



DARLINGTON
Borough Council

Health and Wellbeing Board Agenda

3.00 pm

Thursday, 19 June 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 13 March 2025 (Pages 5 - 8)
5. Pregnancy and Early Years - Health and Wellbeing Strategy Deep Dive –
Report of the Director of Public Health and Secondary School Representative for the
Health and Wellbeing Board
(Pages 9 - 26)
6. Director of Public Health Annual Report 2024-2025 Across The Life Course: The Health of
Darlington –
Report of the Director of Public Health
(Pages 27 - 76)
7. Police Crime and Justice Plan 2025-2029 (Pages 77 - 84)
8. Darlington Health and Wellbeing Board Forward Plan (Pages 85 - 86)

9. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of an urgent nature and can be discussed at the meeting.
10. Questions.



Amy Wennington
Assistant Director Law and Governance

Wednesday, 11 June 2025

Town Hall
Darlington.

Membership

Lorraine Hughes, Director of Public Health

Councillor Mammolotti

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

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

Councillor Tostevin

James Stroyan, Executive Director People

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, 13 March 2025

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Lorraine Hughes (Director of Public Health), Amanda Hugill (Safeguarding Partnership Business Manager), Ken Ross (Public Health Specialist), Councillor Tostevin, Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), 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), Deborah Robinson (St Teresa's) Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office) Olivia Hugill (Democratic Officer)

APOLOGIES –Councillor Harker (Leader of the Council) , Councillor Holroyd, James Stroyan (Executive Director People), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Sam Hirst (Primary Schools Representative) and Councillor Mrs Scott

HWBB19 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB20 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

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

HWBB21 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 5 DECEMBER 2024

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 5 December 2024.

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

HWBB22 DARLINGTON SAFEGUARDING PARTNERSHIP ANNUAL REPORT

The Safeguarding Partnership Business Manager attended the meeting to present the report. Members were informed that 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 and aims to provide the Health and Wellbeing Board with an understanding of the Partnership's work.

The report explained that Adult Self -Neglect continued to be highlighted as a significant theme, the Partnership has recognised self-neglect is a complex and challenging area which

is not easily identified. A key priority for the partnership is to ensure practitioners have the skills, tools and resources available.

The report outlined the strengths and impacts of multi-agency working to help keep everyone in Darlington safe, with a continued focus to ensure local agency safeguarding practice remains effective for all children and young people and adults with needs for care and support.

Discussion ensued around how to get involved with the partnership report, and what training is available for families around Safeguarding.

AGREED – That Members noted the report.

HWBB23 BETTER CARE FUND

The Assistant Director for Commissioning, performance and transformation submitted a report to provide an update on the progress and Policy Framework of the 2024/25 Better Care Fund Programme.

The report introduced the key changes to the Better Care Fund Programme, these included 'Consolidation of Discharge Funding: Local authority discharge funding had been integrated into the Local Authority Better Care Grant, enhancing flexibility in resource allocation.' 'Streamlined Planning and Reporting: The planning and reporting process had been simplified for most'.

The report stated that for the 2025/26 programme an additional approval stage had been introduced, The Chief Executives of the Integrated Care Board and Local Authority must confirm approval of the plan prior to submission.

Discussion ensued around the metrics of admissions and what were the figures of admissions through social care. The Group also discussed whether the Chair of the Health and Wellbeing Board should sign of the Better Care Fund.

AGREED – That Members note the report.

HWBB24 PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

The Director of Public Health submitted a report to update the Health and Wellbeing Board with regards to the progress of the review and re-write of the Darlington Pharmaceutical Needs Assessment. To also request the board to delegate authority to the Chair of the Health and Wellbeing Board and the Director of Public Health to approve the PNA process.

The report stated that from the 1 April 2013, every Health and Wellbeing Board in England now has a statutory responsibility to publish and to keep up to date a statement of the needs for pharmaceutical services in the population of its area, referred to as a Pharmaceutical Needs Assessment (PNA). The current PNA was published back in October 2022 with a lifespan of three years, the new one is required to be published by September 2025.

The report explained the purpose of the PNA, the progress made to date and the next steps. The final version of the PNA will be published by the 1 October 2025.

Discussion ensued around the document's lifespan of 3 years and whether information and data is regularly updated within the report to reflect the opening and closure of pharmacies. The group went on to discuss whether this document could be reviewed annually by the Health and Wellbeing Board.

AGREED – That Members noted the report and delegated authority to the Chair of the Health and Wellbeing Board and Director of Public Health to manage and approve the PNA process.

HWBB25 NHS PLANNING UPDATE PRESENTATION

The Integrated Care Board Director of Place gave a presentation on the NHS Planning Update to the Members of the Darlington Health and Wellbeing Board.

The contents of the presentation included the summary timeline for planning submissions, Better Care Fund expectations, NHS Operational Planning Priorities and the next steps, joint forward plan and Integrated Care System Strategy refresh.

The Better Care Fund expectations gave an overview of the plan submission requirements, planning expectations and the metrics.

The presentation then went on to detail the Neighbourhood Health Guidelines, the six core components, objectives and priorities of the NHS Operational Planning.

The presentation then concluded with the next steps, such as the Government's health mission, NHS 10-year plan.

Discussion ensued around the key priorities for the NHS Operational Planning, what the key challenges will be.

HWBB26 JOINT LOCAL HEALTH AND WELLBEING STRATEGY - PUTTING THE STRATEGY INTO ACTION

The Director of Public Health submitted a report for Members to consider the next steps to implement the recommendations of the Joint Local Health and Wellbeing Strategy (JLHWS).

The report explained that at the meeting of the Health and Wellbeing board on the 5th December 2024 the JLHWS was agreed and has now been published. It was agreed at that meeting that the progress against the identified priorities will be shared through a regular cycle of update reports.

There are eight agreed priorities in the JLHWS and it is proposed that each year there will be a deep dive review of two agreed priorities, the first focus of review is on Pregnancy and early years.

It was also explained that the JLHWS will be reviewed every year, to monitor progress and impact so the strategy will remain relevant.

Discussion ensued around agreement in the approach of a deep dive review into priorities.

AGREED - That Members note the report.

HEALTH AND WELLBEING BOARD

DATE: June 2025

ITEM NO.

Pregnancy and Early Years - Health and Wellbeing Strategy Deep Dive

SUMMARY REPORT

Purpose of the Report

1. To facilitate meaningful discussion at the Health and Wellbeing Board for the Pregnancy and Early Years priorities as identified in the Joint Local Health and Wellbeing Strategy (2025 – 2029).
2. Ensure members understand the current position and how they, and their organisations, can support action locally.

Summary

3. The report is intended to support a deep dive review into the thematic priority of pregnancy and early years, with a 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.

Recommendation

4. It is recommended that members of the board: -
 - (a) All organisations to consider actions they could take to better support health in pregnancy and early years, including identifying any opportunities to further develop partnership work in this area;
 - (b) Integrate the offer of CO monitoring into everyday practice, including the referral pathway for smoking cessation services;
 - (c) Work to make your organisation Breastfeeding Friendly, by engaging with the HDFT Specialist Infant Feeding team;
 - (d) Where appropriate join the Injury Prevention Steering Group, to assist in the implementation of Injury Prevention Training for staff;

- (e) The multi-agency steering group to take forward a whole systems approach to identify the key challenges relating to school readiness and agree an action plan that aligns with agreed priorities.
- (f) Encourage all organisations to attend a multi-agency summit to identify actions to tackle smoking in pregnancy, with a particular focus on the areas with the highest rates.

Reasons

5. The recommendations are supported by the following reasons: -
- (a) They will support in achieving the ambitions of the Health and Wellbeing Strategy.
 - (b) They will help to address health inequalities, by identifying opportunities for collaboration and strengthening our partnership approach.

Dean Lythgoe, Secondary School Representative
Lorraine Hughes, Director of Public

Background Papers

Joint Local Health and Wellbeing Strategy (2025 – 2029)
<https://www.darlington.gov.uk/media/22428/darlington-health-and-wellbeing-strategy.pdf>

Author & Tel No.
 Joanne Hennessey 406205

Council Plan	The recommendations and work areas being taken forward address priorities within the council plan.
Addressing inequalities	Where available data has been provided to understand health inequalities, and this has informed the development of work programmes.
Tackling Climate Change	There are no direct implications arising from this report, but efforts to reduce smoking and increase rates of breastfeeding will have positive environmental impacts.
Efficient and effective use of resources	The recommendations support the targeting of resources to areas of need and a focus on evidence based practice, which will help to achieve best value.
Health and Wellbeing	The proposals will support health and wellbeing outcomes, with a particular focus on the maternal and 0-5 outcomes and reducing health inequalities.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	There are no implications.
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, although identified actions should impact positively on those who are pregnant or a parent of a child 0-5.

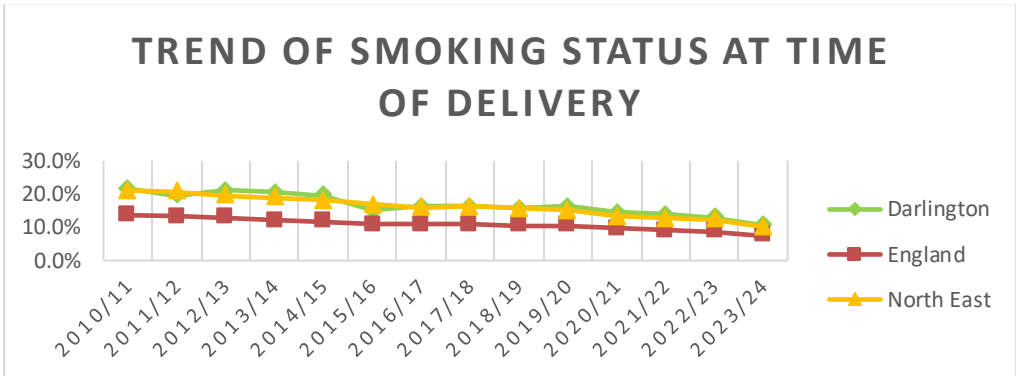
MAIN REPORT

Information and Analysis

6. The focus of the thematic deep dive is the priority of Pregnancy and Early Years, one of eight agreed priorities within the Joint Local Health and Wellbeing Strategy. The priority has six agreed ambitions, which are looked it in detail throughout the report.

Ambition One: Reduction in the proportion of mothers who are recorded as a smoker at the time of delivery

7. The graph below shows a comparison of the most recent data for smoking status at time of delivery ([Smoking Profile | Fingertips | Department of Health and Social Care](#)).



8. The data shows that although the proportion of mothers recorded as being smokers at the time of delivery is reducing, in 2023/24 this was 10.6%, compared to 10.2% in the North East and 7.4% in England.
9. Although the 2024/25 full year validated data is not yet available, provisional data for April 2024 to December 2024 indicates a continued improving trend in Darlington (and regionally and nationally). The following table shows the data for smoking status at time of delivery, in terms of the number of maternities, smoking status and % of women known to be smokers at time of delivery.

Local Authority Region	Maternities (all)	Maternities (with a known smoking status)	Women known to be smokers at time of delivery (Number)	Women known to be smokers at time of delivery (Percentage)
England	383,515	354,820	20,550	5.8
North East	17,200	16,450	1,230	7.5
Darlington	755	735	40	5.4

Source: NHS Digital, [Statistics on Women's Smoking Status at Time of Delivery: Data tables - NHS England Digital](#)

Identification and accurate recording of smoking status

10. Work has taken place across County Durham and Darlington NHS Foundation Trust (CDDFT) midwifery teams to ensure smoking status is accurately recorded, so that all pregnant smokers are referred into the Tobacco Dependency in Pregnancy (TDiP) Pathway.
11. The number of women without a smoking status recorded at time of delivery has reduced from approximately 10% in 2021-2022 to 0% throughout the whole of 2024-25, which improves the quality of data reporting.
12. CO monitoring is now undertaken for every pregnant person, at every antenatal contact. This is gold standard practice (and above the standards described in NICE guidance).

Ongoing improvements to the Tobacco Dependency in Pregnancy pathway

13. Engaging with women at the earliest stage in their pregnancy, to check their smoking status and refer them to evidence-based stop smoking support - early-bird maternity clinics are now in place and all staff have been trained to check smoking status and refer to stop smoking services. Between April 24 and February 25, nearly 50% (187/398) of referrals were from Early-bird maternity clinics.
14. Opt-out model in place for all pregnant smokers – a referral to stop smoking support is the default.
15. Responsive services - all people referred receive an appointment for stop smoking support within 24hrs of being referred.
16. Extending the stop smoking support offer – work is underway to include vapes as one of the available quit aids alongside NRT. This has now been approved, with training for staff underway and the offer is being operationalised.
17. Maximising opportunities to engage / re-engage with pregnant smokers - every ante-natal appointment is used as a further opportunity to check smoking status, undertake CO monitoring and refer/re-refer people back into stop smoking support.

Raising awareness of the Tobacco Dependency in Pregnancy Service; Supporting Pregnant people and their partners to stop smoking; and reducing the stigma associated with Smoking in Pregnancy:

18. Lots of work has been undertaken on this theme, for example working with the maternity and neonatal voices partnership to develop the 'maternity highlights' communication that celebrates pregnant people who have successfully stopped smoking whilst pregnant. This helps to raise awareness, tackle stigma and shift the focus to understanding smoking as an addiction and recognising the achievement of quitting. This has included engagement with pregnant women to develop the maternity highlights communication.
19. Harrogate and District NHS Foundation Trust (HDFT) Health visitors in Darlington offer stop smoking advice/education at antenatal contacts. CO monitoring is led by the midwifery service in this antenatal period but is also now being offered by the Health Visitor, with a good take up to date.

Ambition Two: Address the health inequalities in rates of smoking during pregnancy across Darlington

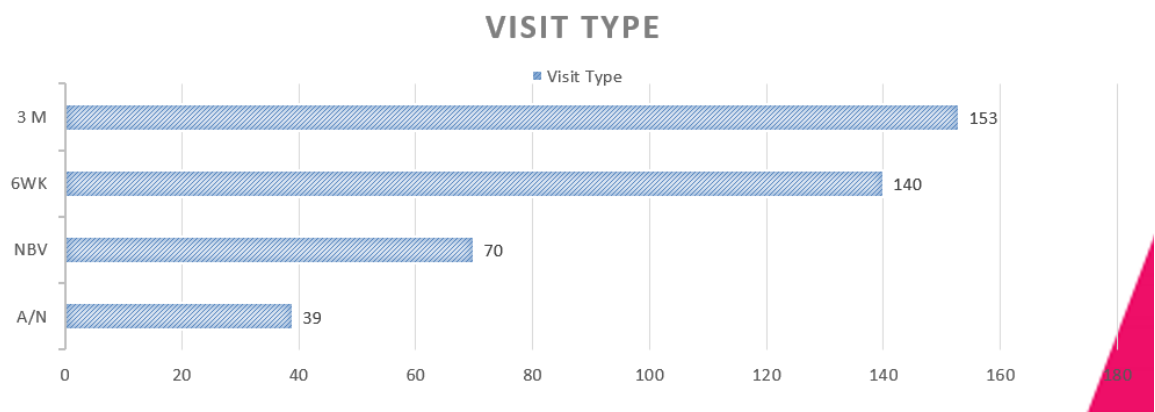
20. An audit and data analysis process has been undertaken by CDDFT to better understand inequalities in rates of smoking in pregnancy across Darlington. This has resulted in the following targeted work to address inequalities (in areas of deprivation and with inclusion health groups):
 - a) Data and intelligence has been used to work with midwifery teams in specific geographic areas or working with particular population groups.
 - b) Targeted work with at risk groups, including people using drugs and alcohol and from specific inclusion groups.
 - c) Work within the Gypsy Roma Traveller (GRT) community in Darlington to support people to access stop smoking support and raise awareness of the vape offer.
 - d) Targeted multi-agency work has been undertaken to reduce Sudden Unexpected Infant Deaths following a thematic review identifying smoking as a key risk factor. This included the development of a system wide communications and awareness campaign, with a health literacy lens.
 - e) Dedicated Health Inequalities midwife in post providing leadership and taking forward specific actions to address inequalities.
21. A quality improvement project has been undertaken to understand the smoking at time of booking (SATOB) and smoking at time of delivery (SATOD) data within CDDFT on a Middle Super Output Area level. This allowed our teams to understand where inequalities exist in relation to tobacco dependency in pregnancy. This work has also explored rates in relation to different patient groups, for example the rates of smoking in patients with diabetes, raising the profile of TDIP with healthcare professionals.
22. CDDFT have obtained funding for 1 year from the Local Maternity and Neonatal Systems (LMNS) to provide a pregnancy anticipatory care model. Maternity Connectors will be employed by the Pioneering Care Partnership to empower pregnant women and their families to take control of their health and wellbeing. Connectors will give time to parents

to focus on 'what matters to me' and take a personalised approach to their health and wellbeing, connecting people to community groups and statutory services, for practical and emotional support.

23. Maternity Connectors will be aligned to CDDFT's Community Midwifery Team. The post holders will work to strengthen an individual's personal resilience, helping them to address the wider determinants of health, such as debt, poor housing and health in pregnancy. The Connectors will work with targeted groups of pregnant people who have been identified as having complex social needs, providing high intensity support. Smoking cessation is a priority area, specifically for those families who are not engaging with support. The post holder will liaise with a variety of partners, community and voluntary organisations across the geographical patch and the wider family health team.

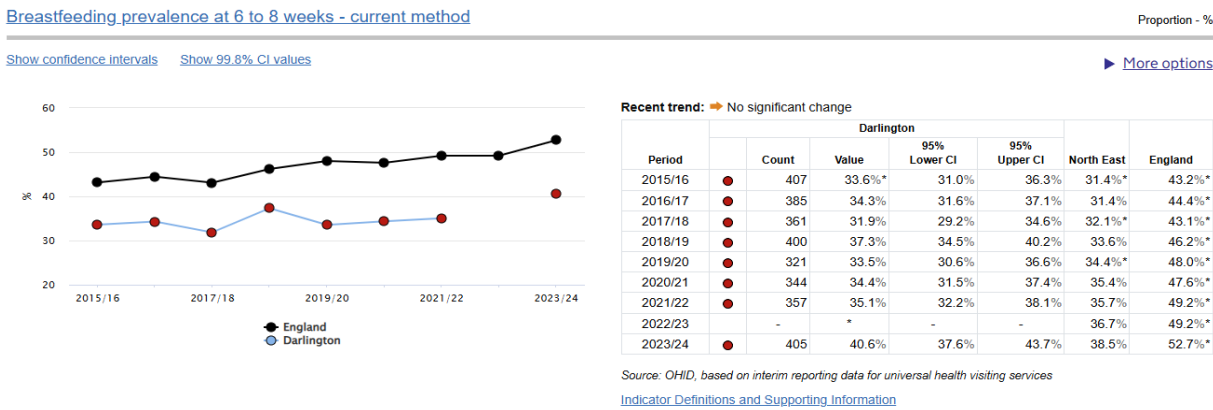
Ambition Three: Fewer women returning to smoking after they have had their baby, to reduce the risk of harm from second hand smoke

24. The existing Tobacco Dependency in Pregnancy Pathway is outlined below:
- a) Opt-out stop smoking referral in place at all contacts, including at time-of-delivery and post-natal.
 - b) Post-natal CO monitoring at Day 5 and referrals are made to the community Stop Smoking Service (SSS).
 - c) Pathway in place to offer partners who smoke support via community SSS.
25. There are strong pathways in place between midwifery and health visiting teams to ensure smokers, those making a quit attempt or recently quit, and their partners are supported throughout the post-natal period.
26. Health Visitors are routinely offering and encouraging CO monitoring at the new birth, 6-8 week, 3-4-month, 9-12 month and 2-2.5 year visits.
27. Home safety assessments are also used to support education around the dangers of smoking and second-hand smoke. Smoking indoors, regardless of it is near a window or by the back door, still poses a risk to babies as tobacco smoke can linger in the air for up to five hours after a cigarette is extinguished.
28. The table below shows the uptake of CO monitoring within the service. So far this year 25 referrals have been made to the Stop Smoking Service and 402 CO readings have been recorded.



Ambition Four: Build upon the momentum of increasing rates of breastfeeding in Darlington, to ensure this includes wards which have rates of breastfeeding which are amongst the lowest in the country

29. The data below highlights the breastfeeding rates from 2015 through to the 2023/2024 reporting year. Data shows a gradual increase over the period. However, the Darlington rates are still lower than England. ([Fingertips | Department of Health and Social Care](#))



30. HDFT have started to monitor their breastfeeding data at ward level as well as at population level. This will ensure equitable support throughout the town. To support this there has been an increase in support available in community venues.

31. The tables below show by ward the percentage of mothers breastfeeding across March and April 2025, for first feed of colostrum and at new birth visit. (Data from HDFT)

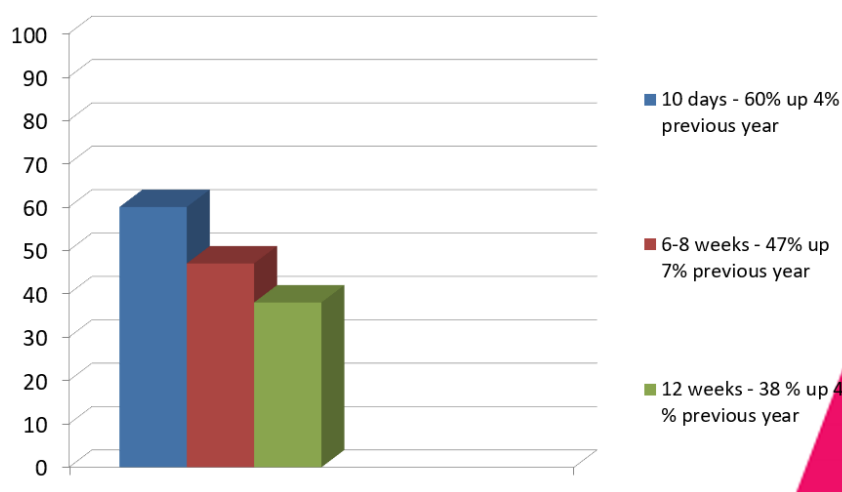
Breastfeeding by Ward

Ward	COLOSTRUM	BIRTH	COLOSTRUM	BIRTH
	MARCH		APRIL	
BANK Top / Lascelles	0%	50%	67%	78%
Brinkburn / Faverdale	38%	50%	25%	50%
Cockerton	67%	56%	100%	50%
College	83%	67%	67%	67%
Eastbourne	30%	50%	33%	44%
Harrogate Hill	67%	56%	100%	50%
Haughton / Springfield	100%	100%	25%	63%
Heighington / Coniscliffe	50%	100%	100%	100%
Mowden	0%	0%	No births	
North Road	86%	100%	25%	13%
Northgate	100%	100%	25%	55%

Ward	COLOSTRUM	BIRTH	COLOSTRUM	BIRTH
	MARCH		APRIL	
Park East	20%	20%	25%	75%
Park west	50%	50%	60%	80%
Pierremont	0%	75%	60%	80%
Redhall and Lingfield	0%	66%	0%	40%
Sadberge / MSG	67%	67%	50%	50%
Stephenson	50%	83%	33%	44%

32. The below graph outlines the breastfeeding rates for the 24/25 year. (Data from HDFT)

Breastfeeding Feeding Rates



33. Over the past year HDFT have initiated a pilot at two GP surgeries, Denmark Street and Blackett's. The pilot has supported the transition of bringing forward the initial new birth visit from 10- 14 days, to offer it from day 8. Across both practices there has been an

increase in the rates of breastfeeding. There is a strong interest to pursue this across other areas of Darlington and share learning regionally – and potentially nationally.

34. In 2023, there was a re- brand and launch of the Breastfeeding Business Accreditation Scheme. This is ongoing in terms of the local training that can be provided by the specialist infant feeding team, as well as the physical award that can be displayed on site to celebrate a local business being infant feeding friendly.
35. In the last month HDFT have been given access to Badgernet, an electronic maternity healthcare record system. Whilst this is read only access, it will enable a more integrated and succinct handover between the two care systems. This will improve the quality of care for individuals and ensure the healthcare professional can share important information, which is personalised.
36. CDDFT have re-established the tongue tie service and established a specialist infant feeding clinic for complex infant feeding needs, which alternate between University Hospital North Durham (UHND) and Darlington Memorial Hospital (DMH) on a weekly basis. They have been very successful, and families are providing feedback which has been overwhelmingly positive.
37. Funding has been secured from Durham Family Hubs to train the infant feeding specialists and Midwives to International Board Certified Lactation Consultant IBCLC standards and train a further infant feeding frenulotomy midwife, to provide some resilience in the tongue tie service.
38. The delivery of antenatal infant feeding workshops have been re-established across the CDDFT footprint wherever possible, accessible within a family hub or community venue. CDDFT received funding from Durham Family hubs for additional resources for antenatal workshops and have worked to produce a standardised workshop offer in line with UNICEF guidance. These workshops have been evaluated, and feedback is provided to leads on a quarterly basis to explore opportunities to improve further.
39. Additional Infant Feeding Maternity Support Worker posts have been established within the antenatal clinics utilising funding from Durham Family Hub. The project aim is to improve breastfeeding rates for women who are least likely to breastfeed due to social or medical complexities. There are two WTE in total, one is based in University Hospital North Durham and another in Darlington Memorial Hospital.
40. The Infant Feeding Maternity Support Worker roles provide additional infant feeding education in the antenatal period, alongside consultant clinics and ultrasound scans and wherever possible the team attend the ward to provide support during induction with colostrum harvesting and support with establishing breastfeeding in the immediate postnatal period.
41. Target groups include young parents, diabetics, smokers and women residing in the most deprived deciles. Breastfeeding initiation rates for women who have support from the

team are higher than those who do not. This offer is very well evaluated from pregnant women and their families.

42. The Council's Building Stronger Families team continue to work alongside the Midwifery team, to offer breastfeeding support as part of their targeted offer.

Ambition 5: Undertake an audit of hospital admission data for unintentional and deliberate injuries in children, to understand the cause and develop a local action plan

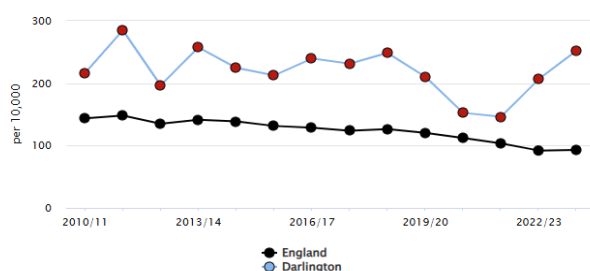
43. The tables and graphs below highlight the rates of hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years. Both indicators show that despite a reduction in the rates of admission (which could be due to the Covid-19 pandemic), they are rising again. There is a significant difference in the Darlington rates compared to the North East and England, for both age groups.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)

Crude rate - per 10,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ➡ No significant change

Period		Count	Value	Darlington		North East	England
				95% Lower CI	95% Upper CI		
2010/11	●	142	216.4	182.3	255.1	197.4	143.4
2011/12	●	187	284.8	245.5	328.7	218.3	148.3
2012/13	●	130	196.7	167.1	236.8	189.6	135.1
2013/14	●	170	257.5	218.9	297.7	199.9	141.5
2014/15	●	145	224.6	190.9	265.9	206.8	138.7
2015/16	●	135	212.5	175.3	248.1	193.5	131.4
2016/17	●	150	239.5	199.7	277.6	184.2	128.8
2017/18	●	140	231.4	197.7	276.7	169.8	123.9
2018/19	●	145	248.5	208.2	290.6	168.9	126.5
2019/20	●	120	210.3	172.7	249.5	175.7	120.4
2020/21	●	85	152.4	118.6	184.5	145.8	112.1
2021/22	●	80	146.2	119.2	186.0	155.7	103.6
2022/23	●	115	206.5	173.7	251.8	136.3	92.0
2023/24	●	140	252.2	212.1	297.6	140.7	93.2

Source: OHID, based on NHS England and Office for National Statistics data

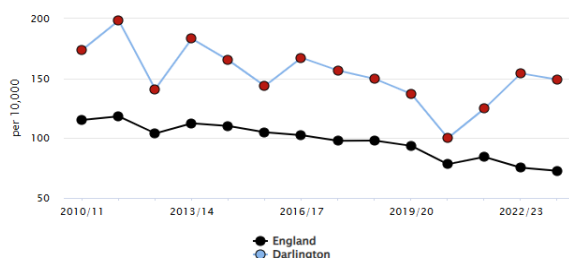
[Indicator Definitions and Supporting Information](#)

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)

Crude rate - per 10,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ➡ No significant change

Period		Count	Value	Darlington		North East	England
				95% Lower CI	95% Upper CI		
2010/11	●	327	173.8	155.5	193.7	158.0	115.2
2011/12	●	375	198.4	178.8	219.5	172.9	118.3
2012/13	●	265	140.9	124.4	158.9	147.0	104.0
2013/14	●	345	183.3	163.9	203.1	158.9	112.5
2014/15	●	310	165.2	147.8	185.2	163.1	110.1
2015/16	●	270	143.7	127.6	162.5	149.5	104.9
2016/17	●	315	167.3	149.3	186.8	147.4	102.4
2017/18	●	295	156.6	139.7	176.1	131.6	97.8
2018/19	●	280	149.6	133.6	169.3	129.1	98.1
2019/20	●	255	137.1	119.8	153.9	134.3	93.6
2020/21	●	185	100.1	85.2	114.5	102.3	78.2
2021/22	●	230	124.7	109.1	141.9	128.5	84.3
2022/23	●	285	154.2	135.8	172.0	116.3	75.4
2023/24	●	275	149.0	130.9	166.5	109.8	72.7

Source: OHID, based on NHS England and Office for National Statistics data

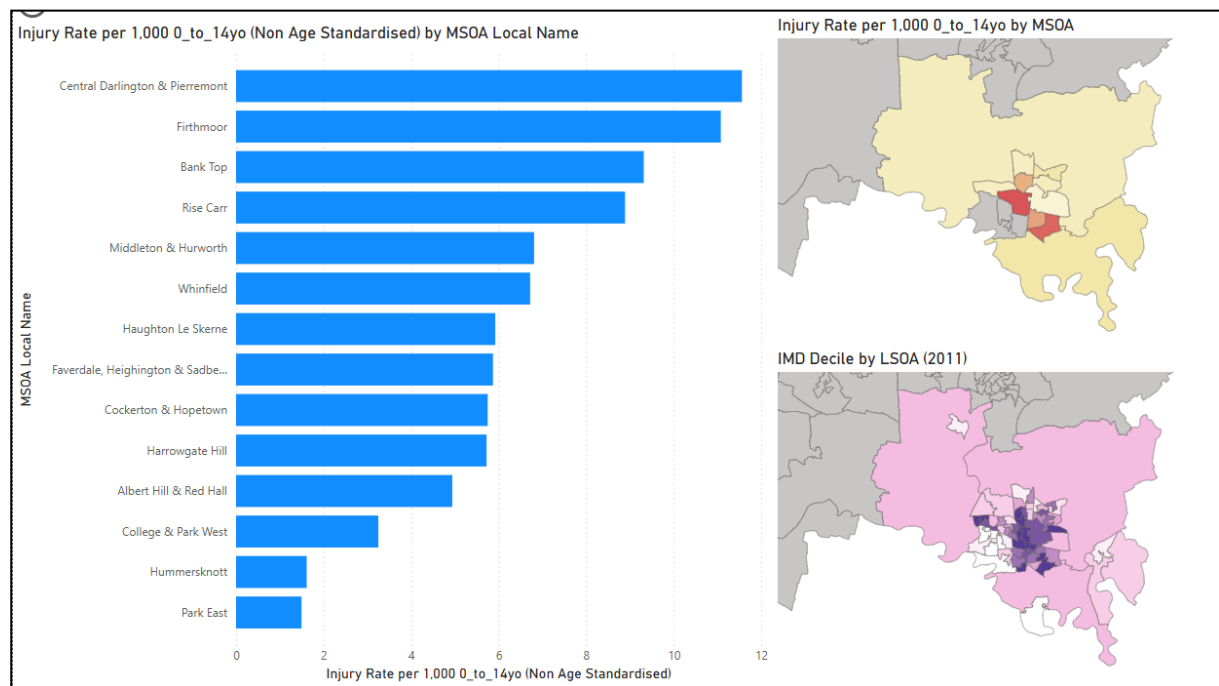
[Indicator Definitions and Supporting Information](#)

44. The below table shows our regional position regarding hospital admission by unintentional and deliberate injuries in children aged 0- 14 years.

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	
England	↓	72,293	72.7	
North East region (statistical)	→	4,855	109.8	
Darlington	→	275	149.0	
North Tyneside	→	505	145.3	
Northumberland	→	675	139.8	
Newcastle upon Tyne	↓	590	117.0	
Sunderland	→	525	114.7	
Gateshead	→	345	104.9	
South Tyneside	↓	245	97.8	
County Durham	→	800	97.8	
Redcar and Cleveland	→	220	97.7	
Middlesbrough	↓	265	90.9	
Stockton-on-Tees	→	290	80.0	
Hartlepool	→	130	77.5	

45. An audit has been undertaken by CDDFT to better understand the key reasons for hospital admissions in children for unintentional and deliberate injuries. The audit reviewed hospital admission data for 2023/24, for children aged 0-14 years who were admitted to hospital (either DMH or UHND).
46. Key messages and trends from the 2023/24 injury admission data for children aged 0-14 years who were admitted to CDDFT included the following:
- Hospital admissions for unintentional and deliberate injuries remained an important reason for under 18 admissions to hospital (over 10% of all paediatric admissions).
 - More male than female children were admitted for unintentional & deliberate injuries; this is in line with national trends.
 - Hospital admissions for childhood injuries were higher in our most deprived communities, when compared to our least deprived communities.
 - Hospital admissions for injuries were higher in the summer months between May and September.
 - Rates of injury admission varied by geographical areas (using Middle Super Output Areas).
 - The top 3 diagnosis codes used for injury admissions were 'injuries to the head', 'poisoning by drugs, medicaments and biological substances' and 'injuries to the elbow and forearm'.

The graph below shows the 2023/24 rates of injury admissions to hospital (per 1,000 children) for 0–14-year-olds living in different areas across Darlington.



47. To better understand the key reasons for injuries within the local population and identify opportunities for prevention, the audit also provided a deep dive into 100 records.
48. The deep-dive audit of 100 records (aged 0-14 years) for admissions to CDDFT identified the following:
 - a) 47% of the injuries occurred within the home (53% outside of the home).
 - b) 89% of the children were admitted for unintentional injuries (10% were admitted for deliberate injuries, which includes self-harm, assault, etc.)
 - c) Overall cause of injury:
 - 39% were due to falls (including falling from an object)
 - 12% were due to sporting injuries
 - 10% were due to poisonings
 - d) The most common causes of injuries taking place inside the home were: poisonings, falls (which includes falls from objects), foreign body injuries and crush injuries.
 - e) The most common causes of injuries taking place outside the home were: falls (including falls from something) and sporting injuries.
 - f) 34% of the children included in the audit had attended CDDFT A&E within 12 months of their injury admission and many had multiple A&E attendances.
 - g) 10% of the admissions reviewed in the audit were classified as deliberate injuries, with the majority of these being for self-harm, poisoning or overdose. All of these occurred in the home setting.
49. The key findings from the audit have now been shared with partner organisations, including Darlington Borough Council Public Health Team, Durham County Council Public Health Team and the HDFT 0-19 service.

50. Key areas of action being taken forward by CDDFT on injury prevention include:

- a) A further deep-dive audit being undertaken focusing on self-harm injury admissions in under 18 year olds, to identify any trends, opportunities for improved care or prevention.
- b) A literature review has been undertaken on what works to reduce unintentional injuries and this is now being reviewed with Darlington and County Durham public health teams, to help inform their local action plans.
- c) Systems approach to injury prevention; work is underway with the public health teams in Darlington and County Durham Councils to explore opportunities to work together to develop joint plans for reducing unintentional injuries.
- d) System wide injury prevention campaign; work is underway to develop a County Durham and Darlington communications campaign that utilises the data from the local audit to develop key messages and resources. These could then be used by all system partners to amplify key prevention messages in target population groups.
- e) Staff training and awareness for frontline staff in key services including Paediatrics, A&E and Maternity, with staff being encouraged to attend child safety/injury prevention training.
- f) Work is underway to improve pathways with community services to support targeted injury prevention work, including identifying any opportunities to improve the processes used to notify the 0-19 service when a child/young person attends hospital as an emergency.

51. Public Health in Darlington, in conjunction with CCDFT and Durham County Council's Public Health team, are working towards implementing the following actions:

- (a) Stakeholder engagement to establish an Injury Prevention Group; Darlington and Durham to work in partnership to bring together relevant partners and organisations to discuss accident prevention priorities and work together to reduce unintentional injuries. This will include sharing communications and awareness information, to ensure consistent messages are provided.
- (b) Training and awareness; unintentional injuries training provided by the Child Accident Prevention Trust is funded by Durham County Council from June 2025. Darlington has kindly been offered 70 training places for multi-agency completion. This will be reviewed following the training, to identify if a more targeted approach is needed in Darlington.
- (c) Joint Strategic Needs Assessment – refresh the JSNA to include all relevant fingertips data relating to hospital admission for unintentional and deliberate injuries in children.
- (d) Access Hospital Episode Statistics (HES) data to gather more insight for Darlington.
- (e) Publish an action plan, detailing agreed local ambitions and actions.

Ambition 6: Increased levels of school readiness in children measured at the end of reception, including for children who have free school meal status and children with Special Educational Needs and Disabilities (SEND).

52. Data is available nationally for development at age 2 to 2.5 years and at the end of Reception. ([Fingertips | Department of Health and Social Care](#))
53. Figure 1 shows the percentage of children achieving a good level of development at age 2 – 2 ½ years, which shows Darlington is the highest in the North East and greater than the England average.

Figure 1

Child development: percentage of children achieving a good level of development at 2 to 2 and a half years 2023/24

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	343,677	80.4*	80.2	80.5
North East region (statistical)	↓	19,197	84.4	83.9	84.9
Darlington	→	996	92.1	90.3	93.5
Stockton-on-Tees	→	1,523	90.0	88.4	91.3
Redcar and Cleveland	→	1,035	87.8	85.8	89.5
Northumberland	↓	2,563	87.6*	86.4	88.7
Middlesbrough	↓	1,441	87.0	85.3	88.6
North Tyneside	→	1,604	86.9	85.3	88.4
Gateshead	↓	1,437	84.8	83.0	86.5
Sunderland	→	2,020	83.7	82.2	85.2
County Durham	↓	3,449	83.7	82.5	84.8
Hartlepool	↑	604	82.7*	79.8	85.3
Newcastle upon Tyne	↓	1,755	78.0	76.2	79.6
South Tyneside	↓	770	66.9	64.1	69.6

54. Figure 2 shows the percentage of children achieving a good level of development at the end of reception, with Darlington slightly below the North East and England averages.

Figure 2

School readiness: percentage of children achieving a good level of development at the end of Reception 2023/24

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	411,626	67.7	67.6	67.8
North East region (statistical)	–	18,340	66.8	66.2	67.3
Stockton-on-Tees	–	1,546	69.5	67.5	71.4
Northumberland	–	2,085	69.2	67.5	70.8
North Tyneside	–	1,550	68.1	66.2	70.0
South Tyneside	–	1,066	68.0	65.7	70.3
Gateshead	–	1,388	67.4	65.4	69.4
Sunderland	–	1,895	67.0	65.2	68.7
Redcar and Cleveland	–	898	66.9	64.4	69.4
County Durham	–	3,324	66.1	64.8	67.4
Darlington	–	746	65.7	62.9	68.4
Newcastle upon Tyne	–	2,019	65.6	63.9	67.2
Hartlepool	–	673	65.5	62.6	68.4
Middlesbrough	–	1,150	61.3	59.1	63.5

55. The data below shows the impact of free school meal status on school readiness, highlighting a disparity in development depending on free school meal status. Implementation of auto enrolment for free school meals is being explored in Darlington, which alongside increasing access to a hot school meal would further improve the robustness of this data.

56. Figure 3 shows the percentage of children with free school meal status achieving a good level of development at the end of reception. Darlington has one of the lowest proportions in the North East and the lowest across Tees Valley and is below the North East and England averages.

Figure 3

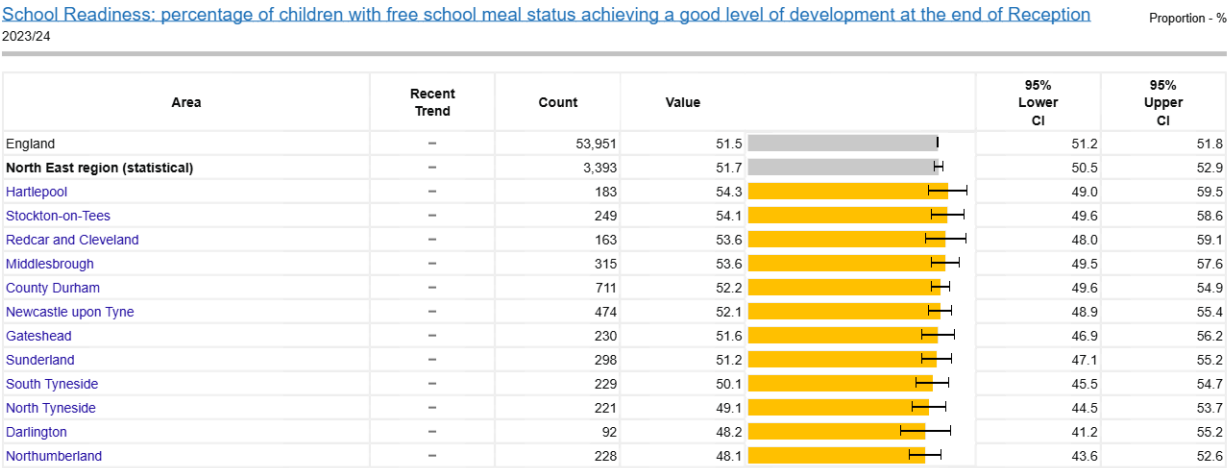
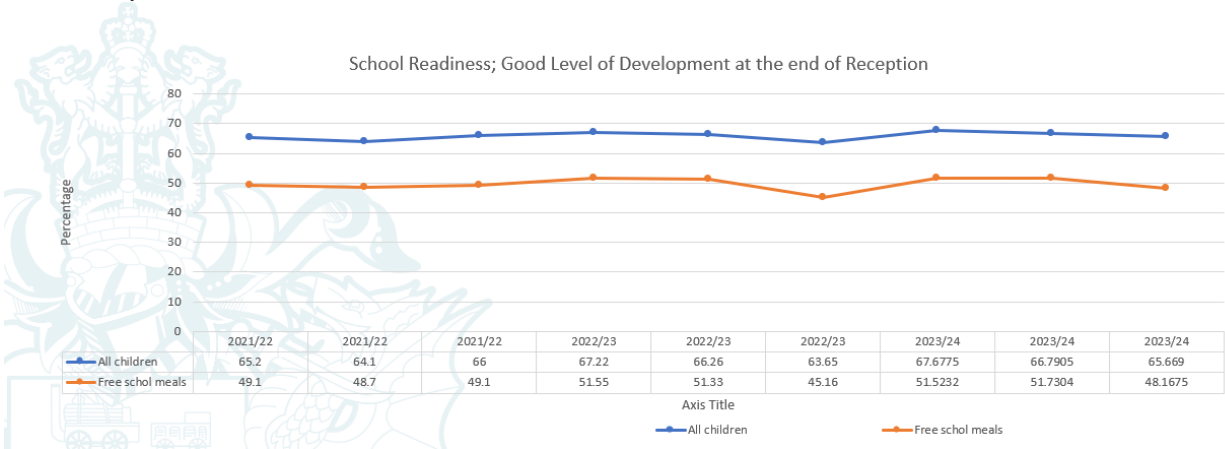
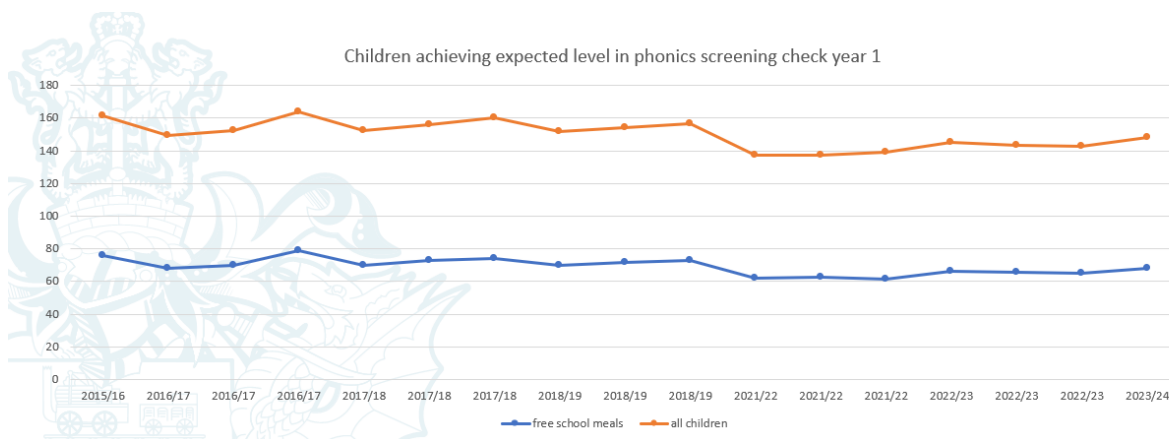


Figure 4

Impact of free school meal status on School Readiness



57. Figure 5 shows the trends and variation for children achieving the expected level in phonics screening in Year 1, by Free School Meal Status.



58. A task and finish group has been established across the Council including relevant representatives from Education, Public Health, Building Stronger Families, SEND and Early Years, with engagement also from the 0-19 Service.
59. The group is working towards developing a local action plan, to address local needs and meet the priorities identified in the Council Plan, Health and Wellbeing Strategy and SEND Strategy.
60. The following key challenges have been identified:
 - a) many children start school not toilet trained;
 - b) staffing shortages in Early Years settings;
 - c) inconsistent practices across nurseries;
 - d) misalignment between parent and professional expectations;
61. As a result of initial findings, the following actions and ways of working have been agreed:
 - a) work upstream to engage and identify concerns at earliest age;
 - b) GLD (Good Level of Development) is the key benchmark;
 - c) planned campaigns, surveys, and social media engagement;
 - d) integrate school readiness guidance with admissions;
 - e) implement best practice, such as
 - Babies Learn to Talk, Talk Boost
 - Tots Talking
 - emphasis on phonics and attention skills
 - ERIC training proposed for toileting support
 - BBC Tiny Happy People - potential local launch event and showcase of free evidence-based resources.
62. The Building Stronger families team offer a variety of sessions as part of their universal offer that support with school readiness, this includes Tots Talking (for 2-year-old children) and Early Years Workshops for 0-4 are under development. They also work alongside schools on a targeted intervention offer, informed by data and insight, with a focus on speech and language and toileting needs.

63. HDFT also play a significant role in supporting school readiness, from the ante natal contact with interventions such as the newborn behavioural assessment tool and across all mandated contacts. All visits cover an assessment of development and offer support to parents regarding the home learning environment. Parents are supported and encouraged to access any eligible nursery provision.
64. The Health Visiting team have regular nursery liaison to help inform an understanding of pre - school population needs identified outside of a home setting. When children reach 2.5 years of age they are offered an Ages and Stages Questionnaire (ASQ), which is generally completed with parents but can also be an integrated assessment within an Early Years setting, if it is agreed this is appropriate.
65. The table below shows the ASQ results for Darlington, as well as the comparisons for the North East and England. Whilst Darlington performs better than North East and England averages there is variation across the different domains, so in response to this data the team are offering a programme of sessions at Hopetown to support with weaning, toileting, behaviour and speech and language.

Indicator	Period	Darlington			North East	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	2023/24	➡	1,082	99.3%	95.8%	93.3%*	58.2%	<div><div></div><div></div><div></div></div>	100%
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years	2023/24	➡	1,002	92.6%	89.1%	86.6%*	24.7%	<div><div></div><div></div><div></div></div>	96.0%
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years	2023/24	⬆	1,080	99.8%	95.5%	93.3%*	78.6%	<div><div></div><div></div><div></div></div>	99.8%
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years	2023/24	➡	1,066	98.5%	94.9%	93.3%*	73.6%	<div><div></div><div></div><div></div></div>	99.3%
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years	2023/24	➡	1,049	97.0%	93.5%	92.5%*	69.8%	<div><div></div><div></div><div></div></div>	98.4%
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	2023/24	➡	1,037	95.8%	92.6%	91.2%*	66.7%	<div><div></div><div></div><div></div></div>	100%
Child development: percentage of children achieving a good level of development at 2 to 2 and a half years	2023/24	➡	996	92.1%	84.4%	80.4%*	22.8%	<div><div></div><div></div><div></div></div>	95.4%

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HEALTH AND WELLBEING BOARD 19 JUNE 2025

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024 - 2025 ACROSS THE LIFE COURSE: THE HEALTH OF DARLINGTON

SUMMARY REPORT

Purpose of the Report

1. The Annual Public Health Report is an opportunity for the Director of Public Health to present an independent report on the health and wellbeing of Darlington. This year's report provides a snapshot of health across the life course, describing some of the key health issues for Darlington and celebrating the amazing work happening across the Borough.
2. Provide an update on the recommendations made in the 2023-2024 Annual Public Health Report.

Summary

3. The structure of the Annual Public Health Report is based on the framework used within the Joint Strategic Needs Assessment, highlighting health and wellbeing needs across the life course of Starting Well, Living Well and Ageing Well. The report provides a snapshot of key data across the life course and thematic recommendations. It is the intention for future reports to focus on the different stages of the life course in greater detail.
4. The first chapter of the report, Starting Well, considers the importance of a good start in life and the topics of:
 - (a) Smoking during pregnancy
 - (b) Breastfeeding
 - (c) Healthy weight and good food
 - (d) Oral health
 - (e) Childhood immunisation
5. Starting Well recommendations are:
 - (a) Develop an oral health promotion strategy and action plan for Darlington.
 - (b) Expand toothbrushing schemes to more early years settings.
 - (c) Use data to develop a better understanding of rates of smoking in pregnancy within Darlington, to ensure support can be targeted at those areas with the highest rates.

- (d) Build upon the recent success with increasing rates of breastfeeding at 6 to 8 weeks, with a clear focus on reducing the inequalities in breastfeeding that exist within Darlington.
 - (e) Undertake work to understand the variation in uptake of childhood vaccination across Darlington, working with primary care and the school age immunisation service to increase the uptake of routine childhood vaccinations.
 - (f) Take steps to understand why there has been a reduction in the percentage of children in care who are up to date with the vaccine schedule, and use this information to implement action locally to improve uptake.
 - (g) Undertake an audit of hospital admission data for unintentional and intentional injuries in children, using the findings to develop an action plan to address identified priorities.
6. The second chapter of the report, Living Well, considers the importance of staying healthy in adulthood and the many factors which can impact positive and negatively. The following topics are considered:
- (a) Mental health and suicide prevention
 - (b) Substance misuse
 - (c) Smoking and tobacco control
 - (d) Employment
7. Living Well recommendations are:
- (a) Develop and deliver a multiagency suicide prevention action plan, informed by the evidence base set out within the Suicide Prevention Strategy for England and local suicide data and trends, to support a reduction in rates of self-harm and suicide.
 - (b) Engage with local employers to inform the development of a healthy workplace offer for Darlington.
 - (c) Continue to increase the numbers of people with drug and / or alcohol addictions accessing treatment and recovery support, through reviewing all pathways into the service and working with local stakeholders such as the prison and probation services to increase referrals.
 - (d) Develop the rehab provision available to Darlington residents.
 - (e) Continue to increase the numbers of people accessing the smoking service and the number of successful quit attempts.
8. The third chapter of the report, Ageing Well, considers the importance of staying healthy as we age and changing patterns of disease. The following topics are considered:
- (a) Falls in older people
 - (b) Ageing well and physical activity
 - (c) Long-term conditions

9. Ageing Well recommendations are:

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

10. The 2023-2024 Annual Public Health Report 'Women's Health: Taking Action in Darlington' made three overarching recommendations, underpinned by a number of actions. Whilst work is ongoing to address the recommendations progress made to date is summarised below.

Recommendation One

11. All organisations identify their role in giving every child the best start in life:

- (a) Work has commenced on the Pregnancy Anticipatory Care Model, led by CDDFT.
- (b) CO readings are now being offered at every mandated health visitor contact, and referrals made to the stop smoking service when need is identified.
- (c) Domestic abuse training offered to social care staff and a local domestic abuse working group established.
- (d) Physical Activity Strategy Developed and going forward for approval.
- (e) Healthy Early Years scheme expanded, to include other areas such as physical activity.
- (f) The Breastfeeding Business Accreditation Scheme has been relaunched and is being used to engage with local businesses to support them to be infant feeding friendly.

Recommendation Two

12. All organisations recognise the specific health and care needs of women and across the health and care systems services respond to the needs of women:

- (a) The Council is now represented on the regional public health network for Work and Health, and is developing an offer for local workplaces, with an initial focus on stop smoking support.
- (b) The Breastfeeding Business Accreditation Scheme has been relaunched and is being used to engage with local businesses to support them to be infant feeding friendly.
- (c) The Council has updated policies to support women during menopause and delivered a number of awareness raising sessions for staff and managers.

Recommendation Three

13. Organisations together take responsibility to create a safe environment for all people of Darlington, being mindful of implications from a female perspective:

- (a) The Council is engaged in regional discussions about the Better Health at Work Programme, and is developing an offer for local workplaces, with an initial focus on stop smoking support.
- (b) The physical activity strategy being developed includes a focus on active travel and safe green spaces.

Recommendations

14. It is recommended that:-

- (a) The Health and Wellbeing Board accept the recommendations of the Annual Director of Public Health Report.
- (b) All organisations identify their role in supporting the health and wellbeing of Darlington residents and reducing inequalities.
- (c) All organisations recognise the specific health and wellbeing needs identified across the life course and take action, where they can, to ensure services and organisations respond to these identified needs.

Reasons

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

- (a) The Health and Social Care Act 2012 sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.
- (b) The annual report has taken a thematic approach to highlight health and wellbeing needs across the population of Darlington.
- (c) The annual report has used available epidemiological data, local case studies and information from services to highlight areas of concern and make recommendations of action, for consideration by partners and stakeholders.

Lorraine Hughes
Director of Public Health

Enc: Director of Public Health Annual Report, 2024/25

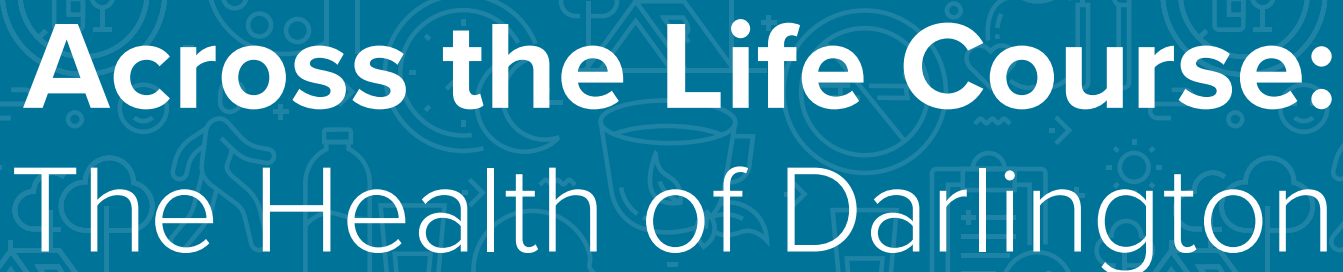
Background Papers

Enc: Director of Public Health Annual Report, 2024/25

Lorraine Hughes extension 6203

Council Plan	This report supports the Council Plan ambition of Living Well and Staying Healthy, through the focus on health outcomes and inequalities.
Addressing inequalities	The report considers inequalities at a population level.
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.
Health and Wellbeing	The annual DPH report considers the health and wellbeing of the population of Darlington across the life course.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	The data presented in the report covers all wards.
Groups Affected	The annual DPH report focuses on the population of Darlington, it does not look at specific groups.
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

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Director of Public Health Annual Report 2024 - 2025

Foreword

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

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

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

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

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

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

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



Lorraine Hughes

Director of Public Health



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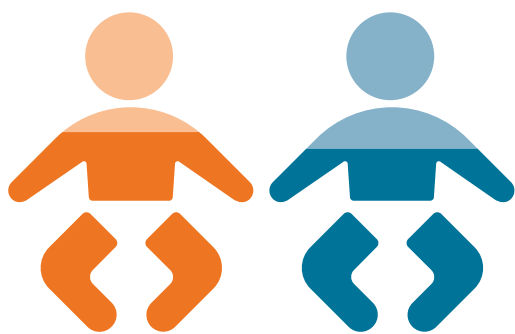
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Starting Well



Life expectancy at birth

Female
81.1

Male
77.9



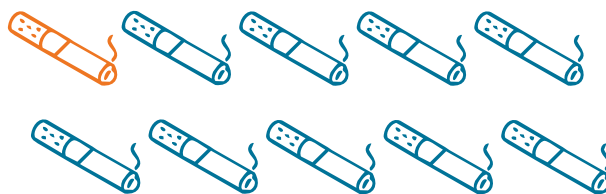
1%
of births are to
teenage mothers



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



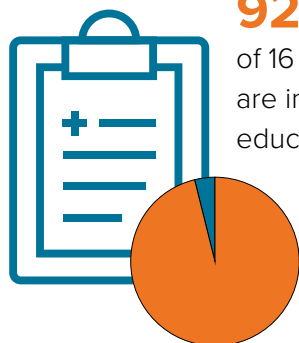
25.3%
of 5 years olds have
obvious tooth decay



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



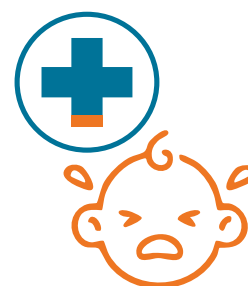
40.6%
of babies are
breastfed
at 6 to 8
weeks of age



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



92.1%
Child development
at 2 to 2.5 years



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



Introduction

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

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

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

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

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

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



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



Smoking During Pregnancy

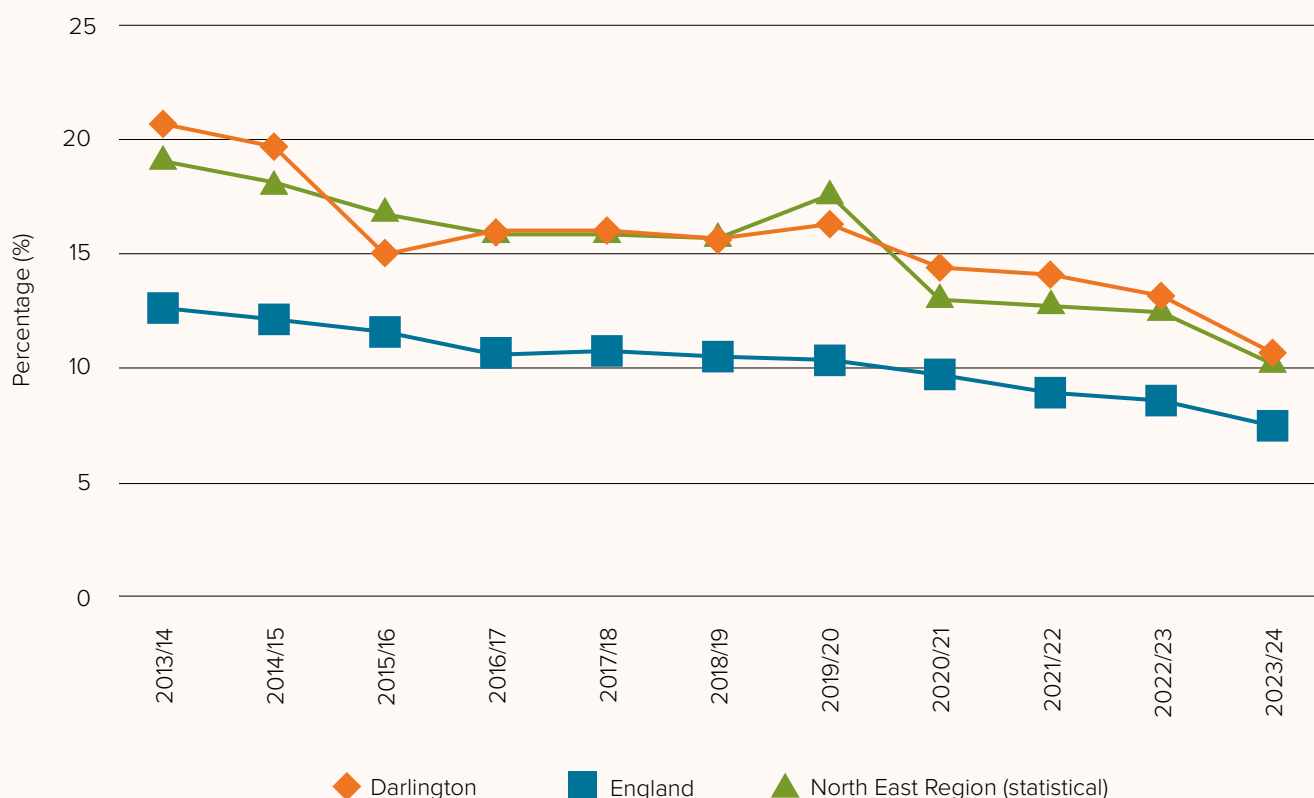
Protecting your baby from tobacco smoke is one of the best things you can do to give your child a healthy start in life, both during pregnancy and as infants. Smoking during pregnancy increases the risk of complications in pregnancy and of the child developing a number of conditions in later life, such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

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

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

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

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



Breastfeeding

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

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

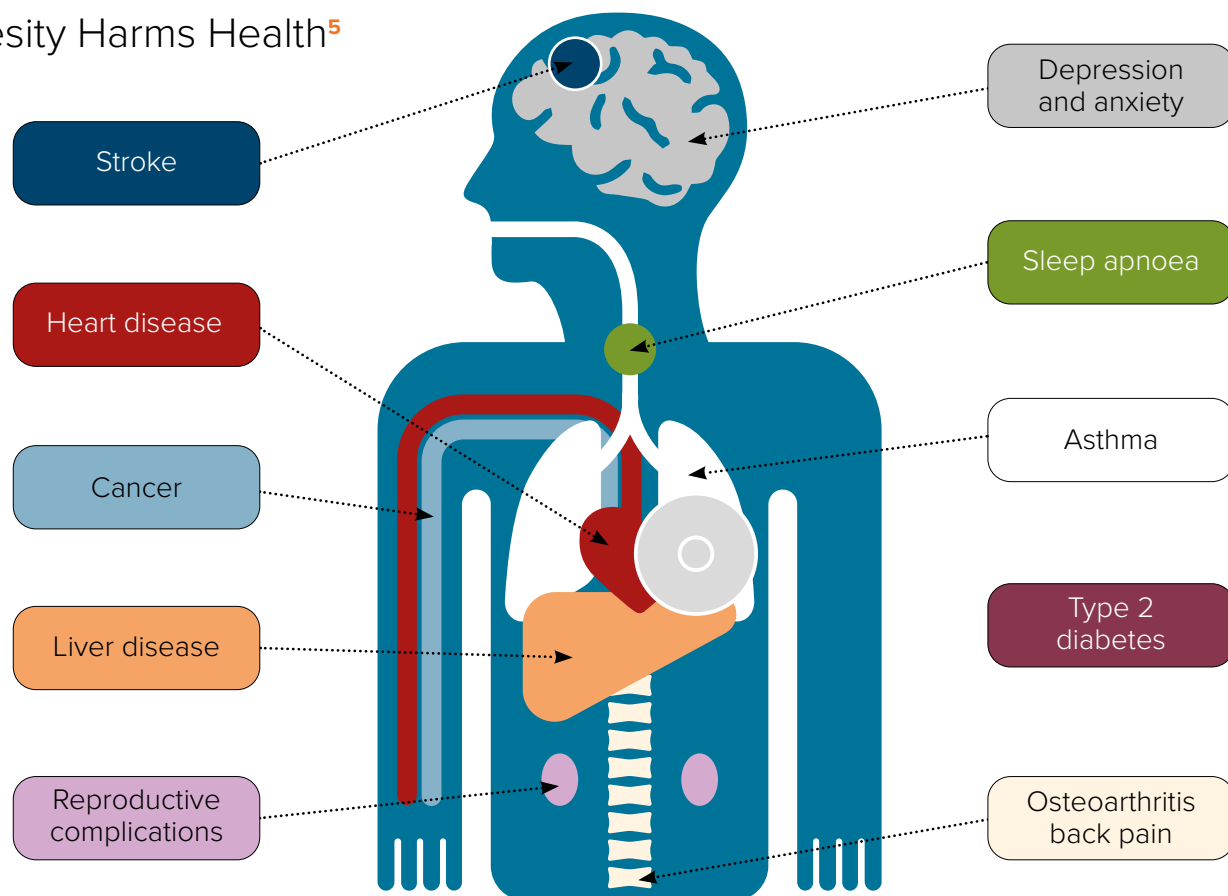
The 0-19 Growing Healthy Service has a dedicated infant feeding specialist health visitor, who leads the work in Darlington to ensure our approach to breastfeeding and supporting mothers and babies meets the UNICEF Baby Friendly Initiative standards. The progress made has been recognised through attainment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

Healthy Weight and Good Food

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

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

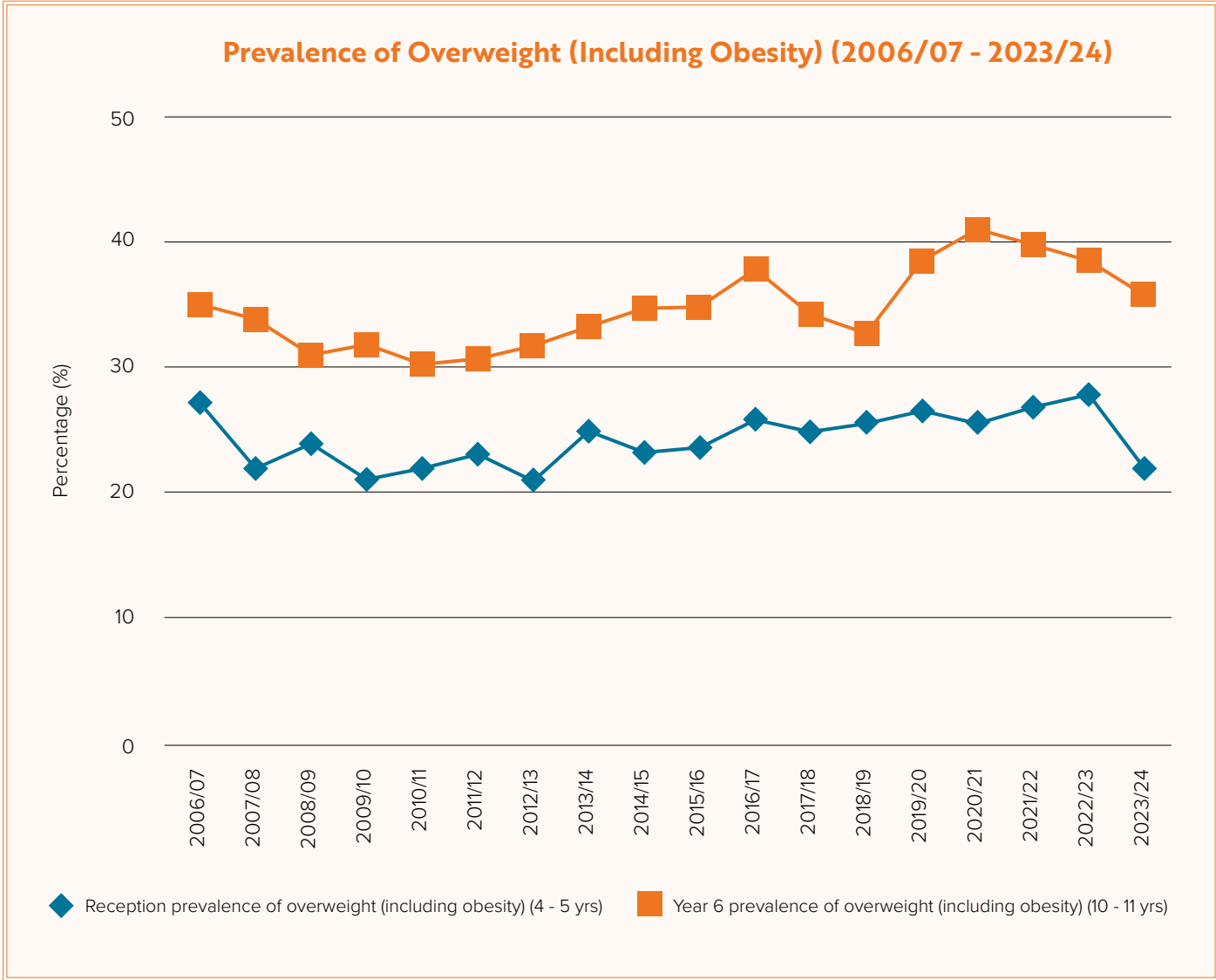
Obesity Harms Health⁵



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

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

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

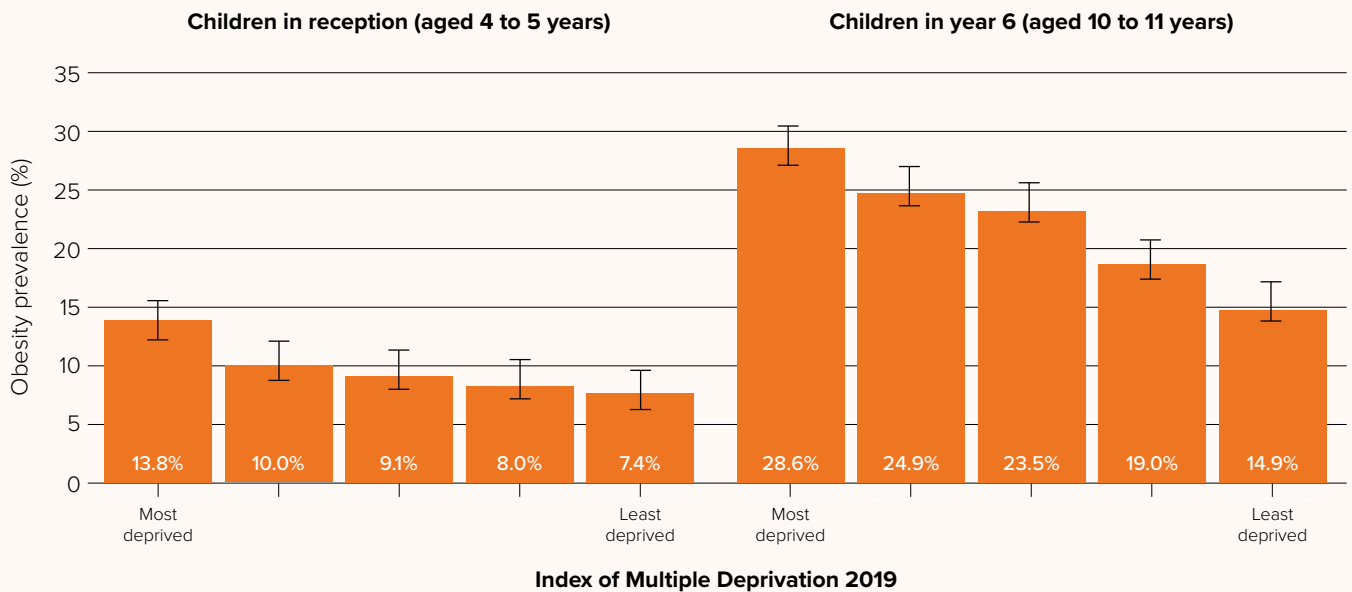


There are also evident inequalities in the experience of obesity amongst children, with those living in the most deprived areas in Darlington almost twice as

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



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



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

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

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

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

Some of the ways we are doing this are:

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

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

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



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

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

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

Board 1: Healthy Eating

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

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

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

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

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



Board 2: Oral Health

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

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

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

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



Board 3: Physical Activity

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

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

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

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



Oral Health

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

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

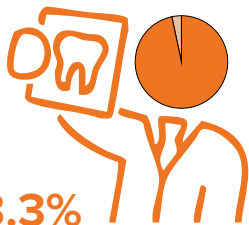


The oral health of 5 year olds in Darlington has got worse, as the prevalence of dental decay was **25.3%**, compared to **24.8%** in the 2022 survey.

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



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



3.3% of the decayed teeth had been extracted because of decay.

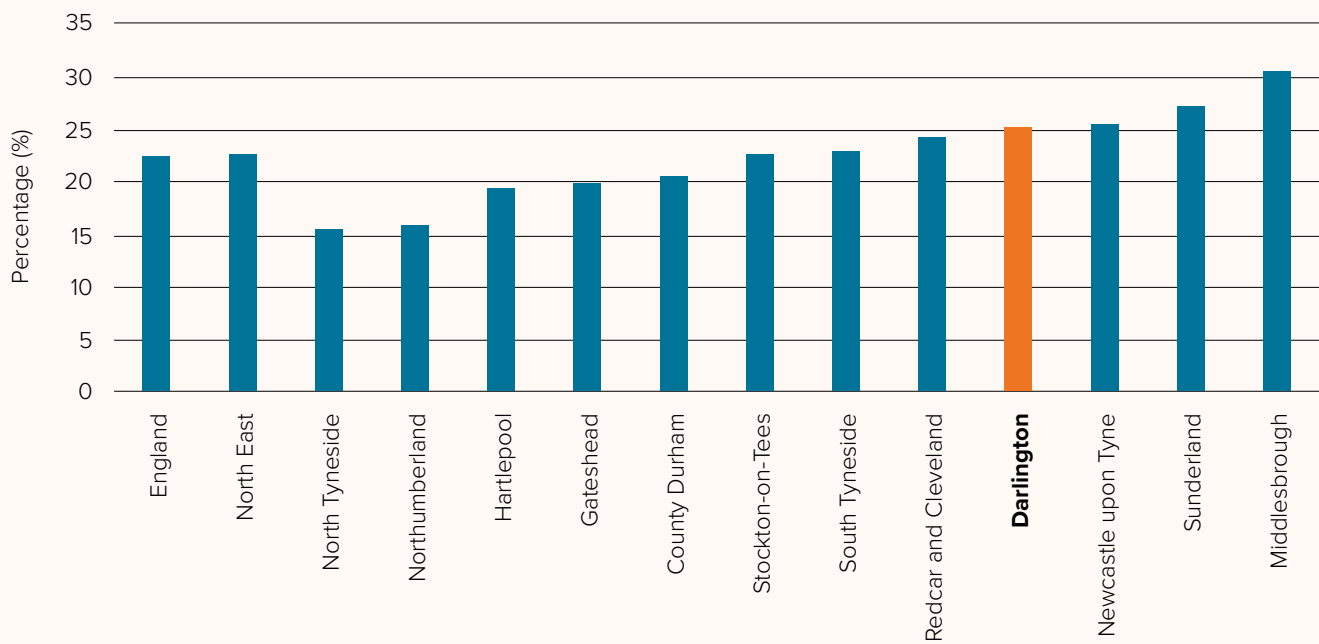


In 2024, the rate of hospital tooth extractions for children was the most common reason for hospital admissions for children in Darlington

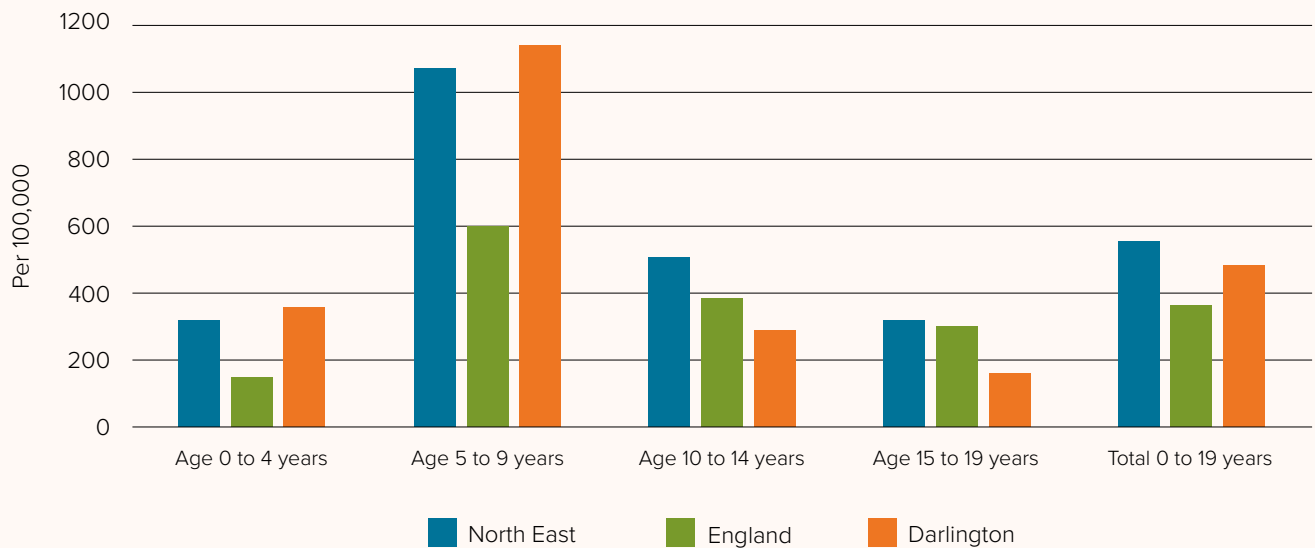


The rate of hospital tooth extractions for children in Darlington is almost double the rates for England

5 Year Olds with any Decay Experience (2023/24)



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



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

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

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



Childhood Immunisation

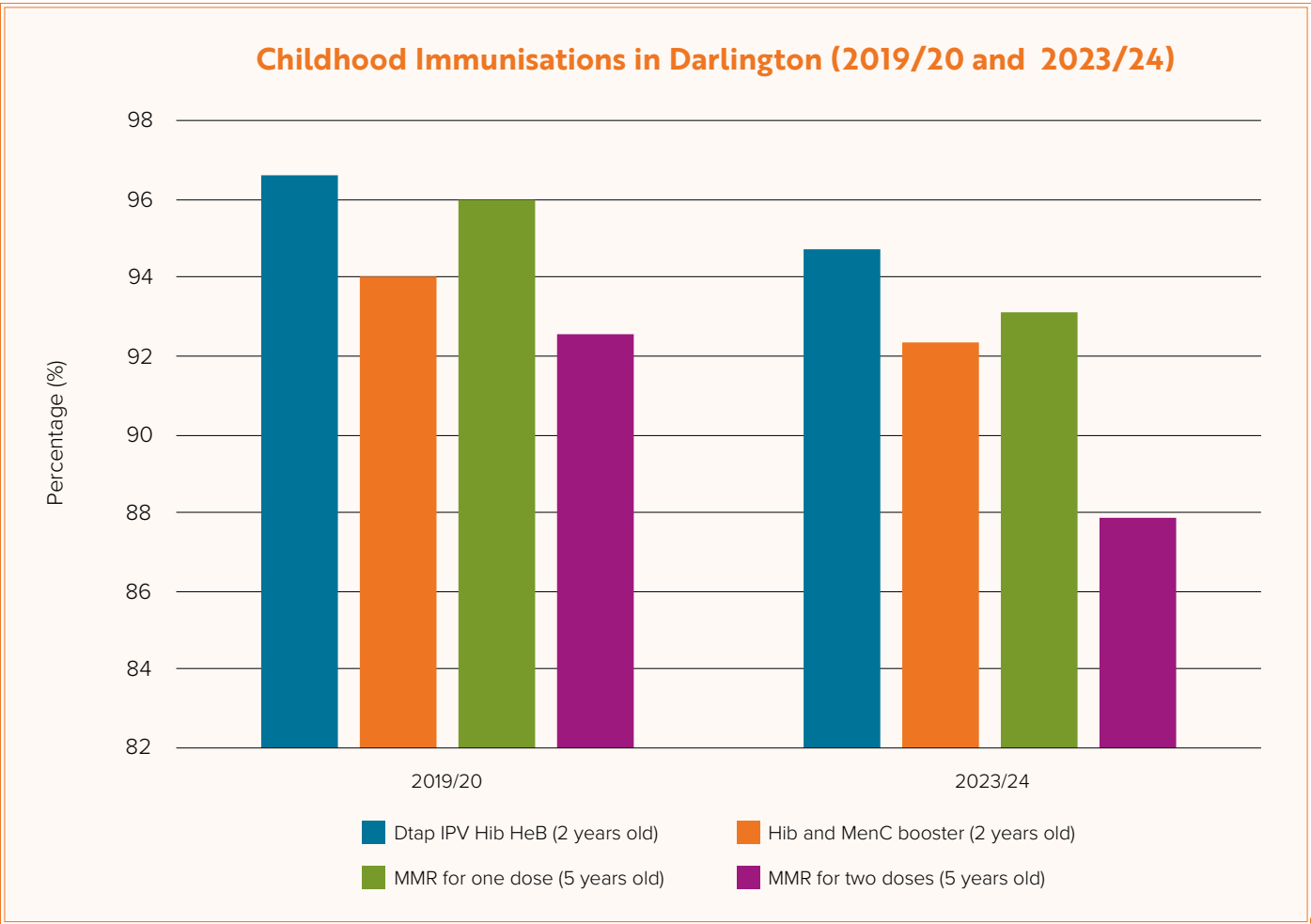
Vaccination is the most important thing we can do to protect our children against infectious diseases. Every year immunisation prevents millions of deaths worldwide every year. When your child is vaccinated their immune system responds, reducing the risk of getting a disease by working with your body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

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

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

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

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

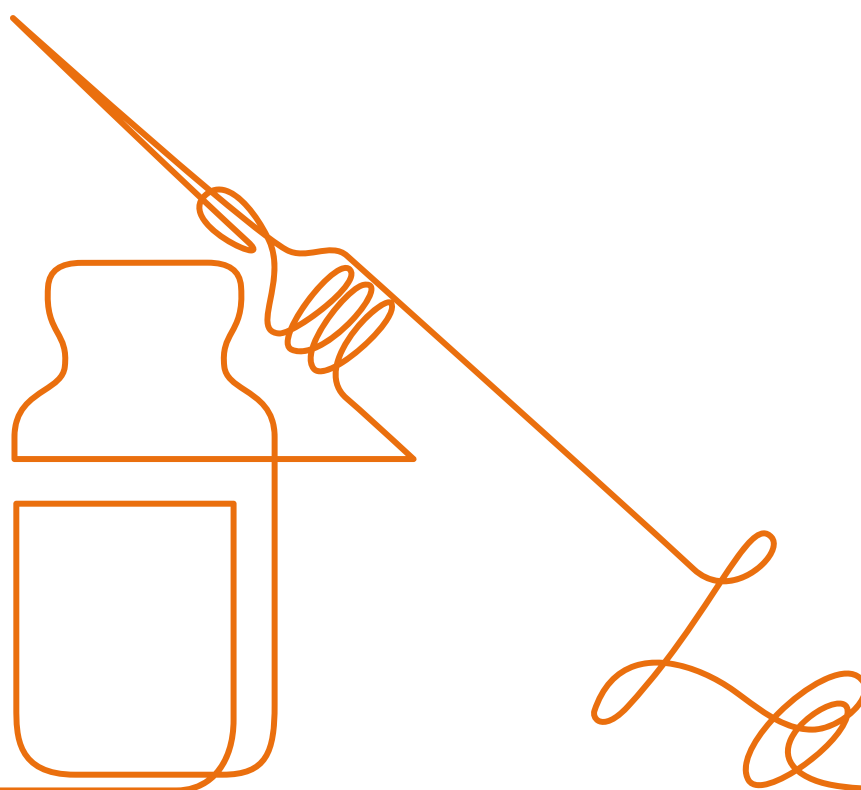
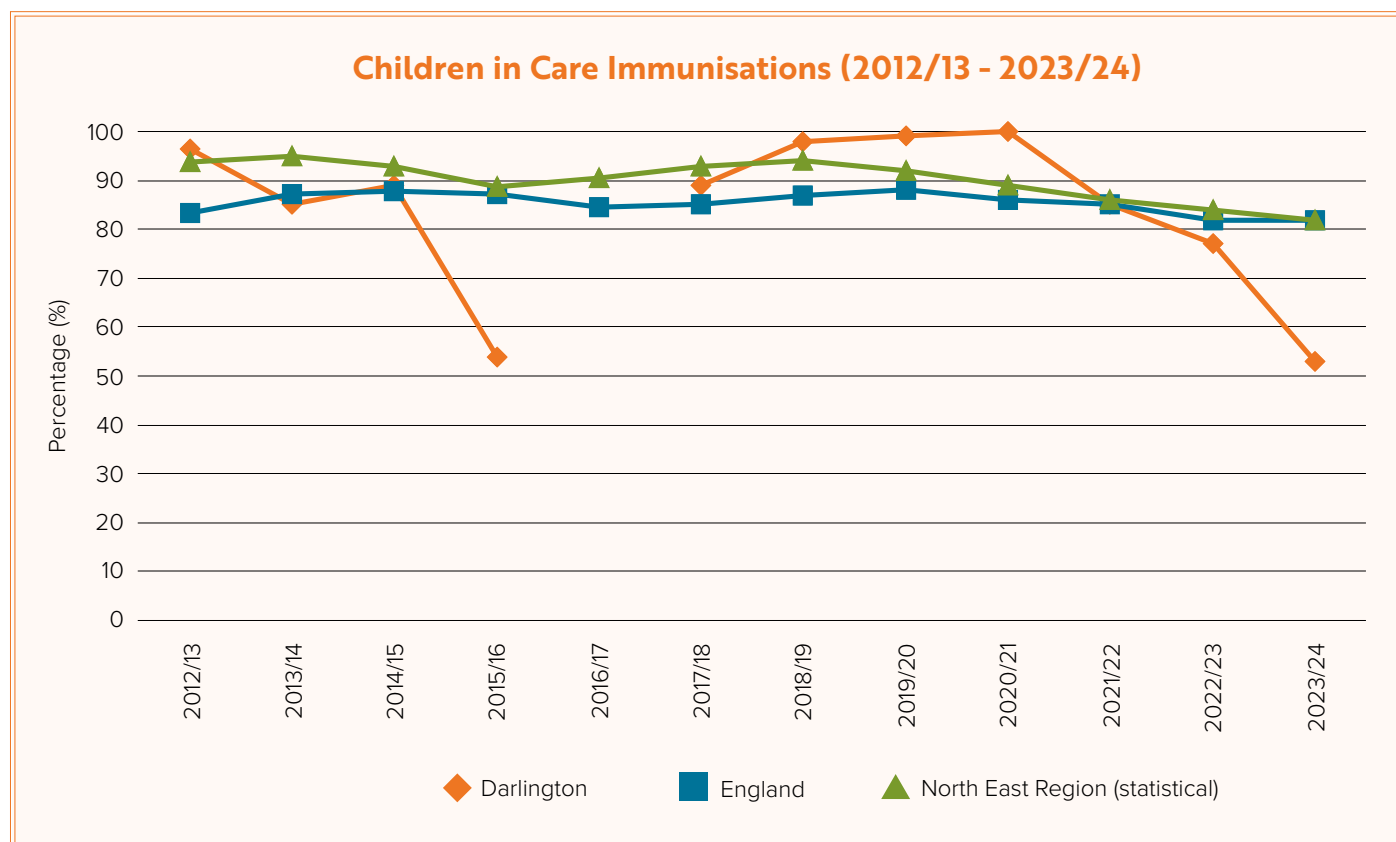


*This graph is truncated to give more context; the y-axis starts at 82%



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

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



Recommendations

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



Living Well



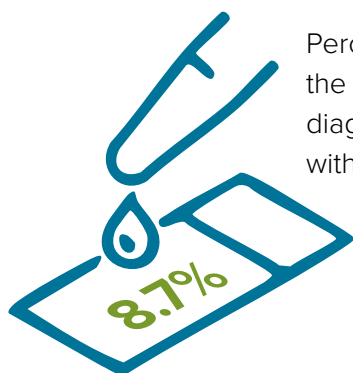
58 years
is the healthy
life expectancy
for women



57.6 years
is the healthy
life expectancy
for men



7.9% of adults smoke

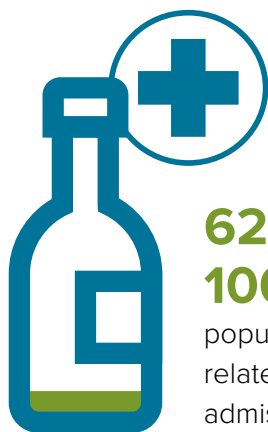


Percentage of
the population
diagnosed
with diabetes

8.7%



Suicide rate of
**19.6 per
100,000**
population
(male = **28.64 per 100,000**)
(female = **10.95 per 100,000**)

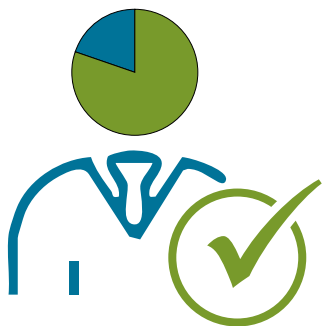


**621 per
100,000**
population alcohol
related hospital
admissions

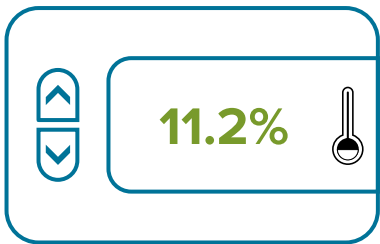


71.8%

of adults are
overweight or obese

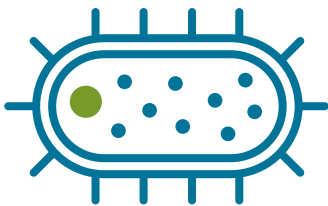


80.4%
of people in
Darlington are
employed



11.2%

of people
are living
in fuel
poverty



540 per 100,000
population diagnoses rate of new
sexually transmitted infections

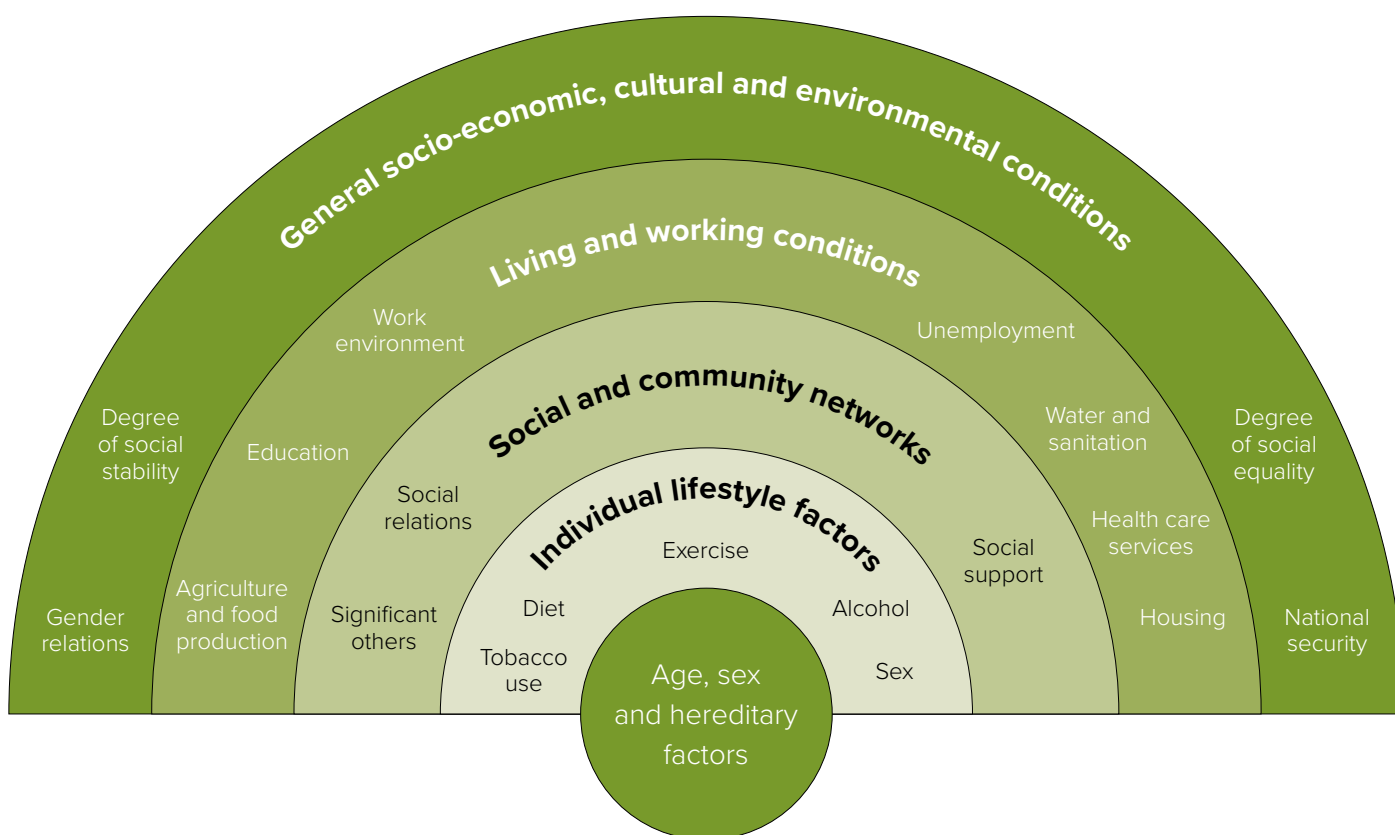


Introduction

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

Creating healthy environments that actively support good health, and ensuring local services are accessible for those who need to use them, can help people to stay well and healthy for longer and prevent or delay the onset of illness.

Dahlgren and Whiteheads Model of Determinants of Health⁹



Mental Health and Suicide Prevention

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

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

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

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

This includes:

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

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

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

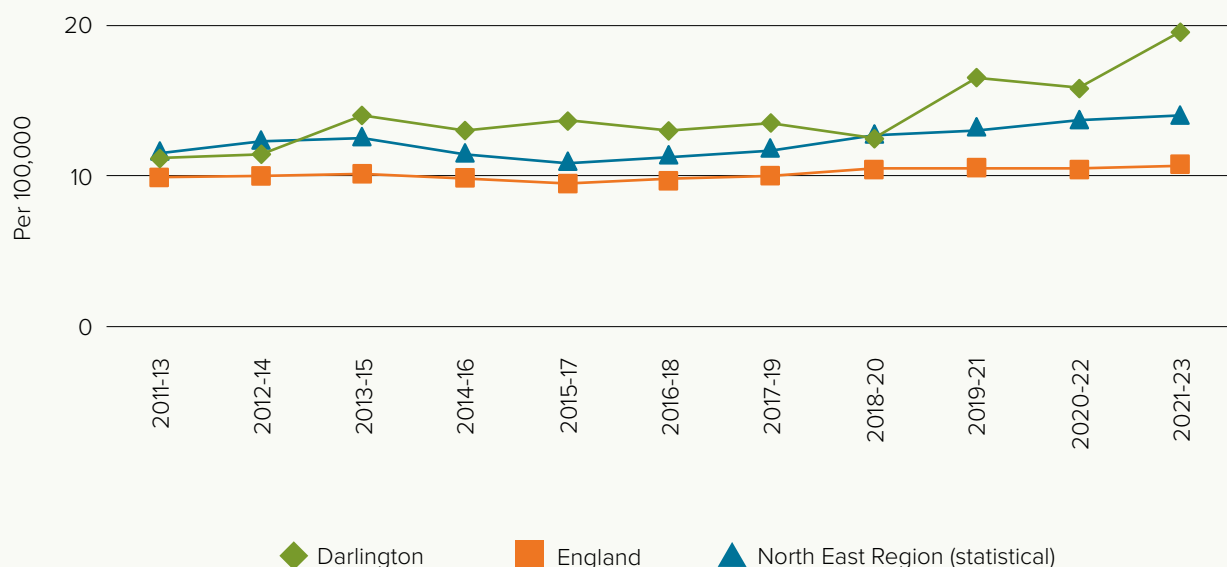
Last year, Darlington Public Health commissioned Healthwatch Darlington to establish a pilot Mental Health Network to start to bring together statutory and VCSE services and commissioners to facilitate greater communication, collaboration and a more joined up approach to mental health services across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

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

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



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



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

These include:

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

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



Case Study - Partnership working through the Mental Health Network

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

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

Key Successes:

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

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

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

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



Mental Health Network collaboration: International Women's Day

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

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

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



Substance Misuse

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

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

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

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

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

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

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

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



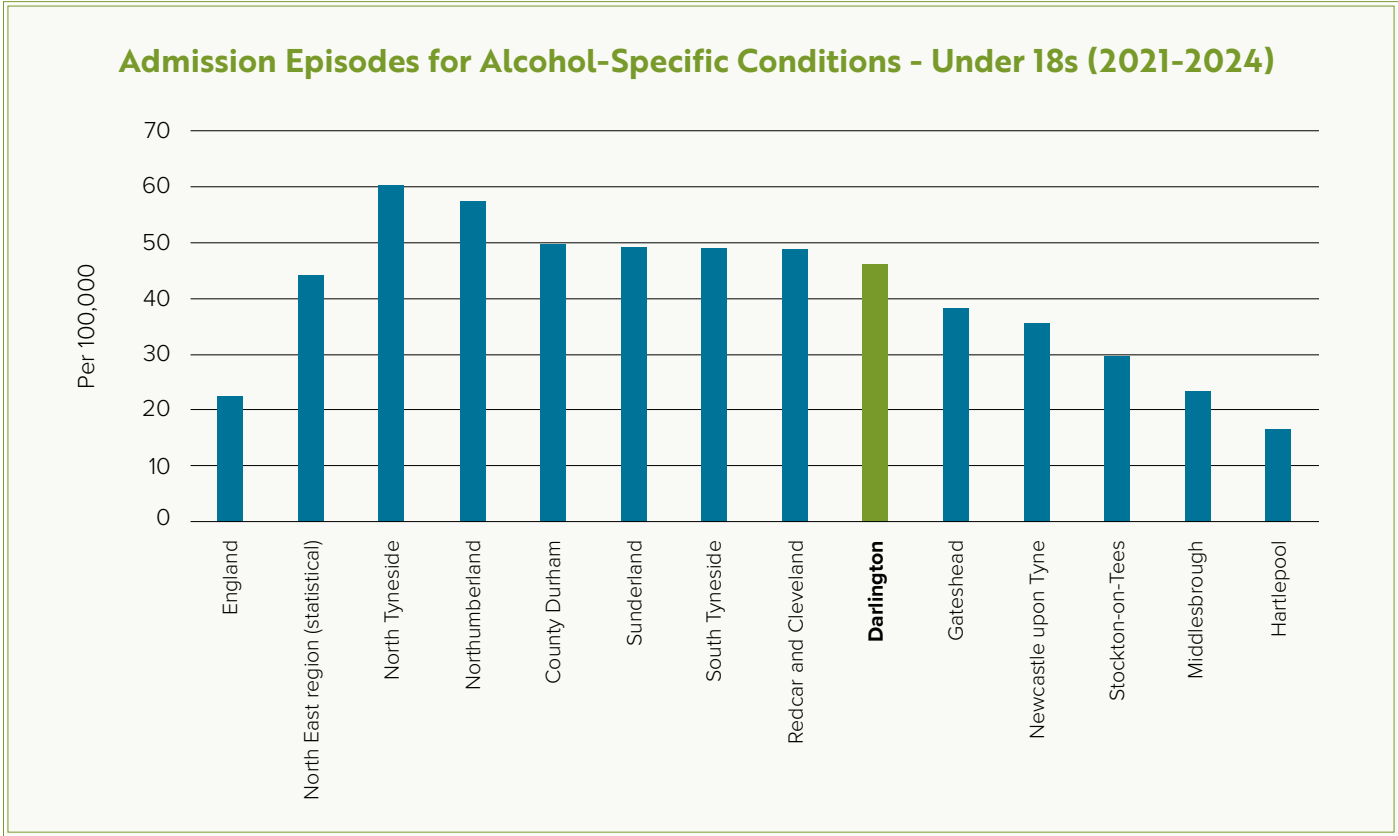
Our STRIDE Young People’s provision has undergone reconfiguration and strengthening to both bolster our prevention and early intervention activity and ensure we have an enhanced offer for young people within the borough. The service has a dedicated lead to support the wider team and deliver care to those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

The STRIDE partnership also offers:

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

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

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



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

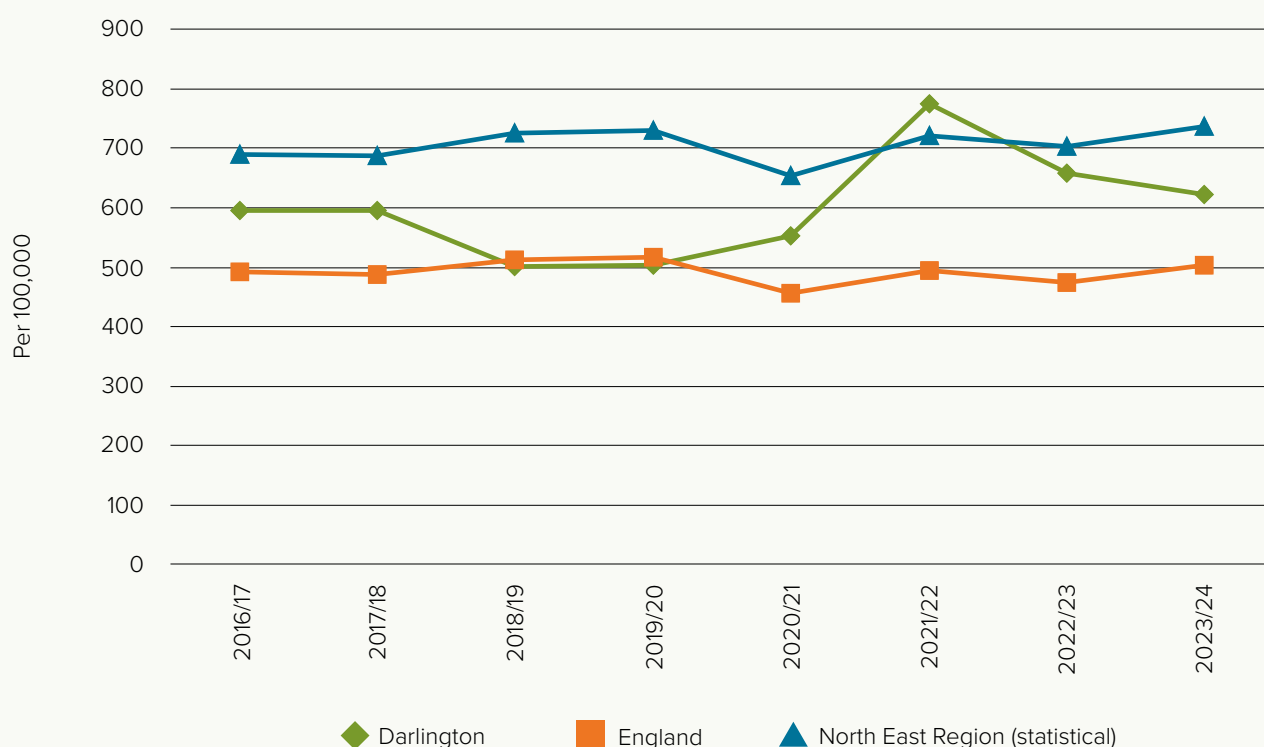
In Darlington, in 2023/24, the rate of admissions to hospital where the primary diagnosis or any of the secondary diagnoses is an alcohol-attributable

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

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



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



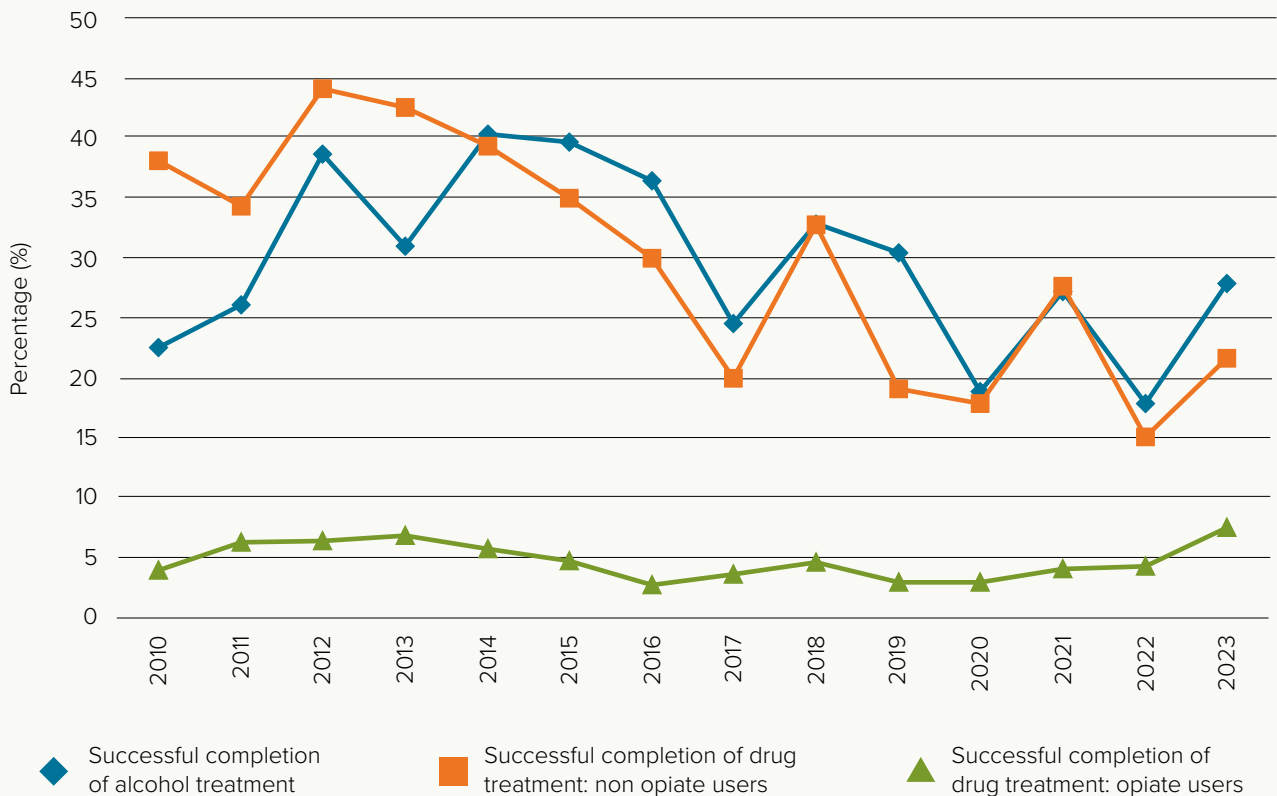
The percentage of those in alcohol treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 28.1% for Darlington**. This has improved significantly from the baseline period although is statistically significantly worse than England (34.2%).

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

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



Successful Completion of Treatments in Darlington (2010-2023)



Case Study - Alcohol Harm and Recovery

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

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

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

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



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

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

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

Case study - From Addiction to Hope

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

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

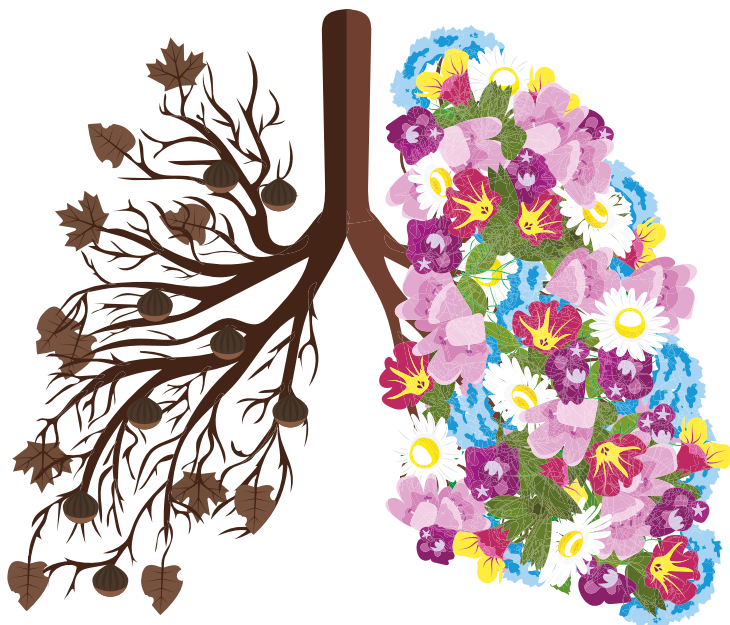


Smoking and Tobacco Control

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

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

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

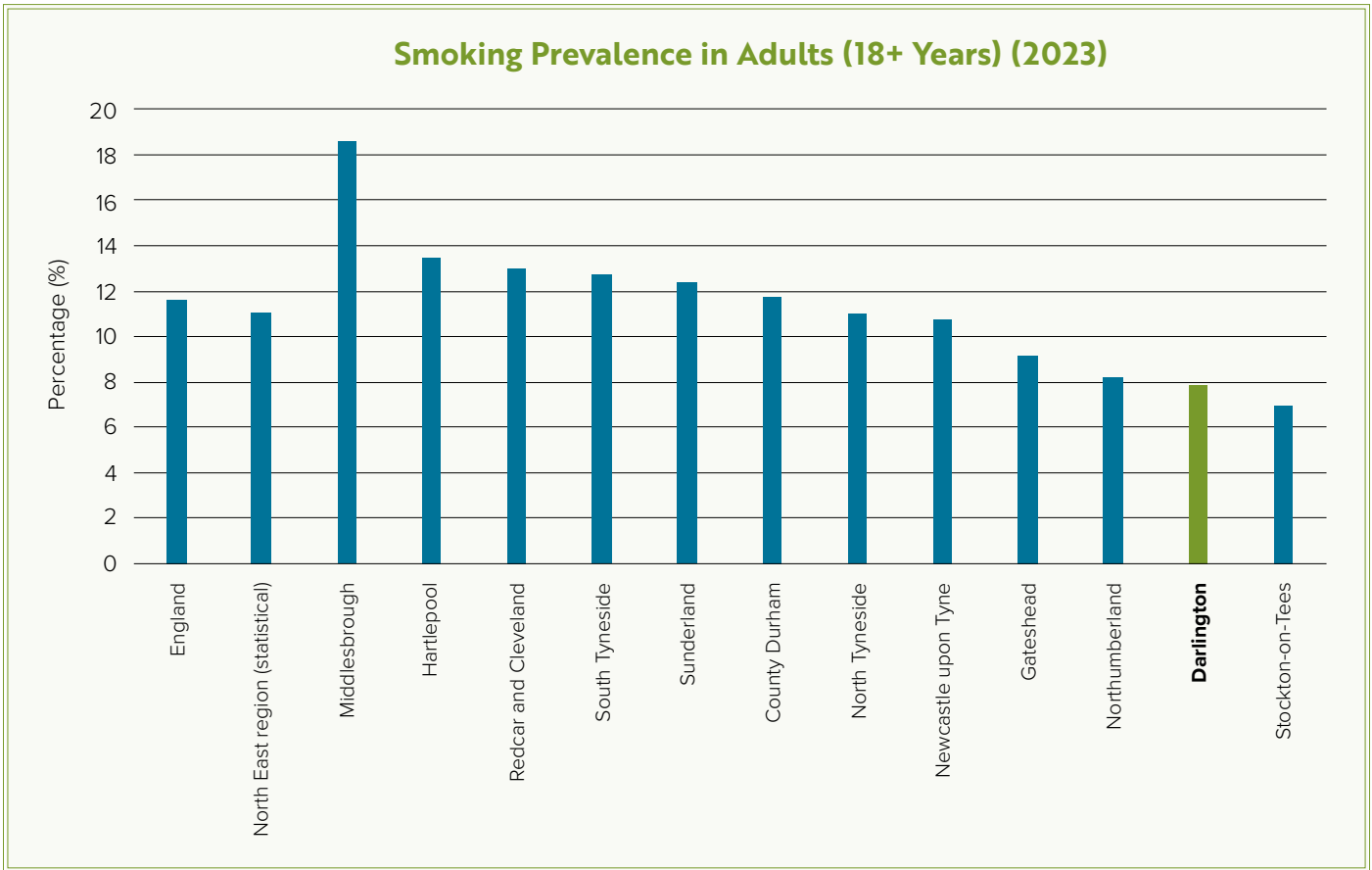
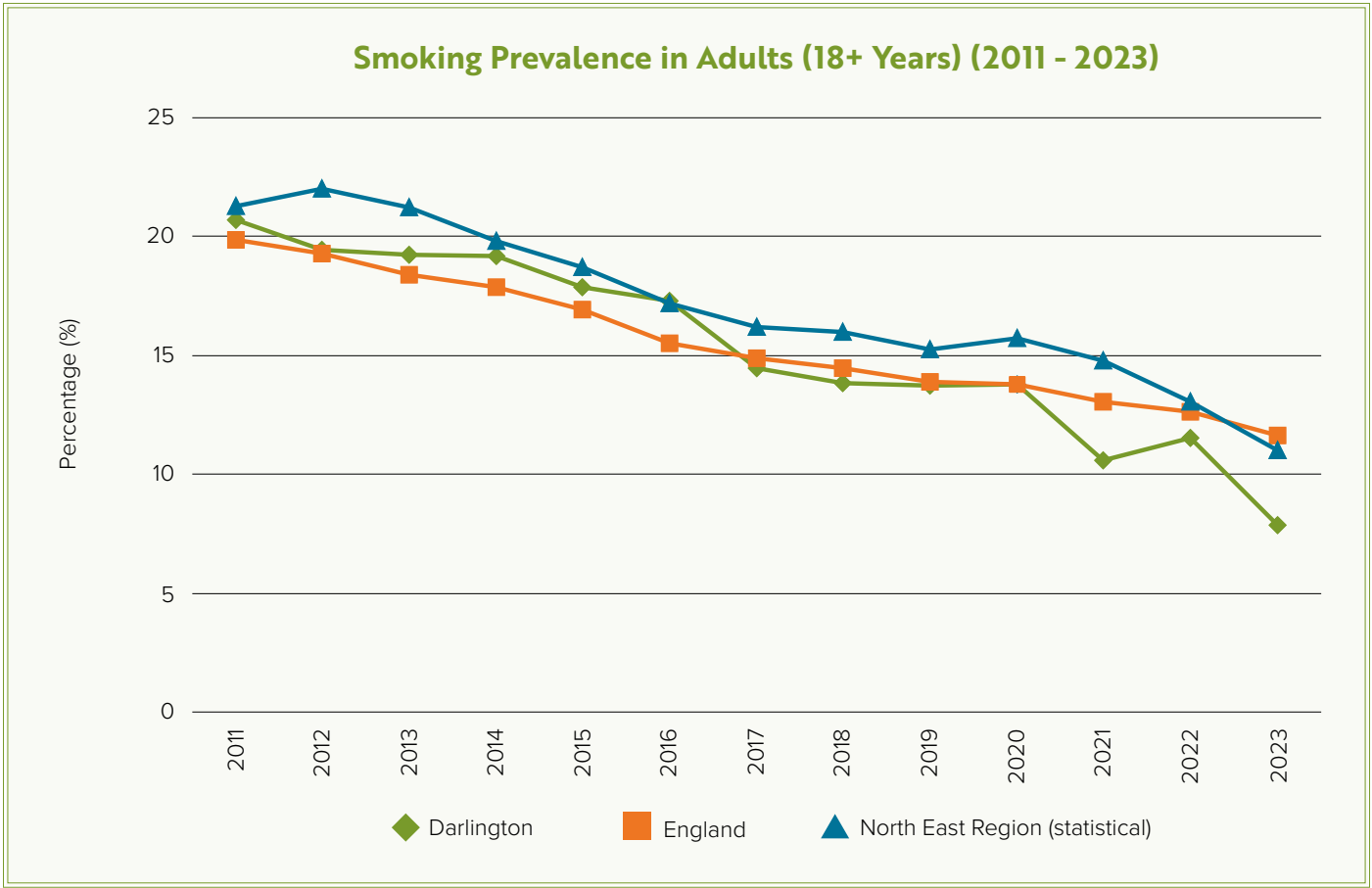


the borough, with face to face and telephone appointments available.

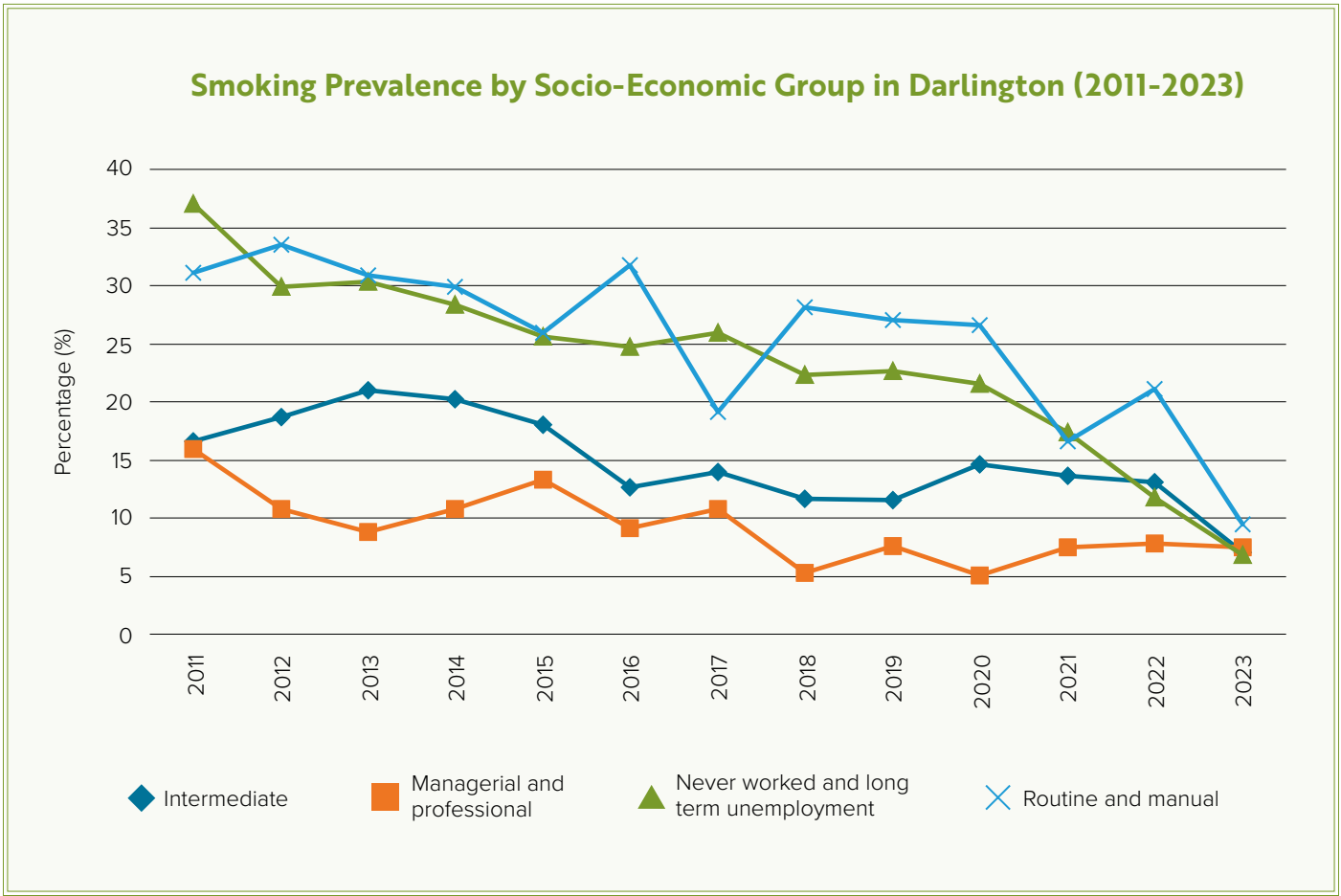
Alongside the 11 other North East Local Authorities public health provides funding to FRESH, a regional programme office which delivers eight key strands of activity, all designed to reduce smoking prevalence.



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

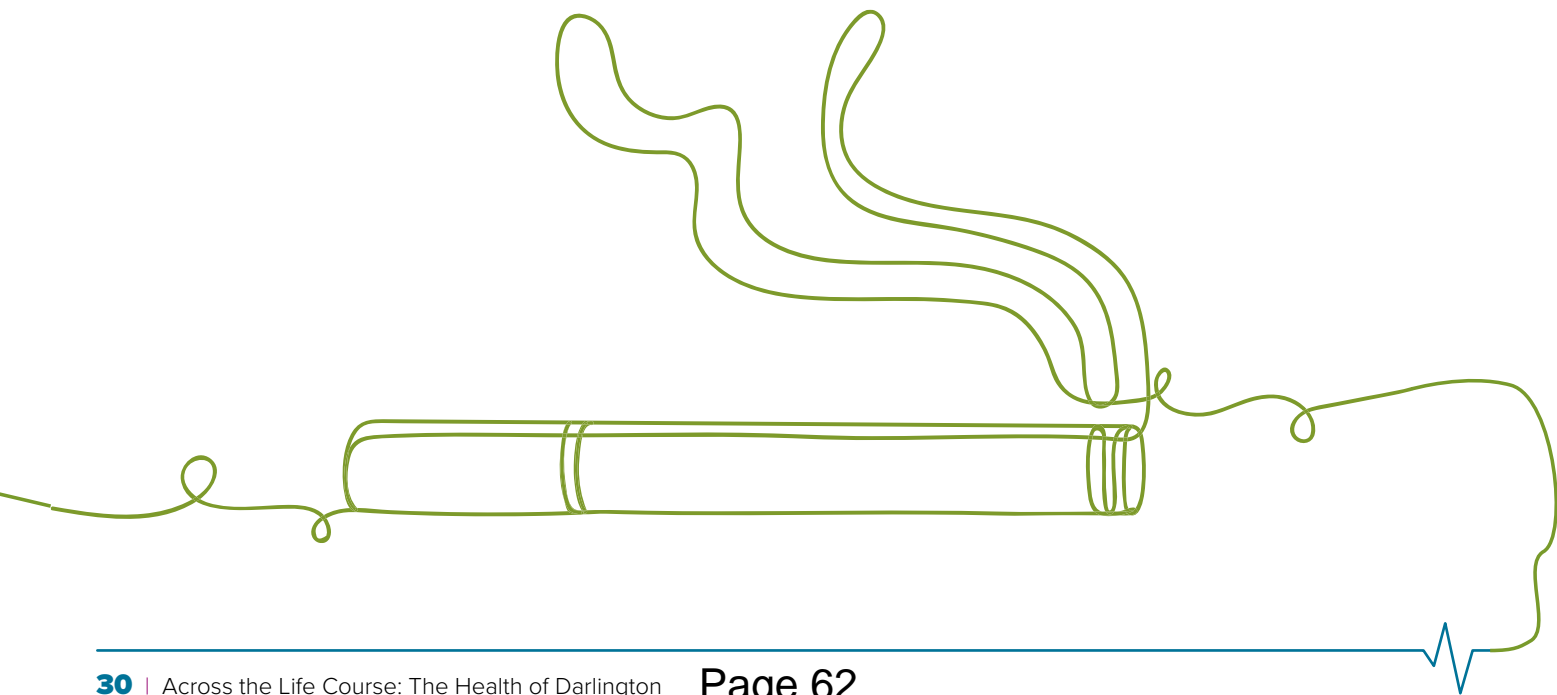


The prevalence of adults in routine and manual occupations (aged 18 to 64) who currently smoke follows the same pattern as the overall prevalence of people smoking. Darlington has a prevalence of 9.5%, which is statistically better than England (19.5%) and the North East (18%).



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

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



Case Study - Mr T

Background

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

Smoking History

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

Intervention

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

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

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

Outcome

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

Support Strategies

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

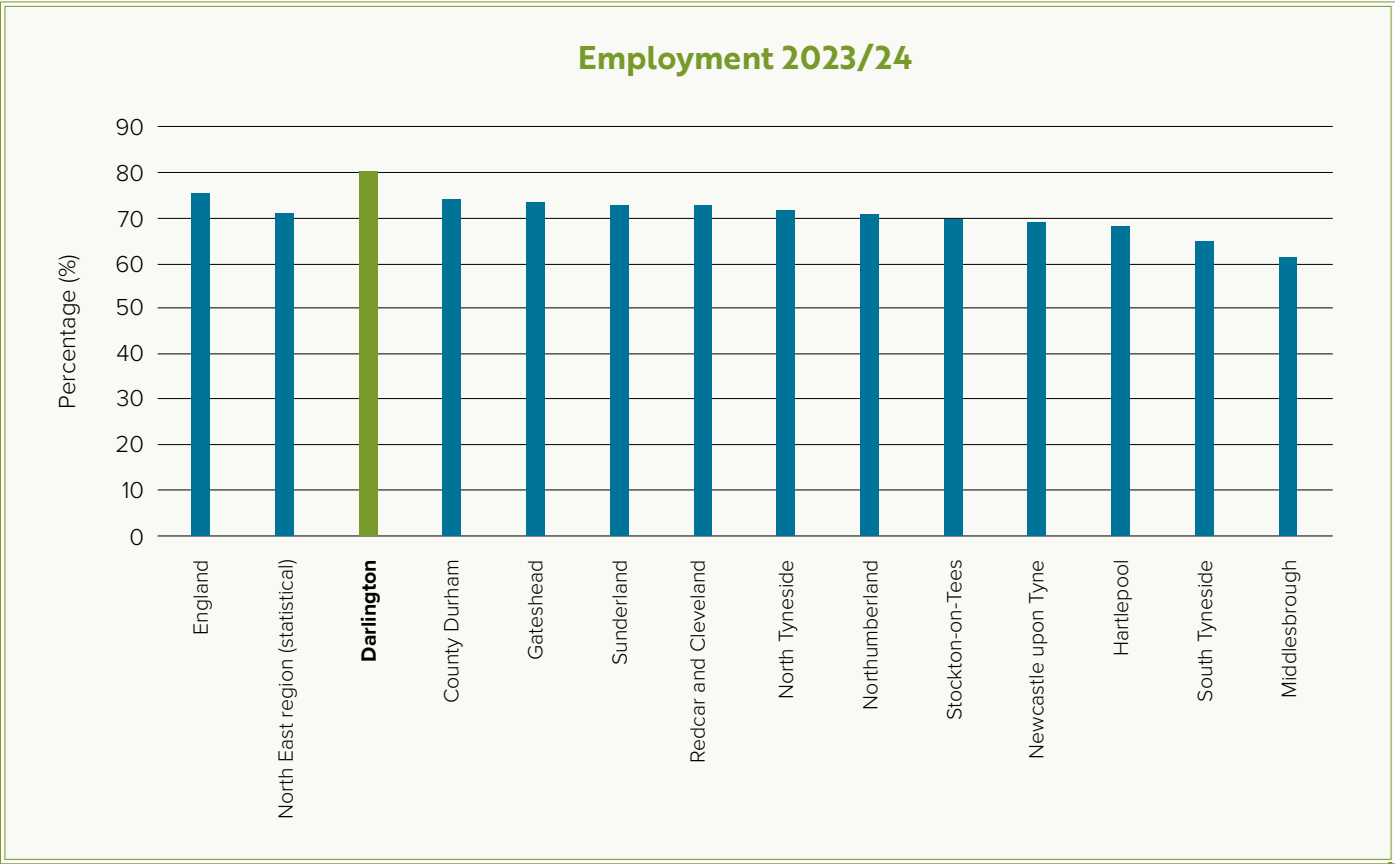
Conclusion

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

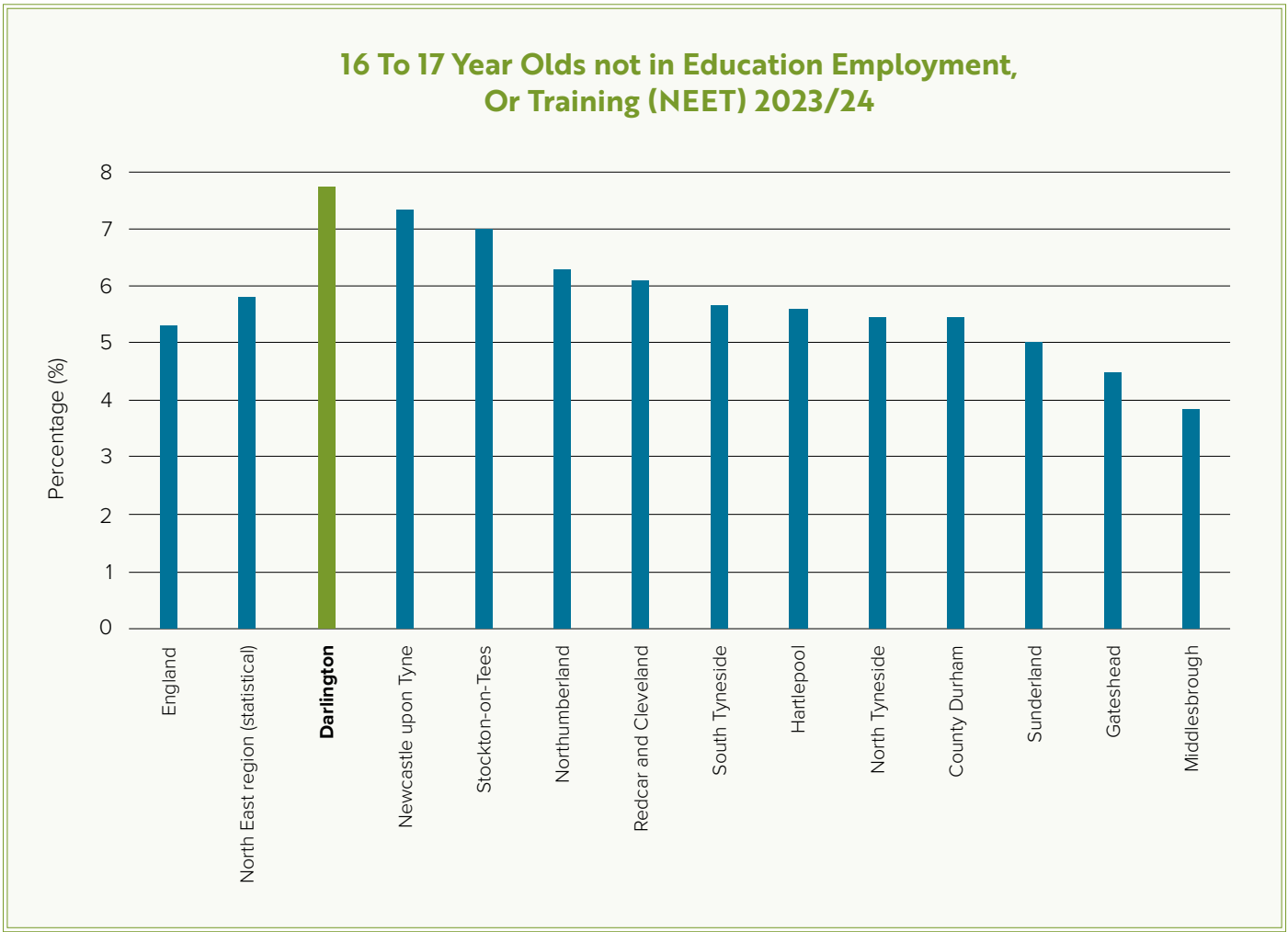


Employment

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



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



Case Study - Learning and Skills¹⁶

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

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

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



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

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

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

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

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

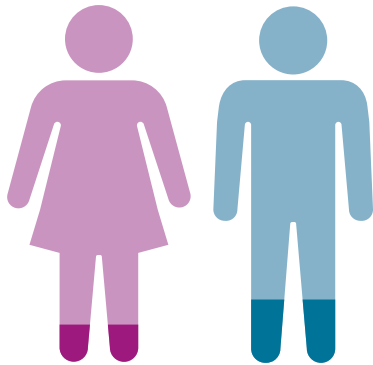
"Learning & Skills and Blackwell Grange have changed my life and given me a future."

Recommendations

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



Ageing Well



Inequality of life expectancy at birth

Female
10.3

Male
15.7



17.7%
of GP patients
have hypertension

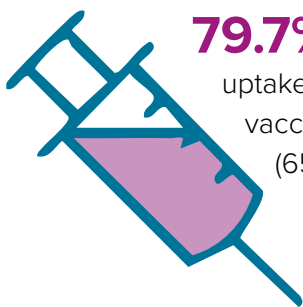


0.9%
of GP patients
registered with
dementia

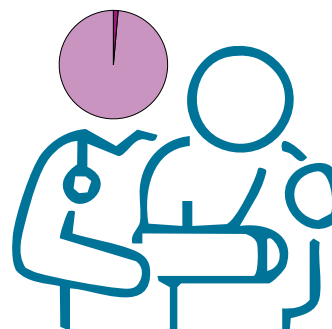


People taking up a
NHS Health Check
invite

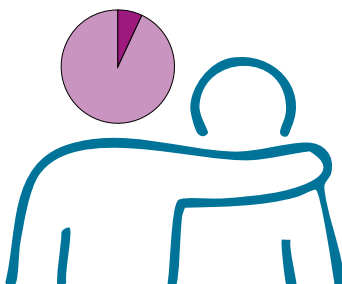
34.8%



79.7%
uptake of flu
vaccine
(65+ years)



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



7.1%
of adults feel lonely
often or always

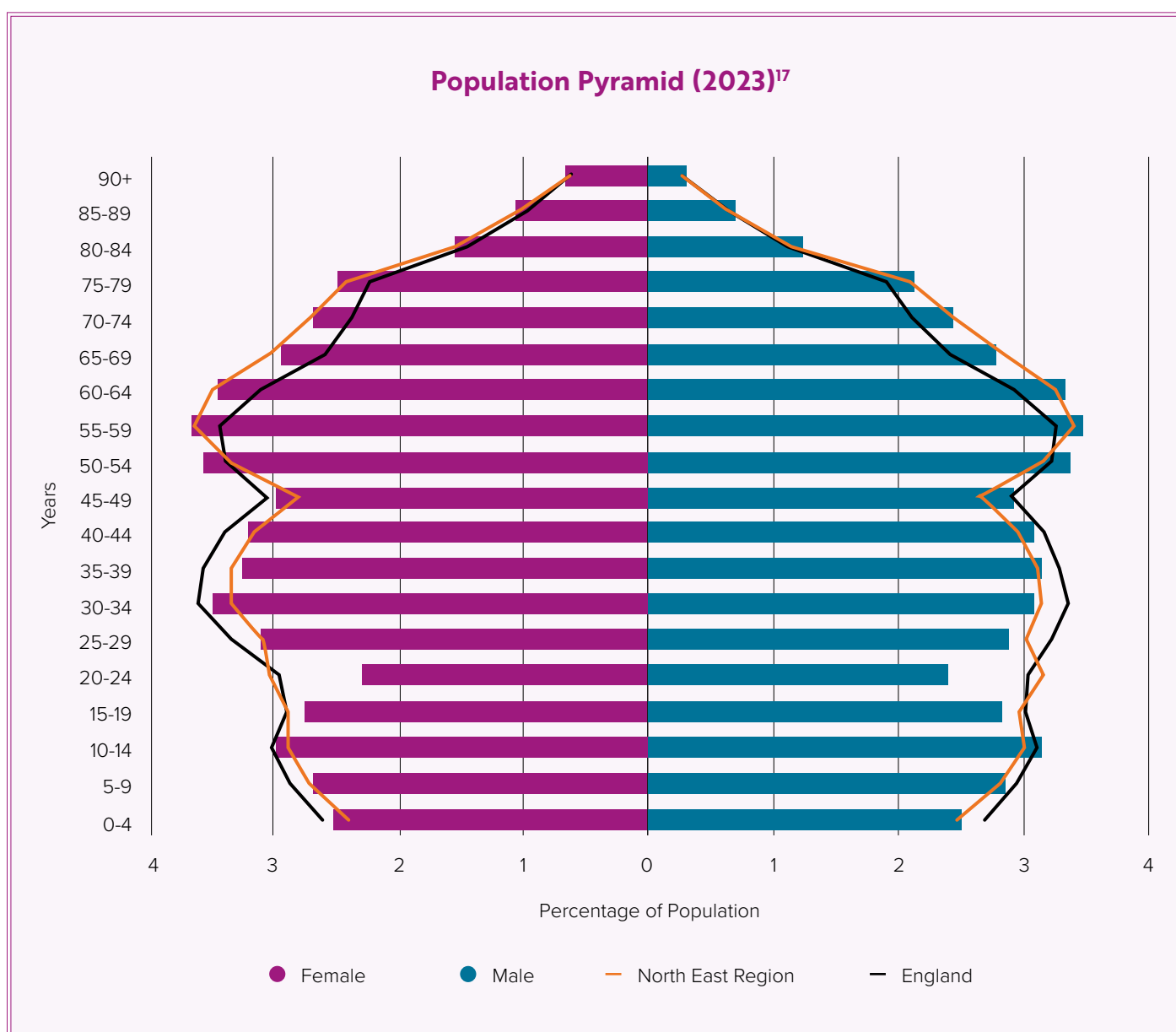


Introduction

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

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

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



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

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

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

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

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

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

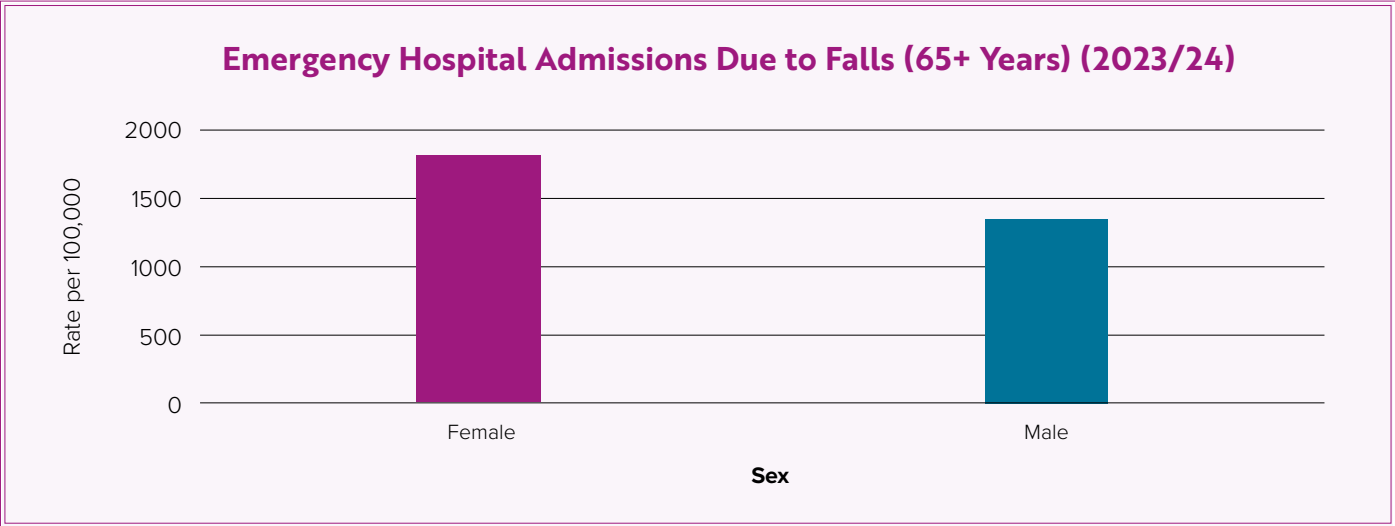
- cardiovascular disease
- type 2 diabetes
- some cancers
- falls and subsequent hospitalisation

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



Falls in Older People

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



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

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



Case Study - Ageing Well and Physical Activity

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

NHS guidelines¹⁸ state that adults 65 and older should aim to

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

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

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

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

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

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

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

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



Long Term Conditions

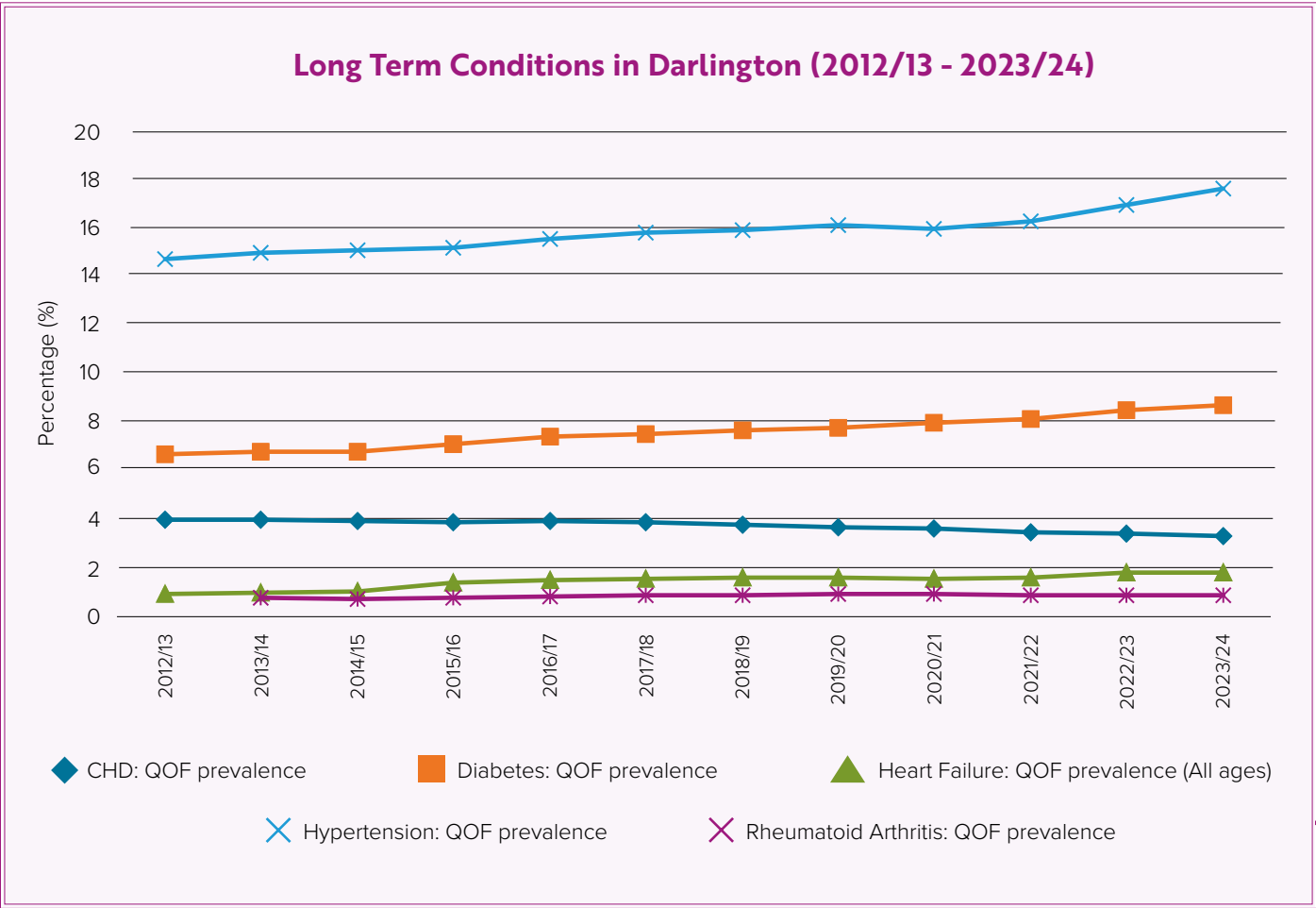
A long term physical health condition is a health problem that requires ongoing management over a period of years or decades and cannot currently be cured but can be controlled with the use of medication and/or other therapies.

Examples of long term physical health conditions¹⁹ include:

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

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

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



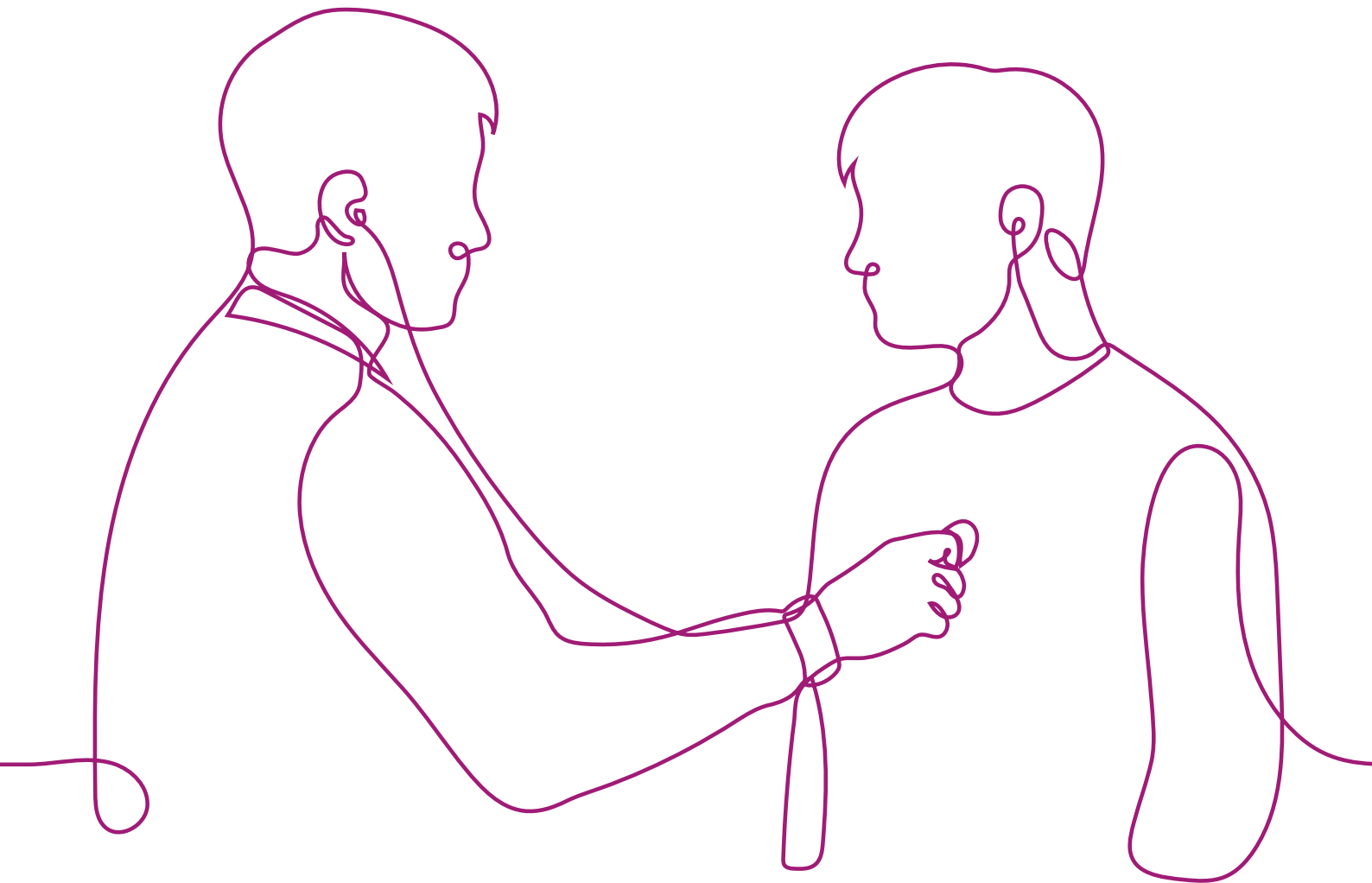
In 2025 there were 6,574 people over the age of 65 in Darlington with a limiting long term illness. Using the Projecting Older People Population Information

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



Recommendations

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



Acknowledgements

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

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



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16. Learning and Skills

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17. Population Pyramid

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21. Projecting Older People Population Information

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Darlington Joint Strategic Needs Assessment

Fingertips - Department of Health and Social Care







JOY ALLEN
DURHAM POLICE AND
CRIME COMMISSIONER

The Police & Crime Commissioner
DURHAM AND DARLINGTON



**Police Crime
and Justice Plan**

**2025
2029**

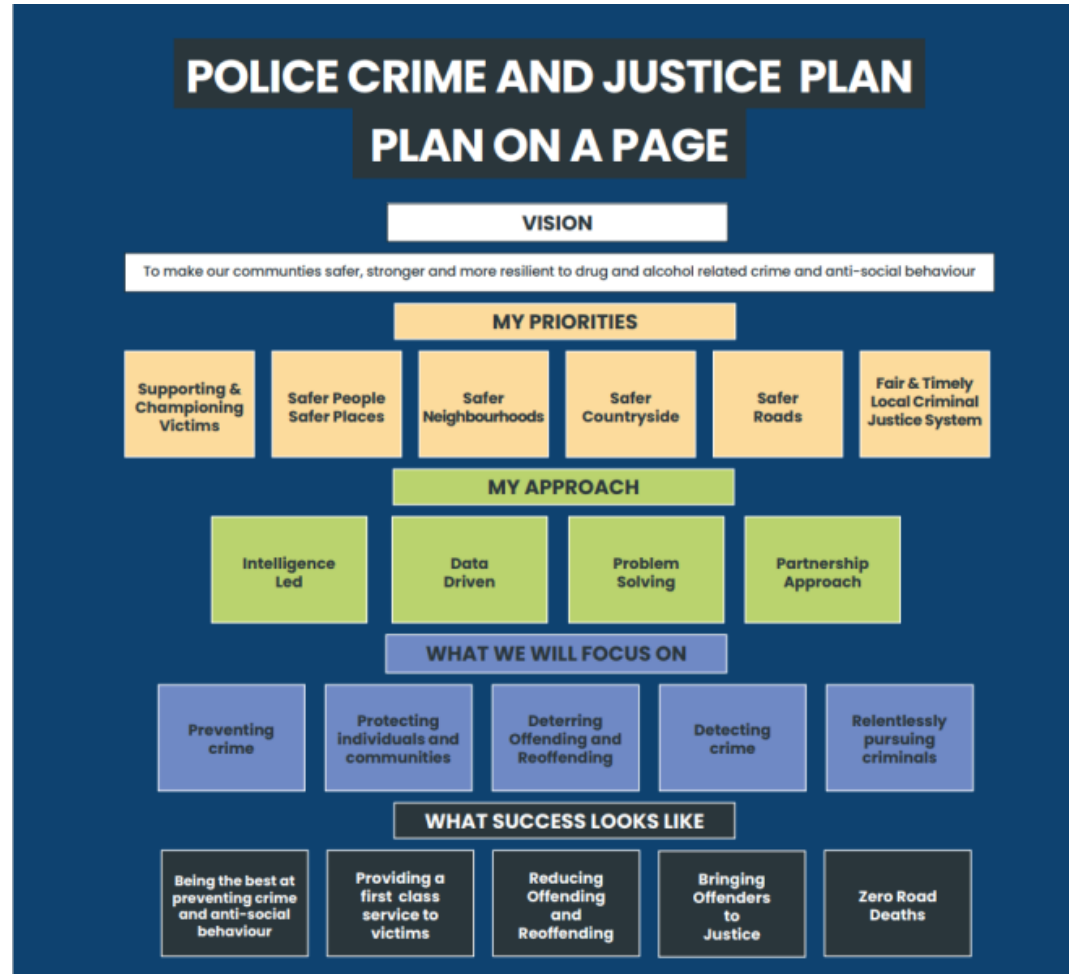
TO MAKE OUR COMMUNITIES SAFER, STRONGER AND MORE RESILIENT TO DRUG AND ALCOHOL RELATED CRIME AND ANTI-SOCIAL BEHAVIOUR

Darlington Health & Wellbeing Board

Andrea Petty, OPCC Chief of Staff
Andrea.Petty@durham-pcc.gov.uk



Police, Crime and Justice Plan 2025-29



The plan focuses on delivering the PCC's vision "to make our communities safer, stronger and more resilient to drug and alcohol related crime and anti-social behaviour."

The Plan has been developed based on extensive consultation with the public and partners, to focus on their priorities and needs.

Police, Crime and Justice Plan 2025-29

As PCCs and CSPs must have regard to each other's priorities within their plans, the following slides align key deliverable from the new Police, Crime and Justice Plan with the Darlington Joint Local Health and Wellbeing Strategy priorities.

Police, Crime and Justice Plan priority areas:

1. Supporting & Championing Victims
2. Safer People & Safer Places
3. Safer Neighbourhoods
4. Safer Countryside
5. Safer Roads
6. Fair & Timely Local Criminal Justice System.

Local Health and Wellbeing Strategy priority areas:

1. Best Start in Life – Children and Young
2. Staying Healthy – Living Well
3. Staying Healthy - Ageing Well
4. Healthy Places.

Health and Wellbeing Board

Best Start in Life – Children and Young People: We want to support children to thrive, reducing inequality and improving health and well-being outcomes for children and families.

Priority: Pregnancy and early years & Mental Health and resilience.

Police, Crime and Justice Plan

Children and Young People are considered throughout the Plan. The PCC has committed to conducting a regular youth voice surveys to establish children and young people's view about policing, crime and safety. A Youth Police Crime & Justice Plan will be developed.

- Understand the drivers and risk factors of children and young people's being drawn into serious violence locally.
- Divert children from ASB through positive, affordable and accessible diversionary activities using funding seized from criminals.
- Work with schools and other partners to educate children and young people about healthy relationships, community respect and the risk of exploitation violence.
- Protect children from child sexual abuse and child sexual exploitation by raising awareness increasing reporting, targeting perpetrators, and providing trauma informed support.

Health and Wellbeing Board

Staying Healthy – Living Well: We want to support people to live well in more resilient communities, supporting better physical and mental well-being, increasing average life expectancy and narrowing the gap in life expectancy across the borough of Darlington.

Priority: Making smoking history & Mental health and wellbeing

Police, Crime and Justice Plan

Commitment to continuing to work collaboratively with partners to protect those who are less able to protect themselves, or others, from harm, exploitation or vulnerability.

- By working with partners to protect those who are less able to protect themselves or others from harm, exploitation or vulnerability;
- Understand and respond appropriately to vulnerable victims of crime while being aware of neurodivergent or mental health needs.
- Continue working with partners to prioritise and raise awareness of alcohol, drugs and gambling related crime and harm. Including to improve how professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing, suicide and/or health harms as a result of problematic gambling.

Health and Wellbeing Board

Staying Healthy - Ageing Well: We want to support people to enjoy a healthy and independent older age.

Priority: Minimise time in ill health & maximise independence

Police, Crime and Justice Plan

As the Association of Police and Crime Commissioners Joint Lead for Addictions, Durham leads on the agendas related to drugs, alcohol and gambling harms:

- Continue working with partners to prioritise and raise awareness of alcohol, drugs and gambling related crime and harm.
- Recognise and support those at risk of crime and exploitation including those with unique vulnerabilities such as care experience, missing from home, neurodiversity mental health, refugees, children and elderly people

Health and Wellbeing Board

Healthy Places: We want to support healthier environments that promote better health and well-being for all.

Priority: Workplace health & Healthier Environments

Police, Crime and Justice Plan

As the Association of Police and Crime Commissioners Joint Lead for Addictions, Durham leads on the agendas related to drugs, alcohol and gambling harms:

- Refresh workplace drug and alcohol policy (Force/ OPCC) and commission workplace drug and alcohol testing.
- Encourage expansion of workplace substance management in other organisations and across partnerships.

COMMENTS/QUESTIONS?



HEALTH AND WELLBEING BOARD FORWARD PLAN

Title	Author of Report / Presenter	Meeting Date
Pregnancy and Early Years Report	Joanne Hennessy / Victoria Cooling	19 June 2025
DPH Report	Lorraine Hughes	19 June 2025
Police and Crime Commissioner Plan (presentation)	Andrea Petty	19 June 2025
Better Care Fund	Christine Sheilds / Paul Neil	18 Sept 2025
10 Year Plan – NHS	Martin Short	18 Sept 2025
Pharmaceutical Needs Assessment	Ken Ross / Lorraine Hughes	18 Sept 2025
JLHWS Annual Review		18 Sept 2025
Mental Health and Wellbeing – Deep Dive		
Ageing Well		
Workplace Health and Good Work		
Healthier Environments		
Terms of Reference for the Health and Wellbeing Board		

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