

Health and Partnerships Scrutiny Committee Agenda



9.30 am Wednesday, 3 July 2019
Committee Room No 2, Town Hall,
Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Appointment of Chair for the Municipal Year 2019/20
2. Appointment of Vice Chair for the Municipal Year 2019/20
3. Introductions/Attendance at Meeting
4. Declarations of Interest
5. To consider times of meetings of this Committee for the Municipal Year 2019/20, on the dates as agreed in the calendar of meetings by Cabinet at Minute C110/Feb/19
6. To approve the Minutes of the meeting of this Scrutiny Committee held on:-
 - (a) 13 March 2019 (Pages 1 - 6)
 - (b) 1 May 2019 (Pages 7 - 8)
7. Performance Indicators Quarter 4 2018/19 – Report of the Head of Strategy, Performance and Communications. (Pages 9 - 34)
8. Work Programme – Report of the Managing Director. (Pages 35 - 54)

9. Health and Well Being Board –
The Board met on 17 January 2019. The next meeting is scheduled for 4 July 2019.
10. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at this meeting
11. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 25 June 2019

Town Hall
Darlington.

Membership

Councillors Bell, Clarke, Donoghue, Heslop, B Jones, Mrs D Jones, Layton, McEwan, Newall and K Nicholson

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Fay, Democratic Officer, Resources Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.fay@darlington.gov.uk or telephone 01325 405801

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 13 March 2019

PRESENT – Councillors Newall (Chair), J Taylor, Copeland, Crichlow, Grundy, Heslop, E A Richmond, Mrs H Scott and Tostevin

ABSENT – Councillors Haszeldine and Nutt

ALSO IN ATTENDANCE – Councillors Karen Hawkins (NHS Darlington Clinical Commissioning Group), Katie McLeod (NHS Darlington Clinical Commissioning Group), Curry (County Durham and Darlington Foundation Trust) and Nicola Bailey (NHS Darlington Clinical Commissioning Group)

OFFICERS IN ATTENDANCE – Seth Pearson (Partnership Director), Dr M Moffat (Speciality Registrar Public Health), James Stroyan (Assistant Director Adult Social Care), Allison Hill (Democratic Officer) and Hannah Fay (Democratic Officer)

HP46 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HP47 MINUTES

Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 12 and 19 December 2019.

RESOLVED – That the Minutes of the meetings of this Scrutiny Committee held on 12 and 19 December 2019 be approved as a correct record.

HP48 ADDITIONAL FUNDING FOR COUNCILS TO ALLEVIATE WINTER PRESSURES

The Assistant Director of Adult Services submitted a report (previously circulated) to outline how additional funding is being allocated on adult social care services in order to support the expectations that are applied to it.

It was reported that in October, 2018 the Secretary of State for Health and Social Care announced £240m of additional funding for Councils to alleviate winter pressures on the NHS.

Darlington Borough Council had been allocated £501,172 with spend expected to focus on reducing delayed transfers of care; helping to reduce extended lengths of stay in hospital; weekend discharge arrangements, so that patients are assessed and discharged earlier; and speeding up the process of assessing and agreeing what social care is need for patients in hospitals.

The submitted report detailed the schemes which had been allocated funding in Darlington; gave examples of activity which had been supported over the winter period; delayed transfer of care performance for December 2018; and outlined the governance arrangements to monitor the impact and performance benefits of the additional funding.

Members referred to the positive impact of the funding in particular on discharge from hospital at weekends and Bank Holidays; how some of the funding will be utilised for rapid response domiciliary care packages; and the number of delayed days which had improved to 44 days in December 2018 compared to 128 delayed days in December 2017.

It was also reported that for December 2018 Darlington, when compared to all Single Tier and County Councils in England was ranked five on the overall rate of delayed beds.

RESOLVED – That the report be noted.

HP49 PERFORMANCE INDICATORS QUARTER 3 2018/19

The Managing Director submitted a report (previously circulated) to provide Members with performance data against key performance indicators for Quarter 3 2018/19.

It was reported that the performance indicators were aligned with key priorities and the majority were used to monitor the Corporate Plan 2017/21.

Details were provided of the 30 indicators that are reported to this Scrutiny Committee, five Culture indicators and 25 Public Health indicators. The majority of the indicators are reported annually, and all the Public Health indicators are reported in line with the Public Health Framework National reporting schedule which means that that data is at least one year in arrears or relates to aggregate periods.

At Quarter 3 data was available for two Culture indicators and nine Public Health indicators.

Particular reference was made to CUL 063 – Number of school pupils participating in the sports development programme which had shown improved performance compared to Quarter 3 last year; and CUL 064 – Number of individuals participating in the community sports development programme which had shown worse performance than at Quarter 3 last year.

In relation to Public Health it was reported that PBH 013c – Percentage of all infants due a six to eight weeks check that are totally or partially breastfed in 2017/18 in Darlington was 32 per cent which had remained similar to 2016/17 at 34 per cent; PBH 014 – the percentage of women who smoke at time of delivery in 2017/18 in Darlington was 16 per cent, which showed a decrease from 22 per cent in 2010/11; PBH 018 Child development – proportion of children aged 2-2.5 years offered ASQ3 as part of the Healthy Child Programme or integrated review which had significantly improved from 32 per cent in 2015/16 to 98 per cent in Darlington in 2017/18; PBH 035i – Successful completion of drug treatment – opiate users in Darlington in 2017 was 3/7 per cent of those taking opiates had increased from 2.8 per cent in 2016; PBH 035ii – Successful completion of drug treatment – non opiate users had reduced from 30 per cent in 2016 to 20 per cent in 2017; PBH 035iii – Successful completion of alcohol treatment – In Darlington in 2017 was 25 per cent to those who received structured treatment for their alcohol consumption were abstinent at the end of their treatment and did not re-present to treatment within six months; PBH 050 – people

presenting with HIV at a late stage of infection in the period 2015-2017 was 17 per cent which was statistically significantly better than the national and regional averages; PBH 056 – Age standardised rate of mortality considered preventable from all cardiovascular diseases (including heart disease and stroke) in those aged less than 75 years per 100,000 population the rate of reduction in Darlington had slowed and was now similar to regional and national averages based on 2015/17 data; and PBH 060 – Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population Darlington is now statistically similar to England and national averages based on 2015/17 data.

Members commented in particular on the increase in the successful completion of drug treatment – opiate users and requested that the Health Needs Assessment be available to Members a future date; the positive results in smoking in pregnancy; the reduction in the percentage of all infants due a six to eight week check that are totally or partially breastfed; and the performance for the adult population taking part in physical activity which had reduced.

RESOLVED – That the performance data reported for Quarter 3 2018/19 be noted.

HP50 INTEGRATED CARE SYSTEMS (ICS)

Nicola Bailey, Chief Officer, Darlington Clinical Commissioning Group gave Members a verbal update on the current position regarding Integrated Care Systems (ICS).

The NHS Long Term Plan, published in January 2019, indicated that all areas of the country would be covered by an ICS by April 2021; the North East and North Cumbria were participating in the aspirant ICS programme to become an ICS; and were working with Local Authorities at 'place' level to ensure a focus on population health. A partnership board would be put in place with representation from commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other relevant partners.

A discussion ensued in respect of the work on clinical pathways and strategies and it was confirmed that a draft clinical strategy had been developed and a full programme of public engagement and formal consultation would commence following the local elections on 2 May 2019. Members requested that the programme be brought to a future meeting of this Scrutiny Committee.

RESOLVED – (a) That the thanks of the Scrutiny Committee be conveyed to the Chief Officer, Darlington Clinical Commissioning Group, for her informative update.

(b) That the briefing note be circulated to Members of this Scrutiny Committee.

HP51 UPDATE ON STROKE REHABILITATION SERVICE REVIEW

Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group gave an update presentation on the Stroke Rehabilitation Service Review - Patient, Public and Carer Engagement Phase.

It was reported that Phase One of the review had been completed and common themes that had been identified from the first period of engagement included communication challenges at various points in the patient pathway, emotional

wellbeing and support, inconsistency of community rehabilitation provision and a need for longer period of therapy following discharge from a hospital setting.

Phase Two of the review was due to commence following the local borough elections in May and the Stroke Association will lead on the work to engage with those within the local community identified as at risk of a stroke and to seek their views on initial proposals.

The Director of Commissioning and Transformation advised Members that feedback on the findings from the engagement, and proposed next steps will be shared with Members at the next meeting of this Scrutiny Committee.

Members' questions related to the discharge of stroke patients straight to home and the support in the community that was available to those patients during their recovery. The Director of Commissioning and Transformation advised Members that the review was looking at how community pathways could be better utilised as part of the engagement process and how the voluntary sector can contribute.

RESOLVED – That the Director of Commissioning and Transformation be thanked for her presentation.

HP52 DARLINGTON PARTNERSHIP UPDATE

The Partnership Director submitted a report (previously circulated) to update Members on the progress of Darlington Partnership as it continues to champion the Sustainable Community Strategy One Darlington: Perfectly Placed.

The submitted report outlined the agreed charter, 'Fairer, Richer, Darlington' which aims to narrow the gap between those families who are struggling financially through the three work streams: Interventions to Ensure Families have the Basics; Interventions to Boost Families' Resilience; and Interventions to Tackle the Causes of Poverty. Steering Groups had been established to take forward each work stream.

The submitted report also advised Members of the Darlington Cares Initiative, established through the Darlington Partnership and launched in October 2012 aimed at providing a means for Darlington's businesses to support the local community predominantly through employer supported volunteering. The range of projects include the Pick Pie and a Pint, The Great Parks Auction, The Big Community Challenge, Homework Clubs and Period Poverty. In total Darlington Cares Members had delivered over 11,000 hours of volunteering during 2018.

The submitted report also gave details of the Festival of Ingenuity; the Best of Darlington Awards; and the Volunteer Fair.

RESOLVED – That the report be noted and the work of the Darlington Partnership in engaging Darlington businesses to support the local community be welcomed.

HP53 END OF LIFE CARE FOR PEOPLE WITH DEMENTIA REVIEW GROUP PROGRESS REPORT

The Review Group Members of the Health and Partnerships and Adults and Housing

Scrutiny Committees submitted a report (previously circulated) updating Members on the progress of the Joint Review Group established by this committee and the Adults and Housing Scrutiny Committee to examine end of life care for people with dementia.

The report stated that the Joint Review Group was established following a recommendation in the final report of the Adults and Housing Scrutiny Committee 'Living Well with Dementia' and a scoping meeting was held on 25 April 2017 with further meetings held on 10 December 2018 and 20 February 2019.

It was reported that Members of the review group had undertaken visits and made contact with a number of organisations, seeking assurance that patients were receiving the best care at the end of their life.

It was also reported that whilst good progress had been made, Members acknowledged the need for further work including additional contact with organisations such as Alzheimer's Society and Independent Care Homes and a further meeting of the Review Group to discuss the policy in place at Darlington Memorial Hospital regarding end of life care for those living with dementia, with Dr Nicholson, Consultant on End of Life Care and a representative from the County Durham and Darlington NHS Foundation Trust (CDDFT).

RESOLVED – (a) That the progress of the Joint Review Group be noted.

(b) That the joint work of the Health and Partnerships Scrutiny Committee and the Adults and Housing Scrutiny Committee on the end of life care for people with dementia be continued during the 2019/20 Municipal Year.

HP54 WORK PROGRAMME

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2018/19.

Members discussed potential areas to add to the Work Programme and recommended that GP Access to appointments (to be part of a wider review of primary care) and Substance use/misuse be taken forward into the next Municipal Year.

RESOLVED – (a) That the current status of the Work Programme be noted.

(b) That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

HP55 HEALTH AND WELL BEING BOARD

Members are aware that the Board's Work Programme items were reflected in its agendas, that it was useful to have Members of Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

The next meeting of the Health and Wellbeing Board was scheduled for 4 July 2019.

RESOLVED – That Members look forward to receiving an update on the work of the Health and Wellbeing Board at a future meeting of this Scrutiny Committee.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 1 May 2019

PRESENT – Councillors Newall (Chair), Copeland, Crichlow, Heslop and Tostevin

APOLOGIES – Councillors J Taylor, Nutt, E A Richmond and Mrs H Scott,

ABSENT – Councillors Grundy and Haszeldine

OFFICERS IN ATTENDANCE – Miriam Davidson (Director of Public Health), Todd (Associate Director of Nursing (Patient Safety and Governance)), Michael Houghton (Director of Commissioning Strategy and Delivery), Leanne McCrindle (Head of Clinical Audit), Laura Kirkbride (Planning and Business Development Manager) and John Savage (Head of Nursing for Durham and Darlington)

HP56 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HP57 QUALITY ACCOUNTS 2018/19

The Director of Neighbourhood Services and Resources submitted a report (previously circulated) on the Quality Accounts 2018/19 for Tees, Esk and Wear Valley NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust and to seek Scrutiny Committee's approval of the Quality Accounts.

The submitted report stated Members had been more involved with the local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when submitting the commentaries on the Quality Accounts at the end of the Municipal Year 2018/19. As a result, Members committed to attending the Stakeholder events hosted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and County Durham and Darlington NHS Foundation Trust (CDDFT) and had received regular performance reports from both TEWV and CDDFT.

The Associate Director of Nursing (Patient Safety and Governance), County Durham and Darlington NHS Foundation Trust presented the Trust's Quality Accounts and in doing so responded to Members' questions on various aspects of the Accounts.

The Trust welcomed Members comments and thanked them for their input.

The Planning and Business Development Manager, the Head of Clinical Audit and the Head of Nursing provided a PowerPoint presentation for Members on the Trust's Quality Account and responded to Members' questions on various aspects of the Accounts.

Members were thanked for their commitment to responding to the Quality Account.

RESOLVED – That draft commentaries for the Quality Accounts 2018/19 for County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS

Foundation Trust be drafted and submitted to the respective Trusts for inclusion in the Quality Accounts for 2018/19.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**3 JULY 2019**

PERFORMANCE INDICATORS Q4 2018/19

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2018/19 at Quarter 4.

Report**Performance summary**

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs.
3. The indicators included in this report are aligned with key priorities and the majority are used to monitor the Corporate Plan 2017/21. Other indicators may be referenced when appropriate in narrative provided by the relevant assistant directors, when providing the committee with performance updates.
4. 30 indicators are reported to the Committee – 5 Culture indicators and 25 Public Health indicators. The majority of the indicators are reported annually, and all the Public Health indicators are reported in line with the Public Health Framework National reporting schedule which means the data is at least 1 (one) year in arrears or relates to aggregate periods.
5. At Q4, data is available for 5 (five) Culture indicators and there are 5 (five) Public Health indicators which have updated information to report. Additional indicators are referenced in the Highlight report (appendix 2) which provides more detailed information.

Culture

6. There are three indicators in the report that measure the activity of the adult population of Darlington. This measure is done annually through a Sport England survey where 1000 residents are contacted by telephone, answering a number of questions with regard to their physical activity. For 2018/19, the percentage of Darlington residents reporting that they are inactive (**CUL 008a**) has gone up from 27% to 33%. The number reporting that they are active doing 150 minutes of moderate activity per week (**CUL 009a**) has reduced slightly. The percentage of the adult population reporting that they have been physically active at least twice in the last month (**CUL 010a**) has slightly increased since last year. Overall Darlington has a similar adult physical activity rate to the north-east.

7. The number of school pupils participating in the sports development programme (CUL 063) has significantly increased over recent years; 12,500 in 2016/17 up to 23,500 in 2018/19. This is a result of a strong partnership between the Council and schools where a varied programme of sporting activity is delivered. Conversely, the number of individuals participating in the community sports development programme (CUL 064) has reduced, however this is as a result of a significant reduction in external funding, which has resulted in a reduced programme. There is still a range of opportunities provided in the community for residents to participate in the sports development programme.

Public Health

8. **PBH020 (PHOF 2.06i)** Excess weight in primary age children in Reception year. In Darlington in 2017/18 it was 23.8% an improvement from 25.0% in 2016/17.
9. **PBH021 (PHOF 2.06ii)** Excess weight among primary school age children in Year 6. In Darlington in 2017/18 it was 33.6% an improvement from 36.7% in 2016/17.
10. **PBH024 (PHOF 2.07i)** Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years). In Darlington in 2017/18 it was 232.6 a very small increase from 232.3 in 2016/17.
11. **PBH026 (PHOF 2.07i)** Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years). In Darlington in 2017/18 it was 155.8 a decrease from 166.0 in 2016/17.
12. **PBH027 (PHOF 2.07ii)** Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years). In Darlington in 2017/18 it was 189.8 an increase from 184.3 in 2016/17.
13. A detailed performance scorecard is attached at Appendix 1 showing performance against this agreed indicator set. A Public Health Performance Highlight report is attached at Appendix 2 providing more detailed information about the Public Health indicators (ref PBH) and is produced in response to the diversity of information and scale of budgets involved.
14. It is suggested monitoring focuses on issues and exceptions, and relevant officers will be in attendance at the meeting to respond to queries raised by the committee regarding the performance information contained within this report.
15. This Scrutiny Committee performance report was compiled by Neil Bowerbank. All queries regarding the performance measures within this report should be addressed to the appropriate assistant director.

Recommendations

16. It is recommended:

- a) that performance information provided in this report is reviewed and noted, and relevant queries raised with appropriate assistant directors;

Neil Bowerbank - Head of Strategy, Performance and Communications

Background papers

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

S17 Crime and Disorder	This report supports the Council's Crime and Disorder responsibilities
Health and Well Being	This report supports performance improvement relating to improving the health and wellbeing of residents
Sustainability	This report supports the Council's sustainability responsibilities
Diversity	This report supports the promotion of diversity
Wards Affected	This report supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	This report contributes to the Sustainable Community Strategy (SCS) by involving Members in the scrutiny of performance relating to the delivery of key outcomes
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

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Health & Partnerships

Performance Data

12/06/2019
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2018

2019

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30	Total	30	30	Total
12	= Better than same period last year (↑)	14	1	Better than target
	Better from when last reported (↑) =			
1	= The same as same period last year (↔)	1	0	Achieving target
	The same from when last reported (↔) =			
11	= Not as good as same period last year (↓)	10	1	Missing target
	Not as good from when last reported (↓) =			
6	Not comparable (blank)	5	28	No Target

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Latest data same period previous year	Latest data performance from same period last year	June	Sept	Dec	Mar	Mar - Num	Mar - Den	Trend from when last reported	Qtr 4 - March compare to target	Year End Target	Comments
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Annual	Smaller	%	26	28	-	-	-	25	27	27	↓	-	-	-	33	33	100	↓	-	-	Qtr 4 Slightly higher than the north-east average of 29%.
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Annual	Bigger	%	62	60	-	-	-	63	59	59	↓	-	-	-	58	58	100	↓	-	-	Qtr 4 Slightly lower than the north-east average of 59.3%.
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Annual	Bigger	%	77	75	-	-	-	76	75	75	↑	-	-	-	78	78	100	↑	-	-	Qtr 4 There is no overall regional comparison for this indicator.
CUL 063	Number of school pupils participating in the sports development programme	Monthly	Bigger	Num	-	-	-	-	-	12,546	20,052	20,052	↑	6,355	9,639	15,783	23,459	23,459			↑	15,000	Qtr 4 Significantly up on target and on last year due to strong programme.
CUL 064	Number of individuals participating in the community sports development programme	Monthly	Bigger	Num	-	-	-	-	-	7,864	7,900	7,900	↓	1,878	3,685	5,331	6,842	6,842			↓	8,000	Qtr 4 Slightly down on last year and target as a result of reduced funding available for activities out of school hours.
PBH 009	(PHOF 2.01) Low birth weight of term babies	Annual	Smaller	%	2.8	3.1	-	2.8	2.1	3.4	2.0	3.4	↑	-	-	-				↑	-	-	Qtr 4 .
PBH 013c	(PHOF 2.02ii) % of all infants due a 6-8 week check that are totally or partially breastfed	Annual	Bigger	%	43	32	31	34	34	34	32	34	↓	-	-	-				↓	-	-	Qtr 4 .
PBH 014	(PHOF 2.03) % of women who smoke at time of delivery	Annual	Smaller	%	11	16	-	20	15	16	16	16	↔	-	-	-				↔	-	-	Qtr 4 .
PBH 016	(PHOF 2.04) Rate of under-18 conceptions	Annual	Smaller	Num/Rate	19	25	27	27	25	24	-			-	-	-				↑	-	-	Qtr 4 .
PBH 018	(PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Annual	Bigger	%	90	95	85	-	32	88	98	88	↑	-	-	-				↑	-	-	Qtr 4 .
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year	Annual	Smaller	%	22	25	24	23	24	25	24	25	↑	-	-	-				↑	-	-	Qtr 4 The latest data is 2017/18. In comparison to our nearest 16 statistical neighbours, Darlington has the 7th lowest percentage of Reception children with excess weight, and is statistically similar to the England figure.
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6	Annual	Smaller	%	34	38	36	35	35	37	34	37	↑	-	-	-				↑	-	-	Qtr 4 The latest data is 2017/18. In comparison to our nearest 16 statistical neighbours, Darlington has the 3rd lowest percentage of Year 6 children with excess weight, and is statistically similar to the England figure.
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years of age)	Annual	Smaller	Per 10,000 pop	121	169	-	225	208	232	233	232	↓	-	-	-				↓	-	-	Qtr 4 The latest data is 2017/18. Among our 16 nearest statistical neighbours, Darlington has the highest rate of admissions among 0-4 year olds.
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years of age)	Annual	Smaller	Per 10,000 pop	96	130	-	165	143	166	156	166	↑	-	-	-				↑	-	-	Qtr 4 The latest data is 2017/18. Among our 16 nearest statistical neighbours, Darlington has the highest rate of admissions among 0-14 year olds.
PBH 027	(PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years of age)	Annual	Smaller	Per 10,000 pop	133	157	-	173	148	184	190	184	↓	-	-	-				↓	-	-	Qtr 4 The latest data is 2017/18. Darlington has the 3rd highest rate of hospital admissions in 15-24 year olds in comparison to our nearest statistical neighbours.
PBH 029	(PHOF 2.09i) Smoking prevalence – 15 year olds	Annual	Smaller	%	8.2	10	-	9.0	-	-	-			-	-	-					-	-	Qtr 4 .
PBH 031	(PHOF 2.10ii) Emergency Hospital Admissions for Intentional Self-Harm	Annual			186	244	-	230	193	210	228	210		-	-	-					-	-	Qtr 4 .
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over	Annual	Smaller	%	15	16	-	19	18	17	14	17	↑	-	-	-				↑	-	-	Qtr 4 .
PBH 035i	(PHOF 2.15i) Successful completion of drug treatment - opiate users	Annual	Bigger	%	6.5	4.9	-	5.9	4.8	2.8	3.7	2.8	↑	-	-	-				↑	-	-	Qtr 4 .
PBH 035ii	(PHOF 2.15ii) Successful completion of drug treatment - non-opiate users	Annual	Bigger	%	37	26	-	40	35	30	20	30	↓	-	-	-				↓	-	-	Qtr 4 .

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Latest data same period previous year	Latest data performance from same period last year	June	Sept	Dec	Mar	Mar - Num	Mar - Den	Trend from when last reported	Qtr 4 - March compare to target	Year End Target	Comments
PBH 035iii	(PHOF 2.15iii) Successful completion of alcohol treatment	Annual	Bigger	%	39	31	-	41	40	37	25	37	↓	-	-	-				↓		-	Qtr 4 .
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital	Annual	Smaller	Per 100,000 pop	632	862	-	705	735	765	737	765	↑	-	-	-				↑		-	Qtr 4 .
PBH 046	(PHOF 2.22iv) Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Annual	Bigger	%	49	44	-	-	-	-	48			-	-	-						-	Qtr 4 .
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Annual	Bigger	Per 100,000 pop	1,882	2,033	-	1,484	1,868	2,132	1,992	2,132	↓	-	-	-				↓		-	Qtr 4 .
PBH 050	(PHOF 3.04) People presenting with HIV at a late stage of infection	Annual	Smaller	%	41	40	-	38	45	17	-			-	-	-				↑		-	Qtr 4 .
PBH 052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Annual	Smaller	Num/Rate	1.0	1.2	-	-	1.2	1.2	1.3	1.2	↓	-	-	-				↓		-	Qtr 4 .
PBH 054	(PHOF 4.02) Proportion of five year old children free from dental decay** (NHSOF 3.7i)	Annual	Bigger	Num/Rate	77	76	-	65	-	74	-			-	-	-				↑		-	Qtr 4 .
PBH 056	(PHOF 4.04ii) Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged less than 75 per 100,000 population	Annual	Smaller	Per 100,000 pop	46	53	-	57	51	57	51	57	↑	-	-	-				↑		-	Qtr 4 .
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	Annual	Smaller	Per 100,000 pop	135	156	-	152	162	157	151	157	↑	-	-	-				↑		-	Qtr 4 .
PBH 060	(PHOF 4.07i) Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population	Annual	Smaller	Per 100,000 pop	34	44	-	33	36	40	41	40	↓	-	-	-				↓		-	Qtr 4 .



Darlington Borough Council

Public Health

January to March 2019

(Quarter 4)

Performance Highlight Report

2018-2019

Public Health Performance Introduction

The attached report describes the performance of a number of Contract Indicators and a number of Key or Wider Indicators.

Key Indicators are reported in different timeframes. Many are only reported annually and the period they are reporting can be more than a year in arrears or related to aggregated periods. The data for these indicators are produced and reported by external agencies such as ONS or PHE. The lag of reporting is due to the complexities of collecting, analysing and reporting of such large data sets. The schedule on page 3 sets out when the data will be available for the Key indicators and when they will be reported.

Those higher level population indicators, which are influenced largely by external factors, continue to demonstrate the widening of inequalities, with some key measures of population health showing a continuing trend of a widening gap between Darlington and England. For many of these indicators the Darlington position is mirrored in the widening gap between the North East Region and England.

Contract Indicators help monitor and contribute to changes in the Key Indicators. They are collected by our providers and monitored by the Public Health team, on a quarterly basis, as part of the contract monitoring and performance meetings with the providers throughout the lifetime of the contract. They enable providers to be accountable for the services that they are contracted to provide to Darlington residents on behalf of the Authority. The contract indicators are also used to assure Public Health England of the delivery of the Mandated Services that are commissioned using the Public Health Grant. The Contract indicators presented within the Public Health performance framework are selected from the greater number of indicators that are contained with the individual Performance Management Frameworks for each of the Public Health contracts and are used to highlight where performance has improved or deteriorated and what actions are being taken.

Timetable of reporting of Key Public Health Indicators

This is the schedule of the reporting of the agreed Key Public Health indicators. This schedule ensures that the most up to date information is used in these indicators

Timetable for "Key" Public Health Indicators

Please note the following is based on National reporting schedules and as such is a provisional schedule

Q1 Indicators

Indicator Num	Indicator description
PBH 009	(PHOF 2.01) Low birth weight of term babies
PBH 016	(PHOF 2.04) Rate of under 18 conceptions
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Q3 Indicators

Indicator Num	Indicator description
PBH 013c	(PHOF 2.02ii) % of all infants due a 6-8 week check that are totally or partially breastfed
PBH 014	(PHOF 2.03) % of women who smoke at time of delivery
PBH 018	(PHOF 2.05) Child development-Proportion of children aged 2-2.5 years offered ASQ-3 as part of the Healthy Child Programme or integrated review
PBH035i	(PHOF 2.15i) Successful completion of drug treatment-opiate users
PBH 035ii	(PHOF 2.15ii) Successful completion of drug treatment-non opiate users
PBH 035iii	(PHOF 2.15iii) Successful completion of alcohol treatment
PBH 050 *	(PHOF 3.04) People presenting with HIV at a late stage of infection
PBH 056	(PHOF 4.04ii) Age-standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged <75 per 100,000 population
PBH 060	(PHOF 4.07i) Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population

** Please note the figures in this indicator may be suppressed when reported*

Q2 Indicators

Indicator Num	Indicator description
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital
PBH 046	(PHOF 2.22iv) Take up of the NHS Health Check programme-by those eligible
PBH 052	(PHOF 3.08) Antimicrobial resistance

Q4 Indicators

Indicator Num	Indicator description
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injures to children (0-4 years)
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injures to children (0-14 years)
PBH 027	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injures to children (15-24 years)

For the indicators below update schedules are still pending (see detailed list tab for explanation)

PBH 029	(PHOF 2.09) Smoking Prevalence-15 year old
PBH 031	(PHOF 2.10) Self-harm
PBH 054	(PHOF 4.02) Proportion of five year old children free from dental decay

INDEX			
Indicator Num	Indicator description	Indicator type	Pages
<i>PBH020</i>	(PHOF 2.06i) Excess weight among primary school age children in Reception year	Key	8
<i>PBH021</i>	(PHOF 2.06ii) Excess weight among primary school age children in Year 6	Key	8
<i>PBH024</i>	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)	Key	11
<i>PBH026</i>	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)	Key	11
<i>PBH027</i>	(PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)	Key	11
<i>PBH015</i>	Number of adults identified as smoking in antenatal period.	Contract	14
<i>PBH037a</i>	Number of young people (<19yrs) seen by contraception and Sexual Health (CASH) Services.	Contract	15
<i>PBH037b</i>	Number of young people (<19yrs) seen by genitourinary medicine (GUM).	Contract	16
<i>PBH041</i>	Waiting times - number of adult alcohol only clients waiting over 3 weeks to start first intervention.	Contract	17
<i>PBH 049</i>	Percentage of those tested for chlamydia are notified within 10 days.	Contract	18

Quarter 4 Performance Summary

Key Indicators

Five Key indicators are reported this quarter; the indicators are:-

- **PBH020 (PHOF 2.06i) Excess weight in primary age children in Reception year.**
- **PBH021 (PHOF 2.06ii) Excess weight in primary age children in Year 6.**
- **PBH024 (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years).**
- **PBH026 (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years).**
- **PBH027 (PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years).**

It is important to note that these Key indicators describe population level outcomes and are influenced by a broad range of different factors including national policy, legislation and cultural change which affect largely the wider determinants of health or through the actions of other agencies. Due to the long time frame for any changes to be seen in these indicators the effect of local actions and interventions do not appear to have any effect on the Key indicators on a quarterly or even annual basis. Work continues to maintain and improve this performance by working in partnership to identify and tackle the health inequalities within and between communities in Darlington.

Contract Indicators

The contract indicators included in this highlight report are selected where a narrative is useful to understand performance described in the Key indicators to give an insight into the contribution that those directly commissioned services provided by the Public Health Grant have on the high level population Key indicators. There are a total of 5 indicators:

- **PBH015 Number of adults identified as smoking in antenatal period.**
- **PBH037a Number of young people (<19yrs) seen by contraception and Sexual Health (CASH) Services.**
- **PBH037b Number of young people (<19yrs) seen by genitourinary medicine (GUM).**
- **PBH041 Waiting times - number of adult alcohol only clients waiting over 3 weeks to start first intervention.**
- **PBH049 Percentage of those tested for chlamydia are notified within 10 days.**

Comparison to Quarter 3 2018/19 Highlight Report

Those contract indicators that were highlighted in the Quarter 3 report are updated with the current position below:

- 1. PBH013 % of all infants for whom feeding status is recorded at 6-8 week check:** Due to capacity issues the Health Visitor Service had been reporting a decrease in recorded feeding status of 6-8 week check infants. In Q4 this has now returned to expected levels, with 100% of all infants seen at 6-8 week check having their feeding status recorded
- 2. PBH013a % of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks:** After a small percentage decrease in percentage of infants at 6-8 weeks who were totally breastfed, this percentage has returned to expected levels in Q4, with 25% of infants seen at 6-8 week check totally breastfed.
- 3. PBH013b % of all infants for whom feeding status is recorded at 6-8 week checks partially breastfed at 6-8 weeks:** After a low of 7.7% in Q3, this indicator has now returned to expected levels, with 11% of infants seen at 6-8 weeks recorded as partially breastfed.
- 4. PBH015 Number of adults identified as smoking in the antenatal period:** In Q4 there has been a further decrease of pregnant smokers identified. This is explored further in the Q4 highlight report.
- 5. PBH015a Number of smoking quit dates set:** 51 clients have set a quit date in Q4, three fewer than Q3.
- 6. PBH015b % of successful smoking quitters at 4 weeks:** After a decrease in the rate of successful quits in Q3, the Q4 rate has increased marginally from 52% to 53%, not meeting the peak of 62% in Q2.
- 7. PBH002 % of children who received a 2-2.5 year health review:** 97% of children seen by the 0-19 service in Q4 received a 2-2.5 year health review. The Service continues to exceed the 95% target.
- 8. PBH045 Number of adults in alcohol treatment:** There has been a steady decrease of adults seeking alcohol treatment (a trend also seen nationally) despite estimated alcoholism prevalence in the population remaining similar. The Recovery and Wellbeing Service is now reporting a small increase in alcohol clients in Q4. This will be monitored closely in 2019/20.
- 9. PBH051 % uptake of HIV testing:** Uptake of HIV testing continues to decline in Q4, after a peak of 81% in Q2.
- 10. PBH049 % of those tested for chlamydia are notified within 10 days:** Testing remains above 90%, this indicator is explored further in the Q4 highlight report.
- 11. PBH047 Total number of NHS Health Checks completed:** 1068 NHS Health Checks were completed in Q4, an increase of 252 appointments in comparison to Q3.
- 12. PBH 057 Total number of NHS Health Checks offered:** 2476 appointments were offered in Q4, an increase of 941 appointments.

Summary of highlights and achievements in 2018/19

The identified Key and Contract indicators reported over 2018/19 performed well over the year with most remaining stable or improving compared to previous years. Our Providers have performed well against contractual targets maintaining performance consistently on or above target across the majority of indicators monitored and even in those where targets have not been met have demonstrated key improvements. This has ensured that the activity from our contracted services continues to make a positive contribution to the health improvement and health protection of people in Darlington.

Key highlights of where performance has improved include:-

- **PBH035i (PHOF 2.15i) Successful completion of drug treatment - opiate users.** This is a Key indicator and is included in the Public Health Outcome Framework. This indicator has improved for the first time in several years increasing from 2.8% in 2016/17 to 3.7% in 2017/18. This is now statistically similar to the North East average and reflects some concerted action with the provider to improve performance.
- **PBH033 (PHOF 2.14) Prevalence of smoking among persons aged 18 years and over.** This is a Key indicator and is included in the Public Health Outcome Framework. This has shown a steady reduction over time and reduced from 17% in 2016/17 to 14% in 2017/18. This has been the largest percentage reduction in smoking prevalence in Darlington in one year since 2011/12. This continued reduction reflects the impact of the ongoing legislative and fiscal measures implemented by national government in Darlington and local enforcement. It also reflects the impact of local messages provided by a range of professionals and agencies and the offer of a range of different and more accessible support options for smokers to quit. It also reflects the declining numbers of young people who are smokers.
- **PBH018 (PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review.** This is a Key indicator and is included in the Public Health Outcome Framework. This has shown significant improvement over recent years, increasing from 88% to 98% between 2016/17 and 2018/19. This is now statistically better than both the England and North East average. This improvement has been supported by the actions of the 0-19 Healthy Child Service. They worked closely with parents and professionals in early years settings to provide a more accessible offer to ensure that the majority of children received this important developmental check in a timely period.
- **PBH045 Number of adults in alcohol treatment.** This is a Contract indicator and has shown significant improvement compared to the same period last year. This has shown a consistent quarterly increase from 125 in treatment in the last quarter of 2016/17 to 150 in treatment in the last quarter of 2017/18. This increase follows a programme of focussed work with NECA, the provider of Recovery and Treatment services for Darlington over the past year. This has included a 'deep dive' review of processes and practice by Public Health England and a programme of engagement and investigation by the Public Health team. The provider has changed processes to

make the services more accessible and has promoted the service across other agencies and engaged with key professionals to ensure that they refer individuals to support.

- **PBH046 (PHOF 2.22iv) Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period.** This is a Key indicator and is included in the Public Health Outcome Framework. This shows that 48 percent of all those who were eligible for an NHS Health Check received one, with Darlington being statistically similar to England and statistically better than the other authorities in North East region. This reflects the activity across all 11 GP Practices in providing access to NHS Health Checks to sufficient numbers of eligible population.

Headlines from the Public Health Work Programme 2018/19

The work programme supports the delivery of the statutory Public Health duties and responsibilities of the authority including the commissioning and procurement of mandated services. Key highlights from the work programme include:-

- NHS Health Checks – this was reviewed with a successful procurement process which has changed the way that this service is now commissioned. A management company is responsible for the overall running of the different aspects of the delivery of the service. This includes ensuring a standard offer across the borough and improving the quality of the delivery of the Health Check for individual patients.
- Healthy New Towns – this multi-agency partnership project funded by NHS England was successfully completed this year including being shortlisted for a national award from the Local Government Association.
- The Director of Public Health Annual Report was successfully published and distributed to key stakeholders including elected members and the local NHS. The report examined the links between health and the wider determinants such as housing, income, education, employment and environment. This report described inequalities across the life course including the best start in life, living and working well and healthy ageing. The report made some specific recommendations for action at a local level to tackle health inequality through asset based community development approaches, and showcased some positive examples of this approach across partners in Darlington.
- Another Healthy Lifestyle Survey was successfully undertaken with over 30 schools and 6,560 pupils taking part. The survey consists of an anonymous online survey which asks about experiences, attitudes and behaviours across a range of topics related to health and wellbeing. The results indicate that young people of this age in Darlington largely understand the health information and messages they receive and report that they act on this information and messages through exhibiting positive attitudes and health seeking behaviours. They report negative attitudes to behaviours that have a detrimental effect on their health or the health of others.
- The Childhood Healthy Weight Plan for Darlington has been completed. This identifies key contributory factors that drive unhealthy weight in children and young people in Darlington and identifies key actions and interventions that are required to help reduce weight. This has resulted in the successful secondment of an

Environmental Health Officer to support the delivery of the plan over the next two years.

- The first year of the Tooth Brushing pilot scheme for nursery and reception pupils in Darlington has been successfully complete. This is being delivered by the Oral Health Promotion team in partnership with parents local early years staff, schools, school nurses and RESH coordinator, as a key intervention to address the poor dental health status of preschool children in Darlington. This aims to work with Early Year's settings to provide training and support to staff to work with children in undertaking effective tooth brushing and making brushing teeth a social norm in the peer group. This has been well received by parents and stakeholders and is now proceeding into the second year.

The challenges to effective delivery over the past year include the impact of increasing demand on providers with increasing complexity of cases which can have a negative effect on achieving performance targets. The ongoing reduction in capacity in key partner agencies has also been a challenge over the past year. This reduces stakeholder's ability to engage in partnership work which is essential to deliver public health outcomes and tackle inequalities in the borough.

KEY INDICATORS

KEY PBH020 – (PHOF 2.06i) Excess weight among primary school age children in Reception year

KEY PBH021 – (PHOF 2.06ii) Excess weight among primary school age children in Year 6

Definition: Proportion of children aged 4-5 years or 10-11 years classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Numerator: Number of children in Reception (aged 4-5 years) or number of children in Year 6 (10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Denominator: Number of children in Reception (aged 4-5 years) or number of children in Year 6 (10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.

Latest update: 2017/18 **Current performance: 23.8% (Reception), 33.6% (Year 6)**

Figure 1-CIPFA nearest neighbours' comparison (Reception)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	136,586	22.4	22.3	22.5
Bury	↑	10	503	21.2	19.6	22.9
Bolton	→	6	851	22.2	20.9	23.5
Derby	→	4	744	22.4	21.0	23.8
Telford and Wrekin	-	8	465	22.7	20.9	24.5
Stockton-on-Tees	↓	1	550	23.0	21.4	24.7
Tameside	→	11	680	23.4	21.9	25.0
Darlington	→	-	279	23.8	21.5	26.3
Plymouth	→	9	667	24.4	22.8	26.0
Doncaster	→	13	881	24.5	23.1	25.9
Dudley	↑	3	931	24.6	23.2	26.0
Calderdale	↑	7	628	25.3	23.7	27.1
North East Lincolnshire	→	2	494	25.5	23.6	27.4
Rotherham	↑	12	814	25.5	24.0	27.1
Warrington	↑	14	627	25.8	24.1	27.6
Wigan	↑	15	952	26.3	24.9	27.8
St. Helens	↑	5	588	28.6	26.6	30.5

Compared with benchmark ■ Better ■ Similar ■ Worse ■ Not compared

Figure 2-CIPFA nearest neighbours' comparison (Year 6)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	197,888	34.3	34.2	34.4
Warrington	→	14	779	32.9	31.0	34.8
Plymouth	→	9	830	33.2	31.4	35.1
Darlington	→	-	383	33.6	30.9	36.4
Bury	↑	10	764	34.2	32.3	36.2
Doncaster	→	13	1,156	34.6	33.0	36.2
North East Lincolnshire	→	2	647	35.1	33.0	37.3
Calderdale	↑	7	857	35.4	33.5	37.3
Rotherham	→	12	1,114	36.1	34.5	37.8
Bolton	↑	6	1,360	36.2	34.6	37.7
Wigan	↑	15	1,248	36.2	34.6	37.8
Derby	↑	4	1,163	36.8	35.1	38.5
Tameside	→	11	931	37.0	35.1	38.9
Stockton-on-Tees	→	1	867	37.6	35.6	39.6
Telford and Wrekin	-	8	783	38.0	36.0	40.2
St. Helens	→	5	711	38.1	35.9	40.3
Dudley	↑	3	1,349	39.8	38.1	41.4

What is the data telling us?

Excess weight in 4-5 year olds in Darlington is statistically similar to the national figure for 2017/18 as is excess weight in 10-11 year olds. Excess weight in 10-11 year olds largely follows the national trend of a slow increase since 2010/11.

In comparison to our 16 nearest statistical neighbours, Darlington has the 7th lowest percentage of reception children with excess weight and the 3rd lowest percentage of Year 6 children with excess weight.

Why is this important to inequalities?

The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

What are we doing about it?

The Childhood Healthy Weight Plan for Darlington aims to increase the proportion of children leaving primary school with a healthy weight. This plan works with partners including parents, schools and other agencies to take a whole systems approach to reducing childhood obesity.

For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work on supporting new mothers making choices around breastfeeding, infant

feeding and weaning to reduce the risks of infants becoming obese before they start in reception.

The parents of those children who take part in the NCMP receive a personalised letter informing them of the results and what this might mean for the health of their child. Those identified as overweight and/or obese are provided with advice and signposted to potential interventions that are designed to help children achieve a healthy weight.

KEY PBH024 – (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)

KEY PBH026 (PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years).

KEY PBH027 (PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)

Definition: Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years, under 15 years and 15-24 years per 10,000 resident population aged under 5 years, under 15 years and 15-24 years.

Numerator: The number of finished emergency admissions (episode number = 1, admission method starts with 2), with one or more codes for injuries and other adverse effects of external causes (ICD 10: S00-T79 and/or V01-Y36) in any diagnostic field position, in children (aged 0-4 years). Admissions are only included if they have a valid Local Authority code.

Denominator: Local authority figures: Mid-year population estimates: Single year of age and sex for local authorities in England and Wales; estimated resident population.

Latest Update: 2017/18

Current performance: 232.6 (0-4 years), 155.8 (0-14 years) and 189.8 (15-24 years)

Figure 3-CIPFA nearest neighbours' comparison (0-4 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	41,025	121.2	120.0	122.4
Derby	↓	4	102	59.7	48.7	72.5
Dudley	↓	3	183	94.3	81.1	109.0
North East Lincolnshire	→	2	101	104.6	85.2	127.1
Doncaster	↓	13	197	106.7	92.3	122.7
Rotherham	↓	12	174	108.9	93.4	126.4
Wigan	↓	15	225	121.6	106.2	138.5
Warrington	↓	14	168	137.6	117.6	160.1
Bolton	↓	6	277	142.3	126.0	160.1
Stockton-on-Tees	↓	1	172	144.4	123.6	167.6
Calderdale	→	7	193	150.7	130.2	173.6
St. Helens	↓	5	166	161.4	137.7	187.9
Telford and Wrekin	→	8	180	162.1	139.3	187.6
Plymouth	↓	9	279	182.3	161.5	204.9
Tameside	→	11	285	194.4	172.4	218.3
Bury	→	10	240	198.2	173.9	224.9
Darlington	→	-	142	232.6	195.9	274.2

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

Figure 4-CIPFA nearest neighbours' comparison (0-14 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	96,910	96.4	95.8	97.1
Derby	↓	4	271	53.3	47.2	60.1
Rotherham	↓	12	395	82.3	74.4	90.8
Dudley	↓	3	478	82.5	75.3	90.3
North East Lincolnshire	↓	2	263	90.1	79.5	101.7
Stockton-on-Tees	↓	1	356	96.9	87.1	107.5
Doncaster	↓	13	558	99.8	91.6	108.4
Bolton	↓	6	573	100.2	92.2	108.7
Wigan	↓	15	578	100.8	92.8	109.4
Calderdale	↓	7	459	118.2	107.6	129.5
Telford and Wrekin	→	8	415	122.4	110.9	134.8
Bury	↓	10	448	122.5	111.4	134.4
Warrington	↓	14	466	124.6	113.6	136.5
St. Helens	→	5	395	127.9	115.6	141.2
Plymouth	↓	9	582	130.5	120.1	141.6
Tameside	→	11	590	139.6	128.6	151.3
Darlington	→	-	296	155.8	138.6	174.6

Figure 5-CIPFA nearest neighbours' comparison (15-24 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	88,181	132.7	131.8	133.5
Derby	↓	4	401	115.6	104.6	127.5
Telford and Wrekin	↓	8	260	120.0	105.9	135.5
North East Lincolnshire	↓	2	207	120.8	104.9	138.5
Dudley	→	3	429	121.0	109.8	133.0
Plymouth	↓	9	492	123.0	112.4	134.3
Rotherham	↓	12	365	125.6	113.1	139.2
Bolton	→	6	446	132.7	120.7	145.6
Tameside	↓	11	335	135.1	121.0	150.4
Bury	→	10	300	146.3	130.2	163.9
Calderdale	↓	7	332	148.1	132.6	165.0
Stockton-on-Tees	↓	1	360	158.3	142.3	175.5
Doncaster	↑	13	563	169.1	155.4	183.6
Wigan	↓	15	612	175.1	161.5	189.5
Darlington	→	-	209	189.8	165.0	217.4
Warrington	→	14	508	225.4	206.2	245.9
St. Helens	→	5	459	237.8	216.6	260.6

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

Darlington has consistently since 2010/11, reported higher rates of 0-4 year olds, 0-14 year olds and 15-24 year olds admitted to hospital for unintentional and deliberate injuries, in comparison to the England rate. This is also true when benchmarking Darlington rates against regional data.

The latest data (2017/18) shows Darlington has the highest rate of hospital admissions for 0-4 years and 0-14 years among our nearest statistical neighbours. For 15-24 years hospital admissions, Darlington has the 3rd highest rate among our statistical nearest neighbours.

Why is this important to inequalities?

Injuries are a leading cause of hospitalisation and represent a major cause of morbidity and premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

It is estimated that one in 12 deaths in children aged 1-4 years old are due to injuries in and around the home.

Available data for this age group in England suggests that those living in more deprived areas (as defined by the IMD 2015) are more likely to have an unintentional injury than those living in least deprived areas.

Preventing unintentional injuries has been identified as part of Public Health England's Giving Every Child the Best Start in Life priority actions.

What are we doing about it?

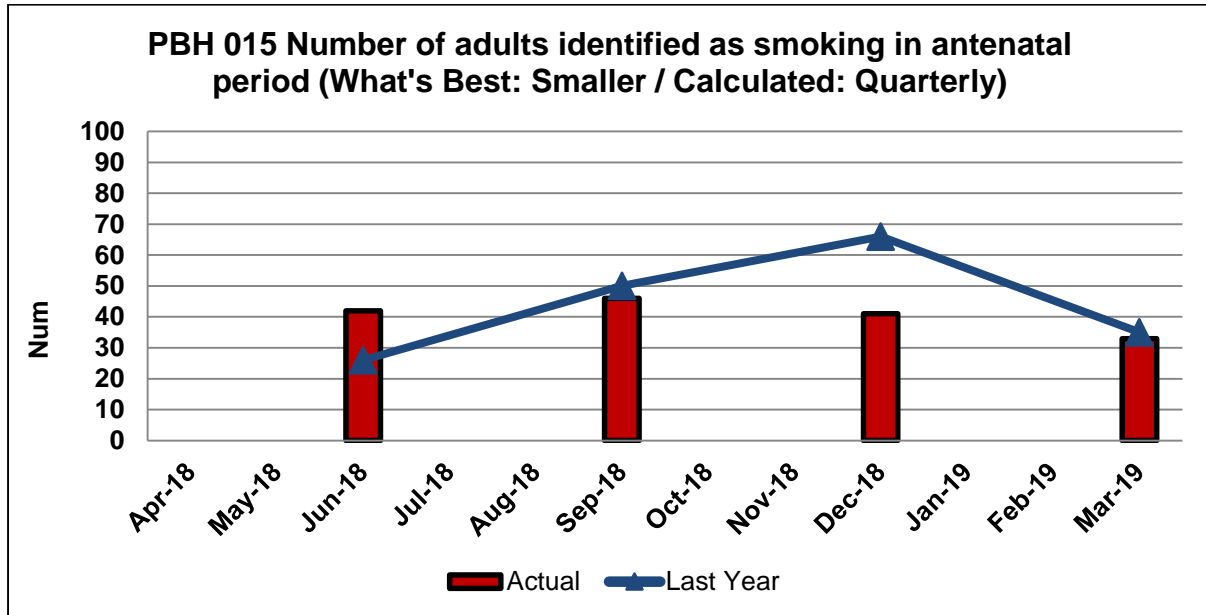
The 0-19 Service is informed of those children and young people who have attended Accident and Emergency (A+E) where the A+E staff have had concerns relating to the frequency or reasons for attendance, for example repeat admissions due to falls from avoidable accidents in the home.

For younger children under five years old their Health Visitor and for school aged children the School Nurse will review this information alongside information that they have about the child and the family and assess the risk and likelihood of further injury and attendance at A+E. Based on this assessment the Health Visitor/School Nurse may make a specific appointment to follow up with the child and their family. Depending on the nature of the A+E attendance the intervention will include the provision of information, advice and support to the parent to avoid a similar incident. This may also include referral or signposting to other agencies or services including Early Help Services. If a multiagency response is indicated the Health Visitor/School Nurse may initiate a CAF or TAF to avoid a repeat admission or further injury to the child.

The Public Health team is supporting colleagues in Darlington Clinical Commissioning Group to identify underlying trends and contributory factors across the system for the high level of childhood admissions as part of the local Right Care implementation group. The Public Health team are also working with other colleagues to help develop actions and strategies which aim to help reduce these admissions in Darlington.

Contract Indicator:

PBH 015 Number of adults identified as smoking in the antenatal period



Service Provider: NECA and County Durham and Darlington NHS Foundation Trust

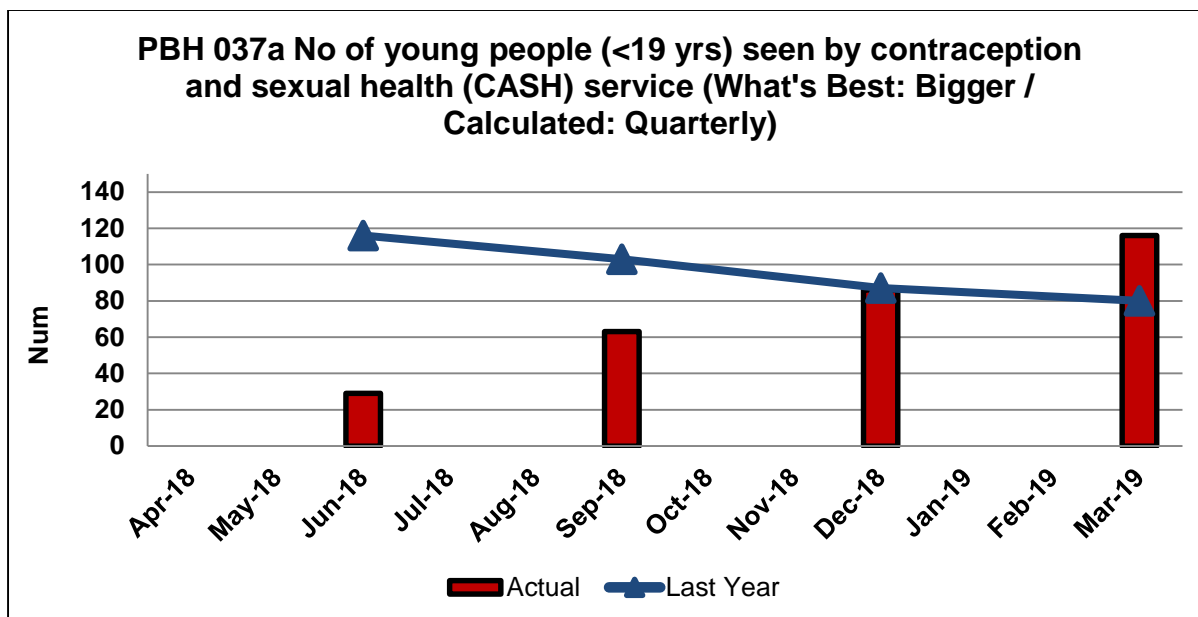
What is the story the data is telling us?

The data shows us a reduction in the numbers of women who are recorded as smokers while pregnant, compared to previous quarters and the same period last year. This means that less unborn babies are exposed to the harm from tobacco before they are born.

What more needs to happen?

The regional and local Maternity Services Public Health Prevention Plan has a focus on reducing the harm to children from tobacco during and after pregnancy. County Durham and Darlington Foundation Trust (CDDFT) are implementing some key actions including more focussed training and support for midwives in brief interventions, better screening and automatic referral to specialist services, better access to pharmacotherapies and more consistent support for mothers throughout pregnancy. More actions are recommended including seamless referral to Stop Smoking Services and more advanced smoking cessation training by midwives. These actions will be undertaken by CDDFT Maternity Services across the Trust and supported by partners including the Clinical Commissioning Group and the Public Health team. The communication between Maternity, Primary Care and Health Visiting teams to ensure timely notification of pregnancy to ensure prompt identification and offer of stop smoking support in the antenatal period continues.

PBH 037a Number of young people (<19yrs) seen by Contraception and Sexual Health (CASH) Services



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the story the data is telling us?

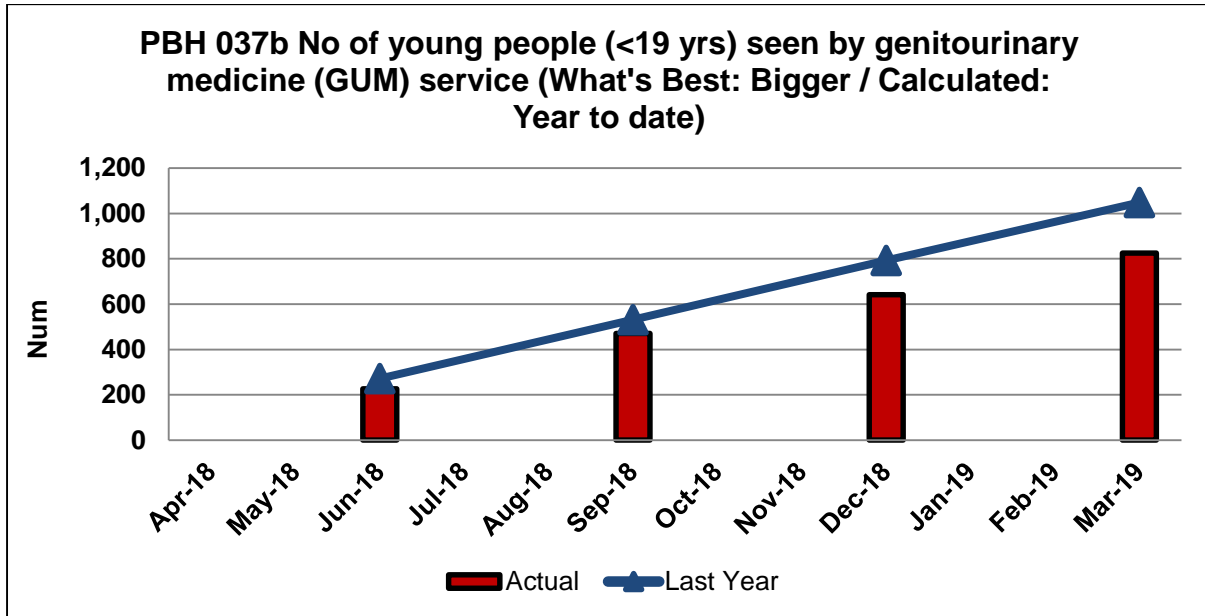
The data is showing an increase in the numbers of young people aged under 19 years who have been seen by the Contraceptive and Sexual Health (CASH) Service compared to the same period last year.

What more needs to happen?

The integrated Sexual Health Service contract was mobilised last year and work continues to ensure that the systems and process in place reduce any barriers to accessing the Service for young people. This has included a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Service now offers weekend or evening appointments and work continues to integrate this Service to ensure that all service users including young people get a consistent high quality Service. This includes the development and implementation of a common quality standards and an integrated training programme across all disciplines within the Service.

PBH 037b Number of young people (<19yrs) seen by genitourinary medicine (GUM)



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the story the data is telling us?

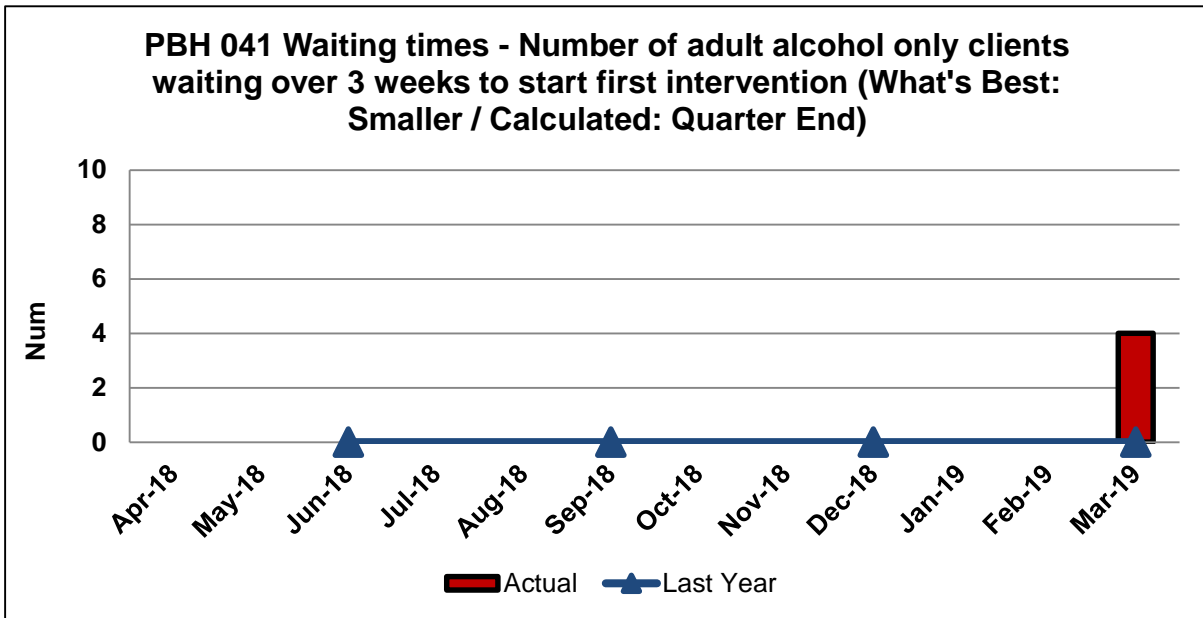
The data shows us a decrease in the numbers of young people under the age of 19 years that were seen by the Sexual Health Services in Darlington compared to the same period last year.

What more needs to happen?

The integrated Sexual Health Service contract was mobilised last year and work continues to ensure that the systems and process in place reduce any barriers to accessing the Service for young people. This has included a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Provider continues to work to ensure that GUM services remain accessible to young people. This includes implementing options such as postal testing for common diseases such as Chlamydia. The Provider also offers other options for result notifications including text services. This reduces the requirement for young people to have make time or have to travel to visit the clinic for low risk or routine processes. The Provider is also developing and implementing standard operating procedures to be able to ensure that patients are identified and streamed into the most appropriate service. Work is continuing to provide integrated booking of appointments across the Service providing a seamless journey for the patient.

PBH 041
Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention



Service Provider: NECA

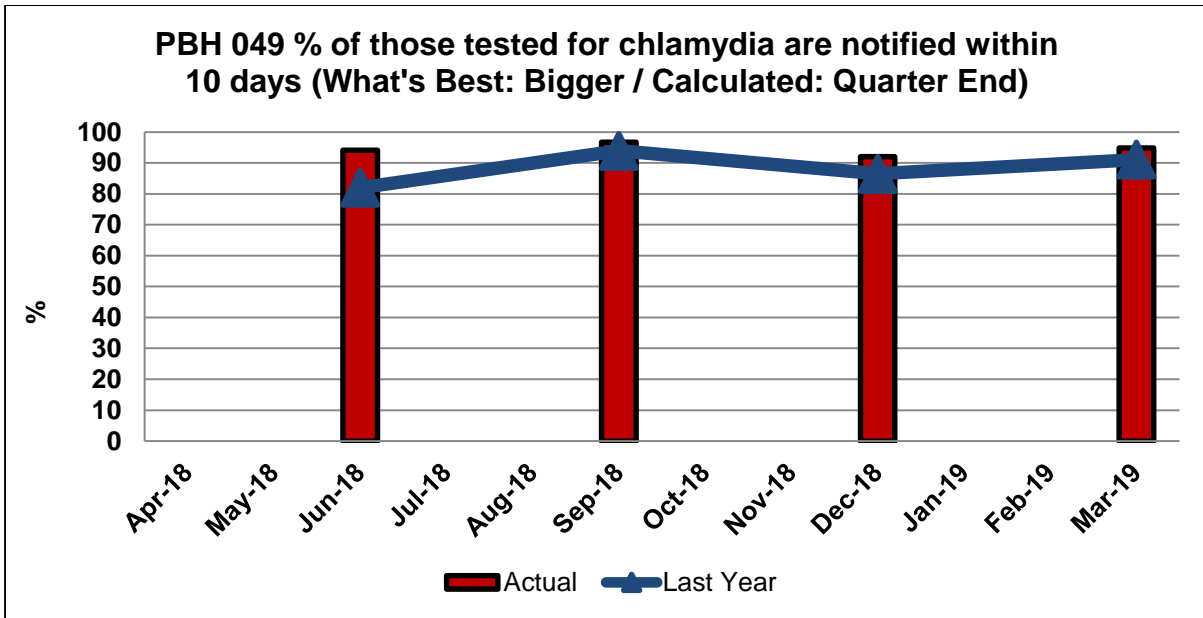
What is the story the data is telling us?

The data shows an increase in the numbers of service users who waited over 3 weeks to start their first intervention for alcohol compared to the last quarter and the same period last year. A total of 4 clients waited more than 3 weeks to start their first treatment for alcohol.

What more needs to happen?

The Provider investigated each 'wait' where a service user waited more than 3 weeks. 2 'waits' were due to service users missing assessment appointments, and 2 'waits' were the result of the closure of the treatment centre over the festive period along with a spike in demand over this period. All service users had been assessed at first presentation and none required urgent intervention or referral. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

PBH 049
Percentage of those tested for chlamydia are notified within 10 days



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the story the data is telling us?

The data shows that the percentage of those tested for chlamydia are notified within the national clinical standard of 10 days has increased from the last quarter and the same period last year. It also shows an increase across the financial year. This ensures that the individuals who are tested are aware of their diagnosis or infection status. This enables individuals who are diagnosed with an infection to receive the most appropriate treatment promptly avoiding secondary infections in sexual partners. It also enables those who are free from infection to make choices about their sexual health and behaviours to avoid future infections.

What more needs to happen?

The Provider has implemented an electronic notification system from the lab to the clinician to reduce to a minimum the delay for clinical staff being notified of any results. The Provider also provides an option of text notification to patients at the point of testing. The previous dip in performance was due to problems in the hospital lab’s capacity which was compounded by the impact of the relocation of the clinic in the Hospital site. This resulted in a period of closure while the clinic transferred to their new location. This indicator is monitored and reviewed as part of the quarterly contract review meetings with the provider. No specific actions are currently required for this indicator.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 3 JULY 2019

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2019/20 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

Summary

2. Members are requested to consider the attached draft work programme (**Appendix 1**) for the next Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee in the last Municipal Year.
3. Once the work programme has been approved by this Scrutiny Committee, any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendations

4. Members are requested to consider and approve the attached draft work programme as the agreed work programme for the Municipal year 2019/20 and consider any additional items which they might wish to include.

Paul Wildsmith
Managing Director

Background Papers

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

Author: Allison Hill

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the eight outcomes.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. The format of the proposed work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
6. Each topic links to the outcomes and the conditions in the Sustainable Community Strategy – One Darlington Perfectly Placed:-

SCS Outcomes:

- a) Children with the best start in life
- b) More businesses more jobs
- c) A safe and caring community
- d) More people caring for our environment
- e) More people active and involved
- f) Enough support for people when needed
- g) More people healthy and independent
- h) A place designed to thrive

Three Conditions:

- a) Build strong communities
- b) Grow the economy
- c) Spend every pound wisely

7. In addition, each topic links to performance indicators from the Performance Management Framework (PMF) to provide robust and accurate data for Members to use when considering topics and the work they wish to undertake. There are some topics where appropriate PMF indicators have not yet been identified however; these can be added as the work programme for each topic is developed.

Forward Plan and Additional Items

8. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims. A revised process for adding an item to a previously approved work programme, has been agreed by the Monitoring and Co-ordination Group.

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HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Performance Management and Regulation/ Management of Change Page 39	Year End/Q4 - 3 July 2019 Quarter 1 – 4 Sept 2019	Relevant AD	A safe and caring community Children with the best start in life More people healthy and independent More people healthy and independent	Build strong communities. Spend every pound wisely	Full PMF suite of indicators	To receive quarterly monitoring reports and undertake any further detailed work into particular outcomes if necessary
Monitoring Outcomes from the Medium Term Financial Plan 2016-20 Impact of ceasing/ reducing the following and has there been any cost shunting to other areas within the Council as a result of:-		Miriam Davidson/ Christine Shields	A safe and caring community Children with the best start in life More people healthy and independent	Build strong communities. Spend every pound wisely	Full PMF suite of indicators	To receive monitoring reports and undertake any further detailed work into particular outcomes if necessary

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Voluntary Sector Funding</p> <p>Healthwatch Darlington Streamlined Service Offered by HWD since April 2017</p>	<p>Update report 4 September 2019</p> <p>Last considered 19 December 2018 and 4 July 2018</p> <p>The Annual Report of Healthwatch Darlington</p> <p>4 September 2019.</p>	<p>Christine Shields</p> <p>Michelle Thompson, HWD</p>				<p>To update Members following the monitoring and evaluation of this funded projects</p> <p>To scrutinise and monitor the service provided by Healthwatch – Annual</p>
<p>Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP))</p>	<p>Engagement and Communication Strategy – To be confirmed</p> <p>Last reported 13 March 2019</p>	<p>Gillian Curry, Head of Comms and Charity, CDDFT</p> <p>Nicola Bailey CCG</p>	<p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>		<p>To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>To incorporate -</p> <p>Discharge to Assess and Discharge Management</p> <p>To include Maternity Services</p>	<p>Last considered 20 December 2017</p>	<p>DBC/CCG/ CDDFT</p> <p>Sue Jacques CDDFT</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p> <p>Children with the best start in life</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p> <p>To be determined</p>	<p>To scrutinise the processes around discharge</p> <p>To receive regular updates and assurances with regard to maternity services</p>
<p>CCG Stroke Services/Review of Stroke Rehabilitation Services</p>	<p>Feedback report on consultation 4 September 2019</p> <p>Update on public consultation - 13 March 2019</p>	<p>Karen Hawkins Darlington CCG and Michael Houghton, NHS North Durham CCG</p>	<p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p>	<p>To be determined</p>	<p>To scrutinise and challenge the CCG's and review of Stroke Rehabilitation Services in the community following discharge from Bishop Auckland Hospital</p>

Page 2

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Director of Public Health Annual Report 2019/20 and Health Profile	18 December 2019	Miriam Davidson	More people healthy and independent			Annual report
<p>Primary Care (to include GP Access to appointments)</p> <p>(1) Digital Health (formerly Telehealth)</p> <p>(2) New Models of Care</p> <p>To include: the vision and proposals for Community Hubs around Darlington.</p>	<p>Update on new GP contract – 4 September 2019</p> <p>Last considered 19 December 2018 ; and by Review Group 16 Nov 2016</p> <p>Last considered 14 February 2018</p>	<p>Karen Hawkins CCG</p> <p>Ian Dove CDDFT</p> <p>Karen Hawkins, CCG</p>	<p>More people healthy and independent</p> <p>More people active and involved</p>	<p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p>		<p>To scrutinise and challenge new Models of Primary Care</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Social Prescribing and NHS Long Term View</p> <p>The role of Health Navigators</p> <p>Page 43</p>	<p>Last considered 12 Sep 2018</p> <p>Progress report on new model to be provided in 6 months' time</p> <p>Last considered 14 Feb 2018</p>	<p>Karen Hawkins CCG</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p>	

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	Last considered 4 July 2018 Updates to be provided when available	Graeme Niven, NHS Darlington CCG	More people healthy and independent	Build Strong Communities Spending Every Pound Wisely		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties and service delivery 2018/19
Substance Use/Misuse Drugs and Alcohol (to include the promotion of non alcoholic drinks)	Date to be confirmed					

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JOINT COMMITTEE WORKING – ADULTS AND HOUSING SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>End of Life and Palliative Care – To include the Dementia End of Life Pathway</p> <p>Health and Partnerships to lead</p>	<p>Date to be advised</p> <p>Scoping Meeting held 25Apr17.</p> <p>Work is ongoing with support from Dr Malcolm Moffatt of Public Health.</p>	CDDFT/CCG	<p>A safe and caring community</p> <p>Enough support for people when needed.</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	To be determined	To scrutinise the provision of end of life care for people suffering from dementia across all agencies and service providers
<p>Community Equipment Loan Service (CELS)</p> <p>Adults and Housing to lead</p>	<p>Members of A&H Scrutiny updated H&P Scrutiny following a visit to Mediquip 21 June 2017</p>	Darlington CCG	<p>More people healthy and independent</p>	<p>Spend Every Pound Wisely</p>	To be determined	To scrutinise and monitor the spend and review the operation of the contract following its award in 2015.
<p>Domiciliary Care</p> <p>Adults and Housing to lead</p>	<p>Date to be advised</p>	<p>CDDFT</p> <p>HWD looking at Domiciliary Care</p>	<p>More people healthy and independent</p>	<p>Spend Every Pound Wisely</p> <p>Build Strong Communities</p>	To be determined	To scrutinise and challenge processes in place

JOINT COMMITTEE WORKING – CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

<p>Mental Health and Wellbeing for Children and Young People in Darlington</p>	<p>To be decided</p>	<p>Ken Ross</p>	<p>More people healthy and independent More people active and involved</p>	<p>Spending Every Pound Wisely Build Strong Communities</p>	<p>To be determined</p>	<p>To examine the CAMHS Service</p>
<p>Childhood Healthy Weight Plan (Childhood Obesity Strategy) Children and Young People to lead</p> <p>P 80 47</p>	<p>Review suspended for Children and Young people to scrutinise the effectiveness of the Childhood Healthy Weight Plan. 27 November 2017. Interim report to Cabinet 11 September 2018.</p>	<p>Ken Ross</p>	<p>Children with the best start in life</p>	<p>Spending Every Pound Wisely Build Strong Communities</p>	<p>To be determined</p>	<p>To review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.</p>

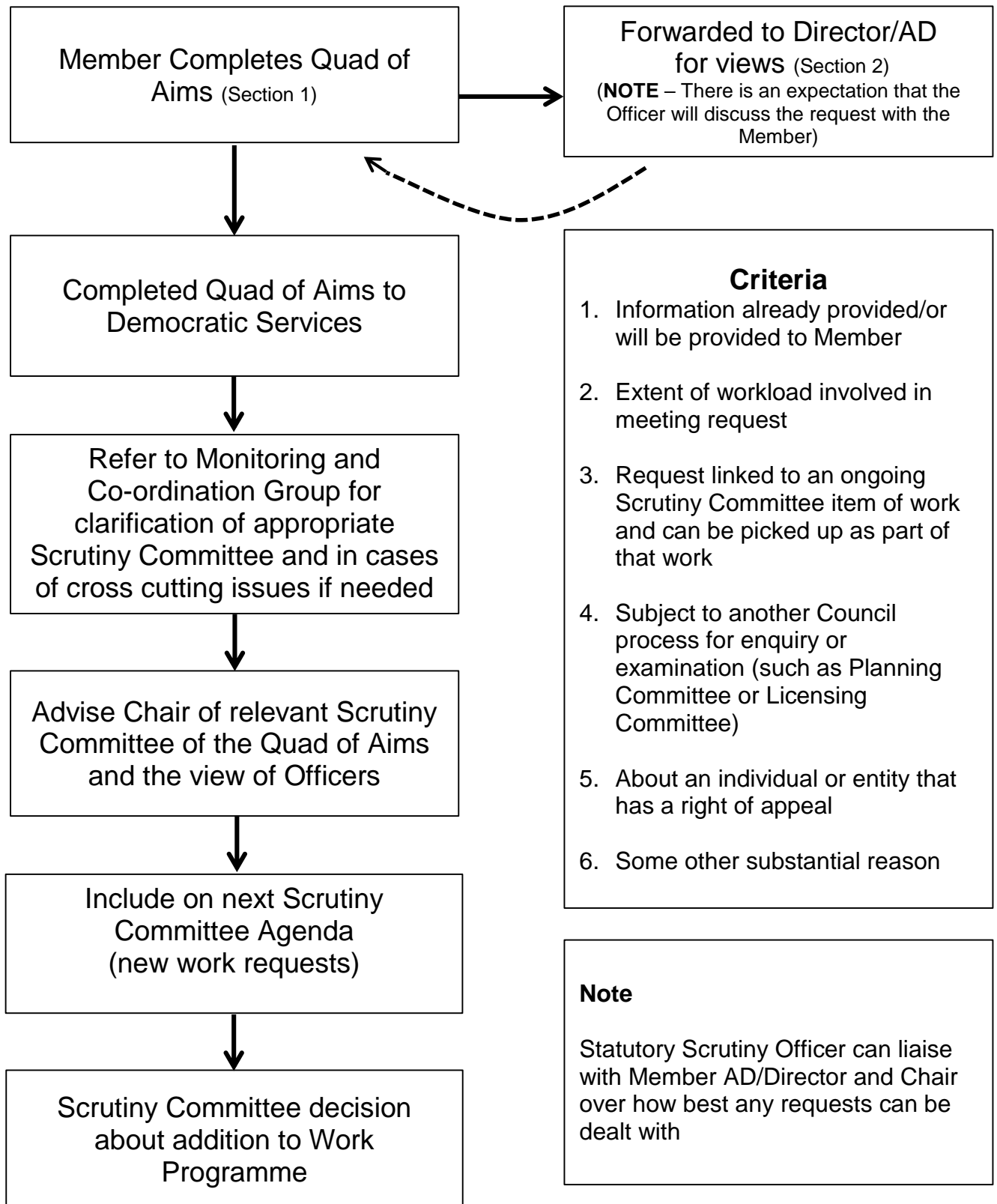
ARCHIVED ITEMS

Topic	Timescale	Lead Officer/ Organisations Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Access to GP Appointments /GP Survey Results	Last considered 11 April 2018	Karen Hawkins/ Graeme Niven Darlington CCG	More people healthy and independent	Spending Every Pound Wisely Build Strong Communities	To be determined	To gather, collate and assess evidence of accessing GP appointments taking into consideration the two new schemes implemented as part of the Prime Minister's Challenge Fund. To scrutinise the results of the GP Survey
Pain Management	Last considered 31 October 2018; and 6 Sept 207 as part of the Regional Back Pain Pathway Programme	Karen Hawkins CCG	More people healthy and independent More people active and involved	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise and challenge the pain management pathway
Social Fund Arrangements	Last considered by Scrutiny 1 Nov 2017	Neeraj Sharmah, Citizens Advice Bureau				

Darlington Partnerships Overview and Local Strategic Partners	Last considered 13 March 2019	Seth Pearson				Update on progress of the Darlington Partnership.
Winter Pressures (MTFP 2019/20)	Considered 13 March 2019	James Stroyan				To scrutinise the additional spend on winter pressures.

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PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	HOW WILL THE OUTCOME MAKE A DIFFERENCE?

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Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

(NOTE – There is an expectation that Officers will discuss the request with the Member)

<p>1. (a) Is the information available elsewhere? Yes No</p> <p>If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)</p> <p>.....</p> <p>(b) Have you already provided the information to the Member or will you shortly be doing so?</p> <p>.....</p> <p>2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?</p> <p>.....</p> <p>3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?</p> <p>.....</p> <p>4. Is there another Council process for enquiry or examination about the matter currently underway?</p> <p>.....</p> <p>5. Has the individual or entity some other right of appeal?</p> <p>.....</p> <p>6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?</p> <p>.....</p>	<p style="text-align: center;">Criteria</p> <p>1. Information already provided/or will be provided to Member</p> <p>2. Extent of workload involved in meeting request</p> <p>3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work</p> <p>4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)</p> <p>5. About an individual or entity that has a right of appeal</p> <p>6. Some other substantial reason</p>
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Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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