



DARLINGTON

Borough Council

Health and Wellbeing Board Agenda

3.00 pm

Thursday, 13 March 2025

Council Chamber, Town Hall, Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Well Being Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on 5 December 2024 (Pages 5 - 8)
5. Darlington Safeguarding Partnership Annual Report – Report of the Group Director of People (Pages 9 - 48)
6. Better Care Fund – Report of the Assistant Director Commissioning, Performance and Transformation (Pages 49 - 52)
7. Pharmaceutical Needs Assessment (PNA) – Report of the Director of Public Health (Pages 53 - 56)
8. NHS Planning Update Presentation (Pages 57 - 72)
9. Joint Local Health and Wellbeing Strategy - Putting the Strategy into Action – Report of the Director of Public Health (Pages 73 - 76)

10. 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.

11. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 5 March 2025

Town Hall
Darlington.

Membership

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, Executive Director People

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

Councillor Mrs Scott

If you need this information in a different language or format or you have any other queries on this agenda please contact Olivia Hugill, Democratic Officer, Resources and Governance, 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 olivia.hugill@darlington.gov.uk or telephone 01325 405363

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HEALTH AND WELLBEING BOARD

Thursday, 5 December 2024

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Lorraine Hughes (Director of Public Health), Andrea Goldie (Healthwatch Darlington), Councillor Holroyd, Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Councillor Mrs Scott, Joanne Hennessy (Public Health Portfolio Lead Health Care), Deborah Robinson (St Tereasa's Hospice), Joanne Littler (Head of SEND and Inclusion) Sarah Massiter (Harrogate and District NHS Foundation Trust) and Olivia Hugill (Democratic Officer)

ALSO IN ATTENDANCE – Councillor Mammolotti

APOLOGIES –Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Tostevin, James Stroyan (Executive Director People), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust) and Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington)

HWBB13 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB14 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELLBEING BOARD AGENDA.

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

HWBB15 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 12 SEPTEMBER 2024

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 12 September 2024.

RESOLVED – That the Minutes for the meeting of this Health and Wellbeing Board held on 12 September 2024 be approved.

HWBB16 HEALTH AND WELLBEING STRATEGY

The Chair of the Health and Wellbeing Board and the Director of Public Health introduced board members to the updated draft Joint Local Health and Wellbeing Strategy.

The Director of Public Health explained that following the discussion at the last meeting of the Health and Wellbeing Board comments from Members had been considered and

changes made to the Joint Local Health and Wellbeing Strategy.

There was a discussion regarding smoking and vaping and it was agreed that the strategy would be amended to include vaping amongst people under the age of 18 as an issue. The national focus on this issue was welcomed.

Members also discussed how screening for breast and cervical cancer should be explained more to promote females to attend these appointments. Conversation ensued around the “Best Start in Life” area of the strategy, the ongoing priority of children’s mental health and the importance of actions to reduce the impact of foetal alcohol syndrome.

RESOLVED - That Members of the Health and Wellbeing Board agreed the contents of the Joint Local Health and Wellbeing Strategy. Delegated responsibility for making the above change about vaping was agreed.

REASONS – It is a statutory duty of the Health and Wellbeing Board to develop a Joint Local Health and Wellbeing Strategy.

HWBB17 SEND STRATEGY 2025- 2029

The Assistant Director of Education and Inclusion submitted a report (previously circulated) to present the draft Special Educational Needs and Disability (SEND) Strategy 2025-2029 which detailed the key elements of the Strategy and the planned implementation with partners.

The report explained that the SEND Strategy established the strategic approach to the delivery of the SEND services for children and young people in Darlington which ensured the offer is coordinated and responsive to the needs of our community.

It also described how the strategy set out the shared local area vision, principles and priorities which would ensure that partners across Darlington local area were working together effectively to identify, assess and meet the needs of children and young people with SEND from birth to the age of 25.

The report set out how the SEND Strategy had been coproduced with partners across the borough and is fundamental to implementing partners responsibilities under the Children and Families Act 2014. It also reflected the ambitions and priorities of the Council Plan and other key strategic documents.

Discussion ensued around the assessment and diagnosis of SEND and the current issues with regards to the wait times to be assessed for SEND.

Members then moved onto the top of accessibility and if this would be covered under the strategy, Members expressed concerns on the waiting list for transport to and from schools.

RESOLVED – That the Health and Wellbeing Board note the report.

HWBB18 DARLINGTON PHYSICAL ACTIVITY STRATEGY

The Director of Public Health and Assistant Director of Community Services submitted a report (previously circulated) which the Public Health Portfolio Lead presented to the board.

The report explained the Purpose of the Physical Activity Strategy, which was to improve participation and engagement in physical activity and sport in Darlington and to support people to become active and exercise more during their life span.

The report detailed the national data which showed that every year to lead an active lifestyle would prevent 900,000 cases of diabetes and 93,000 cases of dementia and a combined saving of £7.1 billion to the UK economy. It also explained that 1 in 3 men and 1 in 2 women were not achieving the recommended levels of activity for good health.

The report also elaborated on the most recent Darlington data which showed that 19.7% of adults are active for more than 150 minutes per week, but 18.1% of our population are inactive. It referenced the UK Chief Medical Officer's guidelines that adults should aim for 150 minutes of moderate activity per week.

The report explained that delivery plan was broken down into sections from the "Eight Investments That Work for Physical Activity" and the 8 key themes of the delivery plan were Healthcare, Active, Travel, Sport and Recreation for All, Active Urban Design, Community Wide Physical Activity, Schools, Workplaces, Public Education and Mass Media.

Conversation ensued around what type of activity is classed under the UK Chief Medical Officer's guidelines, whether a walk would count as physical activity. It was explained that any activity that raised your heartbeat is classed under the guidance.

Members discussed what is offered by services to promote Physical Activity for the public, that there needs to be better communication with GP's for this. It was also stated that Darlington Football Club offer weight management classes which are ran twice a week at Eastbourne Sports Complex and the Education Village.

RESOLVED - That the Members of the Health and Wellbeing Board note the report.

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**HEALTH AND WELL BEING BOARD
14 MARCH 2024**

ITEM NO.

DARLINGTON SAFEGUARDING PARTNERSHIP ANNUAL REPORT – 2023/2024

SUMMARY REPORT

Purpose of the Report

1. To enable the Health and Wellbeing Board to receive and comment upon the Annual Report of the Darlington Safeguarding Partnership (DSP) for the period 2023/24.

Summary

2. Local Safeguarding Partnerships are required to produce an Annual Report to account for the Partnerships achievements over the previous year and make an assessment of the effectiveness of multi-agency safeguarding arrangements within the local area. The report summarises and reflects on the work of the Partnership over the 2023/24 period.

Recommendation

3. It is recommended that the Health and Wellbeing Board note and comment on the DSP Annual Report for 2023/24 which has been published on DSP website.

Reasons

4. The recommendations are supported by the following reasons :-
 - (a) Health and Wellbeing Board have an understanding of the Partnerships work to date.
 - (b) To have assurance that the Safeguarding Partnership is effectively coordinating multi-agency safeguarding practice in Darlington and promoting the welfare of children and adults with needs for care and support

**James Stroyan
Group Director of People**

Background Papers

DSP Annual Report 2023/24

Amanda Hugill
 Business Manager
 Darlington Safeguarding Partnership

Council Plan	The work of the Darlington Safeguarding Partnership complements the priorities in One Darlington Perfectly placed.
Addressing inequalities	DSP works to ensure that all groups are considered within their safeguarding agenda
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	N/A
Health and Wellbeing	The health and wellbeing of all adults in Darlington are a priority within this report.
S17 Crime and Disorder	Adults with care and support needs at risk of crime and disorder are a priority within this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
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

1. The Annual Report summarises and reflects on the work of the Partnership over the period 2023/24, drawing upon a range of data and information to outline the progress made, and to illustrate the effectiveness of multi-agency safeguarding partnership arrangements across Darlington.
2. The Strategic Plan sets out the Partnerships shared vision and actions that will help keep children, young people and adults with care and support needs safe and protected from abuse and neglect.
3. A key statutory responsibility of the partnership is to undertake reviews of cases where a child or adult has died or been seriously harmed as a result of abuse and neglect and there is reasonable cause for concern in how safeguarding partners worked together to safeguard that adult or child. In this reporting period, Darlington Safeguarding Partnership published its first Local Child Safeguarding Practice Review in respect of Family H. A summary of learning from this case is outlined in the report.

4. Adult Self-Neglect continues to be highlighted as a significant theme and which is reflected as a regional and national issue and a consistent theme in many Safeguarding Adult Reviews (SARs). The partnership has recognised self-neglect is a complex and challenging area and is not always easily identified. A key priority for the Partnership is to ensure practitioners have the skills, tools and resources available to not only help improve awareness and understanding of adult self-neglect and ensure early identification but to support those working with individuals who self-neglect.
5. There has been a great deal of activity over the year to ensure the partnership meets its statutory responsibilities and effective arrangements are in place which are outlined within the report. The report outlines the strengths and impact of multi-agency working to help keep everyone in Darlington safe, with a continued focus on ensuring local multi-agency safeguarding practice remains effective for all our children and young people and adults with needs for care and support.

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**Darlington
Safeguarding
Partnership**

Protecting Children and Adults

Darlington Safeguarding Partnership Annual Report

2023-24



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1. Introduction

Foreword by Statutory Safeguarding Partners and Independent Scrutineer

Darlington Borough Council, North East and North Cumbria Integrated Care Board, Durham Constabulary and many other organisations together form the Darlington Safeguarding Partnership (DSP). We are a joint children's and adults' partnership, focussing on specific issues as well as a whole family perspective.

We welcome you to our annual report covering work for the period 1st April 2023 to 31st March 2024. The report provides a transparent overview of the year's multi-agency safeguarding activity and reflects on the hard work and dedication of all our partner agencies as they've worked together to safeguard and promote the welfare of children, young people and adults with care and support needs across Darlington.

A key part of our statutory responsibility is to undertake reviews of cases where a child or adult has died or been seriously harmed as a result of abuse or neglect and there is reasonable cause for concern as to how safeguarding partners worked together to safeguard that child or adult. In 2023-24 we published our very first Local Child Safeguarding Practice Review in respect of Family H. A summary of learning from this case is outlined in section 8 of the report along with important learning points identified through a number of adult learning lessons reviews.

Self-Neglect continues to be a challenge with numbers of reported concerns highlighting a steady increase year on year. Self-neglect is a key priority, and a multi-agency task and finish group has been established to lead on the development of guidance, resources and tools to support practitioners working with the challenges of individuals who self-neglect and are resistant to engage.

We will continue to remain focused on ensuring local multi-agency safeguarding practice remains effective for our children, young people and adults with care and support needs during any changes that may arise from new legislation.

The year ended with the publication of new Working Together statutory safeguarding guidance, and we recognise there is much change ahead. We will implement the requirements relating to Multi-Agency Safeguarding Arrangements and consider how the impact of these changes will affect Darlington as we want to retain the benefits of having a joint partnership.

The report also includes a review of our priorities for 2023-2026 as outlined in the Strategic Plan.

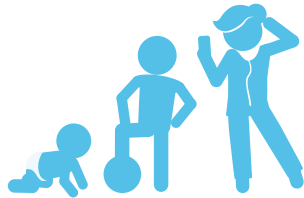
We hope you enjoy reading our annual report and that it gives you assurance about the strength and impact of multi-agency working to keep everyone safe in Darlington. We will continue to challenge ourselves to deliver better services, support those who are vulnerable in our communities and further develop the strengths of the multi-agency partnership arrangements.

We remain grateful to all our partners and their dedicated front-line staff for their support and steadfast commitment to safeguarding all of our children and adults.

Ann Baxter Independent Scrutineer/ Chair	James Stroyan Group Director for People, Darlington Borough Council	David Ashton Detective Chief Superintendent, Durham Constabulary	Chris Piercy Director of Nursing and Quality, North East & North Cumbria Integrated Care Board
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2. Local Picture

Darlington Borough Council is a Unitary Authority in the Northeast of England which covers 200 square kilometres. Darlington is part of the Tees Valley Combined Authority.



Children and young people under the age of 25 years make up **28%** of the population, the number of children and young people under the age of 18 living in Darlington is **22,627** which equates to **21%** of the current population.



The number of people aged over 65 years old in Darlington is estimated at **21,700**

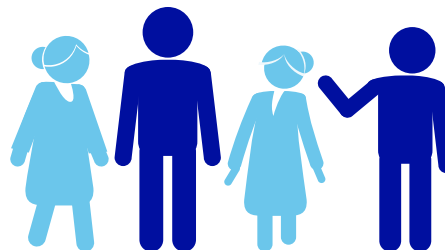
The Health of People in Darlington is varied compared with the England average and **20%** of children live in low income families.



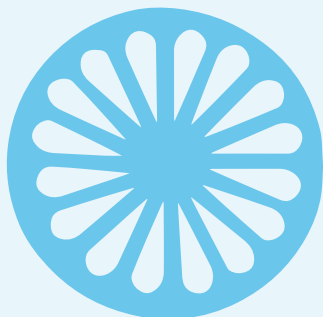
As of 2021 Darlington has a population in excess of **107,000** individuals who live in around **48,475** households.



Of this population **64,800** are of working age (16-64 years old).



In terms of ethnicity, the 2021 Census reported 94.4% of Darlington's population as White and **5.6%** from Black and Minority Ethnic (BME) groups.



In County Durham and Darlington the Gypsy, Roma and Traveller (GRT) community form the largest single ethnic minority group, the proportion of Darlington residents who identify themselves as GRT (2021 census) is **0.3%** which is three times higher than the national average.

Overall, comparing local indicators with England averages, life expectancy for both men and women is lower. The health of people in Darlington is varied, about 20% of children live in low-income families.

3. Partnership Governance and Structure

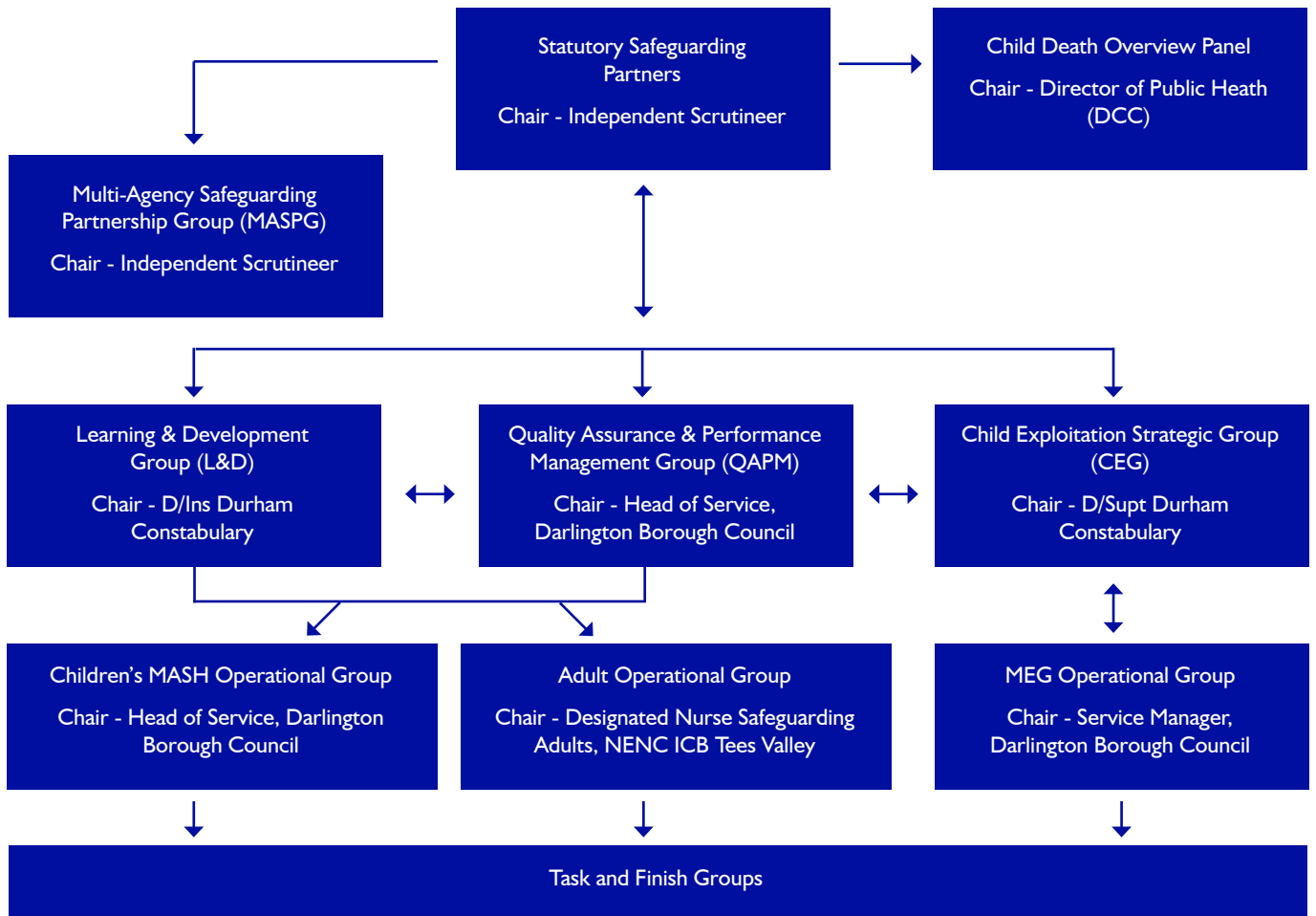


The DSP revised its governance arrangements in 2022/23 and set out the role and responsibilities of the sub-groups. The sub-groups engage in the safeguarding priorities and explore the effectiveness of safeguarding arrangements. A wide range of organisations are represented on the Partnership groups and include senior leads, details are outlined in Appendix 2.

<p>Statutory Safeguarding Partners Group Chaired by Independent Scrutineer/Chair</p>	<p>The Statutory Safeguarding Partners and Independent Scrutineer have a strong collective oversight of all safeguarding arrangements to ensure fulfilment of statutory obligations.</p> <p>The Partners commission the strategic and operational groups to ensure the priority areas of the Strategic Plan are delivered and ensure effective scrutiny arrangements are in place.</p>
<p>Multi-Agency Safeguarding Partnership Group Chaired by Independent Scrutineer/Chair</p>	<p>This multi-agency group has a wide membership of key strategic leads from agencies, organisations and people who use services. Meetings are themed and focus on local and national safeguarding priorities areas are identified by data, audits and reviews.</p>
<p>Quality Assurance and Performance Group (QAPM) Chaired by Head of Service, Darlington Borough Council</p>	<p>This is a strategic group and is responsible for monitoring and evaluating the effectiveness of safeguarding work across partner agencies and commissioned organisations.</p> <p>The group has responsibility for audits and monitoring safeguarding data to be assured that both child and adult safeguarding systems are robust, effective and identifies areas for improvement to share with the Learning & Development Group.</p>
<p>Learning and Development Group (L&D) Chaired by Detective Inspector, Durham Constabulary</p>	<p>This is a strategic group and is responsible for oversight of learning and improvement, multi-agency training and learning opportunities and policy and procedure.</p> <p>It has governance responsibility for all reviews undertaken, reviewing the learning outcomes and suggested recommendations for improvement. It establishes process for dissemination of learning and identifies any training need requirements. Any improvements identified through reviews are taken forward and shared with the Quality Assurance & Performance Management Group.</p>

<p>Child Exploitation Group (CEG)</p> <p>Chaired by Detective Superintendent, Durham Constabulary</p>	<p>This is a strategic group and is responsible for overseeing, monitoring, evaluating and improving responses to tackle children missing from home, care and education and for the reduction of child exploitation across County Durham and Darlington.</p> <p>The group ensures the action plan is delivered and monitors data and intelligence to better understand the picture of exploitation across County Durham and Darlington and directs the multi-agency response towards prevention, early identification and intervention.</p> <p>An operational group oversees individual cases of children at risk of exploitation in Darlington with a purpose to prevent, disrupt and deter individuals or groups who seek to exploit, abuse and harm children.</p>
<p>Adult Operational Group</p> <p>Chaired by Designated Nurse for Safeguarding Adults, North East & North Cumbria, Integrated Care Board (Tees Valley)</p>	<p>This is an operational group with shared responsibility for safeguarding service delivery to safeguard adults with needs for care and support.</p> <p>The group will identify key themes or practice challenges through monitoring performance data and operational practice issues and develop appropriate actions to respond to them.</p> <p>Identified trends and areas of concern are shared with the Quality Assurance & Performance Management and Learning & Development Groups by exception.</p> <p>The Group has responsibility for issues relating to provider concerns and settings who are in the Executive Strategy Process and monitor responsiveness to any identified issues and actions.</p>
<p>Children's (MASH) Operational Group</p> <p>Chaired by Head of Service, Darlington Borough Council</p>	<p>This is an operational group with shared responsibility for safeguarding service delivery to safeguard children and young people.</p> <p>The group will identify key themes or practice challenges through monitoring performance data and operational practice issues and take them forward within multi-agency focussed sessions and develop appropriate actions to respond to them.</p> <p>Identified trends and areas of concern are shared with the Quality Assurance & Performance Management and Learning & Development Groups by exception.</p>
<p>Child Death Overview Panel (CDOP)</p> <p>Chaired by Director of Public Health, Durham County Council</p>	<p>Child Death Overview Panel arrangements are undertaken cross border with Durham Safeguarding Children Partnership. The Panel continues to review all deaths of children as required in Working Together to Safeguard Children Statutory Guidance (2018) with an aim to identify learning to prevent future deaths.</p> <p>The National Child Mortality Database (NCMD) gathers information on all children who die in England and shares the learning so that improvements can be made to save children's lives in the future.</p>

Partnership Governance Structure



4. How we have worked this year

Whilst this report covers the period from April 2023 to March 2024, it includes some references to work already started in the previous year which continued into this reporting period, along with the new work which has commenced, and which will continue beyond April 2024.

The DSP's vision is for *'Darlington to be a place where children and adults can live their lives safely'* and its aim is to understand what is working well in its collective safeguarding practice and identify what needs further development to ensure arrangements are effective and coordinated.

The [Strategic Plan](#) was published in June 2023 and sets out DSP's shared vision and actions that will help keep children, young people, and adults with needs for care and support safe and protected from abuse and neglect and sets out the priority areas of focus for 2023-26.

The Statutory Safeguarding Partners have a collective oversight of safeguarding arrangements and to be assured of these arrangements, the chairs of sub-groups provide an executive overview of the key issues, themes, practice issues and the narrative required. Partners are equally responsible for Safeguarding Adult Reviews (SARs) and Local Child Safeguarding Practice Reviews (LCSPRs) and met to consider a number of referrals submitted throughout the year to determine if they met the criteria for serious incident notification (child) or criteria for a SAR. Details of these are outlined in section 8 of the report.

The Statutory Partners have considered the new provisions outlined in revised Working Together Statutory Guidance (2023) and acknowledged that some changes will be required to meet this guidance to ensure DSP achieves the requirements which will help strengthen the way the Partnership operates. They were all in agreement that it is not feasible to introduce those changes within the timescale of this report. A review of current multi-agency safeguarding arrangements is being undertaken alongside the implementation of new requirements, including ensuring there is adequate representation and input by education. Due to the current business support function being very small, Partners agreed to appoint a Project Manager (on fixed term basis) to lead on the implementation of the new arrangements.

The Multi-Agency Safeguarding Partnership Group, met twice in this period. The forum enables critical challenge and the holding of each agency to account. Standing agendas include Chairs of sub-groups providing an overview of current activity, themes and work programmes. Meetings focus on specific themes identified through Partnership work and have included: learning identified through child and adult reviews; Local Authority Adult Inspection preparation; an overview of learning and reflection following the investigations into incidents at West Lane Mental Health Hospital and Public Health plans to strengthen collaborative ways of working on domestic abuse agenda.

The sub-groups continue to drive forward the work and through understanding those themes and trends we are better able to understand the priority areas of focus and details of the work outlined below.



Snapshot of activity from Sub-Groups

Children's MASH Operational Group

This group continued to have oversight of the Front Door practice in Children's Social Care and considers performance data and emerging patterns. In 2023/24 there was a significant increase in demand for services at the Front Door and in Children's Services generally.

Domestic Abuse continued to be the highest presenting issue in safeguarding referrals and the 4Kids service, a joint initiative to reduce the incidence of domestic abuse between Police and Darlington Borough Council now sits within the Children's Front Door to promote a 'joined up approach' to safeguarding children.

Focused sessions on identified themes included: **race, diversity and cultural competency** which highlighted the frontline workforce needed to be better equipped to help understand and be aware of the diverse cultural factors which may be influencing patterns of risk to be able to respond appropriately. The group will consider training and development of guidance and consider undertaking a deep dive to better understand the issues; **Harm away from home/Contextual Safeguarding** to understand what we are doing well, next steps and goals. The group will establish a working group to consider what is needed and to drive forward key pieces of work including **bruising in non-mobile babies and non-verbal children** following some regional cases of agencies not following multi-agency procedure and guidance.

The group continues to discuss specific multi-agency practice issues raised by agencies or identified in the weekly referral meetings to determine how they can be addressed collectively. The group also spends time focussing on key learning points from national and regional reviews to understand whether Darlington is compliant with the learning and recommendations.

The work of this group will continue into the next reporting period and is not possible at this time to evidence specific impact of this work.

Adult Operational Group

The group continues to have oversight of performance data to obtain an understanding of the changing landscape and emerging patterns coming through contacts and referrals.

The ongoing Adult Safeguarding Review within Adult Social Care is looking to improve data recording and the collation of data on its safeguarding casework system which will help improve the identification of emerging themes and trends which will support multi-agency work.

Adult Social Care has also introduced a Weekly Review Meeting to allow management scrutiny of the decision making involved in and outcomes of all safeguarding contacts referred to the Local Authority and an update is provided at meetings providing some assurance that decision making is evidenced, and safeguarding is robust.

The key theme continues to be self-neglect and hoarding. A task and finish group was established to consider whether practitioners recognise self-neglect and understand what action can be taken. The group is revising practice guidance to include guidance on Mental Capacity act assessments and a risk assessment tool and referral pathway will be developed. This work will soon be concluded, a Risk Enablement Forum is being established to facilitate decision making on complex cases where service users are reluctant to engage with services.



The group continues to monitor those settings in the Executive Strategy Process and discuss significant provider concerns and has revised its guidance. The practice guidance has been amended to ensure that learning from the Executive Strategy Process is shared with providers and organisations within Darlington.

The group continues to provide an overview of any emerging trends and patterns to ensure that any themes or emerging risks can be identified at an early stage and reported accurately to the Statutory Safeguarding Partners and the group continues to have oversight of national and regional review findings which may identify learning relevant to Darlington.

The work of this group will continue into the next reporting period and is not possible at this time to evidence the impact of this work.

Learning and Development Group

The reporting year 2023-24 was extremely busy for the Learning and Development group, mainly because of the submission of a high number of Safeguarding Adult Review (SAR) referrals and Serious Incident Notifications (children) and the subsequent Learning Lessons reviews which took place which the group has governance responsibility for.

There were four new serious incident notifications in respect of children, one of which progressed to a Local Child Safeguarding Practice Review. There were four new SAR notifications, one of which progressed to a Learning Lessons Review. Work also continued on three learning reviews which were notified in the previous reporting year 2022/23. Details of these are outlined in Section 8 of the report.

As a result of the recurring theme of self-neglect in local, regional and national SARs, the group has oversight of the work being considered by the task and finish group as outlined above and work is ongoing.

Darlington Borough Council participated in the Newcastle University Expert in Practice Project which examined the multi-agency response to self-neglect and captured the voice of service users in Darlington which will be considered by the task and finish group.

The group continues to monitor policy, procedure and practice guidance to ensure they reflect changing needs in practice and learning and highlight those which require revision, inviting those with the expertise in the subject matter to support where possible.

The group has continual oversight of national and regional review findings to identify any learning that may be relevant for Darlington. Partner agencies which sit across a bigger footprint have a role to play in sharing themes and learning identified through their organisation's involvement.

Quality Assurance and Performance Management Group

The group continues to have oversight of multi-agency performance data and operational information. Robust data and operational oversight of Children's multi agency performance is well embedded; however, work is ongoing in respect of adult multi-agency safeguarding performance data which is being reviewed in conjunction with the review of Adult Safeguarding Services as highlighted earlier.

The two operational groups (Child and Adult), provide an overview of any emerging trends and patterns to ensure that any themes or emerging risks can be identified at an early stage and reported accurately to the Statutory Safeguarding Partners and the group continues to have oversight of national and regional review findings which may identify learning relevant to Darlington.

The implementation by Adult Services of a Weekly Review Meeting, where senior managers review the decision making and the outcomes of safeguarding referrals, will improve the collation of intelligence and the identification of multi-agency themes to address. This process has already identified several themes which cut across child and adult safeguarding.

Adult Social Care has also seen including reports of demand for services, with an increasing rate of safeguarding referrals and an increase in complex concerns about younger adults and the data has highlighted self-neglect and hoarding and a link to child neglect and transitional safeguarding as issues. Throughout 2023/24 there has been an increase in Children Looked After (CLA) and the year saw unprecedented levels of demand on the service, which together with the complexity and volume has proved challenging.

The group has a role in ensuring that Partnership learning from reviews and quality assurance activity is evident in practice and the group will begin to conduct live audits on current cases to ensure that new practice is embedded. Work will continue to evidence the impact of the work and provide assurance on multi-agency safeguarding arrangements.

Strategic Child Exploitation Group

The group continued to monitor the strategic response of partner agencies in tackling the incidence of children missing from home, care and education and the reduction of child exploitation in Darlington and County Durham.

Themes identified in the fortnightly Operational Missing and Exploited groups are reported to the CEG. The Darlington group is well established and covers both exploitation and missing children; daily meetings are held to discuss all children reported as missing and work has extended from the traditional core partner agencies with the Community Safety Partnership now involved in the identification of places and spaces where children and young people are at risk.

A new Partnership Intelligence form was developed by Durham Constabulary and training was rolled out throughout the Partnership with a view to improving information sharing. In May 2023 Durham Constabulary hosted the Vulnerability Knowledge and Practice Programme Peer Review (VKPP) which involves direct engagement with police forces and key partners to understand current practice, identify good practice and gaps in services with a view to improving the overall response to young people at risk of harm away from home, reduce the threat of harm, bring offenders to justice and improve outcomes for victims. The findings were positive, and work is ongoing within the group to implement the recommendations and a delivery plan with three priority areas has been developed based on the findings.

The Child Exploitation Matrix Tool was amended and guidance and training provided, the matrix went live in January 2023 in Darlington which has significantly improved local authority reporting and has enabled practitioners to access live data.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) oversees all deaths of children under the age of 18. There have been 8 deaths in Darlington during this reporting period and all of these were subject to a Child Death Review. The CDOP works closely with the Partnership to highlight any emerging themes and issues and learning from child death reviews that require further consideration. CDOP completed a [bi-annual report](#) which provides a summary of activity carried over a two-year period 2021-23.

In line with Statutory Guidance, the administration of CDOP will switch to the responsibility of Child Death Review Partners (Local Authorities and Integrated Care Boards) the administration of the CDOP will switch from the Safeguarding Partnership Business Units to the North East and North Cumbria Integrated Care Board (NENCICB). The process of the transition is ongoing, and the Partnership will continue to be involved in the CDOP process.





Independent Scrutineer and Chair

The Independent Scrutineer/Chair continues to ensure there is a clear focus on seeking assurance on the effectiveness of the multi-agency safeguarding arrangements from a strategic perspective and ensures safeguarding partners and relevant agencies are challenged and supported in their roles to work collaboratively to meet the safeguarding priorities identified by the Partnership.

The Independent Scrutineer/Chair currently chairs meetings of the Statutory Safeguarding Partners and the Multi-Agency Safeguarding Partnership Group and encourages and facilitates an open culture of mutual, respectful challenge and support. It has been acknowledged that this arrangement will need to be reviewed considering the revisions in Working Together to Safeguard Children and responsibility being passed onto the Delegated Safeguarding Partner.

The Independent Scrutineer/Chair continues to present the Partnerships Annual Reports, outlining the Partnership achievements and effectiveness of multi-agency safeguarding arrangements to the Children and Young People and Adult Scrutiny Committees, Community Safety Partnership and Health and Wellbeing Board.

Statutory Partners will review and develop the scrutiny arrangements in the next reporting year to ensure processes are in place for effective scrutiny of both strategic and operational safeguarding arrangements, which will help improve and reflect best practice.

Priorities for 2023-26

As outlined in the Strategic Plan, DSP has identified five priority areas of focus:

- Communication and involvement – making safeguarding everybody’s business and improving awareness of safeguarding across all communities and partner organisations
- Prevention and Early Intervention – enabling partners to work together to act early to protect those at risk of abuse or neglect
- Joint Working – ensure effective arrangements are in place to protect children, young people and vulnerable adults from abuse and neglect
- Exploitation – ensuring effective multi-agency response and intervention to protect those at risk of exploitation, in all its forms
- Adult Self-Neglect - ensure all partner agencies improve awareness and understanding of adult self-neglect to ensure early identification can be achieved

The below outlines work that has been undertaken this year and work that will continue into the next reporting period against those priority areas. As outlined earlier it is not yet possible to evidence any impact that work is having, this will be reported next year.

Priorities - What have we done:

Communication and Involvement

- Use the DSP website to raise awareness to enable communities to play a part in preventing, identifying and responding to abuse and neglect and ensure everyone is aware how to report abuse – redeveloped February 2024
- Develop key resources, leaflets and newsletters to continually raise awareness – ongoing

Prevention and Early Intervention

- Multi-Agency Safeguarding Training Programme – implementation of ME Learning Platform to offer key training and e-learning modules to increase skills and knowledge across the workforce
- Development of briefing documents following findings in Family H Review, Parental Mental Health and Safeguarding and Child Exploitation

Joint Working – effective multi-agency arrangements

- Ensure clear governance arrangements are in place to underpin safeguarding practice - reviewed annually
- Continuous delivery of safeguarding training to align with DSP priorities – updated annually
- Further develop Quality Assurance Frameworks and Dashboards to be inclusive of all member agencies to seek assurance on safeguarding processes - ongoing
- Commission and undertake audit activity to ensure effectiveness and adherence – planned programme to be devised

Exploitation

- Develop resources and tools to support the identification of children at risk of missing and exploitation - ongoing
- Revision of the Child Exploitation Matrix to remove victim blaming language
- Revision of Partnership Information Sharing form to improve sharing of intelligence
- Implemented multi-agency forums to focus on spaces and places – Community Safety Check In, daily missing meetings

Self-neglect

- Established a task and finish group to take forward key pieces of work - ongoing
- Revising self-neglect practice guidance to include examples of positive, flexible approaches of engaging people who are self-neglecting - ongoing
- Develop self-neglect pathway flowchart - ongoing
- Develop self-neglect multi-agency risk assessment tool to support assessing and identifying risk - ongoing
- Developing a Risk Enablement Forum to manage high risk cases - ongoing
- Planning a self-neglect conference to raise awareness – 2 July 2024
- Consider the development of Mental Capacity Act Guidance to support practitioners working with individuals who are reluctant to engage with services

5. Partnership Activities and Interventions

Safeguarding Children

In terms of safeguarding children, the number of contacts into the Children's front Door in 2023/24 remained similar to that reported in the previous period. There were significantly more contacts made by Health and an increase in contacts from Housing, though Police continue to dominate the source of contacts in this period. The breakdown of presenting issues highlights that domestic abuse remains the highest presenting issue followed by behavioural issues, physical abuse and bullying.

There was a slight decrease in the number of Early Help Assessments started in 2023/24 in comparison to the previous year and 14.4% of these were initiated by external agencies. In response to the revisions in Working Together to Safeguard Children 2023, discussions are taking place to establish a multi-agency Early Help Strategic Board which will be responsible for the strategic and operational delivery of effective, targeted and coordinated preventative and early help support for children, young people and families within the Darlington locality.

The Children's Social Care Weekly Review Meetings (WRM) continue to provide a high level of management oversight and challenge to decision making at the Front Door and is the mechanism for highlighting emerging themes and trends coming through. The WRM monitors and implements changes and scrutinises decision making at the earliest point of referral. Whilst this is a social care process, it is recognised there are significant benefits in extending this to wider partner agencies to help them see how their referrals progress, including the decision making behind them to take learning back to their own organisations.

Ofsted conducted a focused visit to Darlington Children's Services in October 2023 and the inspectors looked at the Local Authority's arrangements for children in need and children subject to a protection plan. The inspection identified that relationships with partner agencies are a particular strength and enable professionals to engage in effective multi-agency information sharing which informs decision making and sound planning for children and robust child centred responses to identified risk and need.

Safeguarding Adults

In terms of adult safeguarding the patterns of concerns reported to the Local Authority have changed. Adult Social Care has experienced increased referrals for Mental Health Support which is mirrored across system partners, as well as increased homelessness and people experiencing the impact of the cost of living, which has impacted on charity and third sector organisations. There is an assumed link with these experiences, with changing patterns of concerns reported to the Local Authority within Adult safeguarding in the last year; inpatient settings reporting increased Peer on Peer altercations, bed based regulated services reporting increased acts of omission; medication incidents, falls and peer on peer altercations and community-based concerns relating to alcohol and substance misuse pertaining to self-neglect.

The areas of abuse remain consistent with Neglect & Acts of Omission within care home settings, Physical Abuse, Emotional and Psychological abuse being the highest categories.

A joint approach is taken when there is an accumulation of high-risk concerns within a provider setting with the Local Authority, Health and the Care Quality Commission providing quality assurance support. This may result in an action plan for the service which is monitored or consideration for further safeguards such as the Executive Strategy process. Information relating to concerns in care home settings is shared with the Adult Operational Group which continues to monitor the response to those identified issues and the actions required to provide assurance to the Statutory Safeguarding Partners.

There continues to be an increase in self-neglect as a reported category of abuse, this is a national issue and is a consistent theme in many Safeguarding Adult Reviews (SARs) and is often linked to alcohol and substance misuse. The Local Authority has found that the referrals for individuals who are self-neglecting often require a more proactive approach to promote engagement. Work is ongoing to support this engagement through the self-neglect task and finish group.

It is recognised that self-neglect and hoarding can be a complex and challenging area for practitioners and not always easily identified. An adult who self-neglects may not always be at a level of risk which warrants adult safeguarding procedures to be initiated and it is therefore imperative that agencies work with the adult and each other to prevent individuals who self-neglect from reaching a point where safeguarding interventions or a type of enforcement is required to protect them.

There has been a lot of work undertaken during this reporting period following a number of Learning Lesson Reviews where self-neglect was identified as a feature. Details of actions, progress and multi-agency tools and resources produced as a result of the work are outlined in Section 8 of the report.

The Local Authority continues with its transformation review of adult safeguarding processes and is reviewing how data is collated and reported into the Partnership. The implementation of a Weekly Review Meeting (WRM) now ensures there is direct management oversight and scrutiny of reported safeguarding concerns and decision making. The WRM reviews cases which do not progress to safeguarding procedures, looking at decision making, risk assessment/protection plan and communication with the person and referrer to ensure that the individual's safety and wellbeing have been promoted. An overview of themes, issues or concerns highlighted within WRM are reported into the Adult Operational Group. The Local Authority is awaiting the Care Quality Commission (CQC) Adult Regulatory Inspection following new regulatory powers to assess local authorities outlined in the Health and Care Act 2022. Live inspections using a new framework will commence in September 2023, no date has been set for Darlington.

Domestic Abuse

Domestic abuse concerns continue to be one of the top five reasons for contacts into the Children's Front Door. During the period April 2023 to March 2024 1,215 contacts were received regarding concerns of domestic abuse resulting in 244 referrals into social care.

To understand the local picture, DSP has oversight of the Operation Encompass Protocol which ensures the early sharing of information with schools to enable them to provide proactive support to children and young people who are affected by domestic abuse that has occurred in the family home when the incident has been assessed as high or medium risk. In 2023/24 there were 155 notifications made for 230 children. The 4Kids project, which was launched in response to a concerning rise in numbers of children becoming looked after where the main causal factor was a background of parental domestic abuse, sits in the Children's Front Door. The service supports families which would not ordinarily be visible to services through other processes, as they fall outside the usual thresholds and criteria of statutory involvement and may have declined consent to offers of support.

In relation to adult safeguarding, there were 35 reported concerns where domestic abuse was the reported category of abuse for the 2023-24 period, 8 progressed to a strategy meeting (23%).

Housing and Homelessness

2023/24 continued to be a challenging and busy year for Darlington Borough Council housing teams and partner agencies. The service has seen an 84.5% increase in people being accommodated in emergency accommodation. There has been a significant increase of 186% on last year for people presenting due to being served a section 21 (no fault eviction notice) from the private rented sector.

The Local Authority continued to carry out the monthly and annual rough sleeper counts with colleagues across the region to ascertain how many individuals were sleeping rough through the North East on a specific night. In 2023-24 35 rough sleepers were identified.

In 2023/24 1842 individuals presented to the Housing Options Service for advice regarding homelessness,



157 homeless applications were received where Domestic Violence was the main reason for homelessness. This is 11.2% of total presentations and an increase of 6% on previous year. Applications were received through Duty to Refer, individual applications, customer service referrals or referrals from other agencies such as Harbour, Children and Adult Services.

The Local Authority is updating its Preventing Homelessness and Rough Sleeping Strategy to ensure over the next five years that, with the strong partnership of agencies and organisations in Darlington, they continue to strive to minimise the risk of homelessness and effectively support those who become homeless back to a stable home and an independent life. The Local Authority will consult with partner agencies on the revised strategy to help them understand if they have identified the key issues currently affecting homelessness in Darlington.

At the time of writing the report the Statutory Partners were aware of the Department for Levelling Up, Housing and Communities Ministerial Letter regards recommendations for Safeguarding Adult Boards in relation to individuals rough sleeping and will be responding in the next reporting period.

Right Care, Right Person

Right Care, Right Person (RCRP) is a national model changing the way emergency services respond to welfare and medical calls, to ensure that when someone calls about a mental health issue, the right people respond to ensure that the right care is given by the right people. Safeguarding Partners have a responsibility to monitor and ensure partner agencies carry out their roles and responsibilities. Work is ongoing to develop local policy and procedure.

Participation in wider forums

Darlington participates in a number of forums to help improve connectivity and understanding of the wider safeguarding issues and areas of common interest which include:

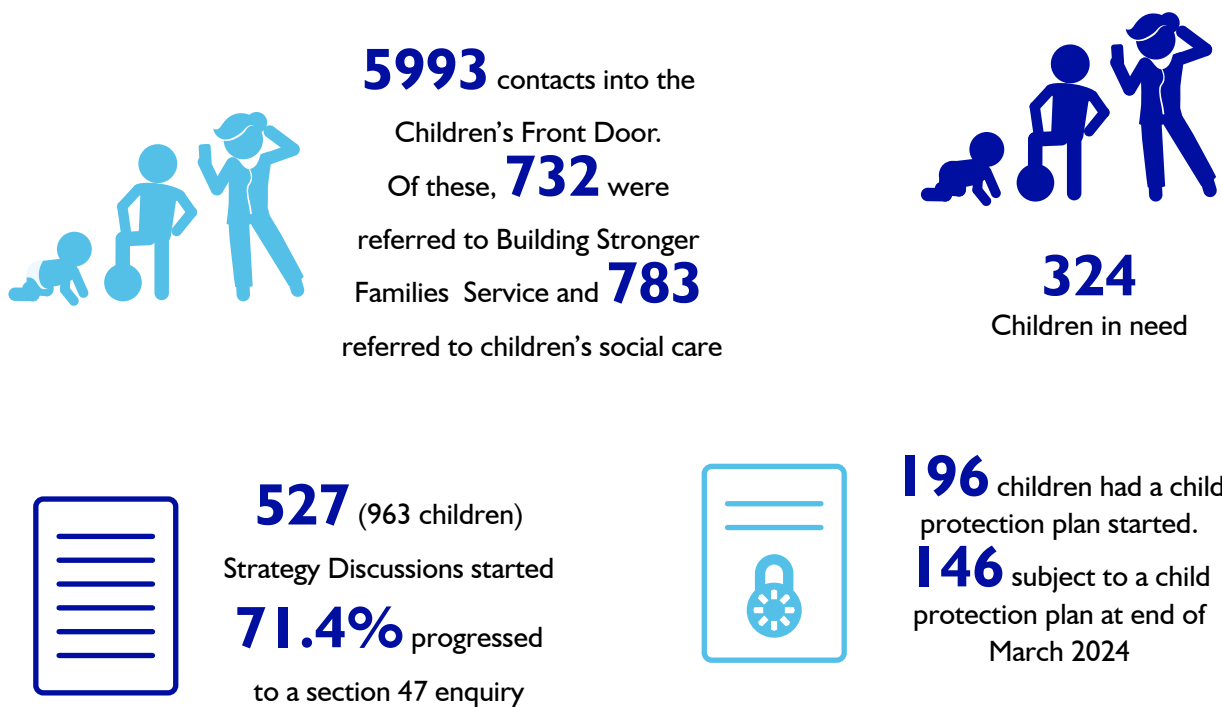
- **Modern Slavery and Human Trafficking Network** - its purpose is to coordinate a response to modern slavery and human trafficking and increase support for victims.
- **North East Region SAR Champions Network** – its purpose is to identify regional and national themes, develop good practice in the submission of Safeguarding Adult Referrals (SARs) maintain a regional SAR library and share learning from SARs. The network monitors regional and national SARs to identify themes. The network has also supported the development of regional tools and resources to support safeguarding, along with development of regional protocols.
- **North East Regional Fire Task and Finish Group** - its aim is to increase fire risk awareness and partner referrals to the fire service and increase awareness of risk factors including mobility issues, memory problems clutter, hoarding and emollient cream.
- **UK Hoarding Partnership** - Its purpose is to seek to develop interventions based on research to support member organisations and practitioners in supporting individuals and their families with hoarding behaviours, though sharing information and good practice throughout the UK.
- **Domestic Abuse and Sexual Violence Executive Group** - is a multi-agency strategic group with responsibility for supporting Durham and Darlington local authorities in meeting their duty under Part 4 of Domestic Abuse Act 2021, ensuring victims of domestic abuse have access to adequate and appropriate support within safe accommodation and wider domestic abuse services. Work is ongoing to forge better links into the Safeguarding Partnership.

6. Snapshot of effectiveness of safeguarding arrangements in Darlington (April 2023 to March 2024)

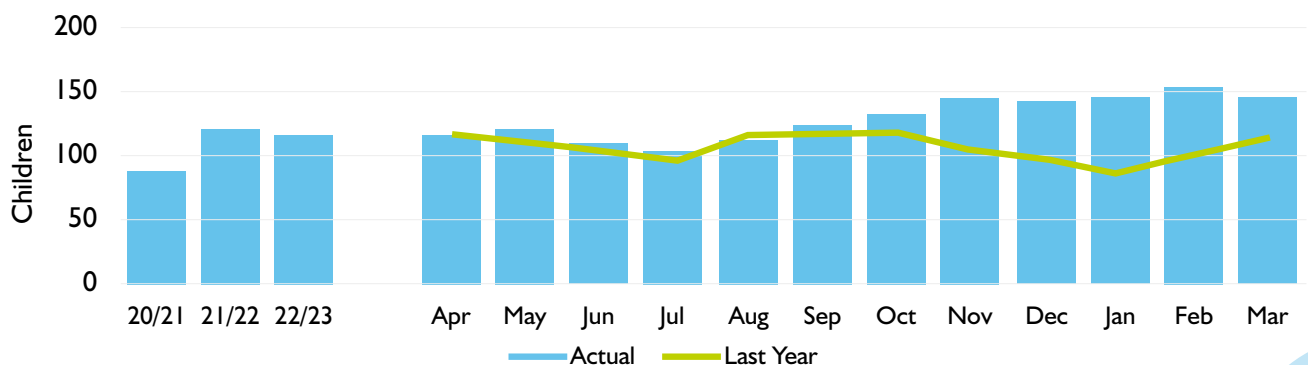
Child Safeguarding

The multi-agency Child Protection Procedures and Practice Guidance provide a framework for all organisations to work together to safeguard and promote the welfare of children and young people in Darlington.

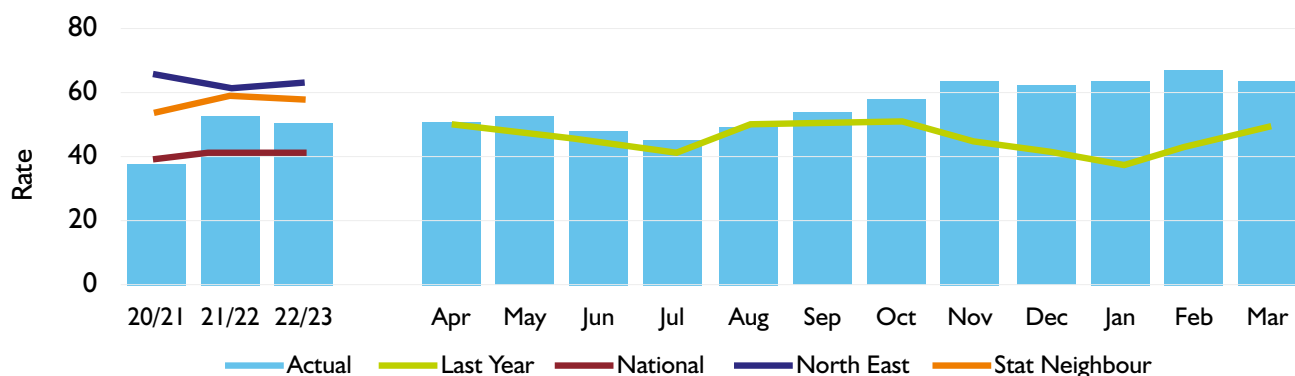
The below provides a snapshot of safeguarding concerns and the outcomes achieved during the year:



Number of Children Subject to a Child Protection Plan



Rate of Children subject to a Child Protection Plan per 10,000 population



The top five risk factors associated with Child Protection were due to:

Substance Misuse	Neglect	Physical Abuse	Domestic Abuse	Mental Health
22.2%	17.8%	14.6	13.5%	12.4%

Building Stronger Families (BSF) (formerly Early Help Service)

Provides coordinated help for children and families with a range of needs through an early help assessment or targeted programmes. There were 1417 Early Help Assessments opened in this year, of these 204 were initiated by an external agency.

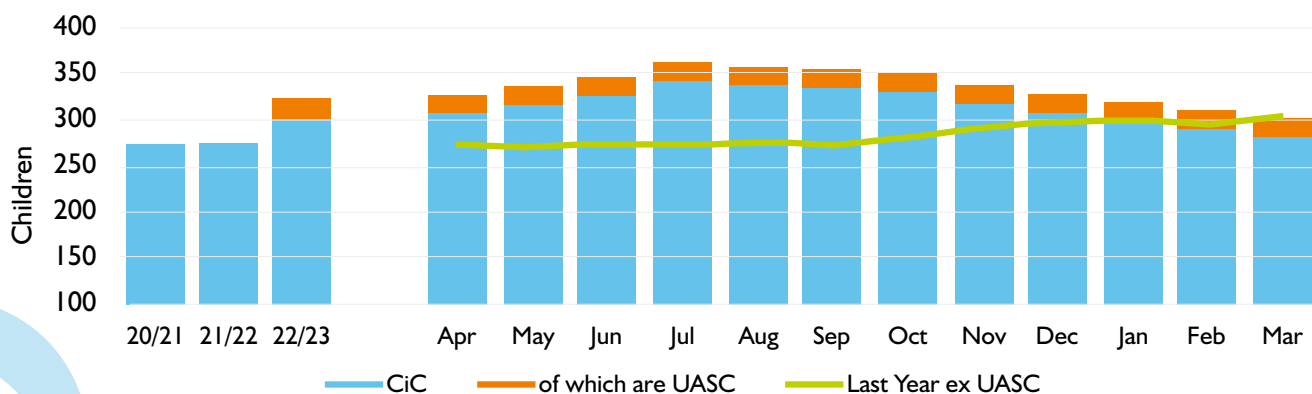
Keeping Families Together

Has an aim to support children to remain at home, where it is safe to do so. At the end of March 2024, there were 11 families open to the Keeping Families Together (KFT) Team, involving 16 individual children.

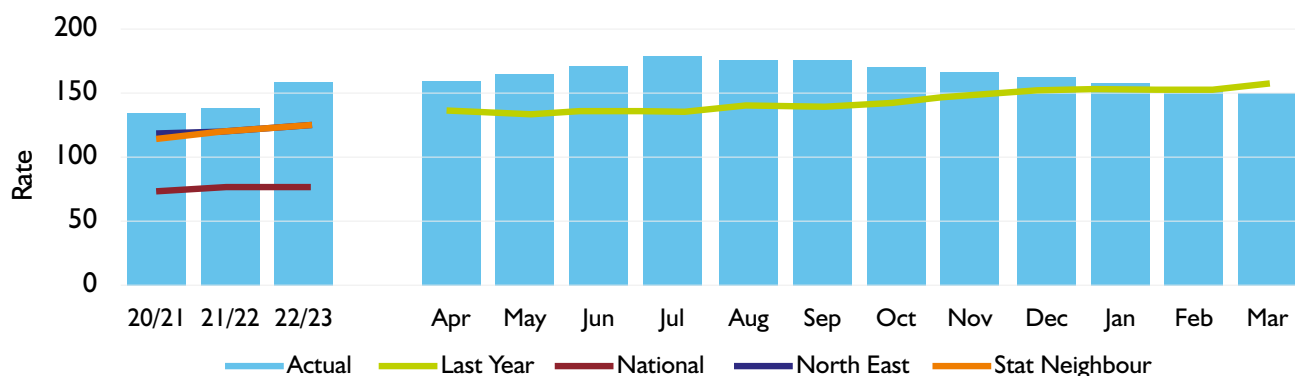
Children in Care

The total number of Children in Care (CiC) within the Local Authority at the end of March 2024 was 300, (134.8 per 10,000), of these 18 were unaccompanied asylum seekers. The primary and secondary presenting issues for children coming into care are due to substance misuse, neglect, physical abuse, domestic abuse and mental health concerns.

Total Number of Children in Care



Rate of Children in Care per 10,000 population



Care Leavers

In Darlington 98.4% of care leavers were in suitable accommodation by the end of 2023-24 and the percentage of care leavers (aged 19-21) who were not in education, employment or training (NEET) was 22.6%.

Young People Engagement and Justice Service (YPEJS)

Saw the number of young people identified as First Time Entrants (FTE) being referred increasing from the previous year. At the end of March 2024 there were 19 young people (15 Males and 4 Females) who were FTEs. The YPEJS had 57 young people (35 Males and 22 Females) referred to the service during 2023-24 for pre-caution disposals (56) and restorative disposals (1), there has been a 96% success rate in terms of young people not reoffending.

Education attendance

Autumn 2023 data indicated there was 7% overall absence across all education settings, compared with 6.7% nationally. The estimated absence rate was highest in special schools (9.6%), followed by secondary schools (8.1%), and primary schools recorded the lowest absence rate (5.8%). In 2023-24, 22.6% of pupils were estimated to be “persistently absent” (defined by the Department for Education as missing 8% or more of possible school sessions). The Vulnerable Pupil Panel is a multi-agency panel whose aim is to avoid children disengaging from education due to any cause.

Elective Home Education (EHE)

There are effective measures in place for the monitoring children who are in EHE. A full time EHE Advisor monitors and maintains the EHE database, supporting parents and ensuring evidence of suitable education is being provided. The number of children EHE remains fluid and the EHE advisor continues to support schools when children don't return at the start of the new academic term. As of 31 March 2023, there were 285 children registered on the EHE database, of these 84 were from GRT community, Darlington has a higher than average GRT population, the EHE advisor works closely with the GRT Education Service.

Children Missing from Home and Care

The total number of children who went missing from home or care during 2023/24 was 423 with 87.8% of these children being offered a return home interview (RHI) and 76.9% of children engaged in their RHI. Of these young people, Children in Care (CiC) continue to dominate the number of missing episodes.

Children missing from Education

The total number of children missing from education (CME) for 2023/24 was 31 - 11 have moved Local Authority, six children have emigrated, four children are from the travelling community and have left the area to travel, three children returned to school after a period of absence. There are seven children whereby the Local Authority has so far been unable to trace who have been out of Darlington education for a significant number of weeks.

Exploitation of children and young people

Multi-agency work around child exploitation continues to be coordinated through the Missing and Exploited Operational Group (MEG) and Strategic Child Exploitation Group (CEG).

A multi-agency Child Exploitation Vulnerability Tracker (CEVT) continues to be used across Darlington and County Durham to track and identify those children at high risk of exploitation. Children are scored based on the level of risk and continues to be monitored by the Strategic CEG.

Between April 2023 and March 2024, the average score was 71 (down from 71.5 in the previous year), with a range of 37 to 92 across Durham and Darlington. The average score for those in Darlington was 72. A snapshot of the tracker in August 2024 (numbers are fluid), shows that there are 21 children “active” (12 of which are high risk) across County Durham and Darlington (7 in Darlington). Of these 21 children, 11 are linked to Child Criminal Exploitation (2 in Darlington), 9 children are linked to a Child Sexual Exploitation (5 in Darlington) and 1 child is linked to County Lines (0 of which were in Darlington).

Designated Officer and Managing Allegations (children)

Is responsible for the oversight of the management of allegations against employees who work with children and may have harmed or may pose a risk of harm to children. In 2023/24 the Designated Officer service received a total of 244 contacts in respect of potential allegations. It is of note that this figure is likely lower than expected due to a change in Designated Officer and differing recording mechanisms. Of the 244 contacts recorded, the main category for referral continues to be allegations of physical abuse and the largest referring group and largest allegation by staff group is Education.

Adult Safeguarding

The multi-agency safeguarding adult procedures and guidance provide a framework for all organisations to work together with the person at risk, to support them to be safe from abuse, neglect or self-neglect and is underpinned by the six Care Act Principles. The below provides a summary of safeguarding concerns and the outcomes achieved.

What is a Safeguarding Concern?

A report made to the lead agency for the safeguarding process to raise a concern of adult abuse and neglect

What is a S42 Enquiry?

The Care Act 2014 (Section 42) requires that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse and or neglect

2995

Number of contacts into Adult Contact Team



1047

Number of initial enquiries started



24%

progressed to a S42 safeguarding enquiry



48.2% of individuals had a family representative or advocate involved at initial enquiry

46.8% of individuals providing own view

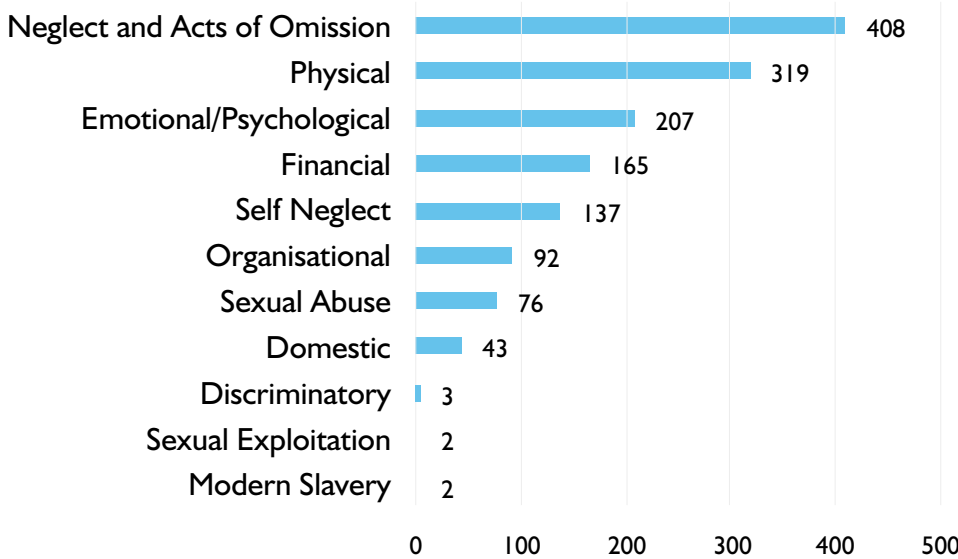


90%

risk reduced or removed

Types of Abuse

Section 42 Enquiries



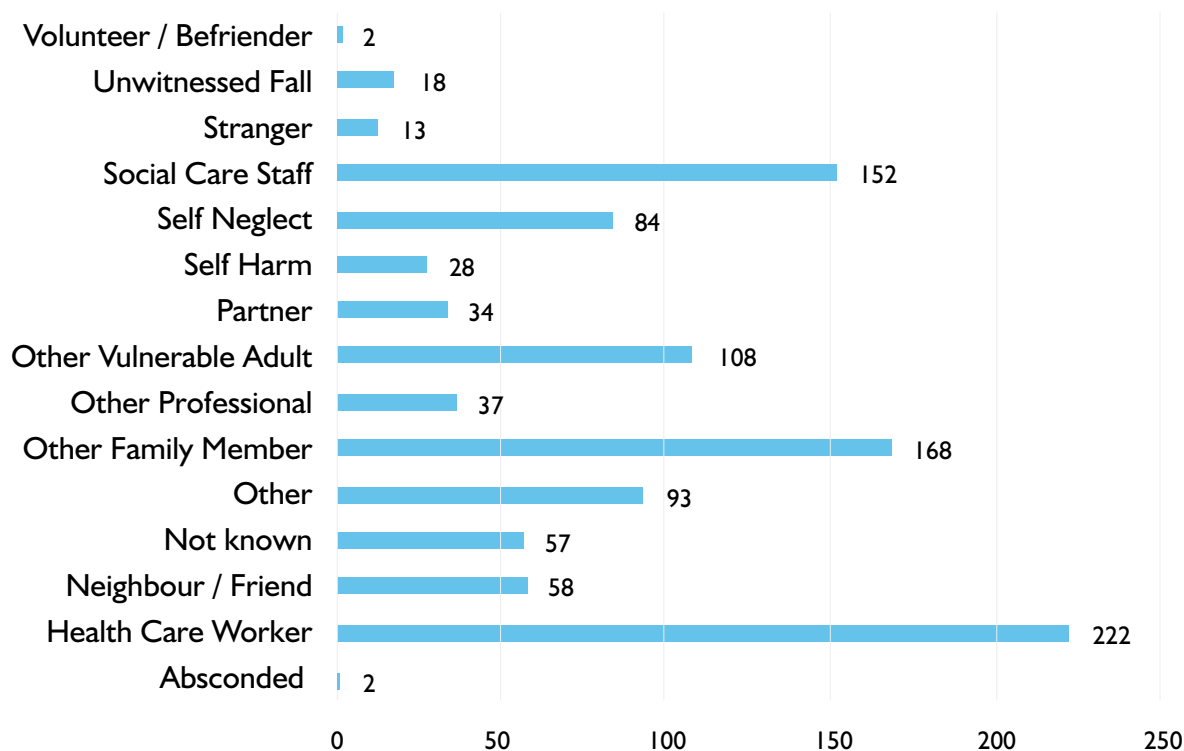
The top five areas of abuse for S42 enquiries continue to be:

- Neglect & Acts of Omission (30%)
- Physical (20%)
- Emotional (12%)
- Financial (11%)
- Self Neglect (10%)

The Highest Number for Location of abuse relates to the following:

Own home	Home of person alleged to have caused harm	Supported accommodation	Care Home Nursing	Care Home residential	Hospital Acute	Hospital Mental Health	Not Known/ Other	Public Place
34.5%	2.9%	4.6%	4.6%	33%	2.9%	7.1%	4.5%	3.7%

Person Alleged to have Caused Harm



Executive Strategy Process

Executive Strategy processes are held to address all concerns and issues relating to suspected organised or institutional abuse or neglect of adults.

	Number of settings
2021-22	3
2022-23	4
2023-24	3

Three settings entered into the Executive Strategy Process during the 2023-24 period and all three remained in this process in March 2024 due to ongoing concerns for safeguarding. The Adult Operational Group has responsibility of monitoring those settings who are in the Executive Strategy Process and will continue to monitor until it is satisfied that improvements have been made and all regulatory action had been completed.



7. Continuous improvement and raising awareness of safeguarding across all communities and partner organisations through:

A key priority for the Partnership is '*Communication and involvement – making safeguarding everybody's business and improving awareness of safeguarding across all communities and partner organisations*'.

There are a number of available options to help support this to ensure people receive clear and simple information about what neglect and abuse is and how to recognise the signs and seek help and have the confidence to report the concerns.

Communication and Engagement

The voice of children, young people and adults with needs for care and support and their families is at the heart of all partnership activity, however it is recognised it is a challenge to evidence their lived experiences and how that may help inform multi-agency working and influence service provision. This is an area that needs further exploration and will be a key area of focus in the coming year.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) applies to all agencies and aims to develop a person centred and outcomes focussed approach to adult safeguarding. In Darlington, MSP and the involvement of service users or their representative in safeguarding enquiries is measured from the outset and is evaluated as part of the safeguarding process.

Independent Chair Engagement

The Independent Scrutineer/Chair continues to meet with relevant agencies of the Partnership and attend meetings such as primary and secondary education forums, Child and Adult Scrutiny Committees, Health and Wellbeing Board and Community Safety Partnership to talk about current issues and themes and what is working well and what needs to change relating to current safeguarding arrangements.

DSP website, briefings and newsletters

The DSP continues to use a variety of communication methods to share information to a wide range of different audiences.

The Partnership website continues to be a key forum to provide key safeguarding messages to practitioners and to the wider public as well as useful information and resources to support those working with children and adults.

The website was redeveloped in February 2024 to help improve navigation and revision of information relating to adult and child safeguarding.

Partnership website - www.darlington-safeguarding-partnership.co.uk

The Partnership's monthly newsletter continues to communicate and raise awareness of safeguarding matters and helps to keep in touch with all our agencies to provide information, signposting and guidance to those working across child and adult services.



Social Media

Whilst the Partnership does not have its own social media platforms, it regularly requests partner agencies promote key safeguarding campaigns throughout the year on their own social media platforms.

Awareness of key safeguarding campaigns – National Safeguarding Week

The Partnership continues to raise awareness of safeguarding issues by sharing details of key national safeguarding campaigns throughout the year which included Safer Internet Day in February, National Child Sexual Exploitation Awareness Day in March and Safeguarding Adult Week in November. During this week the Partnership ran a full programme of events and training sessions to raise awareness of safeguarding issues. The theme for the week was safeguarding yourself and others. A number of speakers provided sessions which covered Child Exploitation and National Referral Mechanism (NRM), Hoarding Awareness, Self-Neglect from an individual's perspective, fire risk awareness, safeguarding under the Care Act 2014, Honour Based Violence, Forced Marriage, domestic abuse and sexual abuse. The sessions were well attended by a broad range of partner agencies.



Learning and Development

Darlington Safeguarding Partnership is committed to working together to protect children, young people and adults with needs for care and support from the risk of serious harm and abuse. It seeks to review and update pathways, policies and procedures so that they are responsive to current levels of need and risk in the local area along with promoting the welfare of children and adults at risk of abuse remains the focus of learning and development activity.

Practitioners working in both universal and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect and to share that information and provide children and adults with the help they need. To be effective, practitioners need to continually develop their knowledge and skills. The Partnership is committed to delivering a high-quality inter-agency training programme to support professionals, volunteers and the independent sector.

The standards are monitored through the Learning and Development Group and ensures there is quality and consistency of single and multi-agency training. Training is reviewed and updated to ensure the lessons from learning reviews are reflected as well as identifying the local needs of the multi-agency workforce.

What did we achieve?

- During this year, there was a change in roles with the Multi-Agency Safeguarding Trainer retiring meaning a gap in training provision for a period of six months. During this time there was limited training opportunities, however DSP continued to provide some limited training, resources, e-learning modules and podcasts. To address safeguarding training as an interim measure DSP implemented a child and adult safeguarding awareness workbook for Practitioners and over 400 workbooks were completed during this period.
- Following the successful appointment of the Partnership's Training and Development Officer, new training dates for a range of courses and sessions were added in September which offered training for both child and adult safeguarding from introductory level through to advanced courses for safeguarding leads and managers. There were also sessions on child exploitation, Designated Lead Safeguarding Training and Early Help Assessment Training.
- In January 2024, the Partnership implemented a Local Management System, ME Learning Platform to support with the delivery of safeguarding training and managing bookings. The system enables professionals and volunteers to select the session they would like to book individually and information and materials are sent automatically. This platform allows the Partnership to offer its core training modules through the system as well as tapping into a range of additional e-learning modules created by specialists on a range of safeguarding topics. Providing a greater opportunity for professionals and volunteers to access a wide range of training modules that would not ordinarily be on offer.
- At the time of writing this report there were over 700 users registered on the system.
- Due to the change in roles and implementation of ME Learning, it has not been possible to capture numbers of learners in this reporting period.
- It is recognised that assessment of learning is necessary to measure both the quality of training and to evidence the impact on practice. Due to the gaps in provision in this reporting year, it has not been possible to evidence the learning impact.

Development of Policy and Procedure

Enabling continual improvement and learning for partners and practitioners is important to the Partnership. The ongoing review of policies, procedures and practice guidance documents is essential to support front line practitioners with both prevention, early intervention and awareness raising. There is a clear timeline for the revision of policy and procedure, which is monitored through a policy revision schedule.

The Learning and Development Group continues to provide a co-ordinated multi-agency approach to safeguarding practice through the development, review and updating of policies and procedures for use by professionals across the partnership. All revisions are undertaken in consultation with partner agencies and who are expected to disseminate and implement within their own organisations. All documents are published on the DSP website.

During 2023/24 the following were developed, reviewed and revised by the Partnership:

- Revision to Child Safeguarding Practice Review and Serious Child Safeguarding Incident Procedures
- Revision to Safeguarding Adult Review Procedure and referral form
- The Executive Strategy Process practice guidance was revised to ensure that key lessons learned are shared with all providers
- Developed an organisational directory of key safeguarding contacts.
- Refreshed the Information Sharing Protocol.
- Revised the child exploitation risk assessment information form (Exploitation Matrix)
- Revised the Partnership Information form to report
- Multi-Agency Challenge Pledge

OUR PLEDGE

To be confident in having open and honest conversations with each other as multi-agency partners in order to do the very best we can for children, adults and their families in Darlington.

Multi-agency working is vital to maintain a focus on children and vulnerable adults while also keeping them at the heart of all decisions.

Our Pledge is an opportunity to:

- Seek out professional conversations with each other at the earliest opportunity
- Have a shared understanding of the strengths and risks within a family
- Actively listen to each other and share important information
- Respect each other's expertise
- Be open and empathetic to the professional views of others
- Be professionally curious and evidence what we say
- Use common language that everyone understands

8. Local Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Learning Lesson Reviews

Children

There have been four Serious Incident Notification referrals submitted to the Partnership in this reporting year. When a notification referral is submitted, the Statutory Safeguarding Partners (SSP) determine if it meets the criteria for notification. The SSP agreed two of these referrals should be notified to the Child Safeguarding Practice Review Panel.

The first was in November 2023 in respect of a child who died whilst co sleeping with parents. The Rapid Review recommended that the circumstances did not fit the criteria for a learning review and that the learning had been identified in the process of the rapid review which was agreed by Statutory Safeguarding Partners.

There was a similar case referred in August 2023 which partners determined did not meet criteria for notification. As a consequence of these deaths and an increase in numbers across the region, the North East and North Cumbria Integrated Care Board carried out an extensive awareness raising campaign in December 2023 to highlight the dangers of co-sleeping.

In January 2024 a serious incident notification was submitted following the death of a child as a consequence of a non-accidental injury perpetrated by a family member. It was recommended that this met the criteria for a LCSPR, and an independent author has been commissioned. This review is ongoing, and the outcome will be reported in 2024/25.

Published LCSPR – Family H

DSP undertook and published its first Local Child Safeguarding Practice Review (LCSPR) in November 2023. The review considered four children under the age of 16. In 2013, parents agreed to abide by a written agreement which stated aunt and her partner should have no unsupervised contact with their children. In April 2022, the children's aunt and her partner were arrested due to suspected sexual offences against children and their devices seized. Examination of the devices found indecent images of children and led police to believe Family H children were also victims of sexual abuse.

The review focussed on a number of key episodes over a ten-year period, the episodes did not form a complete history but were key from a practice perspective. The review found some examples of good practice and looked at how services had worked together to protect the Family H children.

The review made nine recommendations and themed briefing documents were circulated throughout the partnership to highlight the learning. A power point presentation has been shared throughout the Partnership as a learning resource. The report was published in November 2023 and was met with approval by the Child Safeguarding Review Panel which has indicated that the findings raise a number of issues relevant to a forthcoming national review of child sexual abuse in the family environment and will consider if it should be included in the sample of cases considered in this review.



What did we learn?

Professional curiosity and challenge

Whilst there were some good examples of professional curiosity there are several instances where this could have been improved. Some agencies were considering the link between the children's behaviour and the possibility of sexual harm, however there was a lack of professional curiosity and challenge leading to missed opportunities to identify the risk. The risks to many children are not always obvious and require continuous professional curiosity about the child and their circumstances. Practitioners need to understand what is happening within a family rather than making assumptions or taking things at face value and remain sceptical of explanations, justifications or excuses and 'check out' what is being said.

Assessment of risk

The risks posed by the adults were never fully explored and understood by agencies involved with the family and the risk assessment was not applied to any of the work undertaken in the early intervention framework. Some agencies held information regarding the risks, however these risks were not always shared and therefore the significance of the risks was lost over time.

Information sharing and Early Help

Key pieces of information about the risks posed were not always shared and the focus was always on the health needs of the children rather than the risk of sexual abuse. Information about the written agreement was not shared.

Hidden adults

It was evident this was a busy household and adults unknown to practitioners were often present during visits. This was noted by practitioners, but not tenaciously pursued and not through the lens of additional household members posing a risk or indeed understanding how they were involved with the children's daily lives. Practitioners need to be more inquisitive. Agency assessments should be extended to include all adults involved with the children

Children's lived experience/through the eyes of a child

One of the core principles of effective safeguarding practice is a child centred approach which is focused on understanding the lived experience of children. Research identifies that a child who has developmental and communication needs can be effectively hidden from view and considerations needs to be given as to how the abuse suffered can compound a child behaviour. There is little evidence of agencies considering speaking to or carrying out a piece of work with the children to consider the wider involvement of family members in a holistic assessment to afford early identification of risk. Assessments did not place the children's lived experiences in the context of their parent's own backgrounds and their immediate and wider family and how this might impact on their ability to protect. Professionals need to be attuned to the child's world and pay attention not only to what the child says but also what they are not saying and what their behaviour is communicating.

Recognising risk of harm for children with disabilities

Maltreatment of children who are disabled or have chronic illness can be 'hidden in plain sight' with the disability being seen first and the possibility of abuse not considered. Children with learning disabilities are at greater risk of abuse and may only display their distress through behaviour. Practitioners should not assume that challenging behaviour in a child with a learning disability is due to their underlying condition or parenting and should take a holistic approach that considers possible alternative causes.

Identification and assessment of the risk of sexual harm

This review highlights the challenges professionals have, the complexities of working with child sexual abuse, and the importance of clarity regarding risk and need. Identifying sexual abuse is difficult as there is often no physical or medical evidence and children are unlikely to tell someone they are being abused, especially if it is someone they know. Practitioners rely too much on a child making a disclosure, and all front-line practitioners should recognise the signs of sexual abuse and agencies should have strong information sharing protocols, with appropriate training and supervision.

The role of the non-abusing parent and extended family

It has been highlighted in reviews that not enough attention is paid, or assessments completed regarding the needs and circumstances of a non-abusing parent or an evaluation of how to understand their willingness and capacity to keep children safe from sexual abuse and their vulnerability to grooming and exploitation which can undermine that safety. It is critical that there is an assessment of the non-abusing parent's ability to protect and believe children.

So, what next?

There are important lessons to learn from this review, these circumstances are a reminder of the need to equip all professionals with the knowledge, skills and frameworks to identify and respond to sexual harm and the need to identify hidden adults within the family home. The recommendations identified areas a number of priority areas for improvement which will be taken forward in the next reporting period:

- review the effectiveness of weekly review meetings and MASH triage processes through a multi-agency lens
- promote reflective discussion standards and map out an understanding of what this looks like across a multi-agency partnership
- introduce an Early Help Strategic Board
- launch a challenge pledge to help practitioners be more confident in having open and honest conversations
- consider implementation of a multi-agency harm matrix tool across all partner agencies to help assess risks of abuse and neglect
- seek assurance on communication and sharing of information across the Partnership
- awareness of the need to identify and document additional adults within the home and hidden persons to inform risk assessments and share within multi-agency forums
- understand the tools and processes agencies have in place to capture the lived experience of the child.
- Provision of multi-agency training on identifying sexual harm

Safeguarding Adult Reviews (SAR)

Four SAR referrals were submitted to the Partnership, and it was agreed that none met the criteria for a SAR but that one should progress to a discretionary learning lessons review.

In August 2023 County Durham and Darlington Fire and Rescue Service submitted a SAR referral in respect of two adults who died in a house fire. The occupants had needs for care and support and there were concerns about self-neglect and hoarding in the home environment. An independent author has been commissioned and the review is ongoing. The findings will be reported in 2024/25.

The Learning and Development group continued to work on two reviews which were referred in the previous reporting year where the adults who had needs for care and support died and self-neglect was subsequently highlighted as an issue.

What did we learn?

- Self-neglect was not easily identified by practitioners
- The findings relate to mental health and the adults' reluctance/non-compliance with services offered over a period of time.
- There was a presumption of capacity however lack of any formal capacity assessments being undertaken in respect of care and support and treatment along with a lack of legal oversight relating to capacity and Court of Protection.
- More should have been done if there were concerns for safeguarding and practitioners should have considered flexible approaches and appropriate communication styles to suit the individual
- Little evidence of multi-agency working, agencies did not work together collaboratively,
- Lack of communication and professional challenge.
- There was an apparent acceptance by practitioners that the situations were a 'lifestyle choice' and the lack of professional curiosity, resulting in missed opportunities to safeguard the individuals.

Self-neglect continues to be identified as a significant theme and is reflected regionally and nationally.

So, what next?

The Partnership has recognised self-neglect is a complex and challenging area and is not always easily identified. These circumstances are a reminder of the need to equip all professionals with the knowledge, skills and tools to support them to work with individuals who self-neglect. The Partnership has identified self-neglect as a key priority area of focus.

The issues raised are being addressed within a self-neglect task and finish group who will lead on the development of guidance, resources and tools to support practitioners. It was also agreed the Partnership should host a Self-Neglect and Hoarding Conference to help raise awareness and focus on some of the practice issues and challenges being experienced. Arrangements are underway with the conference planned for the summer 2024.

The partnership has considered its training offer and now provides additional training and resources which includes bespoke training programmes and e-learning modules on Adult Self Neglect and Mental Capacity Act Awareness along with a number of briefings, podcasts and videos to support practitioners.



9. Moving Forward

Looking forward to 2024/25 we will:

- Continue to raise awareness of abuse and neglect among the public and professionals in Darlington
- Apply the learning from local and national Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Learning Lesson Reviews
- Develop and implement our local response to the changes outlined in Working Together to Safeguard Children 2023 statutory guidance and how they can be aligned to a joint Partnership and to strengthen scrutiny arrangements
- Continue to prepare for the forthcoming CQC Assurance Visit
- Continue to progress and focus on the steps needed to address the key priorities outlined in the Strategic Plan
- Further explore ways in which the partnership has sought and utilised feedback from children and families and vulnerable adults to help inform and Co- produce future work and service provision.

For more information about Darlington Safeguarding Partnership, please visit

www.darlington-safeguarding-partnership.co.uk

Or email us at: **DSP@darlington.gov.uk**

Appendix 1

Staffing and Budget

Darlington Safeguarding Partnership is supported by the following staff within the Business Unit:

- Business Manager
- Policy & Development Officer/Designated Officer
- Training and Development Officer
- Business Support Officer
- Part-time Analyst (seconded from Durham Constabulary)
- Part-time Information Officer

Contributions from Partner Agencies for 2021-22 period	
Darlington Borough Council	£145,493
North East and North Cumbria Integrated Care Board (Tees Valley)	£41,310
Durham Constabulary	£34,404
Schools Forum	£10,000
Darlington College	£1,600
County Durham and Darlington NHS Foundation Trust	£16,973
Queen Elizabeth 6th Form College	£1,515
Probation Service North East	£1,846
Harrogate and District NHS Foundation Trust	£2,000
Total Revenue	£255, 141

Appendix 2

Relevant Agencies

- Darlington Borough Council
- Durham Constabulary
- Health agencies – North East and North Cumbria, Integrated Care Board (NENCICB), County Durham and Darlington NHS Foundation Trust (CDDFT), Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Harrogate and District NHS Foundation Trust (HDFT), North East Ambulance Service NHS Foundation Trust (NEAS)
- County Durham and Darlington Fire and Rescue Service (CDDFRS)
- Early Years Settings
- Education (Primary, Secondary, Further Education, SEN)
- Probation Service North East
- Darlington Primary Care General Practices
- Voluntary and third sector organisations
- Healthwatch
- Care Quality Commission (CQC)
- Children and Families Court Advisory and Support Service (CAFCASS)
- Support organisations for issues such as Substance Misuse / Domestic Abuse / Sexual Exploitation / Sexual Abuse (SARC)
- Family Justice Board (FJB)
- NHS England (pharmacy, dentist and optometrists)
- Independent providers including private hospitals, children’s homes, nursing and care homes, domiciliary providers
- Youth groups – e.g. sport, scouts, brownies
- Faith settings
- Minority Communities
- British Transport Police (BTP)
- Chairs of other key local boards
- Representatives of other National Partners
- Darlington Partnership – which includes business and community organisations
- Coroner

This list is not exhaustive



St Teresa's



DARLINGTON
Borough Council





**HEALTH AND WELLBEING BOARD
13 MARCH 2025**

DARLINGTON BETTER CARE FUND

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to provide an update to HWBB members on progress in the 2024/25 BCF Programme and the Policy Framework for the 2025/26 BCF Programme.

Summary

2. The 2025-26 BCF plan introduces several key changes:
 - a) Consolidation of Discharge Funding: Local authority discharge funding has been integrated into the Local Authority Better Care Grant, enhancing flexibility in resource allocation.
 - b) Streamlined Planning and Reporting: The planning and reporting process has been simplified for most
3. For the 2025/26 Programme an additional approval stage has been introduced. That is, the Chief Executives of the ICB and LA's must confirm approval of the Plan prior to submission. This cannot be delegated.

Recommendation

4. It is recommended that :-

Members note the content of the report.

**ASSISTANT DIRECTOR
Christine Shields
Commissioning, Performance and Transformation**

Background Papers

None.

author: Paul Neil (Transformation Programme Manager)
Extension 5960

Council Plan	This work contributes to the priorities agreed in the Council Plan
Addressing inequalities	There are no implications arising from this report
Tackling Climate Change	There are no implications arising from this report
Efficient and effective use of resources	This report supports the efficient use of resources through effective commissioning approaches
Health and Wellbeing	This work supports the priorities set out in the Health and Wellbeing Strategy
S17 Crime and Disorder	There are no implications arising from this report
Wards Affected	All Wards
Groups Affected	All Groups
Budget and Policy Framework	There are no implications for the Budget or Policy Framework
Key Decision	This is not a Key Decision
Urgent Decision	This is not an Urgent Decision
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Better Care Fund 2024/25

5. The Better Care Fund (BCF) Policy Framework sets out the Government’s priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.
6. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:
 - a) Enable people to stay well, safe and independent at home for longer.
 - b) Provide the right care in the right place at the right time.

Metrics

7. Avoidable Admissions: Per 100,000 population.
8. Falls: Emergency Hospital Admissions due to falls in people aged over 65.
9. Discharge to Usual Place of Residence: Percentage of People who are discharged from acute hospital to their normal place of residence.
10. Residential Admissions: Long term support needs of people aged 65 and over met by admission to residential and nursing care homes.

Better Care Fund 2025/26

11. Objective 1: reform to support the shift from sickness to prevention

Local areas must agree plans that help people remain independent for longer and prevent escalation of health and care needs, including:

- a) timely, proactive and joined-up support for people with more complex health and care needs
- b) use of home adaptations and technology
- c) support for unpaid carers

12. Objective 2: reform to support people living independently and the shift from hospital to home. Local areas must agree plans that:

- a) help prevent avoidable hospital admissions
- b) achieve more timely and effective discharge from acute, community and mental health hospital settings, supporting people to recover in their own homes (or other usual place of residence)
- c) reduce the proportion of people who need long-term residential or nursing home care

Metrics

13. emergency admissions to hospital for people aged over 65 per 100,000 population

14. average length of discharge delay for all acute adult patients, derived from a combination of:

- a) proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)
- b) for those adult patients not discharged on their DRD, average number of days from the DRD to discharge

15. long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population

Funding

16. It is important to note that all funding is fully committed. This followed a review of funded schemes as part of the project management process.

DFG	£1,319,439
NHS Minimum Contribution	£11,388,391
Local Authority Better Care Grant	£5,536,853
Additional LA contribution	£0
Additional NHS contribution	£0
Total	£18,244,683

Planning requirements

17. HWBs will need to submit for assessment:

- a) a narrative plan
- b) a completed planning template which articulates their goals for the 3-headline metrics in line with the requirements and guidance
- c) an intermediate care (including short-term care) capacity and demand plan

18. There are 2 key deadlines to be achieved:

- a) Regional Assurance Panel: draft plan to be submitted by 3 March 2025
- b) National submission by 31 March 2025

**HEALTH AND WELLBEING BOARD
13 MARCH 2025**

ITEM NO.

PHARMACEUTICAL NEEDS ASSESSMENT (PNA) REPORT

SUMMARY REPORT**Purpose of the Report**

1. To update the Health and Wellbeing Board regarding the progress of the review and re-write of Darlington's Pharmaceutical Needs Assessment (PNA).
2. To request the Board to delegate authority to the Chair of Darlington Health and Wellbeing Board and Director of Public Health to manage and approve the PNA process, to ensure that a final draft of the Pharmaceutical Needs Assessment is ready for sign off by the Health and Wellbeing Board for publication before 30 September 2025.

Summary

3. Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).
4. The government requires all Health and Wellbeing Boards to produce an assessment of pharmaceutical services in its area every three years (or sooner where major changes have occurred), to inform the Integrated Care Board as commissioners of pharmacy provision. This is undertaken using a nationally defined set of criteria.
5. The current PNA was published in October 2022 with a lifespan of three years, with a new one required to be published by the end of September 2025.
6. The purpose of a PNA is to identify the pharmaceutical services which currently exist in the borough, map service provision to local needs and identify any gaps. The PNA should then be used as a tool to inform commissioners of the current provision of pharmaceutical services in relation to local health priorities. The Integrated Care Board is required to use the PNA in their commissioning decisions. Whilst the Integrated Care Board (ICB) and Local Authority Public Health, as commissioners, would find it useful the document must also be accessible to public, patients, providers, partners and external stakeholders.
7. The Board is requested to delegate authority to Chair of Darlington Health and Wellbeing Board and Director of Public Health to approve and manage the process of producing the PNA for approval by the HWBB, for publication by 30 September 2025.
8. This will facilitate meeting the schedule of actions required to be undertaken at each step of the process without requiring approval from the HWBB at each stage of the process. This will allow for the PNA to be signed off at a full Board meeting before this deadline.

Recommendation

9. It is recommended that members of the Health and Wellbeing Board:
- (a) Note their duties and responsibilities in regulation in relation to the production of a Pharmaceutical Needs Assessment for Darlington.
 - (b) Note the requirement to publish a new refreshed PNA by the end of September 2025.
 - (c) Members of the Health and Wellbeing Board are aware of the process involved including the requirement for consultation which includes the public, professional bodies and other stakeholders.
 - (d) Delegate authority to the Chair of the Health and Wellbeing Board and Director of Public Health to manage and approve the PNA process, to ensure that it is ready for approval and publication by 30th September 2025.

Reasons

10. The recommendations are supported as failure to produce a robust PNA could lead to legal challenges due to the PNA's relevance to decisions about commissioning services, including applications for new pharmacies.

Lorraine Hughes
Director of Public Health

Ken Ross - Public Health Principal

Council Plan	The report supports the Council Plan priority of Living Well as it focuses on the health and wellbeing of the population.
Addressing Inequalities	The Pharmaceutical Needs Assessment ensures that pharmaceutical services are accessible to all inclusion groups in Darlington.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme as actions delivered will need to be contained within agreed budgets.
Health and Wellbeing	The PNA is intended to be used in relation to commissioning for the pharmaceutical needs of the local population
S17 Crime and Disorder	There are no implications arising from this report
Wards Affected	All
Groups Affected	The whole population of Darlington
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children and Care Leavers

MAIN REPORT

Background

11. From 1 April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).
12. The purpose of the PNA is to identify what pharmaceutical services currently exist in the borough, map service provision to local needs and identify any gaps.
13. The PNA should then be used as a tool to inform commissioners of the current provision of pharmaceutical services in relation to local health priorities. The Integrated Care Board is required to use the PNA for commissioning decisions. Commissioners such as the Integrated Care Board and Local Authority Public Health are the primary audience for this document, however the document must also be accessible to public, patients, providers, partners and external stakeholders.
14. Failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal by the NHS England of their application to open new premises.
15. This paper will formally commence the process of the review of the existing PNA in accordance with the Regulations and with a view to publishing the PNA within the statutory timeframe.

Progress to date

16. A PNA project steering group for Darlington is being established. This group will be led by the Public Health Team (Public Health Principal) and supported by the North of England Commissioning Support (NECS) through the provision of specialist pharmaceutical and Public Health intelligence, contracting, policy and clinical advice.
17. This group will meet regularly to provide clear direction, project management, monitoring and practical operational delivery towards completion of the PNA.
18. A timeline has been produced and will inform a detailed action plan to efficiently utilize the time leading up to the publication of the PNA.
19. Preliminary data on the Pharmaceutical List, pharmaceutical services, appliance contractors, dispensing doctor practices, prescribing services (including general practices) and other locally contracted services which might impact on the PNA have been sought from NHS England and ICBs and any relevant sub-contractors. Public Health Intelligence information and specialist pharmaceutical advice is being provided by NECS
20. Information with regard to any changes in local population that may change the need for pharmaceutical services (e.g. new major housing estates) and an overview of Darlington's Health and Wellbeing Strategy to ensure that the PNA feeds into the wider outcomes of Darlington Borough Council is being collected and collated.
21. Regulations list those persons and organisations that must be consulted, e.g. the NHS Commissioners (NHS England, ICB), the Local Pharmaceutical Committee (LPC) and Local Medical Committee, (LMC), Healthwatch Darlington and other patient and public groups.

22. All above parties will be contacted and informed at the start of Darlington's consultation, and an online copy of Darlington's PNA will be made available so that individuals or groups can view the draft and submit their comments.
23. Darlington Health and Wellbeing Board will also receive requests from neighbouring authorities to comment on their PNAs. For Darlington this is Durham, North Yorkshire and Stockton.

Next Steps

24. The process of data collection and drafting of the PNA will commence immediately, supported by NECS and led by Public Health
25. A draft will be produced for consultation as per regulation to allow time for the feedback to be analysed and addressed to inform the final draft.
26. The final draft informed by the consultation will then be produced for sign off by the Health and Wellbeing Board in the meeting before the end of September 2025,
27. The final version of the Darlington PNA will be published by 1 October 2025.

NHS Planning update

March '25

Contents

1. Summary timeline for planning submissions
2. Better Care Fund expectations
3. NHS Operational Planning priorities
4. Next steps, Joint Forward Plan, ICS Strategy Refresh

Timeline

Key Milestones

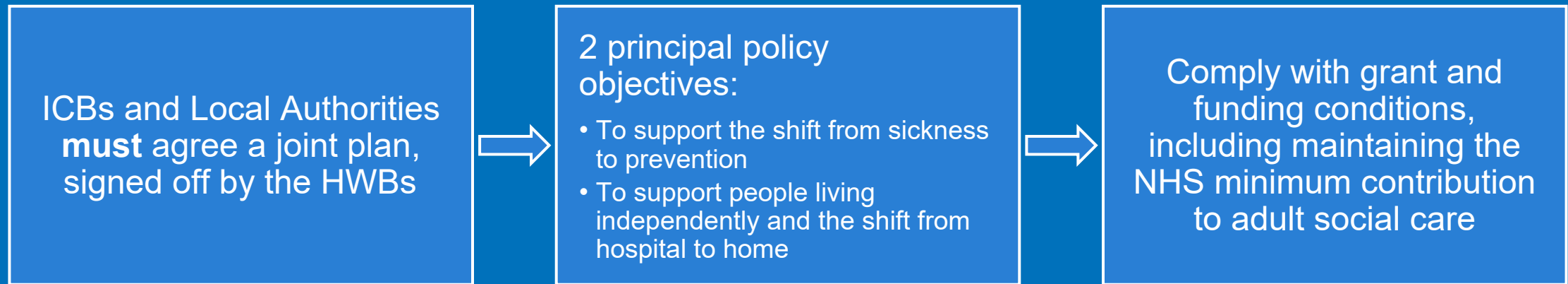
Planning Requirement	Date	Milestone
Planning Guidance	30th January	Planning guidance documents released <ul style="list-style-type: none"> - NHS Operational Planning documentation including priorities, finance and revenue, technical guidance - ICB allocations - Better Care Fund framework and guidance - Neighbourhood health guidelines
NHS Operational Plan	27th February	Headline plan submission to NHS England <ul style="list-style-type: none"> - Headline workforce, performance and finance - Headline checklist - Ambulance Plan
Better Care Fund	3rd March	Draft Better Care Fund submission to NHS England (NEY Regional lead)
NHS Operational Plan	27th March	Full plan submission to NHS England
Better Care Fund	31st March	Final Better Care Fund submission to NHS England
Contracts	30th May	Deadline for contracts between ICB and Providers to be signed
Better Care Fund	May	Better Care Fund Assurance letters to systems
Better Care Fund	30th September	Requirement to have signed Section 75 agreements

Better Care Fund

Plan submission requirements – Better Care Fund

Submission Component	Description
Planning Template	<p>Each HWB should submit a completed planning template which sets out:</p> <p>goals against the BCF headline metrics:</p> <ul style="list-style-type: none"> (1) emergency admissions to hospital (65+) (2) discharge delays – on a month-by-month basis (3) long-term admissions to residential care homes and nursing homes (65+) – on a quarterly basis <p>expenditure from BCF funding sources – using high level categories of spend</p> <p>how ICBs will maintain and meet the NHS’s minimum contribution to adult social care</p>
Narrative Plan	<p>Each HWB should submit a narrative plan that sets out:</p> <p>the approach to delivering on the objectives of the BCF (national condition 2)</p> <p>the approach to joint working and governance, including the joint sign off of plans (national condition 1) and engagement with national oversight and support (national condition 4)</p>
Intermediate Care Capacity and Demand Plan	<p>Building on the work in 2024-25, HWBs must agree and submit a plan showing:</p> <p>the breakdown of (1) projected demand for both step-up and step-down pathways, and (2) planned capacity, for intermediate care and other short-term care</p> <p>a narrative explanation of how these forecasts have been derived and used in wider system planning</p> <p>Plans should cover intermediate care (and other short-term care) which helps people remain independent at home or their usual place of residence (step-up care) and support their recovery following a stay in hospital (step-down care).</p> <p>Plans should cover all intermediate care and other short-term care, whether funded by the BCF or from other sources. As with other BCF plans, it is expected that work with acute trusts, the voluntary, community and social enterprise sector and other providers will help inform the development of these plans.</p>

Better Care Fund Planning expectations



- **Better Care Fund plans should:**

- set out a **joint system approach** for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money
- set goals for performance against the **3-headline metrics** which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans, which should take a therapy-led approach.
- demonstrate a **'Home First' approach** and a shift away from avoidable use of long-term residential and nursing home care
- following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of **admission avoidance and reducing length of stay and improving discharge**)

Better Care Fund - metrics

- **Three headline metrics**

1. Emergency admissions to hospital for people aged 65+ per 100,000 population.

2. Average length of discharge delay for all acute adult patients, derived from a combination of:

- proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD)
- for those adult patients not discharged on DRD, average number of days from DRD to discharge.

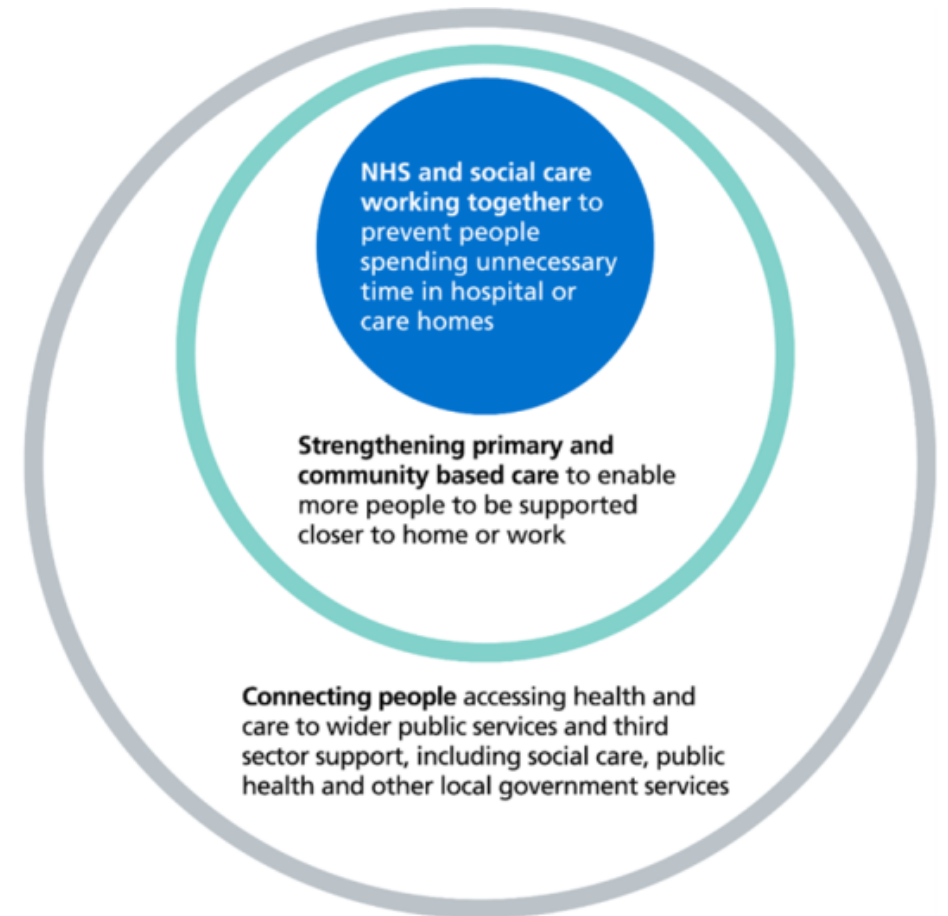
3. Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

- Six further supporting metrics covering DRD, emergency admissions for falls, reablement and discharge to usual place of residence

Neighbourhood Health

Neighbourhood Health Guidelines

- To set the foundations for scaling and expanding the neighbourhood approach over the coming years, systems are asked to:
 - Standardise 6 core components of existing practice, to achieve greater consistency of approach
 - Bring together different components into an integrated service offer, to improve coordination and quality of care, with a focus on people with the most complex needs
 - Scale up, to enable more widespread adoption
 - Rigorously evaluate the impact of these actions, ways of working and enablers both in terms of outcomes for local people and effective use of public money
- The Specific Focus in 2025/26 should be:
 - Supporting people **with complex health and social care needs** who **require support from multiple services and organisations**.



Six Core Components

Population health management	Modern general practice	Standardising community health services	Neighbourhood multidisciplinary teams (MDTs)	Integrated intermediate care	Urgent neighbourhood services
<ul style="list-style-type: none">• Person Level Data• A single system-wide PHM segmentation and risk stratification method	<ul style="list-style-type: none">• streamline care• improve access and continuity• provision of more proactive care	<ul style="list-style-type: none">• Data standards for community services to support commissioning• Connect mental and physical health	<ul style="list-style-type: none">• Multidisciplinary coordination of care• A core team assigned for complex case management, with links to an extended specialist team• A care coordinator assigned	<ul style="list-style-type: none">• Short-term rehab, reablement and recovery services delivered under a therapy-led approach• Home First approach, underpinned by step -up referrals and step- down planning	<ul style="list-style-type: none">• Standardise and scale services such as urgent community• Involve senior clinical decision• enable healthcare staff and care home workers to access clinical advice without needing to call 999

Operational Plan

NHS Operational Planning

- **Five** key objectives
 1. Reform to cut waiting times
 2. Reform to improve primary care access
 3. Reform to improve urgent and emergency care
 4. Reform to the operating model
 5. Reform to drive efficiently and productivity
- **Four** key priorities for 2025/26
 1. Reduce the time people wait for elective care
 2. Improve A&E waiting times and Ambulance response times
 3. Improve access to general practice and urgent dental care
 4. Improve patient flow through mental health crisis and acute pathways and Improve access to C&YP mental health

Summary and Next steps

Summary and Next steps

- The government's health mission:
 - from hospital to community
 - from treatment to prevention
 - from analogue to digital
- NHS 10-year plan expected to launch Spring 2025
 - Engagement is ongoing nationally and regionally via change.nhs.uk
- Next Steps:
 - NENC Joint Forward Plan will receive a full refresh; engagement with all relevant stakeholders in line with national guidance
 - ICP Strategy: Better health and wellbeing for all will also receive a refresh again with engagement from relevant stakeholders



Neighbourhood health guidelines 2025/26

Appendix: Key 25/26 planning publication Summary

NHS Operational Planning Guidance

4 key priorities:

- Reduce the time people wait for elective care
- Improve A&E waiting times and Ambulance response times
- Improve access to general practice and urgent dental care
- Improve patient flow through mental health crisis and acute pathways and Improve access to C&YP mental health

Alongside:

- Addressing inequalities and shift towards prevention
- Living within means, reducing waste and maximising productivity
- Making the shift from analogue to digital

Neighbourhood Health Guidelines

6 initial core components:

- Population Health Management
- Modern General Practice
- Standardise Community Health Services
- Neighbourhood MDTs
- Integrated Intermediate Care 'Home First' Approach
- Urgent Neighbourhood Services

With a specific focus for 25/26 on supporting adults, children and young people with complex health and social care needs who require support from multiple services and organisations

BCF Policy Framework

4 national conditions:

- Jointly agreed a plan (between ICB and Local Authority)
- Implementing the 2 BCF policy objectives*
- Complying with grant conditions and BCF funding conditions
- Complying with oversight and support processes

* 2 Policy Objectives:

- Reform to support the shift from sickness to prevention
- Reform to support people living independently and the shift from hospital to home

Community Health Services Guidance

Describes the core components of NHS ICB-funded community health services for C&YP and Adults across England, that should be considered in every neighbourhood including:

- 9 categories of Community Health Services for Adults
- 5 categories of Community Health Services for C&YP

With a view to codifying community health services as a mechanism to supporting demand and capacity assessment and planning with providers & ensure the best use of funding to meet local needs and priorities.

HEALTH AND WELLBEING BOARD
13th March 2025

ITEM NO.

Joint Local Health and Wellbeing Strategy – Putting the Strategy into Action

SUMMARY REPORT**Purpose of the Report**

1. To consider the next steps in implementing the recommendations of the Joint Local Health and Wellbeing Strategy (JLHWS).

Summary

2. At the meeting of the Health and Wellbeing Board on 5th December 2024 the JLHWS was agreed. This has now been published and can be accessed at [Health and Wellbeing Strategy 2025-2029](#).
3. It was agreed at the December meeting of the Health and Wellbeing Board that progress against the identified priorities will be shared through a regular cycle of update reports, which will also allow an opportunity for reflection and discussion.
4. There are 8 agreed priorities in the JLHWS, it is proposed that each year there will be a deep dive review of 2 agreed priorities and that in year 1 the deep dive reviews will focus on pregnancy and early years (June 2025) and mental health and resilience (December 2025).
5. Additionally, the JLHWS will be reviewed annually, to monitor progress and impact and ensure the Strategy remains relevant. It is proposed that the annual review will take place at the September meeting of the Health and Wellbeing Board.
6. The approach described will support engagement with a wide range of stakeholders. This will include engagement through a Health and Wellbeing Network.

Recommendation

7. It is recommended that the Health and Wellbeing Board:-
 - (a) Note the content of the report.
 - (b) Agree the next steps for implementing the JLHWS.

Reasons

8. The recommendations are supported by the following reasons:-
- (a) It is a statutory duty of the Health and Wellbeing Board to set the strategic direction to improve the health and wellbeing of people locally and reduce health inequalities.
 - (b) It is a statutory duty of the Health and Wellbeing Board to develop a Joint Local Health and Wellbeing Strategy.

Lorraine Hughes
Director of Public Health

Background Papers

None

Lorraine Hughes extension 6203

Council Plan	Implementation of the Strategy supports the Council Plan priority of Living Well as it focuses on the health and wellbeing of the population.
Addressing inequalities	The report considers health inequalities and poor health outcomes experienced in Darlington, identifying key actions to be taken forward.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme as actions delivered will need to be contained within agreed budgets.
Health and Wellbeing	The report sets out the priorities of the Joint Local Health and Wellbeing Strategy, to improve the health of the population.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	The population of Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Putting the Joint Local Health and Wellbeing Strategy into Action

9. At the meeting of the Health and Wellbeing Board on 5th December 2024 the Joint Local Health and Wellbeing Strategy (JLHWS) was agreed. This has now been published and can be accessed at [Health and Wellbeing Strategy 2025-2029](#).
10. It was agreed at the December meeting of the Health and Wellbeing Board that progress against the identified priorities will be shared through a regular cycle of update reports, which will also allow an opportunity for reflection and discussion.
11. There are 8 agreed priorities in the JLHWS, it is proposed that each year there will be a deep dive review of 2 agreed priorities and that in year 1 the deep dive reviews will focus on pregnancy and early years (June 2025) and mental health and resilience (December 2025).
12. The deep dive reviews will be informed by available data, drawing upon a mixture of the Joint Strategic Needs Assessment, service audits and service user feedback. The process will also include stakeholder engagement prior to being brought forward to the Health and Wellbeing Board, as appropriate to the priority. This will include collaborating with other commissioners and service providers and engaging with target groups through existing structures and networks, such as school councils and the mental health network.
13. Wider stakeholder engagement for the deep dive reviews will also be facilitated through the development of a Health and Wellbeing Network. This network will not duplicate existing local networking arrangements already in place across Darlington, such as Darlington Cares and Darlington Organisations Together (DOT); building upon these and seeking to engage additional stakeholders as appropriate.
14. The aims of the Health and Wellbeing Network are to provide a mechanism for two-way communication on important health and wellbeing issues and services, as well as opportunities for local businesses, and others, to support efforts to improve the health and wellbeing of the population, influence implementation of the JLHWS and identify priorities and opportunities for collaboration.
15. There are different options for this engagement, including:
 - (a) Development of a regular newsletter for distribution;
 - (b) Thematic network meetings, virtual and face to face;
 - (c) Targeted offers of support, such as stop smoking interventions, for local workplaces.
16. The deep dives reviews to be presented at the meetings of the Health and Wellbeing Board will focus on:
 - (a) Agreed priorities;
 - (b) Related performance indicators;
 - (c) Health inequalities;

- (d) Stakeholder engagement;
 - (e) Key actions taken and / or planned;
 - (f) Issues of concern or risk;
 - (g) Ask(s) of Health and Wellbeing Board partners.
17. The proposed format is intended to facilitate meaningful discussion at the Health and Wellbeing Board for each of the priorities, ensuring members understand the current position and how members of the board and their organisations can support action locally.
18. Additionally, the JLHWS will be reviewed annually, to monitor progress and impact and ensure the Strategy remains relevant. It is proposed that the annual review will take place at the September meeting of the Health and Wellbeing Board. The annual review will provide a high level overview of progress made against the Strategy, including actions and key performance indicators.