

Health and Partnerships Scrutiny Committee Agenda



9.30 am Thursday, 5 December 2019
Committee Room No 2, Town Hall,
Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny Committee held on 31 October 2019 (Pages 1 - 4)
4. End of Life Care for People with Dementia Review Group - Final Report – Councillor Ian Bell, Chair of Health and Partnerships Scrutiny Committee (Pages 5 - 20)
5. Voluntary and Community Sector Funding: Update on Pilot Community Based Initiatives – Report of the Assistant Director, Commissioning, Performance and Transformation (Pages 21 - 26)
6. Darlington CCG Financial Challenges and Impact on Services 2019/20 and beyond – Presentation by Chief Finance Officer, Darlington Clinical Commissioning Group (Pages 27 - 36)
7. Annual Report of the Director of Public Health 2018/19 Healthy New Towns: Darlington and Local Authority Health Profile 2019 – Report of the Director of Public Health

(Pages 37 - 88)

8. Health and Well Being Board –
The Board met on 28 November 2019. The next meeting is scheduled for 12 March 2020.
9. Work Programme –
Report of the Managing Director.
(Pages 89 - 140)
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

Wednesday, 27 November 2019

Town Hall
Darlington.

Membership

Councillors Bell, Clarke, Dr. Chou, Donoghue, Heslop, Layton, Lee, 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

Thursday, 31 October 2019

PRESENT – Councillors Bell (Chair), Clarke, Donoghue, Heslop, Layton, Lee, McEwan, Newall and K Nicholson

ALSO IN ATTENDANCE – Karen Hawkins (Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group), Michael Houghton (NHS Darlington Clinical Commissioning Group), Michelle Thompson (Healthwatch Darlington) and Mark Pickering (NHS Darlington Clinical Commissioning Group)

OFFICERS IN ATTENDANCE – Christine Shields (Assistant Director Commissioning, Performance and Transformation), Ken Ross (Public Health Principal) and Hannah Fay (Democratic Officer)

HP19 DECLARATIONS OF INTEREST

Councillor McEwan declared an interest in Minute HP21/Oct/19 below as the Lay Member for Darlington Primary Care Network.

HP20 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 29 AUGUST 2019

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 29 August 2019.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 29 August 2019 be approved as a correct record.

HP21 DARLINGTON PRIMARY CARE NETWORK

Karen Hawkins, Director of Commissioning, Strategy and Delivery gave a PowerPoint Presentation to update Members on the Darlington Primary Care Network (PCN) in light of changes to GP contracts.

Details were provided on the five year framework for GP services; that a major change in the GP contracts for 2019/20 was the introduction of the Network Contract Directed Enhanced Services (DES); the focus of the Network Contract DES was to support the establishment of PCNs and the recruitment of new workforce.

It was confirmed that the Network Contract DES would remain in place for the next five years; was subject to annual review and development; and was an extension of the core GP contract offered to all practice. All practices in Darlington had signed up to the Network Agreement which set out the rights and obligations of the contract.

The presentation detailed the core characteristics of a PCN; a strategic view of the PCN's in the local area; and outlined the Darlington PCN and populations for each practice.

It was reported that whilst the maximum size for a PCN should not exceed 50,000, due to the work undertaken around the Healthy New Towns programme and New

Models of Care, a whole town approach was already in place covering the whole population in Darlington although practices would continue to work in neighbourhoods where this is appropriate and it would be a retrograde step to split the network into separate areas.

Details were provided on the DES for 2020/21 and 2021/22; these were under contract negotiation nationally and as such outcomes were still to be identified; and it was confirmed that additional funding was in place to deliver the new DES as agreed in the national contract deal.

Discussion ensued on the number and spread of GP Practices in Darlington and if there were enough. Members were assured that the needs of Darlington residents were being met within the existing practices and there was no requirement for an additional practice to be procured; and that residents in rural areas who were registered with GPs in Durham/DDES would be in receipt of the same services as Darlington residents, as the GP practices in these areas were signed up to the Network Contract DES.

Following a question on information sharing between GPs and hospitals it was confirmed that all GP practices used the same system, SystemOne; working groups were being set up to address the communication issues with primary and secondary care; and that the Network Agreement which had been signed by all GP practices included a data sharing requirement.

Discussion ensued in respect of social prescribing; Members made reference to a previous piece of work undertaken and felt that progress to date had been disappointing; Members were advised that social prescribing link work was nationally mandated and that wellbeing facilitators were already in place which would link in with the social prescribing role. The initial focus was on those with chaotic lives as this was identified as an issue across a number of organisations.

RESOLVED – (a) That the Director of Commissioning, Strategy and Delivery be thanked for the presentation.

HP22 STRENGTHENING FAMILIES

The Assistant Director, Commissioning, Performance and Transformation, provided Members with an update on the Strengthening Families programme.

It was confirmed that the Department for Education had invested £84million to support local authorities to improve work with families and to reduce the number of children entering care; Darlington would be working in partnership with Leeds Council to deliver the programme; and that the programme was based on an approach that involved working with families to encourage and build resilience, to ensure that children remain with their families wherever it was safe to do so.

The programme was launched on 24th September; a number of training sessions were in place which were open to both local authority and multi-agency staff that work with children and families; and that Darlington was working towards being a child friendly town.

Discussion ensued in respect of the programme and the risks of language and cultural barriers faced by families of ethnic minority. Members were advised that the programme focussed on the strengths of families and that these strengths would be different for every family; and social workers were trained to manage every situation differently. Members requested further information regarding the management of language and cultural barriers by social workers.

RESOLVED – That the Assistant Director, Commissioning Performance and Transformation be thanked for providing an update on Strengthening Families.

HP23 SCRUTINY COMMITTEES - PROPOSED TERMS OF REFERENCE

The Managing Director submitted a report (previously circulated) requesting that consideration be given to the proposed changes to the Terms of Reference for the Council's Scrutiny Committees.

The submitted report stated that the Leader of the Council intended to implement a number of changes to the Cabinet Portfolios with effect from December 2019; and that Officers had been requested to review the terms of reference for the Council's Scrutiny Committees with a view to align them more closely with the Cabinet Portfolios.

The full details of the changes being made to the Cabinet Portfolios and the proposed terms of reference were appended to the submitted report.

RESOLVED – (a) That the proposed changes to this Scrutiny Committee be noted and agreed.

HP24 WORK PROGRAMME

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest should be included in the previously approved work programme.

Members were advised that the Adults and Housing Scrutiny Committee had agreed to establish a task and finish review on Loneliness and Connected Communities and an invitation had been extended to this Scrutiny Committee to be involved.

There was a discussion on the proposal to establish a task and finish review to examine the inconsistency in the CQC ratings across the town. It was proposed that the review incorporated food hygiene ratings and settings with a good rating.

Concern was raised in respect of the report for the review on End of Life Care for Patients with Dementia. It was confirmed that a number of amendments had been made to the recommendations in the draft final report; and that the report would be circulated with Members that had been involved in the review.

Members were made aware of a GP surgery in the borough of Darlington that was looking to cease its contract as a dispensing practice; the practice had 761 patients actively registered for the dispensing of prescriptions; as part of the notice the surgery

would be expected to consider the Pharmaceutical Needs Assessment and communicate and engage with its registered patients; and that there may be implications for other surgeries in Darlington.

RESOVED – (a) That Members of this Scrutiny Committee be involved in the Task and Finish Review Group on Loneliness and Connected Communities.

(b) That a Task and Finish Review Group be established to undertake a review on CQC ratings in the Borough of Darlington, and that an invitation be extended to the Chair and Vice Chair of Adults and Housing Scrutiny Committee to participate in the work.

(c) That the Work Programme be updated accordingly.

HP25 HEALTH AND WELL BEING BOARD

Members were advised that the next meeting of the Health and Well Being Board was scheduled for 28 November 2019.

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

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 5 DECEMBER 2019

END OF LIFE CARE FOR PEOPLE WITH DEMENTIA REVIEW GROUP – FINAL REPORT

SUMMARY REPORT

Purpose of the Report

1. To present the outcome and findings of the joint Review Group established by both this and the Adults and Housing Scrutiny Committee to look at the end of life care for people with dementia.

Summary

1. Members will recall that a review undertaken by the Adults and Housing Scrutiny Committee in 2016 on Living Well with Dementia identified a recommendation to establish a joint Review Group to look at the end of life care for people with dementia in Darlington.
2. A Review Group was established and has met on a number of occasions during the course of its review. A range of issues have been discussed and considered and the final report is attached (Appendix) for Members' consideration.
3. Members will be aware that all Members of the Health and Partnership Scrutiny Committee and Adults and Housing Scrutiny Committee were invited to participate in the Review, however, following a Local Government (Borough) Election on 2 May 2019, a number of the Members involved in the review are no longer in post.
4. Members of the Adults and Housing Scrutiny Committee have been invited to this meeting of the Health and Partnerships Scrutiny Committee to receive the final report.

Recommendation

5. It is recommended that Members approve the recommendations in the final report.

**Councillor Ian Bell
Chair of Health and Partnerships Scrutiny Committee**

Background Papers

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	Increased awareness of end of life care for patients with dementia could have a positive impact on people's health and well-being
Carbon Impact and Climate Change	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	There are no specific Wards which are affected by this report.
Groups Affected	All.
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 outcome of this report does not impact on the Council efficiency agenda.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers



END OF LIFE CARE FOR PEOPLE WITH DEMENTIA

A JOINT REPORT OF THE HEALTH AND PARTNERSHIPS AND ADULTS AND HOUSING SCRUTINY COMMITTEES

September 2019

PREFACE

Members will be aware that a review “Living well with dementia” was undertaken and finalised in 2016 by the Adults and Housing Scrutiny, and that this identified a recommendation for a joint piece of work to be undertaken by Adults and Housing and the Health and Partnerships Scrutiny Committees to look at the end of life pathway for those living with dementia.

Dementia refers to a range of conditions that affect the brain resulting in progressive and sometimes severe cognitive decline that may manifest as memory loss, confusion, disorientation or personality change. Dementia can affect people of any age, but it is more common among people over the age of 65 years.

Dementia is a terminal condition and people living with dementia should be able to end their lives with dignity and free from pain.

The aim of the review was to identify the services available in Darlington to ensure dementia sufferers were receiving adequate care and support at the end of their lives, including support available to carers during their bereavement.

The Scrutiny Committee hopes the recommendations contained within this report can ensure that the quality of life for those people living with Dementia in Darlington is supported to allow a death with dignity and respect.

Our thanks and appreciation go to everyone involved in this review.

Councillor Wendy Newall, Chair of the Health and Partnerships Scrutiny Committee (to 6 May 2019)

Councillor M Knowles, Chair of Adults and Housing Scrutiny Committee (to 6 May 2019)

Introduction

1. This is the final report of the Joint Review of End of Life (**EOL**) Care for People with Dementia established by the Health and Partnerships Scrutiny Committee and the Adults and Housing Scrutiny Committee.

Background Information

2. Following a recommendation in the final report of the Adults and Housing Scrutiny Committee Review 'Living Well with Dementia' in December 2016 a Joint piece of work was undertaken to look at the EOL pathway for those with dementia.
3. A scoping meeting was held on 25 April 2017 and further meetings held on 10 December 2018 and 20 February 2019.
4. All Members of the Health and Partnerships and Adults and Housing Scrutiny Committees were invited to participate in the Review and the following Members attended meetings:

Councillor Heslop
Councillor Kane
Councillor Knowles
Councillor Newall
Councillor Nutt
Councillor EA Richmond
Councillor S Richmond
Councillor H Scott

5. The Group was led by Councillor Wendy Newall, Chair of the Health and Partnerships Scrutiny Committee during the course of the Review.
6. The Review Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record its thanks to the following:
 - (a) Dr Malcolm Moffatt, Speciality Registrar in Public Health
 - (b) Miriam Davidson, Director of Public Health
 - (c) Ken Ross, Public Health Principal
 - (d) Dr Nicholson, Consultant and Janet Mortimer, Specialist Nurse – County Durham and Darlington Foundation Trust (CDDFT).
 - (e) Alison Marshall, Nurse Consultant and Diane Farrell – St Teresa's Hospice

Methods of Investigation

7. The Review Group met on three occasions between April 2017 and February 2019 and the notes containing the discussions held at those meetings are attached (**Appendix 1**).

8. Members have independently visited various organisations to ask a set of questions provided by the Centre for Public Scrutiny on scrutinising services for people with dementia and to assure us that peoples with dementia were receiving the best care at the EOL care.
9. The organisations or services which Members visited/contacted included St Teresa's Hospice, Darlington Memorial Hospital, Rosemary Court Care Home, Darlington Manor Care Home, Springfield Care Home, Tees, Esk and Wear Valley NHS Foundation Trust Mental Health Services for Older People and Healthwatch Darlington.
10. Dr Moffat has been assisting the Review Group and he has met separately with Dr Nicholson, Consultant on EOL Care at the Darlington Memorial Hospital and Alison Marshall, Nurse Consultant and Senior Care Staff at St. Teresa's Hospice.
11. Dr Moffat also gave Members a presentation on existing evidence on EOL Care for people with dementia.
12. An ambition to improve the treatment that people with dementia receive at the end of life was highlighted in the National Dementia Strategy (2011). It advocated for better End of Life care across care settings that made full use of the planning tools in the Mental Capacity Act, developing End of Life care pathways for dementia and promoted better pain relief and nursing support for people with dementia at the end of their life.
13. Members of the Review Group have also considered the NICE Guidance on '*Dementia: assessment, management and support for people living with dementia and their carers*' (published 20 June 2018). Professionals and practitioners are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients or the people using their service.
14. We have also considered a White Paper defining optimal palliative care in older people with dementia and recommendations from the European Association for Palliative Care.

Findings

15. Dementia is a life-limiting disease without curative treatments. Patients and families need palliative care specific to dementia.
16. For a given disorder, people with dementia are 4-6 times more likely to die than people who are cognitively intact.
17. There is evidence to support the view that people with dementia receive poorer EOL Care in terms of access to palliative care.

18. People with dementia may receive less analgesia than other people as they are less likely to be able to express their feelings of pain.
19. People with dementia are less likely to die in their own home.
20. Discussions with care providers in Darlington have indicated a mixed picture of the current offer to people with dementia who require EOL care. St Teresa's Hospice offers a variety of services however they felt that support from the hospice was often not requested for patients with dementia despite there being suitable services available. They have undertaken dementia-friendly training for all public-facing staff and a dementia-friendly building audit.
21. DMH / CDDFT Consultant in Palliative Care Medicine and Specialist Nurse stated that although CDDFT does not have a specific pathway for EOL care for people with dementia it is included in their overall EOL care strategy and that there were a number of projects across the trust supporting this group of patients.
22. They noted that within the trust not every ward had a 'dementia champion' however all staff receive dementia awareness training and EOL training is mandatory for clinical staff.
23. It was perceived that carers were often unprepared for EOL discussions and that there was poor or limited awareness in some cases among carers about the clinical progression of advanced dementia.

Conclusion

24. There are many positive things happening in relation to End of Life care for those suffering from dementia and there are examples of good practice, however it appears that services could be better connected.
25. Dementia is, and should be acknowledged to be, a terminal illness. As such, advance care planning is essential in ensuring that people with dementia have the best chance of a good death and that their preferences around death and dying are recorded and respected. Working with GPs and other providers (including the memory clinic at DMH and old age psychiatry services at West Park Hospital) to build advance care planning into the initial discussions that follow diagnosis and ensuring that families and carers are involved in these discussions and are prepared for the realities of advanced dementia, would likely result in less distress and uncertainty at the EOL.
26. Research shows that families and carers are less likely to advocate for medical intervention at the EOL when they have a clearer understanding of the clinical course of advanced dementia – as such, finding opportunities to have these sometimes-difficult discussions about EOL care early in the dementia journey will benefit patients and their loved ones during the later stages of the disease. Producing written guidance to this effect is important, but equally important is

making sure that clinicians and carers feel supported and equipped to have these conversations.

27. People with advanced dementia would benefit from having a central coordinator, who would be explicitly identified within their care team who is able to advise when medical interventions may not be in the patient's best interests and who has a subtler understanding of how the patient expresses pain and distress. This might be a GP, a carer or a family member. Identifying this individual early in the disease process, making sure that they are aware of the individual's wishes and preferences, and providing them with a clear understanding of the natural progression of advanced dementia and what to expect at the EOL, will improve the EOL experience for this population if they are actively involved in decisions about the patient's care. This individual should be explicitly identified as part of the advance care planning process.
28. At present, there is not a bespoke pathway in place for EOL care for people with dementia in Darlington. Developing such a pathway, in conjunction with CDDFT, TEWV, GPs, St Teresa's hospice and care/nursing homes, may improve recognition of terminal decline in patients with dementia, avoid unnecessary medical intervention, and result in more joined-up care delivered between different providers. The hospice has good links with most relevant providers in Darlington – St Teresa's, working with the support of the dementia alliance and Dementia UK, may be well placed to lead on the development and roll-out of a bespoke pathway. This process should also involve the many independent sector/charity organisations that support the care of people with dementia. Care providers should also be encouraged and supported to consider measures that would enhance the EOL care experience for people with dementia in their own settings. For example, in CDDFT, allocating dementia champions to all DMH wards, familiar with the EOL care requirements of people with dementia, and expanding current initiatives at UHND into DMH would begin to improve the local offer to this currently underserved patient group. However, it is important to emphasise that improving EOL care for people with dementia is best achieved by avoiding unnecessary hospital admissions, and that measures that improve communication between partners and awareness of the particular needs of dementia are likely to reap the most significant benefits.

Recommendations

29. The Health and Partnerships Scrutiny Committee together with the Adults and Housing Committee make the following recommendations, they are informed by expert opinion as described in the literature and by discussion with local providers.
 - a) That advanced care planning be built into initial discussions that follow diagnosis, ensuring that families and carers are involved.
 - b) That an individual contact within the care team be explicitly identified as part of the advance care planning process.

- c) That a Bespoke pathway be developed in conjunction with NHS Providers, St Teresa's Hospice and care/nursing homes.
 - d) That unnecessary hospital admissions be avoided for people with dementia.
30. Members of the Health and Partnership Scrutiny Committee and Adults and Housing Committee request that the NHS Clinical Commissioning Group consider the recommendations a) to d).

Monitoring and Review of Recommendations

31. The Health and Partnerships Scrutiny Committee will seek an update on the progress of the recommendations in six months' time to review the extent to which any changes have happened as a result of this review.

Appendix 1

End of Life (EOL) Scoping Meeting – 25 April, 2017

Present:- Councillors Newall, EA Richmond, S Richmond and H. Scott.

Karen Graves, Democratic Officer.

Apologies – Councillors J Taylor and Tostevin.

Members met to 'brainstorm' issues which require further information/clarification on EOL Care prior to a meeting with relevant health organisations to discuss those issues.

To assist the discussion Members gave consideration to the Centre for Public Scrutiny's publication '10 questions to ask if you are scrutinising end of life care for adults'.

NOTE – Within each Question were several supplementary questions detailed in the publication.

Cllr S Richmond referred to the 'Tips for Scrutinising end of life care' with the CfPS publication and in particular the fact that end of life care was a vast and cross cutting area, affecting virtually all conditions and places of care. In view of this Cttee's may wish to focus on one aspect at a time, such as support for carers at the end of life, or end of life care for people with dementia.

Members were unanimous that their investigations should include carers, with particular emphasis on stress and the impact on their mental health.

Members gave consideration to the 10 Questions to Ask as follows :-

Q1 - What is the need in your area?

It was agreed that this information should be available from Darlington CCG, however it was noted that the National Council for Palliative Care (NCPC) had published guides available at www.ncpc.org.uk/publications which were available free of charge.

Q2 – Is there a clear strategy, supported by dedicated resources, for meeting end of life care needs in your locality, covering different settings and sectors of care?:

It was agreed that The Trusts and Darlington CCG be invited to a future meeting to discuss their Strategies.

Q3 – Is there a clear structure for workforce development and training across settings and sectors of care?

Cllr S Richmond suggested that Jeanette Crompton, Development and Commissioning Manager, may be able to assist with training needs in Care Homes and Domiciliary Care.

It was agreed that Karen Graves approach Jeanette Crompton with a view to determining training needs.

Q4 – Is there a clear structure for monitoring end of life care?

Cllr Newall suggested that Jane Bradshaw of St Teresa's Hospice be approached to provide examples of good practice from the hospice staff and individual carers as it was felt that case studies would be too intrusive. Cllr Scott stated that the Hospice was a good place to gain this information as it was commissioned to provide the service.

It was agreed that Jane Bradshaw be invited to a future meeting to provide examples of good practice.

Q5 – Practical Support for Patients, Families and Carers – How are these needs met when a patient is nearing end of life?

Health and Social Care teams work together to meet these needs and it was suggested that Jenny Leeman of the Alzheimer's Society be invited to a future meeting to discuss.

It was agreed that Karen seek contact details for Jenny with a view to attending a future meeting.

Q6 – Place of Care and

Q7 – Is there a Clear Process in your locality for Assessment of needs, Care Planning and Advance Care Planning for End of Life Care?

Members agreed that Q6 and Q7 should be combined and discussed the need to ensure that care settings had particular places for dementia sufferers reaching EOL; Power of Attorney and Benefits were fully explained and available to carers/family members; and the best practice of Middleton Hall Retirement Village. It was suggested that Jeremy Walford, Managing Director was very hospitable and would welcome Members to the Village.

Members also raised concerned that dementia sufferers were being placed unnecessarily in care homes where stimulation was not always met.

It was agreed that Members endeavour to undertake a visit to Middleton Hall Retirement Village to perceive and observe best practice.

NOTE – KG has looked on the Middleton Hall website and found a link to ‘arrange a visit’ which can be completed. The Hall then contact direct to organise.

Q8 – Co-ordination of Care due to the Variety of Professionals Involved in EOL Care

Q9 – Do you know what local patients and carers want from Services?

It was stated that patients were happy if people were kind to them and that, due to the nature of the illness, it often depended upon the patient on the day as to their wants and needs. Staff, patients and carers needed to be involved in developing and evaluating EOL care services. It was also suggested that Age UK are contracted out to go to people’s homes and offer help and support.

It was agreed – Not sure anything was actually agreed on Q9

Q10 – Raising Public Awareness

Not discussed but accept that DBC has a vigorous awareness Campaign for Dementia patients.

Notes on meeting with Dr Malcolm Moffat 5/11/18

Malcolm provided a paper from Centre for Public Scrutiny and a suggested set of questions regarding “ how good is care for people with dementia at the end of life ” :

Questions

Is there a joint plan for improving the quality EOL care for people with dementia?

- Is this joined up with the area’s wider EOL Strategy?
- What progress is being made?

Is there an integrated approach to commissioning personalised services across health, care and the independent sectors which can provide the opportunity for people with dementia to die well at home?

Are relevant workers, e.g. social workers, proactive in suggesting that people with dementia and carers could consider EOL preferences while they still have capacity to do so?

Is full use being made of Mental Capacity Act planning tools to maximise people’s control e.g. advance care planning, lasting power of attorney?

What measures are in place to ensure that staff in hospitals, hospices and care homes understand the care needs of people with dementia who are dying, particularly pain relief and nutrition?

- Is this monitored?

What support is provided to carers, if required, through death and bereavement?

Are there a range of services across all settings geared-up to providing appropriate support?

- Is this included in service specifications?

Are there clear referral pathways promoting ease of access to people with dementia?

He will forward the most recent NICE Guidance

He is meeting with Dr Nicholson, consultant on EOL at DMH

He is also hoping to meet with a newly appointed clinician at DMH who will work in the community

He had also met with Alison Marshall at St Teresa's who is keen to be involved as is the nurse consultant there

Malcolm will also chase up the CCG's lead GO on EOL /dementia and relevant clinician at West Park

Voluntary Sector

AgeUK

Alzheimer's Society

Who is best contact for DBC

Initial Meeting

H&P / A& H members

To agree way forward

To apportion tasks

Eg Visit Nursing Homes

Extra care facilities (Rosemary Court)

Alzheimer's Society

Age Uk

Carers

Malcolm will update on his meeting with consultants at DMH and other outstanding issues

Suggested that as Malcolm tied up with exams for next two months m

Members pursue enquires and we arrange a further meeting in the new year to report back and invite relevant speakers

End of Life for Care for People with Dementia Review Group

10 December 2018

Present– Councillors Heslop, Kane, Knowles, Newall, Nutt and H. Scott.

Apologies – Councillor J Taylor.

Officers – Dr Malcolm Moffat, Speciality Registrar in Public Health

Purpose of Meeting – To discuss care for people with dementia at the end of life.

- Dr Moffat circulated 3 documents to Members – a list of suggested questions from the Centre for Public Scrutiny on scrutiny of end of life care for dementia patients; NICE Guidance 2018 on assessment, management and support for people living with dementia and their carers; and Public Health England data for dementia in Darlington.
- Dr Moffat advised Members on the work that he was undertaking and he was speaking with various stakeholders in CCDFT about the launch of a patient passport which would contain important information about diagnosis and End of Life preferences.
- Members discussed the various places that Members can visit and ask the suggested questions (above) to assure Members that patients with dementia are receiving the best care at the end of life.

IT WAS AGREED – (a) That,

Councillor Newall visit Rosemary Court Care Home and Darlington Manor Care Home;

Councillors Knowles and Kane visit Springfield Care Home and Darlington Memorial Hospital;

Councillors Heslop and Nutt to visit Tees, Esk, Wear Valley NHS Trust; and Councillor H Scott to visit St. Teresa's hospice.

(b) That all Health and Partnerships Scrutiny and Adults and Housing Scrutiny Members be contacted to see if they would be willing to visit other organisations ie. Age UK, Alzheimers Society, Healthwatch and carers.

(c) That Members conclude their visits by the end of January when the Group will meet again to collate their findings.

End of Life for Care for People with Dementia Review Group

20 February 2019

Present– Councillors Heslop, Kane, Knowles, Newall, and H. Scott.

Officers – Dr Malcolm Moffat, Speciality Registrar in Public Health

Presentation – Dr Moffat gave members an overview of National Strategies and published literature regarding End of Care for People with Dementia. The Presentation outlined the case for change; Objective 12 of the National Dementia Strategy (2011) in relation to improved end of life care for people with dementia; NICE guideline (2018) for Dementia: assessment, management and support for people living with dementia and their carers; a qualitative study (Lee et al, 2015) giving expert views on the factors enabling good end of life care for people with dementia; the 11 domains (57 recommendations) contained in the White Paper defining optimal palliative care in older people with dementia; and the Sampson report published in 2010 on Palliative Care for People with Dementia.

Visits/Contact with Organisations – Members of the Group have been making contacting and/or visiting the organisations listed below and shared their feedback on the questions put to the organisations (questions from the Centre for Public Scrutiny):

Councillor H Scott – St Teresa’s Hospice

Councillors Kane and Knowles – Darlington Memorial Hospital, Manor Care Home and Springfield Care Home.

Councillor Heslop – Tees, Esk and Wear Valley foundation Trust Mental Health Services for Older People

Councillor Newall – Rosemary Court Care Home

Email response from Healthwatch.

Action – Members agreed that they intended to continue to make contact with the Alzheimers Society and other Independent Care Homes; and invite Dr. Nicholson, consultant on End of Life Care at the Darlington Memorial Hospital and Alison Marshall, Nurse Consultant and Senior Care Staff at St. Teresas Hospice to attend a future meeting of the Group.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 5 DECEMBER 2019

VOLUNTARY AND COMMUNITY SECTOR FUNDING: UPDATE ON PILOT COMMUNITY BASED INITIATIVES

SUMMARY REPORT

Purpose of the Report

1. This report provides an update on the community based initiatives, funded from Voluntary Sector Development Fund monies, which are being piloted during 2019/20.

Summary

2. In late 2018, the Chief Officers Executive (COE) gave approval for the implementation of 7 pilot community based initiatives using Voluntary Sector Development Fund monies.
3. The priorities for the non-recurring funding were identified as reducing isolation and loneliness in adults to improve health and wellbeing, and providing early intervention support to vulnerable families to support children and young people to remain in education and live at home.
4. The 7 initiatives were agreed at a series of workshops attended by representatives from the Council, the Police, Health, Education, the Fire Brigade and a wide range of both small and large community and voluntary sector organisations.

Recommendation

5. It is recommended that Members receive this progress report for information.

Christine Shields
Assistant Director, Commissioning, Performance and Transformation

Background Papers

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

S17 Crime and Disorder	This report is for information and will have neither a positive or negative impact on Crime and Disorder
Health and Well Being	This report has implications on the Health and Well Being of residents of Darlington.
Carbon Impact and Climate Change	This report is for information and will have neither a positive or negative impact on Carbon Impact
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	One project outlined in this report will benefit Looked After Children and Care Leavers

MAIN REPORT

6. In late 2018, the Chief Officers Executive (COE) gave approval for the implementation of 7 pilot community based initiatives using Voluntary Sector Development Fund monies.
7. £142,000 was initially allocated and an additional £21,000 has recently been made available from the Community Facilities Fund (ring-fenced to benefit the Skerne Park area of the borough).
8. Inclusion North were asked to facilitate a multi-agency steering group to oversee this work, and to manage the funding on behalf of Darlington Borough Council. The steering group first met in January 2019 and has since met a further three times.
9. The priorities for the non-recurring funding were identified as reducing isolation and loneliness in adults to improve health and wellbeing, and providing early intervention support to vulnerable families to support children and young people to remain in education and live at home. Seven initiatives (projects) were agreed at a series of workshops attended by representatives from the Council, the Police, Health, Education, the Fire Brigade and a wide range of both small and large community and voluntary sector organisations.
10. Initiative 1 – Small Sparks £23,400

This project is being led by the Voluntary and Community Sector Engagement Group (formerly known as SIG). The primary aim of the funding is to develop innovative ways of reducing social isolation/promoting community inclusion. Community organisations can apply for between £150 and £3000. There is a short, simple application process with a six week deadline in which to apply. The first bidding round is currently underway and will end on 15 November. Information is being shared with the voluntary and community sector in the area to ensure a wide range of applications. If there are funds remaining after the first bidding round, a second round will be opened up.

11. Initiatives 2 and 3 – Mutual Gain £36,800

Two projects are being led by the Neighbourhood Policing Team based on the Mutual Gain approach. The purpose of Mutual Gain is to empower organisations and communities to have greater participation and active citizenship, and to increase social capital for the mutual benefit of the entire community. The project is focussing on the Bank Top area and two funds were made available to ensure equal focus on both children and young people and socially isolated adults in the area.

The aim of these projects is to involve the local community in participatory budgeting, so share the decision making and control, and to co-produce solutions to local issues with the community itself. To date, a small amount of funding (£405) has been used to engage with the local community to co-design a picture of what is good about the area and what could be improved. Local groups have been invited to bid for funds by designing a simple solution to a local problem. There is a planned participatory budgeting event on 16th November, where the local community will come and vote on the initiatives that have so far been put forward.

To date there have been 20 applications received, and each will be at the event to share their ideas with the public and attempt to win votes.

12. Initiative 4 – Supporting the work of Well Being Facilitators £28,400

The aim of this project is to reduce dependence on traditional social care support services and reduce reliance on urgent, emergency and out of hours services. The Well Being Facilitators team are managing the fund as part of their work to improve social and community support and assets. As well as increasing signposting to and utilisation of the Voluntary sector and identifying gaps in service provision, they are able to use the fund to find one off simple solutions to issues that might otherwise escalate and require statutory service input. The intended beneficiaries are those who are aged 65+ years and are frail. Well Being Facilitators have worked together to agree a criteria for the fund. This includes a maximum spend of £50 per issue without a team decision making process. This has given the Well Being Facilitators individual autonomy, with the back up of team scrutiny for more expensive items. To date £942 has been spent on a range of interventions including support for friendship groups and individuals who want to attend local events. Referrals to the Well Being Facilitators are coming from staff based within GP practices, district nurses and the DBC RIACT team.

13. Initiative 5 – Early Help £35,400

The aim is to strengthen the Early Help offer to children and young people by offering all schools access to a fund aimed at supporting children and young people to attend school. The fund is used by schools to identify small things that will make a big difference to children and young people's attendance and attainment. Schools allocate small amounts of funding based on clear guidelines. The fund was launched in September, and to date schools have been using the funding to enable the most vulnerable families to buy uniform and to enable individual children and young people to buy equipment which would enable them to participate in the Duke of Edinburgh award scheme and associated expeditions or trips.

14. Initiative 6 – Working Together £10,000

Funding for this project has been used to run a Holiday Enrichment Programme and to support the development of Darlington Young Advisors.

Holiday Enrichment Programme - free stimulating activities and food were provided during the six-week school holiday period for 60 children leaving year 6 to start secondary school in September 2019. The children who were offered this support lived in four areas of multiple deprivation across Darlington, and attended four different primary schools, including Skerne Park. Each school identified 15 children that they felt would benefit from the provision, including children they suspected could go hungry, who may not have reliable care at home or whose behaviour they believed would deteriorate over the summer holidays without some structured stimulating activity. Following the Programme, an initial evaluation was completed which showed that:

- 90% of parents rated their children's enjoyment level of the programme as 10 out of 10 with the remaining 10% rating the enjoyment levels at 9 out of 10

- 100% of parents who completed the questionnaire rated the transport as 10 out of 10, stating that they felt that being collected from their locality was a key contributing factor in the children being able to attend the programme
- 100% also stated that they would recommend the programme to others

Officers are currently collecting further information from the schools regarding the impact of this programme on the attendance and attainment levels for the children involved following their return to school in September.

Darlington Young Advisors - The creation of the Young Darlington Advisors (YDA) pilot project aims to draw together all of the work already being carried out by young people across Darlington in relation to commissioning, consultation, engagement, training, recruitment, monitoring and evaluation. YDA will play a significant role in ensuring that children and young people growing up in Darlington receive the best possible service and support. Its aim is to capture the voice and experience of children and young people and use this to shape future services and projects.

A YDA Board will be established comprising of 8 – 10 young people aged between 13 and 19 year old (or up to 25 for care leavers and 25 for those with a EHCP or SEN support plan). Young people on the Board will come from a range of backgrounds, have a variety of interests and hobbies, and have different experiences and aspirations. Some young people maybe be living away from home, care leavers and some may have disabilities or care for family members. Also invited to attend the YDA Board, will be young people who are part of existing youth groups mentioned earlier in the report. These existing youth groups/organisations will be of particular benefit in providing young people with specific knowledge or experience in relation to a Service support already being provided by the Council and partner organisations.

The Board is currently being established and will be operational from late January 2020.

15. Initiative 7 – Economic Growth – Skerne Park £21,149

The aim of this project is to support grassroots asset based community development in the area. Building partnerships with the voluntary ad community sector to build local capacity. This project is being led by the Voluntary and Community Sector Engagement Group (formerly known as SIG) and will be initiated in January 2020.

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Darlington CCG

Financial Challenges and Impact on Services

2019/20 and beyond

www.darlingtonccg.nhs.uk

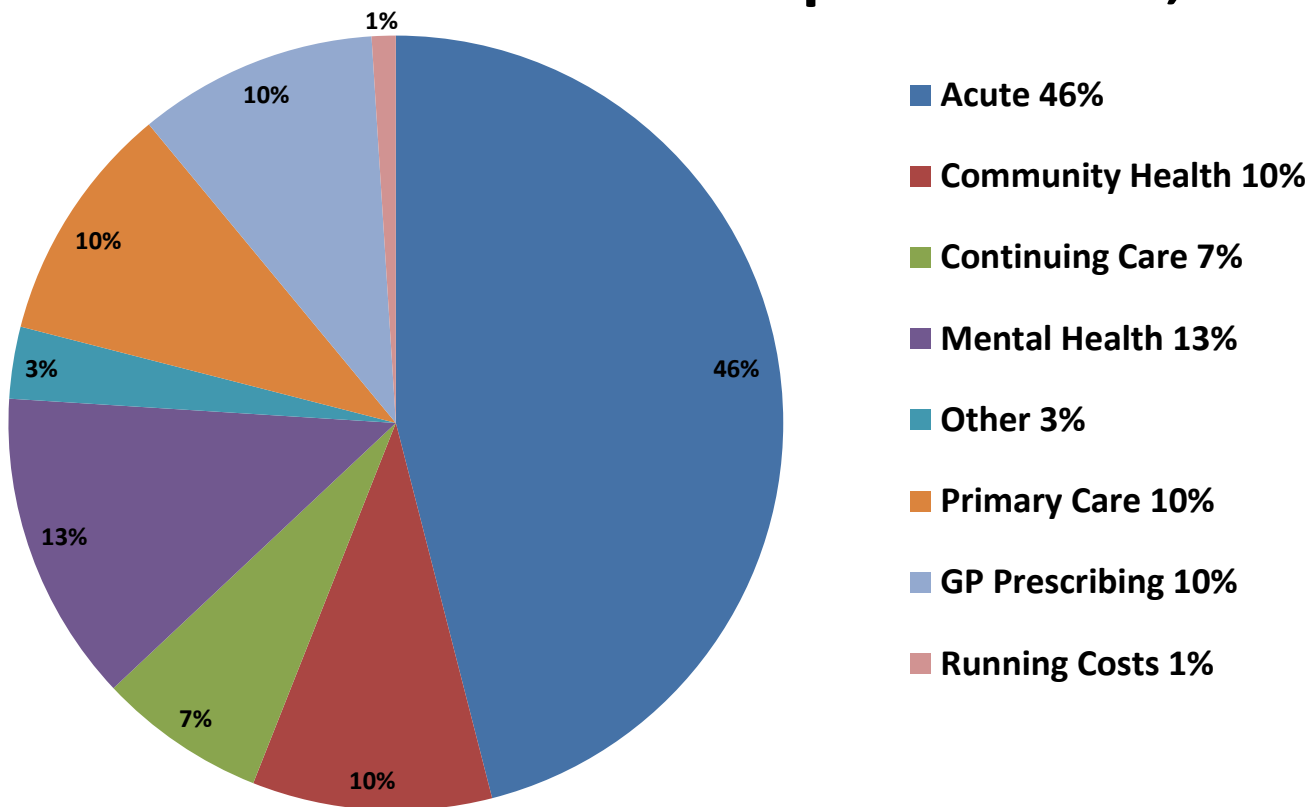
Mark Pickering – Chief Finance Officer



Utilisation of Resources in 2018/19

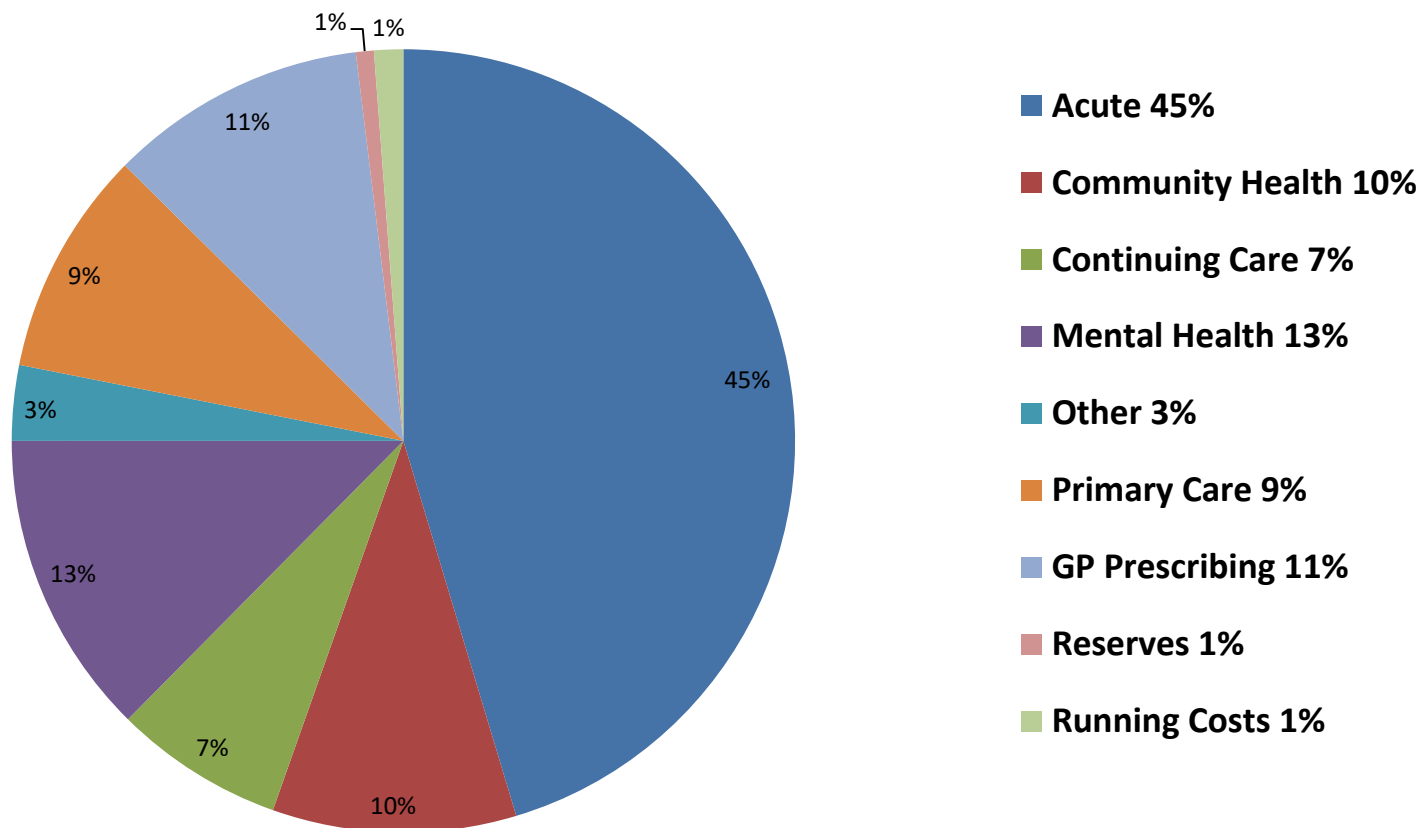
How the Resources were spent = £168,563k

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2019/20 Expected Outturn

2019/20 Forecast = £176,574k



Expected outturn broadly comparable to expenditure in 2018/19 with a 1% reduction in Acute expenditure and 1% growth in GP prescribing

Finance Position – October 2019

Page 30

	Position to Date			Forecast Outturn			Risk
	YTD Budget	Total YTD Actual	YTD Variance (Under)/Overspend	Annual Budget	Total Forecast Outturn	Forecast Variance (Under)/Overspend	Further risks not reported within position
	£000	£000	£000	£000	£000	£000	£000
Acute Services	46,539	46,603	64	79,885	80,067	181	226
Community Health Services	10,312	10,278	(33)	17,727	17,766	38	15
Continuing Healthcare Services	7,146	6,984	(161)	12,650	12,373	(277)	329
Mental Health Services	12,411	12,411	(0)	22,227	22,227	0	187
Other	3,056	3,057	1	5,488	5,492	4	2
Prescribing	10,691	10,669	(22)	18,828	18,802	(27)	270
Primary Care Services	911	809	(102)	1,561	1,484	(77)	5
Primary Care Delegated Service	8,644	8,644	0	14,937	14,937	(0)	0
Total Programme Services	99,709	99,455	(254)	173,305	173,148	(158)	1,034
Running Cost	1,203	1,238	36	2,044	2,121	77	0
Reserves	(1)	0	1	1,225	1,305	80	0
GRAND TOTAL 'IN YEAR' FINANCIAL POSITION	100,911	100,693	(217)	176,574	176,574	0	1,034

- On track to deliver an in year break even position
- A risk of increased expenditure over the remainder of the financial year of £1.034m
- A reserves balance of £1.305m to mitigate against the risk of further growth in expenditure

2019/20 Efficiency Programme

- The efficiency programme is developed by benchmarking ourselves against our peers and looking for areas where the spend is significantly higher, these identify the opportunity for efficiency.
- These areas are looked at in greater detail and plans developed on how we can be more efficient, these are assessed to identify the likely savings that could be achieved
- The key areas for efficiency plans for 2019/20 are in Acute spend, GP prescribing in primary care, Estates utilisation and Continuing Healthcare with a target saving of £2.33m

Examples of Efficiency Savings

- ***Estates Utilisation*** – Relocating CCG staff from Dr Piper House to other CCG premises therefore reducing the cost of rent and utilities – No impact on patients
- ***Running costs*** – reduced staffing and overhead costs due to CCG staff working collaboratively sharing staff resources across the Tees Valley and County Durham footprint – no impact on patients
- ***GP Prescribing*** – Following a national initiative to stop prescribing “Over the Counter” medicines e.g. paracetamol

Planning ahead to 2020/21 and beyond

- NHS England have approved the proposed merger of Darlington CCG with Hartlepool & Stockton on Tees CCG and South Tees CCG to form the new “Tees Valley CCG”. This will take effect from 1st April 2020
- The NHS Long Term Plan, published in January 2019, set out a 10-year practical programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed NHS five-year revenue settlement.
- In June 2019 the NHS Long Term Plan Implementation Framework was published which sets out the approach Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) are asked to take to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24
- The new Tees Valley CCG form part of the Southern Integrated Care Partnership (ICP) which is one of 4 ICPs that form the Cumbria and North East ICS

Planning ahead to 2020/21 and beyond Cont...

- The new Tees Valley CCG will be producing a plan that combines the commissioned services of the current 3 CCGs
- The LTP has given a commitment that investment will be made in the following areas at a rate of growth consistent with the CCG's allocation growth:
 - Community Health Services
 - Primary Medical Services
 - Continuing Healthcare
 - Mental Health
 - Better Care Fund (although the CCG has planned on this basis, formal guidance has not yet been released to confirm the growth rate)

Planning ahead to 2020/21 and beyond Cont...

- Each year CCGs are expected to develop an efficiency programme in line with the rate of efficiency expected to be delivered by NHS providers which is c1.1%.
- By being more efficient in the way CCGs commission services, frees up resources to be invested in areas of need and provides the best value for money



Any Questions?

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 5 DECEMBER 2019

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018 / 2019 HEALTHY NEW TOWNS: DARLINGTON

SUMMARY REPORT

Purpose of the Report

1. To share the Annual Report of the Director of Public Health 2018 / 2019 which has a particular focus on the legacy of the Darlington Healthy New Towns programme.
2. To share a briefing report on the Local Authority Profile for Darlington in 2019. (Please see Appendix One)

Summary

3. Under the 2006 NHS Act (inserted by section 31 of the Health and Social Care Act (2012)) each Director of Public Health is required to produce, and the relevant local authority to publish, an annual report. The subject for discussion in the Annual Report 2018/2019 is Healthy New Towns, with a focus on legacy.
4. The report is structured around five chapters reflecting the key strands of the programme - setting the context, built and natural environment, community asset building, new models of care and evaluation of the programme.
5. Darlington was selected as a pilot "Healthy New Town site" in 2016, chosen from over 100 applicants. The NHS England funding was for a programme across England to explore how the development of new places could improve health and wellbeing through the built environment, healthcare, service design and strong communities.
6. The Darlington programme was a complex collaboration with a range of partners including NHS organisations, private sector housing, digital technology partners, universities, community leaders and a range of Darlington Borough Council departments.
7. The NHS funding was key to accelerating plans and resourcing a range of activities. While all partners were aware that the programme fund was fixed term, the legacy of Healthy New Towns is based on the cumulative efforts of partners to improve health and wellbeing. Overall the Healthy New Towns programme has produced more collaboration i.e. health, housing, planning, digital and a better appreciation of the interdependencies across partners.

Recommendation

8. It is recommended that: -
- (a) Health and Partnerships Scrutiny Committee receive the Annual Report of the Director of Public Health 2018 / 2019 and note the focus on legacy of the programme.
 - (b) Health and Partnerships Scrutiny Committee note the Local Authority Health Profile and the actions outlined to address the key issues.

Miriam Davidson
Director of Public Health

Miriam Davidson: Extension 6203

S17 Crime and Disorder	No specific impact
Health and Well Being	The key themes of the Healthy New Towns programme are wider determinants of health.
Carbon Impact and Climate Change	No specific impact.
Diversity	No specific impact.
Wards Affected	All
Groups Affected	A population approach.
Budget and Policy Framework	Not applicable
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The Healthy New Towns programme was aligned to the One Darlington: Perfectly Placed strategy.
Efficiency	Shared models of working across sectors
Impact on Looked After Children and Care Leavers	No specific impact.

MAIN REPORT

Please see full Annual Report of the Director of Public Health 2018 / 2019
Healthy New Towns: Darlington

Healthy New Towns Darlington

Annual Report of the Director of Public Health, Darlington 2018/19



“Bringing a healthy life to communities,
bringing healthy communities to life”



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Miriam Davidson
Director of Public Health

Foreword

Welcome to the Annual Report of the Director of Public Health Darlington, 2018/2019.

I am pleased to share the report which is a focus on the Darlington experience and legacy of the Healthy New Towns. In 2016 Darlington was selected as one of 10 programme sites in England, chosen from over 100 applicants. Early thinkers who influenced the bid included Dr Jenny Steel, Timothy Crawshaw, Dr Ian Briggs, Ian Prescott and members of the Red Hall community.

Funding was awarded from NHS England for a programme to explore how the development of new places could improve health and wellbeing through the built environment, healthcare, service design and strong communities.

Our Darlington programme was a complex collaboration across the Council, County Durham and Darlington NHS Foundation Trust, Housing Developer, Academic partner, Digital Technology partner, NHS England, Darlington Clinical Commissioning Group and community leaders.

The NHS funding was key to accelerating plans and resourcing a range of activities, it also provided a 'match funding' to attract support for a number of related programmes.

While all partners were aware that the NHS funding was fixed term, the 'coalition of the willing' brought together the cumulative efforts of partners to improve health and wellbeing. At the final Healthy New Towns stakeholder event in March 2019, system leaders (Sue Jacques, County Durham and Darlington NHS Foundation Trust, Nicola Bailey, Darlington NHS Clinical Commissioning Group, Amanda Riley, Primary Healthcare Darlington and Paul Wildsmith, Darlington Borough Council) gave their commitment to maintaining the legacy of the programme.



Healthy New Towns Steering Group

Local Legacy

- More collaboration - health, housing, planning, digital and better appreciation of the inter-dependencies and contributions each can bring to the health and wellbeing agenda
- Local Plan and policies to influence development over the medium and longer term
- Stronger foundations for developing new care models as a collective approach and greater commitment to delivering integrated care
- Primary care acknowledged as heart of provision but more open to working at scale to build resilience and improved ability to meet the needs of 'Hub' populations
- Red Hall - foundations of community leadership and empowerment
- Lessons learned regarding neighborhood renewal

The Darlington Healthy New Towns partnership was delighted to be shortlisted finalists for two national awards - the LGO in the Public Health (2019) category and APSE Best Health and Wellbeing Initiative (2019).



Acknowledgements

My thanks to the team of people who have contributed to this report -

- Becky James, Public Health Portfolio Lead
- Jon Lawler, Public Health Registrar
- Abbie Metcalfe, Public Health Business Officer
- Ken Ross, Public Health Principal
- Gail Banyard, PA Manager
- Michael Conway, PA
- Louise Wilson, PA Support Officer
- Pauline Brown, PA Support Assistant
- Toni Geyer, PA Support Assistant
- Adam Brotton, PA Apprentice
- Kerry Latchford, Xentrall Design and Print
- Special Thanks to Hilary Hall, Healthy New Towns Manager (2017-2019)



Hilary Hall
Healthy New Towns Manager

Actions Arising from the Director for Public Health Annual Report 2017-18: Recommendations

The 2017/18 report set out the following 3 recommendations:

Best Start in Life - promoting a whole system approach to improving children and young people's health and wellbeing outcomes across all settings

Living and Working Well - addressing barriers to employment, promoting a healthy workforce and implementing Making Every Contact Count

Healthy Ageing - taking an asset-based approach to older people's health promoting the importance of ageing well.



Examples of actions contributing to the above priorities include:



Ensuring the Darlington Stop Smoking service includes direct access to a specialist stop smoking advisor for pregnant women

The Local NHS Trusts are working towards becoming Smoke Free in 2019



The Darlington Health Visiting Team

achieved the Gold standard for the UNICEF breastfeeding accreditation scheme

We are working with schools to prepare for statutory Relationship and Sexual Education guidance coming into effect in 2020 and using this as a key opportunity to embed key public health messages

Darlington Childhood Healthy Weight Plan launched, promoting a whole system approach to tackling childhood obesity across the borough. An action plan has been developed as a result of a multi-agency event



We are implementing a phased approach to rolling out Make Every Contact Count training for front line staff within Darlington Borough Council



Work with Community Safety partners, including Voluntary sector, to plan together how to tackle drug and alcohol problems, drug related deaths, suicide prevention and domestic abuse (Big Conversation 2018)

Continued support for health and social care services delivering the Better Care Fund programmes so that people can manage their conditions and live independently

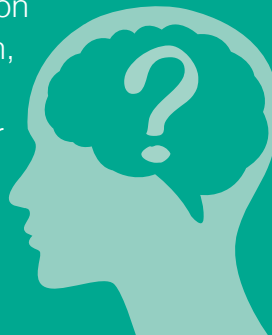
Integration and Better Care Fund



Darlington Sexual Health service offers open access to Prevention, testing and treatment



Healthy Workforce promoted with a focus on mental health, e.g. staff training, peer responders and wellbeing promotion



Joint work with HR and Occupational Health to promote free seasonal flu vaccinations for Darlington Borough Council staff



Chapter 1

What is a Healthy New Town?

The NHS launched the Healthy New Towns programme in 2015 to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality health services.

In 2016 Darlington was selected to be one of ten demonstrator sites, from over 100 applicants. The ten demonstrator sites were at different stages of their development with diverse partnerships, health needs and inequalities.

The national aims of the programme were:

1. To shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people independent;
2. To radically rethink delivery of health and care services, supporting learning about new models of deeply integrated, place-based care;
3. To spread learning and good practice to other local areas and other national programmes.

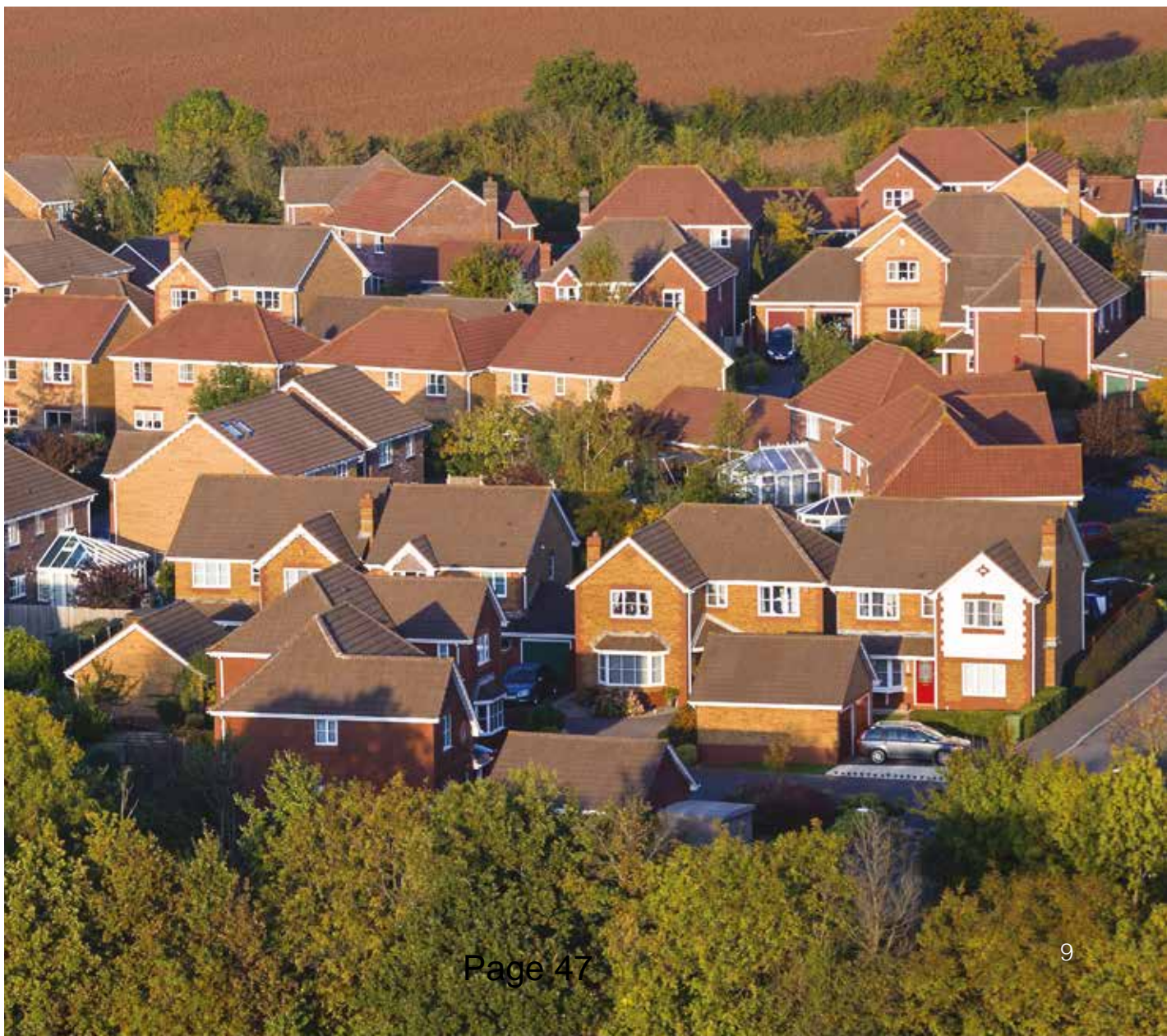


The programme aimed to drive closer collaboration between Local Authorities, planners, developers and the NHS.

Why was NHS England investing in housing developments and planning?

- Shared agenda in preventing long term conditions and helping keep people independent;
- Significant evidence linking health to environment;
- Healthier individuals contribute to wider economy;
- Planning and housing are key components of a “whole systems” approach to improving health;
- The NHS can improve health and care infrastructure by liaising with developers;
- NHS strategy is increasingly place-based.

The places where people live have an impact on mental and physical health but that impact can be negative and linked to complex determinants of health such as income and education.



Why is the combining of housing and health such a key priority both nationally and locally?

In terms of housing, there is great pressure on local authorities to meet the five-year housing land supply in accordance with the National Planning Policy Framework. However, whilst there has been attention focused on the need to increase the rate of house building because there are problems with under-supply and affordability, alongside this there have also been growing concerns about the quality of the houses under development. The quality of housing can be either a greatly positive or negative contributor to health improvement.

According to the Health Foundation, 1 in 5 homes do not meet the decent standard in England. This goes up to 1 in 4 for private rentals. The King's Fund and National Housing Federation have estimated the cost of poor housing to the NHS is £1.4 billion per year (*Opportunities for sustainability and transformation partnerships*, D. Buck and S. Gregory, March 2018).



Evidence suggests that children living in cold, overcrowded or unsafe housing are more likely to be bullied, to have a longstanding health problem, and be below average in key academic achievement as a direct consequence of living in poor-quality housing (NatCen Social Research 2013). The Marmot Review team found that children living in cold homes are twice as likely to develop respiratory problems as those in warm homes and there are clear effects of fuel poverty on the mental health of adolescents.

Many issues around quality, including daylight, sound reduction, space standards, and amenity space, are not dealt with by current regulations. The All Party Parliamentary Group report 'More Homes, Fewer Complaints' (July 2016) - contains several recommendations including improving the systems in place to check quality and workmanship and developing a new quality culture within the construction industry.

The quality in the built environment must extend beyond the home itself and cover the surrounding neighbourhood. There is wide ranging and robust evidence that green spaces have measurably positive effects on people's health. People living in greener urban areas tend to be happier than people in areas with less urban greenery.

General health questionnaire scores have shown that people living in greener areas experience significantly lower levels of mental distress. There are strong links between the availability of green space and greater levels of physical activity.

Natural capital is one of the key determinants of health, and air quality is one area where great gains can be made. Trees and other vegetation can remove pollutants from the air and reduce atmospheric carbon dioxide thereby improving air quality.

Positive impact on health is gained from promoting physical activity and active lifestyles. Exploring ways of promoting active travel and designing active travel to meet local needs is a key Healthy New Towns principle.

Establishing healthy eating, access to affordable, attractive healthy food is a key element of the Darlington Childhood Healthy Weight Plan which is partly legacy from the HNT programme.



Children in Reception
(overweight including obese)

23.8% Darlington

25% North East

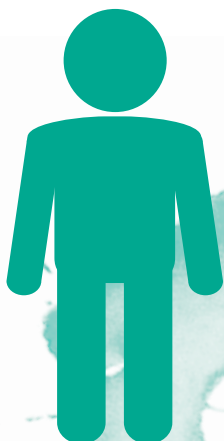
22.6% England

Children in Year 6
(overweight including obese)

33.6% Darlington

37.5% North East

34.3% England



Adults overweight or obese

68.3% Darlington

66.5% North East

62% England

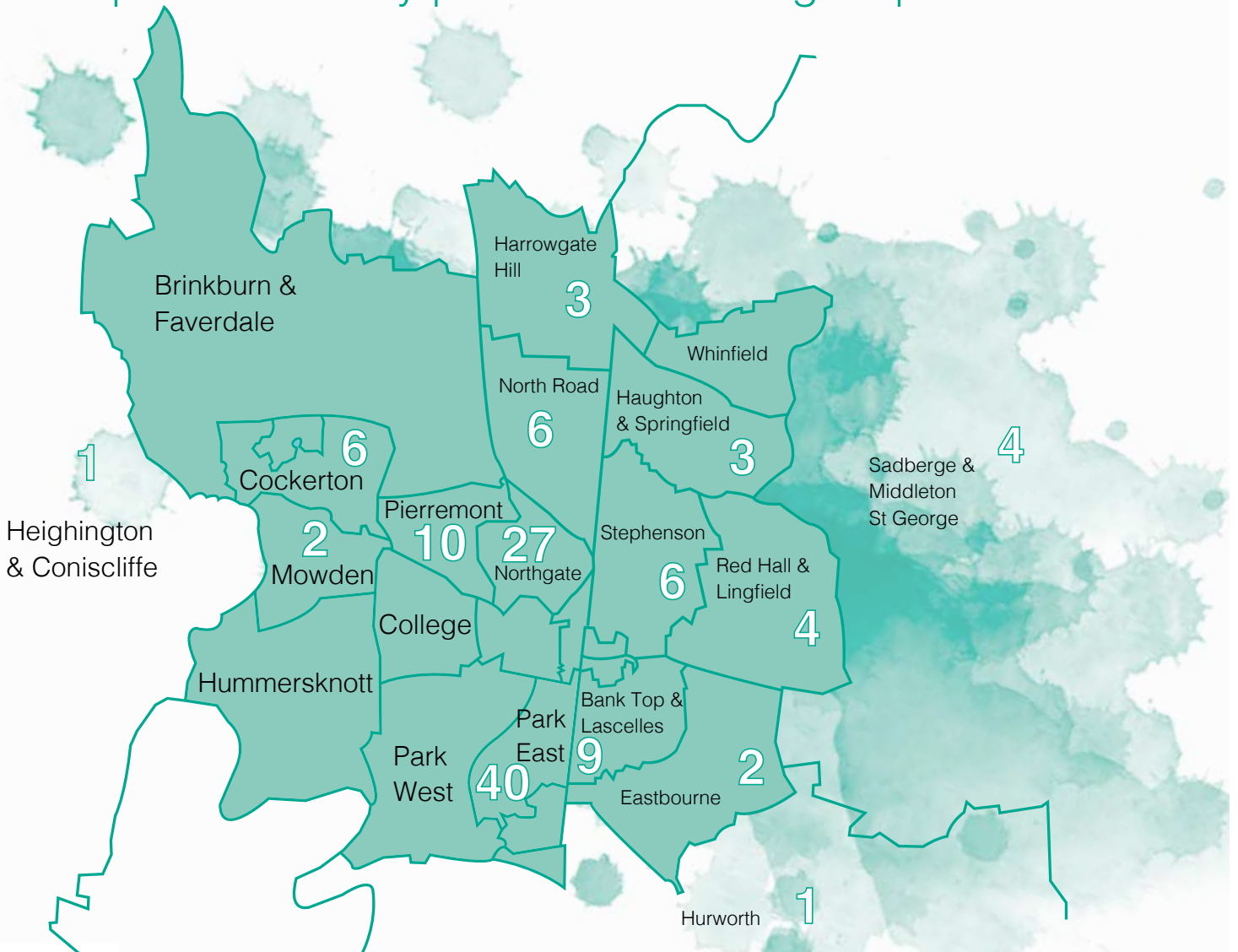
The increasing consumption of out-of-home meals has been identified as an important factor in the rising levels of obesity. Public Health England estimated, in 2014, that there were over 50,000 fast food and takeaway outlets in England.

Information and education are solid foundations for improving diet, however the growing body of international and national evidence is that more structural changes are needed i.e. the quality of the environment is hugely influential.



Over
50,000
fast food and
takeaway outlets in
England

Map 1: Take-away provision in Darlington per ward



How did the Healthy New Towns (HNT) programme fit with our strategic direction of improving the health of local people?

The NHS locally in Darlington was involved in the planning and initial thinking about Darlington as a pilot for Healthy New Towns. Dr Jenny Steel was particularly influential in shaping the original bid.

There is a recognition that the increasing need and demand for health and care services create an increasing cost to the individual and society. Long-term conditions are making a bigger contribution to health spending and hospital bed days.

Care models need to change to take account of the demand alongside understanding the other factors which can protect health, prevent some illnesses and slow the deterioration in health in a range of conditions.

There is an increasing concern about the widening inequalities between the health outcomes of those in the most disadvantaged communities compared with the more affluent and recognition that housing and the environment have a vital role in influencing change.

(Note, see Annual Report of the Director of Public Health 2017/2018, Health Inequalities in Darlington: Narrowing the Gap)

In many ways the HNT programme in Darlington was a natural development of thinking that had already started about taking a place-based approach to population health improvement.

Some of the challenges were:

- Although there was agreement that the current model of care would not be able to meet growing health needs in the future, there was not agreement on what it should look like.
- There was a general belief that harnessing the advantages of digital technology to help manage demand and assist care services to be more user-focused was positive - but needed clarity.
- There was an interest in bringing together local authority plans for housing expansion with health plans for jointly responding to the needs of local communities.

The Darlington (HNT) coalition of the willing

In response to the challenges above a HNT Steering Group was formed, a “coalition of the willing”. This included local NHS partners, some private sector partners, (a national house builder, Keepmoat and a digital infrastructure provider, Inhealthcare) and Council representation of housing, public health and planning. An academic partner joined the Steering Group in 2017.

An initial stakeholder event in 2016 brought together representatives from voluntary and community organisations, Fire and Rescue service, Police, NHS, Council, Education and the private sector.

The “Healthy New Town Conversation” confirmed, in this initial ‘pilot’ phase of the programme, that we would set foundations for a way of working in partnership across Darlington that would leave a legacy that could be built on in future years.

The governance arrangements were approved by each partner organisation, with HNT progress reports shared with the Health and Wellbeing Board, Health and Partnerships Scrutiny Committee and NHS Executive Groups.

The HNT ambitions were broad and long term, although NHS funding was provided on a pilot basis in Year One (2016) and subsequently available two further years, the longer term view was provided by the context of the following strategies:

- Darlington Sustainable Community Strategy (2008-2026);
- Darlington Local Plan (2016-2036) (draft);
- NHS Five Year Forward View and subsequently the NHS Long Term Plan (2019).



Chapter 2

Built and Natural Environment

The Right Context

Our environment and surroundings are important determinants of health, supporting and incentivising activity and exercise, access to open, green and blue spaces, improving air quality and bio-diversity within our borough, enabling connectivity and social cohesion, access to employment, education and opportunities for social interaction and offering connections to facilities and services.

The value of good quality housing and its links to health have long been recognised:

- dating back to the Victorian times and key individuals such as Edwin Chadwick and the 1848 Public Health Act, which instituted major reforms in urban sanitation and public health;
- the 1909 Housing and Town Planning Act which recognised the link between housing squalor, over-density of slum housing and spread of disease;
- the introduction of the Town and Country Planning Act in 1947 (at the same time as the creation of the NHS in 1948) marked the key social values of the era immediately post war - i.e. that the state had a legitimate role in the development of land and the question of betterment, aiming to create a system capable of fulfilling the social, environmental and economic objectives of reconstruction and long term land management.

The HNT programme in many ways builds on that vast evidence base and history of public health improvement.



Pauline Mitchell
Assistant Director
Housing and Building Services
Darlington Borough Council



Before and after Red Hall development

Through the HNT Programme, Darlington Council recognised the opportunity to create the right environment to influence the quality of housing design and development so that it could be a positive contributor to health improvement through a variety of actions.

These have included:

- The assessment of housing needs for the town for the next 25 years and its economic growth plans;
- The designation of potential strategic allocation sites to ensure 5 year land supply;
- The creation of the Local Plan;
- Ongoing relationship development with potential developers within the town as well as plans for its own social housing stock.

As HNT Darlington was established, the Eastern Growth Zone development site was already in the early planning stages. This was the Keepmoat site at Red Hall on the east side of the town, located next to an existing social housing estate which had been earmarked for significant investment over the next ten years to promote regeneration and renewal. It was felt that this provided the ideal conditions for a public/private partnership aligned to achieving the same goals of improving health and social outcomes.

Planners and developers came together to collaborate on a design that would consider how the built and surrounding natural environment could support a health enabling neighbourhood. Keepmoat Homes also embraced this challenge by adapting their existing home designs to reflect life time home principles i.e. because of the way the houses are designed - at little or minimal cost the houses can be adapted to cater to the changing needs of occupants over their life course.



Keepmoat House Opening Ceremony at Red Hall, Darlington - February 2019

Darlington's Healthy New Town Design Principles

Early work began to show real potential for better collaborative design of houses and some key principles started to emerge about what makes a great place in which to live - combining the immense amount of evidence that has been published on this subject nationally along with the more hands on experience of local planners and developers.

The output of that work has been the 6 HNT Darlington design principles that aim to represent high quality place design.

In summary these 6 design principles seek to define what makes a great place within which to live that supports people's physical and mental health and wellbeing. It is having access to:

- **Blue and/or Green infrastructure** - to promote recreation, exercise and activity, play, good air quality, conservation, social interaction spaces
- **Local healthy food options** - through local retail options or facilities to grow your own food
- **Creating a sense of place and identity** - a permeable, legible environment with landmarks, good wayfinding (including for those with heightened needs e.g. dementia), creating a sense of neighbourhood with natural surveillance and community
- **Economy** - good links to employment and education opportunities and to facilitate the needs of the local labour market as economic growth goes hand in hand with new developments, job creation, income flow and wealth creation
- **Social Infrastructure** - healthcare/education, local services and facilities, leisure and retail must be clustered together to create natural local centres within walking distance and which enhance opportunities for social integration and interaction
- **Transport and Movement** - the creation of a hierarchy within the design that encourages walking and cycling and use of public transport rather than a default to the private car and which supports access to employment, education, services and aids connectivity and social cohesion



David Hand
Head of Planning, Policy Economic
Strategy and Environment
Darlington Borough Council

Transport and Movement

- Transport, access and movement must be planned with the following hierarchy:
 1. Walking
 2. Cycling
 3. Public transport
 4. Rail
 5. Private cars, taxis and motorcycles.
- Facilities for those on foot or cycle must be provided in new developments and supported in existing neighbourhoods such as benches, cycle parking and adequate signage.
- Connectivity and safe, well lit, routes between neighbourhoods, local services and schools must be provided for new developments.



Social Infrastructure

- Healthcare, leisure, playing pitches, local services and retail must be clustered together into nodes with adequate public transport connections in local centres identified in the Local Plan.
- Local services, social infrastructure and local facilities must be provided in the first phases of development to establish a sense of community.
- The public realm must be high quality, benefit from natural surveillance and be means to connecting communities to each other and to facilities.
- Developments above a threshold of 100 units must demonstrate that there are local services and access to community facilities within 400-800 m (or 5-10 minutes walk) or that these will be created.



Economy

- New developments must ensure that there is access to good links to employment opportunities and that these are integrated into mixed-use areas wherever possible.
- New employment sites must be well connected to the walking and cycling network and the public transport system.
- New developments must take the opportunity to employ local labour and provide training and skills through their construction.
- Local and town centres should be supported to ensure that the local population can be served, with an emphasis on local centres providing for community needs.
- Flexibility should be built-in to new local centres to allow change of use to commercial over time.



Green Infrastructure

- New developments must protect, enhance and create multi-functional green-blue infrastructure to support human and natural life contributing to combatting the urban heat island effect, tackling air pollution, improving water quality and reducing flood risk. In providing green infrastructure, which should constitute 40% of the developable area the following hierarchy must be observed:

1. Habitats and Ecology
2. Flood and Water Management, and Air Quality
3. Access Recreation and Movement
4. Play and Education
5. Amenity and Landscaping

Local food provision and sports facilities are to be allocated separately.



Healthy Food Choices

- New developments must provide adequate opportunity for local food production either through the provision of private gardens, communal spaces or where there is a lack of provision identified.
- The establishment of hot-food takeaways will be controlled in areas of over-concentration and where close to schools.
- The change of use of existing buildings to facilitate innovative approaches to local food production and distribution will be actively supported.
- Developments above a threshold of 100 units must demonstrate that there are local services and access to healthy food choices within 400-800 m (or 5-10 minutes walk).



Placemaking

- New developments must provide a legible and permeable environment that is easily understood and has clear signage and wayfinding*.
- Existing neighbourhoods and the historic environment must be conserved to ensure that local landmarks and key buildings and features can be used to orientate and be familiar*.
- Public spaces, streets and greenspaces must benefit from natural surveillance with a lack of clutter*.
- Car parking is to be accommodated in such a way so it does not interfere with walking and cycling*.
- The density of development must support good access to shops and services within 400-800m (or 5-10 minutes walk)*.



* Denotes measures that support a Dementia Friendly Environment

Influencing the Local Plan

During the HNT timeframes, detailed work has been undertaken by the council on its emerging Local Plan, underpinned by a health and wellbeing policy, which is due to be examined in 2020. This is a key milestone for Darlington, and may set the strategic framework for developments within the borough for the next 20 years and more. The Local Plan includes specific reference to the improvement of health and wellbeing plan including integrating the 6 design principles within it - setting the bar high for improving the quality of design in future developments.

Health and Wellbeing - influencing masterplans

Developers have been very open to integrating the HNT design principles into their masterplans for the sites and can see the added value of creating health enabling neighbourhoods that are attractive places within which to live. If Darlington can show that good quality design and development in this way is viable - both from the Keepmoat early example and future bigger developments, it helps to build the case for this as a way of working.

It is hoped that the Local Plan can become an exemplar that influences not just Darlington but has wider impact with other local authorities in their planning work. The development sites themselves over time will show just what is possible by joint working in this way and embracing the principles.

Integrating with health



Dr Ian Briggs
JSR Management and
Consulting Services

There has been early sharing of these plans with health colleagues to start the discussions on the implications for health demand and impact on health providers to inform their longer term planning. This is a much more integrated approach than has previously been the case with developers who are keen to understand the likely requirements that could be incorporated into masterplans ensuring appropriate access to services as populations develop over a long timeframe. One way the HNT project has sought to help with improved predicting and forecasting of need, has been to work with Durham University on a predictive model that can be used to model the impact of different growth scenarios - reflecting either a change in model of care, demographics or housing expansion on primary care provision.

Council Leading by Example

The council has also led by example in improving its own council stock. As part of the regeneration work at Red Hall some of the older housing stock was demolished and new houses were built in their place. These are built to a new design and offer better lifetime home principles/mobility standards than has been the case in the past. This improved accommodation has been received very well by residents and it certainly allows much more flexibility, being adaptable to changing needs and keeping people independent in their own homes for as long as possible.

In addition the council has invested significantly in refurbishing its other council owned houses in the area too, improving the look, feel and energy efficiency of the homes to make them cheaper to run and more attractive for residents.

The council now has a major council house expansion programme planned for the next 10 years with 1000 additional houses planned, the majority of which will build on residents' experience and will use the same high quality design. It is important that the council meets the same high standard in terms of modern housing that supports independence and wellbeing.



Example of new houses at Red Hall, Darlington

Contributing to National Learning - influencing policy

National Health Service: England, as a result of its HNT programme nationally and the experience of the demonstrator sites, has established a national developer network and aims to create a Healthy New Town Standard including a **Homes Quality Mark** that is awarded to places that meet the higher standards of design that promote health and wellbeing within the built environment. The work of demonstrator sites, like Darlington, has directly influenced these future plans and has recognised that other wider factors impact on health and wellbeing beyond the delivery of health and care services. The call for 'Garden Community' applications, the upcoming Housing White Paper and the revision of the National Planning Policy Framework are also recognising the value of place making. NHSE has published '*Putting Health into Practice*' - a document that collates learning from across the HNT Programme and all demonstrator sites, in order to help other areas learn about best practice and how to create healthier places - truly recognising the value of place making in improving population health.



Extract from: The NHS Long Term Plan

Appendix: How the NHS Long Term Plan supports wider social goals

Health and the environment

16. Looking beyond healthcare provision, the NHS has a wider role to play in influencing the shape of local communities. Through the Healthy New Towns programme, the NHS is playing a leading role in shaping the future of the built environment. In spring 2019 we will set out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment. These have been developed with a network of 12 housing developers who are committed to developing homes that fit these principles. This covers approximately 70,000 homes over the next 5 years. In 2019/20, NHS England will build on this by working with government to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing. Embedding these principles within local planning guidance would ensure all future developments have a focus on design that support prevention and wellbeing.



Chapter 3

Community Asset Building

Creating healthy communities however, is not just about the built environment, it is very much about the people that live within those neighbourhoods and what they can do to support themselves and others in their communities to become more self-reliant, resilient, to raise aspirations and take advantage of opportunities.

Where did we focus?

The community development work within the HNT Programme has focused on an existing challenged area in the eastern fringe of the town, known as Red Hall. Three factors came together that made it an obvious focal point for this initial work through HNT:

- The identified need for regeneration and renewal of this community.
- The opportunities that the development of the eastern side of the town, with Red Hall at its heart, would bring. As well as the local Keepmoat development neighbouring the existing Red Hall community, there are draft longer term plans within the Local Plan for significant developments to the surrounding areas. This could provide opportunities including additional employment prospects for the existing Red Hall community which has traditionally been isolated on the edge of town.
- The obvious need to address long standing health and social inequalities that were so evident in the area.

The council and partners have sought to work from the grass roots up through the development of a Neighbourhood Renewal Strategy, Regeneration Programme and Masterplan all aligned to focus resources on both place and people to address:

- fuel poverty and energy efficiency of houses;
- image and reputation;
- improvements to housing and infrastructure within the area;
- opportunities for social interaction; and
- a sense of community and resilience.

The key objective of HNT in respect of community development was to provide an opportunity to try out ideas which, if successful, could be rolled out elsewhere in the borough. One of the mechanisms used initially to co-ordinate the work of partners working in Red Hall has been the Liaison Group including: a variety of council services, local councillors, Red Hall residents representatives, Department for Work and Pensions (DWP), Step Forward Tees Valley, Police, YMCA, Keepmoat, Groundwork, Tees Valley Arts and local Artists, Learning and Skills, Red Hall Primary School, Darlington Partnership and Darlington Cares.



Sarah Small
Community Activities Coordinator
Darlington Borough Council

The community of Red Hall is on a journey that will take time; it is a difficult task for a community to move from a place of disengagement - to a place of trust and engagement - and then to active involvement, ownership and activation. Yet there are sure signs that this gradual evolution is taking place and the community is building its community assets and resilience. These are all a key part of a sense of health and wellbeing, a community feeling more in control and connected, with local community leadership, knowing where to access help and also how to become more self-reliant.



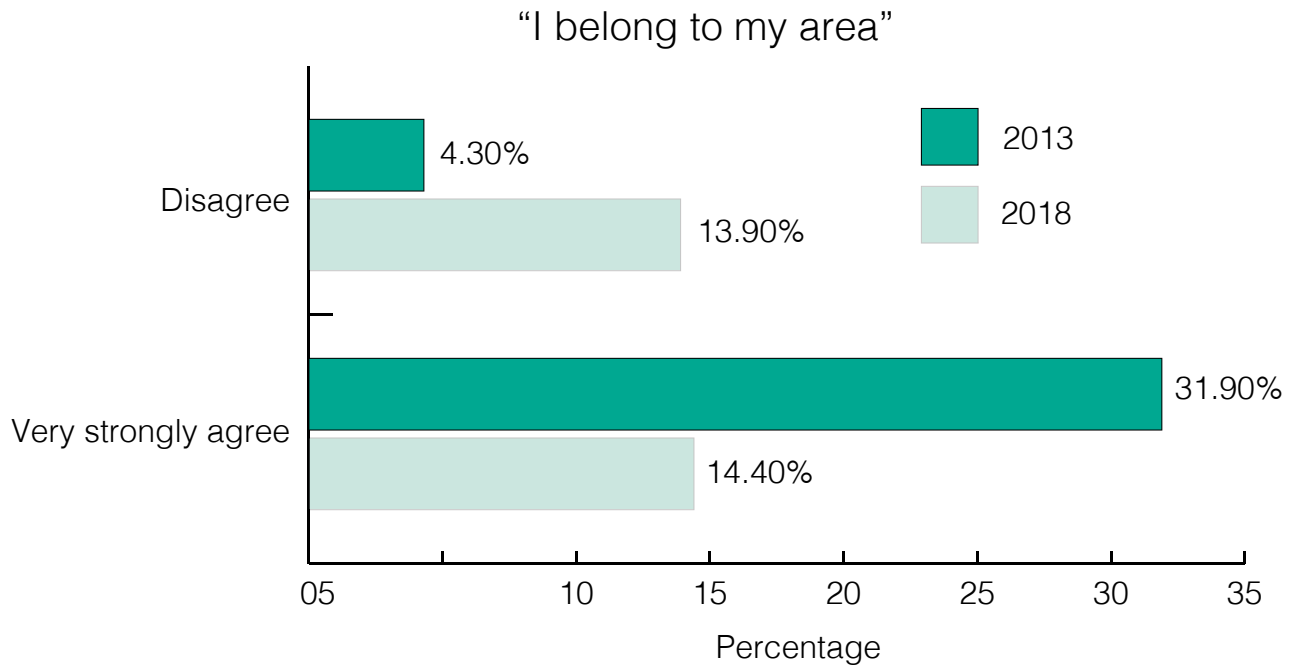
Smoothie bikes

Have we made a difference?

This cannot be borne out quickly through health statistics but through local survey data people are starting to report they can see a difference and Red Hall is feeling more like a community moving positively.

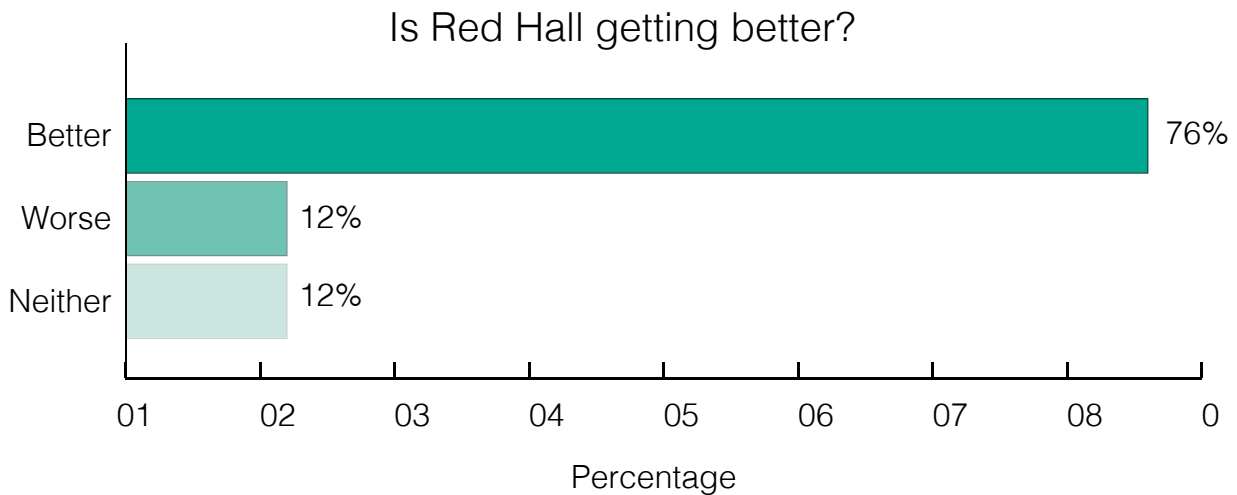
Within the council's community survey undertaken in January 2018 - residents at Red Hall showed an increase in the percentage who would very strongly agree that they belong to their local area compared to 2013:





Source - Darlington Borough Council Community Survey 2013 and 2018 (Red Hall ward)

- This is also borne out in figures from a survey with families at the local primary school in December 2018



Source - School Survey December 2018

It is appreciated that these are snapshots in time but it does indicate that the community is more positive about the area and the community working together which is a good indicator for social interaction, people feeling like they belong and is an important issue in terms of people’s mental health and wellbeing.

A selection of images below capture some of the community activities that have taken place during the lifetime of the HNT project. These have been received well and there is a desire amongst residents for similar opportunities and activities to continue. As HNT national funding comes to an end, there continues to be investment in community development support at Red Hall. There is a priority of supporting local residents to come together to meet, plan activities and events, gain the skills and capacity to bid for external funding sources and develop local resources as these community assets will be key in providing community leadership and support over the longer term.



All ages enjoying the Summer Carnival



Getting fit through Boxercise

Legacy

The HNT project have left a legacy for Red Hall and other communities within Darlington.

A good example is the “holiday hunger” provision first started in Red Hall. This is now increasingly being rolled out to other communities in Darlington based on the experiences of what has worked well at Red Hall. Over the last two years similar holiday club experiences have been delivered to three other areas within Darlington combining not only the provision of healthy food to children that ordinarily would access free school meals during term time but also an extensive range of activities that have encouraged exercise, team work, social interaction and stimulation all in a fun way.

The feedback from both children and parents has universally been very positive and genuinely appears to fulfil a need not just in healthy eating but in opportunities for social interaction and growth that has a positive impact on the whole family.

Darlington Borough Council and partners are trying to build on these early successes to attract funding to expand this kind of provision. Through Darlington Cares, additional initiatives are being supported, harnessing resources and support from within the wider Darlington community, acting together to support this work.

Equally, building on an initiative offering free access to exercise opportunities within the community and support for “Bikeability” within the local primary school, further support will be going into the school to support children to access exercise and life skill acquisition opportunities such as cycling and swimming. This ensures that when the children are offered council provided lessons they are in fact familiar with and confident enough to take advantage of those opportunities. This has often not been the case in the past and can hold children back. These are just some of the ways that the project has been attempting to tackle social inequalities issues.



The HNT project has been committed to a community asset building approach which recognises the people in the community as key resources and assets to support that community develop and grow, building both the resilience and aspirations of its residents for the future. Local ownership is absolutely key and cannot be rushed.

Efforts have gone into trying to support residents develop their own group that can take greater ownership of community development. Indeed various community events, increasingly led by members of the community, have taken place. However, it has to be acknowledged that community development and activation takes time and must be supported from the grass roots up.

In understanding this, community development support will continue to work alongside residents beyond the timeframes of HNT to build confidence, ability and capacity to be able to plan, organise and deliver activities and events by themselves and for themselves going forward. Local residents are showing considerable enthusiasm for this approach.

Spreading the Learning

HNT impact is not just seen at Red Hall but the experiences and knowledge gained through the HNT project has helped to feed into wider borough discussions about priorities for resources going forward. This has included how, by working collectively together through the Darlington Partnership, we can support more challenged communities.



Chapter 4

New Models of Care

As well as influencing the built environment and community development, the HNT project has also included partnership working with local health and care organisations to co-design a new model of care for Darlington that is genuinely owned by stakeholders.

At the outset of HNT there had been some work done to describe new ways of working with a well-attended conference taking place in 2015 across the health, care and wider third sector community, outlining a direction of travel. There was a desire for a more integrated way of working but the challenge was how to overcome some of the key barriers facing the health and care system, and how to start to realise a better, more joined up way of working on the ground.

Various strands of work have been taken forward during the lifetime of HNT.

Developing Primary Care

It has been recognised both locally and nationally that primary care should be at the heart of any new care model. Primary care are the gatekeepers often into the rest of the system and know their registered populations well. However, we face a shortage of GPs as well as other care staff in the UK. An increasing demand for health and care services, changing demographics including an ageing population, the presentation of many more people with multiple long term conditions that require a different approach and the development of new technology means more is possible.

There is also an increasing understanding of the importance of patient education, taking a greater ownership in their care, making self-management easier and providing more convenience for patients.

In Darlington, over the last 3 years there has been a growing acknowledgement that primary care needs to be more resilient, be able to achieve economies of scale through working together and ensure we make the best use of limited resources and skills.



Dr Amanda Riley
Chief Executive
Primary Healthcare Darlington
and Clinical Director of the
Darlington Primary Care Network



Rebecca Thomas
Commissioning Manager
NHS South Tees CCG



Graeme Earl
Business Management Lead
NHS South Tees CCG

Increasingly across the UK, primary care has been starting to work together to better provide for population level management - typically across populations of 30-50,000 working together 'at scale'.

Darlington has been on this journey and the HNT programme supported practices to work together as virtual 'hubs' with an increasing number of initiatives being taken forward at this level. Public health-led needs analysis has developed health profiles for the various hub populations which will help to inform what services are required to be delivered locally at GP practice and hub level and which need to be delivered once at a Darlington level. Good, strong working relationships are key to this way of working. It takes time to develop but the Darlington primary care system is well placed to develop as a Primary Care Network in line with the NHS Long Term Plan.

Integrated Delivery

The development of a new model of care across partners including primary, community, social care and mental health is also providing opportunities to streamline workforce as integration brings the chance to do things once but better, reduce duplication and re-assess how staff are deployed. An early example of this more proactive way of planning and delivering care is the introduction of frailty multi-disciplinary teams and the care home service, which are already having an impact on hospital admissions and the need for unscheduled care.



The introduction of "Wellbeing Navigators" will also help to provide far more holistic care directing patients to a wide range of both formal and informal support that better meet their overall needs. This includes helping to reduce social isolation and loneliness rather than relying on a medical model of delivery. This reinforces that there are wider determinants of health that impact on health over and above the delivery of direct healthcare.

Supporting self-management, choice, convenience and control

Progress has been made with self-management initiatives including achieving some of the best on-line consultation uptake rates in the North East. This has proven to be very popular with patients offering convenience and choice in how they interact with their GP practice staff.

E-consultations

A few quotes from patients are included here which are typical of the feedback received to date:

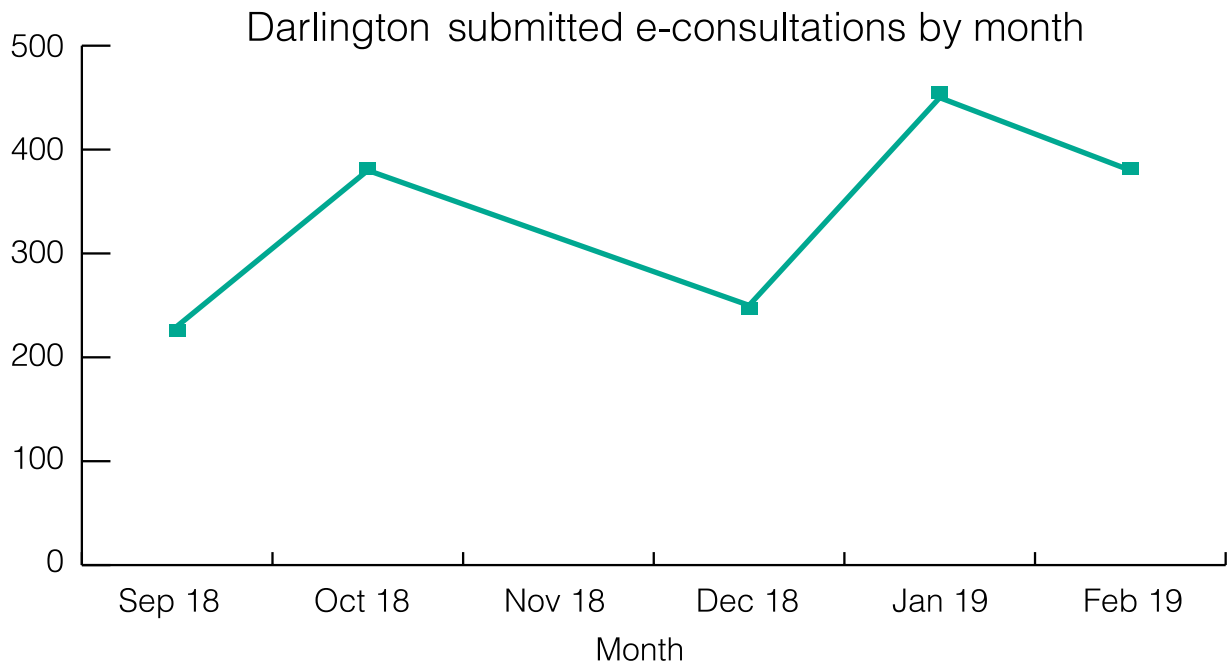
“It was very convenient for me as a mum of 2 young children to do at home, outside of surgery opening times and I felt that I wasn't wasting the surgery's time as they were able to assess my needs and direct me to appropriate care”

“I didn't need to take any time off work or travel to the surgery. Response was very quick and my question was fully answered”

“I think this is an excellent alternative to seeing a GP. Sometimes you don't want to take up a GP's time and know the solution is simple but previously the only quick way is to contact a GP”

The diagram overleaf shows the uptake in on-line consultations in a six month period and the upward trend. Primary care staff as well as patients gave positive feedback about how this form of consultation makes excellent use of clinical and administrative time whilst still dealing appropriately with the patient's concern. 89% of patients giving feedback in the first 6 months were satisfied with the response to their on-line request - of these 73% were very satisfied.



Darlington online consultations trend since launch Sept 2018

The start of behavioural health coaching for front line staff is helping them support patients, particularly with long term conditions, to better self-manage and take more personal control of their condition. Personalisation, integration and more upstream intervention are key goals for the new model of care work across Darlington, which HNT has helped to support.

Digital Enabling

The HNT project started from the premise that we use digital means of support every day in most areas of our lives and yet we don't always harness the advantages of these in delivering healthcare and keeping patients informed and monitored. The key issue in addressing this is the ability to be able to exchange information quickly, securely and efficiently between patient and care professional and between staff groups.

The HNT programme has been instrumental in testing out the technology that can support a secure, clinically-led digital information exchange by working across different care boundaries. Through this work, Darlington partners understand how to streamline clinical pathways and importantly, give control back to residents and patients.



Brynn Sage
Chief Executive
Inhealthcare



Ian Dove
Business Development Manager
County Durham and Darlington
NHS Foundation Trust

Evidence suggests that an informed and empowered person is far more likely to comply with their care plan and more likely to self-care, whilst knowing they have the back-up of professional support and that they can access information and support in a time and way convenient to them.

Increasingly we need to understand how we can use this technology to intervene and offer support further upstream and prevent health deterioration in the first place.

In the last two years since May 2017 there have been over 10,000 patients using digital health services in Darlington, over 140,000 interactions and over 30,000 appointments have been saved freeing up both staff and patient time, often by enabling the staff member and patient to interact remotely.

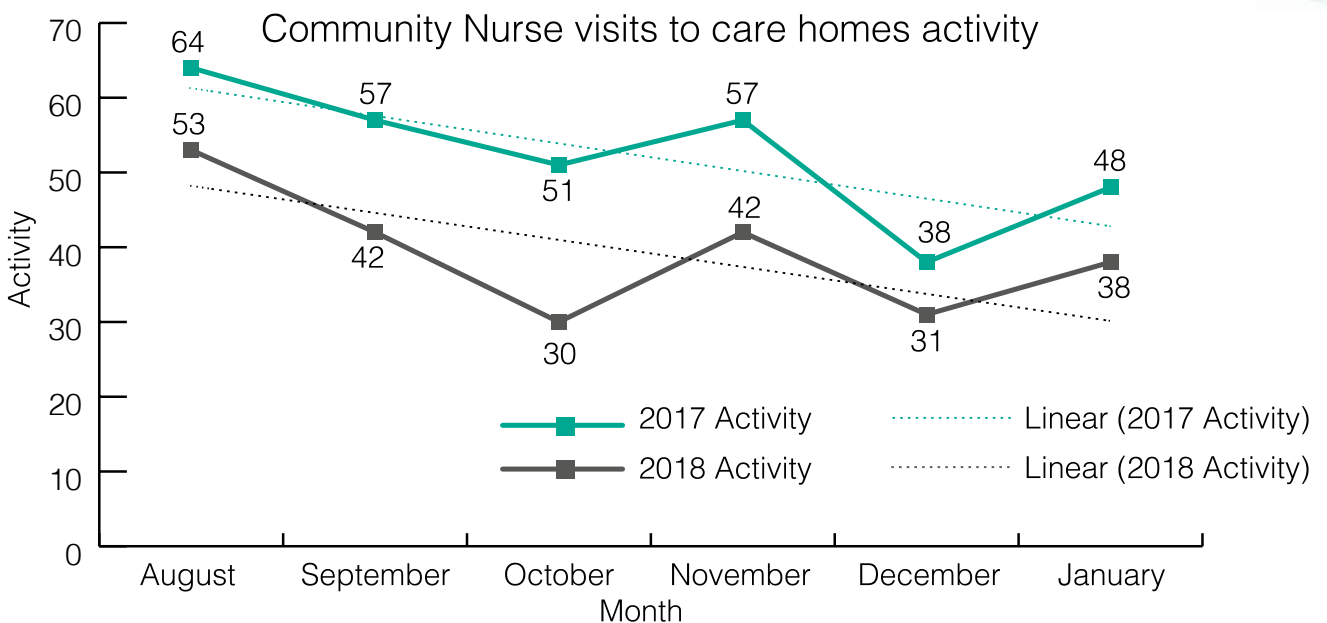
This provides a much more convenient service with the patient choosing when and how to send information to the clinician to review. Where digital remote monitoring is available, for example in the anti-coagulation clinic at Darlington, staff have ongoing data available about the patient's condition, not having to rely on the patient's next presentation at clinic and self-reporting.

In the pilot period for this service 71% of patients improved the time they spent in the right therapeutic range so 'digital' has good indications for improving clinical safety. It is also popular with the patients using the service, maintaining their independence out in the community, safe in the knowledge that monitoring is taking place.



Care Homes

Importantly, digital is supporting new models of care work around integration and maintaining people in their own homes. The results look to be very promising - for example recently a digital e-referral service has been introduced to care homes in the Darlington area, connecting care homes more directly into the community nurse teams. Based on positive feedback and results this service is set to be rolled out across Darlington during 2019/20. In a 'pilot' care home - there has been a 25% reduction in unscheduled visits by community nurses (shown in the diagram below) and 31% reduction in hospital admissions over 6 months (during the hours of operation). Staff are feeling much more supported, this is maintaining residents in their own home, reducing pressure on acute services and reducing unscheduled care.



'Pilot' Care Home reducing unscheduled community nurse visits

HNT Darlington has provided leadership, vision and steer to the now emerging digital network and infrastructure to support the wide-scale implementation of digital pathways across the North East.

Chapter 5

Lessons from Darlington: Healthy New Towns - Evaluation



Dr Victoria McGowan
Author of the Evaluation Report

The Darlington collaboration of local organisations selected an academic partner, FUSE: The Centre for Translational Research in Public Health in partnership with the five North East Universities.

The evaluation design brief emphasised that a systems change evaluation was appropriate for monitoring complex change across partners from a range of sectors.

The academic partner participated fully in the programme (2017-2019) and the full evaluation report is available on the Council website. The evaluation recognises the complexity and ambition of the programme.

A number of the English Healthy New Town sites (including Darlington) with academic partners, have submitted a bid for funding for a longitudinal study to monitor changes over a longer period of time.



Darlington Healthy New Towns Evaluation - Key Messages

Despite numerous challenges during the development and implementation of the Healthy New Town (HNT) programme in Darlington, there is emerging evidence to suggest the initiative is on a journey to improve health outcomes over the longer term.

The programme has facilitated the development of new, and maintenance of existing, partnerships both within Darlington and the wider Tees Valley region which have been fundamental in attracting extra resources to further HNT work.

These partnerships have benefited from the creation of new spaces which have allowed stakeholders to develop innovative new ideas, reflect on emerging findings and adapt the programme accordingly. They have identified key trusted assets at the community level to continue building capacity among residents in Red Hall.

The HNT programme has perhaps been most successful in developing a learning space, although not protected from outside elements, the initiative has allowed stakeholders to develop new ideas, and work through a process of testing, learning, and adapting.

These spaces, for example, have facilitated a cultural shift among GP practices in the area to begin working at scale and in more integrated ways with wider health and social care partners through Primary Care Networks.

Moreover, a significant outcome of the programme has been the inclusion of HNT design principles in the draft local plan for Darlington which, if accepted at examination, will embed health within local policy.

Although the HNT programme has acted as a catalyst to accelerate ideas and innovations that were percolating before the HNT programme was announced, there is a risk that the dissolution of these spaces post-March 2019 will lead to stakeholders falling back into silo working due to existing work commitments. The HNT programme has provided resources and spaces for working collaboratively which should be maintained to ensure the journey to health improvements is realised.

The HNT programme has begun a journey starting from partnership and cross-organisation working, creation of new spaces, and attracting extra resources to facilitate improvements in health outcomes over the longer term.



Key points:

Overall the programme has provided a catalyst for change and facilitated partnership working to take action on the wider determinants of health. However, maintaining these partnerships beyond the life of HNT funding will require strategic leadership and resources to facilitate these positive collaborative networks and ensure the programme achieves the longer-term goals of a more prosperous, healthier, and equitable borough.

The programme acted as a catalyst to push forward innovative ideas that may not achieve clear quantitative outcomes in the short-term. Health outcomes are important, but they lie at the end of a complex causal pathway and may not manifest for some time.

Identifying intermediate factors that are associated with improvements in health and monitor alongside population health profiles were important. Factors such as community cohesion, perceptions of safety, increased employment, and educational outcomes may provide proxy outcomes that are strongly associated with longer term improvements in health.

Sharing learning from Darlington Healthy New Towns

A key aim of the national programme was that the ten pilot sites would share the experiences and learning throughout the programme.

Darlington contributed significantly throughout the three years, presenting and sharing system learning including:

- Presentation at conferences -
Housing;
Public Health;
Town Planners;
Communities and Local Government
NHS events;
Digital Technology events.
- Local stakeholder events were held each year to involve the range of wider partners across sectors, organisations and communities.

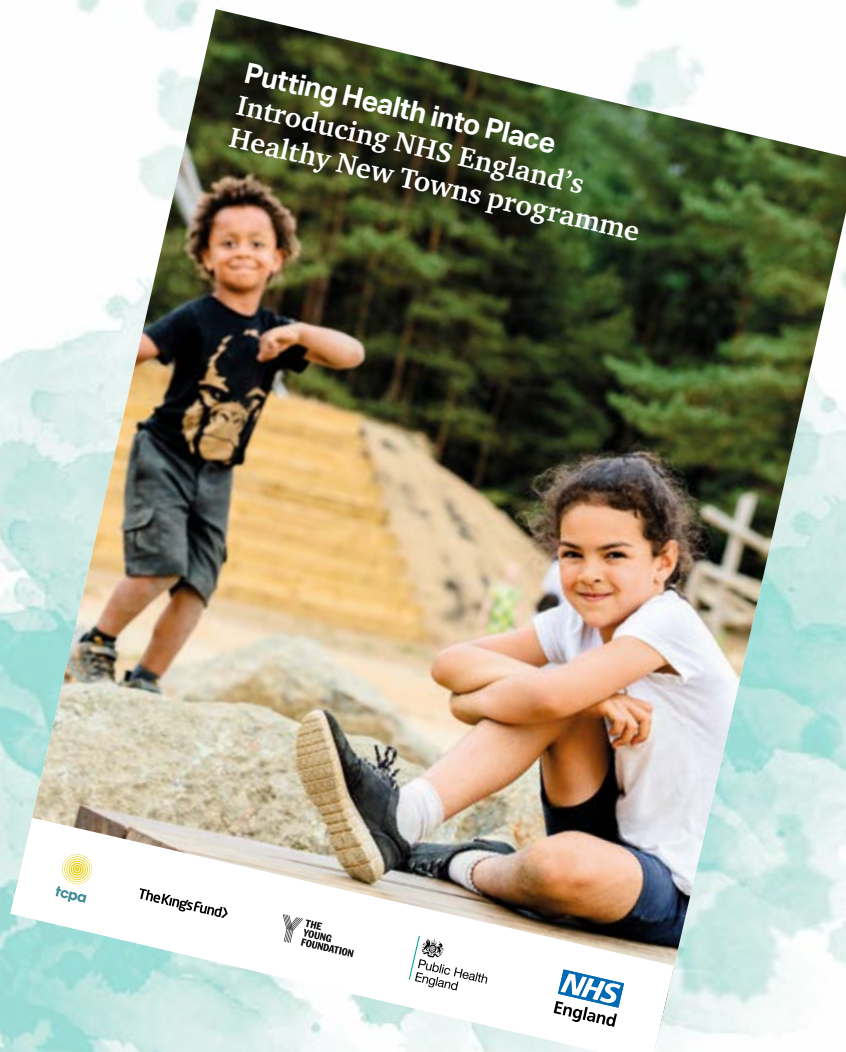
Putting Health into Place

Darlington HNT programme contributed to the learning from the full, English Healthy New Towns programme. A publication, **“Putting Health Into Place”** collates the learning from the programme, published as four documents:

- Executive Summary;
- Plan, Assess and Involve;
- Design, Deliver and Manage;
- Develop and Provide Healthcare.

“Putting Health into Place” (PHiP) is based on the learning of the ten sites and was produced by NHS England, The King’s Fund, Public Health England, the Town and Country Planning Association and The Young Foundation.

www.england.nhs.uk/ourwork/innovation/healthy-new-towns



Case Study: Design Principles

From design principles to policy

Like many places, the Borough of Darlington has an ageing population and increasing health inequalities. To address this the council worked with a number of partners and external agencies during 2017 to include six Healthy New Towns design principles in the new Local Plan, these covered;

- Green infrastructure;
- Healthy food choices;
- Placemaking;
- Economy;
- Social infrastructure;
- Transport and movement;

The principles provide a framework against which planning applications will be assessed and have been used across the borough in planning and development management¹.

Applying the principles has been challenging where viability is marginal (value generated by the development is more than the cost of developing it), but they produced an early win: Keepmoat Homes used the principles in their design and access statement to support the planning application for the Red Hall Fairway development, demonstrating their real-world application.



¹ <https://www.darlington.gov.uk/health-and-social-care/healthy-new-towns/>

Case Study: Primary Care at Scale

Developing 'primary care at scale'

Darlington has strengthened primary and community care by clustering 11 local GP practices into three virtual hubs, each covering a population of between 30,000 and 50,000.

The hubs are working towards developing a Primary Care Network which will span the population of Darlington. In each hub, practices will work with other health and social care professionals to develop new services and pathways.

The hubs also provide a platform for working together on workforce development and technology, and for sharing premises, back office and other resources.

The hubs build on a strong history of partnership working in Darlington and a vision created through dialogue with all partners, including listening to patients about what is important to them.

Tangible changes made so far as a result of the development of primary care hubs, include giving people extended access to GP services outside core hours, seven days a week (delivered by the local GP federation from one centrally located hub), and trialling online consultations in eight of the 11 practices.

Furthermore community services have been re-procured in order to wrap teams around the needs of neighbouring populations.



Case Study: Digital Technology

Using digital technology to support self-management

Health and wellbeing services in Darlington have used digital technologies to collect clinical data remotely, avoiding the need for patients to attend an appointment. This was successfully trialled with patients taking warfarin (often prescribed to people at risk of developing a blood clot) and those at risk of malnutrition and under a dietician's care.

Anyone taking warfarin needs to have their INR levels tested regularly. INR - international normalised ratio - is the standardised measurement of the time it takes for blood to clot. In Darlington a digitally enabled INR pathway places the monitoring of INR levels in the hands of the patient through a digital device that remotely reports back to the primary care provider.

This change has had two primary impacts:

- Empowering patients to take control of their own health outcomes. This has resulted in more people keeping their INR levels within safe limits, and the risk of stroke decreasing.
- Reducing pressure on primary care by avoiding the need for frequent check-ups in general practice.

Implementing the new approach to INR testing and other digitally enabled pathways has exposed several potential barriers to change, including challenges associated with linking up IT systems across the different organisations involved. One of Darlington's core principles has been the use of open platforms based on national interoperability standards to allow data to be moved between different systems used by health and care providers. This supports better integration across organisations and more patient-centred care.

Key successes reported across the digital projects in Darlington include:

- patients feeling better supported and cared for
- improved clinical capacity due to improved triaging of patients and ability to plan caseloads
- patients meeting their goals more quickly
- improved self-management.

Patients using the digital INR pathway have said they value the freedom, control and knowledge they have gained regarding their condition.

Case Study: Landscape Architect



Ian Prescott
Land and Partnership Director
Keepmoat Homes

Long Term Benefits of Healthy New Towns

Long Term Benefits of Healthy New Towns encompass a range of elements which can be created through the landscape design of residential developments. When a client agrees to support the landscape design consultants, alongside other environmental professionals, such as ecologists, and promote these disciplines, Landscape Architects can work alongside other built environment professionals such as architects, engineers and transport planners to provide solutions to problems which offer an holistic response to problems. Direct long term benefits of Healthy New Town design include:

- High quality and attractive streetscapes - space for trees and verges as well as consideration of the sense of place which will result
- When a streetscape is attractive, it tends to be well used and therefore well activated . As a result it feels safe and residents enjoy it as their own.
- When residents feel safe and populate a space they take pride in it, don't drop litter, children are raised to value their environments and a healthy cycle of respect begins.
- Safe and enjoyable spaces are well used. When spaces are well used, people meet and a real sense of community begins to develop - families with children in the play spaces, choosing to walk to school or the shops through safe and active streets, residents get fresh air and exercise improving both physical and mental health.
- Opportunities to meet result in conversations, a sense of being rooted in a neighbourhood and a real community develops.

As Landscape Architects we have noticed that Keepmoat encourage early inclusion of our skills within their design teams, when considering a development. They also support the principles of sustainable design and encourage the landscape consultants to take an active and early role in guiding the design of residential development.

Southern Green, Landscape Institute Award Winners



**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
5 DECEMBER 2019**

**BRIEFING REPORT
LOCAL AUTHORITY HEALTH PROFILE 2019**

Purpose of the Report

1. To describe the key messages in the Local Authority Health Profile for Darlington in 2019.

Introduction

2. The health profile is produced by Public Health England using the latest available data on health indicators to provide a snap shot of child and adult health in Darlington. This enables comparisons over time and against the regional and England averages.
3. The health profiles are designed to help the local authority and health services better understand local need, plan services to improve the health and wellbeing of the local population and reduce health inequalities.
4. This briefing highlights the indicators for Darlington unitary authority.
5. It is important to note that indicators rating Darlington similar to, or better than the national averages do not necessarily mean that they are not important public health issues. These may still affect large numbers of people or disproportionately affect vulnerable or socioeconomically disadvantaged groups.
6. There has been some change in the indicators since the last profile and the method for calculating some indicators have changed compared to those published in previous profiles and so comparisons to previous profiles should be made with caution.
7. The 2019 health profile consists of 34 public health indicators across seven domains:
 - (a) Life expectancy and causes of death
 - (b) Injuries and ill health
 - (c) Behavioural risk factors
 - (d) Child health
 - (e) Inequalities
 - (f) Wider determinants of health
 - (g) Health protection

8. Within these seven domains, Darlington has 13 indicators that are marked as statistically significantly worse than the England average, 12 that are statistically similar, and three that are statistically better.

Life expectancy and causes of death

Six indicators; three worse than England average, three similar.

9. Life expectancy at birth for males and females in Darlington has increased since the 2018 health profile but remain significantly worse than those in England, although better than the regional average. Life expectancy is 12.4 years lower for men and 9.7 years lower for women in the most deprived areas of Darlington than in the least deprived. Since the 2018 profile, inequality in life expectancy between most and least deprived in Darlington has increased by 0.7 years for males and by 1.2 years for females.
10. The rate of under 75 years mortality due to all causes is worse than national average but has improved since the 2018 profile. Premature (under 75 years) mortality from cardiovascular disease and cancer is similar to the England average.
11. Mortality rate (directly age standardised) from suicide and injury of undetermined intent was similar to the national average.

Injuries and ill health

Six indicators; two worse than England average, one similar, two better, one not comparable

12. The percentage of people killed and seriously injured on the roads in Darlington in 2015-2017 is lower than in England. Darlington generally performs well on this indicator.
13. Emergency hospital admissions for self-harm are statistically significantly higher than the England average, however this remains similar to that of the North East region. This indicator improved, being similar to the England average in the 2017 and 2018 profiles but worsened in 2019.
14. Age-sex standardised rate of emergency admissions for hip fractures in those aged 65 years and over in Darlington is significantly higher than the national rate, having increased during 2016/17 and 2017/18
15. Diagnoses of early stage cancer is not comparable to the England average. The 2019 profile states that 56.4% of cancers were diagnosed at stage 1 or 2 in Darlington, this proportion was 53.8% in the 2018 profile and has increased since 2015.
16. The estimated percentage of patients with recorded diabetes remains statistically significantly higher than the national average which is positive. This may be due to better detection and recording because of targeted approaches to offer screening and raise awareness among sub-groups of the population at increased risk of developing diabetes. However, it can also indicate a genuine increase in recorded diabetes, especially with high levels of obesity.

17. The proportion of those aged 65 years and over who are estimated to have dementia and who have been identified and diagnosed is 77.6% which is better than the national average.

Behavioural risk factors

Five indicators; four worse than England average, one similar.

18. The rate of alcohol-specific hospital stays for the under 18 years of age in Darlington in the period 2015/16 to 2017/2018 is significantly higher than the England rates. However, this indicator has consistently improved over the past 10 years and remains lower than for the North East region.
19. Alcohol-related conditions include those conditions which are wholly caused by alcohol. The rate of hospital admission episodes for alcohol-related conditions in Darlington is significantly higher than the national average. This has been a consistent trend for the past 10 years.
20. Smoking prevalence rate in adults in Darlington is 13.8% and similar to the England average (14.4%).
21. In 2017/18 61.1% of adults were physically active. This is lower than previous years and is now statistically worse than the England average but statistically similar to the north east average.
22. More than 2 out of 3 adults (68.3%) in Darlington are classified as overweight or obese. This has increased since the 2018 profile and is statistically worse than the England average. It remains statistically similar to the north east average.

Child health

Five indicators; one worse than England average, three similar and one not comparable.

23. The under 18 (teenage) conception rate in Darlington has been decreasing over time and has remained statistically similar to the national average since 2013.
24. The percentage of smoking amongst women at time of delivery in Darlington in 2017/18 is significantly higher than the England rate and similar to the North East rate. This has reduced over the last 10 years.
25. Breastfeeding initiation rate in Darlington is not comparable in the 2019 profile due to the local value not being published for data quality reasons. New data has not been published since the 2018 profile. Breastfeeding initiation data is the responsibility of County Durham and Darlington NHS Foundation Trust (CDDFT). Previous profiles show the breastfeeding initiation has been statistically worse than the England average.
26. The infant mortality rate (under 1 year of age) in Darlington is not significantly different than the England rate.
27. The prevalence of obesity in children aged 10-11 years (year 6) in Darlington is 21.2 % (i.e. just over a fifth of all year 6 children are obese), which is similar to the England average. Although the prevalence decreased since the 2018 profile the

general trend over recent years is that obesity in Year 6 children in Darlington has increased.

Inequalities

Two indicators; one similar to the England average, one not comparable

28. Approximately a quarter of all the population in Darlington (23.6%) live in areas in the most deprived 20% of areas in England. This data is taken from the Indices of Multiple Deprivation (IMD 2015) which has not been updated since 2015.
29. Smoking prevalence in those in routine and manual occupations in Darlington has increased since the previous profile and is similar to the national average.
30. Inequalities in life expectancy at birth are described in paragraph 9

Wider determinants of health

Five indicators; two worse than England average, two similar and one not comparable

31. Approximately a fifth of all children under 16 years of age in Darlington lived in low income families 2016. This is statistically significantly worse than the national average but statistically similar to the North East.
32. The GCSEs achieved indicator has been updated since the 2018 profile. The new average attainment 8 score of pupils at the end of key stage 4 measures the achievement across 8 qualifications. The data for 2017/18 results shows Darlington is similar to national average.
33. The employment rate among the working age population (16-64) is statistically similar to the national average and statistically better than the North East.
34. Statutory homelessness is low in Darlington, but local data is not included in the 2019 profile due to small numbers. Comparison to the national average cannot be made in the 2019 profile but in previous years where data can be compared, statutory homelessness in Darlington was significantly lower than the national average.
35. A new indicator, violent crime (including sexual violence) – hospital admissions for violence is included in the 2019 profile, replacing the previous violent crime indicator. This indicator shows the directly age standardised rate per 100,000 population of emergency hospital admissions as the result of violent crime. The rate in Darlington is 51.2 which is statistically higher than the national rate but lower than the regional rate. Trend data has been produced for Darlington and shows a continued decline in Darlington since 2010/11-2012/13.

Health protection

Three indicators; two similar to national average, one better.

36. The excess winter deaths index (single year) is a new indicator replacing the previous excess winter death rate. The excess winter deaths index for Darlington was similar to the national and regional index.

37. The crude rate of new sexually transmitted infection diagnoses (in 15-64 year olds) in 2018 per 100,000 population in Darlington is statistically similar to the national average.
38. The incidence of TB in 2016/18 in Darlington is statistically significantly lower than the national average and has remained so in the last 10 years.

Conclusion

39. The health of people in Darlington is varied compared with the England and North East averages. There has been improvement in some adult health indicators but hospital admissions for alcohol-related harm, intentional self-harm and violent crime are worse than the England average. A similar picture is seen in other local authorities in the North East and these indicators tend to be better in Darlington.
40. Life expectancy for both men and women has continued to increase but remains significantly lower than the England average. The widening inequality in life expectancy which has increased by 0.7 years for men and 1.2 years for women is concerning and warrants continued monitoring and investigation to understand this change.
41. While some child health indicators have improved, smoking at the time of delivery remains statistically worse than the England average and is the focus of work in Darlington and across the region. The general trend in obesity in children is concerning, with more than 2 out of 10 (or 242) Year 6 children classified as obese. This highlights the importance of the Darlington Childhood Healthy Weight Plan, launched in September 2019 and sustained partnership working to address this issue.
42. Physical inactivity and obesity are associated with a range of preventable health conditions including diabetes, some cancers, heart disease and stroke. It is concerning that physical activity and overweight in adults are worse than the national average and have worsened since the previous profile. Nearly four out of 10 adults in Darlington are estimated to be physically inactive and nearly one in three are classified as overweight or obese. This warrants ongoing monitoring and scoping to ensure a coordinated response by all partners.

Author: Jon Lawler, Public Health Registrar, 01325 406205
Jon.lawler@darlington.gov.uk October 2019

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HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 5 DECEMBER 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 added to the previously approved work programme.

Summary

2. Members are requested to consider the attached draft work programme (**Appendix 1**) for the remainder of the 2019/20 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee in the last Municipal Year.
3. 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. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.
5. Members' views are requested.

Paul Wildsmith
Managing Director

Background Papers

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

Author: Hannah Fay

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 and Climate Change	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

6. The format of the proposed work programme, attached at **Appendix 1** has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
7. 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

8. 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

9. 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, attached at **Appendix 2**.
10. A copy of the Forward Plan has been attached at **Appendix 3** for information.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE WORK PROGRAMME

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
1	Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Quarter 2 - 30 January 2020	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 biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
2	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

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
(a)	Voluntary Sector Funding	Update report 5 December 2019 Last considered 19 December 2018 and 4 July 2018	Christine Shields				To update Members following the monitoring and evaluation of this funded projects
	(b) Healthwatch Darlington - Streamlined Service offered by HWD since April 2017	The Annual Report of Healthwatch Darlington Last considered 29 August 2019	Michelle Thompson, HWD				To scrutinise and monitor the service provided by Healthwatch – Annual
3 (a)	Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP))	Engagement and Communicatio n Strategy – To be confirmed Last reported 13 March 2019	Simon Clayton, NECS	More people healthy and independent	Spend every pound wisely Build Strong Communities		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress

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No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
(b)	NHS Clinical Commissioning Group Financial Challenges and Impact on Services	5 December 2019 Last considered 4 July 2018	Mark Pickering, NHS Darlington CCG	More people healthy and independent	Build Strong Communities Spend 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
4 Page 95	CCG Stroke Services/Review of Stroke Rehabilitation Services	Last considered 29 August 2019	Katie McLeod CCG	More people healthy and independent	Spend Every Pound Wisely	To be determined	To scrutinise and challenge the CCG's and review of Stroke Rehabilitation Services in the community following discharge from Bishop Auckland Hospital
5	Director of Public Health Annual Report 2018/19 and 2019 Health Profile	5 December 2019	Miriam Davidson	More people healthy and independent			Annual report

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
6 (a)	Primary Care (to include GP Access to appointments)	Last considered 31 October 2019	Rebecca Thomas CCG/ Amanda Riley PCN	More people healthy and independent	Build Strong Communities		To scrutinise development around Primary Care Network and GP work, including digital health and its application, including signposting to services.
	To include:- Digital Health (formerly Telehealth)	Last considered 19 December 2018 ; and by Review Group 16 Nov 2016	Ian Dove CDDFT	More people active and involved	Spend Every Pound Wisely		
7	Crisis Service Changes	Last considered 29 August 2019	TEWV				To receive a briefing and undertake any further detailed work if necessary.
8	Right Care, Right Place	Last considered 29 August 2019	TEWV				To receive a briefing and undertake any further detailed work if necessary.

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
9	Medium Term Financial Plan	Special 10 January 2020	Elizabeth Davison	A place designed to thrive A safe and caring community More people healthy and independent Enough support for people when needed	Build strong communities Spend every pound wisely. Grow the Economy		To enable the Committee to give consideration to those areas of the MTFP within the Committee's remit
	Council Plan	Special 10 January 2020	Neil Bowerbank	A place designed to thrive A safe and caring community More people healthy and independent Enough support for people when needed	Build strong communities Spend every pound wisely. Grow the Economy		

JOINT COMMITTEE WORKING – ADULTS AND HOUSING SCRUTINY COMMITTEE

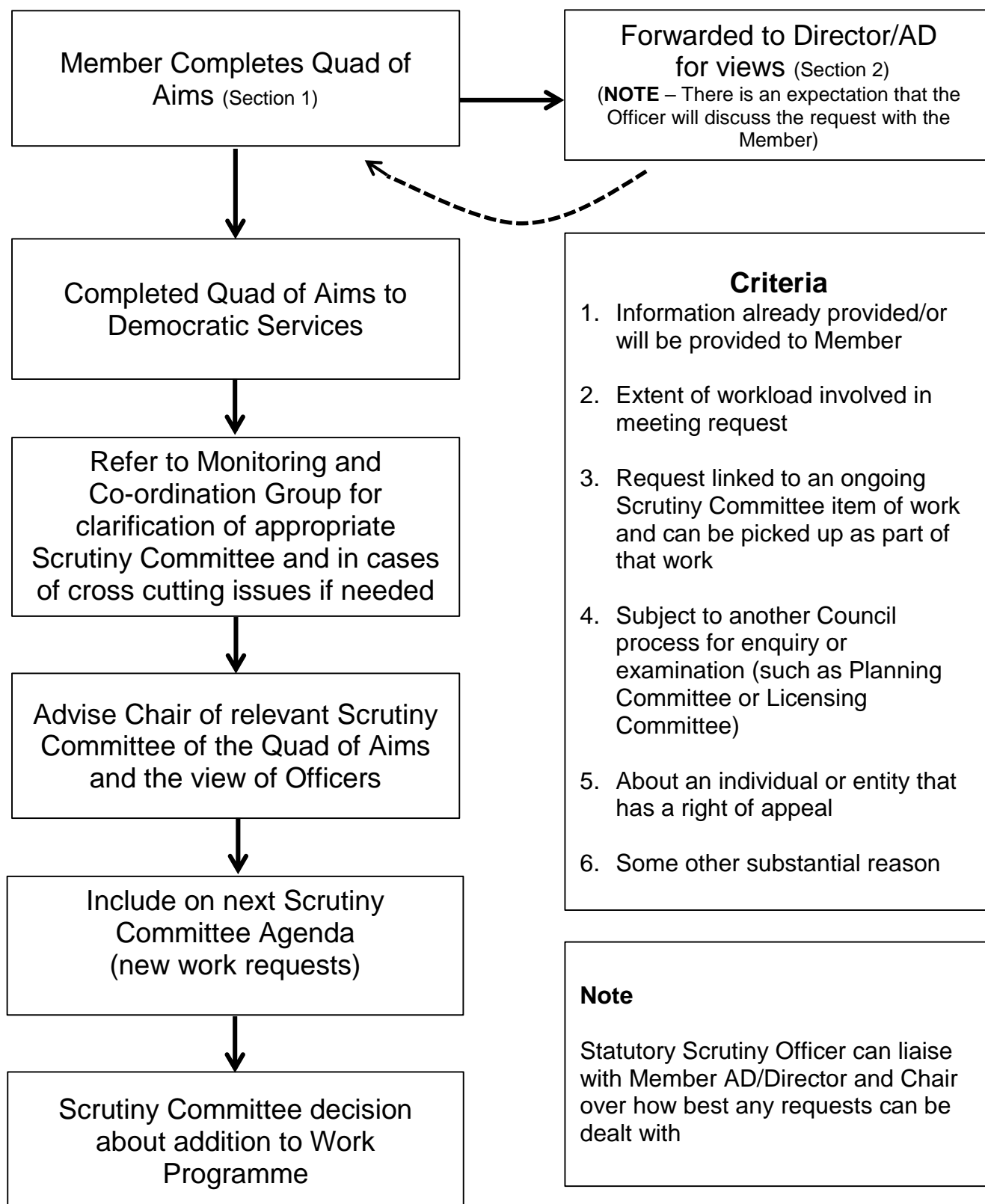
	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Page 98	11 End of Life and Palliative Care – To include the Dementia End of Life Pathway	5 December 2019	CDDFT/CCG	A safe and caring community	Spending Every Pound Wisely	To be determined	To scrutinise the provision of end of life care for people suffering from dementia across all agencies and service providers
	Health and Partnerships to lead	Scoping Meeting held 25Apr17.		Enough support for people when needed.	Build Strong Communities		
		Work undertaken in 2018 and 2019 with support from Dr Malcolm Moffatt of Public Health.					
	12 Loneliness and Connected Communities						
	Adults and Housing to Lead						
	13 CQC Ratings in the Borough of Darlington	Scoping Meeting held 18 November 2019					
	Health and Partnerships to lead						

JOINT COMMITTEE WORKING – CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
14	<p>Childhood Healthy Weight Plan (Childhood Obesity Strategy)</p> <p>Children and Young People to lead</p>	<p>30 January 2020</p> <p>27 November 2017. Interim report to Cabinet 11 September 2018.</p>	Ken Ross	Children with the best start in life	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	To be determined	To review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.

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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)

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

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**FORWARD PLAN
FOR THE PERIOD: 6 NOVEMBER 2019 - 31 MARCH 2020**



What is a Forward Plan?

The Forward Plan is a list of all of the decisions, which are due to be taken by Cabinet. The Plan also includes all Key Decisions to be taken by Cabinet, a Member of the Cabinet or a designated Officer in accordance with the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulation 2012. It also gives notice of the decisions that are likely to be taken in private. These decisions need to be published on the Forward Plan at least 28 clear days before the decision is to be taken. The Plan is updated on an ad hoc basis, but at least once a month. It can be accessed on the Council website www.darlington.gov.uk.

What is a Key Decision?

A key decision in the Council's constitution is defined as to:

1. result in the Borough Council incurring expenditure which is, or the making of savings which are, significant having regard to the budget for the service or function to which the decision relates; or
2. be significant in terms of its effects on communities living or working in an area comprising one or more wards in the Borough.

What are the reasons that a report can be held in private?

Whilst the majority of the Executive decisions listed in this Forward Plan will be open to the public and media organisations to attend, there will inevitably be some decisions to be considered that contains, for example, confidential, commercially or personal information.

The Forward Plan is a formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that some of the decisions listed in this Forward Plan will be held in private because the report will contain exempt information under Schedule 12A of the Local Government Act 1972 (set out below) and that the public interest in withholding the information outweighs the public interest in disclosing it.

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the authority proposes:–
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or

DARLINGTON BOROUGH COUNCIL FORWARD PLAN

- (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Who takes Key Decisions?

Under the Council's constitution, key decisions are taken by Cabinet.

Are only Key Decisions listed in the Forward Plan?

The Council only has a statutory obligation to publish key decisions and decisions that are to be heard at a private meeting, however, all decisions to be taken by Cabinet are included on the plan to give Scrutiny Committees and the public an early indication of decisions to be made.

What does the Forward Plan tell me?

The Plan gives information about:

- What decisions are coming up
- What key decisions are coming up
- When those decisions are likely to be made
- Which decisions will be held in private
- Who will make those decisions
- The relevant Scrutiny Committee that the decision relates to
- What consultation will be undertaken
- Whether the decision will be an open or closed report (and the reason why) (public and press are not allowed to access closed reports and will not be able to stay in the Cabinet meeting when a closed report is being considered)
- Who you can contact for further information

How to make representations

Members of the public have a right to make representations to the Council, including whether they think that any items we are proposing to consider in private should be dealt with in public. The Council will consider any representations before a decision is taken.

Anyone who wishes to make representations to the decision maker about a particular matter should do so in writing, at least a week before it is due to be considered, either by letter or email to Lynne Wood using the contact details set out below.

How and who do I contact?

Each entry in the Plan indicates the names of all the relevant people to contact about that particular item.

For general information about the decision-making process and for copies of any documents outlined in the Forward Plan please contact Lynne Wood, Elections Manager, Democratic Services, Resources Group, Town Hall, Feethams, Darlington, DL1 5QT. Tel: 01325 405803. Email: lynne.wood@darlington.gov.uk.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title	Decision Maker and Date	Page
Joint Venture Proposal with Esh Homes	Cabinet 3 Dec 2019	5
Rail Heritage Quarter	Cabinet 3 Dec 2019	6
Objections to Traffic Orders – McMullen Road/Yarm Road	Cabinet 3 Dec 2019	7
Mid-Year Prudential Indicators and Treasury Management 2019/20	Council 30 Jan 2020 Cabinet 3 Dec 2019	8
Review of Outcome of Complaints Made to Ombudsman	Cabinet 3 Dec 2019	9
Dolphin Centre Ten Pin Bowling	Cabinet 3 Dec 2019	10
Capital Works required at Crown Street Library	Cabinet 3 Dec 2019	11
Annual Audit Letter	Cabinet 3 Dec 2019	12
Haughton Children's Centre	Cabinet 3 Dec 2019	13
The Northgate Initiative	Cabinet 3 Dec 2019	14
Capital Strategy and Capital Programme	Council 20 Feb 2020 Cabinet 10 Dec 2019	15
Medium Term Financial Plan	Council 20 Feb 2020 Cabinet 10 Dec 2019	16
Housing Revenue Account	Cabinet 10 Dec 2019	17
Corporate Plan 2020/24	Council 20 Feb 2020 Cabinet 10 Dec 2019	18
Permit System to Manage and Co-ordinate Roadworks	Cabinet 7 Jan 2020	19
Calendar of Council and Committee Meetings 2020/21	Cabinet 4 Feb 2020	20

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 4 Feb 2020	21
Revenue Budget Monitoring - Quarter 3	Cabinet 4 Feb 2020	22
Schools Admissions 2021/22	Cabinet 4 Feb 2020	23
Climate Change Cross Party Working Group	Cabinet 4 Feb 2020	24
Medium Term Financial Plan	Council 20 Feb 2020 Cabinet 11 Feb 2020	25
Housing Revenue Account	Council 20 Feb 2020 Cabinet 11 Feb 2020	26
Capital Strategy and Capital Programme	Council 20 Feb 2020 Cabinet 11 Feb 2020	27
Treasury Management Strategy and Prudential Indicators	Council 20 Feb 2020 Cabinet 11 Feb 2020	28
Corporate Plan 2020/24	Council 20 Feb 2020 Cabinet 11 Feb 2020	29
Local Transport Plan	Cabinet 3 Mar 2020	30
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Regulation of Investigatory Powers Act (RIPA) 2000	Cabinet 3 Mar 2020	32
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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Joint Venture Proposal with Esh Homes

Brief Description

Proposal for New Sites outside the Darlington Boundaries.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Part exempt 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information)

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Elizabeth Davison, Assistant Director Resources
elizabeth.davison@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Rail Heritage Quarter

Brief Description

To present the outcome of work to date on the Rail Heritage Quarter, timeline for implementation and funding strategy.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Ian Thompson, Assistant Director Community Services
Ian.Thompson@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Significant amount of consultation taken place through the production of the Masterplan for the Rail Heritage Quarter. This will be on-going through the further development.

Document to be submitted

Report and Master Planning Documents.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Objections to Traffic Orders – McMullen Road/Yarm Road

Brief Description

Proposed parking restrictions associated with the recent McMullen Road/Yarm Road roundabout improvement. The restrictions are considered to be required to maintain the free flow of traffic in accordance with the Council's statutory duty as set out in the Traffic Management Act 2004.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Andrew Casey

andrew.casey@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

Eastbourne; Red Hall and Lingfield

Consultation Process and Consultees

Letters and plans with Affected Residents and Ward Councillors

Document to be submitted

Report.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Mid-Year Prudential Indicators and Treasury Management 2019/20

Brief Description

To consider the revised Treasury Management Strategy, Prudential Indicators and providing a half-yearly review of the Council's borrowing and investment activities.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Council

30 Jan 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Peter Carrick, Finance Manager Central/Treasury Management
peter.carrick@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Review of Outcome of Complaints Made to Ombudsman

Brief Description

To provide Members with an update of the outcome of cases which have been determined by the Local Government, Social Care (LGSCO) and the Housing Ombudsman (HO).

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Lee Downey, Complaints and Information Governance Manager
lee.downey@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Dolphin Centre Ten Pin Bowling

Brief Description

Proposals to introduce Ten Pin Bowling and extend the soft play within the Dolphin Centre.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Ian Thompson, Assistant Director Community Services
Ian.Thompson@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

Park East

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Capital Works required at Crown Street Library

Brief Description

Proposals for the refurbishment/restoration of Crown Street Library building

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Charleen Dods

Charleen.Dods@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

Park East

Consultation Process and Consultees

None

Document to be submitted

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Annual Audit Letter

Brief Description

High Level summary from the results of the audit work undertaken by Ernst & Young the Council's External Auditors

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Peter Carrick, Finance Manager Central/Treasury Management
peter.carrick@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report and Annual Audit Letter.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Haughton Children's Centre

Brief Description

To consider the proposed lease arrangement of the Haughton Children's Centre to the Education Village Academy Trust to provide Special Educational Needs and Disabilities (SEND) placements at Beaumont Hill Academy.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Children and Young People Scrutiny Committee

Relevant Cabinet Member(s)

Children and Young People Portfolio

Contact Officer/Report Author

Tony Murphy, Head of Education and Inclusion
Tony.Murphy@darlington.gov.uk

Department

Childrens and Adults

Wards Affected

Haughton and Springfield

Consultation Process and Consultees

Meetings and communications.
Education Village Academy Trut and Department for Education

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

The Northgate Initiative

Brief Description

To seek approval for an initiative in the Northgate ward which aims to work with partner agencies to address a broad range of issues including environment, education, health, employment, safety and social relationships

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Dec 2019

Relevant Scrutiny Committee

Health and Partnerships Scrutiny Committee

Relevant Cabinet Member(s)

Community Safety Portfolio

Contact Officer/Report Author

Seth Pearson, Partnership Director
seth.pearson@darlington.gov.uk

Department

Resources

Wards Affected

Northgate

Consultation Process and Consultees

Meetings
Consultation with anchor agencies.

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Capital Strategy and Capital Programme

Brief Description

To consider the Council's proposed Capital Strategy and Capital Programme.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

10 Dec 2019

Council

20 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Tracy Blowers

Tracy.Blowers@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report, Capital Strategy and Capital Programme.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Medium Term Financial Plan

Brief Description

To propose a Medium Term Financial Plan (MTFP) for consultation.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

10 Dec 2019

Council

20 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio, Housing, Health and Partnerships Portfolio

Contact Officer/Report Author

Pauline Mitchell, Assistant Director Housing and Building Services, Elizabeth Davison, Assistant Director Resources
pauline.mitchell@darlington.gov.uk, elizabeth.davison@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

Full Consultation with Residents, staff, partners and Scrutiny Committees

Document to be submitted

Report and Medium Term Financial Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Housing Revenue Account

Brief Description

To propose a Housing Revenue Account for consultation.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

10 Dec 2019

Relevant Scrutiny Committee

Adults and Housing Scrutiny Committee

Relevant Cabinet Member(s)

Housing, Health and Partnerships Portfolio

Contact Officer/Report Author

Pauline Mitchell, Assistant Director Housing and Building Services
pauline.mitchell@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings with Tenants Board.

Document to be submitted

Report and draft Housing Revenue Account.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Corporate Plan 2020/24

Brief Description

To consider the proposed Corporate Plan covering the period 2020 to 2024, and approve it for consultation.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

10 Dec 2019

Council

20 Feb 2020

Relevant Scrutiny Committee

All Scrutiny Committees

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Neil Bowerbank, Head of Strategy, Performance and Communications
neil.bowerbank@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

Consultation will be undertaken in conjunction with the Council's Medium Term Financial Plan (MTFP) and will include information in the 'One Darlington' magazine, social media, online survey, scrutiny committees and Member engagement.

Members, Residents, Staff, Partners and Local Businesses.

Document to be submitted

Report and Draft Corporate Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Permit System to Manage and Co-ordinate Roadworks

Brief Description

An update on work to develop a permit scheme for roadworks coordination that Councils across the country are being required to consider by the Department for Transport.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Dave Winstanley, Assistant Director Capital Projects, Transport and Highways Planning
dave.winstanley@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings and correspondence with Statutory undertakers.

Document to be submitted

Cabinet Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Calendar of Council and Committee Meetings 2020/21

Brief Description

To consider and approve the Calendar of Council and Committee Meetings for the 2020/21 Municipal Year.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Lynne Wood, Elections Manager
Lynne.Wood@darlington.gov.uk

Department

Resources

Wards Affected

Consultation Process and Consultees

E-mail.
Internal consultees.

Document to be submitted

Report and Calendar of Council and Committee Meetings.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Project Position Statement and Capital Programme Monitoring - Quarter 3

Brief Description

To provide a summary of the latest Capital resource and commitment position, to inform monitoring of the affordability and funding of the Council's capital programme.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Peter Carrick, Finance Manager Central/Treasury Management, Brian Robson, Head of Capital Projects
peter.carrick@darlington.gov.uk, brian.robson@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Revenue Budget Monitoring - Quarter 3

Brief Description

To provide an up to date forecast of the revenue budget outturn as part of the Council's continuous financial management process.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Peter Carrick, Finance Manager Central/Treasury Management
peter.carrick@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Schools Admissions 2021/22

Brief Description

To consider the Local Authority's Admission Arrangements for the 2021/22 academic year for maintained schools.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Children and Young People Scrutiny Committee

Relevant Cabinet Member(s)

Children and Young People Portfolio

Contact Officer/Report Author

Melanie Dickinson

Department

Childrens and Adults

Wards Affected

All Wards

Consultation Process and Consultees

Meetings and e-mail.

Consultation with Parents, Schools, Religious Authorities and the Local Community.

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Climate Change Cross Party Working Group

Brief Description

To provide Members with an update on the work of the Climate Change Cross Party Working Group.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Economy and Regeneration Portfolio

Contact Officer/Report Author

Hannah Fay, Democratic Officer
hannah.fay@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Medium Term Financial Plan

Brief Description

To recommend a Medium Term Financial Plan (MTFP) to Council for approval.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Elizabeth Davison, Assistant Director Resources
elizabeth.davison@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

Full consultation with residents, staff, partners and the Council's Scrutiny Committees.

Document to be submitted

Report and Medium Term Financial Plan

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Housing Revenue Account

Brief Description

To recommend the Housing Revenue Account to Council.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Adults and Housing Scrutiny Committee

Relevant Cabinet Member(s)

Housing, Health and Partnerships Portfolio

Contact Officer/Report Author

Pauline Mitchell, Assistant Director Housing and Building Services
pauline.mitchell@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings with Tenants Board.

Document to be submitted

Report and Housing Revenue Account

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Capital Strategy and Capital Programme

Brief Description

To recommend a Capital Strategy and Capital Programme to Council for approval.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Tracy Blowers

Tracy.Blowers@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report, Capital Strategy and Capital Programme.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Treasury Management Strategy and Prudential Indicators

Brief Description

To consider the Treasury Management Strategy, Prudential Indicators and providing a yearly review of the Council's borrowing and investment activities.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Peter Carrick, Finance Manager Central/Treasury Management
peter.carrick@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Reprot and Treasury Management Strategy.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Corporate Plan 2020/24

Brief Description

To consider the Council's Corporate Plan for 2020/24, following consultation, and recommend the Plan to Council for approval.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Leader of the Council

Contact Officer/Report Author

Neil Bowerbank, Head of Strategy, Performance and Communications
neil.bowerbank@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

Consultation will be undertaken in conjunction with the Council's Medium Term Financial Plan (MTFP) and will include information in the 'One Darlington' magazine, social media, online survey, scrutiny committees and Member engagement.

Members, Residents, Staff, Partners and Local Businesses.

Document to be submitted

Report and Corporate Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Local Transport Plan

Brief Description

Update 2019/20 delivery of the Transport Programme including annual monitoring data, Transport Programme for 2020/21 and progress on the Local Implementation Plan.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Sue Dobson

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

None

N/A

Document to be submitted

Report and Local Transport Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Education Services Capital Programme

Brief Description

Request to release capital funds for the maintained school's summer capital works.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Relevant Scrutiny Committee

Children and Young People Scrutiny Committee

Relevant Cabinet Member(s)

Children and Young People Portfolio

Contact Officer/Report Author

Sarah Foster

sarah.foster@darlington.gov.uk

Department

Childrens and Adults

Wards Affected

All Wards

Consultation Process and Consultees

Consultation will be undertaken as part of the MTPF
Schools

Document to be submitted

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Regulation of Investigatory Powers Act (RIPA) 2000

Brief Description

To inform and update Members about issues relevant to the use of the Regulation of Investigatory Powers Act 2000 and recent developments.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Relevant Scrutiny Committee

Efficiency and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Efficiency and Resources Portfolio

Contact Officer/Report Author

Gail Banyard, PA Manager

Gail.Banyard@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Reports with no Cabinet Date

Title

Corporate Plan 2017-21

Brief Description

To receive an update on the Council's current Corporate Plan covering the period 2017 to 2021

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

Relevant Scrutiny Committee

Relevant Cabinet Member(s)

Councillor Mrs Heather Scott O.B.E

Contact Officer/Report Author

Neil Bowerbank, Head of Strategy, Performance and Communications
neil.bowerbank@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Library Service Update

Brief Description

To present proposals to Members for the refurbishment of Crown Street Library and proposed service.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

Relevant Scrutiny Committee

Place Scrutiny Committee

Relevant Cabinet Member(s)

Leisure and Local Environment Portfolio

Contact Officer/Report Author

Ian Thompson, Assistant Director Community Services
Ian.Thompson@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings / discussions.

Officers will continue to work closely with the Friends of Crown Street Library through development proposals

Document to be submitted

Cabinet Report and Library Plan

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

FIELD_CONSULTATION
FIELD_CONSULTEES
FIELD_CONSULTATION
FIELD_CONSULTEES

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