



DARLINGTON

Borough Council

Health and Wellbeing Board Agenda

3.00 pm

Thursday, 14 December 2023

Darlington Hippodrome

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 7 September 2023 (Pages 5 - 10)
5. Darlington Health and Wellbeing Plan –
Report of the Director of Public Health
(Pages 11 - 16)
6. Darlington's Commitment to Carers 2023 -2028 –
Report of the Assistant Director - Commissioning, Performance and Transformation
(Pages 17 - 62)
7. Terms of Reference –
Report of the Assistant Director – Law and Governance
(Pages 63 - 72)
8. 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.

9. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 6 December 2023

Town Hall
Darlington.

Membership

Councillor Dulston

Councillor Harker, Leader of the Council, Leader of the Council

Councillor Holroyd

Councillor Roche, Cabinet Member for Health and Housing, Cabinet Member with Health and Housing Portfolio

Councillor Tostevin

James Stroyan, Group Director of People

Miriam Davidson, Interim Director of Public Health

David Gallagher, Executive Director of Place-Based Delivery - Central and Tees Valley, North East and North Cumbria Integrated Care Board

Martin Short, Director of Place - North East and North Cumbria Integrated Care Board, North East and North Cumbria Integrated Care Board

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust

Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust

Jackie Andrews, Medical Director, Harrogate and District NHS Foundation Trust

Joanne Dobson, NHSE/I Locality Director for North East and North Cumbria, NHS England, Area Team

Alison MacNaughton-Jones, Joint Clinical Director, Darlington Primary Care Network

Sam Hirst, Primary Schools Representative

Dean Lythgoe, Principal, St Aidan's Academy, Secondary School Representative

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

Michelle Thompson, Chief Executive Officer, Healthwatch Darlington

Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life Sciences, Teesside University

Andrea Petty, Chief of Staff, Durham Police and Crime Commissioner's Office

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

- XXX

If you need this information in a different language or format or you have any other queries on this agenda please contact Michael Conway, Mayoral and Democratic Officer, Operations 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 michael.conway@darlington.gov.uk or telephone 01325 406309

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HEALTH AND WELLBEING BOARD

Thursday, 7 September 2023

PRESENT – , Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, Councillor Roche (Cabinet Member for Health and Housing) (Cabinet Member with Health and Housing Portfolio) and Councillor Tostevin

ALSO IN ATTENDANCE –

APOLOGIES –Councillor Dulston, David Gallagher (Executive Director of Place-Based Delivery - Central and Tees Valley) (North East and North Cumbria Integrated Care Board), Brent Kilmurray (Chief Executive) (Tees, Esk and Wear Valley NHS Foundation Trust), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Joanne Dobson (NHSE/I Locality Director for North East and North Cumbria) (NHS England, Area Team) and Sam Hirst (Primary Schools Representative)

HWBB1 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB2 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

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

HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 16 MARCH 2023

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 16 March 2023.

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

REASON – They represent an accurate record of the meeting

HWBB4 BETTER CARE FUND 2023/25 PROGRAMME

The Assistant Director Commissioning, Performance and Transformation submitted a report (previously circulated) updating Members on the submission of the Darlington Better Care Fund Plan for the 2023/25 Programme and providing an update on the next steps across the Programme.

It was reported that the use of the Better Care Fund (BCF) mandatory funding streams and Disabled Facilities Grant must be jointly agreed by Integrated Care Boards and local authorities; they must reflect local health and care priorities; and plans must be signed off by Health and Wellbeing Board.

Reference was made to the Government's priorities for 2023-25 as set out in the BCF Policy Framework and the vision of the BCF; and that the vision was underpinned by two core BCF objectives, Enable people to stay well, safe and independent at home for longer and Provide the right care in the right place at the right time.

Details were provided of the four national conditions for funding; the five key metrics; and the funding for the 23/25 programme, including Discharge Funding was outlined. It was reported that the funding package for 2023/25 was not new monies and were allocated against the ASC budgets.

Members were informed that following endorsement by the Programme Board, the Plan for Darlington was submitted to the BCF national team on 28 June and that feedback was currently awaited.

It was reported that a service review was underway across all programme funded schemes with the findings due to be reported to the Pooled Budget Partnership Board in October.

Discussion ensued regarding how the patient and carer voice is included in plans with assurances given that the plans are built around public engagement and involvement. Further discussion was held regarding young carers and the lack of a young carers group for schools to signpost to, members representing colleges and university confirming this.

RESOLVED – (a) That the submission of the Darlington 23/25 Plan and expected dates of approval letters being issued be noted.

(b) That the programme review be noted, and a report to be tabled at future meetings, detailing the outcome of the review.

REASONS – (a) The 2023/25 Plan has been endorsed by the Pooled Budget Partnership as part of the agreed governance arrangements.

(b) Following completion of the review a report of the findings will be available.

HWBB5 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - LIVING IN DARLINGTON AND RESPONDING TO THE PANDEMIC 2022/2023

The Interim Director of Public Health submitted a report (previously circulated) sharing the Director of Public Health Annual Report for 2022/23 with Members and wider stakeholders. A copy of the

It was reported that the Annual Report has a particular focus on how some of the community responded to the COVID 19 pandemic and how they see their future; and that the Annual Report is the last report of Penny Spring as Director of Public Health due to her retirement in June 2023.

The submitted report stated that it is a requirement of the Director of Public Health under the 2006 NHS Act to produce an annual report; the subject of the annual report for 2022/23 is how young people, families and staff in Darlington responded to the pandemic and how it

affected their lives; and the report is presented in a video format produced with students from Darlington College, using the testimony of individual young people, families and staff.

No notable discussion or questions were fielded following the Interim Director of Public Health's delivery.

RESOLVED – (a) That the Annual Report of the Director of Public Health 2022/23 be received by the Health and Wellbeing Board

(b) That the testimony of the impact of the COVID 19 pandemic on lived experience be noted.

(c) That the legacy and ongoing impact of the pandemic on local people living and working in Darlington be noted.

REASONS – (a) The Health and Social Care Act 2012, sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.

(b) The annual report raises awareness of specific health issues in Darlington.

(c) The annual report highlights areas of specific concern, and makes recommendations for change for all partners and stakeholders.

HWBB6 NHS FIVE YEAR JOINT FORWARD PLAN UPDATE

The Director of Place (Darlington), North East and North Cumbria Integrated Care Board gave a presentation updating the Board on the NHS Five Year Joint Forward Plan (JFP).

The presentation outlined the national guidance for the JFP covering 2023/24 to 2028/29 which would be reviewed, updated and republished every March; reference was made to the JFP and how this fit with the ICP Strategy and NHS Operating Plan; and reference was made to the operational planning requirements.

Details were provided of the Tees Valley priorities; a number of key pillars had been identified, which support the delivery of the organisational, place and system plans; and these pillars had been aligned to the core elements of the collective Health and Wellbeing Strategies, Start Well, Live Well and Age Well. Members were provided with details of the work being undertaken in respect of these core elements; and reference was made to the cross cutting themes.

Members noted the stakeholder engagement and associated deadlines for the JFP.

Discussion ensued with board members requesting a list of meanings for the various initialisms and acronyms used in the presentation. Secondary School colleague expressed the opinions that the goals presented were not presenting clear trackable goals and it was agreed that Director of Place, Darlington would share relevant details after the meeting. It was also highlighted that union representation would be valuable in order to speak on staff issues and it was confirmed that workshops are being set up to handle this.

RESOLVED – That the thanks of the Board be conveyed to the Director of Place (Darlington), North East and North Cumbria Integrated Care Board for his informative presentation.

REASON – To convey the views of the Board.

HWBB7 HEALTH INEQUALITIES IN DARLINGTON: THE ROLE OF THE HEALTH AND WELLBEING BOARD

The Interim Director of Public Health submitted a report (previously circulated) updating Members on the health status of the population, with a focus on inequality and updating Members on the Health and Wellbeing Board in the context of the inequality. A presentation (also previously circulated) accompanied the report.

Discussion ensued with School colleagues highlighting that health inequalities are very evident in school settings with a noticeable difference when comparing children attending more and less privileged schools.

Councillor Holroyd recalled a principle employed by Cornwall Council in which the centre demographic of population was focused on which then provided a “spill over” of benefit to the other areas of population.

The Interim Director of Public Health expressed a desire to push the establishment of a “Health and Wellbeing Network” in which members could freely share work and research to assist in completing priorities in an efficient and direct manner. This was well received by members with specific expressions that PCC and healthcare colleagues would be willing to contribute and Healthwatch Darlington willing to promote.

J Foggin, Communications Manager, County Durham and Darlington Foundation Trust, informed members of a current programme in which young people are assisted and provided guidance towards careers in health care.

RESOLVED – (a) That the overview of health status in Darlington and the narrative on health inequalities and how they affect outcomes, be noted.

(b) That a review of the Health and Wellbeing Board “way of working” be agreed and the development of a Health and Wellbeing Network be supported.

(c) That a Task and Finish workstream to review and refresh the Joint Strategic Needs Assessment be established.

(d) That a Task Group to review and refresh the current Health and Wellbeing Strategy so it is a “fit for purpose” Joint Local Health and Wellbeing Strategy, be established.

REASONS – (a) It is a statutory duty of the Health and Wellbeing Board to improve the health and wellbeing of their local population and reduce health inequalities and produce a Joint Local Health and Wellbeing Strategy.

(b) The current Health and Wellbeing Plan has expired.

(c) To enable the Health and Wellbeing Board to ensure that the ICB's forward plan takes proper account of local health inequalities and the Joint Local Health and Wellbeing Strategy.

HWBB8 TERMS OF REFERENCE

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that Members give consideration to amendments to the Terms of Reference for the Health and Wellbeing Board (also previously circulated).

It was reported that the terms of reference for the Board were last considered and approved at its meeting held on 7 July 2022; and a number of minor amendments have been made to the membership of the Board.

No notable discussion or questions were lodged following presentation of this item.

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

- (i) the deletion of the Darlington Borough Council Portfolio Holder with a remit covering Adult Services from the Membership of the Board;
- (ii) the deletion of the Darlington Borough Council Portfolio Holder with a remit covering Children Services from the Membership of the Board;
- (iii) the addition of Conservative Group Member to the Membership of the Board; and
- (iv) the addition of Green Group Member to the Membership of the Board

(b) That the revised Terms of Reference be included within this Council's Constitution.

REASONS – (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, as necessary.

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**HEALTH AND WELLBEING BOARD
14 DECEMBER 2023**

DARLINGTON HEALTH AND WELLBEING PLAN 2023-2027

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is for members to consider and engage in the process for developing an updated Health and Wellbeing Plan for Darlington

Summary

2. The Health and Social Care Act 2012 introduced Health and Wellbeing Boards (HWB's) which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. Health and Wellbeing Boards provide a focus on "place" and is one mechanism for joint working and improving the wellbeing of the local population. The Health and Wellbeing Board sets the strategic direction to improve health and wellbeing
3. The core statutory membership of the Health and Wellbeing Board consists of:
 - (a) At least one elected representative;
 - (b) A representative of the ICB;
 - (c) Directors of Public Health, Adult Social Care and Children's Services;
 - (d) Local Healthwatch organisation.
4. A Local Authority or Health and Wellbeing Board can appoint other members to the board.
5. The Darlington Health and Wellbeing Board includes representatives from a range of organisations, including:
 - (a) Voluntary and community;
 - (b) Education sector;
 - (c) Health care providers;
 - (d) Police Crime Commissioner.
6. The Terms of Reference were considered at the meeting of the Health and Wellbeing Board on 7 September 2023, amendments will be further considered.
7. Health and Wellbeing Boards have a statutory duty to produce a Joint Local Health and Wellbeing Strategy (JLHWS) for their local population as set out in the Health and Social Care Act 2021. The Joint Local Health and Wellbeing strategy outlines the key priorities

for the Darlington Health and Wellbeing Board.

8. The meeting of the board on 14 December 2023 will mostly take the format of a workshop to finalise the local priorities for improving health and wellbeing in the light of the evidence and context discussed at the Health and Wellbeing Board in September 2023.
9. Health inequalities are differences in health between people or groups of people that can be related to a range of difference issues that affect the opportunities they have to lead healthy lives. Health inequalities affect residents at every stage of the life course – in childhood, adult life and in older age, with most disadvantaged people experiencing worse outcomes.
10. The Darlington Joint Local Health and Wellbeing strategy will set out the approach to improving health and wellbeing of Darlington residents through a lens of inequality. It will involve voluntary and community partners, NHS health partner collaboration, links with other public sector partners, a range of local authority services and education partners at all stages of learning.
11. Further consideration needs to be given to how best to involve local charities and businesses in delivering the JLHWS.
12. The HWB workshop on 14 December 2023 will consider the priorities across a life course and a thematic approach:
 - (a) Children and Young People: Best Start in Life;
 - (b) Staying Healthy and Living Well;
 - (c) Healthy Places;
 - (d) Healthy Ways of Working.
13. The above proposals will be the focus for discussion in the workshop. Appendix 1 describes evidence based proposals for consideration. A report describing the outcome of the workshops will be shared with wider stakeholders and subsequent version brought to the Health and Wellbeing Board in March 2024.

Recommendations

14. It is recommended that the Health and Wellbeing Board members support the next steps to develop a Darlington Joint Local Health and Wellbeing strategy.

Reasons

15. The recommendation is supported by the following reasons:
 - (a) It is a statutory duty of the Health and Wellbeing Board to improve the health and wellbeing of their local population, reduce health inequalities and produce a Joint Local Health and Wellbeing strategy.

- (b) To enable the Health and Wellbeing Board to make sure the Integrated Care Board’s Joint Forward Plan takes account of local health inequalities and the Joint Local Health and Wellbeing strategy.

Miriam Davidson
Interim Director of Public Health

Background Papers

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

Miriam Davidson: - Interim Director of Public Health

S17 Crime and Disorder	Not applicable
Health and Well Being	The Health and Wellbeing Board has a statutory role to work in partnerships and set strategic direction to improve the health and wellbeing of local people
Carbon Impact and Climate Change	None
Diversity	None
Wards Affected	All
Groups Affected	All, with an ambition to address health inequalities.
Budget and Policy Framework	No
Key Decision	No
Urgent Decision	No
Council Plan	Aligned
Efficiency	No
Impact on Looked After Children and Care Leavers	No

Appendix 1

Place: Darlington Borough Council

The following actions are evidenced-based proposals to simulate discussion.

<p>1</p>	<p>Children and Young People – Best Start in Life, actions to include:</p> <ul style="list-style-type: none"> • Support for a smoke-free pregnancy and infant feeding; • Delivery of 0-19 years services, including school nursing and health visiting, National Child Measurement Programme; • Oral health promotion; • Domestic Abuse awareness; • Support for children and young people’s mental health; • Tobacco Control Alliance; • NHS England Children and Young People programme. 	<p>2</p>	<p>Staying Healthy and Living Well, actions to include:</p> <ul style="list-style-type: none"> • Appropriate service provision which promotes prevention and self-care close to home; • Supporting mental wellbeing including access to a fair job for a fair wage and good quality housing; • Alcohol services, substance misuse treatment services, suicide prevention; • Review gambling patterns and consider workplace charter. • Health improvement training, healthcare public health, health protection, increase uptake of vaccinations; • Delivery of NHS health checks, improve detection and management of 3 high-risk conditions for cardiovascular disease;
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			<ul style="list-style-type: none"> • Increase the rate of “Healthy Weight”; • Support NHS England Core 20 Plus 5, their approach to reduce healthcare inequalities; • Carers support aligned with Better Care Fund requirements, in partnership with Community and Voluntary sector organisations; • Support the Primary Care Network to understand the greatest community need in their area, and work with them to pilot new models of care; • Older people want to live active, engaged and independent lives with access to hospital care when needed and the support and services they need to stay at home; • Promote enhanced health in care homes; • End of life care and support with care which is competent, compassionate and personalised.
3	<p>Health Places, actions to include:</p> <ul style="list-style-type: none"> • Provision of safe, clean outdoor spaces where people of all ages can be physically active and meet others; • Create experiences and activities are important to wellbeing for all ages. Theatre 	4	<p>Healthy Ways of Working, actions to include:</p> <ul style="list-style-type: none"> • Share grant funding opportunities available for communities to deliver local health and wellbeing initiatives;

	<p>Hullabaloo has a specialist offering for young audiences;</p> <ul style="list-style-type: none">• Libraries and reading support;• Promotion of active travel;• Support work experience as a pathway to employment;• Develop a healthy weight alliance, consider density of 'fast food' outlets;• Darlington 'anchor institutions' can have an impact together on the wider factors influencing health and wellbeing;• Reduce environmental impact;• A positive impact of the COVID pandemic was the number of people coming forward as volunteers. Promote opportunities for volunteers to help with local isolation and loneliness.		<ul style="list-style-type: none">• Support actions to develop workforce skills across care and support services;• Share messages from engagement surveys, user experience feedback and community leaders;• Maintain the Joint Strategic Needs Assessment so that data is good quality and provides a picture of health inequalities;• Consider shared workforce charters, e.g., gambling workforce charter, health at work compacts.
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HEALTH AND WELL BEING BOARD

DATE 14th December 2023

ITEM NO.

DARLINGTON'S COMMITMENT TO CARERS 2023 - 2028

SUMMARY REPORT

Purpose of the Report

1. To provide information about carers in Darlington and to request endorsement of Darlington's Commitment to Carers 2023 - 28.

Summary

2. Approximately 9,800 people in Darlington identified themselves as carers in the 2021 census. This was a decrease of approximately 1,200 from the 11,004 people who identified themselves as carers in 2011 census.
3. 4707 (48%) of the people who identified themselves as carers were in employment.
4. Darlington's Commitment to Carers has been co-produced by members of the Carers' Strategy Steering Group and family carers in Darlington and includes all groups of carers, including young carers, young adult carers and parent carers.
5. It identifies actions under 4 key objectives, which are designed to raise awareness of carers in Darlington and to ensure that they are recognised and supported for their invaluable contribution to the wellbeing of the people they care for and their contribution to society a whole.

Recommendation

6. It is recommended that:-
 - (a) Members endorse Darlington's Commitment to Carers 2023 - 28.
 - (b) Members act as champions for carers in Darlington and consider how best to support progress of the carers' agenda in Darlington

Reasons

7. The recommendations are supported by the following reasons :-
 - (a) To enable all organisations in Darlington to enhance the support they offer to carers

James Stroyan
Director of Children and Adults Services

Background Papers

People at the Heart of Care: adult social care reform - GOV.UK (www.gov.uk)
Darlington's Commitment to Carers 2023 – 28

Lisa Holdsworth Ext 5861

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	Carers can experience poor health as a result of their caring responsibilities. Identifying and supporting carers contributes to supporting their health and wellbeing and the health and wellbeing of the people for whom they care.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	Caring affects all groups of people in Darlington.
Wards Affected	All
Groups Affected	Carers are the group primarily affected.
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	Research published by Carers UK in 2023 indicates that unpaid carers in Darlington provide support to the value of £329 million.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

8. Approximately 9,800 people in Darlington identified themselves as carers in the 2021 census. This was a decrease of approximately 1,200 from the 11,004 people who identified themselves as carers in 2011 census.
9. 4707 (48%) of people who identified themselves as carers were in employment.
10. In all English regions, there was a smaller proportion of unpaid carers in 2021 compared with 2011.
11. The North East was the region with the largest proportion of people who provided any amount of unpaid care in 2021 (10.1%, compared with 11.8% in 2011). It was also the region with the largest proportion of people providing 50 or more hours of unpaid care a week, at 3.4% (compared with 3.3% in 2011).
12. Darlington’s Commitment to Carers (Appendix 1) has been co-produced by members of the Carers’ Strategy Steering Group and family carers in Darlington and includes all groups of carers, including young carers, young adult carers and parent carers.
13. Darlington’s Commitment to Carers takes into account previous and current national strategies and guidance, including:
 - (a) the first national Carers Strategy, which was launched in 1999.
 - (b) the 2009 Carers Strategy, which was reviewed and updated in 2010.

- (c) the cross-government Carers Action Plan 2018 – 20, which was published with the intention of increasing identification, recognition and support for unpaid carers.
 - (d) the policy paper **People at the Heart of Care: adult social care reform - GOV.UK (www.gov.uk)** (December 2021, updated March 2022)
14. It also takes into account the findings from the North East ADASS Regional Carers Survey and a follow up survey completed by carers in Darlington. The Darlington survey was in a much simpler format and asked carers to answer 4 key questions:
- (a) What has been working well for you? / What makes you glad?
 - (b) What have been the challenges? / What makes you sad or mad?
 - (c) What needs to happen going forwards?
 - (d) Are you worried about anything?
15. Darlington’s Commitment to Carers identifies actions under 4 key objectives, which are designed to raise awareness of carers in Darlington and to ensure that they are recognised and supported for their invaluable contribution to the wellbeing of the people they care for and their contribution to society a whole.
- (a) **Recognising and supporting Carers in the wider community and society** – identifying carers; providing information for carers; engaging and involving carers; identifying and working with harder-to-reach groups of carers; social and community support for carers.
 - (b) **Services and Systems that work for Carers** - working with Health; assessing carers’ needs and identifying ways to meet them; training to provide care and support; psychological and emotional support for carers; support during changes to the caring role; support for carers during end-of-life care and after the person dies; safeguarding carers and the people they care for.
 - (c) **Employment and Financial Wellbeing** - helping carers to stay in, enter or return to work, education, training and volunteering; working with employers; benefits and grant support.
 - (d) **Supporting Young Carers**
16. Some of the actions identified relate to specific partners; some are generic and relate to all partners.
17. Identified actions include:
- (a) Increasing the identification of carers by all partners in Darlington
 - (b) Developing a ‘Commitment to Carers logo’ and myth-busting social media campaign to raise the profile of carers in Darlington.
 - (c) Developing a systematic approach to carer engagement
 - (d) Developing and implementing a plan to identify and work with harder-to-reach groups of carers including carers from ethnically diverse communities, LGBTQ+ carers, Gypsy Roma Traveller (GRT) carers, veterans, male carers and carers from socially excluded groups, including carers living in poverty and carers who are homeless or at risk of homelessness.
 - (e) Arranging a meeting with Health representatives (including Public Health) to identify actions to be undertaken by Health partners.
 - (f) Developing a survey to identify what carers would like to enable them to take a break.

- (g) Ensuring that carers are aware of the financial support they are entitled to and are supported to access it.
- (h) Raising employers' awareness of carers and their needs and the support available .
- (i) Supporting young carers, including the transition from young carer to adult carer.
- (j) Ensuring that parent carers have easy access to information and advice about how the transition process from child to adults support and services will work for their child.

Outcome of Consultation

18. Darlington's Commitment to Carers was co-produced by members of the Carers' Strategy Steering Group and family carers in Darlington and takes into account feedback received throughout the development process.

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Darlington's Commitment to Carers 2023-28



Darlington's
Commitment
to Carers



Darlington's Commitment to Carers

Foreword

We are pleased to support Darlington's Commitment to Carers which sets out key actions to be taken to raise awareness of carers in Darlington and to ensure that they are recognised and supported for their invaluable contribution to the wellbeing of the people they care for and their contribution to society as a whole.

We welcome the Commitments made and look forward to increasing awareness of carers and their needs in Darlington and an improved support offer to them in their diverse caring roles.

Councillor Anne-Marie Curry
Cabinet Member for Adults

Councillor Nick Wallis
Cabinet Member for Children and Young People

Introduction

Darlington's Commitment to Carers has been co-produced by members of the Carers' Strategy Steering Group (CSSG) (Appendix 1) and family carers in Darlington and sets out how Darlington will identify, recognise and support both the approximately 9800 people who identified themselves as carers in the 2021 census and the many other people who take on caring responsibilities every day but don't necessarily recognise themselves as carers, seeing themselves primarily as a mum or dad, husband or wife, brother or sister.

A breakdown of the 2021 census information about carers and other information about the numbers of carers supported by Darlington Borough Council Adult Social Care and Carers Support Services in Darlington is provided in Appendix 2.

Our aim is that all people in Darlington have the information they need to recognise themselves as a carer at the earliest opportunity and that they are then able to access the advice, information and support they need to carry out this role whilst minimising the impact on their health, wellbeing, work and other personal commitments.

It should be noted that although some people may become a carer overnight, for other people becoming a carer is a more gradual process with caring responsibilities increasing gradually over several months or years.

In many cases the full-time caring role ends suddenly, due to the person being cared for either dying or going into long term care.

Darlington's Commitment to Carers considers the needs of all groups of carers, including young carers, young adult carers and parent carers and takes into account previous and current national strategies and guidance, as set out in Appendix 3.

The process to develop the Strategy is set out in Appendix 4 and it has been developed taking into account the findings from the North East ADASS Regional Carers Survey (Appendix 5) and a follow up survey completed by carers in Darlington (Appendix 6), with some key comments highlighted in carers own words.



In carers' own words

What has been working well for you? / What makes you glad?

"The carers service has been very helpful, and with their help I feel I can carry on looking after my Mam"

"Having a Carer break which has allowed me time for myself".

"Once support begins the Social Workers at Adult Social Care have been superb".

What have been the challenges? / What makes you sad or mad?

"That we are left to our own devices, and no one seems to care after they leave education and if I ask for help people just say I'm an amazing parent carer who is coping just because I try and be positive".

"My Mam was in hospital for a week, and she was discharged without any support, so I had to pick up the burden while I work full time".

"Finding my way around the maze of services, benefits etc".

"Balancing looking after my mum while working full time and finding time for me".

What needs to happen going forward?

"More understanding from professionals, it would help if they had lived experience. Support groups for those that also work, as all current services seem to run within working hours. More funding for social care and more provisions for carers to get some respite."

"Darlington carers keep up the good work get out and about get known in the community".

"Better communication with social care"

Are you worried about anything?

"I worry about my son if something happens to me, I worry constantly about benefits for him I worry about my health as I don't sleep with worrying".

"What will my child have access to after he leaves Education."

"My own health and mental wellbeing"



Support available for carers in Darlington

All organisations that are members of the Carers' Strategy Steering Group offer support to carers in Darlington. Contact details for each organisation are given in Appendix 1.

There are 2 commissioned Carers Support Services in Darlington, one for young carers up to the age of 25 and one for adult carers, including parents of disabled children.

There is open access to both services, which provide information, advice, support and group activities for carers.

There is also a commissioned Dementia Advisor Service which supports individuals living with dementia and their carers.



Key Achievements from the 2020-2022 Action Plan

- Maintenance of support for carers during the covid 19 pandemic and development of remote ways of meeting need, including via increasing access to digital support for carers
- Part time Connecting Carers Development Worker employed by Darlington Carers Support to support carers with digital access issues
- Building on and enhancing relationships with GP surgeries to enable carers to be identified to enable them to access covid 19 vaccinations.
- Ongoing training offer by Darlington Carers Support to enable organisations to identify and support carers.
- Continued increase in the number of carers registered with Darlington Carers Support, despite some decreases in referral numbers during lockdown periods.
- Part time Carers in Employment Development Worker employed by Darlington Carers Support for a 1 year period to explore how best to support employers to identify and support their employees who are also carers
- Carers able to access Household Support Fund monies via Darlington Carers Support to assist with cost of living increases, such as food and utility bills
- Allocation of a small amount of additional carer break funding to Darlington Carers Support to enable additional support for carers most affected by covid



Darlington's Commitment to Carers Action Plan

Carers' needs for support are acknowledged within the 10-year vision for adult social care set out in [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/people-at-the-heart-of-care) which states that 'we want unpaid carers to be able to say:

- "I am supported to provide care as I wish and do so in a way that takes into account my own access to education, employment, health and wellbeing."
- "I have a life outside of caring and I am able to remain connected to the people who matter to me."
- "I know my needs are equally recognised and my goals and aspirations are respected and fulfilled."
- "I have the right information and advice to be able to make informed decisions."
- "I have access to appropriate support, that suits my needs including respite care and carers breaks."

Darlington's Commitment to Carers Action Plan sets out how we will support carers to achieve these overarching outcomes under the following headings as agreed by members of the CSSG -

- Recognising and supporting Carers in the wider community and society.
- Services and Systems that work for Carers.
- Employment and Financial Wellbeing.
- Supporting Young Carers.

Leads are identified for each Action to be completed.

The timescales given relate to the first year of the Action Plan and further timescales will be identified as the Plan is reviewed and updated.



Objective 1: Recognising and supporting Carers in the wider community and society

- Identifying carers
- Providing information for carers
- Engaging and involving carers
- Identifying and working with harder-to-reach groups of carers, including carers from ethnically diverse communities, LGBTQ+ carers, Gypsy Roma Traveller (GRT) carers, veterans, male carers and carers from socially excluded groups, including carers living in poverty and carers who are homeless or at risk of homelessness
- Social and community support for carers

Action	Lead	By when
All partner organisations to identify carers at the first point of contact – each organisation to identify the action(s) they will take, to include consideration of direct referrals between organisations rather than simply signposting	All partners coordinated by Darlington Carers Support	September 2023 onwards
Darlington Carers Support to deliver training to organisations to enable them to recognise carers	Darlington Carers Support	September 2023 onwards
Increase the identification of carers by Darlington Borough Council Adult Social Care and ensure the provision of appropriate support, including by referring to Darlington Carers Support as appropriate	Darlington Borough Council Adult Social Care Darlington Carers Support	April 2023 onwards
Support Darlington Connect to identify people as carers	Age UKNYD Darlington Carers Support	July 2023 onwards
Support Social Prescribing Link Workers to identify people as carers	Darlington Carers Support	May 2023 onwards
Review information currently provided for carers and identify any gaps/amendments required	All partners coordinated by Darlington Carers Support who will gather information from each organisation on their current information provision for carers	September 2023 onwards
Provide information for carers in a variety of formats, including leaflets, newsletters and via websites	All partners	
Develop a myth busting social media campaign to raise the profile of carers, including the creation of social media posts that enable all organisations to share the same message.	All partners coordinated by Darlington Carers Support – to be an agenda item at the August Carers' Strategy Steering Group	November 2023 (Carers Rights Day), then ongoing monthly
Develop a 'Commitment to Carers' logo to support the social media campaign	Darlington Borough Council Commissioning Officer - Older People to approach Xentrall (DBC's Design and Print Service) in the first instance.	July 2023
Develop hard copy resources to reinforce the social media campaign	All partners - any resources published to include the new 'Commitment to Carers' logo once developed	November 2023 onwards

Action	Lead	By when
Link with NE ADASS regional carers Comms work as appropriate	Darlington Borough Council Commissioning Officer - Older People	Ongoing as required
Support carers to become digitally included	Darlington Carers Support Digital Inclusion Connecting Carers Project	Ongoing
Develop a systematic approach to carer engagement/ involvement and set this out in a plan/as a checklist	All partners – to be an agenda item at the October Carers' Strategy Steering Group	December 2023
Develop a plan to identify and work with harder-to-reach groups of carers, including carers from ethnically diverse communities, LGBTQ+ carers, Gypsy Roma Traveller (GRT) carers, veterans, male carers and carers from socially excluded groups, including carers living in poverty and carers who are homeless or at risk of homelessness	All partners – to be an agenda item at the October Carers' Strategy Steering Group	December 2023
Implement the actions identified in the harder-to-reach groups of carers plan	All partners	April 2024 onwards
Ensure the provision of social and community support for carers by continuing to commission Carers Support Services	Darlington Borough Council – new contracts to be put in place from 1.4.24	April 2024 onwards
Consider how carers can access other social and community support and publicise this	Darlington Carers Support Darlington Young Carers Service Alzheimer's Society St Teresa's Hospice	December 2023 onwards



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Objective 2: Services and Systems that work for Carers

- Working with Health
- Assessing carers' needs and identifying ways to meet them
- Training to provide care and support
- Psychological and emotional support for carers
- Support during changes to the caring role
- Support for carers during end-of-life care and after the person dies
- Safeguarding carers and the people they care for

Action	Lead	By when
Share relevant findings from the Darlington Carers Survey with each organisation to which they apply	Darlington Borough Council Commissioning Officer - Older People to collate information and share with CSSG	December 2023 and ongoing
Darlington Borough Council Commissioning Officer – Older People to share feedback re Adult Social Care with Darlington Borough Council Adult Social Care	Darlington Borough Council Commissioning Officer - Older People	October 2023
Darlington Borough Council Adult Social Care to determine actions to undertake to respond to the feedback and to the feedback provided and to other areas of this Action Plan	Darlington Borough Council Adult Social Care	December 2023
Arrange a meeting with Health representatives (including Public Health) to identify actions to be undertaken by Health partners	Darlington Carers Support Healthwatch Darlington Borough Council Commissioning Officer - Older People	October 2023
Assessing carers' needs and identifying ways to meet them (either via a statutory carer's assessment completed by Social Care, or a non statutory assessment via other services/organisations)	All partners coordinated by Darlington Carers Support	October 2023
Publicise all available opportunities to enable carers to take a break from their caring role	All partners coordinated by Darlington Carers Support	November 2023 (Carers Rights Day)
Develop a survey to identify what carers would like to enable them to take a break (what are the barriers to taking a break/what would enable you to take a break?)	All partners – to be an agenda item at the January Carers' Strategy Steering Group and questions to be agreed; survey to be sent out in March 2024	March 2024
Further action(s) to be agreed based on the findings of the survey		May 2024
Training to provide care and support	Darlington Carers Support Alzheimer's Society St Teresa's Hospice Darlington Young Carers	October 2023

Action	Lead	By when
Psychological and emotional support for carers, including peer support	All partners	October 2023
Support during changes to the caring role, for example: <ul style="list-style-type: none"> when the carer is temporarily unable to care (eg through illness) when the carer is finding it increasingly difficult to continue to care on an ongoing basis when a carer is diagnosed with a serious or life-limiting illness and wishes to plan ahead / make alternative plans when the cared for person dies or goes into long term care transitions in the caring role eg from young carer to young adult carer and from parent carer of a disabled child to carer of a young adult 	All partners	Ongoing
Publicise the Carers Emergency card	Darlington Carers Support Darlington Borough Council Adult Social Care	December 2023
Include planning for an emergency in the Darlington Borough Council Adult Social Care assessment process	Darlington Borough Council Adult Social Care	December 2023
Growing Older, Planning Ahead for people aged 40+ with a learning disability, to improve the planning process for when families can no longer support their family member to stay at home.	Healthwatch	December 2023
Transitions Young Carer to Adult Carer Parent Carer to Adult Carer - To ensure that parent carers have easy access to information and advice about how the transition process from child to adults support and services will work for their child including, but not limited to, how support may change / be delivered differently to meet needs as an adult, timescales, new contact details as well as sources of support for adult carers.	See Objective 4 - Supporting Young Carers Darlington Borough Council Adult Social Care and Childrens Social Care Health Education services and providers	March 2024
Support for carers during end-of-life care and after the person dies – identify the support available and publicise to carers. Promote the role of carers in Advance Care Planning for people with a life-limiting illness.	St Teresa’s Hospice Darlington Carers Support Age UK	February 2024
Consider the updated ADASS advice note ‘Carers and Safeguarding Adults’ and the multi-agency tool and guidance that was launched by Newcastle City Council in 2022 and decide whether this should be implemented in Darlington	Darlington Borough Council Adult Social Care	December 2023

Objective 3: Employment and Financial Wellbeing

- Helping carers to stay in, enter or return to work, education, training and volunteering
- Working with Employers
- Benefits and Grant support

Action	Lead	By when
Ensuring that carers are aware of the financial assistance they are entitled to and are supported to access it	All partners coordinated by Darlington Carers Support	February 2024
Ensuring that carers are considered when decisions are made about which groups of people are able to access financial assistance/grants	Darlington Borough Council Commissioning Officer - Older People Darlington Carers Support	October 2023 ongoing
Raising employers' awareness of carers and their needs and the support available	Darlington Carers support	Ongoing



Objective 4: Supporting Young Carers

- Specific actions in respect of young carers are identified below and consideration of how to include young carers (where applicable and feasible) to take place in respect of all other areas of this Action Plan.

Action	Lead	By when
To continue to raise awareness of Young Carers within the community, schools and other agencies, including the provision of training	Darlington Young Carers Service	Ongoing
To cross reference young carers data from the school census with data from the Darlington Young Carers Service	Darlington Borough Council Commissioning Officer – Children/ Young People	Annually when the school census data is published
To support the transition from Young Carer to Adult Carer, including considering further ways of gaining referrals for Young Adult Carers that is meaningful to them. Ensure that Health is involved in this process.	Darlington Young Carers Service Darlington Carers Support	October 2023
Look for opportunities for additional funding/grants where possible to give added value to the service	Darlington Young Carers Service	Ongoing
Re-Launch C-Card Scheme on service (this is due to local Authority's Re-Launch)	Darlington Young Carers Service	Ongoing
Participate in Young Carers Action Day	All partners coordinated by Darlington Young Carers Service	Annually in March
Ensure young carers have access to psychological and wellbeing support according to their needs.	Darlington Young Carers Service St Teresa's Hospice counselling Service	Ongoing



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Governance

- Darlington's Commitment to Carers will be taken to the Health and Wellbeing Board for approval and will then be published on the Darlington Borough Council website.
- The separate plans referred to in the Action Plan will be published on the Darlington Borough Council website as they are developed.
- CSSG members will review progress against the actions on an ongoing basis (one objective per CSSG meeting) and provide an annual update.
- When reviewing progress against the actions, CSSG members will look to develop SMART goals.
- All partners will take responsibility for their own identified actions



Appendix 1 -

CSSG members as at 30/09/23

It should be noted that not all members attend regularly - some members receive minutes only and some members contribute via email rather than by attendance at meetings.

Those organisations that actively participate are indicated by an asterisk.

Contact details for each organisation are also provided.

CSSG members	
Age UK NYD ageuk.org.uk/northyorkshiredarlington	Helen Hunter, Shaun Britton
Alzheimer's Society* alzheimers.org.uk/get-support/your-local-dementia-support-services	Kathryn Hardwick, Antoni Hall, James Riley
Arcus arcuslgbt.com	Lee, T Bell
Carers*	Lesley Brown, Kath Wall
CDDFT* cddft.nhs.uk/about-the-trust.aspx	Janet Mortimer, Samantha Sinclair
Darlington Association on Disability (DAD)* darlingtondisability.org	David Thomas, Lauren Robinson
Darlington Borough Council* Adult services darlington.gov.uk/health-and-social-care/adult-services Caring for someone darlington.gov.uk/health-and-social-care/adult-services/caring-for-someone Children's social care darlington.gov.uk/education-and-learning/childrens-social-care	Lisa Holdsworth, Josh Slack, Nerissa Cole, Councillor Chris McEwan
Darlington Carers Support* dccarers.org/about-us/	Alison Donoghue, Jenni Wood, Sophie Johnson
Darlington Mind darlingtonmind.com	Christine Thompson, Yvonne Hoare, Simon Davidson, Marcus Hawthorn
Healthwatch* healthwatchdarlington.co.uk/contact-us	Diane Lax, Andrea Goldie
Humankind Young Carers Service* humankindcharity.org.uk/service/darlington-young-carers-service/	Cheryl Hunter
Living Well, Primary Healthcare Darlington www.primaryhealthcaredarlington.co.uk/socialprescribing	Ethna Parker, Maxine Dunn, Rachel Leavis
Macmillan Cancer Care macmillan.org.uk/in-your-area/local-dashboard/detail/Information%20and%20support%20centres/7833/Macmillan-Information-and-Support-Centre---Darlington-Memorial-Hospital	Avril Charlton, Susan Remillard
Primary Health Care Darlington primaryhealthcaredarlington.co.uk	Rachel Gault
St Teresa's Hospice* darlingtonhospice.org.uk	Deborah Robinson, Claire Foggin
TEWV tewv.nhs.uk	Allison Cook
We are with you wearewithyou.org.uk/services/darlington-at-stride	Kayleigh Gamblin

Demographic Information

Carers in the 2021 census

Comparisons between 2011 and 2021 data for the three categories of unpaid care in England show:

- decreases in the proportions who provided 19 hours or less of unpaid care a week in both England (from 7.2% in 2011 to 4.4% in 2021)
- increases in the proportions who provided between 20 and 49 hours of unpaid care a week in England (from 1.5% in 2011 to 1.8% in 2021)
- the proportions of people who provided 50 or more hours of unpaid care a week remained similar in England (2.7% in 2011, 2.7% in 2021)

Potential explanations for changes in the provision of unpaid care could include:

- a) Coronavirus guidance on reducing travel and limiting visits to people from other households - unpaid carers who previously shared caring responsibilities may have taken on all aspects of unpaid care because of rules on household mixing during the coronavirus pandemic.
- b) There were a higher number of deaths than expected in the older population at the beginning of 2021 due to coronavirus (COVID-19) and other causes - this could have led to a reduction in the need for unpaid care.
- c) Changes in the question wording between 2011 and 2021 – these may have had an impact on the number of people who self-reported as unpaid carers.

In all English regions, there was a smaller proportion of unpaid carers in 2021 compared with 2011.

The North East was the region with the largest proportion of people who provided any amount of unpaid care in 2021 (10.1%, compared with 11.8% in 2011).

It was also the region with the largest proportion of people providing 50 or more hours of unpaid care a week, at 3.4% (compared with 3.3% in 2011).

In both England and in Wales, unpaid carers most commonly provided either the lowest amount of unpaid care possible (9 hours or less) or the highest amount of unpaid care possible (50 or more hours).

In England, the majority of unpaid carers provided 9 hours or less unpaid care a week (1.7 million), followed by 50 or more hours unpaid care a week (1.4 million).

Number of carers in Darlington

Approximately 9800 people in Darlington identified themselves as carers in the 2021 census (a decrease of approximately 1,200 from the 11,004 people who identified themselves as carers in 2011 census). 4707 (48%) of these were in employment.

However, the actual number of carers in Darlington is likely to be higher as people often don't identify themselves as carers, instead seeing themselves in their primary role of husband/wife, son/daughter, friend etc

This means there are many carers who are helping to sustain the overall health and care system in Darlington by keeping people safe, well and as independent as possible in their own homes. Failure to help these carers could increase the pressures in the wider health and care system.

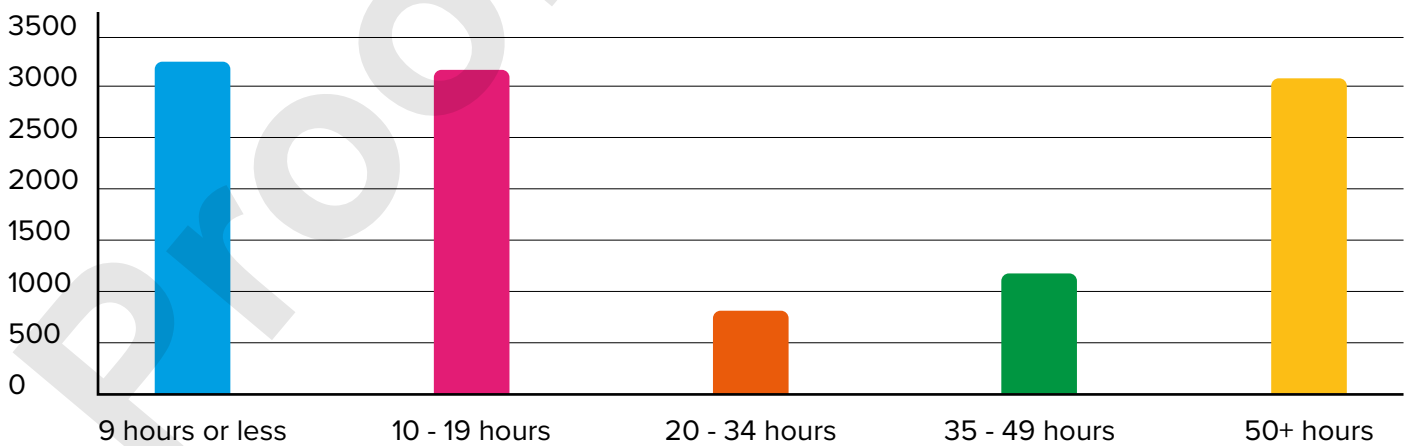
Carers' Ages



Carers' Ethnicity

White English, Welsh, Scottish, Northern Irish or British		Asian, Asian British or Asian Welsh		Black, Black British, Black Welsh, Caribbean or African		Mixed or Multiple ethnic groups:		Other ethnic group	
English, Welsh, Scottish, Northern Irish or British - 9252		Bangladeshi - 36		African - 22		White and Asian - 21		Arab - 5	
White Irish - 41		Chinese - 28		Caribbean - 15		White and Black African - 9		Any other ethnic group - 45	
White gypsy or Irish traveller - 52		Indian - 51		Other Black - 4		White and Black Caribbean - 26			
White Roma - 4		Pakistani - 17				Other Mixed or Multiple ethnic groups - 21			
White Other - 114		Other Asian - 39							
Total	9463	Total	171	Total	41	Total	77	Total	50

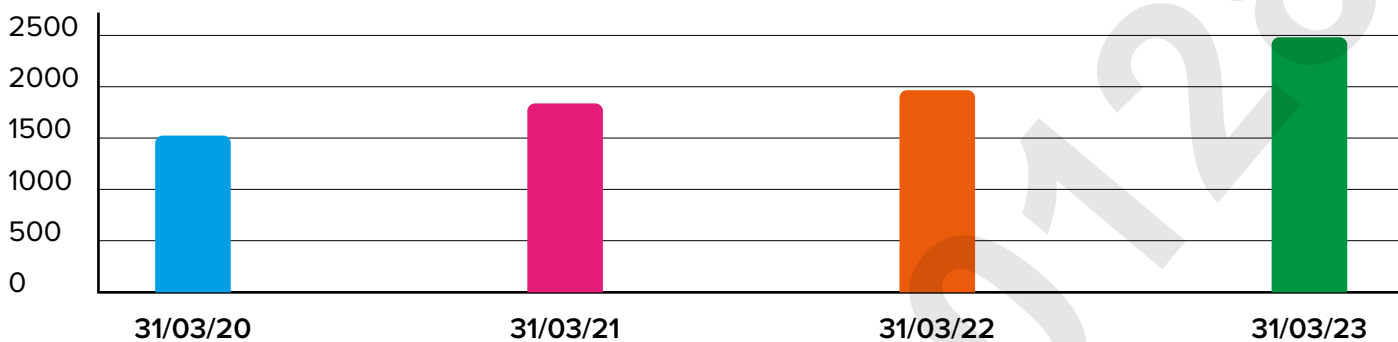
Number of hours unpaid care per week



Number of carers supported by Darlington Carers Support

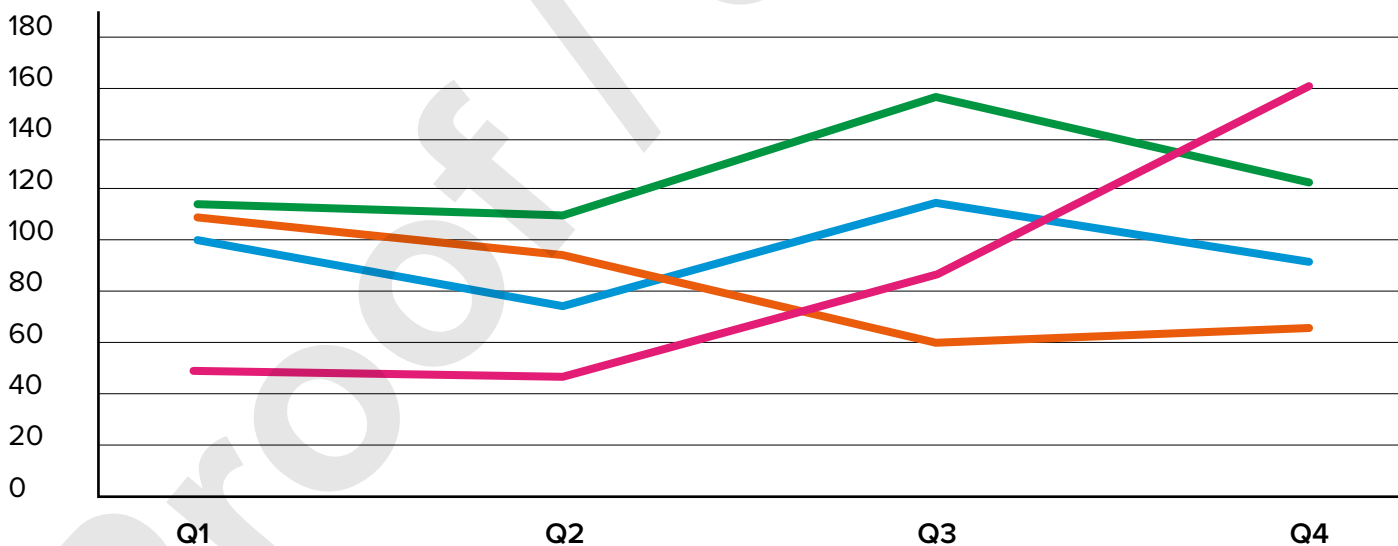
Number on the Carers Register from 31.3.20

31/03/20	1529
31/03/21	1766
31/03/22	1910
31/03/23	2442



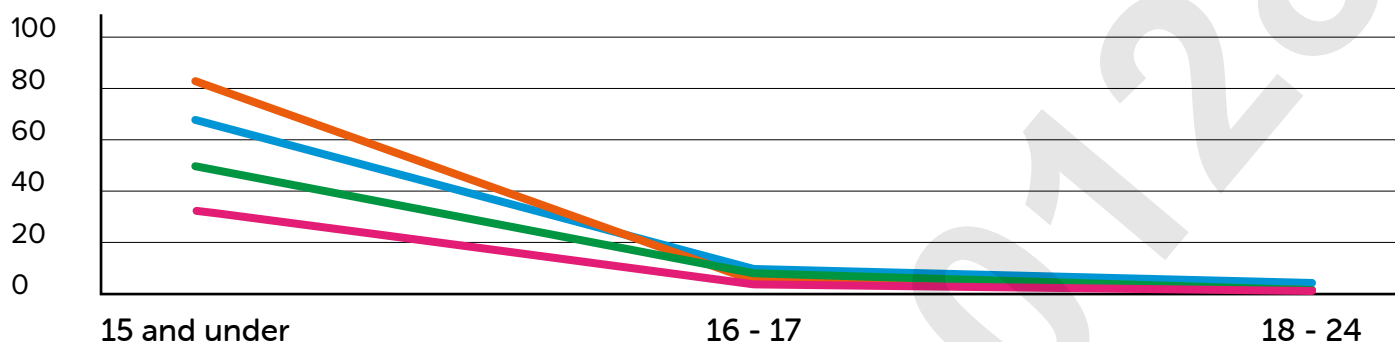
Number of referrals (per annum and per quarter 01/04/19 – 31/03/23)

	Q1	Q2	Q3	Q4	Total
01/04/19 – 31/03/20	103	79	118	96	396
01/04/20 – 31/03/21	53	52	90	160	355
01/04/21 – 31/03/22	112	98	65	70	345
01/04/22 – 31/03/23	118	113	158	127	516



Number of young carers supported by Humankind Young Carers Service

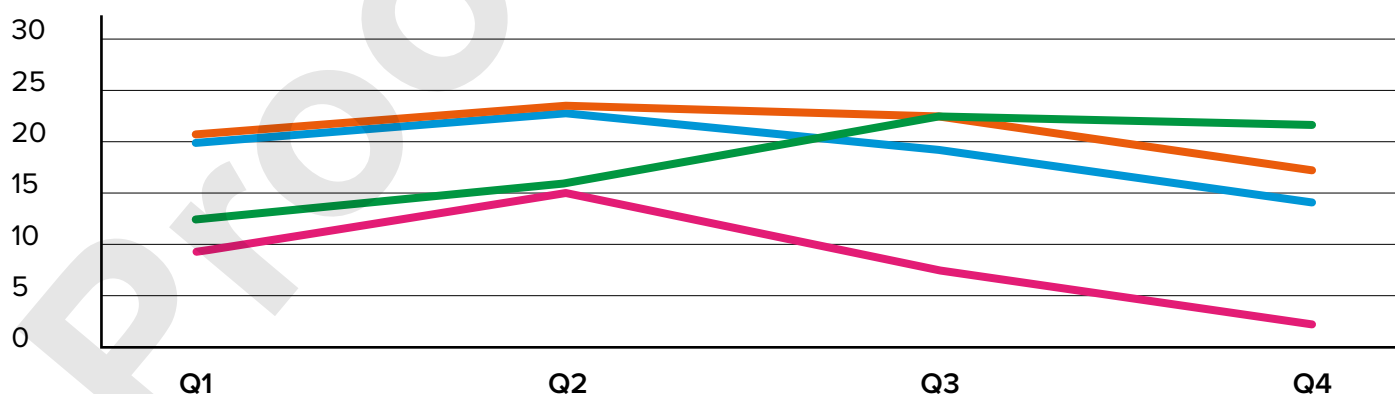
Age breakdown of young carers supported at the time of referral *	15 and under	16 - 17	18 - 24	TOTAL
01/04/19 – 31/03/20	66	7	3	76
01/04/20 – 31/03/21	31	3	1	35
01/04/21 – 31/03/22	79	5	1	85
01/04/22 – 31/03/23	67	6	1	74



* Please note:

- Not all individuals referred accessed the service.
- Some individuals will have been supported in more than one year, so in 2019-2020 there will have been a number of Young Carers already supported in previous year(s).
- Some may have moved up an age group within their time on service.
- There will have been a few re-referrals.






Number of referrals (per annum and per quarter 01/04/19 – 31/03/23)	Q1	Q2	Q3	Q4	Total
01/04/19 – 31/03/20	20	23	19	14	76
01/04/20 – 31/03/21	9	15	7	4	35
01/04/21 – 31/03/22	21	24	23	17	85
01/04/22 – 31/03/23	13	16	23	22	74

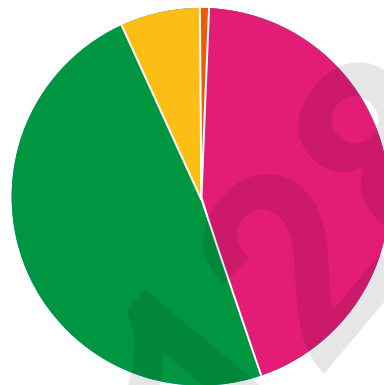


Number of Carers supported by Darlington Adult Social Care






This data was obtained from the 2022-23 SALT return.

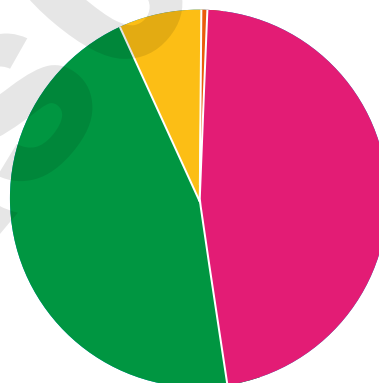
Total number of carers known to Adult Social Care

	Under 18	0
	18-25	2
	26-64	114
	65-84	126
	85+	17
TOTAL		259








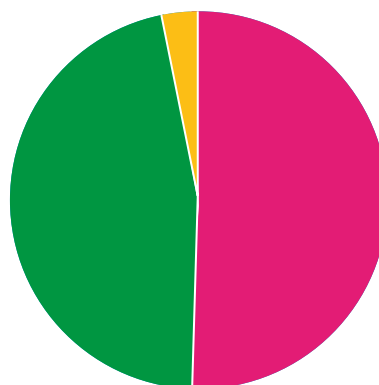
Number of carers assessed from 01/04/22 - 31/03/23

	Under 18	0
	18-25	1
	26-64	63
	65-84	61
	85+	9
TOTAL		134



Number of carers supported from 01/04/22 - 31/03/23

	Under 18	0
	18-25	0
	26-64	48
	65-84	44
	85+	3
TOTAL		95



National Strategies/Guidance

Darlington's Commitment to Carers takes into account previous and current national strategies and guidance, including:

- the first national Carers Strategy launched in 1999.
- the 2008 Carers Strategy, which was reviewed and updated in 2010.
- the cross-government Carers Action Plan 2018 - 20, which was published with the intention of increasing identification, recognition and support for unpaid carers.
- the policy paper [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/people-at-the-heart-of-care) (December 2021, updated March 2022)

The most recent document 'People at the Heart of Care: adult social care reform', illustrates the progress that has been made since the first national carers strategy was developed, with the importance of carers being acknowledged throughout the document, beginning with the Foreword which states -

'For the vast majority of people, care begins at home. Carers play a vital role in our communities and we all owe them a debt of gratitude. And so our vision for adult social care puts people and families at its heart. It is a vision that:

- offers people choice and control over the care they receive.
- promotes independence and enables people to live well as part of a community.
- properly values our exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide.
- recognises unpaid carers for their contribution and treats them fairly.'

A number of key commitments are made including:

- 1. Improving access to information and advice for both people who need to use care and support services and for unpaid carers,** as people 'struggle navigating a complex system and understanding what might be available to them... unpaid carers can also find it difficult to find support they may be entitled to, and in some cases, feel that the support on offer is insufficient to maintain their own health and wellbeing, support their employment, and achieve the outcomes that matter to them.'
- 2. Empowering unpaid carers by:**
 - working with the social care sector (including local authorities) to kick-start a change in the services provided to support unpaid carers, with a commitment to invest up to £25 million, with the expectation that 'this funding will identify and test a range of new and existing interventions that support unpaid carers, which could include:
 - respite and breaks;
 - peer group and wellbeing support;
 - new ways to combine these to maximise their impact'
 - identifying, recognising and involving unpaid carers by 'look(ing) to increase the voluntary use of unpaid carer markers in NHS electronic health records by simplifying current approaches to data collection and registration' and by 'introduc(ing) a new marker indicating the presence of a contingency plan, where one is available, that describes the actions to take if the carer is no longer able to provide care.'

There is also a new obligation for ICBs and NHS England to involve carers when commissioning care for the person they care for.

3. Supporting the economic and social participation of unpaid carers

There is a recognition that ‘unpaid carers, as a group, are disproportionately impacted by loneliness compared with non-carers’. The Department of Health and Social Care (DHSC) is therefore working with NHS England and the Carers Partnership, formed of the Carers Trust and Carers UK, to produce a social prescribing summary document to be disseminated to local carers organisations, which is intended to upskill staff at carers organisations on social prescribing as an intervention for loneliness, and to increase unpaid carer health and wellbeing. The DHSC is working with these same organisations to evaluate good practice in social prescribing to reduce unpaid carer loneliness, as well as testing loneliness interventions among unpaid carers.

There is also a commitment to introduce the right to request flexible working and for eligible employees to be entitled to 5 days of unpaid leave a year, which will be available to take flexibly in individual or half days.



Appendix 4 -

The Development of Darlington's Commitment to Carers

Work commenced in May 2022 when members of the Carers Strategy Steering Group (CSSG) considered the ADASS Carers Leads key principles for developing a Carers' Strategy drawn up by the North East ADASS Carers Leads Regional Group. (Appendix 7) and the findings from the North East ADASS Regional Carers Survey (Appendix 5).

The Strategy is based on a combination of the Supporting Adult Carers NICE guideline (NG150), published on 22nd January 2022 and the previous headings from the national Carers Action Plan 2018 – 20 which were used in Darlington's previous Carers Action Plan for 2020 - 2022 (Appendices 8 and 9 respectively).

Following consideration of the findings from the Regional Survey, members of the CSSG decided to develop a follow up survey to be completed by carers in Darlington. This survey was in a much simpler format and asked carers to answer 4 key questions -

- What has been working well for you? / What makes you glad?
- What have been the challenges? / What makes you sad or mad?
- What needs to happen going forwards?
- Are you worried about anything?

The survey was available online and as paper copies, originally from 21st December 2022 to 28th February 2023 and then extended to 19th March 2023 to enable time for further responses. A total of 84 responses were received.

As part of the process, members of the CSSG encouraged completion of the survey by carers known to their organisations, including by in person attendance at the 2 carer support groups run by Darlington Carers Support and the Alzheimer's Society Singing for the Brain group. Paper copies were provided as required. The survey was also shared on social media.



Following completion of the survey, the findings were analysed by the Darlington Borough Council Commissioning Officer - Older People (Appendix 6) and taken to the CSSG and discussed. It was then agreed that the analysis produced would be taken by CSSG members to carers' groups for sense checking/ to obtain further feedback. The top three issues in each section of the survey identified by carers who attended a regular carers' support group meeting facilitated by Darlington Carers are also highlighted in Appendix 6 and actions (where possible) have been identified to address them in the Action Plan we have developed.

Parent Carers' views were sought via the main survey and sense checked with Parent Carers who access support through DAD's Children and Young People's Service. Not a lot of additional comments were made, and many were in agreement with what had been highlighted through the survey. The additional comments are included as Appendix 10.

A separate survey (based on the original survey) was developed for Young Carers and due to the low number of responses initially, an amended survey was issued through 1:1s. 11 surveys were completed with an age range of 8-14. 7 were sibling carers and 4 cared for a parent. Not all Young Carers answered all questions. There was also a group discussion which was attended by 2 young people. All responses have been combined (Appendix 11).

Young carers who attended the face-to-face session were also asked their views regarding some of the initial findings in original Carers Survey. Points from the findings that were the most relevant to Young Carers were selected by the service. The comments made (Appendix 11) need to be considered in the implementation of the relevant sections of the Action Plan. Eg in relation to identification of young carers and awareness raising regarding the support available.

CSSG meetings have taken place both online and in person throughout the development of the Darlington Commitment to Carers







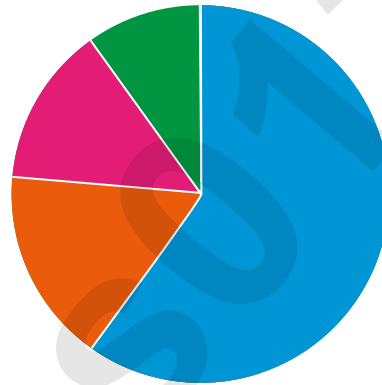
Appendix 5 -

ADASS NE Region Carers Survey Results Summary Information for Darlington

The survey was promoted by all 12 regional councils to carers and carer networks via email and a link provided to an on-line “survey monkey” for completion of survey. Hard copies were also available to carers who did not have access to digital modes. However, very few hard copies were completed.

A total of **1629** completed survey responses were received from across the region, with the highest returns as follows.

	Durham	822 (50.5%)
	Northumberland	228 (14%)
	Darlington	189 (11.6%)
	South Tyneside	136 (8.3%)



Key finding from this survey for Darlington

Include difficulties in accessing relevant information and advice, with **22.75%** of respondents not having received any information or advice.





44.4% of respondents had received information for a local carer support organization, **23.2%** from a social worker/OT at their local council and **22.75%** from their GP/surgery.

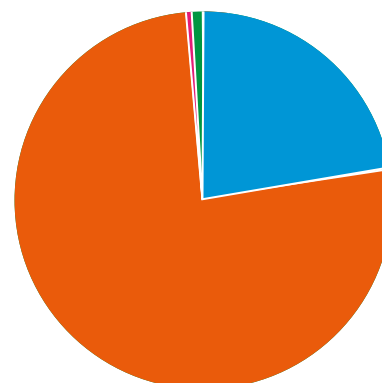
In answer to the question ‘**What needs to change in order to positively support you as a carer?**’, the 3 highest responses were -

- Being aware of what support could be available for the person I care for – **55%**
- Being aware of what support could be available for me – **54.5%**
- Time for me eg taking a break – **44%**

Detailed Darlington responses were as follows -

Gender

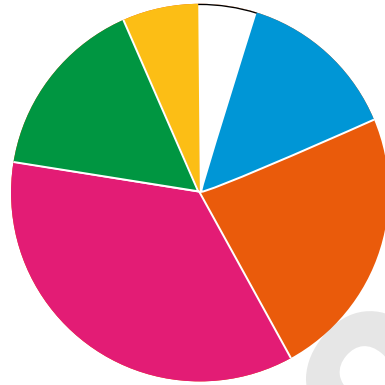
	Male	42 (22.2%)
	Female	144 (76.2%)
	Prefer not to say	1 (0.53%)
	Blanks	2 (1.06%)



Age Band of person completing the survey

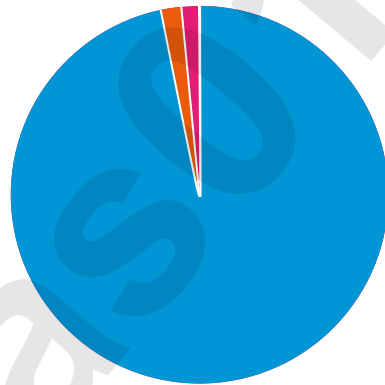
Age

Age	Number of carers
25 – 34	9 (4.8%)
35-44	26 (13.8%)
45 – 54	44 (23.3%)
55-64	68 (36%)
65 – 74	30 (15.9%)
75+	12 (6.3%)



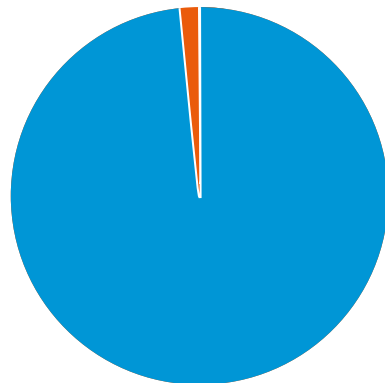
Ethnicity

White (includes any white background)	183 (96.8%)
Prefer not to say	3 (1.59%)
Asian or mixed	3 (1.59%)



Are you or have you previously been a member of the armed forces?

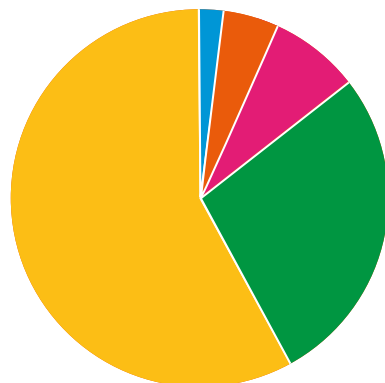
Yes	7 (3.7%)
No	182 (96.3%)



How long have you been a carer?

Number of years caring

Less than 6 months	4
6 months – 1 year	9
1-2 years	14
2-5 years	51
More than 5 years	111 (58.7%)



In general, since you became a carer where have you been able to access information about the support that is available to you as a carer?

Blue = the top 3 responses to each question

Answer Choice (highest number of responses first)	No. of Responses	% of Respondents
1. Local carers support organisation (e.g. charities, carers centres)	84	44.4%
2. From a social worker/ O.T. at your local council	44	23.2%
3. = I have not received any information or guidance regarding what support is available to me as a carer	43	22.75%
4. = My GP or surgery	43	22.75%
5. Friends	36	19%
6. National carer support organisation (e.g. Carers UK)	34	18%
7. Local authority website	28	14.8%
8. Family	27	14.28%
9. Other LA services	22	11.64%
10. Other local/national charity/support group	18	9.5%
11. Hospital/outpatients	16	8%
12. Community health services	14	7.4%
13. Online forums	14	7.4%
14. Community centres/libraries	5	2.64%
15. Neighbours	4	2.12%
16. Other	4	2.12%
17. Healthwatch	3	1.59%
18. College/university	0	

Carer satisfaction with the level of support received for themselves.

Highest levels of satisfaction

- local carer support organisation
- family
- friends

Lowest levels of satisfaction

- LA social worker/OT
- LA website
- GP or surgery (including receptionist)

Carer satisfaction with the level of support received for themselves.

Highest levels of satisfaction

- family
- friends
- GP or surgery (including receptionist)

Lowest levels of satisfaction

- LA social worker/OT
- GP or surgery (including receptionist)
- hospital or outpatients

Research tells us that timely information and support to carers is valuable in helping them maintain their caring role. To what extent do you agree or disagree that following types of support would benefit you?

Highest levels of agree

- knowing what my rights are as a carer
- easy access to information about the health needs of the person/people I care for
- the ability to talk to the same person/organisation about the needs of the person I care for

Lowest levels of disagree

- having a break from caring role longer than a few days
- having access to care agencies or people I could employ to help provide care in the home (e.g. personal care) or helping the person to maintain their interests or hobbies outside the home
- having a break from caring role overnight – a few days

Prior to Covid 19 I felt I was adequately supported to maintain my caring role?

Strongly agree	13 (6.9%)
Agree	53 (28%)
Neither agree nor disagree	49 (25.9%)
Disagree	38 (20%)
Strongly disagree	21 (11%)
Not applicable – wasn't a carer before	14 (7.4%)

Please provide any comments about how Covid 19 restrictions have affected your ability to access information?

Has not affected	120 (63.5%)
Has affected	58 (30.7%)
Blanks	11 (5.8%)

How have the following areas changed for you as a result of the Covid 19 pandemic?

Decreased

- level of support I receive from family supporting me as a carer;
- level of support from my GP
- the opportunities to have a break from my caring role

Increased

- worries about what would happen in an emergency and I could not care
- the number of hours of support I provide
- my need to obtain a break from caring role

Do you think the support received now by the person you care for helps you in your caring role?

No, I do not believe it gives me a good level of support/there is no support suitable for the person I care for	49 (25.9%)
N/A	47 (24.9%)
Yes, it gives me good level of support, but I'm unable to live the life I want to live	44 (23.3%)
No, it does not give me enough flexibility	22 (11.6%)
Yes, it gives me good level of support and allows me to live the life I want to live	21 (11.1%)
Blanks	6 (3.2%)

During the pandemic, many services have not been available face to face and only online or by phone, whether that's GPs, local authorities or carers organisations. Have you been able to adapt to this change?

No, I don't have the right equipment at home	(15) 7.98%
Yes, I can adapt to this change because I have the equipment (tablet, computer, mobile phone) and skills to do this	(115) 61.17%
Yes, I have the equipment (tablet, computer, mobile phone) but I'm not confident how to use it	(19) 10.11%
Yes, I have the equipment but I would prefer not to get support in this way (even if on occasion I have)	(38) 20.21%
Yes, I have the equipment, but no access to the internet at home	(1) 0.53%

In light of Covid 19 and the new ways of working that organisations have had to introduce, how comfortable do you feel with receiving support in the following way?

Respondents were comfortable to receive support via emails, text messages, telephone or face to face in a very small number. However, they were uncomfortable or would not access support via face to face in larger numbers or online forums/video.

In general, since you became a carer where have you been able to access information about the support that is available to you as a carer?

Answer Choice (highest number of responses first)	No. of Responses	% of Respondents
1. Being aware of what support could be available for the person I care for	104	55%
2. Being aware of what support could be available for me	103	54.5%
3. Time for me eg taking a break (Survey – what would help carers to take a break?)	83	44%
4. Advice about how best to support the person I care for to live well	76	40%
5. Recognition of my role as a carer	75	39.7%
6. Increased access to info /advice person cared for	71	37.6%
7. Better support with emergency and contingency planning	71	37.6%
8. Opportunity to think about how the person I support could be supported	48	25.4%
9. Being able to talk to and gain support from other people	43	22.8%
10. Flexible support to enable me to be relatively spontaneous	30	15.9%
11. Opportunity to think about my caring role	27	14.3%
12. Support from employer	23	12.2%
13. No additional support needed/all is well	17	9%
14. Support into training or education	13	6.9%
15. Support into work	6	3.2%

Appendix 6 -

Darlington Carers Survey Analysis

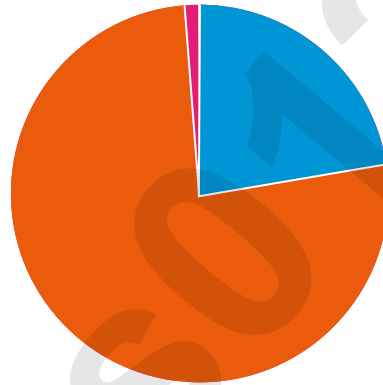
This was live from 21st December 2022 - 19th March 2023.

84 responses were received.

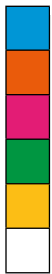
Gender



Male	19 (22.62%)
Female	64 (76.19%)
Other	1 (1.19%)

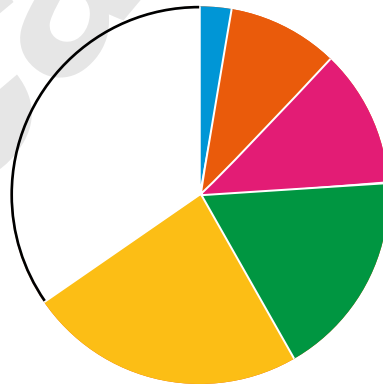


Age

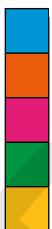


Number of carers

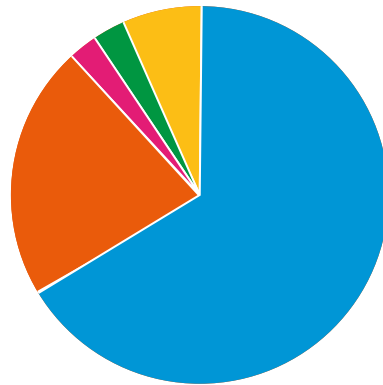
18 – 24	2
25 – 34	8
35 – 44	10
45 – 54	15
55 – 64	20
65 or over	29 (34.5%)



How many people cared for?



1	56 (66.66%)
2	18 (21.43%)
3	2 (2.38%)
More than 4	2 (2.38%)
Prefer not to say	6 (7.14%)





Person cared for

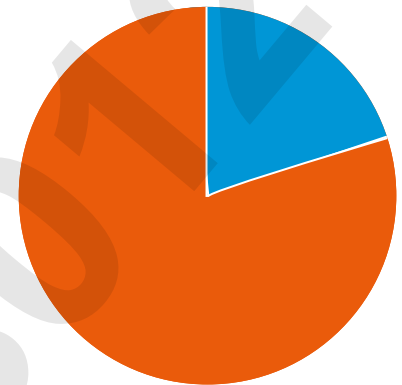
Virtually all (76) caring for a family member

Support providers

- The majority of respondents received support from multiple providers
- The majority of those receiving support from a single provider were receiving support from Darlington Carers Support (15). In addition, 24 were receiving support from Darlington Carers Support + other provider(s) (39 in total – 46.42%)
- Not all respondents were receiving support from Darlington Carers Support

What has been working well for you? / What makes you glad?

	Nothing/variations on a theme of this	20%
	identified services that assisted – including Carers Support, health services (complex needs nurse, GP, dentist), Citizens Advice, Age UK, Parent Carer Forum, DASH, DAD, St Teresa's, Social Services, church, specialist organisations eg Parkinsons.	80%



What have been the challenges? / What makes you sad or mad?

- Left to own devices/feeling alone/trying to do everything on your own/unable to get anyone to listen in private.
- Not knowing what support is available/ chance if you find activities that help.
- Issues with hospital discharge
- Issues with housing
- **Issues with Adult Social Care/Social Services**
- Poor care workers
- **Financial issues/benefits**
- Balancing work and care
- Issues with person cared for – getting them to accept help for various reasons.
- Lack of continuity in care – mental health services
- **Issues with medical service eg GPs**
- Getting lost in the system – equipment not provided within a reasonable timeframe.
- Issues around disabled children/young people

What needs to happen going forwards?

- More understanding/recognition from professionals/the government. Lived experience. 'Unpaid carers need to be seen by government, local authority and community.'
- **More funding for social care and more provisions for carers to get some respite.**
- Support groups for those who work.
- 'Make sure they have a care package in place before they are sent home.'
- **Financial support/assistance**
- **'Darlington carers keep up the good work get out and about get known in the community.'**
- 'Carers allowance earnings limit needs to increase by at least double'.
- 'More services widely advertised and detail support offered.'
- More support and advice

Are you worried about anything?

- **What happens to the cared for if something happens to the carer/ the carer dies? 'If I am ill there is no one to look after him.'**
- Quality of care for the elderly – in the community and in care homes. Care workers not paid well enough. Lack of funding in MHSOP in Darlington
- **Financial worries – bills etc Cost of Adult Social Care**
- No sibling group.
- **How long can I continue to care?**
- 'Balancing looking after my mum while working full time and finding time for me'
'I'm burning myself out working and supporting my son.'
- What will my child have access to when he leaves Education?
- Life after being a carer.
- Not enough support
- My own health and mental wellbeing

It should be noted that comments in relation to Adult Social Care/ Social Services relate to both assessment/financial assessment by Darlington Borough Council Adult Social Care and to broader social care support, including care providers

Updating Carers' Strategies (NE ADASS Carers Leads Group, July 2021)

- 1. Leadership & Governance** – political and executive is key. Oversight of the strategy delivery should be built into key reporting structures eg Cabinet/Health & Well Being Boards (including Public Health involvement)
- 2. Health Commitment (engagement from all parts of health)**. If possible a single individual should be identified to represent the local system. (Health 'hooks'; GP Quality Marker, NICE Guidelines)
- 3. What's in a name** – Strategy/Action Plan/Commitment to Carers. A title can make it more accessible, but it needs to set out our commitments and what we will do
- 4. Co-production** – important to include carers and carer representative organisations and for them to be able to hold us to account for delivery
- 5. Strengths Based** – the strategy should mirror our overall position of pursuing strengths based approaches
- 6. Young People** – important that the strategy is all age, and involves young carers and parent carers
- 7. Recognition** – should be built in as a fundamental part of any strategy
- 8. Workforce** – needs to be considered and could reference broader workforce strategies and activity. Recognise carers in this respect especially in relation to accessing training.
- 9. Employment** – important to engage employers or employer representative organisations. The link to the Better Health at Work awards makes a useful connection to TUC and the NE Chamber of Commerce
- 10. Safeguarding** – recognising its importance and also how we support carers (who can be anxious about the topic)
- 11. Making it Real** – Crucial that there is a focus on practical activities that moves the strategy on to make a real difference to the lives of carers. (That will include the strategy document itself being easy to read).
- 12. Digital Options** – learning from how we worked through the Pandemic we should build on what worked well but not see digital as a replacement for personal connections rather how it complements approaches (a blended approach)

Appendix 8 -

Supporting Adult Carers NICE guideline (NG150) published on 22nd January 2022

- Information and support for carers – overarching principles
- Identifying carers
- Assessing carers' needs
- Helping carers to stay in, enter or return to work, education and training
- Social and community support for carers
- Training to provide care and support
- Psychological and emotional support for carers
- Support during changes to the caring role
- Support for carers during end of life care and after the person dies



Previous national Carers Action Plan 2018 - 20 headings

1. Recognising and supporting Carers in the wider community and society
 - Identifying carers
 - Engaging and involving Carers (How will we meaningfully engage with carers?)
 - Working with Employers
 - Working with Health
 - BAME Groups, LGBT QI, GRT, Veterans
2. Services and systems that work for Carers
 - Carers Assessments
 - Carer Breaks
 - Peer Support
 - Training, advice and skills development
 - Psychological and emotional support
 - Safeguarding
 - Digital
 - End of Life Care
3. Employment and Financial Wellbeing
 - Work, education and training
 - The impact on finances following the pandemic
 - Benefits and Grant support
4. Supporting Young Carers
 - Darlington Young Carers Service to identify areas of development here
5. Building research and evidence to improve outcomes for Carers
 - NICE guidance (supporting adult Carers)
 - State of Caring survey
 - ADASS Carers Network- Local carers survey 2021
 - Darlington Healthwatch

Appendix 10 -

Additional comments from Parent Carers

- Changes in family dynamics
- Guilt - are we doing enough for him?
- Psychological stress from long term dependency
- Social stress when being out - isolation from close friends with 'normal' children
- Inability to participate in most social activities
- Lack of right community resources
- Feeling trapped no trained babysitter
- Difficulty in finding trained carers
- Sleep issues (not sure if this is the child or the carer, could equally be both)
- Food issues
- How long can grandparent continue to assist with care.
- Not being offered carer assessment alongside child assessment / difficulty getting carer assessment



Appendix 11 -

Feedback from Young Carers

What makes you glad about being a Young Carer in Darlington?

- I feel great and being a young carer helps me a lot
- Play with my sister and she smiles at me
- Helping with sister
- Trips
- That I can help my mam care
- Helping out
- See Young Carers worker 1:1
- Planet leisure, Trampolining and the bus journey there
- Outside getting to spend time together
- How I can get away from my brother and I can meet different people
- It is peaceful – away from sister
- It's fun and enjoyable
- It is fun

What makes you sad about being a Young Carer in Darlington?

- Sometimes when she doesn't act like others her age
- When she is poorly and I can't play with sister
- Nothing
- When sister goes in hospital
- Getting hurt by brother's words
- When he's crying
- I miss out on stuff because of him



What makes you mad about being a Young Carer in Darlington?

- Can be different to what it is like for others with brothers and sisters. They have a different relationship – it can be harder
- Don't know
- Nothing
- When I get shouted at
- When I stub my toe and have to put them (girls) to bed. Mam puts brother to bed
- Brother not always listening – gets frustrated
- When brother comes into my room without knocking
- Bigger range of activities

Does anything about being a Young Carer worry you?

- Don't Know
- In case I hurt my sister
- Nothing
- Nothing
- Not much
- No
- My brother's relationship with my mum
- Having to meet new people

What help do you think Young Carers and their family need in the future?

- More help to know how to handle it
- Don't know
- Nothing – what we have is enough
- Help because I can't care for my mum all my life
- To talk to the person (cared for) to see what support they need as this could then help carer
- They might need more help with money and the price rise

Getting services "known" in the community – how can we promote?

- Through word of mouth from other young carers
- Tell others you get to go on fun trips
- Make a leaflet – put in town centre and popular shops
- Parks
- TV
- Facebook, Twitter and Instagram
- Snapchat and TikTok
- Promote what helps Young Carers – trips etc
- Assemblies – primary and secondary and other awareness raising

Getting Help for cared for person

- Other carers
- Parents
- Tell a friend you trust

Knowing where to go/Who to ask for help

- Don't know where/how
- Not a lot of knowledge
- Awareness raising
- Tell Head of Year/School/Parents

What would happen to cared for person if main carer could not be there?

- The young people present did not express any worries about this

Sibling Support Groups

- Yes – go out and do stuff
- Education on certain subjects e.g. anger
- Coping with siblings behaviours

What help do you think Young Carers and their family need in the future?

- More help to know how to handle it
- Don't know
- Nothing – what we have is enough
- Help because I can't care for my mum all my life
- To talk to the person (cared for) to see what support they need as this could then help carer
- They might need more help with money and the price rise

Young carers were also asked their views regarding some of the initial findings in original Carers Survey. This was discussed during the face to face session and points from the findings that were the most relevant to Young Carers were selected by the service.

My own health/wellbeing – risk of “burn out”

- Yes – stress at school with work
- Something that really upsets them – behaviour from siblings
- At home – having to try and look out for siblings not listening e.g. being told to “shut up”
- Family life more difficult when someone has needs

Other considerations in relation to the survey undertaken

- When talking with the Young Carers, they seemed to consider their individual situation and not that of Young Carers as a whole group.
- Some vary in the amount of caring that they do, so may not think about caring all the time.
- Some seem to feel that coming to the service makes them a young carer, not that they come to service because they are already a young carer. Some answers therefore refer to the service being received and not the home situation.
- There can sometimes be some blurred lines with the understanding of who their caring role is for e.g. helping with brothers and sisters some can think that this is who they care for when in fact they are doing it to help a parent
- It does not seem that they relate any issues around caring to living in Darlington specifically

Proof / caso128



**HEALTH AND WELL BEING BOARD
14 DECEMBER 2023**

HEALTH AND WELLBEING BOARD – TERMS OF REFERENCE

SUMMARY REPORT

Purpose of the Report

1. To consider a further amendment to the membership of the Health and Wellbeing Board.

Summary

2. A number of changes were made at Annual Council in May 2023 to Darlington Borough Council's membership on this Board. These changes were reported and noted at the last meeting of the Board in September 2023.
3. Some consequential changes to the agreed Terms of Reference have also been made by Health Watch Darlington and the revised Terms of Reference, including those changes are attached at **Appendix 1**,
4. A further request has now been made by the Chair of this Board that consideration be given to the inclusion of a representative from St Teresa's Hospice in the membership as it plays a unique role in health and well-being in the Town and gives a voice to those at the end of life.

Recommendations

5. It is recommended :-
 - (a) that the attached revised Terms of Reference for this Board be considered and approved; and
 - (b) that the membership of the Health and Well Being Board be amended to include representation from St Teresa's Hospice.

Reasons

6. The recommendation is supported by the following reasons:
 - (a) To enable the Terms of Reference for this Board to be updated
 - (b) To enable the membership of the Board to be amended.

Luke Swinhoe
Assistant Director Law and Governance

Background Papers

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

Mike Conway : 01325 406309.

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	This proposed collaborative project will provide improvements for health and wellbeing of residents with Long Term Conditions.
Carbon Impact and Climate Change	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
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	There are no direct implications for Looked After Children or Care Leavers contained within the report.

Darlington Health and Wellbeing Board

Terms of Reference

1. The Darlington Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Darlington and reduce health inequalities through:
 - (a) Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities.
 - (b) Providing system leadership to secure collaboration to meet these needs more effectively.
 - (c) Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate.
 - (d) Recognising the impact of the wider determinants of health on health and wellbeing.

2. It will:
 - (a) Maintain the Joint Strategic Needs Assessment, including the Pharmaceutical Needs Assessment to provide an evidence base for future policy and commissioning decisions.
 - (b) Produce a Joint Health and Wellbeing Plan, taking a life-course approach, in the context of One Darlington: Perfectly Placed which is the overarching Health and Wellbeing Strategy for the Borough.
 - (c) Oversee delivery of local commissioning plans by the Darlington Integrated Care Board Place Committee to ensure that they are in line with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
 - (d) Embed the Children and Young People agenda in the work of the Board and fulfil the role of the Darlington Children's Trust
 - (e) Liaise with NHS England and the NHS North East and North Cumbria Integrated Care Board both local and regional as necessary
 - (f) Encourage integrated working between health and social care commissioners including, where appropriate, supporting the development of arrangements for pooled budgets, joint commissioning, and integrated delivery under Section 75 of the National Health Service Act 2006 ¹
 - (g) Oversee the Better Care Fund ²
 - (h) Encourage close working between health and social care commissioners and those responsible for the commissioning and delivery of services related to the wider determinants of health
 - (i) Undertake a strategic role, promoting joint working with partners.
 - (j) Allow the day-to-day issues to be dealt with by the Integration Board.

¹ <https://www.legislation.gov.uk/ukpga/2006/41/section/75>

² Given that some members of the Board represent provider organisations, strategic funding decisions relating to the Better Care Fund are delegated to the Pooled Budget Governance Board, which is a commissioner-only body

3. Membership

Darlington Borough Council Portfolio Holder with a remit covering Health (Chair)
The Leader of Darlington Borough Council
Leader of Darlington Borough Council Opposition Group
Conservative Group Member
Green Group Member
Darlington Borough Council Group Director of People
Darlington Borough Council Director of Public Health
One representative of Healthwatch Darlington
Three representatives of the North East and North Cumbria Integrated Care Board
One representative of Tees, Esk and Wear Valley NHS Foundation Trust
One representative of County Durham and Darlington NHS Foundation Trust
One representative of Harrogate and District NHS Foundation Trust
One representative of NHS England
One representative of the Darlington Primary Care Network
County Durham Police, Crime and Victims' Commissioner
One representative of the School of Health and Life Sciences, Teesside University
One representative of the Community and Voluntary Sector
One representative of Darlington Primary Schools
One representative of Darlington Secondary Schools
One representative of Darlington post 16 years education

- a) Political proportionality does not apply to membership of the Board. Its makeup and operation comply with the Health and Social Care Act 2012,³ comprising at least one Councillor, the Directors of Adult and Children Social Services and the Director of Public Health for the local authority, a representative of the Local Healthwatch organisation for the area of the local authority and a representative of the NHS North East and North Cumbria Integrated Care Board. It also allows the Board to include others as it thinks appropriate. (Note – clinical commissioning groups ceased to exist from 1 July 2022).
- b) All members of the Board are accountable to the organization / sector which appointed them. Each member has a responsibility to communicate the Board's business through their respective organization / sector's own communication mechanisms.
- c) Each Board member can nominate a named substitute. Substitutes must be from the same organization / sector as the Board member and be of sufficient seniority and empowered by the relevant organization / sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.

³ <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

- d) If a member of the Board misses three consecutive meetings without giving apologies, their continued membership of the Board will be reviewed with the organisation that they represent.
- e) In carrying out its business the Board may, if required:
 - i) Establish one or more sub-committees to carry out any functions delegated to it by the Board.
 - ii) Establish one or more time limited task and finish groups to carry out work on behalf of the Board.
 - iii) Carry out any other functions delegated to it by Darlington Borough Council and its partner [integrated care boards] under Section 196(1) & (2) of the Health and Social Care Act 2012.⁴

4. Chairing

- a) The Chair of the Board will be the Darlington Borough Council Portfolio Holder with a remit covering health.
- b) The Vice Chair of the Board is appointed by the Board and is the Chief Executive Officer, Healthwatch Darlington.

5. Voting Arrangements

- a) It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote. Voting on all issues will be by show of hands.

Organisation	Position
Darlington Borough Council (7)	Council Members (5), Group Director of People, Director of Public Health
North East and North Cumbria Integrated Care Board (3)	
Healthwatch Darlington (1)	

- b) The Chair of the Board shall have a second or casting vote.

6. Meeting arrangements

- a) The Board will meet four times a year. The Chair of the Board, in consultation with the Vice Chair, can convene special meetings of the Board as appropriate.

⁴ <https://www.legislation.gov.uk/ukpga/2012/7/section/196>

- b) All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). ⁵When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.
- c) Some information may have to be included and discussed in a confidential session of the Board in accordance with the procedures and protocols promoted by the provisions of the Data Protection Act 1998⁶. Confidential documents will be clearly marked 'Confidential'.
- d) The quorum for meetings shall be three voting members and must include at least one Darlington Borough Council Councillor and one representative of the Northeast and North Cumbria Integrated Care Board.
- e) Where a decision is required before the next Board meeting, the Chair may act on recommendations of officers in consultation with the Vice Chair through the following process:
 - i) circulation of details of the proposed decision to all Board members for consultation;
 - i) there being clear reasons why the decision could not have waited until the next full Board meeting; and
 - ii) the decision will be recorded and reported to the next full Board meeting.
- f) Agenda and reports will be available online no fewer than five working days before the meeting.
- g) All voting members of the Board are governed by the code of conduct/ professional standards of the organization / sector that they represent.

7. Relationships between partnerships

- a) Work has been conducted to be clear about the relationships between key partnerships in Darlington including Darlington Safeguarding Partnership, the Darlington Community Safety Partnership and health, care and wellbeing.
- b) Each of the partnerships considered areas of common interest and agreed the most appropriate governance arrangements that will provide assurance to each partnership.
- c) Collaborative working is promoted across all partnerships. The function and activities of the Darlington Safeguarding Partnership are part of the wider context of

⁵ <https://www.legislation.gov.uk/ukpga/1972/70/section/100A/england>

⁶ <https://www.legislation.gov.uk/ukpga/1998/29/contents>

Darlington's Health and Wellbeing Board arrangements. Its work contributes to the wider goals of improving the wellbeing of all children and young people.

- d) The Independent chair of Darlington Safeguarding Partnership will present an annual report to the Health and Wellbeing Board which gives the Health and Wellbeing Board the opportunity to seek assurances of the safeguarding arrangements in place and the effectiveness of those arrangements.
- e) The Darlington Community Safety Partnership (CSP) is a statutory partnership and reports progress to the Darlington Strategic Partnership on the One Darlington: Perfectly Placed theme of a 'Safe and Caring' community.
- f) The CSP chair will present an annual report to both the Health and Wellbeing Board and Darlington Strategic Partnership.
- g) A proposal from the work undertaken to develop a more coordinated approach across key partnerships is that the chairs of the key partnerships may meet at least twice a year to reduce duplication, strategically co-ordinate common priorities and to share relevant reports.