.
- In 35% (11) of cases the person was unemployed at time of death.
- In 48% (15) of cases the person lived alone at the time of death.
- 61% of deaths (19) occurred in the home.
- Hanging/strangulation was the most common method of suicide and occurred in 74% (23) of cases.
- Toxicology reports indicate that 39% (12) cases had alcohol in the blood at the time of death.
- 42% (13) of cases were known to the police prior to their death, 46% (6) had been in contact with the police in the 3 months preceding their death.
- 5 cases died in less than a year of being released from prison.
- A date of last contact with a GP was known for 22 cases, of which 7 (32%) had been seen by a GP within three months of their death.
- 10 (32%) of cases were recorded as being known to mental health services at some point prior to their death.
- Themes were identified for 26 of the 31 cases. The most common single theme was relationship problems/breakdown which features solely in 5 of the cases. This also featured in a further 5 cases where there were multiple themes.

Darlington Trends

- The most recent figures (2014 - 2016) show that Darlington has a suicide rate that is higher than the rate for England and the North East average rate. It is 13.1 in Darlington and 11.6 and 9.9 respectively for the North East region and England. Please note this is a rate per 100,000 of the population not actual numbers of deaths.
- The suicide rate for males in Darlington is higher than the both the regional and national rate. It is 21.2 in Darlington and 18.1 and 15.3 respectively for the North East region and England. Please note this is a rate per 100,000 of the population not actual numbers of deaths.
- There has been a decrease of 3 deaths by suicide and undetermined injury in Darlington from the previous figures (2013-2015).
- Prior to this decline there had been an increase at each 3 year rolling average measurement stage in the Borough since 2010.

Figure 1: Suicide: age-standardised rate per 100,000 population (3 year average) (Persons). Darlington compared to England 2001 - 2015

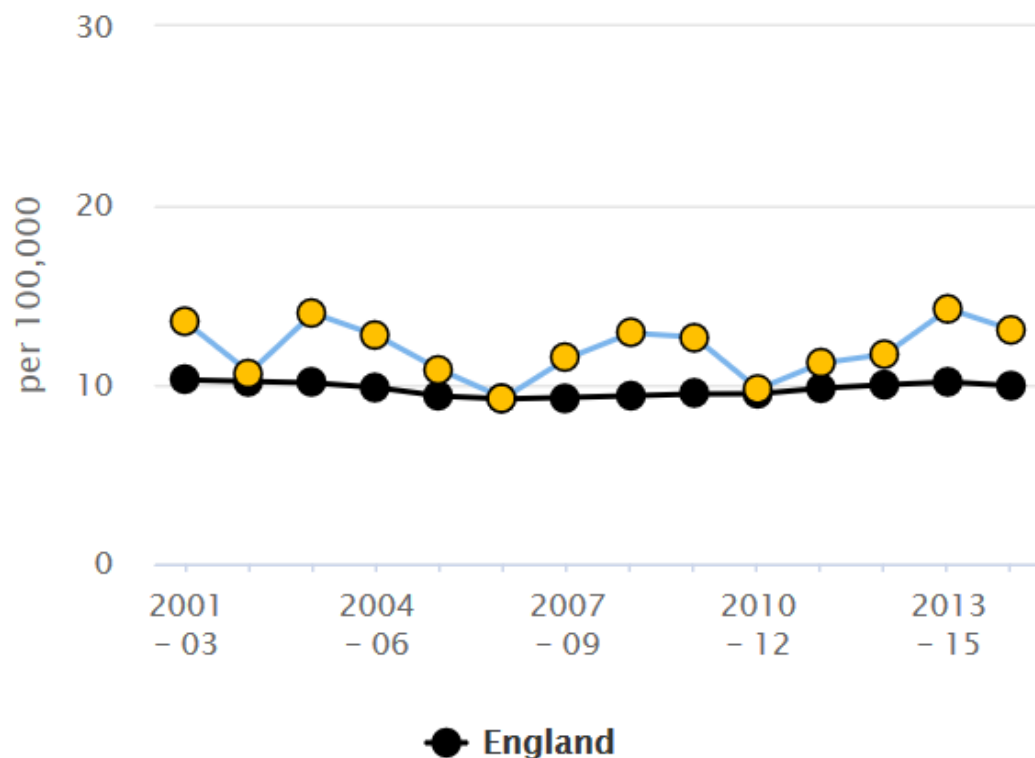


Figure 2: Suicide: age-standardised rate per 100,000 population (3 year average) (Persons) 2014 – 2016. CIPFA Nearest Neighbours to Darlington

Area	Value	Lower CI	Upper CI
England	9.9	9.8	10.1
Dudley	9.5	7.5	11.8
Derby	9.8	7.5	12.6
Telford and Wrekin	9.9	7.2	13.3
Doncaster	10.1	8.0	12.6
Wakefield	10.4	8.4	12.8
Barnsley	10.8	8.4	13.6
Bolton	10.9	8.7	13.6
Medway	11.1	8.8	13.9
Calderdale	11.3	8.7	14.5
Bury	11.6	8.7	15.0
North Tyneside	12.8	9.9	16.2
Darlington	13.1	9.1	18.1
Tameside	13.6	10.8	17.0
Stockton-on-Tees	13.8	10.7	17.4
Rotherham	13.9	11.2	17.1
St. Helens	15.8	12.4	19.9

Source: Public Health England (based on ONS source data)

Compared with benchmark ■ Lower ■ Similar ■ Higher ■ Not compared

Darlington Suicide Prevention Action Plan

1. Reduce the risk of suicide in key high risk groups					
	Key Area of Action	Desired Outputs	Co-ordinators/ Leads	Timescale	Resource
1a	Men are a high risk group in Darlington. Reducing risk in men, especially in middle age by developing treatment and support settings that men are prepared to use	Scoping and delivery of, programmes which provide opportunities for men to create networks of support e.g. 'Men's Sheds' Delivery of regional Mental Health Resilience through Football project. This programme works with football clubs to engage men in mental health improvement through sport.	Darlington Suicide Prevention Group Public Health England & NEMHDU	September 2018 planning workshop 2018 -2019 with quarterly review	Within existing resource NHS England priority funding
1b	Mental Health Service Users are a high risk group in Darlington	Scoping and delivery to a commitment to a, 'zero suicide ambition' across public sectors. Increasing Access to Psychological Therapies (IAPT) & Crisis Review Suicide Rapid Response Service	Darlington Suicide Prevention Group Including CCG and TEWV NECS MIND/Insight	September planning workshop 2018 Update in May 2018 In place currently,	Within existing resource

				quarterly reviews.	
2. Tailor Approaches to improve mental health in specific groups					
	Key Area of Action	Desired Outputs	Co-ordinators/ Leads	Timescale	Resource
2a	There is a national and local focus on improving the mental health of children and young people (CYP) through the national <i>Future in Mind</i> (FIM) strategy and local CYP mental health transformation plan as well as mental health being a focus of the Darlington Children & Young People's Plan (CYPP)	<p>Delivery of mental anti-stigma campaign to CYP Mindful Schools delivery Mental Health First Aid Training to school staff and school nurses.</p> <p>Samaritans, 'Step by Step Service' Distribution and delivery of <i>Help When We Needed It Most: How To Prepare For And Respond To Suicide In Schools And Colleges</i></p> <p>Darlington Mind Self-Harm Prevention Project for Children and Young People</p>	<p>Darlington Suicide Prevention Group</p> <p>Samaritans</p> <p>MIND Tees Valley YMCA</p>	<p>May & October 2017 - 2022</p> <p>2016-2017</p> <p>In place currently, quarterly review</p> <p>In place currently, quarterly reviews</p>	<p>Future in Mind Funding</p> <p>Within existing resource</p> <p>Big lottery funding</p>
2b	Improving mental health in those who are vulnerable due to economic circumstances eg. unemployed, in financial hardship, homeless	Awareness raising of mental health in local businesses to reduce stigma and support individuals back into work and within the workplace e.g. Mental Health First Aid (MFHA) and Applied Suicide Intervention Skills Training (ASIST)	Darlington Partnership, Darlington Cares, Public Health	September 2018	Within existing resource

		<p>Liaise with statutory and voluntary organisations who work with those affected to ensure signposting of support</p> <p>Raise Awareness of resources & training Promote reducing the risk of suicide: a toolkit for employers</p>			
2c	People who misuse alcohol and/or drugs are an important group to target interventions towards due to increased risk.	<p>Work with local treatment services provider to offer awareness training in order to increase knowledge of staff. Including ASIST, safeTALK, MHFA</p> <p>Link with drug related death group to facilitate any shared learning.</p>	<p>NECA & Public Health</p> <p>Public Health</p>	<p>September 2018-20</p> <p>In place currently, quarterly reviews</p>	NHS England priority funding
2d	Explore the roll out of the GP and Primary Care Suicide prevention awareness e-learning programme	Increased awareness of mental health and reducing stigma	NHS England, Darlington CCG, LA Leads	September 2018	Within existing resource
3. Reduce access to means of suicide					
	Key Area of Action	Desired Outputs	Co-ordinators/ Leads	Timescale	Resource
3a	The majority of suicides in Darlington happen within the home but Darlington has a	Support & learn from the Rail Industry Suicide Prevention Programme (Samaritans, British Transport Police &	Darlington Suicide Prevention Group	September 2018	Within existing funding

	busy railway station where prevention work is very important.	Network Rail) to reduce suicide on the railways.			
3b	Suicide Prevention to be considered at design stage	Encourage local authority planning to include health and safety consideration Reference to prevention work in strategies and master plans	DBC Planning department	September 2018 with quarterly reviews	Within existing resource
4. Provide better information and support to those bereaved or affected by suicide					
4a	Recently bereaved to suicide are a high risk vulnerable group.	Support for those recently bereaved or affected by suicide with advice and guidance Promotion use of PHE guidance 'Help Is At Hand'	VCS Coroner's Office Public Health	September – December 2018 with quarterly reviews	Indicative Cost
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour					
5a	There are important issues to consider when covering suicide in the media. Inappropriate reporting of suicide may lead to imitative or 'imitational' behaviour.	Promotion of Samaritans, ' <i>Media Guidelines for Reporting Suicide</i> ' to all partners Increase positive mental health attitudes in the media and promote help seeking behaviour	Darlington Suicide Prevention Group DBC Communications Team	July 2018 with quarterly reviews	Within existing resource

6. Support Research, Data Collection and Monitoring					
	Key Area of Action	Desired Outputs	Co-ordinators/ Leads	Timescale	Resource
6a	Production of timely annual Darlington suicide audit	Identification of high risk groups, patterns and areas locally	Public Health, Police & Coroner's office	September 2018 & then annually.	NHS England priority funding
6b	Ensure local suicide early alert system for potential suicides	<p>Identification of and timely intervention for potential clusters</p> <p>Robust intelligence and recording system to learn from attempted suicides</p>	GPs, NECS & Public Health	<p>In place currently, quarterly reviews</p> <p>2018 onwards as part of prevention group.</p>	
6c	Mental Health Service Users are a high risk group in Darlington	Work with Darlington MHN to understand and improve the physical health improvement opportunities for those with mental health conditions	Darlington Mental Health Network (MHN)	January 2019	Within existing resource

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