

HEALTH AND WELLBEING BOARD

Thursday, 4 December 2025

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council), Councillor Mammolotti, Councillor Tostevin, Lorraine Hughes (Director of Public Health), Andrea Goldie (Healthwatch Darlington Manager) (Healthwatch), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board), Jamie Todd (Director of Operations) (Tees, Esk and Wear Valley NHS Foundation Trust) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

ALSO IN ATTENDANCE – Christine Shields (Assistant Director Commissioning, Performance and Transformation), Councillor Curry (Cabinet Member for Adults), Councillor Wallis (Cabinet Member for Children and Young People), Councillor Holroyd, Rebecca Morgan (Public Health Portfolio Lead), Jo Cook (Tees, Esk and Wear Valley NHS Foundation Trust), Catherine Richardson (North East and North Cumbria Integrated Care Board), Dr Josh Shaw (Primary Care Network) and Hannah Miller (Democratic Officer)

APOLOGIES –Councillor Mrs Scott, James Stroyan (Executive Director People), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network) and Deborah Robinson (St Teresa's Hospice)

HWBB18 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB19 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.

HWBB20 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 18 SEPTEMBER 2025

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 18 September 2025.

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

REASON – They represent an accurate record of the meeting.

HWBB21 MENTAL HEALTH AND WELLBEING - DEEP DIVE

The Director of Public Health submitted a report (previously circulated) updating Members on work undertaken across the Borough in relation to the Mental Health priorities identified in the joint Local Health and Wellbeing Strategy (2025-2029), to facilitate meaningful discussion in relation to the priorities and to enable Members to understand how they, and

their organisations can support action locally and promote continuing improvement of system-level working. A presentation accompanied the report.

The submitted report was intended to support a review into the thematic priority of mental health, including the opportunity to reflect on agreed priorities, related performance indicators, health inequalities, stakeholder engagement, issues of concern or risk, key actions taken and / or planned and ask(s) of Health and Wellbeing Board partner; and described current performance indicators, inequalities and activity in relation to each priority outcome relating to mental health and wellbeing from the Joint Local Health and Wellbeing Strategy.

It was reported that the World Health Organisation defines mental health as a “state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community”; that difficulties in mental health are a common human experience; and the costs of mental ill-health costs are economic, human, and health and care costs.

The report outlined the agreed priority outcomes for consideration and highlighted a number of key issues, themes and inequalities. A presentation that accompanied the report provided an overview of the key themes across mental health priorities and outlined areas for action in relation to suicide prevention.

Following a question regarding self-harm in girls, Members were informed that the ICB had contracted Papyrus UK to provide support for self-harm in young people, this included a 24 hour helpline and training on self-harm and suicide prevention.

Discussion ensued regarding partnership working between the substance misuse service and TEWV, with Members noting that the Suicide Prevention Partnership included a representative from STRIDE; and waiting list for CAMHS. Members were informed that at a local level Darlington had 100 per cent coverage of Mental Health Support Teams (MHST's) in schools for children and young people (it was noted the ICB are currently undertaking a review of MHST's against national guidance, to better understand what's working well and what could be improved), that the trust had seen a year-on-year reduction in wait times for neurodevelopment diagnoses, that there was a KIT process in place and a family support service provided by Daisy Chain which is accessible to anyone whilst on the waiting list.

Discussion ensued regarding the identification of people with suicidal thoughts, with Members noting that the biggest challenge was reaching people that were not accessing any services; and following a point raised regarding the links between autism and mental health and underdiagnosis for females with autism, Members were informed that adjustments would be made for anyone presenting with autism traits, whether an official diagnosis was in place or not.

RESOLVED – (a) That all members of the board adopt a series of principles in relation to ways of working:

1. Recognise that mental health and wellbeing are the result of interactions between a wide range of determinants from individual to community and societal influences, and therefore mental wellness is not the responsibility of any single organisation but must be a shared, system-wide priority;

2. Encourage all organisations to consider actions they could take to develop a more collaborative and cohesive, system-wide approach. This includes data-sharing arrangements, strategic and operational working arrangements, communication between providers, and continuing the development of open dialogue about how systems can better work together to best meet the needs of individuals and the wider population;
3. Continue to review organisational practice within our own organisations, including reflecting on community, service-user and patient experience, and in dialogue with other partners, to build a culture of ongoing service improvement across the system;
4. Continue to recognise, promote and invest in prevention and early intervention, so that Darlington people of all ages can access the right support to stay well at the earliest opportunity, thereby improving outcomes whilst also ensuring that intensive specialist resources and clinical interventions are available for those with the greatest and more complex needs;
5. Consider the impact on mental health and the importance of opportunities for prevention when making decisions about resource allocation across the wider system, not only limited to decisions about mental health provision;
6. Champion the role of VCSE and community assets when considering the importance of communities in supporting people to recover from mental health issues and to stay well.

(b) That the following actions be agreed by Members:

1. To acknowledge and consider the interface between mental health and wellbeing and other issues such as substance misuse, gambling and neurodiversity.
2. Consider organisational approaches to strengthening patient/ service-user journey in service development, service evaluation and outcome measurement, to provide shared system-wide learning, particularly in relation to identifying those most vulnerable to self-harm and mental health admission and readmission, and the pathways that they follow. It would be useful for organisations to consider undertaking a deep dive into a sample of patient/ service-user journeys, outcomes and experiences, particularly reflecting on the interface with other services. It may be helpful to review a sample of case studies for young people admitted for self-harm or mental health admissions and share both data and patient stories to support learning about what works well across the system, and what can be improved upon.
3. Actively participate in the Tees Valley I-Thrive steering group, to shape local service provision to meet the needs of Darlington's children and young people. The work of the steering group should also identify opportunities to work together to address some of the issues around data, and how services communicate with each other and with patients/ service-users and families.
4. Engage with the "mapping" of local services which support children and young

people's mental health against the I-Thrive model to improve understanding about what provision is available and how people can access it.

5. Encourage the uptake of local training in suicide awareness and prevention, both for professionals and for wider community members and organisations.
6. Continue to challenge stigma and discrimination in relation to mental health and accessing mental health support, by promoting inclusive language, challenging negative stereotypes and assumptions, encouraging open conversations about mental health and by promoting and supporting national and local campaigns related to these priority areas.

REASON – (a) They will support in achieving the mental health 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.

HWBB22 HEALTH AND WELLBEING BOARD FORWARD PLAN

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to the forward plan items scheduled to be considered by the Health and Wellbeing Board.

RESOLVED – That the current forward plan be noted.

REASON – To support the work of the Health and Wellbeing Board.

HWBB23 MEMBERSHIP AND TERMS OF REFERENCE

The Chair of the Board provided a verbal update, informing Members that the Terms of Reference for the Board and Membership required some amendments, including a proposal to include representatives from the VCSE and business (Darlington Cares), and the appointment of a new Vice Chair. The amended terms of reference would be considered at the next meeting of the Board.

RESOLVED – That the update be noted.

REASON – To provide Board with an update on the Membership and Terms of Reference for the Board.

HWBB24 PHARMACEUTICAL NEEDS ASSESSMENT - ANY SIGNIFICANT CHANGES TO REPORT SINCE THE LAST REVIEW

The Chair informed Members that 'Pharmaceutical Needs Assessment' would be included as a standing agenda item for the Board to ensure Board Members were informed of any significant changes to report since the last review.

The Director of Public Health confirmed that there were currently no significant changes to

report at present, however Public Health had been notified of an application for a distance selling pharmacy provision in September and that consultation closed in November.

RESOLVED – That the update be noted.

REASON – To provide Board with an update on the Pharmaceutical Needs Assessment.

HWBB25 QUESTIONS.

A Member of the Board requested a discussion regarding the Breast Services at County Durham and Darlington NHS Foundation Trust and a representative from the Trust provided background and an update to Members. Members noted that a strategy was in place to address the care provided and the Trust were working closely with the CQC, NHSE and the ICB as part of the breast services oversight delivery group. Members noted that patients were being signposted to a breast service email and that a governance review had been commissioned to address concerns relating to the failures in governance within the Trust.

The Chair advised Members that he was seeking a meeting with the Chair and CEO of the Trust in relation to the breast services.

RESOLVED – That the update be noted.

REASON – To inform the Board.